

[illegible]



LABORATORY TESTING (CONT.)

DATE					
Chemistries	Results	Results	Results	Results	Results
Ferritin					
Sodium					
Potassium					
Chloride					
Carbon Dioxide (CO ₂)					
Blood Urea Nitrogen (BUN)					
Creatinine					
BUN/CR Ratio					
Calcium					
Bilirubin Total/Direct					
Alkaline Phosphatase					
Aspartate Aminotransferase (AST)					
Alanine Aminotransferase (ALT)					
Total Protein					
Albumin					
Glucose					
Other: _____					
Other: _____					
Other: _____					



ADDITIONAL BLOOD WORK

Track your laboratory results and procedures here. Take this form with you to all of your appointments.

Name:		Patient ID:	
Date of Birth:		Blood Type:	

Endocrine Labs	Date	Results	Date	Results
Fasting Blood Glucose				
Hemoglobin A1C				
T3				
T4				
Thyroid Stimulating Hormone (TSH)				
Free Thyroxine				
Growth Hormone				
Insulin Like Growth Factor, Protein 3 (IGF)				
Parathyroid Hormone (PTH)				
Follicle Stimulating Hormone (FSH)				
Leutinizing Hormone (LH)				
Estradiol				
Testosterone				
Cortisol				
Glucose Tolerance Test				
Other: _____				
Other: _____				
Other: _____				
Other: _____				

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ADDITIONAL TESTING

Track your laboratory results and procedures here. Take this form with you to all of your appointments.

Name:		Patient ID:	
Date of Birth:		Blood Type:	

Radiologic Studies	Date	Results	Next Due
Liver Biopsy			
Liver CT Scan			
Super Quantum Imaging Device (SQUID)			
Ferriscan			
Liver Iron			
Renal Ultrasound			
Liver Ultrasound			
Spleen Ultrasound			
Bone Age			
Bone Density			
Other: _____			

Cardiac Studies	Date	Results	Next Due
Echocardiogram (ECHO)			
Electrocardiogram (EKG)			
Cardiac Magnetic Resonance Imaging (MRI)			
Other: _____			

Bone Marrow	Date	Results	Next Due
Aspiration			
Biopsy			



ADDITIONAL TESTING (CONT.)

Other	Date	Results	Next Due
Eye Exam			
Dental Exam			
Audiology Testing			
Other: _____			
Other: _____			
Other: _____			
Other: _____			