

Name:

Age/Sex:

Date:

LAB REQUEST FORM

☒ 12 Lead ECG

☐ Chest X-Ray

☒ CBC

☒ Platelet Count

☒ PT, PTT, INR

☒ Fasting Blood Sugar

☐ BUN

☐ Creatine

☐ Uric Acid

☐ Sodium

☐ Potassium

☐ Calcium

☐ AST, ALT

☐ Lipid Profile Test

☐ Urinalysis

☐ Breast Ultrasound

☐ Albumin

☐ Total Protein

☐ T3, T4, TSH

☐ Free Testosterone

☐ Total Testosterone

☐ FSH

☐ LH

☐ PSA (Prostate)

☐ CEA (Colon)

☐ AFP (Liver)

☐ CA 19-9 (Pancreas)

☐ CA 125 (Ovary)

☐ CA 15-3 (Breast)

☐ Routine

☒ For Cardio-Pulmonary Clearance

Eight (8) hours of fasting may be required prior to the tests. Please coordinate your schedule directly with the diagnostic center of your choice.

Please send a copy of the results to
drbien@bienpomd.com



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