

Name:

Age/Sex:

Date:

LAB REQUEST FORM

- | | | |
|--|---|--|
| ☒ 12 Lead ECG | ☐ Breast Ultrasound | ☐ PSA (Prostate) |
| ☒ Chest X-Ray | ☒ Albumin | ☐ CEA (Colon) |
| ☒ CBC | ☒ Total Protein | ☐ AFP (Liver) |
| ☒ Platelet Count | ☐ T3, T4, TSH | ☐ CA 19-9 (Pancreas) |
| ☒ PT, PTT, INR | ☐ Free Testosterone | ☐ CA 125 (Ovary) |
| ☒ Fasting Blood Sugar | ☐ Total Testosterone | ☐ CA 15-3 (Breast) |
| ☒ BUN | ☐ FSH | |
| ☒ Creatine | ☐ LH | |
| ☒ Uric Acid | ☐ Routine | |
| ☒ Sodium | ☒ For Cardio-Pulmonary Clearance | |
| ☒ Potassium | | |
| ☒ Calcium | | |
| ☒ AST, ALT | | |
| ☒ Lipid Profile Test | | |
| ☒ Urinalysis | | |

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




Dr. Bienvenito B. Po
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