

Personal Lab Request

Name _____

Date of Birth _____

I am tracking my progress towards better health and wellness with my local pharmacist. This partnership will provide information, encouragement and accountability for me to reach my health goals and take my medications exactly as prescribed. I will bring a printed report back to you, my doctor, showing my progress.

I am requesting the following information concerning my recent lab work:

Lab	Lab Value	Date Lab Drawn
<input type="checkbox"/> Blood Pressure (Systolic)		
<input type="checkbox"/> Blood Pressure (Diastolic)		
<input type="checkbox"/> Heart Rate		
<input type="checkbox"/> Total Cholesterol (mg/dl)		
<input type="checkbox"/> LDL		
<input type="checkbox"/> HDL		
<input type="checkbox"/> Triglycerides		
<input type="checkbox"/> Hemoglobin A1c		

I understand that I must personally retrieve this form unless otherwise agreed upon. I am not seeking any medical advice from a separate entity. Please let me know prior to filling out this form if there are any costs involved. Thank You.

(Patient Signature)

(Date)

(Provider or Representative Signature)

(Date)