

GAIL N. JACKSON, M.D
8635 W 3RD STREET, SUITE 680
LOS ANGELES, CA 90048
OFFICE (310) 659-2666 FAX (310)659-8194

DATE: _____

PATIENT'S NAME: _____

RE: PRE-TREATMENT TEST (MALE)

***PLEASE HAVE THESE LAB TESTS PERFORMED AND FAX OR
MAIL THE RESULTS TO THE ABOVE ADDRESS.***

LAB TESTS ORDERED:

- Testosterone Free
- Testosterone Total
- P.S.A
- Estradiol
- T.S.H
- Hemoglobin, Hematocrit
- DHEA

Thank You,

DX: 257.2



Gail N. Jackson, M.D