

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

DATE: _____

PATIENT'S NAME: _____

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

LABS TEST REQUESTED:

- **BASIC METABOLIC PANEL**
 - Glucose
 - Calcium
 - Sodium
 - Potassium
 - CO2
 - Chloride
 - BUN
 - Creatinine
- **LIPIDS PANEL/CHOLESTEROL PANEL**
 - Total Cholesterol
 - HDL
 - LDL
 - VLDL
 - LDL/HDL Ratio
- **HORMONE PANEL**
 - FSH
 - Estradiol
 - Testosterone
 - TSH
- **Hgb A1C**
- **RANDOM GLUCOSE**

DX: V70.0

Thank You,

Gail N. Jackson, M.D.

