## Your Name & Phone Number Here!

### Physician Lab Slip

#### Overview

<table>
<thead>
<tr>
<th>Patient Test</th>
<th>Patient Data</th>
<th>Normal Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Composition</td>
<td>35.5</td>
<td>18 - 26</td>
</tr>
<tr>
<td>BMI</td>
<td>26.5</td>
<td>21 - 26</td>
</tr>
<tr>
<td>A/G Ratio</td>
<td>1.25</td>
<td>0.70 - 0.90</td>
</tr>
<tr>
<td>Systolic B.P.</td>
<td>140</td>
<td>80 - 120</td>
</tr>
<tr>
<td>Diastolic B.P.</td>
<td>90</td>
<td>60 - 90</td>
</tr>
<tr>
<td>Nutrion Profile</td>
<td>High Risk</td>
<td>Low Risk</td>
</tr>
<tr>
<td>Exercise Profile</td>
<td>High Risk</td>
<td>Low Risk</td>
</tr>
<tr>
<td>Obesity Profile</td>
<td>High Risk</td>
<td>Low Risk</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>220</td>
<td>120 - 200</td>
</tr>
<tr>
<td>HDL</td>
<td>40</td>
<td>70 - 23</td>
</tr>
<tr>
<td>CHO/HDL Ratio</td>
<td>5.50</td>
<td>2 - 4</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>300</td>
<td>0 - 150</td>
</tr>
<tr>
<td>Glucose(Fasting)</td>
<td>120</td>
<td>70 - 110</td>
</tr>
</tbody>
</table>

#### Physician Orders

**Laboratory Tests**

- Lipid Panel
- Chemistry Panel
- Hematology
- EKG
- Thyroid Panel
- Urinalysis
- Stress Test
- Pulmonary Function
- Physical Analysis

**Other**

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#### Prescriptions

**Nutrition**

- Weight Loss/Deficit
- Weight Maintenance
- Weight Gain

**Exercise**

- Standard Walking
- Beginning Resistance
- Custom
- Referral

**Nutriceutical**

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**Pharmaceutical**

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**Follow-Up:** YES / NO  
**Weight Management Program:** YES / NO

**Provider:** ________________________________  
**Date:** __/__/____

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**tkl/rw**  
**Sample Patient**  
**August 31, 2008**