

GAIL N. JACKSON, M.D
2211 CORINTH AVE SUITE 210
LOS ANGELES, CA 90064
TEL: (310)451-2300 FAX: (310)451-2325 or (888)702-9019

DATE: _____ PHONE #: _____

PATIENT'S NAME: _____ DATE OF BIRTH: _____

RE: PRE-TREATMENT TEST (MALE)

PLEASE HAVE THESE LAB TESTS PERFORMED AND FAX RESULTS TO:

310-451-2325 OR 888-702-9019

LAB TEST ORDERED:

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

Thank you,

DX: E29.1



Gail N. Jackson, M.D