



Advanced Clinical Nutrition

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Patient May Deliver Lab Reports or Please Fax To (940) 761-4405 By Date Below

Date Initiated: _____

Fax Lab Reports to (940) 761-4405 By: _____

Patient's Name: _____

Dear Dr. _____

Your patient has requested a Clinical Nutrition Analysis (or interpretation) of the Laboratory Report of their blood chemistries through **Advanced Clinical Nutrition**, Wichita Falls, Texas, and has given your name as the preferred physician for ordering blood tests.

A **Clinical Nutrition Blood Chemistry Analysis** of the following tests is provided for the purpose of designing a Clinical, Wellness and/or Sports Nutrition Program for your patient.

The patient may forward the Laboratory Report for the following tests to our office or it may be faxed from your office to (940) 761-4405.

General or Metabolic Blood Chemistries

CBC with Differential

Lipid Profile (Total Cholesterol, Triglycerides, HDL, LDL, HDL/Chol. Ratio)

Thyroid Profile (T-3, T-4, T-7, and TSH)

Serum Magnesium

Serum Iron and Ferritin, if not included in General Blood Chemistries

For your convenience, a list of the individual blood tests being requested has been attached. Please note that for a Comprehensive Clinical Nutrition Analysis, it is very important that all of the attached blood tests are provided, even though some may not be routinely tested for the purpose of medical evaluation and diagnosis.

Thank you in advance for providing this service for your patient. We appreciate your assistance in your patient's overall health care. Please feel free to contact me if you have any questions or when I may be of further service.

Warm Regards

Dr. Donna F. Smith

DR. DONNA F. SMITH

DS/ms

Professional Consultants

Frank McGehee, MD, CCN William H. Breland, PT, SCS James W. Harris, DC Donald W. Warren, DDS, CRA