

Testosterone Blood Test

Patient Information:

Name: _____ Date of Birth: _____

Gender: _____ Date of Test: _____

Test Details:

Ordered By: _____ Test Date: _____

Test Method: _____

Test Results:

- Total Testosterone Level: _____ ng/dL
- Free Testosterone Level: _____ ng/dL
- Bioavailable Testosterone Level: _____ ng/dL

Reference Ranges:

- Total Testosterone:
 - _____ to _____ ng/dL
- Free Testosterone:
 - _____ to _____ ng/dL
- Bioavailable Testosterone:
 - _____ to _____ ng/dL

Interpretation:

- **Total Testosterone:**

- ☐ Within normal range
- ☐ Below normal range
- ☐ Above normal range

- **Free Testosterone:**

- ☐ Within normal range
- ☐ Below normal range
- ☐ Above normal range

- **Bioavailable Testosterone:**

- ☐ Within normal range
- ☐ Below normal range
- ☐ Above normal range

Clinical Comments:

- Provide additional information or comments regarding the patient's testosterone levels and their potential implications.

Recommendations:

- If levels are outside the normal range, consider further evaluation and treatment as necessary.

Provider's Signature: _____ **Date:** _____