

Patient ID:

Site:

Date: 10/16/2020

Date of last lab results _____*:

| | Obtained? | Date | Result | Units |
|-------------------|-----------|------|--------|-------|
| Triglycerides | Yes / No | | | |
| Total Cholesterol | Yes / No | | | |
| HDL | Yes / No | | | |
| LDL | Yes / No | | | |
| Hemoglobin A1c | Yes / No | | | |
| Vitamin D | Yes / No | | | |

*Please note that while we ask for vital signs to be submitted every 3 months, current guidelines recommend metabolic lab work monitoring once or twice per year.

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