

Parathyroid Hormone Test Report

Patient information	
Name	
Gender	Date of birth
Date of test	Medical record number
Clinical history	
Test results	
Parathyroid hormone:	
Reference range:	
Interpretation	
Recommendations	
Additional notes	

Provider's information

Ordering physician

Provider's NPI

Contact information

A handwritten signature in black ink, appearing to be 'C.D.M.' with a flourish at the end.

Name and Signature

Date