



Phone:

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
Patient Last Name			Account Address		
Patient First Name		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
Patient Address			Additional Information		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

Fluoride, Urine; Venipuncture	Tests Ordered
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Fluoride, Urine					
Fluoride, Urine	0.3		mg/L	0.2 - 3.2 Detection Limit = 0.2	01
Creatinine (Crt) ,U	0.75		g/L	0.30 - 3.00 Detection Limit = 0.10	01
Fluoride/Crt Ratio	0.4		mg/g creat	0.0 - 3.0 Environmental Exposure: 0.1 - 0.5 Occupational Exposure: BEI 10.0	

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FINAL REPORT