



Blood & Drug Analysis Form

Lab Request Form

Name of Patient: _____
Last First M.I.

Address: _____

Date of Birth: _____ Date of Blood Draw: _____

**Complete Blood Count (CBC)
Comprehensive Metabolic Panel
12 Panel Urine Drug Screen**

Additional Comments:

Patient Signature (if applicable)

Please email results to: admin@avanteinstitute.com

Signature of Lab Technician

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