

**Company Name**

Name: Fname Lname  
Chart #: /SharedID  
DOB: /DOB  
Age: /Age  
Date: /Today  
Referring Physician: /RP

**PSA**

Date Sample Drawn: \_\_\_\_\_

DATE: Result Reported: \_\_\_\_\_

Initials: \_\_\_\_\_

Doctors:	<b>XXXXX</b>	<b>XXXXX</b>	<b>XXXXXX</b>	
Location:	<b>PWO</b>	<b>LW</b>	<b>BG</b>	<b>CL</b>

Test	Result	Normal Range
PSA	_____	<u>(0.0 – 4.0 mg/ml)</u>

Dr. Signature: \_\_\_\_\_