

Lead/Heavy Metals Reporting Form

The following information must be provided for all "Lead" and "Heavy Metals" testing to fulfill state requirements and CDC recommendations.

Place bar-coded patient label here

Patient Name – Last Name, First Name, Middle Initial					Birth Date (Month DD, YYYY)	
Patient Address - Street						
City			State	te ZIP Code County		County
If Child, Parent/Guardian - Last Name, First Name				Home	Phone	
			e			
Physician Name - Last Name, First Name		'		Physician I	Phone	
Physician Address – Street	City				State	ZIP Code
If patient is an adult:						
mployer Name			Employer Phone			
Employer Address - Street	City			1	State	ZIP Code