Your Logo

Address and Contact Information

Name: _____ Date of birth: _____

FEMALE FLOW CHART FOR LAB RESULTS & BIOTE DOSAGES

Medical history (check all that apply) ☐ Facial hair/acne ☐ PCOS ☐ Hair loss/thinning ☐ Endometriosis

☐ Fibroids ☐ Fibrocystic breast ☐ Breast pain ☐ Breast cancer ☐ Seizures ☐ Prior hysterectomy

Date	FSH	Estradiol	Total testost. (ng/dl)	E2 mg used	Testost. mg used	Comments