

If you would like to submit your saliva test kit fee to your insurance company for possible reimbursement, ask your practitioner for a prescription. You may use the form below and check to indicate the test you purchased, and ask your practitioner to sign. Then send the prescription and your ZRT receipt to your insurance company.

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Hormone testing (check only one):

SALIVA TESTING  (please check)  
E2 (estradiol), Progesterone, Testosterone (free), DHEA-S, Cortisol (4 times)

SALIVA AND BLOOD SPOT TESTING "COMBO TEST"  (please check)  
E2 (estradiol), Progesterone, Testosterone (total), DHEA-S, Cortisol, T4, T3, TSH, TPO

BLOOD SPOT TESTING  (please check)  
T4, T3, TSH, TPO

FEMALE BLOOD PROFILE I  (please check)  
E2 (estradiol), Progesterone, Testosterone (free), SHBG, DHEA-S, Cortisol

FEMALE BLOOD PROFILE II  (please check)  
E2 (estradiol), Progesterone, Testosterone (total), SHBG, DHEA-S, Cortisol, T4, T3, TSH, TPO

Name of Licensed Practitioner \_\_\_\_\_

Signature of Licensed Practitioner \_\_\_\_\_

Practice Name \_\_\_\_\_

Practitioner Address \_\_\_\_\_

Practitioner License No. \_\_\_\_\_

Practitioner's Diagnosis Code \_\_\_\_\_