

**Glucose Tolerance Testing**

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Age** \_\_\_\_\_

**Gender: Female** \_\_\_ **Male** \_\_\_

**Dr.** \_\_\_\_\_

**Pregnant: Yes** \_\_\_ **No** \_\_\_

**Fasting: Yes** \_\_\_ **No** \_\_\_

**Phlebotomists initials:** \_\_\_\_\_

	<b>Draw Time</b>	<b>Phleb. Initials</b>	<b>Tech Initial</b>
<b>Fasting</b>			
<b>1 hour</b>			
<b>2 hour</b>			
<b>3 hour</b>			

**Amount of glucola given:** \_\_\_\_\_

**Time glucola finished:** \_\_\_\_\_