



Dr. Michael Kokolis D.D.S

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Date: _____

To whom it may concern,

Patient Name: _____

Lab Test / Nutrient Level Blood Work Diagnostic:

- _____ **Vitamin D3**
- _____ **Osteocalcin**
- _____ **Vitamin C Test**
- _____ **Vitamin E Test**
- _____ **Vitamin A Test**

Dr. Signature: _____