

# 2018 08 08 222 S

**Ordering Provider:**  
Getuwell Clinic  
John Getuwell, MD

**Samples Received**  
08/08/2018

**Report Date**  
08/10/2018

**Samples Collected**  
Saliva - 08/05/18 06:05  
Saliva - 08/05/18 13:00  
Saliva - 08/05/18 18:40  
Saliva - 08/05/18 21:46

**Patient Name:**

**Patient Phone Number:** 555 555

<b>Gender</b> Female	<b>Last Menses</b> Unspecified	<b>Height</b> Unspecified	<b>Waist</b> Unspecified
<b>DOB</b> 7/13/1958 (60 yrs)	<b>Menses Status</b> Postmenopausal	<b>Weight</b> Unspecified	

TEST NAME	RESULTS   08/05/18	07/21/17	01/25/17	RANGE
<b>Salivary Steroids</b>				
<b>DHEAS</b>	1.5 L	1.6 L	4.4	2-23 ng/mL (Age Dependent)

<dL = Less than the detectable limit of the lab. N/A = Not applicable; 1 or more values used in this calculation is less than the detectable limit. H = High. L = Low.

## Therapies

**08/05/2018:** 1mg topical Biestrogen (80/20 E3 + E2) (compounded) (24 Hours Last Used)30mg topical Progesterone (compounded) (12 Hours Last Used)0.5mg topical Testosterone (compounded) (24 Hours Last Used) topical DHEA (compounded) (24 Hours Last Used)

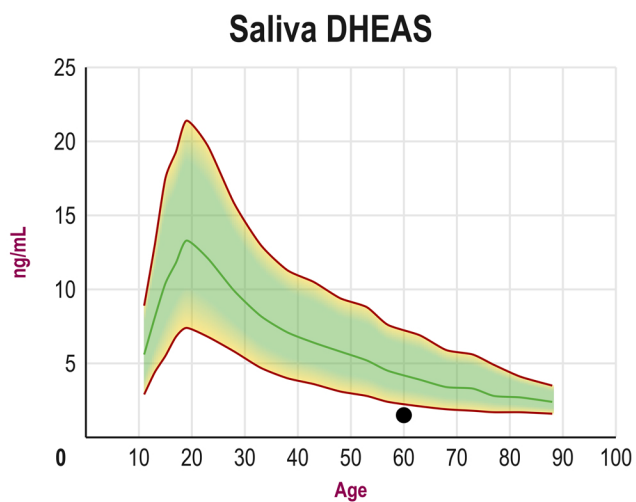
**07/21/2017:** topical Estrogen (type not indicated) (compounded) (1 Days Last Used) topical Progesterone (compounded) (1 Days Last Used) oral DHEA (OTC) (1 Days Last Used) oral Pregnenolone (OTC) (1 Days Last Used) Siberian Ginseng Zinc

**01/25/2017:** 0.25mg topical Biestrogen (80/20 E3 + E2) (compounded) (1 Days Last Used); 50mg topical Progesterone (compounded) (1 Days Last Used); 0.4mg topical Testosterone (compounded) (1 Days Last Used); 8mg topical DHEA (compounded) (1 Days Last Used); 5000IU oral Vitamin D3 (OTC) (1 Days Last Used); sublingual (SL) Melatonin (OTC) (1 Days Last Used)

## Graphs

**Disclaimer:** Graphs below represent averages for healthy individuals not using hormones. Supplementation ranges may be higher. Please see supplementation ranges and lab comments if results are higher or lower than expected.

— Average ▼▲ Off Graph



**Disclaimer.** Symptom Categories below show percent of symptoms self-reported by the patient compared to total available symptoms for each category. For detailed information on category breakdowns, go to [www.zrtlab.com/patient-symptoms](http://www.zrtlab.com/patient-symptoms).

SYMPTOM CATEGORIES	RESULTS   08/05/18	07/21/17	01/25/17
Estrogen / Progesterone Deficiency	2%	14%	17%
Estrogen Dominance / Progesterone Deficiency	0%	3%	2%
Low Androgens (DHEA/Testosterone)	4%	23%	15%
High Androgens (DHEA/Testosterone)	10%	10%	10%
Low Cortisol	5%	23%	9%
High Cortisol	2%	20%	19%
Hypometabolism	0%	9%	6%
Metabolic Syndrome	2%	2%	2%

SYMPTOM CHECKLIST	1	2	3
Aches and Pains			
Acne			
Allergies			
Anxious			
Bleeding Changes			
Blood Pressure High			
Blood Pressure Low			
Blood Sugar Low			
Body Temperature Cold			
Bone Loss			
Breast Cancer			
Breasts - Fibrocystic			
Breasts - Tender			
Chemical Sensitivity			
Cholesterol High			
Constipation			
Depressed			
Fatigue - Evening			
Fatigue - Morning			
Fibromyalgia			
Foggy Thinking			
Goiter			
Hair - Dry or Brittle			
Hair - Increased Facial or Body			
Hair - Scalp Loss			
Headaches			
Hearing Loss			
Heart Palpitations			
Hoarseness			
Hot Flashes			
Incontinence			
Infertility			
Irritable			
Libido Decreased			
Memory Lapse			
Mood Swings			
Muscle Size Decreased			
Nails Breaking or Brittle			
Nervous			
Night Sweats			
Numbness - Feet or Hands			

## SYMPTOM CHECKLIST

	1	2	3					
Pulse Rate Slow	■				■			
Rapid Aging	■				■			■
Rapid Heartbeat	■				■			■
Skin Thinning	■				■			■
Sleep Disturbed	■				■			■
Stamina Decreased	■				■			■
Stress	■				■			■
Sugar Cravings	■	■	■		■	■	■	■
Sweating Decreased	■				■			■
Swelling or Puffy Eyes/Face	■				■			■
Tearful	■				■			■
Triglycerides Elevated	■				■			■
Urinary Urge Increased	■				■			■
Uterine Fibroids	■				■			■
Vaginal Dryness	■				■	■	■	■
Water Retention	■				■			■
Weight Gain - Hips	■				■			■
Weight Gain - Waist	■				■			■

## Lab Comments

DHEAS is lower than range with topical DHEA supplementation. Topical DHEA therapy increases circulating levels of DHEA but has little impact on salivary or serum levels of DHEAS. Topical DHEA therapy bypasses the liver, where sulfation of DHEA occurs. In contrast, oral DHEA supplementation results in a marked rise in DHEAS since sulfation occurs primarily in the liver. DHEAS may also be lower due to low levels of sulfotransferase (an enzyme that sulfates DHEA to form DHEAS) or higher levels of sulfatase (an enzyme that removes the sulfate from DHEAS,