



MEDICAL GROUP

The following is a report of tests performed

for _____
(PATIENT NAME)

on ____/____/____

Cholesterol: _____ norm: 120-200

HDL: _____ norm: 40-59

LDL: _____ norm: 60-99

Triglyceride: _____ norm: 0-149

Glucose: _____ norm: 70-105

HgbA₁C: _____ norm 0-6.9

LEAD: _____

Hemoglobin: _____

SGOT: _____

Bilirubin: _____

Sickle Cell: _____

T4: _____

TSH: _____

Other: _____

X-Ray/Diagnostic Tests: _____

EKG: _____

The test results are statistically within the normal range.

_____ We can discuss this at your child's next scheduled visit.

_____ Please schedule a follow up appointment for your child within the next 90 days.

If you have any questions, please contact our office.

*Thank
you
for choosing*



*and the physicians and staff
who serve you.*

Enclosed are the results of your
recent laboratory tests for your
personal file.