

- **Total cholesterol** should be under 200
- **HDL** (good cholesterol) should be over 40 and can be improved with regular exercise.
- **LDL** (bad cholesterol) should be less than 130 for those at average risk. For people with moderate risk it should be less than 100. For people with coronary artery disease, diabetes, stroke, or cerebrovascular disease, LDL should be under 70. To lower it, cut back on fats and cholesterol in your diet and exercise regularly.
- **Triglycerides** (a blood fat) should be less than 150. Reduction of dietary carbohydrates (breads, pasta, cereal, rice) and reduction of alcohol reduce triglycerides.
- **Hemoglobin** (Hgb) is a measure of red blood cells. If low, you have anemia.
- **Normal fasting blood sugar** or glucose if 70-100. Glucose intolerance if from 101-125. A result over 125 may indicate diabetes.
- **Hgb A1C** (GHB) is a measure reflecting the average blood sugar over the last three months.
- **GHB** under 7.0 is recommended for diabetic patients.
- **TSH** (Thyroid screening test) is elevated in under-active thyroids and low in over-active thyroids.
- **PSA** (Prostate specific antigen) is a measure of prostate activity. Normal values are 0-4.0. Higher levels may require further testing.
- **BUN** and Creatine are kidney function tests-when either are high, the kidneys are not functioning optimally.
- **Electrolyte** abnormalities may be caused by water pills, kidney problems, dietary deficiencies or other medical problems.
- **Fecal Occult Blood** is a test for hidden blood in the stool, and one way to screen for colon cancer. If positive, you may need a colonoscopy.
- **White Blood Cell Count** is often elevated in patients with infections.
- **PAP:** Routine pap smears are an important way to screen for cervical cancer. For women between the ages of 18 and 65, the American Cancer Society recommends a pap smear every one to three years.
- **Mammogram:** Please remember that about 10% of cancers cannot be found by mammograms, and that early detection requires a combination of monthly self-examination, yearly clinical breast exams, and yearly mammograms.

*Thank
you
for choosing*



MACOMB

*and the physicians and staff
who serve you.*

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

**Please bring all medications to
your next physician appointment.**



Dear _____,
The following is a report of tests performed on
____/____/____.

- Cholesterol: _____ mg/dl Acceptable/Unacceptable
 - HDL (Good Cholesterol): _____ Acceptable/Unacceptable
 - LDL (Bad Cholesterol): _____ Acceptable/Unacceptable
 - Triglyceride: _____ Acceptable/Unacceptable
 - Glucose: _____ Acceptable/Unacceptable
 - HgbA1C: _____ Acceptable/Unacceptable
 - PSA: _____ Acceptable/Unacceptable
 - Kidney function (BUN/Creatinine): _____
 - Vitamin D Level: _____ Acceptable/Unacceptable
 - Electrolytes: Acceptable/Unacceptable
 - Liver Function: Acceptable/Unacceptable
 - Hemoglobin (Hgb): Acceptable/Unacceptable
 - White Blood Cell Count: Acceptable/Unacceptable
 - Thyroid screen (TSH): Acceptable/Unacceptable
 - Fasting Blood Sugar: Acceptable/Unacceptable
 - Urine for protein: Acceptable/Unacceptable
 - Urinalysis: Acceptable/Unacceptable
 - Fecal Occult Blood: Acceptable/Unacceptable
 - Pap Smear: Acceptable/Unacceptable
 - Human Papillomavirus Testing (HPV) Results: _____
-
- Mammogram: Acceptable/Unacceptable
 - Bone density exam (DEXA): Acceptable/Unacceptable

X-Ray/Diagnostic Tests: _____

EKG: _____

Other: _____

_____ Your test results are statistically within the normal range.

_____ We can discuss this at your next scheduled visit.

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

_____ Please continue all current medication(s). If you have any questions, please contact our office.

_____ Please follow a LOW FAT / LOW CHOLESTEROL diet. Increase fiber in your diet (i.e. Metamucil, 1 tablespoon per day, whole grains, fresh fruits and vegetables). Exercise _____ minutes 5 to 6 days per week.

_____ Please make the following Medication Change: _____

_____ Please follow up for FASTING / NON FASTING LAB WORK in _____ weeks / months, script enclosed.

_____ Take fish oil (Omega 3) at _____ mg per day. May be purchased over-the-counter.

_____ Additional instructions: _____

For more information, please visit
www.mclaren.org/main/mclarenmedicalgroup.aspx
and select the Patient Education Library.