

Bone Density Test Results

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Test Results Summary

Your recent bone density test results are as follows:

Measurement	Result	Normal Range
T-score	[Insert T-score]	-1.0 to +1.0
Z-score	[Insert Z-score]	-2.0 to 2.0
Bone Mineral Density (g/cm ²)	[Insert BMD]	[Insert Normal Range]

Interpretation

Your T-score indicates that you are [Insert Interpretation e.g., normal, osteopenia, osteoporosis].

Next Steps

It is recommended that you [Insert Recommendations e.g., discuss with your doctor, follow up with treatment, lifestyle changes].

If you have any questions or concerns about your results, please do not hesitate to reach out to our office.

Sincerely,

[Insert Doctor's Name]

[Insert Contact Information]