

Health Screening Test Results

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Test Results

Test Name	Result	Reference Range	Comments
Blood Pressure	120/80 mmHg	Normal	Stable
Cholesterol Level	180 mg/dL	Under 200 mg/dL	Good
Blood Sugar	90 mg/dL	70-100 mg/dL	Normal

Follow-Up Recommendations

Please schedule a follow-up appointment in [Insert Timeframe] to discuss your results in detail.

Thank you for being proactive about your health!

Sincerely,

[Insert Healthcare Provider Name]

[Insert Healthcare Facility Name]

[Insert Contact Information]