

Laboratory Test Results Update

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Referring Physician: [Insert Physician Name]

Test Results

Test Name	Result	Reference Range	Comments
[Test 1]	[Result 1]	[Reference Range 1]	[Comments 1]
[Test 2]	[Result 2]	[Reference Range 2]	[Comments 2]

Next Steps

Please contact our office at [Insert Phone Number] if you have any questions regarding these results or require further assistance.

Sincerely,

[Your Name]

[Your Title]

[Laboratory Name]

[Contact Information]