

Health Screening Results

Date: [Insert Date]

Patient Name: [Patient Name]

Patient ID: [Patient ID]

Provider: [Provider Name]

Screening Results Summary

Blood Pressure

Result: [Insert Result]

Status: [Normal/High/Low]

Cholesterol Levels

Total Cholesterol: [Insert Result]

LDL: [Insert Result]

HDL: [Insert Result]

Status: [Normal/High/Low]

Blood Glucose

Result: [Insert Result]

Status: [Normal/Pre-diabetic/Diabetic]

Body Mass Index (BMI)

Result: [Insert Result]

Status: [Normal/Underweight/Overweight/Obese]

Recommendations

[Insert any recommendations or next steps based on results]

Contact Information

If you have any questions, please contact our office at [Insert Phone Number] or [Insert Email].

Thank you for participating in your health screening.

Sincerely,

[Provider's Name]

[Provider's Title]

[Healthcare Facility Name]