

Alkaline Phosphatase Test Documentation

Patient Information

Patient Name:

Date of Birth:

Gender:

Medical Record Number:

Date of Test:

Clinical History

Presenting Symptoms/Reason for Test:

Relevant Medical History:

Medications:

Allergies:

Pregnancy Status (if applicable):

Test Details

Ordering Physician:

Healthcare Facility:

Test Methodology:

Specimen Type:

Specimen Collection Date and Time:

Results

Alkaline Phosphatase Level: _____ (U/L)

Reference Range: _____ (U/L)

Interpretation:

Clinical Assessment

Diagnosis:

Treatment Plan:

Follow-up Recommendations:

Patient Education

Explanation of Results:

Next Steps:

Contact Information for Questions:

Provider's Signature:

Date: