

# At-Home Cholesterol Test

## Patient Information:

- **Name:**
- **Date of Birth:**
- **Contact Information:**
- **Medical History:**
- **Current Medications:**
- **Allergies:**

## Test Procedure:

### 1. Sample Collection:

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### 2. Packaging:

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### 3. Delivery:

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## Results:

### • **LDL Cholesterol Level:**

- **Optimal:**

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- **Borderline:**

- 

- **High:**

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- **HDL Cholesterol Level:**

- Optimal:

- 

- Borderline:

- 

- Low:

- 

- **Total Cholesterol Level:**

- Desirable:

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- Borderline:

- 

- High:

- 

**Interpretation:**

- **LDL Cholesterol:**

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- **HDL Cholesterol:**

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- **Total Cholesterol:**

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**Recommendations:**

- **Dietary Suggestions:**

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- **Physical Activity:**

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- **Follow-up:**

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