CEA Blood Test

Patient Information:	
Patient's Full Name:	
Date of Birth:	
Gender:	
Medical Record Number:	
Date of Test:	
Test Results:	

CEA Level:	
Interpretation:	
Reference Range:	
Units:	
Clinical Notes:	

Primary Diagnosis:	
Treatment History:	
Reason for Test:	
Physician's Recommendations:	
Next Steps:	
Follow-up Plan:	

Physician's Name: Date: