

# Cholesterol Test Report

<b>Patient information</b>	
Name	
Gender	Date of birth
Date of test	Medical record number
<b>Clinical history</b>	
<b>Test results</b>	
Total cholesterol	Reference range
Interpretation	
LDL cholesterol (low-density lipoprotein)	Reference range
Interpretation	
HDL cholesterol (high-density lipoprotein)	Reference range
Interpretation	
Triglycerides	Reference range

Interpretation

**Additional information**

Fasting status

Medication

Lifestyle factors

**Recommendations**

**Additional notes**

**Provider's information**

Ordering physician

Provider's NPI

Contact information

Name and Signature

Date