EGFR Blood Test

Patient's full name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Date of birth: xxxxxxxxxxxxxxxxxxx Age: 54

Gender:

☑ Male

☐ Female

☐ Non-binary

Medical record #: xxxxxxxxxxxxxxxxxxxxxxx

Attending physician's full name: xxxxxxxxxxxxxxx

Patient's medical history:

Prone to hypertension. No other serious cardiovascular problems. He is obese. Also has asthma.

Symptoms

☑ Weakness	☑ Fatigue	☑ Nausea
☑ Vomiting	☑ Shortness of breath	☑ Frequent urination
☐ Urine is foamy	☐ Urine has blood	☐ Swelling
☑ Muscle cramps	☑ Muscle spasms	☐ Itchy skin

Other symptoms:
High blood pressure

EGFR Blood Test Results

EGFR Level: ____78____ mL/min/1.73m2

	EGFR	Possible Kidney Condition
☐	90+	Kidney damage, but the kidney is functioning normally
☑	60 - 89	Kidney damage + mild loss of kidney function
☐	45 - 59	Mild to moderate loss of kidney function
☐	30 to 44	Moderate to severe loss of kidney function
☐	15 to 29	Severe loss of kidney function
☐	Below 15	Kidney failure

Comments

Patient must take Ramipril - 2.5 milligrams (mg) once a day.

Will work on a lifestyle change plan to help manage their health to prevent their kidneys from suffering any more damage.

Your test results will be kept confidential.

Signed by: xxxxxxxxxxxxxxxxxxxxx **(signature over printed name)**

Date: xxxxxxxxxxxxxxxxxxxxxxxx