

# Ketone Test Report

## Patient Information

<b>Patient Name</b>	
Date of Birth	
Gender	
Patient ID	
Emergency Contact	

## Physician Information

<b>Physician Name</b>	
Department	
Contact Info	

## Test Information

<b>Date of Test</b>	
Lab ID	
Method of Testing	

## Medical History

<b>Diabetes Mellitus (Type 1/Type 2)</b>	
Duration of Diabetes	
Other relevant medical history	
Current Medications	
Allergies	

**Presenting Symptoms**

- Frequent urination
- High blood sugar levels
- Nausea or vomiting
- Abdominal pain
- Shortness of breath
- Fruity-scented breath
- Confusion or difficulty paying attention
- Rapid heartbeat
- Fatigue or weakness

**Test Results**

<b>Ketone Levels</b>	
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Normal Range: Less than 0.6 mmol/L

**Interpretation**

- Within normal limits
- Slightly high - Further monitoring is recommended
- High - Immediate medical attention required

**Recommendations for Patient Care**

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**Signature**

Physician: \_\_\_\_\_ Date: \_\_\_\_\_

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