

# Lactic Acid 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>	
Test methodology	
Lactic acid level	
Reference range	
<b>Interpretation</b>	
<b>Recommendations</b>	

**Additional notes****Provider's information**

Ordering physician

Provider's NPI

Contact information

Name and Signature

Date