## **Lactose Tolerance Test Report**

| Patient information             |                            |
|---------------------------------|----------------------------|
| Name                            |                            |
| Gender                          | Date of birth              |
| Date of test                    | Medical record number      |
| Clinical history                |                            |
|                                 |                            |
| Test results                    |                            |
| Test procedure                  |                            |
| Baseline blood glucose (mg/dL): | Lactose load administered: |
| Blood glucose levels            |                            |
| 30 minutes post-lactose:        | 60 minutes post-lactose:   |
| 90 minutes post-lactose:        | 120 minutes post-lactose:  |
| Interpretation                  |                            |
|                                 |                            |

| Recommendations        |                |
|------------------------|----------------|
|                        |                |
| Additional notes       |                |
|                        |                |
|                        |                |
|                        |                |
|                        |                |
| Provider's information |                |
| Ordering physician     | Provider's NPI |
| Contact information    |                |
|                        |                |
| MARen                  |                |
| Name and Signature     | Date           |
|                        |                |