

Lipoprotein Blood Test

Patient Information:

Name:	
Date of Birth:	Sex:
Address:	Phone Number:
Medical Record Number:	Test Date:
Referring Physician:	Ordering Physician:

Test Results:

Total Cholesterol: mg/dL

Reference Range: _____

LDL (Low-Density Lipoprotein) Cholesterol: mg/dL

Reference Range: _____

HDL (High-Density Lipoprotein) Cholesterol: mg/dL

Reference Range: _____

Triglycerides: mg/dL

Reference Range: _____

VLDL (Very-Low-Density Lipoprotein) Cholesterol: mg/dL

Reference Range: _____

Interpretation:

Additional Notes: