

Liver Function Test

Patient Information
Name:
Date of Birth:
Gender:
Medical Record Number:
Reference Ranges:
ALT Reference Range:
AST Reference Range:
ALP Reference Range:
Total Bilirubin Reference Range:
Albumin Reference Range:
Total Protein Reference Range:
Interpretation
Clinical Notes:
Recommendations:

Laboratory Technician: _____

Laboratory Name: _____

Date of Report: _____