


Phosphate Blood Test

Patient Information	
Full Name	
Date of Birth	
Gender	
Contact Number	
Address	
Medical History & Related Questions	
Have you had any recent illnesses or infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Specify:
Any history of kidney diseases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent injuries or surgeries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dietary habits (High/low in dairy, meat, etc.)	
Tests	
Sample Collection Date	
Sample Type	<input type="checkbox"/> Venous Blood <input type="checkbox"/> Capillary Blood

Findings	
Phosphate Level	<p>Result Value:</p> <p>Normal Range: 2.5 to 4.5 mg/dL</p>
Basis of Findings	<p><input type="checkbox"/> Within Normal Range</p> <p><input type="checkbox"/> Above Normal Range</p> <p><input type="checkbox"/> Below Normal Range</p>
Interpretation	
Comments/Notes	
Overall Interpretation	
Summary	
Recommendations	
Doctor's Verification	
Doctor's Signature	
Printed Name	
Date	