

Thyroglobulin Test

Patient Information

Name: _____ Date of Birth: _____

Medical Record Number: _____ Date of Test: _____

Thyroglobulin Test Results

- Thyroglobulin Level: _____ ng/mL
- Reference Range: _____ ng/mL

Interpretation of Results

- Thyroglobulin level within the normal reference range.
- Thyroglobulin level elevated above the reference range.
- Patient has a history of thyroid cancer.
- Patient has undergone thyroid surgery (thyroidectomy).
- Patient is receiving thyroid hormone replacement therapy.

Clinical Notes and Recommendations

Please provide any relevant clinical notes and treatment recommendations based on the test results and patient history. Include details on the patient's thyroid health, the presence of any thyroid cancer, and the necessity for further evaluation, treatment adjustments, or monitoring.

Follow-up Plan

- Repeat Thyroglobulin Test in ____ months.
- Perform a neck ultrasound to assess thyroid tissue and lymph nodes.
- Consult with an endocrinologist or oncologist for further evaluation.

Physician Information

Name: _____ **Medical License Number:** _____

Clinic/Hospital: _____

Contact Information: _____

Patient Acknowledgment

I acknowledge receipt of the Thyroglobulin Test results and recommendations.

Patient's Signature: _____  **Date:** _____