



# Family Medicine Center of the Bitterroot, P.C.

330 North 10th Street, Suite A • Hamilton, MT 59840 • Phone: 363-DOCS(3627) • Fax: 363-3638 • www.familymedcenter.org

Date \_\_\_\_\_

Dear Mr./Mrs./Ms. \_\_\_\_\_ Patient  
Date of Birth \_\_\_\_\_

The results of your recent labwork are as follows:

Complete Blood Count _____	GOOD/BAD/ANEMIA
Total Cholesterol _____	GOOD/BAD/AVERAGE
LDL ("bad cholesterol") _____	GOOD/BAD/AVERAGE
HDL ("good cholesterol") _____	GOOD/BAD/AVERAGE
Triglycerides _____	GOOD/BAD/AVERAGE
Blood Sugar _____	NORMAL/BORDERLINE/DIABETES
Hemoglobin A1C _____ (goal is below 7.0)	AT GOAL/NEAR GOAL/ABOVE GOAL
Thyroid _____	NORMAL/ABNORMAL
Potassium _____	NORMAL/HIGH/LOW
Pap smear test _____	NORMAL/ABNORMAL
Blood Chemistries _____ (liver, kidneys, protein)	NORMAL/ABNORMAL
Sed rate _____	NORMAL/ABNORMAL
PSA _____	NORMAL/ABNORMAL

The \_\_\_\_\_ was NORMAL/ABNORMAL

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\_\_\_\_\_ Call for an appointment to discuss the results

\_\_\_\_\_ Return in \_\_\_\_\_ week(s) \_\_\_\_\_ month(s) for a recheck or appointment

\_\_\_\_\_ Keep up the good work!

Sincerely,