Family Medicine Center
of the Bitterroot, P.C.

330 N. 10th Street, Ste. A • Hamilton, MT 59840 • Phone: 406-363-DOCS(3627) • Fax: 406-363-3638 • 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

_____ 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,

Daniel Child, D.O. • Brenda Kirkland, M.D. • Brett Heath, M.D. • Samantha Kratofil, FNP-C