



1600000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

Copy 1 - PATIENT Copy 2 - CLINIC CHART

UNIVERSITY PHYSICIANS AT JABA RESULTS LETTER

674 Hillside Dr., Suite 3 • Charlottesville, VA 22901
Office: (434) 964-1333 • Fax: (434) 964-1432

Dear: _____

We appreciated your visit to University Physicians at JABA. Here are the results of the lab tests done at your visit:

Cholesterol _____ (This is HIGH LOW NORMAL)

Triglycerides _____ (This is HIGH LOW NORMAL)

HDL Cholesterol (Good Cholesterol) _____ (This is HIGH LOW NORMAL)

LDL Cholesterol (Bad Cholesterol) _____ (This is HIGH LOW NORMAL)

Potassium _____ (This is HIGH LOW NORMAL)

Stool check for blood - _____ (Normal is NEGATIVE)

Thyroid stimulating hormone (TSH) - _____ (This is LOW NORMAL HIGH)

Pap smear - _____ Repeat in _____

Prostate specific antigen (PSA) - _____ (This is NORMAL NOT NORMAL)

Repeat in _____

Hemoglobin A1C (3-month Diabetes control check) _____ (This is GOOD NEEDS IMPROVEMENT)

(Value less than 7=good control, value greater than 7=needs improvement)

Liver Function Test _____ (This is NORMAL NOT NORMAL)

CBC (Complete Blood Count) _____ (This is NORMAL NOT NORMAL)

Kidney Function Test _____ (This is NORMAL NOT NORMAL)

Mammogram _____ Repeat in _____

Other: _____

Comments: _____

Please give us a call at (434) 964-1333 or toll free (800) 251-3627 if you have any questions about these results or any other aspect of your care. For medical emergencies and urgent concerns after hours or on weekends, please call (434) 924-0000 or the 800 number listed above and ask for the Geriatric physician on call. We look forward to seeing you at your next visit.
Sincerely,

_____, MD Date: _____