

Diagnostic Test Results and Date Log

Patient Information

Patient Full Name:

Date of Birth (YYYY-MM-DD):

Patient Medical ID Number:

Log Creation Date:

Test Results Log

Record your medical and diagnostic test results in the rows below. This log is ready for printing.

Diagnostic Test / Panel Name	Date Performed (YYYY-MM-DD)	Result Value	Reference Range / Normal Limit	Result Status (Normal/High/Low)
e.g., Complete Blood Count	<input type="text" value="YYYY-MM-DD"/>	<input type="text" value="e.g., 5.0 Million/uL"/>	<input type="text" value="e.g., 4.5-5.9 Million/uL"/>	<input type="text" value="e.g., Normal"/>
e.g., Fasting Blood Glucose	<input type="text" value="YYYY-MM-DD"/>	<input type="text" value="e.g., 105 mg/dL"/>	<input type="text" value="e.g., 70-99 mg/dL"/>	<input type="text" value="e.g., High"/>
e.g., Lipid Panel (Cholesterol)	<input type="text" value="YYYY-MM-DD"/>	<input type="text" value="e.g., 185 mg/dL"/>	<input type="text" value="e.g., < 200 mg/dL"/>	<input type="text" value="e.g., Normal"/>
e.g., Thyroid Stimulating Hormone	<input type="text" value="YYYY-MM-DD"/>	<input type="text" value="e.g., 2.4 mIU/L"/>	<input type="text" value="e.g., 0.4-4.0 mIU/L"/>	<input type="text" value="e.g., Normal"/>
<input type="text"/>	<input type="text" value="YYYY-MM-DD"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Practitioner and Facility Details

Ordering Physician:

Testing Facility/Laboratory:

Physician Notes / Next Steps: