[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

We are writing to provide you with the results of your recent Comprehensive Metabolic Panel (CMP), with a specific focus on your kidney function markers.

Your Results:

- **Creatinine:** [Result] mg/dL (Reference Range: [Range])
- **Blood Urea Nitrogen (BUN):** [Result] mg/dL (Reference Range: [Range])
- **eGFR (Estimated Glomerular Filtration Rate):** [Result] mL/min/1.73m

Provider Assessment:

[Insert Provider Comments: e.g., Your results are within normal limits / Your results show mild elevation / Please schedule a follow-up.]

Next Steps:

[Insert Instructions: e.g., No further action is needed at this time / Please repeat the test in 3 months / Increase your daily water intake.]

A full copy of your lab report is attached for your records. If you have any questions regarding these findings, please contact our office at [Phone Number] or message us through the patient portal.

Sincerely,

[Provider Name, Title]
[Clinic Name]