Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Dear [Patient Name],

We are writing to provide you with the results of your recent Comprehensive Metabolic Panel (CMP) conducted on [Date of Test].

Your results indicate an imbalance in your electrolyte levels. Specifically, the following values were outside of the normal range:

- **Sodium:** [Value] (Normal range: [Range])
- **Potassium:** [Value] (Normal range: [Range])
- **Chloride:** [Value] (Normal range: [Range])
- **Carbon Dioxide (Bicarbonate):** [Value] (Normal range: [Range])
- **Calcium:** [Value] (Normal range: [Range])

Provider Comments:
[Insert specific clinical notes regarding the imbalance here]

Next Steps:

- Please schedule a follow-up appointment within [Number] days.
- [Instruction for medication changes, if applicable].
- [Instruction for dietary or fluid intake changes, if applicable].
- Repeat lab work has been ordered for [Date].

If you experience severe muscle weakness, confusion, irregular heartbeat, or extreme fatigue before your next appointment, please contact our office immediately or seek emergency care.

Sincerely,

[Provider Name]
[Clinic/Practice Name]
[Phone Number]