

[Doctor Name/Practice Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

RE: Comprehensive Metabolic Panel (CMP) Results

Dear [Patient Name],

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

**Summary of Results:**

- **Glucose:** [Normal/High/Low] - [Value] mg/dL
- **Kidney Function (BUN/Creatinine):** [Normal/Abnormal]
- **Electrolytes (Sodium, Potassium, Chloride, CO2):** [Normal/Abnormal]
- **Liver Function (ALP, ALT, AST, Bilirubin):** [Normal/Abnormal]
- **Proteins (Albumin/Total Protein):** [Normal/Abnormal]

**Provider Comments:**

[Insert specific clinical notes here, e.g., "Your results are within normal limits and no further action is required" OR "Some values were slightly outside the normal range; please schedule a follow-up."]

A full copy of your lab report is attached for your records.

If you have any questions regarding these results or would like to discuss them in more detail, please contact our office at [Phone Number] or via the patient portal.

Sincerely,

[Doctor/Provider Signature]  
[Doctor/Provider Name]