

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID]

Dear [Insert Patient Name],

The results of your recent kidney function tests are now available. Below is a summary of your key findings:

Test Component	Your Result	Reference Range	Status
Blood Urea Nitrogen (BUN)	[Result] mg/dL	[Range]	[Normal/High/Low]
Serum Creatinine	[Result] mg/dL	[Range]	[Normal/High/Low]
Estimated GFR (eGFR)	[Result] mL/min/1.73m ²	[Range]	[Normal/Low]
Sodium	[Result] mEq/L	[Range]	[Normal/Abnormal]
Potassium	[Result] mEq/L	[Range]	[Normal/Abnormal]
Albumin/Creatinine Ratio (uACR)	[Result] mg/g	[Range]	[Normal/High]

Clinical Interpretation:

[Insert physician's comments regarding whether the results indicate normal function, acute changes, or chronic kidney disease stages.]

Next Steps:

- [] No further action required at this time.
- [] Schedule a follow-up appointment within [Timeframe].
- [] Repeat testing required on [Date].
- [] Medication adjustments: [Details].

If you have any questions regarding these results, please contact our office at [Insert Phone Number].

Sincerely,

[Doctor's Name]

[Clinic/Facility Name]