

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

Dear [Insert Patient Name],

We are writing to provide you with the results of your recent blood tests performed in preparation for your upcoming surgical procedure on [Insert Date of Surgery]. These tests were conducted to evaluate your kidney function.

Test Results Summary:

- **Creatinine Level:** [Insert Value] mg/dL (Normal Range: [Insert Range])
- **Estimated GFR (eGFR):** [Insert Value] mL/min (Normal Range: [Insert Range])
- **BUN (Blood Urea Nitrogen):** [Insert Value] mg/dL (Normal Range: [Insert Range])

Clinical Assessment:

[] Your results are within the normal range. No further action is required regarding your kidney function prior to surgery.

[] Your results show minor abnormalities. We will proceed with surgery, but additional hydration or medication adjustments may be required on the day of the procedure.

[] Your results require further evaluation. Please contact our office to schedule a follow-up consultation before your surgery date.

Pre-Operative Instructions:

Please continue to follow all fasting (NPO) instructions provided by the surgical team. Ensure you remain well-hydrated leading up to the start of your fasting period.

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

Sincerely,

[Physician Name/Department Name]

[Facility Name]