

*Thank
you*
for choosing



*and the physicians and
staff who serve you.*

**McLaren Internal Medicine
Residency Group Practice**
3230 Beecher Road Suite 2
Flint, Michigan 48532

Enclosed are the results of your
recent laboratory tests for your personal file.



INTERNAL MEDICINE

Dear _____ ,

The following is a report of tests performed
on ____/____/____.

Cholesterol: _____ Glucose: _____

HDL: _____ HgbA1C: _____

LDL: _____ PSA: _____

Triglyceride: _____

Complete Blood Count: _____

Thyroid Function: _____

Chemistry Screening: _____

X-Ray/Radiology Testing (4/5, CT, BMD): _____

Pap Smear: _____

Other: _____

Other: _____

Comments: _____

_____ We can discuss this at your next scheduled visit.

_____ Please schedule a follow up appointment within the next _____.

If you have any questions, please contact our office at (810) 342-5800.