

At-Home Cholesterol Test

Patient Information:

- **Name:**
- **Date of Birth:**
- **Contact Information:**
- **Medical History:**
- **Current Medications:**
- **Allergies:**

Test Procedure:

1. Sample Collection:

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2. Packaging:

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3. Delivery:

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Results:

• **LDL Cholesterol Level:**

- **Optimal:**

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- **Borderline:**

-

- **High:**

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- **HDL Cholesterol Level:**

- Optimal:

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- Borderline:

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- Low:

-

- **Total Cholesterol Level:**

- Desirable:

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- Borderline:

-

- High:

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Interpretation:

- **LDL Cholesterol:**

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- **HDL Cholesterol:**

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- **Total Cholesterol:**

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Recommendations:

- **Dietary Suggestions:**

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- **Physical Activity:**

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- **Follow-up:**

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