Basic Metabolic Panel Test

Patient's Name: **Date:**

Date of Birth: **Sex:**

Reason for test:

Test for:

☐ BUN

☐ CO2

☐ Creatinine

☐ Glucose

☐ Serum chloride

☐ Serum potassium

☐ Serum sodium

☐ Serum calcium

Recommended Date and Time for Test:

Additional Notes:

_____

Requesting Physician's Name and Signature