

Comprehensive Metabolic Panel (CMP) Normal Values Chart

Medical Institution Details

- Name: _____
- Address: _____
- Phone Number: _____
- Website: _____

Patient Information

- Full Name: _____
- Date of Birth: _____
- Patient ID: _____
- Date of Test: _____

Comprehensive Metabolic Panel Results

Test Component	Patient's Value	Normal Reference Range	Units
Glucose	_____	70 - 100	mg/dL
Calcium	_____	8.5 - 10.2	mg/dL
Sodium	_____	135 - 145	mmol/L
Potassium	_____	3.5 - 5.0	mmol/L
Chloride	_____	96 - 106	mmol/L
Carbon Dioxide	_____	23 - 29	mmol/L
Blood Urea Nitrogen	_____	7 - 20	mg/dL
Creatinine	_____	0.6 - 1.2	mg/dL
Albumin	_____	3.5 - 5.0	g/dL
Total Protein	_____	6.0 - 8.3	g/dL
Alkaline Phosphatase	_____	39 - 117	IU/L
Alanine Aminotransferase (ALT)	_____	7 - 56	IU/L

Aspartate Aminotransferase (AST)	_____	10 - 40	IU/L
Bilirubin, Total	_____	0.1 - 1.2	mg/dL

Physician's Notes

[Any specific observations or recommendations]:

Physician's Signature: _____ Date: _____

Patient Acknowledgment

I have reviewed the CMP results with my healthcare provider and understand the information provided.

Patient's Signature: _____ Date: _____

Disclaimer: This CMP Normal Values Chart is for informational purposes only and should be adapted to reflect the protocols of the medical institution and the individual needs of the patient. Always consult with a qualified healthcare provider for interpretation of test results and medical advice.