

## Basic Metabolic Panel Test

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_ dd / mm / yyyy

Date of Birth: \_\_\_\_\_ dd / mm / yyyy Sex: \_\_\_\_\_

Reason for test

Test for: \_\_\_\_\_

### TEST COMPONENTS

Test Components

- 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