

BLOOD UREA NITROGEN (BUN) REPORT

Report Date: _____

PATIENT NAME _____

DATE OF BIRTH

____ / ____ / _____

PHYSICIAN

Dr. _____

LAB ID

TEST NAME	RESULT	UNITS	REFERENCE RANGE	STATUS
BUN (Urea Nitrogen)		mg/dL	<i>7 - 20 mg/dL</i>	
Creatinine (Serum)		mg/dL	<i>0.7 - 1.3 mg/dL</i>	
BUN/Creatinine Ratio		ratio	<i>10:1 - 20:1</i>	

CLINICAL NOTES & INTERPRETATION

This document is a template for informational purposes only. Official diagnostic results should be validated by a licensed medical professional.

Print Report