

# Calcium Blood Test

<b>Name:</b>
<b>Date of Birth:</b>
<b>Sex:</b>
<b>Date of Test:</b>
<b>Reason for Test:</b>
<b>Symptoms or Clinical History:</b>
<b>Relevant Medical Conditions:</b>
<b>Medications (if any):</b>
<b>Name and Signature of Order Physician:</b>
<b>Date of Request:</b>

**Patient's Name:**

**Laboratory Name:**

**Contact Information:**

**Test Results**

- Serum Calcium Level: \_\_\_\_\_ mg/dL
- Ionized Calcium Level (if measured): \_\_\_\_\_ mg/dL
- Reference Range: \_\_\_\_\_

**Interpretation**

- Serum Calcium Level: \_\_\_\_\_
- Ionized Calcium Level: \_\_\_\_\_

**Additional Notes** (Tests, Follow-up, Treatment, Interventions, etc.)

**Name and Signature of Ordering Physician:**

**Date:**