RBC Blood Test

Patient Information	
Name:	
Date of Birth:	Gender:
Address:	
Phone Number:	Email:

Test Information	
Test Date:	Physician:
Referring Physician (if applicable):	
Reason for the Test:	

Test Type: RBC Count	
Other Relevant Tests (if ordered):	
Test Results:	
Comments/Notes:	

Patient's Signature: _____ Date: _____

Phlebotomist: _____ Date: _____

Laboratory Technician: _____ Date: _____