

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: _____