

Red Blood Cell Count Chart

Medical Institution Details

Name:

Address:

Phone Number:

Website:

Patient Details

Full Name:

Date of Birth:

Gender:

Patient ID:

Contact Number:

Email Address:

Referred by Dr./Physician:

RBC Count Monitoring

Date	Time of Day	RBC Count (x10 ⁶ / μL)	Notes (e.g., pre/post- treatment)

Interpretation

Normal Range (Adult Male): _____ million cells/μL

Normal Range (Adult Female): _____ million cells/μL

(Ranges can vary based on the lab and patient age.)

Recommendations & Physician's Notes

Physician's Signature: _____ **Date:** _____