

# 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 <sup>6</sup> / 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:** \_\_\_\_\_