

Sedimentation Rate Levels Chart

Medical Institution Details

- Name: _____
- Address: _____
- Phone Number: _____
- Website: _____

Patient Information

- Full Name: _____
- Date of Birth: ____ / ____ / _____
- Gender: _____
- Patient ID: _____
- Contact Number: _____
- Email Address: _____
- Referred by Dr./Physician: _____

Test Details

- Date of Test: ____ / ____ / _____
- Time of Test: _____
- Lab Technician: _____
- Method Used (e.g., Westergren, Modified Westergren): _____

Sedimentation Rate Results

- Time Elapsed (minutes): _____
- Sedimentation Rate (mm/hr): _____

Reference Range

- Normal: 0-20 mm/hr for males, 0-30 mm/hr for females
- Elevated: >20 mm/hr for males, >30 mm/hr for females (Ranges can vary based on age and lab standards)

Interpretation

- Within Normal Limits: Yes / No
- Indication of Inflammation: Yes / No
- Possible Conditions Associated with Abnormal Levels:

Physician's Notes

- Observations: _____
- Recommendations: _____
- Follow-up Required: Yes / No
- Follow-up Date: ____ / ____ / _____

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

Patient Acknowledgment

- I have reviewed the results and understand the physician's notes and recommendations.
- Patient's Signature: _____
- Date: ____ / ____ / _____

Note: This chart is for informational purposes only and is not a substitute for professional medical advice. Always consult with a healthcare provider for interpretation of test results and health-related decisions.