

# 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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**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.