Carbon Dioxide Blood Test

Request
Patient name:
Date of birth:
Sex:
Date of test:
Reason for test:
Additional notes:
Name and signature of ordering physician:
Date:

Carbon Dioxide Blood Test (Results)
Patient name:
Laboratory name:
Contact information:
Test results:
• Carbon dioxide (CO2) level:
• Reference range:
• Interpretation (if applicable):
Additional notes:
(Tests, follow-up, treatment, interventions, etc.)
Name and signature of ordering physician:
Date: