

Iron Levels Chart

Patient Name: _____

Date of Birth: _____

Contact Information: _____

Medical Diagnoses (if applicable): _____

Referring Physician's Name and Signature: Caesar Glisson . _____

Date: _____

IRON TESTS

| | Normal Range | Patient's Result | Interpretation |
|---|--|------------------|----------------|
| Serum Iron Test | 60-170 mg/dL (10.74-30.43 mmol/L) | | |
| Transferrin Test | 215-380 mg/dL | | |
| Total Iron-Binding Capacity (TIBC) Test | 240-450 mcg/dL | | |
| Ferritin Blood test | Adult males: 24-336 ng/mL Adult females: 24-307 ng/mL | | |

Summary:

Additional Notes: