

Date:		Phleb:	
Name:		Prov:	
DOB:		TOV:	
ID#:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
INS:		<input type="checkbox"/> Fast <input type="checkbox"/> Non-Fast	
	Dx:	Dx:	Dx List:
<input type="checkbox"/> BMP		<input type="checkbox"/> Uric Acid	a.Hyperlipidemia
<input type="checkbox"/> CMP		<input type="checkbox"/> Urine STI	b.DM Type 1 - 2
<input type="checkbox"/> Lip		<input type="checkbox"/> Iron/TIBC	c.CKD 3 – 4 – 5
<input type="checkbox"/> A1c		<input type="checkbox"/> Testosterone	d.Screen CV
<input type="checkbox"/> ACR		<input type="checkbox"/> Drug Screen	e.IFG
<input type="checkbox"/> TSH		<input type="checkbox"/> TPO Ab	f.Hypothyroid
<input type="checkbox"/> T4		<input type="checkbox"/> B12	g.Essential HTN
<input type="checkbox"/> PSA		<input type="checkbox"/> Hep C	h.Hyperthyroid
<input type="checkbox"/> Vit D		<input type="checkbox"/> ESR	i.Fatigue
<input type="checkbox"/> PTH		<input type="checkbox"/> ANA	j.UTI
<input type="checkbox"/> CBC		<input type="checkbox"/> RF	k.Atrial Fib
<input type="checkbox"/> INR		<input type="checkbox"/> BNP	l.DVT
<input type="checkbox"/> UA		<input type="checkbox"/> Ferritin	m.Clotting Disorder
<input type="checkbox"/> AAA		<input type="checkbox"/> PAP	n.Wellness
<input type="checkbox"/> Carotid		<input type="checkbox"/> DST	o.Whirpool Well
<input type="checkbox"/> 6CIT		<input type="checkbox"/> Mg 2++	p.Medication monit
<input type="checkbox"/> TUGS		<input type="checkbox"/> Phosp	q.Side effect Med
<input type="checkbox"/> MOCA		<input type="checkbox"/>	r.
<input type="checkbox"/> Dexa		<input type="checkbox"/>	s.
<input type="checkbox"/> Monofilament			
<input type="checkbox"/> Spirometry - nebulizer			
<input type="checkbox"/> Colonoscopy – EGD			
<input type="checkbox"/> Mammogram			
<input type="checkbox"/>			
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