## Labwork Record Ambulatory Care Medical

Client's name - LAST / FIRST DOB SSN City State Address Zip Capitated Lab Phone ALLERGIES Enter test order date into the appropriate box. Include the year. Place a checkmark in the box to indicate your lab results were received by the doctor and reported to you. 1 SMA 18 2 CBC & ESR 3 CBC w/differential 4 Electrolytes 5 Liver Profile 6 Cholesterol 7 Hepatitis Profile 8 Theophylline 9 Digoxin 10 Thyroid Profile 11 Dilantin Level 12 Glucose 13 Glycohemoglobin 14 Iron TIBC 15 **EKG** 16 Holtor Monitor 17 X-ray 18 Stress Echo 19 Stress w/ thalium 20 Echocardiogram 21 Mammogram 22 Occult Blood 23 GI series 24 Colonoscopy 25 Sigmoidoscopy 26 Cardiac Catheterization 27 CT scan 28 MRI 29 30 31 32

## Labwork Record

Women's Heart Foundation Healthy Heart Network Community www.womensheart.org (c) 1997 WHF

Ambulatory Care Medical

33				
34				