

3156 State St.
Medford OR, 97504
541-773-9772

541-773-9772
www.CompleteCare.net



Router

Appt Date: _____

Patient: _____

Appt Time: _____

Chief complaint/Reason for visit:

Labs Ordered (to review):

- | | | | | |
|---|------------------------------------|---|---|-----------------------------------|
| <input type="checkbox"/> BMP | <input type="checkbox"/> DHEA | <input type="checkbox"/> INSULIN. | <input type="checkbox"/> Iron panel | <input type="checkbox"/> VIT. B12 |
| <input type="checkbox"/> CBC | <input type="checkbox"/> ESTRADIOL | <input type="checkbox"/> LIPID PANEL | <input type="checkbox"/> TSH | <input type="checkbox"/> VIT. D |
| <input type="checkbox"/> CMP | <input type="checkbox"/> FERRITIN | <input type="checkbox"/> MAGNESIUM | <input type="checkbox"/> FT3 | <input type="checkbox"/> SHBG |
| <input type="checkbox"/> CRP | <input type="checkbox"/> HB A1C. | <input type="checkbox"/> PROG. | <input type="checkbox"/> FT4 | <input type="checkbox"/> TPO AB |
| <input type="checkbox"/> CORTISOL (AM/PM) | <input type="checkbox"/> PSA | <input type="checkbox"/> TEST. FREE/TOTAL | <input type="checkbox"/> Thyroglobulin AB | |
| <input type="checkbox"/> LH | <input type="checkbox"/> FSH | | | |

OTHER LABS ORDERED: _____

OTHER ORDERS: (IMAGING / REFERRALS) _____

VITALS: WT _____ TEMP _____ HT _____ BP _____

RESP _____ **O2** _____ **HR** _____

NOTES:
