



San Lazaro Medical
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PPD TEST

Please make sure to read the below statement regarding the tie to return for your PPD results.
Return within 48-72 hours from the date of injection.

I. Patient Information

Sandoz Camelinda 12/10/65 xxx-xx-2835
Last Name First MI D.O.B. Social Security Number

II. Tuberculosis Test Results

1 Step TB	Date/Time	Arm	Lot #	Expiration	Manufacturer	Administered By:
	Applied 01/08/24	left 0.1mL subq	10116	04/24	PAR Pharmex	NOLSE
Date/Time		Results (mm)		Results Read / Resulted By:		
Read 01/10/24		Neg.		Nidia Dominguez		

Chest X-Ray: is only needed if you have a prior positive PPD. For previously known or new positive reactors please complete the following. **This report must state that the reason for the CXR is due to a positive PPD.**

Chest X-ray: Date: _____ Results: _____ Other: Date: _____ Results: _____

Physician or Nurse Signature: _____

Date: 01/10/24

Patient Signature: _____

Nidia D. Dominguez
ARNP#9353938
NPI#1396190302

Date: 01/10/24