

JULIAN A LIVELY

MRN: 691363

DOB: 2/13/1953

MD: SAMANTHA KUEBLER

12/06/2023

09:00

MA SAME DAY – UROLOGY

- | | | | | | |
|--|----------------------------------|-----------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> UA | <input type="checkbox"/> Culture | <input type="checkbox"/> Cytology | <input type="checkbox"/> PVR | <input type="checkbox"/> Void Trial | <input type="checkbox"/> Fill and Pull Void Trial |
| <input type="checkbox"/> PSA | <input type="checkbox"/> BMP | <input type="checkbox"/> Hgb A1c | <input type="checkbox"/> LITHOLINK | <input type="checkbox"/> CMP | <input type="checkbox"/> Pre-Albumin |
| <input type="checkbox"/> BMP, Ca, Mg, Phos, Uric Acid, PTH | | | <input type="checkbox"/> BMP, CBC, LFTs, Uric Acid | | |
| <input type="checkbox"/> TOTAL T, SHBG, CBC | | | <input type="checkbox"/> FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN | | |
| <input type="checkbox"/> TOTAL T, CBC | | | <input type="checkbox"/> OTHER: _____ | | |

☐ Pelvic Exam after work-up

Physician Signature: _____

JESSE L KEY SR

MRN: 690675

DOB: 2/2/1957

MD: SAMANTHA KUEBLER

12/06/2023

09:30

MA SAME DAY – UROLOGY

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|--|----------------------------------|-----------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> UA | <input type="checkbox"/> Culture | <input type="checkbox"/> Cytology | <input type="checkbox"/> PVR | <input type="checkbox"/> Void Trial | <input type="checkbox"/> Fill and Pull Void Trial |
| <input type="checkbox"/> PSA | <input type="checkbox"/> BMP | <input type="checkbox"/> Hgb A1c | <input type="checkbox"/> LITHOLINK | <input type="checkbox"/> CMP | <input type="checkbox"/> Pre-Albumin |
| <input type="checkbox"/> BMP, Ca, Mg, Phos, Uric Acid, PTH | | | <input type="checkbox"/> BMP, CBC, LFTs, Uric Acid | | |
| <input type="checkbox"/> TOTAL T, SHBG, CBC | | | <input type="checkbox"/> FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN | | |
| <input type="checkbox"/> TOTAL T, CBC | | | <input type="checkbox"/> OTHER: _____ | | |

☐ Pelvic Exam after work-up

Physician Signature: _____

EMMA D THOMPkins

MRN: 690179

DOB: 2/13/1960

MD: SAMANTHA KUEBLER

12/06/2023

10:00

MA SAME DAY – UROLOGY

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|--|----------------------------------|-----------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> UA | <input type="checkbox"/> Culture | <input type="checkbox"/> Cytology | <input type="checkbox"/> PVR | <input type="checkbox"/> Void Trial | <input type="checkbox"/> Fill and Pull Void Trial |
| <input type="checkbox"/> PSA | <input type="checkbox"/> BMP | <input type="checkbox"/> Hgb A1c | <input type="checkbox"/> LITHOLINK | <input type="checkbox"/> CMP | <input type="checkbox"/> Pre-Albumin |
| <input type="checkbox"/> BMP, Ca, Mg, Phos, Uric Acid, PTH | | | <input type="checkbox"/> BMP, CBC, LFTs, Uric Acid | | |
| <input type="checkbox"/> TOTAL T, SHBG, CBC | | | <input type="checkbox"/> FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN | | |
| <input type="checkbox"/> TOTAL T, CBC | | | <input type="checkbox"/> OTHER: _____ | | |

☐ Pelvic Exam after work-up

Physician Signature: _____

WYMAN LANGHAM

MRN: 693210

DOB: 7/23/1927

MD: SAMANTHA KUEBLER

12/06/2023

11:00

MA SAME DAY – UROLOGY

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|--|----------------------------------|-----------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> UA | <input type="checkbox"/> Culture | <input type="checkbox"/> Cytology | <input type="checkbox"/> PVR | <input type="checkbox"/> Void Trial | <input type="checkbox"/> Fill and Pull Void Trial |
| <input type="checkbox"/> PSA | <input type="checkbox"/> BMP | <input type="checkbox"/> Hgb A1c | <input type="checkbox"/> LITHOLINK | <input type="checkbox"/> CMP | <input type="checkbox"/> Pre-Albumin |
| <input type="checkbox"/> BMP, Ca, Mg, Phos, Uric Acid, PTH | | | <input type="checkbox"/> BMP, CBC, LFTs, Uric Acid | | |
| <input type="checkbox"/> TOTAL T, SHBG, CBC | | | <input type="checkbox"/> FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN | | |
| <input type="checkbox"/> TOTAL T, CBC | | | <input type="checkbox"/> OTHER: _____ | | |

☐ Pelvic Exam after work-up

Physician Signature: _____

CHARLES E TROTTER

MRN: 695166

DOB: 6/13/1942

MD: SAMANTHA KUEBLER

12/06/2023

01:00

MA SAME DAY – UROLOGY

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|--|----------------------------------|-----------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> UA | <input type="checkbox"/> Culture | <input type="checkbox"/> Cytology | <input type="checkbox"/> PVR | <input type="checkbox"/> Void Trial | <input type="checkbox"/> Fill and Pull Void Trial |
| <input type="checkbox"/> PSA | <input type="checkbox"/> BMP | <input type="checkbox"/> Hgb A1c | <input type="checkbox"/> LITHOLINK | <input type="checkbox"/> CMP | <input type="checkbox"/> Pre-Albumin |
| <input type="checkbox"/> BMP, Ca, Mg, Phos, Uric Acid, PTH | | | <input type="checkbox"/> BMP, CBC, LFTs, Uric Acid | | |
| <input type="checkbox"/> TOTAL T, SHBG, CBC | | | <input type="checkbox"/> FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN | | |
| <input type="checkbox"/> TOTAL T, CBC | | | <input type="checkbox"/> OTHER: _____ | | |

☐ Pelvic Exam after work-up

Physician Signature: _____

BARBARA A GUY

MRN: 506865

DOB: 2/12/1954

MD: SAMANTHA KUEBLER

12/06/2023

02:00

MA SAME DAY – UROLOGY

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|--|----------------------------------|-----------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> UA | <input type="checkbox"/> Culture | <input type="checkbox"/> Cytology | <input type="checkbox"/> PVR | <input type="checkbox"/> Void Trial | <input type="checkbox"/> Fill and Pull Void Trial |
| <input type="checkbox"/> PSA | <input type="checkbox"/> BMP | <input type="checkbox"/> Hgb A1c | <input type="checkbox"/> LITHOLINK | <input type="checkbox"/> CMP | <input type="checkbox"/> Pre-Albumin |
| <input type="checkbox"/> BMP, Ca, Mg, Phos, Uric Acid, PTH | | | <input type="checkbox"/> BMP, CBC, LFTs, Uric Acid | | |
| <input type="checkbox"/> TOTAL T, SHBG, CBC | | | <input type="checkbox"/> FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN | | |
| <input type="checkbox"/> TOTAL T, CBC | | | <input type="checkbox"/> OTHER: _____ | | |

☐ Pelvic Exam after work-up

Physician Signature: _____

RONALD ODOM

MRN: 531262

DOB: 8/29/1952

MD: SAMANTHA KUEBLER

12/06/2023

02:30

MA SAME DAY – UROLOGY

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|--|----------------------------------|-----------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> UA | <input type="checkbox"/> Culture | <input type="checkbox"/> Cytology | <input type="checkbox"/> PVR | <input type="checkbox"/> Void Trial | <input type="checkbox"/> Fill and Pull Void Trial |
| <input type="checkbox"/> PSA | <input type="checkbox"/> BMP | <input type="checkbox"/> Hgb A1c | <input type="checkbox"/> LITHOLINK | <input type="checkbox"/> CMP | <input type="checkbox"/> Pre-Albumin |
| <input type="checkbox"/> BMP, Ca, Mg, Phos, Uric Acid, PTH | | | <input type="checkbox"/> BMP, CBC, LFTs, Uric Acid | | |
| <input type="checkbox"/> TOTAL T, SHBG, CBC | | | <input type="checkbox"/> FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN | | |
| <input type="checkbox"/> TOTAL T, CBC | | | <input type="checkbox"/> OTHER: _____ | | |

☐ Pelvic Exam after work-up

Physician Signature: _____

VICTORIA LAW

MRN: 648198

DOB: 1/15/1960

MD: SAMANTHA KUEBLER

12/06/2023

03:00

MA SAME DAY – UROLOGY

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|--|----------------------------------|-----------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> UA | <input type="checkbox"/> Culture | <input type="checkbox"/> Cytology | <input type="checkbox"/> PVR | <input type="checkbox"/> Void Trial | <input type="checkbox"/> Fill and Pull Void Trial |
| <input type="checkbox"/> PSA | <input type="checkbox"/> BMP | <input type="checkbox"/> Hgb A1c | <input type="checkbox"/> LITHOLINK | <input type="checkbox"/> CMP | <input type="checkbox"/> Pre-Albumin |
| <input type="checkbox"/> BMP, Ca, Mg, Phos, Uric Acid, PTH | | | <input type="checkbox"/> BMP, CBC, LFTs, Uric Acid | | |
| <input type="checkbox"/> TOTAL T, SHBG, CBC | | | <input type="checkbox"/> FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN | | |
| <input type="checkbox"/> TOTAL T, CBC | | | <input type="checkbox"/> OTHER: _____ | | |

☐ Pelvic Exam after work-up

Physician Signature: _____