#### KATHRYN PEARSON

MD: URODYNAMICS

MRN: 702221 DOB: 1/1/1955 12/06/2023 08:30

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	<u>Urine Co</u>	ollection:
	Voided \	/olume (Hat):
	Post Voi	d Residual:
Ba		C
Gh		TVL
Bp		D
	_	
	-	
	Gh	Post Voi  Ba  Gh

#### KATHRYN PEARSON

MRN: 702221 DOB: 1/1/1955 MD: URODYNAMICS 12/06/2023 08:30

Date: 11/16/2023

## CHECK OUT SHEET UROGYNECOLOGY

-	e frame:				
PRN	1	WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 N	10NTHS	3 MONTHS	6 MONTHS	1 YEAR
ransvaginal Ultra	sound:	Doctors	edmont Aiken Piedmont		
	octors	Piedmont	Wheeler**		
T Scans: Do					

OAB Med Check	PVR check	Urodynamics	Pessary Fitting	Pessary Check
Cystoscopy	Cystoscopy with Botox	Post –operative Visit	Imaging results Discussion	PT Follow up
PTNS	Pelvic Floor Injections	Pelvic floor dysfunction	Prolapse Follow up	Urinary Incontinence follow up
Interstitial Cystitis	Microscopic Hematuria	Recurrent UTI	Vaginal atrophy	Chronic pelvic pain

Ρŀ	nysician Signature:	

#### LINDA J ELLIOTT

MRN: 694555 DOB: 11/27/1944 MD: URODYNAMICS

12/06/2023
10.30

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J	a	L	ᆫ	•	

<u>Vitals:</u>		
BP:		<u>Urine Collection:</u>
HR:		Voided Volume (Hat):
WT:		
нт:		
		Post Void Residual:
O2:		
Temp:		
Pain:		
POP-Q		
Aa	Ва	C
Pb	Gh	TVL
10	- UII	TVL
Ap	Вр	D
Pelvic Floor Strength:		
<u> </u>		
Rectal Exam:		

LINDA J ELLIOTT

MRN: 694555 DOB: 11/27/1944 MD: URODYNAMICS 12/06/2023 10:30

Date: 11/16/2023

# CHECK OUT SHEET UROGYNECOLOGY

ollow up time f	rame:			
PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR
ransvaginal Ultrasou	Doctors Pi ind: Doctors			
T Scans: Docto	ors Piedmont	Wheeler**		

OAB Med Check	PVR check	Urodynamics	Pessary Fitting	Pessary Check
Cystoscopy	Cystoscopy with Botox	Post –operative Visit	Imaging results Discussion	PT Follow up
PTNS	Pelvic Floor Injections	Pelvic floor dysfunction	Prolapse Follow up	Urinary Incontinence follow up
Interstitial Cystitis	Microscopic Hematuria	Recurrent UTI	Vaginal atrophy	Chronic pelvic pain

Physician Signature:		

#### **CORINA E CANALES**

MRN: 694286 DOB: 1/12/1947 MD: URODYNAMICS

### 12/06/2023 01:00

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	<u>Vitals:</u>			
	BP:		<u>Urine Co</u>	<u>llection:</u>
	HR:		Voided V	/olume (Hat):
	WT:			
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			Post Voi	d Residual:
	O2:			
	Temp:			
	Pain:			
Ĺ				
POI	P-Q			
Aa_		Ва		C
Pb_		Gh		TVL
Ap.		Вр		D
Pelv	ic Floor Strength:			
	· · · · · · · · · · · · · · · ·			
Rect	al Exam:			

**CORINA E CANALES** 

MRN: 694286 DOB: 1/12/1947 MD: URODYNAMICS 12/06/2023 01:00

Date: 11/16/2023

# CHECK OUT SHEET UROGYNECOLOGY

PRN	1 WEEK	2.11/25/10		1	
		2 WEEKS	4 WEEKS	6 WEEKS	
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR	
Pelvic Floor Therapy: Doctors Piedmont Aiken  Transvaginal Ultrasound: Doctors Piedmont  Labs Needed:					
CT Scans: Doctors Piedmont Wheeler**  CT Scans Needed:					

OAB Med Check	PVR check	Urodynamics	Pessary Fitting	Pessary Check
Cystoscopy	Cystoscopy with Botox	Post –operative Visit	Imaging results Discussion	PT Follow up
PTNS	Pelvic Floor Injections	Pelvic floor dysfunction	Prolapse Follow up	Urinary Incontinence follow up
Interstitial Cystitis	Microscopic Hematuria	Recurrent UTI	Vaginal atrophy	Chronic pelvic pain

Physician Signature:		
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#### BEVERLY H HADLEY

MRN: 694990 DOB: 1/26/1958 MD: URODYNAMICS

12/06/2023
03:00

Date	•
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	<u>Vitals:</u>				
	BP:		<u>Urine Collection:</u>		llection:
	HR:			Voided V	/olume (Hat):
	WT:				
	HT:				
				Post Void	d Residual:
	02:				
	Temp:				
	Pain:				
			•		
<u>POI</u>	<u>P-Q</u>				
Aa_		Ва			C
Pb_		Gh			TVL
A		Die			
Ap.		Bp			D
					<u> </u>
Pelv	ic Floor Strength:				
Rect	al Exam:				

#### **BEVERLY H HADLEY**

MRN: 694990 DOB: 1/26/1958 MD: URODYNAMICS 12/06/2023 03:00

Date: 11/16/2023

## CHECK OUT SHEET UROGYNECOLOGY

ollow up time f	rame:			
PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR
ransvaginal Ultrasou	Doctors P und: Doctors	Piedmont		
	ors Piedmon			

OAB Med Check	PVR check	Urodynamics	Pessary Fitting	Pessary Check
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Interstitial Cystitis	Microscopic Hematuria	Recurrent UTI	Vaginal atrophy	Chronic pelvic pain

Physician Signature:		
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