

HASTING CURRY

MRN: 693368

DOB: 8/18/1951

MD: ANAND MOHAPATRA

12/06/2023

08:30

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 HAYNES JR

MRN: 693841

DOB: 1/26/1946

MD: ANAND MOHAPATRA

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: _____

DONYELL JONES

MRN: 693908

DOB: 10/22/1971

MD: ANAND MOHAPATRA

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: _____

PHILLIP HOWELL

MRN: 696066

DOB: 3/15/1967

MD: ANAND MOHAPATRA

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: _____

MINGO B FICKLIN
MRN: 691273
DOB: 8/21/1939
MD: ANAND MOHAPATRA

12/06/2023
10:30

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: _____ | | |
|
<input type="checkbox"/> Pelvic Exam after work-up | | | | | |

Physician Signature: _____

CHARLES E WILLIAMS
MRN: 694309
DOB: 11/16/1954
MD: ANAND MOHAPATRA

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: _____ | | |
|
<input type="checkbox"/> Pelvic Exam after work-up | | | | | |

Physician Signature: _____

JAMES DAVIS

MRN: 694302

DOB: 10/8/1957

MD: ANAND MOHAPATRA

12/06/2023

11:30

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: _____

LAWRENCE BLAKELY

MRN: 511253

DOB: 12/29/1955

MD: ANAND MOHAPATRA

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: _____

CECIL C GEDDINGS

MRN: 693063

DOB: 10/25/1935

MD: ANAND MOHAPATRA

12/06/2023

01:30

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: _____

VONDA K VAN DUNK

MRN: 691328

DOB: 9/22/1964

MD: ANAND MOHAPATRA

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: _____

SHARON LANE

MRN: 690944

DOB: 6/17/1950

MD: ANAND MOHAPATRA

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: _____

JUDITH F SULLIVAN

MRN: 692560

DOB: 7/27/1946

MD: ANAND MOHAPATRA

12/06/2023

03:00

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: _____

DAVID P KITCHENS

MRN: 692935

DOB: 3/27/1943

MD: ANAND MOHAPATRA

12/06/2023

03:15

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: _____

JO DAVENPORT

MRN: 695597

DOB: 7/19/1949

MD: ANAND MOHAPATRA

12/06/2023

03:30

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: _____