ELEANOR E HEATON

MRN: 313994 DOB: 4/3/1950

MD: DANIELLE TAYLOR

12/06/2023 08:30

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ELEANOR E HEATON

MRN: 313994 DOB: 4/3/1950

MD: DANIELLE TAYLOR

12/06/2023 08:30

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

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PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR
	Doctors P			
	ind. Doctors	Piedmont		
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Follow up reason:

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

Name to the contract of the co		
Physician Signature:		

Outside Referral:

MELVIE R MAXWELL

MRN: 702997 DOB: 10/7/1949

MD: DANIELLE TAYLOR

12/06/2023 09:30

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	<u>Vitals:</u>			
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Pelv	ic Floor Strength:			
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Rect	al Exam:			

MELVIE R MAXWELL

MRN: 702997 DOB: 10/7/1949

MD: DANIELLE TAYLOR

12/06/2023 09:30

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

-	frame:				
PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS	
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR	
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abs Needed:	CT Scans: Doctors Piedmont Wheeler**				
	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:		
Physician Signatiire.		

SHARON L STORY

MRN: 694467 DOB: 11/5/1970

MD: DANIELLE TAYLOR

12/06/2023 10:30

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Pelv	ic Floor Strength:			
Rect	al Exam:			

SHARON L STORY

MRN: 694467 DOB: 11/5/1970

MD: DANIELLE TAYLOR

12/06/2023 10:30

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

	frame:			
PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR
	Doctors Pi und: Doctors	Piedmont		
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abs 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			Urinary Incontinence follow up
Interstitial Cystitis	Microscopic Hematuria	Recurrent UTI	Vaginal atrophy	Chronic pelvic pain

Physician Signature:		
JNVCICION SIGNOTIIPO		

CYNTHIA BROGAN

MRN: 689268 DOB: 3/5/1973

MD: DANIELLE TAYLOR

12/06/2023 11:30

Date	٠.
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	<u>Vitals:</u>			
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Rect	al Exam:			

CYNTHIA BROGAN

MRN: 689268 DOB: 3/5/1973

MD: DANIELLE TAYLOR

12/06/2023 11:30

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

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PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR
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Follow up reason:

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:		
POVSICIAN SIRNATURE:		

Outside Referral:

LEANNA M TILLMAN

MRN: 127426 DOB: 10/29/1950

MD: DANIELLE TAYLOR

12/06/2023 11:45

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	<u>Vitals:</u>		Urine Co	llection:
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LEANNA M TILLMAN

MRN: 127426 DOB: 10/29/1950

MD: DANIELLE TAYLOR

12/06/2023 11:45

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

	rame:			
PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR
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	ors Piedmont			

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 Pelvic floor dysfunc		Prolapse Follow up	Urinary Incontinence follow up
Interstitial Cystitis	Microscopic Hematuria	Recurrent UTI	Vaginal atrophy	Chronic pelvic pain

Physician Signature:		
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DIANNE M PHILLIPS

MRN: 694900 DOB: 1/7/1947

MD: DANIELLE TAYLOR

12/06/2023 01:00

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DIANNE M PHILLIPS

MRN: 694900 DOB: 1/7/1947

MD: DANIELLE TAYLOR

12/06/2023 01:00

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

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PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
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_	und: Doctors	Piedmont		
ransvaginal Ultrasou	und: Doctors	Piedmont		

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:		
JNVCICION SIGNOTIIPO		

JANET HUDSON

MRN: 519545 DOB: 11/12/1946

MD: DANIELLE TAYLOR

12/06/2023
01:15

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JANET HUDSON

MRN: 519545 DOB: 11/12/1946

MD: DANIELLE TAYLOR

12/06/2023 01:15

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

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PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR
Transvaginal Ultrasou	Doctors Pi und: Doctors	Piedmont		
	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:		

MALICA L HIMES

MRN: 689518 DOB: 12/3/1981

MD: DANIELLE TAYLOR

12/06/2023 01:45

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Pelv	ic Floor Strength:			
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Rect	al Exam:			

MALICA L HIMES

MRN: 689518 DOB: 12/3/1981

MD: DANIELLE TAYLOR

12/06/2023 01:45

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

ollow up time	frame:			
PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR
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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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REBECCA L THOMAS

MRN: 694719 DOB: 2/21/1972

MD: DANIELLE TAYLOR

12/06/2023 02:00

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Pelv	ic Floor Strength:			
Rect	al Exam:			

REBECCA L THOMAS

MRN: 694719 DOB: 2/21/1972

MD: DANIELLE TAYLOR

12/06/2023 02:00

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

	frame:			
PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR
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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:		
Physician Signatiire.		

BARBARA JOHNSON

MRN: 702551 DOB: 3/26/1946

MD: DANIELLE TAYLOR

12/06/2023 02:30

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Pelv	ic Floor Strength:			
Rect	al Exam:			

BARBARA JOHNSON

MRN: 702551 DOB: 3/26/1946

MD: DANIELLE TAYLOR

12/06/2023 02:30

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

follow up time	frame:			
PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR
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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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SUE S GOFF

MRN: 508379 DOB: 8/6/1949

MD: DANIELLE TAYLOR

12/06/2023 02:30

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SUE S GOFF

MRN: 508379 DOB: 8/6/1949

MD: DANIELLE TAYLOR

12/06/2023 02:30

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
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ransvaginal Ultrasou	nd: Doctors	Piedmont		
abs Needed:				
T Scans: Docto	ors Piedmont	Wheeler**		
T 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:		

JUDITH C BIERMAN

MRN: 689509 DOB: 8/16/1951

MD: DANIELLE TAYLOR

12/06/2023 02:45

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JUDITH C BIERMAN

MRN: 689509 DOB: 8/16/1951

MD: DANIELLE TAYLOR

12/06/2023 02:45

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

follow up time	frame:			
PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR
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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

nysician Signature:	
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PAMELA EDMONDSON

MRN: 702922 DOB: 11/24/1953

MD: DANIELLE TAYLOR

12/06/2023 03:00

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Pelv	ic Floor Strength:			
Rect	al Exam:			

PAMELA EDMONDSON

MRN: 702922 DOB: 11/24/1953

MD: DANIELLE TAYLOR

12/06/2023 03:00

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

	frame:			
PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR
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	ctors 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

ysician Signature:		
•	ysician Signature:	ysician Signature:

MARSHA DUFFIN

MRN: 702692 DOB: 3/22/1958

MD: DANIELLE TAYLOR

12/06/2023 03:15

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Pelv	ic Floor Strength:			
Rect	al Exam:			

MARSHA DUFFIN

MRN: 702692 DOB: 3/22/1958

MD: DANIELLE TAYLOR

12/06/2023 03:15

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

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PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR
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abs Needed:				
abs Needed: T Scans: Doct	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

Dhycician	Signature:		
PHVSICIAN .	ZINDALITE:		

VICKIE MOON

MRN: 660023 DOB: 5/22/1963

MD: DANIELLE TAYLOR

12/06/2023 03:30

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Pelv	ic Floor Strength:				
Rect	al Exam:				

VICKIE MOON

MRN: 660023 DOB: 5/22/1963

MD: DANIELLE TAYLOR

12/06/2023 03:30

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

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PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR
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	nrs Piedmont	Wheeler**		
CT Scans: Doct	ors recurrent			

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

PΙ	hysician	Signature:			