

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: _____

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