

Name: FAUST, WANDA J

MRN:

Date of Birth: 07/02/1952 **Age:** 64 Y

Height: 64 in

Weight: 84.5 kg

Sex: Female

Allergies: No Known Medication Allergies

Order Date/Time: 02/15/17 CST

Ordering MD: Fuentes, Maryluz, MD

Supervising MD: None

Location: EMPM/Exam Room 9

Order Requisition Laboratory

Order: COMPREHENSIVE METABOLIC PANEL

Order DX: Hypertension (I10), Mixed hyperlipidemia (E78.2), Autoimmune thyroiditis (E06.3), Obesity (E66.9), Colon cancer screening (Z12.11)

Ordered And Electronically Signed By: Fuentes, Maryluz, MD

Communication Type: Written or Faxed Order

Specimen Type: Blood

Collection Priority: Routine

Date and Time to be Collecte 02/15/17 15:49:00 CST

Nurse Collect:

Stop Date/Time: 02/15/17 15:49:00 CST

Collected: No

Outside Facility:

PLEASE NOTE: ** THIS ORDER HAS BEEN ENTERED INTO THE BAPTIST HEALTH EMR SYSTEM **

Order Requisition Laboratory

Order: HGB A1C

Order DX: Hypertension (I10), Mixed hyperlipidemia (E78.2), Autoimmune thyroiditis (E06.3), Obesity (E66.9), Colon cancer screening (Z12.11)

Ordered And Electronically Signed By: Fuentes, Maryluz, MD

Communication Type: Written or Faxed Order

Specimen Type: Blood

Collection Priority: Routine

Date and Time to be Collecte 02/15/17 15:49:00 CST

Nurse Collect:

Stop Date/Time: 02/15/17 15:49:00 CST

Collected: No

Outside Facility:

PLEASE NOTE: ** THIS ORDER HAS BEEN ENTERED INTO THE BAPTIST HEALTH EMR SYSTEM **

Order Requisition Laboratory

Order: LIPID PANEL

Order DX: Hypertension (I10), Mixed hyperlipidemia (E78.2), Autoimmune thyroiditis (E06.3), Obesity (E66.9), Colon cancer screening (Z12.11)

Ordered And Electronically Signed By: Fuentes, Maryluz, MD

Communication Type: Written or Faxed Order

East Montgomery Primary Medicine



Name: FAUST, WANDA J

MRN:

Date of Birth: 07/02/1952 **Age:** 64 Y

Height: 64 in **Weight:** 84.5 kg

Sex: Female

Allergies: No Known Medication Allergies

Order Date/Time: 02/15/17 CST

Ordering MD: Fuentes, Maryluz, MD

Supervising MD: None

Location: EMPM/Exam Room 9

Specimen Type: Blood
Collection Priority: Routine
Date and Time to be Collecte 02/15/17 15:49:00 CST
Nurse Collect:
Stop Date/Time: 02/15/17 15:49:00 CST
Collected: No
Outside Facility:
PLEASE NOTE:

** THIS ORDER HAS BEEN ENTERED INTO THE BAPTIST HEALTH EMR SYSTEM **

Order Requisition Laboratory

Order: TSH

Order DX: Hypertension (I10), Mixed hyperlipidemia (E78.2), Autoimmune thyroiditis (E06.3), Obesity (E66.9), Colon cancer screening (Z12.11)

Ordered And Electronically Signed By: Fuentes, Maryluz, MD

Communication Type: Written or Faxed Order

Specimen Type: Blood
Collection Priority: Routine
Date and Time to be Collecte 02/15/17 15:49:00 CST
Nurse Collect:
Stop Date/Time: 02/15/17 15:49:00 CST
Collected: No
Outside Facility:
PLEASE NOTE:

** THIS ORDER HAS BEEN ENTERED INTO THE BAPTIST HEALTH EMR SYSTEM **