

**East Montgomery Primary Medicine****Name:** FAUST, WANDA J**MRN:****Date of Birth:** 07/02/1952 **Age:** 65 Y**Height:** 65 in **Weight:** 84.09 kg**Sex:** Female**Allergies:** No Known Medication Allergies**Order Date/Time:** 05/25/18 CDT**Ordering MD:** Tolentino, Louisa M., MD**Supervising MD:** None**Location:** East Montgomery Primary Medicine/EMP

**Specimen Type:** Blood  
**Collection Priority:** Routine  
**Date and Time to be Collecte** 06/04/18 3:00:00 CDT  
**Nurse Collect:**  
**Stop Date/Time:** 06/04/18 3:00:00 CDT  
**Collected:** No  
**Outside Facility:**  
**PLEASE NOTE:**

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

**Order Requisition Laboratory****Order:** TSH**Order DX:** Hypothyroidism (E03.9)**Ordered And Electronically Signed By:** Tolentino, Louisa M., MD**Communication Type:** Written or Faxed Order

**Specimen Type:** Blood  
**Collection Priority:** Routine  
**Date and Time to be Collecte** 06/04/18 3:00:00 CDT  
**Nurse Collect:**  
**Stop Date/Time:** 06/04/18 3:00:00 CDT  
**Collected:** No  
**Outside Facility:**  
**PLEASE NOTE:**

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

**Order Requisition Laboratory****Order:** T4 FREE**Order DX:** Hypothyroidism (E03.9)**Ordered And Electronically Signed By:** Tolentino, Louisa M., MD**Communication Type:** Written or Faxed Order

**Specimen Type:** Blood  
**Collection Priority:** Routine  
**Date and Time to be Collecte** 06/04/18 3:00:00 CDT  
**Nurse Collect:**  
**Stop Date/Time:** 06/04/18 3:00:00 CDT  
**Collected:** No  
**Outside Facility:**  
**PLEASE NOTE:**

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

Complete  
5/30/18  
C 0900  
(MS)

**East Montgomery Primary Medicine****Name:** FAUST, WANDA J**MRN:****Date of Birth:** 07/02/1952 **Age:** 65 Y**Height:** 65 in **Weight:** 84.09 kg**Sex:** Female**Allergies:** No Known Medication Allergies**Order Date/Time:** 05/25/18 CDT**Ordering MD:** Tolentino, Louisa M., MD**Supervising MD:** None**Location:** East Montgomery Primary Medicine/EMP

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**Order Requisition Laboratory****Order:** COMPREHENSIVE METABOLIC PANEL**Order DX:** Hypertension (I10)**Ordered And Electronically Signed By:** Tolentino, Louisa M., MD**Communication Type:** Written or Faxed Order**Specimen Type:** Blood**Collection Priority:** Routine**Date and Time to be Collecte** 06/04/18 3:00:00 CDT**Nurse Collect:****Stop Date/Time:** 06/04/18 3:00:00 CDT**Collected:** No**Outside Facility:****PLEASE NOTE:** \*\* THIS ORDER HAS BEEN ENTERED INTO THE BAPTIST HEALTH EMR SYSTEM \*\*

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**Order Requisition Laboratory****Order:** HGB A1C**Order DX:** Pre-diabetes (R73.03)**Ordered And Electronically Signed By:** Tolentino, Louisa M., MD**Communication Type:** Written or Faxed Order**Specimen Type:** Blood**Collection Priority:** Routine**Date and Time to be Collecte** 06/04/18 3:00:00 CDT**Nurse Collect:****Stop Date/Time:** 06/04/18 3:00:00 CDT**Collected:** No**Outside Facility:****PLEASE NOTE:** \*\* THIS ORDER HAS BEEN ENTERED INTO THE BAPTIST HEALTH EMR SYSTEM \*\*

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**Order Requisition Laboratory****Order:** LIPID PANEL**Order DX:** Hyperlipidemia (E78.5)**Ordered And Electronically Signed By:** Tolentino, Louisa M., MD**Communication Type:** Written or Faxed Order



BlueCrossBlueShield  
of Alabama

BLUE CROSS  
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Subscriber Name  
**WANDA J FAUST**  
Contract Number  
**QAU879879875**

AUBURN UNIVERSITY

Group Number 37655  
Effective Date 01-01-2018  
Rx BIN Number 004915

HEALTH

PAC





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**EAST MONTGOMERY  
PRIMARY MEDICINE**

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Montgomery, AL 36117  
334.244.4322  
334.244.4321 fax

**Facsimile Cover Sheet**

|                 |                         |
|-----------------|-------------------------|
| To: Wanda Faust | From: Dana / Telenotice |
| Fax: 244-38260  | Pages: 3                |
| Phone:          | Date:                   |
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