

	<u>NURSE'S COPY TO ENTER</u>		
	PATIENT NAME: _____		
	DOCTOR: _____		
DOB: _____ DATE: _____			
<u>Please have a copy of your results sent to our office</u>	<u>DATE</u>	<u>LOCATION WHERE TEST PERFORMED/DOCTOR</u>	<u>RESULTS</u>
<u>FECAL OCCULT BLOOD TEST:</u>			
<u>COLONOSCOPY:</u>			
<u>FEMALE-MAMMOGRAM:</u>			
<u>FEMALE- PAP SMEAR:</u>			
<u>MALE- PSA LEVEL:</u>			
<u>DIABETIC FOOT EXAM:</u>			
<u>DIABETIC EYE EXAM:</u>			
<u>FLU VACCINE:</u>			
<u>PNUMOVAX:</u>			
<u>TETANUS:</u>			
<u>ZOSTAVAX:</u>			
<u>HEPATITIS B:</u>			
<u>CURRENT MEDICATIONS:</u>	<u>MEDICATION NAME</u>	<u>DOSAGE</u>	<u>FREQUENCY</u>