

Your Name & Phone Number Here!
Physician Lab Slip

Overview

<u>Patient Test</u>	<u>Patient Data</u>	<u>Normal Range</u>
Body Composition	35.5	18 - 26
BMI	26.5	21 - 26
A/G Ratio	1.25	0.70 - 0.90
Systolic B.P.	140	80 - 120
Diastolic B.P.	90	60 - 90
Nutrition Profile	High Risk	Low Risk
Exercise Profile	High Risk	Low Risk
Obesity Profile	High Risk	Low Risk
Cholesterol	220	120 - 200
HDL	40	70 - 23
CHO/HDL Ratio	5.50	2 - 4
Triglycerides	300	0 - 150
Glucose(Fasting)	120	70 - 110

Physician Orders

Laboratory Tests

<input type="checkbox"/> Lipid Panel	<input type="checkbox"/> EKG	<input type="checkbox"/> Stress Test
<input type="checkbox"/> Chemistry Panel	<input type="checkbox"/> Thyroid Panel	<input type="checkbox"/> Pulmonary Function
<input type="checkbox"/> Hematology	<input type="checkbox"/> Urinalysis	<input type="checkbox"/> Physical Analysis

Other

Prescriptions

Nutrition

<input type="checkbox"/> Weight Loss/Deficit	<input type="checkbox"/> Weight Maintenance	<input type="checkbox"/> Weight Gain
--	---	--------------------------------------

Exercise

<input type="checkbox"/> Standard Walking	<input type="checkbox"/> Custom	<input type="checkbox"/> Referral
<input type="checkbox"/> Beginning Resistance	<input type="checkbox"/> Custom	<input type="checkbox"/> Referral

Nutriceutical

Pharmaceutical

Follow-Up: YES / NO

Weight Management Program: YES / NO

Provider: _____

Date: __/__/__
