

## Follow Up Instructions:

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Please complete the following tests prior to your next appointment:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Blood Work             | <input type="checkbox"/> 24 Hour Holter Monitor   | <input type="checkbox"/> X-ray _____      |
| <input type="checkbox"/> Mammogram              | <input type="checkbox"/> Bone Density Scan (DEXA) | <input type="checkbox"/> Ultrasound _____ |
| <input type="checkbox"/> Echocardiogram         | <input type="checkbox"/> Sleep Study              | <input type="checkbox"/> CT or MRI _____  |
| <input type="checkbox"/> Stress Tess            | <input type="checkbox"/> Cardiac Screening        | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Specialist Visit _____ |   |   |
- 

Does the patient need to complete lab work prior to their next visit?  YES  NO

If so, was lab order provided?  YES  NO

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\*\*\* ALL TESTING SHOULD BE DONE ONE WEEK PRIOR TO YOUR NEXT APPOINTMENT, UNLESS INSTRUCTED OTHERWISE BY YOUR PROVIDER. PLEASE **DO NOT** WAIT UNTIL THE DAY BEFORE YOUR VISIT. IF WE HAVE NOT RECEIVED YOUR LABS PRIOR TO YOUR APPOINTMENT, WE MAY HAVE TO RESCHEDULE YOUR APPOINTMENT \*\*\*

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