

Physician orders

<input type="checkbox"/>	CBC	<input type="checkbox"/>	Chest x-ray
<input type="checkbox"/>	CMP	<input type="checkbox"/>	Abdominal x-ray
<input type="checkbox"/>	UA	<input type="checkbox"/>	EKG
<input type="checkbox"/>	Urine C&S	<input type="checkbox"/>	Head CT non-contrast
<input type="checkbox"/>	Vitamin B12 level	<input type="checkbox"/>	Head MRI
<input type="checkbox"/>	Folate level	<input type="checkbox"/>	Carotid Ultrasound
<input type="checkbox"/>	ESR	<input type="checkbox"/>	Venous Leg Dopplers
<input type="checkbox"/>	CRP	<input type="checkbox"/>	ABIs Legs
<input type="checkbox"/>	TSH	<input type="checkbox"/>	Upper GI
<input type="checkbox"/>	VDRL	<input type="checkbox"/>	Mammogram
<input type="checkbox"/>	Lyme disease titers	<input type="checkbox"/>	Bone DEXA scan
<input type="checkbox"/>	Vitamin D 25 OH	<input type="checkbox"/>	
<input type="checkbox"/>	Ionized PTH	<input type="checkbox"/>	
<input type="checkbox"/>	Phosphorus level	<input type="checkbox"/>	
<input type="checkbox"/>	Magnesium level	<input type="checkbox"/>	
<input type="checkbox"/>	Ferritin	<input type="checkbox"/>	
<input type="checkbox"/>	TIBC	<input type="checkbox"/>	
<input type="checkbox"/>	Iron Sat	<input type="checkbox"/>	
<input type="checkbox"/>	Iron level	<input type="checkbox"/>	
<input type="checkbox"/>	Retic count		
<input type="checkbox"/>	Hemocult cards		
<input type="checkbox"/>	Protime/INR		
<input type="checkbox"/>	Digoxin level		
<input type="checkbox"/>	BNP		
<input type="checkbox"/>	Cardiac Enzymes		
<input type="checkbox"/>	Fasting Lipid Profile		
<input type="checkbox"/>	Amylase/Lipase		
<input type="checkbox"/>	Testosterone level		
<input type="checkbox"/>	Stool C&S		
<input type="checkbox"/>	Ova & Parasites		
<input type="checkbox"/>	Enteric pathogens		
<input type="checkbox"/>	C. Difficile toxin		
<input type="checkbox"/>	Hbg A1C		

Signature of Physician _____