FLOW SHEET

Pt. Name: _____ SEX_____ DOB _____

Diagnosis:_____ Other: 1)_____ 2) _____

Telephone #: _____ Fax #: _____ Pharmacy #: _____

TEST	**Norms**							
⇩ ***Date of Test:*** ⇨								
WBC	4.1-11.3							
RBC	4.20-5.50							
Hemoglobin	13.0-17.0							
Hematocrit	34.0-44.0							
Platelets	150-400							
Neutrophils	40-78							
ANC								
INR	0.85-1.16							
SGOT(AST)	0-45							
SGPT(ALT)	0-55							
T. Bilirubin	0.1-1.5							
Alk Phos.	27-142							
Albumin	3.8-5.0							
Glucose	65-99							
Sodium	135-248							
Urea Nitro	6-25							
Creatinine	0.5-1.4							
Calcium	8.7-10.5							
Total Protein	6.2-8.3							
TSH	0.34-5.0							
AFP	0-5.5							
PCR qual								
PCR quant								
Medications:								