

HELD AMBULATORY ORDERS

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| Patient EBEL,STEPHANIE ANNE | | | | Unit Number M355009 |
| Category LAB | Provider Connolly,John P MD | | Procedure CRP | |
| Performing Location LMH Outpatient | Copy to Physician | Ordering Clinic Fairmont Specialty Ca | Date of Order 10/23/13 | Test to be done by In 21 Days |
| Diagnosis Code(s) 793.11 | | | | |

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|--|---------------------------------------|---|----------------------------------|---|
| Category LAB | Provider Connolly,John P MD | | Procedure LDH, Blood | |
| Performing Location LMH Outpatient | Copy to Physician | Ordering Clinic Fairmont Specialty Ca | Date of Order 10/23/13 | Test to be done by In 21 Days |
| Diagnosis Code(s) 793.11 | | | | |

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|--|---------------------------------------|---|---|---|
| Category LAB | Provider Connolly,John P MD | | Procedure COCCIDIOMYCOSIS PANEL | |
| Performing Location LMH Outpatient | Copy to Physician | Ordering Clinic Fairmont Specialty Ca | Date of Order 10/23/13 | Test to be done by In 21 Days |
| Diagnosis Code(s) 793.11 | | | | |

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|---|----------------------------------|---|----------------------------------|---|
| Category LAB | Provider Zapp,Alice NP | | Procedure BUN | |
| Performing Location LMH Outpatient | Copy to Physician | Ordering Clinic Fairmont Specialty Ca | Date of Order 10/14/13 | Test to be done by In 21 Days |
| Diagnosis Code(s) 518.89 494.0 496 518.83 | | | | |

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|---|----------------------------------|---|--|---|
| Category LAB | Provider Zapp,Alice NP | | Procedure CREATININE W/ eGFR | |
| Performing Location LMH Outpatient | Copy to Physician | Ordering Clinic Fairmont Specialty Ca | Date of Order 10/14/13 | Test to be done by In 21 Days |
| Diagnosis Code(s) 518.89 494.0 496 518.83 | | | | |