

Lodi Health

Connolly, John P MD
Fairmont Specialty Care
845 S. Fairmont Ave. Ste. 8
Lodi CA 95240

Supervising Provider: Connolly, Stephen G MD

Patient Name: EBEL, STEPHANIE ANNE

Date of Birth: 08/20/49

Medical Record Number: M355009

Sex: F

Date of Order: 10/23/13

PROCEDURE: Angiotensin Converting Enz (S0)

DIAGNOSIS: 793.11 SOLITARY PULMONARY NODULE

Copy to provider:

Procedure to be done at:
LMH Outpatient Service Center

(209) 339-7583

Procedure to be done by:
In 21 Days

E-Signed By:
Connolly, John P MD

Please complete
lab within
21 days.

Thank
you

HELD AMBULATORY ORDERS

Patient
EBEL,STEPHANIE ANNE

Unit Number
M355009

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|---|--------------------------------|---|------------------------------|-------------------------------------|
| Category PET | Provider Connolly,John P MD | Procedure Pet Skull Base to Mid-Thi | | |
| Performing Location Diagnostic Imag | 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 CT | Provider Zapp,Alice NP | Procedure Thorax W/Contrast | | |
| Performing Location Diagnostic Imag | Copy to Physician | Ordering Clinic Fairmont Specialty Ca | Date of Order 10/14/13 | Test to be done by In 30 Days |
| Diagnosis Code(s) 518.89 494.0 496 | | | | |

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|--|--------------------------------|---|------------------------------|-------------------------------------|
| Category LAB | Provider Connolly,John P MD | Procedure COMPLETE BLOOD COUNT | | |
| 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 COMPREHENSIVE METABOLIC P | | |
| 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 CVAD flush -Central Venou | | |
| 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 | | | | |