



Department of Medicine  
Division of Nephrology, Hypertension and Transplantation

P.O. Box 100224  
Gainesville, FL 32610-0224  
Tel: (352) 392-3756  
Fax: (352) 392-3581

# Standing Order for Monthly CBC

Patient Name: \_\_\_\_\_  
MR#: \_\_\_\_\_

Order Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Order Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Expiration date cannot be more than 6 months from start date.)

Test ordered:      **Complete Blood Count (without differential)**  
Quest test #1759 Account #61232122      Labcorp #005017 Account #09243020  
Doctors Lab #117

ICD-9 codes: 285.9, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Laboratory: Please accept this form as a standing order for a CBC for the above patient **to be completed each month.**

**Please fax results to our office at fax # 352-392-3581.**

Please contact our office at (352) 392-3756 if you have any questions regarding this order and upon expiration of this order (for new standing order).

Additional instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor:

- |   |   |
|---|---|
| <input type="checkbox"/> A. Ahsan Ejaz, MD              | <input type="checkbox"/> Michael Gersch, MD |
| <input type="checkbox"/> Richard Johnson, MD            | <input type="checkbox"/> Mark Segal, MD     |
| <input type="checkbox"/> JogiRaju Tantravahi, MD        | <input type="checkbox"/> Zvi Talor, MD      |
| <input checked="" type="checkbox"/> I. David Weiner, MD |   |

MD Signature: \_\_\_\_\_ Date \_\_\_\_\_

05/14/07mkh