

PACIFIC LAPAROSCOPY

SURGERY FOR MORBID OBESITY
ADVANCED LAPAROSCOPIC AND ENDOCRINE SURGERY

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ANNUAL VERTICAL GASTRECTOMY LAB ORDERS

Name: _____

Date: _____

Please circle which annual year lab this may be for you: 1 2 3 4

Dx: POST-SURGICAL MALNUTRITION, V45.86, V67.09

FASTING

Please have the following drawn:

- CBC
- ELECTROLYTE PANEL
- RENAL PANEL
- LIVER FUNCTION PANEL
- FASTING LIPID PANEL
- TSH
- VITAMIN B12
- IRON

PLEASE FAX RESULTS TO (415) 668-2010

Please include this face sheet

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