

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 5 6 7 8 9 10

Dx: POST-SURGICAL MALABSORPTION, 579.3a

Please Draw the Following:

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

PLEASE FAX RESULTS TO (415) 668-2010

Please include this face sheet

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