

ANNUAL VERTICAL GASTRECTOMY LAB ORDERS

Name: _____

Date: _____

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

Diagnosis: POST-SURGICAL MALNUTRITION

ICD-10 Codes: Z98.84, Z09

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

Rev. 10/15