



General Ophthalmology
Donald A. Newman, M.D., F.A.C.S.
Angela G. Houser, M.D.

Optometry
Joseph S. Pancher, O.D.
Cassandra J. Pastier, O.D.

Date: _____

Patient Name: _____ Date of Birth: _____

LAB ORDERS

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> CBC with differential | <input type="checkbox"/> Lyme Titers | <input type="checkbox"/> HIV |
| <input type="checkbox"/> CMP | <input type="checkbox"/> ESR (Sed Rate) STAT | <input type="checkbox"/> CRP |
| <input type="checkbox"/> RPR | <input type="checkbox"/> Angiotensin converting enzyme (ACE) | <input type="checkbox"/> pANCA |
| <input type="checkbox"/> FTA-ABS | <input type="checkbox"/> HLA-B27 | <input type="checkbox"/> cANCA |
| <input type="checkbox"/> ANA + Anti-ds DNA | <input type="checkbox"/> Quantiferon Gold | <input type="checkbox"/> Lysozyme |

Other Ordered Tests: _____

Diagnosis: _____

Ordering Physician: _____

Please fax results to 570-386-2959

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