DUNWOODY URGENT CARE

1730-B Mt. Vernon Rd, Dunwoody, GA 30338
(770) 353-2001 voice / (770) 353-2010 fax

LAB RESULTS

TEST	RESULTS		
Rapid Strep	☐ POS	☐ NEG	<radio buttons or check boxes>
Influenza A/B	☐ POS	☐ NEG	
COV-19 Rapid Ag	☐ POS	☐ NEG	
Urine hCG	☐ POS	☐ NEG	
FOB	☐ POS	☐ NEG	
FSBS	☐	<textbox-number format>	

UA <dropdown with these choices like this> NEG

Leukocytes	NEG	15	70	125	500		
Nitrite	NEG		POS				
Urobilinogen	0	1	2	4	8	12	
Protein	NEG	15	30	100	300	2000	
pH	5.0	6.0	6.5	7.0	7.5	8.0	8.5
Blood	NEG	+/-	1+	2+	3+	5-10	50
Spec. Grav.	1.000	1.005	1.010	1.015	1.020	1.025	1.030
Ketones	NEG	5	15	40	80	160	
Bilirubin	NEG	1	2	4			
Glucose	NEG	100	250	500	100	2000	

Urine Drug Screen
Temp Check: ☐ Yes ☐ No

COCAINE	☐ POS	☐ NEG
PCP	☐ POS	☐ NEG
THC	☐ POS	☐ NEG
OPIOID	☐ POS	☐ NEG
m-AMP	☐ POS	☐ NEG

<radio buttons or check boxes>

BlueCross BlueShield

Plan Name Here

Subscriber Name:
JOHN DOE **00**
Subscriber ID:
YPP123456789

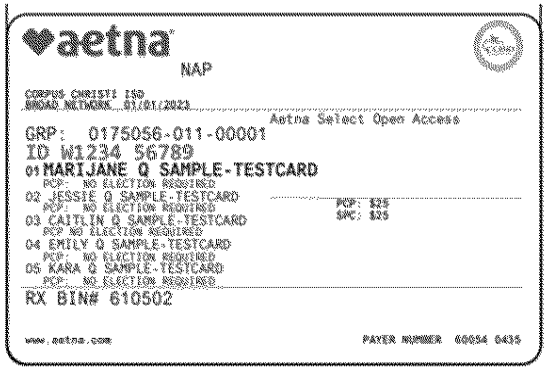
Members:
JANE **01**
SAM **02**

Group No: 123456789
RxBin: 015905
Effective Date: 01/01/22

Member Responsibility:

DED-INN/OON	$2,800/$14,000
OOP Max-INN/OON	$8,700/No Max
Primary-INN	$15
Specialist-INN	$150
URG Care/ER-INN	$150/50% after ded
Drug Tier 1	$5 after Rx ded
Drug Tier 2-6	50% after Rx ded
Rx Deductible	$2,800

PPO R 4D


aetna
NAP
CORPUS CHRISTI ISD
BROAD NETWORK 01/01/2023
Aetna Select Open Access
GRP: 0175056-011-00001
ID W1234 56789
01 MARIJANE Q SAMPLE-TESTCARD
PCP: NO ELECTION REQUIRED
02 JESSIE Q SAMPLE-TESTCARD
PCP: NO ELECTION REQUIRED
03 CAITLIN Q SAMPLE-TESTCARD
PCP NO ELECTION REQUIRED
04 EMILY Q SAMPLE-TESTCARD
PCP: NO ELECTION REQUIRED
05 KARA Q SAMPLE-TESTCARD
PCP: NO ELECTION REQUIRED
PCP: $25
SPC: $25
RX BIN# 610502
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PAYER NUMBER 60054 0435