EMPLOYEE WELLNESS. P.A.

Michele F. Libman, M.D. | Terry Parsons, D.O. | Amanda Lee P.A.

Martin County Employees / BOCC

-1050 SE Monterey Rd. Ste 101 Stuart, FL 34994 | p. *772-872-7304* | *f. 772-872-7305*

Appointment Date: ____ ____ ____ **Appointment Time:** ____ **Today's Date:** ____

Patient Name: ____ **Date of Birth:** ____ **Phone:** ____

Signs or Symptoms: ____

Insurance Info: ____ **ICD-10 Code:** ____

Referring Physician: ____ **Physician Signature:** ____

☐ **STAT Read** ☐ **Hold Patient** ☐ **Please Fax #** ____ ☐ **Duplicated Report to:** ____

MEDICARE ONLY | *AUC Required | G-code & Modifier: ____ **AUC Hardship:** ____

MRI SCAN*

- ☐ Abdomen
- ☐ Breast ☐ Rt ☐ Lt
- ☐ Breast Biopsy ☐ Rt ☐ Lt
- ☐ Cervical Spine
- ☐ Head
- ☐ Hip ☐ Rt ☐ Lt
- ☐ Knee ☐ Rt ☐ Lt
- ☐ Lumbar Spine
- ☐ MRA ☐ Aorta and Runoff
  - ☐ Carotids
  - ☐ Circle of Willis
  - ☐ Renals
- ☐ MRCP
- ☐ Neck
- ☐ Pelvis
- ☐ Prostate
- ☐ Shoulder ☐ Rt ☐ Lt
- ☐ Thoracic Spine
- ☐ Ext / Joint ____
- ☐ Other ____

CT SCAN*

- ☐ Abdomen ☐ CTA ☐ Carotids
- ☐ Chest ☐ Circle of Willis
- ☐ Head ☐ Renals
- ☐ Neck ☐ Aorta and Runoff
- ☐ Ext / Joint ☐ Runoff
- ☐ Orbits ☐ Extremity
- ☐ Coronary Artery Calcium Scoring
- ☐ Pelvis
- ☐ Sinus
- ☐ Spine
- ☐ Other ____
- ☐ CT Abdomen & Pelvis (Stone Protocol)
- ☐ CT Abdomen & Pelvis and IVP Limited (Hematuria Protocol)
- ☐ Other ____

PET/CT SCAN*

- ☐ PET/CT Skull to Thighs
- ☐ PET/CT Head (Alzheimer's)
- ☐ PET/CT Total Body (Melanoma)

NUCLEAR MEDICINE*

- ☐ Bone Scan
  - ☐ Triple Phase
  - ☐ Limited
  - ☐ Whole Body
- ☐ Gallium Scan
- ☐ Gastric Empty
- ☐ HIDA / Hepatobiliary Scan
- ☐ HIDA with CCK
- ☐ Liver / Spleen Scan w/ flow
- ☐ Lung Scan
- ☐ MUGA Scan
- ☐ Octreoscan Tumor Image
- ☐ Renal Scan Triple Phase
- ☐ Renal Scan Triple Phase - LASIX
- ☐ Renal Scan Triple Phase - Captopril
- ☐ Thyroid Uptake and Scan
- ☐ White Blood Cell Scan
- ☐ Other ____

DIGITAL MAMMOGRAPHY

3D Mammography if needed

- ☐ Screening
- ☐ Diagnostic (Comprehensive)
- ☐ Notes ____

BONE DENSITY

- ☐ Bone Densitometry

Date of last exam ____

ULTRASOUND / DOPPLER

- ☐ Abdomen Complete (GB, Liver, Spleen, Renals, Aorta, Pancreas)
- ☐ Bladder PVR
- ☐ Breast ☐ Rt ☐ Lt
- ☐ Carotid - Doppler
- ☐ Leg Venous - Doppler ☐ Rt ☐ Lt
- ☐ OB Complete
- ☐ OB Limited (Specify)
  - ☐ Age ☐ Weight ☐ BPP ☐ Placenta
- ☐ Pelvis and ☐ Trans VAG
- ☐ Retroperitoneum Complete (Renals, Aorta, Pancreas, Bladder)
- ☐ Scrotum / Testicular
- ☐ Thyroid
- ☐ Other ____

X-RAYS

- ☐ Abdomen / KUB
- ☐ Abdomen Supine and Erect
- ☐ Cervical Spine
- ☐ Chest
- ☐ IVP
- ☐ Lumbar Spine
- ☐ Pelvis
- ☐ Pelvis & Hip ☐ Rt ☐ Lt
- ☐ Ribs ☐ Rt ☐ Lt
- ☐ Sacrum / Coccyx
- ☐ Scoliosis Series
- ☐ Sinuses
- ☐ Skull
- ☐ Thoracic Spine
- ☐ Ext / Joint ____
- ☐ Other ____

4/22

You must bring this form with you.

Patient: YUTYUR BBBD (01/01/2009 - 17y), Male
Address: Nm 518 Loop Las Vegas, NM 87701
Phone: (301) 967-5456
Seen On: 01/26/2026

Seen At: DoseSpotClinic
Address: 123 N Main St str 2
Brooklyn, MI 49230
Phone: (956) 825-0925
Fax: (332) 241-0212
Provider:

Chief Complaint

Animal bite
Source: Self

Vitals

Vitals:
Air Source: Room Air

Set 1:

History of Present Illness

No history of present illness data entered

PAST MEDICAL HISTORY

Allergies

No allergies entered

Medication

No medications entered

Immunization

No immunizations entered

Surgical History

No surgical history entered

Medical Condition

No past medical history entered

Preventative Med Notes

No preventativeMedNotes entered

Social History

No social history entered

Family History

No family history entered

Review of Systems

No review of systems data entered

HEALTHCARE

Patient: YUTYUR BBBD (01/01/2009 - 17y), Male
Address: Nm 518 Loop Las Vegas, NM 87701
Phone: (301) 967-5456
Seen On: 01/26/2026

Seen At: DoseSpotClinic
Address: 123 N Main St str 2
Brooklyn, MI 49230
Phone: (956) 825-0925
Fax: (332) 241-0212
Provider:

Exam

No examination data entered

Orders & Procedures

No procedures entered
No lab requests found
No lab reports found

Assessment/Plan

No assessment plan entered

Prescription

Signature

Addendums