

TREASURE COAST PRIMARY CARE
1980 SE Ocean Blvd
STUART, FL 34996

NAME: _____ DOB: _____ PROVIDER: _____

URINALYSIS URINE CULTURE DATE: _____

SPEC.GRAV _____ YES NO
PH _____ TEST PERFORMED
LEUKOCYTES _____ HEMOCULT _____ BY: _____

NITRATE _____
PROTEIN _____ FLU _____ TIME: _____

GLUCOSE _____
KETONES _____ HCG _____

UROBILI _____ ROOM # _____

BILIRUBIN _____ STREP _____
BLOOD _____ **REVIEWED BY:**

BLOOD GLUCOSE _____ MONO _____
FASTING Y/N HbgA1c _____

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