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PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

DIAGNOSIS: 1) Chronic diarrhea (K59.1) 2) Mal – absorption (K90) 3) CBH (R 19.4)

(NO FASTING REQUIRED)

√	<b><u>STOOL TEST</u></b>
	Stool WBC
	FOBT X 3
	Stool lactoferrin and calprotectin
	Stool C. Dificile toxin assay
	Stool for routine culture
	Stool Ova and parasites
	Stool for Giardia IgA , IgG
	Stool for Pancreatic elastase level
	Stool Cyclospora
	H. Pylori IgG, IgA

SIGNATURE \_\_\_\_\_



DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*IT IS THE PATIENT'S RESPONSIBILITY TO USE A FACILITY COVERED BY THEIR INSURANCE\*\*.**