



EMPLOYEE WELLNESS, P.A.

Michele F. Libman, M.D. | Terry Parsons, D.O. | Amanda Lee, PA-C | Jennifer Antinucci, APRN , FNP-C

CERTIFICATE TO RETURN TO SCHOOL

09/10/2024

Vitals Test

Vitals Test
234 N Trapp Ave
Wahpeton, ND 58075

To whom it may concern:

Vitals Test was seen in my office on 09/10/2024

Vitals Test can return to school on: 11/1/23

Upon return please consider the following restrictions:

sajklfhjkasdhfjkasdhfjhasdjlhfjds;gheruwtiopeutiwertriutgsdfgsajklfhjkasdhfjkasdhfjhasdjlhfjds;
gheruwtiopeutiwertriutgsdfgsajklfhjkasdhfjkasdhfjhasdjlhfjds;
gheruwtiopeutiwertriutgsdfgsajklfhjkasdhfjkasdhfjhasdjlhfjds;
Thank you and please contact my office with any questions.

Sincerely,

EMPLOYEE WELLNESS, P.A.

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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 _____

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 _____

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 _____

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 _____

DIGITAL MAMMOGRAPHY

JD Mammography if needed

- Screening
- Diagnostic (Comprehensive)
- Notes _____

BONE DENSITY

- Bone Densitometry
- Date of last exam _____

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 _____

You must bring this form with you.