

Patient Sticker

ALLERGIES

Medication/Reaction/Side Effects:

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Food:

ORDERED		
<i>Date</i>	<i>Time</i>	
		NEW:
		<input type="checkbox"/> NP swab for COVID-19 testing
		<input type="checkbox"/> OP swab for COVID-19 testing
		<u>Intended Lab to be used:</u>
		<input type="checkbox"/> Wadsworth Laboratory NYSDOH
		<input type="checkbox"/> CDESS # _____
		<input type="checkbox"/> Lab Corp
		Medical Diagnosis:
		<input type="checkbox"/> Bronchitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Cough
		<input type="checkbox"/> URI <input type="checkbox"/> Malaise <input type="checkbox"/> GI symptoms