207 North Plant Ave.
Plant City, FL 33567

Salim K. Afridi, M.D.

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Date: 01/05/2022
Patient Name: Gordon W. WATTS
Date of Birth: 05-10-1966
Diagnosis: Prostate Cancer
(Pt wants it cured by himself)

Dr. Signature:

Return Office Visit: ___Days ___Weeks ___Months

Do Diagnostic Studies: _____ **STAT**

_____Before next visit 3-7 days

→ After 14th of APRIL 2020

Investigation Sheet

Lab (Circle): Urine
Urine (Multistick & Microscope)
Urine C&S Cath/Void
Urine Cytology x 3
Other:_____

Blood work: Fasting Yes No
CBC (CPT-85025)
Hemogram (CPT-85021)
PT, PTT, Bleeding Time, Platelets
PTH C-Terminal
RPR, ESR, PSA + FREE PSA
Creatinine, Bun, Uric Acid,
Testosterone Total Free
FSH, Prolactin, TSH

Overnight/10 Hours
Profiles: BMP (CPT-80049), CMP (CPT-80054)
Lipid Profile(CPT-80061)
Hepatic Function Panel A (CPT-80058)
Other:_____
Semen Analysis Complete Post Vasectomy
Stone for Crystallo Graphic Analysis
Sperm or Prostatic Fluid Culture & Sensitivity
Of any amount of Bacteria
Other:_____

Lab test to be done at Dr._____

X-RAYS:
Abdomen (1) View, KUB
KUB + 20 minutes Post Injec.
VCU, Cystogram
IVP W/Allergy Protocol (W/O) (W)
Limited IVP
Retrograde Urethrogram

Allergies:_____

Nuclear Medicine:
Bone Scan "Whole Body"
Renal Scan/Renal Function-
R&L Kidney/Renogram - Diuretic

MRI:
MRI-Kidney/Retoperitoneun
Cat Scan:
Abdomen (WO) (W) Contrast
Kidney (WO) (W) Contrast

Pelvis (W/O) (W) Contrast
Retro peritoneum
Ultrasound:
Abdomen, (GB) (Liver) (Pancreas)
Bladder
Kidneys
Testicular (W) Color Doppler
Other Imaging/Diagnostic Test
No Oral Contrast/Hematuria Protocol
EKG
Other:_____

X-Ray Facilities: Please Send X-Rays to Office with Patient

IT IS THE PATIENT'S RESPONSIBILITY TO OBTAIN ANY REQUIRED REFERRALS FROM THEIR PRIMARY CARE PHYSICIAN OR THROUGH THEIR INSURANCE COMPANY PRIOR TO THE LABORATORY TESTS OR X-RAYS NEEDED, CHECK WITH YOUR INSURANCE COMPANY FOR THE REQUIREMENTS OF WHICH FACILITY THEY APPROVE FOR YOUR TESTING BY INITIALING BELOW, I HEREBY UNDERSTAND AND ACKNOWLEDGE THE ABOVE STATEMENTS.

Patient's Initials:_____