

Board Certified in General Surgery
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Patient: _____ DOB: _____

LAB TESTS (6 weeks, yearly) – Must fast 12 hours

- | | |
|--|---|
| <input checked="" type="checkbox"/> CBC w/Diff | <input checked="" type="checkbox"/> Vitamin B12 |
| <input checked="" type="checkbox"/> Iron, Ferritin, TIBC | <input checked="" type="checkbox"/> Vitamin D (25-OH) |
| <input checked="" type="checkbox"/> CMP | <input checked="" type="checkbox"/> Vitamin B1 |
| <input checked="" type="checkbox"/> Prealbumin | <input checked="" type="checkbox"/> Vitamin B6 |
| <input checked="" type="checkbox"/> Folate | <input checked="" type="checkbox"/> Vitamin A |
| <input checked="" type="checkbox"/> Lipid Panel | |

- | | |
|---|--|
| <input type="checkbox"/> D89.89 Autoimmune disease | <input type="checkbox"/> E88.81 Dysmetabolic syndrome |
| <input checked="" type="checkbox"/> E66.01 Morbid obesity | <input type="checkbox"/> I51.9 Heart disease unspecific |
| <input checked="" type="checkbox"/> E78.5 Hyperlipidemia | <input type="checkbox"/> I25.810 Arteriosclerosis |
| <input checked="" type="checkbox"/> E56.9 Unspecified vitamin def | <input type="checkbox"/> Z87.39 History of arthritis |
| <input type="checkbox"/> E11.9 Diabetes Type 2 | <input type="checkbox"/> G47.33 Sleep apnea |
| <input type="checkbox"/> K21.0 GERD | <input checked="" type="checkbox"/> K47.60 Fatty liver |
| <input type="checkbox"/> E03.9 Hypothyroidism | <input type="checkbox"/> E78.0 Hypercholesteronemia |
| <input type="checkbox"/> I10 Hypertension | <input checked="" type="checkbox"/> R78.89 Abnormal blood chem |
| <input checked="" type="checkbox"/> E55.9 Vitamin D deficiency | <input checked="" type="checkbox"/> E63.8 Other nutritional def |
| <input checked="" type="checkbox"/> E50.9 Vitamin A deficiency | <input type="checkbox"/> R73.9 Prediabetes |
| <input checked="" type="checkbox"/> D64.9 Anemia unspecified | <input checked="" type="checkbox"/> E51.2 Vitamin B 1 deficiency |
| <input checked="" type="checkbox"/> E63.9 Unspec Nut def | <input checked="" type="checkbox"/> D50.9 Iron deficiency |



Physician Signature
LIC# MB079120 / NPI 1861462939

Date: