ST. CLOUD MEDICAL GROUP TESTING TO SCH

(Testing normally performed at SCMG. CCLS to order on SCMG encounter for date of service)

Patient Name	MR#	T (/ .)	DV	Provider	Collect Info	
		Test(s)	DX		Date	Time

Utilize form with instrument downtime, reagent backorder, etc.

Verified Completion in SQ	(initial or add tech code):
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WIK#	rest(s)			Date	Time
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