

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 #	Test(s)	DX	Provider	Collect Info	
					Date	Time

Utilize form with instrument downtime, reagent backorder, etc.

Verified Completion in SQ (initial or add tech code): _____

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