

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
DIAGNOSTIC/LABORATORY RESULTS**

Date: \_\_\_\_\_

HSU: \_\_\_\_\_

From: \_\_\_\_\_

1. Your  blood test  urine  stool  sputum  throat culture  wound culture recently tested was:  
 Normal  
 Showed \_\_\_\_\_ which is normal  
 You need follow-up for \_\_\_\_\_  
 Needs treatment. I have prescribed \_\_\_\_\_  
 Needs to be repeated
2. The x-ray(s) of your \_\_\_\_\_  
 Are normal  
 Suggest the following concern \_\_\_\_\_  
 Needs to be repeated
3. The ultrasound of your \_\_\_\_\_  
 Was Normal  
 Suggest the following concern \_\_\_\_\_  
 Needs to be repeated
4. Your mammogram:  
 Shows **NO** concerns or problems  
 Shows you need further testing/procedures  
 Should be repeated in \_\_\_\_\_
5. Your PAP Smear:  
 Shows **NO** concerns or problems  
 Shows you need further testing/procedures  
 Shows an infection \_\_\_\_\_ was present  
 I have prescribed \_\_\_\_\_
6. Your amniocentesis:  
 Was normal. Your baby showed **NO** problems  
 Showed the following changes \_\_\_\_\_
7. Your tissue specimen:  
 Was normal. It showed \_\_\_\_\_  
 No further treatment is needed  
 Showed \_\_\_\_\_. Which requires \_\_\_\_\_

Due to the findings described above you have been scheduled a time to meet with me on: \_\_\_\_\_

Comments: \_\_\_\_\_

Offender Name:  
(Last, First)

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