

# **LAS SENDAS CARDIOLOGY**

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## SCREENING TESTS/VACCINATIONS

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

NAME OF TEST	DATE	DATE	DATE	DATE	DATE	DATE
CHOLESTEROL						
HG-A-1-C						
GYNEA/PAP SMEAR						
COLONOSCOPY						
MAMMOGRAM						
PSA						
UROLOGY						
BONE DENSITY						
CXR						
PNEUMONIA VACCINATION						
FLU VACCINATION						
TETANUS						