

Patient: Carl D Ericson
Patient DOB: 11/06/1961
Patient #: 544533



Date of order: 06/25/2010

>STAT request: Yes or No

Test Ordered:
XRAY-Foot, 3 views (Left)

Diagnosis: 716.97 Arthritis, ankle

Facility:
Florida Hospital Zh, OP
7050 Gall Blvd
Zephyrhills, FL 33541-1399

Appointment Date:

Appointment Time:

Order Questions:

Patient Instructions:

Physician Signature: _____

A handwritten signature in black ink that reads "N. Faith MD". The signature is written over a horizontal line.

Natalie Faith MD
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Zephyrhills, FL 33542-7505
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Fax: 813-782-4458