



# DIENNET Institute

Medical Doctor Physical Examination Form: Please Have your Doctor Fill This Out and Return It. Fax: 1-310-277-7120

**Date:** .....

**Patient's Name:** .....

**Address:** .....

**City, State, ZIP:** .....

**Telephone #:** .....

**Date of Birth:** ..... **Blood Pressure:** .....

**Age:** ..... **Weight:** .....

**Sex: (M/F):** ..... **Height:** .....

Physical Exam:	Normal	Abnormal
<b>General</b> .....	.....	.....
<b>HEENT</b> .....	.....	.....
<b>Neck</b> .....	.....	.....
<b>Chest</b> .....	.....	.....
<b>Cor</b> .....	.....	.....
<b>Abdomen</b> .....	.....	.....

**Impression** .....

**Allergies including medications** .....

**Current medications, including Over the Counter. Name, Strength and Dosage**  
.....

**Physician Signature:** ..... **M.D. Date:**.....

**Physician Name:** .....

**Address:**.....

**Telephone #:**.....

Laboratory Studies Required to Accompany this Examination:

- Complete Blood Count, DIFF, PLTS
- Comprehensive Metabolic Screen
- Comprehensive Lipid Panel
- Comprehensive Thyroid Panel (TSH, T3U, T4)