



Ronald McDonald
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LOYOLA
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HEALTH SYSTEM

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Name: _____ Date: _____

Rx

Urinalysis w/ microscopic exam,
Urine culture & sensitivity once per month x 3 months,
Then once every 3 months x 9 months

Please send results to Dr. Hatch at the above address or
fax number.

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David A. Hatch, M.D.