

Patient Number	Age	<input type="checkbox"/> M
Name	D.O.B.	<input type="checkbox"/> F
Address:		
City	State	Zip
Dr.		

Ins. Co.	Ins. No.
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DATE ORDERED	BY	ROUTINE	TECH	DATE DONE
		STAT		
		PRE-OP		

BLOOD GASES

INSTRUMENT USED:

BGE 1640

TEST RESULTS		CODE	
FI _O ₂			
pH	7.35 - 7.45	5102	
pCO ₂	34 - 06		mm
pO ₂	80 - 96		mm
HCO ₃			
CO ₂ Ct.		5070	
O ₂ SAT.	95 - 100	5068	%
CARBON MONOXIDE		5236	%
AAOG			

REMARKS

YOUR HOSPITAL
WASHINGTON, DC
BLOOD GASSES

Specimen No.

CHART/PHYSICIAN COPY

PART OF THE MEDICAL RECORD