

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date

REQUIRING DOCUMENT (Title and Number) Aeromedical Reference and Waiver Guide	ISSUANCE DATE 30 August 2015
---	---------------------------------

LOCAL FORM TITLE

WS-RENAL (Renal Stone Worksheet)

Submit this completed form, electronic Aeromedical Summary and current physical exam to NAMI Code 53HN via AERO. If desired, contact NAMI Code 53HN to expedite processing.

URINALYSIS ** Culture & Sensitivity (no growth)

BLOOD CHEMISTRIES Calcium 9-10.5 mg/dL Creatinine < 1.5 mg/dL Electrolytes normal limits Phosphate 3-4.5 mg/dL Uric Acid M: 2.5-8 mg/dL F: 1.3-6 mg/dL Intact-PTH (optional) 10-60 pg/mL 1,25-di-OH-vitamin D2 (optional) 25-45 pg/mL

24 HOUR URINE CHEMISTRIES

Calcium < 300 mg/24h ** Creatinine < 1.6 g/24h Phosphate 400-1300 mg/24h ** Citrate >320 mg/24h Sodium 40-220 mEq/L/24h Potassium 25-125 mEq/L/24h ** Oxalate <75 mg/24h ** Uric Acid < 800 mg/24h pH 4.5-7 ** Total Volume 1 liter minimum

IVP or imaging RESULTS:

** No retained stones.

STONE ANALYSIS:

With your digital signature, you are certifying that all above is true. Errors/omissions may be brought to attention of your clinical supervisor and/or privileging authority.

Flight Surgeon digital signature:

Any other comments should be included in discussion section of AERO AMS.

** If these values fall outside of reference ranges above, WNR.

Other values outside of reference ranges above shall be addressed by urology and documented in AERO AMS, otherwise WNR.

LBFS not authorized for any episode of renal stone.

Date	Name
Aviation Duty	AERO Encounter ID