

LOCAL FORM TITLE**WS-RENAL (Renal Stone Worksheet)**

REQUIRING DOCUMENT (*Title and Number*)
Aeromedical Reference and Waiver Guide

ISSUANCE DATE
30 August 2015

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**
 (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 (optional) **40-220 mEq/L/24h**

Potassium (optional) **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 any value (except optional measurements) falls outside of reference ranges above, WNR.

LBFS not authorized for any episode of renal stone.

Date

Name

Aviation Duty

DOD ID #