LOCAL FORM TITLE

WS-RENAL (Renal Stone Worksheet)

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