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### TB (PPD) SKIN TEST

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

DATE GIVEN: \_\_\_\_\_

SITE: \_\_\_\_\_LEFT FOREARM \_\_\_\_\_RIGHT FOREARM

I, \_\_\_\_\_, UNDERSTAND THAT I MUST RETURN TO THIS OFFICE BETWEEN 48 TO 72 HOURS AFTER RECEIVING THIS TEST OR IT WILL BE INVALID AND WILL HAVE TO BE REPEATED AND I WILL HAVE TO PAY AGAIN. TESTS CAN'T BE READ BEFORE 48 HOURS OR AFTER 72 HOURS EVEN BY ONE MINUTE.

SIGNATURE OF THE PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE READ: \_\_\_\_\_ INDURATION (MM): \_\_\_\_\_

RESULTS: \_\_\_\_\_

PHYSICIAN SIGNATURE & STAMP: \_\_\_\_\_

X-RAY DATE: \_\_\_\_\_

RESULT: \_\_\_\_\_

PHYSICIAN SIGNATURE & STAMP: \_\_\_\_\_