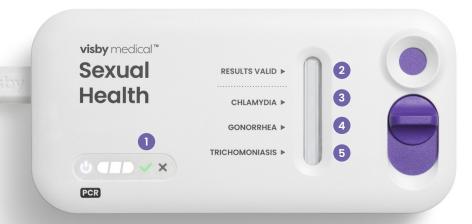
Visby Results

Record your patient's test results and patient information below



0	Green Check Mark	Present	0	Absent
2	Results Valid	O Present	0	Absent
3	Chlamydia	O Present	0	Absent
4	Gonorrhea	Present	0	Absent
6	Trichomoniasis	O Present	\bigcirc	Absent

Date	/	/24 or 25	Time	AM / PM				
Patient	Patient ID or Patient Label							
Operate	or ID							
Device	Lot#	Expiration Date	/ /24	or 25 Room				
Comme	ents							

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