

Food and Drug Administration  
Center for Food Safety and Applied Nutrition  
Office of Special Nutritionals

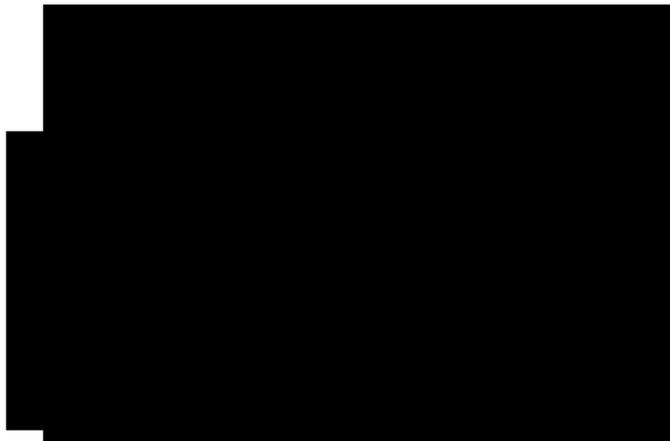
ARMS#

13062



8 - OTHER

**000001**



Service/Location: [REDACTED] Acct #: [REDACTED]  
 Status: [REDACTED] Date: 03/08/98 MR #: [REDACTED]

Patient's Legal Name [REDACTED] Sex Race DOB Age MS Religion SS# [REDACTED]  
 F CA [REDACTED] 57 M [REDACTED]  
 Prior Stay Occupation Patient's Legal Address County Home Phone  
 TEACHER [REDACTED] [REDACTED]  
 ES Employer Employer's Address Work Phone  
 [REDACTED] [REDACTED] [REDACTED]

PR Guarantor's Name Address County Home Phone  
 [REDACTED] [REDACTED] [REDACTED]  
 Guarantor's Employer Employer Address [REDACTED]  
 [REDACTED] [REDACTED]  
 Social Security # [REDACTED]

PR Other Guarantor's Name Address Home Phone  
 [REDACTED] [REDACTED]  
 Employer Employer Address Work Phone  
 [REDACTED] [REDACTED]  
 Social Security # Occupation  
 [REDACTED] [REDACTED]

Insurance #1	Address				OCCURRENCES
Insured Name	Rel Asg	Policy #	Group Name	Group Number	Code Date Time
[REDACTED]	Y Y	[REDACTED]	[REDACTED]	[REDACTED]	05 03/08/98
Coverage				Authorization	
Call				NOT REQUIRED	

Insurance #2	Address				CONDITIONS
Insured Name	Rel Asg	Policy #	Group Name	Group Number	Code Type
[REDACTED]					
Coverage				Authorization	

Insurance #3	Address				Special Program
Insured Name	Rel Asg	Policy #	Group Name	Group Number	
[REDACTED]					
Coverage				Authorization	

PR Notify in Emergency Home Phone Work Phone  
 [REDACTED] [REDACTED] [REDACTED]  
 Attending Physician Admitting Physician Family Physician ER Physician  
 [REDACTED] [REDACTED] [REDACTED] [REDACTED] D.O.

Reason for Visit	Date	Time	Type	Source	Rm/Bed	Service	Arrival
C/O L WRIST SWOLLEN	03/08/98	1827	[REDACTED]	[REDACTED]			C
Discharged: 03/08/98 1827							
Type	Date	Accom		Smoke	Entered By		
OTHER ACCIDENT	03/08/98				CD	From	Thru
					05	03/08/98	[REDACTED]

000003

04/14/98 16:21

unit#: [redacted] admit date/time: 04/14/98 12:25 by: [redacted] type: 1 serv: [redacted] acct#: [redacted]

disch dx: TIA f/c: [redacted]  
rm#: [redacted] last at bumc: [redacted] type: [redacted]

ed log#: [redacted]  
patient: [redacted] attending physician: [redacted]

[redacted]

ph#: [redacted]  
ss#: [redacted]

prev1: [redacted]  
prev2: [redacted]  
spouse: [redacted]

dob: [redacted] ms: M resident: [redacted]  
age: 57 sex: F race: W referring: [redacted]

smoker: [redacted]  
religion: [redacted]

last hosp admit: [redacted]

remarks: [redacted] notify in emergency: [redacted]

patient employer: [redacted] 00000

[redacted] relation: [redacted]  
h: 0 w: 0

ph#: [redacted] ins1: [redacted] 01 F  
insd: [redacted]

occ: TEACHER length of emp: [redacted] id#: [redacted]  
work related encounter: [redacted] grp: [redacted]  
accident: [redacted] file: [redacted]

place: [redacted] date: [redacted] hour: [redacted]

guarantor: [redacted] ins2: [redacted]  
insd: [redacted] ph#: [redacted]

[redacted] id#: [redacted]  
grp: [redacted] file: [redacted]

ph#: [redacted] ins3: [redacted]  
ss#: [redacted] rel: [redacted] insd: [redacted] ph#: [redacted]

guarantor employer: [redacted] 00000 id#: [redacted] ph#: [redacted]  
DISABLED grp: [redacted] file: [redacted]

ph#: 0 downtime log#: [redacted] utilization rev #: [redacted]

acct#: [redacted] admit: 04/14/98 discharge: 04/14/98 000004  
rm: [redacted] pt: [redacted]

phys: [redacted] unit#: [redacted] age: 57 sex: F race: W [redacted] discharge record