

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

ARMS#

12886



3 - OUTPATIENT

**000001**

LOS 7711  
4/29/98  
WRB (390)

[Redacted]

Acct # \_\_\_\_\_

Date 8-1-97

Name [Redacted]

DOB [Redacted]

Time In 3:50

Appt. Time

walk in

Wt 296

BP 150/70

P \_\_\_\_\_

T 98.2

Ht. \_\_\_\_\_

Dknee

Socum

Allergies: [Signature]

c/o Rt. Knee pain x 2 months

This man suffered a right knee sprain x 2 months ago. Apparently, one of his buddies fell onto his knee. Reports continued pain, especially with lateral motion.

Meds: [Signature]

Aminocid

EXAM: Right knee without any effusions. Appears stable. Mild tenderness to palpation at the medial collateral ligament. No crepitus. X-ray is negative for any fractures or dislocations.

A: Right knee strain.

P: Ibuprofen 600 mg. q.i.d.

Instructed to use a knee brace, rest; follow-up in three weeks.

[Redacted]

PATIENT

DATE OF SERVICE 8/1/98

This is a receipt for payment, any benefits payable to Patient.  
 I hereby authorize D [redacted] to furnish information concerning this illness  
 I hereby assign to the doctor all insurance benefits for medical services rendered.  
I UNDERSTAND I AM FINANCIALLY RESPONSIBLE TO DR [redacted] FOR MEDICAL SERVICES RENDERED.

PAY BENEFITS TO:  DOCTOR  
 PATIENT

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_

MEMO/DIAGNOSIS ICD9CM

#1 (R) foot contusion

#2

#3

#4

(R) foot/ankle #3

CPT

OV  
X-RAY R FOOT  
R-ANKLE

PREV. BAL

FEE

TODAYS TOTAL

PAYMENT

ADJ.

BALANCE DUE

59.11

Notes: Slipped off truck while moving and injured (R) foot.  
HT \_\_\_\_\_ WT unabl BP 140 / 86 P \_\_\_\_\_ R \_\_\_\_\_ T 98.6

ALLERGIES:

This young man jumped of a moving truck this weekend and landed on his right heel, complaining of pain.

NKDA

On exam, he has mild ecchymosis at the medial aspect of the right heel. No deformities. Tender to palpation. Otherwise, good ROM of the ankle. Neurovascularly intact. X-ray is negative for fractures.

MEDICATIONS:

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A- Right foot contusion

P- Tylenol #3 for pain, keep the foot elevated, use ice, follow-up p.r.n.

000003

URGENT CARE

RETURN APPT: Days Weeks Months NR

DOCTOR:

1 2 3 4 5 6 7 8 9 10 11 12 PRN MIN. 5 - 10 - 15 - 20 - 30 - 45 - 60

IO 7711  
4/29/98  
WRB (390)

PATIENT

DATE

8-12-98

DOB

ACC #

X-RAY #

DR.

EXAMINATION OF:

R L FINGERS  
R L HAND  
R L WRIST  
R L FOREARM  
R L ELBOW  
R L HUMERUS  
R L SHOULDER  
R L CLAVICLE

R L TOES  
R L FOOT  
R L ANKLE  
R L TIB • FIB  
R L KNEE  
R L FEMUR  
R L HIP  
SKULL SERIES  
SINUS SERIES  
FACIAL BONES

CHEST  
R L RIBS  
KUB  
ABDOMINAL SERIES  
PELVIS  
C-SPINE  
T-SPINE  
L-SPINE  
SI JTS  
COCCYX

OTHER: \_\_\_\_\_

INITIAL INTERPRETATION:  NORMAL  ABNORMAL \_\_\_\_\_

RADIOLOGIST INTERPRETATION

DATE READ: \_\_\_\_\_

NOTIFY DR.  
ASAP: CONFLICT IN  
INTERPRETATION

INTERPRETATION:

*No fr's noted*

REVIEWED BY \_\_\_\_\_

FILE

PULL CHART

000004