

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

ARMS#

13187



3 - OUTPATIENT

000001

HISTORY AND TREATMENT RECORD

DOB [REDACTED]

09/15/98
Page 1 of 1

S: Discharged from [REDACTED] this morning. She had acute pancreatitis, etiology uncertain. Serum triglycerides were normal while hospitalized. Blood sugars slightly elevated and there is a family history of diabetes; however, these were all done with IV's running.

Minocycline is reported, in PDR, to rarely cause pancreatitis so I have asked her to remain off of that at least for the time being and would hope that in the future it would just be given for brief intervals rather than chronically and then observe carefully for any recurrence of pancreatitis. Her abdominal ultrasound was negative for cholelithiasis, there was felt to be a slight chance of a fatty infiltration of the liver, I am not sure why that would be. At discharge I refilled her Premarin 1.25 mg daily for 60 days only. She is to see me in one month for follow-up of the pancreatitis as well as her annual GYN exam. A couple days before seen, she will have lipids, triglyceride, calcium, albumin, both of which were down in the hospital, amylase, and a FBS as well as a GGTP and SGOT. Summary was also dictated at [REDACTED]

I am not aware of any risk of topical meds for rosacea causing pancreatitis. Also the odds of her Minocycline having been the cause are extremely remote as one would expect, according to informal GI consultant, that if that were the etiology, that it would have happened within the first few weeks of treatment. [REDACTED]

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medWatch Report #13187
Follow-Up Adverse Report, JD
Thomas S. Donaldson 01-11-99
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HISTORY AND TREATMENT RECORD

DOB [REDACTED]

09/21/98
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[REDACTED]

Mrs. [REDACTED] had to be hospitalized last week with acute pancreatitis. She had been on Minocycline 100 mg p.o. daily for eight months. There is some question whether the pancreatitis could have been due to a drug reaction from the Minocycline. That is rarely reported in the PDR. She has noticed some increased redness of the central face over the past week. She continues to use Noritate cream b.i.d. topically. She likes this better than MetroCream and MetroGel which she used before that. Her only current oral medication is Premarin 1.25 mg daily. Oral Tetracycline caused stomach upset in the past. Oral Erythromycin caused diarrhea in the past. She has one to two alcoholic drinks per month. No recognized triggering factors for acne rosacea.

ON EXAMINATION some moderate erythema and telangiectasia is present on the nose, medial cheeks and chin. No acneiform papules or pustules are evident. No lymphangitis, cellulitis or lymphadenopathy is seen. No ocular complaints. No conjunctivitis is present.

IMPRESSION: Acne rosacea.

PLAN: Use of Minocycline will be avoided since it could possibly have induced her pancreatitis. Noritate cream b.i.d. topically to the central face will be continued. She should try to avoid triggering factors for acne rosacea. Sun precautions. Benefits and risks of laser surgery vs electrosurgery treatment of the rosacea-induced erythema and telangiectasia were reviewed. She does not wish to pursue this at the present time.

PROBLEM #2: Mrs. [REDACTED] has a history of recurrent herpes simplex involving the right cheek. This has been a recurrent problem over the past five years. Initially she was experiencing three to four episodes per year, and lately it has only been about one episode per year. Oral Zovirax has helped to shorten the duration and lessen the severity of outbreaks. She finds it inconvenient to have to take the pills five times a day, however.

IMPRESSION: Recurrent herpes simplex--right cheek.

PLAN: Valtrex 500 mg one tab p.o. b.i.d. X5 days to begin with the onset of herpes simplex symptoms was prescribed. Benefits and risks of oral Valacyclovir use were reviewed. Dermatology follow-up in three months is recommended. Fifteen minute discussion today. [REDACTED]

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medWatch Report #13187
Follow-Up Adverse Report *JD*
Thomas S. Donaldson 01-11-99
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HISTORY AND TREATMENT RECORD

DOB [REDACTED]

10/16/98
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S: [REDACTED] here for her annual GYN exam and follow-up after acute pancreatitis [REDACTED] 9/12/98. Basic health information may not be released without the authorization of the patient. [REDACTED] was feeling good with no further abdominal pain or vomiting. She was taking "Metabolife" prior to her pancreatitis which contains Chromium Picolinate and who knows what else.

Currently she has decided to go on a high protein diet because that is good for "type O" people.

MEDICATIONS:

Premarin 1.25 mg daily.

Valtrex

Noritate from Dr. [REDACTED], off Minocycline as rarely can cause pancreatitis.

She is concerned about bumps below her knees. She would like her lungs checked.

O: Alert, NAD. Temp 97.8. BP 160/88 by nurse and by myself 146/78 right arm sitting. Pulse 108 and regular, CWS. Color normal. Neck - no masses. Carotids - thyroid normal. Lungs - clear. Breasts - no masses nor skin changes. Axilla - negative. Abdomen - negative. Bimanual - pelvic and rectovaginal negative. Extremities - no edema nor deformities other than her anterior tibial tubercles are a little prominent which she wondered about. I advised her that I doubt anything can be done about that nor any significance.

FBS 127. AST 56. GGTP 128. Albumin and amylase normal. Cholesterol 250. Trig 171. HDL 58. LDL 159. Ratio 4.3.

Weight not done but is mildly obese.

- A:
1. Status post recent pancreatitis, possibly caused by her supplement rather than Minocycline.
 2. Hyperglycemia.
 3. Elevated LFT's.

P: Refill same, Premarin 1.25 mg daily. I advised her not to take anything from the health food stores.

We will refer her to dietitian for legitimate weight reduction diet as well as step I low cholesterol. We will add anti-HCV and hepatitis B surface antigen to current lab. Recheck, OV 30 minute visit in two months with FBS and LFT's a day or two before. I just did not have enough time today to go into all of the questions she had.

000004

Sub diet not do 10/16/98

medWatch Report #13187
Follow-Up Adverse Report *SS*
Thomas S. Donaldson 01-11-99
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HISTORY AND TREATMENT RECORD

DOB [REDACTED]

10/16/98

Page 2 of 2

She will need a mammogram fairly soon also
get a chance to schedule.

Information contained on this copy
which we did not
the authorization of the patient,

ROUTINE Td BOOSTER TODAY.

ADT

000005

medWatch Report #13187
Follow-Up Adverse Report
Thomas S. Donaldson 01-11-99
Exhibit: 5 pages of 23

HISTORY AND TREATMENT RECORD

DOB [REDACTED]

10/20/98
Page 1 of 1

REFERRING PHYSICIAN: [REDACTED] M.D.

The patient has been referred for assistance with controlling her cholesterol and her weight.

The patient was recently hospitalized for pancreatitis and there is some question about why this pancreatitis developed. She states that since she was discharged from the hospital, she has been trying to do a better job at controlling her eating. She admits to emotional eating and making wrong choices and to a lack of physical activity.

Information contained on this copy may not be re-released without the authorization of the patient.

I recommended that she keep her calories at around 1500 per day, her fat grams around 35 to 40, and her saturated fat at around 15. She has made some changes in her eating. She has switched from regular milk and cheese to soy, and she is making sure that she is buying these products in low-fat versions. She is choosing a multigrain cereal in the morning. She states she is taking better food choices to work and cutting down on the amounts she is taking. She admits that she needs to cut down on desserts and has been attempting to do this. She is also going to start a walking program.

I provided her with written information to help her follow through with these goals. She feels that she can follow through with the plan we have made. She feels very motivated to make changes in her health at this point and states she is in a good place. At home she weighs 138 pounds, and she would like to get to 125. She is 5 feet 1 inch tall, and I think this is appropriate for her age and health.

I encouraged her to follow up if she has any further questions.

cc: [REDACTED] M.D.

NOTES ENTERED [REDACTED]

11-19-98 Rx: Premarin 1.25mg #60 x 12

12/17/98 FDA viny on Metabolys

000006

medWatch Report #13187
Follow-Up Adverse Report
Thomas S. Donaldson 01-11-99
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HISTORY AND TREATMENT RECORD

DOB [REDACTED]

12/07/98
Page 1 of 1

S: Developed cystitis symptoms yesterday with frequency, incomplete voiding, dysuria, and nocturia and then last night noted her urine was a little pink and some red blood specks but was more clear this morning but still frequent. No fever or flank pain.

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Chart reviewed. Not much GU history in past.

O: Alert and looks well. Temp. 97.9. No CVA percussion tenderness. Abdominal exam completely negative.

UA cloudy. Positive LE. Moderate bact. 10-20 wbc and 3-8 rbc.

A: Acute cystitis, mildly hemorrhagic.

P: Septra DS q12h five days. Recheck if further blood noted by pt.

Will confirm with culture as there was mild hematuria.

- 7,000,000 e coli 12/77

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medWatch Report #13187
Follow-Up Adverse Report
Thomas S. Donaldson 01-11-99
Exhibit: 5 page 3 of 23

HISTORY AND TREATMENT RECORD

DOB [REDACTED]

12/18/98
Page 1 of 1

S: Followup regarding elevated LFTs from 10/16/98.

She had no other concerns today. She's feeling fine.

I reviewed the chart from then. Her ^{Information contained on this copy may not be re-released without the authorization of the patient.} lab from 12/16/98 shows a normal blood sugar of 98 and now her ^{lab} is down to normal as well as normal ALT and GGTP has dropped from 128 to 83.

A: Elevated LFTs, resolving and probably related to the acute pancreatitis past fall. I still do not see the hepatitis B surface antigen and anti-HCV tests ordered 10/16/98. We're checking to see if we can find these or not.

P: Advised her to see me again 10/99 for a complete physical. She'll continue working at her weight reduction, low cholesterol diet from 10/20/98. Will recheck lipids again next October.

Says she had a recent cystitis but no dictation in chart as yet from 12/7/98. Symptoms have resolved she says.

Weight 139. BP was 172/90 by nurse but after sitting a bit I got 154/86.

ADDENDUM: We are now told the lab never did the hepatitis B or the anti-HCV ordered 10/16/98. Will consider doing it next year if LFTs are up at all. [REDACTED]

NOTES ENTERED/[REDACTED]

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medWatch Report #13187
Follow-Up Adverse Report *JD*
Thomas S. Donaldson 01-11-99
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PATIENT: [REDACTED]
 BD: [REDACTED] 57Y SEX: F

PATIENT INFORMATION

	WT pounds	HT inches	TEMP degrees	EAT	BP	MEDS	PHY
02/02/98 10:47				1000			
10/14/98 10:17				FAST			
12/16/98 10:37				FAST			

HEMATOLOGY
 HEMOGRAMS & DIFFERENTIALS

	02/02/98 10:47	05/04/98 10:47	Units	Normals
WBC	8.4	7.9		(4.8-10.7)
HGB	14.9	14.5		(12-16)
PLT	289	261		(150-400)
MCV	88.2	88.1	fL	(82.0-99.0)
RBC	4.98	4.89	mil	(3.70-5.40)
HCT	44.0	43.1	%	(33.2-48.0)
RDW	12.9	13.2	%	(11.0-15.0)

URINALYSIS

	12/07/98 09:57	Units
COLOR	STRAW	
CLARITY	SL CLOUDY	
SPECIFIC GRAVITY	1.005-	
PH	6.0	
PROTEIN	NEGATIVE	ng/dl
GLUCOSE	NEGATIVE	ng/dl
KETONE	NEGATIVE	ng/dl
BILIRUBIN	NEGATIVE	
UROBILINOGEN	0.2	EU/dl
NITRITE	NEGATIVE	
LEUK ESTERASE	LARGE	/hpf
URINE WBC	10-20	/hpf
URINE RBC	3-8	
BACTERIA	MODERATE	
SQUAMOUS EPI/LPF	OCCASIONAL	/lpf

URINALYSIS NORMAL RESULTS

APPEARANCE: CLEAR
 COLOR: YELLOW
 SPECIFIC GRAVITY: 1.003 - 1.035
 PH: 5.0 - 8.0
 PROTEIN: NEGATIVE - TRACE
 GLUCOSE: NEGATIVE
 KETONE: NEGATIVE
 BILIRUBIN: NEGATIVE
 BLOOD: NEGATIVE
 NITRATE: NEGATIVE
 UROBILINOGEN: 0.2 - 1.0 EU

MICROSCOPIC RESULTS
 WBC'S 0-8/HPF
 RBC'S 0-3/HPF
 HYALINE CASTS 0-3/LPF

PLEASE NOTE: A ROUTINE URINE NOT REFLEXING TO A MICROSCOPIC EXAM
 AUTOMATICALLY MEANS THE DIPSTICK BLOOD TEST IS NEGATIVE.

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 Follow-Up Adverse Report
 Thomas S. Donaldson 01-11-99
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CHEMISTRY
 AUTOMATED CHEMISTRIES

	02/02/98 10:47	05/04/98 10:48	10/14/98 10:17	12/16/98 10:37	Units	Normals
GLUCOSE			127 H	98	mg/dl	(70-110)
CALCIUM			9.7		mg/dl	(8.5-10.5)
TOTAL BILIRUBIN				0.7	mg/dl	(0.1-1.2)
AST (SGOT)	25	29	56 H	27	U/l	(10-40)
	LIPEMIC				IU/l	(10-40)
ALT (SGPT)				22	IU/l	(5-31)
GGTP			128 H	83 H	IU/l	(5-55)
ALBUMIN			3.9		g/dl	(3.5-5.0)
CREATININE	0.8	0.8			mg/dl	(0.5-1.1)
AMYLASE			61		U/l	(17-130)
CHOLESTEROL		256 H	250 H		mg/dl	(125-200)
TRIGLYCERIDE			171		mg/dl	(10-140)
HDL CHOLESTEROL			58		mg/dl	(35-60)
LDL CHOLESTEROL			159 H		mg/dl	(80-130)
CHD RISK RATIO			4.3			(2.0-4.5)

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TRIGLYCERIDE
 If patient is non-fasting, the result of the TRIGLYCERIDE is invalid.

CHD RISK RATIO
 Dietary or other intervention is recommended for ratios greater than 4.5

MICROBIOLOGY
 BACTERIOLOGY

TEST: URINE CULT-CVMS
 MICRO ID [REDACTED]

SOURCE: CLEAN VOID MIDST

COLLECTION DATE: 12/07/98
 COLLECTION TIME: 09:57

Final 12/08 0827
 Colony count: > 100,000 per ml.
 Culture shows growth of ESCHERICHIA COLI.
 Work complete this test

***** OPEN ORDERS *****

No incomplete work for patient

medWatch Report #13187
 Follow-Up Adverse Report [Signature]
 Thomas S. Donaldson 01-11-99
 Exhibit: 5 page 18 of 23

DC#: [REDACTED] Sex: F 10/28/1998
DOB: [REDACTED]

[REDACTED] MAMMOGRAM, SCREENING STUDY

Clinical: SCREEN

Requesting Physician: [REDACTED]

BILATERAL MAMMOGRAMS: There are scattered fibroglandular elements in the breasts. Comparison is obtained with our previous mammograms of 01-31-96. When allowance is made for slight differences in technique, there is no significant change in the mammograms. No other abnormalities are demonstrated.

Information contained on this copy
shall be released only in
the authorization of the patient.

IMPRESSION:

Negative mammograms. The patient should return for repeat screening mammograms in one year.

Interpreted by:

[REDACTED] /signed by/ [REDACTED]

Transcribed on: 10/29/1998 by [REDACTED]
Finalized on: 10/29/1998 by [REDACTED]

Exam Site: [REDACTED]
Chart Home Loc: [REDACTED]

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OTHER OUTPATIENT RECORDS

000012

HISTORY AND TREATMENT RECORD

DOB [REDACTED]

05/04/98
Page 1 of 1

A few small erythematous acneiform papules are present on the nose and medial cheeks today. Her acne rosacea is under much better control since she started on oral Minocycline. She has now been on Minocycline 100 mg p.o. daily for over four months. She complains of some vertigo after taking the Minocycline. If she takes it at bedtime, this is not a problem. No nausea, abdominal pain, diarrhea, headaches, visual disturbances or change in the color of her urine or stool. Some mild erythema and several telangiectasias are present on the nose, medial cheeks and chin, too. She does not feel that the oral Minocycline or topical Metronidazole has helped this at all. In fact, it may be slightly worsening. She has a long history of yellowish teeth even before she started on oral antibiotic treatment of the rosacea. Oral Tetracycline has caused stomach upset in the past. Oral Erythromycin caused diarrhea. A CBC, AST and creatinine today are normal.

Continue Minocycline 100 mg p.o. daily. Discontinue MetroCream. Start Noritate 1% metronidazole cream b.i.d. topically. Benefits and risks of laser surgery versus electrosurgery treatment of the rosacea-induced erythema and telangiectasia were reviewed. Sun precautions. Follow-up is recommended in four months.

A serum cholesterol was drawn at the patient's request today. It returned at 256 mg/dl. This has improved since a Thanksgiving level of 272 mg/dl on 11/24/97. The patient will be telephoned with the laboratory test results. A low-fat diet was encouraged. The patient will be advised to follow up with her local medical doctor for management of the hypercholesterolemia.

She has no ocular complaints and no conjunctivitis or signs of ocular rosacea are present at this time. Triggering factors for acne rosacea were reviewed. She has about one alcoholic drink per month and she still likes to eat Mexican food. An informational sheet on rosacea triggering factors was given to her to read over. Sun precautions. Fifteen-minute discussion. [REDACTED]

NOTES ENTERED [REDACTED]

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medWatch Report #13187
 Follow-Up Adverse Report #10
 Thomas S. Donaldson 01-11-99
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HISTORY AND TREATMENT RECORD

02/02/98
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acne rosacea is under good control. Some mild erythema and telangiectasia persists on the nose and on the medial and malar cheeks. No acneiform papules or pustules are present now. She has been taking Minocycline 100 mg p.o. daily for five weeks. When she first began taking it, it caused some "wooziness." She finds that if she takes it at bedtime, she does not have any trouble with vertigo, dizziness or light-headedness when she wakes up in the morning. No nausea, abdominal pain, diarrhea, headaches, visual disturbances or change in the color of her urine or stool. No acneiform papules or pustules are present now. She is only rarely developing pimples on her face since starting Minocycline over one month ago.

IMPRESSION: Acne rosacea improving.

PLAN: A CBC, SGOT and creatinine today are all normal. Minocycline 100 mg p.o. daily at bedtime will be continued. Continue MetroCream b.i.d. topically to the central face.

Her urticaria has been well controlled on Allegra 60 mg p.o. b.i.d. She complains of no side effects from the Allegra. She finds that if she stops taking it, the "hives" come back. No shortness of breath, wheezing or syncope. No recognized triggering factors for the urticaria. Previous laboratory workup did not reveal any internal causes. No lymphangitis, cellulitis or lymphadenopathy is present now. Her oropharynx is unremarkable.

IMPRESSION: Urticaria of uncertain etiology controlled with Allegra.

PLAN: Continue Allegra 60 mg p.o. b.i.d. She may try to give herself a trial off of this each month to see if use of this oral antihistamine is still necessary to suppress the urticaria. Anaphylaxis precautions. Dermatology follow-up in three months is recommended.

Benefits and risks of laser surgery treatment of the erythema and telangiectasia induced by the acne rosacea were discussed. Fifteen-minute discussion today. /

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medWatch Report #13187
Follow-Up Adverse Report
Thomas S. Donaldson 01-11-99
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HISTORY AND TREATMENT RECORD

11/28/97
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[REDACTED]
[REDACTED]

[REDACTED]

TELEPHONE CALL: Patient called reporting that the Zyrtec gave her a sore throat, and she stopped taking it. Allegra 60 mg one tab p.o. b.i.d. p.r.n. urticaria and itching was prescribed (with six refills) ./lag-o

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NOTES ENTERED

1/5/98

[REDACTED]

pt rescheduled /

[REDACTED]

000015

medWatch Report #13187
Follow-Up Adverse Report JP
Thomas S. Donaldson 01-11-99
Exhibit: 5 page 11 of 23

HISTORY AND TREATMENT RECORD

11/24/97
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This 56-year-old white female presents with a 10-day history of a recurrent pruritic urticarial skin eruption. She has been on taking some oral Benadryl for this with limited benefit. The eruption began in the morning. Duration of individual lesions is a few hours. They can be quite itchy. Exercise and warm temperatures sometimes seem to exacerbate it. The patient started taking some Echinasia for about two days before the hives started. She has now been off the Echinasia for one week, but they persist. No new foods, detergents, or clothing. Sun exposure, cold temperatures, pressure, and foods do not seem to aggravate the condition. She has a history of hives in the past. They once began after she had a stillborn baby, and she has had them every couple of years since then. She works at the post office doing data entry. She had a flu shot about three weeks ago. Her current oral medications are Premarin and oral Erythromycin which she takes for acne rosacea. There is a family history of asthma. The patient was bothered by some wheezing in June and again last week. No respiratory symptoms now. No fevers, chills, sore throat, rhinorrhea, sinus congestion, cough, shortness of breath, wheezing, nausea, abdominal pain, dysuria, hematuria, or neurologic complaints. She has had some diarrhea and cramping for years. She has also been bothered by arthralgias in her feet, elbows, and back over the past few years.

No urticarial lesions are seen on examination today. Dermographism is negative. No lymphangitis, cellulitis, or lymphadenopathy is present. No scalp or nail changes are evident. Her oropharynx is unremarkable. Mucous membranes are normal. She has a history of recurrent herpes simplex on the right malar cheek. No outbreaks recently. Some mild erythema and telangiectasia is present on the medial cheeks and nose. A couple of small erythematous acneiform papules are seen on the medial cheeks and nose.

IMPRESSION: Urticaria of uncertain etiology. Acne rosacea.

PLAN: Discontinue the Erythromycin. Benefits and risks of oral Minocycline use were discussed. Minocycline 100 mg one tab p.o. daily was prescribed. MetroCream b.i.d. topically will be used on the central face, too. Zyrtec 10 mg p.o. daily p.r.n. itching and urticaria was prescribed. Urticaria education and an informational pamphlet were given to her. Anaphylaxis precautions. A CBC with diff, erythrocyte sedimentation rate, and blood chemistry profile were all within normal limits except for an elevated cholesterol of 272 mg/dl and an elevated nonfasting glucose of 134 mg/dl. Throat strep antigen and throat culture are negative. Urinalysis is normal.

Note: Use of oral Tetracycline in the past has caused some stomach upset. Dermatology follow-up in six weeks is recommended.

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Follow-Up Adverse Report
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HISTORY AND TREATMENT RECORD

11/24/97
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The patient should call next week if the Zyrtec is not resulting in symptomatic relief of the urticaria. [REDACTED]

Information contained on this copy
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the authorization of the patient.

NOTES ENTERED [REDACTED]

000017

medWatch Report #13187
Follow-Up Adverse Report *AD*
Thomas S. Donaldson 01-11-99
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HISTORY AND TREATMENT RECORD

06/23/97
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S: This is a 55 y/o who was scheduled for a Pap but has a whole list of concerns. Information contained on this copy may not be re-released without the authorization of the patient.

Leg cramps two years when she stretches her toes at night.

Toes go out of joint when she kneels.

Says she gets coughing and wheezing this spring and she looked at OTC inhalers and said to see doctor. Describes coughing, wheezing, and tightness lasting for an hour. No prior diagnosis of asthma.

Wonders about spots on her arms.

Wonders about a hole between her rectum and vagina where gas may come through. Denies discharge.

PAST MEDICAL HISTORY:

Surgery: Vaginal hysterectomy, BSO in 1993, benign disease.

Meds:

Premarin 1.25 mg daily.

Erythromycin

Metrocream from Dermatology in 1996.

medWatch Report #13187
Follow-Up Adverse Report *MD*
Thomas S. Donaldson 01-11-99
Exhibit: 5 page 14 of 23

O: Alert, pleasant, no distress. Height 60 3/4 in. weight 155. BP 164/80. Color normal. Neck negative. Carotids and thyroid normal. Lungs clear, good breath sounds, no wheeze. Heart normal. Breasts - no masses nor skin changes. Axillae negative. Abdomen negative. Pelvic - mucosa looks well stimulated. I don't see any fistula. On bimanual I do not palpate any fistula in the rectovaginal septum. Bimanual and rectovaginal otherwise is normal. Pap normal in 1993, not repeated. Skin - has a few benign appearing freckles on her arms. Nothing worrisome. Legs normal. Pedal pulses okay. KJ active and equal. No deformities toes.

- A: 1) Toe problem, uncertain etiology. I suggested she see podiatrist if severe problem.
- 2) Leg cramps for which I wrote Quinamm one h.s. prn leg cramps or she could take tonic water as she would like a "natural product".
- 3) Possible mild asthma. I gave her a handout on MDI technique and an Rx for Ventolin two or three whiffs q3h prn. See me if problem becomes worse or if she needs this more than 2-3 times per week.
- 4) Benign nevi arms.
- 5) No evidence for rectovaginal fistula.

P: Scheduled mammogram. Refill Premarin 1.25 mg daily, #100 to 6/98.

*7/7/97 Phone - ears very itchy & ringing - off Quinamm 2d
OK reserve to get done*



000018

HISTORY AND TREATMENT RECORD

03/13/96
Page 1 of 1

Some mild erythema and telangiectasia and a few acneiform papules are observed on the medial cheeks and nose. Her only current oral medications are Premarin and Erythromycin 250 mg p.o. daily. She has also been using Metrogel daily topically. This occasionally causes some skin irritation. Use of oral Tetracycline in the past caused stomach upset.

IMPRESSION: Acne rosacea under fairly good control.

PLAN: Continue Erythromycin 250 mg p.o. q. day. Switch to Metrocream b.i.d. topically to the central face. Benefits and risks of laser surgery treatment of the erythema and telangiectasia from the acne rosacea were discussed.

PROBLEM #2: The patient has a history of recurrent herpes simplex on the right malar cheek. This has been fairly well controlled with intermittent use of oral Acyclovir for outbreaks in the past. She does not complain of any side effects from the Acyclovir. Acyclovir 200 mg one tab p.o. five times a day times five days to begin with the onset of the HSV symptoms was prescribed. Contagion precautions.

6/30/97 Ery-Tabs 250mg # 100 - Talked
Needs Rx for future refills

10/7/97 Ery Tabs 250mg # 80 only - Need's
appt for refills Talk

000019

HISTORY AND TREATMENT RECORD

01/12/96
Page 1 of 1

S: [REDACTED] is a 54-year-old here for an annual GYN exam and hormone refill. GYN exam and hormone refill may not be re-released without the authorization of the patient.

No vaginal bleeding nor any incontinence since her surgery. Very happy with results.

FAMILY HISTORY: No breast cancer.

Complains of intermittent discomfort left groin, like it gives out. It's not constant.

O: Height 61 1/2 inches. Weight 149. BP 130/80 by nurse. Neck and thyroid normal. Breasts - no masses. Axillae negative. Right breast slightly larger than left. Abdomen negative. Bimanual pelvic and rectovaginal negative. Note normal Pap in 1993, not repeated. No focal tenderness about the left groin, no mass. Full range of motion both hips. Right upper breast there is just a tan nevus slightly raised, not dark at all, not worrisome appearing. It appears to be about 5 cm vertical by about 4 horizontal.

A: 1. Normal GYN exam.
2. Left groin pain, doubt serious etiology.
3. Benign nevus right breast.

P: Refill Premarin 1.25 mg daily, #100 to January 1997. Scheduled mammogram because of asymmetry noted by radiologist 11/94. Notify her of result. Recheck one year. Discussed the hip pain. Recheck if becomes more constant. [REDACTED]

NOTES ENTERED, [REDACTED]

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PATIENT: [REDACTED]
 BD: [REDACTED] 56Y SEX: F

HEMATOLOGY
 HEMOGRAMS & DIFFERENTIALS

	11/24/97 10:24	Units	Normals
WBC	8.4	thou	(3.4-10.7)
HGB	14.7	g/dl	(11.7-15.8)
PLT	292	thou	(150-400)
MCV	88.5	fL	(83-101)
RBC	5.00	mm ³	(3.7-5.4)
HCT	44.3	%	(37-48)
RDW	12.6	%	(11.0-15.0)
NEUTROPHIL %	53.3	%	(40.0-80.0)
LYMPHOCYTE %	36.3	%	(10.0-44.0)
MONOCYTE %	8.5	%	(3.0-15.0)
EOSINOPHIL %	1.5	%	(0-8.0)
BASOPHIL %	0.4	%	(0-3.0)
NEUTROPHIL ABS	4.6	thou	(1.7-8.5)
LYMPHOCYTE ABS	3.0	thou	(0.9-3.6)
MONOCYTE ABS	0.7	thou	(0.3-1.0)
EOSINOPHIL ABS	0.1	thou	(0-0.6)
BASOPHIL ABS	0.0	thou	(0-0.3)

HEMATOLOGY
 MISCELLANEOUS

	11/24/97 10:24	Units	Normals
ESR	16	mm/hr	(0-30)

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CHARTABLE COPY

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URINALYSIS

	11/24/97 10:57		Units
COLOR	YELLOW		
CLARITY	CLOUDY		
SPECIFIC GRAVITY	1.006		
PH	5.0		
PROTEIN	NEGATIVE		ng/dl
GLUCOSE	NEGATIVE		ng/dl
KETONE	NEGATIVE		ng/dl
BILIRUBIN	NEGATIVE		ng/dl
UROBILINOGEN	0.2		ng/dl
NITRITE	NEGATIVE		ng/dl
LEUK ESTERASE	NEGATIVE		ng/dl
URINE WBC	<1		/hpf
URINE RBC	<1		/hpf
SQUAMOUS EPI	7		/hpf

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URINALYSIS NORMAL RESULTS

APPEARANCE: CLEAR	MICROSCOPIC RESULTS
COLOR: YELLOW	WBC'S 0-8/HPF
SPECIFIC GRAVITY: 1.003 - 1.035	RBC'S 0-3/HPF
PH: 5.0 - 8.0	HYALINE CASTS 0-3 [REDACTED]
PROTEIN: NEGATIVE - TRACE	
GLUCOSE: NEGATIVE	
KETONE: NEGATIVE	
BILIRUBIN: NEGATIVE	
BLOOD: NEGATIVE	
NITRATE: NEGATIVE	
UROBILINOGEN: 0.2 - 1.0 EU	

PLEASE NOTE: A ROUTINE URINE NOT REFLEXING TO A MICROSCOPIC EXAM AUTOMATICALLY MEANS THE DIPSTICK BLOOD TEST IS NEGATIVE.

CHEMISTRY
AUTOMATED CHEMISTRIES

	11/24/97 10:25		Units	Normals
SODIUM	141		mEq/l	(136-145)
POTASSIUM	4.4		mEq/l	(3.4-5.1)
GLUCOSE	134 H		mg/dl	(70-110)
CALCIUM	10.1		mg/dl	(8.5-10.5)
PHOSPHORUS	3.3		mg/dl	(2.5-4.6)
ALK PHOSPHATASE	71		U/l	(25-125)
TOTAL BILIRUBIN	0.4		mg/dl	(0.1-1.2)
LDH	123		U/l	(50-195)
AST (SGOT)	26		U/l	(10-40)
ALBUMIN	4.2		g/dl	(3.5-5.0)
PROTEIN, TOTAL	7.8		g/dl	(6.0-8.0)
CREATININE	0.8		mg/dl	(0.5-1.1)
BUN	7		mg/dl	(5-24)
URIC ACID	5.6		mg/dl	(2.0-7.4)
CHOLESTEROL	272 H		ng/dl	(114-200)

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MICROBIOLOGY
BACTERIOLOGY

TEST: SAS / CULTURE SOURCE: THROAT
MICRO ID [REDACTED]

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is to be used solely for
the authorization of the patient.

SCREEN RESULT 11/24 1046
Antigen screen for Group A Strep: NEGATIVE.

Final 11/25 0741
No Group A beta Strep grown on culture.
Work complete this test

***** OPEN ORDERS *****

No incomplete work for patient

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DC#: [REDACTED]
DOB: [REDACTED] F

1/31/96

[REDACTED] MAMMOGRAM, SCREENING STUDY

Clinical Information: SCREENING, PREV. MAMMOGRAM [REDACTED] PREV. SURG. RT. BREAST

Requesting Physician: [REDACTED]

BILATERAL MAMMOGRAMS: The breast tissue is heterogeneously dense. Comparison is obtained with our previous mammograms of 18 November 1994. When allowance is made for slight differences in technique, there is no significant change in the mammograms. No other abnormalities are demonstrated.

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IMPRESSION:

Negative mammograms. The patient should return for repeat screening mammograms in one year.

Interpreted by: [REDACTED] / signed by/ [REDACTED]

Transcribed on: 2/1/96 by [REDACTED]
Finalized on: 2/1/96 by [REDACTED]

Exam Site: [REDACTED]
Chart Home Loc: [REDACTED]

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