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

ARMS#

12843

3 - OUTPATIENT

[redacted]

NAME [redacted]

MOTHER'S NAME [redacted]

LOS 7710
4/20/98
WRB (390)
Medical records from Dr. [redacted]

BIRTH HISTORY:

ALLERGIES:

√ = OK X = ABNORMAL NO MARK = NOT DONE

Age	Actual Age	Date	HT. WT. HC.	DEVELOPMENT	PHYSICAL EXAMINATION	IMMUNIZATION	EDUCATION
2–4* WKS.			☐ ☐ ☐	FM – May Fixate Face On Light . . . ☐ GM – Moro Active . . . . . ☐	Cord . . . . ☐ Skin . . . . ☐ Hips . . . . ☐ Pulses . . . ☐ Red Reflex ☐ Heart . . . ☐ Lungs . . . ☐	NONE	Normal Physiology . . . . ☐ Car Safety . . . . ☐ Temp. . . . . ☐
			ASSESSMENT:				_____ M.D. (SIGNED)
2 MOS.			☐ ☐ ☐	PS – Smiles Responsively . . . . . ☐ FM – Follows Past Midline . . . . . ☐ LA – Vocalizes, Not Crying . . . . . ☐ GM – Head Up To 45° "Turtle" . . . ☐	Pulse Hent . . . . ☐ GU . . . . . ☐ Lung . . . . ☐ Ext. . . . . ☐ Cor. . . . . ☐ Skin . . . . ☐ Abd . . . . ☐	1st DPT & TOPV ☐	Nutrition . . . . . ☐ Reemphasize Car Seat . . . . . ☐
			ASSESSMENT:				_____ M.D. (SIGNED)
4 MOS.			☐ ☐ ☐	PS – Smiles Spontaneously . . . . . ☐ FM – Grasps Rattle . . . . . ☐ LA – Squeals, Laughs . . . . . ☐ GM – Sits With Head Steady . . . . . ☐	Pulse Hent . . . . ☐ GU . . . . . ☐ Lung . . . . ☐ Ext. . . . . ☐ Cor. . . . . ☐ Skin . . . . ☐ Abd . . . . ☐	2nd DPT & TOPV ☐	Nutrition . . . . . ☐ Teething . . . . . ☐ URI's . . . . . ☐
			ASSESSMENT:				_____ M.D. (SIGNED)
6 MOS.			☐ ☐ ☐	PS – Feeds Self Cookie . . . . . ☐ FM – Reaches For Object . . . . . ☐ LA – Turns To Voice . . . . . ☐ GM – Sits With No Help, Rolls Both Ways . . . . . ☐	Pulse GU . . . . . ☐ Hent . . . . ☐ Ext. . . . . ☐ Lung . . . . ☐ Skin . . . . ☐ Cor. . . . . ☐ Teeth . . . ☐ Abd. . . . . ☐ Hips . . . . ☐	3rd DPT (TOPV Optional) ☐	Fluoride . . . . . ☐ IPECAC Poisons . . . . . ☐ Do Not Leave Alone In Tub . . ☐
			ASSESSMENT: CHECK FOR CP Uncovers Face With 2 Hands . . ☐ No Tonic Neck Reflex . . . ☐ No Scissoring When Picked Up. ☐ Bicycles When Picked Up. ☐				_____ M.D (SIGNED)
9 MOS.			☐ ☐ ☐	PS – Peekaboo, Bye Bye . . . . . ☐ FM – Thumb-Finger Grasp . . . . . ☐ LA – Imitates Sounds . . . . . ☐ GM – Pulls Up To Stand . . . . . ☐	Pulse GU . . . . . ☐ Hent . . . . ☐ Ext. . . . . ☐ Lung . . . . ☐ Skin . . . . ☐ Cor. . . . . ☐ Teeth . . . ☐ Abd. . . . . ☐ Hips . . . . ☐	Hgb _____	Discipline . . . . . ☐ Shoes . . . . . ☐ Toys . . . . . ☐
			ASSESSMENT:				_____ M.D. (SIGNED)
12 MOS.			☐ ☐ ☐	PS – Drinks From Cup . . . . . ☐ Pick-Up Game . . . . . ☐ FM – Bangs Cubes . . . . . ☐ LA – Dada, Mama Specific . . . . . ☐ GM – Walks Holding On . . . . . ☐	Pulse Hent . . . . ☐ GU . . . . . ☐ Lung . . . . ☐ Ext. . . . . ☐ Cor. . . . . ☐ Skin . . . . ☐ Abd. . . . . ☐ Teeth . . . ☐	TINE . . . . . ☐ Cover-Uncover Test . . . . . ☐	Appetite . . . . . ☐ Recheck Poisons . . . . . ☐ Accident Prevention . . . . ☐
			ASSESSMENT:				_____ M.D (SIGNED)

*Four to six visits are recommended in the first year of life.

√ = OK X = ABNORMAL NO MARK = NOT DONE

Age	Actual Age	Date	HT.	WT.	HC.	DEVELOPMENT	PHYSICAL EXAMINATION	IMMUNIZATION	EDUCATION
15* MOS.			☐	☐	☐	PS – Plays Ball ☐ FM – Scribbles ☐ LA – 3 Words & Mama & Dada ☐ GM – Walks Well ☐	Pulse Hent ☐ GU ☐ Lung ☐ Ext ☐ Cor ☐ Skin ☐ Abd ☐	MMR ☐ (Give Bag For 18 MO. UA)	Discipline ☐ Temper Tantrums ☐
			ASSESSMENT:						
									(SIGNED) M.D
18 MOS.			☐	☐	☐	PS – Uses Spoon ☐ FM – Dumps Raisins ☐ LA – Points To 1 Body Part ☐ GM – Walks Backwards ☐	Pulse Hent ☐ GU ☐ Gait ☐ Lung ☐ Ext. ☐ Stren ☐ Cor. ☐ Skin ☐ Abd. ☐ Teeth ☐	Booster No. 1 DPT & TOPV ☐ Urinalysis ☐	Toilet ☐ Speech ☐ Negativism ☐ (H. influenza B vaccine if in day care) ☐
			ASSESSMENT:						
									(SIGNED)
2 YRS.			☐	☐	☐	PS – Puts On Clothing ☐ FM – Draws "I" ☐ LA – Combines Words ☐ GM – Kicks Ball ☐	Pulse Hent ☐ GU ☐ Lung ☐ Ext ☐ Cor ☐ Skin ☐ Abd ☐ Teeth ☐	H.I.B. vaccine (Given once age 2-5)	Knives & Electricity ☐ Matches ☐
			ASSESSMENT:						
									(SIGNED) M.
3 YRS.			☐	☐		PS – Dresses With Help ☐ FM – Copies "O" ☐ LA – Speaks In Sentences ☐ GM – Rides Trike ☐	Pulse Hent ☐ GU ☐ Lung ☐ Ext ☐ Cor ☐ Skin ☐ Abd ☐ Teeth ☐	Blood Pressure ☐ H.I.B. vaccine (Given once age 2-5) ☐	Dental Visit ☐ Sex Education ☐ Books ☐
			ASSESSMENT:						
									(SIGNED) M
4 YRS.			☐	☐		PS – Buttons Up ☐ FM – Draws Man With Head & 2–4 Parts ☐ LA – Recognizes 3–4 Colors ☐ GM – Balance On 1 Foot ☐	Pulse Hent ☐ GU ☐ Lung ☐ Ext ☐ Cor ☐ Skin ☐ Abd ☐ Teeth ☐	Vision ☐ Audiometry ☐	Pre-School Water Safety Traffic Safety
			ASSESSMENT:						
									(SIGNED)
5 YRS.			☐	☐		PS – Dresses, No Supervision ☐ FM – Copies "□" ☐ LA – Asks Meaning Of Words ☐ GM – Skips ☐	Pulse Hent ☐ GU ☐ Lung ☐ Ext ☐ Cor ☐ Skin ☐ Abd ☐ Teeth ☐	Booster No. 2 DPT & TOPV ☐ TB-TINE ☐ Blood Press ☐	School Ready? Dentist
			ASSESSMENT:						H.I.B. vaccine (Given once age 2-5) ☐
									(SIGNED)

*At least three visits are recommended between the end of the first year and the beginning of kindergarten.

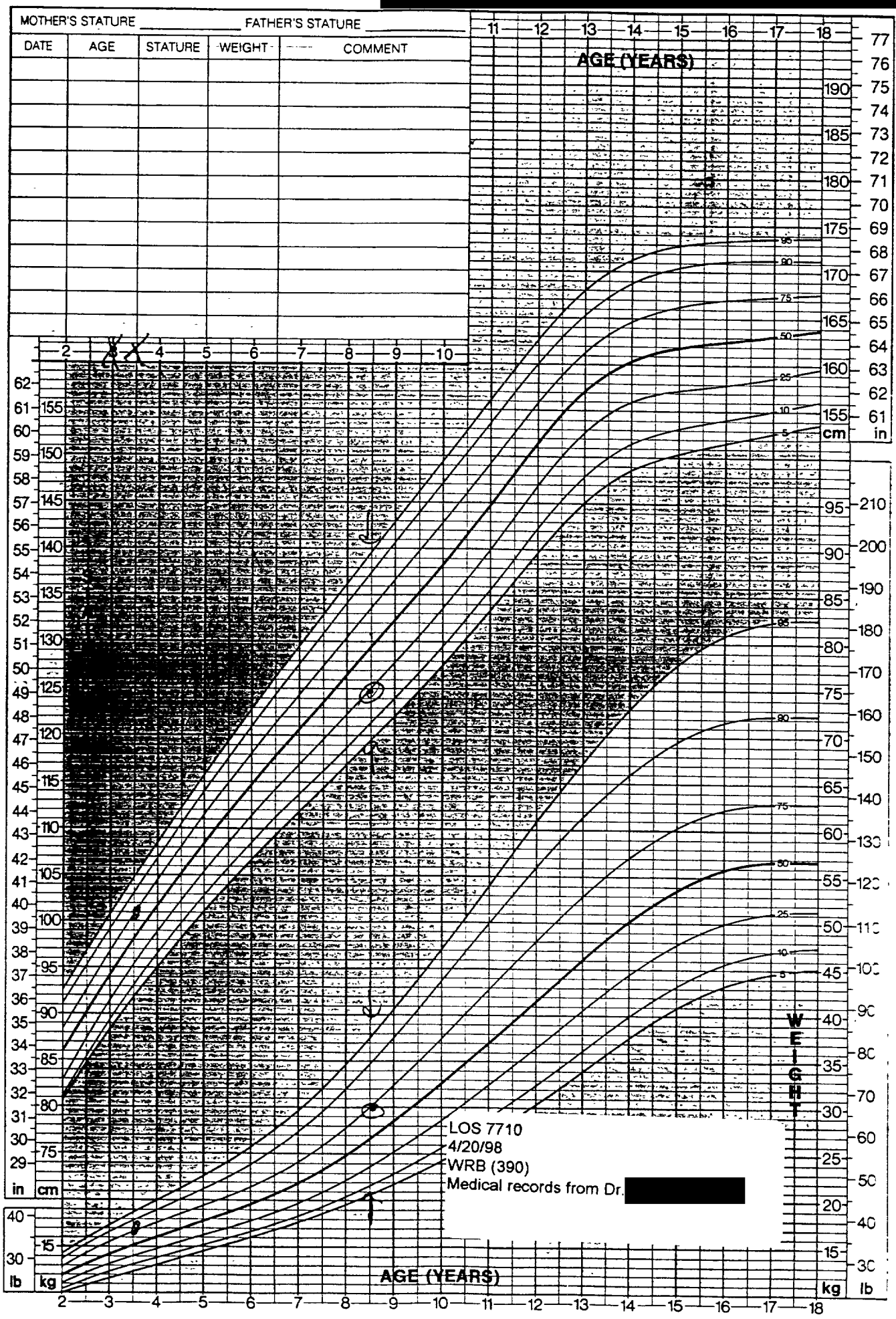
LOS 7710
4/20/98
WRB (390)
Medical records from Dr.

GIRLS: 2 TO 18 YEARS
PHYSICAL GROWTH
NCHS PERCENTILES*

NAME [redacted]

MOTHER'S STATURE _____ FATHER'S STATURE _____

DATE	AGE	STATURE	WEIGHT	COMMENT



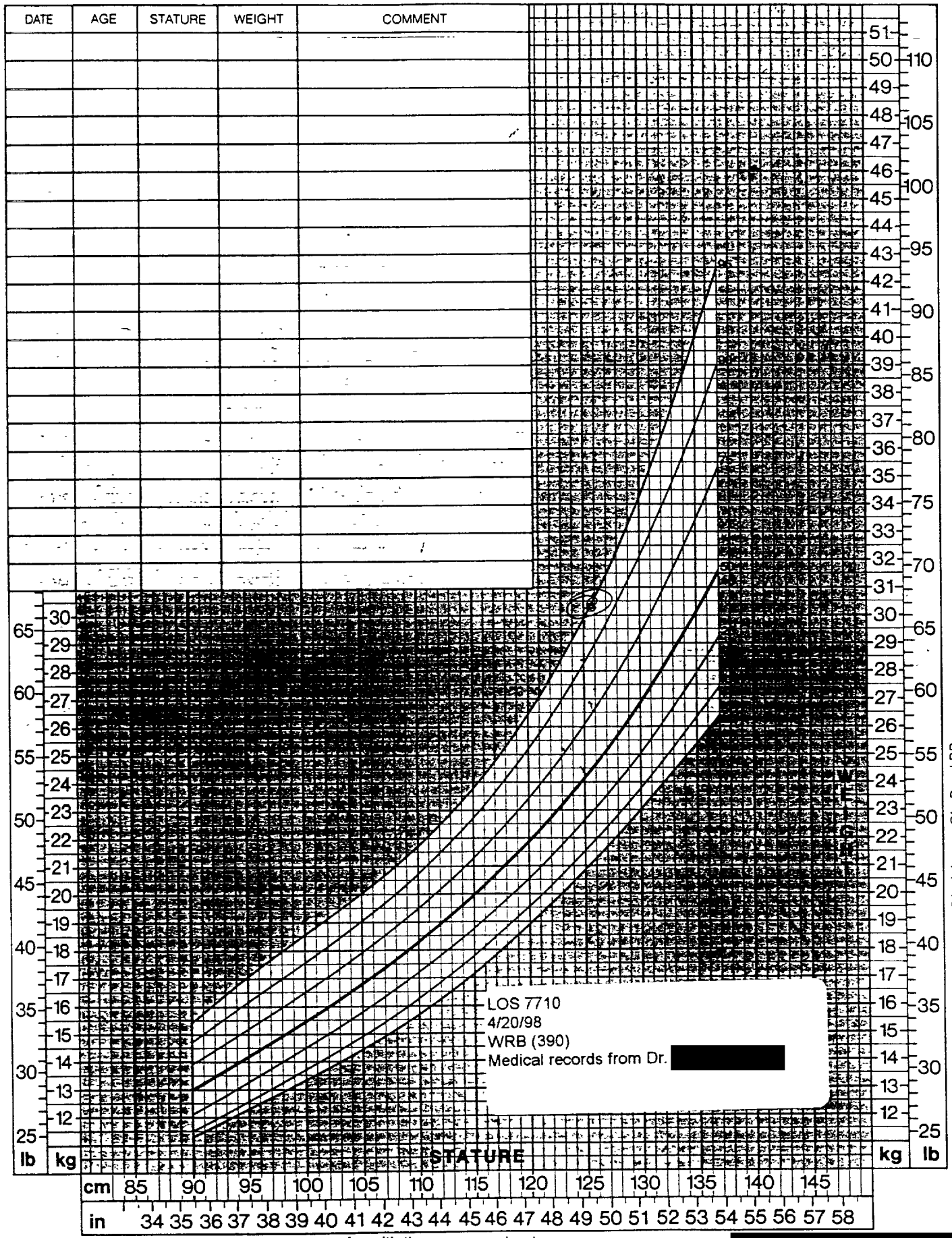
000004

*Adapted from: Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore WM: Physical growth: National Center for Health Statistics percentiles. AM J CLIN NUTR 32:607-629, 1979. Data from the National Center for Health Statistics (NCHS) in Hyattsville

GIRLS: PREPUBESCENT PHYSICAL GROWTH NCHS PERCENTILES*

NAME _____ RECORD # _____

DATE	AGE	STATURE	WEIGHT	COMMENT



*Adapted from. Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore WM: Physical growth: National Center for Health Statistics percentiles AM J CLIN NUTR 32:607-629, 1979. Data

[redacted]

[redacted]

3 yr
DATE 4-15-86
WX 35 UA 38 1/4
B HCT
TEMP 100 (R)

P: Cough
S: Started with a cough yesterday. Apparently she got the bug from her father, sister, and brothers. Ran a temp elevation of 102 last night. The mother has started Robitussin. No allergy to medications.
O: TMs--both occluded with wax. Unable to visualize the drums. Oropharynx--negative. Lungs--No rales or rhonchi, does have rough breath sounds and has a coughing spasm in the office.
A: Early bronchitis
P: AMPICILLIN SUSPENSION 125 mg qid, continue the ROBITUSSIN, add steam bid to tid for 20 minutes. Will use her father's PHENERGAN VC EXP w/CODEINE ½ tsp hs. Return in one week for follow-up prn.
[redacted]

3½ yrs
DATE 7-19-86
WX 36 UA 38"
BP HCT
TEMP 99.6 p.o.

Child c/o earache. She does have low grade fever.
O: Otitis media bilaterally, R worse than L. Pharyngeal inflammation minimal. Neck supple. Chest clear. Abdomen benign.
A: Otitis media
P: SEPTRA 2 tsp bid, DIMETAPP.
[redacted]

8/2/86

Recurrent otitis.
O: Otitis media. Throat clear. Chest clear.
P: AMOXICILLIN Rx'd. Return on the 8th for follow-up She may be a candidate for maintenance therapy.
[redacted]

3½ yrs
DATE 8-8-86
WX 37 UA 39½
BP HCT
TEMP 98.6 po

Follow-up for R ear infection which has cleared now. Throat clear also. She is released to go swimming next week.
[redacted]

DATE 10-6-86
WX 38 UA 40½
BP HCT
TEMP 99.8 po

Patient is in with a right otitis externa.

She is treated with AMPICILLIN 250 po q.i.d. and CORTICOSPORIN OTIC DROPS, 4 drops, q.i.d.
[redacted]

LOS 7710
4/20/98
WRB (390)
Medical records from Dr. [redacted]

3½ yrs
DATE 10-14-86
WX 38 UA 40½
BP HCT
TEMP 98.4 PO

[redacted]

Patient is for a recheck on her ear and we removed a bunch of wax from the right ear. The patient tolerated the procedure well, and the ear is healing nicely.

[redacted]

DATE 1-17-87
WX 37½ UA
BP HCT
TEMP

Cute little girl has fever and cough following a cold.

Examination shows coarse rhonchi indicating bronchitis.

Treatment is AMPICILLIN and ROBITUSSIN DM.

[redacted]

7/7/87
40¼ UA 42 4
BP HCT
TEMP 101.8 PO

Child here with fever and a little bit of pain in her chest.

ON EXAM: TMS are clear. PHARYNX is slightly red and the CHEST has some scattered rhonchi. ABDOMEN is benign.

IMPRESSION: Bronchitis.

TREATMENT: AMPICILLIN and DIMETAPP. We'll see her back prn failure to improve.

[redacted]

DATE 2/17/88 WT 46 HT 43¾ BP TEMP 101.6 (po) HCT [redacted]
Fever & cough

[redacted] 2/17/88 F

Patient is here with cough and fever.

On examination the TMs are slightly darkened. The pharynx is normal. Chest has a few scattered rhonchi, especially on the right side.

She is treated with AMOXICILLIN. Will use decongestants and we will see her back as needed.

[redacted]

LOS 7710
4/20/98
WRB (390)
Medical records from Dr. [redacted]

DOB: [redacted]

[redacted]

DATE 7/3/90 WT 59 HT 49½ BP TEMP 100° HCT

Cute little girl in with viral infection, temp of 102 last night. Today she has 100 degrees oral.

Treated with PEDIAZOLE 1 tsp qid, and fluids, and rest. Cough medicine, and follow up if no better.

[redacted]

[redacted] DATE 7/6/90 WT 57 HT 49½ BP TEMP 98.6 HCT

Was seen approximately 2 weeks ago and given PEDIAZOLE for cough. She continues to cough and is is not feeling any better.

Amox - Phen VC

ON EXAM: No acute respiratory distress. Afebrile. HEENT: unremarkable. LUNGS: there is some moderate amount of rhonchi and also wheezes especially on the left lungfield.

IMPRESSION: Bronchitis with bronchospasm.

PLAN: AMOXICILLIN 250mg po tid and VENTOLIN 2 mg per tsp qid and PHENERGAN VC will re check this Friday or prn if sx's worsen despite Rx.

[redacted]

LOS 7710
4/20/98
WRB (390)
Medical records from Dr. [redacted]

PATIEN[redacted] D.O.B [redacted] ACCOUNT NO [redacted]

DATE OF SERVICE 7-20-90

☐ This is a receipt for payment, any benefits payable to Patient.
☐ I hereby authorize Dr [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 _____

PREV. BAL. [redacted] ov

FEE

MEMO/DIAGNOSIS ICD9CM

#1 [redacted] Bronchitis

#2

#3

#4

TODAYS TOTAL

PAYMENT

ADJ.

BALANCE DUE

49 WT 60 BP ____/____ P ____ R ____ T 99.7 [redacted]

[redacted] doing little better.

Pt is here doing a lot better. LUNGS: very end of inspiration squeeks are heard, but no wheezing.

IMPRESSION: Bronchitis, symptomatically and clinically improved.

PLAN: Continue, and complete antibiotic therapy as well as bronchodilators, and she will be re checked as needed.

[redacted]

[redacted]

[redacted]

LOS 7710
4/20/98
WRB (390)
Medical records from Dr [redacted]

[redacted]

[redacted]

ATTENDING PHYSICIAN'S STATEMENT [redacted]

#2

PATIEN [redacted] DOB [redacted] OUNT NO: [redacted]

DATE OF SERVICE: 1-17-91

☐ This is a receipt for payment, any benefits payable to Patient.
☐ I hereby authorize Dr. [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 [redacted]

#2

#3

#4

CPT		FEE
	CXR 2V.	
[redacted]		

PREV. BAL.

TODAYS TOTAL

PAYMENT

ADJ.

BALANCE DUE

Cough & Fever

H 50 3/4 WT 63 1/2 BP ___/___ P ___ R ___ T 101 po

S – Productive cough, fever chills x 2 days. NO dyspnea. Cough x 7 yesterday.

102 cough.

O – NAD / Neck Supple
pm's intact
oral-mucosa nl
CON R-RR
lungs wheezes & crackles above (R) side clear
abd soft, nontender, BS(+)
EXT FWNL
CXR NO infiltrate

A – Bronchitis vs early pneumonia.

P – Amox 250 q 15 ml 7 B/TID 150 ml
Tussionex (1 tsp) 1/2 tsp QHS. 20 (8)

[redacted]

LOS 7710
4/20/98
WRB (390)
Medical records from Dr. [redacted]

[redacted] [redacted]

5498 000010

ATTENDING PHYSICIAN'S STATEMENT

#2 [redacted] [redacted] ACCOUNT NO [redacted]

PATIENT [redacted] DOB: [redacted] DATE OF SERVICE: 2-15-91

☐ This is a receipt for payment, any benefits payable to Patient.
☐ I hereby authorize Dr. [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 Laceration

#2

#3

#4

CPT		FEE
[redacted]	Stem Stripped	

PREV. BAL.

TODAYS TOTAL

PAYMENT

ADJ.

BALANCE DUE

H 50 WT 65 BP ___/___ P ___ R ___ T Wrabl

lip got hit by a dog

Superficial Abrasion Only

Stem stripped

[redacted]

LOS 7710
4/20/98
WRB (390)
Medical records from Dr. [redacted]

RETURN APPT: Days Weeks Mor

1 2 3 4 5 6 7 8 9 10 11

000011

[redacted]

[redacted]

ATTENDING PHYSICIAN'S STATEMENT

#2 [redacted]

PATIENT [redacted] DR [redacted] ACCOUNT NO: [redacted]

DATE OF SERVICE: 9-3-91

☐ This is a receipt for payment, any benefits payable to Patient.
☐ I hereby authorize Dr [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 _____

CPT		FE

PREV. BAL.

TODAYS TOTAL
PAYMENT
ADJ.
BALANCE DUE

MEMO/DIAGN [redacted]

#1 otitis media

#2

#3

#4

~~150~~ 66 WT ~~[illegible]~~ BP ____ / ____ P ____ R ____ T 97.8

√ (R) earache

of

GENERAL
HEAD/NECK
EYE (R) red, draining
EAR
CHEST clear
CVS
ABD
CNS
M/S

A otitis media

LOS 7710
4/20/98
WRB (390)
Medical records from Dr. [redacted]

P Rx amoxil 250/5cc
Auralgan otic drops

[redacted]

☐ URGENT CARE

[redacted]

Days Weeks Mo
1 2 3 4 5 6 7 8 9 10 11

☐ [redacted]

000012 [redacted]

ATTENDING PHYSICIAN'S STATEMENT

#5 [redacted]

PATIENT [redacted]

ACCOUNT NO [redacted]

DATE OF SERVICE 8-14-91

☐ This is a receipt for payment, any benefits payable to Patient.
☐ I hereby authorize Dr. [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 _____

PREV. BAL.

CPT	[redacted]	FEE
	~~[illegible]~~	
	ear lavage x1	46

MEMO/DIAGNOSIS ICD9CM

#1 Common Rhinitis Cold

#2 otitis Externa Rt

#3

#4

TODAYS TOTAL 46

PAYMENT 46

ADJ.

BALANCE DUE

(R) ear ache.

WT 168# BP 126 / 80 P R T 99.7

(S) pain Rt ear (+) fever, (+) hx of perforated drum

(O) VSS, not toxic, (+) common nares Rt and itchy canal Tm ⊕ large wax.
(+) pain c̄ movement of Rt pinna.

(A) Common Rt ear,
Otitis Rt ear

(P) (1) Ear lavage done.
(2) Cortisporin otic sol. 2 drops qid Rt ear 1wk.
(3) instructions given on how to prevent wax build-up.
(4) rev 4/7 if ↓ improvement.

[redacted]

LOS 7710
4/20/98
WRB (390)
Medical records from Dr. [redacted]

[redacted]

☐ URGENT CARE

RETURN APPT: Days Weeks Mor
1 2 3 4 5 6 7 8 9 10 11

[redacted]

ATTENDING PHYSICIAN'S STATEMENT

000013

#3

PATIENT [redacted]

ACCOUNT N [redacted]

DATE OF SERVICE 8-16-91

☐ This is a receipt for payment, any benefits payable to Patient.
☐ I hereby authorize Dr [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 Otitis Externa Resolving

#2 Impacted Cerumen

#3

#4

CPT		FEE
[redacted]		36

PREV. BAL.

TODAYS TOTAL 36

PAYMENT

ADJ.

BALANCE DUE

51 WT 166 BP / P R T 97.3

fu: (R) earache

[redacted]

LOS 7710
4/20/98
WRB (390)
Medical records from Dr [redacted]

RETURN APPT: Days Weeks Mo
1 2 3 4 5 6 7 8 9 10 11

[redacted]

ATTENDING PHYSICIAN'S STATEMENT

[redacted]

8/16/91

Followup of otitis externa and impacted cerumen. Physical exam today still shows some cerumen in the right ear with the external auditory canal still inflamed. The patient's mother did not use the Debrox at all, just using Cortisporin. We flushed it out somemore and get somemore wax out. ASSESSMENT: Otitis externa, resolving of the right ear and impacted cerumen. PLAN: I gave her some Auralgan, 2 drops three times a day to loosen up the wax, continue the flushing at home and hydrogen peroxide Q-tips prn and continue Cortisporin and recheck in 3-4 days if no improvement.

[redacted]

[redacted]

LOS 7710
4/20/98
WRB (390)
Medical records from Dr.

ACCOUNT NO: [redacted]

PATI[redacted] DOB [redacted] DATE OF SERVICE: 3-7-92

☐ This is a receipt for payment, any benefits payable to Patient.
☐ I hereby authorize Dr [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 Conjunctivitis OS

#2

#3

#4

CPT		FEE
	[redacted]	

PREV. BAL.

TODAYS TOTAL

PAYMENT

ADJ.

BALANCE DUE

(L) Eye - Red

HT ____ WT 74 BP ____ / ____ P ____ R ____ T 96.2 pe

Yellow/green drainage OS.

TM's & chest clear

A - Conjunctivitis OS

Rx Garamycin opht sol 1 gtt OS QID

[redacted]

LOS 7710
4/20/98
WRB (390)
Medical records from Dr [redacted]

[redacted] 10 - 15 - 20 - 30 - 45 - 60 [redacted]

ATTENDING PHYSICIAN'S STATEMENT [redacted]

000016

[redacted]

ACCOUNT N[redacted]

PATIENT [redacted] E OF SERVICE 6-24-95

☐ This is a receipt for payment, any benefits payable to Patient.
☐ I hereby authorize Dr. [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 Otitis Media

#2

#3

#4

CPT		FEE
	OV	

PREV. BAL.

TODAYS TOTAL

PAYMENT

ADJ.

BALANCE DUE

HT 5'3/4" WT 106 BP ___/___ P ___ R ___ T 98.4

ALLERGIES: NKDA

MEDICATIONS: None

PT. C/O PAINE, popping & Hard To hem OUT of R-EAR X-2days

Amyo Only

Has a painful right ear. She has been swimming. She also has a runny nose.

On exam, the right TM is red. The canal is slightly red.

A-Otitis media and externa.

P-Amoxicillin, Cortisporin Otic and will see her in one week and at that time will probably institute some measures to control that.

[redacted]

LOS 7710
4/20/98
WRB (390)
Medical records from Dr [redacted]

RETURN APPT: Days Weeks Months NR

☐ URGENT CARE [redacted] 4 5 6 7 8 9 10 11 12 PRN MIN. 5 - 10 - 15 - 20 - 30 - 45 - 60

DOCTOR: ☐ 1 [redacted] ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 [redacted]

ATTENDING PHYSICIAN'S STATEMENT

[redacted] 83

ACCOUNT NO [redacted]

PATIENT [redacted]

DATE OF SERVICE: 6/30/95

☐ This is a receipt for payment, any benefits payable to Patient.
☐ I hereby authorize Dr. [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 Otitis → resolved

=2

=3

=4

CPT		FEE
	OV	

PREV. BAL.

TODAYS TOTAL

PAYMENT

ADJ.

BALANCE DUE

HT _____ WT 106 BP _____ / _____ P _____ R _____ T 98.7

F/U · Swimmer's ear (R)

Followup of otitis externa and media doing well.

Exam today shows resolution.

A-Swimmer's ear.

P-Finish her medications and followup.

[redacted]

ALLERGIES: Ø

MEDICATIONS.

antibiotic TID

otic drops 3-4 gtts qd x 5d

9:30

9:30 [redacted]

JUL 17 1995

LOS 7710
4/20/98
WRB (390)
Medical records from Dr [redacted]

☐ URGENT CARE

RETURN APPT: Days Weeks Months NR

[redacted] 4 5 6 7 8 9 10 11 12 PRN

MIN. 5 - 10 - 15 - 20 - 30 - 45 - 60

DOCTOR: ☐ 1 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

71783

ATTENDING PHYSICIAN'S STATEMENT

000018

Date	1-6-97
Height	
Weight	121a
Pulse	
B/P	119/63
Temp	98.2

Pt. c/o (L) Leg has blisters Arms have rash

S: Pt c bumps on her legs - start as pustules - now c open sores on legs. Fine bumps on arms.

O: Pustules, open lesions - 1mm and scars present (L) leg > (R) leg ∅ tunneling. Also c fine ~~[illegible]~~ papular rash on arms.
Also c 1cm x 3cm area of oozing wound

A/P: folliculitis - appears 2° infected on legs. Fine papular rash c/w eczema on arms.
Keflex 250 mg x 7d
Nystatin for tinea corporis on (L) knee.
No further shaving.
rev if no imp.

[redacted]

RECEIVED
CLINICAL RESEARCH
& REVIEW/OSN HFS-452
'98 APR 28 A10:44

LOS 7710
4/20/98
WRB (390)
Medical records from Dr. [redacted]

[redacted]

Best Quality
FDA

120/50 [redacted] WT 127 63 HT

[redacted] (INITIAL)

I hereby ce[redacted] fit to engage in sports.

[redacted] 8/12/97

MD [redacted]

(TITLE)

Has the student had any injury or physical condition that should be watched? Yes

If yes, please list: H/o ankle sprain - wear brace or high-top shoes.

PARENT TO COMPLETE

If the student has health or accident insurance, list company name, policy number, and local claims address:

[redacted]

I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or injured, you are authorized to have the student treated and I authorize the medical [redacted]

8-11-97

(DATE)

THIS CARD IS TO BE FILED IN THE SCHOOL OFFICE.

000020

LOS 7710
4/16/98
mms