

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

ARMS#

1 2 6 0 9



4 - ER URGENT

000001

**EMERGENCY
MEDICAL RECORD**

TRIAGE	TIME	AGE	PT Status feeling
	0228 AM	28	nauseous SH
ASSESSMENT	- Name had 5x off 1 dm @ 1/2 who felt		
	had burning in chest & nausea & dizziness		
ALLERGIES	PEN - ? Rx Compazine		
MEDICATIONS	TIME	AM	PM
Ortho-Cel	0250	AM	PM

HISTORY AND PHYSICAL EXAM

PHYSICIAN'S ORDERS

0250 AM
 3 Thyroid Nodules
 Smaller Thyroid Gland
ANXIETY
 x 2 1/2 wks
 S/p euthyroid nod. 2°
 mult. thyroid nodules - 1/2
 yd ago (75mcg ↓ 50mcg)
 last TSH 0.3

*Spl
 Metastasis*

LABORATORY

CBC DIFF PLT CT
 PF I PF II
 CARDIAC ENZYMES (CPK SGOT LDH)
 AMYLASE SGOT ALK PHOS T BIL
 BIOCEPT PT/PTT U/A
 TYPE & SCREEN
 TYPE & CROSS UNITS
 TSH REFLEX
 urine drug screen

ABG

O₂ pH CO₂ O₂
 O₂ pH CO₂ O₂

MICRO

URINE C/S BLOOD CULTURE X
 STREP SCREEN GC/CHLAMYDIA
 SPUTUM GR ST /C&S

XRAY

CXR PORT CXR

MISC

NG FOLEY

MEDICATIONS

GZ cocktail
 ATIVAN (mg po)

DR	TIME	AM	PM	COMMENTS
DR	TIME	AM	PM	COMMENTS
DISCHARGE DIAGNOSIS				TIME DISCHARGED
Dreux esophagitis ③ subacute palpitation ② ANXIETY				AM
CONDITION ON DISCHARGE				MD S
<input checked="" type="checkbox"/> STABLE	<input type="checkbox"/> IMPROVED	<input type="checkbox"/> EXPIRED	<input type="checkbox"/> SAC OF SICK	ROOM NO
<input type="checkbox"/> UNSTABLE	<input type="checkbox"/> CRITICAL	<input type="checkbox"/> OTHER	BY	COVERED <input type="checkbox"/> UNCOVERED
CLASSIFICATION (CIRCLE ONE)				DISPOSITION
1 2 3 4 5				<input type="checkbox"/> HOME <input type="checkbox"/> AMA <input type="checkbox"/> ADMIT ATTENDING
OTHER (SPECIFY)				SERVICE

000002

[REDACTED]
EMERGENCY DEPARTMENT RECORD

=====

PATIENT: [REDACTED]

PHYSICIAN: [REDACTED] D.O.

CHART #: [REDACTED]

PRIMARY CARE PHYSICIAN: DR. [REDACTED]

DATE OF SERVICE: 8/8/97 TIME OF INITIAL EVALUATION: 0250

CHIEF COMPLAINT: ANXIOUSNESS

HISTORY OF PRESENT ILLNESS: THIS IS A 28-YEAR-OLD WHITE FEMALE WITH UNDERLYING HISTORY OF MULTIPLE THYROID NODULES WHICH SHE STATES SHE HAS HAD A NEGATIVE _____ SCAN, AND STATES THAT SHE HAS BEEN PLACED ON SYNTHROID 75-MICROGRAMS A COUPLE OF MONTHS AGO, AND SUBSEQUENTLY SWITCHED TO 50-MICROGRAMS SECONDARY TO INCREASED PALPITATIONS. SHE STATES SHE HAS DISCONTINUED THIS APPROXIMATELY ONE WEEK AGO, AND HER LAST TSH WAS 0.3. SHE STATES OVER THE PAST TWO WEEKS SHE HAS HAD A FEELING OF ANXIOUSNESS ASSOCIATED WITH BURNING IN HER CHEST, AND FEELS LIKE SHE HAS TO CONTINUOUSLY PACE. SHE ALSO NOTES A FINE TREMOR AND FEELS THAT SHE CAN HARDLY SLEEP, AND CANNOT LEAVE THE HOUSE SECONDARY TO HER ANXIOUS STATE.

SHE DENIES HISTORY OF CURRENT ILLICIT DRUG USE, ALTHOUGH SHE DOES REPORT THAT SHE DID USE COCAINE APPROXIMATELY SEVEN YEARS AGO, AND SMOKED MARIJUANA APPROXIMATELY TWO WEEKS AGO. SHE ADMITS TO SMOKING ONE PACK PER DAY OF TOBACCO OF CIGARETTES.

REVIEW OF SYSTEMS: GI: PATIENT ADMITS TO INCREASED STOOLING AND SOME DIARRHEA, AND ALSO CONTINUED DYSPEPSIA AND BURNING IN HER CHEST.

PHYSICAL EXAM: VITALS: BLOOD PRESSURE 130/80; TEMPERATURE 98.6; PULSE 108; RESPIRATIONS 28.

EXAM: THIS IS AN ANXIOUS-APPEARING WHITE FEMALE WHO IS IN MILD DISTRESS SECONDARY TO HER ANXIETY. HEENT EXAM: NO EXOPHTHALMUS NOTED. NECK IS SUPPLE WITH NON-TENDER, MILD CERVICAL LYMPHADENOPATHY. THERE IS NO THYROMEGALY THAT IS APPRECIATED. QUESTION OF SOME SMALL PALPABLE NODULES IN THE BILATERAL LOBES. LUNGS CLEAR TO AUSCULTATION. HEART TACHYCARDIC, NO MURMURS. REPEAT HEART RATE ON THE PATIENT WAS 90. ABDOMEN IS OBESE, SOFT AND NON-TENDER. SKIN IS WARM AND DRY. NEURO EXAM REVEALS A VERY SLIGHT RESTING TREMOR. DEEP TENDON REFLEXES ARE BRISK AND +3/4 FOR THE UPPER AND LOWER EXTREMITIES. THERE IS NO CLONUS NOTED. GAIT IS NORMAL.

IMPRESSION: 1. REFLUX ESOPHAGITIS. 2. ANXIETY. 3.

000003

SUBJECTIVE PALPITATIONS BY HISTORY.

TREATMENT AND LABORATORIES: PATIENT WAS GIVEN A GI COCKTAIL
-MG. PO OF ATIVAN WITH SIGNIFICANT RELIEF OF SYMPTOMS.
EKG WAS ALSO PERFORMED WHICH REVEALS NORMAL SINUS RATE OF
92, NORMAL PR INTERVAL OF 0.164; NORMAL AXIS. A URINE
SAMPLE FOR URINE DRUG SCREEN WAS SENT OFF AS WELL AS A PSA3
FLEX TEST. CBC WAS PERFORMED, RESULTS AS FOLLOWS: WHITE
BLOOD CELL COUNT 10.7; HEMOGLOBIN 14.0; HEMATOCRIT 40.6;
PLATELET COUNT 337. DIFFERENTIAL: 77 SEGS, 20 LYMPHS, 3
MONOS. ELECTROLYTES: SODIUM 136; POTASSIUM 4.2; CHLORIDE
106; CO2 22; GLUCOSE 117; BUN 9; CREATININE 0.5;
ALKALINE-PHOSPHATASE 72; AST 20; LD 120; BETA-HCG 0.

DISPOSITION: PATIENT IS TO BE DISCHARGED HOME. SHE IS TO
FOLLOW-UP WITH DR. _____ IN THE NEXT 1-3 DAYS FOR A RECHECK.
SHE IS DISCHARGED ON PROPRANOLOL 20-MG. 1 PO EVERY SIX HOURS
AS NEEDED FOR PALPITATIONS AND ANXIETY. ALSO PEPCID 20-MG.
1 PO BID *a. 1/2 tab* FOR HER DYSPEPSIA, AND SHE IS ALSO
INSTRUCTED TO STOP SMOKING AND DISCONTINUE ALL CAFFEINATED
BEVERAGES. SHE IS ALSO TOLD TO AVOID SPICY AND FATTY FOODS.
LEVEL OF SERVICE, [REDACTED]

FAX COPY TO: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] D.O.

PT: [REDACTED]

CT: [REDACTED]

EMERGENCY DEPARTMENT
AFTER CARE INSTRUCTIONS

DATE 8/8/97 EMERGENCY DR. [Redacted]

PLEASE READ CAREFULLY AND BRING THIS AND YOUR MEDICATIONS WITH YOU TO YOUR FOLLOW-UP APPOINTMENT

- 1 YOUR PRELIMINARY DIAGNOSIS IS Reflux Esophagitis Anxiety
2 YOU HAVE BEEN GIVEN A SPECIFIC AFTERCARE INSTRUCTION SHEET FOR Subjective Palpitations

- 3 THE DOCTOR HAS PRESCRIBED THE FOLLOWING MEDICATIONS FOR YOU TAKE THE MEDICINE ONLY AS DIRECTED ON THE CONTAINER
1 Propranolol Tablets 20 mg Take One Pill every 4 hours
2 as needed for Anxiety / Palpitations
3 Aspirin 20 mg Take One Pill 2X a day as needed

- 4 THE INTERPRETATION OF YOUR X-RAY IS A PRELIMINARY REPORT YOU MAY BE CALLED CONCERNING A FINAL READING
 YOU WILL BE CALLED WITH ANY RESULTS THAT REQUIRE FOLLOW-UP FOR EXAMPLE STREP SCREEN THROAT CULTURE
5 YOU HAVE RECEIVED A TETANUS/TETANUS DIPHTEHRIA BOOSTER YOU MAY EXPECT MINIMAL SWELLING PAIN A LOW GRADE FEVER OR REDNESS AT THE SITE OF INJECTION IF THESE SYMPTOMS OCCUR APPLY WARM MOIST PACKS TO THE AREA FOR 24 HOURS ASPIRIN OR TYLENOL MAY BE TAKEN FOR PAIN OR FEVER

- 6 A. SPRAINS STRAINS FRACTURES B. WOUND CARE
 KEEP INJURED PART ELEVATED KEEP CLEAN AND DRY
 USE ICE FOR _____ HOURS WATCH FOR SIGNS OF INFECTION REDNESS SWELLING DRAINAGE RED STREAKS
 USE HEAT FOR _____ HOURS HAVE SUTURES REMOVED ON _____
 NO WEIGHT BEARING KEEP ELEVATED
 ACE BANDAGE APPLY _____ OINTMENT
 BRING X-RAY WITH YOU TO YOUR FOLLOW-UP APPOINTMENT _____ DAY AND OR CLEANSE

OTHER INSTRUCTIONS Stop Smoking
Avoid Caffeine / Caffeinated Products
Avoid Spicy & fatty foods

- 7 YOU HAVE BEEN REFERRED TO
A DR. [Redacted] TELEPHONE NO. _____
B CALL WITHIN 24 HOURS FOR APPOINTMENT
C SUTURE REMOVAL AT [Redacted] BETWEEN 10:00 A.M. - 8:00 P.M. OR YOU MAY CONTACT YOUR OWN M.D. FOR SUTURE REMOVAL

8 THE TREATMENT YOU HAVE RECEIVED IS **EMERGENCY CARE** YOUR DOCTOR MAY OBTAIN THE RESULTS OF ALL X-RAY LABORATORY OR OTHER DIAGNOSTIC STUDIES DONE TODAY UPON HIS REQUEST
 IF YOUR CONDITION WORSENS OR NEW SYMPTOMS APPEAR OR SHOULD YOU NOT RECOVER AS EXPECTED AND YOU CANNOT CONTACT YOUR DOCTOR **PLEASE RETURN TO THE EMERGENCY DEPARTMENT.**

THESE INSTRUCTIONS HAVE BEEN RECEIVED AND UNDERSTOOD BY
PATIENT [Redacted] NURSE'S SIGNATURE [Redacted]
RESPONSIBLE PARTY _____

8 AUG 1997 2:50:02AM

28 yrs Female

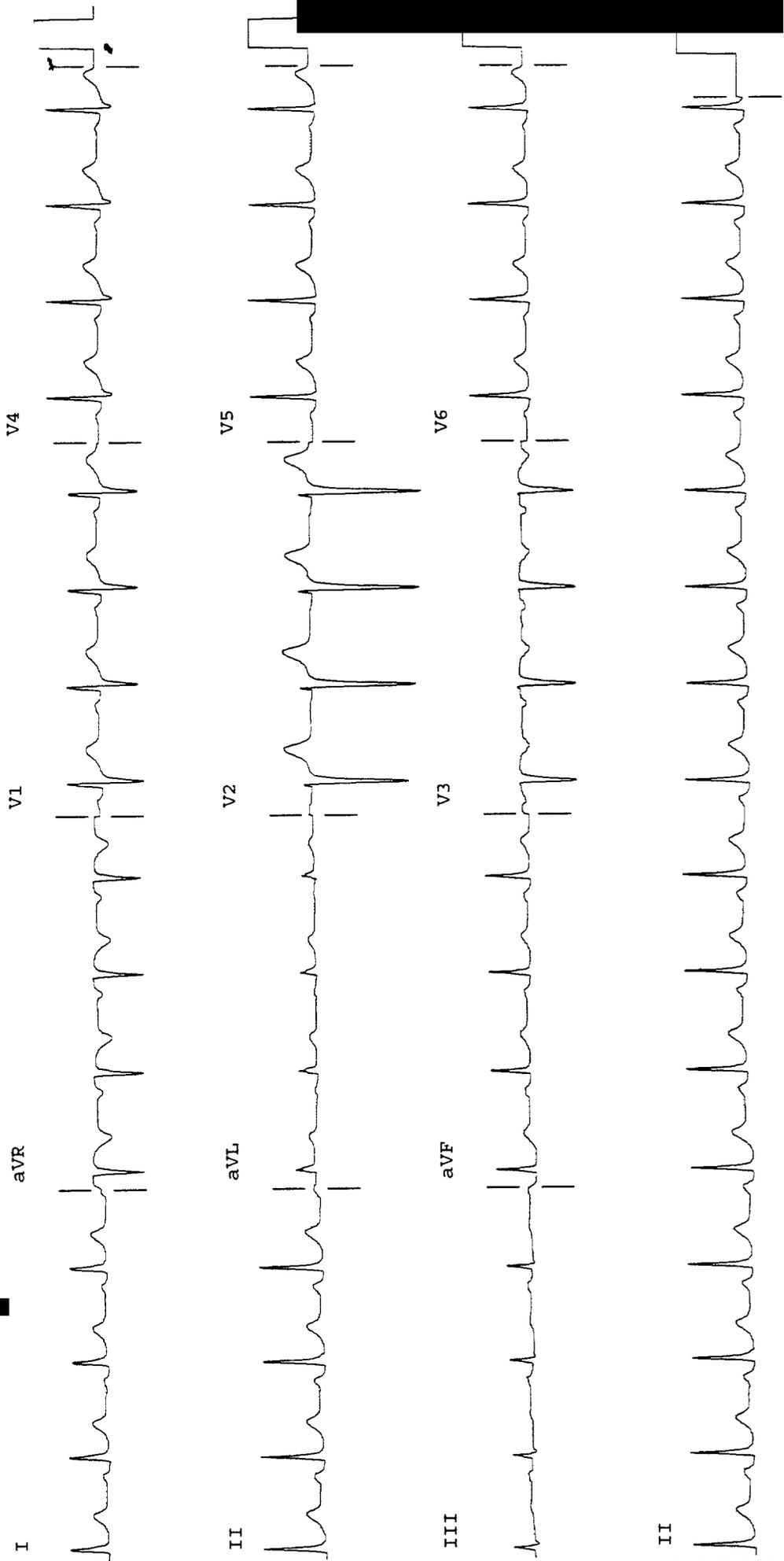
*SINUS RHYTHM WITH REVERSAL OF ANTERIOR LIMB LEADS.
*SUGGEST REPEAT TRACING
- BORDERLINE ECG -

PR 164
QRSD 79
QT 325
QTc 402

--AXES--
P 51
QRS 39
T 35

[REDACTED], M.D. - 11 AUG 1997 11:18:53AM

- EKG



000006

25 mm/sec 10.0 mm/mV

F ~ W 0.50-100



DEPARTMENT OF LABORATORY MEDICINE

ANTHONY DEBENT
DOB: 08/08/77 04:10

EMERGENCY ROOM

HAMB: [REDACTED]

MRD MRD: [REDACTED]

CHEM: 08/08/99 05:30 RW: 08/08/99 05:42 PHYS: [REDACTED]

RE PROFILE				STAT
SODIUM	136	(135-145)	MMO/L	
POTASSIUM	4.2	(3.5-5.5)	MMO/L	
CHLORIDE	106	(98-108)	MMO/L	
CO2	22	(21-34)	MMO/L	
GLUCOSE	*117	(70-110)	MG/DL	
UREA NITROGEN	*9	(10-20)	MG/DL	
CREATININE	0.5	(0.5-1.2)	MG/DL	
CALCIUM	9.5	(8.4-10.8)	MG/DL	
TOTAL BILIRUBIN		PENDING		
ALANINE PHOSPHATASE		PENDING		
AST (SGOT)		PENDING		
LD		PENDING		

000007



DEPARTMENT OF LABORATORY MEDICINE

AUTOSRID RESULT
RUN: 08/08/97 04:25

EMERGENCY ROOM

NAME: [REDACTED]
MRD NO: [REDACTED]

(CUI): 08/08/97 03:30 REF: 08/08/97 03:42 PHYS: [REDACTED]

0 M(U/M) STAT

EARLY PREGNANCY COMMENTS :

HCG VALUES (MIU/ML)	INDICATION FOR
< 2	NEGATIVE
2-24	INDETERMINATE
>24	POSITIVE

WEEKS PAST LMP APPROPRIATE HCG
(LAST MENSTRUAL PERIOD) RANGE (MIU/ML)

3 - 4 WEEKS	9- 130
4 - 5 WEEKS	75- 2,600
5 - 6 WEEKS	850- 26,000
6 - 7 WEEKS	4,100-106,000
7 -10 WEEKS	11,500-229,000
10 -16 WEEKS	11,500-137,000
16 -20 WEEKS	1,400- 53,600
20 -41 WEEKS	940- 60,000

000008



DEPARTMENT OF LABORATORY MEDICINE

AUTOCORR REPORT
RUN: 08/08/97 04:18

EMERGENCY ROOM

NAME: [REDACTED]
MED REC: [REDACTED]

CDU: 08/08/97 03:20 REC: 08/08/97 03:42 PHYS: [REDACTED]

CBC				STAT
WBC	*10.7	(4.0-10.6)	THOUSAND	
RBC	4.34	(3.80-5.08)	MILLION	
HGB	14.0	(11.9-14.9)	G/DL	
HCT	40.6	(34.9-48.7)	%	
MCV	93.7	(80.6-95.2)	FL	
MCH	33.2	(27.4-33.0)	PG	
MCHC	34.4	(33.3-35.3)	G/DL	
RDW	12.5	(11.0-13.4)	%	
PLAT	337	(150-450)	THOUSAND	
MPV	7.5	(7.1-10.7)	FL	
SEG	*77	(50-75)	%	
LYMPH	*20	(24-44)	%	
MONO	3	(0-10)	%	
RED CRIT. IND. ABNORGE		RET. MONOPH. VCA	NORMAL	

000009



DEPARTMENT OF LABORATORY MEDICINE

AUTHOR: [REDACTED]
RUN: 00/00/97 05:00

EMERGENCY ROOM

NAME: [REDACTED]

MRN: [REDACTED]

CLIN: 00/00/97 05:15 MRN: 00/00/97 02:32 PHYS: [REDACTED]

URINE DRUG SCREEN

STAT

AMPHETAMINES	NEGATIVE (LESS THAN 1000 NG/ML).
BARBITURATES	NEGATIVE (LESS THAN 300 NG/ML).
BENZODIAZEPINES	NEGATIVE (LESS THAN 300 NG/ML).
OPIATES	NEGATIVE (LESS THAN 300 NG/ML).
COCAINE (METABOLITE)	NEGATIVE (LESS THAN 500 NG/ML).
THC (CANNABINOLS)	NEGATIVE (LESS THAN 25 NG/ML).
PCP (PHENYLCYCLOPIP)	NEGATIVE (LESS THAN 250 NG/ML).
METPHAMINE	NEGATIVE (LESS THAN 500 NG/ML).

000010



DEPARTMENT OF LABORATORY MEDICINE

AUTOSCREEN REPORT
 REF: 00/00/97 04:24

EMERGENCY ROOM

NAME: [REDACTED]
 MED REC: [REDACTED]

(DATE: 00/00/97 03:40) (TIME: 00/00/97 03:42) PHYS: [REDACTED]

OR PROFILE				STAT
SODIUM	136	(135-145)	MG/DL	
POTASSIUM	4.2	(3.5-5.5)	MG/DL	
CHLORIDE	106	(98-108)	MG/DL	
CO2	22	(21-34)	MG/DL	
GLUCOSE	*117	(70-110)	MG/DL	
UREA NITROGEN	*9	(10-20)	MG/DL	
CREATININE	0.5	(0.5-1.2)	MG/DL	
CALCIUM	9.5	(8.4-10.8)	MG/DL	
TOTAL BILIRUBIN	0.4	(<1.2)	MG/DL	
ALCALINE PHOSPHATASE	77	(30-110)	U/L	
AST (SGOT)	21	(10-35)	U/L	
LD	130	(100-200)	U/L	

000011



DEPARTMENT OF LABORATORY MEDICINE

AUTHOR: REPORT

EMERGENCY ROOM

NAME: [REDACTED]

REF: 08/08/97 08:49

MRD REC: [REDACTED]

[REDACTED] (ATTN: 08/08/97 08:36) REC: 08/08/97 08:42 PHYS: [REDACTED]

TSH

0.99

(0.32-5.00)

U/I/ML

STAT

08/08/1997 02:50:02 AM
28 years Female

Rate 92 Normal sinus rhythm, rate 92
PR 164 Consider Anterior infarct
QRSD 79
QT 325
QTc 402

--AXIS--
P 51
QRS 39
T 35

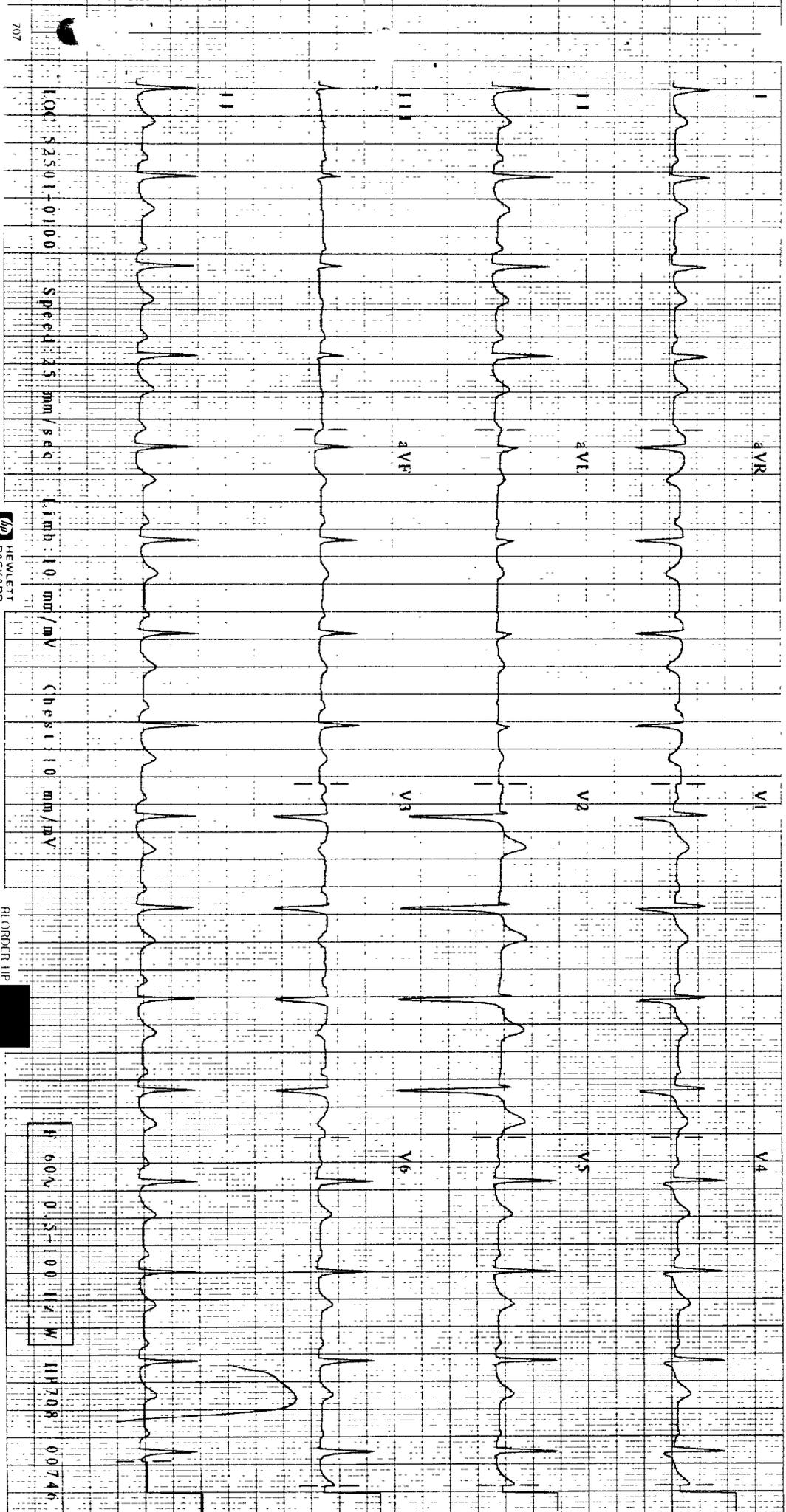
- BORDERLINE ECG -

PRELIMINARY-MD MUST REVIEW

d.o.b. [REDACTED]

Requested by: [REDACTED]

000013



ER VISIT #2

000014

PRIVATE PHYSICIAN CALL IN NOTE

PREFER TO SPEAK WITH EMERGENCY DEPARTMENT PHYSICIAN

DATE 08.24 TIME 1240 PRIVATE PHYSICIAN [REDACTED]

PATIENT NAME [REDACTED] AGE

PROBLEM: 6 weeks SOB wt loss

hypertension → possible stroke - br

x chest xray PD - Can't see it

all

CT Abn, cervical adenopathy

SPECIFIC REQUESTS (lab, xray, Rx, etc.): Today vertigo - Anorexia

PREFERRED CONSULTANTS (if needed):

PATIENT ARRIVING BY: AMBULANCE PRIVATE AUTO

CALL: ON ARRIVAL BEFORE AFTER EVALUATION

PROBABLE ADMISSION (if so, has direct admission been considered?
If beds unavailable, have other hospitals been considered?)

BEST PHONE NUMBER TO BE REACHED AT

SIGNATURE

- COMPLETED FORM:
- 1) IS TO BE GIVEN TO CHARGE NURSE AND KEPT AT TRIAGE PENDING PATIENT'S ARRIVAL
 - 2) ATTACHED TO PHYSICIAN'S E.D. MEDICAL RECORD

AFTER CARE INSTRUCTIONS

DATE

8/24/97

EMERGENCY DEPT PHYSICIAN

[Redacted]



12609

PLEASE READ CAREFULLY AND BRING THIS AND YOUR MEDICATIONS WITH YOU TO YOUR FOLLOW-UP APPOINTMENT

1 YOUR PRELIMINARY DIAGNOSIS IS ANOREXIA, ETIOLOGY UNKNOWN

2 YOU HAVE BEEN GIVEN A SPECIFIC AFTERCARE INSTRUCTION SHEET FOR

3 THE DOCTOR HAS PRESCRIBED THE FOLLOWING MEDICATIONS FOR YOU TAKE THE MEDICINE ONLY AS DIRECTED ON THE CONTAINER

1 PRILLOSE, 20MG, BY MOUTH DAILY

2 CONTINUE OTHER MEDICATION

4 THE INTERPRETATION OF YOUR X-RAY IS A PRELIMINARY REPORT YOU MAY BE CALLED CONCERNING A FINAL READING

YOU WILL BE CALLED WITH ANY RESULTS THAT REQUIRE FOLLOW-UP FOR EXAMPLE STREP SCREEN THROAT CULTURE

5 YOU HAVE RECEIVED A TETANUS TETANUS DIPHTHERIA BOOSTER YOU MAY EXPECT MINIMAL SWELLING PAIN A LOW GRADE FEVER OR REDNESS AT THE SITE OF INJECTION IF THESE SYMPTOMS OCCUR APPLY WARM MOIST PACKS TO THE AREA FOR 24 HOURS ASPIRIN OR TYLENOL MAY BE TAKEN FOR PAIN OR FEVER

6 A. SPRAINS STRAINS FRACTURES

B. WOUND CARE

KEEP INJURED PART ELEVATED

KEEP CLEAN AND DRY

USE ICE FOR _____ HOURS

WATCH FOR SIGNS OF INFECTION REDNESS SWELLING DRAINAGE RED STREAKS

USE HEAT FOR _____ HOURS

HAVE SUTURES REMOVED ON _____

NO WEIGHT BEARING

KEEP ELEVATED

ACE BANDAGE

APPLY _____ OINTMENT

BRING X-RAY WITH YOU TO YOUR FOLLOW-UP APPOINTMENT

_____ DAY AND OR CLEANSE

OTHER INSTRUCTIONS _____

7 YOU HAVE BEEN REFERRED TO

A DR [Redacted] TELEPHONE NO _____

B CALL WITHIN 24 HOURS FOR APPOINTMENT

C SUTURE REMOVAL AT [Redacted] BETWEEN 10 00 A M - 8 00 P M OR YOU MAY CONTACT YOUR OWN M D FOR SUTURE REMOVAL

8 THE TREATMENT YOU HAVE RECEIVED IS EMERGENCY CARE YOUR DOCTOR MAY OBTAIN THE RESULTS OF ALL X-RAY LABORATORY OR OTHER DIAGNOSTIC STUDIES DONE TODAY UPON HIS REQUEST

IF YOUR CONDITION WORSENS OR NEW SYMPTOMS APPEAR OR SHOULD YOU NOT RECOVER AS EXPECTED AND YOU CANNOT CONTACT YOUR DOCTOR PLEASE RETURN TO THE EMERGENCY DEPARTMENT.

THESE INSTRUCTIONS HAVE BEEN RECEIVED AND UNDERSTOOD BY

PATIENT

NURSE'S SIGNATURE

RESPONSIBLE PARTY



NAME [REDACTED]
 DOB [REDACTED]
 MED RECORD [REDACTED]
 ACCOUNT NO [REDACTED]
 LOCATION EMERGENCY ROOM

ACC.NO.: [REDACTED] COLL: 08/24/97 14:30 REC: 08/24/97 14:37 PHYS: [REDACTED]

ER PROFILE

SODIUM	138	[135-145]	MEQ/L
POTASSIUM	3.9	[3.5-5.5]	MEQ/L
CHLORIDE	105	[98-108]	MEQ/L
CO2	22	[21-34]	MEQ/L
GLUCOSE	77	[70-110]	MG/DL
UREA NITROGEN	*4	[10-20]	MG/DL
CREATININE	0.8	[0.5-1.2]	MG/DL
CALCIUM	10.0	[8.4-10.8]	MG/DL
TOTAL BILIRUBIN	0.5	[<1.2]	MG/DL
ALKALINE PHOSPHATASE	72	[30-110]	U/L
AST (SGOT)	31	[10-35]	U/L
LD	133	[100-200]	U/L

B HCG 0 MIU/ML

~~~~~  
 EARLY PREGNANCY COMMENTS :

| HCG VALUES (MIU/ML) | INTERPRETATION |
|---------------------|----------------|
| < 2                 | NEGATIVE       |
| 2-24                | INDETERMINATE  |
| >24                 | POSITIVE       |

~~~~~  
 WEEKS POST LMP APPROXIMATE HCG
 (LAST MENSTRUAL PERIOD) RANGE (MIU/ML)
 ~~~~~

|              |                |
|--------------|----------------|
| 3 - 4 WEEKS  | 9- 130         |
| 4 - 5 WEEKS  | 75- 2,600      |
| 5 - 6 WEEKS  | 850- 20,800    |
| 6 - 7 WEEKS  | 4,000-100,200  |
| 7 -12 WEEKS  | 11,500-289,000 |
| 12 -16 WEEKS | 18,300-137,000 |
| 16 -29 WEEKS | 1,400- 53,000  |
| 29 -41 WEEKS | 940- 60,000    |

TSH PENDING

CBC [REDACTED]

|     |      |             |          |
|-----|------|-------------|----------|
| WBC | 9.5  | [4.0-10.6]  | THOUSAND |
| RBC | 4.48 | [3.80-5.08] | MILLION  |
| HGB | 14.5 | [11.9-14.9] | G/DL     |
| HCT | 42.3 | [34.9-43.7] | %        |
| MCV | 94.4 | [80.8-95.2] | FL       |

REPORTED 08/24/97 18:43

CONTINUED

PAGE 1

000018

REPORT FOR DR. [REDACTED]

NAME [REDACTED]  
DOB [REDACTED]  
MED RECORD [REDACTED]

(CONTINUED)

ACC.NO.: [REDACTED] COLL: 08/24/97 14:30 REC: 08/24/97 14:37 PHYS: [REDACTED]

|                  |      |             |          |
|------------------|------|-------------|----------|
| MCH              | 32.3 | [27.4-33.0] | PG       |
| MCHC             | 34.2 | [33.3-35.3] | G/DL     |
| RDW              | 12.6 | [11.0-13.4] | %        |
| PLAT             | 290  | [150-450]   | THOUSAND |
| MPV              | 7.4  | [7.1-10.7]  | FL       |
| LYMPH (5D)       | 22.0 | [15.7-46.3] | %        |
| MONO (5D)        | 8.4  | [4.1-11.3]  | %        |
| NEUTROPHILS (5D) | 67.4 | [41.1-74.7] | %        |
| EOSINOPHILS (5D) | 1.7  | [0-5.9]     | %        |
| BASOPHILS (5D)   | 0.5  | [0-1.8]     | %        |

[REDACTED]

NAME [REDACTED]  
DOB [REDACTED]  
MED RECORD [REDACTED]  
ACCOUNT NO [REDACTED]  
LOCATION EMERGENCY ROOM

ACC.NO.: [REDACTED] COLL: 08/24/97 14:30 REC: 08/24/97 14:37 PHYS: [REDACTED]

TSH 0.65 [0.32-5.00] UIU/ML

[REDACTED]