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

ARMS#

13265

4 - ER URGENT

[redacted]

TIME SEEN: _____ ROOM: _____

HISTORIAN: (patient) __family __paramedic __translator

[redacted]

HPI

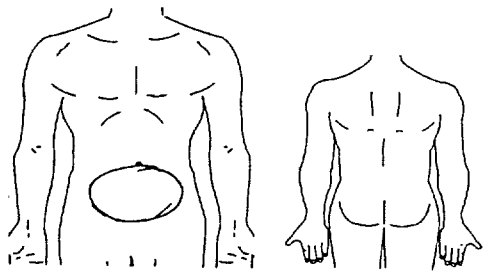
chief complaint: ~~abdominal pain~~ ~~flank pain (R / L)~~ vomiting diarrhea

started: ~ 1 mo. ago noted ↑ fullness. esp. uncomfortable lying on

time course:
__still present
__better
__gone now
lasted: _____
__constant __waxing/waning __suddn-onset
__intermittent episodes lasting _____
__worse/persistent since _____

quality:
"pain"
aching
dull
burning
cramping
sharp
stabbing
fullness

location:



__migration (*show migration* →)

associated with:
loss of appetite _____
nausea _____
vomiting _____
bloody blood-streaks coffee-grounds
diarrhea _____
blood streaks grossly bloody mucous

severity:	**exacerbated by:**	**relieved by:**
maximum (1-10) __	supine / upright pos.	supine / upright pos.
mild moderate severe	movements / walking	remaining still
when seen in ED (1-10) __	cough / deep breaths	antacids
none almost gone	food	food
mild moderate severe	nothing	nothing

__Similar symptoms previously _____

__Recently seen/treated by doctor _____

ROS

GI
__constipation _____
last BM: _____
__black/bloody stools _____
__rectal pain _____

URINARY
__bloody / dark urine _____
__frequent/painful urination _____ Urgency

MALE REPRODUCTIVE
__penile discharge _____

FEMALE REPRODUCTIVE
LNMP 9/28/98 G2P2
__vaginal discharge _____
__abnormal bleeding _____
Cramping x 1 but LNMP ok

CONST.
__fever _____
__chills _____

NEURO& HEENT
__headache _____
__sore throat _____
__blurred vision _____

CVS & PULMONARY
__cough _____
__trouble breathing _____
__chest pain _____

MS & SKIN
__skin rash _____
__joint pain(s) _____
__back pain _____

☐ all systems neg. except as marked

on Metabolife x 1 mo- Stopped ~1 wk. ago.

PAST HISTORY __negative

__peptic ulcer _____
documented? yes no
__gall stones _____
__kidney stone(s) _____
__bladder/kidney infection _____
__heart disease _____
__diabetes *insulin / oral / diet* _____
__abdominal aneurism _____
__pancreatitis _____
__diverticulitis _____
__ovarian cyst(s) _____
__pelvic infection _____
__high cholesterol _____
__high blood pressure _____
__+HIV / AIDS _____
__other problems _____

colposcopy/conization ~1 5yrs ago no Pap since.

Surgeries/Procedures: 9
__none / __noncontributory
__cholecystectomy _____
__appendectomy _____
__tonsillectomy _____
__c-section _____
__bilat tubal ligation _____
__hysterectomy _____
__cardiac bypass _____

Medications __none __see NAS
__ASA __NSAID __acetaminophen
__BCP's _____
Metabolife diet

Allergies
__NKDA __see NAS
000002
Pcn

SOCIAL HX smoker _____ drugs _____
alcohol (*recent / heavy / occasional*) _____

FAMILY HX __gall stones __ovarian cysts __CAD
__ulcer __kidney stones _____

☒ Nursing Assessment Reviewed. ☒ BP, HR, RR, Temp reviewed.

PHYSICAL EXAM: __Alert __Anxious __/ _____

Distress- (NAD) __mild __moderate __severe

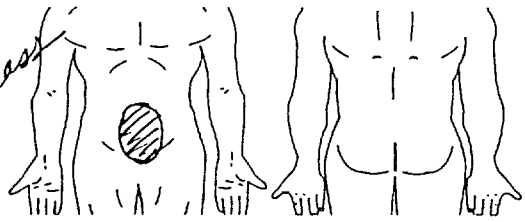
HEENT
__ENT inspection nml
__pharynx nml
__scleral icterus / pale conjunctivae
__pharyngeal erythema
__abnml TM / hearing deficit

NECK
__nml inspection
__thyroid nml
__thyromegaly
__lymphadenopathy (R / L)

RESPIRATORY
__no resp. distress
__breath sounds nml
__wheezing
__rales / rhonchi

CVS
__regular rate, rhythm
__heart sounds normal
__irregularly irregular rhythm
__tachycardia / bradycardia
__JVD present
__gallop (S3 / S4)
__murmur grade ____ /6 sys / dias
__decreased pulse(s)
R carotd___ fem___ dors ped_____
L carotd:___ fem___ dors ped_____

T = tenderness
G = guarding
R = rebound
m = mild
mod = moderate
sv = severe
Example-
T*sv*= sev. tenderns



ABDOMEN
__soft
__non-tender
__no organomegaly
__nml bowel sounds
__no pulsatile mass
__distention
__tenderness
__guarding
__rebound
__abnormal bowel sounds
increased / decreased / absent / tympanic
__prominent aortic pulsations
__hepatomegaly /splenomegaly / (mass)

PELVIC EXAM
__external exam nml
__speculum exam nml
__bimanual exam nml
__vaginal bleeding / discharge
__cervical motion tenderness
__adnexal tenderness (R / L)
(enlarged) / tender uterus vs mass
__adnexal mass (R / L)
Cx erosion / parous.

MALE GENITAL
__normal inspection
__tenderness / swelling *testicular / inguinal*

RECTAL
__non-tender
__heme neg stool
__black / bloody / heme pos. stool
__tenderness

BACK
__normal inspection
__CVA tenderness (R / L)

SKIN
__color nml, no rash
__warm, dry
__cyanosis / diaphoresis / pallor
__skin rash

EXTREMITIES
__non-tender
__normal ROM
__no pedal edema
__pedal edema
__calf tenderness

NEURO/PSYCH
__oriented x3
__mood/affect nml
__CN's intact *(2-12)*
__no motor/sensry deficit
__disoriented *to person / place / time*
__depressed affect
__facial droop/EOM palsy/anisocoria
__weakness / sensory loss

LABS, XRAYS, and PROGRESS

CBC
normal
nml except:
WBC_____
Hgb_____
Hct_____
Platelets_____
segs_____
bands_____
lymphs_____
eos_____

Chemistries
normal
nml except
Na_____
K_____
Cl_____
CO2_____
BUN_____
Gluc_____
Creat_____

Lipase_____
Amylase_____
Alk Phos_____
SGPT_____

UA
normal
nml except
WBC_____
RBC's_____
bacteria_____
dip:_____

SHCG
POS NEG

cath for residual = 100cc

Abdominal Series __nml __free air __air / fluid levels_____

CXR __nml / NAD

IVP __nml __obstructed *L / R* *mild / mod / marked* __stone _____mm *proximal / mid / distal ureter UVJ*

Ultrasound __nml __GB stones / pericolic fluid / thick GB wall __dilated common duct __abnml pancreas / aorta / pelvic / appendix

EKG __nml __abnormal:_____

Postural Vitals __nml __abnormal:_____

PROGRESS / DECISION MAKING

Procedures Supervised_____

*Time*_____ __unchanged __improved __re-examined

[redacted] - can't do - will send to [redacted]

__Hx / Exam limited by [redacted] __Crit Care- ____ min

__Discussed with Dr. [redacted]
will see patient in: office / ED / hospital
__Counseled patient / family regarding:
lab results diagnosis need for follow-up
__Rx given
__Prior records ordered
__Additional history from:
family caretaker paramedics
__EKG / X-ray examined
__Discussed with radiologist

CLINICAL IMPRESSION:

Abdominal Pain- acute
Vomiting
Biliary Colic
Renal Colic - acute
Ureterolithiasis (R / L)
mild mod high-grade obstrctn
U.T.I. / Pyelonephritis- acute
Probable Enteritis / Gastroenterits *acute*
Gastritis *-acute -bacterial*
Peptic Ulcer Disease
Possible Foodborne Illness
Appendicitis - acute
Aortic Aneurysm - ruptured
M.I./ Angina
Bowel Perforation
Bowel Obstruction / Paralytic Ileus
Pancreatitis - acute
Mesenteric Ischemia
Cholecystitis - *w/ cholelithiasis acalculus*
Diverticulitis- acute
Pelvic Inflamm. Disease / Ovarian Cyst
Possible Foodborne Illness

mass, ? etiol.

DISPOSITION- ☒ home ☐ admitted ☐ transferred
CONDITION- ☐ unchanged ☐ improved ☒ stable

[redacted] House officer / PA

_____ MD

[redacted]

[redacted]

TIME SEEN: 15:40 ROOM: [redacted]

HISTORIAN: ✓ patient __family __paramedic __translator

HPI

chief complaint: abdominal pain / flank pain (R / L) / vomiting / diarrhea

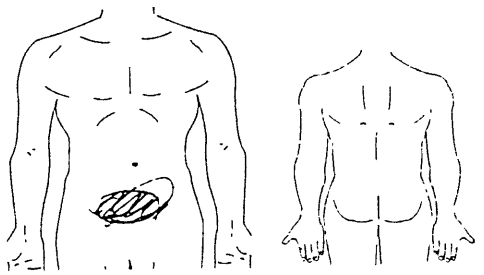
abdominal bloating

started: ~ 1 month PTA. Pt has noted ↑ abdominal girth over past month. ∅ pain, n/v/d, fevers, unintensional weight loss, or other problems

time course:
- __still present
- __better
- __gone now — lasted: ____
- __constant __waxing/waning __suddn-onset
- __intermittent episodes lasting ____
- ✓ worse/persistent since this AM — she couldn't sleep last night

quality:
"pain"
aching
dull
burning
cramping
sharp
stabbing
fullness

location:



__migration (show migration →)

associated with:
loss of appetite
nausea
vomiting — bloody / blood-streaks / coffee-grounds
diarrhea — blood streaks / grossly bloody / mucous

severity:	exacerbated by:	relieved by:
maximum (1-10) __	supine / upright pos.	supine / upright pos.
mild moderate severe	movements / walking	remaining still
when seen in ED (1-10) __	cough / deep breaths	antacids
none almost gone mild moderate severe	food	food
	nothing	nothing

__Similar symptoms previously No

__Recently seen/treated by doctor

ROS

GI
- __constipation — last BM: ____
- __black/bloody stools
- __rectal pain

URINARY
- __bloody / dark urine
- __frequent/painful urination

MALE REPRODUCTIVE
- __penile discharge

FEMALE REPRODUCTIVE
- LNMP ____
- __vaginal discharge
- __abnormal bleeding

CONST.
- __fever
- __chills

NEURO& HEENT
- __headache
- __sore throat
- __blurred vision

CVS & PULMONARY
- __cough
- __trouble breathing
- __chest pain

M/S & SKIN
- __skin rash
- __joint pain(s)
- __back pain

✓ all systems neg. except as marked

PAST HISTORY __negative

- __peptic ulcer — documented? yes no
- __gall stones
- __kidney stone(s)
- __bladder/kidney infection
- __heart disease
- __diabetes ~~insulin / oral / diet~~
- __abdominal aneurism
- __pancreatitis
- __diverticulitis
- __ovarian cyst(s)
- __pelvic infection
- __high cholesterol
- __high blood pressure
- __+HIV / AIDS
- __other problems

colposcopy & conization ~ 15 yrs ago. ∅ Pap since

Surgeries/Procedures:
- __none / __noncontributory
- __cholecystectomy
- __appendectomy
- __tonsillectomy
- __c-section
- __bilat tubal ligation
- __hysterectomy
- __cardiac bypass

cervical conization

Medications __none __see NAS
~~ASA~~ __NSAID __acetaminophen
__BCP's

Metabolite for diet self prescribed

Allergies
__NKDA __see NAS
PCN

SOCIAL HX smoker drugs
~~alcohol~~ (recent / heavy / occasional)

FAMILY HX __gall stones __ovarian cysts __CAD
__ulcer __kidney stones breast Ca

000004

COMPLAINT/INJURY F/U DET-0789 RLR
02/01-02/99 EXH. B-2 of I

PHYSICAL EXAM: ✓Alert __Anxious __IV _____
Distress- ✓NAD __mild __moderate __severe

HEENT
✓ENT inspection nml
✓pharynx nml
__scleral ic[illegible]s / pale conjunctivae
__pharyngeal erythema
__abnml TM / hearing deficit

NECK
✓nml inspection
__thyroid nml
__thyromegaly
__lymphadenopathy (R / L)

RESPIRATORY
✓no resp. distress
✓breath sounds nml
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CVS
✓regular rate, rhythm
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__irregularly irregular rhythm
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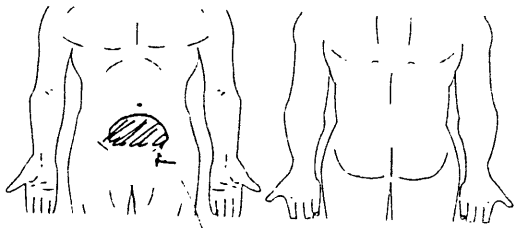
__gallop (S3 / S4)
__murmur grade ____/6 sys / dias
__decreased pulse(s)
R carotd___ fem___ dors ped
L carotd:___ fem___ dors ped

T = tenderness
G = guarding
R = rebound
m = mild
mod = moderate
sv = severe
Example-
Tsv= sev. tenderns



ABDOMEN
✓soft
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✓no pulsatile mass
__distention
tenderness
__guarding
__rebound
__abnormal bowel sounds
increased / decreased / absent / tympanic
__prominent aortic pulsations
__hepatomegaly / splenomegaly / mass
uterine ~18-20 WK uterus non-tender

PELVIC EXAM
✓external exam nml
✓speculum exam nml
__bimanual exam nml
__vaginal bleeding / discharge agree
__cervical motion tenderness
__adnexal tenderness (R / L)
enlarged / tender uterus
__adnexal mass (R / L)

MALE GENITAL
__normal inspection
__tenderness / swelling testicular / inguinal

RECTAL
__non-tender
__heme neg stool
__black / bloody / heme pos. stool
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__CN's intact (2-12)
✓no motor/sensry deficit
__disoriented to person / place / time
__depressed affect
__facial droop/EOM palsy/anisocoria
__weakness / sensory loss

Barnes

[illegible], and PROGRESS

CBC (normal / nml except:)
WBC____ Hgb____ Hct____ Platelets____ segs____ bands____ lymphs____ eos____

Chemistries (normal / nml except)
Na____ K____ Cl____ CO2____ BUN____ Gluc____ Creat____

Lipase____ Amylase____ Alk Phos____ SGPT____

UA (normal / nml except)
WBC____ RBC's____ bacteria____ dip:____

SHCG POS NEG

Abdominal Series __nml __free air __air / fluid levels

CXR __nml / NAD

IVP __nml __obstructed L / R (mild / mod / marked) __stone ____mm (proximal / mid / distal ureter UVJ)

Ultrasound __nml __GB stones / pericolic fluid / thick GB wall __dilated common duct __abnml pancreas / aorta / pelvic / appendix
10 X 16 cm smooth mass c one septation, ∅ fluid, arising from ∅ adnexa

EKG __nml __abnormal:

Postural Vitals __nml _abnormal:

PROGRESS / DECISION MAKING

Procedures Supervised

Time____ __unchanged __improved __re-examined

40 y.o. ♀ one month hx progressive ↑ abdominal mass. u/s → 10 X 16 cm mass. Will f/u in [redacted] Attending ♀ seen & d/w c plan. This mass is very concerning due to previous ♀ abnorm

__Hx/Exam limited by [redacted] __Crit Care- ____ min

✓Discussed with Dr. [redacted]
will see patient in: office / ED / hospital
✓Counseled patient / family regarding:
lab results diagnosis need for follow-up
__Rx given
__Prior records ordered
__Additional history from:
family caretaker paramedics
__EKG / X-ray examined
__Discussed with radiologist

CLINICAL IMPRESSION:

Abdominal Pain- acute
Vomiting
Biliary Colic
Renal Colic - acute
Ureterolithiasis (R / L)
mild mod high-grade obstrctn
U.T.I. / Pyelonephritis- acute
Probable Enteritis / Gastroenterits acute
Gastritis -acute -bacterial
Peptic Ulcer Disease
Possible Foodborne Illness
Appendicitis - acute
Aortic Aneurysm - ruptured
M.I./ Angina
Bowel Perforation
Bowel Obstruction / Paralytic Ileus
Pancreatitis - acute
Mesenteric Ischemia
Cholecystitis - w/ cholelithiasis acalculus
Diverticulitis- acute
Pelvic Inflamm. Disease / Ovarian Cyst
Possible Foodborne Illness
Abdominal pelvic mass

DISPOSITION- ☑home ☐admitted ☐transferred
CONDITION- ☐unchanged ☐improved ☑stable

[redacted]

House officer / PA

MD

000005

COMPLAINT/INJURY F/U DET-0789 rev 02/01-02/99 RLR EXH. B-3 of I

[redacted]

Clinical Laboratory Telephone Report

[redacted] Page 1

Patient Name: _____ Unit #: _____

Specimen Collection - Date: _____ Time: _____ Doctor: _____

Person Calling Report: _____ Person Taking Report: _____ Called: Date: _____ Time: _____

Unless otherwise indicated, the reference ranges are for normal active adults. Some of these values will vary signifi-cantly in children and in aged patients. For tests not listed please check report or call general inquiry.

Chemistry

	Value	Ref. Range
Acetone		9 - 50 mg/dL
Albumin		3.4 - 5.0 g/dL
Alk. Phos.		30 - 136 IU/L
Amylase		25 - 115 IU/L
Bili. Total		0.0 - 1.2 mg/dL
Bili. Direct		0.0 - 0.8 mg/dL
BUN		7 - 21 mg/dL
Calcium, Ionized		4.4 - 5.4 mg/dL
Calcium, Total		8.6 - 10.5 mg/dL
CK, Total		20 - 232 IU/L
Cholesterol		< 200 mg/dL
Creatinine		0.6 - 1.4 mg/dL
Electrolytes		
Sodium (Na)		135 - 148 mEq/L
Potassium (K)		3.5 - 5.0 mEq/L
Chloride (Cl)		98 - 110 mEq/L
CO_2		21 - 31 mEq/L
Glucose		Fasting 46 - 115 mg/dL
Glycohemoglobin		4.0 - 8.0%
LDH, Total		300 - 650 IU/L
Magnesium		1.7 - 2.5 mg/dL
Phosphorus		2.5 - 4.6 mg/dL
Protein, Total		6.4 - 8.2 g/dL
SGOT (AST)		M 20 - 57 IU/L
		F 8 - 40 IU/L
SGPT (ALT)		M 21 - 72 IU/L
		F 9 - 52 IU/L
Gamma GT (GGT)		5 - 85 IU/L
Uric Acid		M 3.5 - 8.2 mg/dL
		F 2.5 - 7.0 mg/dL
Beta HCG		F Negative: < 5 mIU/mL
		Borderline: 5 - 25 mIU/mL
		Positive: > 25 mIU/mL
		M Negative: < 5 mIU/mL
Pregnancy Test		
Serum/Urine		
Infectious Mono Ab		
Carbamazepine		4.0 - 12 ug/mL
Digoxin		0.5 - 2.0 hg/mL
Lithium		0.6 - 1.2 meg/L
Phenobarbital		15.0 - 40.0 ug/mL
Phenytoin		10.0 - 20.0 ug/mL
Quinidine		2.0 - 5.0 ug/mL
Valproic Acid		50 - 100 ug/mL
Vancomycin:		
Peak		40 - 90 ug/mL
Trough		10 - 90 ug/mL
Triglycerides		30 - 150 mg/dL
LDL Cholesterol		60 - 130 mg/dL
HDL Cholesterol		M 0 - 10 yrs 35 - 74 mg/dL
		11 - 20 yrs 35 - 68 mg/dL
		21 - 50 yrs 35 - 64 mg/dL
		51 - 150 yrs 35 - 70 mg/dL
		F 0 - 20 yrs 35 - 74 mg/dL
		21 - 50 yrs 35 - 85 mg/dL
		51 - 150 yrs 35 - 92 mg/dL
Total/HDL Ratio		M 4.4 - 5.6 mg/dL
		F 3.8 - 5.0 mg/dL
Risk Assessment	___ Lower than average	___ Average ___ Greater than average
Other		
Atherogenic Index		M 0.98 - 2.84
		F 1.15 - 3.21
Interpretation		
ANA		
ANA Titer		
C-Reactive Protein		< 0.8 mg/dL
Hepatitis A Ab (IgM)		
Hepatitis B Surface Ag		
Hepatitis B Surface Ab		
Hepatitis B Core Ab		
Rheumatoid Factor		
Rheum Factor Titer		
TSH		0.35 - 5.5 mIU/L
Free T4		0.76 - 1.79 mg/dL

Hematology & Coag

	Value	Ref. Range
WBC		4.0 - 10.0 K/n
HGB		M 14 - 18 g/c
		F 12 - 16 g/c
HCT		M 42 - 54 %
		F 36 - 48 %
Platelets		140 - 450 K/n

DIFFERENTIAL SCREEN: (Automated)

Neutrophils		35.0 - 63.0 %
Lymphocytes		20.0 - 50.0 %
Monocytes		0 - 10.5 %
Eosinophils		0 - 5 %
Basophils		0 - 2 %

DIFFERENTIAL SCREEN: (Manual)

Segs		36 - 69 %
Bands		0 - 8 %
Lymphocytes		20 - 50 %
Monocytes		1 - 4 %
Eosinophils		1 - 3 %
Basophils		0 - 2 %
Atypical Lymphs		0 - 3 %
Metas		0 - 3 %
Myelocytes		
Blasts		
Platelet Estimate		

Erythrocyte Morphology
Anisocytosis _____
Poikilocytosis _____
Hypochromasia _____
Polychromasia _____
Macrocytes _____
Microcytes _____
Ovalocytes _____
Schistocytes _____
Spherocytes _____
Nucleated RBC _____
Other _____

Reticulocyte count		0.5 - 2.5 %
Sedimentation Rate		M 0 - 50 yrs 0 - 15 mm/hr
		51 - 150 yrs 0 - 20 mm/hr
		F 0 - 50 yrs 0 - 20 mm/hr
		51 - 150 yrs 0 - 20 mm/hr
PT		11 - 13 sec
INR (Therapeutic)		2 - 3
PTT		21 - 33 sec

Blood Gases

☐ Arterial ☐ Venous ☐ Capillary

FIO_2	pH
pCO2	pO_2
Bicarb (HCO_3)	O_2

Urinalysis

Collection Procedure ☒ Routine ☐ Catheter

Color	STRAW	WBC	0 - 5/HPF
Appearance	Clear	RBC	0 - 3/HPF
pH	6.5	Epithelial Cells	0 - 500
Specific Gravity	1.006	Bacteria	
Protein	neg	Casts	0 - 1/LPF
Glucose	neg	Amorphous Sediment	
Ketones	neg	Yeast	
Bilirubin	neg	Crystals	
Blood	neg	Gram stain	
Urobilinogen	.2	Other	
Leukocyte Esterase	neg		
Nitrite	neg		

000006

Other Tests

[redacted]

10-7-98
1205

COMPLAINT/INJURY F/U DET-0789
02/01-02/99 RLR EXH. A-4 of I

FINAL

[redacted]

Clinical Laboratory Report

[redacted]

[redacted] URG CARE

[redacted]

	10/07/98 1225	REFERENCE RANGE
HCG-URINE	NEGATIVE	

[redacted]

000007

[redacted]

Page 1 END OF REPORT

COMPLAINT/INJURY F/U DET-0789 RLR
02/01-02/99 RLR EXH. A-6 of I

[redacted]

EMERGENCY SERVICES / URGENT CARE REPORT

COMP INT/INJURY F/U DET-0789 Rec
02/01-02/99 RLR EXH. A-7 of I

10/07/98 11:40 [redacted] [redacted]

DATE OF SERVICE: 10/07/98

REGISTRAR [redacted]

MEDICAL RECORD/EPISODE NO.	BROUGHT BY	INTERVIEWED	REG. TIME	LAST ADMIT
[redacted]	SELF		11:40	

NAME - LAST - FIRST - MI	SEX	MAR	AGE	BIRTH DATE	SOCIAL SECURITY NUMBER	EMP. STAT
[redacted]	F	M	40	[redacted]	[redacted]	[redacted]

PATIENT ADDRESS - STREET	ETHNIC	PATIENT EMPLOYER - NAME
[redacted]	W	NOT EMPLOYED

PATIENT ADDRESS - STREET	PATIENT EMPLOYER ADDRESS - STREET

PATIENT ADDRESS - CITY	STATE	PATIENT EMPLOYER ADDRESS - STREET
[redacted]	[redacted]	

PATIENT HOME PHONE	PATIENT ADDRESS - ZIP	PATIENT EMPLOYER ADDRESS - CITY	STATE	PATIENT EMPLOYER - ZIP
[redacted]				

REFERRING FACILITY	RELIGION	PATIENT EMPLOYER PHONE	EXT.
	PT DECLINES		

S/N	REFERRING PHYSICIAN	EMERGENCY CONTACT - NAME

S/N	FAMILY PHYSICIAN	EMERGENCY CONTACT HOME PHONE	EMERGENCY CONTACT WORK PHONE	EXT.
		[redacted]	[redacted]	

CHIEF COMPLAINT	ACCIDENT TYPE	DATE OF INJURY	TIME	FIN CLASS
STOMACH/BACK PAIN	0			F

EXPLANATION / LOCATION	INSURANCE
	SELF PAY

ALLERGIES	MEDICATIONS
PCN	Metabolite diet

Just before last period (Sept) has had bloaty - had B.M 10-6-98 - feels fatigued

LAST T.T.	BP	RESP
	126/88	16
FDLMP	**PULSE**	**TEMP**
9-24-98	96	984
WT	**X-RAY**	**CODE**

[redacted]

LABORATORY ORDERS

✓CHECK ORDERS	✓SOURCE U.C.	LAB.	INT.
☑ UA DIP	✓		S
☐ UA COMPLETE			
☐ C & S			
☐ C & S			
☐ SS			
☐ TC			
☐ CBC			
☐ DIFF			
☐ MONO SPOT			
☐ GUAIAC			

PHYSICIAN NOTES - TIME PMH psoriasis

[redacted] ER

Dr [redacted]

Receiving Facility Contact [redacted] ER [redacted]
Mode of Transport CAR
Name of Driver if not EMS husband [redacted]
Condition on Transfer Stable

☒ Records Copied and Sent by [redacted]

MEDICATIONS/PROCEDURES:

pelvic set up
→ to [redacted]
VOG gr
Cath for residual
obtained 100cc
[redacted]

[redacted]

IMPRESSION: abdominal mass, ?etio [redacted]

Referred to: DICTATED ☐

Instructions: Directly to SJER for evaluation
Disc Dr [redacted]

DATE: 10-7-98
TIME IN: 1155
TIME OUT: 1250
DISCHARGE STAFF [redacted]
PRINTED INSTRUCTIONS

000008

● SEE PHYSICIAN FOR FOLLOW UP IN _____ DAYS ● SEE PHYSICIAN AT ONCE IF WORSE ☐ DRUG SIDE EFFECTS AND WARNINGS DISCUSSED

I understand that the urgent care which I have received is preventative care of an urgent care nature and is by no means intended to be a complete and definitive diagnosis or complete and definitive medical care and treatment. I hereby acknowledge receipt of instructions and fully understand the instructions indicated above. I understand that I have had urgent care treatment only, and that I may be released before all my medical problems are known or treated. I will arrange [redacted] umish from the patient's record reques [redacted] rivate or referred physician of the patient.

Patient or Representative Signature X [redacted] M.D. Signature [redacted]

[redacted] RECORDS