

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

ARMS#

12888



3 - OUTPATIENT

000001

DATE	PATIENT NAME: [REDACTED]	DEPT:
	(3/31/98)	
<p>We will have another MRA done in another two weeks. [REDACTED] will be continued on a weekly basis. They will return to see me in six weeks.</p>		
[REDACTED]		
[REDACTED] M.D.		
[REDACTED]		
u	[REDACTED]	M
	[REDACTED]	M

Pt. Name _____

MR # _____ **000002**

DATE	PATIENT' NAME:	DEPT:
5/12/98	[REDACTED]	[REDACTED]
<p>INTERVAL HISTORY: Ms. [REDACTED] returns for reevaluation of her brain stem infarct from vasculitis. She continues to have no difficulties, and is speaking more clearly using her left arm more ably, and walking now with only a single point cane instead of the walker. She is in excellent spirits. She has no pain, numbness, tingling or loss of coordination, tremor, headaches, or dizziness. Her review of systems is otherwise unremarkable. She is planning to travel to [REDACTED] with her parents, and then visit a friend in [REDACTED] all over the next several months. Dr. [REDACTED] has been following her anticoagulation.</p>		
<p>Medications include Prozac, 20 mg a day; Pepcid, 20 mg a night; aspirin, 81 mg a day; Colace, 100 mg t.i.d.; Coumadin, 3 mg a day; Medrol, 48 mg a day; antioxidant vitamins.</p>		
<p>Her examination is as above with a vital signs showing blood pressure 160/88; pulse 80. Her speech is still quite slurred and dysarthric, but improved. No other cranial neuropathies are noted. Her arm now on the left is at least in the 4 range to 4+ proximal, and in the 4- to 4+ in the flexion of the hands and arm at elbow, wrist and fingers, and extension is in the 4+ range. Tone is actually quite normalized now, and the leg also is showing increased strength. It rates at least a 4 to 4+ proximally and distally, even though she is using her AFO. This has been trimmed a bit. No sensory changes. Her walking is stable with a single point cane.</p>		
<p>The repeat TCD's have shown continued recanalization of the basilar artery showing some bidirectional signals for all vessels, suggesting collateral supply.</p>		
<p>Pro-time is not available. No bleeding diathesis.</p>		
<p>IMPRESSION: Basilar artery stroke after presumed diet pill induced vasculitis with recurrent events, now well controlled on current therapy. Improving neurologic examination.</p>		
<p>PLAN: I would like to try dropping her Medrol to 32 mg a day over these next three months. She seems to be tolerating it quite well. We will have Dr. [REDACTED] of course, continue monitoring PT's, but I think it is appropriate for her to try the traveling. I will have them contact Dr. [REDACTED] is</p>		

Pt. Name _____

MR # _____

000003

NEUROLOGY

DATE

PATIENT' NAME:

[REDACTED]

DEPT:

(5/12/98)

[REDACTED] for her extended stay there. No MRI repeat is necessary at this time. We will continue her medications and have her seen back in September.

[REDACTED]
[REDACTED]
[REDACTED]

M.D.

[REDACTED]

CC:

[REDACTED]

[REDACTED]

Pt. Name _____

MR # _____

000004

NEUROLOGY

Patient: [REDACTED]

Age: 42

Procedure: Modified Barium Swallow

Date: June 19, 1998

Results:

The videofluoroscopic evaluation was performed with five consistencies to investigate the patient's swallowing status. Consistencies administered included puree, soft, regular and both thin and thickened liquids. Initial trials of thin liquid in ½ t. amounts resulted in penetration to the level of the vocal cords, and mild pooling in the valleculae. When presented with t. trials, patient exhibited mild aspiration (less than 10%) following the swallow, with an absent cough. When utilizing a chin tuck, patient demonstrated a functional swallow without noted aspiration. When presented with a cup sip of thin liquid, while utilizing a chin tuck, penetration to the level of the vocal cords, with mild aspiration (less than 10%) following the swallow was noted. The patient did not cough in response. When drinking thin liquids from a straw, the patient exhibited penetration to the level of the vocal cords, which she was able to clear when cued to clear her throat; multiple swallows were noted.

A ½ t. presentation of applesauce resulted in multiple swallows, with penetration to the level of the vocal cords. A t. trial resulted in an immediate swallow, without noted penetration.

When presented with a cracker, the patient exhibited decreased mastication secondary to decreased oral motor strength. Posterior tongue leakage, with severe pooling in the valleculae was noted. Patient was unable to clear bolus with multiple dry swallows, or following a sip of thin liquids. Subsequently, she was presented with a t. of lemon ice, which cleared the bolus. It should be noted that she stated that she felt as if something was stuck in her throat.

Presentation of mixed fruit resulted in a delayed swallow, with penetration to the level of the vocal cords.

Patient presented with t. amount of thin liquids while wearing palatal lift, which resulted with immediate aspiration (greater than 20%), with an absent cough response.

AP view of vocal cords revealed movement of both cords, however incomplete glottal closure was noted. The glottal opening was noted to decrease as the patient took deeper breaths.

Patient: [REDACTED]

Medical Record Number: [REDACTED]

[REDACTED] 000005

Recommendations:

It is recommended that the patient maintain a regular diet with thin liquids, with the following precautions:

- 1) The patient received a palatal lift approximately one week prior to swallow study. As she was noted to have an increased amount of aspiration with the lift, it is recommended that she does not wear the lift during meals at this time. However, so patient can increase tolerance of the device it is recommended that she eat pureed foods daily, with the device for therapeutic purposes. Discontinue and notify speech therapist if coughing is noted.
- 2) Utilize a chin tuck, and supraglottic swallow when drinking thin liquids to decrease episodes of aspiration.
- 3) Utilize a liquid wash when feeling sensation of something being caught in throat (e.g. lemonade, ice water with lemon).
- 4) Monitor vocal quality for "wetness", and utilize a throat clear to clear any pooling.
- 5) Re-assess swallowing status with palatal lift in approximately 3 months.

[Redacted Signature]

Speech Pathologist

[Redacted Signature]

Speech Pathologist

Patient: [Redacted]

Medical Record Number: [Redacted]

OTHER OUTPATIENT RECORDS

LAST NAME		FIRST NAME		MIDDLE NAME	SEX	ACCOUNT NO.
[REDACTED]		[REDACTED]		[REDACTED]	F	[REDACTED]
ORDERING PHYSICIAN					LOCATION	MEDICAL RECORD NO.
[REDACTED]					[REDACTED]	[REDACTED]
REFERRING PHYSICIAN			DOB	AGE	DATE OF EXAM	RADIOLOGY NO.
[REDACTED]			[REDACTED]	36	07/14/92	[REDACTED]

REPORT

EXAMS: MRI/BRAIN/BRAIN STEM [REDACTED]

MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN: [REDACTED]

Magnetic resonance imaging of the brain was performed in a head coil using spin echo pulse sequences with a GE Signa 1.5 Tesla magnet. Sagittal T1 weighted images were obtained through the brain using 5 mm. slice thickness. Axial T1 and T2 weighted images were obtained from the skull base through the vertex using 5 mm. slice thickness. Coronal T1 weighted images were obtained through the brain using 5 mm. slice thickness.

There are no abnormal areas of increased or decreased signal intensity intracranially. No intracranial masses are present. There is no shift of the midline structures. The internal auditory canals are normal bilaterally. The cerebellar tonsils are normal in position.

CONCLUSION:

NORMAL MR OF THE BRAIN AND BRAIN STEM.

CC: [REDACTED] M.D.

[REDACTED] CODE:
 TRANSCRIBED DATE/TIME: 07/15/92 1001
 TRANSCRIPTIONIST: [REDACTED]
 PRINTED DATE/TIME: 07/15/92 1006

RADIOLOGISTS

RADIOLOGISTS

LAST NAME		FIRST NAME		MIDDLE NAME	SEX	ACCOUNT NO.
[REDACTED]		[REDACTED]		[REDACTED]	F	[REDACTED]
ORDERING PHYSICIAN					LOCATION	MEDICAL RECORD NO.
[REDACTED]					[REDACTED]	[REDACTED]
REFERRING PHYSICIAN				DOB	AGE	DATE OF EXAM
[REDACTED]				[REDACTED]	36	05/23/92
						RADIOLOGY NO.
						[REDACTED]

REPORT

EXAMS: PARANASAL SINUSES [REDACTED]

PARANASAL SINUSES:

The paranasal sinuses are well pneumatized. There are no fluid levels. No lytic or blastic lesions are seen.

CONCLUSION:

NORMAL PARANASAL SINUSES.

CC: [REDACTED], M.D.

[REDACTED] CODE:
TRANSCRIBED DATE/TIME: 05/24/92 1709
TRANSCRIPTIONIST: [REDACTED]
PRINTED DATE/TIME: 05/24/92 1803

PAGE 1

CHART COPY

[REDACTED] M.D.

000009

RADIOLOGISTS

RADIOLOGISTS

LAST NAME	FIRST NAME	MIDDLE NAME	SEX	ACCOUNT NO
[REDACTED]	[REDACTED]	[REDACTED]	F	[REDACTED]
ORDERING PHYSICIAN	LOCATION		MEDICAL RECORD NO	
[REDACTED]	[REDACTED]		[REDACTED]	
REFERRING PHYSICIAN	DOB	AGE	DATE OF EXAM	RADIOLOGY NO
[REDACTED]	[REDACTED]	35	12/23/91	[REDACTED]

REPORT

EXAMS: BILATERAL MAMMOGRAM [REDACTED]

BILATERAL LODOSE MAMMOGRAM:

There are bilateral fibrocystic changes. There are no dominant masses or clustered calcifications. There is no skin thickening.

IMPRESSION:

THERE IS BILATERAL FIBROCYSTIC CHANGE.

- A. A negative x-ray report should not delay biopsy if a dominant or clinically suspicious mass is present. Approximately 10% of breast cancers are not identified by x-rays.
- B. A negative report may reinforce clinical impression.
- C. Adenosis and dense breasts may obscure an underlying neoplasm.
- D. False positive reports average 6-10%.

Accredited by the [REDACTED]

CC: [REDACTED], M.D.

[REDACTED] CODE:

TRANSCRIBED DATE/TIME: 12/23/91 1655

TRANSCRIPTIONIST: [REDACTED]

PRINTED DATE/TIME: 12/23/91 1838

PAGE 1

CHART COPY [REDACTED]

[REDACTED] M.D.

000010

ARMS # 12888

OUT-PATIENT RECORD

MEDICAL RECORD NO	PT	FC	ADMIT DATE	ADMIT TIME	DISCH DATE	DISCH TIME	ROOM/BED	AC	MED SERV	SEX	ACCOUNT NO
[REDACTED]			10/23/91	0537							[REDACTED]

PATIENT NAME LAST FIRST MI ADDRESS APT CITY/STATE ZIP CODE PREADMIT DATE OB/OR DATE EMPLOYER ADDRESS CITY/STATE ZIP CODE PHONE			ADM TYPE AGE ALLERGY SMOKER RELIGION VALUABLES NEW/EST			ADM SOURCE BIRTHDAY CDL ADMIT BY CHURCH POLICE MODE ARR			SWMD VIP RACE CONF BAPT		
SOCIAL SEC# UNION NAME			EMP ID# LOCAL#			[REDACTED]			[REDACTED]		

EMERGENCY CONTACT ADDRESS CITY/STATE ZIP DAY PHONE			EMPLOYER ADDRESS PHONE OCCUPATION		
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NAME ADDRESS CITY/STATE ZIP CODE DAY PHONE NIGHT PHONE			EMPLOYER ADDRESS CITY/STATE ZIP CODE SOCIAL SEC# OCCUPATION		
--	--	--	--	--	--

CD INSURANCE CO.	SUBSCRIBER	REL	ASSIG AUTH NO	CERT NO	GROUP NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

NAME	PHONE	FAMILY M.D.
[REDACTED]	[REDACTED]	[REDACTED]

TIME	PLACE OF ACCIDENT
[REDACTED]	[REDACTED]

ORIP OF ACCIDENT
 EXPLAIN: MAMMOGRAM PA STS BASELINE MAMMOGRAM

CONSENT FOR TREATMENT: Having been admitted for Out-Patient Services at [REDACTED] I hereby consent to and authorize the administration of all emergency, diagnostic and therapeutic treatments that may be considered advisable or necessary in the judgment of the attending physician.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize [REDACTED] and all my attending physicians to release the information to complete my hospital admission form.

ASSIGNMENT OF INSURANCE BENEFITS: I hereby authorize and instruct my insurance carrier to make payment directly to the [REDACTED] for the hospital expense benefits, otherwise payable to me but not to exceed the hospital's regular charges for the services rendered. Fees for private practicing physicians will be billed separately.

4. ASSIGNMENT OF INSURANCE BENEFITS: I INSTRUCT AND AUTHORIZE MY INSURANCE CARRIER TO MAKE PAYMENT FOR RADIOLOGICAL SERVICES RENDERED DIRECTLY TO DRS [REDACTED] FOR EMERGENCY PHYSICIAN SERVICE RENDERED DIRECTLY TO [REDACTED]. I understand that I am financially responsible to the above named hospital and doctors for charges.

5. RECEIPT OF INSTRUCTIONS: I acknowledge and understand that I have received emergency first care only which is intended to take care of any immediate emergency problem and not complete definitive diagnostic, medical care and treatment, and that I have been instructed and am personally responsible to immediately contact a physician, including my family physician or a physician assigned to me or other medical facilities, for continued and complete medical diagnosis and care and treatment.

SIGNATURE (Responsible Party)	
[REDACTED]	[REDACTED]

000011

OUT-PATIENT RECORD

MEDICAL RECORD NO	PT	FC	ADMIT DATE	ADMIT TIME	DISCH DATE	DISCH TIME	ROOM/BED	AC	MED SERV	SEX	ACCO
[REDACTED]	[REDACTED]	[REDACTED]	07/14/92	1259	[REDACTED]						

PATIENT NAME LAST [REDACTED] FIRST [REDACTED] MI [REDACTED] ADDRESS [REDACTED] APT [REDACTED] CITY/STATE [REDACTED] ZIP CODE [REDACTED] PREADMIT DATE 07/13/92 OB/OR DATE 07/14/92 EMPLOYER [REDACTED] ADDRESS [REDACTED] CITY/STATE [REDACTED] ZIP CODE [REDACTED] PHONE [REDACTED]		ADM TYPE [REDACTED] ADM SOURCE AGE 36 BIRTHDAY [REDACTED] PHYSICIAN REFERRAL ALLERGY N CDL [REDACTED] SMOKER [REDACTED] ADMIT BY [REDACTED] RELIGION LU CHURCH [REDACTED] VALUABLES [REDACTED] POLICE [REDACTED] NEW/EST [REDACTED] MODE ARR [REDACTED]	
SOCIAL SEC# [REDACTED] EMP ID# [REDACTED] UNION NAME [REDACTED] LOCAL# [REDACTED]		VIP [REDACTED] COM [REDACTED] BAPT [REDACTED]	

EMERGENCY CONTACT ADDRESS [REDACTED] CITY/STATE [REDACTED] DE [REDACTED] RE [REDACTED] DAY PHONE [REDACTED] NIGHT PHONE [REDACTED]	EMPLOYER ADDRESS [REDACTED] PHONE [REDACTED] OCCUPATION [REDACTED]
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NAME [REDACTED] ADDRESS [REDACTED] CITY/STATE [REDACTED] ZIP CODE [REDACTED] REL [REDACTED] DAY PHONE [REDACTED] NIGHT PHONE [REDACTED]	EMPLOYER [REDACTED] ADDRESS [REDACTED] CITY/STATE [REDACTED] ZIP CODE [REDACTED] PHONE [REDACTED] SOCIAL SEC# [REDACTED] OCCUPATION TEACHER
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CD INSURANCE CO	SUBSCRIBER	REL	ASSIG AUTH NO	CERT NO	GROUP NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

TE	TIME	PLACE OF ACCIDENT	PT STS ONLY HAS HEADACHES
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

SCEN OF ACCIDENT

CHIEF COMPLAINT **MRI BRAIN R/O NEOPLASM**

CONSENT FOR TREATMENT: Having been admitted for Out-Patient Services at [REDACTED], [REDACTED] hereby consent to and authorize the administration of all emergency, diagnostic and therapeutic treatments that may be considered advisable or necessary in the judgment of the attending physician.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize [REDACTED] and all my attending physicians to release the information to complete my hospital claim form.

ASSIGNMENT OF INSURANCE BENEFITS: I hereby authorize and instruct my insurance carrier to make payment directly to the [REDACTED] for the hospital expense benefits, otherwise payable to me but not to exceed the hospital's regular charges for the services rendered. Fees for private practicing physicians will be billed separately.

4. ASSIGNMENT OF INSURANCE BENEFITS: I INSTRUCT AND AUTHORIZE MY INSURANCE CARRIER TO MAKE PAYMENT FOR RADIOLOGICAL SERVICES RENDERED DIRECTLY TO **DRS. [REDACTED]** FOR EMERGENCY PHYSICIAN SERVICE RENDERED DIRECTLY TO [REDACTED]. I understand that I am financially responsible to the above named hospital and doctors for charges.

5. RECEIPT OF INSTRUCTIONS: I acknowledge and understand that I have received emergency first care only which is intended to take care of any immediate emergency problem and not complete definitive diagnostic, medical care and treatment, and that I have been instructed and am personally responsible to immediately contact a physician, including my family physician or a physician assigned to me or other medical facilities, to be continued and complete medical diagnosis and care and treatment.

SIGNATURE (Responsible Party)	[REDACTED]
X	X

Phone order

000013