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

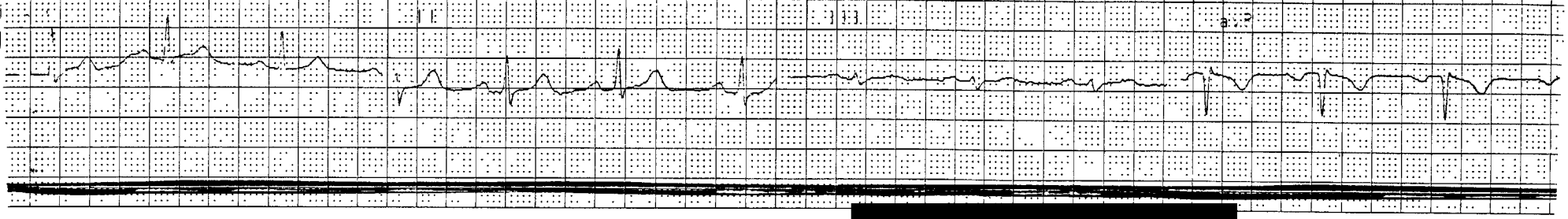
ARMS#

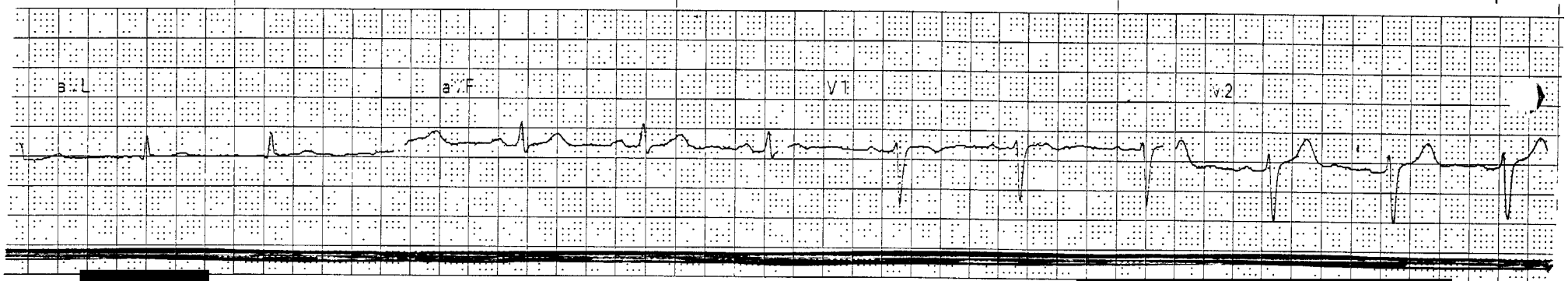
13009

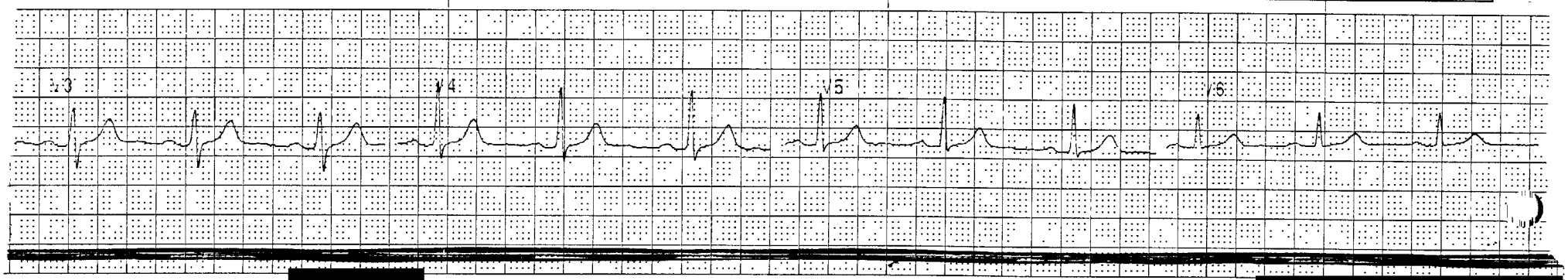
3 - OUTPATIENT

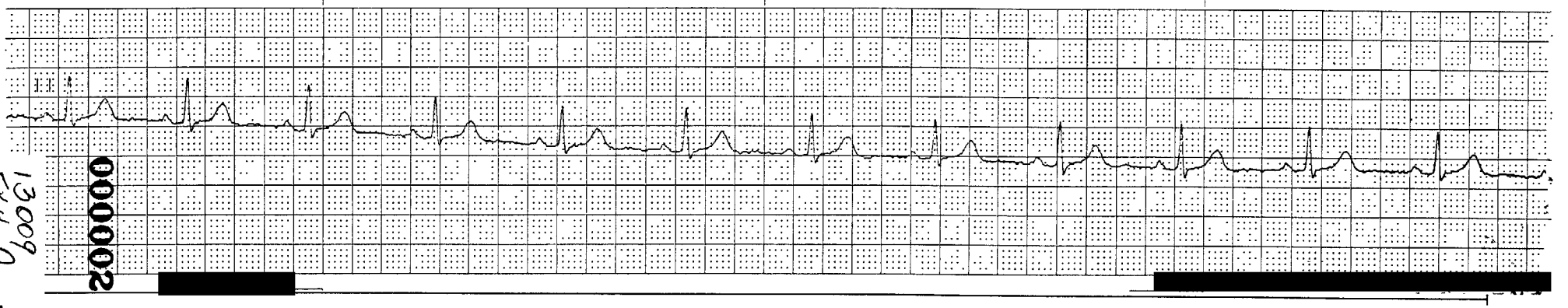
ID: NAME: [redacted] DR: 11-3-92

25 mm/s L=X1 C=X1 F=ON









000002

13009
EXH D
pg 1 of 2

PATIENT [redacted] AGE _____ SEX _____ DATE 11/3/92

ADDRESS _____ HEIGHT _____ WEIGHT _____ ECG. NO. _____

_____ BUILD { LINEAR _____ / INTERMEDIATE _____ / LATERAL _____ } CASE NO. _____

TELEPHONE _____ BLOOD PRESSURE _____ ROOM NO. _____

OCCUPATION _____ MEDICATION Routine - baseline

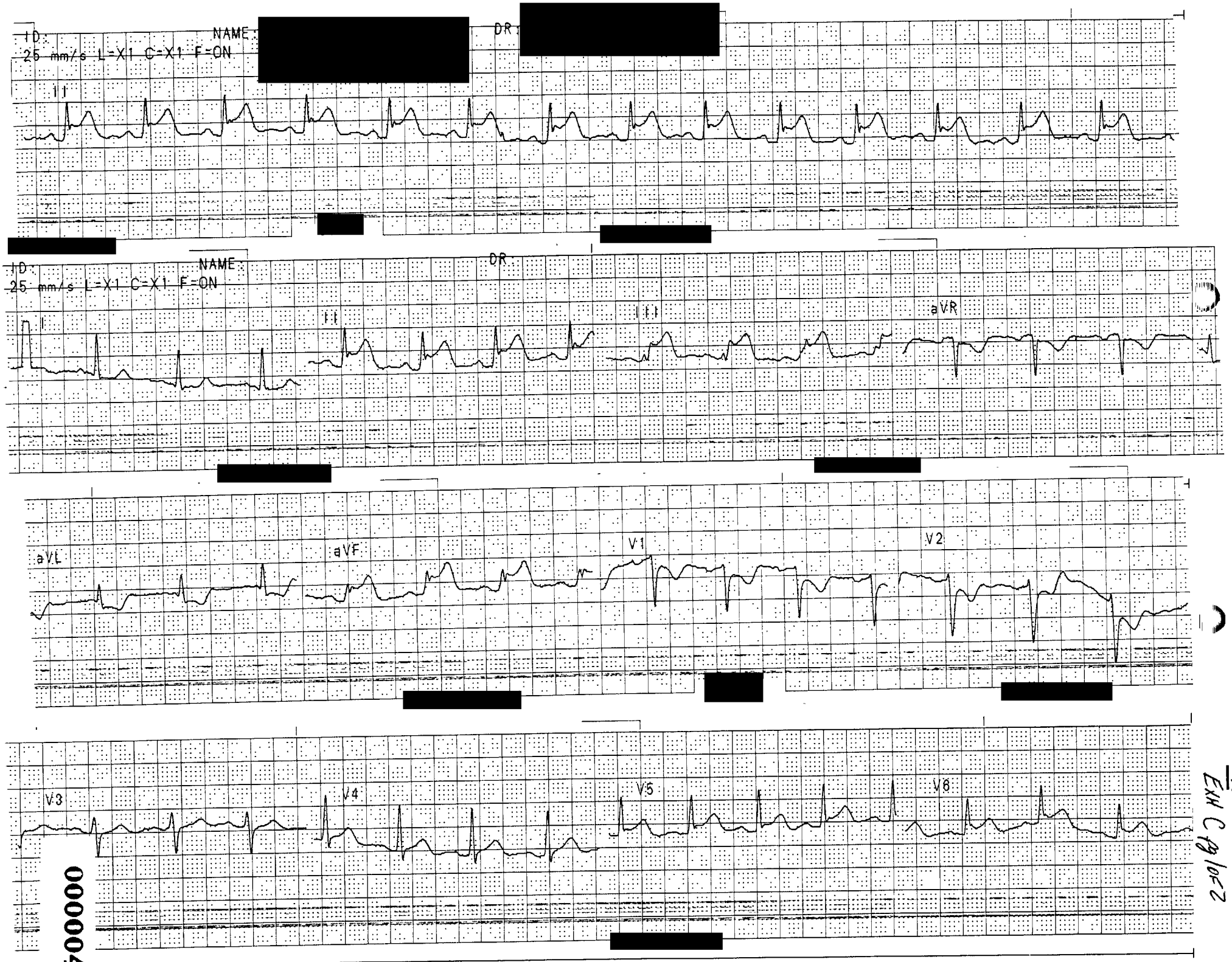
DOCTOR(S) _____

_____

000003

[redacted]

13909
EXH D
pg. 2 of 2



13009
Exh C pg 1 of 2

PATIENT [redacted] AGE _____ SEX _____ DATE 1-28-98

ADDRESS _____ HEIGHT _____ WEIGHT _____ ECG. NO. _____

_____ BUILD { LINEAR _____ INTERMEDIATE _____ LATERAL _____ } CASE NO. _____

TELEPHONE _____ BLOOD PRESSURE _____ ROOM NO. _____

OCCUPATION _____ MEDICATION _____

DOCTOR(S) _____

_____

000005 [redacted]

13009
EXH C
pg 2 of 2

[redacted]