

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY
STUDENT HEALTH CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Darlene Pierce, C.R.N.P.
Lic. #1-134315
RX: 3692

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name

Frederica R. R. R.

Date

4-19-13

Address

R

INH 300mg
#30
sig ÷ po qd

Stewart

M.D. or C.R.N.P.

Product Selection Permitted

Label all prescriptions

M.D. or C.R.N.P.

Refill: 1 2 3 5 PRN NR

Dispense As Written

7/1/13 @ 1305

INH 300mg

#30

sig ÷ po qd called into CVS at Taylor Rd
241-5861. Blood drawn from (C) AC to
226 vacutainer. PT tolerated well. AM.

Stewart, MD

#16

PHYSICAL EXAMINATION RECORD CONTINUED:

#4

3/18/13 @ 10³⁰ Pt in for continued INH follow-up. States she is doing well on therapy. Blood drawn from (L) AC $\bar{c}$ 22G vacutainer for HFP. INH 300mg Disp 30. Refills called into CVS at A+I $\bar{c}$ Taylor Rd 271-5861. AM

Continued at CRN

4-19-13 #5

Went for Red drawn (L) AC for liver function studies. Tolerating INH therapy well. Will cont. in 1 mo

P: INH 300mg q.d X 30 days
RTC in 1 mo ———— Continued at CRN

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DEA #BF 6451520
AL #24127

Name Freodasia R... Date 1-28-13
Address _____

Rx

INH
30

[Handwritten signature]

[Handwritten signature]

Label all prescriptions

Product Selection Permitted

M.D. or C.R.N.P.

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

3

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 1/28/13 TIME: 13¹⁵ PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Feodosia Rosca DOB: _____ AGE: _____

PRESENT COMPLAINT: Over weekend experienced dizziness and vomiting.
No known fever. Feels okay today. Also feeling very
fatigued for ~ 2 wks. now

MEDICATIONS: INH (out) LMP: 1/12/13

Temp	Pulse	Resp	B/P	HT	WT	Allergies
<u>98.4</u>	<u>91</u>		<u>135/79</u>	<u>65.1</u>	<u>119.7</u>	<u>NK MA</u>

INITIAL VISIT 19.9

Skln	RETURN VISIT
<u>W: D</u>	
<u>Sinuses</u>	
<u>Ears</u>	
<u>Eyes</u>	
<u>Nose</u>	
<u>Throat</u>	
<u>Neck/ Back</u>	
<u>Heart</u>	
<u>Lungs</u>	
<u>Abdomen</u>	
<u>GI/GU</u>	
<u>Extremities</u>	

DIAGNOSIS: 1) Viral gastroenteritis
2) Reproductive
3) INH therapy

TESTS: Thyroid Panel
Hepatic Function
C.R.C.

RESULTS: done

PLAN: 1) Discharge! Band. and
write's symptoms
completely resolved
2) INH # 30! P.O.D
3) RTC in 1 mo: 5/1

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

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Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Stacey E. White, C.R.N.P.
Lic. #1-077155
RX: 1501

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Fredonia R. Jones Date 11-8-12
Address _____

R

INIT 30mg
30
sig: qid
D. Stewart

Label all prescriptions

Refills: 1 2 3 5 PRN NR

Product Selection Permitted

M.D. or C.R.N.P.

Dispense As Written

M.D. or C.R.N.P.

2

11/8/12 @ 1405 Pt states she is doing well on medication.
No problems reported @ this time. Blood drawn
from (L) AC & 22G vacutainer. Pt tolerated well. ^{AK}

THIS PRESCRIPTION IS VOID WITHOUT THE ORIGINAL SIGNATURE OF THE PRESCRIBER. IT IS VOID IF THE SIGNATURE IS NOT IN THE PRESCRIBER'S HAND OR IF THE SIGNATURE IS NOT IN THE PRESCRIBER'S NAME.

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Rx: 0703

Elizabeth H. McIntosh, C.R.N.P.
Lic. #1-096551
RX: 2230

Mariuz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Frederick Rouse Date 10-11-12

Address _____

Rx

INH 300mg
#30
sig: 1 po qd
D. Stewart

Product Selection Permitted M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written M.D. or C.R.N.P.

THIS DOCUMENT CONTAINS VOID PATTERN GRAPHIC INFORMATION SIGNATURE LINE
BLUE PATTERN BACKGROUND, THERMOCHROMIC INK

THIS DOCUMENT CONTAINS VOID PATTERN GRAPHIC INFORMATION SIGNATURE LINE
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Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Frederica Renee Date 9-25-12

Address _____

R gabapentin 40 mg
Disp: 14
sig: 1 p.o. qd at bedtime
L. Stewart M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Product Selection Permitted

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Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Frederica Renee Date 9-25-12

Address _____

R Amoxicillin 500 mg
Disp: 14
sig: 1 p.o. BID x 14 days
L. Stewart M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

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Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Frederica Renee Date 9-25-12

Address _____

R Clarithromycin 500mg
Disp: 28
sig: 1 p.o. BID
L. Stewart M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Product Selection Permitted

Dispense As Written

M.D. or C.R.N.P.

CERTIFICATE FOR RETURN TO WORK / SCHOOL

Auburn University Montgomery
Nursing Care Center
Irma B. Moore Hall, Room 102
(334) 244-3281

Name Feodora Raza

was seen on 8-28-12 at 1:00 am / pm

and is able to return to work / school on 8-30-12 8-31-12

Nature of illness or injury gastroenteritis

☐ Restrictions ☐ Light work

Physical exertion: ☐ Limited ☐ Avoid x _____ Days

☐ Other _____

CRNP RN Lauren, NP Date 8-28-12

Phone (334) 244-3281

Fax (334) 244-3243

54
173.2
19.6

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 8/25/12 TIME: 1300 PT. HISTORY REVIEWED/UPDATED: 1 / 1

PATIENT NAME: Feodosia Rosca DOB: _____ AGE: _____

PRESENT COMPLAINT: Couple hours ago became dizzy, nauseated. Head feels heavy. Has been on antibiotics for a stomach infection. Over all just feels bad. Has been able to drink, & vomiting.

MEDICATIONS: Anti biotic, & LMP: 8/1/12

Temp	Pulse	Resp	BP	HT	WT	Allergies
97.7	85		119/81			NKMA

INITIAL VISIT

Skin	RETURN VISIT
<u>No abd abdominal pain. H. pylori</u>	<u>8-30-12</u>
<u>Stomach - states she has lost</u>	<u>states she</u>
<u>Ears - 30 lbs in 1 year 8 mo.</u>	<u>feels better</u>
<u>Eyes - no apparent reason.</u>	<u>But cont.</u>
<u>Nose</u>	<u>to have</u>
<u>Throat - sore throat</u>	<u>fatigue</u>
<u>Neck/ Back - adenitis</u>	<u>and dizziness</u>
<u>Heart - 5'5" 50</u>	<u>nausea</u>
<u>Lungs - clear, cough</u>	<u>and fatigue</u>
<u>Abdomen - flat, non-tender, & moved</u>	<u>P: cont. to</u>
<u>GU/GI</u>	<u>1 year</u>
<u>Extremities</u>	<u>of symptoms</u>
	<u>not complete</u>
	<u>worked</u>
	<u>reg. next wk</u>
	<u>RTC.</u>
	<u>Lab: CBC met</u>

DIAGNOSIS:	TESTS	RESULTS
<u>Acute Viral Gastritis</u>	<u>H. pylori</u>	<u>Positive</u>
<u>H/O H. pylori. Dizziness</u>	<u>triglycerides</u>	<u>High</u>
<u>treated</u>	<u>cholesterol</u>	<u>Low</u>
<u>lost 30 lbs? and gain</u>		

PLAN: Protonix 25 mg po
1/2 - 1 tab q 6 hrs
nausea
RTC in 1 wk for
cont. evaluation

CALL BACK: 8/30/12 - Spoke C Pt. states she
still does not feel a whole lot
better, is on Compas. advised to RTC for
next wk

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: 9.7.12 COMMENTS: _____

PHYSICIAN SIGNATURE: [Signature]

9-17-12 wt. 113.41b

S: Stated she continues to feel
fatigued, nauseated & vomiting
& diarrhea & abd pain.

O: abd soft, soft, no pain

lungs: clear; Heart: S1 S2 S3

A: wt loss, nausea, fatigue? origin

P: H. pylori (2 weeks)

9-19-12 diagnosed H. pylori (+)

9-25-12 on gas med PRN to

start tx for H. pylori

P: 1) Pantoprazole 40mg p.o. qd X14d

2) Amoxicillin 1000 mg p.o. BID

3) Clarithromycin 500mg BID X14d

• wks ser in 2 WKS continuation

10-11-12

on gas med. Has completed
all meds for H. pylori. Doing
well. Abd pain, & nausea

P: wks ser in INH 300mg

qd. Return in one month

gen. ser, the liver panel: ref'd

* Liver panel done on 8-30-12

WNL. —————. ~~Ref'd~~