

* * * Communication Result Report (Nov. 21. 2022 5:09PM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: Nov. 21. 2022 5:07PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
2556 Memory TX	92936410	P. 2	OK	

Reason for error
 E. 1) Hang up or line fail
 E. 3) No answer
 E. 5) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection
 E. 6) Destination does not support IP-Fax

P.O. Box 244023
 Montgomery, AL 36124
 Phone: 334-244-3281
 Fax: 334-244-3396

AUM | **ALABAMA UNIVERSITY
 AT MONTGOMERY**
 WARHAWK HEALTH SERVICES

Attn: Rubins Exposure Report
 To: _____ From: WHL
 Fax: 929-4410 Pages: 2
 Phone: _____ Date: 11/21/2022
 Re: _____ Cc: _____
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

Alabama Department of Public Health Rabies Exposure Report

SUBMITTER INFORMATION

DATE OF REPORT: 11/21/2022 TIME OF REPORT: 1500
MEDICAL FACILITY: Auburn University Montgomery PHYSICIAN/PROVIDER'S NAME: Lindsey Burtin, CNP
CONTACT PERSON: Miranda Ricketts PHONE: (334) 244-3281

VICTIM

NAME: Lukas mense DOB: 05 / 11 / 2015 SEX: male
PARENT (If minor): Tobias mense EMPLOYER: _____
ADDRESS: 87 Stone Park Trail
PRIMARY PHONE: (334) 224-6507 SECONDARY PHONE: _____ EMAIL: _____

EXPOSURE

DATE OF EXPOSURE: 11 / 21 / 2022 ADDRESS WHERE EXPOSED: 87 Stone Park Trail
TYPE OF EXPOSURE: ☒ BITE ☐ SCRATCH ☐ OTHER: _____ ☐ PROVOKED ☒ UNPROVOKED
PART OF BODY EXPOSED: Right thigh

ANIMAL

☒ DOG ☐ CAT ☐ OTHER: _____ COLOR: _____ BREED: _____
VACCINATED: ☐ NO ☐ YES ☐ UNKNOWN DATE: owner says yes, date unknown VETERINARIAN: _____
IF KNOWN, OWNER'S NAME: _____ PHONE: _____

