

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

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

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

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

Name

Address

Date

4-13-10

Rx

Amoxicillin 500mg
b.i.d. x 10 days
sig. q.i.d. x 10 days

Product Selection Permitted

Label all prescriptions

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

Refill: 1 2 3 5 PRN NR

Dispense As Written

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 4/13/10 TIME: 1505 PT. HISTORY REVIEWED/UPDATED 1 1

PATIENT NAME: Deric Sallas DOB: _____ AGE: _____

PRESENT COMPLAINT: Cold symptoms x 1 wk. Hx of allergies. Drainage has been green to clear. No fever. (+) cough. Jaw pain (R) side (occasional)
No HAs. No night sweats.

MEDICATIONS: Zyrtec, Benadryl, Mucinex-pm No meds today LMP: _____

Temp	Pulse	Resp	BP	HR	WT	Altitude
99.2	124	98	156/84			decongestants - seizure

120 INITIAL VISIT 140/80

Skin	<u>states to be a primary revision coming to "doctor"</u>	RETURN VISIT
Sinuses	<u>(+) pressure over max</u>	
Ears	<u>of redness, of 2nd</u>	
Eyes	<u>Clear</u>	
Nose	<u>Congested</u>	
Throat	<u>Red</u>	
Neck/Back	<u>of adenopathy</u>	
Heart	<u>S1 S2 S3</u>	
Lungs	<u>Clear, of cough</u>	
Abdomen	<u>Not tend</u>	
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>Acute sinusitis</u>		

PLAN: 1) Amoxicillin 500mg tid x 10 days
2) nasal saline spray
3) RTC if not responding

CALL BACK: 4/26/10 - left message to call me
4/27/10 Pt returned call. states he completed antibiotic and is feeling better. All symptoms have resolved. ok

PRACTITIONER SIGNATURE: N Stewart, MD STAFF SIGNATURE: Lyow

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

CERTIFICATE FOR RETURN TO WORK / SCHOOL

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

Name Debbie Daddario
was seen on 2-24-06 at 10:45 am / pm
and is able to return to work / school on 2-27-06
Nature of illness or injury Viral upper respiratory infection
☐ Restrictions ☐ Light work ☐ Avoid x _____ Days
Physical exertion: ☐ Limited
☐ Other _____
CRNP / RN [Signature] Date 2-24-06
Phone (334) 244-3281 Fax (334) 244-3243

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 2-24-06 TIME: 10:45 PT. HISTORY REVIEWED / UPDATED: /

PATIENT NAME: Denise Daddo DOB: AGE:

PRESENT COMPLAINT: 90 Card symptoms X 4 X 5 days
St sore throat, H/A, Sore pain, runny
nose, St cough, St fever

MEDICATIONS: Antibiotic, D-xylosine LMP:

Temp	Pulse	Reso	B/P	HT	WT	Allergies
98.9	96		120/68			NK m A

INITIAL VISIT

Skin W: D

Sinuses St pressure

Ears Tm's intact, & redness

Eyes Clear

Nose Congested

Throat Red, & exudate

Neck/ Back & Cervical adenopathy

Heart S1S2S3

Lungs Clear bil, non-productive

Abdomen cough

GU/GI

Extremities

RETURN VISIT

DIAGNOSIS:

TESTS

RESULTS

Upper resp infection
Cough

PLAN:

CALL BACK:

1) Cont. med.

2) Amoxicillin 600/30 mg i p.o
q 12h

3) ATC of symptoms
not sub adv

PRACTITIONER SIGNATURE: [Signature]

2-27-06 5:30

Stated he is feeling
much better drinking
has stopped. OK

STAFF

SIGNATURE:

GUAIFENESIN & 600MG/30MG
DEXTROROTHRISIN HBY SR
20 Tablets
NDC: 51855-788-52
Lot: H00250501
Exp: 01/31/2007

AUDIT DATE: COMMENTS:

PHYSICIAN SIGNATURE: