

AUM NURSING CARE CENTER PROBLEM VISIT RECORD

DATE: 4/17/15 TIME: 8:30 PT. HISTORY REVIEWED / UPDATED / /

PATIENT NAME: Joyce Bozeman DOB: 11/21/1951 AGE: 51

RESENT COMPLAINT: Pt in for lab draws to complete Healthy Tiger requirement. Pt fasting.

EDICATIONS: losartan HCTZ 100-25 mg, Atorvastatin 40mg Ferrous sulfate 324 LMP: Allergies:

INDICATIONS: <u>ADULT</u>						
Temp	Pulse	Resp	B/P	HT	WT	Allergies
			112/65	5'2"	142.0	

BMI 26

INITIAL VISIT	RETURN VISIT
Skin	11/29/16 @ 825
Sinuses	Pt in for Healthy
Ears	Tiger Screening.
Eyes	Blood Drawn from
Nose	(L) AC & 22G
Throat	vacutainer. Pt
Neck/ Back	tolerated well.
Heart	BP 100/63. P 77
Lungs	weight 144.1 lb
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS
	cmp for glucose	
	lipid profile	

PLAN:

CALL BACK:

PRACTITIONER
SIGNATURE: _____

STAFF
SIGNATURE:

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

Auburn University Healthy Tigers- Provider Screening Form

Instructions: If you can not or choose not to participate in the Healthy Tigers screenings through the AUPCC, you may submit your health screening results through your physician. You are to complete **Section 1** of the form and your provider is to complete **Section 2**

Certain lab tests associated with the Healthy Tigers Program when performed by your physician may only be covered once every 5 years by AUBCBS and you may be responsible for additional lab costs.

NAME (PLEASE PRINT) Jocelyn Bozeman EMPLOYEE ID/BANNER NUMBER: 902002730

AGE: 45 DATE OF BIRTH: 7-24-69 GENDER (CHECK ONE): MALE ☐ FEMALE ☒

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Same as above

AU BCBS CONTRACT NUMBER: PPA822631310

DAYTIME OR CAMPUS PHONE NUMBER: 334-318-9775 E-MAIL ADDRESS: _____

PLEASE CHECK ONE: I am an AU employee covered by my own AU BCBS policy. ☒

I am an AU employee covered by another AU employee's AU BCBS policy. ☐

I am the spouse, or sponsored adult dependent, of an AU employee and am covered by their AU BCBS policy. ☐

What best describes your race/ethnicity?

- ☐ White ☒ Black/African American ☐ Asian ☐ Indian or Alaska Native
☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ Other

Do you HAVE (or have you been told you had) any of the following? (Mark all that apply.)

- ☐ High Cholesterol ☒ High Blood Pressure or Hypertension ☐ Diabetes

Do you take MEDICATION for any of the following? (Mark all that apply.) Optional: Please provide a list of all of your medications on the back of this form (including prescription, over the counter, vitamins, and minerals)

- ☐ High Cholesterol ☒ High Blood Pressure or Hypertension ☐ Diabetes

SECTION 2 (To Be Completed by Healthcare Provider)

REQUIRED DATA

Blood Pressure 113 / 77 mmHg

Height 5 ft 1.3 in

Total Cholesterol 214 mg/dL pulse 87

Weight 149.2 pounds

Blood Glucose 97

BMI 27.8

Alarm values: Total Cholesterol ≥ 250

Blood glucose ≥ 200

Blood pressure- Systolic ≥ 160 mm Hg

Diastolic ≥ 100 mm Hg

BMI ≥ 35

OPTIONAL DATA

HDL Cholesterol 37 mg/dL

TC/HDL Ratio _____

The above mentioned member has been evaluated in my office and counseled regarding his/her risk factors. In particular, I have noted any values that were above alarm values and responded as clinically indicated.

DATE TESTS PERFORMED BY PHYSICIAN (THIS DATE IS REQUIRED) 10/15/2014

Provider's Name: (Please Print) Carol Stewart, RN

Provider Signature: Carol Stewart, RN

Provider Address / Phone: AUBURN UNIVERSITY MONTGOMERY

STUDENT HEALTH CENTER

IRMA B. MOORE BUILDING RM 102

AUBURN UNIVERSITY PHARMACEUTICAL CARE CENTER (AUPCC)

Attention: Healthy Tigers Program

2000 W. UNIVERSITY BLVD, SUITE 3624, MONTGOMERY, AL 36122-4107

Auburn University, Alabama 36849-5506

PHONE: (334) 844-4099 FAX: (334) 844-8262 E-MAIL: aupcc4u@auburn.edu

Fused
10/15/14
@ 1435

For AUPCC use only: Banner ☐ EMR ☐

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 10/14/14 TIME: 845 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Joyce Bozeman AUM DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt in for ~~SDH~~ requirement for insurance. States
She has been fasting at least since midnight. AM

MEDICATIONS:

Temp	Pulse	Resp	B/P	HT	WT	LMP:	Allergies
	87		113/77	162.0	149.2		
INITIAL VISIT				61.3	BMI 27.8		

INITIAL VISIT		RETURN VISIT
Skin		
Sinuses		
Ears		
Eyes		
Nose		
Throat		
Neck/ Back		
Heart		
Lungs		
Abdomen		
GU/GI		
Extremities		
DIAGNOSIS: <u>Lab draw</u>	TESTS	RESULTS

PLAN:
Blood drawn from (L) AC & 226
vacutainer. Pt tolerated well. Will
fax results to Auburn. AM

CALL BACK:

PRACTITIONER
SIGNATURE: _____

STAFF
SIGNATURE: Ryan

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

Auburn University Healthy Tigers- Provider Screening Form

Instructions: If you can not or choose not to participate in the Healthy Tigers screenings through the AUPCC, you may submit your health screening results through your physician. You are to complete **Section 1** of the form and your provider is to complete **Section 2**. In order to be eligible for the **2014 Healthy Tigers wellness premium discount** (which will take effect January 1, 2014)

This form must be received in the AUPCC no later than close of business **November 30th, 2013**

FORMS RECEIVED AFTER THIS DATE WILL NOT BE ACCEPTED FOR THE 2014 DISCOUNT.

Certain lab tests associated with the Healthy Tigers Program when performed by your physician may only be covered once every 5 years by AUBCBS and you may be responsible for additional lab costs.

NAME (PLEASE PRINT) Joycelyn Bozeman EMPLOYEE ID/BANNER NUMBER: 902002730

AGE: 44 DATE OF BIRTH: 7-24-69 GENDER (CHECK ONE): MALE ☐ FEMALE ☒

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Joycelyn R. Bozeman

AU BCBS CONTRACT NUMBER: PPA822631310

DAYTIME OR CAMPUS PHONE NUMBER: 334-318-9775 E-MAIL ADDRESS: j.b.flowers@knoxy.net

PLEASE CHECK ONE: I am an AU employee covered by my own AU BCBS policy. ☒
I am an AU employee covered by my spouse's AU BCBS policy. ☐
I am the spouse of an AU employee and am covered by their AU BCBS policy. ☐

What best describes your race/ethnicity?

☐ White ☒ Black/African American ☐ Asian ☐ Indian or Alaska Native
☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ Other

Do you HAVE (or have you been told you had) any of the following? (Mark all that apply.)

☐ High Cholesterol ☒ High Blood Pressure or Hypertension ☐ Diabetes

Do you take MEDICATION for any of the following? (Mark all that apply.) Optional: Please provide a list of all of your medications on the back of this form (including prescription, over the counter, vitamins, and minerals)

☐ High Cholesterol ☒ High Blood Pressure or Hypertension ☐ Diabetes

SECTION 2 (To Be Completed by Healthcare Provider)

REQUIRED DATA

Blood Pressure 115 / 73 mmHg

Height 5 ft 2.8 in

Total Cholesterol 198 mg/dL

Weight 143.0 pounds

Blood Glucose 99 mg/dL

BMI 26.0

Alarm values: Total Cholesterol ≥ 250

Blood glucose ≥ 200

Blood pressure- Systolic ≥ 160 mm Hg

Diastolic ≥ 100 mm Hg

OPTIONAL DATA

HDL Cholesterol 38 mg/dL

TC/HDL Ratio 5.2 ratio

The above mentioned member has been evaluated in my office and counseled regarding his/her risk factors. In particular, I have noted any values that were above alarm values and responded as clinically indicated.

DATE TESTS PERFORMED BY PHYSICIAN (THIS DATE IS REQUIRED) 11/12/2013

Provider's Name: (Please Print) Ramona B. Hazenby

Provider Signature: Ramona B. Hazenby

Provider Address / Phone: _____

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023

Please return completed form to: MONTGOMERY, AL 36124-4023
AUBURN UNIVERSITY PHARMACEUTICAL CARE CENTER (AUPCC)
Attention: Healthy Tigers Program
2155 Walker Building, HSOP, 362 West Thach Avenue
Auburn University, Alabama 36849-5506
PHONE: (334) 844-4099 FAX: (334) 844-8262 E-MAIL: aupcc4u@auburn.edu

Auburn University Healthy Tigers- Provider Screening Form

Instructions: If you can not or choose not to participate in the Healthy Tigers screenings through the AUPCC, you may submit your health screening results through your physician. You are to complete **Section 1** of the form and your provider is to complete **Section 2**. In order to be eligible for the **2014 Healthy Tigers wellness premium discount** (which will take effect January 1, 2014)

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Certain lab tests associated with the Healthy Tigers Program when performed by your physician may only be covered once every 5 years by AUBCBS and you may be responsible for additional lab costs.

NAME (PLEASE PRINT) Joycelyn Bozeman EMPLOYEE ID/BANNER NUMBER: 902002730

AGE: 44 DATE OF BIRTH: 7-24-69 GENDER (CHECK ONE): MALE ☐ FEMALE ☒

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Joycelyn B. Bozeman

AU BCBS CONTRACT NUMBER: PPA822631310

DAYTIME OR CAMPUS PHONE NUMBER: 334-318-9775 E-MAIL ADDRESS: j.b.flowers@knobgy.net

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I am an AU employee covered by my spouse's AU BCBS policy. ☐
I am the spouse of an AU employee and am covered by their AU BCBS policy. ☐

What best describes your race/ethnicity?

☐ White ☒ Black/African American ☐ Asian ☐ Indian or Alaska Native
☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ Other

Do you **HAVE** (or have you been told you had) any of the following? (Mark all that apply.)

☐ High Cholesterol ☒ High Blood Pressure or Hypertension ☐ Diabetes

Do you take **MEDICATION** for any of the following? (Mark all that apply.) Optional: Please provide a list of all of your medications on the back of this form (including prescription, over the counter, vitamins, and minerals)

☐ High Cholesterol ☒ High Blood Pressure or Hypertension ☐ Diabetes

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Alarm values: Total Cholesterol ≥ 250

Blood glucose ≥ 200

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Diastolic ≥ 100 mm Hg

OPTIONAL DATA

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TC/HDL Ratio 5.2 ratio

The above mentioned member has been evaluated in my office and counseled regarding his/her risk factors. In particular, I have noted any values that were above alarm values and responded as clinically indicated.

DATE TESTS PERFORMED BY PHYSICIAN (THIS DATE IS REQUIRED) 11 / 12 / 2013

Provider's Name: (Please Print) Ramona B. Hazenby

Provider Signature: Ramona B. Hazenby

Provider Address / Phone: _____

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023

Please return completed form to: MONTGOMERY, AL 36124-4023
AUBURN UNIVERSITY PHARMACEUTICAL CARE CENTER (AUPCC)
Attention: Healthy Tigers Program
2155 Walker Building, HSOP, 362 West Thach Avenue
Auburn University, Alabama 36849-5506
PHONE: (334) 844-4099 FAX: (334) 844-8262 E-MAIL: aupcc4u@auburn.edu

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 11/12/13 TIME: 830 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Joyce Bozeman DOB: _____ AGE: _____

PRESENT COMPLAINT: pt requesting labs and BP check to comply
with Healthy Tiger requirements.

MEDICATIONS:						LMP:
Temp	Pulse	Resp	BP	HT	WT	Allergies
	<u>86</u>		<u>115/73</u>	<u>143.0</u>	<u>62.8</u>	

INITIAL VISIT	RETURN VISIT
Skin	
Shinets	
Ears	
Eyes	
Nose	
Throat	
Neck/Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS: <u>lab draw</u>	TESTS	RESULTS
	<u>Lipid panel</u>	<u>> see lab</u>
	<u>FBS</u>	

PLAN: Blood drawn from (L) AC &
22G vacutainer. pt tolerated
well. will complete form
and fax.

PRACTITIONER SIGNATURE: _____ STAFF SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

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

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

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

Name Joyce Lynn Bergman Date 2-24-10
Address _____

R

Lipitor 500mg
Disp: 30
sig: 1 po BID x 10d
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.

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

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

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

Name Joyce Lynn Bergman Date 2-24-10
Address _____

R

metformin 500mg
Disp: 1
sig: Take as directed
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.

Auburn University Montgomery

Nursing Care Center

Irma B. Moore Hall, Room 102
(334) 244-3281

Name Joyce Lynn Bergman
was seen on 2-24-10 at 8:40 am/pm

and is able to return to work / school on 2-3-10

Nature of illness or injury: Reef infection

☐ Restrictions

☐ Light work

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 2-23-10 TIME: 8 AM PT. HISTORY REVIEWED / UPDATED 1

PATIENT NAME: Jocelyn Boyer DOB: 7-24-69 AGE: 40

PRESENT COMPLAINT: 90% cough, fever, chills, sore throat
(h/o suppur) (+) night sweats, fatigue, 28 H.
(+) muscle aches

MEDICATIONS: Nasacort (+) Smokes LMP: 2-19-10

Temp	Pulse	Resp	B/P	HT	WT	Allergies
<u>97.9</u>			<u>142/80</u>			<u>NK MR</u>

INITIAL VISIT

Skin	RETURN VISIT
Sinuses (+) <u>pressure</u>	
Ears <u>+ m's intact, 0 JVD</u>	
Eyes <u>LLON</u>	
Nose <u>congested</u>	
Throat <u>red, exudate</u>	
Neck/Back (+) <u>adenopathy</u>	
Heart <u>S1 S2 S3 m</u>	
Lungs <u>clear bil, (+) crackles</u>	
Abdomen <u>cough, non-productive</u>	
GU/GI <u>intermittent wheezing</u>	
Extremities	

DIAGNOSIS:	TESTS	RESULTS
<u>Rhino sinusitis</u>		
<u>adenitis</u>		
<u>severe cough</u>		

PLAN: 1) Rabikuvirin AC 1 bag 2) 4-6 prn cough 3) meds as above 4) use of albuterol inhaler if needed

CALL BACK: CVS on 284-3297 3/2/10 - spoke 2 pts states she is feeling much better at this time. will ATO if necessary.

PRACTITIONER SIGNATURE: Leah Stewart STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

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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.
Lic. #1-03909
Rx: 0703
Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name

Address

Date

R

Doxycycline 100mg

Disp: 20

Sig: + P.O. BID x 10

Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN ☒ NR

Dispense As Written

CERTIFICATE FOR RETURN TO WORK / SCHOOL

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

Name Toye Bozeman
was seen on 4/30/09 at _____ am / pm
and is able to return to work / school on _____

Nature of illness or injury Medication side effect

☐ Restrictions ☐ Light work

Physical exertion: ☐ Limited ☐ Avoid x _____ Days

☐ Other Please excuse for 5/4/09

CRNP (RN) Ky W. O'Neil Date 5/6/09

Phone (334) 244-3281

Fax (334) 244-3243

AUBURN MONTGOMERY NURSING CARE CENTER

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

P.O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

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

Maryluz Fuentes, M.D.
(334) 265-5577
DEA #BF 8451520
AL #24127

CERTIFICATE FOR RETURN TO WORK / SCHOOL

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

Name George Bazzerman Date 4-30-09
Address _____

R Vanessa HFA university

2001-1808
3:30-7:00
Lab at _____
M.D. or C.R.N.P. OC.R.N.P.

Label all prescriptions _____ M.D. or C.R.N.P.

Refill: 1 2 3 5 PRN NR

Dispense As Written _____

Lic. #1-045437 P.O. Box 244023 Lic. #1-039092
Rx: 1178 Montgomery, AL 36124-4023 Rx: 0703
(334) 244-3281 Maryluz Fuentes, M.D.
Elizabeth H. McIntosh, C.R.N.P. (334) 265-5577
Lic. #1-096551 DEA #BF 8451520
RX: 2230 AL #24127

Name George Bazzerman Date 4-30-09
Address _____

R madness OK
2001-1808
3:30-7:00
Lab at _____
M.D. or C.R.N.P. OC.R.N.P.

Label all prescriptions _____ M.D. or C.R.N.P.
Refill: 1 2 3 5 PRN NR Dispense As Written _____

Name George Bazzerman at 9:00 am / pm
was seen on 4-30-09

and is able to return to work / school on 5-4-09

Nature of illness or injury Acute Depression

☐ Restrictions ☐ Light work ☐ Limited ☒ Avoid x 4 Days

Physical exertion: _____

☐ Other _____

CRNP OC.R.N.P. at _____ Date 4-30-09

Phone (334) 244-3281 Fax (334) 244-3243

Lic. #1-045437 P.O. Box 244023 Rx: 0703
Rx: 1178 Montgomery, AL 36124-4023
(334) 244-3281 Maryluz Fuentes, M.D.
Elizabeth H. McIntosh, C.R.N.P. (334) 265-5577
Lic. #1-096551 DEA #BF 8451520
RX: 2230 AL #24127

Name George Bazzerman Date 4-30-09
Address _____

R 2001-1808 OK
2001-1808
3:30-7:00
Lab at _____
M.D. or C.R.N.P. OC.R.N.P.

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: 4/20/09 TIME: 8:35 PT. HISTORY REVIEWED/UPDATED: 1/1/1

PATIENT NAME: Joyce Brennan DOB: _____ AGE: _____

PRESENT COMPLAINT: Symptoms began Friday, coughing, sneezing, sore throat, congested. Had a fever but its resolve. Has tried otc cold meds & relief of symptoms. Felt better yesterday but worse today. Saturday

MEDICATIONS: 0 LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies
98.0	76	SAT 98%	128/86			NKMA

INITIAL VISIT

Skin	coughed until the point of vomiting. Chest pains from cough. Mucus is milky. Had night sweats Sunday.	RETURN VISIT
Sinuses		
Ears		
Eyes		
Nose		
Throat		
Neck/ Back		
Heart		
Lungs		
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:

Acute Bronchitis
? pneumonia infection

TESTS

RESULTS

PLAN:

HFA

- 1) Ventolin inhaler 2 puffs qid
- 2) Montelukast 10mg po qd
- 3) Zitrolox 2 puffs
- 4) Robitussin AC 74-100 #1 cap 120cc

PRACTITIONER

SIGNATURE: [Signature]

CALL BACK:

5/4/09 - spoke to pt. States she is feeling better but has diarrhea from med. Has one dose left. OTC if necessary.

STAFF

SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

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

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NURSING CARE CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
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Lic. #1-039092
Rx: 0703

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

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

Name Jaycee Bozema Date 5-29-08
Address _____

R

Doxycycline 100mg

Disp: 30

sig: 10.0 qd

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

Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

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

AUM Nursing Care Center
P.O. Box 244023
Montgomery, AL 36124-4023

Joyce Bozeman
4725 Coventry Rd
Montgomery AL 36116

Just a reminder

Office visit 3/23/07
Medication Fee

Balance Due \$ 17.00

Note: Please remit payment for services rendered, payable to AUM-NCC, by May 15, 2007. If you have any questions regarding this bill, please call Linda Rudolph at 244-3281.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 3/23/07 TIME: 1:30 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Joyce Bozeman DOB: _____ AGE: _____

PRESENT COMPLAINT: Symptoms began a few minutes ago. Eye irritation. Feels like a bump is on the inside of top eye lid. Eye watering. Happened several years ago and was told it was a

MEDICATIONS:						LMP:
Temp	Pulse	Resp	BP	Ht	Wt	Abnormal
						NKMA

INITIAL VISIT						RETURN VISIT
Skin	cyst. Getting worse continually. Feels					
Sinuses	like its swelling. ^{on} felt feels better not					
Ears	to blink.					
Eyes						
Nose	Eye: (R) eye, red, watering,					
Throat	(P) pet sensitivity. Did					
Neck/Back	inverted & foreign					
Heart	object observed. F. D. D. D. D.					
Lungs	stair - & admission or					
Abdomen	injury, noted. Status					
GU/GI	and good better					
Extremities						

DIAGNOSIS:	TESTS	RESULTS
<u>2. Foreign body</u>		

PLAN: Lidocaine 4% 7 days
RTD up not swimming
 3/30/07 - left manage to calm
 4/2/07 - Spoke to Stated she is
 to much better, Used RTD by next
 to. (R)

3-PROFLOXACIN HCL OP
 NDC# 61314-656-05
 LOT# 114506F
 08/31/08
 5ML

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

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 Joyce Bayern
was seen on 1-11-06 at 9 am am / pm

and is able to return to work / school on 1-13-06

Nature of illness or injury flu like symptoms

☐ Restrictions ☐ Light work

Physical exertion: ☐ Limited ☐ Avoid x _____ Days

☐ Other _____

CRNP / RN Larry Stewart Date 1-11-06

Phone (334) 244-3281

Fax (334) 244-3243

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

AUM
NURSING CARE CENTER
P.O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

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

Vivian Hamlett, M.D.
(334) 409-2800
DEA #BH 1075197
AL #19467

Maryluz Fuentes, M.D.
(334) 409-2800
DEA #BF 6451520
AL #24127

Name Joycelyn Bazemore Date 1-25-06
Address _____

R

Walden 150mg
Disp: 60

Sig: 1 p.o. x 3 days then BID
at least 8 hrs apart
Lenny Pleasant, M.D. or C.R.N.P.

Label all prescriptions
Refill: 1 2 3 5 PRN



Product Selection Permitted

Dispense As Written

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

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 10-1-04 TIME: 8:30 A PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Joyce Boyer DOB: _____ AGE: _____

PRESENT COMPLAINT: Stated eye with
a small dark spot right. Since
then, eye has been irritated,

MEDICATIONS: 0 LMP: _____

Temp	Pulse	Resp	BP	HR	WT	Allergies
						NKmt

INITIAL VISIT		RETURN VISIT
Skin	<u>R eye w-lesion, Conjunctiva</u>	
Sinuses	<u>red. Examine</u>	
Ears	<u>applied. Admission noted</u>	
Eyes	<u>an irregular pattern of</u>	
Nose	<u>discharge</u>	
Throat		
Neck/ Back		
Heart	<u>applied</u>	
Lungs		
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>Conjunctivitis</u>		
<u>R eye</u>		

PLAN: Discharge
11 40 87 + drugs
R eye
RTC Monday for re-
eye exam - up. Untid
meds
 PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____
 PHYSICIAN SIGNATURE: _____

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

AUM
NURSING CARE CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

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

Vivian Hamlett, M.D.
(334) 409-2800
DEA #BH 1075197
AL #13467

Maryluz Fuentes, M.D.
(334) 409-2800
DEA #BF 6451520
AL #24127

Name Joyce Bazeman Date 4-9-04
Address _____

R

Pericortin 4mg
Disp# 90
Sig: 1 po. tid prn for
allergy symptoms

Label all prescriptions
Refill: 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.

4-9-04

Requesting refill on
Allergy med. Symptoms
Begin about 2 wks
ago.

Carol Stewart C.R.N.P.

5/16/06 @ 1020 Allergy
396-8671. pm Refill of med. called into CVS

Pericortin 4mg
Disp# 100
Sig: 1 po. tid prn for allergy symptoms
Refill 2 times. AM

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 12-3-03 TIME: 9 AM PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Joyce Bayman DOB: _____ AGE: _____

PRESENT COMPLAINT: 1 wk. + sinus pressure and congestion
+ green discharge, & fever.
+ an eardrum.

MEDICATIONS:						LMP:
Item	Pts	Rxn	R/P	HT	WT	ABW
983	74		120/80			NKMA

INITIAL VISIT		RETURN VISIT
Skin	<u>W:O</u>	
Sinuses	<u>+ pressure over max</u>	
Ears	<u>TM's intact, & redness</u>	
Eyes	<u>Watery</u>	
Nose	<u>Longest</u>	
Throat	<u>ss red, & exudate</u>	
Neck/Back	<u>& Cervical adenopathy.</u>	
Heart		
Lungs	<u>Clear</u>	
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>Sinusitis</u>		

- PLAN:**
- Zyrtec 10 mg p.o. q 12 hr
 - Amoxil 500mg q 8 hr X 14 days
 - OTC 1 wk fever

CALL BACK: 12/4/03 - Spoke to pt. stated she is feeling much better: lower etc if need to. (CR)

PRACTITIONER SIGNATURE: Lamp Stewart STAFF SIGNATURE: _____



BlueCrossBlueShield
of Alabama

BLUE CROSS
**PREFERRED
CARE**

An Independent Licensee of the Blue Cross and Blue Shield Association.

JOYCELYN R. BOZEMAN

Contract Number

XAA416172040

Group Number

37655

POINT OF SALE

Effective Date

10-18-94

BS Plan BC Plan

510 010

PAC

AUBURN UNIVERSITY

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 4-25-02 TIME: 9:20 am PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Joyce Bazzman DOB: _____ AGE: _____

PRESENT COMPLAINT: Burning X 2 days, @ urination, @ po.
temp, @ back pain, @ stool
Has H/O poor bladder control

MEDICATIONS: 977 LMP: in 2 weeks

Temp	Pulse	Res	B/P	HR	WT	APR
977						

INITIAL VISIT	RETURN VISIT
Skin	5-7-02
Sinuses	Delayed symptom
Ears	have resolved
Eyes	Has completed
Nose	Bactrim
Throat	O:UA (dipstick)
Neck/Back	A:UTI
Heart	? unresolved
Lungs	① urine C/S
Abdomen	today
GU/GI	② Bactrim
Extremities	DS + po. BID
	X 3 days
	③ RTC Friday
	for eval
	④

DIAGNOSIS	TESTS	RESULTS
UTI		

PLAN: 1) Bactrim DS + po BID X 3 days
 2) RTC in 3 days for eval
 3) Will refer to urologist for
 Loop Stent! CRN

CALL BACK: 4/25/02 Spoke to pt. stated she was feeling better. Heir urine, etc. etc. etc.

PRACTITIONER SIGNATURE: _____ STAFF SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

55289-241-06
 SMX-TMP DS
 800 mg/160 mg
 6 TABLETS
 REORDER #528
 EXP 07/03
 LOT 61852

PREPARED BY AUM N
 REVISED/ADOPTED 10

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

AUM
NURSING CARE CENTER
P.O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

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

Lois J. Schulman, M.D.
(334) 277-8330
DEA #BS 4196235
AL #20470

Zev David Nash, M.D.
(334) 277-7811
DEA #BN 1992963
AL #22079

Name Joyce Bergman Date 2-28-02
Address _____

R

Justina AF

Diagn 102

Sign appt card to affected
area
Lamp Stewart

Label all prescriptions
Refill: 1 2 3 4 5 PRN NR

Product Selection Permitted

Dispense As Written

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

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

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(334) 244-3281

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

Lois J. Schulman, M.D.
(334) 277-8330
DEA #BS 4196235
AL #20470

Zev-David Nash, M.D.
(334) 277-7811
DEA #BN 1992963
AL #22079

Name Joyce Lyn Bauman Date 9-5-02
Address _____

R Perianth 4mg
Disp # 100
3mg tid for
gastroesophageal
reflux
band placed

Label all prescriptions
Refill: 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.

Requesting refill on
Perianth for gastro
esophageal

Carol Stewart
CRA

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

AUM
NURSING CARE CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

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

Lois J. Schulman, M.D.
(334) 277-8330
DEA #BS 4196235
AL #20470

Zev-David Nash, M.D.
(334) 277-7811
DEA #BN 1992963
AL #22079

Name Jaycelyn Bozeman Date 12-10-01
Address _____

R Keflex 500mg
Disp # 20
sig: 1 po q 12h x 10 days
Carol Stewart M.D. or C.R.N.P.
Label all prescriptions
Refill: 1 2 3 5 PRN NR
Product Selection Permitted
Dispense As Written

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 12-10-01 TIME: 9 AM PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Joyce Bergman DOB: _____ AGE: _____

PRESENT COMPLAINT: 100% "pingles" on forehead X 2 days
Very tender & sore. Swelling. Itch

MEDICATIONS:

LMP:

Temp	Pulse	Resp	B/E	HT	WT	Allergies

INITIAL VISIT

INITIAL VISIT	RETURN VISIT
Skin <u>approx 2cm erythematous</u>	
Sinuses <u>swollen area on forehead</u>	
Ears <u>between eyebrows (+)</u>	
Eyes <u>tender</u>	
Nose	
Throat	
Neck/ Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS:

TESTS

RESULTS

1. Contact Dermatitis forehead

PLAN:

CALL BACK:

1) Hydrocortisone 1% ointment 7/120
X 10 days
2) RTC Friday for
rel

PRACTITIONER

SIGNATURE: Laura Stewart RN

STAFF

SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

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

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

AUM
NURSING CARE CENTER
P.O. Box 244043
Montgomery, AL 36124-4023
(334) 244-3281

Saundra Ivey, C.R.N.P.
Lic. # 1-028005
Rx # 0670

Lois J. Schulman, M.D.
(334) 270-8081
DEA # BS4186235
AL # 20470

Kathy Windham, M.D.
(334) 271-7051
DEA # BW5714820
AL # 16083

Patient's Name

Joyce Bergman

Date

3-28-00

Address

Rx

Prescription 4mg
Diazepam 100

Sig: 1 p.o. tid for anxiety
symptoms
Lorazepam 5mg

Label all prescriptions

Refill: 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.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 3-28-00 TIME: 8:30 AM PT. HISTORY REVIEWED / UPDATED / /

PATIENT NAME: Jayce Boyman DOB: AGE:

PRESENT COMPLAINT: 90% watery eyes; itching; sneezing; nose; sneezing. Has H/O ADDENOID SYMPTOMS this time of year. Requesting R. Spills on

MEDICATIONS: BCP LMP: 3-5-00

Temp	Pulse	Resp	B/P	HT	WT	Allergies
						<u>NKMA</u>

INITIAL VISIT						RETURN VISIT
Skin						
Sinuses						
Ears						
Eyes						
Nose						
Throat						
Neck/ Back						
Heart						
Lungs						
Abdomen						
GU/GI						
Extremities						

DIAGNOSIS:	TESTS	RESULTS
<u>Sneezing ADDENOID</u>		

PLAN: Pericortin 4mg tid prn 300 ADDENOID symptoms CALL BACK: 3/31/00 @ 0805 Pt states she is feeling better at this time. AM

RAC TITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

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

was seen on

at

am / pm

and is able to return to work / school on

Nature of illness or injury

☒ Restrictions

☐ Light work

Physical exertion:

☐ Limited

☐ Avoid x

Days

☐ Other

CRNP / RN

Date

Phone (334) 244-3281

Fax (334) 244-3243

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 1-6-00 TIME: 12g PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Jayce Benjamin DOB: _____ AGE: _____

PRESENT COMPLAINT: 96 sore throat; "hot throat", & fever
congestion; sneezing, cough; clear nasal
discharge

INDICATIONS: Tylenol - cold; sinus; OCP LMP: 12-20-99

Temp	Pulse	Resp	B/P	HT	WT	Allergies
<u>96.9</u>	<u>64</u>		<u>96/60</u>			<u>NKMA</u>

INITIAL VISIT	
Skin <u>W: D</u>	RETURN VISIT
Mucous <u>⊕ pressure over max</u>	
Ears <u>TM's intact</u>	
Eyes <u>-</u>	
Nose <u>congested</u>	
Throat <u>⊕ redness; & exudate</u>	
Neck/Back <u>⊕ cervical adenopathy</u>	
Heart <u>S1 S2 S (M)</u>	
Lungs <u>Clear RLL; & cough</u>	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS: <u>1) Viral pharyngitis</u> <u>(Common Cold)</u>	TESTS	RESULTS

PLAN: 1) Dura Vent - 1 p.o. q 12h
prn
2) Acet - Quinacridone
3) Tylenol as needed

CALL BACK: 1/7/00 - States she feels a little bit
better. Still taking med, will ETC
if need to

PRACTITIONER SIGNATURE: Lana Stewart CRNP STAFF SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____



BlueCross BlueShield
of Alabama



An Independent Licensee of the Blue Cross and Blue Shield Association.

JOYCELYN R. BOZEMAN

Contract Number

XAA416172040

Effective Date

10-18-94

Group Number

37655

BS Plan BC Plan

POINT OF SALE

510 010

PAC

AUBURN UNIVERSITY

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

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

AUM
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P.O. Box 244043
Montgomery, AL 36124-4023
(334) 244-3281

Saundra Ivey, C.R.N.P.
Lic. # 1-029005
Rx # 0670

Lois J. Schulman, M.D.
(334) 270-8081
DEA # BS4196235
AL # 20470

Kathy Windham, M.D.
(334) 271-7051
DEA # BW5714820
AL # 16083

Patient's Name Joyce Bayman Date 10-29-98
Address _____
Rx _____

Zithromax 2 tabs
Diag: # 6
Sig: Take as directed

Label all prescriptions

Refill: 1 2 3 5 PRM NR

Carol Stewart M.D. or C.R.N.P.
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 Joyce Bozeman at 8:00 (am) pm

was seen on 10/29/98

and is able to return to work school on 11/2/98

Nature of illness or injury _____

☐ Restrictions

☐ Light work

☒ Avoid x 3 Days

Physical exertion:

☐ Limited

☐ Other _____

CRNP / RN

Carol Stewart CRNP/c Date 10/29/98

Phone (334) 244-3281

Fax (334) 244-3243

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 10-29-98 TIME: 8:15 A PT. HISTORY REVIEWED / UPDATED 1 / 1
 PATIENT NAME: Joyce Bergman DOB: _____ AGE: _____
 PRESENT COMPLAINT: _____

MEDICATIONS: OCP Ortho Tri-Cyclen LMP: 10-21-98

Temp	Pulse	Resp	BP	HT	WT	Allergies
97.7	70		116/68			NKMA

INITIAL VISIT		RETURN VISIT
Skin	<u>Warm; dry</u>	
Sinuses	<u>Ø pressure</u>	
Ears	<u>TM's intact Ø redness; Ø fluid</u>	
Eyes	<u>Red; watery</u>	
Nose	<u>Congested; Ø discharge</u>	
Throat	<u>Red; Ø exudate</u>	
Neck/Back	<u>(+) retropharyngeal lymphadenopathy</u>	
Heart	<u>S1 S2 S3 (m)</u>	
Lungs	<u>Bs audible in all fields; clear</u>	
Abdomen	<u>/</u>	
GU/GI	<u>/</u>	
Extremities	<u>/</u>	

DIAGNOSIS:	TESTS	RESULTS
1) <u>Viral Syndrome</u>	<u>CBC</u>	<u>See PDR</u>
2) <u>Acute Pharyngitis</u>	<u>Quick Strep</u>	<u>neg.</u>
3) <u>Prob. Bacterial</u>		

PLAN: 1) CBC today
2) Zibromox 2 tabs
3) RTC in 3 days -
Scoren if symptoms
worse

CALL BACK: 10/30/98 Left message to call rec. (42)

PRACTITIONER SIGNATURE: Nancy Stewart CRN STAFF SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____
 PHYSICIAN SIGNATURE: _____

E 11/4/97 TIME: 1620

DOB: 1/24/67

AGE

RESENT COMPLAINT ¹ Gum surrounding R back lower molar red & swollen x 1 day; 1 month ago
broke off piece of tooth while eating; R cheek aches - has been taking Tylenol for
relief; hurts to chew on R side.

MEDICATIONS ACP

Temp	Pulse	Resp	B/P	HT	WT	Allergies
98.1	—	—	—	—	—	NKMA

INITIAL VISIT		RETURN VISIT
Skin		
Sinuses		
Ears		
Nose		
Throat		
Neck/ Back		
Heart		
Lungs		
Abdomen		
GI/GI		
Extremities		
Mouth- Right Bottom Back tooth broken- gum red & swollen.		
DIAGNOSIS: <u>Toothache</u>		TESTS
		RESULTS

PLAN:

PLAN: Amoxil ²⁵⁰mg ~~500~~ q 8^o x 7 days.
Anaprox DS 4 po q 12^o prn pain
Use condoms in addition to BCP x 2 weeks
See dentist.

Lot: P004NG
 Exp: 06/31/99

CALL BACK:

NAPROXEN SODIUM 550MG
 30 Tablets
 NDC: 54.65-627.0

AMOXICILLIN 250MG
30 Capsules
NDC: 51655-075-24
Lot: P004NG
Exp: 06/31/99

CALL BACK:

NAPROXEN SODIUM 550MG
30 Tablets
NDC: 51655-627-2
Lot: S137NH
Exp: 10/31/98

11/5/97 Pl. Stopped by clinic, she
she feels better, still looking fr.
Has ~~now~~ an app. to see doctor (C)

PRACTITIONER'S
SIGNATURE

STAFF'S
SIGNATURE:

AUDIT DATE

COMMENTS

PHYSICIAN'S SIGNATURE _____

Certificate to Return to Work or School

celpodoxime proxetil

Name Joycelyn Bozeman
 has been under my care from 3/28/97 to _____
 and is able to return to work/school on 3/31/97
 Nature of illness or injury Strep Throat

☐ Restrictions ☐ Light work _____

Physical education: ☐ May take ☐ Limited ☐ May not take

☐ Other _____

Dr. Tammy Mason Phone 244-3281

Address Atburn University at Montgomery Date 3/28/97

Medical Care Center
Interboro Hall
7300 University Drive
Montgomery, AL 36117-3596

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8312-67

Kathy Windham, M.D.
 Telephone (334) 271-7051
 BW 2889953
 ARN 16083

AUM
 Student Health Center
 Telephone (334) 244-3281
 7300 University Drive
 Montgomery, AL 36117-3596

Tammy Mason, C.R.N.P.
 Lic. # 1-049707
 Rx: 0719
 Sandra Ivey, C.R.N.P.
 Lic. # 1-029005
 Rx: 0670
 Ramona Lazenby, C.R.N.P.
 Lic. # 1-039092
 Rx: 0703

Patient's Name Joycelyn Bozeman Date 3-28-97

Rx Address _____

Amoxil 500mg
#30
Sig: 1 po. Tid

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

Label all prescriptions
 Refill: 1. 2. 3. 5. PRN NR

_____ M.D. or C.R.N.P.
 Dispense as written

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE 3/28/97 TIME: 0330

PATIENT NAME Joycelyn Bozeman DOB: 7/24/69 AGE: _____

PRESENT COMPLAINT: 10 sore throat x 2 days; no sinus drainage or congestion reported;
slough from throat irritation; 6 earaches; She she has felt hot often.
States throat feels swollen + tight.

MEDICATIONS BCP

Temp	Pulse	Resp	B/P	HT	WT	Allergies
97.0	88	16	120/74	5'3"	130	NKMA

INITIAL VISIT		RETURN VISIT
Skin <u>WDD</u>		
Sinuses <u>clear</u>		
Ears <u>— clear & good light reflex</u>		
Nose <u>—</u>		
Throat <u>Extremely inflamed & white Exudate Bilat</u>		
Neck/Back <u>(+) lymphadenopathy</u>		
Heart <u>neg</u>		
Lungs <u>—</u>		
Abdomen <u>—</u>		
GU/GI <u>—</u>		
Extremities <u>—</u>		
DIAGNOSIS: <u>Streptococcal</u>	TESTS	RESULTS
	<u>Quick Strip</u>	<u>positive</u>

PLAN:

Amoxil 500 mg 1 p.o. TID x 10 days
RTC 14 days re-eval strip

CALL BACK:

PRACTITIONER'S SIGNATURE [Signature]

STAFF'S SIGNATURE: [Signature]

AUDIT DATE _____ COMMENTS: _____

PHYSICIAN'S SIGNATURE _____