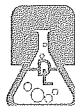


DOCTORS LABORATORY, INC.

P.O. BOX 4750 2906 JULIA []/E

VALDOSTA, GEORGIA 31604-4750

PHONE 800-342-7552



Medicare No. 65016769LA

P No. 28485-01

CLIA No. 11D0646134

PATIENT

HINES, PAIGE

PHYSICIAN

FUENTES

AUM NURSING CARE CENTER

7461 EAST DRIVE

MONTGOMERY, AL 36117

COLLECTED 09/26/2006 8:45 AM		RECEIVED 09/26/2006 3:01 PM	REPORT DATE 09/27/2006 6:00 AM	
ROOM #		ACCOUNT NUMBER 436099	ORDER NUMBER K5872436	
AGE 29 03/05/1977	SEX F	FASTING UNKNOWN	ROUTE 9501	PAGE 1

Pt Ph:

MRN:

PT ID#:

REQ#:

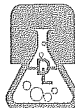
TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
GLUCOSE	94		70-110	MG/DL

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA
DIRECTOR: JACKSON L. GATES, M.D.

DOCTORS LABORATORY, INC.

P.O. BOX 4750 2906 JULIA L /E
VALDOSTA, GEORGIA 31604-4750
PHONE 800-342-7552



Medicare No. 65016769LA
P No. 28485-01
CLIA No. 11D0646134

PATIENT HINES, PAIGE
PHYSICIAN FUENTES

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 09/20/2006 3:00 PM	RECEIVED 09/20/2006 7:02 PM	REPORT DATE 09/21/2006 6:01 AM
ROOM #	ACCOUNT NUMBER 436099	ORDER NUMBER K5867258
AGE 29 03/05/1977	SEX F FASTING UNKNOWN	ROUTE 9501 PAGE 1

Pt Ph:

MRN:

PT ID#:

REQ#:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
CBC				
WBC	10.50		4.0-11.7	THOU/CUMM
RBC	4.78		4.2-5.4	MILL/CUMM
HEMOGLOBIN	12.6		12.5-16.0	GMS
HEMATOCRIT	37.8		37.0-47.0	%
MCV	78.9		78-99	FL
MCH		26.3 (L)	27-31	PG
MCHC	33.3		32.0-36.0	G/DL
RDW		15.0 (H)	11.5-14.0	%
PLATELET COUNT	271		140-440	THOU/CUMM
NEUTROPHILS	64.5		40-75	%
LYMPHOCYTES	28.5		15-45	%
MONOCYTES	5.7		4.0-12.0	%
EOSINOPHILS	0.7		0-6	%
BASOPHILS	0.6		0-2	%
THYROID PROFILE 2				
T3 (% UPTAKE)	27.1		27-42	%
T4	8.0		4.5-12	MCG/DL
T7	2.2		1.0-3.8	INDEX
TSH	2.55		0.27-4.2	uIU/ML

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA
DIRECTOR: JACKSON L. GATES, M.D.

SYPHILIS SEROLOGY

86592 86593 86781

ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES

Lab #

Name: Last Lewis	First Paige	MI	Date Received MM DD YY 03 05 01
County Health Dept. CHR Number	Date of Birth MM DD YY 03 05 77	RESULTS	
Medicaid Number	Sex F	VDRL	TP-PA
Social Security Number 422-27-7173	Date Collected MM DD YY 04 26 01	☐	☐ Nonreactive
Patient Address:		☐	☐ Weakly Reactive
		☐	☐ Unsatisfactory:
Specimen: ☐ Prenatal ☐ Spinal Fluid ☐ Blood		☐ dils	☐ Reactive

If private insurance available, send copy of card.

Mail Report to: **AUBURN UNIVERSITY MONTGOMERY
NURSING CARE CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023
334-244-3281**

☐ History of treatment for syphilis

MM DD YY
03 05 01

Date Reported

☐ Bham ☐ Decatur ☐ Dothan ☐ Mobile ☐ Mont.

ADPH-F-BCL-76/REV. 10/98

Provider Number

County Health Dept. CHR Number	Date of Birth MM DD YY 03 05 77
Medicaid/Medicare Number	Sex F
Social Security Number 422-27-7175	Date Collected MM DD YY 04 26 01
Patient Address:	

Reason for Visit

- ☐ Volunteer/Medical Problem ☐ Prenatal
☐ Initial ☐ Other, Specify
☐ Revisit/Annual (Family Planning) ☐ Unknown
☐ Sex Partner Referral

Clinic:

Mail Report to:

**AUBURN UNIVERSITY MONTGOMERY
NURSING CARE CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023
334-244-3281**

ADPH-F-BCL-79/REV. 10/98

Provider Number

RESULTS

- ☐ NON-REACTIVE ☐ REACTIVE
☐ INDETERMINATE ☐ UNSATISFACTORY

COMMENT

Analyst Date Reported

☐ Bham ☐ Mont.

Discharge ☐ Yes ☐ No

Pregnant ☐ Yes ☐ No

Site Code:

Name: Last Lewis	First Paige	MI	Date Received MM DD YY 03 05 01
County Health Department CHR Number	Date of Birth MM DD YY 03 05 77	RESULTS	
Medicaid Number	Sex F	VDRL	TP-PA
Social Security Number 422-27-7173	Date Collected MM DD YY 04 26 01	☐	☐ Nonreactive
Patient Address:		☐	☐ Weakly Reactive
		☐	☐ Unsatisfactory:
Source ☐ Urethral ☒ Cervical ☐ Vaginal		☐ dils	☐ Reactive

Note: Gonorrhea culture must be used for any other specimen source.

Mail Report to: **AUBURN UNIVERSITY MONTGOMERY
NURSING CARE CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023
334-244-3281**, AL Zip Code

ADPH-F-BCL-150

Provider Number:

Shaded areas for Laboratory use only

Date Received
MM DD YY
04-27-01

Gonostat Results

☐ Positive ☒ Negative

☐ Unsatisfactory #

Comments:

Analyst Date Reported
CPV 4-30-01

☐ Birmingham ☐ Mobile ☒ Montgomery



ALABAMA REFERENCE I
543 South Hull Street
Montgomery, Alabama 36104
334-263-5745 • 1-800-541-4931

RATORIES

BO



LABSOUTH, INC.
3221 Third Avenue South
Birmingham, Alabama 35222-1709
205-251-4191 • 1-800-828-7749

Name: LEWIS, PAIGE
Sex : F Age: 24
DOB : 03/05/1977
SSN : 422-27-7173
T.D. :
Room :
Req# :
Acc# : P290463

Collected: 04/26/2001 NO TIME
Received : 04/27/2001 11:30
Reported : 05/01/2001 10:35
Specimen : 1SL
Client Name: #: 10760
AUM NURSING CARE CENTER
244-3281

Route/Bin: 100
AUM NURSING CARE CENTER
IRMA B MOORE BLDG/RM 102
7300 UNIVERSITY DRIVE
MONTGOMERY, AL 36117-3596
Physician: SCHULMAN, LOIS

TEST	RESULTS	REFERENCE RANGE	SITE
------	---------	-----------------	------

P290463: SCREENING PAP, 1 SLIDE

SCREENING PAP, 1 SLIDE

1

<<< ARL/LABSOUTH CYTOLOGY REPORT >>>

SOURCE:
CERVICAL

LMP: 04/07/2001

CLINICAL HISTORY:
V76.2, PREV CYTO 2 YEARS AGO NORMAL

OF SLIDES: One (1) Slide Received
SPECIMEN ADEQUACY:
SATISFACTORY

RESULTS:
NORMAL (CLASS I). No evidence of dysplasia, CIN, or malignancy.

CYTOTECH:
BM
PERFORMED AT: ARL/LABSOUTH -3221 3RD AVE SOUTH- BIRMINGHAM, AL 35222

NOTE: Gynecologic Cytology (Pap smears/Thin Prep Cytology) are screening tests and as with all such tests, false positive and false negative results occur. Accordingly, the physician should be guided by his or her clinical judgement. Please contact the laboratory if the results seem discrepant so that the smear(s) may be reviewed.

*** END OF FINAL ***



ALABAMA REFERENCE LABORATORIES
543 South Hull Street
Montgomery, Alabama 36104
334-263-5745 • 1-800-541-4931



LABSOUTH, INC.
3221 Third Avenue South
Birmingham, Alabama 35222-1709
205-251-4191 • 1-800-828-7749

Name: LEWIS, PAIGE
Sex: F Age: 24
DOB: 03/05/1977
SS#:
I.D.:
Room:
Req#: 6580645
Acc#: M138263
Collected: 04/26/2001 11:00
Received: 04/26/2001 17:49
Reported: 04/27/2001 05:35
Specimen: 1F
Client Name: AUM NURSING CARE CENTER
#: 10760
244-3281
Route/Bint: 100
AUM NURSING CARE CENTER
IRMA B MOORE BLDG/RM 102
7300 UNIVERSITY DRIVE
MONTGOMERY, AL 36117-3596
Physician: SCHULMAN, LOIS

TEST	RESULTS	REFERENCE RANGE	SITE
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M138263: HEMOGLOBIN & HEMATOCRIT

HEMOGLOBIN & HEMATOCRIT

HEMOGLOBIN	12.6	g/dL	12.0-16.0	1
HEMATOCRIT	36.9	%	34.0-48.0	1

SM
4/27/01

7

*** END OF FINAL ***