

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

Maryluz Fuentes, M.D.
(334) 286-2390
DEA #BF-6451520
AL #24127

Name Paula Diaz Date 3/16/15
Address _____

Rx

Acyclovir 400mg
Disp. #15 #30
500mg Tab PO TID x 5 days

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: 3/16/15 TIME: _____ PT. HISTORY REVIEWED / UPDATED: _____
 PATIENT NAME: Paula Diaz DOB: _____ AGE: _____

PRESENT COMPLAINT: itching, burning lesion to upper lip since yesterday. More frequent, noticed more in warm weather when she is stressed. lesion started small itching & now tender & burning

MEDICATIONS: Abumma

LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies
98.7	51	12	93/61	64.8	127.6	

INITIAL VISIT

21.5

Skin <u>WPI. lesion noted to upper lip - center. appears</u>	RETURN VISIT..	
Slituses <u>herpetic, covered in abumma at assessment.</u>		
Ears <u>8 lesions elsewhere.</u>		
Eyes		
Nose		
Throat		
Neck/ Back <u>adenopathy</u>		
Heart <u>KRR</u>		
Lungs <u>CTA</u>		
Abdomen		
GU/GI		
Extremities		
DIAGNOSIS: <u>HSV - 1</u>		TESTS

PLAN:
 ① Acyclovir 400mg TID x 5 days x/refill
 ② cont Abumma PRN
 ③ RTC in 2 weeks for Follow-up
or if no improvement.

CALL BACK:

PRACTITIONER SIGNATURE: Camundysenp / [Signature]

STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____
 PHYSICIAN SIGNATURE: _____

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DEA #BF 6451520
AL #24127

Name

Address

Date

8-19-14

Rx

Nerve Pain

1

Use as directed

Label all prescriptions

Refill:

1

2

3

5

PRN

NR

Product Selection Permitted

Dispense As Written

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

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

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 8-19-14 TIME: 2:30 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Paula Diaz DOB: AGE: 19

PRESENT COMPLAINT: Requesting Rx for Nova Ring
Has been using for 2 months
Yams 3 per day

MEDICATIONS: <u>Novo ring</u>						LMP: <u>8-18-14</u>
Temp	Pulse	Resn	B/P	HT	WT	Allergies
	<u>53</u>		<u>105/64</u>			

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

DIAGNOSIS:	TESTS	RESULTS
<u>Rx Contraception</u>		

PLAN: Novo Ring x 1 yr

CALL BACK:

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE:

AUDIT DATE: COMMENTS:

PHYSICIAN SIGNATURE: