

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 9/25/14 TIME: _____ PT. HISTORY REVIEWED / UPDATED: 1
 PATIENT NAME: Michael Burger DOB: _____ AGE: that resolved

PRESENT COMPLAINT: was out of country and thought he developed an ear infection. Returned Monday and developed sinus pressure, severe. So severe he took hydrocodone last PM. Better today. Some drainage today. No known

MEDICATIONS: Benadryl, eudafed. Symvastatin, Norvasc, OTC LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies
98.2	88		128/82	68.6	203.5	Environmental

INITIAL VISIT		30.5	RETURN VISIT
Skin	fever. Temp max 98.8		
Sinuses	⊕ pressure over max		
Ears	TM's intact, ⊕ retrograde, ⊕ add		
Eyes	Clear		
Nose	Congested		
Throat	Sore, ⊕ tenderness		
Neck/Back	⊕ adenopathy		
Heart	J3 3 3 no PRR		
Lungs	Clear, ⊕ crackles		
Abdomen	non-tender		
GU/GI			
Extremities			
DIAGNOSIS:		TESTS	RESULTS
Unilateral			
Serous otitis media			

PLAN: _____
 1) Oxycodone 2.5mg
as needed
 2) Pseudoephedrine 5mg
as needed
 3) OTC meds per
instructions
 PRACTITIONER SIGNATURE: Robert, RN STAFF SIGNATURE: Row

AUDIT DATE: _____ COMMENTS: _____
 PHYSICIAN SIGNATURE: _____

PHYSICAL EXAMINATION RECORD CONTINUED: Dr. Michael Burger

4/7/14 11:15 136/79 P77

14:20 141/92 P83

4/10/14 @ 1620 129/78 p75

4/14/14 @ 1055 142/88 p73

1620 130/84 P71

4/16/14 @ 1120 144/91 P.62

1645 158/87 70

4/17/14 @ 830 143/87 70

1540 120/72 75

5/5/14 @ 10⁴⁵ 139/89 64

16⁰⁰ 132/84 84

5-28-14 9^{AM} 136/84

5-30-14 1⁴⁵ 147/89 100

6/2/14 9³⁰ 138/83 69

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 1/24/14 TIME: 1145 PT. HISTORY REVIEWED / UPDATED: 1 / 1
 PATIENT NAME: Michael Burger DOB: _____ AGE: _____

PRESENT COMPLAINT: Hands -> about 3 wks ago noticed chapping of hands. Used lotion but between fingers is having more dryness, itching, chapping more pronounced.

MEDICATIONS: Symstatin, Norvasc, ASA

Temp	Pulse	Resp	BP	HT	WT	LMP: _____
						Allergies: _____
						Environmental: <u>PCN</u>

INITIAL VISIT		RETURN VISIT
Skin	<u>Dry, some fissures</u>	
Shin	<u>exacerbated fissures</u>	
Ears	<u>on knees after standing</u>	
Eyes	<u>into finger washing</u>	
Nose		
Throat		
Neck/Back		
Heart		
Lungs		
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>Dry, Sensory</u>		
<u>Sensory / RT hand</u>		

PLAN: Apply the
hand cream
continue with
hydration
to the

PRACTITIONER SIGNATURE: [Signature]

CALL BACK: 2/4/13 @ 1330 PT states hands are much better at this time. AM

STAFF SIGNATURE: [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

Darlene Pierce, C.R.N.P.
Lic. #1-134315
RX: 3692

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

Name Miguel B. B. Jr. Date 7-22-13
Address _____

R azithromycin
250mg
1000mg
to take 1-2 PK
according to PK
directions
1-2 times

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: 7-22-13 TIME: 2:40 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Michael Burger DOB: _____ AGE: _____

PRESENT COMPLAINT: States he recently learned to
Brazil; now is "sick", congested; sinus
pressure, cough

MEDICATIONS: Sinupret, nasal, NSA LMP: _____

Temp	Pulse	Reso	BP	HT	WT	Allergies
98.9	75		130/80			Penicillin

INITIAL VISIT	RETURN VISIT
Skin	
Shinets (+) pressure	
Ears TM's intact, & redness	
Eyes Clear	
Nose Congested	
Throat Red, & exudate	
Neck/Back & adenopathy	
Heart S3-S4 (m)	
Lungs Crackles, (+) cough - non-	
Abdomen non-tender productive	
GU/GI	
Extremities	

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

PLAN: Azithromycin 250mg
X 5 days
Doxitracin 200mg
Mucinex PM 8TC

CALL BACK:
7/25/13 - left message to call 545. (L)
7/25/13 - pt returned call states he is
starting to get better. (L)
6440.

PRACTITIONER SIGNATURE: Lester, MD STAFF SIGNATURE: 356-6265

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 5/23/12 TIME: 1310 PT. HISTORY REVIEWED/UPDATED 1 / 1

PATIENT NAME: Michael Burger DOB: _____ AGE: _____

PRESENT COMPLAINT: Had a physical and was told ears were blocked.
Was sent here to have them debrided. Used H₂O₂ to soften wax

MEDICATIONS:

LMP: _____

Temp	Pulse	Resp	BP	HT	WT	Allergies

INITIAL VISIT

Skin

Sinuses

Ears

Eyes

Nose

Throat

Neck/ Back

Heart

Lungs

Abdomen

GU/GI

Extremities

RETURN VISIT

DIAGNOSIS:

TESTS

RESULTS

Debris on tympanic membrane
examined

PLAN:

CALL BACK:

RTC

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

Stacey E. White, C.R.N.P.
Lic. #1-077155
RX: 1501

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

Name Michael Burger Date 9-28-11

Address _____

R Bactrim DS

Disp: 20

sig: $\dot{\bar{p}}$ 1 q.o BID x 10 d
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.

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

Stacey E. White, C.R.N.P.
Lic. #1-077155
RX: 1501

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

Name Michael Burger Date 9-28-11

Address _____

R Modest Dose PK

Disp: 1

sig: Terram directed
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
PROBLEM VISIT RECORD**

DATE: 9/28/11 TIME: 1625

PT. HISTORY REVIEWED/UPDATED: _____

PATIENT NAME: Michael Borger

DOB: _____

AGE: _____

PRESENT COMPLAINT: Symptoms began yesterday, was better this A.M but has worsened today. (+) congestion, (R) ear pressure. Ø drainage, Ø fever. Ø cough Ø body aches.

EDICATIONS: Symbiotic, norvasc, ASA

LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies
98.7	64		132/74			PCN, environmental

INITIAL VISIT

INITIAL VISIT	RETURN VISIT
Skin	
Sinuses	
Ears <u>(L) red, (R) red, (P) red</u>	<u>10/5/11 @ 1605 PT</u> <u>states he has been</u> <u>using H₂O₂ in his</u> <u>ears. TM visible</u> <u>in (L) ear now.</u> <u>Ear flushed w/</u> <u>WA irrigation</u> <u>system. Large</u> <u>amount of cerumen</u> <u>removed. PT tolerated</u> <u>procedure well.</u> <u>(R) ear canal</u> <u>clear. AM</u>
Nose <u>congested</u>	
Throat <u>Red, Ø exudate</u>	
Neck/Back <u>Ø adenopathy</u>	
Heart	
Lungs <u>Clear R/L, Ø cough</u>	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS: (R) otitis media
with effusion
Paranasal sinusitis
up. (L) ear

TESTS	RESULTS

PLAN: Butrin DS +
BID x 10 d

CALL BACK: _____

meds as above. OK
amblyopexia
for (L) ear BID x 3-4 days

PRACTITIONER SIGNATURE: [Signature]

STAFF

SIGNATURE: [Signature]

AUDIT DATE: _____

COMMENTS: _____

PHYSICIAN SIGNATURE: _____

PROBLEM VISIT RECORD CONTINUED:

4/19/11 @ 1140	142/80	(L) manual	— Inj on
4/20/11 @ 12:00	130/86	(L) manual	R. Lagenby CRNP
4/21/11 @ 900	130/78	(L) manual	Inj on
4/22/11 @ 1045	132/84	(L) manual	Inj on
4/25/11 @ 245	140/78	(L) manual	C. Stewart CRNP

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 3/1/11 TIME: 945 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Michael Burger DOB: _____ AGE: _____

PRESENT COMPLAINT: Poss. ear infection developed over the weekend, in (R) ear. (+) congestion. (+) drainage. No sore throat or fever. (+) HA. No tooth pain

ALLERGIES: Simvastatin, ASA, sulfated PE, ibuprofen LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies
<u>97.8</u>			<u>132/90</u>			<u>NKMA → PCW (family allergy)</u>

INITIAL VISIT						RETURN VISIT
Skin						
Sinuses	<u>0 pressure</u>					
Ears	<u>Concha partially occluded</u>					
Eyes	<u>2 L exudate (R) TM red,</u>					
Nose	<u>(+) gpd.</u>					
Throat	<u>nostril: Congested</u>					
Neck/Back	<u>Throat: A redness</u>					
Hear	<u>nostril: (+) tenderness (R)</u>					
Lungs	<u>CA anterior Lcv.</u>					
Abdomen	<u>Large: Clean; (+) cough</u>					
GU/GI						
Extremities						

DIAGNOSIS:	TESTS	RESULTS
<u>(R) otitis media</u>		
<u>E effusion</u>		

LAN: Ceftriaxone 250 mg
PO BID x 10d
max 9000 mg PK
ATC if not improving

CALL BACK: 3/9/11 @ 2PM left message to call
SHC. AM
@ 3PM Pt returned call and states he is feeling "fine". A couple of pills were missed / washed down sink but otherwise has completed dose of antibiotics. AM

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

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

AUM NURSING CARE CENTER
PROBLEM VISIT RECORD

2 months ago and treated everything

DATE: 1/20/11 TIME: 9:05

PT. HISTORY REVIEWED / UPDATED

PATIENT NAME: Michael Burger

DOB:

AGE:

PRESENT COMPLAINT: 2-3 months ago wife began breaking out in small bumps (extremities & abdomen). Eventually diagnosed as scabies. Now pt has developed plaques on hands but not down trees over weekend. Less itchy than

MEDICATIONS: Symbistatin 20mg, ASA

LMP:

Temp	Pulse	Resp	BP	HT	WT	Allergies
			140/76			PCN

INITIAL VISIT

Skin what wife experienced. Has not put anything on these places.

RETURN VISIT

Sinuses

Ears

Eyes

Nose

Throat

Neck/Back

Heart

Lungs

Abdomen

GU/GI

Extremities

bil hands L & R, linear erythematous lesions. 3 in in length on (L) hand; (R) hand a few spots < .5

DIAGNOSIS: 1. Contact dermatitis

TESTS

RESULTS

PLAN:

CALL BACK:

HYDROCORTISONE 2.5%
NDC# 0472-0337-20
LOT# L907004
07/31/2011
20 GRAMS

1. Hydrocortisone cream apply TID to area
2. Benadryl OTC as needed

PRACTITIONER

SIGNATURE:

STAFF

SIGNATURE:

AUDIT DATE:

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 11/3/10 TIME: 2:30 PT. HISTORY REVIEWED / UPDATED _____

PATIENT NAME: Michael Burger DOB: _____ AGE: _____

PRESENT COMPLAINT: Hx of cerumen build up. Periodically needs to have them flushed.

MEDICATIONS:

Temp	Pulse	Resp	BP	HT	WT	LMP:
			<u>140/88</u>			Allergies

INITIAL VISIT

Skin	<u>11/4/10 RETURN VISIT</u> <u>BP @ 11:05 142/94</u>
Sinuses	
Ears <u>BUP. ear impaction E</u>	
Eyes <u>large cerumen. Removed</u>	
Nose <u>C ear probe. TM's</u>	
Throat <u>Intact, (R) cannot see.</u>	
Neck/ Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS
<u>Cerumen impaction</u>		
<u>Bilateral dry</u>		

PLAN:
Fluon ear drops
Hydrogen Peroxide
2X daily
RTC PR

CALL BACK:

PRACTITIONER SIGNATURE: [Signature]

STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

**AUM Adult Screening and Immunization Documentation Form
2009 H1N1 Influenza Monovalent Vaccination Program**

Patient Information:		
Last Name: <u>Burger</u>	First Name: <u>(Jeno) Michael</u>	Date of Birth: <u>1/22/62</u>
AUM Student/Employee ID Number: <u>500052641</u> E-mail Address: <u>mburger1@auburn.edu</u> Phone #: <u>X-3380</u>		

Please Carefully Read and Answer the Following Questions: (circle your answer)

1	Are you between the ages of 10 and 49 years?	Yes ☒	No ☐
2	If you are between the ages of 10 and 17 years, do you take aspirin or aspirin containing medications daily? (Please inform the healthcare provider of any medications you take daily so we can carefully screen for any aspirin containing products)	Yes ☒	No ☐
3	Have you received the 2009-2010 seasonal influenza vaccine? If so, did you receive the nasal or injection ☒ . How long has it been since this vaccination? <u>ca. 60</u> (days)	Yes ☒	No ☐
4	Do you currently feel sick or have a fever?	Yes ☐	No ☒
5	Are you taking any prescription medications to prevent or treat influenza? (Amantadine, Rimantidine, Tamiflu®, Relenza®) Have you taken any antivirals in the past 48 hours?	Yes ☐	No ☒
6	Have you ever had a serious reaction to the flu vaccine? Please describe:	Yes ☐	No ☒
7	Do you have an allergy to any of the following: eggs, chicken or egg protein, gentamicin, gelatin, arginine, neomycin, polymyxin B, thimerosal, formaldehyde? List any allergies: <u>may be allergic to penicillin</u>	Yes ☐	No ☒
8	Do you have a chronic health problem such as: heart disease, lung disease, asthma, kidney disease, diabetes, anemia, or other blood disorder?	Yes ☐	No ☒
9	Do you have an active neurological disease (a disease of the brain, nervous system, etc.)?	Yes ☐	No ☒
10	Do you have a history of Guillain-Barre Syndrome (GBS)?	Yes ☐	No ☒
11	Has your doctor ever told you that you have an immune system disorder? Are you currently taking long-term corticosteroids (prednisone, methylprednisolone, etc.); immunosuppressants; chemotherapy; biologic immune modulating medications such as Remicade®, Enbrel®, Humira®, etc? If you have an inflammatory condition such as arthritis, asthma, psoriasis, inflammatory intestinal disease, etc. Please tell the healthcare provider now.	Yes ☐	No ☒
12	Do you have HIV, cancer, or have you received an organ transplant?	Yes ☐	No ☒
13	Do you live with, care for, or have close contact with anyone who is severely immunocompromised or someone who has to be in protective environment (such as transplant patients)?	Yes ☐	No ☒
14	Have you received any vaccines in the past 30 days or do you plan to receive any vaccines in the next 4 weeks?	Yes ☐	No ☒
15	Is there any chance that you are currently pregnant?	Yes ☐	No ☒
16	Please list all of the medications that you currently take for any disease state (so the healthcare provider administering the vaccine can conduct a medication screening to ensure you are a candidate)? <u>antibiotic ; baby aspirin , lipitor (20mg)</u>		

"I have read (or have had explained to me) the information in the 2009 H1N1 Influenza Monovalent Information Statement (VIS). I have also had an opportunity to ask questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine, and I consent to receive the vaccine.

Signature: [Signature] Date: 11/15/09

ASSESSMENT BY IMMUNIZATION CERTIFIED HEALTHCARE PROVIDER:

☒ Give injectable H1N1 flu vaccine today ☒ Give intranasal Live H1N1 flu vaccine today ☐ Do NOT give either H1N1 vaccine today	Vaccine Information Statement (VIS) Provided: ☐ Inactivated, H1N1 Influenza Monovalent Vaccine ☒ Live, H1N1 Influenza Monovalent Vaccine Interviewer's Signature: <u>[Signature]</u> Date: _____
---	---

DOCUMENTATION OF VACCINE ADMINISTRATION

Live Intranasal H1N1 Influenza (MedImmune) NDC# 66019-200-10 Lot #: 500754P Expiration Date: January 25, 2010 Dose: 0.2 ml Route: Intransal	Inactivated H1N1 Influenza: Manufacturer: (circle) Sanofi-Pasteur Lot# <u>UPO22AA</u> Exp: 4/5/2011 Novartis Lot#: <u>102041P1</u> Exp: 3/31/2011 Dose: 0.5 ml Route: IM Site: Left/ Right Deltoid
Administered By: <u>[Signature]</u> Date: <u>11-19-09</u>	Preceptor: _____

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 Michael Burger Date 7-15-10
Address _____

R

Stenocard DS
12d
sig: Take as directed
Stewart

Label all prescriptions

Product Selection Permitted

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

Refill: 1 2 3 5 PRN NR

Dispense As Written

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

AUM NURSING CARE CENTER
PROBLEM VISIT RECORD

DATE: 7/15/10

TIME: 1455

PT. HISTORY REVIEWED / UPDATED 1

PATIENT NAME: Michael Burger

DOB: on neck

AGE: 1

PRESENT COMPLAINT: Rash & pustules developed on (R) hand, (R) wrist, (L) wrist.

welts on face. Pulled down a couple vines 2 days, only using (R) hand.
No itching noted or weeping. Does not recall any leaves

ADMINISTRATIONS: Paradeo (mouth wash for oral surgery) Lipitor, ASA 8mg LMP:

Temp	Pulse	Resp	BP	HT	WT	Allergies
						<u>PCN, codeine</u>

INITIAL VISIT

Skin hitting face.
 Mucous erythematous
 Ears noted on paranasal,
 Eyes trauma, face: large.
 Nose some vesicles noted
 Throat on paranasal

RETURN VISIT

Neck/Back

Heart

Lungs

Abdomen

GU/GI

Extremities

DIAGNOSIS:

Contact dermatitis

TESTS

RESULTS

PLAN:

1) Ointment as + qd
2) RTC in 2 wks
! pm

CALL BACK:

PRACTITIONER

SIGNATURE:

Dr. Bennett, NP

STAFF

SIGNATURE:

[Signature]

AUDIT DATE:

COMMENTS:

PHYSICIAN SIGNATURE:



AUBURN
MONTGOMERY

Auburn Montgomery Nursing Care Center
F A C S I M I L E

TO:

Dr. Fuentes

FROM:

AJM - Student Health

COMPANY:

Montgomery Primary Med. Assoc.

DATE:

2/26/10 @ 11:00

FAX NUMBER:

286-2397

TOTAL NO. PAGES, INCLUDING COVER:

5

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE:

J. Michael Burger

CC:

☐ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

☐ PLEASE RECYCLE

NOTES/COMMENTS:

AUBURN UNIVERSITY MONTGOMERY

STUDENT HEALTH CENTER

P.O. Box 244023

Montgomery AL 36124

7461 East Drive 36117

Office (334) 244-3281 Fax (334) 244-3396

This is to verify that a copy of the following records and/pr lab results were given to

J. Michael Burger

Print Patient's Name

on

2/25/10

Date

Description of records(s) copied: Labs - verbal permission
for labs to be sent through campus mail

Patient's Signature

Date



BlueCross BlueShield
of Alabama

BLUE CROSS
PREFERRED
CARE

Subscriber Name
JENO MICHAEL BURGER
Contract Number
PPA805398377

AUBURN UNIVERSITY

Group Number 37655
Effective Date 08-01-2009
Rx BIN Number 004915

HEALTH

PAC



~~PT. HISTORY REVIEWED / UPDATED~~

AGE:

MEDICATIONS:

LMP:

INITIAL VISIT

RETURN VISIT

Extremities

DIAGNOSIS: Lab. draw

TESTS

RESULTS

CBC, com. p, Lipid panel

7 see lab

TSH $\frac{1}{2}$ NA

PLAN:

CALL BACK:

Blood drawn from (L) AC & ZG vacutainer;
pt tolerated well. Lab results to be
faxed to pt and another copy to be
sent to pt per his request. mwh

PRACTITIONER

SIGNATURE:

STAFF

SIGNATURE:

AUDIT DATE:

COMMENTS:

PHYSICIAN SIGNATURE:

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

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 11/17/09 TIME: 935 PT. HISTORY REVIEWED/UPDATED:

PATIENT NAME: Michael Berger DOB: AGE:

PRESENT COMPLAINT: Hx of cerumen build up. Has ear infections ~ 1 yr. (R) ear
discomfort over weekend. No drainage from. No HA. No fever.
Some sinus/nasal congestion

MEDICATIONS: Lipitor, ASA, Aciplox

Temp	Pulse	Resp	B/P	HT	WT	LMP:	Allergies
98.2			136/84				PCN, cefadine

INITIAL VISIT		RETURN VISIT
Skin		
Sinuses	φ pressure	
Ears	TM's intact, (R) TM red, (L) fluid	
Eyes	Clear	
Nose	Longer 1st	
Throat	2nd red, φ exudate	
Neck/Back	φ adenopathy	
Heart		
Lungs		
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
1) <u>(R) otitis media</u>		
2) <u>Common respiratory</u>		
3) <u>(R) sinus</u>		

PLAN: 1) Lipitor 250mg
p.o. BID x 10 d
2) Cont. OTC cold
meds for
3) RTC if not improving

CALL BACK:

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