

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 Kia Holloway

Date 8/21/15

Address _____

R Hydrochlorothiazide 12.5mg
Disp #30
Sig take PO q AM

Eis Petru M.D. or C.R.N.P.
Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR EP

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 Kia Holloway

was seen on 8/20/15

and is able to return to work / school on 8/22/15 at 1400 am / pm

Nature of illness or injury Confidential

☐ Restrictions

☐ Light work

Physical exertion:

☐ Limited

☐ Other

☐ Avoid x

Days

CRNP / RN

Eric Pettit

Phone (334) 244-3281

Date 8/20/15

Fax (334) 244-3243

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

Kia Harraway

Address

Date

4-28-14

R

Tamoxifen oph 5mg qd
Rx: 5mg
X7 days
Last dose

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: 4/28/14 TIME: 1025 PT. HISTORY REVIEWED / UPDATED: 1
 PATIENT NAME: Kia Holloway DOB: 10/2/66 AGE: 47

PRESENT COMPLAINT: ① Eye started getting red Tuesday and started using Visen and ② Eye started getting red as well. Pt been using Visen in both eyes and states it burns when she uses it. Pt states

MEDICATIONS: Visen LMP: 4/17/14

Temp	Pulse	Resp	BP	HT	WT	Allergies
98.2	72		131/85	68.3	262.0	NKMA

INITIAL VISIT 39.3

INITIAL VISIT	RETURN VISIT
Skin they are more red in morning. Pt states eye Sinuses feel like they are tired. Pt states there has Ears been gunk having mucous out of ① eye and Eyes only ② eye has been watery. Denies any crusting Nose over of eyes. Pt states she can only think that Throat could having gotten in it is maybe eyeliner or Neck/ Back pollen. Heart Eye: Conjunctiva red Lungs Discharge. Sp mucus Abdomen discharge ① photo - GU/GI Sensitivity. Extremities	

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

PLAN: 500 CALL BACK: 5/1/14
Tetracycline open 0.3 to 5/1/14 - left message to call. ①
Hydrocortisone 7-4 X7 d 5/1/14 - Spoke to Pt. states eyes
Visen 2x daily qth are much better ②
OTC pr

PRACTITIONER SIGNATURE: Stewart, CRNP STAFF SIGNATURE: Billy Mayuk

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Disability Determination Services FROM: Aum SHS
COMPANY: Social Security Admin DATE: 3/1/14 *Impcd*
FAX NUMBER: 1-800-524-6486 TOTAL PAGES, INCLUDING COVER 8
PHONE NUMBER: 1-205-989-2100 SENDER'S REFERENCE NUMBER
RE: Kia Holloway CC:
☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

NOTES/COMMENTS

The contents of this Fax message and any attachments are intended solely for the addressee(s) named in this message. This communication is intended to be and to remain confidential and may be subject to applicable attorney/client and/or work product privileges. If you are not the intended recipient of this message, or if this message has been addressed to you in error, please immediately alert the sender by fax and then destroy this message and its attachments. Do not deliver, distribute or copy this message and/or any attachments and if you are not the intended recipient, do not disclose the contents or take any action in reliance upon the information contained in this communication or any attachments.

P. O. Box 244023 Montgomery, AL 36124/ 334-244-3281 fax 334-244-3396

UNIT: 05/25

DMAF

Disability Determination Service
Post Office Box 830300
Birmingham, Alabama 35283-0300

Birmingham Number 205-989-2100**Toll-Free Number 1-800-292-8106**

March 04, 2014

Toll-Free Fax Number**1-800-524-6489**

TAX ID: M00001064

PAY TO: AUBURN MONTGOMERY STUDENT

CLAIM: G11306

TDN: 1826968580

AUBURN MONTGOMERY STUDENT
HEALTH CENTER
POST OFFICE BOX 244023
MONTGOMERY AL 36124-4023

RE: KIA HOLLOWAY
AKA: UMOH, KIA
2525 GREENVILLE ST
MONTGOMERY AL 36107
A/N: 559-19-7657 INT/CON
DOB: October 02, 1966

ATTENTION: MEDICAL RECORDS

The Disability Determination Service (DDS) is writing to obtain medical evidence on behalf of this individual who has applied for disability or blindness benefits under the Social Security Act. The DDS is responsible for determining if the individual is disabled or blind.

Please forward records for the dates *specified on the attached authorization form* to include the following: admission and discharge summaries, outpatient progress notes, emergency room records, operative notes, pathology reports, x-rays and other imaging studies. The enclosed authorization form may contain a request for specific information.

The DDS is authorized to pay for this information. This payment does not apply to Federal records. This authorization cannot be transferred to a third party or another tax number. A reply within 10 days would be appreciated. Unless the information is received within 60 days, no payment can be made.

PLEASE SIGN THE LETTER IN THE SPACE BELOW, AND **FAX** IT TO THE DDS WITH THE REQUESTED INFORMATION VIA OUR TOLL-FREE FAX NUMBER **1-800-524-6489**. NO OTHER BILLING IS NECESSARY.

AUTHORIZED AMOUNT \$ 0.00

VENDOR: AUBUR0048

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Sincerely,

Chad M Ballinger
[Electronically Signed]

Disability Specialist, Telephone Ext. 625

Enclosure: Authorization Form

H01 - CMB



RQID:1826968580G11306

SITE:S01 DR:S

SSN:559197657 DOCTYPE:0001 RF:D CS:f35e

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 2/3/14 TIME: 1325 PT. HISTORY REVIEWED/UPDATED: 1 / 1

PATIENT NAME: Kia Holloway DOB: _____ AGE: _____

PRESENT COMPLAINT: Had some lower back pain for about 3 days. Some some frequency but states she always has that because she thinks her fibroids are pushing on bladder. Denies burning,

MEDICATIONS: Probiotic LMP: _____

Temp	Pulse	Resp	BP	HT	WT	Allergies
96.3	80	20	138/90			NKMA

INITIAL VISIT		RETURN VISIT
Skin	urgency, or discharge. states she think she has	
Shoes	a UTI and pain when holding it.	
Ears	H/O perineal <u>perineal</u> tumors / <u>heavy</u>	
Eyes	<u>bleeding, anemia, just</u>	
Nose	PAP $\approx$ 2 months ago health department	
Throat	<u>pharynx</u>	
Neck/Back	<u>of cva tenderness. 39</u>	
Heart	<u>tenderness on palpation</u>	
Lungs	<u>of lumbar, sacral areas</u>	
Abdomen	<u>abuse, firm, mod</u>	
GU/GI	<u>tender on palpation</u>	
Extremities	<u>(perineal gyn / hemorrhoids)</u>	

DIAGNOSIS	TESTS	RESULTS
1) <u>Back pain</u>	urine dipstick	See labs
2) <u>A/O uterine fibroids</u>	GC, chlamydia, Trich	See labs
3) <u>heavy menstrual bleeding</u>	BC, thyroid	

PLAN:

- 1) CBC, thyroid
- 2) 800mg
- 3) 800mg
- 3) will review lab

decide course of action

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

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

PREPARED BY AUM NCC
REVISED/ADOPTED 1994

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

Kia H. Perry

Date

3-4-13

Address

Rx

Doxycycline 500mg
30
sig: + po tid x 10 days
L. Stewart

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

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: 3/4/13 TIME: 15²⁵ PT. HISTORY REVIEWED/UPDATED: 1 / 1

PATIENT NAME: Kia Holloway DOB: _____ AGE: _____

PRESENT COMPLAINT: (R) ear -> poss ear infection. Has had sinus congestion and drainage. No nasal drainage. Ear popping. Ear aching 1 1/2 wks. No drainage from ear. (+) Itching. (Has a

MEDICATIONS: 0 LMP: 2/20/13

Temp	Pulse	Resp	BP	HT	WT	Allergies
<u>97.1</u>	<u>96</u>		<u>132/96</u>	<u>5'8.25"</u>	<u>209</u>	<u>NK MA</u>

INITIAL VISIT		RETURN VISIT
Skin	cavity on R side). W/D	
Sinuses	Ø pressure	
Ears	clear, intact TM	
Eyes	clear	
Nose	congestion	
Throat	Exudate, pink posterior pharynx, no visible dental caries	
Neck/Back	+2 tender right submandibular, lymphadenopathy	
Heart	S ¹ S ² <u>5 in</u>	
Lungs	clear bilaterally, Ø cough	
Abdomen	soft, obese	
GU/GI		
Extremities		

DIAGNOSIS: <u>Lymphadenopathy, of</u>	TESTS	RESULTS
<u>upper questionably origin,</u>		
<u>Possible upper respiratory infection</u>		

PLAN: Amoxicillin 500mg po tid x 10 days Return to clinic if not any better.

CALL BACK: 3/12/13. Spoke E pt. States throat is better, ear feels sensibly. Advised to continue meds + if symptoms are still show, call SHS for her appt. (TP)

PRACITIONER: mm HMM, FNP student SIGNATURE: [Signature]

STAFF: CRNP SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____