

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 _____

R

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: Abuuma

LMP: _____

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

INITIAL VISIT

21.5

Skin	WPI. lesion noted to upper lip - center. appears	RETURN VISIT
Slashes	herpetic, covered in abuuma at assessment.	
Ears	0 lesions elsewhere.	
Eyes		
Nose		
Throat		
Neck/Back	adenopathy	
Heart	KRR	
Lungs	CTA	
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>HSV - 1</u>		

PLAN: CALL BACK:
 ① Acyclovir 400mg TID x 5 days x refills
 ② cont Abuuma PRN
 ③ Rtc in 2 weeks for follow-up or if no improvement.

PRACTITIONER SIGNATURE: Guindaycknp / [Signature] STAFF SIGNATURE: CRN

AUDIT DATE: _____ COMMENTS: _____
 PHYSICIAN SIGNATURE: _____

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Name

Address

Date

8-19-14

R

Nerve Pain
1
3-5 times as directed

Product Selection Permitted

M.D. or C.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: 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: Nova ring LMP: 8-18-14

Temp	Pulse	Resp	BP	HT	WT	Allergies
	<u>53</u>		<u>105/64</u>			

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

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

PLAN: Nova Ring X1 yr

CALL BACK:

PRACTITIONER SIGNATURE: Lauren West, RN STAFF SIGNATURE:

AUDIT DATE: COMMENTS:

PHYSICIAN SIGNATURE: