Inbound Fax Cover Sheet - Curaspan Health Group

Page 1 of 1

Scottsdale Healthcare-Osborn

7400 EAST OSBORN ROAD, SCOTTSDALE,AZ,85251 Phone (480) 882-4000 www.shc.org

Inbound Fax Cover Sheet

Patient Summary

Patient:

LOIS LEVINE

Episode:

A1516310148

MRN:

217981

DOB:

02/27/1940

Document Abstract

Document Name:

cont care orders

Prepared by:

Michelle Gibaut

Comments:

Document Contents

The attached document contains:

[x] Referral or Placement Information

*** RELEASE OF INFORMATION NOTICE

- [] Transport Information
- [] Payer or Review Information
- [] Patient Record

*** DOCUMENT WILL BE AUTOMATICALLY MADE ACCESSIBLE TO ALL PROVIDERS WITH ACTIVE REFERRALS AS SOON AS THE DOCUMENT HAS BEEN SUCCESSFULLY RECEIVED AND PROCESSED.

Instructions for Sender

- 1) Place this cover sheet on top of document set (ONE COVER SHEET REQUIRED PER PATIENT PACKET)
- 2) Fax complete package to (866) 432-8041
- 3) PDF version of this document will be loaded into LOIS LEVINE's patient record on the secure Curaspan applications after the fax transmission has successfully completed. This upload and conversion process could take several minutes.





Patient Health Information Legal Disclosure: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by HIPAA (the federal Health Insurance Portability & Accountability ACT) or personal information protected by state data privacy or security laws. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. If you received this in error, please notify Michelle Gibaut at phone (602) 208-0423 or e-mail at mglbaut@shc.org to arrange the return or destruction of the information and all copies.

Page: 1

LEVINE, LOIS Scottsdale Osborn Medical Center FEG_98 PROM: 00/19/15 08:28 ROOM: 602-1 ADM: 08/17/15 13:23 AGE: 78Y BEX: F MD: TUMIALAN, LUIS MA DOB: 02/27/1940 ID: 1516310148 MR: 0000217981 REQUESTED:08/20/15 08:28 OPT OUT:

Requisitions Report

Patient Department:

Patient Diagnosis: Patient Ht/Wt:

SPODYLOLISTRESIS* 5ft1in / 50kg Est

Active Allergies:

Benadryl, Penicillins, latex

*** REPRINT of NEW Order for DISCH ***

Requisition Count: 1 of 1

Order #

Order Description

Freq

Priority ROUTN

Qty Order Start

Order Stop

00093

*CONTINUING CARE

Btandard

06/20/15 08:00

ORDERS Part 1

of Care

ROUTINE

Order Detail

- 1. Facility Name: Advance
- 2. Code Status/Patient-Family Informed: Full Code
- 3. Free from TB7: YES
- 6. Diet: Resume home diet
- 8. Activity: As tolerated
- 9. Restrictions/Precautions: No driving while taking narcotics
- 22. Physical Therapy: Evaluate and Treat
- 23. Occupational Therapy: Evaluate and Treat
- 25. PHYSICIAN CERTIFICATION: I certify the medical benefits reasonable to be expected from the provision of appropriate medical treatment at another facility outweigh the risks, if any, to the medical condition, from affecting the transfer.
- 26. FINAL CONTINUING CARE ORDERS: to include parts 1 and 2, ELECTRONICALLY SIGNED AND AUTHENTICATED

Order Comments: Orders reviewed and verified with provider on 06/20/2015 07:56

Ordered by

Entered by

Entered date

MD SUESCUN, CARLOS A

MD SUESCUN, CARLOS A

06/20/15 08:00

Scheduled for:

Requisition #: 12863613

Occurrence #: 267883165 PCM

Placer #: 267883152 PCM

Page: 1

INTERIM

6W

Page: 1

LEVINE, LOIS Scottsdale Osborn Medical Center Jea Da PROM: 06/19/15 08:28 ROOM: 602-1 ADM: 06/17/15 13:23 AGE: 75Y SEX: F MD: TUMIALAN, LUIS MA DOB: 02/27/1940 ID: 1516310146 MR: 0000217961 REQUESTED:08/20/16 08:28 OPT OUT:

Requisitions Report

Patient Department:

Patient Diagnosis: Patient Ht/Wt:

SPODYLOLISTHESIS* 5ft1in / 50kg Est

Active Allergies:

Benadryl, Penicillins, latex

*** REPRINT of NEW Order for DISCE ***

Regulsition Count: 1 of 1

Order #

Order Description

Freq

Priority Qty Order Start

00093

*CONTINUING CARE

Standard

ROUTN

06/20/15 08:00

Order Stop

ORDERS Part 1

of Care

ROUTINE

Order Detail

- 1. Facility Name: Advance
- 2. Code Status/Patient-Family Informed: Full Code
- 3. Free from TB?: YES
- 6. Diet: Resume home diet
- 8. Activity: As tolerated
- 9. Restrictions/Precautions: No driving while taking narcotics
- 22. Physical Therapy: Evaluate and Treat
- 23. Occupational Therapy: Evaluate and Treat
- 25. PHYSICIAN CERTIFICATION: I certify the medical benefits reasonable to be expected from the provision of appropriate medical treatment at another facility outweigh the risks, if any, to the medical condition, from affecting the transfer.
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Order Comments: Orders reviewed and verified with provider on 06/20/2015 07:56

Ordered by

Entered by

Entered date

MD SUESCUN, CARLOS A

MD SUESCUN, CARLOS A

06/20/15 08:00

Scheduled for:

Requisition #: 12863613

Occurrence #: 267883165 PCM

Placer #: 267883152 PCM

LAST PAGE

INTERIM

Page: 1

LEVINE, LOIS Scottsdale Osborn Medical Center req_ps FROM: 06/18/16 08:26 ROOM: 602-1 ADM: 06/17/18 13:23 AGE: 76Y SEX: F MD: TUMIALAN, LUIS MA DOB: 02/27/1940 ID: 1618310148 MR: 0000217981 REQUESTED:06/20/15 08:28 OPT OUT:

Regulations Report

Patient Department:

Patient Diagnosis:

Active Allergies:

SPODYLOLISTHESIS*

Patient Ht/Wt:

5ftlin / 50kg Est

Benadryl, Penicillins, latex

*** REPRINT of NEW Order for DISCH ***

Requisition Count: 1 of 1

Order #

Order Description

Freq

Qty Order Start Priority

Order Stop

00094

*CONTINUING CARE

Standard

ROUTN

06/20/15 08:00

ORDERS Part 2

of Care ROUTINE

Order Detail

1. Follow Up: ; Primary Care Physician; ; ; Call for appointment

2. Follow Up: Dr. Tumialan; ; ; 1-2 weeks; Call for appointment

Order Comments: Refer to part 1 for electronic signature

Ordered by

Entered by

Entered date

MD SUESCUN, CARLOS A

MD SUESCUN, CARLOS A

06/20/15 08:00

Scheduled for:

Requisition #: 12863614

Occurrence #: 267883166 PCM

Placer #: 267883153 PCM

LAST PAGE

LEVINE, LOIS MR: 0000217981 ID: 1516310148 DOB: 02/27/1940 - req_ps ROOM: 602-1

Page: 1

INTERIM

Page: 1

LEVINE, LOIS Spottsdale Osborn Medical Center req_ps FROM: 06/19/15 08:28 ROOM: 602-1 ADM: 05/17/16 13:23 AGE: 75Y SEX: P MD: TUMIALAN, LUIS MA DOB: 02/27/1940 ID: 1516310148 MR: 0000217961 REQUESTED:08/20/15 08:28 OPT OUT:

Requisitions Report

Patient Department:

Patient Diagnosis: Patient Ht/Wt:

SPODYLOLISTRESIS* 5ft1in / 50kg Est

Active Allergies:

Benadryl, Penicilling, latex

*** REPRINT of NEW Order for DISCH ***

Requisition Count: 1 of 1

Order #

Order Description

Freq

Priority ROUTN

Qty Order Start

Order Stop

00094

*CONTINUING CARE ORDERS Part 2

Standard of Care

ROUTINE

06/20/15 08:00

Order Detail

1. Follow Up: ; Primary Care Physician; ; ; Call for appointment

2. Follow Up: Dr. Tumialan; ; ; 1-2 weeks; Call for appointment

Order Comments: Refer to part 1 for electronic signature

Ordered by

Entered by

Entered date

MD SUESCUN, CARLOS A

MD SUESCUN, CARLOS A

06/20/15 08:00

Scheduled for:

ROOM: 602-1

Requisition #: 12863614

Occurrence #: 267883166 PCM

Placer #: 267883153 PCM

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Page 1 of 1

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de med ree and list Michelle Gibaut

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Opt Out: No

A-Osbom - 8W

Discharge Medication List From: 06/20/2015 00:00

To: 06/20/2016 07:54 Admit Dt: 08/17/2015 13:23 Rm-Bed: 502 - 1 Gender: F MD: Tumialan, Luis M., MD

Age: 75 yr Gender: F MD: DOB: 02/27/1940 Acct: 1516310148

MRN: 0000217981

Requested: 06/20/2016 07:54 (CAS)

Page 1 of 1

Patient Height and Weight

Helght: 61in	06/17/2015 02:00 PM
Weight: 50kg Est	05/17/2016 02:00 PM

Discharge Medication List

Allergy History

Benadryi, Penicillins, iatex

CONTINUE taking these medications at these doses following discharge

Drug Name	Instructions	Rx
olonazepam oral	0.5 mg Oral 2 times per day Patient Instructions: INSTRUCTED TO TAKE WITH A SMALL SIP OF WATER THE A.M. OF HER SURGERY PRIOR TO COMING TO THE HOSPITAL	
cionazepam oral	1 mg Oral At bedtime	
escitaloprem oxalate oral (Lexepro oral)	20 mg Oral 1 time per day Patient Instructions: INSTRUCTED TO TAKE WITH A SMALL SIP OF WATER THE A.M. OF HER SURGERY PRIOR TO COMING TO THE HOSPITAL	
Imatinib oral (Gleavec oral)	400 mg Orai 1 time per day Patient Instructions: WITH DINNER DAILY (CHEMOTHERAPY)	
quetiapine oral (Seroquel oral)	150 mg Oral At bedtime	
temazapam oral 15 mg	1 - 2 capsule Oral At bedtime Patient Instructions: TAKES 1-2 HOURS AFTER SEROQUEL WHEN AWAKENS AND UNABLE TO SLEEP	

BEGIN taking these medications at these doses following discharge

Drug Name	Instructions	Rx
DIAZEPAM 5 MG TAB	5 MG ORAL 3 TIMES PER DAY	
OXYCODONE 20 MG TB12 (OXYCONTIN)	20 MG ORAL EVERY 12 HOURS	
OXYCODONE-ACETAMIN 5-325 MG 0 TAB (PERCOCET)	1 - 2 TABLET ORAL EVERY 4 HOURS As needed	

STOP taking these medications at these doses following discharge

•	
Drug Name	Instructions
hydrocodone-acetaminophen oral	1 - 2 tablet Oral Every 4 hours PRN As needed
6-325 mg (Norco oral)	Patient Instructions: 04-6 HOURS PRN PAIN

Discharge Medication List

Completed By:

Suescun, Carlos A., MD 06/20/2015 07:55 AM

Order Source:

Direct

Ordered By:

Suescun, Carlos A., MD

LEVINE, LOIS Rm-Bed: 602 - 1 Acct: 1516310148

MRN: 0000217981

DOB: 02/27/1940

Discharge Medication List

Page 1 of 1 Permanant

Opt Out: No

A-Osborn - 6W

Med Rec Discharge (mrDisch)
From: 06/20/2015 00:00 To: 08/20/2015 07:54
Rm-Bed: 602 - 1 Admit Dt: 08/17/2018 13:23

Age: 75 yr Gender: F MD: Turnielan, Luls M., MD DOB: 02/27/1940 Aoot: 1518310148

MRN: 0000217981 Requested: 05/20/2015 07:54 (CAS)

Page 1 of 3

Petiont Height and Weight

Height: 61in	06/17/2015 14:00
Welght: 50kg Est	06/17/2016 14:00

Discharge Medication Reconciliation Report

Allergy History

Benadryl, Penicillins, latex Home Medications

Home Drug Name	Home Instructions (Sig)	Start Date	Last Taken	Confirmed	Action Taken Order
cionazepam oral (cionazepam oral)	0.5 mg Orel 2 times per day			Suescun, Carlos A., MD 08/20/2015 07:55	Continue for Home Use
Patient Instructions: INS	TRUCTED TO TAKE WITH A SMALL S	IP OF WAT	ER THE A.M	OF HER SURGERY P	RIOR TO COMING TO THE HOSPITAL
cionazepam oral (cionazepam oral)	1 mg Oral At bedtime			Suescun, Carlos A., MD 06/20/2015 07:55	Continue for Home Use
escitalopram oxalate oral (Lexapro oral)	20 mg Oral 1 time per day			Suescun, Carlos A., MD 06/20/2015 07:55	Continue for Home Use
Potlant Instructions: INS	TRUCTED TO TAKE WITH A SMALL S	IP OF WAT	ER THE A.M	. OF HER SURGERY P	RIOR TO COMING TO THE HOSPITA
hydrocodone- aceteminophen oral 5-325 mg (Norco oral)	1 - 2 tablet Oral Every 4 hours PRN			Suescun, Carlos A., MD 06/20/2015 07:55	Don't Resuma
Patient Instructions: Q4-	6 HOURS PRN PAIN				
imatinîb orai (Glasvec oral)	400 mg Oral 1 time per day			Suescun, Carlos A., MD 06/20/2015 07:55	Continue for Home Use
Patient Instructions: WI	H DINNER DAILY (CHEMOTHERAPY)				
quetiapine oral (Seroquel oral)				Suescun, Carlos A., MD 06/20/2015 07:55	Continue for Home Use
temazepam oral 15 mg (temazepam oral)	1 - 2 capsule Oral At badtime			Suescun, Carlos A., MD 06/20/2015 07:55	Continue for Home Use

Hospital Medications

Drug Name	instructions (Sig)	Status	Start Date to End Date	Last Taken	Action Taken
ACETAMINOPHEN 325 MG TAB (ACETAMINOPHEN)	650 MG ORAL Q4HP PRN	Active		06/19/2015 23:29	Don't Continue
Internal Comments: INDICATION: n BACITRACIN ZINC 500 UNIT/G 0 OINT (BACITRACIN ZINC)	niid pain or temp greater than 101FMAX = 4	GRAMS/DAY OF AL Active	06/18/2015	OPHEN PRO 06/20/2015 06:47	Don't Continue
Internal Comments: right face cheel BISACODYL 10 MG SUPP (BISACODYL)	APPLY TO AFFECTED AREA AS DIRECTOR MICE AS DIRECTOR MICE AS DIRECTOR AS DIRECT	TED Active	06/17/2 015 18:00		Don't Continue
Internal Comments; INDICATION: r CLONAZEPAM 0.5 MG TAB (CLONAZEPAM)	o bowel movement for 2 daysFOR RECTA 0.5 MG ORAL BID	L USE ONLY Active	06/18/2015 10:30	05/19/2015 09:53	Don't Continue
Internal Comments: INSTRUCTED	TO TAKE WITH A SMALL SIP OF WATER ICATIONCAUTION, FALL, RISK MEDICATI	THE A.M. OF HER S	URGERY PR	IOR TOCOM	AING TO THE HOSPITA

LEVINE, LOIS Rm-Bed: 602 - 1

Acct: 1516310148 MRN: 0000217981 DOB: 02/27/1940

Page 1 of 3 Permanent

Med Rec Discharge (mrDisch)

Opt Out: No

A-Osbom - 6W

Med Rao Discharge (mrDisch)
From: 06/20/2016 00:00 To: 06/20/2016 07:54
Rm-Bed: 602 - 1 Admit Dt: 06/17/2015 13:23 Gender: F MD: Tumlelen, Luis M., MD Age: 75 yr

DOB: 02/27/1940 Acot: 1516310148

MRN: 0000217981 Requested: 06/20/2015 07:54 (CAS)

Page 2 of 3

Hospital Medications

Drug Name	Instructions (Sig)	Status	Start Date to End Date	Last Taken	Action Taken
CLONAZEPAM 1 MG TAB (CLONAZEPAM)	1 MG ORAL HS	Active	21:00	08/19/2015 21:47	Don't Continue
internal Comments: SOUND ALIKE	LOOK ALIKE MEDICATION CAUTION, FALL R	ISK MEDICATIO	N		<u>.</u>
(DIAZEPAM)	5 MG ORAL 3 TIMES PER DAY	Active	06/18/2015 14:00	06/20/2015 05:47	Continue for Home Use
ESCITALOPRAM OXALATE 10 MG TAB (LEXAPRO)	20 MG ORAL DAILY	Active			Don't Continue
Internal Comments: INSTRUCTED	TO TAKE WITH A SMALL SIP OF WATER THE	AM OF HER SI		IOP TOCOL	ANC TO THE HODGE
FUROSEMIDE 20 MG SOLN (FUROSEMIDE)	20 MG IV UD PRN	Active	08/19/2015 19:00	06/19/2015 23:29	Don't Continue
Internal Comments: between unit of	blood products MAY BE GIVEN UNDILUTED, E	ACH ANNO OF			CO 4 A LANUEZZO
HYDROMORPHONE(PF) SDV 1 MG SOLN (HYDROMORPHONE(PF))	0.2 - 0.5 MG IV Q3HP PRN	Active	06/17/2015 18:00	06/19/2015 01:42	Don't Continue
Internal Comments: INDICATION: r OVER 2-3 MINUTESHYDROMORE	noderate - severe painHYDROmorphone not to b PHONE 1 MG = 7 MG MORPHINEPLEASE ADM	<u>N</u> STIER THROL	<u>JGH AFILTE</u> J	in a PCA or e R-NEEDLE	<u> </u>
FLUSH O SYRG (MONOJECT 0.9% SODIUM CHLORIDE)	10 ML IV UD PRN	Active	06/17/2015 18:00	_	Don't Continue
Internal Comments: PRN after each	use or for line patency SALINE LOCK FLUSH	•		,	
IV SODIUM CHLORIDE 0.9% FLUSH 0 SYRG (MONOJECT 0.9% SODIUM CHLORIDE)	10 ML IV Q12H	Active	06/17/2015 21:00	06/19/2015 21:47	Don't Continue
Internal Comments: flush each unus	sed port SALINE LOCK FLUSH				· .
MAGNESIUM CITRATE D SOLN (CITRATE OF MAGNESIA)	300 ML ORAL DAILY	Active	08/17/2015 18:00	06/18/2015 08:18	Don't Continue
Internet Comments: INDICATION: c	onstination	- '	1.0.00	00.10	<u> </u>
Morphine 5 mg soln (<u>Morphine)</u>	2 - 4 MG IV Q2HP PRN	Active	06/17/2015 18:00	. ,	Don't Continue
MALES DO COMBINISTERES MINIO DEFICIL	noderate - severe painwhile patient is NPO, not to on a PCA or epidural*** NOTE CONCENTRATIO	plerating oral ana	igesics or ora	i analgesica	are ineffective; morphine
ONDANSETRON HCL 4 MG SOLN (ONDANSETRON HCL(PF))	4 MG IV Q6FIP PRN	Active	06/17/2015 18:00		Don't Continue
	ausea and vomitingat onset of symptoms and as iminister rescue agent PUSH OVER 2-5 MINUTE	needed for naus	oo ood vomit	ing; if no res	ponse within 30 minutes or
(OXYCONTIN)	IZU MIG ORAL EVERT 12 HOURS	Active	06/17/2015	06/19/2015 21:47	Continue for Home Use
DXYCODONE-ACETAMIN 5-325 MG () TAB (PERCOCET)	1 - 2 TABLET ORAL EVERY 4 HOURS PRN	Active	06/17/2015 18:00	06/20/2015 01:54	Continue for Home Use
PANTOPRAZOLE SODIUM 40 MG TBEC (PANTOPRAZOLE)	40 MG ORAL DAILY	Active	06/17/2016		Don't Continue
Internal Comments: EXTENDED RE	LEASE FORMULATION DO NOTCRUSHI				
PHENYLEPHRINE-COCOA BTR SUPP (PREPARATION	1 SUPPOSITOR RECTAL BIDP PRN	Active	08/18/2015 12:00		Don't Continue
H(PE,SHARK OIL,CB))				I	

LEVINE, LOIS Rm-Bed: 602 - 1

Acct: 1516310148 MRN: 0000217981

DOB: 02/27/1940

Page 2 of 3 Permanent

Opt Out: No

A-Oaborn - 6W

Med Rec Discharge (mrDlsch) From: 06/20/2015 00:00 To: 06/20/2016 07:54 Admit Dt: 06/17/2015 13:28

Rm-Bed: 602 - 1 Age: 75 yr Gender: F MD: DOB: 02/27/1940 Acet: 1616310148 Gender: F MD: Turniatan, Luts M., MD

MRN: 0000217981

Requested: 06/20/2015 07:54 (CAS) Page 3 of 3

Hospital Medications

PNEUMOCOCCAL 23-VALPS VACCINE 25 MCG SOLN (PNEUMOVAX 23) Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PER PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PER PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PER PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PER PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PER PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PER PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PER PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PER PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PER PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PER PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PER PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PER PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PER PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PER PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PRE PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideline criteria GIVE X 1 DOSE IF CRITERIA MET PRE PNEUMOCOCCAL VACCINATION POLICY IC 1008 Internal Comments: once per guideli
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AG TAB (QUETIAPINE) ENNOSIDE-DOCUSAT NA 8.6-50 2 TABLET ORAL HS OT TAB (SENNA-S) Internal Comments: hold for loose stools EACH TABLET CONTAINS 50MG DOCUSATESODIUM AND 8.6MG SENNOSIDES(SENOKOT S =
ACTIVE OB/17/2015 06/19/2015 Don't Continue SENNOSIDE-DOCUSAT NA 8.6-50 2 TABLET ORAL HS ACTIVE DE 21:00 23:29 MG 0 TAB (SENNA-S) Internal Comments: hold for loose stools EACH TABLET CONTAINS 50MG DOCUSATESODIUM AND 8.6MG SENNOSIDES(SENOKOT S =
internal Comments: hold for loose stools EACH TABLET CONTAINS 50MG DOCUSATESODIUM AND BLAME SENNOSIDES(SENOROT O
PERICOLACE) TEMAZEPAM 15 MG CAP 30 MG CRAL HS Active 06/18/2015 06/18/2015 Don't Continue

IV Solutions

Drug Name	Instructions (Sig)	Status	Start Date to End Date	Action Taken
SODIUM CHLORIDE 0.9 % SODIUM CHLORIDE 0.9 % 500 ML	0 ml/hr	Completed: 08/19/2015 21:59	06/19/2015 14:00	None
SODIUM CHLORIDE 0.9 % SODIUM CHLORIDE 0.9 % 1000 ML	20 ml/hr	Active	06/19/2015 19:00	Don't Resume
Internal Comments: for transfusion of blood prod SODIUM CHLORIDE 0.9 %KCL 20 MEQA. SODIUM CHLORIDE 0.9 %KCL 20 MEQ/L 1000 ML	[100 ml/hr	Active	06/17/2015 18:00	Don't Resume

No New Medication Orders to display

Discharge Medication Reconciliation Report

Completed By:

Suescun, Carlos A., MD 06/20/2015

Order Source:

Direct

Ordered By:

Suescun, Carlos A., MD

LEVINE, LOIS Rm-Bed: 602 - 1

Acct: 1516310148 MRN: 0000217981

DOB: 02/27/1940

Med Rec Discharge (mrDisch)

Page 3 of 3 Permanent

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7400 EAST OSBORN ROAD, SCOTTSDALE,AZ,85251 Phone (480) 882-4000 www.shc.org

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Patient:

LOIS LEVINE

Episode;

A1516310148

MRN:

217981

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02/27/1940

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scripts

Prepared by:

Michelle Gibaut

Comments:

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- 2) Fax complete package to (866) 432-8041
- 3) PDF version of this document will be loaded into LOIS LEVINE's patient record on the secure Curaspan applications after the fax transmission has successfully completed. This upload and conversion process could take several minutes.





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