

# Patient Encounter Worksheet

\$15 TB

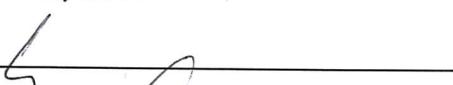
<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 2 - 10 HIGHGATE DR STONE CREEK, ON L8J 3P7</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 14 yr Health #: 4043 387 705 JT (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: Referring Dr:</p>	<p>Date: 03-Sep-2014 Time: 4:56 pm Encr Type: Walk In Encr #: 228124</p>
<p><b>Allergies:</b></p>	
<p><b>Nurse:</b> T _____ P _____ BP _____ R _____</p>	
<p><b>TB test - 2nd injection</b></p> <p><b>Encounter Notes:</b></p> <p>i.O.C. w/ J's name (C+) on my intraadermally</p>	
<p><b>Diagnosis:</b> TB fl 80</p>	
<p><b>Signature:</b> </p>	
<p><b>Consent:</b> I consent to routine medical care &amp; treatment as deemed necessary by the attending physician/provider. I agree to pay any charges not covered by OHIP. If I have provided the name of my family doctor, I agree to have a copy of my records sent to him/her.</p>	
<p>Signed: _____</p>	
<p>Healthscreen</p>	
<p>Printed September 03, 2014 04:56 pm</p>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 2 - 10 HIGHGATE DR STONE CREEK, ON L8J 3P7</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 14 yr Health #: 4043 387 705 JT (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: Referring Dr:</p>	<p>Date: 21-Aug-2014 Time: 3:26 pm Encr Type: Walk In Encr #: 227116</p>
<p><b>Allergies:</b></p>	
<p><b>Nurse:</b> T _____ P _____ BP _____ R _____</p>	
<p><i>HR TB reading</i></p> <p><b>Encounter Notes:</b></p> <p>TB test is negative information is O.</p>	
<p>Diagnosis: <u>TB test</u></p>	
<p>Signature: </p>	
<p><b>Consent:</b> I consent to routine medical care &amp; treatment as deemed necessary by the attending physician/provider. I agree to pay any charges not covered by OHIP. If I have provided the name of my family doctor, I agree to have a copy of my records sent to him/her.</p>	
<p>Signed: _____</p>	
<p>Healthscreen</p>	
<p>Printed August 21, 2014 03:26 pm</p>	

# Patient Encounter Worksheet

\$15

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 2 - 10 HIGHGATE DR STONE CREEK, ON L8J 3P7</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 14 yr Health #: 4043 387 705 JT (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: Referring Dr:</p>	<p>Date: 19-Aug-2014 Time: 4:44 pm Encr Type: Walk In Encr #: 226947</p>
<p><b>Allergies:</b></p>	
<p><b>Nurse:</b> T _____ P _____ BP _____ R _____</p>	
<p><i>RA TB reading</i></p>	
<p><b>Encounter Notes:</b></p> <p>① 0.1cc of tuberculin was given  <input checked="" type="checkbox"/> intradermally</p> <p>② All immunizations done</p>	
<p>Diagnosis: <u>TB skin + 1001 - immunizations</u></p>	
<p>Signature: </p>	
<p><b>Consent:</b> I consent to routine medical care &amp; treatment as deemed necessary by the attending physician/provider. I agree to pay any charges not covered by OHIP. If I have provided the name of my family doctor, I agree to have a copy of my records sent to him/her.</p>	
<p>Healthscreen <input type="checkbox"/> Signed: _____</p>	
<p style="text-align: right;">Printed August 19, 2014 04:49 pm</p>	

# Patient Encounter Worksheet

115/16

**Office:** Stoney Creek Medical Walk-  
140 Centennial Parkway, 2-  
Stoney Creek, ON L8E 1H9

Phone #: 905-561-9255  
Fax #: 905-561-4391

**Patient:** GUL, SAADIA (F)  
2 - 10 HIGHGATE DR  
STONE CREEK, ON L8J 3P7

Telephone: 905-544-9037 File #: 1634  
DOB: 02-Oct-1999 Age: 14 yr  
Health #: 4043 387 705 JT (ON)

Provider: OSTAPENKO, ELENA (G)  
Reason:  
Family Dr:  
Referring Dr:

Date: 23-Jul-2014  
Time: 1:11 pm  
Encr Type: Walk In  
Encr #: 225009

**Allergies:**

(Q)

Med: (Q)

**Nurse:** T \_\_\_\_\_ P \_\_\_\_\_ BP \_\_\_\_\_ R \_\_\_\_\_

HB TB injection

**Encounter Notes:**

PT immunization was done today  
Nursing for my Adalat  
immunization.  
All done.

For to do today

for -

Diagnosis: 309

Signature: (Q)

**Consent:** I consent to routine medical care & treatment as deemed necessary by the attending physician/provider.  
I agree to pay any charges not covered by OHIP. If I have provided the name of my family doctor, I agree to have a copy of my records sent to him/her.

Signed: \_\_\_\_\_  
Printed July 23, 2014 01:11 pm

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 2 - 10 HIGHGATE DR STONE CREEK, ON L8J 3P7</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 14 yr Health #: 4043 387 705 JT (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G)</p> <p>Reason: <i>Eline</i></p> <p>Family Dr: <i>Eline</i></p> <p>Referring Dr:</p>	<p>Date: 16-Jan-2014</p> <p>Time: 6:31 pm</p> <p>Encr Type: Walk In</p> <p>Encr #: 209510</p>
<p><b>Allergies:</b> <i>S</i></p>	<p><i>Med</i></p>
<p><b>Nurse:</b> T <u>36.9</u> P _____ BP _____ R _____</p> <p><i>Hx</i>  <i>Cough, cold symptoms</i></p>	
<p><b>Encounter Notes:</b></p> <p>has flu-like symptoms for 2 days.</p> <p><del>has</del> Sore Throat, running nose for 3 days</p> <p>O/E: ENT: normal</p> <p>Chest: A/E: B. clear</p> <p style="text-align: right;"><i>P: 1) off meds 2) reassessed</i></p>	
<p>Diagnosis: <u><i>NRD</i></u></p> <p>Signature: <u><i>A.</i></u></p>	
<p><b>Consent:</b> I consent to routine medical care &amp; treatment as deemed necessary by the attending physician/provider. I agree to pay any charges not covered by OHIP. If I have provided the name of my family doctor, I agree to have a copy of my records sent to him/her.</p>	
<p>Signed: _____</p>	
<p>Healthscreen</p>	
<p style="text-align: right;">Printed January 16, 2014 06:31 pm</p>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 2 - 10 HIGHLGATE DR STONE CREEK, ON L8J 3P7</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 11 yr Health #: 4043 387 705 JT (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G)</p> <p>Reason:</p> <p>Family Dr:</p> <p>Referring Dr:</p> <p><i>S</i></p>	<p>Date: 08-Sep-2011</p> <p>Time: 6:56 pm</p> <p>Encr Type: Walk In</p> <p>Encr #: 141568</p>
<p><b>Allergies:</b> <i>Med.</i></p>	
<p><b>Nurse:</b> T _____ P _____ BP _____ R _____</p>	
<p><i>(HA) Imm. record</i></p> <p><b>Encounter Notes:</b></p> <p>Used a period, but this is did not count. All dismiss This period all dismiss for a full immaturity dismissal and review</p> <p><i>Menstrual planning.</i></p>	
<p>Diagnosis: _____</p> <p>Signature: <i>Gul</i></p>	
<p><b>Consent:</b> I consent to routine medical care &amp; treatment as deemed necessary by the attending physician/provider. I agree to pay any charges not covered by OHIP. If I have provided the name of my family doctor, I agree to have a copy of my records sent to him/her.</p>	
<p>Signed: _____</p>	
<p>Healthscreen</p>	
<p>Printed September 08, 2011 06:56 pm</p>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 2 - 10 HIGHGATE DR STONE CREEK, ON L8J 3P7</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 11 yr Health #: 4043 387 705 JT (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: Referring Dr:</p>	<p>Date: 18-Aug-2011 Time: 4:52 pm Encr Type: Walk In Encr #: 140144</p>
<p><b>Allergies:</b> <i>S</i></p>	
<p><b>Nurse:</b> T _____ P _____ BP _____ R _____</p>	
<p><b>Hx</b> <i>White spot on the shin</i></p>	
<p><b>Encounter Notes:</b></p> <p>① <i>Has a eczema on the leg ⇒ has been born to the family.</i></p> <p>② <i>Has redness, inflammation of the nose ⇒ suicidal was born by ESR.</i></p>	
<p><b>Diagnosis:</b> <i>Psoriasis</i> <i>and rash</i></p>	
<p><b>Signature:</b> <i>[Signature]</i></p>	
<p><b>Consent:</b> I consent to routine medical care &amp; treatment as deemed necessary by the attending physician/provider. I agree to pay any charges not covered by OHIP. If I have provided the name of my family doctor, I agree to have a copy of my records sent to him/her.</p>	
<p>Signed: _____</p>	
<p>Healthscreen</p>	
<p>Printed August 18, 2011 04:53 pm</p>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 11 yr Health #: 4043 387 705 JT (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: Referring Dr:</p>	<p>Date: 04-Jun-2011 Time: 10:00 am Encr Type: Walk In Encr #: 134869</p>
<p><b>Allergies:</b></p>	
<p><b>Nurse:</b> T _____ P _____ BP _____ R _____</p>	
<p><b>Encounter Notes:</b></p> <p>Dx had jundis. Nur is all better: no abd pain No liver dismmn. All dismmn. Abd on exam is normal.</p> <p>Abd pain ✓.</p>	
<p>Diagnosis: <u>Abd pain</u>.</p>	
<p>Signature: <u>G</u></p>	
<p><b>Consent:</b> I consent to routine medical care &amp; treatment as deemed necessary by the attending physician/provider. I agree to pay any charges not covered by OHIP. If I have provided the name of my family doctor, I agree to have a copy of my records sent to him/her.</p>	
<p>Signed: _____</p>	
<p>Healthscreen</p>	
<p>Printed June 04, 2011 10:01 am</p>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 11 yr Health #: 4043 387 705 JT (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: Referring Dr:</p>	<p>Date: 28-May-2011 Time: 10:34 am Encr Type: Walk In Encr #: 134337</p>
<p><b>Allergies:</b></p>	
<p><b>Nurse:</b> T _____ P _____ BP _____ R _____</p>	
<p><b>Encounter Notes:</b></p> <p>1. No evidence of hepatitis. Abd is all (1) on exam. Cerv (2) VS - (1) Pov - (1) <math>\Rightarrow</math> Ja Bilirubin's (1) (1) <math>\Rightarrow</math> Jaundice 309.</p>	
<p>Diagnosis: _____</p>	
<p>Signature: _____</p>	
<p><b>Consent:</b> I consent to routine medical care &amp; treatment as deemed necessary by the attending physician/provider. I agree to pay any charges not covered by OHIP. If I have provided the name of my family doctor, I agree to have a copy of my records sent to him/her.</p>	
<p>Signed: _____</p>	
<p>Healthscreen</p>	
<p>Printed May 28, 2011 10:34 am</p>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 11 yr Health #: 4043 387 705 JT (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G)</p> <p>Reason:</p> <p>Family Dr:</p> <p>Referring Dr:</p>	<p>Date: 22-May-2011</p> <p>Time: 12:03 pm</p> <p>Encr Type: Walk In</p> <p>Encr #: 133917</p>
<p><b>Allergies:</b></p>	
<p><b>Nurse:</b> T _____ P _____ BP _____ R _____</p>	
<p>Hx. <i>req for Blw</i></p> <p><b>Encounter Notes:</b></p> <p><i>pt had jaundice 1 mo ago and (at) abd pain. C-a 7 -20 over Mc miles -2 fr. p. for lo co</i></p> <p><i>? Jaundice NYD</i></p>	
<p>Diagnosis: _____</p> <p>Signature: <i>A.</i></p>	
<p><b>Consent:</b> I consent to routine medical care &amp; treatment as deemed necessary by the attending physician/provider. I agree to pay any charges not covered by OHIP. If I have provided the name of my family doctor, I agree to have a copy of my records sent to him/her.</p>	
<p>Signed: _____</p>	
<p>Healthscreen</p>	
<p>Printed May 22, 2011 12:03 pm</p>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 10 yr Health #: 4043 387 705 JT (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: Referring Dr:</p>	<p>Date: 02-Feb-2010 Time: 6:58 pm Encr Type: Walk In Encr #: 98395</p>
<p><b>Allergies:</b></p> <p>(circle)</p>	
<p><b>Encounter Notes:</b> T _____ P _____ BP _____ R _____</p> <p>No tonsils sore / came out?      OK Throat is red.      Lungs - no      Lungs enlarged Jungs      All clear.      OTC mucus      phus.</p>	
<p><b>Diagnosis:</b> Mm -</p>	
<p><b>Signature:</b> h</p>	

## Patient Encounter Worksheet

<b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9  <b>Phone #:</b> 905-561-9255 <b>Fax #:</b> 905-561-4391	<b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1  <b>Telephone:</b> 905-544-9037 <b>File #:</b> 1634 <b>DOB:</b> 02-Oct-1999 <b>Age:</b> 10 yr <b>Health #:</b> 4043 387 705 MB (ON)
<b>Provider:</b> OSTAPENKO, ELENA (G) <b>Reason:</b> <b>Family Dr:</b> <b>Referring Dr:</b>	<b>Date:</b> 27-Oct-2009 <b>Time:</b> 6:08 pm <b>Encr Type:</b> Walk In <b>Encr #:</b> 91353
<b>Allergies:</b> ✓ <i>ut polyadil</i> <b>Encounter Notes:</b> T <u>38.8°</u> P _____ BP _____ R _____ <i>W/ cough, fever</i> <i>0/c. Throat is very</i> <i>tired - O</i> <i>Amoxicillin</i> <i>all done</i> <i>p. OTC as</i> <i>needed</i> <i>MBA</i> . <i>Aer</i>	
<b>Diagnosis:</b> _____ <i>an</i> <b>Signature:</b> _____	

## Patient Encounter Worksheet

<b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9  <b>Phone #:</b> 905-561-9255 <b>Fax #:</b> 905-561-4391	<b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1  <b>Telephone:</b> 905-544-9037 <b>File #:</b> 1634 <b>DOB:</b> 02-Oct-1999 <b>Age:</b> 9 yr <b>Health #:</b> 4043 387 705 MB (ON)
<b>Provider:</b> OSTAPENKO, ELENA (G) <b>Reason:</b> <b>Family Dr:</b> <b>Referring Dr:</b>	<b>Date:</b> 29-Sep-2009 <b>Time:</b> 7:26 pm <b>Encr Type:</b> Walk In <b>Encr #:</b> 88844
<b>Allergies:</b> <i>t = 39°C HR = 60 bpm</i>	
<b>Encounter Notes:</b> T _____ P _____ BP _____ R _____ <i>HB: Cough</i> <i>P/C: Env w/</i> <i>Assn OTI-BBMs - exp</i> <i>whizz.</i>	
<i>P: 2 - max 300mg PD</i> <i>OD w/ today, for</i> <i>150mg PO QD X 4 days</i> <i>for 2-3 days.</i>	
<b>Diagnosis:</b> <i>Env bronchitis.</i>	
<b>Signature:</b> <i>[Signature]</i>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 9 yr Health #: 4043 387 705 MB (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: Referring Dr:</p>	<p>Date: 24-Sep-2009 Time: 7:12 pm Encr Type: Walk In Encr #: 88488</p>
<p><b>Allergies:</b></p> <p><i>(Handwritten note: DS)</i></p>	<p><i>(Handwritten note: f)</i></p>
<p><b>Encounter Notes:</b> T _____ P <u>60/60</u> BP _____ R _____</p> <p><i>(Handwritten note: Hb started Amor. on Mon. still has fever Cough &amp; yellow eyes)</i></p> <p><i>(Handwritten note: Op: ENT - @ Amor. of nose - w all dissums.)</i></p> <p><i>(Handwritten note: Dr. Drury JL)</i></p>	
<p><b>Diagnosis:</b> <u>M051</u></p> <p><b>Signature:</b> <u>[Handwritten signature]</u></p>	

# Patient Encounter Worksheet

**Office:** Stoney Creek Medical Walk-  
140 Centennial Parkway, 2-  
Stoney Creek, ON L8E 1H9

Phone #: 905-561-9255  
Fax #: 905-561-4391

**Patient:** GUL, SAADIA (F)  
44 LANG ST  
HAMILTON, ON L8E 1M1

Telephone: 905-544-9037 File #: 1634  
DOB: 02-Oct-1999 Age: 9 yr  
Health #: 4043 387 705 MB (ON)

Provider: GREWAL, PUNEET (G)

Reason:  
Family Dr:  
Referring Dr:

Date: 21-Sep-2009

Time: 10:03 am

Encr Type: Walk In

Encr #: 88143

**Allergies:**

(S)

**Encounter Notes:** T \_\_\_\_\_ P 105/105 BP \_\_\_\_\_ R \_\_\_\_\_

~~Hx:~~ fever, Sore Throat 60 lbs

H/o fever > 2 days, sore throat  
& cough / rhinorrhea  
H/o G6PD deficiency

O/E: 37.9 C

++ oral eryth  
2 tender ant CN b/l TM clear

Chest - clear

AP: Amoxicillin 250 mg po

TID > 10 days

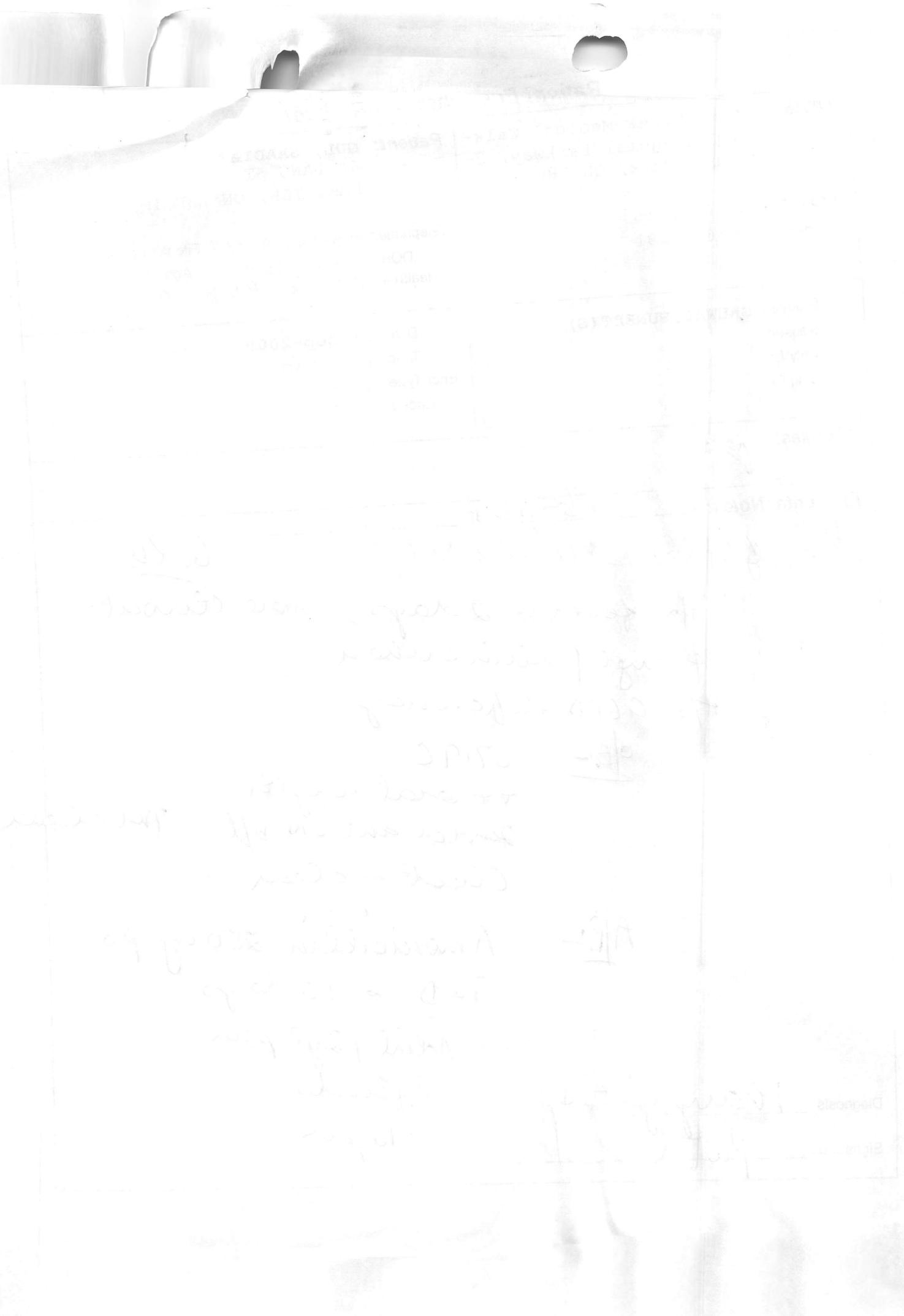
Adult 1/2 tablet per

7 fluids

Flu per.

**Diagnosis:** Pharyngitis

Signature: Paul Gul



## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 9 yr Health #: 4043 387 705 MB (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: Referring Dr:</p>	<p>Date: 07-May-2009 Time: 7:49 pm Encr Type: Walk In Encr #: 79280</p>
<p><b>Allergies:</b></p> <p style="text-align: center;">Q</p>	
<p><b>Encounter Notes:</b> T _____ P _____ BP _____ R _____</p> <p>He has lice Mrs Q had lice and Q is very itchy and discomf.</p> <p>POD P: D + C Shampoo</p> <p>Diagnosis: Head lice.</p> <p>Signature: <u>En</u></p>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 9 yr Health #: 4043 387 705 GP (ON)</p>
<p>Provider: MANDER, CHARANJEET (G)</p> <p>Reason:</p> <p>Family Dr:</p> <p>Referring Dr:</p>	<p>Date: 15-Feb-2009</p> <p>Time: 11:58 am</p> <p>Encr Type: Walk In</p> <p>Encr #: 72914</p>
<p><b>Allergies:</b> <i>(Handwritten mark)</i></p>	<p><b>Habits:</b> <i>(Handwritten mark)</i></p>
<p><b>Encounter Notes:</b> T <u>37.0</u> P <u>60/b</u> BP _____ R _____</p> <p><i>fore throat, Cough</i></p> <p><i>Tired</i>      <i>Cong re</i>  <i>sore</i>      <i>o</i></p> <p><i>Chas.</i>      <i>—o</i></p> <p style="text-align: right;"><i>general a/c</i></p>	
<p>Diagnosis: <u>viral U-R</u></p> <p>Signature: <u>Charanjeet</u></p>	

## Patient Encounter Worksheet

<b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9	<b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1
Phone #: 905-561-9255 Fax #: 905-561-4391	Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 8 yr Health #: 4043 387 705 GP (ON)
Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: Referring Dr:	Date: 27-Feb-2008 Time: 10:25 am Encr Type: Walk In Encr #: 47373

**Allergies:**

Med: ✓

**Encounter Notes:** T \_\_\_\_\_ P \_\_\_\_\_ BP \_\_\_\_\_ R \_\_\_\_\_

Hx

Follow up  
 Pt finished flu medication yesterday.  
 Pt is on IV med's for the sepsis.  
 The mother is worried.  
 All dismissed.  
 Pt is all well.  
 TTS - O  
 Cross Sepsis - ad

Diagnosis:

Sepseis

Signature:

JR

Dr. Nafiq Gambarotto (905) 575 0611

Dr. Turfard Margaret.

(905) 521 2100 inf.

## Patient Encounter Worksheet

<b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9  <b>Phone #:</b> 905-561-9255 <b>Fax #:</b> 905-561-4391	<b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1  <b>Telephone:</b> 905-544-9037 <b>File #:</b> 1634 <b>DOB:</b> 02-Oct-1999 <b>Age:</b> 8 yr <b>Health #:</b> 4043 387 705 GP (ON)
<b>Provider:</b> <b>Reason:</b> <b>Family Dr:</b> <b>Referring Dr:</b>	<b>Date:</b> 09-Feb-2008 <b>Time:</b> 1:11 pm <b>Encr Type:</b> Primary Care <b>Encr #:</b> 46009
<b>Allergies:</b>	
<b>Encounter Notes:</b> T _____ P _____ BP _____ R _____ <p>           Pt was d/c from the hospital            on Feb 4/2008. She is still under the            IV treatment until March 5/08            All was <u>normal</u> &amp; Janss'ee.            O/C: CVS - O/S aus &amp; pernas            Aus aus OTC - Nas - O/S            All normal off &amp; blood            for -            urin / / Date            Ward or 2/08            P: off Jan 25 -            March 5/08         </p>	
<b>Diagnosis:</b> <u>Salmonella</u>	
<b>Signature:</b> <u>R</u>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 8 yr Health #: 4043 387 705 GP (ON)</p>												
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: Referring Dr:  <i>PM hx:</i></p> <p>Allergies: <i>Fever x 10 days jaundice.</i></p> <p>Encounter Notes: T <u>101.0°</u> P <u>56 lbs</u> BP _____ R _____</p>	<p>Date: <b>24-Jan-2008</b> Time: 3:26 pm Encr Type: Walk In Encr #: 44868</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">GLUCOSE</td> <td style="width: 50%;">NORMAL / 1+ / 2+ / 3+ / 4+</td> </tr> <tr> <td>LEUKOCYTES</td> <td>NEG / 1+ / 2+ / 3+ / 4+</td> </tr> <tr> <td>NITRITE</td> <td>NEG / POS</td> </tr> <tr> <td>PROTEIN</td> <td>NEG / 1+ / 2+ / 3+ / 4+</td> </tr> <tr> <td>BLOOD</td> <td>NEG / 1+ / 2+ / 3+ / 4+</td> </tr> <tr> <td colspan="2">SENT OUT FOR C&amp;S</td> </tr> </table>	GLUCOSE	NORMAL / 1+ / 2+ / 3+ / 4+	LEUKOCYTES	NEG / 1+ / 2+ / 3+ / 4+	NITRITE	NEG / POS	PROTEIN	NEG / 1+ / 2+ / 3+ / 4+	BLOOD	NEG / 1+ / 2+ / 3+ / 4+	SENT OUT FOR C&S	
GLUCOSE	NORMAL / 1+ / 2+ / 3+ / 4+												
LEUKOCYTES	NEG / 1+ / 2+ / 3+ / 4+												
NITRITE	NEG / POS												
PROTEIN	NEG / 1+ / 2+ / 3+ / 4+												
BLOOD	NEG / 1+ / 2+ / 3+ / 4+												
SENT OUT FOR C&S													
<p><i>No fever from Pakistan to Canada. A Dr. There was given antibiotic + other meds. The Dr. said she had O/E, throat infection, worms in her stomach and jaundice.</i></p> <p><i>O/E: E &amp; VT - O</i>  <i>CVSS O/E - systol, clear.</i>  <i>Abd is soft, tender @ fls</i>  <i>epigastric area.</i></p> <p><i>P: Pt was sent to ER for an assessment and treatment.</i></p> <p><i>Diagnosis: 1003 - Jan'dise GO10</i></p> <p><i>Signature: _____</i></p>													

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 8 yr Health #: 4043 387 705 GP (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: <i>Ostapenko</i> Referring Dr:</p>	<p>Date: 08-Oct-2007 Time: 12:39 pm Encr Type: Walk In Encr #: 37111</p>
<p><b>Allergies:</b></p> <p><i>f</i></p>	<p><i>Med</i></p>
<p><b>Encounter Notes:</b> T _____ P _____ BP _____ R _____</p> <p><i>bh. Sore throat</i></p> <p><i>Op. Throat - O ref</i></p> <p><i>Ear - O</i></p> <p><i>Curr Op. b'last - ad</i></p> <p><i>p. Throat sore</i></p> <p><i>for -</i></p>	
<p>Diagnosis: <i>NRD</i></p> <p>Signature: <i>h</i></p>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 7 yr Health #: 4043 387 705 GP (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: clinic pt . Referring Dr:</p>	<p>Date: 14-Mar-2007 Time: 12:41 pm Encr Type: Walk In Encr #: 23808</p>
<p><b>Allergies:</b> NKA</p> <p style="text-align: center;"><i>∅ parental</i></p> <p><b>Encounter Notes:</b> T _____ P _____ BP <del>cancer</del></p> <p><i>Cpx wt 47 pounds. ht 3'1" / 120cm. Env - ①</i></p> <p><i>Hx: CVS - ① sand sup unres over 10 yrs</i></p> <p><i>Abd - ①</i></p> <p><i>Skin ①</i></p> <p><i>CVS - ①</i></p> <p><i>Well chld exams</i></p>	
<p>Diagnosis: _____</p> <p>Signature: <u>G</u> <u>fr</u></p>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 7 yr Health #: 4043 387 705 GP (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: Referring Dr:</p>	<p>Date: 06-Mar-2007 Time: 7:22 pm Encr Type: Walk In Encr #: 23318</p>
<p><b>Allergies:</b></p>	
<p><b>Encounter Notes:</b> T _____ P _____ BP _____ R _____</p>	
<p>1. Quadrant (L) C 24451A was given to the Day</p> <p>O/G Throat is red tis - (R) was not bad last night</p> <p>P: Throat sore &amp; itchy nostrils.</p>	
<p>Diagnosis: <u>WTI</u></p>	
<p>Signature: <u>h</u></p>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 7 yr Health #: 4043 387 705 GP (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: Referring Dr:</p>	<p>Date: 08-Feb-2007 Time: 6:47 pm Encr Type: Walk In Encr #: 21725</p>
<p><b>Allergies:</b></p> <p>Encounter Notes: T _____ P _____ BP _____ R _____</p> <p><i>Off. flu shot.</i></p> <p><i>Throat is red across pharynx, clear</i></p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>PT HAS NO ACCUTE ILLNESS TODAY</p> <p>HAS NO ALLERGIES:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> TO EGGS/EGG PRODUCTS</li> <li><input checked="" type="checkbox"/> TO PREVIOUS DOSE OF FLU VACCINE</li> <li><input checked="" type="checkbox"/> TO NEOMYCIN</li> </ul> <p>FLU VACCINE</p> <p>LOT # <u>1Fluozell</u></p> <p>DOSE <u>Aug 07</u></p> <p>EXPIRY <u>Aug 07</u></p> <p>DOCTOR <u>Dr. Ostapenko</u></p> </div>	
<p>Diagnosis: <u>MRN</u></p> <p>Signature: <u>G</u></p> <p><i>P: Continue on amoxicil - 16g after shot. (not recommended)</i></p>	

WAGOT 228141 STUDY OF THE  
STRUCTURE OF POLY  
BIMOCYLIC UREA POLYMERS

WAGOT 228141 STUDY OF THE  
STRUCTURE OF POLY  
BIMOCYLIC UREA POLYMERS

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BIMOCYLIC UREA POLYMERS

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 7 yr Health #: 4043 387 705 GP (ON)</p>
<p>Provider: OSTAPENKO, ELENA (G) Reason: Family Dr: Referring Dr: <i>Clinic</i></p>	<p>Date: 09-Nov-2006 Time: 7:29 pm Encr Type: Walk In Encr #: 15053</p>
<p><b>Allergies:</b></p> <p><i>No:</i></p> <p><i>Med</i></p> <p><i>had amox. 500 mg.</i></p> <p><i>strep throat.</i></p> <p><i>back of foot hurts when she walks.</i></p> <p><i>O/C: ENT - ①</i></p> <p><i>chest &amp; gl blisters - ②</i></p> <p><i>P: Reassuring</i></p> <p><i>Antibiotics</i></p> <p><i>OTC</i></p>	
<p><b>Diagnosis:</b> <u>MZT</u></p> <p><b>Signature:</b> <u>h</u></p>	

## Patient Encounter Worksheet

<b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9  <b>Phone #:</b> 905-561-9255 <b>Fax #:</b> 905-561-4391	<b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1  <b>Telephone:</b> 905-544-9037 <b>File #:</b> 1634 <b>DOB:</b> 02-Oct-1999 <b>Age:</b> 7 yr <b>Health #:</b> 4043 387 705 GP (ON)
<b>Provider:</b> OSTAPENKO, ELENA (G) <b>Reason:</b> <b>Family Dr:</b> Ostapenko. <b>Referring Dr:</b>	<b>Date:</b> 28-Oct-2006 <b>Time:</b> 12:43 pm <b>Encr Type:</b> Walk In <b>Encr #:</b> 14176
<b>Allergies:</b> <input checked="" type="checkbox"/> <span style="float: right;">Med: <input checked="" type="checkbox"/></span>	
<b>Encounter Notes:</b> T _____ P _____ BP _____ R _____	
<p>VS: headache hurts. Sore throat.          yellow colour in white of eyes  <u>not eat</u>.          not eating well.</p> <p>O/L: Throat is red          class O/L swollen, etc</p> <p>D: amoxicillin 500 mg          QD TID x 10 days</p>	
<b>Diagnosis:</b> <u>MRT</u>	
<b>Signature:</b> <u>b</u>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 6 yr Health #: 4043 387 705 GP (ON)</p>
<p>Provider: SEMCZYSZYN, MIROSLAV (G) Reason: Family Dr: clinic rpt. Referring Dr:</p>	<p>Date: 07-Sep-2006 Time: 1:02 pm Encr Type: Walk In Encr #: 11226</p>
<p><b>Allergies:</b> NKA.</p>	
<p><b>Encounter Notes:</b> T _____ P _____ BP _____ R _____</p> <p>Hx- stomach pain diah x this morning. vomiting</p> <p>stomach gas nausea &amp; belches</p> <p>① Gastro ② pain</p> 	
<p>Diagnosis: _____</p> <p>Signature: _____</p>	

## Patient Encounter Worksheet

<p><b>Office:</b> Stoney Creek Medical Walk- 140 Centennial Parkway, 2- Stoney Creek, ON L8E 1H9</p> <p>Phone #: 905-561-9255 Fax #: 905-561-4391</p>	<p><b>Patient:</b> GUL, SAADIA (F) 44 LANG ST HAMILTON, ON L8E 1M1</p> <p>Telephone: 905-544-9037 File #: 1634 DOB: 02-Oct-1999 Age: 6 yr Health #: 4043 387 705 GP (ON)</p>
<p>Provider: OSTAPENKO, DR. ELENA Reason: Family Dr: Referring Dr:</p>	<p>Date: 15-Mar-2006 Time: 6:36 pm Encr Type: Primary Care Encr #: 2301</p>
<p><b>Allergies:</b></p>	
<p><b>Encounter Notes:</b> T _____ P _____ BP _____ R _____</p> <p>slmm.</p> <p>Variivax III LOT # m002050 exp Sep 30/06</p> <p>dilute LOT # m003880 exp Feb 28 2008</p> <p>Off record of immunizations may reviewed today &amp; parental numerous all well. Imm - A/tebillat, C/er Imm - <input checked="" type="radio"/> Abus - <input checked="" type="radio"/></p> <p>all side effects discovered</p> <p>ADD 7 -</p> <p>Diagnosis: <u>Immunizations + Variivax</u></p> <p>Signature: <u>G</u></p>	

LIMS Report #: 17220918

Courier Code: R-38-L

Provider: DR. ELENA OSTAPENKO  
 STONEY CREEK MEDICAL WALK-IN CLINIC  
 140 CENTENNIAL PKWY N  
 SUITE 2A  
 HAMILTON, ON L8E 1H9  
 Phone: 905 561 9255

Patient: GUL, Saadia

10 HIGHGATE DR

APT 2

STONEY CREEK, ON L8J 3P7

Patient Phone: 905 544 9037

RECEIVED AUG 15 2014

HIN: 4043387705

Date of Birth: 1999-10-02 Gender: Female

Sample #: 14C0697539 (14147617) Date Collected: 2014-08-05  
 Senders Sample ID: B364115384 Date Onset:  
 Source: Whole blood Date Received: 2014-08-06  
 Testing Reason: Date Reported: 2014-08-08  
 Specimen Note: For information on the quantitative reporting of Measles, Mumps, Rubella (MMR) and Varicella-Zoster Virus IgG serology refer to the Public Health Labstract **Measles, Mumps, Rubella (MMR) and Varicella-Zoster Virus (VZV) Immune Status Serology- LAB-SD-090** at <http://www.publichealthontario.ca/Labstracts>

Test	Result	Date Approved
Measles IgG EIA	Reactive 298.0 mIU/mL	2014-08-08 2014-08-08
Measles Interpretation	Evidence of past infection/ vaccination; Evidence of immunity.	2014-08-08

Note: Results to be interpreted in the context of the clinical history, signs and symptoms of the patient.

Mumps IgG EIA	Reactive 47.42 RU/mL	2014-08-08 2014-08-08
Mumps Interpretation	Evidence of past infection/ vaccination; Evidence of immunity.	2014-08-08

Note: Results to be interpreted in the context of the clinical history, signs and symptoms of the patient.

Varicella-Zoster IgG EIA	Reactive 200.96 mIU/mL	2014-08-08 2014-08-08
--------------------------	---------------------------	--------------------------

*FILE  
CHART  
APPOINTMENT  
RESULTS IN 1-2 DAYS*

The contents of this document are confidential and intended only for the use of the individual named as the "Provider". If you have received this information in error, please notify the PHO customer service centre by telephone at 1-877-604-4567 or 416-235-6556.

LIMS Report #: 17220918

Courier Code: R-38-L

Provider: DR. ELENA OSTAPENKO  
STONEY CREEK MEDICAL WALK-IN CLINIC  
140 CENTENNIAL PKWY N  
SUITE 2A  
HAMILTON, ON L8E 1H9  
Phone: 905 561 9255

Patient: GUL, Saadia

10 HIGHGATE DR

APT 2

STONEY CREEK, ON L8J 3P7

Patient Phone: 905 544 9037

HIN: 4043387705

Date of Birth: 1999-10-02 Gender: Female

Sample #: 14C0697539 (14147617)

Date Collected: 2014-08-05

Senders Sample ID: B364115384

Date Onset:

Source: Whole blood

Date Received: 2014-08-06

Testing Reason:

Date Reported: 2014-08-08

Varicella-Zoster Interpretation

Evidence of past infection/  
vaccination; Evidence of immunity.

2014-08-08

Note: Results to be interpreted in the context of the clinical history, signs and symptoms of the patient.

Rubella IgG

Reactive

2014-08-08

78.9 IU/mL

2014-08-08

Interpretation

Evidence of past infection/  
vaccination; Evidence of immunity.

2014-08-08

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# Gamma-Dynacare

Medical Laboratories

115 Midair Court, Brampton, Ontario L6T 5M3  
TEL: (905) 790-3000

PATIENT

GUL, SAADIA  
2-10 HIGHGATE DR  
STONEY CREEK  
ONTARIO  
L8J 3P7

PHONE: 905-544-9037

COLLECTION TIME  
2014/08/05 13:35

LAB NUMBER  
B3-64115384

STATUS  
FINAL

SERVICE DATE  
2014/08/05

REPORT DATE  
2014/08/06

HEALTH NUMBER  
4043387705 JT

CLIENT  
DR. E. OSTAPENKO

DATE OF BIRTH  
1999/10/02

140 CENTENNIAL PARKWAY  
HAMILTON, ON  
L8E 1H9

SEX F AGE 14 Y

CHART

PHONE: 905-561-9255

COMMENTS:

OUTSIDE  
NORMAL  
LIMITS

CODES

07

HEPATITIS TESTING:

IMMUNE STATUS/PREVIOUS EXPOSURE - HEPATITIS A

-----  
ANTIBODY (IgG) TO HEPATITIS A ANTIGEN (HAVAb)

POS

POS

The presence of IgG antibodies to HAV indicates previous exposure or vaccination, and immunity to hepatitis A.

IMMUNE STATUS/PREVIOUS EXPOSURE - HEPATITIS B

-----  
ANTIBODY TO HEPATITIS B SURFACE ANTIGEN (HBsAb)

POS

19 U/L

POS

A positive test indicates previous exposure to hepatitis B by infection or vaccine. Anti-HBs can occasionally be present in the carrier state. In all anti-HBs positive patients in whom natural infection is likely to have occurred, it is advisable to test for the presence of HBsAg at least once to rule out chronic carrier status.

A value of 10 U/L or greater is consistent with immunity.

*[Handwritten checkmarks]*  
 FILE  
 CHART  
 APPOINTMENT  
 URGENT APPOINTMENT  
*[Handwritten notes]*  
*DRS IN-FAC*

*[Signature]*

C - CONFIRMED BY OTHER TEST  
L - LIPEMIC

H - HEMOLYZED  
R - REPEATED

I - INSUFFICIENT QUANTITY  
T - TELEPHONED

K - ICTERIC

B0044 09/13 (REPO-LAB-02)

PAGE 1 OF 1 2014/08/06 11:03:55

LABORATORY REPORT

RESULT INQUIRY

(905) 790-3030 1-800-565-5721

**GAMMA-DYNACARE MEDICAL LABORATORIES**  
**REFERENCE LABORATORY LOCATION CODES AND ADDRESSES**

<u>CODE</u>	<u>REFERENCE LABORATORY</u>
7	Gamma-Dynacare Medical Laboratories 245 Pall Mall Street, London, Ontario N6A 1P4
9	Gamma-Dynacare Medical Laboratories 750 Peter Morand Crescent, Ottawa, Ontario K1G 6S4
12	DynaLIFE <sub>Dx</sub> Diagnostic Laboratory Services 200, 10150 - 102 Street, Edmonton, Alberta T5J 5E2
15	Eglinton Medical Laboratory 4040 Finch Avenue East, Scarborough, Ontario M1S 4V5
16	Gamma-Dynacare Medical Laboratories 26 Hospital Drive, Peterborough, Ontario K9J 7C3
25	The Hospital for Sick Children 555 University Avenue, Toronto, Ontario M5G 1X8
26	Lifelabs 100 International Boulevard, Etobicoke, Ontario M9W 6J6
27	Public Health Ontario 81 Resources Road, Toronto, Ontario M9P 3T1
28	Mount Sinai Hospital 600 University Avenue, Toronto, Ontario M5G 1X5
30	Sunnybrook Health Sciences Centre 2075 Bayview Avenue, North York, Ontario M4N 3M5
32	St. Michael's Hospital 30 Bond Street, Toronto, Ontario M5B 1W8
33	London Laboratory Services Group 800 Commissioners Road East, London, Ontario N6A 5W9
34	Hamilton Regional Laboratory Medicine Program - Laboratory Reference Centre Core Lab, Level 1, Hamilton General Hospital 237 Barton Street East, Hamilton, Ontario L8L 2X2
37	The Toronto Hospital 301-67 College Street, Toronto, Ontario M5G 2M1
41	GD Specialized Diagnostics 3885 Industriel Boulevard, Laval, Quebec H7L 4S3
42	Lakeridge Health Oshawa 1 Hospital Court, Oshawa, Ontario L1G 2V9
80	Muskoka Algonquin Healthcare - SOUTH MUSKOKA MEMORIAL HOSPITAL SITE 75 Ann Street, Bracebridge, Ontario P1L 2E4
81	Muskoka Algonquin Healthcare - HUNTSVILLE DISTRICT MEMORIAL HOSPITAL SITE 354 Muskoka Road 3 North, Huntsville, Ontario P1H 1H7
82	West Parry Sound Health Centre 6 Albert Street, Parry Sound, Ontario P2A 3A4

PATIENT

 GUL, SAADIA  
 2-10 HIGHGATE DR  
 STONEY CREEK  
 ONTARIO  
 L8J 3P7

PHONE: 905-544-9037

 COLLECTION TIME  
 2014/08/05 13:35

LAB NUMBER B3-64115384

STATUS FINAL

SERVICE DATE 2014/08/05

REPORT DATE 2014/08/06

HEALTH NUMBER 4043387705 JT

CLIENT DR. E. OSTAPENKO

DATE OF BIRTH 1999/10/02

140 CENTENNIAL PARKWAY

SEX F AGE 14 Y

HAMILTON, ON  
L8E 1H9

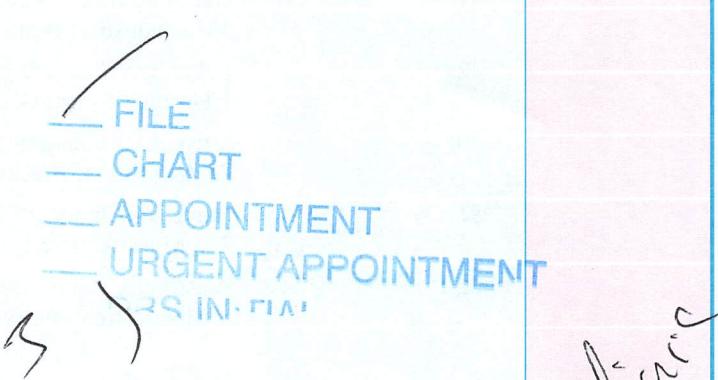
RECEIVED AUG 07 2014

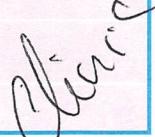
CHART

PHONE: 905-561-9255

COMMENTS:

OUTSIDE  
NORMAL  
LIMITS

CODES	TEST DESCRIPTION	RESULTS	REFERENCE RANGE
<b>H E M A T O L O G Y</b>			
	HEMOGLOBIN	118.	115 - 155 g/L
	HEMATOCRIT	0.35	0.34 - 0.45 l/l
	RBC	4.07	4.00 - 5.20 x 10E12/L
RBC INDICES:	MCV	86.	78 - 95 fl
.	MCH	29.	26 - 32 pg
.	MCHC	338.	320 - 360 g/L
RDW		13.1	11.5 - 15.5
WBC		7.3	4.0 - 11.0 x 10E9/L
PLATELETS		241.	145 - 400 x 10E9/L
MPV		10.4	7.4 - 11.3 fl
DIFFERENTIAL WBC'S :			
	NEUTROPHILS	3.94	1.80-7.00x10E9/L
	LYMPHOCYTES	2.85	1.00-3.20x10E9/L
	MONOCYTES	0.29	0.00-0.80x10E9/L
	EOSINOPHILS	0.22	0.00-0.40x10E9/L
	BASOPHILS	0.00	0.00-0.20x10E9/L
<b>T E S T (S)      T O      F O L L O W</b>			
HEPATITIS TESTING:			
MUMPS IGG IMMUNE STATUS			
RUBELLAVIRUS IGG IMMUNE ST			
VARICELLA ZOSTER IGG IMMUN			
RUBEOLAVIRUS IGG IMMUNE ST			
 FILE CHART APPOINTMENT URGENT APPOINTMENT IN-PAT			



**GAMMA-DYNACARE MEDICAL LABORATORIES**  
**REFERENCE LABORATORY LOCATION CODES AND ADDRESSES**

<u>CODE</u>	<u>REFERENCE LABORATORY</u>
7	Gamma-Dynacare Medical Laboratories 245 Pall Mall Street, London, Ontario N6A 1P4
9	Gamma-Dynacare Medical Laboratories 750 Peter Morand Crescent, Ottawa, Ontario K1G 6S4
12	DynaLIFE <sub>Dx</sub> Diagnostic Laboratory Services 200, 10150 - 102 Street, Edmonton, Alberta T5J 5E2
15	Eglinton Medical Laboratory 4040 Finch Avenue East, Scarborough, Ontario M1S 4V5
16	Gamma-Dynacare Medical Laboratories 26 Hospital Drive, Peterborough, Ontario K9J 7C3
25	The Hospital for Sick Children 555 University Avenue, Toronto, Ontario M5G 1X8
26	Lifelabs 100 International Boulevard, Etobicoke, Ontario M9W 6J6
27	Public Health Ontario 81 Resources Road, Toronto, Ontario M9P 3T1
28	Mount Sinai Hospital 600 University Avenue, Toronto, Ontario M5G 1X5
30	Sunnybrook Health Sciences Centre 2075 Bayview Avenue, North York, Ontario M4N 3M5
32	St. Michael's Hospital 30 Bond Street, Toronto, Ontario M5B 1W8
33	London Laboratory Services Group 800 Commissioners Road East, London, Ontario N6A 5W9
34	Hamilton Regional Laboratory Medicine Program - Laboratory Reference Centre Core Lab, Level 1, Hamilton General Hospital 237 Barton Street East, Hamilton, Ontario L8L 2X2
37	The Toronto Hospital 301-67 College Street, Toronto, Ontario M5G 2M1
41	GD Specialized Diagnostics 3885 Industriel Boulevard, Laval, Quebec H7L 4S3
42	Lakeridge Health Oshawa 1 Hospital Court, Oshawa, Ontario L1G 2V9
80	Muskoka Algonquin Healthcare - SOUTH MUSKOKA MEMORIAL HOSPITAL SITE 75 Ann Street, Bracebridge, Ontario P1L 2E4
81	Muskoka Algonquin Healthcare - HUNTSVILLE DISTRICT MEMORIAL HOSPITAL SITE 354 Muskoka Road 3 North, Huntsville, Ontario P1H 1H7
82	West Parry Sound Health Centre 6 Albert Street, Parry Sound, Ontario P2A 3A4

# Gamma-Dynacare

Medical Laboratories

115 Midair Court, Brampton, Ontario L6T 5M3

TEL: (905) 790-3000 RESULT INQUIRY (905) 790-3030

LAB NUMBER  
89-42712808

STATUS  
FINAL

SERVICE DATE  
2011/05/24

REPORT DATE  
2011/05/25

PATIENT

GUL, SAADIA  
44 LANG ST  
HAMILTON  
ONTARIO

PHONE: 905-544-9037

COLLECTION TIME

2011/05/24 09:45

HEALTH NUMBER

4043387705 JT

DATE OF BIRTH

1999/10/02

SEX

F

AGE  
11 Y

CHART

CLIENT  
DR. E. OSTAPENKO

140 CENTENNIAL PARKWAY  
HAMILTON, ON  
L8E 1H9

RECEIVED MAY 27 2011

PHONE: 905-561-9255

COMMENTS

CODES	TEST DESCRIPTION	RESULTS	REFERENCE RANGE
-------	------------------	---------	-----------------

OUTSIDE  
NORMAL  
LIMITS

### C H E M I S T R Y

CREATININE 41. < 85 umol/L  
BILIRUBIN TOTAL 34. <23 umol/L  
ALKALINE PHOSPHATASE 167. <300 U/L

Alkaline Phosphatase testing should be reserved for specific diagnoses, especially hepatobiliary and bone disorders. Its use in routine health screening is not appropriate.

AST 29. <31 U/L

Routine AST testing is not appropriate. AST elevation is a non-specific finding and has been almost entirely replaced by newer, more specific liver function tests, e.g. ALT, GGT and similar.

ALT 30. <36 U/L

### H E M A T O L O G Y

HEMOGLOBIN 126. 115 - 155 g/L  
HEMATOCRIT 0.38 0.34 - 0.45 l/l  
RBC 4.19 4.00 - 5.20 x 10E12/L  
RBC INDICES: MCV 90. 78 - 95 fl  
. MCH 30. 26 - 32 pg  
. MCHC 335. 320 - 360 g/L  
RDW 13.2 11.5 - 15.5  
WBC 5.9 4.0 - 11.0 x 10E9/L  
PLATELETS 219. 145 - 400 x 10E9/L  
MPV 11.7 7.4 - 11.3 fl 11.7

### DIFFERENTIAL WBC'S :

NEUTROPHILS 2.60 1.80-8.00x10E9/L  
LYMPHOCYTES 2.89 1.50-5.00x10E9/L  
MONOCYTES 0.30 0.00-1.00x10E9/L  
EOSINOPHILS 0.12 0.00-0.40x10E9/L  
BASOPHILS 0.00 0.00-0.10x10E9/L

### T E S T (S) T O F O L L O W

HEPATITIS TESTING:

- FILE
- CHART
- APPOINTMENT
- URGENT APPOINTMENT
- DRS IN TIA!

C - CONFIRMED BY OTHER TEST  
L - LIPEMIC

H - HEMOLYZED  
R - REPEATED

I - INSUFFICIENT QUANTITY  
T - TELEPHONED

K - ICTERIC

B0044 08/10 (REPO-LAB-02)

PAGE 1 OF 1 2011/05/25

32:36

LABORATORY REPORT  
RESULT INQUIRY

(905) 790-3030 1-800-565-5721

**GAM. A - DYNACARE MEDICAL LABORATORIES**  
**REFERENCE LABORATORY LOCATION CODES AND ADDRESSES**

*Results Inquiry:*

Peterborough 1-800-363-5025 1-705-876-7313	Oshawa 1-905-721-4300 ext. 5354
--------------------------------------------------	---------------------------------------

<u>CODE</u>	<u>REFERENCE LABORATORY</u>
1	Gamma - Dynacare Medical Laboratories 1849 Yonge Street, Toronto, Ontario M4S 1Y2
2	Gamma - Dynacare Medical Laboratories 385 Fairway Road S., Kitchener, Ontario, N2C 2N9
7	Gamma - Dynacare Medical Laboratories 245 Pall Mall Street, London, Ontario N6A 1P4
9	Gamma - Dynacare Medical Laboratories 750 Peter Morand Cr. Ottawa, Ontario K1G 6S4
12	DynaLIFE <sub>Dx</sub> Diagnostic Laboratory Services 200, 10150 - 102 Street, Edmonton, Alberta T5J 5E2
15	Eglinton Medical Laboratory 4040 Finch Avenue E., Scarborough, Ontario M1S 4V5
16	Gamma - Dynacare Medical Laboratories 26 Hospital Drive, Peterborough, Ontario K9J 7C3
17	Gamma - Dynacare Medical Laboratories 117 King Street, East, Oshawa, Ontario L1H 1B9
19	Gamma - Dynacare Medical Laboratories 2951 Walkers Line, Burlington, Ontario L7M 4Y1
25	Hospital for Sick Children 555 University Avenue, Toronto, Ontario M5G 1X8
26	Lifelabs 100 International Boulevard, Etobicoke, Ontario M9W 6J6
27	Ontario Public Health Laboratories 81 Resources Road, Toronto, Ontario M9P 3T1
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32	St. Michael's Hospital 30 Bond Street, Toronto, Ontario M5B 1W8
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34	Hamilton Regional Laboratory Medicine Program - Laboratory Reference Centre Core Lab, Level 1, Hamilton General Hospital 237 Barton St. East, Hamilton, Ontario L8L 2X2
37	The Toronto Hospital 301-67 College Street, Toronto, Ontario M5G 2M1
41	Warnex 3885 Industriel Boulevard, Laval, Quebec H7L 4S3
42	Lakeridge Health Oshawa 1 Hospital Court, Oshawa, Ontario L1G 2V9
80	Muskoka Algonquin Healthcare - SOUTH MUSKOKA MEMORIAL HOSPITAL SITE 75 Ann Street, Bracebridge, Ontario P1L 2E4
81	Muskoka Algonquin Healthcare - HUNTSVILLE DISTRICT MEMORIAL HOSPITAL SITE 354 Muskoka Road 3 North, Huntsville, Ontario P1H 1H7
82	West Parry Sound Health Centre 6 Albert St. Parry Sound, Ontario P2A 3A4

# Gamma-Dynacare

Medical Laboratories

115 Midair Court, Brampton, Ontario L6T 5M3

TEL: (905) 790-3000 RESULT INQUIRY (905) 790-3030

GUL, SAADIA PATIENT

44 LANG ST  
HAMILTON  
ONTARIO



PHONE: 905-544-9037

COLLECTION TIME  
2011/05/24 09:45

LAB NUMBER 89-42712808

STATUS FINAL

SERVICE DATE 2011/05/24

REPORT DATE 2011/05/25

HEALTH NUMBER 4043387705 JT

DATE OF BIRTH 1999/10/02

SEX F AGE 11 Y

CHART

DR. E. OSTAPENKO CLIENT

140 CENTENNIAL PARKWAY  
HAMILTON, ON  
L8E 1H9

PHONE: 905-561-9255

## COMMENTS

RECEIVED MAY 30 2011

OUTSIDE  
NORMAL  
LIMITS

## CODES

07

### HEPATITIS TESTING:

IMMUNE STATUS/PREVIOUS EXPOSURE - HEPATITIS A

ANTIBODY (IgG) TO HEPATITIS A ANTIGEN (HAVAb)

POS

POS

The presence of IgG antibodies to HAV indicates previous exposure or vaccination, and immunity to hepatitis A.

### IMMUNE STATUS/PREVIOUS EXPOSURE - HEPATITIS B

ANTIBODY TO HEPATITIS B SURFACE ANTIGEN (HBsAb)

POS

62 U/L

POS

A positive test indicates previous exposure to hepatitis B by infection or vaccine. Anti-HBs can occasionally be present in the carrier state. In all anti-HBs positive patients in whom natural infection is likely to have occurred, it is advisable to test for the presence of HBsAg at least once to rule out chronic carrier status.

A value of 10 U/L or greater is consistent with immunity.

### HEPATITIS MARKERS - INDIVIDUALLY REQUESTED

### HEPATITIS C

Please find out  
Has pt been immunized?  
for Hep B  
F/V as needed

NEG

- FILE
- CHART
- APPOINTMENT
- URGENT APPOINTMENT

DRS INITIAL

Discussed

May 30 2011. Um to cr

Office

C - CONFIRMED BY OTHER TEST

H - HEMOLYZED

I - INSUFFICIENT QUANTITY

K - ICTERIC

L - LIPEMIC

R - REPEATED

T - TELEPHONED

B0044 08/10 (REPO-LAB-02)

PAGE 1 OF 1 2011/05/25 11:11:48

LABORATORY REPORT

RESULT INQUIRY

(905) 790-3030

1-800-565-5721

**GAMMA - DYNACARE MEDICAL LABORATORIES**  
**REFERENCE LABORATORY LOCATION CODES AND ADDRESSES**

*Results Inquiry:*

Peterborough 1-800-363-5025 1-705-876-7313	Oshawa 1-905-721-4300 ext. 5354
--------------------------------------------------	---------------------------------------

<u>CODE</u>	<u>REFERENCE LABORATORY</u>
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12	DynaLIFE <sub>DX</sub> Diagnostic Laboratory Services 200, 10150 - 102 Street, Edmonton, Alberta T5J 5E2
15	Eglinton Medical Laboratory 4040 Finch Avenue E., Scarborough, Ontario M1S 4V5
16	Gamma - Dynacare Medical Laboratories 26 Hospital Drive, Peterborough, Ontario K9J 7C3
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26	Lifelabs 100 International Boulevard, Etobicoke, Ontario M9W 6J6
27	Ontario Public Health Laboratories 81 Resources Road, Toronto, Ontario M9P 3T1
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33	London Laboratory Services Group 375 South Street, London, Ontario N6A 4G5
34	Hamilton Regional Laboratory Medicine Program - Laboratory Reference Centre Core Lab, Level 1, Hamilton General Hospital 237 Barton St. East, Hamilton, Ontario L8L 2X2
37	The Toronto Hospital 301-67 College Street, Toronto, Ontario M5G 2M1
41	Warnex 3885 Industriel Boulevard, Laval, Quebec H7L 4S3
42	Lakeridge Health Oshawa 1 Hospital Court, Oshawa, Ontario L1G 2V9
80	Muskoka Algonquin Healthcare - SOUTH MUSKOKA MEMORIAL HOSPITAL SITE 75 Ann Street, Bracebridge, Ontario P1L 2E4
81	Muskoka Algonquin Healthcare - HUNTSVILLE DISTRICT MEMORIAL HOSPITAL SITE 354 Muskoka Road 3 North, Huntsville, Ontario P1H 1H7
82	West Parry Sound Health Centre 6 Albert St. Parry Sound, Ontario P2A 3A4

Client:  
DR. M.V. SEMCZYSZYN  
ATTN: S.C.WALK IN STE2A  
140 CENTENNIAL RD.  
HAMILTON, ON  
L8E 1H9

Requesting physician: DR. M.V. SEMCZYSZYN

Patient Name:  
GUL, SADIA

Accession  
CK0573164

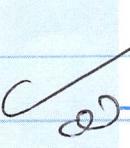
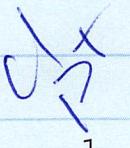
Birthdate: 02-OCT-1999 Sex: F MAR 02 2009  
Phone #: (905) 544-9037  
Health #: 4043387705 GP  
Date of Service: 26-FEB-09  
Printed: 02-MAR-09

Reference #:  
Report Status: FINAL

TEST NAME	RESULT	FLAG	REFERENCE RANGE	UNITS	TEST LOCN.
-----------	--------	------	-----------------	-------	------------

MICROBIOLOGY  
CULTURE AND SENSITIVITY

SOURCE: THROAT  
COLLECTION DATE: 26-FEB-2009 A0  
COLLECTION TIME: NOT GIVEN  
CULTURE STATUS: FINAL  
CULTURE REPORT: NO GROUP A STREPTOCOCCUS ISOLATED

   
 \_\_\_\_\_ FILE  
 \_\_\_\_\_ CHART  
 \_\_\_\_\_ APPOINTMENT  
 \_\_\_\_\_ URGENT APPOINTMENT  
 \_\_\_\_\_ DRS INITIAL  


GUL, SADIA

FINAL REPORT

PND = Pending ~ = Edited Result S = Sensitive I = Intermediate R = Resistant

1

**LIFELABS - LOCATION CODES AND ADDRESSES**

THE LOCATION CODES LISTED BELOW ARE USED TO IDENTIFY THE PERFORMING LABORATORY FOR TESTS REPORTED ON THE REVERSE SIDE OF THIS FORM.

**TORONTO AREA**

CODE

10 100 INTERNATIONAL BLVD., TORONTO M9W 6J6

**SOUTHWEST AREA**

CODE

70 751 VICTORIA ST. S., KITCHENER N2M 5N4

H0 746 BASELINE RD. E., LONDON N6C 5Z2

**NIAGARA AREA**

CODE

A0 3460 SCHMON PKWY., THOROLD L2V 4Y6

**NORTHERN AREA**

CODE

S0 65 LARCH ST., SUDBURY P3E 1B8

S4 1265 ARTHUR ST. E., STE. 400, THUNDER BAY P7E 6E7

**EASTERN AREA**

CODE

X0 51 ADAM ST., UNIT 4, BELLEVILLE K8N 5K3

X3 1919 RIVERSIDE DR., OTTAWA K1H 1A2

X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 2L9

W2 800 PRINCESS ST., KINGSTON K7L 5E4

Client:

DR. E. OSTAPENKO  
ATTN: S.C.WALK IN STE2A  
140 CENTENNIAL RD.  
HAMILTON ,ONT  
L8E 1H9

368  
7

Requesting physician: DR. E. OSTAPENKO

Patient Name:  
GUL, SADIA

Accession  
CK8323626

SADIA

Birthdate: 02-OCT-1999 Sex: F  
Phone #: (905) 544-9037

Health #: 4043387705 GP

Date of Service: 19-AUG-08

Printed: 21-AUG-08

Reference #:

Report Status:

FINAL

TEST NAME	RESULT	FLAG	REFERENCE RANGE	UNITS	TEST LOCN.
-----------	--------	------	-----------------	-------	------------

MICROBIOLOGY  
CULTURE AND SENSITIVITY

SOURCE: THROAT A0  
COLLECTION DATE: 19-AUG-2008  
COLLECTION TIME: NOT GIVEN  
CULTURE STATUS: FINAL  
CULTURE REPORT: NO GROUP A STREPTOCOCCUS ISOLATED

RECEIVED AUG 21 2008



FILE  
CHART  
APPOINTMENT  
URGENT APPOINTMENT  
DRS INITIAL

60 .  
Clinic

GUL, SADIA FINAL REPORT 1  
PND = Pending ~ = Edited Result S = Sensitive I = Intermediate R = Resistant

**LIFELABS - LOCATION CODES AND ADDRESSES**

THE LOCATION CODES LISTED BELOW ARE USED TO IDENTIFY THE PERFORMING LABORATORY FOR TESTS REPORTED ON THE REVERSE SIDE OF THIS FORM.

**TORONTO AREA**

CODE

10 100 INTERNATIONAL BLVD., TORONTO M9W 6J6

**SOUTHWEST AREA**

CODE

70 751 VICTORIA ST. S., KITCHENER N2M 5N4

H0 746 BASELINE RD. E., LONDON N6C 5Z2

**NIAGARA AREA**

CODE

A0 3460 SCHMON PKWY., THOROLD L2V 4Y6

**NORTHERN AREA**

CODE

S0 65 LARCH ST., SUDBURY P3E 1B8

S4 1265 ARTHUR ST. E., STE. 400, THUNDER BAY P7E 6E7

**EASTERN AREA**

CODE

X0 51 ADAM ST., UNIT 4, BELLEVILLE K8N 5K3

X3 1919 RIVERSIDE DR., OTTAWA K1H 1A2

X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 2L9

REPORT DATE  
06/03/08

HAMILTON REGIONAL LABORATORY MEDICINE PROGRAM  
- MCMASTER MEDICAL CENTRE CAMPUS -  
1200 Main Street West Hamilton, Ontario, L8N 3Z5  
(905) 521-2100 ext. 75022

RECEIVED MAR 13 2008  
PAGE 1

OSTAPENKO, ELENA  
140 CENTENNIAL PARKWAY  
STONEY CREEK ON  
L8E 1H9  
905-561-9255

Copies To: ATHALE, UMA H.  
OSTAPENKO, ELENA

Patient's Name: GUL, SAADIA  
Unit Number : M001567936  
Patient's Home Phone: 905-544-9037  
Family Doctor : OSTAPENKO, ELENA

DOB: 02/10/99 Sex: F HIN: 4043387705  
Account Number: MZ021158/07 Location: MO-PED-ONC

Specimen Report Status: COMPLETE Submitted by: ATHALE, UMA H.  
Specimen: 0503:H01104U Collected: 05/03/08 - 0925 Received: 05/03/08 - 0927

Ordered: CBC, MAN DIFF

Test	Result	Flag	Reference
*** COMPLETE BLOOD COUNT ***			
> **LKCS**	5.8		4.5-13.5 x10 9/L
> ERCS	4.64		4.0-5.2 x10 12/L
> **HB**	130		115-155 g/L
> **HCT**	0.389		0.350-0.450
> MCV	83.8	#	77-95 fL
> MCH	28.1		25-33 pg
> MCHC	335		310-360 g/L
> RDW	14.0	#	11.5-15.0 %
> **PLT**	271		150-400 x10 9/L
> MPV	7.0	L	7.4-10.4 fL
> RELATIVE NEUTS	0.36		
> RELATIVE LYMPHS	0.56		
> RELATIVE MONOS	0.06		
> RELATIVE EOS	0.02		
> RELATIVE BASOS	0.00		
> ABSOLUTE NEUTS	2.1		1.8-8.0 x10 9/L
> ABSOLUTE LYMPHS	3.3		1.5-6.5 x10 9/L
> ABSOLUTE MONOS	0.4		0.2-0.5 x10 9/L
> ABSOLUTE EOS	0.1		0.1-0.3 x10 9/L
> ABSOLUTE BASOS	0.0		0.0-0.2 x10 9/L
*** SMEAR ***			
> SEG NEUT	0.41		
> LYMPHOCYTES	0.46		
> MONOCYTES	0.12		
> EOSINOPHILS	0.01		
> SMEAR SCAN	COMPLETE		
> LKCS COMMENT	MORPHOLOGY NORMAL		
> ABSOLUTE NEUTS	2.4		1.8-8.0 x10 9/L
> ABSOLUTE LYMPHS	2.7		1.5-6.5 x10 9/L
> ABSOLUTE MONOS	0.7	H	0.2-0.5 x10 9/L
> ABSOLUTE EOS	0.1		0.1-0.3 x10 9/L
> ERCS COMMENT	MORPHOLOGY NORMAL		
> PLT COMMENT	NORMAL IN NUMBER		

\$ Symbol following a result indicates test was referred out - Address available upon request  
> Symbol prefixing the test name indicates a new result for this reporting  
Date fields on this report in the format DD/MM/YY

\*\* END OF REPORT \*\*

FILE  
CHART  
APPOINTMENT  
URGENT APPOINTMENT  
60 CPX

RECEIVED OCT 11 2007

15 MOUNTAIN AVE. STONEY CREEK 1 (877) 849-3637

Page: 1

Client:  
DR. E. OSTAPENKO  
ATTN: S.C.WALK IN STE2A  
140 CENTENNIAL RD.  
HAMILTON , ONT  
L8E 1H9

368  
7

Patient Name:  
GUL, SADIA

Accession  
CK2821588

Birthdate: 02-OCT-1999 Sex: F  
Phone: (905) 544-9037  
Health #: 4043387705 GP

Date of Service: 09-OCT-07  
Printed: 11-OCT-07

Requesting physician: DR. E. OSTAPENKO

Reference #:  
Report Status:

FINAL

TEST NAME	RESULT	ABNORMAL	REFERENCE RANGE	UNITS	TEST LOCN.
-----------	--------	----------	-----------------	-------	------------

Specimens submitted to community laboratories must be labeled with full name and either date of birth or health card number.

\*\*\*\*\*

MICROBIOLOGY  
CULTURE AND SENSITIVITY

SOURCE: THROAT  
COLLECTION DATE: 09-OCT-2007  
COLLECTION TIME: NOT GIVEN  
CULTURE STATUS: FINAL  
CULTURE REPORT: NO GROUP A STREPTOCOCCUS ISOLATED

A0

GUL, SADIA  
PND = Pending ~ = Edited Result S = Sensitive I = Intermediate R = Resistant

FINAL REPORT

1

**MDS LABORATORY SERVICES - LOCATION CODES AND ADDRESSES**

THE LOCATION CODES LISTED BELOW ARE USED TO IDENTIFY THE PERFORMING LABORATORY FOR TESTS REPORTED ON THE REVERSE SIDE OF THIS FORM.

**TORONTO AREA**

CODE

10 100 INTERNATIONAL BLVD., ETOBICOKE M9W 6J6

**SOUTHWEST AREA**

CODE

70 751 VICTORIA ST. S., KITCHENER N2M 5N4

H0 746 BASELINE RD. E., LONDON N6C 5Z2

**NIAGARA AREA**

CODE

A0 3460 SCHMON PKWY., THOROLD L2V 4Y6

**NORTHERN AREA**

CODE

S0 65 LARCH ST., SUDBURY P3E 1B8

S4 1265 ARTHUR ST. E., STE. 400, THUNDER BAY P7E 6E7

**EASTERN AREA**

CODE

U3 THE BANCROFT PROFESSIONAL CENTRE

16 BILLA ST., BOX 578, BANCROFT K0L 1C0

U5 4 YORK ST., HALIBURTON K0M 1S0

W2 800 PRINCESS ST., KINGSTON K7L 5E4

X0 210 DUNDAS ST. E., BELLEVILLE K8N 5G8

X3 1919 RIVERSIDE DR., OTTAWA K1H 1A2

X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 2L9

Client:  
DR. E. OSTAPENKO  
ATTN: S.C.WALK IN STE2A  
140 CENTENNIAL RD.  
HAMILTON ,ONT  
L8E 1H9

368  
7

Patient Name:  
GUL, SAADIA

Accession  
CK0661555

Birthdate: 02-OCT-1999 Sex: F  
Phone: (905) 544-9037  
Health #: 4043387705 GP

Date of Service: 07-MAR-07  
Printed: 09-MAR-07

Requesting physician: DR. E. OSTAPENKO

Reference #: \_\_\_\_\_  
Report Status: \_\_\_\_\_

FINAL

TEST NAME                    RESULT                    ABNORMAL                    REFERENCE RANGE                    UNITS                    TEST LOCN.

\*\*\*\*\*  
Incubation time of throat swabs will be increased March 19 2007.  
This will increase positivity rate but may delay TAT by up to 12 hrs.  
\*\*\*\*\*

## MICROBIOLOGY

SOURCE: THROAT  
COLLECTION DATE: 06-MAR-2007  
COLLECTION TIME: 20:10  
CULTURE STATUS: FINAL  
CULTURE REPORT: NO GROUP A STREPTOCOCCUS ISOLATED

A0

RECEIVED May 9 2007

Mar 6.

GUL, SAADIA  
PND = Pending ~

## FINAL REPORT

1

GUL, SAADIA FINAL REPORT PND = Pending ~ = Edited Result S = Sensitive I = Intermediate R = Resistant

**MDS LABORATORY SERVICES - LOCATION CODES AND ADDRESSES**

THE LOCATION CODES LISTED BELOW ARE USED TO IDENTIFY THE PERFORMING LABORATORY FOR TESTS REPORTED ON THE REVERSE SIDE OF THIS FORM.

**TORONTO AREA**

CODE

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CODE

A0 3460 SCHMON PKWY., THOROLD L2V 4Y6

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CODE

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S4 1265 ARTHUR ST. E., STE. 400, THUNDER BAY P7E 6E7

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CODE

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U5 4 YORK ST., HALIBURTON K0M 1S0

W2 800 PRINCESS ST., KINGSTON K7L 5E4

X0 210 DUNDAS ST. E., BELLEVILLE K8N 5G8

X3 1919 RIVERSIDE DR., OTTAWA K1H 1A2

X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 2L9

X-RAY & ULTRASOUND SERVICES  
1439 Upper Ottawa Street, Unit 2  
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Tel: (905) 318-4082 Fax: (905) 318-4082

RECEIVED JUN 06 2011

Case #: QI68941  
26-May-2011

OSTAPENKO, E  
STONEY CREEK WALK-IN-CLINIC  
140 CENTENNIAL PRKY SUITE 2A  
STONEY CREEK, ONTARIO  
L8K 6R5

GUL, SAADIA  
D.O.B : 02-Oct-99 11y 7m Sex: F  
2-10 HIGHGATE DR.  
STONEY CREEK, ON  
L8J 3P7 (905) 544-9037

**ABDOMINAL ULTRASOUND:**

The gallbladder, biliary tract, liver, spleen, pancreas, both kidneys and retroperitoneal space have been scanned and are shown to be within normal limits. Incidental note is made of a small accessory spleen.

**OPINION:**

NORMAL STUDY.

FILE  
CHART  
APPOINTMENT  
URGENT APPOINTMENT  
DRS INITIALS

B)

D. Hynes, M.D. F.R.C.P.(C)

26-May-11 21:23

Status: D:26/05/2011 T:LVIDRIH 26/05/11 21:23 P:BARB 27/05/11 09:11

*DH*

HAMILTON HEALTH SCIENCES  
Medical Diagnostic Unit, McMaster Univ Med Centre  
1200 Main Street West, Hamilton, L8S 4J9, 905-521-2100

ECHOCARDIOGRAPHY REPORT

RECEIVED FEB 19 2008

Re:	GUL,SAADIA	Location:	MI-3B
ID:	M001567936	Gender/DOB:	F / 02/10/1999
Address:	44 LANG ST., HAMILTON, ON, L8E 1M1	Account Number:	MA015436/07
Family Physician:	OSTAPENKO,ELENA	Procedure Date:	
Referred By:		Order #:	
Date Dictated:	29/01/08	HC #:	4043387705-GP
		Transcribed Date:	31/01/08

Age: 8yr	Height: cm	Weight: kg	BSA: m <sup>2</sup>	Hypertension:
----------	------------	------------	---------------------	---------------

Reason for Investigation: Pt has a salmonella typhoid infection. R/O endocarditis.

LV DIASTOLIC DIMENSION: 3.61cm  
LV END SYSTOLIC DIMENSION: 2.27cm  
LV FRACTIONAL SHORTENING: 37percent  
LV POSTERIOR WALL THICKNESS: 0.35cm  
INTERVENTRICULAR SEPTAL THICKNESS: 0.51cm  
LA DIMENSION: 2.5cm  
AORTIC ROOT DIMENSION: 1.8cm  
RV DIASTOLIC DIMENSION SUPINE: 1.1cm

---

Investigation Date: January 29, 2008      Tape #      Tech: Annette

**INTERPRETATION:**

1. Normal segmental anatomy. Unobstructed left aortic arch. Normal systemic and pulmonary venous return. Normal proximal coronary arteries.
2. No ASD, VSD, or PDA.
3. No RVOTO/LVOTO.
4. Trileaflet AoV with no AI.
5. Qualitatively good biventricular function with LV fractional shortening of 37% and EF of 69%.
6. No mitral regurgitation.
7. No AI.
8. VcFc 1circ/sec.
9. Trivial PI and TR.
10. No thrombus or vegetations seen.
11. No pericardial effusion.

**SUMMARY:** This study is within normal limits.

Dictated by: MONDAL, TAPAS KU MD  
MONDTAP/ASC

Report Number: 3101-0019

CC: Gambarotto,Kathryn Rose; OSTAPENKO,ELENA

<Electronically signed by TAPAS KU MONDAL MD>

FILE  
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 APPOINTMENT  
 URGENT APPOINTMENT  
 DR'S INITIAL

OSTAPENKO,ELENA  
140 CENTENNIAL PARKWAY, STONEY CREEK WALK-IN CLINIC  
STONEY CREEK, ON L8E 1H9

E.O.

Clinical  
pt.

*RECEIVED FEB 05 2008*

**HAMILTON HEALTH SCIENCES – DIAGNOSTIC SERVICES REPORT**  
**MCMASTER UNIV. MEDICAL CENTRE (905) 521-2100 ext. 75318**  
**1200 MAIN STREET WEST, HAMILTON, ON. L8N 3Z5**

This information is directed in confidence solely to the person(s) named below, therefore, this information should be considered strictly confidential. If you receive this report in error, please notify us immediately by telephone. Thank you for your assistance.

GUL, SAADIA  
 Unit #: M001567936  
 Acct #: MA015436/07  
 Location: MI-3B  
 Exam Date: 04/02/08

Sex: F      Age: 8      DOB: 02/10/1999

Ref. Loc:

Requisition #: 08-0036729

Order Num Category/Procedure  
 0402-0058 XRP/XA FLR GUI LINE INS PICC PAED  
 0402-0059 XRP/U/S GUIDANCE/XRP

Report Status: Signed

**PICC LINE INSERTION:**

Clinical details: Salmonella infection. For long-term antibiotics.

**PROCEDURE:**

Aseptic precautions. Local anesthetic and ultrasound guidance.  
 A single-lumen 4 French PICC line was inserted via the left basilic with satisfactory position of tip in the SVC.

Procedure uneventful.

Dictated by: P. Vora, MD, FRCS, FRCR

Dictated for: Parag K. Vora MD, FRCS, FRCR  
 Signed by: Parag K. Vora MD, FRCS, FRCR

Date Dictated: 04/02/08 1518  
 CC: GIGLIA, LUCIA; OSTAPENKO, ELENA

Report #: 0402-0989  
 mne.: OSTA

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 APPOINTMENT  
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 DRS INITIAL  
*Eon*

ELENA OSTAPENKO  
 140 CENTENNIAL PARKWAY, STONEY CREEK WALK-IN  
 CLINIC  
 STONEY CREEK, ON L8E 1H9

Family Physician's copy

Page 1 of 1

*John P.*

Page: 1 of 1 HAMILTON NIAGARA HALDIMAND BRANT CCAC  
Telephone (905)523-8600

FAMILY PHYSICIAN ADMISSION NOTIFICATION  
February 4, 2008

RECEIVED FEB 04 2008

Dr. E. Ostapenko  
140 Centennial Parkway  
Hamilton ON  
L8E 1H9

Dear Dr. Ostapenko

The Community Care Access Centre wishes to advise you that  
the client listed below is currently receiving CCAC services.

Should you have any questions or concerns please contact our office.

Client Name: GUL, SAADIA  
OHCN : 4043387705GP  
Client DOB : 2-Oct-1999  
CM Area : ACUTE 1

Admit Date: 4-Feb-2008 Planned Discharge: 4-Apr-2008

Primary Dx : FEVER  
Secondary Dx:  
Surgical Proc: INSERTION - PICC LINE  
Surgical Date: 4-Feb-2008

Dr. O

CCAC TREATMENT GOAL: 05

CONSOLIDATED SERVICE PLAN:  
Provider Service Admit-Date

PRIVATE AND CONFIDENTIAL  
INTENDED ONLY FOR NAMED RECIPIENT. IF OTHERWISE RECEIVED, PLEASE CONTACT  
THE COMMUNITY CARE ACCESS CENTRE (CCAC) AND DESTROY IMMEDIATELY.

- FILE  
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DRS INITIALS

E.O.

CJ

*RECEIVED JAN 29 2008*

**HAMILTON HEALTH SCIENCES – DIAGNOSTIC SERVICES REPORT**  
**MCMASTER UNIV. MEDICAL CENTRE (905) 521-2100 ext. 75318**  
**1200 MAIN STREET WEST, HAMILTON, ON. L8N 3Z5**

This information is directed in confidence solely to the person(s) named below, therefore, this information should be considered strictly confidential. If you receive this report in error, please notify us immediately by telephone. Thank you for your assistance.

GUL, SAADIA  
 Unit #: M001567936  
 Acct #: MA015436/07  
 Location: MI-3B  
 Exam Date: 26/01/08

Sex: F      Age: 8      DOB: 02/10/1999

Ref. Loc:

Order Num Category/Procedure  
 2601-0013 US/U/S ABDOMEN PAED

Requisition #: 08-0028549

Report Status: Signed

Ultrasound of the abdomen

**FINDINGS:**

The liver appears normal in size and echogenicity. No focal lesions seen in the liver parenchyma. The intrahepatic biliary tree and common bile duct are not dilated.

The gallbladder appears normal.

The pancreas is only partially visualized. The visualized pancreas appears normal. The pancreatic head is obscured by bowel gas.

The spleen measures 12.2 cm in maximum dimension in keeping with mild splenomegaly. There is a splenule measuring 1.7 x 1.5 x 1.3 cm at the splenic hilum.

The kidneys appear normal in size and echogenicity. No hydronephrosis and hydroureter seen bilaterally.

The aorta is obscured by bowel gas.

**IMPRESSION:**

Mild splenomegaly. No other significant abnormalities identified.  
 Dictated by: Yong Dong Wang, M.D.

Dictated for: Mehran Midia MD, FRCPC  
 Signed by: Mehran Midia MD, FRCPC

Date Dictated: 28/01/08 1112  
 CC: Gambarotto, Kathryn Rose; OSTAPENKO, ELENA

Report #: 2801-0132  
 mne.: OSTA

ELENA OSTAPENKO  
 140 CENTENNIAL PARKWAY, STONEY CREEK WALK-IN  
 CLINIC  
 STONEY CREEK, ON L8E 1H9

Family Physician's copy

Page 1 of 1

*See my  
referral to  
ER.*

- FILE  
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 URGENT APPOINTMENT  
 DRS INITIAL

*LJG*

*JM*

**HAMILTON HEALTH SCIENCES – DIAGNOSTIC SERVICES REPORT**  
**MCMASTER UNIV. MEDICAL CENTRE (905) 521-2100 ext. 75318**  
**1200 MAIN STREET WEST, HAMILTON, ON. L8N 3Z5**

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GUL, SAADIA  
Unit #: M001567936  
Acct #: MA015436/07  
Location: MI-3B  
Exam Date: 25/01/08

Sex: F      Age: 8

DOB: 02/10/1999

Ref. Loc: MO-ER

Order Num Category/Procedure  
2501-0564 XR/CHEST PAED 2V

Requisition #: 08-0028275

Report Status: Signed

No previous for comparison. The lungs are clear with a normal mediastinal and cardiac contour.

Opinion: Normal.  
Dictated by: C. L. Coblenz, MD, FRCPC

Dictated for: Craig L. Coblenz MD, FRCPC  
Signed by: Craig L. Coblenz MD, FRCPC

Date Dictated: 26/01/08 1050  
CC: HERSI, ALI; OSTAPENKO, ELENA

Report #: 2601-0121  
mne.: OSTA

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 APPOINTMENT  
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 DR'S INITIAL

RECEIVED JAN 28 2008

ELENA OSTAPENKO  
140 CENTENNIAL PARKWAY, STONEY CREEK WALK-IN  
CLINIC  
STONEY CREEK, ON L8E 1H9

Family Physician's copy

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Jan. 28

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Max - email: max@saminco.com.hk  
Peter - email: pbr69@icloud.com

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Phone: 9999999999  
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3	GP006A	1:18	Red	Ferrari 330 p4 n.24 2nd Daytona '67	\$214.81	6	\$1,288.86
							<b>9 \$1,933.29</b>