### **Medical Records - CONFIDENTIAL**

FROM: NM - RMCHCS

520 NM HWY 564, GALLUP, NM 87301-4873 Phone: (505) 863-2273

Fax: (505) 722-3594

TO:

Name: ABEYTA, WASHANAH

DOB: 04/14/1997 Date Range: to

This document contains the following records of the patient:

- Allergy List
  Care Plan Audit
- Denied Medications
- Facesheet
- Medication List
- Vaccination History

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# Allergy List

None recorded.

# **Care Plan Audit**

Care Management Events

None recorded

**Health Concerns** 

None recorded

Goals

None recorded

**Patient Tasks** 

None recorded

**Care Team Tasks** 

None recorded

**Health Status** 

None recorded

## **Denied Medications**

None recorded.

## Facesheet

#### **Demographics**

Patient Name	ABEYTA, WASHANAH
Sex	F
DOB	04/14/1997
Address	PO BOX 416
City/State/Zip	PINEHILL, NM 87357
Home Phone	(505) 593-9702
Insurance	

#### Height / Weight / BMI / BP

None recorded.

**Problems** 

None recorded.

**Surgical & Procedure History** 

None recorded.

Medications

None recorded.

Vaccines None recorded.

**Allergies / Adverse Reactions** 

None recorded.

**Past Medical History** 

(none recorded)

Social History None recorded.

Family History None recorded.

**GYN History** 

None recorded.

Patient History - Other None recorded.

**Past Pregnancies** 

None recorded.

**Obstetric History** None recorded.

Screening

None recorded.

# **Medication List**

None recorded.

### Vaccination History

None recorded.