ATTENTION QA TEAM:

Please note that the attached medical records are EVERYTHING that are available for the **patient and date range requested**. While we found the patient,

This was all that was available for the requested Chart or HEDIS measure.
☐ The records for the correct patient appear under a different name (for example: the admitting team entered the patient incorrectly in EMR; it was a trauma patient; or married name).
Patient is also known as
☐ There are no office visits or face to face encounters.
☐ This was an ER visit only.
☐ This was an Outpatient visit only e.g. lab/radiology oncology.
☐ This was Inpatient visit less than 48 hours.
☐ H&P from outside facility.
\square A discharge is not yet available (14 days from discharge for state of CA).
☐ The Patient left without being seen.

MRN: DOB: Sex: F

	And the second security of the second		Patien	t.		neros perentas prentas
Demographics						
Name: Address: Date of birth: Language; English Mobile:	mana voldet timura e i determina voldet	Sex: Female Email:	ecceptaria e e contratario e e e e	icanamento de Calanamento de Calanamento e a Calan	Gender identity: Female Home phone:	a es ciclostatura per a ciclostatura per es ciclostatura per e
Care Team as of						
Active						
	Relationship		ecialty	Phon	e Duratio	CHE SHORTHER SERVICION SERVICION SE SERVICION SE SERVICIONS DE
Last edited by:	PCP - General on	Int	ernal Medici	ne		- Present
Problem List as of						
Problems last reviewed by		0	1			
Allergic rhinitis [last edited	by	on				
Diagnosis: Allergic rhinitis Chronic: No		Noted on:		Les des la colonida de la colonida d	Priority: Medium	
Anxiety disorder [last edited	d by	on		1		
Diagnosis: Anxiety disorder Chronic: No		Noted on:	et en setver somerne set setver-ennemente se		Priority: Medium	
Encounter for preventive h	ealth examinati	on [last edited	by	. on		
Diagnosis: Encounter for pro examination Chronic: No	eventive health	Noted on:	unanni (ancosci-liusa) un antienen a sunat sie	ar kulon dia kantan dia mendia dia mendia dia kendua dia kendua dia kendua dia kendua dia kendua dia kendua di	Priority: Medium	atorica i sociale considerativo de considerativo considerativo de consider
Exercise-induced asthma [last edited by		on			
Diagnosis: Exercise-induced Chronic: No	d asthma	Noted on:			Priority: Medium	
Problem List Review Histo User	ry		·	Reviewed On		
Allergies as of						
Allergies last reviewed by CEPHALEXIN [last edited by	/		on			
Noted on:		na karaan karaan karaan ka	er vocamen anner ann	RxNorm;		ternet survivirante de central survivirante de sette de central survivirante de la
Last Reviewed By - Revision	on History					
Reviewed On		User			Review Status	
				V	Mark as Reviewed Mark as Reviewed	
					Mark as Reviewed Mark as Reviewed	
- Commence of the commence of				***	Mark as Reviewed	
					Mark as Reviewed	
			*/*********		Mark as Reviewed	
					Mark as Reviewed	
Immunizations as of						
Immunizations never marked	as reviewed			त्र कार्यनके वि तत्त्वकार्य कार्यनके वि तत्त्वकार्य कार्यनके वि तत्त्वकार्य की		our sometimes de deservir sometimes de deservir de deservir de deservir de deservir de deservir de deservir de
Printed on						Page

DOB:

nfluenza, Unspecified [last edited by	. on 1136]	amanananananananananananananahidakanahidakkania sidakkania sidakkania sidakkania sidakkania sidakkania sidakka
Administered on: Location:	Dose: 1	CVX code: 88
dap [last edited by on	1	
Administered on: Location:	Dose: 1	CVX code: 115
deleted] Moderna SARS-CoV-2 Vaccination	tion (automatically reconciled from Foundation	dation immunization Registry on personal transmission of the property of the second control of the property of the personal o
Status: Given Site: Right deltoid Manufacturer: Moderna US, Inc	Administered on: Route: Intramuscular Lot number: 041L20A	Dose: 1 CVX code: 207 External: Auto Reconciled From Outside Source
Location: Previous revisions		
	n [automatically reconciled from Founda	tion Immunization Registry on
Administered on:	Dose: 1	Site: Right deltoid
Route: Intramuscular Manufacturer: Moderna US, Inc Location:	CVX code: 207 Lot number: 041L20A	External: Auto Reconciled From Outside Source

	Administered on: Route: Intramuscular	Dose: 1 CVX code: 207 External: Auto Reconciled From Outside
Status: Given Site: Right deltoid Manufacturen: Moderna US, Inc		
Status: Given Site: Right deltoid Manufacturer: Moderna US, Inc	Route: Intramuscular	CVX code: 207 External: Auto Reconciled From Outside
Status: Given Site: Right deltoid Manufacturer: Moderna US, Inc Location: Previous revisions	Route: Intramuscular	CVX code: 207 External: Auto Reconciled From Outside Source
Status: Given Site: Right deltoid Manufacturer: Moderna US, Inc Location: Previous revisions Moderna SARS-CoV-2 Vaccinatio Administered on:	Route: Intramuscular Lot number: 041L20A n [automatically reconciled from Foundar Dose: 1	CVX code: 207 External: Auto Reconciled From Outside Source
Status: Given Site: Right deltoid Manufacturen: Moderna US, Inc Location: Previous revisions Moderna SARS-CoV-2 Vaccinatio	Route: Intramuscular Lot number: 041L20A n [automatically reconciled from Foundar	CVX code: 207 External: Auto Reconciled From Outside Source tion Immunization Registry on Site: Right deltoid
Status: Given Site: Right deltoid Manufacturer: Moderna US, Inc Location: Previous revisions Moderna SARS-CoV-2 Vaccinatio Administered on: Route: Intramuscular	Route: Intramuscular Lot number: 041L20A n [automatically reconciled from Foundar Dose: 1 CVX code: 207	CVX code: 207 External: Auto Reconciled From Outside Source tion Immunization Registry on Site: Right deltoid External: Auto Reconciled From Outside
Status: Given Site: Right deltoid Manufacturer: Moderna US, Inc Location: Previous revisions Moderna SARS-CoV-2 Vaccinatio Administered on: Route: Intramuscular Manufacturer: Moderna US, Inc Location:	Route: Intramuscular Lot number: 041L20A n [automatically reconciled from Foundar Dose: 1 CVX code: 207	CVX code: 207 External: Auto Reconciled From Outside Source tion Immunization Registry on Site: Right deltoid External: Auto Reconciled From Outside
Status: Given Site: Right deltoid Manufacturer: Moderna US, Inc Location; Previous revisions Moderna SARS-CoV-2 Vaccinatio Administered on: Route: Intramuscular Manufacturer: Moderna US, Inc Location: rent Medications Wedications This report is for documentation purp	Route: Intramuscular Lot number: 041L20A In [automatically reconciled from Foundar Dose: 1 CVX code: 207 Lot number: 041L20A Oses only. The patient should not folke	CVX code: 207 External: Auto Reconciled From Outside Source tion Immunization Registry on Site: Right deltoid External: Auto Reconciled From Outside Source ow medication instructions within.
Status: Given Site: Right deltoid Manufacturer: Moderna US, Inc Location: Previous revisions Moderna SARS-CoV-2 Vaccinatio Administered on: Route: Intramuscular Manufacturer: Moderna US, Inc Location: ent Medications This report is for documentation purp For accurate instructions regarding m	Route: Intramuscular Lot number: 041L20A In [automatically reconciled from Foundar Dose: 1 CVX code: 207 Lot number: 041L20A Oses only. The patient should not folke	CVX code: 207 External: Auto Reconciled From Outside Source tion Immunization Registry on Site: Right deltoid External: Auto Reconciled From Outside Source
Status: Given Site: Right deltoid Manufacturer: Moderna US, Inc Location; Previous revisions Moderna SARS-CoV-2 Vaccinatio Administered on: Route: Intramuscular Manufacturer: Moderna US, Inc Location: rent Medications Wedications This report is for documentation purp	Route: Intramuscular Lot number: 041L20A In [automatically reconciled from Foundar Dose: 1 CVX code: 207 Lot number: 041L20A Oses only. The patient should not folke	CVX code: 207 External: Auto Reconciled From Outside Source tion Immunization Registry on Site: Right deltoid External: Auto Reconciled From Outside Source ow medication instructions within.
Status: Given Site: Right deltoid Manufacturer: Moderna US, Inc Location; Previous revisions Moderna SARS-CoV-2 Vaccinatio Administered on: Route: Intramuscular Manufacturer: Moderna US, Inc Location: Tent Medications Wedications This report is for documentation purp For accurate instructions regarding m Current Medications Medications last reviewed by	Route: Intramuscular Lot number: 041L20A In [automatically reconciled from Foundar Dose: 1 CVX code: 207 Lot number: 041L20A Oses only. The patient should not folkedications, the patient should instead	CVX code: 207 External: Auto Reconciled From Outside Source tion Immunization Registry on Site: Right deltoid External: Auto Reconciled From Outside Source ow medication instructions within.
Status: Given Site: Right deltoid Manufacturer: Moderna US, Inc Location: Previous revisions Moderna SARS-CoV-2 Vaccinatio Administered on: Route: Intramuscular Manufacturer: Moderna US, Inc Location: Tent Medications Medications This report is for documentation purp For accurate instructions regarding manufacturers.	Route: Intramuscular Lot number: 041L20A In [automatically reconciled from Foundar Dose: 1 CVX code: 207 Lot number: 041L20A Oses only. The patient should not folkedications, the patient should instead	CVX code: 207 External: Auto Reconciled From Outside Source tion Immunization Registry on Site: Right deltoid External: Auto Reconciled From Outside Source ow medication instructions within.

DOB:

Start date:		
Medication Note		
Use 1 hour before intense exercise as 2 puffs with an A		**************************************
sertraline (Zoloft) 100 mg tablet [reconciled by	. on	
Instructions; Take by mouth 1 (one) time each day. Entered by:	Entered on:	
Start date:	WITTENESS OF THE SES	
Medication Note		erenana en
once a day		
Yasmin 28 3-0.03 MG tablet [reconciled by	. On .	anuma suma s
Entered by: Start date:	Entered on:	
as of		
dical History as of		
Medical last reviewed by		DITTO TO SERVICE STATES
Medical last reviewed by None		in and a second
Medical last reviewed by None		121242126261
Medical last reviewed by None Medical History Audit Trail through		CALLAD JOSEPH
Medical last reviewed by None	History.	DUAD SOON
Medical last reviewed by None Medical History Audit Trail through	History.	D-12-15 (20-20)
Medical last reviewed by None Medical History Audit Trail through There is no audit trail information available for Medical	History.	D-12-15-15-15-15-15-15-15-15-15-15-15-15-15-
Medical last reviewed by None Medical History Audit Trail through There is no audit trail information available for Medical gical History as of Surgical last reviewed by	History.	
Medical last reviewed by None Medical History Audit Trail through There is no audit trail information available for Medical	History.	
Medical last reviewed by None Medical History Audit Trail through There is no audit trail information available for Medical gical History as of Surgical last reviewed by None Surgical History Audit Trail through		22.50.00
Medical last reviewed by None Medical History Audit Trail through There is no audit trail information available for Medical gical History as of Surgical last reviewed by		
Medical last reviewed by None Medical History Audit Trail through There is no audit trail information available for Medical gical History as of Surgical last reviewed by None Surgical History Audit Trail through		
Medical last reviewed by None Medical History Audit Trail through There is no audit trail information available for Medical gical History as of Surgical last reviewed by None Surgical History Audit Trail through		
Medical last reviewed by None Medical History Audit Trail through There is no audit trail information available for Medical gical History as of Surgical last reviewed by None Surgical History Audit Trail through There is no audit trail information available for Surgical		
Medical last reviewed by None Medical History Audit Trail through There is no audit trail information available for Medical gical History as of Surgical last reviewed by None Surgical History Audit Trail through There is no audit trail information available for Surgical hilly History as of Family History as of Family Medical Audit Trail through	History.	
Medical last reviewed by None Medical History Audit Trail through There is no audit trail information available for Medical gical History as of Surgical last reviewed by None Surgical History Audit Trail through There is no audit trail information available for Surgical	History.	

DOB:

t Trail through						
ниоппалоп avai	lable for ped	igree annotation	S	МОКОМОНОНОНОНОНОНОНОНОНОНОНОНО	КОКОКОКОМОНОНОНОНОМОНОМОНОК	исмоновововомонововомомом
story as or	DESCRIPTION OF THE PROPERTY OF		A BAU SECURIO SE CUBILIDA UNA EXPERIMANA	NATERA BIRLI		
eviewed by						
Smoking Star	t Date C	Σuit Date	Smo	king Frequen	су	
		-	-			
Smokeless Ty	pe S	imokeless Quit	Date			
_		_ 				2000.0000000000000000000000000000000000
			uapuusikasuaseuse			
l through						
				Updated By		
						(Pro
LILLUANO en le 101 emprioripció les emo cinas econocie		Pre	vious Value			
Never						
22244282054004000000000000000		0010005000500050005000500500500500			AND THE PROPERTY OF THE PROPER	
Number of	Years	Education	Preferred	a transcription of participate		
Children 	Education —	Level	Language English	Not Hispanic, Latino/a, or Spanish origin	Race White	Source
rough						
nformation avail	able for Occ	cupational Histo	ory.	****************	*************	
through						
nformation avail	able for Soc	ioeconomic Hi	story.		Material Charles (CA Jiha Ser Jino Set and George	NAMES OF THE PARTY
	,					
CHECKER AND REAL PROPERTY OF THE PROPERTY OF T			A THE AND AND AND AND ADDRESS OF A PARTY OF	ACCESS 100	**************************************	
	New Value Never Never Never Never Number of Children rough Information avail	Smoking Start Date G Smokeless Type S I through New Value Never Never Never Number of Years Children Education rough Information available for Occurrence through	Smoking Start Date Quit Date Smokeless Type Smokeless Quit I through New Value Pre Never — Never — Never — Never — Never — Net Education Children Education Level rough Information available for Occupational History through	Smoking Start Date Quit Date Smokeless Type Smokeless Quit Date Indicated In through New Value Previous Value Never Never Indicated Ind	Smoking Start Date Quit Date Smoking Frequence Smokeless Type Smokeless Quit Date Updated By New Value Previous Value Never — Not Hispanic, Latino/a, or Spanish origin rough Information available for Occupational History.	Smoking Start Date Quit Date Smoking Frequency Smokeless Type Smokeless Quit Date

DOB:

Breastfeeding:		Unknown									
OB History Counts as	of										
Gravi da Para Ter	Prete m rm	AB SAB		oto c Molar	Multi ple	Livin g	Live Birth s	User		Date/Ti Record	
1											
OB History as of											
Outcom # e Dat	e GA	Labo 7 2	nd Weight	Sex	Delivery	/ Ane	s	PTL	Living	Apga r1	Ap r5
1 Gravida											
OB History Audit Trail	through				una une su teras tenas tan	aramena senar senar simena	tenar tenar umantumentu te	ner tener sanarnanersa tener	unananena lenerananananan	menu lengi lengi umanu langi l	ener was water our
Row 1											
1 - Undated pr	egnancy c	reated on		by							
OB Hx Out	come							and a contract of the			
Value		Edited	From	ι	Jser				Date/T Recor		
Gravida		Control of the Contro	Generated	ia da		nerenden han han han					2000240055
Current pregn	ancy create	ed on		by		and o	eleted (on		,d	у
Current pregn	rasamanan ar			by		and c	eleted	on		by	
	rasamanan ar					and c	eleted (by	y
OB History General Co ce Care Planning	rasamanan ar					and c	eleted			by	
OB History General Co ce Care Planning n Patient Capacity	omment as	of				and c				b y	
OB History General Co ce Care Planning	omment as	of				and c					
OB History General Co ce Care Planning n Patient Capacity The patient has full co	pomment as	of ere is no histor				and c				b y	
OB History General Co ce Care Planning n Patient Capacity	apacity. The	of ere is no histor s Changes	y of patient s	atus change.		and c	eleted (
OB History General Cocce Care Planning n Patient Capacity The patient has full cocce History of Patient Cap	apacity. The	of ere is no histor s Changes	y of patient s	atus change.		and c					
OB History General Cocce Care Planning n Patient Capacity The patient has full cocce History of Patient Cap	apacity. The	of ere is no histor s Changes here is no histor	y of patient so	atus change.		and c					
OB History General Cocce Care Planning n Patient Capacity The patient has full cocce History of Patient Cap The patient has full Current Code Status	apacity. The	of ere is no histor s Changes here is no histor	y of patient so	atus change.						by	
OB History General Cocce Care Planning n Patient Capacity The patient has full coccentrated the patient Capacity Current Code Status Date Active Not on File	apacity. The	of ere is no histor s Changes here is no histor	y of patient so	atus change.							
OB History General Cocce Care Planning n Patient Capacity The patient has full cocce History of Patient Cap The patient has full Current Code Status Date Active	apacity. The acity Statu capacity. The Code St	of ere is no histor s Changes here is no histor atus Order I	y of patient so	atus change.			eleted (C.		
OB History General Cocce Care Planning Patient Capacity The patient has full cocce History of Patient Cap The patient has full Current Code Status Date Active Not on File Health Care Agents	apacity. The acity Statu capacity. The Code St	of ere is no histor s Changes here is no histor atus Order I	y of patient so	atus change.							
OB History General Cocce Care Planning Patient Capacity The patient has full cocce History of Patient Cap The patient has full Current Code Status Date Active Not on File Health Care Agents	apacity. The acity Statu capacity. The Code St	of ere is no histor s Changes here is no histor atus Order I	y of patient so	atus change.			eleted		Cc		

MRN:	DOB:	Sex: F

DOB:

Sex: F

Patient (continued)

Documents as of

Administration Miscellaneous as of

Scan on : SADMINISTRATION MISCELLANEOUS as of

Scan (below)

PATIENT REGISTRATION / INFORMATION SHEET Name: Date of Birth: Social Society Number: Street Address: Home Pringle: Horne Pri		Service of the servic
Name: Date of Birth: Social Security Number: Street Address: Home Phobe: Home Probe: Home Phobe: Home	Terries	
Name: Date of Birth: Social Security Number: Street Address: Home Probe: Work Phorie: Reco: American Indian Asian African American Native House Other Unknown Ethnicity: Hispanic Latino Non-Hispanic Latino Primary Linguage: Physical Sequence Ceptones: The Primary Linguage: Physical Sequence Ceptones: Street Address: Date of Rethress: Coll Phorie: Completions Problemance Ceptones: Street Address: Date of Rethress: Date of Rethress: Date of Rethress: Colly: Street Address: Date of Rethress: Colly: Street Address: Date of Rethress: Colly: Street Address: Home Phone: Work Phorie: Investby pine the permater to centact the above remolegate and date of a greated of contracting the permater of the permanent of the perma		<u> </u>
Name: Date of Birth: Social Security Number: Street Address: Home Phole: Home		PATIENT REGISTRATION /
Social Sociaty Number: Street Address: Home Phobe: Work Photes: Harding Asian Asian Artical American Ethnicity: Hispanic/Latino Non-Hispanic/Latino Religious Preference (cytone): By providing four mentioned sources, you are electing to receive and communication from Hosp Asial Asian Asian Africal American Ethnicity: Hispanic/Latino Non-Hispanic/Latino Religious Preference (cytone): By providing four mentioned sources, you are electing to receive and communication from Hosp Asial Asian Asian Asian Africal American Employer: Status: Employer: Status: Employer: Status: Employer: Status: Employer: Status: Employer: Status: Date of Retirement: Street Address: Date of Retirement: Street Address: Date of Retirement: Street Address: Cell Phode: Work Phose: Investigation of physician to contact the above municipal amends of further plan my germason factory finating physician or digitalized and physician or dig		
Social Sociaty Number: Street Address: Home Phobe: Work Photes: Harding Asian Asian Artical American Ethnicity: Hispanic/Latino Non-Hispanic/Latino Religious Preference (cytone): By providing four mentioned sources, you are electing to receive and communication from Hosp Asial Asian Asian Africal American Ethnicity: Hispanic/Latino Non-Hispanic/Latino Religious Preference (cytone): By providing four mentioned sources, you are electing to receive and communication from Hosp Asial Asian Asian Asian Africal American Employer: Status: Employer: Status: Employer: Status: Employer: Status: Employer: Status: Employer: Status: Date of Retirement: Street Address: Date of Retirement: Street Address: Date of Retirement: Street Address: Cell Phode: Work Phose: Investigation of physician to contact the above municipal amends of further plan my germason factory finating physician or digitalized and physician or dig		Name:
Social Security Number: Street Address: Home Phope: Work Phorps: Race: Adherican Indian Asian African Arrestican Matival Hawailian White Other Unknown Ethnicity: HispanicI, strine Non-HispanicI, strine Non-HispanicII, strine Non-HispanicIII, strine Non-HispanicIII, strine Non-HispanicIII, strine Non-HispanicIII, strine Non-HispanicIII, strine N		
Street Address: Home Phone: Work Phone: Work Phone: Primary Linguage: Primary Lingua		Social Security Number: Email Address
Work Phores. Race: American Indian Asian African American Matival Hawaiian White Other Unknown Ethnicity. Hispanic/Latino Non-Hispanic/Latino Religious Preference (cytione). Beligious Preference (cytione). By providing igur-american laudews, social exclude in website and communication from Hosp Magical Group and its afficients. Employer: Science Actives. Date of Religious Street Actives. Date of Religious Providence (Communication of the Communication of the Providence of Street Actives. Date of Religious Providence (Communication of the Actives Spoilises). Emergency Conferent: Street Actives. Date of Religious Providence (Communication of the Actives Spoilises). Emergency Conferent: Street Actives. City: State: Ipr. Primary Injuriance of Conference of Communication of Communic		Ctrond Address: Sity(
Race: Affection Indian Asian African American Native Hawkillan White Other Unknown Ethnicity: Hispanic/Latine Non-Hispanic/Latine Non-Hispanic/Latine Religious Preference (splews) Religious Preference (splews) By providing four-american authors, you are electing to ecolar construction from Hoad Medical Group and its efficience. Employers Status: City: State: Zipc. Street Address: Content: Street Address: City: State: Zipc. Street Address: Content: Street Address: City: State: Zipc. Street Address: Colly: State: Jipc. Cell Phorie: State: Jipc. Primary Insurance: HMO POS/PPO Medicare Cash Other: Group Number: Policy / ID Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Group Number: Policy / ID Number: Policy / IB Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Social Security Number: Policy / IB Number: Policy / IB Number: Company Name: Company Name: Company Name: Policy / IB Number: Secondary Insurance Subscriber: Social Security Number: Employer this status: Job Title Street Address: Company Name: Policy / IB Number: Company Name: Policy / IB Number: Policy		Home Phose: Cell Phone:
Race: Afherican Indian Asian Artical Artical Artical Part and Artical Participy. Hispanic Latin Non-Hispanic	AC.	Process Principles Other Linkmount
Religious Preference (options) (the providing four and aboves, you are electing to receive and communication from Hoad Medical Group and the affiliates. Employer: Employer: Street Address: Oate of Rethrement: Street Address: Home Phone: Work Pholie: I excelly give fine for periodical and a contact the above mendored introduced in conduct the periodical fine for the periodical formation and results. Occupations State: Zipt: State: Zipt: State: (by: St		Race: American Indian Asian Arican Arignican
Employment Status: Employment Status: Cocuppetition: Street Actoress: Date of Retirement: Spoiled's Date of Retirement: Street Actoress: Date of Retirement: Emergency Contact: Street Actoress: City: Street Actoress: Date of Retirement: Emergency Contact: Street Actoress: City: Street Actoress:	Ş	
Employment Status: Employer: Scale: Zipc, Street Actorises: Date of Retirement: Street Actorises: Date of Retirement: Street Actorises: Street Actorises: Street Actorises: Cell Phorie: Street Actorises: Cell Phorie: Work Phonie: University of Physician: Uni		Religious Preference (ontones):
Street Address: Date of Refirement: Emergency Convent: Straet Address: Date of Refirement: Emergency Convent: Straet Address: Home Phone: Work Phone: Investy give the generation to contact the above mendodes introduced if capnot be reached. (Further give my permission for only treating physician are representable to seed with this person regarding miss or my medical contition including but not lainted to lab.) Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance/Company Name: Policy / ID Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Insurance/Company Name: Policy / ID Number: Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance/Company Name: Policy / ID Number: Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance/Company Name: Policy / ID Number: Primary Insurance Subscriber: Social Security Number: Primary Insurance Subscriber: Date of Birth: Employment Status: Job Title: Street Address: Pleferring Physician: (Insurance Insurance Insuran		By providing four arrait activities, you are electing to recover or an election of the contraction of the co
Street Address: Date of Refirement: Emergency Convent: Straet Address: Date of Refirement: Emergency Convent: Straet Address: Home Phone: Work Phone: Investy give the generation to contact the above mendodes introduced if capnot be reached. (Further give my permission for only treating physician are representable to seed with this person regarding miss or my medical contition including but not lainted to lab.) Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance/Company Name: Policy / ID Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Insurance/Company Name: Policy / ID Number: Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance/Company Name: Policy / ID Number: Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance/Company Name: Policy / ID Number: Primary Insurance Subscriber: Social Security Number: Primary Insurance Subscriber: Date of Birth: Employment Status: Job Title: Street Address: Pleferring Physician: (Insurance Insurance Insuran		Frankryment Statistic (4) 77 (1)
Street Address: Date of Retirement: Emergency Contract: Street Address: Cell Phorfe: Work Phose: Investy one by generous no contact the above mendoes a insurface of phorfe: Work Phose: Investy one by generous no contact the above mendoes a insurface of the phorfe: Work Phose: Investy one by generous no contact the above mendoes a insurface of general physician or physician representative to general with this person repeating mis or my medical condition including flux not landed to lab. I pushching / retirement person not not landed to lab. I pushching / retirement person not not landed to lab. I pushching / retirement person not landed to lab. I pushching / retirement person not landed to lab. I pushching / retirement person not landed to lab. I pushching / retirement person not landed to lab. I pushching / retirement person not landed to lab. I pushching / retirement person not landed to lab. I pushching / retirement person not landed to lab. I pushching / retirement person not landed to lab. I pushching / retirement person not landed to lab. I pushching to lab provide a lab. I pushching person not landed to lab. I pushching to lab provide a lab. I pushching person not lab. I pushc		Employer Se IT Occupation
Date of References: Emergency Contract: Street Address: Home Phone: Work Phone: I beliefly give by permission to contact the above mendoesed introduced		City Diag.
Emergency Content Straet Address: Home Phone: Work Phone: Inheeby give filty permission to contact the above mendode introduct if capnot be received. Fether give my permission for contact the above mendode introduct if capnot be received. Fether give my permission for contact the above mendode introduct if capnot be received. Fether give my permission for contact new above mendode introduction my my permission for contact new above mendode introduction my my permission for contact new above mendode introduction my my mendod to decide a particular to the first new lenthod to decide a particular to the first new lenthod to decide a particular to the first new lenthod to decide a particular to the first new lenthod to decide a particular to the first new lenthod to decide a particular to the first new lenthod to decide a particular to the first new lenthod to decide a particular to the first new lenthod to decide a particular to the first new lenthod to the mendod lenthod to the first new lenthod to the new lenthod to		Spouse's Date of Mediterrant
Street Address: Home Phone: Work Phone: Unevery give day permission to contact the above mentiosed important of regiment he reached. Fether gives my permission for day timeting physician or gignitisms representative to speed with this person regarding miss or my medical condition impliciting but not limited to lide 7 purposes of gignitisms representative to speed with this person regarding miss or my medical condition impliciting but not limited to lide 7 purposes of gignitisms are representative to speed with this person regarding miss or my medical condition including but not limited to lide 7 purposes of group Number: Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Primary Insurance Subscriber: Social Security Number: Primary Insurance Subscriber: Social Security Number: Employment Status: Job Title: Street Address: City: State: Zig: Other Treating Physician: (Insurance Company violation be primary insurance benefits to be missed directly to my registron underly whether the primary benefits of the		# APPLICABLE
Street Address: Home Phone: Work Phone: I hereby give gly premission to contact the above mentioneral institution of physician or physicians are presentable to speek with this persol inspecting rips or my medical contition metadring tour not builded to leb 7 parhology of spingeston or physicians are presentable to speek with this persol inspecting rips or my medical contition metadring but not builded to leb 7 parhology for particular are presentable to speek with this persol inspecting rips or my medical contition metadring but not builded to leb 7 parhology for particular p		
Home Phone: Inhelety pine thy permission to contact the above mentiosed introduced if cannot be received. Further give my permission for contact the above mentiosed introduced introduced for the physician or glyprician representative and experimental permission of physician representative representative manufacture my or my medical contition including but not limited to leb / participally registered seal related. Primary Insurance: HMO POS/PPO Medicare Cash Other: Secondary, Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Secondary, Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Policy / ID Number: Primary Insurance Subscriber: Social Security Number: Employment Status: Social Security Number: Employment Status: City: State: Ziq: Other Treating Physician: () Other Treating Physician: State show representation in accordance of the physician in the above representation in accordance of the physician of the above representation in accordance of the physician in the above representation in accordance of the physician in the above representation in accordance of the physician in the above representation in accordance of the physician in the above representation in accordance of the physician in the accordance of the accor		Street Address:
Work Phose: I hereby one by permission to content the above mentioned intended of I spinot be received. Further give my permission for any intering physician or disprised to present with this person inspecting mis or my medical condition including but not limited to let I purhously I objects to be present the property of the property of the purhously I objects the problem. Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Policy / III Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Policy / III Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Policy / III Number: Primary Insurance Subscriber: Social Security Number: Primary Insurance Subscriber: Date of Birth: Employment Status: Job Title: Street Address: Peferring Physician: (I pustly perigin my visualment becention to be make anactive to my trigition and any resistance physician: (I pustly perigin my visualment because to be make anactive to my trigition and any resistance physician: (I pustly perigin my visualment because to be make anactive to my trigition and any resistance physician: (I pustly perigin my visualment because to be make anactive to my trigition and only proposed to the constraint of the physician: (I pustly perigin my visualment because the subscribed to the medical periginal make the mountain of the medical periginal make the medical periginal make the medical periginal make the medical periginal make the medical periginal makes the different makes and anactive day and because and factor of the medical periginal makes the medical periginal makes the different makes to subscribed the medical periginal makes the factor of all physical makes to visit citic I here- replications and the property of the medical periginal makes the property of the medical periginal makes to visit citic. I here- replicated and all physical properties of the medical periginal makes to visit citic. I here- replicated and all physical properties of the m		
I beriety gile by permission to centact the above mendoleid intended if (spinot be reached (further give my permission for any instering physician or physician) expressionable to speed with this person required in mendol condition including but not limited to let / participal physician including but not limited to let / participal physician including but not limited to let / participal physician including but not limited to let / participal physician including but not limited to let / participal physician including but not limited to let / participal physician including but not limited to let / participal physician including but not limited to let / participal physician including but not participal physician included but not participal physician included but not participal physician included but not participal physician by an annotation but not participal physician included but not participal physician by annotation by annotation but not participal physician by annotation but not participal physician by annotation by annotation but not participal physician by annotation by annotation but not participal physician by annotation by anno		Work Phone:
Policy / If Number: Secondary Insurance: HMO POSPP3 Group Number: Primary lesurance Subscriber: Group Number: Group N		I bereiby give thy permission to centact the above intended and industrial if colored by seached. (Further give my permission rainerly physician or giggradien's representative to speed with this bereit industry in an analysis control position industry but not limited to life ?
Secondary Insurance: HMO POSIPPO Medicare Cash Other: Insurance Company Name: Posicy / Its Number: Primary Insurance Subscriber: Group Number: Primary Insurance Subscriber: Social Security Number: Employment Status: Friployd: Social Security Number: Employment Status: Friployd: State: 240; Street Address: Other Teating Physician: (Insuring Physician: Other Teating Physician: Insurance benefits to be miss office of the physician and any electring physician information is at present and the physician information is at present and the physician information in at physician information is at present and the physician information in a physician and environment of the physician information is at physician information in the physician information information in the physician information information information information in the physician information information information in the physician information information in the physician in the physician information in the physician in the ph		Primary triburance: HMO POS/PPO Medicare Cash Other:
Secondary Insurance: Print Group Number Policy / IB Number Policy / IB Number Policy / IB Number Primary Insurance Subscriber: Social Security Number Social Security Number Primary Insurance Subscriber: Social Security Number Primary Insurance Subscriber: Social Security Number Social Secur		Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance: Company Name: Group Namber:
Insurance Company Names Policy / IB Number Primary Insurance Subscriber: Date of Byth: Employment Status: Job Title Street Address: City: State: Z40; City: State: Z40; Therefore may insurance benefits to be much checking or my insurance or my insurance or my insurance or my insurance benefits to my insurance or my in		Primary Insurance: HMO POS/PPO Medicare Cash Other: Primary Insurance: HMO POS/PPO Medicare Cash Other: Policy / ID Number: Policy / ID Number:
Primary Insurance Subscriber: Date of Britis: Employment Status: Job Title Street Address: City: State: City: City		Primary frigurance: HMO POS/PRO Medicare Cash Other: Primary frigurance: HMO POS/PRO Medicare Cash Other: Group Number: Policy In Number: Policy
Date of Sprith Employment Status: Job Titles Street Address: City: State: Z4Q: Street Address: City: Tending Physician: / pently employment windowned benefits to be marke directly for my engineer and any estating physician; for services moderned. Neverth benefits the benefits are in the services and any estating physician; and any estating physician; the edges registers information is accurate and first hand and benefits and and any estating physicians, for services moderned. Neverth and services are served and the services and advantage of a service of the services and services are services and the services are services and the services are services and services and services are services and services are services and services are services and services and services are services and services and services are services and services are services and services and services are services and services and services are ser		Primary frigurance: HMO POS/PRO Medicare Cash Other: Primary frigurance: HMO POS/PRO Medicare Cash Other: Group Number: Policy In Number: Policy
Date of Sprith Employment Status: Job Titles Street Address: City: State: Z4Q: Heferring Physician: / pently employment wind manage benefits to be marked describe for my engalized and environmental physician and environmental physician in the second of the second physician in the second physician phys		Primary trisurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Group Number: Group Number: Group Number:
Employer Status Job Title Street Address: City: State: Z4p Street Address: Flefering Physician: Cherry physician: City: State: Z4p City: Treating Physician: City: State: Z4p City: Sta		Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance(Company Name: Group Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Group Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Group Number: Group Number:
Job Title Street Address: Flefering Physician: (heady analy my volumes benefit to be made energy to my engineer and any electing objections.) (heady analy my volumes benefit to be made energy to my engineer and any electing objections, for services recovered, because other properties of a services of energy to the energy the energy to the energy the energy to the energy the energy to the		Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Group Number: Policy / IB Number: Primary Insurance Subscriber: Relationship.
Job Title Street Address: Flefering Physician: (heady analy my volumes benefit to be made energy to my engineer and any electing objections.) (heady analy my volumes benefit to be made energy to my engineer and any electing objections, for services recovered, because other properties of a services of energy to the energy the energy to the energy the energy to the energy the energy to the		Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Group Number: Policy / IB Number: Primary Insurance Subscriber: Relationship.
Street Address: Pleferring Physician: Other Treating Physician: In many senior and intermediate to be made an expension of the physician and environmental physician and environ		Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Namber: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Group Namber: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Group Number: Primary Insurance Subscriber: Relationable: Social Security Number: Employment Status: Employer
I healty among may insurance benefits to be made denoted for my singular and any insurance and management, for services mediums. I health produce the produce of the produc		Primary Irisurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Policy / IB Number: Primary Insurance Subscriber: Social Security Number: Employment Status: Job Title: State: Xiii:
Treatment and could are trained and traine		Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Secondary In
Treatment and could are trained and traine		Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Policy / ID Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Policy / ID Number: Primary Insurance Subscriber: Date of Birth: Social Security Number: Employment Status: Job Title Street Address: City: State: Zip:
Treatment and could are trained and traine		Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Policy / ID Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Policy / ID Number: Primary Insurance Subscriber: Date of Birth: Social Security Number: Employment Status: Job Title Street Address: City: State: Zip:
first first changes will not a Group has plotherist cold by administration by administration		Primary Injurance: HMO POS/PPO Medicare Cash Other: Insurance: Company Name: Group Number: Policy / ID Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Insurance: Company Name: Group Number: Secondary Insurance: HMO POS/PPO Medicare Cash Other: Insurance: Company Name: Group Number: Policy / IB Number: Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance: Company Name: Group Number: Policy / IB Number: Primary Insurance: Subscriber: Social Security Number: Employment Status: Social Security Number: Employment Status: City: State: Zip: Insurance: Address: City: State: Zip: Insurance: Address: City: State: Zip: Insurance: Address: City: State: Number: Insurance: Address: City: State: Insurance: Address: City: State: Insurance: Address:
zy antempolodispo Praz F Fol		Primary Injurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Namber: Policy / ID Number: Secondary, Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Namber: Secondary, Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Policy / IB Number: Primary Insurance Subscriber: Social Security Number: Primary Insurance Subscriber: Social Security Number: Employment Status: Job Title: Street Address: Othy: State: Stp: Insurance Company Number: Fire Insurance Subscriber: Social Security Number: Fire Insurance Subscriber: Status: Subscriber: Social Security Number: Fire Insurance Subscriber: Status: Subscriber: Sta
e:		Primary Insurance: HMO POS/PPO Medicare Cash Other: Primary Insurance: HMO POS/PPO Medicare Cash Other: Secondary Insur
Patient Šignature		Primary Injurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Policy / ID Number: Secondary, Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Policy / ID Number: Secondary, Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Policy / IB Number: Primary Insurance Subscriber: Group Number: Primary Insurance Subscriber: Social Security Number: Primary Insurance Subscriber: Social Security Number: Employment Status: Job Title: Street Address: City: State: Zip: Fleferring Physician: Other Insurance Subscriber: Other Insurance Subscriber: State: Zip: Fleferring Physician: State: Zi
8 17 6 3		Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Policy / ID Number: Secondary, Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Policy / ID Number: Secondary, Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Primary Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Primary Insurance Subscriber: Social Security Number: Primary Insurance Subscriber: Social Security Number: Insurance Company Name: Primary Insurance Subscriber: Social Security Number: Insurance Company Insurance Subscriber: Social Security Number: Insurance Company Insurance Subscriber: Social Security Number: Insurance Company Insurance Subscriber: Insurance Insurance Insurance Subscriber: Insurance Insurance Subscriber: Insurance Insurance Subscriber: Insurance Insurance
8 8 8 9		Primary frigurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Policy / ID Number: Secondary, Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Secondary, Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Policy / IB Number: Primary fisurance Subscriber: Group Number: Policy / IB Number: Primary fisurance Subscriber: Social Security Number: Employment Status: Group Number: Social Security Number: Employment Status: Group Number: State: St
		Primary frigurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Policy / ID Number: Secondary, Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Secondary, Insurance: HMO POS/PPO Medicare Cash Other: Insurance Company Name: Group Number: Policy / IB Number: Primary fisurance Subscriber: Group Number: Policy / IB Number: Primary fisurance Subscriber: Social Security Number: Employment Status: Group Number: Social Security Number: Employment Status: Group Number: State: St

DOB:

	Patient Information as				
Scan on	(expires	as of			ASSESSMENT
Scan (below)		ii galeemman kaamaan mada ameey caamaan kaay ee Ee ay ay ay a			eronavorovovov
	§ 	Physician Pariners		is Hoag at Home	
(Vaine	AOTHORIZAT	ION TO SHARE PATIENT INFO	RMATION \		
(Date of Birth.)	<u>. </u>	· · · · · ·	MRASE		
Phone Message Is there a phone	number where the entity se	elected above and affiliates can call an	t leave detailed macsa	unge regerfing your	
care, appointme	nt/health screening reminders and	d other health care me:	ricave gersied messa	ges regarding your	
(Text Messages	/	ovide phone number:		•	
□xes □		ning reminders and other health care m	essages via text?		
E-M6I		ing reminder and other health care me	!	•	
res	No _	ming reminder and other nearth care me	ssages via e-mail?		
Additional Cont	vide preferred e mail address:	·		-	
Is there someone information?	1	ed above and affiliates can leave <u>detal</u>	ed messages with and	share your patient	
Name:	No If yes, please arovide:	Relationship to Paties	+ HIKA	a - 1	
Phone Number:	_ <u>~</u>				
use the provided using an auto-dia appointment and services that may my phone plan, I consent are not c	er or other computer assisted tec follow-up health care reminders, to be of interest, my account(s), as could be charged for these calls of	all, live agent, voice mail, text message chnology, or by any other electronic co- pre-registration, surveys, prescription is someonet of benefits, and financial response text messages. I also understand the services. With respect to text message.	nmunication for purpos nformation, health-relate consibility. I understand at providing this contect	age, including by es that include ed products or i that depending on	
The most current Authorization to S	Authorization to Share Patient Inf hare Patient Information is compl	formation is the active authorization an leted.	d remains in effect until	a new	
If signed by other	resentative Strate than patient, indicate relationship al Representative:	o <u>Daie</u>	fime:	AMPM	
AUTHORI Form# 8006	ZATION TO SHARE PATIENT INFORM	ATION			
	[5671]		PATIENT LABEL		

DOB:

Sex: F

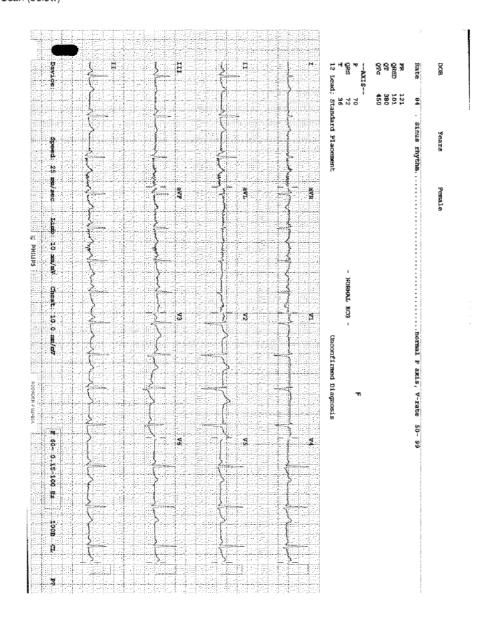
Patient (continued)

Documents (continued) as of

Cardiology Report as of

Scan on SECG as of

Scan (below)



MRN: DOB: Sex: F

iditions of Treatment as of			
Electronic signature on	(effective from	- E-signed as of	
©	G.	•	
	Ø		
	Conditions of Tre	eatment	
Name: Date of Birth:			
Consent to Treatment I hereby consent to all health care to other personnel. Such treatment as		l by its physicians, clinicians, and stic, therapeutic, imaging, and laboratory services.	
that I am financially responsible for ch provided to is	agreed that payment to e company of any and all obligations u arges not paid according to this assig accurate, and that I am an eligible	ny insurance benefits otherwise payable to me or on my pursuant to this authorization, by an insurance inder a policy to the extent of such payment. I understand inment. I hereby attest that the insurance information member. I understand that I am responsible for by my physician may NOT be covered by my insurance	
release of all information to other p	physicians and insurance carriers fo	all accounts over 90 days. I hereby authorize the or the purpose of payment for medical services, and ohotocopy of this form shall be as valid as the original.	
Payment is due at the time services medical services on the assumption problems collecting payment from related fees to my bill.	that the charges will be paid by m		
Patient Portal			
I hereby request and agree that my m may access them electronically as par	nedical information and laboratory te t of my clinical health record. I unde	cally access my medical information. By signing this form, st results may be provided to the Patient Portal, so that I estand that, unless certain conditions are satisfied, the clude test results for HIV, hepatitis, drug abuse, or	
	that I have carefully read, under	stand, and agree to the terms of this	
By signing below, I acknowledge Consent Form.	,,		

MRN: DOB: Sex: F

		Pati	ient (continu	ed)	***************************************	
Documents (conti	inued) as of					
Signature				n in in in a meaning the mean in it in a manuscript in	denne må fi å manneker kenne o i å fi å manneker k	ena a inici a conserverencia na a inici a conserverencia na iniciana
Date:	Time:					

	_		
RЛ	₽	N	٠

DOB:

	zation Form as o							
Scan on		as	of		AT COLUMN TO A TO		CARTON ON BALTERY BACTERY BAC	CHERCHERORIES REPORTED CHERCHERORIES CHERCHERORIES
Scan (below)	nomenna Kás proces	ura laka luka sarakenakana rakanakanakana kina karana lamanakan		ONEMOTEORIE NECESTORICALINO			remarker exementarion exemplication exemplic
Ī,	,		į					
	D.,		¹ 🗖	. 🗖	. 🗆		: 🗆	2
		1	HEALTH INFORMATI	ON EXCHANGE AU	THORIZA	TION		
	The entity selecte	ed above a	and affiliates participates in	a Health Information Excl	nange called	1		
	care providers with into	rmation re	the coordination and qual garding your current and p	est health. This allows you	ur boaith car	by providing re providers t	your health	
	informed decisions abo	eut your ca	re and helps to reduce med	dical errors and duplicate t	ests.	o providere (o mano maro	
•	By completing and sign my health information	gning this	Authorization, I authorizourposes and to the recip	to the entity selected	ad above ar	nd affiliates	to disclose	
	Patient Information:	, 101 1110 1	and to the recip	nents designated in this	Authorizati	on.		
	Neme			Date of Birth	Ži.			
		e and Re	ciplent(s): By signing this	C. School Parkers and Street	~	ni or naure -	nombore of	
1	care team through		to disclose my health i	nformation for numoses o	if enabling o	nembers of m	ur care team t	la.
1	provide medical care a health care and related	no treatme services l	ent to me. The term "treatn by one or more members o	nent" includes activities re f my care team, including	lated to the	provision or	coordination of	of
1	tor which I may receive	care.		ing oute count, moreong	resentation of	Orison(e)(a))) [U	any condition	11
	information to be Disc	closed: Al	information that the	entity selected above and	affiliates m	naintains abo	ut me from an	y
1	plans, laboratory, opera	auve, or o	ce, including without limitat athology results, allergies,	medications problem lists	s immunizat	tione and on	scodures This	in .
1	wili include informatio	n relating	that may be particularly a netic information, and ST	sensitive to me, including	s mental he	alth informa	tion, HIV/AIDS	s
	understand and agre		node intermedian, and G	D Heathlett mostaguon				
	 This Authorization 	is volunta	ry. If I do not sign this Auth	orization, it will not affect	my ability to	obtain treatr	nent, payment	ŧ,
	enrollment or eligib to sign this Author	DIMENT FOR DE	nents at the entity sel	lected above and affiliates y selected above and affi	. However.	l understand	that my refusa	al
	through	wt	ere my Authorization is no	t required by applicable la	W.	to disciose	пу пиотнаног	n.
	 I may revoke or ca originally signed, e. 	ncel this /	Authorization at any time b e extent that others have a	y submitting a written requirement	uest to the	entity k	cation where	1
	even it i revoke my	y Authonz	ation, the health care provi	ders that accessed my int	formation ma	ay haya inclu	ncerstanc tha ded my health	it h :
	information in their	records a	nd are not required to remo as a result of this Authoriz	ve my health information	from their re	erneds		İ
	ionger de protected	i by applic	able privacy laws.					,
	This Authorization	will expir	e when the entity sen revocation, whichever of	selected above and affilia	ites is no k	onger partici _l	pating in	1
	I have a right to rec	eive a co	by of this Authorization.	cours mst.				
_	ation/Legal Romeson	Hans and	1000	EW				- 1
íc.	f signed by other than p			Cate:		ine;		j
ff		esentative	};					
ff F	Print Name (Legal Reprint Staff Signature:	esentative	J	Date: _		_ Time:		
11 F S	Print Name (Legal Reprint Staff Signature:	esentative UTHORIZAT		Date:		_ Time:		
11 F S	Print Name (Legal Reprint Staff Signature:				ATIENT LABE			
11 F S	Print Name (Legal Reprint Staff Signature:		10N FORM					
11 F S	Print Name (Legal Reprint Staff Signature:		10N FORM				Wilder and a second	
11 F S	Print Name (Legal Reprint Staff Signature:	UTHORIZAT	10N FORM					

DOB:

AA Notice of Privacy as			***************************************		
Scan on	(expires) as of			NEW TOTAL SELECTION OF SELECTIO
Scan (below)	<u>, , , , , , , , , , , , , , , , , , , </u>				
		0			
		OWLEDGMENT OF REC			
entity selected at	and nealthcare operati scribes how my health i pove and affiliates has t	ed above and affiliates m ions. I have been provide information is used and sh the right to change this no er's office selected above	d a copy of the Noti ared. I understand to tice at any time. I n	ce of Privacy	
I acknowledge re	ceipt of the Notice of P	rivacy Practices:			
(Patient Name)					
(Signature:			Date		
(If signed by other		10°-1-10°-10°	West State		
Complete only if no describe the good facknowledgment w	aith efforts made to obtain	f it is not possible to obtain the individual's acknowle	he individual's acknow	viedgment, ons why the	
Patient or Legal Acknowledgme	Representative received	d Notice of Privacy Practice	s but refused to sign		
_	1	able to acknowledge receipt	of Notice of Privacy P	ractices	
Other:					
Patient Name:					
Staff Signature:			Date:	The State of the S	
			Date.		
NOTICE	OF PRIVACY PRACTICE				
Fern# 8007	Rev		DATES LANCE		
		l	PATIENT LABEL		
1 1881-0 16-851 \$1684 \$016 (E) 2 131	[7059]	i			
	İ				

R.A	DN	•
171	1 / 1 / 1	

DOB:

her as of						
Scan on		as of	KON, NOK, MOKON, AKON, AKON, AKON, AKON, AKON, AK			NA MARANTONI NOMINA NA MATANIA NA MANDANA NA TAONINA NA MANDANA NA MANDANA NA MA
Scan (belo	w)	áu ter exceler el taxol ux el ter exceler en exceler	onokli swovenonenonekonokonovenonekono			
		j				
		ĺ				
	O	ļ 	В	_	_	
ŀ	u		D			
1		FINANCIAL RE	SPONSIBILITY	ACKNOWLEDGE	MENT	
Patier	(Name)			(008)		
The m	edical services that are	being rendered tod	av mav not be cove	red by your insurance o	ompany for one of the following	30
reaso	ns. This does not mean	that you cannot rec	elve medical servici	es. By signing this Fina	ncial Responsibility	13
	wiedgement, you ackno	1		-		
:	We are unable to yer	ay not be considere ify benefits or confir	d eligible for benefit	s by your health plan.	hours or insurance card not pr	
	You are assigned to	another PCP (Prima	rv Care Physician)	or IPA (Independent Pra	nours or insurance card not practice Association)	esent.
•	We do not have the r	equired referral /aut	horization for today	s visit.		
•	We are contracted wi	th your primary insu	rance; however, we	are not contracted with	your secondary insurance.	
:	Services may be con Out-of-network insur:	sidered out of netwo	IK. CARES Act dudas	the Dublic Health Emer	gency period, most insurance	
	carriers are expected	to cover diagnostic	treatment related to	COVID-19 without any	gency period, most insurance cost-sharing to you. During th	ne.
	Public Health Emerge	ency period, we will	accept out-of-netwo	rk insurance for diagnos	stic tests related to COVID-19.	Your
	insurance carrier will	determine what sen	rices are covered. Y	ou may contact your in:	surance company directly for	
	questions regarding of					
•	he/she berehv individ	i ne undersigned a	grees, that in consi	deration of the services	to be rendered to the patient, cordance with the regular rate	
	and terms. Should an	y account be referre	d to an attorney or	collection account in ac	cordance with the regular rate liection, the undersigned shall	IS .
	pay actual attorneys'	fees and collection (expenses. All deling	uent accounts shall bea	r interest at the legal rate.	
•	Assignment of Insura	nce Benefits: The u	ndersigned assigns	and authorizes direct o	avment to the entity	
	outpatient services. It	miliates of any insur	ance benefits other e undersinned that i	vise payable to or on be	thalf of the patient for these consible for charges not paid	
	according to this assign	gnment.				
•	Health Plan (Insurance	e) Obligation: It is the	e patient's obligation	n to assure that the pat	ient's health plan has authorize	ed the
•	services to be provide it is the responsibility		n determine if nhve	riane providina eamino	s to the patient contract with th	
	patient's health, if any		o dotomino n priya	calana providing services	s to the patient contract with th	ю
		İ				
All ch	arges that have been e	xplained to you are	based on "Good Fa	ith" estimate.		
l unde	estand that my health in	nsurance coverane	nas certain restrictio	ne and limitations such	as authorization requirements	
non-c	overed services, and/or	no out of network t	enefits. Since I hav	e chosen to obtain the s	services rendered today. I agre	e to
be fin	ancially responsible for	any and all related	charges if they are r	not covered by my insur-	ance.	
Patie	LLégal Représentative	C1597 0 558		67	ate/Time	
T-2.200.000	ed by other than patien	The state of the s		· · · · · · · · · · · · · · · · · · ·		
-	lame – Legal Represer	5				
Staff S	Signature;			Da	ate/Time:	
Form	# 8006	SENT FORM Rev				_
1 00000	1638 (MAR 1850 195 M91		l			
		Í	1	PATI	ENT LABEL	
1008	HERA REAL BOOK 100 100 100 100 100 100 100 100 100 10	[7711]	1			1

DOB:

Sex: F

		Patient (conti	nued)	1	777
Documents (continued) a	as of				
Photo ID as of					O TO STATE OF
Scan on	as of		CONTRACTOR DESCRIPTION DESCRIPTION OF THE PROPERTY OF THE PROP		EXCHANGE.
Scan (below)					

Printed on

MRN: DOB: Sex: F

	Patient	(continued)	
ocuments (continued) as o			
I			

-

DOB:

uments (continu		Patient (continued)	
Questionnaire as			
Scan on	: SHEALTH QUESTIONNA	IRE as of	AND THE REAL PROPERTY OF THE P
Scan (belov	v)		
	80a		
	Medical Group realisance with 90, become reconstruction	HEALTH HISTORY	
	Name:	Date	
	Date of Birth: Reason for Today's Visit:	MARKAGA	
	Previous Primary Care Physician: Phone Number:		
	Current Specialists: 1) Name:	2) Name:	
	Specialty: Guno Phone:	Specialty:	
	Alternies: Any known dnin alternies?	No Yes	-1 H.d.
	Please list all allergies including 1000	medications and environmental and reaction [ceflex artibiotic
	Do you currently take any medicate If yes, please list any medications that	t you currently take on a regular basis (include n	on-prescriptions). FREQUENCY
	700/t 100 1	X DA DOSAGE	
	Colorapan Zml	To Day	
* *	Note: 11 you are currently taking reary modications that the space of	bout all are, please liquides additional invasications on the best of this form,	
:	MEDICAL HISTORY	or have Have you had any past medical	problems?
	you ever had any of the following:	YEAR ANEWGIES	
	Alcoholism Anxiety	111009103	
	Anemia Arthritis	Have you had any previous surg	eries
	Asthma	or hospitalizations?	
	Bleeding Problems Birth Defects	No Yes If yes, list details a	nd date below:
	Cancer (Type:	= 2 C-Section	(ON)
	Colitis	/	
	Concussion Depression/Nervous Breakdown		
	Diabetes		:
	Emphysema GERD/Heartburn/Reflux	Childhood Diseases	YEAR
	Gout	Chicken Pox Measles	
	Heart Attack/Heart Disease	Measies	
	High Blood Pressure	Polio	and a consistent
	High Cholesterol Kidney Disease	Other:	
	High Cholesterol		AMERICAN

DOB:

Sex: F

Pa					

Documents (continued) as of

Liver Disease/Hepatitis	Gynecological History (women only)
Migraine Headache	Last Menstrual Period Zweeks a V
Mitral Valve Prolapse/Murmur	How many pregnancies have you had?
Osteoporosis	How many children do you have?
Prostate Enlargement (BPH)	Have you ever had an abnormal pap smear?
Rheumatoid Arthritis	Have you had a hysterectomy?
Seizure Disorder	Have your ovaries been removed?
Sexually Transmitted Disease	Third your oracles observed to the contract of
Skin Problems	Sexual History
Stroke	Do you have sex with Men Women Both
Thyroid Disease	Have you had an HIV Test? Yes No
Tuberculosis	Do you use condoms for sexual intercourse?
Other:	Yes No
FAMILY HISTORY	
	No Yes
Do you have any family history of serious illness?	NO tes
If yes, list below:	
MOTHER FATHER GRANDP	ARENT LIMING DECEASED APP AGE AT DEATH & CAUSE
Alcoholism	DFather ASE ALL DESTITE CHOSE
Asthma	Mother
Bleeding Problems	Brother
Cander (Type:	DIANE
Otabetes	, and the second
Emphysema	Sister
Glaucoma	0(3(6)
Heart Attack	····
Heart Disease	Son
High Blood Pressure	Stat
Mental filness/Suicide	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
Osteoporosis	D
Seizures	Daughter
Stroke	WWW.
Thyroid	
HEALTH MAINTENANCE	
When did you last have any of the following:	List year of Last Vaccinations:
Diabetes Check \s\ \M\\\Pap Smear	Tetanus (TD) Hepatitis A
Prostate Check Choicsterol Check	
Cardiac Stress Te	
Mammogram Bone Density	Shingles (VZV) 2uets TB Skin Test
Manikogram	244.0
SOCIAL HISTORY	
Marital Status: Single Manied Partnered	The state of the s
Do you have children/dependents at home?	(Yes No How many? Z
Are you employed?	Ves No Occupation
What is your highest level of education?	High School Callege Graduate School
Do you or have you ever smoked or chewed tobacco?	
	Packs/ Cans/ Bags per day/years
Do you or have you ever used recreational drugs?	Yes No. Type: How Often?
Do you drink alcohol?	Yes No Type Wine How Often? Week R no S
Have your grown account to their a distances	How much per day? / years Yes No) Type: What Kind? O
Have you ever been exposed to toxic substances?	Yes No Type: (offer How Often? IX Pa
Do you drink caffeine?	
Do you exercise?	and the state of t
Do you wear a seat beit?	AND THE RESIDENCE OF THE PARTY
Do you use car seats for your children if under 60 ibs.	? Yes No
Do you have a living will or advance directives?	100 (100)

Patient Billing Report	
All Charges for This Encounter	
Code Description Service Date	Service Provider Modifiers Qty

DOB:

Sex: F

Patient Billing Report (continued)

All Charges for This Encounter (continued)

Code	Description	Service Date	Service Provider	Modifiers	Qty
93000	PR ELECTROCARDIOGRAM, COMPLETE	ORDONALIS ES ANTRE OS ON EN LA REPUBLICA DA LA ARRONDALA	en arraiu. Giudeone n'antenante de la colochina en ancicio en ar d'hincolociolocio contine ant	Mathematic Control Con	1
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN				1
87635	CHG IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ				1
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN				1
99202	PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
87635	CHG IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ				1
87807	CHG IAADIADOO RESPIRATORY SYNCTIAL VIRUS				1
87804	CHG IAADIADOO INFLUENZA				1
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN				1
87804	CHG IAADIADOO INFLUENZA			59	1

Reviewed this Encounter

None

DOB:

Sex: F

- Office Visit in

Reason for Visit

Chief Complaints [last edited by

. on

- Cough (Pt c/o coughs and states has not been able to sleep x 10 days.)
- Sore Throat (Resolved about 4 days ago)
- Nasal Congestion (On/off x 10 days)
- Ankle Pain (Pt c/o right ankle pain due to fall x 3 days ago)

Revision History

- Cough (Pt c/o coughs x 10 days. Pt states) Sore Throat (Resolved about 4 days ago) Nasal Congestion (On/off x 10 days)

- Ankle Pain (Pt c/o right ankle pain due to fall x 3 days ago)

- Cough (Pt c/o coughs x 10 days. Pt states)
- Sore Throat
- Nasal Congestion
- Ankle Pain

- Cough (Pt c/o coughs x 10 days. Pt states)
- Sore Throat
- Nasal Congestion

Visit Diagnoses [last edited by

- Symptoms of upper respiratory infection (URI) (primary)
- Acute right ankle pain
- Acute cough

Revision History

Action	Name User Date/Time
Diagnosis #1	
Add	Symptoms of upper respiratory infection (URI) (primary)
Diagnosis #2	
Add	Acute right ankle pain
Diagnosis #3	
Add	Acute cough

Visit Information

Provider Information

	rovider				ing Provide		
				Terro Posto Paltyllar			

Department

Name	Address Phone Fax	
	Address Phone Fax	

Level of Service

Level of Service PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN

Log History

LOS History

DOB:

- Office \	Visit in		(continued)
formation (continued)			
ition List			
dication List		***************	***************************************
This report is for documentation purpose for accurate instructions regarding medic			
or accurate monuctions regarding medic	cadons, the padent should in	steau consuit tr	ien physician of alter visit summary
Active at the End of Visit		*****	***************************************
Medications last reviewed by			
sertraline (Zoloft) 100 mg tablet [reco	onciled by	. on	1
Instructions: Take by mouth 1 (one) til Entered by:	•	tered on:	
Start date:	Enc.X I I	erea on.	
Yasmin 28 3-0.03 MG tablet [reconcile	ed by	. on	
Entered by:		ered on:	
Start date:			
albuterol 90 mcg/puff inhaler [recond		Sala (Sala Salamananan manangan manangan maganan	
Instructions: Inhale		oved on:	
Entered by: Start date:	EXII	ered on:	
homeostata (Tanasian) 200 MC ann	auta		
benzonatate (Tessalon) 200 MG cape Instructions: Take 1 capsule (200 mg		a day if peeded f	or cough for up to 7 days. Do not one
chew.	total) by model 5 (trace) times	a day ii needed i	or cough for up to 7 days. Do not crus
Authorized by:		dered on:	
Start date: Quantity: 20 capsule		d date: fill: No refills rem a	aining
The state of the s			•
Stopped in Visit			
Medications last reviewed by			
carisoprodol (Soma) 350 MG tablet [Ironnoilad by	on.	7
Discontinued by:	and the second s	ontinued on:	
Action: Patient not taking	MIS.	commuea on.	
cyanocobalamin (Vitamin B-12) 1000	0 MCG/ML injection freconcile	d by	on
Discontinued by:		continued on:	
Action: Patient not taking	ي ال	commune on	
l Notes			
enumeron commercia commerc	ationes, sensuration from the contract access sensitive and the contract access access and the contract access and the contract access and the contrac	u prisine liene liene prisine de la composition della composition	enu vera andranenu senu untagantenenu sertigantenenu sertigantenenu sertigantagarenen patrioteniu verangatagaren unteresta
Version 1 of 1		nomeror concentration and a second a second and a second	
	Service: Urgent Care		
Author:			Author Type: Physician Assistant
Author: Filed:	Encounter Date:		Author Type: Physician Assistant Status: Signed
Author:			
Author: Filed:	Encounter Date:		

DOB:

Sex: F

- Office Visit in (continued)

.............

Patient ID: is a y.o. female.

Chief Complaint

Patient presents with

Cough

Pt c/o coughs and states has not been able to sleep x 10 days.

· Sore Throat

Resolved about 4 days ago

Nasal Congestion
 On/off x 10 days

· Ankle Pain

Pt c/o right ankle pain due to fall x 3 days ago

History of Present Illness[KV.1T]

HPI

y/o female c/c cough, sore throat, and intermittent nasal congestion x 10 days. Sore throat resolved x 4 days ago. +niece was sick recently. Denies fever, chest pain, or sob. Denies ear pain. [KV.1M] Pt [KV.2M] vaccinated [KV.1M] against [KV.2M] Covid [KV.1M]. [KV.2M] did not get the [KV.2M] booster. [KV.1M] Pt [KV.2M] not receive the flu shot this season. [KV.1M] Pt has been taking promethazine with codeine, but it hasn't been helping her cough. She is requesting something else for the cough. Pt states that she is currently on a z-pack that her husband prescribed for her. [KV.2M]

Pt is also c/o right ankle pain s/p mechanical fall x 3 days. Pt twisted ankle running downstair. Denies numbness, tingling, or muscle weakness. Pain is currently 2/10 on pain scale^[KV.1M]. She is able to bear weight.^[KV.2M]

PMHx: allergic rhinitis, GAD, exercise-induced asthma.[KV.1M]

Patient Active Problem List

Diagnosis:

- · Allergic rhinitis
- Anxiety disorder
- · Encounter for preventive health examination
- · Exercise-induced asthma

Current Outpatient Medications

Medication	Instructions
 albuterol 90 mcg/puff inhaler 	Inhalation
carisoprodol (Soma) 350 MG tablet	take 1 tablet by mouth twice a day if needed for 5 days
 cyanocobalamin (Vitamin B-12) 1000 MCG/ML injection 	No dose, route, or frequency recorded.
 sertraline (Zoloft) 100 mg tablet 	Oral, Daily
 Yasmin 28 3-0.03 MG tablet 	No dose, route, or frequency recorded.

DOB:

Sex: F

- Office Visit in (continued) Clinical Notes (continued) Allergies as of - Reviewed Noted Allergen Reaction Cephalexin No past surgical history on file. Social History Tobacco Use · Smoking status: Never · Smokeless tobacco: Never Review of Systems Constitutional: [KV.1T] Negative [KV.2M]. Negative for [KV.1T] fever [KV.2M]. HENT: Positive for [KV.1T] congestion [KV.2M]. Eyes: [KV.1T] Negative[KV.2M]. Respiratory: Positive for [KV.1T] cough [KV.2M]. Negative for [KV.1T] shortness of breath [KV.2M]. Cardiovascular: [KV.1T] Negative [KV.2M]. Negative for [KV.1T] chest pain [KV.2M]. Gastrointestinal: [KV.1T] Negative[KV.2M]. Musculoskeletal:[KV.1T] +ankle pain.[KV.2M] Neurological: [KV.1T] Negative[KV.2M]. Negative for [KV.1T] weakness[KV.2M] and [KV.1T] numbness[KV.2M]. See HPI; all other relevant systems negative. Objective Vitals: BP: 113/80 81 Pulse: Resp: 16 36.9 °C (98.4 °F) Temp: SpO2: 99% Physical Exam^[KV.1T] Vitals^[KV.1M] and^[KV.1T] nursing note^[KV.1M] reviewed. Constitutional: Appearance: [KV.1T] Normal appearance[KV.1M]. Head: [KV.1T] Normocephalic [KV.1M] and [KV.1T] atraumatic [KV.1M]. Comments:[KV.1T] No sinus TTP bilaterally.[KV.2M] Nose: [KV.1T] Congestion[KV.1M] present. Mouth/Throat: Mouth: Mucous membranes are [KV.1T] moist [KV.1M].

Pharynx: No^[KV.1T] oropharyngeal exudate^[KV.1M] or^[KV.1T] posterior oropharyngeal erythema^[KV.2M].

Cardiovascular:

DOB:

Sex: F

- Office Visit in (continued)

Clinical Notes (continued)

Rate and Rhythm: [KV.1T] Normal rate [KV.1M] and [KV.1T] regular rhythm [KV.1M].

Pulmonary:

Effort: Pulmonary effort is[KV.1T] normal[KV.1M].

Breath sounds: Normal[KV.1T] breath sounds[KV.1M].

Musculoskeletal:

Comments:^[KV,2T] Right ankle: +minimal lateral swelling, no erythema, no deformities noted, +able to bear weight, neg. Ottawa rules. Strength: 4+/5, +neuro grossly intact.^[KV,2M]

Neurological:

Mental Status: She is[KV.1T] alert[KV.1M] and[KV.1T] oriented to person, place, and time[KV.1M].

Psychiatric:

Mood and Affect:[KV.1T] Mood[KV.1M] normal.

Behavior:[KV.1T] Behavior[KV.1M] normal.

Lab Results[KV.1T]

Results for orders placed or performed in visit on

POC Rapid Sars-Cov-2 Abbott PCR Test

Result Value Ref Range
Test for SARS-CoV-2 Negative Negative,

PCR (RNA Present) Ind

Indeterminat e, None

Detected

POCT Influenza A/B manually resulted

Result Value Ref Range

POCT INFLUENZA A Negative POCT INFLUENZA B Negative

POCT RSV

Result Value Ref Range

POCT RSV Negative IKV.3T

Imaging Results: [KV.1T]
None Performed [KV.1M]

No results found for any visits on

Assessment/Plan^[KV.1T]

Diagnoses and all orders for this visit:

Symptoms of upper respiratory infection (URI)

- POC Rapid Sars-Cov-2 Abbott PCR Test
- POCT Influenza A/B manually resulted
- POCT RSV

DOB:

Sex: F

- Office Visit in (continued)

Clinical Notes (continued)

benzonatate (Tessalon) 200 MG capsule; Take 1 capsule (200 mg total) by mouth 3 (three) times a day if needed for cough for up to 7 days. Do not crush or chew.

Acute right ankle pain Acute cough

- benzonatate (Tessalon) 200 MG capsule; Take 1 capsule (200 mg total) by mouth 3 (three) times a day if needed for cough for up to 7 days. Do not crush or chew.[KV.3T]
- -pt requested RSV testing.[KV.2M]
- -neg ottowa rules, no suspicion for fx, pt able to bear weight. RICE. Offered ace wrap. Pt declined, expressing understanding of risks/benefits.

Rest, ice, and elevate your right ankle. You can use an ace wrap to help with pain and swelling. [KV.1M] If your symptoms worsen or persist, follow up with your PCP or return to our clinic for reevaluation. If you develop significantly worse symptoms, such as (KV.1T) severe (KV.1M) pain or (KV.1T) weakness, (KV.1M) call 911 or go to the nearest ER immediately.

Your^[KV.1T] RSV^[KV.2M], influenza, and^[KV.1M] rapid COVID-19 swab^[KV.1T]s all^[KV.1M] came back negative. Continue hydration and rest.[KV.1T] T(KV.1M) ake t(KV.2M) he Tessalon Perles as prescribed. You can take Tylenol or Advil as needed for pain and/or fever. These post-viral coughs can last for up to 6-8 weeks.[KV.IM]

A single negative COVID-19 swab does not necessarily mean that you do not have the Coronavirus as this test is not 100% accurate. Make sure your symptoms are improving, you do not have a fever for at least 24 hours without feverreducing medication, and it has been at least 10 days from the start of your symptoms before stopping selfisolation/guarantine. Monitor for worsening symptoms. If you start to develop worsening symptoms, such as shortness of breath or chest pain, call 911 or go to the nearest ER immediately. Otherwise, follow up with our clinic as needed.

After the end of self-isolation/quarantine, continue social distancing and wearing a facial covering when having to go out in public.

No follow-ups on file.

Discharge Disposition: [KV.IT] Home in stable condition.[KV.1M]

Electronically signed by

at

Attribution Key

KV.1 ·

KV.2 -KV.3 -

M - Manual, T - Template

POC Rapid Sars-Cov-2 Abbott PCR Test (Final result) Electronically signed by Status: Completed Ordering user: Ordering provider:

DOB:

Sex: F

- Office Visit in (continued) Labs (continued) Authorized by: Ordering mode: Standard Frequency: Routine Quantity: 1 Class: Point Of Care Lab status: Final result Diagnoses Symptoms of upper respiratory infection (URI) [R09.89] Specimen Information ID Type Source Collected By Swab POC Rapid Sars-Cov-2 Abbott PCR Test (Normal) Resulted: , Result status: Final result Ordering provider Order status: Completed Resulted by: GM Filed by: Collected by POCT Resulting lab: Acknowledged by: Components Value Reference Range Flag Component Lab Test for SARS-CoV-2 PCR (RNA Present) Negative Negative, HCP Indeterminate, None Detected **Testing Performed By** Lab - Abbreviation Address Valid Date Range Name Director 223 - HCP POCT Unknown Present Indications Symptoms of upper respiratory infection (URI) [R09.89 (ICD-10-CM)] All Reviewers List 15:19 POCT RSV (Final result) Electronically signed by: Status: Completed Ordering user: Ordering provider: Authorized by: Ordering mode: Standard Frequency: Routine Quantity: 1 Class: Point Of Care Lab status: Final result Diagnoses Symptoms of upper respiratory infection (URI) [R09.89] Specimen Information ID Type Source **Collected By** Swab POCT RSV (Normal) Resulted: , Result status: Final result Ordering provider: Resulted by: Order status: Completed Filed by: POCT Collected by: Resulting lab: Acknowledged by: Components Component Value Reference Range Flag Lab POCT RSV Negative HCP

DOB:

Sex: F

(continued)	- Office Visit in			(continued)
Testing Performed By				
Lab - Abbreviation 223 - HCP		Director Jnknown	Address	Valid Date Range - Present
Indications				
Symptoms of upper re	espiratory infection (URI) [RO	9.89 (ICD-1	10-CM)]	and the section of the character surface character or executivation is unless of an electron of the character surface unless of the section o
All Reviewers List		eral verseral de laccione de carciona carcan	norma montali di normano ne di norma manteno di tenno ne di norma di norma di norma di norma di norma di norma	
DCT Influenza A/B manual	lly resulted (Final result)			
eskakako kudinden erumenen erumanan aranan arahan aranan arahan eruman arah				Status: Comp
Electronically signed by: Ordering user:			Ordering provider:	Status. Comp
authorized by:			Ordering mode: Standard	1
requency: Routine			Class: Point Of Care	-
luantity: 1			Lab status: Final result	
Diagnoses				
Symptoms of upper respirate	ory infection (URI) [R09.89]			
Specimen Information	- (
ID Typi	e	Source	Co	liected By
Swa		AND THE SHAP WAS DONE ALONE WE SEE A.	AN MERONDRIANGERICALISA AND AND AND AND AND AND AND AND AND AN	eusuke en enusculurune erort termoenseksulusionervulaida ariak eronominatarialutarialutarialutaria alue autopulada ae
POCT Influenza A/B mar	nually reculted (Narmal)		Resulted	d: , Result status: Final
	nually resulted (Normal)			
Ordering provider:			Order status: Complete	a
Resulted by:			Filed by:	POCT
Collected by: Acknowledged by:	or.		Resulting lab:	POCI
Acknowledged by.	or	1		
Components				
Component	1	/alue	Reference Range Fla	ig Lab
POCT INFLUENZA A	4	Vegative		HCP
POCT INFLUENZA E		Vegative		HCP
Testing Performed By				
Lab - Abbreviation		Director	Address	Valid Date Range
223 - HCP	POCT (Jaknowa		- Present
Indications				
Symptoms of upper re	espiratory infection (URI) [R0	9.89 (ICD-1	10-CM)]	
All Reviewers List				
rui Noviowella List		ne tenet tenet whene tenet tenet whene		
Orders				
dications			***********************************	

Printed on Page 27

benzonatate (Tessalon) 200 MG capsule [18481341] (Expired)

DOB:

Sex: F

- Office Visit in (continued) Other Orders (continued) Electronically signed by: Status: Expired Ordering user: Ordering provider: Authorized by: Ordering mode: Standard PRN reasons: cough Frequency: Routine TID PRN -7 days Class: Normal Diagnoses Symptoms of upper respiratory infection (URI) [R09.89] Acute cough [R05.1] Admin instructions: Do not crush or chew. Indications Symptoms of upper respiratory infection (URI) [R09.89 (ICD-10-CM)] Acute cough [R05.1 (ICD-10-CM)] **Flowsheets Custom Formula Data Row Name** Relevant Labs and Vitals Temp (in Celsius) 36.9 for APACHE IV **Encounter Vitals Row Name** Enc Vitals BP 113/80 -Pulse 81 Resp 36.9 °C (98.4 °F) -Temp Oral Temp src SpO2 99 % Lactation Row Name OTHER Breastfeeding Unknown Status **Notes and Acuity Row Name** Visit Notes Visit Notes NEGATIVE abbott/flu/RSV in pt coming in abbott/flu/RSV progress Vital Signs Row Name

Vital Signs

DOB:

Sex: F

	- Office Visit in	(contin	ued)
heets (continued)			
Restart Vitals Ye Timer	98 -		ana keni di dikasarka ke dan ana di di di da kena ani di keni di didaksira ani da keni di dibaksira kena kena
Vitals Reassessment			
Row Name			
Vitals Timer	TO COMMING THE REPORT OF THE REPORT OF THE PROPERTY OF THE PRO	racia la laborido de mentra de constituir de la constitui	окинуон выпун нокиольких ускихоу жеоколяюю окинуон вы
Restart Vitals \ \\ Timer	/es		
User Key		(r) = Recorded By, (t) =	Taken By, (c) = Cosigne
	Effective Dates	Provider Type	Discipline
Initials Name		a contractivativa and an efection of the color of an effective of the color of the analysis of the first of the	
فيتكر فمتوردون للبينس وديم يدني فمستري وينون بنيان تو		Medical Assistant	
Initials Name	***************************************		*****
فيتكر فمتوردون للبينس وديم يدني فمستري وينون بنيان تو	**************************************	Medical Assistant Licensed Nurse	
فيتكر فمتوردون للبينس وديم يدني فمستري وينون بنيه ته			

Rest, ice, and elevate your right ankle. You can use an ace wrap to help with pain and swelling. If your symptoms worsen or persist, follow up with your PCP or return to our clinic for reevaluation. If you develop significantly worse symptoms, such as severe pain or weakness, call 911 or go to the nearest ER immediately.

Your RSV, influenza, and rapid COVID-19 swabs all came back negative. Continue hydration and rest. Take the Tessalon Perles as prescribed. You can take Tylenol or Advil as needed for pain and/or fever. These post-viral coughs can last for up to 6-8 weeks.

A single negative COVID-19 swab does not necessarily mean that you do not have the Coronavirus as this test is not 100% accurate. Make sure your symptoms are improving, you do not have a fever for at least 24 hours without fever-reducing medication, and it has been at least 10 days from the start of your symptoms before stopping self-isolation/quarantine. Monitor for worsening symptoms. If you start to develop worsening symptoms, such as shortness of breath or chest pain, call 911 or go to the nearest ER immediately. Otherwise, follow up with our clinic as needed.

After the end of self-isolation/quarantine, continue social distancing and wearing a facial covering when having to go out in public.

Electronically signed by

MRN: DOB: Sex: F

Visit date:

- Office Visit in

(continued)

Documents

After Visit Summary - Document on

Clinical date/time: Description: AVS - Outpatient

Service date/time:

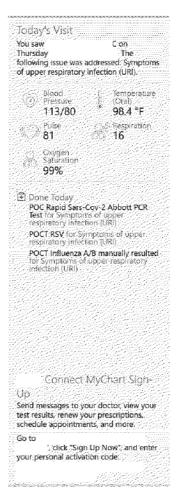
User: Status: -

Document (below)

AFTER VISIT SUMMARY

(MRN:

MRN: Instructions from Today's medication changes STOP taking: carisoprodol 350 mg tablet (Soma) cyanocobalamîn 1,000 mcg/mL injection (Vitamin B-12) Accurate as of Review your updated medication list below. What's Next You currently have no upcoming appointments scheduled.



Page 1 of 3 Epose · Printed at

DOB:

Sex: F

- Office Visit in (continued)

Documents (continued)

Your Results
POCT INFLUENZA A/B
Collected on
Resulted on
Authorized by

Resulted by Resulting Agency: CLINIC POCT

Specimen: Swab POCT RESPIRATORY SYNCYTIAL VIRUS Collected on Resulted on Authorized by

Resulted by Resulting Agency:

Specimen: Swab POC RAPID SARS-COV-2 ABBOTT PCR TEST Collected on Resulted on Authorized by

Resulted by Resultino Agency:

Specimen; Swab

POCT INFLUENZA A
Negative

рост імяциємиха в Negative

рост rsv Negative

Test for SARS-CoV-2 PCR (RNA Present)

Negative Reference Range Negative. Indeterminate, None Detected

(MRN: • Printed at

Page 2 of 3 Epoic

DOB:

Sex: F

- Office Visit in (continued) Documents (continued)

Your Medication List as of

Ahvays use your most recent med list.

albuterol 90 mcg/puff inhaler

sertraline 100 mg tablet Commonly known as: Zoloft

Yasmin 28 3-0.03 MG tablet Generic drug, drospirenone-ethinyl estradioi

Inhale

Take by mouth 1 (one) time each day.

Page 3 of 3 Epoic (MRN: • Printed at

DOB:

- Office Visit in				
son for Visit				
Chief Complaint [last edited by on	1			
Hand Pain (x 2 days- left 1st finger)				
Visit Diagnosis [last edited by				
Paronychia of finger of left hand (primary)	naaannnaaanni stuuuuuuuuuu		<u>awarraawaarraawaarr</u>	
Revision History				
Action Name		User		Date/Time
Diagnosis #1		منين دريد من فر فرهند بالانتخاب ويتواد	opia opra japa ja ju opipras apia japa i	a deal abustication consistent consistent of Color abusin impropriessing
Add Paronychia of finger of left I	nand (primary)			
A Information				
t Information Provider Information				
Encounter Provider	Authoriza	ng Provider		
	Addionali	ig i iovidei	. A land and a decrease of the sale	
Department				
Name Address		Phone		Fax
		terrorina de la como de como de como de como de como de como de como de como de como de como de como de como d	Mari Mari Mari Marina and Island Island I	
Follow up if symptoms worsen or fail to improve. Level of Service Level of Service PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES				
Level of Service Level of Service PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES				
Level of Service Level of Service PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES Log History LOS History dication List Medication List				
Level of Service Level of Service PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES Log History LOS History dication List Medication List This report is for documentation purposes only. The pating For accurate instructions regarding medications, the pating Active at the End of Visit Medications last reviewed by	ent should not foll	low medicatio d consult thei	n instructio	ons within.
Level of Service Level of Service PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES Log History LOS History Stication List Medication List This report is for documentation purposes only. The patie For accurate instructions regarding medications, the patie Active at the End of Visit Medications last reviewed by on sertraline (Zoloft) 100 mg tablet [reconciled by	ent should not foll	ow medicatio	n instructio	ons within.
Level of Service Level of Service PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES Log History LOS History dication List Medication List This report is for documentation purposes only. The patir For accurate instructions regarding medications, the patir Active at the End of Visit Medications last reviewed by on sertraline (Zoloft) 100 mg tablet [reconciled by Instructions: Take by mouth 1 (one) time each day. Entered by:	ent should not foll	low medicatio d consult thei	n instructio	ons within.
Level of Service Level of Service PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES Log History LOS History Stication List Medication List This report is for documentation purposes only. The patie For accurate instructions regarding medications, the pati Active at the End of Visit Medications last reviewed by on sertraline (Zoloft) 100 mg tablet [reconciled by Instructions: Take by mouth 1 (one) time each day.	ent should not foli ent should instea	low medicatio d consult thei	n instructio	ons within.
Level of Service Level of Service PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES Log History LOS History Bication List Medication List This report is for documentation purposes only. The patie For accurate instructions regarding medications, the patie Active at the End of Visit Medications last reviewed by on sertraline (Zoloft) 100 mg tablet [reconciled by Instructions: Take by mouth 1 (one) time each day. Entered by: Start date: Yasmin 28 3-0.03 MG tablet [reconciled by	ent should not foli ent should instea	low medicatio d consult thei	n instructio	ons within.
Level of Service Level of Service PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES Log History LOS History dication List Medication List This report is for documentation purposes only. The patir For accurate instructions regarding medications, the patir Active at the End of Visit Medications last reviewed by on sertraline (Zoloft) 100 mg tablet [reconciled by Instructions: Take by mouth 1 (one) time each day. Entered by: Start date: Yasmin 28 3-0.03 MG tablet [reconciled by Entered by:	ent should not foli ent should instea	ow medication deconsult their consults on	n instructic r physician	ons within.
Level of Service Level of Service PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES Log History LOS History Bication List Medication List This report is for documentation purposes only. The patie For accurate instructions regarding medications, the patie Active at the End of Visit Medications last reviewed by on sertraline (Zoloft) 100 mg tablet [reconciled by Instructions: Take by mouth 1 (one) time each day. Entered by: Start date: Yasmin 28 3-0.03 MG tablet [reconciled by Entered by: Start date:	ent should not foli ent should instead Entered (ow medication deconsult their consults on	n instructic r physician	ons within.
Level of Service Level of Service PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES Log History LOS History dication List Medication List This report is for documentation purposes only. The patir For accurate instructions regarding medications, the patir Active at the End of Visit Medications last reviewed by on sertraline (Zoloft) 100 mg tablet [reconciled by Instructions: Take by mouth 1 (one) time each day. Entered by: Start date: Yasmin 28 3-0.03 MG tablet [reconciled by Entered by: Start date: albuterol 90 mcg/puff inhaler [reconciled by	ent should not foli lent should instead	ow medication deconsult their consults on	n instructic r physician	ons within.
Level of Service Level of Service PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES Log History LOS History Bication List Medication List This report is for documentation purposes only. The patie For accurate instructions regarding medications, the patie Active at the End of Visit Medications last reviewed by on sertraline (Zoloft) 100 mg tablet [reconciled by Instructions: Take by mouth 1 (one) time each day. Entered by: Start date: Yasmin 28 3-0.03 MG tablet [reconciled by Entered by: Start date:	ent should not foli ent should instead Entered (ow medication deconsult their consults their consul	n instructic r physician	ons within.

DOB:

Sex: F

- Office Visit in (continued) Medication List (continued) carisoprodol (Soma) 350 MG tablet [reconciled by Discontinued by: Discontinued on: Instructions: take 1 tablet by mouth twice a day if needed for 5 days Entered by: Entered on: Start date: End date: Action: Patient not taking cyanocobalamin (Vitamin B-12) 1000 MCG/ML injection [reconciled by on Discontinued by: Discontinued on: Entered by: Entered on: End date: Start date: Action: Patient not taking mupirocin (Bactroban) 2 % ointment instructions: Apply topically 3 (three) times a day for 7 days Authorized by: Ordered on: Start date: End date: Quantity: 15 g Refill: No refills remaining Stopped in Visit None **Clinical Notes Progress Notes** at Version 1 of 1 Author: Service: Urgent Care Author Type: Nurse Practitioner Filed: Encounter Date: Status: Signed Editor: (Nurse Practitioner) Subjective Patient ID: is a y.o. female. Chief Complaint Patient presents with · Hand Pain x 2 days- left 1st finger History of Present Illness [KD.17] C/O possible infection to left 1st finger x 2 days. Reports she chronically picks at her cuticles and has recently been doing this again. C/O pain and swelling to affected finger around nailbed. Reports some drainage Denies fever / chills PMH / meds - reviewed .[KD.2M] Printed on Page 34

DOB:

Sex: F

- Office Visit in (continued)

Clinical Notes (continued)

History provided by: [KD.2T] Patient [KD.2M]

Patient Active Problem List

Diagnosis

- · Allergic rhinitis
- · Anxiety disorder
- · Encounter for preventive health examination
- · Exercise-induced asthma

Current Outpatient Medications

Medication Instructions

• albuterol (Ventolin HFA) 108 (90 Base) MCG/ACT Inhalation inhaler

days

• cyanocobalamin (Vitamin B-12) 1000 MCG/ML No dose, route, or frequency recorded.

injection

sertraline (Zoloft) 100 MG tablet
 Oral, Daily

Yasmin 28 3-0.03 MG tablet
 No dose, route, or frequency recorded.

Allergies as of - Reviewed

Allergen Reaction Noted

· Cephalexin

Social History

Substance and Sexual Activity
Alcohol Use None

Social History

Tobacco Use

Smoking Status Never Smoker Smokeless Tobacco Never Used^[KD,17]

Review of Systems Constitutional:^[KD,2T] Negative^[KD,2M]. Skin:^[KD,2T]

See HPI[KD.2M]

DOB:

Sex: F

- Office Visit in (continued)

Objective^[KD.1T]

Physical Exam^[KD,2T]

Vitals^[KD.2M] reviewed.

Constitutional:

General: She is^[KD,2T] not in acute distress^[KD,2M].

Appearance: [KD.2T] Normal appearance [KD.2M]. She is not [KD.2T] ill-appearing [KD.2M].

Pulmonary:

Effort: Pulmonary effort is[KD.2T] normal[KD.2M]. No[KD.2T] respiratory distress[KD.2M].

Skin:

General: Skin is^[KD,2T] warm^[KD,2M] and^[KD,2T] dry^[KD,2M].

Comments: [KD.2T] Left 1st finger: + area of mild inflammation along tissue base of nailbed that is TTP. + small oval shaped appearance of possible granulated tissue along base of nailbed. No drainage / crusting noted. [KD.2M]

Neurological:

Mental Status: She is[KD.2T] alert[KD.2M].

Psychiatric:

Thought Content: [KD.2T] Thought content[KD.2M] normal. [KD.2T]

Vitals:

BP: 100/66 Pulse: 78 Resp: 14

Temp: 37.2 °C (99 °F)

SpO2: 98%

Assessment/Plan[KD.1T]

Diagnoses and all orders for this visit:

Paronychia of finger of left hand

- mupirocin (Bactroban) 2 % ointment; Apply topically 3 (three) times a day for 7 days[KD.3T]

History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

No follow-ups on file.

Discharge Disposition: [KD.17] Home [KD.2M]

DOB:

Sex: F

- Office Visit in (continued)

Clinical Notes (continued)

Patient Instructions

Patient Education

Paronychia of the Finger or Toe

Paronychia is an infection near a fingernail or toenail. It usually occurs when an opening in the cuticle or an ingrown toenail lets bacteria under the skin.

The infection will need to be drained if pus is present. If the infection has been caught early, you may need only antibiotic treatment. Healing will take about 1 to 2 weeks.

Home care

Follow these guidelines when caring for yourself at home:

- Clean and soak the toe or finger. Do this 2 times a day for the first 3 days. To do so:
 - Soak your foot or hand in a tub of warm water for 5 minutes. Or hold your toe or finger under a faucet of warm running water for 5 minutes.
 - O Clean any crust away with soap and water using a cotton swab.
 - Put antibiotic ointment on the infected area.
- Change the dressing daily or any time it gets dirty.
- If you were given antibiotics, take them as directed until they are all gone.
- If your infection is on a toe, wear comfortable shoes with a lot of toe room. You can also wear open-toed sandals while your toe heals.
- · You may use over-the-counter medicine (acetaminophen or ibuprofen) to help with pain, unless another medicine was prescribed. If you have chronic liver or kidney disease, talk with your healthcare provider before using these medicines. Also talk with your provider if you've had a stomach ulcer or gastrointestinal bleeding.

Prevention

The following can prevent paronychia:

- . Don't cut or play with your cuticles at home. A healthy cuticle maintains a seal between your skin and nail and keeps out infection.
- Don't bite your nails.
- Don't suck on your thumbs or fingers.

Follow-up care

Follow up with your healthcare provider, or as advised.

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Redness, pain, or swelling of the finger or toe gets worse
- You have trouble moving or bending the finger or toe
- · Red streaks in the skin leading away from the wound
- Pus or fluid draining from the nail area
- Fever of 100.4ºF (38ºC) or higher, or as directed by your provider

StayWell last reviewed this educational content on 7/1/2019

© 2000-2020 The StayWell Company, LLC. 800 Township Line Road, Yardley, PA 19067. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.

DOB:

Sex: F

- Office Visit in (continued)

Clinical Notes (continued)

- start the antibiotic as prescribed
- Soak affected finger in warm water with epson salts 3-4 times daily
- Stop picking at your cuticles / nails.
- Follow up with your primary care provider if needed for persisting or worsening of symptoms. [KD.3T]

Electronically signed by

at

Attribution Key

KD.1 - on KD.2 - on KD.3 - on M - Manual, T - Template

Other Orders

Medications

mupirocin (Bactroban) 2 % ointment [10997566] (Expired)

Electronically signed by:

Ordering user: Authorized by:

Frequency: Routine TID -7 days

Diagnoses

Paronychia of finger of left hand [L03.012]

Indications

Paronychia of finger of left hand [L03.012 (ICD-10-CM)]

Flowsheets

Custom Formula Data

Temp (in Celsius) 37.2

for APACHE IV

Encounter Vitals

micounter vitais		
Row Name		
Enc Vitals		
BP	100/66 at	-
Pulse	78	
Resp	14	
Temp	37.2 °C (99 °F)	
Temp src	Oral · :	
SpO2	98 %	

Ordering provider: Ordering mode: **Standard** Class; **Normal**

Printed on

Status: Expired

DOB:

Sex: F

eets (continued)	.	Office Visit in	September 1997	(continued)	
Vital Signs	***************************************				***************************************
BP Location	Left arm				
Patient Position	Sitting				
BP Cuff Size	Adult				
Lactation					
Row Name					
OTHER		nner varansen mennen var det det det det det det de de de de de de de de de de de de de	reterret er en er en er en er en en en en en en en en en en en en en	as amounte arrandoses candidanti tara Museut suotiase tarrittavat tara Kornat suotiase familiased lainidiased fasel	- Arran Paral Seri
Breastfeeding Status	No				
Vital Signs					
Row Name					
Vital Signs					
Restart Vitals Tim er	Yes				
Vitals Reassessme	nt				
Row Name					
Vitals Timer					
Restart Vitals Timer	Yes :				
User Key			(r) = Record	ded By, (t) = Taken By, (c) = Co	signe
Initials Nar	ne	Effective Dates			
		•	Technolog	ist —	
t Instructions					
rsion 2 of 2					CONTRACTOR DECEMBER

Patient Education

Paronychia of the Finger or Toe

Paronychia is an infection near a fingernail or toenail. It usually occurs when an opening in the cuticle or an ingrown toenail lets bacteria under the skin.

The infection will need to be drained if pus is present. If the infection has been caught early, you may need only antibiotic treatment. Healing will take about 1 to 2 weeks.

Home care

Follow these guidelines when caring for yourself at home:

• Clean and soak the toe or finger. Do this 2 times a day for the first 3 days. To do so:

MRN: DOB: Sex: F Visit date:

(continued)

visit date:

Patient Instructions (continued)

- Soak your foot or hand in a tub of warm water for 5 minutes. Or hold your toe or finger under a faucet of warm running water for 5 minutes.
- Clean any crust away with soap and water using a cotton swab.

- Office Visit in

- Put antibiotic ointment on the infected area.
- Change the dressing daily or any time it gets dirty.
- · If you were given antibiotics, take them as directed until they are all gone.
- If your infection is on a toe, wear comfortable shoes with a lot of toe room. You can also wear open-toed sandals
 while your toe heals.
- You may use over-the-counter medicine (acetaminophen or ibuprofen) to help with pain, unless another
 medicine was prescribed. If you have chronic liver or kidney disease, talk with your healthcare provider before
 using these medicines. Also talk with your provider if you've had a stomach ulcer or gastrointestinal bleeding.

Prevention

The following can prevent paronychia:

- Don't cut or play with your cuticles at home. A healthy cuticle maintains a seal between your skin and nail and keeps out infection.
- · Don't bite your nails.
- · Don't suck on your thumbs or fingers.

Follow-up care

Follow up with your healthcare provider, or as advised.

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- · Redness, pain, or swelling of the finger or toe gets worse
- · You have trouble moving or bending the finger or toe
- · Red streaks in the skin leading away from the wound
- Pus or fluid draining from the nail area
- Fever of 100.4°F (38°C) or higher, or as directed by your provider

StayWell last reviewed this educational content on 7/1/2019

© 2000-2020 The StayWell Company, LLC. 800 Township Line Road, Yardley, PA 19067. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.

- start the antibiotic as prescribed
- Soak affected finger in warm water with epson salts 3-4 times daily
- Stop picking at your cuticles / nails.

Electronically signed by

- Follow up with your primary care provider if needed for persisting or worsening of symptoms.

at

	.,			
Version 1 of	2			
Patient Educat	ion			
Printed on		***************************************	***************************************	Page 40

MRN: DOB: Sex: F Visit date:

- Office Visit in (continued)

Patient Instructions (continued)

Paronychia of the Finger or Toe

Paronychia is an infection near a fingernail or toenail. It usually occurs when an opening in the cuticle or an ingrown toenail lets bacteria under the skin.

The infection will need to be drained if pus is present. If the infection has been caught early, you may need only antibiotic treatment. Healing will take about 1 to 2 weeks.

Home care

Follow these guidelines when caring for yourself at home:

- Clean and soak the toe or finger. Do this 2 times a day for the first 3 days. To do so:
 - Soak your foot or hand in a tub of warm water for 5 minutes. Or hold your toe or finger under a faucet of warm running water for 5 minutes.
 - Clean any crust away with soap and water using a cotton swab.
 - Put antibiotic ointment on the infected area.
- · Change the dressing daily or any time it gets dirty.
- · If you were given antibiotics, take them as directed until they are all gone.
- If your infection is on a toe, wear comfortable shoes with a lot of toe room. You can also wear open-toed sandals
 while your toe heals.
- You may use over-the-counter medicine (acetaminophen or ibuprofen) to help with pain, unless another
 medicine was prescribed. If you have chronic liver or kidney disease, talk with your healthcare provider before
 using these medicines. Also talk with your provider if you've had a stomach ulcer or gastrointestinal bleeding.

Prevention

The following can prevent paronychia:

- Don't cut or play with your cuticles at home. A healthy cuticle maintains a seal between your skin and nail and keeps out infection.
- · Don't bite your nails.
- · Don't suck on your thumbs or fingers.

Follow-up care

Follow up with your healthcare provider, or as advised.

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- · Redness, pain, or swelling of the finger or toe gets worse
- · You have trouble moving or bending the finger or toe
- · Red streaks in the skin leading away from the wound
- · Pus or fluid draining from the nail area
- Fever of 100.4°F (38°C) or higher, or as directed by your provider

StayWell last reviewed this educational content on 7/1/2019

© 2000-2020 The StayWell Company, LLC. 800 Township Line Road, Yardley, PA 19067. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.

DOB:

Sex: F

- Office Visit in (continued)

Electronically signed by

at

DOB:

Sex: F

- Office Visit in (continued)

Documents

After Visit Summary - Document on

Clinical date/time:

Description: AVS - Outpatient

Service date/time:

User: Status: -

Document (below)

AFTER VISIT SUMMARY

planets (5)

MRN

Instructions from

- start the antibiotic as prescribed
- Soak affected finger in warm water with epson salts 3-4 times daily
- Stop picking at your cuticles / nails.
- Follow up with your primary care provider if needed for persisting or worsening of symptoms.



Today's medication changes

START taking:

mupirocin (Bactroban)

Accurate as of I i ... I. Review your updated medication list below.



Read the attached information

Additional instructions from



Pick up these medications at

• mupirocin 2 % ointment

Address

Phone:

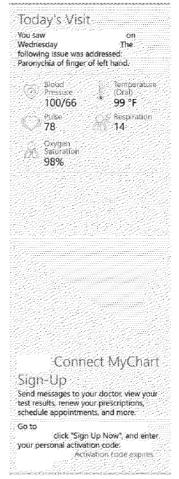


Follow up if symptoms worsen or fail to improve.

What's Next

You currently have no upcoming appointments scheduled.

(MRN:



Page 1 of 4 Applica

DOB:

Sex: F

- Office Visit in (continued)

Documents (continued)

Your Medication List 45 of

② Always use your most recent med list.

take 1 tablet by mouth twice a day if needed for 5 days carisoprodol 350 MG tablet Commonly known as: Soma

cyanocobalamin 1000 MCG/ML injection Commonly known as: Vitamin B-32

Apply topically 3 (three) times a day for 7 days

mupfrocin 2 % ointment Commonly known as: Bactroban Started by:

Ventolin HFA 108 (90 Base) MCG/ACT inhaler Generic drug: albuterol Inhale

Yasmin 28 3-0.03 MG tablet Generic drug: drospirenone-ethinyl estradiol

Zoloft 100 MG tablet Take by mouth 1 (one) time each day.

> Page 2 of 4 Applic (MRN: Printed at

DOB:

Sex: F

- Office Visit in

(continued)

Documents (continued)



Additional instructions from

Paronychia of the Finger or Toe

Paronychia is an infection near a fingernal or toenal. It usually occurs when an opening in the cuticle or an ingrown toenail lets bacteria under the skin.

The infection will need to be drained if pus is present. If the infection has been caught early, you may need only antibiotic treatment. Healing will take about 1 to 2 weeks.

Follow these guidelines when caring for yourself at home

- · Clean and soak the toe or finger. Do this 2 times a day for the first 3 days. To do so:
 - Soak your foot or hand in a tub of warm water for 5 minutes. Or hold your toe or finger under a faucet of warm running water for 5 minutes.
 - Clean any crust away with soap and water using a cotton swab.
 Put antibiotic ointment on the infected area.
- Change the dressing daily or any time it gets dirty.
- · If you were given antibiotics, take them as directed until they are all gone.
- If your infection is on a toe, wear comfortable shoes with a lot of toe room. You can also wear open-toed sandals while your toe heals.
- · You may use over-the-counter medicine (acetaminophen or ibuprofen) to help with pain, unless another medicine was prescribed. If you have chronic liver or kidney disease, talk with your healthcare provider before using these medicines. Also talk with your provider if you've had a stomach ulcer or gastrointestinal bleeding.

Prevention

The following can prevent paronychia:

- . Don't cut or play with your cuticles at home. A healthy cuticle maintains a seal between your skin and nall and keeps out infection
- · Don't bite your nails.
- · Don't suck on your thumbs or fingers

Follow-up care

Follow up with your healthcare provider, or as advised.

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Redness, pain, or swelling of the finger or toe gets worse
- · You have trouble moving or bending the finger or toe
- · Red streaks in the skin leading away from the wound
- Pus or fluid draining from the nail area
- Fever of 100.4°F (38°C) or higher, or as directed by your provider StayWeil last reviewed this educational content on 7/1/2019

© 2000-2020 The StayWell Company, LLC. 800 Township Line Road, Yardley, PA 19067. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.

> (MRN: · Printed at

Page 3 of 4 Boxc

DOB:

Sex: F

	044-144-144-144-144-144-144-144-144-144-		V VI
	- Office Visit in	1	(continued)
Documents (continued)			

(MRN: Printed at Page 4 of 4 Disc

DOB:

Sex: F

- Office Visit in (continued)

Documents (continued)

After Visit Summary - Document on

Clinical date/time: Description: AVS - Outpatient

Service date/time:

User: Status: -

Document (below)



MRN planets (5)

Instructions from

- start the antibiotic as prescribed
- Soak affected finger in warm water with epson salts 3-4 times daily
- Stop picking at your cuticles / nails.
- Follow up with your primary care provider if needed for persisting or worsening of symptoms.



Today's medication changes

START taking: mupirocin (Bactroban)



Pick up these medications at 9.0 HTH

• mupirocin 2 % ointment Address

Phone

Follow up if symptoms worsen or fail to improve.

• Printed at

What's Next

You currently have no upcoming appointments scheduled.

(MRN:



Page 1 of 4 Applica

DOB:

Sex: F

- Office Visit in (continued)

Documents (continued)

Your Medication List 65 of

① Always use your most recent med list:

carisoprodol 350 MG tablet take 1 tablet by mouth twice a day if needed for 5 days

cyanocobalamin 1000 MCG/ML injection Commonly known as: Vitamin B-12

mupirocin 2 % ointment Apply topically 3 (three) times a day for 7 days Commonly known as: Bactroban Started by:

Ventořín HFA 108 (90 Base) MCG/ACT inhaler
Generic drug: albutarol

Yasmin 28 3-0.03 MG tablet Generic drug: drospirenone-ethinyl estradiol

Zoloft 100 MG tablet Take by mouth 1 (one) time each day.

(MRN: • Printed at Page 2 of 4 Disco

DOB:

Sex: F

- Office Visit in (continued)

Documents (continued)



Additional instructions from

Paronychia of the Finger or Toe

Paronychia is an infection near a fingernal or toenal. It usually occurs when an opening in the cuticle or an ingrown toenail lets bacteria under the skin.

The infection will need to be drained if pus is present. If the infection has been caught early, you may need only antibiotic treatment. Healing will take about 1 to 2 weeks.

Follow these guidelines when caring for yourself at home

- · Clean and soak the toe or finger. Do this 2 times a day for the first 3 days. To do so:
 - Soak your foot or hand in a tub of warm water for 5 minutes. Or hold your toe or finger under a faucet of warm running water for 5 minutes.
 - Clean any crust away with soap and water using a cotton swab.
 Put antibiotic ointment on the infected area.
- Change the dressing daily or any time it gets dirty.
- · If you were given antibiotics, take them as directed until they are all gone.
- If your infection is on a toe, wear comfortable shoes with a lot of toe room. You can also wear open-toed sandals while your toe heals.
- · You may use over-the-counter medicine (acetaminophen or ibuprofen) to help with pain, unless another medicine was prescribed. If you have chronic liver or kidney disease, talk with your healthcare provider before using these medicines. Also talk with your provider if you've had a stomach ulcer or gastrointestinal bleeding.

Prevention

The following can prevent paronychia:

- . Don't cut or play with your cuticles at home. A healthy cuticle maintains a seal between your skin and nall and keeps out infection
- · Don't bite your nails.
- · Don't suck on your thumbs or fingers

Follow-up care

Follow up with your healthcare provider, or as advised.

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Redness, pain, or swelling of the finger or toe gets worse
- · You have trouble moving or bending the finger or toe
- · Red streaks in the skin leading away from the wound
- Pus or fluid draining from the nail area
- Fever of 100.4°F (38°C) or higher, or as directed by your provider StayWeil last reviewed this educational content on 7/1/2019

© 2000-2020 The StayWell Company, LLC. 800 Township Line Road, Yardley, PA 19067. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.

> Page 3 of 4 Boxc (MRN: · Printed at

DOB:

Sex: F

	- Office Visit in	<u> </u>	(continued)
Documents (continued)	production of the control of the con	,	1-18
Documents (continued)			

(MRN: Printed at Page 4 of 4 Disc

DOB:

Sex: F

200504544 (4000010) (4000010) 200504544 (4000010) (4000010)	- Appointment in		Medicine
Information			
ppointment Inform	nation		riants laines el mescollanot laines leines el mescollanos laines laines el mescollanos laines la mescollanos l
NEW PATIENT	1	No Show	
Time	Provider	Department	Length
		INT MED	40 min
Notes:			
#New pt			
History			
Made On:		By:	ES
Change Note: EOD Status:	3.	By: By:	ES ES
cation List			
This report is for	documentation purposes only. The pa	atient should not follow medication instruction atient should instead consult their physician o	s within.
ledication List This report is for	documentation purposes only. The particular regarding medications, the particular of Visit	atient should not follow medication instruction	s within.
This report is for For accurate instructions at the English Medications last	documentation purposes only. The particular regarding medications, the particular distribution of Visit streviewed by	atient should not follow medication instruction atient should instead consult their physician o	s within.
edication List This report is for For accurate instr Active at the End Medications last sertraline (Zo	documentation purposes only. The particular regarding medications, the particular of Visit	atient should not follow medication instruction atient should instead consult their physician o on	s within.
This report is for For accurate instructions last sertraline (Zo Instructions: Entered by: Start date:	documentation purposes only. The particular regarding medications, the particular regarding medications, the particular reviewed by bloft) 100 mg tablet [reconciled by	atient should not follow medication instruction atient should instead consult their physician o	s within.
This report is for For accurate instructions last sertraline (Zo Instructions: Entered by: Start date:	documentation purposes only. The paructions regarding medications, the pod of Visit st reviewed by Ploft) 100 mg tablet [reconciled by Take by mouth 1 (one) time each day.	atient should not follow medication instruction atient should instead consult their physician of the consult the	s within.
This report is for For accurate instructions: Sertraline (Zo Instructions: Entered by: Start date: Yasmin 28 3- Entered by: Start date:	documentation purposes only. The paructions regarding medications, the pod of Visit st reviewed by Ploft) 100 mg tablet [reconciled by Take by mouth 1 (one) time each day.	on Entered on: on	s within.
This report is for For accurate instructions: Active at the Enumerical Medications last sertraline (Zour Instructions: Entered by: Start date: Yasmin 28 3- Entered by: Start date: albuterol 90 instructions: Entered by: Start date:	documentation purposes only. The paructions regarding medications, the productions regarding medications the paructions regarding medications regarding medications, the paructions regarding medications regarding medications, the paructions regarding medications regarding medications regarding medications, the paructions regarding medications regarding medications regarding medications regarding medications regarding medications regarding regar	on Entered on: on	s within.
This report is for For accurate instructions: Active at the Enumerical Medications last sertraline (Zour Instructions: Entered by: Start date: Yasmin 28 3- Entered by: Start date: albuterol 90 instructions: Entered by: Start date: Medications: Entered by: Start date: Medications: Medications: Medications: Medications: Medications: Medications: Entered by: Start date: Medications: Entered by: Medications: Entered by: Medications: Entered by: Medications: Entered by: Medications: Ente	documentation purposes only. The paructions regarding medications, the productions regarding medications, the policy of the production of	on Entered on: Entered on:	s within.
This report is for For accurate instructions: Active at the Enumerical Medications last sertraline (Zour Instructions: Entered by: Start date: Yasmin 28 3- Entered by: Start date: albuterol 90 instructions: Entered by: Start date: Medications: Entered by: Start date: Medications: Medications: Medications: Medications: Medications: Medications: Entered by: Start date: Medications: Entered by: Medications: Entered by: Medications: Entered by: Medications: Entered by: Medications: Ente	documentation purposes only. The paructions regarding medications, the paructions regarding medications, the part of the part	on Entered on: Entered on:	s within.
Active at the End Medications last Sertraline (Zo Instructions: Entered by: Start date: Albuterol 90 instructions: Entered by: Start date: Albuterol 90 instructions: Entered by: Start date: Medications Use 1 h	documentation purposes only. The paructions regarding medications, the productions regarding medications, the policy of the production of	on Intered on: Entered on: Entered on: Entered on: On Entered on:	s within. r after visit summary.

DOB:

Sex: F

	 Appointment 	in	* 2		- Internal Medi	cine (continued)
cation List (continued)					
cyanoc	obalamin (Vitamin B-12)	1000 MCG/ML i	njection [reconciled	l by	, on	
Discon	ntinued by:		Disc	continued or	n:	
Entere	ed by:		Ent	ered on		
Start d	late:		End	date:		
Action:	: Patient not taking					
Stopped i	in Visit					
None		Ministrative terret Ministrative eine terret terret Ministrative eine	ener tener vinenvitener tener timer vinenvinenvitener tener tener vinenvinenv	teret wherehelme teret tehet wherehelm		
None				tener whereverny tener tener wherever		
None				teinet somennomen teinet teinet somennome		
None				sener smandonendr sener smar smandone		
				enter anne monerne en en en en en en en en en en en en e		
ınizations G	iiven			aced whether a level aced whether		
ınizations G						
inizations G imunizations ifluenza, Un	never marked as reviewed specified [last edited by	d	. on			
inizations G nmunizations ifluenza, Un	never marked as reviewer specified [last edited by		. On		CVX node 288	
inizations G imunizations ifluenza, Un	never marked as reviewer specified [last edited by	d			CVX cade: 88	
unizations G nmunizations ufluenza, Un Administered	never marked as reviewer specified [last edited by on:	d Dose: 1	a mannen ean mannen ean ean mannen ean			
inizations G imunizations ifluenza, Un Administered Location:	never marked as reviewer specified [last edited by lon: ted by	d Dose: 1	a mannen ean mannen ean ean mannen ean			