anadrol

053.314.328-40 Identificação

custom\_dictionaries\_only

custom\_terms\_only

WeServeEveryone Clinic

1111 First Street California

111-111-11111 Fax: 111-111-1111 Chart Summary

Jane Latte

Home: 444-444-4444

Female DOB: 04/04/1950 0000-44444 Ins: Commercial xxxxx

Mr.

St.

Mrs.

Miss.

Patient Information

12345678

Name: Monica Latte Home Phone: 444-444-4444

Address: 4444 Coffee Ave

Chocolate, California Office Phone:

Patient ID: 0000-44444 Fax:

Birth Date: 04/04/1950 Status: Active

Gender: Female Marital Status: Divorced

Contact By: Phone Race: Black

Soc Sec No: 444-44-4444 Language: English

Resp Prov: Carl Savem MRN: MR-111-1111

Referred by: Emp. Status: Full-time

Email: Sens Chart: No

Home LOC:WeServeEveryone External ID: MR-111-1111

Problems

DIAEBETES MELLITUS (ICD-250.)

HYPERTENSION, BENIGN ESSENTIAL (ICD-401.1)

Code: V192.1

Medications

PRINIVIL TABS 20 MG (LISINOPRIL) 1 po qd

Last Refill: #30 x 2 : Carl Savem MD (08/27/2010)

HUMULIN INJ 70/30 (INSULIN REG & ISOPHANE (HUMAN)) 20 units ac breakfast

Last Refill: #600 u x 0 : Carl Savem MD (08/27/2010)

Directives

Allergies and Adverse Reactions (! = critical)

Services Due

FLU VAX, PNEUMOVAX, MICROALB URN

3/18/2011 - Office Visit: F/u Diaebetes

Provider: Carl Savem MD

Location of Care: WeServeEveryone Clinic

-----BEGIN CERTIFICATE REQUEST-----

MIIByzCCATQCAQAwYjELMAkGA1UEBhMCVVMxETAPBgNVBAgTCE5ldyBZb3JrMRUw

EwYDVQQHEwxQb3VnaGtlZXBzaWUxDDAKBgNVBAoTA0lCTTEMMAoGA1UECxMDVFBG

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2Dr/nkoZRzpHMv5mUtbbKYZZFr6nivk5pl8Bzhd6jZ4hithMN+VzjH42JwCz7Bp+

eR5ARlXmQsq13WmXirAIKuy1DaBW50iOekJJUnYLCg==

-----END CERTIFICATE REQUEST-----Application to Establish an Accessory Dwelling Unit or Backyard Cottage

City of Seattle

Department of Planning and Development

Application to Establish an Accessory Dwelling Unit

I am (check one)

Applying to create a new accessory dwelling unit.

Applying to legalize an existing unauthorized unit. As reflected in King County real estate

records, I purchased the lot on which the unauthorized unit is located less than one year ago,

and am submitting proof of this purchase. (No penalty)

Applying to voluntarily legalize an existing unauthorized unit. I may be subject to civil penalties until the permit process is completed.

Project Number:987525

Address: 60 Vine Street Noblesville, Indiana 46060

Owner: Jeffrey Hall

Daytime Phone # 154-087-7612

Assessor’s Parcel Number:1098745

Submit this form along with required plans and other documents.

Parking Waiver Request, if necessary

Not located within a Residential Parking Zone (RPZ)

Located within a RPZ; parking waiver study included

Phone:154-087-7612

Name(s) of Tenant(s)

Phone:154-933-0812

Phone:154-254-8934

Owner Occupancy Covenant, completed, notarized, recorded; original to DPD.

Date Unit was Created (to best of your knowledge):02/02/2016

Value of Construction Work Needed to Legalize Unit:

Copy of the Contractor’s Registration/Lien Law Form (completed)

Copy of Agent’s Authorization Letter from Owner (if agent)

Applicant’s Name: Kimberly Harris

Date received:09/03/2016

(PLEASE PRINT)

Applicant Signature

Date signed:09/03/2016

Relationship of applicant: (circle one) owner, agent, architect, contractor, engineer

Receipt #:94

Date of receipt: 10/03/2016

For DPD Use Only (must be completed)

Urban Village /

Urban Center

Application

Parking

Parking

Waiver Granted

# of Parking

Spaces Provided

Unit Square Footage

\_\_\_\_\_\_\_ Detached

(BYC)

No

No

No

\_\_\_\_\_\_\_\_\_\_\_ space

\_\_\_\_\_\_\_\_\_\_\_ space

\_\_\_\_\_\_\_ Attached

(ADU)

Page 1 of 2

?Application to Establish an Accessory Dwelling Unit or Backyard Cottage

City of Seattle

Department of Planning and Development

Application to Establish a Backyard Cottage

I am (check one):

Applying to create a new accessory dwelling unit.

Applying to legalize an existing unauthorized unit. As reflected in King County real estate

records, I purchased the lot on which the unauthorized unit is located less than one year ago,

and am submitting proof of this purchase. (No penalty)

Applying to voluntarily legalize an existing unauthorized unit. I may be subject to civil penalties until the permit process is completed.

Project Number

Address

Owner

Daytime Phone #165-892-0982

Assessor’s Parcel Number

Submit this form along with required plans and other documents.

Parking Waiver Request, if necessary

Not located within a Residential Parking Zone (RPZ)

Located within a RPZ; parking waiver study included

Phone:

Name(s) of Tenant(s):Alice Long

Phone:

Phone:

Owner Occupancy Covenant, completed, notarized, recorded; original to DPD.

Date Unit was Created (to best of your knowledge):

Value of Construction Work Needed to Legalize Unit:

Copy of the Contractor’s Registration/Lien Law Form (completed)

Copy of Agent’s Authorization Letter from Owner (if agent)

Applicant’s Name

Date received

(PLEASE PRINT)

Applicant Signature

Date signed

Relationship of applicant: (circle one) owner, agent, architect, contractor, engineer

Receipt #

Date of receipt

For DPD Use Only (must be completed for units in single family zones)

Urban Village /

Urban Center

Application

Parking

Parking

Waiver Granted

# of Parking

Spaces Provided

Unit Square Footage

\_\_\_\_\_\_\_ Detached

(BYC)

Yes \_\_ No \_\_

Yes \_\_ No \_\_

Yes \_\_ No \_\_

\_\_\_\_\_\_\_\_\_\_\_ space

\_\_\_\_\_\_\_\_\_\_\_ space

\_\_\_\_\_\_\_ Attached

(ADU)

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