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

MQ0wCwYDVQQDEwRFdmFuMIGfMA0GCSqGSIb3DQEBAQUAA4GNADCBiQKBgQCnkt1r

eFpFaWnDkfgFplUVjPzZdWhhJoDODNxg3VX57whCEBAcCxRqSgoIZEJResd47i4M

Hhd1tKNGyHn7oiMROk/wDqyx1CMyqiVXzwiaUNSIc7aXJGqf+UPY/dsq93RC2OY2

8rT++uMLTzWgU+4mMdyHfY7HLoANMaHLJnOjZwIDAQABoCkwEgYJKoZIhvcNAQkC

MQUTA0lCTTATBgkqhkiG9w0BCQcxBhMEZXZhbjANBgkqhkiG9w0BAQQFAAOBgQAZ

qRpqyj4c6/WpT9Vuw3ryWXwcViHR1qQloyNyWj6SC5/xKS+TZEEtTZ5AhCe6Q4V7

2Dr/nkoZRzpHMv5mUtbbKYZZFr6nivk5pl8Bzhd6jZ4hithMN+VzjH42JwCz7Bp+

eR5ARlXmQsq13WmXirAIKuy1DaBW50iOekJJUnYLCg==

-----END CERTIFICATE REQUEST-----DISCHARGE OF MORTGAGE

THIS IS TO CERTIFY that a certain mortgage dated 10 0f April,2016

made by Alex Smith to John Smith

to secure payment of the sum $1000 , and interest, recorded or registered in the office of the County of United States and State of New Jersey, on 10 of April 2016

in Mortgage Book in Page

is Paid or otherwise Satisfied and Discharged and may be discharged of record.

In Witness Whereof, this discharge of Mortgage has been signed and sealed this 12 day of April,2016.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF New Jersey

COUNTY OF Bergen

SS:

I CERTIFY that on 20th of April,2016, John Smith

personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

(1) is named in and personally signed this document.

(2) signed, sealed and delivered this document as his or her act and deed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTARY PUBLIC

STATE OF New Jersey

COUNTY OF Bergen SS:

I certify that on 20th of April,2016, Alex Smith, personally came before me and this person acknowledged under oath, to my satisfaction, that:

(1) was the maker of the attached document;

(2) was authorized to and did execute this instrument as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the entity named in this instrument;

(3) executed this instrument as the act of the entity named in this instrument

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC