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

Path: cantaloupe.srv.cs.cmu.edu!das-news.harvard.edu!ogicse!uwm.edu!wupost!howland.reston.ans.net!gatech!pitt.edu!kxgst1

From: kxgst1@pitt.edu (Kenneth Gilbert)

Newsgroups: sci.med

Subject: Re: Can't Breathe

Message-ID: <7936@blue.cis.pitt.edu>

Date: 6 Apr 93 03:22:49 GMT

Article-I.D.: blue.7936

References: <1993Apr5.190639.5662@cnsvax.uwec.edu>

Sender: news+@pitt.edu

Lines: 23

X-Newsreader: TIN [version 1.1 PL8]

David Nye (nyeda@cnsvax.uwec.edu) wrote:

: [reply to ron.roth@rose.com (ron roth)]

:

: >While you're right that the S vertebrae are attached to each other,

: >the sacrum, to my knowledge, \*can\* be adjusted either directly, or

: >by applying pressure on the pubic bone...

:

: Ron, you're an endless source of misinformation! There ARE no sacral

: vertebrae. There is a bone called the sacrum at the end of the spine.

: It is a single, solid bone except in a few patients who have a

: lumbarized S1 as a normal variant. How do you adjust a solid bone,

: break it? No, don't tell me, I don't want to know.

:

Oh come now, surely you know he only meant to measure the flow of

electromagnetic energy about the sacrum and then adjust these flows

with a crystal of chromium applied to the right great toe. Don't

you know anything?

--

=-=-=-=-=-=-=-=-=-=-=-=-=-=-=-=-=-|-=-=-=-=-=-=-=-=-=-=-=-=-=-=-=-=-=-=-=

= Kenneth Gilbert \_\_|\_\_ University of Pittsburgh =

= General Internal Medicine | "...dammit, not a programmer! =

=-=-=-=-=-=-=-=-=-=-=-=-=-=-=-=-=-|-=-=-=-=-=-=-=-=-=-=-=-=-=-=-=-=-=-=-=

Wisconsin Division

of Safety and Buildings

Application No.

Wisconsin Uniform Building

Permit Application

Wisconsin Stats. 101.63, 101.73

Instructions on back of second ply. The information you provide may be

used by other government agency programs [(Privacy Law, s. 15.04 (1)(m)]

PERMIT REQUESTED

Constr.

HVAC

Electric

Owner’s Name

Mailing Address

Contractor Name & Type

Dwelling Contractor (Constr.)

Lic/Cert#

Plumbing

Parcel No.

Erosion Control

Other:

Tel.

Mailing Address

Dwelling Contr. Qualifier

Tel. & Fax

The Dwelling Contr. Qualifier shall be an owner,

CEO, COB or employee of the Dwelling Contr.

HVAC

Electrical

Plumbing

PROJECT

LOCATION

Lot area

Sq.ft.

One acre or more of

soil will be disturbed

Building Address

Town

Village

City of

County

Zoning District(s)

Subdivision Name

Zoning Permit No.

Setbacks:

Front

3. OCCUPANCY

Single Family

Two Family

Garage

Other:

Repair

Raze

Move

2. AREA INVOLVED (sq ft)

Unit 1

Unit 2

Total

4. CONST. TYPE

Site-Built

6. ELECTRIC

Entrance Panel

Amps: \_\_\_\_\_\_\_

Underground

Overhead

7.WALLS

Wood Frame

Steel

Mfd. per WI UDC

Mfd. per US

HUD

Unfin.

Bsmt

Living

Area

5. STORIES

1-Story

Garage

Deck/

Porch

Totals

9. HVAC EQUIP.

Furnace

Radiant Basebd

Heat Pump

Boiler

Central AC

Fireplace

Other:

ICF

Timber/Pole

Other:

Rear

Permanent

Other:

Other:

E/W

Block No.

Left

Right

ft.

ft.

12. ENERGY SOURCE

Fuel

Nat

LP

Gas

Space Htg

Water Htg

Oil

Elec

ft.

Solid

Solar

Geo

13. HEAT LOSS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BTU/HR Total Calculated

Envelope and Infiltration Losses (available from "Total

Building Heating Load" on Rescheck report)

Sanitary Permit#

8. USE

Seasonal

2-Story

10. SEWER

Municipal

N, R

Lot No.

ft.

1. PROJECT

New

Alteration

Addition

Other:

,T

\_\_\_\_\_ 1/4, \_\_\_\_\_\_ 1/4, of Section

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

11. WATER

14. EST. BUILDING COST w/o LAND

Municipal

Plus Basement

On-Site Well

$

I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this form; am subject to

any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above

information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater

management and the owner shall sign the statement on the back of the permit if not signing below. I expressly grant the building inspector, or the inspector's authorized agent,

permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling

Contractor Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply of this form.

APPLICANT (Print:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVAL CONDITIONS

ISSUING

JURISDICTION

Town of

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this

permit or other penalty.

See attached for conditions of approval.

Village of

City of

County of

State→

State-Contracted Inspection

Agency#:

Municipality Number of Dwelling Location

\_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_

FEES:

Plan Review

Inspection

Wis. Permit Seal

Other

$

$

$

$

Total

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERMIT(S) ISSUED

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

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

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

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

SBD-5823(R11/11) Distribute:

Construction

HVAC

Electrical

Plumbing

Erosion Control

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

Ply 1 – Issuing Jurisdiction;

WIS PERMIT SEAL #

PERMIT ISSUED BY:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_ Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cert No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ply 2- Issuer forwards to state w/in 30 days;

Ply 3- Inspector;

Ply 4- Applicant

?INSTRUCTIONS

The owner, builder or agents shall complete the application form down through the Signature of Applicant block and submit it and

building plans and specifications to the enforcing jurisdiction, which is usually your municipality or county. Permit application

data is used for statewide statistical gathering on new one- and two-family dwellings, as well as for local code administration.

Please type or use ink and press firmly with multi-ply form.

PERMIT REQUESTED

 Check off type of Permit Requested, such as structural, HVAC, Electrical or Plumbing.

 Fill in owner's current Mailing Address and Telephone Number.

 If the project will disturb one acre or more of soil, the project is subject to the additional erosion control and stormwater

provisions of ch. NR 151 of the WI Administrative Code. Checking this box will satisfy the related notification requirements

of ch. NR 216.

 Fill in Contractor and Contractor Qualifier Information. Per s. 101.654 (1) WI Stats., an individual taking out an erosion

control or construction permit shall enter his or her dwelling contractor certificate number, and name and certificate number

of the dwelling contractor qualifier employed by the contactor, unless they reside or will reside in the dwelling. Per s. 101.63

(7) Wis. Stats., the master plumber name and license number must be entered before issuing a plumbing permit.

PROJECT LOCATION

 Fill in Building Address (number and street or sufficient information so that the building inspector can locate the site.

 Local zoning, land use and flood plain requirements must be satisfied before a building permit can be issued. County

approval may be necessary.

 Fill in Zoning District, lot area and required building setbacks.

PROJECT DATA - Fill in all numbered project data blocks (1-14) with the required information. All data blocks must be filled in,

including the following:

2. Area (involved in project):

Basements - include unfinished area only

Living area - include any finished area including finished areas in basements

Two-family dwellings - include separate and total combined areas

3. Occupancy - Check only "Single-Family" or "Two-Family" if that is what is being worked on. In other words, do not check

either of these two blocks if only a new detached garage is being built, even if it serves a one or two family dwelling. Instead,

check "Garage" and number of stalls. If the project is a community based residential facility serving 3 to 8 residents, it is

considered a single-family dwelling.

9. HVAC Equipment - Check only the major source of heat, plus central air conditioning if present. Only check "Radiant

Baseboard" if there is no central source of heat.

10. Plumbing - A building permit cannot be issued until a sanitary permit has been issued for any new or affected existing private

onsite wastewater treatment system.

14. Estimated Cost - Include the total cost of construction, including materials and market rate labor, but not the cost of land or

landscaping.

SIGNATURE – The owner or the contractor’s authorized agent shall sign and date this application form. If you do not possess the

Dwelling Contractor certification, then you will need to check the owner-occupancy statement for any erosion control or

construction permits.

CONDITIONS OF APPROVAL - The authority having jurisdiction uses this section to state any conditions that must be complied

with pursuant to issuing the building permit.

ISSUING JURISDICTION: This must be completed by the authority having jurisdiction.

 Check off Jurisdiction Status, such as town, village, city, county or state and fill in Municipality Name

 Fill in State Inspection Agency number only if working under state inspection jurisdiction.

 Fill in Municipality Number of Dwelling Location

 Check off type of Permit Issued, such as construction, HVAC, electrical or plumbing.

 Fill in Wisconsin Uniform Permit Seal Number, if project is a new one- or two-family dwelling.

 Fill in Name and Inspector Certification Number of person reviewing building plans and date building permit issued.

INSPECTORS: PLEASE RETURN SECOND PLY WITHIN 30 DAYS AFTER ISSUANCE TO (You may fold

along the dashed lines and insert this form into a window envelope.):

Safety & Buildings Division

P O Box 2509

Madison, WI 53701-2509

?(Part of Ply 4 for Applicants)

Cautionary Statement to Owners Obtaining Building Permits

101.65(lr) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to

provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded

or insured as required under s. 101.654 (2) (a), the following consequences might occur:

(a) The owner may be held liable for any bodily inquiry to or death of others or for any damage to

the property of others that arises out of the work performed under the building permit or that is caused by

any negligence by the contractor that occurs in connection with the work performed under the building

permit.

(b) The owner may not be able to collect from the contractor damages for any loss sustained by

the owner because of a violation by the contractor of the one- and two- family dwelling code or an

ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the

property of others that arises out of the work performed under the building permit or because of any

bodily injury to or death of others or damage to the property of others that is caused by any negligence by

the contractor that occurs in connection with the work performed under the building permit.

Cautionary Statement to Contractors for Projects Involving Building Built Before 1978

If this project is in a dwelling or child-occupied facility, built before 1978, and disturbs 6 sq. ft. or more

of paint per room, 20 sq. ft. or more of exterior paint, or involves windows, then the requirements of ch.

DHS 163 requiring Lead-Safe Renovation Training and Certification apply. Call (608)261-6876 or go to

the Wisconsin Department of Health Services’ lead homepage for details of how to be in compliance

Wetlands Notice to Permit Applicants

You are responsible for complying with state and federal laws concerning the construction near or on

wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to

identify. Failure to comply may result in removal or modification of construction that violates the law or

other penalties or costs. For more information, visit the Department of Natural Resources wetlands

identification web page or contact a Department of Natural Resources service center.

Additional Responsibilities for Owners of Projects Disturbing One or More Acre of Soil

I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater

management and will comply with those standards.

Owner's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor Credential Requirements

All contractors shall possess an appropriate contractor credential issued by the Wisconsin Division of

Safety and Buildings. Contractors are also required to only subcontract with contractors that hold the

appropriate contractor credentials.

?