

# SCHIE TESTPATIENT

Male 05/01/1970

Contact:MRN:322222

Guardian:Next of Kin:

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## ENCOUNTERS

CLASS (ADMISSION TYPE)	STATUS	ASSOCIATED PROVIDERS	LOCATION	ENCOUNTER DATE	DATA SOURCE
20160928022938011897a (REFERRAL)		Attending: AMY SOLOMON		09/28/2016 - (No End Date)	Santa Cruz HIE

## RESULTS

Order Type: Clinical Documentation

Collected On: 09/28/2016 02:43 PM

STATUS	PLACER ORDER ID	FILLER ORDER ID	PROVIDERS ON ORDER
F		20160928022938011897a	

**REFERRAL** Reported On:**ORGANIZER NOTES:**

REFERRAL

PRIMARY INSURANCE COMPANY:

POLICY NUMBER:

GROUP NUMBER:

SUBSCRIBER NAME:

REFERRED FROM PROVIDER: AMY SOLOMON

REFERRED TO PROVIDER: AMY SOLOMON

PRIMARY CARE PROVIDER: MARK QUALITY

INITIAL REQUEST DATE: 2016-08-03

DIAGNOSIS:

W56.22 - STRUCK BY ORCA

V91.03 - BURN DUE TO OTHER POWERED WATERCRAFT ON FIRE

NUMBER OF VISITS: 1

SUPPORTING CLINICAL DOCUMENTATION:

\* I AM SENDING SUPPORTING DOCUMENTS VIA DIRECT MESSAGING.

REASON FOR REFERRAL/NOTES: DR. QUALITY,

PLEASE SEE MY PATIENT FOR ABRASIONS AND BURNS SUSTAINED DURING A RECENT VACATION. THE PATIENT MENTIONED THAT HE WAS ADMITTED TO THE HARBOVIEW HOSPITAL ED IN SEATTLE, WA THE DAY OF THE INCIDENT. THE PATIENT DID NOT HAVE ANY RECORDS FROM THAT VISIT AT THE TIME OF OUR CONSULTATION.

SINCERELY,

AMY SOLOMON

SIGNED BY SOLOMON, AMY ON WEDNESDAY AUGUST 3, 2016 14:43:58

**PERFORMING FACILITIES**[SANTA CRUZ HIE](#)