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# Physician's Order Report



Resident Intorn	nation				
Date of Birth (DOB):		111			
Physical Move In Date:			 	1400	
Community Name:	4.7				
Room #:	412	2	 		
Community Address:				i en	38,000
Medical Contac	t Information				
Physician:					
Chana #					- 23

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DATE OF B	IRTH:
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#### Medications

STARTICATO DATE	MEDICATION	SCHEDULEDOJE	MSTRUCTIONS	CIAGNOSIS
05.29.2024	Levothyroxine Sodium Oral Tablet 125 MCG	Daily 81 05:00AM / 1 TABS	One tablet orally @6A	hypothyroid
	EQUIVALENT TO Synthroid			
05.28.2024	Lidocakie external patch 4%	Dely at 09:00AM / 1 PATCH; 09:03PM / 1 PATCH	Apply One paich to R lower abdomen orally @9A remove @ 9P	pain
05.29.2024	Losartan Potassium Omi Tablet 25 MG	Dally at 08:00AM / 1 TABS	One tablet orally avery 9A	hypertension
05.28.2024	Magnasium Oxide Orel Tablet 400 MG	Daily at 09:00AM / 1 TASS; 09:00PM / 1 TASS	One toblet orally twice daily @8A+8P	суповендаточи
05.28.2024	Melatonin Orat Tablet 10 MG	Daily at C9:00PM / 1 TABS	One tablet orally daily @9P	alcep
06.29.2024	Multivitamin with minerals	Daily at 09:00AM / 1 TABS	One tablet orally daily @9A	supplement
05.29.2024	Omegq-3 CF Orel Capaula 1000 MG	Dely el 03.00 PM / 1 TABS	One capaule orally @3P	aupplement
05.29.2024	oxyCODONE HCI Ora) Tablet 5 MG	Daily et 02:00AM / 2 TABS; 10:00AM / 2 TABS; 06:00PM / 2 TABS	1WO Teblets (10 mg) orally @ 2A- 10A-BP	pain
05.28.2024	Pancrelipase-Lipase-professo- amylase capania cook-tacco anit	Daily et 09.00AM / 1 OAPC: 01:00PM / 1 CAPS; 06:00PM / 1 CAPS	one capsule orally three times dolly with modio 9-1-6	food digestion
05.29.2024	pradnisone Oral Tablet 1 MG	Deily at 09:00 AM / 2 TABS	TWO tablets orally delily @9A given with 5mg teb=7mg	polymyalpla
05.28.2024	predni8ONE Ora) Tablet 5 MG	Daily at 09:00AM / 1 TABS	One tablet orally @9A given with 2x1 mg= 7mg	polymyalgia meumatica
05.28.2024	Senne S Oral Tablet B.5-50 MG	Oally al 09:00AM / 1 TABS; 09:00PM / 1 TABS	One lability orally @9A+9P	bowel regimen

Physician	 Date:	-	_
Nurse	Date:		

THIS PATIENT REQUIRES SUPERVISION, ASSISTANCE. AND DIRECTION WITH ACTIVITIES OF DAILY LIVING, AN ASSISTED LIVING IS ADEQUATE FOR PATIENT NEEDS.

MAY USE FIRST AID ITEMS INCLUDING SALINE, BETADINE, AND ANTIBIOTIC OINTMENT WITH BANDAIDS, YELFA, OR DRY DRESSINGS DAILY AS NEEDED.

I HAVE READ AND UNDERSTAND THIS DOCUMENT, SIGNATURE INDICATES THAT THE PRESCRIPTIONS ARE GOOD FOR & MONTHS UNLESS OTHERWISE INDICATED OR MEDICATIONS ARE DISCONTINUED. MEDICATIONS NOT USED FOR 3 MONTHS MAY BE DISCONTINUED AT THE DIRECTION OF THE DIRECTOR OF NURSING.

#### Medications

STARTENO DATE	MEDICATION	CHECKETORS	DISTRUCTIONS	DIAGNOSIE
05.28.2024	Sodium Biosrbonate Oral Yablet 650 MG	Daily st 09:00AM / 1 TABS; 01:00PM / 1 TABS; 06:00PM / 1 TABS	One tablet 3 times daily @9A-1P-6P	antsold
05.26.2024	Sodium Chloride Oral Tablet 1 GM	Delly at 00:00AM / 1 TABS: 06:00PM / 1 TABS	One teblet orally twice daily @SA+6P	hyponetremia
05.28.2024	traZODone HCI Oral Tablet 50 MG	Daily at 09:00PM / 0.5 TABS	One HALF tablet prelly @9P	depression
05.29.2024	Vitamin 8 complex	Delly at 03:00PM / 1 TAS8	ans tablet orally @3P	supplement
05.29.2024 	Vitamin D3 Oraf Cepsule 50 MCG (2000 UT)	Daily et 08:00AM / 1 CAPS	one capsule orally delly @9A	d deficiency
05,28.2024	Atampza ER Oral Capsule ER 12 Hour Ábuss-Deterrent 8 MG	Daily st 06:00AM / 2 CAPS; 02:00PM / 2 CAPS; 10:00PM / 2 CAPS	TWO capsules orally avery 8 hours@8A-2P-10P	pain

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4	rea	w	121	เเซ

Nurse

No current treatme	nt orders available		
Physician		Date:	7

THIS PATIENT REQUIRES SUPERVISION, ASSISTANCE, AND DIRECTION WITH ACTIVITIES OF DAILY LIVING. AN ASSISTED LIVING IS ADEQUATE FOR PATIENT NEEDS.

MAY USE FIRST AID ITEMS INCLUDING SALINE, BETADINE, AND ANTIBIOTIC CINTMENT WITH BANDAIOS, TELFA, OR DRY DRESSINGS DAILY AS NEEDED.

I HAVE READ AND UNDERSTAND THIS DOCUMENT. SIGNATURE INDICATES THAT THE PRESCRIPTIONS ARE GOOD FOR & MONTHS UNLESS OTHERWISE INDICATED OR MEDICATIONS ARE DISCONTINUED. MEDICATIONS NOT USED FOR 3 MONTHS MAY BE DISCONTINUED AT THE DIRECTION OF THE DIRECTOR OF NURSING.

DATE OF BIRTH:			ROOM	<b>#</b> : 412	
PRNs					
STARTIEND DATE	PAN	DOSE	INSTRUCTIONS	DIAGNOBIE	
05.28.2024	Albuterol Sulfate HFA Inhelistion Aerosol Solution 108 (80 Base) MCG/ACT	2 PUFF	2 puffs inhaled every 6 hours as needed	Wheezing	
05.28.2024	Gas X oral Chawable 60mg	1 TABS	One tablet oratly every 4 hours as needed	gae pein	
05.28.2024	MiraLex Oral Packet 17 GM	1 PACKET	One packet dissolved in water daily as needed	constipation	
05.28.2024	Pink Blamuth Ord Suspension 262 MG/15ML	30 ML	Give 30 mil orally every 8 hours as needed	Indigestion	
Informational	3				
ORDER DATE	DROKE TYPS	NOTES		PRESCRIBER	
05.28.2024	Distary Orders	No conc	BM66	<u> </u>	
Physician				Dale:	<u>6/11/2</u> 4
Nurse				Date:	

THIS PATIENT REQUIRES SUPERVISION, ASSISTANCE, AND DIRECTION WITH ACTIVITIES OF DAILY LIVING. AN ASSISTED LIVING IS ADEQUATE FOR PATIENT NEEDS.

MAY USE FIRST AID ITEMS INCLUDING BALINE, BETADINE, AND ANTIBIOTIC OINTMINT WITH BANDAIDS, TELFA, OR DRY DREGSINGS DAILY AS NEEDED.

I HAVE READ AND UNDERSTAND THIS DOCUMENT, SIGNATURE INDICATES THAT THE PRESCRIPTIONS ARE GOOD FOR 6 MONTHS UNLESS OTHERWISE INDICATED OR MEDICATIONS ARE DISCONTINUED. MEDICATIONS NOT USED FOR 3 MONTHS MAY BE DISCONTINUED AT THE DIRECTION OF THE DIRECTOR OF NURSING. Physician's Order Report

06/11/2024

DATE OF BIRTH:

PHYSICAL MOVE IN DATE: May 28th, 2024

ROOM #:

412

**New Orders** 

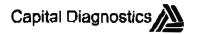
Increase Xtampza to 18mg & 8hours
discriting flooredine
Start dulonedine 30mg Pogd
(Sort to Ruxton Phermacy also)

	non 6/11/24
Physiolan	Date: 4/11/24

THIS PATIENT REQUIRES SUPERVISION, ASSISTANCE, AND DIRECTION WITH ACTIVITIES OF DAILY LIVING, AN ASSISTED LIVING 18 ADEQUATE FOR PATIENT NEEDS.

MAY USE FIRST AID ITEMS INCLUDING SALINE, BETADINE, AND ANTIBIOTIC CINTMENT WITH BANDAIDS, TELFA, OR DRY DRESSINGS DAILY AS NEEDED.

I HAVE READ AND UNDERSTAND THIS DOCUMENT. SIGNATURE INDICATES THAT THE PRESCRIPTIONS ARE GOOD FOR 8 MONTHS UNLESS OTHERWISE INDICATED OR MEDICATIONS ARE DISCONTINUED. MEDICATIONS NOT USED FOR 3 MONTHS MAY BE DISCONTINUED AT THE DIRECTION OF THE DIRECTOR OF NURSING.



### Hematology/Chemistry Report

#### Patient Information

Sample Information

Clinic Information

Name:

DOB:

Gender: Mele Apt/Building/Suite: 412 Regulation Specimen ID: Client: Site:

Copege Manor Assisted Living College Marior Assisted Living

Type:

Whole Blood

Physician: Analyst:

Coffected:

Received: Reported:

Analyte	Result	MOU	riag ilmsebs	Reference Range
CBC with Differential/Plateles				
White Blood Cell Count (WBC)	6.25	10^3/uL		4,5 - 10.37
Red Blood Cell count (RBC)	4 05	10 <b>^9/</b> uL		3.91 - 5.62
Hamoglobin (HGB)	12.00	g#dL		12 - 16.9
Hemetocrit (HCT)	37.50	%		38.2 - 48.0
Mean Corpuscular Volume (MCV)	92.50	î_		80.0 - 97.7
Mean Corpusoular Hamoglobin (MCH)	31.00	pg		26.0 - 33.8
Mean Corpuscular Hemoglobin Concentration (MCHC)	33.60	g/dL		31,1 - 35.5
Red Blood Calls Distribution Width (ROWcv)	14.10	%		12.0 - 16.0
Platelet Count (PLT)	152.00	10^3/uL		150 - 400
Mean Platelet Volume (MPV)	6.90	£.		0.1 • 14.1
Absolute Neutrophii (NEU)	4.19	10^3/նL		2.43 - 7.42
Absolute Lymphocyte (LYM)	1,23	10^3/սև		1,08 - 8.17
Absolute Monocyte (MON)	0.82	10^3/uL		0.20 - 0.91
Absolute Eostnophil (EOS)	0.76	10^3/1±		0.01 - 0.53
Absolute Besophill (BAS)	0.04	10^3/JL		0.01 - 0.13
Neutraphit (NEU%)	67.10	%		42.90 ~ 78.10
Lymphocyte (LYM%)	19.70	%		14.76 - 45.40
Monocyte (MON%)	9,90	%		2.91 - 12.1
Ecencohii (EC9%)	೭೮	70		÷ •
8880pm (HAS%)	V./ U	74		0 4.6



## Final Report

14201 Park Center Dr. Suite 407 Laurel, MD 20707 Ph: (301) 498 0340 Fax; (301) 542 0045

## Hematology/Chemistry Report

Patient information

Sample Information

Reported:

Serum

Clinic Information

Name:

DOB:

Regulation

Client:

College Martor Assisted Living

Gender: Male

Specimen ID: Туре:

Site:

College Manor Assisted Living

Apt/Bullding/Sulta:

Collected: Received: Physician:

Analyte	Result	UOM	Flag	Reference Range
Comprehensive Matabolic Panel				
Alanine Transaminase (ALT)	22.00	U/L		4-45
Albumin	3.13	g <b>/</b> dL	Low	3.4 - 5.0
Albumin-Globuan (A/G) Ratio	1,10	ratio		1.1 - 2.5
Allalina Chaggadanna (A1 13)	71 90	U/L		46-116
(TEA) azarolenari sisteman	46.00	UÆ	High	8-37
BUN (Blood Ures Nitrogen)	14,40	rng/dL		7-18
BUN/Creataine Ratio	29.40	ratio	High	6 · <b>2</b> 0
Çalolum	6.70	mg/dL		8.5 - 10.1
Calculated Anion Gap	16.50	mg/dL	High	5 -16
Carbon Dioxide (CD2)	26.13	amalt.		21-32
Chlorida	98.00	mmol/L		98 -107
Globulin	2.83	g/dL		2 - 3.9
Clucose .	59.80	mg/dL		74-105
Osmolefity (Blood)	274.00	mQam/kg	Low	275 - <b>2</b> 95
Polaccium	4.60	mmel/L		3.5.5.1
Sedium	137.00	mmoi/L		136 -145
Total Bilirubin	0.8	mg/dL		< 1.0
Total Protein	5.90	g/dL	Low	64-8.2
Creatining, Senim	0.49	(I)g/dL	Low	0.8-1.3
<b>△GFR</b>	89	mL/min/1.73mE2		> 59

Analyte	Result	now	Flag	Reference Range
TSH (Thyroid Stimulating Hormone)	1/2000			
_TSH (Thyrold Samulating Hormone)	1.25	ulUkmL	_	0.34 - 4.82

# Physician's Order Report



Resident Information
Date of Birth (DOB):
Physical Move In Date:
Community Name:
Room #:
Community Address:
Medical Contact Information
Physician:
Phone #:
Δrickson-
Emell
Diagnosis
Metastatic prostate cancer to femoral neck, Left lateral foot wound, , duodenal ulcer, Afib, DM Type 2 but no meds, GERD, acquired absence of one left toe, R hip pain, CHF, hyponatremia, polymyalgia rheumatica, difficulty walking, major depressive disorder, moderate anxiety disorder
Allergies
Amiodarone