CASE 1

Case 01

ALFRED STATE MEDICAL CENTER
100 MAIN ST, ALFRED NY 14802
(607) 555-1234
HOSPITAL #: 000999

INPATIENT FACE SHEET

PATIENT NAME AND ADDRESS	GENDER	RACE	MARITAL STATUS	PATIENT NO.
DENNIS, Marsha 344 Maple Avenue Alfred, NY 14802	F	W	M	Case01
	DATE OF BIRTH		MAIDEN NAME	OCCUPATION
	02/09/YYYY		Taylor	Unemployed

ADMISSION DATE	TIME	DISCHARGE DATE	TIME	LENGTH OF STAY	TELEPHONE NUMBER
04/27/YYYY	0800	04/29/YYYY	1335	02 DAYS	(607)555-7771

GUARANTOR NAME AND ADDRESS	NEXT OF KIN NAME AND ADDRESS
DENNIS, Dennis 344 Maple Avenue Alfred, NY 14802	DENNIS, Dennis 344 Maple Avenue Alfred, NY 14802

GUARANTOR TELEPHONE NO.	RELATIONSHIP TO PATIENT	NEXT OF KIN TELEPHONE NUMBER	RELATIONSHIP TO PATIENT
(607)555-7771	Husband	(607)555-7771	Husband

ADMITTING PHYSICIAN	SERVICE	ADMIT TYPE	ROOM NUMBER/BED
Donald Thompson, MD	Surgical	3	0603/01

ATTENDING PHYSICIAN	ATTENDING PHYSICIAN UPIN	ADMITTING DIAGNOSIS
Donald Thompson, MD	100B01	Abnormal Pap Smear

PRIMARY INSURER	POLICY AND GROUP NUMBER	SECONDARY INSURER	POLICY AND GROUP NUMBER
BC/BS of WNY	6350088		

DIAGNOSES AND PROCEDURES	ICD-9-CM	ICD-10-CM/PCS
PRINCIPAL DIAGNOSIS		
Acute and chronic cervicitis with squamous metaplasia	616.0	N72 N87.1
SECONDARY DIAGNOSES		
PRINCIPAL PROCEDURE		
D&C	69.09	0UDB7ZZ
SECONDARY PROCEDURE(S)		
Cold Cone	67.2	0UBC7ZZ
TOTAL CHARGES: $ 4,954.40		

DISCHARGE INSTRUCTIONS

ACTIVITY: ☐ Bedrest ☐ Light ☐ Usual ☐ Unlimited ☐ Other:

DIET: ☐ Regular ☐ Low Cholesterol ☐ Low Salt ☐ ADA ☐ Calorie

FOLLOW-UP: ☐ Call for appointment ☐ Office appointment on _____ ☐ Other:

SPECIAL INSTRUCTIONS

ATTENDING PHYSICIAN AUTHENTICATION

DENNIS, Marsha
Case 01
Dr. Thompson

Admission: 04-27-YYYY
DOB: 02/09/YYYY
Room: 0603

CONSENT TO ADMISSION

I, *Marsha Dennis* hereby consent to admission to the Alfred State Medical Center (ASMC), and I further consent to such routine hospital care, diagnostic procedures, and medical treatment that the medical and professional staff of ASMC may deem necessary or advisable. I authorize the use of medical information obtained about me as specified above and the disclosure of such information to my referring physician(s). This form has been fully explained to me, and I understand its contents. I further understand that no guarantees have been made to me as to the results of treatments or examinations done at the ASMC.

Marsha Dennis — *4-27-YYYY*
Signature of Patient — Date

Signature of Parent/Legal Guardian for Minor — Date

Relationship to Minor

Mary M Adams — 4-27-YYYY
WITNESS: Alfred State Medical Center Staff Member — Date

CONSENT TO RELEASE INFORMATION FOR REIMBURSEMENT PURPOSES

In order to permit reimbursement, upon request, the Alfred State Medical Center (ASMC) may disclose such treatment information pertaining to my hospitalization to any corporation, organization, or agent thereof, which is, or may be liable under contract to the ASMC or to me, or to any of my family members or other person, for payment of all or part of the ASMC's charges for services rendered to me (e.g., the patient's health insurance carrier). I understand that the purpose of any release of information is to facilitate reimbursement for services rendered. In addition, in the event that my health insurance program includes utilization review of services provided during this admission, I authorize ASMC to release information as is necessary to permit the review. This authorization will expire once the reimbursement for services rendered is complete.

Marsha Dennis — *4-27-YYYY*
Signature of Patient — Date

Signature of Parent/Legal Guardian for Minor — Date

Relationship to Minor

Mary M Adams — 4-27-YYYY
WITNESS: Alfred State Medical Center Staff Member — Date

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607) 555-1234

DENNIS, Marsha
Case01
Dr. Thompson

Admission: 04-27-YYYY
DOB: 02/09/YYYY
Room: 0603

ADVANCE DIRECTIVE

Your answers to the following questions will assist your Physician and the Hospital to respect your wishes regarding your medical care. This information will become a part of your medical record.

	YES	NO	PATIENT'S INITIALS
1. Have you been provided with a copy of the information called "Patient Rights Regarding Health Care Decision?"	X		*MD*
2. Have you prepared a "Living Will?" If yes, please provide the Hospital with a copy for your medical record.		X	*MD*
3. Have you prepared a Durable Power of Attorney for Health Care? If yes, please provide the Hospital with a copy for your medical record.		X	*MD*
4. Have you provided this facility with an Advance Directive on a prior admission and is it still in effect? If yes, Admitting Office to contact Medical Records to obtain a copy for the medical record.		X	*MD*
5. Do you desire to execute a Living Will/Durable Power of Attorney? If yes, refer to in order: a. Physician b. Social Service c. Volunteer Service		X	*MD*

HOSPITAL STAFF DIRECTIONS: Check when each step is completed.

1. ✓ Verify the above questions where answered and actions taken where required.
2. ✓ If the "Patient Rights" information was provided to someone other than the patient, state reason:

Name of Individual Receiving Information — Relationship to Patient

3. ✓ If information was provided in a language other than English, specify language and method.
4. ✓ Verify patient was advised on how to obtain additional information on Advance Directives.
5. ✓ Verify the Patient/Family Member/Legal Representative was asked to provide the Hospital with a copy of the Advance Directive which will be retained in the medical record.

File this form in the medical record and give a copy to the patient.

Name of Patient (Name of Individual giving information if different from Patient)

Marsha Dennis	*April 27, YYYY*
Signature of Patient	Date
Mary A. Adams	*April 27, YYYY*
Signature of Hospital Representative	Date

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST., ALFRED, NY 14802 ■ (607) 555-1234

DENNIS, Marsha
Case01
Dr. Thompson

Admission: 04-27-YYYY
DOB: 02/09/YYYY
Room: 0603

PROGRESS NOTES

Date	(Please skip one line between days)
04-27-YYYY	Pre-Anes: Patient cleared for general anesthesia. D. Galloway, MD
1328	
04-27-YYYY	Post-Anes: No apparent anesthesia complications. No N + V. Awake.
1430	Satisfactory condition.
04-[illegible]-YYYY	Under general anesthesia D&C and cone were done without
1700	anesthetic or operative complications. Patient has vaginal packing and
	[illegible] & Foley catheter. D. Thompson, MD
04-[illegible]-YYYY	Patient is doing fine. Packing & Foley in until tomorrow. Plan
0800	discharge tomorrow. Incidentally, DRG note says discharge is
	anticipated for today. During precertification it was necessary for
	me to get doctor approval which I did for surgery the day of
	admission, one day in hospital the day after surgery, and discharge
	the following day, which is the plan.
04-[illegible]-YYYY	Packing & Foley out. May go home today. Shall call with Path
1000	report.

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DENNIS, Marsha
Case01
Dr. Thompson

Admission: 04-27-YYYY
DOB: 02/09/YYYY
Room: 0603

DOCTORS ORDERS

Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
4/22/YYYY	0830	1. For AM admit 04 -27-YYYY
		2. Pre Cert * 139-129-62143
		3. Urinalysis
		4. Urine preg test
		5. Chest x-ray done 04-22-YYYY
		6. EKG done
		7. NPO after MN 04-26-YYYY
		Donald Thompson
04-27-YYYY	0830	Admit to Surgical Unit. N.P.O. Perineal shave prep
		Start IV @ 75 %gluc. in Ringers Lactate @ 125 MU/hr
		Premed by Anesthesia
		To O.R. about 1000 AM. for d & C and Cone
		T.O. Dr. Thompson/L. Mosher LPN Donald Thompson
04-27-YYYY	1515	Diet as tol.
		Bed rest today. Up tomorrow.
		Tylenol w/ cod. PRN.
		Connect foley to straight drainage.
		Discharge from RR @ 1455
		Donald Thompson
04-27-YYYY	1525	DC IV when finished
04-29-YYYY	1335	DC Foley. Discharge home.
		Donald Thompson

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST. ALFRED, NY 14802 ■ (607)555-1234

DENNIS, Marsha Admission: 04-27-YYYY
Case01 DOB: 02/09/YYYY
Dr Thompson Room: 0603

Consent for Operation(s) and/or Procedure(s) and Anesthesia

PERMISSION. I hereby authorize Dr. Thompson or associates of his/her choice at the Alfred State Medical Center (the "Hospital") to perform upon Marsha Dennis the following operation(s) and/or procedure(s): Remove conical section of cervix & D&C including such photography, videotaping, televising or other observation of the operation(s)/procedure(s) as may be purposeful for the advance of medical knowledge and/or education, with the understanding that the patient's identity will remain anonymous.

EXPLANATION OF PROCEDURE, RISKS, BENEFITS, ALTERNATIVES. Dr. Thompson has fully explained to me the nature and purposes of the operation(s)/procedures named above and has also informed me of expected benefits and complications, attendant discomforts and risks that may arise, as well as possible alternatives to the proposed treatment. I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

UNFORESEEN CONDITIONS. I understand that during the course of the operation(s) or procedure(s), unforeseen conditions may arise which necessitate procedures in addition to or different from those contemplated. I, therefore, consent to the performance of additional operations and procedures which the above-named physician or his/her associates or assistants may consider necessary.

ANESTHESIA. I further consent to the administration of such anesthesia as may be considered necessary by the above-named physician or his/her associates or assistants. I recognize that there are always risks to life and health associated with anesthesia. Such risks have been fully explained to me and I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

SPECIMENS. Any organs or tissues surgically removed may be examined and retained by the Hospital for medical, scientific or educational purposes and such tissues or parts may be disposed of in accordance with accustomed practice and applicable State laws and/or regulations.

NO GUARANTEES. I acknowledge that no guarantees or assurances have been made to me concerning the operation(s) or procedure(s) described above.

MEDICAL DEVICE TRACKING. I hereby authorize the release of my Social Security number to the manufacturer of the medical device(s) I receive, if applicable, in accordance with federal law and regulations which may be used to help locate me if a need arises with regard to this medical device. I release the Alfred State Medical Center from any liability that might result from the release of this information."

UNDERSTANDING OF THIS FORM. I confirm that I have read this form, fully understand its contents, and that all blank spaces above have been completed prior to my signing. I have crossed out any paragraphs above that do not pertain to me.

Patient/Relative/Guardian* Marsha Dennis (Signature) Marsha Dennis (Print Name)

Relationship, if other than patient signed:

Witness: William Preston (Signature) William Preston (Print Name)

Date: 4/27/YYYY

*The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is otherwise incompetent to sign.

PHYSICIAN'S CERTIFICATION. I hereby certify that I have explained the nature, purpose, benefits, risks of and alternatives to the operation(s)/procedure(s), have offered to answer any questions and have fully answered all such questions. I believe that the patient (relative/guardian) fully understands what I have explained and answered.

PHYSICIAN Donald Thompson, MD (Signature) 4/27/YYYY (Date)

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607)555-1234

DENNIS, Marsha
Case01
Dr. Thompson

Admission: 04-27-YYYY
DOB: 02/09/YYYY
Room: 0603

ANESTHESIA RECORD

			Start	Stop
PROCEDURE(S):	D&C. Cold cone.	Anesthesia	1322	1415
SURGEON(S):	Thompson	Procedure	1325	1340
DATE OF SURGERY	4/27/YYYY	Room Time	In 1300	Out 1420

PRE-PROCEDURE | MONITORS/EQUIPMENT | ANESTHETIC TECHNIQUES | AIRWAY MANAGEMENT

TIME: 15 30 45 15 30 45 15 30 45 15 30 45 15 30 45

AGENTS: Air (L/min); Oxygen (L/min); N_2O (L/min)

FLUIDS: Urine; EBL; Gastric

MONITORS: ECG; % Oxygen Inspired (FiO_2); End Tidal CO_2; Temp: □C □F; BP Monitor

PERI-OP MEDS

VENT: Tidal Volume (ml); Respiratory Rate; Peak Pressure ($cm H_2O$); □ PEEP □ CPAP ($cm H_2O$)

TOTALS

SYMBOLS
▼▲ BP cuff pressure
Arterial line pressure
× Mean arterial pressure
● Pulse
○ Spontaneous Respirations
⊘ Assisted Respirations
T Tourniquet

Time of Delivery:
Gender: □M □F
Apgars: ___ : ___

Position: Lithotomy

Mask. G32 Nasal airway, rt nostril. G20 Oral tubing.
Intake D5LR 1000. Total 650 cc. G18 ga. left.

Surgeon	Thompson
Assistant	
Scrub Nurse	Mary Marks, RN
Circulating Nurse	[illegible]
Signature of Anesthesiologist or C.R.N.A.	Don Galloway, M.D.

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DENNIS, Marsha
Case01
Dr. Thompson

Admission: 04-27-YYYY
DOB: 02/09/YYYY
Room: 0603

PRE-ANESTHESIA AND POST-ANESTHESIA RECORD

PRE-ANESTHESIA EVALUATION

History taken from: ☑ Patient ☐ Parent/Guardian ☐ Significant Other ☑ Chart ☐ Poor Historian ☐ Language Barrier

Proposed Procedure: D&C. Cold cone. | Date of Surgery: 4/27/YYYY

Age	Gender	Height	Weight	Blood Pressure	Pulse	Respirations	Temperature	O2 Sat%
54	☐ Male ☑ Female	5'5"	145	130/80	75	22	98.6	96

Previous Anesthesia: ☑ None

Previous Surgery: ☑ None

Current Medications: ☑ None

Family Hx Anes Problems: ☑ None

Allergies: ☑ None

Airway: ☐ MP1 ☐ MP2 ☐ MP3 ☐ MP4 ☐ Unrestricted neck ROM ☐ T-M distance < ____

(Enter X in appropriate boxes): ☐ Obesity ☐ ↓ neck ROM ☐ History of difficult airway ☐ Short muscular neck ☐ Teeth poor repair ☐ Teeth chipped/loose ☐ Edentulous ☐ Facial hair

Body System	Comments
Respiratory	☑ WNL — Tobacco Use: ☐ Yes ☑ No ☐ Quit ____ Packs/Day for ____ Years
Cardiovascular	☑ WNL — Pre-procedure Cardiac Assessment
Gastrointestinal	☑ WNL — Etharol Use: ☐ Yes ☑ No ☐ Quit Frequency ____ ☐ History of Etharol abuse. Abnormal pap smear
Musculoskeletal	☑ WNL
Genitourinary	☐ WNL
Other	☐ WNL — ASA risk classification I
Pregnancy	☐ WNL ☐ AROM ☐ SROM ☐ Pitocin Drip ☐ Induction ☐ MgDrip EDC: ____ Weeks Gestation: ____ G: ____ P: ____

Diagnostic Studies

ECG:
Chest X-ray: Negative
Pulmonary Studies:

Laboratory Studies

PT/PTT/INR:
T&S / T&C:
hCG: 132
UA:

Other Diagnostic Tests

H+P 3/4

Planned Anesthesia/Monitors

IVs: IMO2: O2: Temp:
O2 Sat: BP monitor

Pre-Anesthesia Medication

Signature of Anesthesiologist or C.R.N.A.:
Dan Galloway, M.D.

POST-ANESTHESIA EVALUATION

Location	Time	B/P	O2 Sat	Pulse	Respirations	Temperature
Recov.	1430	110/70	96	90	14	98.6

☑ Awake ☐ Mask O2 ☐ Somnolent ☐ Unarousable ☐ Obstructed airway
☑ Stable ☐ NC O2 ☐ Unstable ☐ T-Piece ☐ Intubated ☐ Ventilator
☐ Regional – dermatome level: ____ ☐ Continuous epidural analgesia
☐ Direct admit to hospital room ☑ No anesthesia related complications noted
☐ See progress notes for anesthesia related concerns ☑ Satisfactory postanesthesia/regional analgesia recovery

Controlled Medications

Medication	Used	Destroyed	Returned

Signature of Anesthesiologist or C.R.N.A.:
Dan Galloway, M.D.

Alfred State Medical Center ■ 100 Main St., Alfred, NY 14802 ■ (607) 555-1234

DENNIS, Marsha Admission: 04-27-YYYY
Case01 DOB: 02/09/YYYY
Dr. Thompson Room: 0603

OPERATIVE REPORT

DATE OF SURGERY: 4-27-YYYY

PREOPERATIVE DIAGNOSIS: Abnormal Papanicolaou smear

POSTOPERATIVE DIAGNOSIS: Squamous dysplasia
Acute and chronic cervicitis with squamous metaplasia

OPERATION PERFORMED: Dilatation and curettage and conization

SURGEON: Dr. Thompson

ANESTHETIC: General

COMPLICATIONS: None

OPERATIVE NOTE: The patient was anesthetized, placed in lithotomy position and prepped and draped in the usual manner for vaginal surgery. The cervix was painted with Schiller's stain delineating the iodine negative Schiller positive area. The cervix was then grasped with a single toothed tenaculum at 3 and 9 o'clock outside of the unstained area of the cervix and an area of excisional cone biopsy was done in such a way as to incl 1.rle all the iodine negative areas. The conization specimen was labeled with suture at 12 o'clock and sent to Pathology in saline for processing. The uterine cavity was then sounded to a depth of 4+ inches and the endometrial cavity curetted with a sharp curette. A very scanty amount of endometrium was obtained and sent to Pathology as specimen #2. Oxycel pack was then placed in the defect left by the cone and because of the size of the cone it was necessary to close the angles with interrupted sutures of 1 chromic catgut. A vaginal packing was placed in the vagina to hold the Oxycel pack. A Foley catheter was placed in the bladder. There was no significant bleeding. The patient withstood the procedure well and was returned to the Recovery Room in good condition. No anesthetic or operative complications.

DD: 04-28-YYYY
DT: 04-29-YYYY

Donald Thompson, MD
Donald Thompson, M.D.

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST., ALFRED, NY 14802 ■ (607) 555-1234

DENNIS, Marsha Admission: 04-27-YYYY
Case01 DOB: 02/09/YYYY
Dr. Thompson Room: 0603

PATHOLOGY REPORT

Date of Surgery: 4/27/YYYY

OPERATION: Cold cone cervix. D&C.

SPECIMEN: #1. Cone cervix suture @ 1200
#2. Uterus curettements

GROSS

Number one consists of a cervical cone which measures 3.4 cm in diameter x 2.5 cm in greatest thickness. The mucosal surface is reddened and slightly irregular noted especially involving the inferior portion of the mucosa. The specimen is cut into thin parallel sections and entirely submitted as indicated on the diagram below labeled as "A," "B," "C," and "D." A portion of suture is attached to the specimen which is designated as "1200." Number two submitted as "uterine curettings" consists of approximately .5 grams of fragmented pink-tan and purple-tan tissue which is entirely submitted as "E."

MICROSCOPIC

Sections "A," "B," "C," and "D" are all similar showing portions of cervix including the squamocolumnar junction. There is acute and chronic cervicitis and focal squamous metaplasia of the endocervix including squamous metaplasia effecting some endocervical glands. In the region of the squamocolumnar junction, the squamous epithelium shows some cells with enlarged hyperchromatic nuclei and there is a mild decrease in maturation with some mild disorganization. In some regions, the upper levels or even the entire epithelium is absent. This seems to extend out on the ectocervical side of the squamocolumnar junction and is not obviously in the margin, however, in some regions the margins are incomplete. Multiple levels are examined. The dysplasia is most advanced in the sections labeled "C." Section "E" shows fragments of endometrium containing convoluted nonsecretory glands. The stroma consists of spindle- and polygonal-type cells.

DIAGNOSIS

#1. "CONE CERVIX:" MILD TO MODERATE SQUAMOUS DYSPLASIA. ACUTE AND CHRONIC CERVICITIS WITH SQUAMOUS METAPLASIA.

#2."UTERINE CURETTEMENTS:" FRAGMENTS OF NONSECRETORY PHASE ENDOMETRIUM.

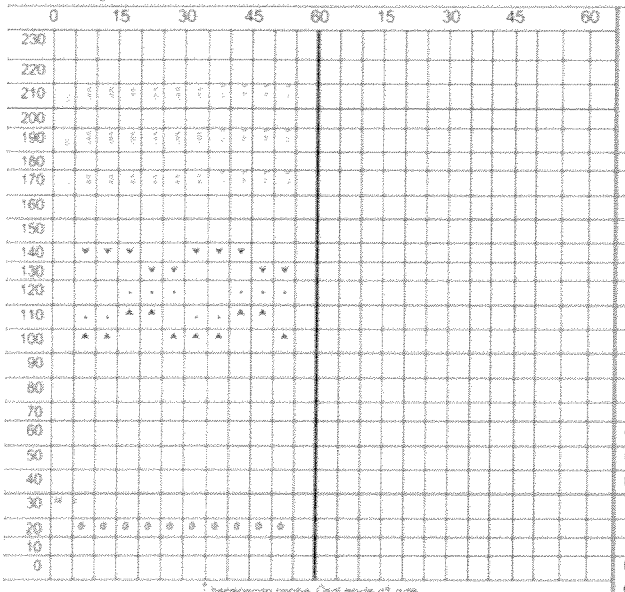
DD: 04-29-YYYY
DT: 04-30-YYYY

Albert Gardner, M.D.
Albert Gardner, M.D.

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST. ALFRED, NY 14802 ■ (607)555-1234

DENNIS, Marsha Admission: 04-27-YYYY
Case01 DOB: 02/09/YYYY
Dr. Thompson Room: 0603

RECOVERY ROOM RECORD



DATE: 4/27/YYYY TIME: 1430
OPERATION: D&C. Cold cone.
ANESTHESIA: General
AIRWAY: N/A
O_2 USED: ☒ YES ☐ NO
ROUTE: Mask @ 6L/min.

TIME	MEDICATIONS	SITE

INTAKE	AMOUNT
300 D5L R Left hand	
D/ w/a w/o redness or edema	
250 D5L R on discharge	
TOTAL	50 cc

OUTPUT	AMOUNT
CATHETER Clear light yellow	10 cc
LEVINE N/A	
HEMOVAC N/A	
TOTAL	10 cc

DISCHARGE STATUS
ROOM: 0603 TIME: 1455
CONDITION: Satisfactory
TRANSFERRED BY Stretcher
R.R. NURSE: Sally James, RN

PREOP VISIT:

POSTOP VISIT: Report given to Dr Galloway at 1500 by S. James, RN

POSTANESTHESIA RECOVERY SCORE		Admit	30 min	1 hr	2 hr	Disch
Moves 4 extremities voluntarily or on command (2) Moves 2 extremities voluntarily or on command (1) Moves 0 extremities voluntarily or on command (0)	Activity	2	2	2	2	2
Able to deep breathe and cough freely (2) Dyspnea or limited breathing (1) Apneic (0)	Respiration	2	2	2	2	2
BP ± 20% of preanesthetic level BP ± 20%-50% of preanesthetic level BP ± 50% of preanesthetic level	Circulation	2	2	2	2	2
Fully awake (2) Not awake but rousing (1) Not responding (0)	Consciousness	2	2	2	2	2
Pink (2) Pale, dusky, blotchy, jaundiced, other (1) Cyanotic (0)	Color	2	2	2	2	2

COMMENTS & OBSERVATIONS:
Dinoprost BP monitor R arm q5min.
Pt awake on arrival to RR with respirations deep, easy and regular.
2" vaginal packing in place as reported by circulating nurse.
Foley draining small amount yellow urine.

Mary Crawford, RN
SIGNATURE OF RECOVERY ROOM NURSE

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DENNIS, Marsha Admission 04-27-YYYY
Case01 DOB 02/09/YYYY
Dr Thompson Room 0603

LABORATORY DATA

SPECIMEN COLLECTED: 04-22-YYYY SPECIMEN RECEIVED: 04-22-YYYY

TEST	RESULT	FLAG	REFERENCE
URINALYSIS			
DIPSTICK ONLY			
COLOR	CLOUDY YELLOW		
SP GRAVITY	1.025		≤ 1.030
GLUCOSE	110		≤ 125 mg/dl
BILIRUBIN	NEG		≤ 0.8 mg/dl
KETONE	TRACE		≤ 10 mg/dl
BLOOD	0.03		0.06 mg/dl hgb
PH	5.0		5-8.0
PROTEIN	NORMAL		≤ 30 mg/dl
UROBILINOGEN	NORMAL		≤ 1 mg/dl
NITRITES	NEG		NEG
LEUKOCYTE	NEG		≤ 15 WBC/hpf
W.B.C.	5-10		≤ 5/hpf
R.B.C.	RARE		≤ 5/hpf
BACT.	4f		1+(≤ 20/hpf)
URINE PREGNANCY TEST			
	NEG		

End of Report

ALLEGHENY MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607) 555-1234

DENNIS, Marsha Admission: 04-27-YYYY
Case01 DOB 02/09/YYYY
Dr. Thompson Room 0603

RADIOLOGY REPORT

Date Requested: 04-22-YYYY
Pre-op: 04-27-YYYY

CHEST: PA and lateral views show that the heart, lungs, thorax, and mediastinum are normal.

DD: 04-22-YYYY

Philip Rogers

DT: 04-22-YYYY

Philip Rogers, M.D., Radiologist

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607) 555-1234

DENNIS, Marsha Admission: 04-27-YYYY

Case 01 DOB: 02/09/YYYY

Dr. Thompson Room: 0603

EKG REPORT

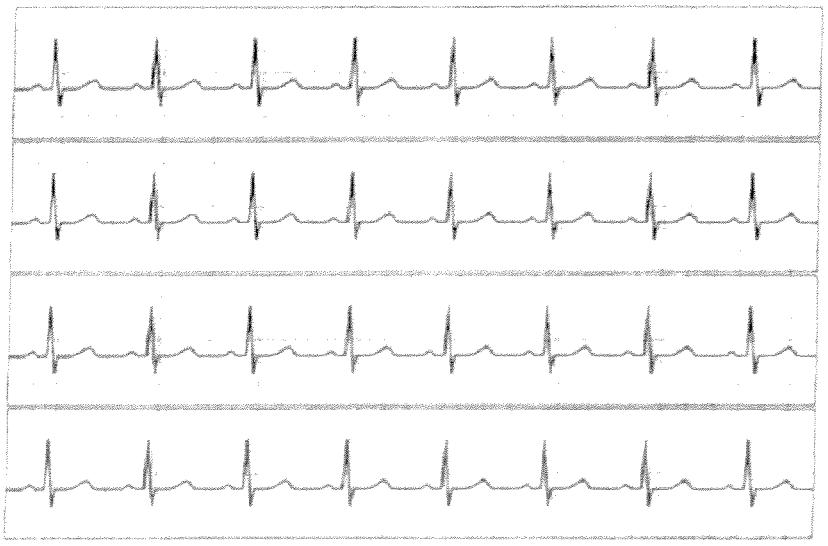
Date of EKG: 04-27-YYYY Time of EKG: 1056:30

Rate	66
PR	184
QRSD	60
QT	363
QTC	380
-- Axis --	
P	76
QRS	79
T	71

Normal

Bella Kaplan

Bella Kaplan, M.D.



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