HIPAA Privacy Rule Requirements applies to this document!

PAROCHIAL MEDICAL CENTER * 1065 WEST MAIN STREET * NEW HOLLAND PA 17557
PHONE: 717.556.0702 * FAX: 717.556.0799

DATE 6/7/08 TIME 9:00 am / pm

DR. VO PC JW LAB

Name Harper Ronald P. Jr.

DOB 12/29/63

Address

Phone ( ) -

LABS

CBC / CMP / ESR
EBV-VCA Panel
One touch / Hgb A1C
LFT's / Bun / Crea.
Lipid Panel (incl. LDL)
Lithium
Lyme IgG / IgM – reflex
PAP / Thin Prep / ASCUS
Pathology x ___ -reflex
PT / INR
PSA
Rheumatoid Panel
Stool--Occult Blood # 1 #3
TSH / FT4
Urinalysis / Micro
Urine Culture – reflex
Other
Other
Other

PROCEDURES

Casting: Long / Short
Upper / Lower Ext.
Ear Lavage R L
Eye Exam / FB Removal
EKG / Holter Monitor
Fracture Reduction
Joint aspiration/ Injection
Prolotherapy
Splinting
Tendon / Trigger Point Inj.

Other

SURGERY

Biopsy-punch (See Path.)
Destruction / Skin Lesion
Excision, Face / Body
I & D single / multiple
Segmental Nail Resection
Lac. Of

___ cm Simple
___ cm Intermediate
___ cm Complex

Surgical Kit

DIAGNOSIS

Tinnitus 2° to head injury

TREATMENT

Nebulizer: Office- initial
subsequent x ___

Oxygen: Office / Home

OFFICE SERVICES

New Patient

Visit—Nurse
Visit—Basic
Visit—Intermediate 99
Visit—Advanced

Acute / Observation

Home Visit
___Mile @ ___

IMMUNIZATIONS

Td / Hypertet
DtaP / IPV / Hep B
HIB / MMR / Varivax
Fluvax / Pneumovax
PPD

Other

RADIOLOGY

Chest x-ray (PA & Lat)
Clavicle / Shoulder / Elbow
Femur / Leg / Foot
Hip / Knee / Ankle
Hand / Wrist
Humerus / Forearm
Other

IV THERAPY

IV Set initial / sub.
Transfusion Time
D51/2 / NSS ___ cc
Ancef 1 gm
Rocephin ___ mg/ gm

Medications

Ativan 0.5 mg
1-2 every 8 hrs
as needed. #20
6

Today's Charges: $ 65.00

Check
Cash
Other
Debit Card
Credit Card

Instructions

Observe - call if sxs persist or change
Tylenol or ibuprofen

FOLLOW UP ___ day wk mo yr * Lab

*V Ornelas MD * P Cooper PA-C * J Walden MD