HIPAA Privacy Rule Requirements applies to this document!

259

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

DATE 3/11/89 TIME 3:00 am (pm) DR. (VO) PC JW LAB

LABS
CBC / CMP / ESR _____
One touch / Hgb A1C _____
LFT's / Bun / Crea. _____
Lipid Panel (incl. LDL) _____
Lithium _____
Lyme IgG / IgM – reflex _____
Mono Test _____
PAP / Thin Prep / ASCUS _____
Pathology x_____reflex _____
PT / INR _____
PSA _____
Rheumatoid Panel _____
Stool--Occult Blood #1 #3 _____
Strep A Test _____
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* _____
Splinting: Long / Short _____
Tendon / Trigger Point Inj.* _____
Other_____ _____

*Small - Large **Digit - Extremity
*** Simple - Intermediate - Complex

SURGERY
Biopsy-punch (See Path.) _____
Destruction / Skin Lesion _____
Excision, Face / Body _____
I & D Small / Large _____
Segmental Nail Resection _____
Lac. Of _____
_____ cm Simple _____
_____ cm Intermediate _____
_____ cm Complex _____
Surgical Kit _____

Name Harper Ronald P.
DOB 12/29/63
Address _____
_____
Phone ( ) _____ - _____

DIAGNOSIS
PTSD

TREATMENT
Nebulizer: Office- initial _____
subsequent x___ _____
Oxygen: Office / Home _____

OFFICE SERVICES
New Patient _____
Visit - Nurse _____
Visit - Basic _____
Visit - Intermediate 59
Visit - Advanced _____
Visit - Complex _____
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 _____
D 5 ½ / NSS_____ml _____
Ancef 1 gm _____
Rocephin ____ mg/ gm _____

Medications
Rx Cotalegram 20mg
Rx Klonopin 0.5 mg

Outstanding Balance 118.00
Today's Charges: $ 59.00
total 177.00
Check _____ Pd. total
Cash _____ Debit Card
Other _____ Credit Card

Instructions
Rx: outside LABS: CBC, Cmp, TSH/FT4
6 Capsules

FOLLOW UP _____day wk mo yr * Lab
*V Ornelas MD * P Cooper PA-C * J Walden MD

Referral