

8711T Ex. A-1

ROOM: ROOM:

PATIENT'S LAST NAME: Thomas
 FIRST: g
 MIDDLE: Thomas
 MAIDEN NAME: Thomas
 SEX: M R: C AGE: 43Y ACCOUNT NO.: 9062373 MED. REC. NO.: 804292

PATIENT'S ADDRESS: 129 Crescent St Shrewsbury MA 01545
 ZIP: 01545 PHONE NO.: 000000 MAR: X DATE OF BIRTH: 09/12/49 SOCIAL SECURITY NO.: 014409215 FIC: B

PATIENT'S EMPLOYER: known
 EMPLOYER'S ADDRESS: CITY: STATE: ZIP: PHONE NO.:

RELATION: kknown MARY WERNER
 ADDRESS: CITY: STATE: ZIP: PHONE NO.: 878-3130 RELATION: Sis DATE/TIME OF ARRIVAL: 09/29/92 02:00

ATTENDING PHYSICIAN: Misc (298190)
 REL: ASSIC

ATTENDING PHYSICIAN: ER
 OCC: 11 REG. CD: 914 REG. BY: NG SUBSCRIBER CO.: Unknown LINE:

INSURANCE CO. 1: Lue Cross GROUP NO.: CERTIFICATE NO.: 009379759 SUBSCRIBER: King Thomas SEX: M REL: PT

INSURANCE CO. 2: GROUP NO.: CERTIFICATE NO.: SUBSCRIBER: SEX: REL:

INSURANCE CO. 3: GROUP NO.: CERTIFICATE NO.: SUBSCRIBER: SEX: REL:

PATIENT'S NAME: King Thomas ADDRESS: 129 Crescent St Shrewsbury MA 01545 CITY: STATE: ZIP: PHONE NO.: 000000

MODE OF INVAL: Car REFER BY: ID BAND: YES NO ALLERGIES: IVP dye Dye

AGE: 43 TETANUS STATUS: 5-6 yrs ago LNMP: WGT: 130/48 BP: 98/8 P: 92 R: 24 VISUAL ACUITY: L

COMPLAINT: Someone poked his finger all thru my eyeball - leaking vitreous fluid.

OBJECTIVE: Dr O'Connell into evaluate pt immediately - eye shield applied.

HEALTH/SOCIAL HX: Carpal tunnel, sinusitis

History: #20 started with difficulty - NS locked + Kefzol hung; WPD into interview pt re: assault - Cousin + sister in a pt. 2³⁰ Dr

Arinella into examine pt's eye. 3³⁰ AM Discharge

instructions given and pt left ambulatory; sister and cousin Glenis RN

TIME	BP	P	R	TEMP	PULSE OX

TIME	INIT	TEST	TIME	RATE	DEVICE	SITE	SOLN	DOSE & ROUTE	TIME	SITE	INIT	MD
2 ³⁰		EKG	2 ³⁰		#20	RFA	NS lock	Kefzol 1 gm IV	2 ³⁰	RFA		JRF
		MONITOR					Betadine prep & aseptic technique	Td-50 0.5 cc IM	2 ⁴⁵	H		JRF

HISTORY: MEDICAL RECORD CALLED MEDICARE ADV.

LAB TEST: CHEM 12, HEPATITIS SCREEN, T&M/T&C, UCG, HCG/OUANT HCG, RAPID STREP

LAB TEST: THROAT CULTURE, URINE/URINE C&S, BLD CULT X 2, GC/CHLAMYDIA, SPUTUM CULTURE, WOUND CULTURE

LAB TEST: STOOL CULT/O&P, TOX SCREEN, WET PREP/KOH, OTHER:

PHYSICIAN'S SIGNATURE