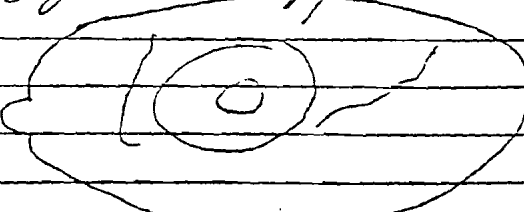


PATIENT'S LAST NAME King Thomas	FIRST	MIDDLE	MAIDEN NAME	SEX M	R C	AGE 43Y	ALPHABETICALLY XXXXXXXXXX
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TIME: _____ HISTORY/SUBJECTIVE:
 43 1/2 police officer state he was working this evening and when mess at
 woman's car off duty state someone came in + wanted police get checked
 person + get his finger in left hand + blood + blood
 1/2 blood mess

PHYSICAL EXAM/OBJECTIVE:
 Eye of left superior vision low, left 12 mm
 1/2 eye + 1/2 eye + pupil counts roughly + tension
 1/2 eye + 1/2 eye + pupil counts roughly + tension
 All found good
 1/2 eye + 1/2 eye + pupil counts roughly + tension
 1/2 eye + 1/2 eye + pupil counts roughly + tension



EVALUATION RESULTS:
 globe appears normal.

DIAGNOSIS(ES)/ASSESSMENT:
 Possible infection + other things
 TREATMENT/PLAN (PROCEDURES):
 to offer in the

CONSULTS	TIME CALLED	TIME ANSWERED	DISPOSITION OF CASE	CONDITION OF PATIENT
			<input type="checkbox"/> POLICE <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> WORK <input type="checkbox"/> MORGUE <input type="checkbox"/> TRANSFER <input type="checkbox"/> ME NOTIFIED <input type="checkbox"/> ADMITTED <input type="checkbox"/> AMA ROOM NO.	<input type="checkbox"/> IMPROVED <input checked="" type="checkbox"/> SAME <input type="checkbox"/> WORSE <input type="checkbox"/> EXPI

INFORMATION SHEETS GIVEN: WOUND CARE, HEAD INJURY, ABDOMINAL NAUSEA, VOMITING AND DIARRHEA, FEVER, SPRAINS, FRACTURES, BLOOD PRESSURE, BACK AND NECK INJURIES, COLD AND SORE T OTHER.

INSTRUCTIONS:
 to offer at 591 Lowell St

FOLLOW-UP:

I HAVE RECEIVED AND UNDERSTAND THE INSTRUCTIONS INDICATED ABOVE. I UNDERSTAND THAT I HAVE HAD EMERGENCY TREATMENT ONLY. AND MAY BE RELEASED BEFORE ALL MY MEDICAL PROBLEMS ARE KNOWN OR TREATED. I WILL ARRANGE FOR FOLLOW-UP CARE AS INDICATED ABOVE.

TIME: _____ SIGNATURE OF PATIENT: _____ SIGNATURE OF PHYSICIAN: _____ SIGNATURE OF ATTENDING PHYSICIAN: _____