

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

2 AUG 04 9) 20 y/o ♂ detainee referred by CEO for A + P.
 Pt reports he was stepped in the face by coalition forces last night. He reports after he was stepped he fell over into the barb wire and out at the top of his ring finger. In addition he reports he twisted his ankle 3-4 days ago while running.

Resp 23
 P - 71 140/116
 Allergies - PCN

g) UNKND ♂ NAD
 HEART - NL & ECG NORMALS
 HEART - PRR 5 MORMORS
 LUNGS - CTR
 (B) Ring finger 2 cm LAC ON Volar ASPECT
 (C) ANKLE - NEG EDEMA
 NEG ECHYMOSES
 (B) PRN

* 1. Alleged step to face NO ecchymosis or scars
 2. LAC (B) Ring finger explored
 3 (C) Ankle sprain

*) 1. Tetanus shot + clean and dress wound
 2. RICE For ankle sprain
 3. F/U PRN
 4. Case + PLAN discussed @ length to Pt through

FACILITY OR MEDICAL FACILITY		STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
DR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.	

FUND: Coxsar #3

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 Medical Record
 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1
 USAPA V2.00

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EXHIBIT # 6