

1. REPORTING MTF								MTF LOCATION								ADMISSION AND CODING INFORMATION															
1								(State or Country Code)								For use of this form, see AR 40-400; proponent agency is OTSG															
3 REGISTER NUMBER								7. NAME (Last, First, Middle Initial)								4. PAY GRADE				5. SEX											
9 10 11 12 13 14 15								(b)(6)-4								16 17				18											
6 DATE OF BIRTH (YYYYMMDD)								7. AGE AT ADMISSION				8. RACE		9. ETHNIC BACKGROUND				RELIGION													
19 20 21 22 23 24 25 26								27 28 29				30		BACKGROUND																	
10 LENGTH OF SERVICE				ETS				11. FMP				12. SOCIAL SECURITY NUMBER																			
32 33 34								35 36				37 38 39 40 41 42 43 44 45																			
ORGANIZATION (Active Duty Only)								13. MARITAL STATUS				HOUR OF ADMISSION				BRANCH | CORPS															
								46				2000																			
14 FLYING STATUS				15. BENEFICIARY CATEGORY								16. ZIP CODE OF RESIDENCE																			
47 48 49				50 51 52								53 54 55 56 57 58 59 60 61																			
17. UNIT LOCATION (State or Country Code)				18. MOS				19. TRAUMA				PREV. ADMISSION																			
62 63				64 65 66 67 68 69 70				71				YEAR <input type="checkbox"/> NO																			
20 SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION				WARD				NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE																							
72				Direct				ICU2																							
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY								TELEPHONE NUMBER OF EMERGENCY ADDRESSEE																							
(b)(3)-1								(b)(3)-1																							
21 TYPE OF DISPOSITION				22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYYYMMDD)																							
73 74				75 76 77 78 79 80				81 82 83 84 85 86																							
EAC								0305219																							
24 CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYMMDD)																							
87 88 89 90				91 92 93 94 95 96				97 98 99 100 101 102																							
A B A A								030504																							
27 LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYYYMMDD)																							
103 104				105 106 107 108 109 110				111 112 113 114 115 116																							
FOR LOCAL USE																															
ASW to pelvic Inj Trauma 450 1																															
Dx 8671 Pr 5551 8673 5789 29912 5781 5511																															
ADMITTING OFFICER (Signature, as required)												SIGNATURE OF ADMITTING CLERK																			
												(b)(6)-2																			

DA FORM 2985, MAR 89

EDITION OF M

MEDCOM - 5812

1. REPORTING MTF 1 2 3 4 5 6 7 8 (b)(3)-1	2. MTF LOCATION (State or Country Code)		ADMISSION AND CODING INFORMATION For use of this form, see AR 40-400; proponent agency is OTSG													
3. REGISTER NUMBER 9 10 11 12 13 14 15 (b)(6)-4	4. PAY GRADE 16 17										5. SEX 18 M					
6. DATE OF BIRTH (Y Y Y Y M M D D) 19 20 21 22 23 24 25 26 1 9 8 3 0 1 0 1						7. AGE AT ADMISSION 27 28 29 2 0 Y			8. RACE 30 X		9. ETHNIC 31 9		RELIGION			
10. LENGTH OF SERVICE 32 33 34				ETS		11. FMP 35 36 2 0		12. SOCIAL SECURITY NUMBER 37 38 39 40 41 42 43 44 45 (b)(6)-4								
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS 46 E		HOUR OF ADMISSION 2000		BRANCH / CORPS						
14. FLYING STATUS 47 48 49			15. BENEFICIARY CATEGORY 50 51 52 K 7 8					16. ZIP CODE OF RESIDENCE 53 54 55 56 57 58 59 60 61 0 9 3 3 0 0 0 0 0								
17. UNIT LOCATION (State or Country Code) 62 63			18. MOS 64 65 66 67 68 69 70				19. TRAUMA 71 INS		20. PREVIOUS ADMISSION YEAR							
20. SOURCE OF ADMISSION / AUTHORITY FOR ADMISSION #1 Direct						WARD ICU2		21. NAME / RELATIONSHIP OF EMERGENCY ADDRESSEE ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) TELEPHONE NUMBER OF EMERGENCY ADDRESSEE								
21. TYPE OF DISPOSITION 73 74 21 E/PAC						22. MTF TRANSFERRED TO 76 77 78 79 80 (b)(3)-1				23. DATE OF DISPOSITION (Y Y M M D D) 81 82 83 84 85 86 2 0 0 3 0 5 2 9						
24. CLINIC SVC - ADMITTING 87 88 89 90 A B A A				25. MTF TRANSFERRED FROM 91 92 93 94 95 96				26. DATE THIS ADMISSION (Y Y M M D D) 97 98 99 100 101 102 2 0 0 3 0 5 0 4								
27. LOCATION OF OCCURRENCE (Battle Casualty Only) 103 104 I E				28. MTF OF INITIAL ADMISSION 105 106 107 108 109 110				29. DATE INITIAL ADMISSION (Y Y M M D D) 111 112 113 114 115 116								
FOR LOCAL USE ASW to pelvis DA: 86339 PR: 5551 86613 5785 8671												Trauma 9		Inj 450		
ADMITTING OFFICER (Signature, as required) = original signed =						SIGNATURE OF ADMITTING CLERK (b)(6)-2										

DA FORM 2985, MAR 89

EDITION OF MAY 1976 OBSOLETE

MEDCOM - 5813

Date: 2003/05/04

ORDER # T4624603124-1

Time: 2:44:03 AM

TRANSFER MANIFEST

A-1 EXECUTIVE DIVISI

(b)(3)-1
PPO AE
(b)(6)-2

Postal Code: 09566-4008
country:

Transfer Order #: T4624603124-1

Issue Date: 2003/05/04
Issuing HQ:
TransMode: A-AIR
TransType: U-US CAMP
Rec Org: (b)(3)-1
Rec Auth:

Planned Date: 2003/05/04
Actual Date: 2003/05/04
Prop Ship Date: 2003/05/04
Receiving Date:
Ackldg Date:
Ackldg source:

Reason for Transfer:

Shipping Address:

Going to (b)(3)-1 for further medical evaluation.

postal Code
country

ISN	Name	Rank/Status	Arm	En/Cmp	Phys Cond	Pwr Svcd/National
(b)(6)-4	(b)(6)-4	E1	A1		F-PAIR	IZ-Iraq

Total Records on the Roster: 1

Manifest Prepared By: (b)(6)-2

Change of Custody Record

- 1) Print Name/Signature: (b)(6)-2, (b)(6)-2, Unit: (b)(6)-4, Date: 5 MAY 03
- 2) Print Name/Signature: (b)(6)-2, (b)(6)-2, Unit: (b)(6)-4, Date: 29 MAY 03
- 3) Print Name/Signature: _____, Unit: _____, Date: _____
- 4) Print Name/Signature: _____, Unit: _____, Date: _____

MEDCOM - 5814

PATIENT TREATMENT RECORD COVER SHEET
 For use of this form, see AR 40-400; the proponent agency is OTSG

5. AGE		6. RACE		7. RELIGION		8. LENGTH OF SVC		9. ETS		3. GRADE		ADMISSION REMARKS
11. FMP		12. (b)(6)-4		13. ORGANIZATION		14. WARD		10. PREVIOUS ADMISSION				
15. FLYING STATUS		16. RATING/DSG		17. DEPT./BEN		18. BRANCH/CORPS		19. UIC/ZIP		20. TYPE CASE		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION		22. HOURS OF ADMISSION		23. CLINIC SERVICE								
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE				25. TYPE DISPOSITION		26. DATE OF DISPOSITION						ADMITTING OFFICER
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)				27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION						
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						30. DATE OF INITIAL ADMISSION		31. UNITS OF WHOLE BLOOD COMPONENT TRANSFUSED				
31. SELECTED ADMINISTRATIVE DATA												

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

E991
S/P QSN & EX LAP 868.19
leg ABN 54.0

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
3	3				3

36. Total Days All Facilities

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
(b)(6)-2					

SIGNATURE OF PAD OR MEDICAL RECORDS REVIEWER
WJ, MC, USA
 (b)(6)-2

MEDCOM - 5815

USAPPC V.1.10

NAME: (b)(6)-4
SS#: (b)(6)-4

CASS ICD-9 AND CPT CODES

ICD-9	CPT
879.2	
881.00	
V45.89	
J18.81	
E991.2	

MEDCOM - 5816

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER (b)(3)-1		(b)(6)-4		3. GRADE	ADMISSION REMARKS		
4. SEX	5. AGE	6. RACE <i>Fragi Civ</i>	7. RELIGION	8. LENGTH OF SVC		9. ETS	10. PREVIOUS ADMISSION
11. FMP <i>99</i>		(b)(6)-4		13. ORGANIZATION		14. WARD <i>ICW</i>	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS <i>IRAGI Canton</i>			19. UIC/ZIP	20. TYPE CASE
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION <i>DUSA</i>				22. HOURS OF ADMISSION <i>2015</i>	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION <i>Home</i>	26. DATE OF DISPOSITION <i>11 May 03</i>		ADMITTING OFFICER	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION <i>4 May 03</i>			
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY <i>(b)(3)-1 IRAQ</i>			30. DATE OF INITIAL ADMISSION		32. UNITS OF WHOLE BLOOD COMPONENT TRANSFUSED		

ED ADMINISTRATIVE DATA

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES
*S/P GSW ⁹⁹¹ & EX LAP 868.19
leg ABN 54.0*

35. Total Days This Facility

a. ABSENT SICK DAYS <i>3</i>	b. OTHER DAYS <i>3</i>	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS <i>3</i>
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36. Total Days All Facilities

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
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(b)(6)-2

SIGNATURE OF PAT OR MEDICAL OFFICER
[Signature]
(b)(6)-2

DA FORM 3647, MAY 79

EDITION OF 1 A

MEDCOM - 5817

USAPPC V1 10

MEDICAL RECORD **PROGRESS NOTES**

DATE	NOTES
05-04-03	@ 2030 VS = 140/90-92-18-T 97.9 Pox = 99.5.
	Admit to Bed 1 s/p GSW + Exp. LAP + Healing
	ABD. wound. Skin turgor good + good skin color
140/90	Ambulatory Independently. Oral mucosa = moist
90	+ pale. Dentition poor + all teeth present.
90	No Swelling in Extremities. Abdominal wound -
18	26cm Long by 3cm wide + Superficial opening
91	Pink Beefy granulated tissue + white necrotic
99 20	edges + Small yellow Slough tissue present at
	center of wound. Dry dressing + NSS +
	applied wet gauze packing + covered + dry
	dressing. Secured + tape. BS Hypoactive. H. voidal
	200 cc Amber urine. Denies pain. Lungs clear
	+ No Cough/congestion. (b)(6)-2
05-04-03	Resting Quietly. Cbl + Chem 12 Blood specimens dispatched
	to Lab. (b)(6)-2 cm
4 May 03	Nsg. Shift Assessment completed. Condition unchanged
2300	from prior 0030 assessment. To be d/c'd in AM. (b)(6)-2 cm
5 May 03	VS 114/88 P=96, R=23, T=97.9, Pox=92.

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER
	LAST	FIRST	MI	(SSN or Other)
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
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.

(b)(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5-99)
 Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

MEDCOM - 5818

DATE	NOTES
5 May 03 0930	pt AAE x3. ambulating to toilet & steady gait. C/o pain to Abd. Medicated & 2 percent. Drgy to Abd changed by Nauph physician. Wet to dry. Serous-Sanguinous drainage noted. NO other wounds noted. good appetite. Urng CTA. BS ⊕. MUSG
05 May 03 1520	Denies pain to ABD. Drgy Dry & Intact BS + all Quass. wound 100cc DK. Amber urine. lung clear & NO cough / congestion
1730	Ambulatory & Staff on Hall & outside ate 75% meal.
050503	@ 2002 - Drgy A to Abdomen. Area = Pink granulating tissue & even edges - no unusual odor / no unusual drainage. Tol. Well. Area Cleaned & NSS. Ankle Wet to dry drsg & NSS & Secured & tape VS = 110/70 - 82 - 18 T 97.9. Pox = 95%
05 May 03 @ 2300	Received report from evening shift. Pt sleeping. Drgy to side of abdomen. C/P/T. HELL, clear equal bilal breath sounds, BS x4 gd. cap regul & 2 sec equal strength +4 extremities. Pt amb & nursing staff care. Pt denies pain. Will continue to monitor for infection & IV assess.
2300 5 MAY 03	VS7 BP 122/78 P 91 R 20 T 99.4 SpO2 94%
0800 6 May 03	VS > BP 114/80 P 83 R 18 T 96.4(A) SP 94

MEDICAL RECORD PROGRESS NOTES

DATE	NOTES
4 MAR 90	<p>Gen Surg / Urology</p> <p>S: S/P 6 SW to abd, incidental finding of pentanid studding c/w carcinoma. Had localized bilobes excites, S/P draining, neg EGD & colonoscopy</p> <p>O: abd - S/P ex LAD to partially open wound & some exposed fascia</p> <p>+ vit, 0 excites.</p> <p>A/P: 1) Healing wound -> wet-dry dressing q's b/d</p> <p>2) Prob metastatic CA -> JCBC Chem Tx - will need ICU at civilian hospital.</p>

(b)(6)-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		
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.	

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

MEDCOM - 5820

MEDICAL RECORD	PROGRESS NOTES
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DATE	NOTES
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6 May 03 Pt AAOx3. No C/O discomfort at present. 1445 Drgy to Abd changed x2 by physician. area beefy red except for small area to bottom of incision that is yellowish. Drgd = wet to dry 4x4's + Abd's. Ambulator, voiding dark yellow urine. Encouraged to drink more H₂O. good appetite. orders received for D/C in AM - (b)(6)-2 MAA

06 May 03 Pt resting. A&Dx3. Dren pain. Drg to Abd CDT. @ 2000 HRR clear equal bilateral breath sounds, BS & Egd. good cap refill, equal strength bilat, ambulator well. Pt will leave tomorrow @ 0745 through EMT. Will continue to monitor (b)(6)-2 91WMB

²⁰⁰⁰ 06 MAY 03 VS > BP 120/80 P 97 R 16 T 95.1 Ax Sp O₂ 92

07 May 03 Dd Drgy. Area is beefy red to yellowish area @ 0530 towards bottom of incision, approx. 2 in in length. (b)(6)-2 91WMB

07 May 03 ⁰⁸⁰⁰ VS > BP 124/90 P 88 R 21 T 98.2 Ax Sp 93 (b)(6)-2 91W

07 May 03 ⁰⁸⁰⁰ alert, language barrier. Drgy Intact to Abd. Drenis pain. ate 100% breakfast (b)(6)-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
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.

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

MEDCOM - 5821

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
(b)(6)-4			5 MAR 03		noted (b)(6)-2 [Signature]
			1) 1/4 strength DAKINS to DEEP wound only - change TID - use saline damp to dry for remainder of weekend. (b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
			6 MAR 03	1435	at home (b)(6)-2 (b)(6)-2 (b)(6)-2 6 MAR 03
			① Transfer to ② D/C DAKINS		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
			6 MAR 03		noted (b)(6)-2 [Signature] 106 MAR 03
			D/C to home		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256
 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 5823

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD FORM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4	(b)(6)-4		4 MAY 03	2015		HOURS
ICW-1			1)	admit to ICW-1 - ben surgery	
			2)	Dx: S/P - 6.5W & 9X LAP now with healing abd wound	
			3)	Cond: stable	
			4)	Vitals: QID, call for abd vitals.	
ISING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			5)	activity: ambulate pm.	
			6)	Nursing: abdominal wound dressing changes with damp saline - to dry BID	
			7)	DVT	
			8)	Diet: Regular.	
			9)	Medi: FE 504 i-tal PO QID	
ISING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
140 T. 97.9 90-92-18- 10X=99			9)	Medi: FE 504 i-tal PO QID	
			10)	LABS: CBC and Chem 12.	
ISING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			5 MAY 03			HOURS
				Percocet i-ii PO q 40 prn pain	
ISING UNIT	ROOM NO.	BED NO.			

FORM 4256 1 APR 79 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo 05 Yr 02		
		For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.						
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION						
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED				
				04	05	06	07	08
5/4/03	R--	Vitals Q1D	10	(b)(6)-2				
	----	call for Abnormal	14					
	----	Values	18					
	----		22					
5/4/03	R--	Actvty: Ambulate	07					
	----	PRND	15					
	----		23					
5/4/03	R--	NSG: Abdominal	10					
	----	wound drsg changes	10	(b)(6)-2				
	----	with damp saline	10					
	----	to dry BLO	10					
5/4/03	R--	Diet: Regular	07	(b)(6)-2				
	----		11	(b)(6)-2	(b)(6)-2			
	----		17	(b)(6)-2				
05/05/03	R--	^{(b)(6)-2} 1/2 strength packing	08					
	----	to deep wound only.	08					
	----	DTD. use saline	16	(b)(6)-2				
	----	damp to dry for	24					
	----	remainder of wound	24					

N/A see below
05/05/03

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/P BSW + Exp. LAP
now a Healing Wound

PATIENT IDENTIFICATION: (b)(6)-4

ADDITIONAL PAGES IN USE: YES NO PAGE NO: _____

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

DA FORM 1 OCT 78 4677

MEDCOM - 5825

TE USED.

VERIFY BY INITIALING		RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION											
ORDER DATE	CLERK/ NURSE			DATE DISPENSED	04	05	06	07	08						
5/4/03	(b)(6)-2	Q ID	07	(b)(6)-2	(b)(6)-2										
	.....		15	(b)(6)-2										
	.....		23	(b)(6)-2										
5/4/03	(b)(6)-2	Meds:													
5/4/03	(b)(6)-2	Ro 504 1 tab PO	10	(b)(6)-2											
	.....	QD		(b)(6)-2										
5/4/03	(b)(6)-2	mvi 1 tab PO QD	10	(b)(6)-2											
5/4/03	(b)(6)-2	Lovenox 30mg SQ BID	10	(b)(6)-2											
	.....		22	(b)(6)-2										
5/4/03	(b)(6)-2	Zantac 150mg PO	10	(b)(6)-2											
	.....	BID	22	(b)(6)-2										

ALLERGIES: YES NO PRIMARY DIAGNOSIS: 8/P GSW & EXP LAP ADDITIONAL PAGES IN USE: YES NO
PAGE NO. _____

PATIENT IDENTIFICATION: (b)(6)-4 (now c Healing ABDI wound) ? CA DISPENSING TIMES
USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

