

MEDICARE PATIENT

S.S. OR H.I.B. NO. **548**

PATIENT NAME (LAST, FIRST, M.I.) **Zagorski Edward G.** HOME PHONE **WP** ADMISSION DATE **7/24/83** HOSPITAL NO. **23-5192**

PATIENT ADDRESS - STREET **508 Willow St** CITY **SPR** STATE **MO** ZIP **65801** AGE **28** DATE OF BIRTH **12/27/54** SEX **M** MARITAL STATUS **M**

EMPLOYER NAME _____ ADDRESS - STREET _____ CITY _____ STATE _____ ZIP _____ EMPLOYER PHONE _____

NEXT OF KIN (LAST, FIRST, M.I.) **None** ADDRESS - STREET _____ CITY _____ STATE _____ ZIP _____ PHONE _____

NAME OF BLUE CROSS AND/OR BLUE SHIELD PLAN _____ GROUP NO. _____ CONTRACT NO. _____ EFFECTIVE DATE _____

OTHER HOSPITALIZATION INSURANCE NAME _____ ADDRESS _____ CERT. OR POLICY NO. _____ GROUP NO. _____ EFFECTIVE DATE _____

FAMILY DOCTOR **Hays** NOTIFIED YES NO E. R. DOCTOR **Hong** DOCTOR NOTIFIED _____ DOCTOR RESPONDED _____ DOCTOR ARRIVED _____ BROUGHT BY: SELF POLICE FIRE RELATIVE OTHER

EMERGENCY ROOM CHARGES (DOES NOT INCLUDE FEE OF ATTENDING PHYSICIAN)

ITEM	CHARGE	ITEM	CHARGE
EMERGENCY ROOM	X	DRUGS	
ANESTHETIC		TETANUS TOXOID	
ANTISEPTIC		Midrin cap x 4	
DRESSINGS		Restoril x 1	
E.R. TRAY		Vistaril 75mg IM	
SUTURES		2 track RUC	

OTHER SERVICES RENDERED

DOCTOR'S FEE	RESPIRATORY THERAPY	X-RAY	LABORATORY	PHYSICAL THERAPY
X				

TOTAL CHARGES _____

BRIEF HISTORY

CONDITION ON ADMISSION: GOOD FAIR POOR HEMORRHAGE CONSCIOUS UNCONSCIOUS COMA RATIONAL ORIENTED IN TIME & PLACE CONFUSED

IF ACCIDENT STATE WHERE, WHEN AND HOW INJURED; IF ILLNESS, DESCRIBE.

epo myocardial HTA, tv at intervals, states severe. Able to converse easily, light doesn't bother. No N+V. Also ep extremities becoming numb, e color change. No colour changes noted. cont to ep insomnia

ALLERGIES NO YES (SPECIFY) **WKA**

NURSE'S SIGNATURE **M. Hodge** OFFICER'S SIGNATURE **Boyer Edward** STAR _____ DISTRICT _____

PHYSICIAN'S REPORT

PHYSICAL EXAM. AND TREATMENT

Blood pressure was up 150/90

Order up w. med

Alert, oriented x3, poor judgment

- ① Vistaril 75mg im
- ② Midrin 1/2 capsules qid
- ③ Restoril 30mg at H

TETANUS TOXOID _____ cc TETANUS ANTITOXIN TEST _____ cc TETANUS ANTITOXIN _____ UNITS

DIAGNOSIS **Cephalalgia**

CONDITION ON DISCHARGE GOOD FAIR POOR HEMORRHAGE UNCONSCIOUS COMA RATIONAL ORIENTED IN TIME & PLACE CONFUSED

DISPOSITION OF CASE ADMITTED ADMISSION REFUSED/RELEASE SIGNED HOME WITH INSTRUCTIONS OTHER (SPECIFY) **Left ambulatory hand**

INSTRUCTIONS TO PATIENT

- ① Take Midrin Two Capsules four times a day
- ② Restoril 30mg at Bed time for sleep
- ③ Return to Regular doctor

PHYSICIAN'S SIGNATURE **M. Hodge, M.D.** DATE **7-24-83** PATIENT'S SIGNATURE _____