

MEDICARE PATIENT S.S. OR H.I.B. NO.

PATIENT NAME (LAST, FIRST, M.I.) Edward - HOME PHONE _____ ADMISSION DATE 9/19/83 6:45 A.M. HOSPITAL NO. 83-6541

PATIENT ADDRESS - STREET 500 Willow St. CITY Spfld STATE TN ZIP _____ AGE 28 DATE OF BIRTH 12/27/54 SEX M MARITAL STATUS F M W D COMPENSATION YES NO

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

NEXT OF KIN (LAST, FIRST, M.I.) _____ ADDRESS - STREET _____ CITY _____ STATE _____ ZIP _____ PHONE _____

NAME OF BLUE CROSS AND/OR BLUE SHIELD PLAN _____ GROUP NO. _____ CONTRACT NO. _____ EFFECTIVE DATE _____ SUBSCRIBER FAMILY MEMBER DEPENDENT COMPREHENSIVE

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

FAMILY DOCTOR Hogues & Webster NOTIFIED YES NO A.R. DOCTOR Roberts DOCTOR NOTIFIED _____ DOCTOR RESPONDED _____ DOCTOR ARRIVED _____ BROUGHT BY: SELF POLICE FIRE RELATIVE OTHER RCAS

EMERGENCY ROOM CHARGES (DOES NOT INCLUDE FEE OF ATTENDING PHYSICIAN)				OTHER SERVICES RENDERED	
ITEM	CHARGE	ITEM	CHARGE	DOCTOR'S FEE	
EMERGENCY ROOM	<input checked="" type="checkbox"/>	DRUGS		RESPIRATORY THERAPY	<input type="checkbox"/>
ANESTHETIC		TETANUS TOXOID		X-RAY	<input type="checkbox"/>
ANTISEPTIC		<u>Nubain 10mg IM</u>		LABORATORY	<input type="checkbox"/>
DRESSINGS		<u>R6M</u>		PHYSICAL THERAPY	<input type="checkbox"/>
E.R. TRAY		<u>Nubain</u>			<input type="checkbox"/>
SUTURES					<input type="checkbox"/>
				TOTAL CHARGES	

Ambulance - Car BRIEF HISTORY

CONDITION ON ADMISSION: GOOD FAIR POOR HEMORRHAGE UNCONSCIOUS RATIONAL COMA ORIENTED IN TIME & PLACE CONFUSED OTHER (SPECIFY) _____ TEMP. 98 A R

IF ACCIDENT STATE WHERE, WHEN AND HOW INJURED, IF ILLNESS, DESCRIBE: Electrical shock - stated pulled back - 40 low back - states plugging in fan - stepped in the D - was startled & pulled back - 40 bilateral & back pain radiating down both legs

RELATIVE NOTIFIED _____
POLICE NOTIFIED _____
CORONER NOTIFIED _____
BY WHOM _____

ALLERGIES NO YES (SPECIFY) Unknown

NURSE'S SIGNATURE D. Lopez RN OFFICER'S SIGNATURE David Hogues STAR 26 DISTRICT 3

PHYSICIAN'S REPORT

PHYSICAL EXAM. AND TREATMENT Muscle spasm of lumbosacral spine

X-ray
Nubain 10 IM, R6M

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

DIAGNOSIS Acute Musculoligamentous Strain
Lumbosacral Spine

CONDITION ON DISCHARGE GOOD FAIR POOR HEMORRHAGE UNCONSCIOUS RATIONAL COMA ORIENTED IN TIME & PLACE CONFUSED OTHER (SPECIFY) _____

DISPOSITION OF CASE ADMITTED ADMISSION REFUSED/RELEASE SIGNED HOME WITH INSTRUCTIONS OTHER (SPECIFY) _____

INSTRUCTIONS TO PATIENT: Return to jail 7:40 pm Ambulatory

R.H. Webster M.D. 9-19-83
PHYSICIAN'S SIGNATURE DATE

PATIENT'S SIGNATURE

Zagorski Edward
ZAGORSKI, EDWARD
DR. WEBSTER
83-6840

REQUESTING PHYSICIAN Webster	DATE OF SERVICE 9-19-83	X-RAY NUMBER 83-8436
TYPE OF PATIENT <input type="checkbox"/> IN-PATIENT <input type="checkbox"/> OUTPATIENT <input checked="" type="checkbox"/> EMERGENCY		
PRIORITY <input type="checkbox"/> ROUTINE <input type="checkbox"/> STAT <input type="checkbox"/> PRE-OP <input type="checkbox"/> RECH		
TRANSPORTATION <input type="checkbox"/> WALK <input type="checkbox"/> WHEELCHAIR <input checked="" type="checkbox"/> STRETCHER <input type="checkbox"/> PORTA		

RACE C AGE 28 SEX M

MUST BE STAMPED WITH PATIENT'S NAMEPLATE-ALL OTHERS RETURNED

JESSE HOLMAN JONES HOSPITAL
SPRINGFIELD, TENNESSEE 37172
X-RAY REQUISITION

CHARGE: 43.00
76 400-290

THE FOLLOWING DATE MUST BE COMPLETED OR EXAMINATION MAY BE DELAYED

EXAM REQUESTED: LS

DATE REQUESTED: 9-19-83 A.M. P.M.

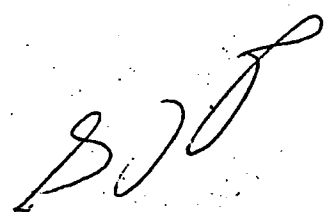
CLINICAL HISTORY:
Fall P.T.A. C/O ↓ back pain

DO NOT USE THIS SPACE

LUMBOSACRAL SPINE: No bone or joint abnormalities can be identified.

IMPRESSION: Within normal limits.

sn
D & T 9/20/83


G. TOM PROCTOR, M.D.