

SAN FRANCISCO GENERAL HOSPITAL
CLINICAL RESUME

NAME OF PATIENT: KENNETT, TERESA
HOSPITAL NUMBER: 511304
HOME ADDRESS:
DATE OF BIRTH: 02/04/49

DATE OF ADMISSION:
DATE OF DISCHARGE:
WARD NUMBER:

05/31/85
06/01/85
TRA.

REASON FOR ADMISSION: Abdominal pain.

HISTORY OF PRESENT ILLNESS: The patient is a 36 year old female with diffuse abdominal pain that started suddenly, at about 8 P.M. on the day of admission. She developed acute abdominal pain that she describes as both sharp and stabbing, and crampy in nature. She had a normal bowel movement the day before admission. She had no change in her bowel habits or characteristics. She is complaining of anorexia. She did induce vomiting without any relief of her abdominal pain. She states that the pain is greatest in her epigastric area, and she has no history of fever or chills. She has a recent questionable history of amebiasis three weeks ago, treated inadequately.

PAST MEDICAL HISTORY:

MEDICAL ILLNESSES: Stage IV non-Hodgkins lymphoma. Kidney infection in 1974. Ovarian cyst in 1972.

SURGERIES: Biopsy of mesenteric lymph nodes approximately one year ago.

MEDICATIONS: She is on no present medications.

HABITS: She does not smoke or drink.

ALLERGIES: To Penicillin.

PHYSICAL EXAM:

ABDOMEN: Soft abdomen with diffuse voluntary guarding, without any rebound or cough tenderness. There is tenderness to palpation throughout, greatest in the epigastrium, with bowel sounds. There are no peritoneal signs. There is a questionable epigastric fullness or hepatosplenomegaly.

LABORATORY DATA: White count 8.1, hct 41.2 with a normal renal panel.

KUB demonstrated lymphadenopathy from a prior lymphangiogram.

HOSPITAL COURSE: She was admitted and was placed npo and given pain medications. Over the course of the next 36 hours, her pain diminished. She was resting comfortably. She remained afebrile throughout the entire hospital course, with a stable hematocrit and white count that has remained below 8,000.

FOLLOWUP: She is being discharged to be followed up by her normal oncologist at Stanford.

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WARD NUMBER:

05/31/81
06/01/81
TRA.

Page 2 FOR ADMISSION: Abdominal pain.

DISCHARGE DIAGNOSIS: Abdominal pain, etiology unknown. She has diffuse abdominal pain that started several days before admission. She developed some abdominal pain that she describes as both sharp and aching, and crampy at times. She had no vomiting without any relief of her abdominal pain. She states that the pain is greatest in her epigastric area, and she has no history of fever or chills. She has a recent questionable history of anemiasis three weeks ago, treated with iron. *[Redacted]* M.D. induce

MEDICAL ILLNESSES: Stage IV non-Hodgkin's lymphoma. Kidney infection in 1974. Ovarian cyst in 1972.

SURGERIES: Biopsy of mesenteric lymph nodes approximately one year ago.

MEDICATIONS: She has no current medications.

HAIR: She has no hair on her head or body.

ALLERGIES: No known allergies.

PHYSICAL EXAM:

ABDOMEN: Soft abdomen with diffuse voluntary guarding, without any rebound or cough tenderness. There is tenderness to palpation throughout, greatest in the epigastric area, with some fullness. The rest of the abdomen is soft. There is no epigastric fullness or tenderness.

LABORATORY DATA: Hemoglobin 10.0 g/dl, Hematocrit 30%, WBC 12,000/mm³, Platelets 150,000/mm³.

IMMUNOLOGIC DATA: No specific immunologic data.

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SAN FRANCISCO GENERAL HOSPITAL
1001 POTRERO AVENUE
SAN FRANCISCO, CALIFORNIA 94110

MEDICAL RECORD COPY

DEPARTMENT OF RADIOLOGY

NAME KENNETT, TERESA
DATE DONE 05/31/85 READ 06/24/85
REFERRING DR B ■■■■■
REQUISITION # 43875
CONSULT DR.
RADIOLOGIST S ■■■■■

B# 511304 DOB 02/04/49
TYPED 06/24/85 TIME 1655
TRANSCRIPTIONIST MB
LOCATION ER

NOTE: THIS REPORT SUPERCEDES ALL OTHERS OF ITS KIND.

CLINICAL DATA: LYMPHOMA. RULE OUT OBSTRUCTION.

IV PYELOGRAM

FINDINGS: SCOUT FILM WAS REMARKABLE FOR RESIDUAL LYMPHANGIOGRAM DYE THAT OUTLINES A MASSIVE LYMPHOMA ALONG THE THORACOLUMBAR MIDLINE. SURGICAL CLIPS ARE PRESENT IN THE LEFT ILIAC REGION. TWO CALCIFICATIONS ARE SEEN OVERLYING THE RIGHT RENAL SHADOW THAT, ALTHOUGH THEY DO NOT APPEAR IN THE TOMOGRAPHIC SCOUT CUTS. COULD POSSIBLY BE RENAL STONES. THE BONES ARE UNREMARKABLE.

50 CC HYPAQUE WAS INJECTED INTRAVENOUSLY. RENAL OUTLINES WERE NOT SEEN FULLY. THE COLLECTING SYSTEMS WERE VISUALIZED PROMPTLY. THE RIGHT KIDNEY APPEARS ROTATED ANTERIORLY, BUT INTRARENAL MORPHOLOGY APPEARS NORMAL. THERE IS LEFT CALIECTASIS WITH A MIDPOLE OUTPOUCHING THAT MAY REPRESENT EITHER A DIVERTICULUM OR PAPILLARY NECROSIS. THE STONE PREVIOUSLY SEEN OVERLAPS THIS AREA. THE LEFT URETER IS VISUALIZED IN NEARLY ITS ENTIRE COURSE, AND IS NOT DILATED. POST-VOID FILMS SHOWED GOOD DRAINAGE BILATERALLY, WITHOUT PERSISTENT NEPHROGRAMS.

IMPRESSION: 1. LARGE ABDOMINAL LYMPHOMA.
2. ANTERIOR ROTATION OF RIGHT KIDNEY, PRESUMABLY DUE TO MASS EFFECT.
3. MILD LEFT CALIECTASIS, WITH POSSIBLE DIVERTICULUM VERSUS PAPILLARY NECROSIS.
4. NO LEFT RENAL OBSTRUCTION, BUT POSSIBLE LEFT RENAL STONE.

REPORT REVIEWED AND APPROVED BY APPROPRIATE FACULTY

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DEPARTMENT OF RADIOLOGY

NAME KENNETT, TERESA
DATE DONE 05/31/85 READ 05/31/85
REFERRING DR [REDACTED]
REQUISITION # 37039
CONSULT DR.
RADIOLOGIST S [REDACTED]

B# 511304 DOB 02/04/49
TYPED 06/04/85 TIME 1212
TRANSCRIPTIONIST JEW
LOCATION ERMW

CLINICAL DATA: LYMPHOMA, R/O OBSTRUCTION.

I.V. PYELOGRAM

FINDINGS: THE SCOUT FILM IS REMARKABLE FOR RESIDUAL LYMPHANGIOGRAM
TYPE THAT OUTLINES A MASSIVE LYMPHOMA ALONG THE THORACO-LUMBAR MIDLINE.
SURGICAL CLIPS ARE PRESENT IN THE LEFT ILIAC REGION. TWO CALCIFICATIONS
ARE SEEN OVERLYING THE RIGHT RENAL SHADOW, THAT ARE IRREGULAR. ALTHOUGH
THEY DO NOT APPEAR IN THE TOMOGRAPHIC SCOUT CUTS OBTAINED, THERE IS
STILL SOME POSSIBILITY THAT THEY ARE RENAL. BONES ARE UNREMARKABLE.

50 CC. OF HYPAAQUE WAS INJECTED INTRAVENOUSLY. RENAL OUTLINES ARE NOT
SEEN FULLY, PROBABLY DUE TO THE THIN HABITUS OF THE PATIENT.
COLLECTING SYSTEMS VISUALIZE PROMPTLY. THE RIGHT KIDNEY APPEARS TO BE
ROTATED ANTERIORLY, BUT MORPHOLOGY OF THE COLLECTING SYSTEM APPEARS
OTHERWISE NORMAL. THERE IS MILD LEFT CALIECTASIS, BUT THE LEFT URETER
IS VISUALIZED IN NEARLY ITS ENTIRE COURSE AND IS NOT DILATED. POST-
VOID FILM SHOWS GOOD DRAINAGE BILATERALLY.

- IMPRESSIONS:
1. LARGE ABDOMINAL LYMPHOMA.
 2. ANTERIOR ROTATION OF RIGHT KIDNEY, PRESUMABLY DUE TO MASS EFFECT.
 3. MILD LEFT CALIECTASIS, BUT GOOD DRAINAGE OF LEFT KIDNEY.
 4. PROBABLY NO UROLITHIASIS.

REPORT REVIEWED AND APPROVED BY APPROPRIATE FACULTY

SAN FRANCISCO GENERAL HOSPITAL
1001 POTRERO AVENUE
SAN FRANCISCO, CALIFORNIA 94110

MEDICAL RECORD COPY

DEPARTMENT OF RADIOLOGY

NAME KENNETT, TERESA
DATE DONE 05/31/85 READ 06/03/85
REFERRING DR H [REDACTED]
REQUISITION # 37249
CONSULT DR. F [REDACTED]
RADIOLOGIST D [REDACTED]

B# 511304 DOB 02/04/49
TYPED 06/03/85 TIME 2156
TRANSCRIPTIONIST MB
LOCATION 3D

PREVIOUS STUDIES: NO PREVIOUS CONVENTIONAL RADIOGRAPHS WERE DONE BECAUSE CT WAS THE EXAMINATION OF CHOICE.

INDICATIONS: 36 YEAR OLD WITH NON-HODGKINS LYMPHOMA AND ACUTE ONSET OF SEVERE ABDOMINAL PAIN.

CT SCAN OF THE ABDOMEN.
(NO COMPARISON)

SLICES: 31. SCOUT: YES. CONTRAST: 120 CC CONRAY 60.

^{NO}
PATHOLOGY: EVIDENCE OF A PREVIOUS LYMPHANGIOGRAM IS APPARENT, WITH CONTRAST NOTED IN A FOAMY PATTERN CHARACTERISTIC OF NODAL UPTAKE ON RETROPERITONEAL NODES EXTENDING FROM THE PELVIS TO THE LEVEL OF THE RENAL HILA. IN ADDITION, MULTIPLE SURGICAL CLIPS ARE NOTED IN THE ANTERIOR MIDLINE ABDOMEN, SURROUNDED BY MULTIPLE LARGE MESENTERIC LYMPH NODES. IN ADDITION TO THE EXTENSIVE RETROPERITONEAL AND MESENTERIC LYMPHADENOPATHY, CELIAC NODES ARE ALSO NOTED. THE LIVER AND SPLEEN ARE NORMAL. SMALL, ROUNDED LOW DENSITY LESIONS ARE NOTED IN BOTH KIDNEYS. THEIR APPEARANCE IS COMPATIBLE WITH SIMPLE RENAL CYSTS. IN ADDITION, CALIECTASIS IS NOTED BILATERALLY, WITH PROMINENT EXTRARENAL PELVICES AND PROXIMAL URETERS, SUGGESTING POSSIBLE PARTIAL OBSTRUCTION OF THE URETERS BY LYMPH NODES. ASCITES IS NOTED IN THE PELVIS IN THE REGION OF THE POUCH OF DOUGLAS.

IMPRESSION: MASSIVE RETROPERITONEAL, CELIAC, AND MESENTERIC ADENOPATHY, CONSISTENT WITH THE CLINICAL DIAGNOSIS OF NON-HODGKINS LYMPHOMA. IN ADDITION, BILATERAL CALIECTASIS AND PROMINENCE OF THE PROXIMAL EXTRARENAL COLLECTING SYSTEMS SUGGESTS PARTIAL OBSTRUCTION OF THE URETERS BY NODES.

2. ASCITES NOTED IN THE PELVIS.

SIGNED BY DR. [REDACTED]

SAN FRANCISCO GENERAL HOSPITAL
1001 POTRERO AVENUE
SAN FRANCISCO, CALIFORNIA 94110

MEDICAL RECORD COPY

DEPARTMENT OF RADIOLOGY

NAME KENNETT, TERESA
DATE DONE 05/30/85 READ 05/31/85
REFERRING DR L [REDACTED]
REQUISITION # 37023
CONSULT DR.
RADIOLOGIST S [REDACTED]

B# 511304 DOB 02/04/49
TYPED 05/31/85 TIME 1111
TRANSCRIPTIONIST JEW
LOCATION ERMW

CLINICAL DATA: LYMPHOMA, LEFT ABDOMINAL PAIN.

ABDOMEN SERIES

FINDINGS: NO COMPARISON VIEWS AVAILABLE. SURGICAL CLIPS ARE PRESENT IN THE LEFT ILIAC REGION. RESIDUAL LYMPHANGIOGRAM DYE OUTLINES A LARGE MIDLINE MASS, UNDOUBTEDLY REPRESENTING THE LYMPHOMA.

IN ADDITION, THERE ARE TWO IRREGULAR, DENSE CALCIFICATIONS OVERLYING THE LEFT RENAL SHADOW, PROBABLY REPRESENTING RENAL STONES.

BOWEL GAS PATTERN IS NORMAL, WITHOUT EVIDENCE OF OBSTRUCTION. THERE IS NO FREE AIR OR ASCITES.

IMPRESSION: 1. MASSIVE ABDOMINAL LYMPHOMA.
2. PROBABLE LEFT RENAL STONES.

SIGNED BY DR. [REDACTED]

**SAN FRANCISCO GENERAL HOSPITAL
MEDICAL CENTER
OUTPATIENT PROGRESS RECORD**

PATIENT I.D.

KENNETT, TERESA

02/04/49

F

511304

Referred By Dr. _____ of PHHC SMHC SEHC Other _____

Residence Potrero Hill Mission Bayview/Hunters Point South of Market Other _____

Wt 46.9 kg B/P 110/70 P 76 T 37.0 U/A obt. Liab. _____

DATE TIME	PROBLEM NUMBER	FORMAT: PROBLEM NUMBER AND TITLE	S - SUBJECTIVE A - ANALYSIS	O - OBJECTIVE P - PLANS
		ONCOLOGY HEMOPHYLIC		
	BSA <u> </u> m ²	THERAPY: CYCLE DAY	PATIENT SEEN BY / EXAMINED BY WITH	
		DRUGS: <u>NHL</u>	DOSE: _____	DR. _____
	WBC _____		Patient seen and examined by / with	
	RBC _____		Dr. _____	
	HGB _____		Attending Physician _____, M.D.	
	HCT _____		(signature)	
	PLT _____		Ⓡ neck discomfort	
		PT DOING WELL - CONCERNED		
		RE: Ⓡ neck discomfort. This		
		occurred in assoc dental work		
		is now resolved		
		exam - Shotty rev. CN		
		~ 1x/ea Ⓡ post auricular		
		non tend		
		RTC 2 mo for reexam		
		[Signature]		
		[Signature]		

ATTENDING PHYSICIAN _____, M.D.

(signature)

**SAN FRANCISCO GENERAL HOSPITAL
MEDICAL CENTER**

OUTPATIENT PROGRESS RECORD

PATIENT I.D.

KENNETT, TERESA

02/04/49

511304

Referred By Dr. _____ of PHHC SMHC SEHC Other _____

Residence Potrero Hill Mission Bayview/Hunters Point South of Market Other _____

Ht 1.57 Cm Wt 43.7 Kg B/P 98/56 P 70 T 37.2 U/A obt. Liab.

DATE TIME	PROBLEM NUMBER	FORMAT: PROBLEM NUMBER AND TITLE	S - SUBJECTIVE A - ANALYSIS	O - OBJECTIVE P - PLANS
		ONCOLOGY CLINIC		
	BSA <u> </u> m ²	DX <u>Non Hodgkins Lymphoma</u>		
		THERAPY: CYCLE <u> </u> DAY <u> </u>		Pt <u> </u> untreated nodular
	WBC <u> </u>	DRUGS: <u> </u>		DOSE: <u> </u> small cleaved lymphoma
	RBC <u> </u>			(abd, bone marrow, spleen)
	HGB <u> </u>			dx 8/84 at St Marys
	HCT <u> </u>			followed by Yamamoto
	PLT <u> </u>			then referral at SU MC
		No Rx. Now c/o high epist/retroster. pain →		both arms. Not active. <u> </u> exertion. Not reliably <u> </u> food.
		Had episode small bowel obstr 5/85. No prob now		
		EXAM - LN - ± post cerv/occip. Frndi basic		
		Pharynx nl CV - S/Sul ASD - LMGE UPM EPIGAST		
		MBS now tend. ⊕ BS. Pelvic - nl,		
		DIPS - =, brist. ext - nl		
		ZMP - IV A NHA (nodular small)		
		PLAN - UGI, ASD CT, CXR		
		CBC, SMAE		
		RTC 2-3 wks		
		Mylenla pr		
			Patient <u> </u> with	
		Dr. <u> </u>		M.D.
		Attending Physician <u> </u>	(signature)	

REGISTRATION AND ADMISSION

San Francisco General Hospital		Date of Arrival	Time of Arrival	Hospital Number	
Name (Last, First, Middle) NETT, TERESA		05/30/85	2251	B# 511304	
Address (No., Street, City, State, Zip Code) WRIGHT ST SF CA 94110		Phone Number	Sex	Age	Birthdate
			F	36	02/04/1949
Name of Nearest Relative (or whom to notify) David Butterfield spouse same add		Address		Phone Number	
Marital Status	Spouse	Admission Date	Time		
M		05-31-85	0925		
Employer (or source of income) Cable News/spouse 50 CALIFORNIA		Phone Number	Discharge Date	Time	
		434-1661	6/1/85	11 AM	
Medi-Cal Number	Medicare Number	Social Security Number	Room Number	Service	
1		557-88-6963	32332	TRA	
Mother's Maiden Name	Birthplace	Father's Name	Birthplace	Discharge Unit	Service
TPNR	ST	I	I	3D	TRA
Patient's Complaint HBD CRAMPS FROM:		Brought In By	Work-Related	Disposition and discharge address	
		TRIAGE		Home	
Admitting Diagnosis and Service MW/2 TRAUMA 4D		Estimated Length of Stay 3DAYS		ADMITTED FROM	
				ER <input checked="" type="checkbox"/> Clin <input type="checkbox"/> Elec <input type="checkbox"/>	
Admitting Physician	Attending Physician	Admitting Clerk	Language	Race	
		DJ	FC-4	W	

CONDITIONS OF ADMISSION TO SAN FRANCISCO GENERAL HOSPITAL

I hereby request admission to San Francisco General Hospital.

While I remain as a patient in San Francisco General Hospital, I will take such treatment as prescribed. I also agree to abide by all rules and regulations of the Hospital. I will not bring to or cause to be brought into the Hospital any spiritous liquors, intoxicating drugs, firearms or dangerous weapons. If it be in the public interest, I hereby consent to a search of my personal belongings by properly authorized personnel of the Hospital staff or the San Francisco Police Department.

AGREEMENT TO REIMBURSE

In consideration of the granting of aid to me by the City and County of San Francisco, I hereby pledge, promise and agree to reimburse and repay said City and County for all sums of money actually expended in my behalf or aid granted or given by the City and County of San Francisco for my care and maintenance, provided I am able to pay for the same, in whole or in part, and I further agree that if any of said aid consists of care and treatment for injury sustained by me by reason of accident or wrongful act, the value of said aid shall be, if I assert or maintain a claim against another for damages on account of said injury, a lien upon any damages recovered, or to be recovered, either by judgment, settlement or compromise by myself, or by my heirs or personal representatives in case of my death.

"For valuable consideration, I hereby assign to the San Francisco General Hospital the amount equal to the total cost of care rendered to me (or the total amount due to me if the amount thus due be less than the total amount of the cost of care rendered to me) from any monies due or to become due me under my insurance policies, including any hospital benefits payable from the California State Disability Program or any private carrier in lieu thereof and hereby authorize you to make such payment directly to San Francisco General Hospital."

Statute of limitations is hereby forever waived. This agreement is binding upon myself, my heirs, executors, administrators and assigns.

The foregoing agreement is executed on the express condition, and with the understanding that it shall be binding on the applicant only in the event that he (or she) is found to be ineligible to receive benefits under the provisions of Division 9, Part 3, Chapter 7 and 8, Welfare and Institutions Code of the State of California and that it shall be null and void if the applicant is found to be eligible to receive such benefits.

RELEASE OF INFORMATION

The Hospital may release information regarding my case to whoever is responsible for the payment of the Hospital charges, including but not limited to, insurance companies, welfare funds and employers.

TEACHING PROGRAM

"It is understood that San Francisco General Hospital is a teaching institution and that unless the Hospital is notified to the contrary in writing, the patient may participate as a teaching subject in the medical education program of the institution."

MEDICARE HOSPITAL INSURANCE BENEFITS

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made in my behalf.

All information given for this application is true and correct to the best of my knowledge and belief.

EMERGENCY ROOM AND OUTPATIENT VISIT CONSENT

The undersigned consents to the examination of the patient and to such diagnostic and medical procedures as are considered necessary or desirable in the care of the patient, including injections, administration of anesthetics, and removal of tissue. No assurances have been given as to any result or cure.

Dated this 30 day of May, 19 85

Witness, Relationship and/or Legal Authority <i>(Signature)</i>	Signature of Applicant in Full <i>(Signature)</i>
Witness, Relationship and/or Legal Authority <i>(Signature)</i>	

Note 1: If applicant is unable to sign, mark must be witnessed by two persons.
 Note 2: If application is made for a Minor Child, Relative, Incompetent, or other person, appropriate designation should be checked, relationship and/or legal authority must be indicated beside signature. Signator, if making application for a second person, agrees that where applicable the personal pronouns used in this statement are broadened to include that person.

ELIGIBILITY COMPLETE

ELIGIBILITY COMPLETE

PATIENT DISCHARGE PLANS

4242777 511304

BE DISCHARGED FROM: 3D SUR

TO:

DATE STAMPED AND LOCATION

PATIENT I.D.

STAMP NAME & HOSP. NO.

DOCTOR: THIS FORM TO BE COMPLETED BY 7:00 P.M. OF DAY PRIOR TO DISCHARGE. DATE TO BE DISCHARGED:

COMPLETE SHEET WITH BALL POINT PEN, PRESSING HARD

ICD CODE

FINAL DIAGNOSIS PRIMARILY EXPLAINING THIS ADMISSION 1. Acute ABDominate pain etiology unknown

Additional Diagnosis/Complications

2. Stage III non Hodgkins Lymphoma with ABDominate lymphadenopathy

3.

4.

5.

6.

789.0
201.93
785.6

MOST IMPORTANT OPERATION THIS ADMISSION (give date). 1.

ADDITIONAL OPERATIONS OR PROCEDURES

2.

3.

4.

5.

88.01
89.65

DO NOT USE ABBREVIATIONS FOR DIAGNOSES OR OPERATIONS

BRIEF SUMMARY (FINDINGS, TREATMENT, COURSE, ETC.)

Pain resolved ~ Bed rest & bowel rest

TESTS PENDING OR FOLLOW-UP REQ. (IF DIED, CAUSE OF DEATH):

Follow up plan with Private M.D. at Stanford

APPOINTMENTS	DOCTOR	CLINIC	DAY	TIME	AM PM	DATE
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LICENSED PHYSICIAN DISCHARGING PATIENT

SIGNATURE: [Redacted] LICENSE NO. A40701 INTERN/ACTING INTERN JG B

PRINT NAME: [Redacted] BNDD NO. (IF REQ.) QQ265 CHIEF'S SIGNATURE RC

DISCHARGE MEDICATIONS THIS IS A PRESCRIPTION. WRITE ONLY 1 DRUG PER LINE & PRINT CLEARLY.

DRUG NAME	DOSE	QUANT.	DIRECTIONS FOR MEDICATION	DRUG CODE
1. <u>Darvocet N100</u>	<u>7-11</u>	<u>#25</u>	<u>P.O. Q4 PRN Pain</u>	
2.				
3.				
4.				
5.				
6.				

PATIENT INSTRUCTIONS: ACTIVITY: Ad lib DIET: Reg diet

OTHER: DISCHARGED TO: Home