

NAME LAKE, CHARLES	REGISTRATION TIME 8:55	DATE 3/06/91	MEDICAL RECORD NO. 289016	PATIENT ACCOUNT 751549
ADDRESS P O BOX 113	BIRTHDATE 12/01/55	AGE 35Y	RACE 1 MEDICAL	TYPE OF SERVICE
CITY/STATE/ZIP MAPLE CREST NY 12444				

NAME JOANN	M/S M	SEX F	RELIGION NONE	SOCIAL SECURITY NO.
ADDRESS P O BOX 113	PRIMARY DOCTOR FIN CODE		PTP	SERVICE
CITY/STATE/ZIP MAPLE CREST NY 12444	OTHER NO NO NUMBER		CLINIC	TYPE

OCCURRENCE DATE & TIME 3/06/91 9:00	ON DUTY PHYSICIAN ASHENFELTER, A T	DOCTOR CODE 00199
LOCATION AT WORK		
HOW ARRIVED SELF		

PATIENT STATES: PATINFLU LT FOOT DROPPED PALLET ON FOOT	NAME JOANN
	ADDRESS P O BOX 113
	CITY/STATE/ZIP MAPLE CREST NY 12444
	PHONE 516-7546403

SEE NURSING RECORD FOR ALLERGIES, VITAL SIGNS AND OTHER NURSING DATA

MEDS/IVS/RESP THERAPY	XRAYS <i>L foot 9²⁶ AM R/O FX.</i>
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TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> HEME <input type="checkbox"/> CHEM 23
<p>A 35 y o white male who dropped a pallet on his left foot today at work complains of pain especially over the toes and dorsum ankle pain.</p> <p>PHYSICAL EXAM: Reveals an alert, young, white male in no acute distress. There is local tenderness across all 5 toes of the left foot, mid foot and ankle are otherwise non tender.</p> <p><i>FX Tip 2nd Toe</i></p>	<input type="checkbox"/> HEME PRO <input type="checkbox"/> LYTES
	<input type="checkbox"/> PT <input type="checkbox"/> GLUCOSE
	<input type="checkbox"/> PT <input type="checkbox"/> CPK ISOS
	<input type="checkbox"/> MONOSPOT <input type="checkbox"/> AMYLASE
	<input type="checkbox"/> TOX <input type="checkbox"/> SUN CREAT
	<input type="checkbox"/> ETCH <input type="checkbox"/> LIVER PRO
	<input type="checkbox"/> U/A <input type="checkbox"/> ABG
	<input type="checkbox"/> URINE PREG <input type="checkbox"/> RPR
	<input type="checkbox"/> U/C <input type="checkbox"/> SERUM PREG
	<input type="checkbox"/> THROAT CULT <input type="checkbox"/> CHLAMYDIA
	<input type="checkbox"/> BBO <input type="checkbox"/> GC CULT
	<input type="checkbox"/> RAPID STREP <input type="checkbox"/> STOOL O&A
	<input type="checkbox"/> BLOOD CULT <input type="checkbox"/> STOOL GAS
	<input type="checkbox"/> EKG

READ, UNDERSTAND AND AGREE BY SIGNATURE

DISPOSITION: ADMITTED DISCHARGED EXPIRED

CONDITION ON DISCHARGE: _____ DISCHARGE TIME: _____

INSTRUCTIONS: SEE ATTACHED / AS WRITTEN BELOW:

Adv. Buddy splint, etc

[Handwritten signatures]

LA 11/11

As 2/11

NURSING OUTPATIENT RECORD

NORWOOD HOSPITAL SOUTHWOOD COMMUNITY HOSPITAL

MR# 289016

NAME: Lake, Charles DATE: 3/6/91 TIME: 9 am

DATA:
35 y.o. w. m. amb to ex.
CC: "I tripped a pallet on my toes - @ foot injury - discomf. w/ amb. injury occurred ~ 8 AM

ALLERGIES:
Cidine
PCN

CURRENT MEDICATIONS:
none

IRMP N/A VGT. N/A
TETANUS N/A RGT. N/A
M.D. NONE

PMH ⊖

T 986 P 90 R 18 BF (130/70) M.D. Noted of P/B/P Patient Noted of P/B/P Signature: Ameshwari RN

PATIENT CARE PROGRESS NOTES

TIME
3/6/91 10:00 AM
See Dr. last for the to x-ray.
Ex sup 2nd toe. Buddy-taped toes
w/ Arch & instructions w/ ice, elevate
Gibson

Report Given To: _____ Report Given By: _____
Disposition: Home Admitted to Unit _____
M.D. _____ Admitting Diagnosis: _____
Patient's Clothing: Home With Patient Values: Home With Patient To Sale Valuables Envelope No. _____

Parents Clothing: Home With Patient Values: Home With Patient To Sale Valuables Envelope No. _____

VALUABLES LIST _____

8750-88-1A

Norwood Hospital

800 Washington Street
Norwood, Massachusetts 02062
Telephone (617) 789-4000

New
DIAGNOSTIC RADIOLOGY
ULTRASOUND
COMPUTERIZED TOMOGRAPHY
NUCLEAR MEDICINE
MRI

MAR -6 AM 9:26

ATT. DR. ASHENFELTER, A. TOM		ADMIT DATE 03/06/91		NORWOOD HOSPITAL Norwood, MA	
TO ER RADIOL	FROM EMERGENCY	DATE/TIME OF REQUEST 3/06/91 9:30	CLERK SCER	MR. # 289016	Date 3/06/91
ORDER NO. 339467	ORDERING PHYSICIAN ASHENFELTER, A. TOM	PRIORITY STAT	FAC 1	Name LAKE	
ACCOUNT NO. 761549	SEX M	AGE 35Y	BIRTH DATE 2/01/55	MED. REC. NO. 289016	CONTRAST 3
LAKE			CHARLES	#FILMS 3	PT INITIALS JK
PAINFUL LEFT FOOT DROPPED PALLET ON FOOT R/O FX.					
***** PERTINENT HISTORY AND DIAGNOSIS ARE REQUIRED FOR ALL EXAMS *****					
***** 432-3223 FOOT #1 *****					
LEFT FOOT: (3 views) There is evidence of small chip fracture of the tip of distal phalanx of the second toe with minimal separation of fracture fragments seen. there is no other fracture demonstrated. Joint spaces appear within normal limits.					
IMPRESSION: CHIP FRACTURE DISTAL PHALANX OF THE SECOND TOE.					

I. HOOSHMAND, MD
D&T 3/6/91
k

[Back](#)