

Date	Temp.	Time	Charge	Item
10/13/23				
	T 102.1 P 120 2 shaking			pt is BAR. Took pt outside. Clean pt vomit pt is feeding her baby. pt got recovery & eat all of it. The baby are BAR. Called o with update. Told o they can get her & the baby (CR)
				Rx: Amoxicillin 500mg #14 1 cap PO BID x 7 days } Per Dr. Menard Carprofen 100mg #3 - 1/2 + po BID PRN

10/14/23 10:20A CB/PTD: pt doing really well, being a good MAMA + BABIES ARE doing well (CR)

10/11/24 11:00am

PHYSICAL EXAM Name: Steve

General Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal 1	Integumentary <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal 2 <input type="checkbox"/> No Exam	Musculo-Skeletal <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal 3 <input type="checkbox"/> No Exam	Circulatory <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal 4 <input type="checkbox"/> No Exam
Respiratory <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal 5 <input type="checkbox"/> No Exam	Digestive <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal 6 <input type="checkbox"/> No Exam	Genito-Urinary <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal 7 <input type="checkbox"/> No Exam	Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal 8 <input type="checkbox"/> No Exam
Ears <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal 9 <input type="checkbox"/> No Exam	Neural Systems <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal 10 <input type="checkbox"/> No Exam	Lymph Nodes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal 11 <input type="checkbox"/> No Exam	Mucous Membranes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal 12 <input type="checkbox"/> No Exam
Dental <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal 13 <input type="checkbox"/> No Exam	Describe Abnormal using the numbers above: T <u>100.4F</u> P <u>126</u> R <u>part</u> WI <u>66.6</u> <u>surface</u> <input checked="" type="checkbox"/> Scale <input type="checkbox"/> Est		

- OFA X-rays ELBOWS/HIPS + Microchip
- last food about 6pm last night, last water something this morning
- FID/PLV normal, no c/s/UID
- NO RX TX, ut supp.
- No known medical conditions
- No other Qu C from o (DS)

Send X-ray & paper work to application ofa @ 2:11pm (CR)

SURGICAL SUMMARY DATE 10/11/24

NAME Steve LAB: Y (N)

PROCEDURE: Sedated OFA rads X-RAYS (Y) (N)

PRE-ANESTHESIA: See Sx Sheet

INDUCTION: See Sx Sheet

ANESTHESIA: See Sx Sheet TIME _____

MONITOR SYSTEM Tech

FLUIDS: N/A

CLOSURE: MUSC. _____ PERITON _____
 SUBQ _____ SKIN _____

SURGICAL OBSERVATION: _____

SURGEON: RG ASST: DS/DT

- OFA x-rays - dorsal recumb - good positioning
- thick neck bilateral - good seating
- Probable GOOD rating (CR)