



Worker's Compensation Court

Back to Digital Index

SANDRA ROQUEMORE

Plaintiff

vs

AMERICAN GUARD SERVICES, DBA

Defendant

Case Number: **ADJ13818144**

Worker's Compensation Subpoena
Duces Tecum

Claim Number: **UW2000031101**

**RECORDS PERTAINING TO:
SANDRA ROQUEMORE**

**RECORDS FROM:
MARTIN LUTHER KING OUTPATIENT CENTER**

ATTN: CUSTODIAN OF RECORDS
1670 EAST 120TH ST
LOS ANGELES, CA 90054

CLIENT ORDERING RECORDS:
DJG LAW GROUP, INC.
ATTN: DAVID J. GONZALES, ESQ.
8181 EAST KAISER BLVD #100
ANAHEIM HILLS, CA 92808

OPPOSING PARTY:
WORKERS DEFENDERS
ATTN:
8018 E. SANTA ANA CANYON RD. # 100-215
ANAHEIN, CA 92808



STATEWIDE RECORD SERVICES, INC.

P.O. BOX 15617

SACRAMENTO, CA 95852-0617

(916) 344-0446 FAX (916) 344-0104

Order#: 52918-04/STCVR



PHOTOCOPIED RECORDS - COMPLETED REPORT

DJG LAW GROUP, INC.
DAVID J. GONZALES, ESQ.
8181 EAST KAISER BLVD #100
ANAHEIM HILLS, CA 92808

RE: CASE NAME: SANDRA ROQUEMORE vs. AMERICAN GUARD SERVICES, DBA
COURT: Worker's Compensation Court
CASE NUMBER: ADJ13818144
YOUR FILE #: UW2000031101
OUR FILE #: 52918
FACILITY: MARTIN LUTHER KING OUTPATIENT CENTER
PATIENT NAME: SANDRA ROQUEMORE

Dear Mr. Gonzales:

Your request to photocopy records at the above referenced location has been completed. A copy of the records has been shipped to:

DAVID J. GONZALES, ESQ.
DJG LAW GROUP, INC.
8181 EAST KAISER BLVD #100
ANAHEIM HILLS, CA 92808
Date Shipped: APR 13 2021

WORKERS DEFENDERS
8018 E. SANTA ANA CANYON RD. # 100-215
ANAHEIN, CA 92808
Date Shipped: APR 13 2021

PATRICIA CARRUTHERS
NEXT LEVEL ADMINISTRATORS
P.O. BOX 1061
BRADENTON, FL 34206
Date Shipped: APR 13 2021

Thank you for choosing STATEWIDE RECORD SERVICES, INC. to assist you.
If you have any questions or coments, please feel free to contact our office.

Respectfully Submitted,

Alfonso Velasco

WORKERS' COMPENSATION APPEALS BOARD

SANDRA ROQUEMORE

Claimant/Applicant

vs.

AMERICAN GUARD SERVICES, DBA

Employer/Insurance Carrier/Defendant

CASE NO. ADJ13818144

(If application has been filed, case number must be indicated regardless of date of injury.)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using the above Case No. or attaching copy of the subpoena.)

Where no application has been filed for injuries on or after January 1, 1990 and before January 1, 1994, subpoena will be valid without a case number, but subpoena must be served on claimant and employer and/or insurance carrier.

See Instructions below.*

The People of the State of California Send Greetings to:

MARTIN LUTHER KING OUTPATIENT CENTER

WE COMMAND YOU to appear before: **STATEWIDE RECORD SERVICES, INC.**
at **P.O. BOX 15617, SACRAMENTO, CA 95852-0617 Phone:(916) 344-0446**

on **March 11, 2021** at **10:00 AM** to testify in the above-entitled matter and to bring with you and produce the following described documents, papers, books and records:

ANY & ALL MEDICAL RECORDS (IN-PATIENT/OUT-PATIENT) INCLUDING BUT NOT LIMITED TO PHARMACY/PRESCRIPTION RECORDS, DOCTORS/NURSES NOTES, RADIOLOGY REPORTS, ECHOCARDIOGRAMS, CHART NOTES, HANDWRITTEN NOTES, QUESTIONNAIRES, INTAKE FORMS, REPORTS, WRITINGS, CORRESPONDENCE, INDUSTRIAL & NON INDUSTRIAL INJURIES, PRIOR INJURIES, STORAGE RECORDS OR ANY OTHER DOCUMENTS PERTAINING TO: SANDRA ROQUEMORE, DOB: , SSN#: 564-92-3586

(Do not produce X-rays unless specifically mentioned above)

For failure to attend and to produce said documents you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date: **February 24, 2021**

WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA



Secretary, Worker's Compensation Judge

***FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990
AND BEFORE JANUARY 1, 1994:**

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

**SEE REVERSE SIDE
[SUBPOENA INVALID WITHOUT DECLARATION]**

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and place stated above within (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from this Board that deposit of the witness fee has been made in accordance with Gov't Code 68097.2 et seq.

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ13818144

STATE OF CALIFORNIA, County of ORANGE

The undersigned states:

That STATEWIDE RECORD SERVICES, INC. is (one of) DJG LAW GROUP, INC. representative(s) for the Defendant in the action captioned on the reverse hereof.

That MARTIN LUTHER KING OUTPATIENT CENTER

has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

The records sought are relevant to the claim/case and may lead to discoverable evidence.

These records may contain information that will help in the resolution of this claim/case.

Declaration for Injuries on or After January 1, 1990 and before January 1, 1994.

- o That an Employee's Claim for Workers' Compensation Benefits (DWC FORM 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check box if applicable and part of declaration below. See instructions on front of subpoena.)

I declare under penalty of perjury that the foregoing is true and correct.

February 24, 2021 at ANAHEIM HILLS, California.

DJG LAW GROUP, INC.
8181 EAST KAISER BLVD #100
ANAHEIM HILLS, CA 92808

/s/ DAVID J. GONZALES, ESQ.

(714) 637-4100

Signature

Address

Telephone

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of

Sacramento

I, the undersigned, state that: I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Name of person served

Date of service

Place

USPS

2/24

1670 E. 120th St.

LOS ANGELES, CA

90054

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

2/24/21

at

Sacramento

, California.

[Handwritten Signature]

Signature



STATEWIDE RECORD SERVICES, INC.

PROOF OF SERVICE BY MAIL CCP 1013A

Case No. ADJ13818144

Case Name: SANDRA ROQUEMORE
vs.
AMERICAN GUARD SERVICES, DBA

I am a resident of the State of California, County of Sacramento. I am over the age of eighteen years and not a party to the entitled action; my business address is P.O. BOX 15617, SACRAMENTO, CA 95852-0617.

On February 24, 2021 I served this Notice of Taking Deposition (if applicable)/ Notice to Consumer (if applicable) along with the Subpoena and Affidavit in Support of Issuance (if applicable) on the attorneys for all appearing parties in said action, by placing a true copy thereof enclosed in a sealed envelope; with postage thereon fully prepaid, in the United States mail at SACRAMENTO, CA, addresses as follows:

**WORKERS DEFENDERS
8018 E. SANTA ANA CANYON RD. # 100-215
ANAHEIN, CA 92808**

I declare under penalty of perjury that the forgoing is true and correct. Executed on February 24, 2021, at SACRAMENTO, CA.

Sincerely,

JESSE BONILLA

Order#: 52918-04/CPROOF23

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) DJG LAW GROUP, INC. DAVID J. GONZALES, ESQ. 8181 EAST KAISER BLVD #100 ANAHEIM HILLS, CA 92808 TELEPHONE NO: (714) 637-4100 FAX NO: (714) 637-4102 E-MAIL ADDRESS: ATTORNEY FOR (Name): Defendant	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 1065 N. PacifiCenter Dr., Suite #170 MAILING ADDRESS: CITY AND ZIP CODE: Anaheim 92806 BRANCH NAME: Anaheim	
PLAINTIFF/PETITIONER: SANDRA ROQUEMORE DEFENDANT/RESPONDENT: AMERICAN GUARD SERVICES, DBA	CASE NUMBER: ADJ13818144
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3, 1985.6)	

NOTICE TO CONSUMER OR EMPLOYEE

TO (name): **SANDRA ROQUEMORE AND/OR ATTORNEY OF RECORD**

- PLEASE TAKE NOTICE THAT REQUESTING PARTY (name): **DJG LAW GROUP, INC.**
 SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (specify date): **March 11, 2021**
 The records are described in the subpoena directed to **witness** (specify name and address of person or entity from whom records are sought):
MARTIN LUTHER KING OUTPATIENT CENTER 1670 EAST 120TH ST, LOS ANGELES, CA 90054
 A copy of the subpoena is attached.
- IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED IN ITEM a. OR b. BELOW:
 - If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for the production of the records.
 - If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should not be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
- YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: **February 24, 2021**

DAVID J. GONZALES, ESQ.

(TYPE OR PRINT NAME)



/S/ DAVID J. GONZALES, ESQ.

(SIGNATURE OF REQUESTING PARTY ATTORNEY)

OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

- I object to the production of all of my records specified in the subpoena.
- I object only to the production of the following specified records:
- The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

(See next page for proof of service)

PLAINTIFF/PETITIONER: SANDRA ROQUEMORE DEFENDANT/RESPONDENT: AMERICA GUARD SERVICES, DBA	CASE NUMBER: ADJ13818144
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PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION

(Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
 - a. **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:

(1) Name of person served:	(3) Date served:
(2) Address:	(4) Time served:
 - b. **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served: WORKERS DEFENDERS	(3) Date of mailing: 2/24/2021
(2) Address: 8018 E. SANTA ANA CANYON RD. # 100-215, ANAHEIM, CA 92808	(4) Place of mailing: SACRAMENTO, CA
- c. My residence or business address is (specify): **P.O. BOX 15617, SACRAMENTO, CA 95852-0617**
- d. My phone number is (specify): **(916) 344-0446**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 2/24/2021

JESSE BONILLA

(TYPE OR PRINT NAME OF PERSON WHO SERVED)



(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS

(Code of Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Objection to Production of Records* as follow (complete either a or b):
 - a. **ON THE REQUESTING PARTY**
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):
 - b. **ON THE WITNESS:**
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):
- (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.

3. My residence or business address is (specify):

4. My phone number is (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)



(SIGNATURE OF PERSON WHO SERVED)



Martin Luther King, Jr.
OUTPATIENT CENTER

Statewide Record Service 52918-04
Sandra Roquemore 02/11/1955

AFFIDAVIT

State of California
County of Los Angeles

Los Angeles County
Board of Supervisors

Hilda Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

Yolanda Vera
Chief Executive Officer

Ellen Rothman, MD
Chief Medical Officer

Administration
Leroy Weeks Building - 2A
1670 East 120th Street
Los Angeles, CA 90059

Tel: (424) 338-1001
Fax: (310) 223-1089

Facility: (424) 338-1000

I, Vanessa Crawford, am the duly authorized custodian of medical records for Martin Luther King, Jr., Outpatient Care Center and have the authority to certify said records. That the copy of the record(s) attached to this affidavit is a true copy of all records described in the Subpoena Duces Tecum **MEDICAL records**.

The records were prepared by the personnel of the hospital, staff physicians or persons acting within the course of hospital business at or near the time of the act, condition or event.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this day April 9, 2021

Vanessa Crawford
Vanessa Crawford, RHIT
Custodian of Records

fg



Health Services
www.ladhs.org

ADULT OUTPATIENT PHYSICAL FORM

DATE: 10/12/99

PROBLEMS

Time: 11:25 Ht 5'5 1/2 Wt 130 T 98.3 BP 132/84 P 69 R 18

Problems: 44 y/o AA F same today ep of coal & 1 wk and pepel med

Medications: Hydroxyzine 25mg

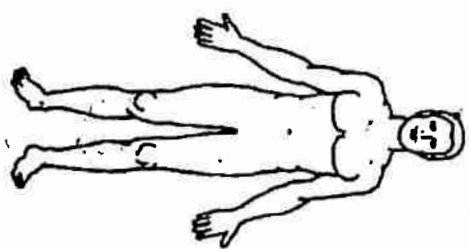
Allergies:

Nurse's Signature:

Reviewed by provider (Initial):

PHYSICAL EXAM.

	Neg	Norm	Defect		Neg	Norm	Defect		Neg	Norm	Defect	
Head, Scalp	<input checked="" type="checkbox"/>	<input type="checkbox"/>		ABDOMEN	Abdominal Masses	<input type="checkbox"/>	<input type="checkbox"/>	DERM	Skin Lesions	<input type="checkbox"/>	<input type="checkbox"/>	
Lids-Sclera-Conj.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Red Guts</i>		Abdominal Tend	<input type="checkbox"/>	<input type="checkbox"/>		Nail Beds - Fingers	<input type="checkbox"/>	<input type="checkbox"/>	
Eye Muscles	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Liver / Spleen	<input type="checkbox"/>	<input type="checkbox"/>		Toes	<input type="checkbox"/>	<input type="checkbox"/>	
Pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Abdominal Bruits	<input type="checkbox"/>	<input type="checkbox"/>		Neck	<input type="checkbox"/>	<input type="checkbox"/>	
Fundi	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Hernia	<input type="checkbox"/>	<input type="checkbox"/>		Shoulders	<input type="checkbox"/>	<input type="checkbox"/>	
Ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Inguinal Nodes	<input type="checkbox"/>	<input type="checkbox"/>		Elbows	<input type="checkbox"/>	<input type="checkbox"/>	
Nose / Sinuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Pulses - Femoral	<input type="checkbox"/>	<input type="checkbox"/>		Wrists	<input type="checkbox"/>	<input type="checkbox"/>	
Teeth / Gums	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Popliteal	<input type="checkbox"/>	<input type="checkbox"/>		Fingers	<input type="checkbox"/>	<input type="checkbox"/>	
Pharynx	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Post Tibial	<input type="checkbox"/>	<input type="checkbox"/>		Back	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Dorsalis Pedis	<input type="checkbox"/>	<input type="checkbox"/>		Hips	<input type="checkbox"/>	<input type="checkbox"/>	
Neck Glands	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>(H) Lymph Node</i>	Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	Knees	<input type="checkbox"/>	<input type="checkbox"/>			
Carotid Bruits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pedal Edema	<input type="checkbox"/>	<input type="checkbox"/>	Ankles / Feet	<input type="checkbox"/>	<input type="checkbox"/>			
Chest Lungs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		♀ - Vulva/Vagina	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>			
Heart-Apex (Location)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Adnexae	<input type="checkbox"/>	<input type="checkbox"/>	Gait	<input type="checkbox"/>	<input type="checkbox"/>			
Heart Sound	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Cervix	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Atrophy	<input type="checkbox"/>	<input type="checkbox"/>			
Murmurs / Thrills	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Uterus	<input type="checkbox"/>	<input type="checkbox"/>	Cranial Nerves	<input type="checkbox"/>	<input type="checkbox"/>			
Breasts & Nipples	<input type="checkbox"/>	<input type="checkbox"/>		Genitalia - (Male)	<input type="checkbox"/>	<input type="checkbox"/>	Reflexes	<input type="checkbox"/>	<input type="checkbox"/>			
Axillary Nodes	<input type="checkbox"/>	<input type="checkbox"/>		- Prostate	<input type="checkbox"/>	<input type="checkbox"/>	Romberg	<input type="checkbox"/>	<input type="checkbox"/>			
				Ano-Rectal	<input type="checkbox"/>	<input type="checkbox"/>	Babinski	<input type="checkbox"/>	<input type="checkbox"/>			
							Sensory	<input type="checkbox"/>	<input type="checkbox"/>			
							Motor	<input type="checkbox"/>	<input type="checkbox"/>			



PATIENT IDENTIFICATION

ADULT OUTPATIENT PHYSICAL FORM

Signature: *Rand Taylor MD* Date: *10/12/99*

ROQUENORE, SANDRA
 0639745
 02/11/1955 F BU ENGLISH
 SSD10 COY A

ASSESSMENT

*Pilot Boston Consultants
w/o HIV exposure
Ichtosus*

*Agenda copy
sent TAD 8/2*

PLAN

*1) Blood 10 copies sent TAD 8/2 QID
2) HIV Ab. 3) Pharyngeal swab by TAD 8/2 QID*

1 Health Maintenance

- PPD
- Tetanus Booster
- Cholesterol Level
- PAP Smear
- GC Culture
- Chlamydia Screen
- Wet mount
- Mammography
- CBC
- Chem Panel
- UA

2 Patient Education

- Discussed Exercise
- Discussed Smoking Cessation
- Discussed Weight loss
- Discussed Breast self exam
- Discussed genital self exam
- Discussed Nutrition
- Discussed STD Prevention

COMMENTS:

Be [unclear]

Multiple horizontal lines for handwritten notes.

Roy [unclear]
Provider Signature 10/12/99
Date

ADULT OUTPATIENT PHYSICAL FORM

DATE: JAN 11 2008

Time: Ht 55 1/2" Wt 134 T 97.5 BP 131/87 P 96 R 24

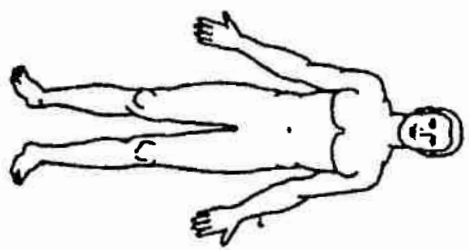
Problems: Medications:

Allergies: Nurse's Signature: [Signature]

Reviewed by provider (initial): [Initials]

PHYSICAL EXAM:

Table with columns for Neg/Normal/Defect and rows for various body systems: HEAD, CHEST, ABDOMEN, EXTREMITIES, GENITIA, ANO-RECT, DERM, JOINTS, NEUROLOGICAL.



SKIN - malar dyschromia on 2/3 anteriors of chest + mild scaling present

ADULT OUTPATIENT PHYSICAL FORM

Signature: [Signature] Date: JAN 11 2008

PATIENT IDENTIFICATION

WILKINSON, SANDRA 0539745 02/11/1955 F BU ENGLISH 3 SSD10 COV A

PLAN Zovirax treatment 0.1% Qd/TID program

1 Health Maintenance

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> PPD | <input type="checkbox"/> PAP Smear | <input type="checkbox"/> Mammography |
| <input type="checkbox"/> Tetanus Booster | <input type="checkbox"/> GC Culture | <input type="checkbox"/> CBC |
| <input type="checkbox"/> Cholesterol Level | <input type="checkbox"/> Chlamydia Screen | <input type="checkbox"/> Chem Panel |
| | <input type="checkbox"/> Wet mount | <input type="checkbox"/> UA |

2 Patient Education

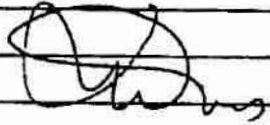
- | | |
|--|--|
| <input type="checkbox"/> Discussed Exercise | <input type="checkbox"/> Discussed Breast self exam |
| <input type="checkbox"/> Discussed Smoking Cessation | <input type="checkbox"/> Discussed genital self exam |
| <input type="checkbox"/> Discussed Weight loss | <input type="checkbox"/> Discussed Nutrition |
| | <input type="checkbox"/> Discussed STD Prevention |

COMMENTS:

ASC 2 week


 Provider Signature

11/1/00
 Date

DATE	DESCRIPTION
2/15/55	<p>At home for follow-up of infected occipital sebaceous cyst. Moderate pain. Drainage persistent & thick. Had new samples (pt has 2 days Keflex left)</p> <p>Exam - A x 2 in HD @ 200x on back.</p> <p>Site - (A) 1x2cm open ulceration over indurated 2x3 cm (B) occipital lesion</p> <p>- minimal purulent drainage expressed</p> <p>- @ anal drainage on dressing removed (pt states dressing changed this AM)</p>
	<p>At Right Occipital Sebaceous Cyst filled & superficial ulceration</p>
	<p>7/10 Continue to Keflex - prescript renewed for 2 days</p>
	<p>(2) Pt deconstructed in wound care - 2x2 gauze + tape given to pt</p>
	<p>(3) Plan ill to Dr. Cohen + pt.</p> <p>for weeks for consideration of excision once infection clears</p>
	<p style="text-align: right;">  Sandra Roque-More 2/15/55 </p>

MARTIN LUTHER KING, JR./DREW MEDICAL CENTER
County of Los Angeles • Department of Health Services

ROQUE-MORE, SANDRA

0639745

IMPRINT PATIENTS I.D.

02/11/1955

F BU ENGLISH

NAME

MILK NO.

DATE OF BIRTH

DISTRIBUTION
WHITE Pl. Chart
CANARY Clinic File

OTOLARYNGOLOGY
OUTPATIENT CLINIC

IMPORTANT: Date Each Entry
In Column Indicated

DATE	DESCRIPTION
8-9-01	<p>46 yr old AAF pt c/w long hist of head & 4 months - it w/ small nose growing - pain is mild to med pt went to WATTS Health - Physicians open area & sent to lab. Today pt is better - less pressure - pt denies any NT loss, no visual problems -</p>
	<p>current meds: Benzocaine MOTRIN 600mg pain pain Cephalexin 500mg q 6h</p>
	<p>O: Face: Symmetrical Ears: AD SAC clear TM wnl AS SAC clear TM wnl Nose: Nares open turb 1+</p>
	<p>soften straight oral - mucosa, tonsils 1+ post occipital area - 7x3x3cm mass - non fixed. tender to palpation no regional L.N.</p>
	<p>AD Prob infected seb. cyst post occipital area Parent -> antibiotic @ RTC 8-15-01 @ 1pm</p>
	<p><i>[Handwritten signature]</i></p>

MARTIN LUTHER KING, JR./DREW MEDICAL CENTER
County of Los Angeles • Department of Health Services

DISTRIBUTION
WHITE Pl. Chart
CANARY ... Clinic File

IMPRINT PATIENT'S I.D.
ROQUEMORE, SANDRA
0639745
NAME 02/11/1955 F BU ENGLISH
MILK NO.
DATE OF BIRTH

PRELIMINARY MEDICAL EXAMINATION

4/7/01

CHIEF COMPLAINT—
HISTORY & PHYSICAL

TEMPERATURE 97.9
PULSE 96
RESPIRATION 14
BLOOD PRESSURE 142/86

The Preliminary Medical Exam must be completed by a Physician.

TAKEN TO UNIT

46 y/o Bp presented to ER w/ Rt side of neck pain and swelling x 1 month of FIC, blood loss & sibs of skin

PROBLEM
Rt neck mass

LAB & X-RAY
CHECK (✓) IF DONE
 HCT
 WBC
 SMA-8
 URINALYSIS
 PRO TIME
 EKG
 Chest X-Ray ENT
 Hamilton
 501 9537

IDENT COMPLETE

MEDICAL EXAM COMPLETE

All NFA
Med none
WD B&K VAD
HEENT PERMANENT
6x6cm firm immobile post-auricular mass located Rt side of neck.

TREATMENT & RECOMMENDATION
Tylenol

ARRIVED MEDICAL EXAM

trachea midline
lungs C7A3
Heart S.S. PRR
abd soft NTBS
Ext DICT

ARRIVE RECEPTION DESK

(Attach Progress Note and continue)

EXAMINED BY DR. TRAU PHYSICIAN'S NO. 4786 CAN PATIENT BE RELEASED OUT? YES NO DISABILITY YES NO VETERAN YES NO

ADMITTED TO Dichone UNIT ENT DATE 8/5/01 TIME 1305 AM PM

THIS HOSPITALIZATION IS NECESSARY FOR TREATMENT OF AN EMERGENCY CONDITION
EMERGENCY CONSENT: This is to certify that delay necessary to obtain complete consent for treatment would be detrimental to the recovery of this patient.

DR. LIMITED CONSENT CONSENT COMPLETE EMANCIPATED MINOR CONSENT INCOMPLETE

PATIENT INFORMATION

ADDRESS OF PATIENT: 368 E. 108TH ST, LOS ANGELES, CA 90059-323-563-9615

BIRTHDATE: 02/11/55 AGE: 46Y SEX: F RACE: BU BIRTHPLACE: CALI

PERSON TO NOTIFY: RELATION: ADDRESS OF PERSON TO NOTIFY: CITY: STATE/ZIP: PHONE:

RELIGION: BAP MARRIAGE STATUS: S FULL NAME OF SPOUSE: D.L.S. CARRIER CODES: 000

MOTHER'S MARRIAGE NAME: ILLIS FATHER'S FULL NAME: EDWARDS, CLAUDIE INFO FROM: PATIENT

CAME TO HOSP VIA: TAXI IN ARMS WALKED BUS AUTO PRIVATE SHERIFF POLICE AMBULANCE PRIVATE COUNTY POLICE

REFERRED HERE BY: EMERGENCY ROOM ADDRESS: CITY: PHONE:

STATE AND NUMBER: 0 COV ELIG DATE LIABILITY TRANS PWP SOCIAL SECURITY NO. 564-92-3586P

IMPRINT PATIENT'S I.D. NO. 4134759 DATE 08/05/01
ADMISSION NO. 08/05/2001 8:49 AM
UNIT: 00063-97-45
NAME: ROGUEMORE, SANDRA

CLINIC: GENERAL OCULOPLASTY PEDIATRICS CONTACT LENS
 GLAUCOMA RETINA CORNEA ROUNDS PRESENTATION
 COI: ER INPATIENT OUTPATIENT

PRIMARY PROBLEM: 45 yr BF FIU R lower lid

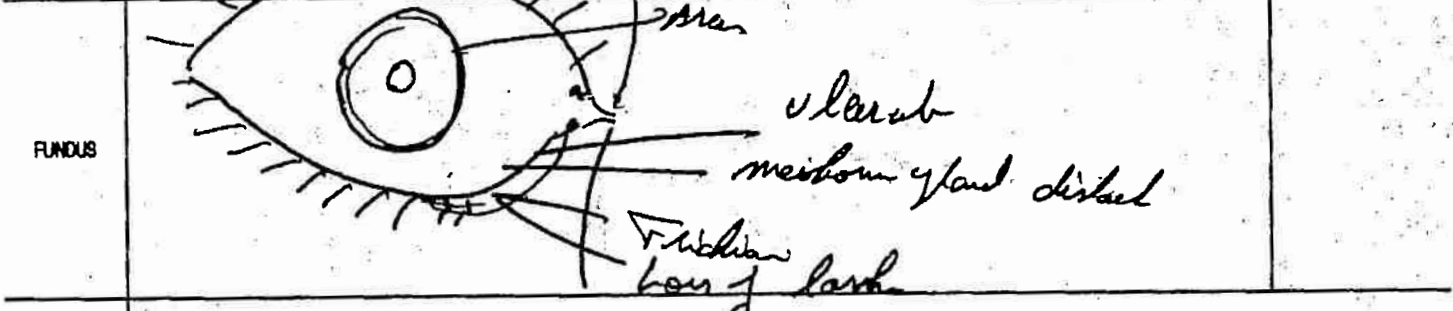
MEDICATIONS:

VISUAL ACUITY: VA CL 20/20 20/30 PH < 20/25 Mautolege NA

REFRACTION:

EXTERNAL EXAM:

BLE:



AUXILIARY TESTS:

PROCEDURES PERFORMED: YES NO IF YES, SPECIFY: CPT CODE

DIAGNOSIS:
 1 - R lower lid lvs - lid band all c/w R lvs
 2 - R lower lid Ectropion / Trichiasis / Lash
 3 -

DISPOSITION: RVC for pt. Henry 2/13/01

PHYSICIAN'S NAME (Please Print):
 PHYSICIAN'S SIGNATURE: [Signature] MD
 IMPRINT PATIENT'S I.D. NAME, MLK NO., D.O.B.

VISUAL ACUITY

FUNDUS

SC	OD	OS	PH	OD	OS
	20/50	20/30	1	N	N

DILATED UNDILATED 1-24-01

PRESENT RX		REFRACTION	
OD		OD	+1.00 2/120
OS		OS	+1.25 2/120

DISO

EXTERNAL EXAM

EOMS, PUPIL, ETC.

P4-72
4-72 *1/100*
F.M. Full

RETINA

BLIT LAMP

LIDS	OD	OS
	<i>Edema lat lens</i> <i>1x0.5cm</i>	<i>w.c.</i>
CONJUNCTIVA	OD	OS
	<i>Melan</i>	<i>Melan</i>
CORNEA	OD	OS
	<i>Alan</i>	<i>Alan</i>
ANTERIOR CHAMBER	OD	OS
	<i>Dx 2</i>	<i>Dx 2</i>
LENS	OD	OS
	<i>clx</i>	<i>clx</i>
IRIS	OS	OS
	<i>w.c.</i>	<i>w.c.</i>
OTHER	OD	OS

ANCLLIARY TEST

TONOMETRY

OD	OS	TIME
<i>18</i>	<i>18</i>	<i>3.05</i>

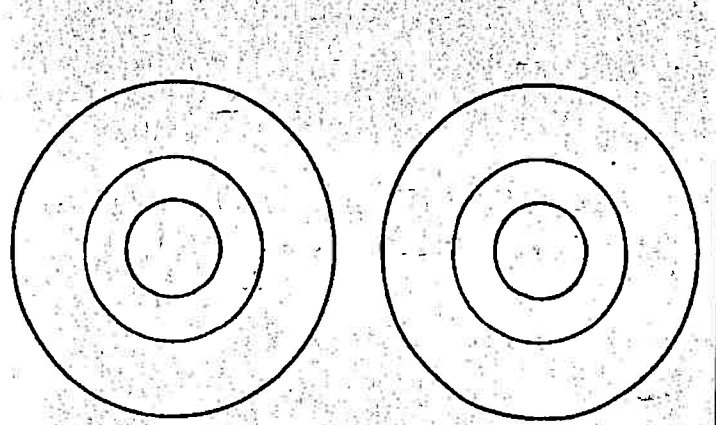
PROCEDURES PERFORMED

YES
 NO

SPECIFY

CPT CODE

GONIOSCOPY



IMPRESSION

DIAGNOSIS

1 *Edema lat lens (Basal cell CA)*

2

3

DISPOSITION

RTC 1/30/01 for 1-2
1/30/01

IMPRINT PATIENT'S I.D.

NAME *ROQUEMORE, SANDRA*
0639745

MLK NO. *01/22/1955* *F BU ENGLISH*

D.O.B.

12/12
HS

INITIAL EXAMINATION
Ophthalmology

MARTIN LUTHER KING, JR./DREW
MEDICAL CENTER

TODAY'S DATE
1-24-01

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

NEW PATIENT
 YES NO
FIRST VISIT DATE

MALE FEMALE
AGE: 45
 HISPANIC 1 (BORN IN MEXICO/MEXICAN PARENTS)
 HISPANIC 2 (BORN IN U.S./MEXICAN PARENTS)
 HISPANIC 3 (NON-MEXICAN)
 BLACK 1 (AMERICAN BLACK)
 BLACK 2 (NON-AMER.)
 ASIAN
 WHITE
 MIXED
 OTHER

PATIENT'S HOME ADDRESS: 1368 E 108 ST LA CITY: ZIP CODE: 90059 TELEPHONE: (323) 563-9615

CONSULTATION
 YES NO
 ER INPATIENT OUTPATIENT

FAMILY HISTORY
 YES NO

PATIENT'S MEDICAL HISTORY
DIABETES: YES NO
HYPERTENSION: YES NO
SICKLE CELL: YES NO
ALLERGIES: YES NO
OTHER: Good Health

EYE HISTORY
wears glasses since 1993

PREVIOUS EYE SURGERY/LASER: YES NO
IF "YES" SPECIFY

MEDICATION
SYSTEMIC: KAFIX
TOPICAL: Gentamycin

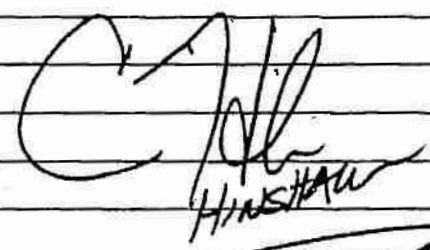

NURSE ASSESSMENT
45 yo f, here + complete exam. Clo
very busy, lids red. OD was BX E OD
w/loss yesterday, but had symptoms x, no
SIGNATURE: X [Signature]

PATIENT'S COMPLAINT
LIS to AA & here for eval of R hand l
[Signature]

PHYSICIAN'S NAME (PLEASE PRINT):
PHYSICIAN'S SIGNATURE: [Signature]

NAME: ROQUEMORE, SANDRA
MLX NO.: 0639745
01/22/1955 F PU ENGLISH
D.O.B.

Amshew

DATE	USE BALL POINT PEN • PRESS HARD • YOU ARE MAKING TWO COPIES
5-19-99	<p style="text-align: center;"><i>Dermatology</i></p> <p>44y.o. AA ♀ free for FU Atopic Dermatitis Out of med Washinj TACO.1% oint BID</p> <p>PE- thickened plaques from head to toe</p> <p>Biopsy atopic Dermatitis</p> <p>A) Atopic Dermatitis</p> <p>B) - Cont TACO.1% oint BID - Trial of puvon oint to @ dorsal hand BID - Atarax 25mg P.O. Q.H.S. PRN itch - Zyrtec 10mg P.O. Q.A.M. PRN itch - RITC 6wks.</p> <div style="text-align: right; margin-top: 20px;">  Hirstaw  </div>

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County of Los Angeles
Department of Health Services

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IMPRINT PATIENT'S I.D.

Roquemora, Sandra
639745
1-22-55

Hinskey/Robinson

IMPORTANT: DATE EACH ENTRY IN COLUMN INDICATED

DERMATOLOGY OUTPATIENT CLINIC - Follow-Up

DATE

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3-19-99

Dermatology

Pt. here for fln; notes improvement. Ran out of Meds x 2 days. Says that itch subsided by med. Pt admits to rubbing

P.E.

widespread lichenoid plaques & dyschromia some excoriations;

AP: Atopic Dermatitis (diag although it. MFI bx x 4)

- continue TAC 0.1% ointment bid
- consider Top - Pajamas treatment (equal to pt)
- unable to afford body suit @ this time
- continue emolts (sapsol gel)
- continue Zyrtec 10mg qd
- continue Atarax 25mg qhs as per ita (and pt. at 500mg)

etc x 4 wks

Handwritten signature: Daniel Strachan

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03/27/95
01/02/1995 F 81

Hinschaw/Kriarbo

DATE	USE BALL POINT PEN • PRESS HARD • YOU ARE MAKING TWO COPIES
2-17-99	Derm
	43yo AA ♀ Plu for diffse atopic derm - now improved on TAC 0.1% oint bid - hysp ↓ pruritus on zyrtec 10 qd.
	PE: diffse lichenified plaques on chest, legs, arms, back
	<p>A/P. atopic derm (follow for concern of MF developing) - improved</p> <ul style="list-style-type: none"> - refill TAC 0.1% oint bid - cont zyrtec 10 mg qam > pm itch - cont atrox 25 mg qhs - gentle skin care
	<i>[Signature]</i>

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IMPRINT PATIENT'S I.D.

REGUENORE, SANDRA
029745
02/22/1995 F B O

BOX

IMPORTANT: DATE EACH ENTRY IN COLUMN INDICATED

DERMATOLOGY OUTPATIENT CLINIC - Follow-Up

DATE

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9-25-98

Path: ready per Dr. Chelot of Lichenoid dermatitis

PE: thickened lichenoid skin @ xerosis @ fissures on the hands.

Al: A) Erythroderma - of unknown etiology x 3 yrs
ANA ⊖, c/w lichenoid dermatitis on Path.

Plan
Cont UVB TLD
Demaseonthe oint BID
Atarax 25mg po q6h
Vaseline - BID to body areas
Zidex on hands BID
Bactran for open sites BID

H. [Signature]

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REGISTERED PATIENT'S I.D.
2030745
01/22/1995
ON ENGLISH

DERMATOLOGY OUTPATIENT CLINIC—Follow-Up

HLK-1380-DW (2/78) 11/87

Freeman / Hinshaw

OUTPATIENT notes should include 7 factors:

- (1) Reason for visit
- (2) Brief history of present illness and associated problems
- (3) Objective Data
- (4) Assessment of Data and Diagnosis
- (5) Plan and treatment protocol for this visit and future visits
- (6) Follow up instructions
- (7) LEGIBILITY including SIGNATURE and stamp or 4 DIGIT PHYSICIAN NUMBER

DATE	TIME	NOTES
12-02-58		<p><i>Dermatology</i></p> <p>43y.o AA ♀ seen for Erythematous rash seen last night & flares. TAC 0.1% used PC improvement.</p> <p>PC - Right hand plaques from head to toe</p> <p>A) Erythematous - Suspect atopic dermatitis however there is a concern for the development of MF</p> <p>P) - Cont TAC 0.1% Qid BID - Zephor 10mg Q.A.M PRN itch - Atarax 25mg P.O. Q.H.S. PRN pruritus - Nyctin 2mg regimen - ROC 2 tabs</p>
		<p><i>[Signature]</i></p> <p><i>[Signature]</i></p>

INPATIENT notes should:

- (1) Give a pertinent, chronological report of the patient's course in the hospital
- (2) Reflect any change in condition
- (3) Discuss results of treatment, complications of treatment and plans
- (4) Be dated, timed, written and signed with your I.D. number in a legible manner

IMPRINT PATIENT'S I.D.

NAME: [Faded]

MR. NO.: [Faded]

DATE OF BIRTH: [Faded]

Arnshaw/Heben

DATE USE BALL POINT PEN • PRESS HARD • YOU ARE MAKING TWO COPIES

9/23/98 43 y/o AA female - returns for follow up for diffuse involvement of the skin.

Path: lichenoid dermatitis

PE - lichenoid papules + plaques - diffuse - unpruritic. - soft w/ nodules - palpable (R) olecranon. - (L) planter surface - firm keratotic central plug within an undulated papule

A/C A) Lichenoid ~~dermatitis~~ ^{error: MF} ~~dermatitis~~ ^{error: MF} w/ Erythroderma. 1) Start UVB @ 60 mJ. (3x/weekly) 2) Demosmoother oil 3) Atarax 25mg po q 6-8 h pm prn. 4) Will recheck path. (shd to be reviewed by Dr. Chelot re: possible etiology AB vs MF) 5) Dry skin care regimen.

B) Corn - of (L) planter surface. - pared down w/ 15 blade -> Corn / central core removed

C) Soft tissue mass w/ cyst vs lipoma vs other. Plain films of (R) elbows.

DDx for Erythroderma. would include drug eruption, seborrhea, lymphoma, contact dermatitis, etc. but in this pt, suspect atopic dermatitis as a possible etiology, but M. lichenoid. ⊕ concern about potential for MF

[Signature]

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IMPRINT PATIENT'S I.D. ROO ENCOFE, SANDRA 020745 01/22/1995 F DU SH

LAC-MARTIN LUTHER KING JR., /DREW MEDICAL CENTER
12021 DOUTH WILMINGTON AVENUE
LOS ANGELES, CA 90059
(310) 668-4443

DEPARTMENT OF PATHOLOGY - I. GLEASON-JORDAN, M.D., DIRECTOR
SURGICAL PATHOLOGY REPORT

S98-3202

DATE: 07/07/98 AGE/SEX: 43Y F SERVICE: 2300 4I DERMATOLOGY
LMP: GRAVIDA: PARA: RACE:

REQUESTING PHYSICIAN: HINSHAW, CLAYTON

PREVIOUS CASES: S98-0511

PERTINENT CLINIC FINDINGS: 43 YEAR-OLD AFRICAN AMERICAN FEMALE WITH
LICHENIFIED PLAQUES FROM HEAD TO TOE.

PRE-OP DIAGNOSIS: RULE-OUT MYCOSIS FUNGOIDES VERSUS ATOPIC
DERMATITIS.

OPERATION: 3 MM PUNCH.

POST-OP DIAGNOSIS: NOT STATED.

SPECIMEN AND ORIGIN: RIGHT ARM.

SKIN BIOPSY OF RIGHT ARM.

FROZEN SECTION:

=====

GROSS DESCRIPTION: Received in fixative is a 3 mm punch biopsy of
deeply pigmented skin measuring up to 0.3 cm in depth. All in one
cassette.

MICROSCOPIC: Sections are from a skin biopsy and demonstrate
hyperkeratosis and acanthosis with a well-developed granular layer.
There is focal spongiosis of the stratum spinosum and an occasional
apoptotic cell is seen. Within the papillary dermis, there is pigment
incontinence and numerous lymphocytes and rare plasma cells are seen
primarily around vascular channels. Very rare eosinophils are seen.
The lymphocytes are not atypical nor are they cerebriform in
appearance. Microabscesses within the epidermis are not seen. The
changes seen in this biopsy are most consistent with an atopic
dermatitis.

DIAGNOSIS:

Skin biopsy,

Subacute and chronic dermatitis. (See comment)

NAME: ROQUEMORE, SANDRA
MLK NO: 0639745
DOB: 01/22/1955
PAGE 1

(continued on next page)

COMMENT: The changes seen in this biopsy are most consistent with an atopic dermatitis. As scattered eosinophils are seen, the infiltrate is primarily perivascular and the lymphocytes do not appear atypical. Dr. Gleason has reviewed this case and she concurs.

ym

T. Loya, M.D.

T LOYA
4928

PATHOLOGIST


THERESA LOYA, M.D.

NAME: ROQUEMORE, SANDRA
MLK NO: 0639745
DOB: 01/22/1955
PAGE 2

Hirstout
+
Tauben

IMPORTANT: DATE EACH ENTRY IN COLUMN INDICATED

DERMATOLOGY OUTPATIENT CLIN. --Follow-Up

DATE	USE BALL POINT PEN • PRESS HARD • YOU ARE MAKING TWO COPIES		
7-1-98	43y/o AA female, returns for follow up. It is currently exacerbated.		
	<table border="0"> <tr> <td data-bbox="231 393 542 497">Allergies NKDA</td> <td data-bbox="542 393 1532 497">PMH Allergies.</td> </tr> </table>	Allergies NKDA	PMH Allergies.
Allergies NKDA	PMH Allergies.		
	PE Diffuse - involvement of the skin w/ lichenified papules.		
	<p>ADP r/o Atopic Dermatitis vs Mycosis Fungoides</p> <ol style="list-style-type: none"> 1) Cont.: TAC out O.D. BID 2) Atarax 25mg po q 6-8h - prn pruritus 3) Dry skin care regimen 4) Refluxing 7/7/98. 		
	<p style="text-align: right;">M. Tauben</p> 		

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ROQUEMORE, SANDRA
0239745
01/22/1955 F BU F I I SH

Trehan

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DERMATOLOGY OUTPATIENT CLINIC - Follow-Up

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DATE
2-17-98

Dermatology

43 y.o. AA ♀ seen for 3mm punch biopsy
Rt. Nasal bridge. Pt. concerned
Area pruned & dried in a stage fish
After antibiotic x 100. 19th day eye
Up a 3mm punch a biopsy started
from same. Wound closed - S.O. Demolished.

- Wound car repaired in clinic
- Bacitracin ointment given
- RTC. Thus 10TH for S/R

[Signature]
H. N. SHAW

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SANDRA
1998 FEB 19 11 55 AM

Hirshaw

DATE	USE BALL POINT PEN • PRESS HARD • YOU ARE MAKING TWO COPIES
5-15-98	Dermatology
	<p>43y.o. AA ♀ recently admitted felony for laceration, subsequent lacer. of hand surgical procedure performed on TAC. No ant. c. involved @ present</p>
	<p>PE - Reticular Plaques from head to toe some Dring of palms</p>
	<p>A) No <i>Pruritus</i> pruritus vs. Atopic dermatitis Ophthalmology & otology</p>
	<p>P) - Schedule follow-up 5/26 - ✓ CBC to rule out diff SNAO - daily Diet BID off - Start 25mg qd PRN pruritus - will schedule to start PUVA Tx</p>

HIRSHAW
IMPRINT PATIENT'S
H.H. 4773

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STATE OF CALIFORNIA
COUNTY OF LOS ANGELES
MAY 20 1998
F 11
43

Supperukon

DATE

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2-25-98

43 y/o AA female returns for follow up for Erythroderma - R/O MF. PH - was unable to obtain TAC ant 0.1% B2A pharmacy → 323-6193.

E - lichenified plaques - diffuse involvement
excoriated/crusted plaques @ lateral abdomen.

A/P R/O MF - in Erythrodermic patient
bumpy patches

- 1) TAC ant 0.1% BID
 - 2) Xeflex 500mg PO QD
 - 3) Emollients
 - 4) Atarax 25mg PO q 6-8hr prn pruritus
- RTC 1 week.

M. Chel

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SECRET. SHERI
060074E
01/22/1995 F EU ENGLISH

S/R

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DERMATOLOGY OUTPATIENT CLINIC - Follow-Up

DATE

USE BALL POINT PEN • PRESS HARD • YOU ARE MAKING TWO COPIES

2-12-58
13586

Dermatology

43y.o. AA ♀, here for FU Erythroderma
No Mycosis fungoides. On TACO 1%
dent. Keflin 500mg QID x 10D
of Atarax PRN. Improved & stable

PE - lichenified plaques from hand to toe
Bony ites C/D/I

A) Erythroderma - 1% MF improved

- P) - Cont TAC dent 0.1% BID
- 1/2 Hely Emollient Eucerin
- Cont Atarax 25mg Q6 PRN
- Avoid known irritants
- RTC 1 week

[Signature]
HINSHAW
[Signature]
PRINT PATIENT'S I.D.

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LOS ANGELES, CA 90059
(310) 668-4443

DEPARTMENT OF PATHOLOGY - I. GLEASON-JORDAN, M.D., DIRECTOR
SURGICAL PATHOLOGY REPORT

S98-0511

DATE: 01/30/98 AGE/SEX: 43Y F SERVICE: 2300 4I DERMATOLOGY
LMP: GRAVIDA: PARA: RACE:

REQUESTING PHYSICIAN: GRIFFIN, MOLLY

PREVIOUS CASES:

PERTINENT CLINIC FINDINGS: ERYTHRODERMA

PRE-OP DIAGNOSIS: RULE OUT M.F., LUPUS, SEZARY SYNDROME, ECZEMA.

OPERATION: A. 2MM PUNCH BACK B. 3 MM PUNCH LEFT ARM

POST-OP DIAGNOSIS: SAME

SPECIMEN AND ORIGIN :
A, BACK AND B, ARM

FROZEN SECTION:

=====

GROSS DESCRIPTION:

Specimen #1 is labeled "A, back". The specimen is received fixed in formalin and consists of a punch biopsy of skin, measuring .3 x .2 x .3 cm. The surface of the skin has a brown-tan appearance. No clear lesion is identified. The specimen is submitted in cassette A - 1.

Specimen #2 is labeled "B, arm". The specimen is received fixed in formalin and consists of a punch biopsy of skin, measuring .3 x .3 x .3 cm. The surface of the skin has a brown appearance. No clear lesion is identified. The specimen is entirely submitted in cassette B - 1.

MICROSCOPIC:

#1. Labeled A, back,
Punch biopsy of skin showing parakeratosis, hyperkeratosis, acanthosis, elongation of the rete ridges, and focal spongiosis. The epidermis shows a moderate inflammatory infiltrate, consisting predominantly of lymphocytes which extend to the epidermis. A few lymphocytes are noted within the lower portion of the epidermis. Pigment incontinence is also present, as are an occasional eosinophil.

#2. Labeled B, arm. The same histologic features noted in specimen #1 labeled A, back, are noted with this lesion.

NAME: ROQUEMORE, SANDRA
MLK NO: 0639745
DOB: 01/22/1955

PAGE 1

(continued on next page)

DIAGNOSIS:

Specimen #1 labeled A, back; and specimen #2 labeled B, arm,
Chronic eczematous reaction, cannot rule-out drug reaction.
Tissue, Code 1.

HC

PATHOLOGIST


EDWARD SAVALA, M.D.

NAME: ROQUEMORE, SANDRA
MLK NO: 0639745
DOB: 01/22/1955
PAGE 2

IMPORTANT

COMPLETE ALL INFORMATION REQUESTED HERE LEGIBLY
OR SPECIMEN WILL BE RETURNED UNPROCESSED. PRESS FIRMLY

598-0511
598-511

DATE 1/20/98	AGE 42	SEX F	RACE A.A.	UNIT OR CLINIC Omn 47
LMP	GRAVIDA		PARA	SERVICE Omn 47

REQUESTING PHYSICIAN (PLEASE PRINT)
Moely, P. M.

PERTINENT CLINIC HISTORY
Erythema

PRE-OP DIAGNOSIS
1/0 MF, lupus, skin syndrome, systemic

OPERATION
(A) punch back (B) 3 in punch (C) de

POST-OP DIAGNOSIS
same

SPECIMEN AND ORGAN
(A) back
(B) arm

IMPRINT PATIENT'S I.D.
ROQUEMORE, SANDRA 063-97-45
Roque more, Sandra
063-9745

SURGICAL PATHOLOGY TISSUE REPORT

MLK-53 783013H (REV 5-83) (2/92)

KING/DREW MEDICAL CENTER
County of Los Angeles - Department of Health

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1/22/98
1/22/98
1/22/98
1/22/98
1/22/98

[Handwritten signature]

A) Erythema 1/0 MF improved
B) - TAC 190mg BID
- Ketflex 500mg QID x 10D
- Absorbace 1/3 BID
- Ketflex 500mg QID
- v CXR PAXAT

SMC20
LDH 401
CBC 13.9 / 53,000 / 9.2
11/17/98
11/14/98
7/18/98
A/V/H/O

PC -
Went to doctor & made from
back to work

43y.o. AAF. Now in H/O Erythema
1/6 last symptoms & administered 1/30/98
1/31. I improved 1/0 MF
1/31. I improved 1/0 MF
1/31. I improved 1/0 MF

[Handwritten signature]

2-4-98
10:42

USE BALL POINT PEN • PRESS HARD • YOU ARE MAKING TWO COPIES

DATE

PHYSICAL THERAPY REFERRAL & TREATMENT PLAN

PATIENT'S LAST NAME: Rogue more FIRST: Sandra INITIAL: AGE: 42 MLK NO.: 0639745
 DIAGNOSIS: ~~psoriasis~~ Erythroderma CLINIC CODE: 2300

ONSET: 2 yrs ago & 1 month worsening

TREATMENT REQUESTED: Cool whirlpool QD

TREATMENT GOALS: _____ PRECAUTIONS: _____

- | | | | | |
|--|---|--|---|---------------------------------------|
| <input type="checkbox"/> EVALUATE & TREAT | <input type="checkbox"/> ROM (PASSIVE) | <input type="checkbox"/> WEIGHT BEARING STATUS | <input type="checkbox"/> DEBRIDEMENT/ DRESSING | TOPICAL MEDICATION: <u>Bacitracin</u> |
| <input type="checkbox"/> ULTRASOUND | <input type="checkbox"/> PRE | <input type="checkbox"/> NONE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL | <input type="checkbox"/> ELECTRO GALVANIC STIMULATION | <u>to frames</u> |
| <input type="checkbox"/> HOT/ COLD PACKS | <input type="checkbox"/> TRACTION | <input type="checkbox"/> JOBST HOSE | <input type="checkbox"/> SWEAT CHLORIDE TEST | |
| <input type="checkbox"/> DIATHERMY | <input type="checkbox"/> WHIRLPOOL | <input type="checkbox"/> FUNCTIONAL TRAINING | <input type="checkbox"/> ORTHOTRON | |
| <input type="checkbox"/> HOME PROGRAM | <input type="checkbox"/> GAIT TRAINING | <input type="checkbox"/> TRANSCUTANEOUS NERVE STIMULATION | <input type="checkbox"/> BIOFEEDBACK TRAINING | |
| <input type="checkbox"/> EXERCISE (ACTIVE) | <input type="checkbox"/> CRUTCH WALKING | <input type="checkbox"/> GENERAL EVALUATION | | |

FREQUENCY & DURATION: TREAT [] TIMES DAILY WEEKLY TIMES [] WEEKS RETURN CLINIC APPT: _____

PHYSICIAN'S SIGNATURE: [Signature] M.D. DATE: 1-30-98

PHYSICIANS - DO NOT WRITE IN THIS SPACE

PATIENT EVALUATION TREATMENT PLANS & GOALS

1-30-98 P.T. Note
 1325 Attempted to perform whirlpool
 Rx on this patient. We were unsuccessful
 in locating the pt. R Conger R2
 Pt was not admitted to the hospital
 R Conger R2

MARTIN LUTHER KING, JR. / DREW MEDICAL CENTER
 County of Los Angeles • Department of Health Services

IMPRINT PATIENT'S I.D.

NAME: Sandra Roguemore
 MLK NO.: 0639745
 D.O.B.: _____

New Jackson

DERMATOLOGY OUTPATIENT CLINIC - Follow-Up

IMPORTANT: DATE EACH ENTRY IN COLUMN INDICATED

DATE USE BALL POINT PEN • PRESS HARD • YOU ARE MAKING TWO COPIES

1/20/98
10:59

43y.o. AA. F & c/o rash since 1995 when
there was a chemical spill

pmw: 0
meds: Atalox, Transcendor
NKDA

VS 974, 154/78, 71, 18

PE: Diffuse erythematous & lichenified
papules, fissuring
poly alopecia
infiltrated thick ears

A/P: Erythematous & lichenified
MF

- ADMIT to Meds
Exposed Contact Obtained
Area Ripped & Clipped in USE
2 3mm punch bx obtained
Closed & 2 S.O. Dental Suture

M
W.H.
RECEIVED
MAY 11 1998

MARTIN LUTHER KING, JR./DREW MEDICAL CENTER
County of Los Angeles
Department of Health Services

DISTRIBUTION
ORIGINAL ... Patient Chart
COPY 2 Faculty Review

PRESS HARD

IMPRINT PATIENT'S I.D.

Regina...
0639745

PRELIMINARY MEDICAL EXAMINATION

CHIEF COMPLAINT—
HISTORY & PHYSICAL

TAKEN TO UNIT

MEDICAL EXAM COMPLETE

ARRIVED MEDICAL EXAM

Direct Admit

SEE H&P

See admit note

TEMPERATURE PULSE

RESPIRATION

BLOOD PRESSURE

The Preliminary Medical Exam must be completed by a Physician.

PROBLEM

CHECK (✓) IF DONE

LAB & X-RAY

RESULTS

- HCT
- WBC
- SMA-6
- URINALYSIS
- PRO TIME
- EKG
- Chest X-Ray
-
-
-

IDENT COMPLETE

ARRIVE RECEPTION DESK

TREATMENT & RECOMMENDATION

(Attach Progress Note and continue)

EXAMINED BY DR. <i>IKHISEMOJIE, A Jdell 4587</i>	PHYSICIAN'S NO. 4830	CAN PATIENT BE REFERRED OUT <input type="checkbox"/> YES <input type="checkbox"/> NO	DISABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADMITTED TO ...	UNIT: <i>3A</i>	ROOM NO. <i>81</i>	BED NO. <i>1</i>	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	PHYSICIAN ASSIGNED DR. <i>[Signature]</i>	PHYSICIAN'S NO. 4587

"THIS HOSPITALIZATION IS NECESSARY FOR TREATMENT OF AN EMERGENCY CONDITION"

EMERGENCY CONSENT: This is to certify that delay necessary to obtain complete consent for treatment would be detrimental to the recovery of this patient.

DR. *[Signature]* Resident DR. *[Signature]* Resident

LIMITED CONSENT CONSENT COMPLETE EMANCIPATED MINOR CONSENT INCOMPLETE

PATIENT INFORMATION

ADDRESS OF PATIENT 412 E 185TH ST CITY: CARSON STATE: CA ZIP CODE: 90746 PHONE: 310-608-0413	
BIRTHDATE: 01/22/55 AGE: 43 SEX: F RACE: BU	LAST DISCHARGE DATE: 01/31/98 DOC ACCT NO.: 99998
RELIGION: BAP MARRITAL STATUS: S FULL NAME OF SPOUSE: TILLIS	D.L.S.: 000 CARRIER CODES: 000
MOTHER'S MAIDEN NAME: EDWARDS, CLAUDIE FATHER'S FULL NAME: PATIENT	IMPRINT PATIENT'S I.D. NO.: 3788981 DATE: 01/30/98
CAME TO HOSP VIA: TAXI IN ARMS WALKED BUS AUTO PRIVATE SHERIFF POLICE AMBULANCE PRIVATE COUNTY POLICE	ADMISSION DATE: 01/30/98 3:27 PM
REFERRED HERE BY: CLINIC REFERRAL	UNIT: FF NO.: 00063-97-45
STATE AID NUMBER: D COV ELIG DATE LIABILITY TRANS PHP SOCIAL SECURITY NO.:	NAME: ROQUEMORE, SANDRA

CHEST X-RAY? Yes No
DATE TAKEN: Yes No
ANY TBC? Yes No

(TO BE COMPLETED BY THE PHYSICIAN)

A. MEDICAL SUMMARY: Age 42 Sex F Race AA Date of Admission: 01/20/98
6988

Initial Complaint: Itchy Skin

Course in Hospital: While hospitalized the pt was given i.v. antibiotics and treated pharmacologically with Lidex ointment and Atarax for itching. Blood tests were run on the patient to work-up this dermatological pathology.

DIAGNOSIS	FOR MEDICAL AUDIT
<u>Erythroderma</u>	<u>695.9</u>
<u>R/O Mycosis fungoides</u>	<u>202.10</u>
<u>R/O Sezary Syndrome</u>	<u>202.20</u>

C. SURGICAL PROCEDURES and/or SPECIAL DIAGNOSTIC TESTS PERFORMED THIS ADMISSION:

A ~~Sezary~~ profile, ANA Serum

Condition of Skin Pre-op: Clean Contaminated Infected
At Surgery: Infection Absent Present Hollow Viscus Opened Not Opened
Wound Healing Infection Absent Present Pus No Free Pus Redness Around Sutures

D. TRANSFUSIONS GIVEN: None Number Units of Plasma _____ Number Units of Blood _____

E. DRUG REACTIONS: No Yes Name of Drug _____ Reaction reported? Yes No
(IF REACTION HAS NOT BEEN REPORTED PLEASE SEND PATIENT'S NAME AND P.F. NUMBER TO MEDICAL DIRECTOR.)

F. KNOWN ALLERGIES: NKDA

G. CONDITION ON DISCHARGE: good Improving Static Deteriorating

H. PROGNOSIS: good has Patient been informed of programs? Yes No

I. FOR CASES OF MALIGNANCY: Tumor Localized: Yes No
No Evidence of Metastasis Metastasis Unknown
Tumor Metastatic: Regional and/or Lymph Node Involvement
Distant Metastasis Extent of Metastasis Unknown
TNM Staging

NAME
P.F. #

(CONTINUED ON NEXT PAGE - PART II)

J. AMBULATION: Fully Ambulatory Progressive Ambulation Cannot Climb Stairs Needs Bed Care

Medical Restriction: _____

K. WORKING ABILITY: May Patient Return to Usual Occupation? Yes No Length of Disability _____
If Disability Permanent, Does Patient Have Rehabilitative Potential? Yes No

L. DIET: Regular Calories: _____ Sodium Content: _____

M. MEDICATIONS, DRESSINGS, APPLIANCES, OR TREATMENTS. Give Directions. FOR NURSING Indicate items given.

1) Lidex ointment 0.05% apply to skin TID

2) Atarax 50mg PO Q6 PRN itching

All personal belongings given to pt.

SIGNATURE: J. Rodriguez
(SPECIFY CLINIC & APPOINTMENT DATE) INIT.

N. RECOMMENDED CLINIC APPOINTMENTS:

1) Follow-up in Dermatology clinic on Monday, Feb. 2, 1998 at 8:00am

2/2/98 8:00am

SIGNATURE: J. Rodriguez

O. DISCHARGE PATIENT ON: 01/31/98

DISCHARGE PATIENT TO: Nursing Home: Closed Open Duration _____ Own Home Another Hospital

Board & Care Home: Closed Open Duration _____ Other: _____

NASIM 4887
SIGNATURE OF RESIDENT IN CHARGE OF CASE

A. Kliskemjre 4830 01/31/98
SIGNATURE OF PHYSICIAN COMPLETING REPORT DATE

P. STATUS OF PATIENT (To Be Completed by Nursing Staff) Date: 1/31/98

Follow Simple Instructions: Yes No Patient's Behavior: COOPERATIVE
Speaks English: Yes No Spanish: Yes No Other: _____ Speech: Normal Other
Vision: Normal Glasses Contact Lenses Glass Eye Other: _____ Hearing: Normal Hearing Aid
Control Bladder & Bowels: Incontinent: Urine Feces Retention Catheter Ostomy: No Yes Specify: _____
Feed Self: Yes No Bathe Self: Yes No Dress Self: Yes No Dentures: Upper Lower None
Walk Alone: Yes No Uses: Cane Crutches Walker Aid Prothesis Wheelchair: Yes No Pushes Self Transfers Self
Nails (hand & feet) Clean: Yes No Hair Combed & Clean: Yes No Condition of Skin: DRY & SCALY
Allergies: No Yes (Specify) _____ Decubiti: No Yes (describe) _____
Unhealed Wounds: No Yes (describe) _____
Instructed & Understands: Diet: Yes No Activity: Yes No Limitations: Yes No

Remarks: _____
SIGNATURE: J. Rodriguez
(NURSE'S SIGNATURE)

IDENTIFYING DATA:

Patient's Discharge Address: 412 E. 185 St Carson 90746
(NUMBER) (STREET) (CITY) (STATE)
310 608 0413
(PHONE) (NAME OF INSTITUTION)

AID: No Yes State I.D. No. _____
Social Sec. No. _____ Religion: _____
Person to Notify _____
RELATIONSHIP

NAME: ROQUEGRE, SANDRA
0639745
01/22/1955 F BU ENGLISH
P.F. #

PHONE _____ ADDRESS _____
DISCHARGE DATE: 1/31/98 WARD OR CLINIC _____

INSTRUCTIONS

- All areas must be completed.
- Do not use unofficial abbreviations that are not on the MLK list.
- Please write legibly.

KING/DREW MEDICAL CENTER • COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

DATE ¹⁰¹	TIME ¹⁰¹	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	AGE ¹⁰¹	SEX ¹⁰¹	RACE ¹⁰¹	DATE OF BIRTH ¹⁰¹
01/30/98	1705		43	F	AA	01/22/55

CHIEF COMPLAINT (and Duration) ¹⁰⁴⁻¹¹¹

itchy skin

HISTORY OF PRESENT ILLNESS ¹¹²

42 y.o. AA ♀ admitted from dermatology clinic with 3 yr Hx of itchy, dry, scaly skin 2^o to inhalation exposure of an unknown chemical agent at her place of employment in 1995. This skin condition has progressed since this time to its present state. Denies factors that cause itching & irritation to exacerbate, (+ hypothermia), (- fever), (- chills)

If more space is required, continue on reverse side or insert Progress Note sheet after this page.

LIST ALL DRUGS PATIENT TAKES ROUTINELY (Give Dosage)

NAME OF DRUG ¹¹³⁻¹¹⁴ DOSE ¹¹³⁻¹¹⁴ HOW LONG HAS PATIENT TAKEN DRUGS? ¹¹³⁻¹¹⁴

None
Atarax for itching
ointment for itching

WITHIN PAST SIX MONTHS HAS PATIENT TAKEN —

(CHECK (✓) APPROPRIATE BOX NO MARK MEANS NOT ASKED)

	YES	NO	?
¹¹⁴ Digitalis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¹¹⁵ Anti-convulsants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¹¹⁶ Anti-hypertensive Agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¹¹⁷ Corticosteroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¹¹⁸ Narcotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¹¹⁹ Oral Contraceptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¹²⁰ Other Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIST ALL KNOWN DRUG (Or Other) ALLERGIES. If None, Write "None" ¹⁴¹⁻¹⁴⁴

NKDA

IMPRINT PATIENT'S I.D.

ROQUEMORE, SANDRA
0639745
01/22/1955 F BU ENGLISH

NAME

MLK NO.

DATE OF BIRTH

CHECK (✓) APPROPRIATE BOX
NO MARK MEANS NOT ASKED

YES NO ?

Is patient currently being treated by a physician, D.O., psychologist, chiropractor, etc.? If "Yes," list details and send for record ²⁰⁰

~~D. [unclear] [unclear]~~

Has patient been hospitalized previously? If "Yes," list dates, hospital, reason, physician's name and send for record ²⁰³

Has patient ever been operated on? If "Yes," list dates, hospital, operation, surgeon's name and send for records ²⁰⁴

- Tubal ligation 1980

Have you sent for old record? ²⁰⁴

HAS PATIENT HAD

- ²⁰⁷ Fracture or major trauma
 - ²⁰⁸ Head trauma
 - ²⁰⁹ Mental illness
 - ²¹⁰ Alcoholism
 - ²¹¹ Diabetes
 - ²¹² Thyroid disorder
 - ²¹³ Rheumatic fever
 - ²¹⁴ Heart murmur
 - ²¹⁵ Hypertension
 - ²¹⁶ Venereal disease
 - ²¹⁷ Communicable disease such as T.B., typhoid fever, amebiasis, etc.
 - ²¹⁸ Hepatitis or jaundice
 - ²¹⁹ Anemia
 - ²²⁰ A test for sickle cell disorders
- ²²¹ Result
- ²²² Blood or plasma transfusion
 - ²²³ Reaction?

FAMILY HISTORY ²²⁴⁻²²⁵

AGE		CHECK (✓) BOX IF PRESENT; CIRCLE FOR CAUSE OF DEATH	ALCOHOLISM	ASTHMA	ALLERGIES	ANGINA	ARTHRITIS	BLOOD OR BLEEDING	CANCER	DIABETES	EPILEPSY	HEART DISEASE	HYPERTENSION	KIDNEY DISEASE	LUNG DISEASE	MENTAL DISEASE	OBESITY	TUBERCULOSIS	STROKE	OTHER
IF LIVING	AT DEATH																			
		FATHER																		?
63		MOTHER																		
		LIST SIBLING AND/OR CHILDREN BELOW:																		
		SPOUSE																		

COMMENTS

3 1/2
- 1/4

1 1/2

PATIENT PROFILE

LANGUAGE SPOKEN 300	<input checked="" type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> CHECK IF INTERVIEWED WITH INTERPRETER	BIRTHPLACE 301	CITIZENSHIP 302
	<input type="checkbox"/> SPANISH	Calif, LA	USA
RESIDENCE(S) AND DATES 303	House in Carson, 2 children live with her (1 does not).		
EDUCATION 304	Some college (2 1/2 yrs)		RELIGION 305
			Baptist
OCCUPATION(S) AND DATES 306 (Give details about hazardous exposures) Insert Progress Note Sheet if additional space needed	International Rectified - 1995 (administer of shipping & receiving).		
MILITARY EXPERIENCE, FOREIGN TRAVEL 307	Ø		
HABITS 308 List type, amount and frequency)	ALCOHOL - <input type="checkbox"/> NEVER USE Special occasions (3 X'S / yr. TOBACCO - <input type="checkbox"/> NEVER USE 1 pack / day x 12 yrs.		
OTHER SUBSTANCES 309	INCLUDING VITAMINS, TONICS, LAXATIVES, ASPIRIN, COLD REMEDIES, WEIGHT CONTROL & "STREET" DRUGS - Marijuana on occasion. - Cocaine use on wknds last use last night.		
OTHER INTERESTS 310 (Sports, hobbies, etc.)			
DIET 311 Estimate caloric intake, balance, meal distribution, idiosyncrasies, who fixes meal, etc.)	regular		

IMPRINT PATIENT'S I.D.

NAME Roquemore, Sandra
MLK NO. 0639745
DATE OF BIRTH 01/22/55

NARRATIVE DESCRIPTION (includes recent diagnosis, surgery, hospitalization, etc.)

SYSTEM REVIEW

400 Chills YES NO ?

401 Fever YES NO ?

402 Fatigue YES NO ?

403 Enlarged Glands YES NO ?

404 Weight Change YES NO ?

EYE

405 Loss of Vision YES NO ?

406 Diplopia YES NO ?

407 Eye Pain YES NO ?

408 Scotomata YES NO ?

409 Always cold.

409 watery eyes; dark spot in field of vision of D eye.

413 Dentures YES NO ?

413 Bleeding Gums YES NO ?

414 Oral Lesions YES NO ?

415 Dental Caries/Abscesses YES NO ?

416 Ear Pain YES NO ?

417 Deafness YES NO ?

418 Epistaxis YES NO ?

419 Hoarseness YES NO ?

420 Dysphagia YES NO ?

CHECK (✓) APPROPRIATE BOXES
(NO MARK MEANS NOT ASKED)

Explain positives and pertinent
negatives at right.

BREASTS

	YES	NO	?
800 Lumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
801 Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
802 Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CARDIO-RESPIRATORY

803 Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
804 Sputum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
805 Hemoptysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
806 Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
807 Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
808 Dyspnea or Orthopnea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
809 Edema	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
810 Cyanosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GASTRO-INTESTINAL

811 Change in Appetite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
812 Nausea & Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
813 Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
814 Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
815 Abnormal Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
816 Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
817 Abdominal Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
818 Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
819 Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UASTRO-URINARY

820 Frequency or Polyuria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
821 Urgency of Dysuria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
822 Hematuria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
823 Stones or Gravel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
824 Urethral Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
825 Nocturia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Migraine Headaches up to
2-3 x/month.

Stup depressed 2° to condition

experiences insomnia frequently

Swelling in hands, feet, & legs
& eyes most of the time.

joint pain in elbow → numbness
in ② fingers.

see HPI

NEURO-PSYCHIATRIC

	YES	NO	?
826 Headaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
827 Seizures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
828 Dizziness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
829 Syncope	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
830 Paralysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
831 Loss of Sphincter Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
832 Anxiety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
833 Depression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
834 Disturbance of Gait or Speech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
835 Disturbing Thoughts or Feelings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
836 Difficulty Sleeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MUSCULO-SKELETAL

837 Back Pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
838 Bone Infections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
839 Joint Pain or Swelling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
840 Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CUTANEOUS

841 Rashes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
842 Eruptions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
843 Ulcerations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
844 Pruritis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
845 Abnormal Pigment Changes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
846 Masses - Lumps - Bumps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
847 Hair or Nail Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OB-GYN	TERM PREGNANCY 848 2	PREMATURE DELIVERIES 849 1	ABORTIONS 850 2 miscarriage	LIVING CHILDREN 851 3	LAST NORMAL MENSTRUAL PERIOD 852 01/20/98	
	MENARCHE 853 11	CYCLE 854 28	DURATION 855 5-7	REGULAR? 856 YES	AMOUNT OF FLOW 857 variable	
	LEUKORRHEA? 858	YRS. 0	DAYS 28	DAYS 5-7	YES	PELVIC PAIN? 859
	METHOD OF CONTRACEPTION 861 tubal ligation					

ASSESSMENT OF RISK FACTORS 862

IMPRINT PATIENT'S I.D.

NAME Roquemore, Sandra

MLK NO. 0639745

DATE OF BIRTH 01/22/55

PHYSICAL EXAMINATION

INSTRUCTIONS

• If the finding is normal, check the appropriate box. • If an abnormality is found, cross out the description of the normal state and describe the abnormality. • If no mark is made, it will be assumed that the item was not examined.

HEIGHT ⁶⁰⁰ WEIGHT ⁶⁰¹ TEMP ⁶⁰² PULSE ⁶⁰³ RESPIRATION ⁶⁰⁴ BLOOD PRE. ⁶⁰⁵ E. ARM ⁶⁰⁶ RIGHT STANDING LYING
 LEFT SITTING

GENERAL APPEARANCE WELL DEVELOPED ⁶⁰⁴ WELL NOURISHED ⁶⁰⁷ NO MUSCLE WASTING ⁶⁰⁸ APPEARS STATED AGE ⁶⁰⁹ NO DISTRESS ⁶¹⁰ NO PALLOR OR JAUNDICE ⁶¹¹

HEAD NO DEFORMITIES ⁶¹² NO EVIDENCE OF RECENT TRAUMA ⁶¹³

⊕ patchy alopecia, ⊕ dry scaly skin

SKIN NO RASHES OR ERUPTIONS ⁶¹⁴ NO ULCERATIONS, NODULES, TUMORS ⁶¹⁵ NO ABNORMAL PIGMENTATION ⁶¹⁶ NO HAIR OR NAIL ABNORMALITIES ⁶¹⁷

diffusely dry, thick skin with fine papules, dry cracked skin at skin

LYMPH NODES NO PALPABLE: CERVICAL NODES ⁶¹⁸ AXILLARY NODES ⁶¹⁹ EPITROCHLEAR NODES ⁶²⁰ INGUINAL NODES ⁶²¹

⊕ Bilateral lymphadenopathy of inguinal nodes, firm & non-tend

EYES VISION GROSSLY INTACT ⁶²² PUPILS ROUND, REGULAR & EQUAL ⁶²³ PUPILS REACT TO LIGHT & ACCOMMODATION ⁶²⁴ EXTRAOCULAR MUSCLES INTACT ⁶²⁵ DISCS NOT ELEVATED, MARGINS DISTINCT ⁶²⁶ VESSELS SHOW NO NARROWING OR A-V NICKING ⁶²⁷ NO CAPILLARY ANEURYSMS ⁶²⁸ NO HEMORRHAGES OR EXUDATES ⁶²⁹

NOT Examined

EARS SYMMETRICAL - NO DEFORMITIES ⁶³⁰ CANALS CLEAR ⁶³¹ TYMPANIC MEMBRANES INTACT ⁶³² HEARING GROSSLY INTACT ⁶³³

⊕ Thickness of ears (outer)

NOSE NO MARKED OBSTRUCTION TO AIRWAY ⁶³⁴ MUCOSA PINK & MOIST, NO PUS IN MEATI ⁶³⁵ NO POLYPS ⁶³⁶

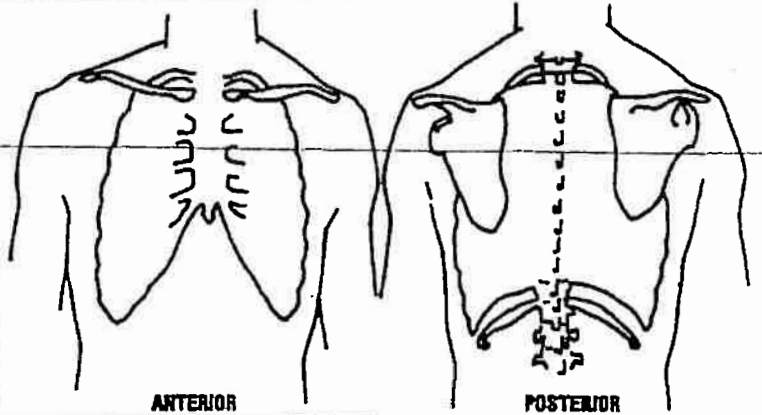
ORAL CAVITY MUCOSA PINK & MOIST, NO SORES OR LEUKOPLAKIA ⁶³⁷ HYGIENE GOOD, TEETH IN GOOD CONDITION ⁶³⁸ TONGUE NORMALLY PAPILLATED ⁶³⁹

⊕ upper dentures

NECK SUPPLE ⁶⁴⁰ TRACHEA MIDLINE ⁶⁴¹ THYROID NOT PALPABLE ⁶⁴² NO MASSES OR ULCERATIONS ⁶⁴³ NO J.V.D. ⁶⁴⁴

BREASTS SYMMETRICAL ⁶⁴⁵ NO TENDERNESS ⁶⁴⁶ NO MASSES OR ULCERATIONS ⁶⁴⁷ NO DISCHARGE FROM NIPPLES ⁶⁴⁸

CHEST NO DEFORMITIES ⁶⁴⁹ LUNGS CLEAR TO PERCUSSION & AUSCULTATION ⁶⁵⁰
 EXPANSION NORMAL ⁶⁵¹



HEART RATE ⁶⁵² RRR
 RHYTHM ⁶⁵³ NO HEAVES ⁶⁵⁵ S₂ NORMALLY SPLIT ⁶⁵⁴ NO S₃, S₄ ⁶⁵⁷ NO MURMURS ⁶⁵⁶

PMI ⁶⁵⁴ 6 ICS AT MCL

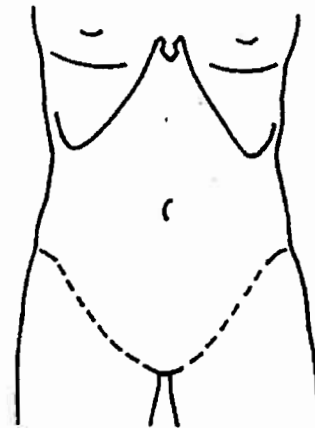
COMMENTS ON HEART EXAM

ADDITIONAL BPs

KING/DREW MEDICAL CENTER • COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

ABDOMEN FLAT & SOFT ⁷⁶⁸ NON-TENDER ⁷⁶³ NO MASSES OR RIGIDITY ⁷⁶⁴ NO MASSES OR ORGANS FELT ⁷⁶⁶
 NO SCARS ⁷⁶¹ NO BRUITS ⁷⁶³ NO HERNIAS ⁷⁶⁵ BOWEL SOUNDS PRESENT & NORMALLY ACTIVE ⁷⁶⁷

⊕BS, ⊖tenderness, ⊖dyspnoic megacolon



BACK NO DEFORMITIES OF SPINE ⁷⁶⁹ NO CVA TENDERNESS ⁷⁶⁹

RECTAL NO HEMORRHOIDS ⁷⁷⁰ SPHINCTER TONE GOOD ⁷⁷¹ PROSTATE SYMMETRICAL, MOBILE ⁷⁷⁴
 STOOL NEG. FOR BLOOD ⁷⁷¹ NO MASSES OF TENDERNESS ⁷⁷³ PROSTATE OF NORMAL CONSISTENCY ⁷⁷⁵

Refused Rectal Exam

PELVIC NO LESIONS OF VULVA ⁷⁷⁸ FUNDUS SYMMETRICAL, NOT ENLARGED, FREELY MOVABLE ⁷⁷⁹ **MALE GENITALIA**
 NO VAGINAL DISCHARGE ⁷⁷⁷ NO ADNEAL MASSES OR TENDERNESS ⁷⁷² NO PENILE LESIONS ⁷⁷⁸
 VAGINAL WALL SUPPORTED ⁷⁷⁸ PAP SMEAR TAKEN ⁷⁷⁹ BOTH TESTICLES IN SCROTUM ⁷⁷⁶
 URETHRAL MEATUS NORMAL ⁷⁷⁹ G-C CULTURE SENT ⁷⁷⁴ NO MASSES OR SWELLING ⁷⁷⁷
 NO LESIONS OF CERVIX ⁷⁷⁸

NOT performed.

N/A

MARK AS FOLLOWS: 0 = ABSENT 1+ = DECREASED 2+ = NORMAL 3+ = INCREASED 4+ = MARKEDLY INCREASED

PELSES →	CAROTID ⁷²⁸	RADIAL ⁷²⁹	BRACHIAL ⁷²⁸	FEMORAL ⁷³¹	POPLITEAL ⁷³²	POST TIBIAL ⁷³³	DORSALIS PEDIS ⁷³⁴
RIGHT	2+	2+	2+	1+	=	=	2+
LEFT	2+	2+	2+	1+	=	=	2+

EXTREMITIES NO CLUBBING OR CYANOSIS ⁷³⁵ NO EDEMA ⁷³⁶ NO JOINT ABNORMALITIES ⁷³⁷ NO DEFORMITIES ⁷³⁸ NO TENDERNESS ⁷³⁹ NO LIMITATION TO NORMAL RANGE OF MOTION ⁷⁴⁰

⊕Ⓛ elbow joint pain on movemt.

⊕edema of fingers ⊕, ⊕tenderness on movmt, Limited movmt 20 to dry skin & cracking of skin upon movemt.

NEUROLOGICAL - LANGUAGE RECEPTIVE & EXPRESSIVE ⁷⁴¹ MEMORY INTACT, WELL ORIENTED ⁷⁴⁴ APPROPRIATE BEHAVIOR ⁷⁴⁷ NORMAL INTELLIGENCE ⁷⁴⁸
 MOTOR - NO WEAKNESS, PARALYSIS, TREMOR ⁷⁴² NO FIBRILLATION, FASCICULATION, ATROPHY ⁷⁴⁵ NO DISTURBANCE OF GAIT OR STANCE ⁷⁴⁹
 SENSORY - NO NUMBNESS OR TINGLING ⁷⁴³ POSITION & VIBRATORY SENSE INTACT ⁷⁴⁶ SENSATION GROSSLY INTACT TO PIN-PRICK AND TOUCH ⁷⁵⁰ CRANIAL NERVES II - XII. INTACT ⁷⁵¹

⊕numbrness in ⊕ hand fingers upon bending of ⊕ arm.

RX AS FOLLOWS: 0 = ABSENT 1+ = DECREASED 2+ = NORMAL 3+ = INCREASED 4+ = MARKEDLY INCREASED

LEXES →	CORNEAL ⁷⁵²	BICEPS ⁷⁵³	TRICEPS ⁷⁵⁴	HOPFMAN ⁷⁵⁵	ABDOMINAL ⁷⁵¹	CREMASTERIC ⁷⁵⁷	KNEE ⁷⁵⁸
RIGHT	-	2+	-	-	-	-	2+
LEFT	-	2+	-	-	-	-	3+
LEXES →	ANKLE ⁷⁵⁹	BARONSKI ⁷⁶⁰					
RIGHT	-	2+					
LEFT	-	2+					

IMPRINT PATIENT'S I.D.

NAME Roquemore Sandra
 MLK NO. 0639745
 DATE OF BIRTH

42 YO AAF WITH 3 YR Hx of Skin Disorder 2°
to chemical inhalation exposure (unknown
chemical).

NO.	PROBLEM	INITIAL PLANS
①	Erythroderma R/O Sezary Syndrome R/O Mycosis Fungoides	① Dermatology Follow-up ② Sezary cell Profile, ANA, CBC, SMA-20, U/A ③ Lidex ointment TID Atarax 50mg PO q6° D5 1/2 NS @ 75 cc/hr. Tylenal 325mg PO q6-8° PRN temp > 38°C

	PRINT NAME, IMPRINT OR EMP. NO.	SIGNATURE	TITLE
STUDENT	Leslie Harris	x <i>Leslie Harris</i>	MS IV
POSTGRADUATE PHYSICIAN	IKHISEMOJIE, A.	x <i>A. Khisemogie</i> 4830	PGY-I
SUPERVISING POSTGRADUATE PHYSICIAN		x	
ATTENDING PHYSICIAN	SIVUASMITHA	x <i>Sivud</i>	4130

B

MARTIN LUTHER KING, JR./DREW MEDICAL CENTER

OUTPATIENT notes should include 7 factors:

- (1) Reason for visit
- (2) Brief history of present illness and associated problems
- (3) Objective Data
- (4) Assessment of Data and Diagnosis
- (5) Plan and treatment protocol for this visit and future visits
- (6) Follow up instructions
- (7) LEGIBILITY including SIGNATURE and stamp or 4 DIGIT PHYSICIAN NUMBER

DATE	TIME	NOTES
1/30/98	12 ¹⁰ PM	GIMC 42 yo AAF presents w erythroderma - admitted via Dermatology clinic - no medical problems known - PKOA - Present condition started 1995 - dx - chronic psoriasis, progressed x 1 month, no weds x per treatment + pruritus, + hyperthermia - BP 154/78 1974 P71 218 - CV: LRRK & @ Lungs: CTA @ Skin: diffuse erythroderma & lichenoid papules, @ pruritus, + patchy alopecia infiltrated thick ears. H/P Admit for erythroderma R/O Sezary S, infection pungent > Meds as above - IU abx > Dr. Kwan - Dermatology JMC 4811 palsading

INPATIENT notes should:

- (1) Give a pertinent, chronological report of the patient's course in the hospital
- (2) Reflect any change in condition
- (3) Discuss results of treatment, complications of treatment and plans
- (4) Be dated, timed, written and signed with your I.D. number in a legible manner

IMPRINT PATIENT'S I.D.

NAME ROBENMONT, SANDRA
M.I. NO. 063-9745
DATE OF BIRTH

MARTIN LUTHER KING, JR./DREW MEDICAL CENTER

OUTPATIENT notes should include 7 factors:

- (1) Reason for visit
- (2) Brief history of present illness and associated problems
- (3) Objective Data
- (4) Assessment of Data and Diagnosis
- (5) Plan and treatment protocol for this visit and future visits
- (6) Follow up instructions
- (7) LEGIBILITY including SIGNATURE and stamp or 4 DIGIT PHYSICIAN NUMBER

DATE	TIME	NOTES
01/31/98	0752	<p>MSIV Progress Note (IM)</p> <p>S: 42 YO AAF admitted from dermatology for diffuse skin pathology 2° to chemical exposure. inhalation</p> <p>Ⓚ Pt c/o Ⓛ hand pain this A.M.</p> <p>O: Tm: 99.5 Tc: 99.4 P: 87-105 RR: 20 BP: 136-147 / 57-73</p> <p>CV: RRR, ⊖M</p> <p>Lungs: CTA ⊕</p> <p>abdomen: ⊕BS, ⊖tenderness, ⊖organomegaly</p> <p>extremities: no Δ, ⊕mild hand swelling ⊕</p> <p>Skin: diffuse dry scaly rash, thick skin</p> <p>LABS: 14 1105 11 81 4.1 26 0.6 9.7</p> <p style="text-align: right;">11.1 13.9 353 4.5</p> <p style="text-align: right;">N = 71.1 EOS = 9.2 L = 14.7 BASO = 0.5 M = 4.5</p> <p>A: Ⓛ R/O Sezary Syndrome Ⓛ R/O Mycosis Fungoides</p> <p>P: Ⓛ Cont. Flu w/ Dermatology Ⓛ Cont. current management Ⓛ Flu on skin biopsy done 1/31/98 Ⓛ DIC home today & Flu 8am Monday @ Dermatology (as per attending)</p> <p style="text-align: right;">Beckie Harris MSIV / <i>[Signature]</i> 4830</p>

INPATIENT notes should:

- (1) Give a pertinent, chronological report of the patient's course in the hospital
- (2) Reflect any change in condition
- (3) Discuss results of treatment, complications of treatment and plans
- (4) Be dated, timed, written and signed with your I.D. number in a legible manner

IMPRINT PATIENT'S I.D.

[Signature]
4/130

NAME: SANCHEZ, SANDRA
 ID NO: 50745
 BIRTH DATE: 01/22/1955 F BU ENGLISH
 DATE OF BIRTH

DATE	TIME	NOTES
1/30/98	1615	<p>Nurses Admission Note</p> <p>pt arrived from Derm Clinic via wheel chair in stable condition.</p> <p>Ambulates to steady gait. Dry, scaly skin throughout body. noted. pt verbalized she had a skin tissue biopsy & is hospitalized pending results</p> <p>Problem: Erythroderma R/O MF Sezary Syndrome S:O</p> <p>O: See flow sheet</p> <p>A: alteration in skin integrity R/T skin rash - dry & itchy 2° dry process</p>
	1800	<p>I: Blood work done for CBC & SMA20 & Sezary cell profile & Serum Lab</p> <p>I: Medical order Faxed to pharmacy</p> <p>I: IVF in progress @ 10:00 @ 7:00 @ (L) arm.</p>
	2200	<p>I: no change & rest in bed to cup to</p> <p>Administer ATIS Tapis as per order</p> <p>Q Antic. diet. med.</p>
1-31-98	2400	<p>Nurses Notes</p> <p>Problem: Erythroderma R/O MF Sezary Syndrome S:O</p> <p>O: See flow sheet</p> <p>A: Alteration in skin integrity R/T skin rash - dry & itchy 2° dry process.</p>

KING/DREW MEDICAL CENTER
County of Los Angeles • Department of Health Services

PRINT PATIENT'S I.D.

NAME SAIDIA S/

MLK NO 539740

DATE OF BIRTH 01/22/1955 F BU ENGLISH

1/31-98 2400 Nurses Notes cont
 9:16 Skin integrity will improve
 P.O. Monitor W/S of S. Monitor skin
 integrity. Administer W/S B. Aug.
 Machine 10 side - provide comfort
 measures
 J. Vital Signs taken & recorded. Assess
 skin integrity. Administer W/S B
 Apr-Unit 7 gm & 800 for hr. problem.
 Monitor O₂ Sat & weight & no swelling
 provided comfort measures.
 0600 E: Alert & oriented. No signs of distress
 J.M. Antone

1/31/98 0800 Nurses Notes
 Problem: Erythema N.O.M.I.F. Acq. Syndrome
 5-10%
 D - See flow sheet
 A - Attention in skin integrity MS skin patch
 itching & scaling. To discuss process
 E - Skin integrity will improve by discharge
 P - Monitor W/S & shift, assess skin integrity &
 P.O. Provide comfort measures Administer
 W/S B antihistone.

1000 I.V.'s taken and recorded. Skin integrity assessed
 9:20 r.p.a.d. Skin dry & scaly. Comfort measures
 provided P.O. Feb 3 Administer edema patch
 & kidneys

1200 Dr. Recant Discharge orders from Doctor. Follow up
 E dermatology given for 2/1/98 @ 8:00 am. Instruct
 ed to apply Eder ointment to skin T.O. and
 take Alaris P.O. for itching. 9:00 P.M. instructed
 to return to E.R. if itching becomes worse & don't
 subside with medication. Also if skin becomes
 edematous. All personal belongings given to
 pt. & kidneys

