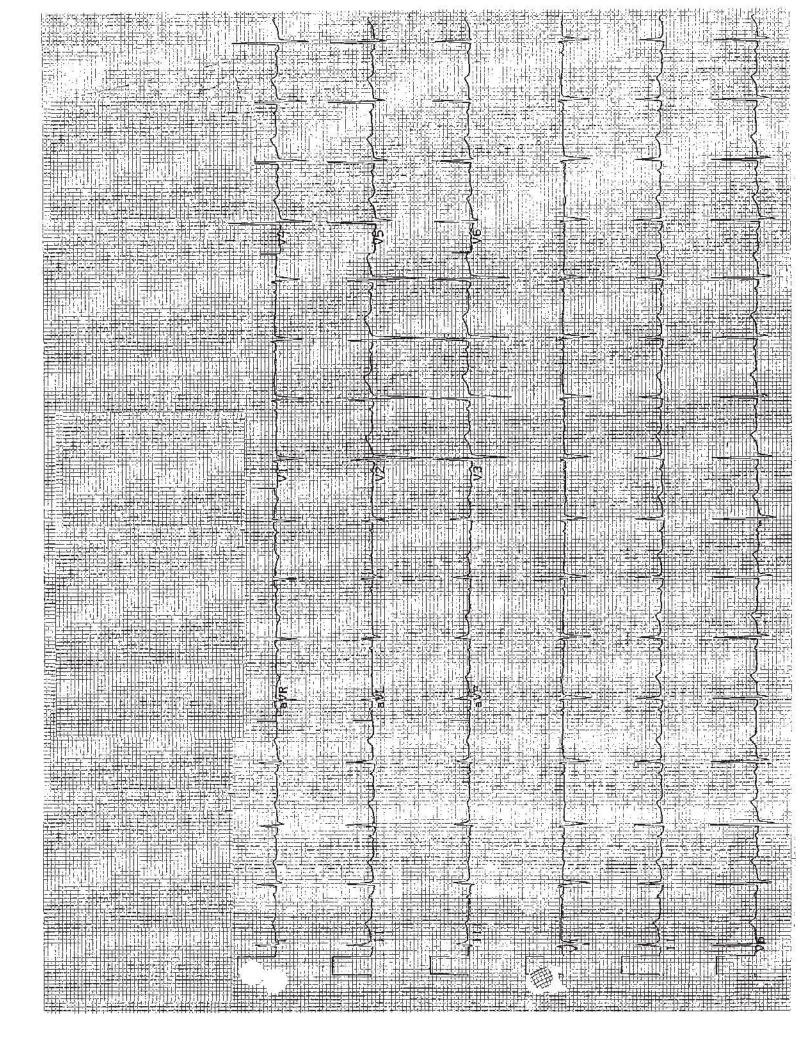
∡Star Physician Partners	TELEPHONE ENCOUNTER			
ATIENT NAME:	DATE:	2005		
CALLER'S NAME:	TIME:	AM / PM		
DATE OF BIRTH:	FAX NUMBER:			
PHONE NUMBER:	PROVIDER:			
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MedStar Physician Partners

TELEPHONE ENCOUNTER

PATIENT NAME:	DATE:		46.7572	
CALLER'S NAME:	TIME:	AM	/ PM VM	
DATE OF BIRTH:	FAX NUMBER	•		
PHONE NUMBER:	PROVIDER:	SPEIGHT MUCHA		
ALTERNATE PHONE NUMBER:	COOL			
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PHARMACY NAME:	PHARMACY P	HONE NUMBER	₹:	
ALLERGIES / OTHER PERTINENT INFORMATION:				
sec.	·			





M.D., F.A.C.S. , M.D.

PRESURGICAL MEDICAL EVALUATION

10:		Na	me of Phys				Today's Date will have:		
		Name of Patient				6			
		Type of Surgery					Surgery Date		
Surgery will be performed at:		0							
Ane	nesthesia will be: Decal / IV sec		lation anesthesia thesia						
_	Please note:								
J	V72.84 (Pre-surgical clear Kindly arrange for the fol				4)		surgery date:		
7	HISTORY & PHYSICAL EX	MAX			СМР		PT, APTT, INR		
3	CBC	No. of Part of State			Magnesium		HCG		
)	EKG				Phosphorous		HIV		
1	Chest X-Ray				Mammogram				
							EMG & NCS		
]	Auto-transfusion for Please obtain written conse	T.		9 0 1			EMG & NCS		