[ms-0398.012.011.018]

UNIVERSITY OF CALIFORNIA HOSPITALS

UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY

OUTPATIENT RECORD

NAME: Perry, Linda

FROM: 4-17-70

TO: 2-13-73

113 (Rev.3/69)

UNIVERSITY HOSPITAL
OF SAN DIEGO COUNTY

99498

EMERGENCY ADMITTANCE RECORD

1. BILLING NO.	2. PATIENT'S LAST NAME	FIRST	MIDDLE	3. UNIT NO.
796748	PERRY,	LINDA	(MRS)	467869

4. TYPE	5. ADMIT DATE	6. TIME	7. DAY OF WEEK
E	041770	1815	0

12. STATUS	13. SPONSOR	15. AI	16. PRIOR ADMIT	17. DMI NO.	18. RELIGION
D	Cty	—	—	—	P

19. BIRTH DATE	20. BIRTH-PLACE	21. AGE	22. SEX	23. CODE	24. CITIZEN	25. 72 HR PASS	RESIDENCE 26. STATE	27. CITY	28. CODE
033050	CA	20	M ☐ F ☒	N	01	—	20	12	01

29. ADDRESS STREET	30. CITY	31. STATE	32. ZIP CODE	32. COUNTY	33. TEL. NO.
604-Omera	S. D.	Cal.	92114	SD	

34. OCCUPATION	35. EMPLOYER	36. EMPLOYERS ADDRESS	37. HOW LONG	38. EMP. TEL. NO.
homemaker	—	—	—	—

39. MARITAL STATUS	40. SOC. SEC. NO.	MILITARY STATUS 41. TYPE DIS	42. BRANCH	43. SERIAL NO.	44. PERIOD OF SERVICE
S ☒ M ☐ W ☐ D ☐ SEP ☐	—	—		—	—

45. NO. DEP	46. MONTHLY INCOME	47. MAXIMUM LIABILITY	48. MOTHER'S MAIDEN NAME
—	—	—	Grimes, Bessie

49. SPOUSE NAME	50. SPOUSE OCCUPATION	51. SPOUSE SOC. SEC. NO.	52. DRIVERS LIC. NO.
—	—	—	

53. SPOUSE EMPLOYER	54. EMPLOYER ADDRESS	55. HOW LONG	56. EMP. TEL. NO.
—			

57. HOUSEHOLD MEMBER	58. REL.	59. AGE	60. HOUSEHOLD MEMBER	61. REL.	62. AGE
—	—	—	—	—	—

63. HOUSEHOLD MEMBER	64. REL.	65. AGE	66. HOUSEHOLD MEMBER	67. REL.	68. AGE
—	—	—	—	—	—

69. HOUSEHOLD MEMBER	70. REL.	71. AGE	72. HOUSEHOLD MEMBER	73. REL.	74. AGE
—	—	—	—	—	—

75. RELATIVE OR FRIEND	76. REL.	77. ADDRESS	78. CITY	79. STATE	80. TEL. NO.
James Charles	N	6212 Alderley	SD	Ca	264-6534

81. MISCELLANEOUS SPONSOR DATA: Rel to City Clerk 263-3959

	83. NAME	84. ADDRESS	85. CITY	86. STATE	87. ZIP CODE
GUARANTOR	Perry Linda	604 Omera	SD	Ca	92114

	88. COMPANY	89. POLICY NO.	90. GROUP NO.	91. CERT. NO.	92. EFF. DATE
INSUROR	—	—	—	—	—

94. REMARKS: dizziness - upper abd. pain - car from home

ADM 003 PERRY LINDA F
D E CTY 03 31 50
E999995 0467869

BILL PATIENT. G. M. CCB

PATIENT ADMITTED TO HOSPITAL. FORM 142 PREPARED ☐

96. ADMITTED BY: P. Marcs

139 (10-69)

PATIENT'S RECORD

UNIVERSITY HOSPITAL
SAN DIEGO CALIFORNIA

999581

EMERGENCY ADMITTANCE RECORD

1. BILLING NO.	2. PATIENT'S LAST NAME	FIRST	MIDDLE	3. UNIT NO.
G51420	Charles	Linda	J	467869

4. TYPE	5. ADMIT DATE	6. TIME	7. DAY OF WEEK
E	1-5-72	1905	03

12. STATUS	13. SPONSOR	15. AI	16. PRIOR ADMIT	17. DMI NO.	18. RELIGION
D	Cty		Prev. 1951		P

19. BIRTH DATE	20. BIRTH-PLACE	21. AGE	22. SEX	23. CODE	24. CITIZEN	25. 72 HR PASS	RESIDENCE 26. STATE	27. CITY	28. CODE
3-31-50	Ca	21	M ☐ F ☒	N	01		12	6	01

29. ADDRESS STREET	30. CITY	31. STATE	32. ZIP CODE	32. COUNTY	33. TEL. NO.
5428 Santa Margarita	S.D.	Ca.	92114	S.D.	263-5069

34. OCCUPATION	35. EMPLOYER	36. EMPLOYERS ADDRESS	37. HOW LONG	38. EMP. TEL. NO.
unemployed				

39. MARITAL STATUS	40. SOC. SEC. NO.	MILITARY STATUS 41. TYPE DIS	42. BRANCH	43. SERIAL NO.	44. PERIOD OF SERVICE
S ☐ M ☒ W ☐ D ☒ SEP ☐	570-84-4383	Non Vet			

45. NO. DEP	46. MONTHLY INCOME	47. MAXIMUM LIABILITY	48. MOTHER'S MAIDEN NAME
02 + self			Young, Bessie

49. SPOUSE NAME	50. SPOUSE OCCUPATION	51. SPOUSE SOC. SEC. NO.	52. DRIVERS LIC. NO.
James	unemployed		

53. SPOUSE EMPLOYER	54. EMPLOYER ADDRESS	55. HOW LONG	56. EMP. TEL. NO.

57. HOUSEHOLD MEMBER	58. REL.	59. AGE	60. HOUSEHOLD MEMBER	61. REL.	62. AGE
63. HOUSEHOLD MEMBER	**64. REL.**	**65. AGE**	**66. HOUSEHOLD MEMBER**	**67. REL.**	**68. AGE**
69. HOUSEHOLD MEMBER	**70. REL.**	**71. AGE**	**72. HOUSEHOLD MEMBER**	**73. REL.**	**74. AGE**

75. RELATIVE OR FRIEND	76. REL.	77. ADDRESS	78. CITY	79. STATE	80. TEL. NO.
Cushion, Bessie	mother	604 O'Meara	SD	Ca.	263-4020

81. MISCELLANEOUS SPONSOR DATA
Refer to Cty Clerk

	83. NAME	84. ADDRESS	85. CITY	86. STATE	87. ZIP CODE
GUARANTOR	Charles, Linda	Same			

	88. COMPANY	89. POLICY NO.	90. GROUP NO.	91. CERT. NO.	92. EFF. DATE
INSUROR					

94. REMARKS
Abd Pain, Chills, Vomiting, Headaches
Cam w/ friend

CHARLES, LINDA
M 03-31-50 CTY
U467869
D999581 DE
5428 S MRGRTE SD

DI 4 72

PATIENT ADMITTED TO HOSPITAL. FORM 142 PREPARED ☐

96. ADMITTED BY L Wolford

139 (10-69)

PATIENT'S RECORD

UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY
CONDITIONS OF ADMISSION

1. MEDICAL CONSENT: The patient is under the control of the physicians; the hospital is not liable for any act or failure to act in following the instructions of said physicians. The undersigned consents to any X-ray examination, taking of medical photographs, anesthesia, medical or surgical treatment or hospital services rendered the patient under the general and special instructions of the physicians.

2. GENERAL DUTY NURSING: The Regents of the University of California, a corporation, through the hospital, provides general duty nursing care only. If the patient is in such condition as to need continuous or special duty care, it is agreed that such must be arranged by the patient, or his legal representative, or the physicians. The Regents of the University of California shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.

3. RELEASE OF INFORMATION: The hospital is authorized to furnish from patient's record requested information or excerpts to the referring physician and to any insurer of patient for the purpose of remuneration of The Regents of the University of California or any physician for services provided the insured.

4. ASSIGNMENT: In the event the undersigned is not sponsored by San Diego County and is entitled to hospital benefits of any type whatsoever arising out of any policy of insurance insuring patient State or Federal medical assistance programs or any other party liable to patient, said benefits are hereby assigned to The Regents of the University of California for application on patient's bill for hospitalization. It is agreed that The Regents of the University of California may receipt for any such payment and such payment shall discharge the company issuing the policy of insurance of any and all obligations thereunder to the extent of such payment, the undersigned and/or patient being responsible for charges, if any, not covered by this assignment.

5. FINANCIAL AGREEMENT: The undersigned, if not sponsored by San Diego County, agrees, whether he signs as agent or as patient, that in consideration of the services to be rendered to the patient, he hereby individually obligates himself to pay the account of The Regents of the University of California in accordance with its regular rates and terms of the hospital and to pay a professional fee in amounts equal to the prevailing community standards for like services. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts bear interest at the legal rate.

PERSONAL VALUABLES: It is understood that a safe for the safekeeping of money and valuables is maintained by The Regents of the University of California, and it is agreed that The Regents of the University of California shall not be liable for the loss of or damage to any money, jewelry, glasses, dentures, furs, fur coats and fur garments or other articles of unusual value and small compass, unless deposited with the hospital for safekeeping.

THE UNDERSIGNED CERTIFIES THAT HE HAS READ THE FOREGOING, RECEIVING A COPY THEREOF, AND IS THE PATIENT, OR IS DULY AUTHORIZED BY THE PATIENT AS PATIENT'S GENERAL AGENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

DATE OF SIGNING 04-17-70 19 X Linda Perry
PATIENT

HOUR _____
* PATIENT'S AGENT OR REPRESENTATIVE

WITNESS Paula Marco
RELATIONSHIP TO PATIENT

*If patient is a minor, parents or guardian, showing capacity; if an incompetent adult, by (1) spouse, (2) guardian, or (3) parent or known representati

INSURANCE ASSIGNMENTS

NAME OF INSURANCE _____
ADDRESS _____
NAME OF PERSON INSURED _____
ADDRESS _____

I hereby authorize payment directly to U.C. Hospitals all hospital benefits payable by Calif. State Disability Ins.

Signature _____ Date _____

AUTHORIZATION TO PAY INSURANCE BENEFITS: I hereby authorize payment directly to the University of Californic Hospitals benefits otherwise payable to me by the Insurance Company, solely by reason of this period of hospital confinement but not to exceed the hospital's regular charges for this period of hospital confinement. I understand that I am financially responsible to the hospital for the charges not covered by my Insurance Plan.

Signed X Linda Perry

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the above named hospital to release the information requested on this form.

Date 04-17-70 19 Signed X Linda Perry (Name of person Insur
Witness: Paula Marco Time of Signing _____ 19 Hour _____ M _____

DIAGNOSIS FROM RECORDS:

TAKEN FROM RECORDS ON: _____ 19 _
Signature _____
Title _____

138 (REV. 3-69)

MEDICAL RECORDS

E-3

UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY

EMERGENCY CHART

99995

1. BILLING NO.	2. PATIENT'S LAST NAME	FIRST	MIDDLE	3. UNIT NO.
796748	PERRY,	LINDA	(NMN)	467869

4. TYPE	5. ADMIT DATE	6. TIME	7. DAY OF WEEK
E	04/17/70	1815	0

12. STATUS	13. SPONSOR	15. AI	16. PRIOR ADMIT	17. MOTHER'S MAIDEN NAME	18. RELIGION
D	Cty	—	—		P

19. BIRTH DATE	20. BIRTH-PLACE	21. AGE	22. SEX	23. CODE	24. CITIZEN	25. 72 HR PASS	RESIDENCE 26. STATE	27. CITY	28. CODE
033050	CA1	20	M ☐ F ☒	N	01	—	20	12	01

DETACH THIS SHEET BEFORE WRITING BELOW

COMPLAINT upper abdominal pain & dizziness Passed out

ARRIVED BY car from home

DATE	TIME	PHYSICIAN'S ORDERS	DATE	TIME	NURSE'S NOTES
					T. 99 6R P. 82 R. 24. S.P. 140/9
		Discharge pt	4/17	1830	Pt examined by
		Rx Ribpan			Dr Lenarus
		Librium 10		1900	Pt. examined by
					Dr Arens.
		Abran		1930	Pt. discharged
					med. by Bidell, RN.

4 (10-69)

13. Examination and Diagnosis

~~70 yr~~

70 yr. old female complaining of epigastric pain x 1 day

Epigastric pain began suddenly today is sharp & lasted 5 min & then disappeared. Was recurred x 2 last for 5 min.

Denies nausea & dizziness.

Was had chest pain ~~[illegible]~~ across lower chest x 6-8 mos. Pt. feels she has "knots" in breasts causing this pain

No nausea vomiting bowel changes melena.

Pt. was brought here because she had trouble breathing & eyes were bulging

~~The~~ Pt. was brought here by brother because she passed out. Will be seen by Medicine

Lavoie

Medicine Note

Pt states that abdominal pain has bothered her severely for past five days but that for approx 2 mos she has had intermittent mid epigastric pain not related to meals or meals but frequently wakes her in the middle of the night.

In regard to passing out pt states that on several occasions she has been told by CMO that she has painful lumps in her breast about which she is quite anxious. These pains "take her breath away." Tonight she also had these pains & before she "passed out in the car" noted numbness & tingling of perioral skin & extremities.

Impr 1) Hyperventilation Syndrome
2) Psychophysiologic Response GI
R/O P.U.D.

[illegible] Abrams MRI

15. Physician

SIGNATURE

CHARLES LINDA
H 03-31-50
U467869
R999581
5424 S MRGRTE DE

UNIVERSITY HOSPITAL
SAN DIEGO, CALIFORNIA
CONDITIONS OF ADMISSION

1. MEDICAL AND SURGICAL CONSENT: The care of the patient is under the control of the attending physicians and the undersigned consents to any medical or surgical treatments or procedures, anesthesia, x-ray examinations, taking of medical photographs, audio-visual reproductions, laboratory procedures and hospital services rendered the patient under the general and special instructions of the attending physicians, or other physicians of the Hospital assisting in the care of the patient.

2. TEACHING: University Hospital of San Diego County is a teaching institution and each patient agrees to participate as a teaching subject. Consequently, the attending physicians may be assisted by medical students, interns, residents and post-graduate fellows during the care of each patient as a part of the medical education program of the institution.

3. GENERAL DUTY NURSING: The Regents of the University of California, a corporation, through the Hospital, provides general duty nursing care only. If the patient is in such condition as to need continuous or special duty care, it is agreed that such must be arranged by the patient, or his legal representative, or the physicians, and that fees for such special care shall be paid by the patient or the undersigned and that fees for such special care shall be paid directly to the special nurses. The Regents of the University of California shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.

THE UNDERSIGNED CERTIFIES THAT HE HAS READ THE FOREGOING, RECEIVING A COPY THEREOF, AND, IS DULY AUTHORIZED BY OR ON BEHALF OF THE PATIENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

Date _____ Time _____ Patient Representative _____

Witness _____

4. FINANCIAL AGREEMENT: The undersigned or patient, if not sponsored by San Diego County, agrees on behalf of himself and if the undersigned is not the patient, on behalf of the patient as well as the undersigned, that in consideration of the services to be rendered to the patient, the undersigned and the patient obligate themselves to pay the accounts of The Regents of the University of California in accordance with the regular rates and terms of the Hospital and to pay a professional fee in amounts equal to the prevailing community standard for like services. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expense.

5. ASSIGNMENT OF INSURANCE BENEFITS:

   a. Hospital Benefits: In the event the undersigned, or patient, is not sponsored by San Diego County and is entitled to Hospital or medical benefits of any type whatsoever arising out of any policy of insurance including, but not limited to, State Unemployment Compensation and Disability Insurance Benefits, State or Federal Medical Assistance Programs, insuring patient or any other party liable to patient, said benefits are hereby assigned to The Regents of the University of California for application on patient's bill for hospitalization. It is agreed that The Regents of the University of California may receipt for any such payment and such payment shall discharge the company issuing the policy of insurance from any and all obligations thereunder to the extent of such payment, the undersigned and patient are jointly and severally liable to the UCSD Medical Associates being responsible for charges, if any, not covered by this assignment.

   b. Professional Fees: To the extent that fees for professional services rendered to the patient are payable to the UCSD Medical Associates the undersigned or patient also hereby assigns to the UCSD Medical Associates and authorizes payment directly to said Medical Associates of all insurance benefits for professional fees otherwise payable to the undersigned, or patient, but not to exceed the fees of members of the Medical Associates for professional services rendered to the patient. The undersigned hereby agrees that the Medical Associates may receipt for any such payments thereby discharging the insurers obligation to the extent of such payments. The undersigned and patient are jointly and severally liable to the UCSD Medical Associates for fees not paid pursuant to this assignment.

   c. It is further agreed that any credit balance resulting from payment of insurance or other sources may be applied to any other account owed University Hospital by the insured or his family.

6. RELEASE OF INFORMATION: The Hospital is authorized to furnish from patient's record requested information or excerpts to the referring physician and to any insurer of patient for the purpose of remuneration of The Regents of the University of California, the Medical Associates, or any physician for services provided the insured.

7. AUTHORITY TO DIVULGE INFORMATION: Authority is also granted to any Hospital, physician, or other health care group, organization or institution to divulge information to University Hospital.

8. PERSONAL VALUABLES: It is understood that a safe for the safekeeping of money and valuables is maintained by The Regents of the University of California, and it is agreed that The Regents of the University of California shall not be liable for the loss of or damage to any money, jewelry, glasses, dentures, furs, fur coats and fur garments or other articles of unusual value and small compass, unless deposited with the Hospital for safekeeping.

THE UNDERSIGNED CERTIFIES THAT HE HAS READ THE FOREGOING, RECEIVED A COPY THEREOF, AND IS THE PATIENT, OR IS DULY AUTHORIZED BY OR ON BEHALF OF THE PATIENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

1-5-72 Date — 1905 Time — X Linda Charles *Patient, Agent, or Representative (Relationship)

L. W. Afford Witness

*If patient is a minor, parents or guardian, showing capacity; if an incompetent adult, by (1) spouse, (2) guardian, or (3) parent or known representative.

UNIVERSITY HOSPITAL
SAN DIEGO CALIFORNIA

EMERGENCY CHART

999581

1. BILLING NO.	2. PATIENT'S LAST NAME	FIRST	MIDDLE	3. UNIT NO.
G51420	Charles	Linda	J	467869

4. TYPE	5. ADMIT DATE	6. TIME	7. DAY OF WEEK				
E	1-5-72	1905	03				

12. STATUS	13. SPONSOR	15. AI	16. PRIOR ADMIT	17. MOTHER'S MAIDEN NAME	18. RELIGION
D	Cty		Prev. 1951		P

19. BIRTH DATE	20. BIRTH-PLACE	21. AGE	22. SEX	23. CODE	24. CITIZEN	25. 72 HR PASS	RESIDENCE 26. STATE	27. CITY	28. CODE
3-31-50	Ca	21	M ☐ F ☒	N	01		12	6	01

DETACH THIS SHEET BEFORE WRITING BELOW

COMPLAINT: Abd. Pain, Chills, Vag. Bleeding, Headaches

ARRIVED BY: Carle/friend

DATE	TIME	PHYSICIAN'S ORDERS	DATE	TIME	NURSE'S NOTES
					T. 100.4 oral P. 100 R. 20 S.P. 100/70
1/5	2100	~~CBC~~		1930	Started vaginal bleeding last
		~~Catheterize for~~			monday and states she is about
		~~stat UA and UCG and C+S~~			4 months pregnant. Abdominal
		~~C+S of endocervix~~			pains since yesterday and also
		~~[illegible] nurse~~			coughing up blood today. D
					States also she has cold x 1 wk
				1935	Gyne paged.
				2045	Dr. Strausbaugh - pelvic
					done. C&S done [illegible]
1/5		Pitocin			
		Hyper Cl IVF		2100	Blood (cbc) to lab and
		First gentrac prior [illegible]			I.V. (cath) to lab and also
		[illegible]			C&S of cervix to lab.
					[illegible]
				2235	[illegible]
					[illegible]
		Dx - UTI. Viral upper resp's			[illegible]
		Oligomenorrhea			

4 (10-69)

13. Examination and Diagnosis GA.

21 y/o G3P2 LMP Sept 24th c/o vag bleeding x3 days, lower abd pain, chills. IUD placed two years ago. Urinary frequency + 3x/night nocturia. Rx for UTI in Nov '71 antibiotics. Neg shoulder pain or urge to urinate

Kidney infect in Nov '71 Surg - appendectomy

PE W/D BF in NAD
Eyes - anicteric
Neck - supple
Chest - clear CAR - NSR; no murmur
No CVA tenderness
Abd - scaphoid, soft, LKS not felt, normoactive BS
Pelvic - BUS - usual
Cx - nonexpansile; int os closed; IUD strings seen
Vault - 3 cc clots in post vault
Uterus - normal size, firm, tender
L ovary - NS
∅ R or L adnexal masses
Rectovag - neg

14. Treatment and Progress

Complex: (1) UTI (3) Viral upper respiratory infection
(2) Oligomenorrhea, etiology?

Plan - Cath urine for UA →

CBC
VCS →
Urine for C&S

CBC
hct - 36
WBC - 2,500
segs - 12 bands - 8
lymphs 62 monos - 8

Urine
gravindex - neg.
HCG -
color - straw (hazy)
sp gravity - 1.015
ph - 6
red cells - none white cells - 2-5
epith - few bact. - loaded

15. Physician

UNIVERSITY HOSPITAL
San Diego, California

CHARLES LINDA
M 03-31-50 CTY
U467869
59951 DE
SCC S WRCRTF SD
665 1 5 72

INSTRUCTIONS TO EMERGENCY ROOM PATIENTS
(INSTRUCCIONES A LOS PACIENTES DEL SALON DE EMERGENCIA)

Date of service 1/5/72

Please
(Favor de)

☒ make an appointment in Gyne clinic within 7 days or on _____.
(hacer una cita en la clínica _____ dentro de _____ días o el _____.)

☐ return to the Wound Check Clinic on _____.
(volver a la Clínica para Revisar Heridas el _____.)

☐ visit your personal physician within _____ days.
(consultar con su médico personal dentro de _____ días.)

☒ follow the instructions below regarding prescriptions, care of wounds, new symptoms etc.
(seguir las instrucciones abajo tocante a las medicinas, cuido de heridas, nuevas síntomas, etc.)

(1) Two gantrisin tablets four times daily for ten days
(2) Pint of fluid

Physician's Signature

I acknowledge receiving the above instructions.
(Afirmo haber recibido las instrucciones de arriba.

Name
Nombre Linda Charles

Relation to patient
Relacion al paciente _____

TO EMERGENCY ROOM PHYSICIANS: For patient not previously seen at this hospital please complete the following:

TENTATIVE DIAGNOSIS (1) Urinary tract infection (2) Viral upper respiratory infection (3) Oligomenorrhea REFERRED TO: gyne CLINIC

URGENT _____ ELECTIVE _____ ESTIMATED NO. OF CLINIC VISITS (1 or 2) ____ (3 to 5) ____

422 (8-71)

(See Reverse Side)

UNIVERSITY HOSPITAL OF SAN DIEGO
GENERAL LABORATORY REPORTS

CHARLES LINDA
M 03-31-50 CTY
U467869
B999581 DE
5428 S MRGRTE SD

CLINICAL LABORATORIES
SPECIAL URINALYSIS
REQUESTED BY DR.
DIAGNOSIS:

MARK STIPPLED BOXES

☐ BILE
☐ UROBILINOGEN QUAL
☐ PORPHOBILINOGEN
☐ PORPHYRINS QUAL
☐ GRAVINDEX
☐ SPECIFIC GRAVITY
☒ UCG
☐ 5-HIAA
☐ CYSTINE
☐ PSP TEST
15 MIN > 25%
30 MIN < 45%
60 MIN 60-98%
120 MIN 60-98%
☐ BENCE JONES PROT
☐ MYOGLOBIN
☐ HEMOSIDERIN
☐ JOINT FLUID MUCIN
☐ JOINT FLUID MICROSCOPIC

DATE OF SERVICE
UNIVERSITY OF CALIFORNIA SAN DIEGO UNIVERSITY HOSPITAL
SOURCE
REQUEST DATE
REV/ CODE
721

Protein - negative
negative
1.015
negative

CHARLES LINDA
M 03-31-50 CTY
U467869
B999581 DE
5428 S MRGRTE SD

DIFFERENTIAL
SEGS
BANDS
LYMPHS
MONOS
EOS
BASOS
REC MORPHOLOGY
HEMATOLOGY

'72 JAN 5 PM 9:06
665
1 5 72

0 0 5
3 3 7
0 2 5
3 9 4
1 8
3 5 8
0 9 0
3 0 1
3 3 4

CHARLES LINDA NM
F 03 31 50 CT
U 467869
B 999581 DE
OAKLAND CALIF.

'73 FEB 13 PM 2:29
2 13 73

0 4 4
3 1 1
0 8
3 8 9
1 2
3 3 8
0 8 7
2 9 0
3 3 3

Negative

FORM GENERAL LABORATORY

Charles Fenske
467869
MR

UNIVERSITY HOSPITAL
San Diego, California

CLINICAL LABORATORIES
MICROBIOLOGY
Director: A.I. Braude, M.D. and Associates
CULTURE REPORT

PAGE # 1

DATE	SOURCE OF SPECIMEN AND CULTURE NUMBER	SMEAR AND STAIN (Few Moderate Heavy; Rare 0 - None)										AMOUNT OF GROWTH	ORGANISM IDENTIFICATION	ANTIBIOTIC SENSITIVITIES (KEY TO SENSITIVITY RESULTS: 1 = 0.3 MCG/ML, 2 = 1.0 MCG/ML, 3 = 3.0 MCG/ML, 4 = 5.0 MCG/ML, 5 = 10.0 MCG/ML, 6 = 20.0 MCG/ML; N NOT INHIBITED)											
1972		Gram+Cocci	Gram-Cocci	Gram+Rods	Gram-Rods	Yeast Cells	Mycelial Ele	P.M.N.'s	Lymphocytes	Monocytes	Eosinophiles			Penicillin	Oxacillin	Cephalothin	Streptomycin	Kanamycin	Tetracycline	Chloramphenicol	Erythromycin	Colymycin	Furadantin	Ampicillin	Other
1-5	497 Cath Urine											>100,000 (A) Heavy	E. Coli			4	5	1	5	4		1	6	4	
1-6	530 CX	0	0	0	R	0	0	R	0			NO GONOCOCCUS													

295 (8-71)

UNIVERSITY OF CALIFORNIA, SAN DIEGO
UNIVERSITY HOSPITAL
CLINICAL LABORATORIES
DIR: ALFRED ZETTNER, MD

CHARLES L INDA
929581
~~ERDC~~
467869
01/05/72

URINALYSIS REPORT

MACROSCOPIC		MICROSCOPIC	/HPF
COLOR	STRAW	RBC	0
APPEARANCE	HAZY	WBC	2-5
SPEC. GRAVITY	1.015	RENAL CELLS	0
PH	6.0	BACTERIA	LOADED
PROTEIN	NEG	SQUAM. EPITHELIUM	FEW
GLUCOSE, ENZ.	NEG	MUCOUS THREADS	0
		CRYSTALS	0
KETONE BODIES	NEG		
OCCULT BLOOD	NEG	CASTS	0/LPF

UNIVERSITY HOSPITAL
SAN DIEGO CALIFORNIA

INTAKE AND OUTPUT RECORD

DIRECTIONS:

1. Chart all transfusions and bloody drainage in red.
2. Each shift responsible for 8 hour recording.

DATE: 2/14 **0600 – 0600**

		INTAKE				OUTPUT		
		PARENTERAL			ORAL/TUBE			
		Type Solution	Amount In Bottle	Amount Infused	cc Taken	Urine Sp. Gr.	N.G.	Other & Stool
DAY SHIFT	0600 - 0700	NS	200			200		
	0700 - 0800							
	0800 - 0900							
	0900 - 1000							
	1000 - 1100							
	1100 - 1200							
	1200 - 1300							
	1300 - 1400							
	TOTAL A.M.							
P.M. SHIF	1400 - 1500							
	1500 - 1600							
	1600 - 1700							
	1700 - 1800							
	1800 - 1900							
	1900 - 2000							
	2000 - 2100							
	2100 - 2200							
	TOTAL P.M.							
NIGHT SHIFT	2200 - 2300							
	2300 - 2400							
	2400 - 0100							
	0100 - 0200							
	0200 - 0300							
	0300 - 0400							
	0400 - 0500							
	0500 - 0600							
	TOTAL NIGHT							

TOTAL 24 Hours	Total I.V. _____ Total Blood _____ Total Oral _____ **GRAND TOTAL** _____	Total Urine _____ Total N.G. _____ Total Other & Stool _____ **GRAND TOTAL** _____

291 (REV. 5/71)

UNIVERSITY HOSPITAL
SAN DIEGO, CALIFORNIA

CHARLES LINDA
U467869 F03 31 50
P M
3 251181

5L
SOC 12 13 73

DAILY CLINICAL DATA SUMMARY

DATE	2-13-73													
DAY IN HOSPITAL	Adm		1		2		3		4		5		6	
DAY POST OPERATIVE PARTUM														
HOURS	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
		16	10											
PULSE TEMP (RED) (BLUE) 150 106° 41.1														
140 105° 40.5														
130 104° 40.0														
120 103° 39.4														
110 102° 38.9														
100 101° 38.3														
90 100° 37.8														
80 99° 37.2														
NORMAL														
70 98° 36.7														
60 97° 36.1														
50 96° 35.6														
40 95° 35.0														
RESPIRATIONS		20	16											
TIME		16	06											
BLOOD PRESSURE		120/70	100/60											
WEIGHT	125 lbs													
STOOLS & ENEMAS	HF 5's													
DIET	NPO		NPO.											
TOTAL PARENTAL EXCL. BLOOD														
TOTAL BLOOD														
TOTAL ORAL														
TOTAL IN														
TOTAL URINE														
TOTAL N.G.														
TOTAL OTHER & STOOL														
TOTAL OUT														

UNIVERSITY HOSPITAL
SAN DIEGO CALIFORNIA

CHARLES LINDA
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? M
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SE
BOX 2 13 73

PROGRESS RECORD

DATE	
2/13	Suggest you Rx for U.T.I prior to D/C. R Buck DMD
	A
2/14	Ampicillin 500 mg po QID X 10 days for UTI (see U/A) JK Sims

29 (Rev. 9-69)

CHARLES LINDA NMN
F 03 31 CT
U 467869
DE
DOB 1 2 73

UNIVERSITY HOSPITAL
San Diego, California

CONDITIONS OF ADMISSION

1. MEDICAL CONSENT: The care of the patient is under the control of the attending physicians and the undersigned consents to any medical treatments or procedures, anesthesia, x-ray examinations, taking of medical photographs, audio-visual reproductions, laboratory procedures and hospital services rendered the patient under the general and special instructions of the attending physicians, or other physicians of the Hospital assisting in the care of the patient.

2. TEACHING: University Hospital is a teaching institution and each patient agrees to participate as a teaching subject. Consequently, under the supervision of the attending physician, persons who are medical students, interns, residents and post graduate fellows may participate in the care of the patient as a part of the medical education program of the institution.

3. GENERAL DUTY NURSING: The Regents of the University of California, a corporation, through the Hospital, provides general duty nursing care only. If the patient is in such condition as to need continuous or special duty care, it is agreed that such must be arranged by the patient, or his legal representative, or the physicians, and that fees for such special care shall be paid by the patient or the undersigned directly to the special nurses. The Regents of the University of California shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.

THE UNDERSIGNED CERTIFIES THAT HE HAS READ THE FOREGOING, RECEIVED A COPY THEREOF, AND IS DULY AUTHORIZED BY OR ON BEHALF OF THE PATIENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

date _____ time _____ patient's representative _____

witness _____

4. RELEASE OF INFORMATION: The Hospital is authorized to furnish from patient's record requested information or excerpts to the referring physician and to any insurer of the patient for the purpose of remuneration of The Regents of the University of California, the UCSD Medical Associates, or any physician for services provided the insured.

5. AUTHORITY TO DIVULGE INFORMATION: Authority is also granted to any hospital, physician, or other health care group, organization or institution to divulge information to University Hospital.

6. PERSONAL VALUABLES: It is understood that a safe for the safekeeping of money and valuables is maintained by The Regents of the University of California, and it is agreed that The Regents of the University of California shall not be liable for the loss of or damage to any money, jewelry, glasses, dentures, furs, fur coats and fur garments or other articles of unusual value and small compass, unless deposited with the Hospital for safekeeping.

7. FINANCIAL AGREEMENT: The undersigned or patient, if not sponsored by San Diego County, agrees on behalf of himself, and, if the undersigned is not the patient, on behalf of the patient as well as the undersigned, that in consideration of the services to be rendered to the patient, the undersigned and the patient obligate themselves to pay the accounts of The Regents of the University of California in accordance with the regular rates and terms of the Hospital. The undersigned agrees to pay a professional fee in amounts equal to the prevailing community standard for like services. Should the account be referred to an attorney for collections, the undersigned shall pay reasonable attorney's fees and collection expense.

8. ASSIGNMENT OF INSURANCE BENEFITS:

a. Hospital Benefits: In the event the undersigned, or patient, is not sponsored by San Diego County and is entitled to hospital or medical benefits of any type whatsoever arising out of any policy of insurance including, but not limited to, State Unemployment Compensation and Disability Insurance Benefits, State or Federal Medical Assistance Programs, insuring patient or any other party liable to patient, said benefits are hereby assigned to The Regents of the University of California for application on the patient's bill for hospitalization. It is agreed that The Regents of the University of California may receipt for any such payment and such payment shall discharge the company issuing the policy of insurance from any and all obligations thereunder to the extent of such payment. The undersigned and patient are jointly and severally liable to The Regents of the University of California for charges not paid pursuant to this assignment.

b. Professional Fees: To the extent that fees for professional services rendered to the patient are payable to the UCSD Medical Associates, the undersigned or patient also hereby assigns to the UCSD Medical Associates and authorizes payment directly to said Medical Associates of all insurance benefits for professional fees otherwise payable to the undersigned, or patient, but not to exceed the fees of members of said Medical Associates for professional services rendered to the patient. The undersigned hereby agrees that the Medical Associates may receipt for any such payment, thereby discharging the insurer's obligation to the extent of such payments. The undersigned and patient are jointly and severally liable to the UCSD Medical Associates for fees not paid pursuant to this assignment.

c. It is further agreed that any credit balance resulting from payment of insurance or other sources may be applied to any other account owed University Hospital by the insured or his family.

THE UNDERSIGNED CERTIFIES THAT HE HAS READ THE FOREGOING, RECEIVED A COPY THEREOF, AND IS THE PATIENT, OR IS DULY AUTHORIZED BY OR ON BEHALF OF THE PATIENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

2-13-73 (date) 1345 (time) X Linda Charles (patient, * agent or representative (relationship))

F Humphrey (witness)

*To be signed by, if patient is a minor, parents or guardian, showing capacity; if an incompetent adult, (1) spouse, (2) guardian, showing capacity, (3) parent, or (4) known representative.

950 (7-72)

UNIVERSITY HOSPITAL
San Diego, California

DEPARTMENT OF PATHOLOGY

PAGE 2

CLINICAL LABORATORIES
HEMATOLOGY
Director: C. Jack Bark, M.D. and Associates

CHARLES LINDA NMN
03 31 50 F
B 999581 SE
U 467869

DATE 1973	2.13	2.13	2.14										
SPECIMEN #	278 ER	178	67										
LEUCOCYTES 1000/mm³ (7.8 ± 3)	5.8												
SEGMENTED	74												
BANDS	5												
LYMPHOCYTES	18												
REACTIVE/ATYPICAL	/	/	/	/	/	/	/	/	/	/	/	/	/
MONOCYTES	3												
EOSINOPHILS													
BASOPHILS													
RED CELL COUNT (M 5.4 ± 0.7) mil/mm³ (F 4.6 ± 0.6)	3.89												
HEMOGLOBIN (M 16.0 ± 2) (F 14.0 ± 2)	11.2												
HEMATOCRIT	34	35	33										
MCV (80-95)	87												
MCH (27-31)	29												
MCHC (32-36)	33												
RED CELL MORPHOLOGY NORMOCYTIC/NORMOCHROMIC	/	/	/	/	/	/	/	/	/	/	/	/	/
HYPOCHROMIA													
MACROCYTOSIS													
MICROCYTOSIS													
POLYCHROMASIA													
POIKILOCYTOSIS													
PLATELETS H — L — N													
RETICULOCYTES Uncorr. 1.2 ± 0.5													
PROTHROMBIN TIME (control ± 2 sec.) Patient / Control													
PTT < 45 Sec. Patient / Control													
PLATELETS 1000/mm3 (150-400)													
ESR (WESTERGREN) M < 10 F < 20													
SICKLE CELL PREP	neg												
UNITS OF BLOOD													

311 (10-71)

UNIVERSITY OF CALIFORNIA, SAN DIEGO
UNIVERSITY HOSPITAL
CLINICAL LABORATORIES
DIR: ALFRED ZETTNER, MD

CHARLES LINDA
999581
EX

URINALYSIS REPORT

02/13/73
LA 467869

MACROSCOPIC		MICROSCOPIC	/HPF
COLOR	YELLOW	RBC	0
APPEARANCE	CLOUDY	WBC	10-20
SPEC. GRAVITY	1.019	RENAL CELLS	2-5
PH	5.0	BACTERIA	MANY
PROTEIN	2+	SQUAM. EPITHELIUM	MODERATE
GLUCOSE, ENZ.	NEG	MUCOUS THREADS	0
		CRYSTALS	0
KETONE BODIES	SMALL AMOUNT		
OCCULT-BLOOD	SMALL AMOUNT	CASTS	0/LPF

UNIVERSITY OF CALIFORNIA, SAN DIEGO
UNIVERSITY HOSPITAL
CLINICAL LABORATORIES
DIR: ALFRED ZETTNER, MD

CHARLES L INDA
999581
ER 5E
U467869

CLINICAL CHEMISTRY REPORT 02/13/73

	02-13 BLOOD #471
BUN	9

copy

Laboratory data: sickle cell prep (-)

BUN 9 ; Hgb 11.2 Hct 34% ; WBC 5800 (74 5 B L 18 1 1 3)

U/A sp gr. 1.019 pH 5.0, alb 2+, WBC 10-20, 0 RBC
many bacteria, renal cells 2-5, trace ketones, trace occult blood

CXR (PA+lat) WNL

Abd flat plate WNL except ? too homogeneous pelvic contents ; stomach bubble in normal position

Repeat Hct (1900 hrs 2/13) = 35 ; cap tube Hct 2/14/73 0600 hrs. = 43 ; Hct 2/14/73 0700 hrs. 33

Progress: 2/13/73 ~~2225~~ 1830 hrs. exam as on reverse side

" 2250 hrs. exam ⅁ change

2/14/73 0530 hrs. ↑'ed diffuse direct & rebound tenderness ; bowel sounds hyperactive ; ⅁ palpable masses

2/14/73 1215 hrs. minimal LUQ tenderness (direct) & no rebound tenderness ; no masses ; normoactive bowel sounds ; trace left CVA tenderness

Disposition: Discharg 2/14/73 essentially asymptomatic. Pt told to return if fainting spells, abdominal pain, hematuria, hematochezia, melena.

Final Diagnosis: Contusions L lower thorax & LUQ 2° trauma

Prior to discharge, complete Discharge Notice & Summary, Form 151-643.

Signature of House Officer