

RUN DATE: 04/15/14
RUN TIME: 0004
RUN USER: MEDITECH

Lodi Memorial Hospital RXM ***LIVE***
Ambulatory Prescriptions and Procedures

PAGE 1

Patient Name: PARVIN, MARY JEAN
Unit Number: M053082
Account Number: V025643024
Date of Birth: 03/16/43 Age/Sex: 71 F
Preferred Pharmacy: SNF SNF To Provide NO ADDRESS
Admission/Registration Date: 04/03/14
Discharge Date: 04/08/14
Admitting Physician: Kandkhorova, Nelliya MD -HO
Attending Physician: Multani, Kuljeet K MD -HOS
(000)000-0000 (000)000-0000 24HRS: N eRx: N Mail Order: N

Prescriptions

ESCITALOPRAM OXALATE (ESCITALOPRAM OXALATE) 20 Mg Tablet

20 MG PO Daily, #90 REF 3

Rx# 0000018253

Qty: 90 Refills: 3 Date: Sep 27, 2013

Ordering Provider: Blandford, Misti PA-C

Location: Millsbridge Family Care

Last Taken Information:

Date/Time: 04/01/14

Dose:

Information Source: PT

Medication Purpose:

Comments:

Levothroid (Levothyroxine Sodium) 100 Mcg Tablet

100 MCG PO Daily, #90 REF 5

Rx# 0000000904

Qty: 90 Refills: 5 Date: Oct 23, 2013

Ordering Provider: Freund, Edmund A MD

Location: Millsbridge Family Care

Last Taken Information:

Date/Time: 04/01/14

Dose:

Information Source: PT

Medication Purpose:

Comments:

Klor-Con (Potassium Chloride) 10 Meq Tablet.sa

10 MEQ PO Daily, #90 REF 3

Rx# 0000000207

Qty: 90 Refills: 3 Date: Dec 19, 2013

Ordering Provider: Jaromay, Michelle FNP

Location: Millsbridge Family Care

Last Taken Information:

Date/Time: 04/01/14

Dose:

Information Source: PT

Medication Purpose:

Comments:

Lasix ** (Furosemide **) 20 Mg Tab

20 MG PO Twice daily 30 Days REF 0

Rx# 0000001153

Days: 30 Refills: 0 Date: Dec 24, 2013

Ordering Provider: Nguyen, Bao Q MD -HOSP

Location: 4th South Nurse Station

Last Taken Information:

Date/Time: 04/01/14

Dose:

Information Source: PT

RUN DATE: 04/15/14
RUN TIME: 0004
RUN USER: MEDITECH

Lodi Memorial Hospital RXM ***LIVE***
Ambulatory Prescriptions and Procedures

PAGE 2

Patient Name: PARVIN, MARY JEAN Admission/Registration Date: 04/03/14
Unit Number: M053082 Discharge Date: 04/08/14
Account Number: V025643024 Admitting Physican: Kandkhorova, Nellya MD -HO
Date of Birth: 03/16/43 Age/Sex: 71 F Attending Physican: Multani, Kuljeet K MD -HOS
Preferred Pharmacy: SNF SNF To Provide NO ADDRESS
(000)000-0000 (000)000-0000 24HRS: N eRx: N Mail Order: N

Medication Purpose:
Comments:

Carvedilol (Carvedilol) 25 Mg Tablet
25 MG PO Twice daily, #60 REF 0
Rx# 0000000625

Qty: 60 Refills: 0 Date: Feb 4, 2014
Ordering Provider: Vatanparast, Roham MD -HOSP Location: 2nd South Nurse Station
Last Taken Information:
Date/Time: 04/01/14
Dose:
Information Source: PT
Medication Purpose:
Comments:

Lantus ** (Insulin Glargine, Hum.rec.analog **) 100 Unit/ML Vial
15 UNIT SUB-Q Twice daily 30 Days REF 0
Rx# 0000000763

Days: 30 Refills: 0 Date: Mar 14, 2014
Ordering Provider: Multani, Kuljeet K MD -HOSP Location: 4th South Nurse Station
Last Taken Information:
Date/Time: 04/01/14
Dose:
Information Source: PT
Medication Purpose:
Comments:

Famotidine (Famotidine) 20 Mg Tablet
20 MG PO Daily 30 Days REF 0
Rx# 0000000765

Days: 30 Refills: 0 Date: Mar 14, 2014
Ordering Provider: Multani, Kuljeet K MD -HOSP Location: 4th South Nurse Station
Last Taken Information:
Date/Time: 04/01/14
Dose:
Information Source: PT
Medication Purpose:
Comments:

Antivert ** (Meclizine Hcl **) 25 Mg Tab
25 MG PO Three times daily As Needed for N/V, #30 REF 0
Rx# 0000006270

Qty: 30 Refills: 0 Date: Mar 25, 2014
Ordering Provider: Freund, Edmund A MD Location: Millsbridge Family Care
Last Taken Information:
Date/Time: Unknown
Dose:
Information Source: PT
Medication Purpose: N/V

RUN DATE: 04/15/14
RUN TIME: 0004
RUN USER: MEDITECH

Lodi Memorial Hospital RXM ***LIVE***
Ambulatory Prescriptions and Procedures

PAGE 3

Patient Name: PARVIN, MARY JEAN Admission/Registration Date: 04/03/14
Unit Number: M053082 Discharge Date: 04/08/14
Account Number: V025643024 Admitting Physician: Kandkhorova, Nelliya MD -HO
Date of Birth: 03/16/43 Age/Sex: 71 F Attending Physician: Multani, Kuljeet K MD -HOS
Preferred Pharmacy: SNF SNF To Provide NO ADDRESS
(000)000-0000 (000)000-0000 24HRS: N eRx: N Mail Order: N

Comments:

Norco 10-325 ** (HYDROcodone/Acetaminophen 10-325 **) 1 Tab Tab

1 TAB PO Every 8 hours, #60 REF 2

Rx# 0000006402

Qty: 60 Refills: 2 Date: Mar 31, 2014

Ordering Provider: Freund, Edmund A MD

Location: Millsbridge Family Care

Last Taken Information:

Date/Time: Unknown

Dose:

Information Source: PT

Medication Purpose:

Comments:

Ambien ** (Zolpidem **) 5 Mg Tab

5 MG PO At bedtime as needed, #30 REF 3

Rx# 0000000732

Qty: 30 Refills: 3 Date: Apr 9, 2014

Instructions: Take At Bedtime

Ordering Provider: Vaccarezza, Ryan NP

Location: Millsbridge Family Care

Reported Medications

Aspirin ** (Aspirin **) 81 Mg Tab.chew

81 MG PO Daily

Refills: Date: Apr 14, 2013

Location: 2nd South Nurse Station

Last Taken Information:

Date/Time: 04/01/14

Dose:

Information Source: PT

Medication Purpose:

Comments:

BIOTIN (Biotin) 1,000 Mcg Tab

1,000 MCG PO Daily

Refills: Date: Dec 18, 2013

Location: 4th South Nurse Station

Last Taken Information:

Date/Time: 04/01/14

Dose:

Information Source: PT

Medication Purpose:

Comments:

RUN DATE: 04/15/14
RUN TIME: 0004
RUN USER: MEDITECH

Lodi Memorial Hospital RXM ***LIVE***
Ambulatory Prescriptions and Procedures

PAGE 4

Patient Name: PARVIN, MARY JEAN Admission/Registration Date: 04/03/14
Unit Number: M053092 Discharge Date: 04/08/14
Account Number: V025643024 Admitting Physician: Kandkhorova, Nellya MD -HC
Date of Birth: 03/16/43 Age/Sex: 71 F Attending Physician: Multani, Kuljeet K MD -HOS
Preferred Pharmacy: SNF SNF To Provide NO ADDRESS
(000)000-0000 (000)000-0000 24HRS: N eRx: N Mail Order: N

Imdur ** (Isosorbide Mononitrate **) 30 Mg Tab.sr.24h
30 MG PO Daily

Refills: Date: Dec 17, 2013
Location: 4th South Nurse Station
Last Taken Information:
Date/Time: 04/01/14
Dose:
Information Source: PT
Medication Purpose:
Comments:

Nitroquick ** (Nitroglycerin **) 0.4 Mg Tab
0.4 MG BU As directed

Refills: Date: Dec 17, 2013
Location: 4th South Nurse Station
Last Taken Information:
Date/Time: Unknown
Dose:
Information Source: PT
Medication Purpose:
Comments:

Micardis (Telmisartan) 80 Mg Tablet
80 MG PO Daily

Refills: Date: Feb 1, 2014
Location: Emergency Room
Last Taken Information:
Date/Time: 04/01/14
Dose:
Information Source: PT
Medication Purpose:
Comments:

Neurontin ** (Gabapentin **) 300 Mg Cap
300 MG PO Twice daily

Refills: Date: Apr 2, 2014
Location: 4th South Nurse Station
Last Taken Information:
Date/Time: 04/01/14
Dose:
Information Source: PT
Medication Purpose:
Comments:

RUN DATE: 04/15/14
RUN TIME: 0004
RUN USER: MEDITECH

Lodi Memorial Hospital RXM ***LIVE***
Ambulatory Prescriptions and Procedures

PAGE 5

Patient Name: PARVIN MARY JEAN Admission/Registration Date: 04/03/14
Unit Number: M053092 Discharge Date: 04/08/14
Account Number: V025643024 Admitting Physican: Kandkhorova Nelliya MD -HO
Date of Birth: 03/16/43 Age/Sex: 71 F Attending Physican: Multani Kuljeet K MD -HCS
Preferred Pharmacy: SNF SNF To Provide NO ADDRESS
(000)000-0000 (000)000-0000 24HRS: N eRx: N Mail Order: N

NovoLOG ** (Insulin Aspart **) 100 Unit/Ml Vial
SUB-Q Twice daily As Needed for Insulin Sliding Scale, #1
Qty: 1 Refills: Date: Apr 2, 2014
Instructions: Blood Sugar.....Insulin
Less -150 0 units
151-200 3 units
201-250 5 units
251-300 7 units
301-350 10 units
351-400 15 units
**Less than -70 Call MD
**Greater than -400 Call MD

Location: 3rd South Nurse Station

Last Taken Information:

Date/Time: Unknown

Dose:

Information Source: PT

Medication Purpose: Insulin Sliding Scale

Comments:

Tylenol ** (Acetaminophen **) 325 Mg Tab
650 MG PO Every 6 hours As Needed for MILD PAIN
Refills: Date: Apr 11, 2014
Location: Emergency Room

Dulcolax ** (Bisacodyl **) 10 Mg Supp
10 MG PR Daily As Needed for CONSTIPATION
Refills: Date: Apr 11, 2014
Location: Emergency Room

Fleet ** (Na Phos.M-B/Na Phos.Di-Ba **) 118 Ml Enema
1 BTL PR As directed, #1
Qty: 1 Refills: Date: Apr 11, 2014
Location: Emergency Room

Milk Of Magnesia ** (Magnesium Hydroxide **) 400 Mg/5 Ml Oral.susp
30 ML PO Daily As Needed for CONSTIPATION
Refills: Date: Apr 11, 2014
Location: Emergency Room

Diagnostics

CBC-w/Auto Diff,w/Plt

Service Time/Date: 12/23/13

Location:

Routine

Active

Ordering Provider:

RUN DATE: 04/15/14
RUN TIME: 0004
RUN USER: MEDITECH

Lodi Memorial Hospital RXM ***LIVE***
Ambulatory Prescriptions and Procedures

PAGE 6

Patient Name: PARVIN, MARY JEAN
Unit Number: M053082
Account Number: V025643024
Date of Birth: 03/16/43 Age/Sex: 71 F
Preferred Pharmacy: SNF SNF To Provide NO ADDRESS
Admission/Registration Date: 04/03/14
Discharge Date: 04/08/14
Admitting Physician: Kandkhorova, Nelliya MD -HO
Attending Physician: Multani, Kuljeet K MD -HOS
(000)000-0000 (000)000-0000 24HRS: N eRx: N Mail Order: N

Comprehensive Metabolic Panel - Lab

Service Time/Date: 12/23/13

Location:

Routine

Active

Ordering Provider:

BNP, B-Type Natriuretic Peptide - Lab*

Service Time/Date: 12/23/13

Location:

Routine

Active

Ordering Provider:

CBC-w/Auto Diff.w/Plt

Service Time/Date: 12/30/13

Location:

Routine

Active

Ordering Provider: Nguyen, Bao Q MD -HOSP

Comprehensive Metabolic Panel - Lab

Service Time/Date: 12/30/13

Location:

Routine

Active

Ordering Provider: Nguyen, Bao Q MD -HOSP

BNP, B-Type Natriuretic Peptide - Lab*

Service Time/Date: 12/30/13

Location:

Routine

Active

Ordering Provider: Nguyen, Bao Q MD -HOSP

Carotid Bilateral-US

Service Time/Date: Within 1 Week

Location: Diagnostic Imaging

Diagnosis: 433.10

Modifiers:

Reason for Exam R carotid bruit

Is patient pregnant: (Y)es, (N)o, (U)ncertain

Wet Reading? N

Comments

Ordering Provider: Freund, Edmund A MD

CAROTID ARTERY OCCLUSION W O CEREBRAL INFARCTION

Basic Metabolic Panel - Lab

Service Time/Date: In 1 Week

Location: LMH Outpatient Service Center

Diagnosis: 682.6

Cellulitis and abscess of leg

Routine

Active

Ordering Provider: Multani, Kuljeet K MD -HOSP

CBC-w/Auto Diff.w/Plt

Service Time/Date: In 1 Week

Location: LMH Outpatient Service Center

Diagnosis: 682.6

CELLULITIS OF LEG

Routine

Active

Ordering Provider: Multani, Kuljeet K MD -HOSP

Comprehensive Metabolic Panel - Lab

Service Time/Date: Within 21 Days

Location: LMH Outpatient Service Center

Diagnosis: 250.01

DIAB MELL WO COMPL TYPE I [JUVENILE TYPE], NOT UNCNTRLD

Routine

Active

Ordering Provider: Freund, Edmund A MD

RUN DATE: 04/15/14
RUN TIME: 0004
RUN USER: MEDITECH

Lodi Memorial Hospital RXM ***LIVE***
Ambulatory Prescriptions and Procedures

PAGE 7

Patient Name: PARVIN, MARY JEAN
Unit Number: M053082
Account Number: V025643024
Date of Birth: 03/16/43 Age/Sex: 71 F
Preferred Pharmacy: SNF SNF To Provide NO ADDRESS
Admission/Registration Date: 04/03/14
Discharge Date: 04/08/14
Admitting Physician: Kandkhorova, Nelliya MD -HO
Attending Physician: Multani, Kuljeet K MD -HOS
(000)000-0000 (000)000-0000 24HRS: N eRx: N Mail Order: N

BNP, B-Type Natriuretic Peptide - Lab*

Service Time/Date: Within 21 Days Routine Active
Location: LMH Outpatient Service Center Ordering Provider: Freund, Edmund A MD
Diagnosis: 786.05 SHORTNESS OF BREATH

Hgb A1C - Lab

Service Time/Date: In 21 Days Routine Active
Location: LMH Outpatient Service Center Ordering Provider: Freund, Edmund A MD
Diagnosis: 250.01 DIAB MELL WO COMPL, TYPE I [JUVENILE TYPE], NOT UNCNTRL

Referrals

INFECTIOUS DISEASE

In 14 Days
Referred To: Infectious Disease
To Provider: Orellana, Manuel A MD
Referral Authorization Date:
Referral Expiration Date:
Diagnosis:
Referral Text:
Entered By: SHI, BEIEN MD On 09/09/12 At 12:02pm

bactremia with cat bite

OF VISITS: Active Shi, Beien MD -HOSP

CARDIOLOGY REFERRAL

In 14 Days
Referred To: Cardiology
To Provider: Stenzler, Lee M MD
Referral Authorization Date:
Referral Expiration Date:
Diagnosis:
Referral Text:
Entered By: SHI, BEIEN MD On 09/09/12 At 12:10pm

chf, uncontrolled HTN, VT

OF VISITS: Active Shi, Beien MD -HOSP

HOME HEALTH SERVICES

By Today
Referred To: Home Health Services
To Provider: Home Health Services
Referral Authorization Date:
Referral Expiration Date:
Diagnosis:

OF VISITS: Active Hlaing, Min M MD -HOSP

RUN DATE: 04/15/14
RUN TIME: 0004
RUN USER: MEDITECH

Lodi Memorial Hospital RXM ***LIVE***
Ambulatory Prescriptions and Procedures

PAGE 8

Patient Name: PARVIN, MARY JEAN
Unit Number: M053082
Account Number: V025643024
Date of Birth: 03/16/43 Age/Sex: 71 F
Preferred Pharmacy: SNF SNF To Provide NO ADDRESS
Admission/Registration Date: 04/03/14
Discharge Date: 04/08/14
Admitting Physician: Kandkhorova, Nelliya MD -HO
Attending Physician: Multani, Kuljeet K MD -HOS
(000)000-0000 (000)000-0000 24HRS: N eRx: N Mail Order: N

Neurology Referral

By Today

Referred To: Neurology

To Provider: Yao, Weiping MD

Referral Authorization Date:

Referral Expiration Date:

Diagnosis: 250.01 DIAB MELL WO COMPL, TYPE I [JUVENILE TYPE], NOT UNCNTRLD
433.10 CAROTID ARTERY OCCLUSION W O CEREBRAL INFARCTION

Referral Text:

01/30/14 1555 VINCENT, ELIZABETH

EAR External Document linked: 01/30/14 Referral Forms-TO DR SANTOS
Documentation Received changed from No to Yes.

01/30/14 1548 VINCENT, ELIZABETH

Spoke to pt and informed her that Dr. Yao
is booked out for 3-4 months, redirected
referral to Dr. Santos. Info faxed. They
will contact pt to set up appt. Pt
notified.

Dr. Nancy Santos

999 S Fairmont Ave #125

Lodi, CA 95240

209 339 8800

209 339 8845 Fax

for evaluation and treatment of dizzy
spells.

OF VISITS: Active Freund, Edmund A MD

Nephrology Referral

By Today

Referred To: Nephrology

To Provider: Maddula, Mallareddy MD - Stk

Referral Authorization Date:

Referral Expiration Date:

Diagnosis: 585.4 Chronic kidney disease stage 4 (GFR 15-29)

Referral Text:

01/31/14 1456 GODFREY, JILLIAN

EAR External Document linked: 01/31/14 Referral Forms -- APPT FOR DR. MADDULA

01/30/14 1556 VINCENT, ELIZABETH

EAR External Document linked: 01/30/14 Referral Forms-TO DR MEDDULA
Documentation Received changed from No to Yes.

01/30/14 1553 VINCENT, ELIZABETH

Info faxed. They will contact pt to set
up appt. Pt notified.

Dr. Mallareddy Maddula

RUN DATE: 04/15/14
RUN TIME: 0004
RUN USER: MEDITECH

Lodi Memorial Hospital RXM ***LIVE***
Ambulatory Prescriptions and Procedures

PAGE 9

Patient Name: PARVIN, MARY JEAN
Unit Number: M053082
Account Number: V025643024
Date of Birth: 03/16/43 Age/Sex: 71 F
Preferred Pharmacy: SNF SNF To Provide NO ADDRESS
Admission/Registration Date: 04/03/14
Discharge Date: 04/09/14
Admitting Physician: Kandkhorova, Nelliya MD -HO
Attending Physician: Multani, Kuljeet K MD -HOS
(000)000-0000 (000)000-0000 24HRS: N eRx: N Mail Order: N

1801 E March Ln #B265

Stockton, CA 95210

209 546 1868

209 461 6505 Fax

for continuation of care kidney disease
Stage 4

OF VISITS: Active Freund, Edmund A MD

Ear, Nose, Throat Refe

By Today

Referred To: Ear, Nose, Throat

To Provider: Guendert, Denise V MD

Referral Authorization Date:

Referral Expiration Date:

Diagnosis: 386.11 BENIGN PAROXYSMAL VERTIGO

Referral Text:

01/30/14 1557 VINCENT, ELIZABETH

EAR External Document linked: 01/30/14 Referral Forms-TO DR GUENDERT

Documentation Received changed from No to Yes.

01/30/14 1553 VINCENT, ELIZABETH

Info faxed. They will contact pt to set

up appt. Pt notified.

Dr/Denise Guendert

999 S Fairmont Ave #215

Lodi, CA 95240

209 333 8510

209 333 0966 Fax

evaluation and treatment for vertigo.

OF VISITS: Active Freund, Edmund A MD

*FAMILY/PRIMARY MD

Within 1 Week

Referred To: Family Practice

To Provider: Freund, Edmund A MD

Referral Authorization Date:

Referral Expiration Date:

Diagnosis:

OF VISITS: Active Freund, Edmund A MD

Modifiers:

An APPOINTMENT was made for you

on: Thursday 02/13/14 at 09:15: AM

Please CALL the DOCTOR's office with any questions

or to reschedule this appointment.

RUN DATE: 04/15/14
RUN TIME: 0004
RUN USER: MEDITECH

Lodi Memorial Hospital RXM ***LIVE***
Ambulatory Prescriptions and Procedures

PAGE 10

Patient Name: PARVIN, MARY JEAN
Unit Number: M053082
Account Number: V025643024
Date of Birth: 03/16/43 Age/Sex: 71 F
Preferred Pharmacy: SNF SNF To Provide NO ADDRESS
Admission/Registration Date: 04/03/14
Discharge Date: 04/06/14
Admitting Physican: Kandkhorova Nellya MD -HO
Attending Physican: Multani, Kuljeet K MD -HOS
(000)000-0000 (000)000-0000 24HRS: N eRx: N Mail Order: N

Comment/

LODI HEALTH HOME HEALTH

Referred To:
To Provider: Home Health Services
Referral Authorization Date:
Referral Expiration Date:

Diagnosis:
Referral Text:
02/04/14 1510 HEWITT, HANNAH
RN

PT

SOCIAL WORKER

OF VISITS: 3 Active Vatanparast, Roham MD -HOSP
Modifiers:

An APPOINTMENT was made for you
on: at :
Please CALL the DOCTOR's office with any questions
or to reschedule this appointment.
Comment/

Physical Therapy

Referred To: Physical Therapy
To Provider:
Referral Authorization Date:
Referral Expiration Date:
Diagnosis: 724.2 LUMBAGO
781.2 ABNORMALITY OF GAIT
782.3 EDEMA
V15.88 HISTORY OF FALL

Referral Text:
02/20/14 1452 DELOS REYES, DYNALYN
EAR External Document linked: 02/20/14 LMH OF PT
Documentation Received changed from No to Yes.
02/20/14 1448 DELOS REYES, DYNALYN
Faxed pt info: They will call pt with
appt: s/w pt- pt aware.//dr

Lodi Memorial Outpatient Physical
Therapy

800 South Lower Sacramento Road

Lodi, Ca 95242

209-333-3136

209-333-3137-- fax

RUN DATE: 04/15/14
RUN TIME: 0004
RUN USER: MEDITECH

Lodi Memorial Hospital RXM ***LIVE***
Ambulatory Prescriptions and Procedures

PAGE 11

Patient Name: PARVIN, MARY JEAN
Unit Number: M053082
Account Number: V025643024
Date of Birth: 03/16/43 Age/Sex: 71 F
Preferred Pharmacy: SNF SNF To Provide NO ADDRESS
Admission/Registration Date: 04/03/14
Discharge Date: 04/09/14
Admitting Physican: Kandkhorova, Nellya MD -HO
Attending Physican: Multani, Kuljeet K MD -HOS
(000)000-0000 (000)000-0000 24HRS: N eRx: N Mail Order: N

OF VISITS: Active Jaromay, Michelle FNP

Modifiers:

Modalities: Eval & Treat

Frequency: twice a week Duration: 10 weeks

Family Practice

Within 1 Week

Referred To: Family Practice

To Provider: Millsbridge Family Care

Freund, Edmund A MD

Unknown

Referral Authorization Date:

Referral Expiration Date:

Diagnosis:

OF VISITS: Active

Multani, Kuljeet K MD -HOSP

Modifiers:

An APPOINTMENT was made for you

on: Monday, 03/17/14 at 10: 00: AM

Please CALL the DOCTOR's office with any questions

or to reschedule this appointment.

Comment/

HOME HEALTH SERVICES

Within 1 Week

Referred To: Home Health Services

To Provider: Country Home Care

Referral Authorization Date:

Referral Expiration Date:

Diagnosis:

Referral Text:

03/14/14 1522 MOIS, SARAH

RN, PT and Aide

OF VISITS: Active

Multani, Kuljeet K MD -HOSP

Modifiers:

Foley?

IV antibiotics?

IV medications/teaching

Wound Vac?

Wound care?

Type

Home Health Services

HH Aide? Y

HH Social Svs(MSW)?

HH OT?

HH PT? Y HH RN? Y HH ST?

HH Dietician?

Other/

RUN DATE: 04/15/14
RUN TIME: 0004
RUN USER: MEDITECH

Lodi Memorial Hospital RXM ***LIVE***
Ambulatory Prescriptions and Procedures

PAGE 12

Patient Name: PARVIN, MARY JEAN
Unit Number: M053082
Account Number: V025643024
Date of Birth: 03/16/43 Age/Sex: 71 F
Preferred Pharmacy: SNF SNF To Provide NO ADDRESS
Admission/Registration Date: 04/03/14
Discharge Date: 04/08/14
Admitting Physican: Kandkhorova, Nelliya MD -HO
Attending Physican: Multani, Kuljeet K MD -HOS
(000)000-0000 (000)000-0000 24HRS: N eRx: N Mail Order: N

Discontinued Prescriptions

Ambien ** (Zolpidem **) 5 Mg Tab

5 MG PO At bedtime as needed, #30 REF 3

Rx# 0000003587

Qty: 30 Refills: 3 e: Jan 8, 2014

Instructions: Take At Bedtime

Ordering Provider: Freund, Edmund A MD

Location: Millsbridge Family Care

Last Taken Information:

Date/Time: Unknown

Dose:

Information Source: PT

Medication Purpose:

Comments:

Norco 10-325 ** (HYDROcodone/Acetaminophen 10-325 **) 1 Tab Tab

1 TAB PO Every 8 hours, #90 REF 0

Rx# 0000003816

Qty: 90 Refills: 0 e: Jan 13, 2014

Ordering Provider: Freund, Edmund A MD

Location: Millsbridge Family Care

Doxycycline Hyclate ** (Doxycycline Hyclate **) 100 Mg Tab

100 MG PO Every 12 hours 5 Days REF 0

Rx# 0000000764

Days: 5 Refills: 0 e: Mar 14, 2014

Ordering Provider: Multani, Kuljeet K MD -HOSP

Location: 4th South Nurse Station

Norco 10-325 ** (HYDROcodone/Acetaminophen 10-325 **) 1 Tab Tab

1 TAB PO Every 8 hours, #90 REF 0

Rx# 0000006077

Qty: 90 Refills: 0 e: Mar 17, 2014

Ordering Provider: Freund, Edmund A MD

Location: Millsbridge Family Care

Doxycycline Hyclate ** (Doxycycline Hyclate **) 100 Mg Tab

100 MG PO Every 12 hours 10 Days REF 0

Rx# 0000006258

Days: 10 Refills: 0 e: Mar 25, 2014

Ordering Provider: Freund, Edmund A MD

Location: Millsbridge Family Care

RUN DATE: 04/15/14
RUN TIME: 0004
RUN USER: MEDITECH

Lodi Memorial Hospital RXM ***LIVE***
Ambulatory Prescriptions and Procedures

PAGE 13

Patient Name: PARVIN, MARY JEAN
Unit Number: M053082
Account Number: V025643024
Date of Birth: 03/16/43 Age/Sex: 71 F
Preferred Pharmacy: SNF SNF To Provide NO ADDRESS
Admission/Registration Date: 04/03/14
Discharge Date: 04/08/14
Admitting Physician: Kandkhorova, Nelliya MD -HO
Attending Physician: Multani, Kuljeet K MD -HOS
(000)000-0000 (000)000-0000 24HRS: N eRx: N Mail Order: N

Cancelled Prescriptions

NovoLOG ** (Insulin Aspart **) 100 Unit/ML Vial
1 UNITS SUB-Q Before meals, #1 REF 3
Rx# 0000005757
Qty: 1 Refills: 3 Date: Mar 9, 2014
Instructions: sliding scale as directed
Ordering Provider: Freund, Edmund A MD Location: Millsbridge Family Care
Cancelled User/Date/Time: QUADFR 04/02/14 1101
Cancel Reason: Duplicate

Neurontin ** (Gabapentin **) 300 Mg Cap
1 CAP PO Twice daily, #30 REF 0
Rx# 0000017029
Qty: 30 Refills: 0 Date: Mar 27, 2014
Ordering Provider: Hashimoto, Harvey MD - DNU Location: Millsbridge Family Care
Cancelled User/Date/Time: QUADFR 04/02/14 1101
Cancel Reason: Duplicate

Discontinued Reported Medications

Antivert ** (Meclizine Hcl **) 25 Mg Tab
25 MG PO Three times daily As Needed for N/V
Refills: Date: Feb 1, 2014
Location: Emergency Room

Cancelled Diagnostics

CBC-w/Auto Diff.w/Plt
Service Date/Time: By August Routine Cancelled
Location: LMH Outpatient Service Center* Ordering Provider: Freund, Edmund MD - DNU
Diagnosis: 824.8 FX ANKLE NOS-CLOSED
Cancelled User/Date/Time: FREUEMIL 07/02/12 1412

Anti Thrombin Activity III - Lab
Service Date/Time: Within 21 Days Routine Cancelled
Location: Ordering Provider: Freund, Edmund A MD
Diagnosis: 250.01 DIAB MELL WO COMPL, TYPE I [JUVENILE TYPE], NOT UNCNTLD
Cancelled User/Date/Time: FREUED 03/31/14 1052