

Lodi Memorial Hospital

Progress Note

Date 05/14/12
Chang,Edward T MD-HOSP

Subjective

Subjective

Subjective HPI

right leg swelling and erythema much better today, more awake today, s/p Flumezenil 0.2mg iv twice yesterday.

Problem List

Active Problems

- Cellulitis and abscess of leg
- Congestive heart failure
- Diabetes mellitus type 2
- Essential hypertension
- Hyperglycemia

History obtained from- Patient, Nurse, Chart PCP/Admit Date

Primary Care Physician Freund,Edmund MD-Mills
Phone number 334-8540
Admit Date 05/11/12
Length of Stay 3

Estimated length of stay 3-4

History and Physical reviewed? Yes

Objective

Vitals & I&O

Vitals & I&O

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
05/13-05/14	35.3-36.2	60-63	12-19	108-153/55-71	95-98	

Intake and Output

_____ | 05/14 0600 | _____

M053082 V023586118
PARVIN,MARY JEAN
03/16/43 69 F 3S

Electronically signed by: Chang,Edward T MD-HOSP 05/14/12 1437

Run: -: by CHANG,EDWARD T MD

PN-Hospitalist - Additional copy

Lodi Memorial Hospital

Progress Note

Date 05/14/12
Chang,Edward T MD-HOSP

Intake Total	1211
Output Total	925
Balance	286
Intake, IV	431
Intake, Oral	780
Number	3
Unmeasured	
Stools	
Number Voids	7
Output, Urine	925
Patient Weight	117.48 kg
Voiding Method	Foley
Weight Measurement Method	Bed

Results
Results

	Laboratory Tests				
	05/14 0648	05/14 0555	05/14 0555	05/13 2234	05/13 1833
Chemistry					
Sodium (134 - 143 mmol/L)		141			
Potassium (3.6 - 5.1 mmol/L)		4.1			
Chloride (98 - 107 mmol/L)		106			
Carbon Dioxide (22 - 32 mmol/L)		30			
BUN (8 - 21 mg/dL)		20			
Creatinine (0.44 - 1.03 mg/dL)		2.29 H			
Estimated GFR		21.1			
BUN/Creatinine Ratio (6.0 - 20.0)		8.7			
Glucose (70 - 110 mg/dL)		80			
POC Glucose (70 - 110 mg/dL)	88			102	97
Calcium (8.9 - 10.3 mg/dL)		8.6 L			
B-Natriuretic Peptide (< 176 pg/mL)			520 H		
				05/13 1635	05/13 1542

M053082 V023586118
PARVIN, MARY JEAN
03/16/43 69 F 3S

Electronically signed by: Chang, Edward T MD-HOSP 05/14/12 1437

Run: -: by CHANG, EDWARD T MD

Lodi Memorial Hospital

Progress Note

Date 05/14/12
Chang, Edward T MD-HOSP

Chemistry		
POC Glucose (70 - 110 mg/dL)		84
Urines		
Urine Color (YELLOW)	STRAW	
Urine Appearance (CLEAR)	TURBID	
Urine pH (5.5 - 8.0)	5.5	
Ur Specific Gravity (1.005 - 1.025)	1.020	
Urine Protein (NEGATIVE mg/dL)	100 H	
Urine Glucose (UA) (NEGATIVE mg/dL)	NEGATIVE	
Urine Ketones (NEGATIVE mg/dL)	NEGATIVE	
Urine Blood (NEGATIVE)	TRACE H	
Urine Nitrite (NEGATIVE)	NEGATIVE	
Urine Bilirubin (NEGATIVE)	NEGATIVE	
Urine Urobilinogen (0.2 - 1.0 E.U./dL)	0.2	
Ur Leukocyte Esterase (NEGATIVE)	NEGATIVE	
Urine RBC (0 - 2 rbc/hpf)	1-2	
Urine WBC (0 - 5 wbc/hpf)	3-5	
Ur Squamous Epith Cells (NONE - FEW epi/hpf)	FEW	
Urine Bacteria (NONE SEEN)	FEW	
Hyaline Casts (NONE SEEN /hpf)	MANY H	

05/13
1443

Blood Gas		
Specimen Type	ARTERIAL PUNCTURE	
Puncture Site	RADIAL, RIGHT	
pH (7.350 - 7.450)	7.354	
pCO2 (35.0 - 45.0 mmHg)	50.8 H	
pO2 (75.0 - 85.0 mmHg)	100.5 H	
HCO3 (22.0 - 26.0 mmol/L)	27.7 H	
Base Excess (-2.0 - 2.0 mmol/L)	1.3	
O2 Saturation (96.0 - 97.0 %)	97.5 H	
ABG Carboxyhemoglobin (<1.6 % THgb)	1.2	
ABG O2 Capacity (16.0 - 24.0 mL/dL)	19.1	
Hemoglobin (12.0 - 16.0 g/dL)	14.0	
Hematocrit (37.0 - 47.0 %)	41.0	
Oxyhemoglobin (94.0 - 97.0 %)	95.8	
Methemoglobin (0.4 - 1.5 g/dL)	0.5	
Liter Flow (L/min)	4.00	
FiO2 % (%)	40.0	
Blood Gas Comments	NASAL CANNULA	

M053082 V023586118
PARVIN, MARY JEAN
03/16/43 69 F 3S

Electronically signed by: Chang, Edward T MD-HOSP 05/14/12 1437

Run: -: by CHANG, EDWARD T MD

Lodi Memorial Hospital

Progress Note

Date 05/14/12
Chang,Edward T MD-HOSP

Test results personally reviewed & interpreted? Yes
Consults reviewed and discussed Surgeon
Medical records reviewed Yes

Medications

Allergies

Coded Allergies:

latex (Mild, Rash 05/11/12)
Converted from Drug Class Allergy: Latex
Sulfa(Sulfonamide Antibiotics) (Sulfa (Sulfonamide Antibiotics)) (Severe, Convulsions 05/11/12)
Converted from Ingredient Allergy: Sulfa Drugs
morphine (Severe, DIFFICULTY OF BREATHING 05/12/12)

Current Medications

Current Medications

Vancomycin HCl 250 ml Q24H IV (DC)
Acetaminophen 500 mg Q4PRN PRN PO
Acetaminophen/Hydrocodone Bitart 1 tab Q4PRN PRN PO
Bisacodyl 5 mg HSPRN PRN PO
Calcium Carbonate 1000 mg Q6PRN PRN PO (CKD)
Clonidine 0.2 mg Q8PRN PRN PO
Enoxaparin Sodium 1 dose PROTOCOL SUB-Q
Morphine HCl 2 mg Q4PRN PRN IV
Nitroglycerin 0.4 mg Q5MPRN PRN SL (DC)
Ondansetron HCl 4 mg Q6PRN PRN IV
Patient Own Medication 0 AS DIRECTED PO (PEND)
Potassium Chloride 0 PROTOCOL PO
Potassium Chloride 40 meq PROTOCOL PRN PO
Potassium Chloride 20 meq PROTOCOL PRN PO
Potassium Chloride 10 meq PROTOCOL PRN PO
Vancomycin HCl 250 ml PROTOCOL IV (DC)
Zolpidem Tartrate 5 mg HSPRN PRN PO
Enoxaparin Sodium 40 mg Q24H SUB-Q
Insulin Glargine 25 unit QPM SUB-Q
Carvedilol 12.5 mg BID PO
Docusate Sodium 100 mg BID PO
Famotidine 20 mg BID PO
Furosemide 40 mg Q8 IV (CKD)
Nystatin 0 BID TOP
Levothyroxine Sodium 100 mcg DAILY AC PO
Insulin Glargine 30 unit QAM SUB-Q

M053082 V023586118
PARVIN,MARY JEAN
03/16/43 69 F 3S

Electronically signed by: Chang,Edward T MD-HOSP 05/14/12 1437

Run: -: by CHANG,EDWARD T MD

Lodi Memorial Hospital

Progress Note

Date 05/14/12

Chang,Edward T MD-HOSP

Ceftriaxone Sodium 1000 mg Q24H IV
Sodium Chloride 50 ml
Escitalopram Oxalate 20 mg DAILY PO (CKD)
Isosorbide Mononitrate 30 mg DAILY PO
Lisinopril 20 mg DAILY PO
Metolazone 5 mg DAILY PO
Multivitamins 1 tab DAILY PO
Potassium Chloride 40 meq DAILY PO
Sitagliptin Phosphate 50 mg DAILY PO
Telmisartan 80 mg DAILY PO
Aspirin 81 mg DAILY PO
Insulin Aspart 0 ACHSPRN PRN SUB-Q
Flumazenil 0.2 mg STAT STA IV (DC)
Vancomycin HCl 250 ml Q24H IV (CKD)

Exam

Date 05/14/12

General Appearance Alert, Cooperative, No Acute Distress

HEENT Atraumatic, PERRLA, EOMI

Respiratory Clear to auscultation, Normal air movement

Neck Supple, No JVD, No thyromegaly

Cardiovascular Regular

Abdomen Normal Bowel Sounds, Soft, No Tenderness

Extremities No Clubbing, No Cyanosis, right leg swelling, decreased and less tender

Skin right leg swelling and erythema

Neurological Normal Speech, Normal Tone

Psych/Mental Status Flat affect

Nursing Clinical Data

Pain (1-10): 0 No Pain

Meal Dinner

Oral Intake % 10

Foley? Yes

Date foley placed 05/13/12

Last BM 05/14/12

Pressure ulcer? No

Isolation? Yes

Reason- MRSA+ (NASAL SWAB)

M053082 V023586118

PARVIN,MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Chang,Edward T MD-HOSP 05/14/12 1437

Run: -- by CHANG,EDWARD T MD

PN-Hospitalist - Additional copy

Lodi Memorial Hospital

Progress Note

Date 05/14/12
Chang,Edward T MD-HOSP

Assessment/Plan

Problems & Plan

Problems

Acute/Active Problems:

acute renal failure

Creatinin is increasing, Dr. madulla is consulted and will eval pt. Will decrease lasix from IV q8h to iv q12h and will d/c lisinopril but cont Micarditis for CHF.

Congestive heart failure (Active)

LVEF 30%, pt still has significant leg swelling, which all the way up to Upper Thighs bilaterally, needs to cont IV diuresis for CHF exacerbation. But renal insufficiency is worse so need to slow down IV lasix now.

Alter mental status:

Pt is more awake today, avoid ativan now.

Pt was given 2 mg ativan iv for CT head on 5/13. Ct head was negative, s/p given two doses of Flumezenil 0.2 mg iv then pt woke up.

#Cellulitis and abscess of leg (Active)- clinically better

Clinically the cellulitis is better and will cont IV vancomycin + IV rocephine

Surgery consult with Dr. Ketellar. U/S of right lower ext dose not show any DVT.

No surgery needed at this time. Right cellulitis better today, will elevate right leg with 3 pillows.

#Hyperglycemia and poorly controlled DM

hgA1c is 14.20, will cont lantus 30 units in am and 25 units in pm and ISS anc acc checks.
glucose stable.

#Essential hypertension (Active)

will cont lasix, Lisinopril ,a micardiis, coreg, clonidine prn.

PT eval + treatment

encourage to ambulate

Chronic Problems:

Cellulitis and abscess of leg

Congestive heart failure

Diabetes mellitus type 2

Essential hypertension

Hyperglycemia

M053082 V023586118

PARVIN,MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Chang,Edward T MD-HOSP 05/14/12 1437

Run: -: by CHANG,EDWARD T MD

Lodi Memorial Hospital

Progress Note

Date 05/14/12
Orellana,Manuel A MD

Subjective

Subjective

Subjective HPI

No complaints

Problem List

Active Problems

- Cellulitis and abscess of leg
- Congestive heart failure
- Diabetes mellitus type 2
- Essential hypertension
- Hyperglycemia

Objective

Vitals & I&O

Vitals & I&O

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FI02
05/13-05/14	35.3-36.2	60-62	12-19	108-153/55-71	94-98	

Intake and Output

	05/14 0600
Intake Total	1211
Output Total	925
Balance	286
Intake, IV	431
Intake, Oral	780
Number Unmeasured Stools	3
Number Voids	7
Output, Urine	925

M053082 V023586118

PARVIN,MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Orellana,Manuel A MD 05/14/12 1707

Run: -- by ORELLANA,MANUAL MD

PN-General - Additional copy

Lodi Memorial Hospital

Progress Note

Date 05/14/12
Orellana,Manuel A MD

Patient Weight	117.48 kg
Voiding Method	Foley
Weight Measurement Method	Bed

Results

Results

Laboratory Tests

	05/14 1144	05/14 0555	05/14 0555
Chemistry			
Creatinine (0.44 - 1.03 mg/dL)		2.29 H	
POC Glucose (70 - 110 mg/dL)	117 H		
Calcium (8.9 - 10.3 mg/dL)		8.6 L	
B-Natriuretic Peptide (< 176 pg/mL)			520 H

General Appearance Alert & Oriented X3, Cooperative, No Acute Distress

HEENT Atraumatic, PERRLA

Respiratory Clear to auscultation

Neck Supple

Cardiovascular Exam Regular, No gallop, No murmur

Abdomen Normal Bowel Sounds, Soft, No Tenderness

Extremities Trace edema, R leg erythema resolving

Allergies

Coded Allergies:

latex (Mild, Rash 05/11/12)

Converted from Drug Class Allergy: Latex

Sulfa(Sulfonamide Antibiotics) (Sulfa (Sulfonamide Antibiotics)) (Severe, Convulsions 05/11/12)

Converted from Ingredient Allergy: Sulfa Drugs

morphine (Severe, DIFFICULTY OF BREATHING 05/12/12)

Current Medications

Current Medications

Vancomycin HCl 250 ml Q24H IV (DC)

Acetaminophen 500 mg Q4PRN PRN PO

Acetaminophen/Hydrocodone Bitart 1 tab Q4PRN PRN PO

M053082 V023586118

PARVIN,MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Orellana,Manuel A MD 05/14/12 1707

Run: -: by ORELLANA,MANUAL MD

PN-General - Additional copy

Lodi Memorial Hospital

Progress Note

Date 05/14/12
Orellana,Manuel A MD

Bisacodyl 5 mg HSPRN PRN PO
Calcium Carbonate 1000 mg Q6PRN PRN PO (CKD)
Clonidine 0.2 mg Q8PRN PRN PO
Enoxaparin Sodium 1 dose PROTOCOL SUB-Q
Morphine HCl 2 mg Q4PRN PRN IV
Nitroglycerin 0.4 mg Q5MPRN PRN SL (DC)
Ondansetron HCl 4 mg Q6PRN PRN IV
Patient Own Medication 0 AS DIRECTED PO (PEND)
Potassium Chloride 0 PROTOCOL PO
Potassium Chloride 40 meq PROTOCOL PRN PO
Potassium Chloride 20 meq PROTOCOL PRN PO
Potassium Chloride 10 meq PROTOCOL PRN PO
Vancomycin HCl 250 ml PROTOCOL IV (DC)
Zolpidem Tartrate 5 mg HSPRN PRN PO
Enoxaparin Sodium 40 mg Q24H SUB-Q (DC)
Insulin Glargine 25 unit QPM SUB-Q
Carvedilol 12.5 mg BID PO
Docusate Sodium 100 mg BID PO
Famotidine 20 mg BID PO
Furosemide 40 mg Q8 IV (DC)
Nystatin 0 BID TOP
Levothyroxine Sodium 100 mcg DAILY AC PO
Insulin Glargine 30 unit QAM SUB-Q
Ceftriaxone Sodium 1000 mg Q24H IV
Sodium Chloride 50 ml
Escitalopram Oxalate 20 mg DAILY PO (CKD)
Isosorbide Mononitrate 30 mg DAILY PO
Lisinopril 20 mg DAILY PO (DC)
Metolazone 5 mg DAILY PO (DC)
Multivitamins 1 tab DAILY PO
Potassium Chloride 40 meq DAILY PO
Sitagliptin Phosphate 50 mg DAILY PO
Telmisartan 80 mg DAILY PO
Aspirin 81 mg DAILY PO
Insulin Aspart 0 ACHSPRN PRN SUB-Q
Furosemide 40 mg Q12H IV
Vancomycin HCl 250 ml Q24H IV (CKD)
Enoxaparin Sodium 30 mg Q24H SUB-Q (CKD)
Furosemide 40 mg Q12 IV (DC)

M053082 V023586118
PARVIN,MARY JEAN
03/16/43 69 F 3S

Electronically signed by: Orellana,Manuel A MD 05/14/12 1707

Run: -: by ORELLANA,MANUAL MD

PN-General - Additional copy

Page 3 of 4

Lodi Memorial Hospital

Progress Note

Date 05/14/12
Orellana,Manuel A MD

Assessment/Plan

Problems & Plan

Problems

Acute/Active Problems:

- Cellulitis and abscess of leg (Active)
- Congestive heart failure (Active)
- Diabetes mellitus type 2 (Active)
- Essential hypertension (Active)
- Hyperglycemia (Active)

Plan

- Continue present antibiotics
- Leg elevation rec.

M053082 V023586118
PARVIN,MARY JEAN
03/16/43 69 F 3S

Electronically signed by: Orellana,Manuel A MD 05/14/12 1707

Run: -: by ORELLANA,MANUAL MD

PN-General - Additional copy

Lodi Memorial Hospital

Brief Note

Date 05/14/12
Ketelaar, Michael T MD

Brief Note

Brief Note

AFEBRILE
DEFINITE IMPROVEMENT RT LEG SWELLING AND ERYTHEMA
CONTINUE PRESENT MANAGEMENT

M053082 V023586118
PARVIN, MARY JEAN
03/16/43 69 F 3S
Electronically signed by: Ketelaar, Michael T MD 05/14/12 1338

Run: -: by KETELAAR, MICHAEL MD

Brief Note - Additional copy

Lodi Memorial Hospital

Brief Note

Date 05/14/12
Maddula, Mallareddy MD

Brief Note

Brief Note

NEPHROLOGY CONSULTATION (DICTATED)

69-Year-old woman with a history of insulin dependent diabetes, hypertension, congestive heart failure, history of coronary artery disease status post coronary artery bypass graft, came into the hospital because of increasing right lower extremity swelling, redness and pain. Admitted with Cellulitis. Admission Creatinine was 1.5mg/dl gradually increased to 2.5mg/dl.

Assessment/Plan GFP

Problems & Plan

1 Acute renal failure probably secondary to ATN : Agree with Decreasing Lasix and stopping Lisinopril.

2. Congestive heart failure (Active)
3. Cellulitis and abscess of leg (Active)- On Vancomycin + IV rocephine
4. Proteinuria and CKD from diabetic Nephropathy: Restart ACE-I once renal function is stabilized.
5. Hyperglycemia and poorly controlled DM with HgA1c is of 14.20, Cont lantus 30 units in am and 25 units in pm and ISS anc acc checks.
6. Essential hypertension (Active)
will cont lasix, Lisinopril ,a micardiis, coreg, clonidine prn.

Chronic Problems:

Cellulitis and abscess of leg
Congestive heart failure
Diabetes mellitus type 2
Essential hypertension
Hyperglycemia

M053082 V023586118

PARVIN, MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Maddula, Mallareddy MD 05/16/12 1423

Run: -: by MADDULA, MALLAREDDY

Lodi Memorial Hospital

Brief Note

Date 05/14/12
Maddula, Mallareddy MD

M053082 V023586118
PARVIN, MARY JEAN
03/16/43 69 F 3S

Electronically signed by: Maddula, Mallareddy MD 05/16/12 1423

Run: -: by MADDULA, MALLAREDDY

Brief Note - Additional copy

LODI MEMORIAL HOSPITAL
CONSULTATION REPORT

DATE OF CONSULTATION
05/14/2012

REQUESTING PHYSICIAN
Dr. Chang.

REASON FOR CONSULTATION
Acute renal failure.

HISTORY OF PRESENT ILLNESS

This is a 69-year-old woman with history of diabetes mellitus, hypertension, CHF, CAD status post CABG, who presented to the hospital with complaining of right lower extremity swelling and redness and pain. The patient was admitted with possible cellulitis of the right leg and was started on IV antibiotics. On admission, her creatinine was 1.5 and gradually increased to 2.5 mg/dl. The patient was on Lasix for a decompensated CHF and was also on lisinopril. Both of them were discontinued today. Nephrology was called for evaluation and management of renal failure.

PAST MEDICAL HISTORY

History of hypertension, diabetes mellitus, CVA, and history of chronic kidney disease, hypothyroidism, history of CHF with EF of 30%, CAD status post CABG, depression, anxiety.

PAST SURGICAL HISTORY

Status post AICD placement, CABG, and appendectomy.

ALLERGIES

SULFA.

SOCIAL HISTORY

No history of smoking or alcohol use or drug use.

FAMILY HISTORY

Noncontributory.

CURRENT MEDICATIONS AT HOME

1. Imdur 30 mg daily.
2. Januvia 50 mg daily.
3. Zetia 10 mg daily.
4. Potassium 10 mEq twice a day.
5. Synthroid 100 mcg daily.
6. Lasix 80 mg daily.
7. Ambien 5 mg.
8. Coreg 12.5 mg twice a day.
9. Lexapro 20 mg daily.

	M053082	V023586118
	PARVIN, MARY JEAN	
	03/16/43 69	F
Att. Dr.	Felber, Rodney DO - HOSP	
	05/11/12 3S	1
Dict. Dr.	Mallareddy Maddula, MD	

LODI MEMORIAL HOSPITAL
CONSULTATION REPORT

10. Famotidine 20 mg daily.
11. Lovastatin 40 mg.
12. Lisinopril 20 mg daily.
13. Micardis 80 mg daily.
14. Norco 5 mg every 6 hours p.r.n.
15. Lantus 30 units subcu in the morning and 25 units at night.

REVIEW OF SYSTEMS

The patient is alert, awake. Denies any headache or visual problems. Denies any chest pain or shortness of breath. Denies any nausea, vomiting, diarrhea, constipation. Denies any urinary urgency, frequency, or hematuria.

PHYSICAL EXAMINATION

GENERAL: Elderly woman resting in the bed in no acute distress.
VITAL SIGNS: Blood pressure 120/60, pulse 61, respirations 20/minute.
HEENT: Pupils are equally reactive to light and accommodation.
NECK: Supple, no JVD or thyromegaly.
CARDIAC: Regular S1, S2. No murmurs. No S3 or rub.
LUNGS: Scattered rhonchi bilaterally.
ABDOMEN: Soft, nontender, no hepatosplenomegaly, bowel sounds active.
EXTREMITIES: The patient has trace edema in both lower extremities and erythema and a healed small ulcer over the right lower extremity.

LABORATORIES

CBC: White count is 7.3, hemoglobin 15, platelet count is 230. Chemistry: Sodium 141, potassium 4.0, chloride 106, bicarbonate 30, BUN 20, creatinine 2.29.

IMPRESSION

1. Acute renal failure superimposed on chronic kidney disease.
2. History of chronic kidney disease.
3. Congestive heart failure.
4. Diabetes mellitus type 2.
5. Proteinuria from diabetic nephropathy.

DISCUSSION AND RECOMMENDATIONS

This is a 69-year-old woman with history of hypertension, type 2 diabetes mellitus who was admitted with cellulitis of the right leg and CHF. The patient has acute renal failure superimposed on chronic kidney disease, probably secondary to intravascular volume depletion from diuretic use. The patient is also on vancomycin and Rocephin which may be causing some nephrotoxicity. Will continue to monitor intake and output. I agree with holding Lasix and lisinopril. I will start her on gentle hydration, normal saline at 40-60 mL hour and continue to monitor the renal function. If the patient's kidney function continues to get worse, I will do further workup.

Thank you, Dr. Chang, for the consultation. I will follow the patient with

	M053082	V023586118
	PARVIN, MARY JEAN	
	03/16/43	69
Att. Dr.	Felber, Rodney DO - HOSP	F
	05/11/12	3S
Dict. Dr.	Mallareddy Maddula, MD	1

LODI MEMORIAL HOSPITAL
CONSULTATION REPORT

you.

cc: Edmund A. Freund, MD MD

JOB # 343163
DD: 05/16/12 1500
DT: 05/16/12 1902
Report#: 0516-0225
MADDM/WM
cc: Edmund A Freund, MD - ER

	M053082	V023586118
	PARVIN, MARY JEAN	
	03/16/43 69	F
Att. Dr.	Felber, Rodney DO - HOSP	
	05/11/12 3S	1
Dict. Dr.	Mallareddy Maddula, MD	

E-Signed By:
Mallareddy Maddula, MD
E-sign Date: 05/30/12E-Sign Time: 1044
Co-sign Date: Time:

	M053082	V023586118
	PARVIN, MARY JEAN	
	03/16/43 69	F
Att. Dr.	Felber, Rodney DO - HOSP	
	05/11/12 3S	1
Dict. Dr.	Mallareddy Maddula, MD	