

Admit
6.28.14
7.10.14
Discharge

LODI MEMORIAL HOSPITAL
975 S. FAIRMONT AVENUE
LODI, CA 95240

DIS IN Account # N Med Rec# M053082 Admitting Date 06/28/14 Admit Time 1522 DISCHARGE DATE 07/10/14

PATIENT/Name, Address, Phone
PARVIN, MARY JEAN
2 N AVENA AVE
LODI, CA 95240
(209)625-8587
SS#: 566-62-7161

GUARANTOR/Name, Address, Phone
PARVIN, MARY JEAN
2 N AVENA AVE
LODI, CA 95240
(209)625-8587
SS#: 566-62-7161

NOK/Name, Phone
ANDERSON, TIFFANY
(209)625-8587
Relationship: COUSIN
Work Phone: (209)747-9095 C

EMPLOYER, Address, Phone
DISABLED

GUARANTOR EMPLOYER, Address, Phone
DISABLED

PERSON TO NOTIFY/Name, Phone
ANDERSON, TIFFANY
(209)625-8587
Relationship: COUSIN
Work Phone: (209)747-9095 C

Occupation
DISABLED 1996

Occupation
DISABLED 1996

Client Pre Clerk Admit Clerk
LAFRSH SOSA, VALENCIA K

Maiden/Other Name

Religion
BAPTIST

Source
ARBOR PLACE

Service
MED

Arrived From
WALK-IN

Birthdate 03/16/43 Age 71 Sex F Race W M/S W F/C W Accident Type 05

Room 466 Bed A

Accommodation
STANDARD

Primary Care Dr: Freund, Edmund A MD
Admitting Dr: Ali, Nazish Nawaz MD -HOSP

Family Dr: Freund, Edmund A MD
Attending Dr: Ali, Nazish Nawaz MD -HOSP

Insurance Company 1
MC PART A&B
NORIDIAN JE PART A
PO BOX 6770
FARGO ND 581086770
Subscriber: PARVIN, MARY J
Policy #: 566627161A
Group #:
Effective Date: 11/01/04
Phone:
PreCert:

Insurance Company 2
MUTUAL OF OMAHA
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175
Subscriber: PARVIN, MARY J
Policy #: 33165599
Group #:
Effective Date: 03/01/06
Phone: (800)775-1000
PreCert:

Insurance Company 3
Subscriber:
Policy #:
Group #:
Effective Date:
Phone:
PreCert:

REASON FOR VISIT/COMMENT
CHANGE IN MENTAL STATE
SEE NOTES

Prev Visits
ER 06/28/14 1002 V025938127
IN 04/11/14 1753 V025676990
ER 04/11/14 1456 V025676990

V025938127


AUTHORIZATION IS GIVEN TO DISPENSE ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT UNLESS DNS (DO NOT SUBSTITUTE) IS NOTED BY DOCTOR

ON ADMISSION ONLY

PHYSICIAN'S ORDERS

DIAGNOSIS: _____

ESTIMATED LENGTH OF STAY: _____

ROOM #: _____

ALLERGIES: _____

PLEASE CONFIRM PREVIOUS TELEPHONE ORDERS

DATE	TIME	ORDERS
6/28/14	1900	Shift chart / <i>[Signature]</i>
6/28/14	0700	Shift chart / <i>[Signature]</i>
6/29/14	1900	Shift chart / <i>[Signature]</i>
6/30/14	0700	12h chart / <i>[Signature]</i>
6/30/14	1900	12° shift chart check done <i>[Signature]</i> / <i>[Signature]</i>
7/1/14	0700	12° shift / <i>[Signature]</i> / <i>[Signature]</i>
7/1/14	1900	12° chart / complete <i>[Signature]</i> / <i>[Signature]</i>
7/2/14	1700	12° chart / <i>[Signature]</i> / <i>[Signature]</i>
7/3/14	1900	12° chart check / <i>[Signature]</i> / <i>[Signature]</i>
7/3/14	0700	12° Shift chart / <i>[Signature]</i> / <i>[Signature]</i>
7/3/14	1900	12 shift chart check / <i>[Signature]</i> / <i>[Signature]</i>
7/4/14	0700	12° shift chart / complete <i>[Signature]</i> / <i>[Signature]</i>
7/4/14	1900	12 shift chart / done <i>[Signature]</i> / <i>[Signature]</i>
7/5/14	0700	12° shift chart / done <i>[Signature]</i>
7/5/14	1900	12 Shift chart / <i>[Signature]</i> / <i>[Signature]</i>
7/6/14	0700	12° shift chart / done <i>[Signature]</i>
7/6/14	1900	12° shift chart / done <i>[Signature]</i> / <i>[Signature]</i>
7/7/14	0700	12° shift chart check done <i>[Signature]</i> / <i>[Signature]</i>
7/7/14	1900	15° shift chart check done <i>[Signature]</i> / <i>[Signature]</i>
7/8/14	0700	12° chart check done <i>[Signature]</i> / <i>[Signature]</i>
7/8/14	1900	12° chart check done <i>[Signature]</i> / <i>[Signature]</i>
7/9/14	1900	12° chart check done <i>[Signature]</i> / <i>[Signature]</i>
7/10/14	0700	12° chart / done <i>[Signature]</i> / <i>[Signature]</i>

Physician's Signature

Time

Date

F6170-30



PARVIN, MARY JEAN
M053082 V025938127
71/F 06/28/14



PHYSICIAN ORDER

Rev: 01/10

PHYSICIAN'S RECOMMENDED NUTRITION ORDERS

Lodi Memorial Hospital
975 S. Fairmont Av
Lodi, CA 95241
(209)334-3411

PATIENT: PARVIN, MARY JEAN MR# M053082
DOCTOR: Ali, Nazish Nawaz MD -HOSP ACCT# V025938127
AGE/SEX: 71 F
LOC/ROOM: 4S 466-A

PRIMARY DX: CHANGE IN MENTAL STATE

HEIGHT: 5 FT. 5. IN.
WEIGHT: 223 LB. 7. OZ. 101.3 KG

Nutrition Orders

The complete Nutrition assessment is available online.

~~TPN~~
~~Tube Feeding~~
Diet Change Heart Healthy, Low-Sodium, Carbohydrate Controlled
Other

RD Signature: B. M. , RD DATE: 6/30/14 TIME: 15:55

MD Signature: Electronically Signed by Ali, Nazish DATE: _____ TIME: _____
Nawaz MD -HOSP on 07/15/14 at
1712

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975 S. Fairmont Av
Lodi, CA 95241
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PATIENT: PARVIN, MARY JEAN MR# M053082
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Nutrition Orders

The complete Nutrition assessment is available online.

~~TPN~~
~~Tube Feeding~~
Diet Change CARBOHYDRATE CONTROLLED, LOW NA
~~Other~~

RD Signature: Rob Paradiis RD DATE: 7/7/14 TIME: 1140

MD Signature: Electronically Signed by Shi, Beien DATE: _____ TIME: _____
MD -HOSP on 07/19/14 at 0824

— LODI MEMORIAL HOSPITAL —

NOTIFICATION
ORDER# 0628-0010

NAME: PARVIN, MARY JEAN
ROOM: - : ER
DOB: 03/16/1943 AGE/SEX: 71 F
ACCT# V025938127

MR# M053082
TYPE: REG ER

HEIGHT: 5ft 5.00 in 165.10 cm
WEIGHT: 224 lbs 6.89 oz 101.800kg

Order:
New Level of Care

Service Date/Time
06/28/14 /1522

Diagnosis/Problem:
Change in mental state

(I)npatient, (O)bservation, (SI)Surgery Inpt, (SS)Surgery SDC
Patient status: Inpatient

Order time 1519

I hereby CERTIFY that the INPATIENT services are ordered in accordance with CMS regulations and that these inpatient services are reasonable and necessary.
Anticipated length of stay is greater than 2 midnights? Y

Extended recovery stay?
(I)CU, (M)ed/Surg, (MT)Med/Surg c/Tele, (P)TU, (S)urgery/OR,
(OB)Perinatal, (NSY)Nursery

Comfort Care Status?

Admit to: Med/Surg with Telemetry Observation unit:
Are you the admitting/attending provider?

Admitting/Attending Provider:

Provider responsible for patient *F9 Look-up*

ORDERED BY: Ali, Nazish Nawaz MD -HOSP

ENTERED BY: ALI, NAZISH MD

06/28/14 1522 LMH22431.3

#6