

Surgery stats 9-22-08

Alpine Orthopaedic Medical Group, Inc.

DOCTOR Munira DATE 8/7/08 ACCT. # DI 168478

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION. EACH LINE SHOULD BE ANSWERED. IF UNKNOWN OR NOT APPLICABLE, PLEASE INDICATE (N/A).

PATIENT'S NAME Anderson Tiffany Kay HEIGHT 5'5"  
LAST FIRST MIDDLE WEIGHT 145

ADDRESS 1416 Iris Drive #7 Loelo CA 95242 BIRTHDATE 8-22-70  
NUMBER AND STREET CITY, STATE, ZIP

MAILING ADDRESS (if different) Same AGE 37 SEX M ( I)

PHONE # 209-333-1037 DRIVERS LIC. # A4717928 SOC. SEC. # 549-23-5133

CELL # 209-329-2339 CURRENT EMPLOYER / SCHOOL S.J. County Mosquito Control STUDENT FULL / PART TIME

EMPLOYER ADDRESS 7759 S. Airport Way Stockton CA 95242  
NUMBER AND STREET CITY STATE ZIP

EMPLOYER PHONE # 209-982-4675 OCCUPATION Pesticide applicator

PARENT / SPOUSE OR RESPONSIBLE PARTY:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
LAST FIRST MIDDLE BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ DRIVERS LIC # \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

EMPLOYER PHONE # \_\_\_\_\_ OCCUPATION \_\_\_\_\_

PRIMARY CARE PHYSICIAN Dr. Jasti, Yimavathy PHONE # 476-2080

WHOM MAY WE CONTACT IN THE CASE OF AN EMERGENCY Stephanie Ebel Mom PHONE # 209-642-2654  
NAME RELATIONSHIP

WHOM MAY WE THANK FOR REFERRING YOU TO US AIMS or Dameron PHONE # \_\_\_\_\_

DATE OF INJURY OR ONSET OF ILLNESS 6-19-08 INJURY? (YES) (NO) WORK AUTO OTHER ?

HOW INJURED Climbing on the back of a truck to load Medical PART OF BODY Knee (LT - RT)

ON THE JOB INJURY? (YES) NO EMPLOYER NOTIFIED? (YES) NO EMPLOYER AT TIME OF INJURY S.J. County Mosquito

WORKMAN'S COMP / THIRD PARTY AIMS

ADDRESS POB 269120 Sacto, CA 95826

CLAIMS ADJUSTER McKenzie Dawson CLAIM # VE 700184 PHONE # 916-563-1900  
ext 242

CONSULT ONLY  EVAL & TX  
I UNDERSTAND AND AGREE THAT, (REGARDLESS OF MY INSURANCE STATUS), I AM ULTIMATELY RESPONSIBLE FOR THE BALANCE ON MY ACCOUNT FOR ANY PROFESSIONAL SERVICES RENDERED. I HAVE READ ALL THE INFORMATION ON THIS SHEET AND HAVE COMPLETED THE ABOVE ANSWERS. I CERTIFY THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I WILL NOTIFY YOU OF ANY CHANGES IN MY HEALTH STATUS OR THE ABOVE INFORMATION.

SIGNATURE (INSURED OR AUTHORIZED PERSON) [Signature] DATE: 8-7-08



|                                     |        |     |     |
|-------------------------------------|--------|-----|-----|
| O <sub>2</sub> L/M                  | 10     | 10  | 10  |
| N <sub>2</sub> O L/M                |        |     |     |
| SEVO/desflurane                     | 10     | 4   | 4   |
| PROPOFOL                            | 10     | 4   | 4   |
| ARTICAIN                            | 10     |     |     |
| FENTANYL                            | 100    |     |     |
| MIDAZOLAM                           | 10     |     |     |
| Altracium                           | 10     |     |     |
| Plagalonium                         | 10     |     |     |
| SUR-RAM                             | 10     |     |     |
| DEFINITION                          | 10     |     |     |
| FLUIDS                              |        |     |     |
| EKG                                 | 52     | 52  | 52  |
| SAO <sub>2</sub>                    | 100    | 100 | 100 |
| ETCO <sub>2</sub> /FIO <sub>2</sub> | 42     | 42  | 42  |
| TEMP                                | 36     | 36  | 36  |
| EBL                                 |        |     |     |
| UQ11                                |        |     |     |
| BP                                  | 54/12  |     |     |
| HR                                  | 141/92 |     |     |
| SAO <sub>2</sub>                    | 100    |     |     |
| Condition Changed                   | Y      |     |     |
| TV / RATE                           | 100    |     |     |

PATIENT IDENT  MACHINE/EOP CHECK

CHART REVIEW  EMERG. EQP/DRUGS

MONITORS:

steth precord esoph

BP: RA LA RL LL

EKG SAO<sub>2</sub> FIO<sub>2</sub> ETCO<sub>2</sub>

nstim flu-wm blkt c/h

TEMP: skin eso tym

INDUCTION:

IV INHAL RAPID SEQ.

EYES: LUBRICANT TAPE

AIRWAY: LMA SIZE 3

MASK AIRWAY OP NP

ETT ORAL NASAL

ATRAUMATIC TRAUMATIC

BREATH SOUNDS: BBS

ETCO<sub>2</sub> VERIFICATION

ETT SIZE

22 GAC LUE

TOURNIQUET:

RUE RLE LUE LLE

mmHg

inflated

deflated

REGIONAL TRAY:

MANUF:

LOT #

EXP. DATE:

GA  RA  MAC

Consent / Proc.  ALLERGIES: NKDA

NOTES: M, IV, LMA 3 GAC, SET PTD, RFD

OTHER MEDICATIONS: Fentanyl, Propofol, Articaine

ANTIBIOTIC: NAME: Amcat AMT: 100mg ROUTE: IV TIME: 10:36

SURGERY PROCEDURES: Laparoscopic cholecystectomy

SURGEONS: Murata MD

ANESTHESIOLOGIST: Anderson MD

GNOSIS: ASA 1

RISK FACTORS: ASA 1

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PACU REPORT:

BP 100/49 HR 60

RESP 18 SAO<sub>2</sub> 100

COMMENTS: New/old

OPERATIVE TIMES:

ANES. START 10:35

PREP. START

SURG. START 10:50

SURG. END 11:36

ANES. END 11:41

NAME: ANDERSON, TIFFANY  
 ACT#: 15267 VISIT: Surger  
 DOB: 08/22/70 AGE: 38  
 DR: MURATA, GARY M MD  
 DOS: 09/22/08 (209) 333-1037 SEP 26 2008