

**SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT
TIME OFF RECORD SHEET**

DATE 10-26-11 NAME Tiffany Anderson Emp # 206

It is requested that time off on 10-24 & 25-2011

consisting of 2 1/2 day(s) _____ hour (s) working time, be approved.

This time off be charged to:

Vacation _____

Sick Leave 2 1/2 _____

Sick Leave due to family illness _____

I used or wish to use _____ days or _____ hours of accrued and available sick leave to care for an ill family member. The sick leave was or will be used on

The family member is my _____

Compensation for overtime _____

Time off without pay _____

Workers' comp. time off X _____

Jury Duty _____

Bereavement Leave 1 _____

Bereavement Leave 2 _____

(Emps: aunt, uncle, niece nephew, charged to sick leave)

Employee's Signature

Date: _____

Immediate Supervisor's Signature

For Office use only

Vac _____

Sick _____

F.Sick _____

Comp Off _____

W/C Off _____

10/24 / 11/25
7:05 / 8:00

10/24

PT 7-8:30 1.5 HRS

At the bottom of this page are reminders for some preventive services based on Kaiser Permanente's electronic records. If you have on-going health problems or are at high risk for certain diseases, you may need frequent preventive services and should consult your physician. If an appointment is necessary, please schedule it.

CHECK-IN RECEIPT

MRN: 110007897964 Name: ANDERSON, TIFFANY K

Visit Coverage: KFHP 1000

Appt Date/Time: 10/24/11 11:10 AM Dept: STKMED
 Appt With: JASTI, HYMAVATHY (M.D.)

Check-In Date/Time: 10/24/11 10:58 AM

Amount Due: \$ 15.00 Source: Cash Ref:
 Amount Paid: \$ 15.00
 Encounter: 32013667806 Acct: 32070238 Receipt: 8706049

Visit your doctor's home page at kp.org/mydoctor to view your Preventive Service reminders, check lab results, request refills, use online tools.

PERSONAL PHYSICIAN(S)
 GENERAL: JASTI, HYMAVATHY (M.*OB/GYN PHYSI: OGUNJIMI, ESTHER OLUWAKEM
 OB/GYN OTHER: WALKER, KATHRYN GAIL (N.P.)

PREVENTIVE	SERVICES	LAST	DUE
DUE	ADULT TDAP		8/22/81
DUE	MAMMOGRAPHY		8/22/10
DUE	CERVICAL SCREEN	9/26/0	9/26/11
DUE	INFLUENZA VACCINE		10/01/11
Current	CHOLESTEROL SCREEN	10/17/1	10/17/15
Current	PNEUMD VACCINE		8/22/35
Current	COLON CANCER SCREENING		

Return appointment: _____ days _____ weeks _____ months

You have paid the above amount toward your total charges for services you will receive today or during this hospital admission. If this does not cover your full financial liability, you will receive a bill for additional charges based on the specifics of your health coverage plan, your included benefits, and the actual services you receive. If you have questions or want more information about your benefits, limitations, exclusions, and charges, please call the telephone number on your identification card.

The Permanente Medical Group, Inc.

MEDF

7373 West Lane

Stockton CA 95210-3377

Main: 476-2000X0000

VISIT VERIFICATION - MEDICINE

Date: October 24, 2011

Tiffany K Anderson was seen in the Medicine Clinic on 10/24/2011.

SIGNATURE AND TITLE

Jasti
HYMAVATHY JASTI MD

**After Visit Summary - PATIENT
CONFIDENTIAL - COPY**

Tiffany K Anderson (MRN 110007897964)

This document contains confidential information about your health and care at Kaiser Permanente.

Visit Information**Appointment Information**

	Provider	Department	Dept Phone
10/24/2011 11:10 AM	HYMAVATHY JASTI MD	Stk-Medf >West Lane	

Your Primary Care Providers

Provider	PCP Type
ESTHER OLUWAKEMI OGUNJIMI MD	OB/GYN Physician
KATHRYN GAIL WALKER NP	OB/GYN Other
HYMAVATHY JASTI MD	General

Personal Care Information**Patient Instructions**

None

Please visit my home page at kp.org/mydoctor. You can check your test results, refill prescriptions, e-mail me, schedule routine appointments, and view preventive service reminders and past visit information. You can also find valuable health information and links to classes, videos, podcasts and other online health tools. If you also coordinate care for your children, parents, spouse or partner, sign up for Act for a Family Member at kp.org/actforfamily.

Visit Summary**Vital Signs - Last Recorded**

Blood Pressure	Pulse	Temperature(Src)	Height	Weight	Oxygen
122/85	110	96.6 °F (35.9 °C) (Tympanic)	5' 5"	160 lb (72.576 kg)	97%

Body Mass Index
26.63

Exercise Minutes Per Week

0

As your doctor, I advise you to increase your level of physical activity until you are getting at least 150 minutes a week, or 30 minutes 5 days a week. Every minute counts to help you feel better as well as significantly reduce your risk for heart disease, stroke, diabetes, falls and certain cancers. Consider taking a few stairs, walking for 5-10 minutes and parking farther away or chair exercises. A healthy weight target is a Body Mass Index (BMI) of less than 25 (except for pregnant women). If you want to include healthier eating, start by adding more fruits and vegetables to your diet, eating smaller portions or drinking fewer sodas and sweetened beverages. To get

Visit Summary (continued)

support for fitness, weight, stress, or quitting tobacco, call 1-866-251-4514 to schedule a telephone appointment with a personal wellness coach.

Tobacco Use (More Information at kp.org/quitsmoking)

Smoking Status	Amount
Former Smoker (Quit Date: 1/1/1989)	0 packs/day for 0 years

Smokeless Tobacco Status
Unknown

Allergies

Allergies as of 10/24/2011

Date Reviewed: 10/3/2011

	Noted	Type	Reactions
No Known Allergies			

Medication Ordered This Visit**Prescriptions**

HYDROMORPHONE (DILAUDID) 2 mg/mL Inj Soln	INJECT 4 MG INTRAMUSCULARLY FOR 1 DOSE NOW
Promethazine (PHENERGAN) 25 mg/mL Inj Soln	INJECT 25MG INTRAMUSCULARLY AS DIRECTED--FOR BACK OFFICE

Pharmacy Information**PHARMACY PICK UP**

To start your medication order, please go to any Kaiser Permanente Pharmacy "check-in" line. When your medication is ready for pick-up, your name will appear on the lighted display board. Most prescriptions are ready within 15 minutes after you check in.

Have your refills mailed to you and get free shipping. Go to kp.org/rxrefill, or call (888) 218-6245. Also use the kp.org My Health Manager - Pharmacy Center to check the status of a refill, set up email refill reminders and review your list of medications.

Pharmacy

Pharmacy Name
STK PHARMACY 1 1ST FL

Pharmacy Address and Hours

Address	Hours
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Pharmacy Information (continued)

Pharmacy Address and Hours (continued)

Address	Hours
7373 West Lane STOCKTON CA 95210	0800-2200

Orders

Orders Placed During This Visit

Normal	Class	
INTRAMUSCULAR INJECTION	Back Office	
INTRAMUSCULAR INJECTION	Back Office	
Future	Class	Expires
HYDROMORPHONE HYDROCHLORIDE 2 MG PER ML INJ	Back Office	11/24/11
PROMETHAZINE HYDROCHLORIDE 25 MG INJ	Back Office	11/24/11

Preventive Services

Please see your visit registration slip or View Your Preventive Services on your doctor's home page <http://kp.org/mydoctor> to see if you are due for screening tests or immunizations.

Reason For Today's Visit

MIGRAINE - Primary

Future Appointments

Date	Time	Visit Type	Department	Provider	Length
None.					