

Medical History Report

Report Date: **4-24-2020**

**Local, Wife**

401 W 99 Ave  
Indian Creek, NE 69333

Age 69 Years  
Birthdate: **9-27-1950**

Colglazier Clinic  
945 Washington Ave PO Box 97  
Grant NE 69140

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**Chronic Illnesses:**

Bladder retension  
Glaucoma  
Glioblastoma occipital lobe of brain  
Multiple sclerosis

**Allergies:**

Keflex // Diarrhea

**Chronic Meds:**

Keppra 500 mg po BID  
Multiple vitamin 1 q day  
Osteo-Bi-flex Double strength 1 q day  
Magnesium OTC, 1 q day  
Acetaminohen 325 mg tabs 2 q 4 hrs prn  
Colace 100 mg BID  
MOM 30 ml q day  
Parafon Forte Double Strength 1 tab q 6 hrs prn  
Acetaminophen/hydrocodone 325 mg / 5 mg tab 1 q 4 hrs prn  
Latanoprost .005% ophtahmic soln. 1 gtt each eye q day  
Avonex 30 mcg IM weekly  
Baclofen 10 mg 1 Qday  
Ditropan 5 mg po q day

**Surgeries:**

Lumpectomy left breast	01-01-1987
Breast reduction	01-01-1989
Colonoscopy	08-15-2012
Open reduction fx left ankle	01-04-2013
Resection right occipital brain lesion	10-03-2015

**Watch Out For:**

Few scattered diverticulum ( 08-15-2012)  
Vision like looking like a bonfire (10-15)  
Can read but results headache

**Hospitalizations:**

Fx ankle ( 01-04-2013)

**Significant Tests:**

Glioblastom grade 4 of occipital lobe of brain (10-15)

**Habits:**

Non-Smoker

**Family History:**

Mother died at 78 y/o of mets etiology unknown

**Social History**

**Ht:** 65      **Wt:** 200      **BMI:** 33      **BMI Date:** 2-22-2012      **Smokes:** No      **Last smoked:** or

Social History

Report Date: 4-24-2020

*Wife Local*

Colglazier Clinic  
945 Washington Ave PO Box 97  
Grant NE 69140

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*Wife Local*

Modified Date: 4-24-2020  
Date of Interview: 11-21-2013

Wife is a single 69 y/o female.

**Habits:**

Non-Smoker

**PERSONAL History:**

**Other Personal Hx:**

**Family History:**

**Other Family Hx:**

**Other Social History:**

form: LPRRISK

Serum Profile and CBC Flowsheet

Report Date: 4-24-2020

Colglazier Clinic  
945 Washington Ave PO Box 97  
Grant NE 69140  
308-352-2122

*Local, Wife*

Indian Creek, NE 69333

<b>SMAC</b>	9-16-2014 3:20 pm	1-04-2013 6:01 am	7-16-2012 3:20 pm	6-12-2007 1:49 pm	6-05-2006 2:49 pm	3-04-2005 4:09 pm	Normals
Sodium	137	142	136	141	138	140	135 - 148
Potassium	4.2	4.3	4.4	4	4.1	4	3.5 - 5.5
Chloride	98	102	102	105	103	104	98 - 111
Urea	22	17	19	18	19	17	8 - 23
Creatinine	0.8	0.8	0.7	0.9	0.9	0.8	0.7 - 1.5
Uric Acid							2.2 - 7.7
Phosphorus							2.5 - 4.5
Calcium	8.9	9.3	9.5	9.5	10	9.5	8.5 - 10.5
Albumin	3.9	4.1	4.2	4	4.4	4	3.5 - 5.1
Total Protein	6.6	7.8	6.9	6.7	7.7	6.9	6.2 - 8.1
Globulin	2.7	3.7	2.7	2.7	3.4	2.9	2.0 - 3.7
A:G Ratio	1.4	1.1	1.6	1.5	1.3	1.4	1.1 - 2.2
Glucose	105	100	93	77	96	❖ 158	50 - 110
Triglycerides					54		10 - 190
Cholesterol					❖ 222		120 - 220
HDL					85		34 - 74
LDL					126		70 - 129
LD (LDH)							60 - 200
LD (LDH)Dry							313 - 618
AST (SGOT)	18	❖ 65	30	30	39	33	0 - 41
ALT (SGPT)	23	71	27	25	43	29	0 - 45
Gamma GT							0 - 45
Alk Phosphatase	77	73	58	56	55	60	50 - 150
Bilirubin, total	0.3	0.6	0.2	0.4	0.8	0.3	0.2 - 1.2
Bilirubin, direct							0.0 - 0.3
Bilirubin, indirect							0.2 - 1.2
GFR	59.0	❖ 76.0	59.0	60.0	60.0		
Free T4	9-16-2014	7-16-2012	6-12-2007	6-05-2006	3-04-2005	4-21-2004	0.8 - 2.0
Total T4						6	5 - 13
TSH	❖ 7.51	❖ 8.23	5.2	3.74	5.88	❖ 6.3	0.3 - 8.0
<b>MISC</b>	2-27-2002						
HbA1C	5.8						5 - 81
PSA							4.0 - 6.2
Digoxin							0 - 4.5
BNP							0.8 - 2.0
BNP by analytic							5 - 15
B-12 level	1462						225 - 1000
Vit D							
Magnesium							
<b>CBC</b>	9-16-2014	1-04-2013	7-16-2012	6-12-2007	6-05-2006	3-04-2005	
WBC	7	8	5.6	❖ 4	5.7	5	4.8-10.8
RBC	4.7	4.96	4.9	4.7	5	❖ 4.5	4.2-5.4
Hgb	14.4	14.9	14.9	14	15	14	12-16
Hct	42	43.6	43	41	45	42	37-47
MCV	89	87.9	88	88	90	92	82-96
MCH	30.4	30	30.2	30	29.9	30.4	28-33
MCHC	34.3	34.2	34.4	34	33.2	33	32-36
Platelet	276	250	255	232	256	231	150-400
ESR							0-20

Patient\_No: GOORUTW0  
First\_Name: Wife  
Middle\_Initial:  
Last\_Name: Local  
Street: 401 W 99 Ave  
City: Indian Creek  
State: NE  
Zip: 69333  
Phone1: (308) 444-8282  
Phone2: (308) 434-2828  
Social\_Security:  
Sex: F  
Birthday: 9-27-1950  
Marital\_Status: S  
AcceptAssignmen: Y  
SignatureOnFile: Y  
EmployerName:  
EmployerStreet:  
EmployerCitySt:  
EmployerPhone:  
PriHOHCode: GOORUTW  
PriName:  
PriStreet: 401 W Malcom  
PriCityline: WALLACE, NE 69169  
PriPhone: (308) 387-4543  
PriSS: 326-38-9194  
PriRelationship: 1  
PriInsNo: 86  
PriInsName:  
PriInsStreet:  
PriInsCityline:  
PriInsPhone:  
PriInsContact:  
PriPolicyNo:  
PriInsGroup:  
PrimarySgOnFile: Y  
SecHOHCode:

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SecStreet:  
SecCityline:  
SecPhone:  
SecSS:

SecRelationship:  
SecInsNumber:  
SecInsName:  
SecInsStreet:  
SecInsCityline:  
SecInsPhone:  
SecInsContact:  
SecInsPolicyNo:  
SecInsGroupNo:  
SecInsSigOnFile: Y  
Medicare: N  
DeathIndicator: 0  
PriInsPayorNo5:  
PriInsPayorNo4:  
SecInsPayorNo5:  
SecInsPayorNo4:  
Last3First3: LOCWIF  
LastFirstName: Local, Wife  
AppointVisit:  
EmployerStreet2:  
CityStZip: Indian Creek, NE 69333  
Hosp\_No:  
Family\_No: GOORUTW0FN  
Dummy:  
DateCreated:  
Deceased: Y  
DateDeceased: 2 01 2017

Xrays and Tests

Report Date: 4-24-20

Local, Wife

Colglazier Clinic  
945 Washington Ave PO Box 97  
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Indian Creek, NE 69333

<i>Date:</i>	<i>Test Name: Test Site:</i>	<i>Edited Brief Impression:</i>
8-16-2016	<b>MRI Head</b> Great Plains,	Impression: Right occipital lobe neoplastic mass with interval improvement in size, edema and mass effect. No acute abnormality.
6-20-2016	<b>MRI Brain</b> Great Plains,	IMPRESSION: Significant change from prior examination with 4 cm new enhancing component adjacent to site of prior surgical resection as well as significant increase in vasogenic edema, Suspected early subependymal spread of tumor.
3-21-2016	<b>MRI Head</b> Great Plains,	Right parietal postsurgical changes with rim enhancement. Two small areas of slightly more prominent contrast enhancement which require follow-up to exclude any residual tumor Stable nonenhancing demyelinating lesions
1-18-2016	<b>MRI Head</b> Great Plains,	IMPRESSION: Surgical changes from resection of a reported glioblastoma multiform involving the right parietal lobe. 4 mm nodular focus of enhancement at the anterior inferior aspect of the resection is suspicious for residual disease. This should serve as an excellent baseline for future follow-up unless there are additional recent prior examinations available for comparison..
9-30-2015	Kearney Hosp,	IMPRESSION: 1. IRREGULAR RIGHT PARIETO-OCCIPITAL MASS IS MOST SUSPICIOUS OF A HIGH-GRADE PRIMARY CNS NEOPLASM. 2. THERE IS NONENHANCING T2 HYPERINTENSITY AROUND THE MASS WHICH MAY REFLECT VASOGENIC EDEMA AND/OR NONENHANCING INFILTRATIVE TUMOR. 3. THERE ARE CHRONIC WHITE MATTER CHANGES SUGGESTIVE OF CHRONIC DEMYELINATING DISEASE, BUT I DO NOT THINK THE RIGHT PARIETO-OCCIPITAL LESION IS LIKELY TO REFLECT TUMEFACTIVE DEMYELINATION.
9-27-2015	<b>MRI Head</b> Great Plains,	IMPRESSION: 1, There is a right-sided posterior inferior parietal mass suspicious for a high-grade glioma. The tiny adjacent additional lesions extending more anteriorly. T2 le sclerosis There is some differential diagnosis would include a area in usual case of a tumefactive multiP moderate to severe associated vasogenic edema and mild-moderate mass effect upon the right occipital horn, A few tiny hemorrhagic foci are noted within the mass. 2. There are areas of demyelination in the periventricular regions with Dawson's finger type appearance which however do not enhance. Assessment with spectroscopy and/or neurosurgical consultation and biopsy suggested.

**END OF REPORT**

Cardiology

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**4-24-1999**

**Stress Test**

Heart, Regular

Exercised for 7 min 19 sec on Bruce Protocol. Leg fatigue. No chest pain  
HR = 152 Baseline ECG shows NSR with rate of 60 bpm. Stress ECG shows J point depression and  
upsloping ST segments. No arrhythmias.  
Impression: Normal exercise stress test. Functional class II

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**END OF REPORT**

Mammograms

Report Date: 4-24-2020

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<b>6-05-2008</b>	<b>Mammogram Screening, PCCH Bilateral</b>		2	Benign
<b>6-12-2007</b>	<b>Mammogram Screening, PCCH Bilateral</b>		2	Benign
<b>5-25-2006</b>	<b>Mammogram</b>	PCCH	2	Benign
<b>6-21-2005</b>	<b>Mammogram Screening, PCCH Bilateral</b>		2	Benign
<b>5-25-2004</b>	<b>Mammogram</b>	PCCH	2	Benign
<b>5-15-2003</b>	<b>Mammogram</b>	PCCH	2	Benign
<b>5-13-2003</b>	<b>Mammogram</b>	PCCH	2	Benign
<b>4-23-2002</b>	<b>MAMMOGRAM</b>	PCCH	2	Benign
<b>4-24-2001</b>	<b>Mammogram</b>	NP Radiology,	2	Benign
<b>2-17-2000</b>	<b>Mammogram</b>	NP Radiology,		
<b>9-10-1997</b>	<b>Mammogram</b>	NP Radiology,		
<b>8-15-1996</b>	<b>Mammogram</b>	PCCH,		

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**END OF REPORT**

PAP Summaries

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<b>6-12-2007</b>	<b>NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.</b>	Yes	Satisfactory for evaluation.
<hr/>			
<b>6-05-2006</b>	<b>NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.</b>	Yes	Satisfactory for evaluation.
<hr/>			
<b>5-25-2004</b>	<b>Negative for intraepithelial lesion or malignancy</b>	Yes	Satisfactory for evaluation. Sufficient numbers of endocervical or metaplastic cells are present.
<hr/>			
<b>4-23-2002</b>	<b>WITHIN NORMAL LIMITS</b>	Yes	Satisfactory for interpretation
<hr/>			
<b>10-27-2000</b>	<b>NO ABNORMAL CELLS</b>	Yes	Satisfactory for interpretation. Sufficient numbers of cells including endocervical and/or metaplastic cells are present.
<hr/>			
<b>4-23-1999</b>	<b>ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE.</b>	Yes	Satisfactory for interpretation. Sufficient numbers of cells including endocervical and/or metaplastic cells are present.
<hr/>			
<b>8-28-1997</b>	<b>NO ABNORMAL CELLS</b>	Yes	Satisfactory for interpretation. Sufficient numbers of cells including endocervical and/or metaplastic cells are present.
<hr/>			
<b>8-12-1996</b>	<b>NO ABNORMAL CELLS</b>	Yes	Satisfactory for interpretation. Sufficient numbers of cells including endocervical and/or metaplastic cells are present.

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**END OF REPORT**



OFFICE VISIT BP & Diagnosis

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<i>Date</i>	<i>BP 1</i>	<i>BP 2</i>	<i>Weight</i>	<i>Height</i>	<i>BMI</i>	<i>Oximeter</i>	<i>Code</i>	<i>Diagnosis</i>
10-16-2015	116/76						Z48.02	Suture removal
10-12-2015	106/68						G35	Multiple sclerosis

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**END OF REPORT**

COMMON FLOWSHEET

Report Date: 4-24-2020

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2-27-2002

Time Test Done 2:34 pm

Normals

**Cardiac**

Lanoxin Digoxin

0.8 - 2.0 NG/ML

B Natrivretic Peptide (kit)

B Natrivretic Peptide (analysed)

Procainamide

4-10

NAPA level

Not estab.

Procainamide + NAPA

10-30

**Aminophylline**

Theophylline Aminophylline

5 - 15 Mcg/ML

**Common Tests**

PSA

0 - 4.5

PSA FREE

CEA

0 - 3 NG/ML

Amylase

5 - 81 UL

Lipase

HbA1C 5.8

4.0 - 6.2

MicroAlbumin

MicroAlbumin Immunodip

MicroAlbumin B

Est. Ave Glucose

Magnesium

B-12 level 1462

225 - 1000 NG/ML

Folic acid 18

2 -20 PG/ML

Vitamin D

ANA screen

Rheumatoid factor 7.8

negative

HEP B S-antibody

< 30

HEP B S Antigen

>9.9 = pos (immune)

D-Dimer,Quantitative-Plasma

**Seizure Med Levels**

Normals

Valproic Acid Depakene

50-100

Phenobarbitol

15-40

Dilantin Phenytoin

10-20

Lab Site: PSPC

ANEMIA FLOWSHEET

Report Date: 4-24-2020

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2-27-2002

2:34 pm

**Normals**

B12 1462  
Folate 18

Fe(Iron)

(59-158)

Iron Binding Capacity

(290-380)

Unconjugated Iron Binding Cap.

(112-346)

Transterrin (Iron) Saturation

(22-55%)

Ferritin

(14-250)

Transterrin

F(173-360) or M(163-344)

Retic Count

Bone Marrow

Lab Site: PCCH,

ENDOCRINE FLOWSHEET

Report Date: 4-24-2020

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2-27-2002

Time Test Done 2:34 pm

Glu One Touch

TSH

T4 - Free T4

T3

T4

HbA1C 5.8

HCG: U/S

Serum HCG

ANA Screen

ANA Titer

CRP

RF(Rheum Factor)

RPR

Cortisol

FSH

LH

Prolactin

Progesterone

Prostatic acid phos

Serotonin

Testosterone

Free Testosterone

% Free Testosterone

Alpha Fetal Protein

2 hr Post Prand Glu

3 hr Glucose Tol Test

5 hr Glucose Tol Test

Lab Site PCCH,

LEVELS FLOWSHEET

Report Date: 4-24-2020

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**Cardiac Levels**

Date	2-27-2002
Time Test Done	2:34 pm
Lab Site	PCCH,
Amiodarone	Cordarone
Digoxin	Lanoxin
Disopyramide	Norpace
Procainamide	
NAPA level	
Procainamide + NAPA	
Magnesium	
Mexiletine	Mexitol
Propranolol	Inderol
Quinidine	Quinidex

**Seizure Med Levels**

Date	2-27-2002
Clonazepam	Klonopin
Depakene	Valproic Acid
Felbamate	Felbatol
Gabapentin	Neurontin
Phenobarbitol	
Phenytoin	Dilantin
Primidone	Mysoline
Topiramate	Topamax

**Antibiotic Levels**

Gentamicin	Garamycin
Tobramycin peak	
Tobramycin trough	
Vancomycin	Vancocin

**Other Med Levels**

Date	2-27-2002	Date	2-27-2002
Acetaminophen	Tylenol	Fluoxetine	Prozac
Aminophylline	Theophylline	Fluphenazine	Prolixin
Amitriptyline	Elavil	Haldoperidol	Haldol
Amoxapine	Asendin	Imipramine	Tofranil
Benzotropine	Cogentin	Lamotrigine	
Carbamazepine	Tegretol	Lithium	
Chlopromazine	Thorazine	Maprotiline	Ludiomil
Chlordiazepoxide	Librium	Methsuximide	Celontin
Clomipramine	Anafranil	Nortriptyline	Pamelor
Clonazepam	Klonopin	Perphenazine	Trilafon
Depakene	Valproic Acid	Phentermine	Fastin
Desipramine	Norpramin	Salicylate	Aspirin
Diazepam	Valium	Sinemet	Sinemet
Doxepin	Sinequan	Thioridazine	Mellaril
Ethosuximide	Zarontin	Trazodone	Desyrel
Ethotoin	Peganone	Xylocaine	Lidicaïne
Fenfluramine	Pondimin		

RHEUMATISM FLOWSHEET

Report Date: 4-24-2020

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2-27-2002

Time Test Done 2:34 pm

**Athrititis Collagen Profile** ANA Screen  
ANA Profile  
HEp2 Titer  
HEP2 Pattern  
Anti-DNA Antibody  
Anti-Histones  
Anti-RNP  
Ant-Smith  
Anti-SS-A  
Anti-SS-B  
Rheumatoid factor 7.8  
RA Latex Turbid.  
C Reactive Protein - CRP  
Anti-Mitochondrial Antibodies  
Anti-Parietal Cell Antibodies  
Anti-Platelet Antibodies  
Anti-Cardiolipin Antibodies  
Anti-Smooth Muscle Antibody  
Ant-Thrombin III  
Anti-Thyroid Antibodies  
Protein S Antigen C-3 Complement  
C-4 Complement  
Epstein-Barr Virus Chronic Profile  
Epstein-Barr Virus Acute Profile  
Lyme Disease Antibodies  
Protein C Antigen  
Rocky Mtn. Spotted Fever, IgM  
Sjogren's Antibodies Anti-SS-A  
Sjogren's Antibodies Anti-SS-B  
Deamidated Gliadin Abs, IgA  
Deamidated Gliadin Abs, IgG  
t-Transglutaminase (tTG) IgA  
t-Transglutaminase (tTG) IgG  
Endomysial Antibody IgA  
Immunoglobulin A, Qn, Serum

Lab Site PCCH,

UA FLOWSHEET

Report Date: 4-24-2020

*Local, Wife*

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1-04-2013  
6:21 am  
Color Yellow  
Character Clear  
Spec Grav 5.5  
PH 5.5  
Urine protein Negative  
Urine glucose Negative  
Urine ketones Negative  
Occult blood Negative  
Urobilinogen 0.2 E.U./dL  
Urine bilirubin Negative  
Leukoesterase Negative  
Nitrite Negative  
Urine wbc  
Urine rbc  
Epithelial cells  
Urine bacteria  
Mucus  
Amorph sediment  
Crystals  
Casts  
Cryst - uric acid  
Cryst- Ca Oxalate  
Cryst - Phos  
Cryst - urate  
Cryt - TriplePhos  
Cryst - Hipp  
Cast - epithelial  
Cast - hyaline  
Cast - granular  
Cast - wbc  
Cast - rbc  
Yeast  
Clinitest

HEAL

Patient Tests History

Report Date: 4-24-2020

(documents date of Xrays, Mammograms etc.)

(contact clinic below for complete record)

**Local, Wife**

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<b>8-16-2016</b>	<b>MRI Head</b> Great Plains,	Impression: Right occipital lobe neoplastic mass with interval improvement in size, edema and mass effect. No acute abnormality.
<b>6-20-2016</b>	<b>MRI Brain</b> Great Plains,	IMPRESSION: Significant change from prior examination with 4 cm new enhancing component adjacent to site of prior surgical resection as well as
<b>3-21-2016</b>	<b>MRI Head</b> Great Plains,	Right parietal postsurgical changes with rim enhancement. Two small areas of slightly more prominent contrast enhancement which require follow-up to e
<b>1-18-2016</b>	<b>MRI Head</b> Great Plains,	IMPRESSION: Surgical changes from resection of a reported glioblastoma multiform involving the right parietal lobe. 4 mm nodular focus of enhancement
<b>9-30-2015</b>	Kearney Hosp,	IMPRESSION: 1. IRREGULAR RIGHT PARIETO-OCCIPITAL MASS IS MOST SUSPICIOUS OF A HIGH-GRADE PRIMARY CNS NEOPLASM.
<b>9-27-2015</b>	<b>MRI Head</b> Great Plains,	IMPRESSION: 1, There is a right-sided posterior inferior parietal mass suspicious for a

**END OF REPORT**



Consultant History

Report Date: 4-24-20

(documents date of physician consultations)

(contact clinic below for complete record)

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<b>7-06-2016</b>	<b>Oncology Consult</b>	Great Plains Health
<b>6-29-2016</b>	<b>Oncology Consult</b>	Great Plains Regional Medical Center
<b>6-20-2016</b>	<b>Oncology Consult</b>	Great Plains Health
<b>1-27-2016</b>	<b>Oncology Consult</b>	Great Plains Health
<b>1-05-2016</b>	<b>Oncology Consult</b>	Great Plains Health
<b>12-22-2015</b>	<b>Oncology Consult</b>	Great Plains Health
<b>12-09-2015</b>	<b>Oncology Consult</b>	Great Plains Health
<b>12-02-2015</b>		Great Plains Regional Medical Center
<b>11-23-2015</b>	<b>Oncology Consult</b>	Great Plains Health
<b>11-12-2015</b>		Great Plains Health
<b>11-05-2015</b>		Great Plains Regional Medical Center
<b>11-03-2015</b>	<b>Oncology Consult</b>	Great Plains Health
<b>10-27-2015</b>	<b>Oncology Consult</b>	Great Plains Health

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**END OF REPORT**

Patient Tests History

Report Date: 4-24-2020

(documents date of Xrays, Mammograms etc.)  
(contact clinic below for complete record)

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