

PATIENT ENCOUNTER HISTORY

Report Date: 7-11-07

PO Box 104  
Venango, NE 69169  
BD: 1-01-1960

Colglazier Clinic  
945 Washington Ave PO Box 97  
Grant NE 69140

*Dummy, 3*

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9-22-2006	<b>Surgery Consult</b> PCCH,	Pt has an inguinal hernia
9-21-2006	<b>Cardiology Consult</b> PCCH,	EF is normal at EF of 55%
8-26-2006	<b>CT Abdomen w&amp;wo Cont</b> Critikon,	Normal CT of the abdomen
6-14-2006	<b>Xray Chest Single AP</b> PCCH,	There is a vague parenchymal opacity in the right infrahilar region, likely in the middle lobe on the lateral view. This may be due to a focal area of

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END OF REPORT

# Medical History Report

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Date of Birth: 1-01-1960

PO Box 104

Venango, NE 69169

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**Chronic Illnesses:**

Anemia - chronic systemic disease  
Ruptured achilles tendon  
Sports accident (at school)  
Diabetes mellitus IDDM

**Allergies:**

**Chronic Meds:**

Sectral 200 mg po 1 BID

**Surgeries:**

Carotid Endarterectomy (right)  
Cholecystectomy (laparoscopic)  
Appendectomy  
Herniorrhaphy Inguinal (right)  
Craniotomy  
Hysterectomy (Still has ovaries)  
Hysterectomy

**Watch Out For:**

The great degree.the mouse ran up the clot.

**Hospitalizations:**

Cardiolyte Stress test  
Adenosine Cardiolyte Stress test

**Significant Tests:**

Chest is clear  
Adelaide is soft without masses of

**Habits:**

**Family History:**

wwwqqq  
her we go  
I don't get this  
Lanoxin  
Cipro  
Neurontin  
Karon  
Clifford

**Social History**

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47 Years 6 Mon.

IMMUNIZATION RECORD Date: 7-11-2007

Colglazier Clinic

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308-352-2122

<u>FLU</u>	<u>DT</u>	<u>Hepatitis B</u>	<u>OPV</u>	<u>DPT</u>	<u>HIB</u>	<u>MMR</u>	<u>Pneumovax</u>	<u>Chicken Pox</u>
11-16-96	03-20-05	12-05-95	1-28-94	11-13-95	12-05-95	11-12-95	03-20-05	19951205
10-10-97	12-12-95	12-12-95	12-14-93	12-05-95	19951205	11-13-95	03-20-05	
9-28-02	3-14-03	6-08-03	12-05-95	19951205	6-26-02			
10-03-05	09-02-02		19951205	6-26-02				
			6-07-03					

TB Skin Test **Result** DPT - HIB Hepatitis A Prennar  
**6-26-02**

Miscellaneous Immunizations  
 8-24-06 Imm - Japanese Encephalitis  
 10-18-06 Imm - Gardasil HPV immunization

Rotovirus Meningcoccus  
**6-28-01**

Injection Record File

<u>Shows the actual combination given</u>	<u>Lot Number</u>	<u>Expiration Date</u>
10-18-06 Imm - Gardasil HPV immunization		
8-24-06 Imm - Japanese Encephalitis vaccine		
6-08-03 Hepatitis B (11 thru 19y/o)	230L	
6-08-03 LA bicillin 1,200,000		
6-07-03 IPV	1231-3	
3-14-03 DT (adult)	0525AA	4-08-2004
3-14-03 Pneumovax	710M	6-01-2004
6-26-02 DPT + HIB (Tetramune)	59 316	
6-28-01 RotaShield		
9-29-00 Allergy 1		
9-28-00 Allergy 2		
9-28-00 Allergy 1		
10-10-97 Flu	2725HE	
10-10-97 Flu	978152	

Recommendations

<b>SMAC</b> (>65, every year. On BP pills, every year.)	<b>FLU</b> (>65 Every year in Oct, Nov, or Dec.)	<b>OPV</b> (2, 4, 15 Mos., 4-6 Yrs.)
<b>Physical</b> (>50 Every year.)	<b>DT</b> (Every 10 years.)	<b>HIB</b> (2, 4, 6, 15 Mos.)
	<b>Hepatitis B</b> (0, 4, 6, Mos.)	<b>MMR</b> (15 Mos., 13-18 Yrs.)
	<b>DPT</b> (2, 4, 6, 15 Mos., 4-6 Yrs.)	<b>Pneumovax</b> (1 Shot, especially if >65.)

SMAC and CBC FLOWSHEET

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 (308) 352-0000

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 308-352-2122  
 Dr. Clifford R. Colglazier, MD  
 Dr. Ruth A. Demmel, MD

<b>SMAC</b>	5-14-2007 9:19 am	3-23-2007 4:54 pm	6-05-2003 1:23 pm	6-04-2003 7:40 am	3-02-2003 6:12 am	2-20-2003 9:01 am	Normals
Sodium			❖ 132	145	143	143	135 - 148
Potassium				4.5		4.4	3.5 - 5.5
Chloride				❖ 112	110	❖ 112	98 - 111
Urea				❖ 34		❖ 24	8 - 23
Creatinine				1.2		1	0.7 - 1.5
Uric Acid				7		❖ 8	2.2 - 7.7
Phosphorus							2.5 - 4.5
Calcium							8.5 - 10.5
Albumin				4	❖ 3		3.5 - 5.1
Total Protein				7	6		6.2 - 8.1
Globulin					2		2.0 - 3.7
A:G Ratio							1.1 - 2.2
Glucose				❖ 120	110	❖ 145	50 - 110
Triglycerides	64						10 - 190
Cholesterol	❖ 235	❖ 261		❖ 235		❖ 250	120 - 220
HDL	72	38					34 - 74
LDL	150	181					70 - 129
LD (LDH)				400			60 - 200
LD (LDH)Dry							313 - 618
AST (SGOT)				❖ 45			0 - 41
ALT (SGPT)				56			0 - 45
Gamma GT			❖ 133				0 - 45
Alk Phosphatase				110	110		50 - 150
Bilirubin, total				1			0.2 - 1.2
Bilirubin, direct							0.0 - 0.3
Bilirubin, indirect							0.2 - 1.2
Free T4	4-13-2004	8-25-2002					0.8 - 2.0
Total T4							5 - 13
TSH	4.3	4					0.3 - 8.0
<b>MISC</b>	11-15-2004 7:17 pm	4-03-2002 11:02 am	3-06-2002 3:12 pm	7-19-2000 10:52 am			
Amylase							5 - 81
HbA1C							4.0 - 6.2
PSA	34	23	11				0 - 4.5
Digoxin							0.8 - 2.0
Theophylline							5 - 15
B-12 level							225 - 1000
<b>CBC</b>	3-11-1999 8:53 am	3-08-1999 4:07 pm					
WBC	4	3.9					4.8-10.8
RBC	❖ 4	❖ 3.9					4.2-5.4
Hgb	4	3.9					12-16
Hct	4	3.9					37-47
MCV	❖ 4	❖ 3.9					82-96
MCH	❖ 4						28-33
MCHC	❖ 4						32-36
RDW	❖ 4						11.5-14.5
Platelet							150-400
ESR	4						0-20

Xrays and Consults

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<i>Date:</i>	<i>Test Site:</i>	<i>Test Name:</i>	<i>Edited Brief Impression:</i>
9-22-2006	<b>Surgery Consult</b> PCCH,	Pt has an inguinal hernia	
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8-26-2006	<b>CT Abdomen w&amp;wo Cont</b> Critikon,	Normal CT of the abdomen	
6-14-2006	<b>Xray Chest Single AP</b> PCCH,	There is a vague parenchymal opacity in the right infrahilar region, likely in the middle lobe on the lateral view. This may be due to a focal area of right middle lobe pneumonia, however I would recommend follow up films in 10-14 days to insure this resolves. if this finding persists, additional evaluation with CT may be beneficial, as an underlying parenchymal nodule cannot be excluded,	

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END OF REPORT

**CARDIOLOGY**

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**6-22-2006      Cardiac Angiogram      PCCH**  
**(catheterization)**

**HISTORY OF PRESENT ILLNESS**

Gray comes in today for his annual appointment to discuss the results of his fasting lipid panel and an exercise stress test, performed earlier today. Gray has known coronary artery disease and is status post coronary artery bypass surgery. He has had no recurrence of angina since surgery. His only complaint is problems with sleeplessness, often awakening at 3:00 a.m. or so from sleep.

The exercise stress test documented good exercise capacity with no evidence for myocardial ischemia. His electrocardiogram showed a right bundle branch block conduction abnormality, unchanged from prior ECGs.

The fasting lipid panel also looked quite good, with a total cholesterol down to 152 (HDL = 45, LDL = 85) and triglycerides of 110.

**FINAL IMPRESSION:**

1. Coronary artery disease, status post previous coronary artery bypass surgery. The patient is currently free of angina, and his exercise stress test was negative for myocardial ischemia.
2. Hyperlipidemia, currently well controlled on generic Zocor.
3. Hypertension - stable on HCTZ and Cozaar.

**PLAN:** Continue cur-rent medications as prescribed. I will see Graydon back in clinic in one year for followup. A repeat exercise stress test and fasting lipid panel will be obtained prior to that visit.

**TODAYS ORDERS:**

RTO Lipid Profile/365 days RTO Exercise Treadmill WILLIAM E. MILLER, MD /kc

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**10-04-2005      Consult      Colglazier, Clifford**  
 !!!!!!!!! CRC Review Medical Letter Weekly !!!!!!!!!  
 !!!!! CRC Remember Health Maintenance Guidelines !!!!!  
 !!!!! Asthma - COPD - Diabetes - Asthma Meds !!!!!

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**2-22-2005      Cardiology Consult      PCCH**

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**2-21-2005      Cardiology Consult      PCCH**

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**2-01-2002      Treadmill      PCCH**

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**12-01-2001      Cardiology Consult      PCCH**

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**10-10-2001      Cardiology Consult      PCCH**  
www

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Mammograms

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12-02-2004	<b>Mammogram Screening, Unilateral PCCH</b>	
2-03-2003	<b>Mammogram PCCH</b>	No mammographic findings to suggest malignancy on this exam.
9-02-2002	<b>MAMMOGRAM PCCH</b>	
4-04-2002	<b>MAMMOGRAM PCCH</b>	
3-05-2002	<b>MAMMOGRAM PCCH</b>	Slight nodularity left breast
3-03-2002	<b>MAMMOGRAM PCCH</b>	
2-02-2002	<b>MAMMOGRAM PCCH</b>	No mammographic findings to suggest malignancy on this exam.
2-02-2001	<b>MAMMOGRAM PCCH</b>	No mammographic findings to suggest malignancy on this exam.

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PAP Summaries

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7-06-1996

wow

Yes

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