

MEMORIAL HOSPITAL
STILWELL, OKLAHOMA
EMERGENCY ROOM RECORD

Rick Sidelbottom badge #4

Last Name <i>Agner</i>		First Name <i>Marvin</i>		Middle Name	Home Phone	Admission Date <i>7-30-93 11:00 P</i>		Hosp. No.	
Address <i>Rt 1 Box 595</i>		City <i>Stilwell</i>		State <i>OK</i>	Zip <i>73450</i>	Age <i>30</i>	Date of Birth <i>8-23-62</i>	Sex <i>M</i>	Civil Status <i>M S W D Sep</i>
Employer					Address				Valuables
Relative or Friend; Parent or Guardian if Minor					Address				Phone
Medicare No.				Medicaid No.				Brought By Self <input type="checkbox"/> Police <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/>	
Insurance <i>Bill police dept.</i>		Name		Address		ID #	Group No.		SS <i>443-62-366</i>
Family Doctor <i>Interp Rhephard</i>	Time Notified <i>11:15</i>	Time Arrived <i>11:20</i>	PA Time Notified	Time Arrived	Preceptee Time Notified	Time Arrived	Did Nursing Notify Dr.?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZATION FOR EMERGENCY TREATMENT

The undersigned has been informed of the emergency treatment considered necessary for the patient whose name appears on the reverse hereof and that the treatment and procedures will be performed by physicians, members of the hospital staff and employees of the hospital. Authorization is hereby granted for such treatment and procedures.

The undersigned understands that a personal physician to be selected by or on behalf of the patient within 24 hours if hospitalization or further treatment is required, or immediately if complications arise.

The undersigned has read the above authorizations and understands the same and certified that no guarantee or assurance has been made as to the results that may be obtained.

Donna Jones GN
pt. unable to sign
 Signed _____
 Patient
 Or _____
 Authorized Person
 Relation to Patient _____

Nurse's Signature <i>Donna Jones GN</i>	RN Signature <i>JWZ/ren</i>	Allergies <i>NKA</i>	Prior Hospitalizations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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HISTORY *pt. was brought in by Ada Co. police dept. with lacerations on his forehead. He banged his head on the squad car.*
Donna Jones GN
JWZ/ren

PHYSICIAN'S REPORT

pt. combative unable to get vs.
 Temp. _____ Oral Rectal P _____ R _____ BP _____
30 x 6 ASH prints to ER = superficial lacerations over anterior and @ forehead p alleged striking of head through car window during arrest this run for violation of protective order

PE: forehead: superficial forehead lacerations
17 - 1.5 cm on anterior forehead
27 - 2.0 cm on @ aspect of forehead

Diagnosis: *superficial forehead lacerations*
873.42
Tx: closed = NT
Wound = triple dx
contusion

Time Billing Infr. Obtained	<i>11:50 P</i>	Disposition of Case <i>Custody of PD</i>	Time Released <i>12:00 A.M.</i>
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INSTRUCTIONS TO PATIENT: *① Person to v.t. for release from jail*
② R2 pm

Wheeler, M.D.
 (Physician's Signature)

7/30/93
 (Date)

(Patient's Signature)

Noted 7-31-91 12:30 PM Donna Jones GN JWZ/ren