ARRIVED BY:
EMER VEH. ☐
AMBULANCE ☐
PRIVATE ☐
OTHER ☐

TIME 2:30 ☒ PM ☐ AM

RESPONSIBILITY CODE: 01 PAT. | 02 B/C | 03 OTHER ☒ | 04 ICA | 21 EMP BIC | 12 MEDICARE | 27 CHAMPUS | 25 DIS. MEDICARE | 29 CITY PRIS. | 52 MEDICAID | OTHER

STAT: M 11 12 13 14 15 ~~16~~ ☒ | SING MAR WID DIV SEP CHILD ~~23~~ | F 21 22 23 24 25 ~~44~~

MEMORIAL HOSPITAL
PHOENIX, ARIZONA

MEDICAL RECORD USE ONLY
115098

ACCOUNT NO.	DATE	FAMILY PHYSICIAN	TIME CALLED	CLERKS INITIAL
011535 2	9-3-78	None		RBG

PATIENTS NAME	AGE	DATE OF BIRTH	PATIENTS TELEPHONE NUMBER
LOPEZ, SAMMY	16	6-30-62	

PATIENTS ADDRESS	CITY	STATE	ZIP
2606 W. MELVIN	PHX	AZ	85006

PATIENTS SOCIAL SECURITY NUMBER	PATIENTS EMPLOYER AND OCCUPATION	EMPLOYERS ADDRESS	CITY	STATE	ZIP

EMPLOYERS PHONE	RESP. PARTY NAME	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP
	Concha Villegas	mother	same			

RESP. PARTY SOC. SEC. NO.	RESP. PARTY PHONE	RESP. PARTYS OCCUPATION AND EMPLOYER	EMPLOYERS ADDRESS	CITY	STATE	ZIP
461-50-5666		Valley Distributing Co.				

RESP. PARTY EMPLOYER PHONE	CITY PRISONER NO.	OFFICERS SIGNATURE AND NUMBER	PREV. PT. AT MEMORIAL	IF YES, NAME & DATE
269-2451			YES ☐ NO ☒	

COMPLAINT	PHYSICIAN	CALLED	CALLED	CALLED	ANS	HERE
Yesterday - Watching some welding being done - Since last nite eyes painful, watering	Heller	rd				

ALLERGIES	LAST TETANUS	ADMITTING VITALS
NKA	2 yrs	BP 98 P 26 R 24 INT

FINDINGS AND TREATMENT	ORDERS	✓	TIME & UNIT	VITALS
Rt eye 20/30 As above				
L eye 20/30	Visine prn			
No other complaints - either hx.				
	Reduced Tuns. prn			
No subjective sx's -				
No pain.				
Exp Mild conjunctivitis both eyes				
No other injury				
Visine dr.				
Mother reassured				

NURSES NOTES:

FINAL DISPOSITION: Home c̄ Mother 3:45 pm

DIAGNOSIS	E.D. OR ATTENDING PHYSICIAN SIGNATURE:	E.D. RN SIGNATURE
Mild conjunctivitis 20 to welder	[signature]	Eallen Rn
	PT. CONDITION AT DISCHARGE OR TRANSFER: Stable	REFERRAL/PT INSTRUCTIONS GIVEN ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G
	TRANSPORTED BY: Pvt Car	BY

BY SIGNING IN SPACE TO RIGHT, PATIENT OR PATIENT'S AGENT CERTIFIES THAT HE HAS READ AND AGREES TO CONDITIONS PRINTED ON BACK OF THIS FORM.

PATIENT

OR PERSON AUTHORIZED TO SIGN FOR PATIENT/RELATIONSHIP: Concha Villegas

FORM NO. SER-25 REV. 11-77

EMERGENCY DEPARTMENT MEDICAL RECORD

SL-Memorial Hosp. Med. 001

MEMORIAL HOSPITAL
P.O. BOX 21207 ■ PHOENIX, ARIZONA 85036

ACKNOWLEDGEMENT OF EMERGENCY TREATMENT
and
PERMISSION TO SEND MEDICAL REPORTS TO ATTENDING PHYSICIAN

Patient's Name SAMMY LOPEZ Date 1-4-80

I, the undersigned, being examined in the Emergency Department of Memorial Hospital, wish to have my reports sent to my attending physician.

I, the undersigned, certify that the medical care furnished was limited solely to emergency treatment.

I have been advised to see:

DR. R. ZESCHKE, M.D.
515 W. BUCKEYE RD.
254-7313

☒ Call Dr. _____ Office _____

and make an appointment tomorrow

☐ See above doctor in his office _____

1.) Read instruction sheets on wound care and head injury after care

2.) Call above doctor if any problems occurs or call EMERGENCY ROOM.

3.) PLAIN TYLENOL OR ASPIRIN FOR HEADACHE.

My signature acknowledges receipt of instructions.

Signed X Carmen Villegas
Patient or Representative

Mother
Relationship

Witnessed by: S Beck, RN

Original-Medical Records

Duplicate-Patient Copy

#SER-14 REV 1/77

ARRIVED BY:
EMER VEH. ☐
AMBULANCE ☐
PRIVATE ☒
OTHER ☐

TIME 1:50 ☐ PM ☒ AM

RESPONSIBILITY CODE: 02 B/C | 03 OTHER | 04 ICA | 21 EMP BIC | 12 MEDICARE | 27 CHAMPUS | 25 DIS. MEDICARE | 29 CITY PRIS. | 52 MEDICAID | OTHER

STAT: M 11 12 13 14 15 34 | SING MAR WID DIV SEP CHILD | F 21 22 23 24 25 44

MEMORIAL HOSPITAL
PHOENIX, ARIZONA

MEDICAL RECORD USE ONLY
115098

ACCOUNT NO.	DATE	FAMILY PHYSICIAN	TIME CALLED	CLERKS INITIAL
036478	1-3-80	NONE		F.P.

PATIENTS NAME	AGE	DATE OF BIRTH	PATIENTS TELEPHONE NUMBER
Lopez Sammy	17	6-30-62	272-3787

PATIENTS ADDRESS: 2606 W. Melvin Apt 4 — CITY — STATE — ZIP

PATIENTS SOCIAL SECURITY NUMBER — PATIENT'S EMPLOYER AND OCCUPATION: Concha Lopez, mother — EMPLOYERS ADDRESS — CITY — STATE — ZIP

EMPLOYERS PHONE — RESP. PARTY NAME: ~~Arcadio Lopez~~ — RELATIONSHIP — ADDRESS — CITY — STATE — ZIP

RESP. PARTY SOC. SEC. NO. — RESP. PARTY PHONE — RESP. PARTYS OCCUPATION AND EMPLOYER: Yellow Front - Warehouse — EMPLOYERS ADDRESS: 27th Ave. — CITY — STATE — ZIP

RESP. PARTY EMPLOYER PHONE — CITY PRISONER NO. — OFFICERS SIGNATURE AND NUMBER: E M TOWNSEND 2444 II — PREV. PT. AT MEMORIAL: YES ☒ NO ☐ — IF YES, NAME & DATE: 6 mos

COMPLAINT: Alledged Assault, PPD. here — PHYSICIAN: Zeschke — Ref — CALLED — CALLED — CALLED — ANS — HERE

ON NO MEDS

ALLERGIES: NKA — LAST TETANUS: ? — ADMITTING VITALS: BP 136/72 — T 98 — R 92 — R 20

FINDINGS AND TREATMENT	ORDERS	✓	TIME & INT	VITALS
Hx - 17 y/o ♂ allegedly told Nurse that he was in a park & was hit in head with a bottle. PT brought in by friends who left immediately. PT tells me he doesn't know what happened. Breath smells like "model airplane glue"	PT - 0.5cc IM	✓	2:30 AM	SB (L) delt
	AP AND LAT. SKULL	✓	2:45 AM	SB
	Head sheet	✓	3:15 AM	SB
PREx - Lethargic 17 y/o ♂ responds to verbal stimuli & oriented to place & thinks its Jan 1, 1980. Speech is clear, not slurred & PT volunteers little info. Head - 1" curved lac on (R) post. scalp. Neck - Supple; chest & Abd no trauma. Nuero - CN II → XII intact, symmetric & adequate grip, DTR's 3+ bilat Toes ↓/↓, Romberg Neg but unable or unwilling to do F-N test.	Anesth scalp c̄ Xyl 1% c̄ Epi Betadine prep & irrigate c̄ N.S ~100 cc			
	Suturd x 2 c̄ 4-0 prolene			
	XR - None			

NURSES NOTES: Pt. unsure of LOC. - was hit over head c̄ bottle - ½-3/4" laceration on back of head. PERRL. - Instructions given to mother - Although PT is sleepy he follow instructions well & has clear coherent speech pattern, will therefore d/c home c̄ parents

FINAL DISPOSITION: HOME

DIAGNOSIS: (1) Scalp laceration (2) Lethargy 2nd to glue sniffing

E.D. OR ATTENDING PHYSICIAN SIGNATURE: J Dig — E.D. RN SIGNATURE: Buck, RN

PT. CONDITION AT DISCHARGE OR TRANSFER: Stable — TIME OF DISCHARGE: 3:15 — TRANSPORTED BY: Car c̄ mother

REFERRAL/PT. INSTRUCTIONS GIVEN: BY: [signature] (Head sheet) — ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

BY SIGNING IN SPACE TO RIGHT, PATIENT OR PATIENT'S AGENT CERTIFIES THAT HE HAS READ AND AGREES TO CONDITIONS PRINTED ON BACK OF THIS FORM.

PATIENT: X

OR PERSON AUTHORIZED TO SIGN FOR PATIENT/RELATIONSHIP: X Concha Villegas

FORM NO. SER-25 REV. 11-77 — EMERGENCY DEPARTMENT — MEDICAL RECORD

ARRIVED BY: EMER VEH. ☐ AMBULANCE ☐ PRIVATE ☒ OTHER ☐

TIME 1415 ☐ PM ☐ AM

RESPONSIBILITY CODE: 01 PAT. | 02 B/C | 03 OTHER | 04 ICA | 21 EMP BIC | 12 MEDICARE | 27 CHAMPUS | 25 DIS. MEDICARE | 29 CITY PRIS. | 52 MEDICAID | OTHER

STAT: M (14) 12 13 14 15 34 | SING MAR WID DIV SEP CHILD | F 21 22 23 24 25 44

MEMORIAL HOSPITAL
PHOENIX, ARIZONA

No Funds.

MEDICAL RECORD USE ONLY: 115098

ACCOUNT NO.	DATE	FAMILY PHYSICIAN	TIME CALLED	CLERKS INITIAL
0590836	9-16-84	None.	314	RBG

PATIENTS NAME	AGE	DATE OF BIRTH	PATIENTS TELEPHONE NUMBER
LOPEZ, Sammy ~~Samuel~~ Y.	22	6-30-62	269-3132 msg.

PATIENTS ADDRESS	CITY	STATE	ZIP
MAIL: 2606 W. MELVIN	PHO	AZ	85009

PATIENTS SOCIAL SECURITY NUMBER	PATIENT'S EMPLOYER AND OCCUPATION	EMPLOYERS ADDRESS	CITY	STATE	ZIP
Doesn't Know it.	Unemployed				

EMPLOYERS PHONE	RESP. PARTY NAME	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP
	SELF.	D1				

RESP. PARTY SOC. SEC. NO.	RESP. PARTY PHONE	RESP. PARTYS OCCUPATION AND EMPLOYER	EMPLOYERS ADDRESS	CITY	STATE	ZIP

RESP. PARTY EMPLOYER PHONE	CITY PRISONER NO.	OFFICERS SIGNATURE AND NUMBER	PREV. PT. AT MEMORIAL	IF YES, NAME & DATE
			YES ☒ NO ☐	5-6 yrs.

COMPLAINT

got (R) hand caught in lawn mower @ 2 1400
Amp of one finger tip and part of another
pt report given to me RR

PHYSICIAN	CALLED	CALLED	CALLED	ANS	HERE

ALLERGIES: NKA | LAST TETANUS: 5 yrs | ADMITTING VITALS: 1430 BP 160/88 T 99 P 80 R 18

FINDINGS AND TREATMENT — By

This pt was brought to the ED for Tx of wds to (R) hand f injury by a lawn mower
pt was alert & responsive: at first pt was cooperative and compliant: but when I obtained a mayo stand w/ a pillow on it for elevation of wrd pt became apprehensive and got up quickly from the cart asking what I was going to do I told him that "I'm not going to do anything, doctor will examine you and Tx your wds" He then asked me if this (PMH) was a hospital and if I had any proof that I was medical personnel. I assured the pt that this was a hospital and that he would be Tx'd by an MD and instructed pt to return to his cart. I then went over to T2 where I was attending a pt brought in by PFD. A few minutes later pt left. He did state that he did not "trust" hospitals.

ORDERS	✓	TIME & INT	VITALS

NURSES NOTES:
Pt. was wandering around Trauma side of E.D. He was waiting to be seen by E.D. docs. He was seeing a critical pt. in T-2. I told this pt. he must stay in his area to maintain privacy for other pts. He went back to his bed, but a minute later was wandering around again. I've talked spoke to him & a minute later, he was missing from T-3 &

FINAL DISPOSITION: Left ED. w/ knowledge of staff @ 1440 | had left E.D. 1a.m.

DIAGNOSIS	E.D. OR ATTENDING PHYSICIAN SIGNATURE:	E.D. RN SIGNATURE
	PT. CONDITION AT DISCHARGE OR TRANSFER	REFERRAL/PT INSTRUCTIONS GIVEN
	TIME OF DISCHARGE	
	TRANSPORTED BY	BY

BY SIGNING IN SPACE TO RIGHT, PATIENT OR PATIENT'S AGENT CERTIFIES THAT HE HAS READ AND AGREES TO CONDITIONS PRINTED ON BACK OF THIS FORM.

PATIENT: Sammy Y. Lopez / R Gillespie 9-16-84
OR PERSON AUTHORIZED TO SIGN FOR PATIENT/RELATIONSHIP:

FORM NO. SER-25 REV. 1-80

EMERGENCY DEPARTMENT

MEDICAL RECORD