

MEDICARE PATIENT S.S. OR H.I.B. NO.

PATIENT NAME (LAST, FIRST, M.I.) Zogerski - Edmund G. HOME PHONE NIP ADMISSION DATE 7/15/83 4:37 A.M. HOSPITAL NO. 83-5012

PATIENT ADDRESS - STREET 500 Willow St. CITY Spfld. STATE TN ZIP 37154 AGE 25 DATE OF BIRTH 12/27/57 SEX M MARITAL STATUS F M S W D O COMPENSATION YES NO

EMPLOYER NAME _____ ADDRESS - STREET _____ CITY _____ STATE _____ ZIP _____ EMPLOYER PHONE _____

NEXT OF KIN (LAST, FIRST, M.I.) None ADDRESS - STREET _____ CITY _____ STATE _____ ZIP _____ PHONE _____

NAME OF BLUE CROSS AND/OR BLUE SHIELD PLAN _____ GROUP NO. _____ CONTRACT NO. _____ EFFECTIVE DATE _____ SUBSCRIBER FAMILY MEMBER DEPENDENT COMPREHENSIVE

OTHER HOSPITALIZATION INSURANCE NAME _____ ADDRESS _____ CERT. OR POLICY NO. _____ GROUP NO. _____ EFFECTIVE DATE _____

FAMILY DOCTOR None NOTIFIED YES NO E. R. DOCTOR _____ DOCTOR NOTIFIED _____ DOCTOR RESPONDED _____ DOCTOR ARRIVED _____ BROUGHT BY: SELF POLICE FIRE RELATIVE OTHER

EMERGENCY ROOM CHARGES (DOES NOT INCLUDE FEE OF ATTENDING PHYSICIAN)				OTHER SERVICES RENDERED	
ITEM	CHARGE	ITEM	CHARGE	DOCTOR'S FEE	
EMERGENCY ROOM		DRUGS			<input type="checkbox"/>
ANESTHETIC		TETANUS TOXOID			<input type="checkbox"/>
ANTISEPTIC		Visit - sig. im			<input type="checkbox"/>
DRESSINGS		Rum			<input type="checkbox"/>
E.R. TRAY					<input type="checkbox"/>
SUTURES					<input type="checkbox"/>
				TOTAL CHARGES	

BRIEF HISTORY

CONDITION ON ADMISSION: GOOD FAIR POOR HEMORRHAGE CONSCIOUS UNCONSCIOUS COMA RATIONAL ORIENTED IN TIME & PLACE CONFUSED OTHER (SPECIFY) _____ TEMP 99.8 A R P 78 R 18 BP 120/100

IF ACCIDENT STATE WHERE, WHEN AND HOW INJURED, IF ILLNESS, DESCRIBE:
Severe head ache - states on medication - for new
ves - Eyes inflamed States he "wants to sleep till the
police fry him." Requesting Quaalude as med. of choice

RELATIVE NOTIFIED _____
 POLICE NOTIFIED _____
 CORONER NOTIFIED _____
 BY WHOM _____

ALLERGIES
 NO YES (SPECIFY) _____

NURSE'S SIGNATURE W. E. Ryan Rn. OFFICER'S SIGNATURE A. Heath STAR ST DISTRICT _____

PHYSICIAN'S REPORT

PHYSICAL EXAM. AND TREATMENT
Marked injected eyes - vital signs normal
Re - neopron oph 4hrs
visit 50mg im

TETANUS TOXOID _____ cc, TETANUS ANTITOXIN TEST _____ cc TETANUS ANTITOXIN _____ UNITS

DIAGNOSIS anxiety reaction

CONDITION ON DISCHARGE GOOD FAIR POOR HEMORRHAGE UNCONSCIOUS RATIONAL ORIENTED IN TIME & PLACE CONFUSED OTHER (SPECIFY) _____

DISPOSITION OF CASE ADMITTED ADMISSION REFUSED/RELEASE SIGNED HOME WITH INSTRUCTIONS OTHER (SPECIFY) back to jail

INSTRUCTIONS TO PATIENT: Returned to jail - 8:54

Warren M. Hayes 7/18/83 Edmund G. Zogerski
 PHYSICIAN'S SIGNATURE DATE PATIENT'S SIGNATURE