

Medical Services Request Form
 (Formulario Para Solicitar Servicios Medicos)

9/57

Print Name: Zygmunt Lemanski

I.D. #: 0062998

(Nombre)

(Numero de Identificacion)

Date: 2/27/08

Housing Location: W.R.

(Fecha)

(Unidad / Localizacion)

Check **ONLY** One Box:

(Marque el encasillado correspondiente)

Medical
(Medico)

Dental
(Dental)

Mental Health
(Salud Mental)

Nature of Problem or Request:

(Naturaleza del problema (razon para solicitar los servicios Medicos))

I've been in Bed Since Saturday I've been coughing up Dark Phlegm and diarrhea and feel weak and the chills need some antibiotic Medication and loss of appetite.

I consent to be treated by the health staff for the condition described above.

(Yo doy consentimiento/permiso para ser atendido por los empleados de salud por las razones descritas anteriormente)

Zygmunt Lemanski
 INMATE SIGNATURE

(FIRMA DEL CONFINADO)

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA
 (COLOQUE EL FORMULARIO EN EL BUZON MEDICO O EN EL AREA CORRESPONDIENTE NO ESCRIBA NADA DEBAJO DE ESTA SESSION)

Date Received:

2/28/08

Triaged To:

Nurse

PA/NA

Physician

Other

Triaged By:

Channam

Subject:

Same as above

Objective: BP _____ P _____ R _____ T _____

Assessment:

Sent to ER 2/29 admitted

Plan:

Signature:

H. Morayh

Title:

LPN

Date:

3/1/08

Time: _____