

Other USA Doctors

Dr Garcia

St Joseph Healthcare



**LOVELACE
SANDIA
HEALTH SYSTEM**

November 7, 2003

RE: Douglas Copp
DOB: 08/03/1951

To Whom It May Concern:

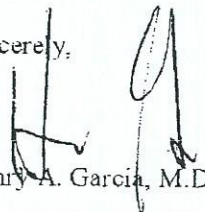
Douglas Copp is a 52-year-old gentleman who I have taken care of, since December 28, 2001 through December 23, 2002. Mr. Copp has been seen by me for a number of health issues related to chemical exposure on September 11, 2001, rescue mission at the World Trade Center.

Specifically, Mr. Copp has been experiencing problems with his breathing, best described as coughing, wheezing and shortness of breath. His medical management over the course of a number of visits included inhaled bronchodilators, anti-inflammatories, and oral steroids on an intermittent basis. He has had urgent visits to the office in which he received bronchodilator medication by nebulizer. His office visits for shortness of breath include a visit on January 9, 2002, February 7, 2002, and May 13, 2002 as well as June 7, 2002, June 13, 2002 and July 5, 2002, August 2, 2002 and September 10, 2002, November 27, 2002 and December 23, 2002. During the course of his medical management, he has had chest x-rays, pulmonary function tests, with consultation with pulmonologists. During the course of his shortness of breath, he has also developed problems with blood pressure and hypothyroidism. He has been placed on medical therapy for those conditions. On Mr. Copp's own initiative, he has been seeking out other options, including chelation therapy, after it was determined that he was carrying a number of metals and elements.

His medication management, as of my last visit, included Synthroid 0.05 mg q.d., Tiazac 180 mg q.d., the Advair discus twice a day and albuterol inhaler for rescue.

Mr. Copp has now left the area and is getting his medical care closer to the New York area. This letter was written in support of his ongoing issues with his respiratory problems that have developed since September 11, 2001. If I can be of any further assistance in this matter, please let me know.

Sincerely,



Henry A. Garcia, M.D.

HAG/mp

Prescriptions and Referrals



HIGH DESERT MEDICAL ASSOCIATES PC

Edward S. Bocian Jr. M.D. Samuel Goldman M.D.
Clare A. Castiglia D.O. Jody Rhoades M.D.
Henry A. Garcia M.D.

5041 Indian School Road, Suite 400
Albuquerque, New Mexico 87110

Date: 9/5/02
Patient Name: Doug Copp
Reason for Appt: Shortness of Breath
Referred To: Bruce Miller
Address: 1101 Medical Arts Bldg 4
Phone: 842-5105

Does Insurance Require Referral? Yes No

PA # _____ # of Visits _____ from _____ to _____

Appointment Date: _____ Date _____

Thank you. _____

Telephone: (505) 255-3110 (505) 255-3667 Fax

Office Hours:

Monday-Thursday 8:00 am - 7:00 pm
Friday 8:00 am - 5:30 pm
Saturday 8:30 am - 12:30 pm

† CATHOLIC HEALTH INITIATIVES

St. Joseph Healthcare

St. Joseph Physician Group

- Edward S. Bocian Jr., MD Henry A. Garcia, MD
 Clare A. Castiglia, DO Samuel Goldman, MD
 Jody Rhoades, MD

High Desert Medical Group

5041 Indian School NE, Suite 400 • Albuquerque, NM 87110
(505) 255-3110 • Fax (505) 255-3667

Name: Doug Copp

Address _____ Date 9/5/02

B
Prednisone 5g
5g TPO as directed
900 # 100

Refill one times PRN NR

Dispense as written DEA _____

Singular Accolate reduce inflammation
Not steroids

In patients with CHD and high cholesterol,

ZOCOR
(SIMVASTATIN)

**POWER PROVEN
TO PROTECT**

Please read information on reverse side. Before prescribing ZOCOR, please read accompanying full Prescribing Information.

PROGRESS NOTES

NAME _____
DATE _____ SS# _____
ADDRESS _____
OCCUPATION _____ PHONE (HOME) _____
() (K) _____ DATE OF BIRTH _____ AGE _____
DRUG ALLERGIES _____

DATE _____ NOTES _____

Prednisone 20

AM

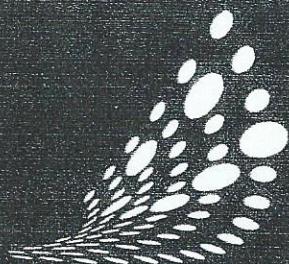
9/4	X
9/5	X
9/6	1/2 of 20g => 10mg
9/7	1/2
9/8	1/2
9/9	1/2
9/10	1/2
9/11	1/2
9/12	1/2
9/13	1/2
9/14	5g sub



9/22/02	5g
9/23	1/2 of 5g => 2.5g
	1/2
	1/2
	1/2

VFR12H10

NexiumTM
(esomeprazole magnesium)



From AstraZeneca 

STATE OF NEW MEXICO - MOTOR VEHICLE DIVISION

CERTIFICATE OF ELIGIBILITY FOR PARKING PLACARD

For Mobility Impaired Individuals



ALL APPLICABLE ITEMS MUST BE COMPLETED OR THIS APPLICATION WILL BE DENIED.

- - Please read further instructions on reverse side. - -

A. Applicant Information

Applicant's Full Name (Please Print or Type)	DOUGLAS F. COPP	Date of Birth	AUGUST 3/1951
Mailing Address	PO Box 534	Social Security Number	046-46-1692
City, State, Zip Code	Sandia Park, NM, 87047	Area Code/Telephone No.	(505) 281-7977

B. Type of Application

ORIGINAL Complete Items A, C & D in Full

RENEWAL Complete Items A & E in Full

REPLACEMENT Complete Items A & E in Full

C. Physician Information

Licensed Physician's Name (Please Print or Type)	DR HENRY GARCIA	License or Other Identifying Number.	01-198
Business Address	5041 INDIAN SCHOOL RD	Area Code/Telephone No.	(505) 255-3110
City, State, Zip Code	ALBUQUERQUE, NM, 87047		

D. Physician Medical Statement & Certification

The applicant identified above has the following mobility impairment(s) that limits or impairs their ability to walk:

- cannot walk one hundred feet without stopping to rest;
- cannot walk without the use of a brace, a cane, a crutch, another person's assistance, a prosthetic device, a wheelchair or other assistive device;
- is restricted by lung disease to such an extent that the person's forced respiratory volume, when exhaling for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than sixty millimeters on room air at rest;
- uses portable oxygen;
- has a severe cardiac condition;
- is so severely limited in his/her ability to walk due to an arthritic, neurologic or orthopedic condition that the person cannot ascend or descend more than ten steps;
- has suffered the loss, or the complete and total loss of use of one or both legs at or above the ankle or one or both arms at or above the wrist.

This condition is: Permanent or Temporary

The temporary placard should be issued for ___ months (6 months maximum).

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

X Henry Garcia Physician's Signature Date 6/13/02

OFFICIAL USE ONLY

PLACARD NUMBER: _____

EXPIRATION DATE: _____

DATE POSTED TO SYSTEM: _____

DENIED: Application inaccurate or incomplete

ISSUED

Initials: _____ FO Code: _____

Date: _____

The following information applies to the use of your new placard:

- ◆ This placard has been issued to YOU and YOU are the only person entitled to use it. You may use it in any vehicle you are operating or in which you are being transported.
- ◆ The placard is to be displayed ONLY when the vehicle is parked, not when it is in operation. A citation could be issued for obstructing the drivers view if the placard is not removed when the vehicle is in operation.

PLACARD HOLDER IDENTIFICATION CARD

Name: _____

Address: _____

Placard No. _____ Expires Perm

Dr Garcia Med Receipts



09/10/2002
COPP, Douglas

DOB: 08/03/1951

PROBLEM LIST:

1. Chest tightness and shortness of breath.

S: This 51-year-old gentleman presents with three hours of progressive shortness of breath. He has been seeing a physiatrist for followup of a facet injection. During the visit he became short of breath. This is coincident with his prednisone taper for his asthma, reactive airway. He reports no fevers, chills or skin rashes.

MEDICATIONS: He continues on his Advair Diskus b.i.d., Tiazac 180 mg daily and Levothroid 0.025 mg daily.

O: BP: 160/97. PULSE: 90. RESP: 20. O₂ SAT: 99% on room air. GENERAL: He appears in some mild distress. HEENT: Mouth and throat are clear. Neck is full with no masses or thyromegaly. CHEST: Reveals scattered expiratory wheezes. CV: Without murmurs or gallops.

Resting electrocardiogram revealed no acute ischemic changes.

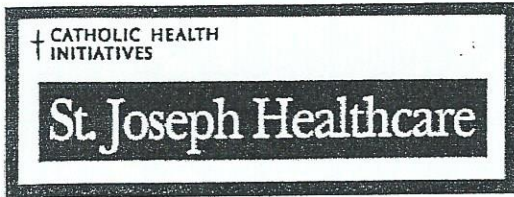
A: Reactive airway, asthma probably related to tapering prednisone.

P:

1. Albuterol 2.5 by small volume nebulizer given with improvement.
2. He will continue his prednisone at 20 mg daily, tapering over the next week.
3. Added Singulair 10 mg daily.
4. Phone call followup if any problems develop.
5. ER visit if worsening.
6. Repeat visit with me for a blood pressure check in one week.

HAG/es/D:09-10-2002/T:09-11-2002


HENRY A. GARCIA, M.D.



Patient Name: Copp, Douglas
DOB: 8-3-51
Phone #: (H) _____
(W) _____

HIGH DESERT MEDICAL

Edward S. Bocian, Jr. M.D., Clare A. Castiglia, D.O.
Henry A. Garcia, M.D., Samuel Goldman, M.d., Jody Rhoades, M.D.

Date: 10/10/02 Age 51 M F LMP _____ T _____ P 90 R 90 BP 160/97 VS 355 AM/PM (P)

WT _____ HT _____ Allergies AN

C.C. Chest tightness, rapid breathing Signature _____

Current Medications: O2 sat 99%

Handwritten signature



09/05/2002
COPP, Douglas

DOB: 08/03/1951

PROBLEM LIST:

1. Hypertension.
2. Chronic low back pain, muscle strain.
3. Reactive airway disease.
4. Hypothyroidism.
5. Prednisone use.

S: This 51-year-old gentleman presents for followup of the above mentioned problems. He has been experiencing a gradual weight gain of about six pounds over the last few months on his prednisone. His breathing has been improved. He had a recent trip to the West Coast where he spent time at the ocean with no problems with his breathing. He denies any chest pain or shortness of breath except with mild exertion. He is pursuing legal action and compensation for his rescue efforts at the World Trade Center on 09/11/01. In addition he is requesting a follow-up visit with his pulmonary physician to comply with his attorney's request.

MEDICATIONS: Advair Diskus b.i.d., Tiazac 180 mg daily, Synthroid 0.025 mg daily and an albuterol inhaler for rescue.

O: BP: 160/95 beginning of the visit, 150/90 end of the visit. PULSE: 80. RESP: 16. TEMP: 99.2°. WT: 247 lb. GENERAL: He appears in no acute distress. HEENT: PERR/EOMI. Sclerae are clear. Mouth and throat are clear. Neck is supple without masses, thyromegaly or bruits. CHEST: Clear breath sounds without wheezes. CV: Without murmurs or gallops. BACK EXAM: Straight leg raises to 90°. He ambulates without any difficulty. He has slight tenderness over the presacral area. EXTREMITIES: Without edema or cyanosis. SKIN: Warm and dry.

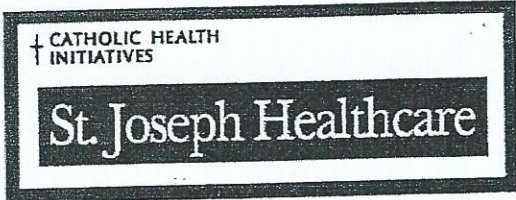
A: Problems as noted above.

P:

1. Patient given a tapering schedule of prednisone over the next few weeks.
2. Phone call followup at each change in his prednisone at two week intervals.
3. Phone call followup if any problems develop before then.
4. Plan to revisit with me in six weeks.

HAG/cs/D:09-05-2002/T:09-09-2002


HENRY A. GARCIA, M.D.



Patient Name: COPP, Douglas
DOB: 8-3-51
Phone #: (H) 281-7977 ✓
(W) _____

HIGH DESERT MEDICAL

Edward S. Bocian, Jr. M.D., Clare A. Castiglia, D.O.
Henry A. Garcia, M.D., Samuel Goldman, M.D., Jody Rhoades, M.D.

Date: 9/5/02 Age 51 M F LMP 99-8-80 T 100 BP 100/65 vs 1:50 AM/PM
WT 247 HT _____ Allergies PCN
C.C. Follow-up Signature Crystal [Signature]

Current Medications:

HTN
Back pain
Reactive airway 150/90
Hypertension

St. Joseph Healthcare

St. Joseph Physician Group

- Edward S. Bocian Jr., MD Henry A. Garcia, MD
- Clare A. Castiglia, DO Samuel Goldman, MD
- Jody Rhoades, MD

High Desert Medical Group

5041 Indian School NE, Suite 400 • Albuquerque, NM 87110
(505) 255-3110 • Fax (505) 255-3667

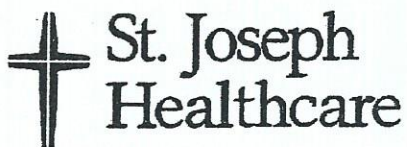
Name Doug Copp Date 9/5/02
Address _____

Rx
Prevision 5g
5g ipos as directed
9cs # 100

Refill one times PRN NR

Dispense as written

DEA _____



08/02/2002

COPP, Douglas

DOB: 08/03/1951

PROBLEM LIST:

1. Hypertension.
2. Low back pain.
3. Reactive airway.
4. Costochondritis.

S: This 50-year-old gentleman presents for followup of the above mentioned problems. He has been tolerating his Tiazac 180 mg without any problems. He is having no chest pain or headaches. In addition, his back has been stable with time spent discussing his diagnosis and prognosis. He continues on his thyroid 0.025 mg daily. He denies any changes in his bowel or bladder function.

O: BP: 140/80. PULSE: 74. RESP: 16. TEMP: 97.2°. WT: 241 lb. GENERAL: He appears in no acute distress. HEENT: Unremarkable. Mouth and throat are clear. Neck is supple without masses or thyromegaly. CHEST: Clear to auscultation. CV: Without murmurs or gallops. EXTREMITIES: Without edema or cyanosis. BACK EXAM: He is tender to palpation in the presacral and SI joints. He ambulates heels and toes.

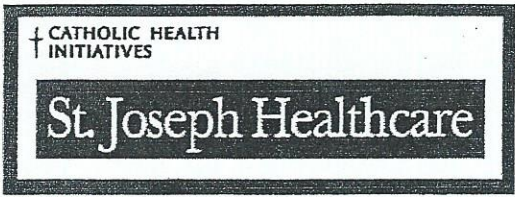
A: Problems as noted above.

P:

1. He will continue his current medical regimen including Synthroid 0.025 mg daily.
2. Revisit with me in two months.

HAG/cs/D:08-02-2002/T:08-05-2002


HENRY A. GARCIA, M.D.



Patient Name: Copp, Douglas
DOB: 8-3-51
Phone #: (H) 281-7977 ✓
(W) _____

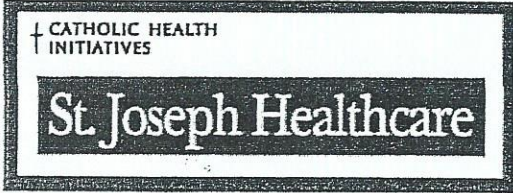
HIGH DESERT MEDICAL

Edward S. Bocian, Jr. M.D., Clare A. Castiglia, D.O.
Henry A. Garcia, M.D., Samuel Goldman, M.D., Jody Rhoades, M.D.

Date: 8/2/02 Age 50 M F LMP / T 97.8 P 74 R 110 BP 140/80 VS 8-25 AM/PM
WT 241 HT / Allergies PCN
C.C. Flu, breathing Signature Crystal Smith

Current Medications: Tiazac 180
Synthroid 0.025
A HTN
A Chest pain
A PAIN

Crystal Smith
l.j.



Patient Name: DAUG COPP
DOB: 8-3-51
Phone #: (H) _____
(W) _____

HIGH DESERT MEDICAL

Edward S. Bocian, Jr. M.D., Clare A. Castiglia, D.O.
Henry A. Garcia, M.D., Samuel Goldman, M.D., Jody Rhoades, M.D.

Date: 7/29/02 Age 50 M F LMP 1 T AB P 70 R 18 BP 155/95 VS 8:45 (AM/PM)

WT _____ HT 1 Allergies _____

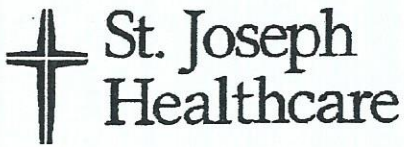
c.c. trouble breathing Signature Cystal C. Smith

Current Medications: Spo2 100
(98) 68

SAB Xopenex 1.25s
Hypothymidone

delivered
(M)

- Advair diskus
- Prevacid 20
- Proair 120
- Synthroid .025
- Plavix 100



07/05/2002
COPP, Douglas

DOB: 08/03/1951

PROBLEM LIST:

1. Low back pain.
2. Hypothyroidism.
3. Reactive airway disease.
4. Hypertension.
5. Airway exposure at the 9/11 World Trade Center rescue.

S: This 50-year-old gentleman presents for followup of his hypertension managed with Tiazac 120 mg daily. He denies any headaches, vision changes, chest pain, shortness of breath or ankle swelling. His airways have been somewhat improved over the last month. He was on a pulse-dose of prednisone with decreased cough and chest congestion. He still feels that he is not breathing normally. He continues on his Synthroid 0.25 mg daily, Tiazac 120 mg daily, albuterol inhaler for rescue and an Advair Diskus once a day. He is still pursuing compensation and financial support with the Victims Funds in New York City.

O: BP: 130/70. PULSE: 64. RESP: 16. TEMP: 96.1°. WT: 238 lb. GENERAL: He appears in no acute distress. HEENT: Unremarkable. Neck is supple without masses or thyromegaly. CHEST: Clear to auscultation without wheezes, rales or rhonchi. HEART: Without murmurs or gallops. BACK EXAM: Straight leg raises to 90°. Reflexes are 2+ and symmetric. He is tender to palpation in the presacral area. He ambulates heels and toes.

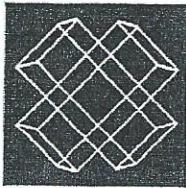
A: Problems as noted above.

P:

1. Tiazac 120 mg with continuation of his aerosol medications.
2. Back exercises were reviewed with the patient.
3. Celebrex 200 mg was sampled.
4. Phone call followup if any problems develop.
5. Revisit with me in four weeks.

HAG/cs/D:07-05-2002/T:07-08-2002


HENRY A. GARCIA, M.D.



EL CAMINO IMAGING CENTER
X-RAY ASSOCIATES OF NM, P.C.
8020 CONSTITUTION PLACE NE
ALBUQUERQUE, NM 87110
(505) 998-1317

RADIOLOGY REPORT

Pt. Name: DOUGLAS E COPP

Referring Physician:

Jacket #: 931761 DOB: 08/03/51

50

HENRY A. GARCIA, MD* 787

Pt Type: OUT Rm #:

Sex: M

5041 INDIAN SCHOOL RD NE #400 HIGH

Exam Dt: 06/10/02

Hosp. MR #:

DESERT MEDICAL ASSOCIATES

ALBUQUERQUE, NM 87110

(505) 255-3110

CHEST, TWO VIEWS 06/10/02:

INDICATION: Cough. Shortness of breath.

FINDINGS: Two view chest is compared to study of 01/10/02.

No infiltrates are seen. The heart size is within normal limits. No acute bony change is seen.

CONCLUSION:

NO ACUTE DISEASE SEEN.

INTERPRETED and ELECTRONICALLY SIGNED BY: BRIAN T. O'CONNELL, MD

Dictated Date: 06/11/02

Transcribed By: DG 06/11/02

REPORT RELEASED BY: BRIAN T. O'CONNELL, MD

pt advised
[Signature]

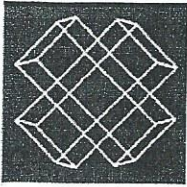
NAME: DOUGLAS E COPP

Exam #: 1331529

Exam Dt: 06/10/02

EL CAMINO IMAGING CENTER

Page 1



EL CAMINO IMAGING CENTER
X-RAY ASSOCIATES OF NM, P.C.
8020 CONSTITUTION PLACE NE
ALBUQUERQUE, NM 87110
(505) 998-1317

RADIOLOGY REPORT

Pt. Name: DOUGLAS E COPP

Referring Physician:

Jacket #: 931761 DOB: 08/03/51

50

HENRY A. GARCIA, MD* 787

Pt Type: OUT

Rm #:

Sex: M

5041 INDIAN SCHOOL RD NE #400 HIGH

Exam Dt: 01/10/02

Hosp. MR #:

DESERT MEDICAL ASSOCIATES

ALBUQUERQUE, NM 87110

(505) 255-3110

PA AND LATERAL CHEST X-RAY:

INDICATION: Cough and shortness of breath.

FINDINGS: The lungs are normally expanded with no acute infiltrates or pleural effusions. The heart size is normal.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY.

INTERPRETED and ELECTRONICALLY SIGNED BY: ARVIS WILLIAMS, MD

Dictated Date: 01/10/02

Transcribed By: CS 01/10/02

REPORT RELEASED BY: ARVIS WILLIAMS, MD

*Arvis called
1/10/02
ll*

NAME: DOUGLAS E COPP

Exam #: 1272612

Exam Dt: 01/10/02

EL CAMINO IMAGING CENTER

Page 1

Copied from original

Page: 1 of 1

M / F

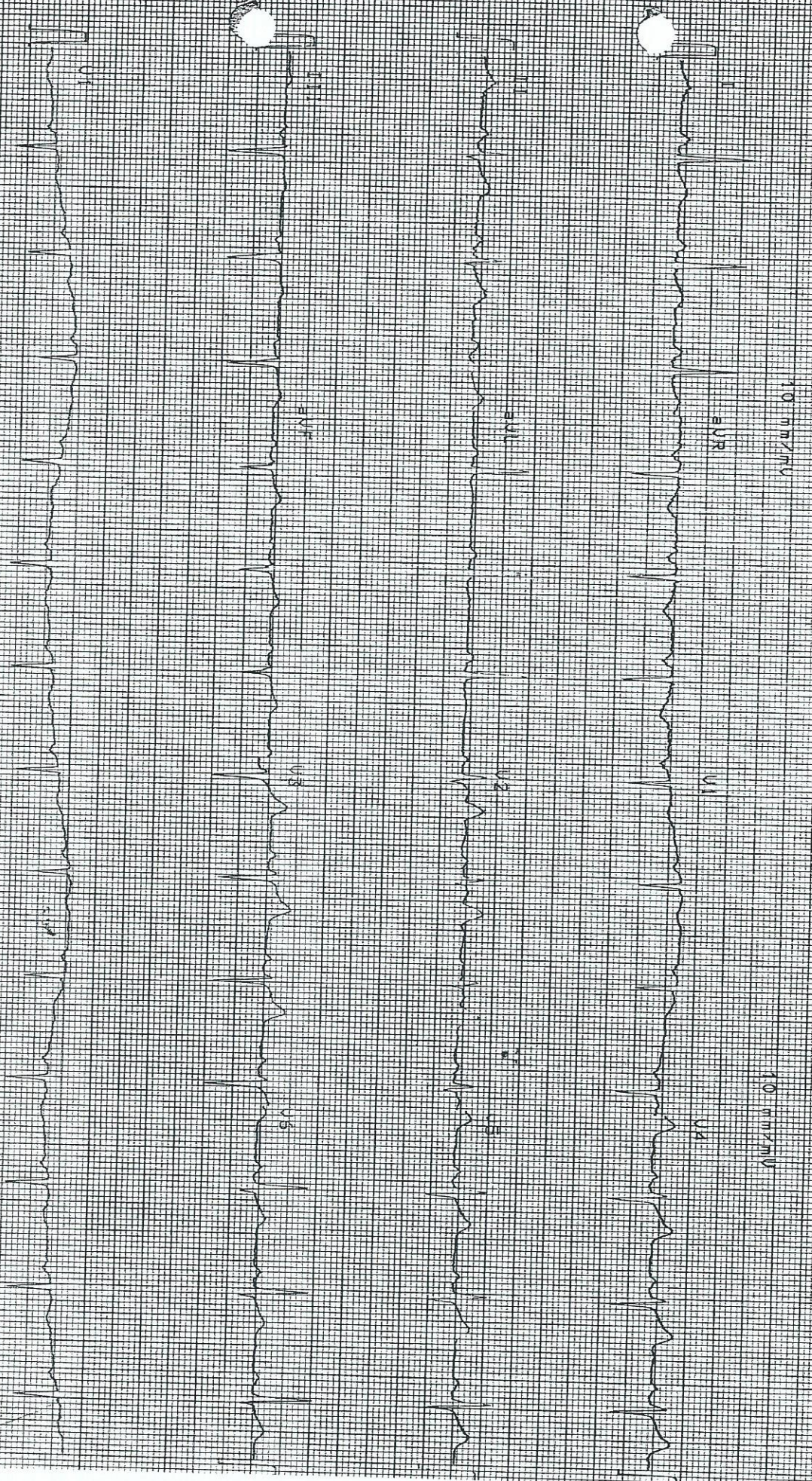
HR: 104 bpm
T: 104 ms
PR: 156 ms
QRS: 82 ms
QT: 354 ms
QTc: 415 ms

P: 110
S: 110
R: 110
S: 110
R: 110

SINUS RHYTHM
LEFTWARD AXIS
OTHERWISE NORMAL ECG

Dr. S. F. 96%

UNCONFIRMED REPORT



25 mm/s

0.15=35 Hz

08 JAN 02 15:34:45

WelchAllyn

P/N 94002-0000

RL-2-C-2.7

Emergency Room

St. Joseph Healthcare

P.O. Box 25555 Albuquerque, NM 87125

3265508 MCR MR 10643362
CORP. DOUGLAS
09/03/51 SSN 016-10-1692
RAY MO, LAURA S ADM 1.
ER

ECU Discharge Instructions

Please note: The exam and treatment you received in the Emergency Room was for emergency care only! It is important that you see your doctor for follow-up care. If you begin to feel worse or you do not improve as expected and you cannot reach your doctor, you should return to the SAME Emergency Room. We are available 24 hours a day.

You were treated in the Emergency Room by:

Doctor Wolfe / 12-28-01
Date

Your diagnosis is: Sciatica
Neurotoxic drug ingestion

TREATMENT GIVEN

Labs: With PH
 X-Ray: _____
 Medication given in Emergency Room _____

IMPORTANT INSTRUCTIONS

The Emergency Physician read your x-rays and/or EKG. A final reading of these tests will be done by a specialist. If a change in your diagnosis or care is needed, we will call you. **It is very important that we have your current phone number.**

Follow the instructions on the additional sheets you were given: BACK PAIN

Culture results take about 48 hours (2 days). The Emergency Room will contact you if you need further care.

Take prescribed medication as directed:
MEDROL DOOPAK
VICODIN ES

Over the counter medications(s): _____

If you start to feel sick, such as trouble breathing, a rash appears or stomach pain, stop the medicine and call your doctor or the Emergency Room, or return to the Emergency Room.

INSTRUCTIONS FOR FOLLOW-UP CARE

Physician(s) for follow-up care:
GARCIA
ON 12/31 @ OFFICE

Phone Number: _____

Address: _____

_____ Please call as soon as possible to make an appointment to be seen in _____ days for follow-up care.

_____ Pick up your x-rays in the Radiology Department before your next appointment.

Take this sheet with you to your follow-up visit.

If you have any problems arranging a follow-up visit, call the Emergency Room (number at the bottom of page)

ADDITIONAL INSTRUCTIONS

TAKE MEDICATIONS AS PRESCRIBED
CONTINUE NAPROSYN
ICE TO BACK

I HAVE RECEIVED AND UNDERSTAND THE INSTRUCTIONS AND WILL ARRANGE FOR FOLLOW-UP CARE

[Signature] / 12-28-01
Signature of Patient or Responsible Person Date

[Signature]
Witness

EMERGENCY CARE UNITS
St. Joseph Medical Center (505) 727-8142
St. Joseph West Mesa Hospital (505) 727-2050
St. Joseph Northeast Heights Hospital (505) 727-7703

***** STAT REPORT *****

Patient : COPP, DOUGLAS
 Rm/Bed : EMERG.ROOM Unit:
 Account No. : SJ3265508
 Atten. Phys. : WOLFE, STEPHEN A. DO
 Med. Rec. No. : SJ10643362
 Reported : 12/28/01 18:53

DOB : 08/03/1951 50Y M
 Hosp : SJ MEDICAL CENTER
 Admit: 12/28/01
 Disch:

 TEMPORARY REPORT - WILL NOT BE PART OF PERMANENT MEDICAL RECORD.

TEST	-----RESULTS-----		REFERENCE RANGE	UNITS
	NORMAL	ABNORMAL		
BASIC METABOLIC PANEL				
Collected: 12/28/01 17:48				
GLUCOSE	90		70-109	mg/dL
BUN		29 H	7-18	mg/dL
CREATININE	1.0		0.7-1.3	mg/dL
SODIUM	142		136-145	mmol/L
POTASSIUM	4.3		3.5-5.0	mmol/L
CHLORIDE	107		98-109	mmol/L
CO2	22		22-30	mmol/L
ANION GAP		17 H	7-15	mmol/L
CALCIUM	9.2		8.4-10.2	mg/dL

***** STAT REPORT *****

Patient : COPP, DOUGLAS DOB : 08/03/1951 50Y M
Rm/Bed : EMERG.ROOM Unit: Hosp : SJ MEDICAL CENTER
Account No. : SJ3265508 Admit: 12/28/01
Atten. Phys. : WOLFE, STEPHEN A. DO Disch:
Med. Rec. No. : SJ10643362
Reported : 12/28/01 18:53

TEMPORARY REPORT - WILL NOT BE PART OF PERMANENT MEDICAL RECORD.

TEST -----RESULTS-----
NORMAL ABNORMAL REFERENCE RANGE UNITS

AMYLASE, SERUM

Collected: 12/28/01 17:48

AMYLASE 36 20-120 U/L

***** STAT REPORT *****

Patient : COPP, DOUGLAS DOB : 08/03/1951 50Y M
Rm/Bed : EMERG.ROOM Unit: Hosp : SJ MEDICAL CENTER
Account No. : SJ3265508 Admit: 12/28/01
Atten. Phys. : WOLFE, STEPHEN A. DO Disch:
Med. Rec. No. : SJ10643362
Reported : 12/28/01 18:53

TEMPORARY REPORT - WILL NOT BE PART OF PERMANENT MEDICAL RECORD.

Table with 5 columns: TEST, RESULTS (NORMAL/ABNORMAL), REFERENCE RANGE, and UNITS. Row 1: LIPASE, 26, 7-59, U/L.

***** STAT REPORT *****

Patient : COPP, DOUGLAS DOB : 08/03/1951 50Y M
Rm/Bed : EMERG.ROOM Unit: Hosp : SJ MEDICAL CENTER
Account No. : SJ3265508 Admit: 12/28/01
Atten. Phys. : WOLFE, STEPHEN A. DO Disch:
Med. Rec. No. : SJ10643362
Reported : 12/28/01 19:08

TEMPORARY REPORT - WILL NOT BE PART OF PERMANENT MEDICAL RECORD.

-----RESULTS-----

TEST NORMAL ABNORMAL REFERENCE RANGE UNITS

ACETAMINOPHEN (TYLENOL)

Collected: 12/28/01 17:48

ACETAMINOPHEN 6 UG/ML

ACETAMINOPHEN: Serum acetaminophen levels 4 hours post ingestion above 150 ug/mL are considered toxic. If time of ingestion is unknown, but less than 4 hours may have elapsed, a level should be drawn immediately and repeated in 2-4 hours. Acetaminophen half-life is normally 2-3 hours and hepatic damage is likely if it exceeds 4 hours.

***** STAT REPORT *****

Patient : COPP, DOUGLAS
 Rm/Bed : EMERG.ROOM Unit: DOB : 08/03/1951 50Y M
 Account No. : SJ3265508 Hosp : SJ MEDICAL CENTER
 Atten. Phys. : WOLFE, STEPHEN A. DO Admit: 12/28/01
 Med. Rec. No. : SJ10643362 Disch:
 Reported : 12/28/01 18:53

 TEMPORARY REPORT - WILL NOT BE PART OF PERMANENT MEDICAL RECORD.

TEST	-----RESULTS-----		REFERENCE RANGE	UNITS
	NORMAL	ABNORMAL		
HEPATIC FUNCTION PROFILE				
Collected: 12/28/01 17:48				
T PROTEIN	7.6		6.2-8.2	g/dL
ALBUMIN	4.7		3.5-5.0	g/dL
AST	31		3-35	U/L
ALT		52 H	3-30	U/L
ALK PHOS	49		40-130	U/L
T BILI	0.7		0.2-1.2	mg/dL
CONJ BILI	0.1		0.0-0.2	mg/dL
UNCONJ BILI	0.6		0.0-1.0	mg/dL

(**END OF REPORT**)

***** STAT REPORT *****

Patient : COPP, DOUGLAS
 Rm/Bed : EMERG.ROOM Unit:
 Account No. : SJ3265508
 Atten. Phys. : WOLFE, STEPHEN A. DO
 Med. Rec. No. : SJ10643362
 Reported : 12/28/01 18:48
 DOB : 08/03/1951 50Y M
 Hosp : SJ MEDICAL CENTER
 Admit: 12/28/01
 Disch:

 TEMPORARY REPORT - WILL NOT BE PART OF PERMANENT MEDICAL RECORD.

TEST	-----RESULTS-----		REFERENCE RANGE	UNITS
	NORMAL	ABNORMAL		
CBC				
Collected: 12/28/01 17:48				
WBC		11.4 H	4.0-11.0	x thous
RBC	5.18		4.80-6.20	x mil
HGB	16.1		14.0-18.0	g/dL
HCT	44.8		42.0-54.0	%
MCV	86.5		80.0-100.0	fL
MCHC	36.0		31.0-37.0	g/dL
RDW	13.2		11.5-15.0	%
PLT	245		150-400	x thous
NEUT		84 H	43-72	%
ABS NEUT		9.6 H	2.6-6.8	x thous
LYMPH		11 L	19-46	%
MONO	4		0-9	%
EOS	1		0-6	%

***** STAT REPORT *****

Patient : COPP, DOUGLAS
 Rm/Bed : EMERG.ROOM Unit: DOB : 08/03/1951 50Y M
 Account No. : SJ3265508 Hosp : SJ MEDICAL CENTER
 Atten. Phys. : WOLFE, STEPHEN A. DO Admit: 12/28/01
 Med. Rec. No. : SJ10643362 Disch:
 Reported : 12/28/01 18:05

 TEMPORARY REPORT - WILL NOT BE PART OF PERMANENT MEDICAL RECORD.

TEST	-----RESULTS-----		REFERENCE RANGE	UNITS
	NORMAL	ABNORMAL		
CBC				
Collected: 12/28/01 17:48				
WBC		11.4 H	4.0-11.0	x thous
RBC	5.18		4.80-6.20	x mil
HGB	16.1		14.0-18.0	g/dL
HCT	44.8		42.0-54.0	%
MCV	86.5		80.0-100.0	fL
MCHC	36.0		31.0-37.0	g/dL
RDW	13.2		11.5-15.0	%
PLT	245		150-400	x thous