

1420 Locust St, Unit R1A Philadelphia, PA 19102

P: 215-800-1909 F: 267-273-0847

3717 Chestnut St., Suite 202 Philadelphia, PA 19104

P: 215-921-8294 F: 215-921-9607

Date of Visit: January 21, 2019

Seen By: Location: Amy Dougherty, CRNP MyDoc Urgent Care 1420 Locust St, Unit R1A

Philadelphia, PA 19102-4223

215-800-1909

Guarantor:

Patient Name: Jude Ofuani

2338 N PARK AVE, Apt 1 PHILADELPHIA, PA 19132 DOB: 07/02/1985 Gender: M Phone: 302-312-5523

FFS

FFS - Patient Self Pay

, 00000

Policy Holder: JUDE OFUANI

M

Relation:

Employer:

DOB: Gender: 7/2/1985

Group #:

Insurance #: FFS Effective Date: 1/21/2019

Type:

Primary

Clinical Summary Report

Chief Complaint

Patient comes in today for a Physical.

PMH

Past Medical History is unremarkable

Cur Rx

Patient is not currently on any medications

Allergies

Active: Reviewed Allergies; No known allergies; No known drug allergies; No known non-drug allergies

Vitals

Taken on 01/21/2019 at 4:04 PM:

BP: 130/20 mmHg PULSE: 70 bpm RESP: 12 breaths/min

TEMP: 98 O2 SAT: 99%

A/P



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A/P

Encounter for general adult medical examination without abnormal findings (V70.0, Z00.00)

Discharge Instructions: MEDICAL SCREENING EXAM, NonUrgent|124822

Discharge Instructions: TB Screening (Skin)|220108

You have a normal physical examine today without acute issues.

You are educated and advised about genral safety issues including to wear seatbelt while driving, quit smoking, avoid excessive alcohol and maintain health lifestyle with healthy diet, weight control and moderate exercise.

You are advised to follow up with your PCP for yearly health check up and any health issues.

Please arrange follow up with your primary medical clinic to discuss your chronic recurrent medical issues as soon as possible.

You must understand that you've received an Urgent Care treatment only and that you may be released before all of your medical problems are known or treated. You, the patient, will arrange for follow up care as instructed.

Physical all Normal, may return to work, school or other duties cleared for tasks or duties.

Drink plenty of fluids.

Get plenty of rest.

Discharge Patient



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Tuberculosis Screening Report	
Patient Name: June Wyon	Patient DOB: MANA
Tuberculin Skin Test (PPD) Application 1st Step	
Date/Time Applied: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Site-Forearm (Circle One): Right/Left #: 31 6433 Expiration Date:
Administered By: AMU DOS MAN Print Name Tuberculin Skin Test (P	Signature PD) Interpretation 1st Step
Date/Time Read: 1 24 19 @ 11:15 H Results:	Site-Forearm (Circle One): Right/Left
TB Test Read By: Tyrone Edney Jr. Print Name	Interpretation (Circle One) (Negative/Positive (Per CDC classification) Signature Signature
Tuberculin Skin Test (PPD) Application 2 nd Step	
Date/Time Applied:	Site-Forearm (Circle One): Right/Left
Manufacturer: Par Pharmaceuticals Lot#	:Expiration Date:
Administered By: Print Name	
	Signature
Tuberculin Skin Test (PP	D) Interpretation 2 nd Step
Date/Time Read: Results:mm	Site-Forearm (Circle One): Right/Left
TB Test Read By:	Interpretation (Circle One): Negative/Positive (Per CDC classification)
Print Name	Signature
Chest X-Ray	
Date:	Results:

Instructions of patient: The PPD/TB skin test consists of a small amount of medication being injected between the layers of skin on your forearm. A small bump will be present for 30 minutes to one hour after the injection. It is OK to "dab" the bump with a gauze pad if you experience slight bleeding after the injection. The skin at the test site may become red, and may even itch. Do NOT scratch or press on the area. Do NOT cover with adhesive bandage. The test MUST be read within 48 to 72 hours. If you do not return for the reading during this time frame, a new test will have to be administered (this will incur an additional charge). You may take this form to your Primary Care Provider or other agency for reading at 48-72 hours from administration of the skin test. Please bring this form when you have your test read. We encourage you to keep a copy of results for your records.