

NO. E-471137

FLOYD MEDICAL CENTER ROME, GA. 30161 EMERGENCY RECORD

STAPLE HERE

FINANCIAL NUMBER: 100645720 DATE: 08 26 98 TIME: 11:36 P.T. 2

PATIENT'S LAST NAME: DEBOARD JR, J W FIRST NAME: J W MIDDLE NAME: DEBOARD JR

PATIENT'S BIRTH DATE: 08/23/56 SEX: M MS: M RACE: W

PATIENT'S SOCIAL SECURITY NO.: 257-98-4712 PATIENT'S PHONE NO.: 706-235137

PATIENT'S STREET ADDRESS: 5664 ROCKMART HWY SILVER CREEK GA 30173-0000 CITY AND STATE: FLOYD COUNTY: GA

PATIENT'S EMPLOYER NAME: LINDALE MANUFACTURING INC LINDALE GA 30147 PATIENT'S EMP. PHONE: 404-2341621 TIME ACC.: 11/26/93 DATE OF ACC.: PREV. E.R. DA: Y

GUARANTOR LAST NAME: DEBOARD JR J W FIRST NAME: J W GUARANTOR PHONE NUMBER: 706-2351332 GUARANTOR RELATIONSHIP: OTHER GUARANTORS SOCIAL SECURITY NO.: 257-98-4712 ACC. OR WORK: Y

GUARANTOR STREET ADDRESS: 5664 ROCKMART HWY SILVER CREEK GA 30173-0000 CITY AND STATE: FLOYD COUNTY: GA GUAR. OCCUPATION OR DEPT.: LINDALE MANUFACTURING INC GUARANTOR EMPLOYER NAME: LINDALE MANUFACTURING INC

GUARANTOR EMPLOYER ADDRESS: LINDALE GA 30147 GUAR. EMP. PHONE NO.: 404-2341621 NOTIFY IN EMERGENCY - NAME: BARBARA KISER N.I. EMRG. ADDRESS: LINDALE GA 30147 N.I. EMRG. PHONE: 404-234972

FIRST INSURANCE COMPANY NAME & EMPLOYER NAME: PROVIDENT LINDALE MANUFACTURING INC PLAN NO.: PO BOX 9 CLAIM NUMBER: 257984712 GROUP NUMBER: LINDALE GA 30147 POLICY HOLDER: DEBOARD JR JW

SECOND INSURANCE COMPANY NAME & EMPLOYER NAME: LINDALE MANUFACTURING INC PLAN NO.: CLAIM NUMBER: GROUP NUMBER: POLICY HOLDER: PATIENT'S INSURANCE

THIRD INSURANCE COMPANY NAME & EMPLOYER NAME: PLAN NO.: SECOND INS. EMPLOYER ADDRESS: CLAIM NUMBER: GROUP NUMBER: RELATIONSHIP: POLICY HOLDER:

THIRD INS. EMPLOYER ADDRESS: RELATIONSHIP: POLICY HOLDER:

FAS: CAR: W/I: CAB: OAS:

TRANSPORTED BY: BENEFITS ASSIGNED? YES: NO: PREV. ADM. (WHEN?): 06/07/92 IF SO, UNDER WHAT NAME: ADMISSION NUMBER: 55479

DIAGNOSIS OR CHIEF COMPLAINT (IF ACCIDENT DESCRIBE): POSS BURNS FOR GUN

TEMP.	PULSE	RESP.	BLOOD PRESSURE	WEIGHT	TIME	WHOM
100	71		110/70		14	12

DRS HISTORY/PHYSICAL

[Handwritten notes in the DRS HISTORY/PHYSICAL section, including "No history of trauma" and "No significant findings"]

PVT. MD: EDP FPR

ALLERGIES:

MEDS/DOSAGE:

NURSES HISTORY/PHYSICAL - LMP LAST TET.

TO ROOM: 4

I Don't have the Bill for this one yet I will send it to you later. J.W. DeBoard Jr.

NURSES NOTES

[Blank area for nurse notes]

PHYSICIANS ORDERS

[Handwritten notes and signatures in the PHYSICIANS ORDERS section]

LAB	TIME	REPORT	X-RAY	TIME	REPORT
CBC			CXR		
U/A			SKULL		
BCP			ABD		
ASTRA			OTHER		
ABG					
AMYL					
STREP					
GC					
W.P.					
B.A.			EKG		

IMPRESSIONS

[Handwritten notes in the IMPRESSIONS section]