

Acute Medical/Surgical Ward Face Sheet

ORIGINAL - FILE

Resident's Name [redacted] C.B. [redacted]

Home Unit/Residence *TU 7*

Date of Birth [redacted] *6/1* Sex *M* O.H.I.P. # [redacted]

In Emergency Notify *Metax Soratto C.A.S.* Relationship

Address [redacted] *Soratto* Phone [redacted]

Admitted to Acute Ward: Date *Jan 30/78* Time *11:00*

Referred in by *Urgent* Attending Physician [redacted]

Provisional Diagnosis *On 18, January 1978 fractured L hip*
(to be completed by Physician)

Physician's Signature: [redacted]

Discharge Date *10.3.1978* Discharged to Res/Ward

Final Diagnosis *Fractured L hip on 18, January 1978* *820.4* ✓

Operative Procedure (if applicable) *pin + plate fixation in SMH Orillia*

Complications, Infections, Injuries *none*

Summary of Treatment *x-ray - follow up by dr [redacted] after surgery didn't require physiotherapy - mobile after return from SMH on 30, January 1978.*

Consultations: With [redacted] *SMH*

Recovered Improved *✓* Not Improved Not Treated Diagnosis Only

Died Over Or Under 48 Hours Autopsy: Yes: NO:

Attending Physician: [redacted] M. D.

ORIGINAL - FILE

Acute Ward *Inf. X1A*

Resident's Name [REDACTED] C.B. [REDACTED]

Home Unit/Residence *T.V.7*

Date of Birth [REDACTED] *1961* Sex *Male* O.H.I.P. # [REDACTED]

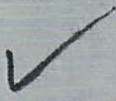
In Emergency Notify *Mater Toronto C.P.S.* Relationship

Address [REDACTED] *E. Toronto* Phone *924-4646*

Admitted to Acute Ward: Date *July 12, 1978* Time *18.00. Full*

Referred in by [REDACTED] Attending Physician [REDACTED]

Provisional Diagnosis *Probable convulsive disorder*
(to be completed by Physician)



Physician's Signature:

Discharge Date *21. 7. 1978* Discharged to Res/Ward *TV7*

Final Diagnosis *convulsive disorder, observation* *793.8* ✓

Operative Procedure (if applicable) *—*

Complications, Infections, Injuries *—*

Summary of Treatment *Meprobamate 250 mg q.s. Observation*

Consultations: With *—*

Recovered Improved Not Improved Not Treated Diagnosis Only ✓

Died Over Or Under 48 Hours Autopsy: Yes: No:

[REDACTED], M. D.
Attending Physician

Acute Medical/Surgical Ward Face Sheet

Resident's Name C.B.

Home Unit/Residence *TV1 ORIGINAL - FILE*

Date of Birth Sex *male* O.H.I.P. #

In Emergency Notify *CAS* Relationship

Address Phone

Admitted to Acute Ward: Date *10/11/83* Time *1600hrs*

Referred in by Attending Physician

Provisional Diagnosis *fracture of the base of left 5th metatarsal bone with no displacement*
(to be completed by Physician)

Physician's Signature:

Discharge Date *22 Nov 1983* Discharged to Res/Ward *TV1*

Final Diagnosis *fracture of the base of left 5th metatarsal bone*

825.2 ✓

Operative Procedure (if applicable) *none*

Complications, Infections, Injuries *none*

Summary of Treatment *tear bandage + cold compresses for first 3 days*

cast to L leg

bed rest

Consultations: With *X-ray dept*

Recovered Improved Not Improved Not Treated Diagnosis Only

Died Over Or Under 48 Hours Autopsy: Yes: No:

M. D.

Attending Physician:

PLEASE FORWARD COMPLETED FORM TO RESIDENT RECORDS; A COPY WILL BE SENT TO THE WARD FILE:

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Acute Medical/Surgical Ward Face Sheet

Resident's Name ... [redacted] C.B. [redacted]

Home Unit/Residence *TV* ORIGINAL - FILE

Date of Birth [redacted] Sex *M* O.H.I.P. #

In Emergency Notify Relationship

Address Phone

Admitted to Acute Ward: Date *Dec. 3/83* Time *1315*

Referred in by [redacted] Attending Physician [redacted]

Provisional Diagnosis *Pneumonia*
(to be completed by Physician)

Discharge Date *16. Dec. 1983* Discharged to Res/Ward *TV*

Final Diagnosis *pneumonia R base* *486*

Operative Procedure (if applicable) *none*

Complications, Infections, Injuries *none*

Summary of Treatment *Empiric
Penicillin
Aspirin for ↑ temp.
lab tests*

Consultations: With [redacted]

Recovered Improved Not Improved Not Treated Diagnosis Only

Died Over Or Under 48 Hours Autopsy: Yes: No:

[redacted], M. D.

Attending Physician:

Acute Medical/Surgical Ward Face Sheet

Resident's Name [redacted] ORIGINAL - FILE C.B. [redacted]

Home Unit/Residence *JVI*

Date of Birth [redacted] *61* Sex *M* O.H.I.P. # [redacted]

In Emergency Notify [redacted] Relationship *Sister*

Address ... [redacted] *Barrie, Ont.* Phone

Admitted to Acute Ward: Date *Jan. 6, 1984* Time *14:10*

Referred in by Attending Physician [redacted]

Provisional Diagnosis *fracture of 5th metatarsal bone*

(to be completed by Physician) [redacted]

..... [redacted]

Physician's Signature:

Discharge Date *10. Jan. 1984* Discharged to Res/Ward *JVI*

Final Diagnosis *fracture of 5th metatarsal bone* *925.2* ✓

Operative Procedure (if applicable) *none*

Complications, Infections, Injuries *none*

Summary of Treatment *cast observation*

Consultations: With [redacted]

Recovered Improved ✓ Not Improved Not Treated Diagnosis Only

Died Over Or Under 48 Hours Autopsy: Yes: No:

..... [redacted] , M. D.
Attend [redacted]