

DATE SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

5/3/01
 1045
 S Chest pain for last few days
 hyp. of repeated episodes / this
 ↑ is lack of sleep - caused
 re: liver also by anxiety &
 lack of sleep seems to make
 everything worse - states has
 been given a day job & has to get
 up too early - He is working in psych
 in a job change.

K. PETERSON, PA-C

5/4/01
 M.A. GRAY, M.D.

5/3/01
 1045
 S Chest pain for last few days
 hyp. of repeated episodes / this
 ↑ is lack of sleep - caused
 re: liver also by anxiety &
 lack of sleep seems to make
 everything worse - states has
 been given a day job & has to get
 up too early - He is working in psych
 in a job change.

Almer v. Peanut Corporation of America

Doc. 123 Att. 1

U NAD (ambulatory)
 lungs - clear heart - normal
 ABG - soft non tenders - no
 organomegaly noted -
 Hx anxiety / ↑ somatization
 IP 2mg to lack of sleep - cont visits
 in psychology depart - TRM
 benadryl 4.5 pm -

(R) Benadryl 25mg + 9 4.5 pm #15 R x 1
 Z.E. KIMBALL, PA

5/4/01
 M.A. GRAY, M.D.

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3-1-01	H. Migraine headaches 2) Chronic Hep C
1205 (cont.)	P. R. Sumatriptan NS - spray in nostril at onset of HA not to exceed 8 doses/month - - # 2 = 12 refills in 90 days. LFT's done in June 01.

M. Gray
M.A. GRAY, M.D.

3-1-01
1500
Last refill 12-01 will refill when the tin is empty containers.

Above order (s) reviewed by pharmacist.
Prescription (s) processed
Verbal counseling given: _____
Written patient information given:

Ord. Date 03/02/01 MONACO, DONALD M. GRAY
13314-006
Exp. Date 05/30/01 USE 1 SPRAY IN ONE NOSTRIL AT ONSET OF HEADACHE MAY REPEAT X 1 IN 2 HOURS "DO NOT EXCEED 8 DOSES/MONTH "MUST TURN IN EMPTIES FOR REFILL"
Rx # 8193 SUMATRIPTAN NASAL SPR 20 MG UD #2

J. Platte
J. PLATTE, RPh
CDR, USPHS
CHIEF PHARMACIST

03/28/01
0830
Received one pair of BP eyeglasses.

L. Maiden
L. MAIDEN
MEDICAL SECRETARY

5-2-01
0830
Phone call from education - pt c/o
chest pain - c/o 0830 on pain
line. Hx 3-4 days of per paracetamol.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME: FCI WASECA	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
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MONACO, DONALD
13314-006
DOB 07-31-1958
FCI WASECA. HK

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

NEUROLOGY

12-4-00

1000

BP 115/78 P-70

wt. 184#

S: Feeling well - out of Clonitrex & has had some HT's. Says Clonitrex works well when he needs it.

Also c/o occ. sharp chest pain - think it may be stress. Happens at rest - is short lasting.

O: Heart reg, no murmurs today. Lungs clear. No edema.

A: Migraines HT's.

P: Rx Clonitrex NS - 1 spray in nostril at onset of HT not to exceed 8 doses per month - #2 = refills x 90 days.

c/c in 2 mo. Alert medical if problems.

M.A. GRAY, M.D.

12/4/00

Ord. Date MONACO, DONALD M. GRAY

12/05/00 13314-006

Exp. Date USE 1 SPRAY IN A NOSTRIL AT ONSET OF HEADACHE* NOT TO EXCEED 8 DOSES PER MONTH* MUST RETURN EMPTY CONTAINERS BEFORE GETTING REFILLS

Rx # 4896 SUMATRIPTAN NASAL SPR 20 MG UD #2

12/4/00 M.A. GRAY, M.D.

12/5/2000

Keene profile decrease Zimmer EMTP J. ZIMMER, EMTP

1400

NEUROLOGY

3-1-01

1245

BP 108/78 P-68

wt. 185

S: Feeling well. Hasn't had headaches for several weeks.

O: No new labs. Heart reg. No murmurs. Lungs clear.

(over)

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS DIAGNOSIS TREATMENT TREATING ORGANIZATION (Sign each entry)

10-27 CC Copies of all medical records including
 C83C HIV results and Civilian records (123 pages)
 released to inmate. — K. Gulbrandson, MHA
 K. GULBRANDSON, MRAS

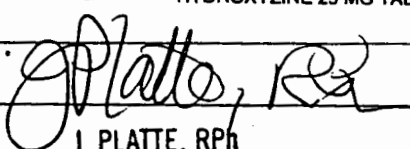
10-30-00
 10 10 BP 120/82 P- 70.
 S. F/w psych. consult, HIV issues. Pt. still
 not sure he wants to go through w/a to
 qualify for treatment, esp. needle bx given
 next CFT due in Dec. Last ALT 67.
 Says bx. Calcified aortic valve c 2 @ Ho took
 in 1992. ? need for Dental proph. done
 CXR 1999. Also requesting no low back permit
 O: No heart murmur heard. Heart sounds normal
 — no cardiac regurg. evident.
 A: 1) Chronic Hep C 2) Hx. calcified aortic valve.
 P: 1) no further w/a for Hep C & at this time —
 CFTs in Dec.
 2) would card. c SBE proph., otherwise no
 further w/a of valve now c no murmur
 or other findings.
 3) low back permit rescinded. *W. A. Gray*

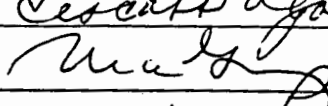
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT M.A. GRAY, M.D.
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
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MONACO, DONALD
 13314-006
 DOB 07-31-1958
 FCI WASECA, MN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
Oct 6/00 1100	<p>S Difficulty sleeping for last few days since moved to a different dormitory / It also makes his "wakeup" -</p> <p>(1) WAS / ambulatory / appears to have slightly flat affect - but this in a etc. is not well known to this ^{error Feb 10-6-00} writer.</p> <p>(2) Insomnia</p> <p>(3) States sees psychologist in psychotherapy / Is also pending evaluation by Dr. Wilson (psychiatrist) discussed limited use of sleeping aids + needs to address this to the psychiatrist.</p> <p>(4) Vistal 25mg qd's PRN #10 RxA. Z. E. KIMBALL, PA</p>

10-6-00	Above order (s) reviewed by pharmacist.	Ord. Date 10/06/00 MONACO, DONALD Z. KIMBALL 13314-006
1335	Prescription (s) processed	Exp. Date 11/04/00 TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED **MAY CAUSE DROWSINESS**
	Verbal counseling given: _____	Rx # 2874 HYDROXYZINE 25 MG TAB # 10
	Written patient information given: <u>✓</u>	 J. PLATTE, RPh CDR, USPHS CHIEF PHARMACIST

10-17-00	Consult to psychiatry noted in regard to use of interferon/ribavirin. Will discuss again to inmate.  M.A. GRAY, M.D.
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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

9-27-00

Not seen by Dr. Wilson - will reschedule

M.A. GRAY, M.D.

9-27-00

S. Jills Kaminis - med. assist of

UUCU

Imitrex for migraines

C - PE not done

H - Migraine headaches

P - DR Imitrex 100 + spray in nostril

See HA - may repeat in 2 hours

as needed

9/29/00 M.A. GRAY, M.D. K. PETERSON, T.A.P.C.

9-28-00
1405

Note that he must turn in empty
Nasal Spray containers for a refill.

Above order (s) reviewed by pharmacist.

Prescription (s) processed

Verbal counseling given: _____

Written patient information given:

Ord. Date 09/28/00 MONACO, DONALD K. PETER
13314-006
Exp. Date 10/27/00 USE 1 SPRAY IN A NOSTRIL AS NEEDED FOR
MIGRAINE, MAY REPEAT X 1 IN 2 HOURS "NO MORE
THAN 8/MONTH" MUST RETURN EMPTY CONTAINERS
BEFORE GETTING REFILL. SEG MED.
Rx # 2565 SUMATRIPTAN NASAL SPRAY, 2 # 2

J. Platte, RPh
CDR, USPHS
CHIEF PHARMACIST

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

MONACO, DONALD

13314-006

DOB 07-31-1958

FOI WAREGA, NN

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/23/00 Cont	<p>defers him from initiating Tx -- explained that he needs to be completely committed to enduring all the potential problems associated w/ Tx including the labs, the pre-Tx evaluations, the side-effects.</p> <p>It agrees he's not very committed to this and decided he needs to think about it.</p> <p>Requested psych eval to determine suitability to Tx due to H/O Depression dx in 1999.</p> <p style="text-align: right;"><i>J. Trichter</i> J. TRICHLER, PA-C LT. USPHS</p>

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9-8-00 1235	<p style="text-align: center;">NEUROLOGY</p> <p>BP 120/80 P-72 wt. 184</p> <p>S: Has had only ~ 3 migraines & clintrex spray works well. Uses ASA to supplement.</p> <p>O: No new lab. Heart req.</p> <p>A: Hx. Migraines -</p> <p>P: cont. clintrex:</p> <p>Rx: clintrex NS - spray; nostril at outset of migraine not to exceed 8 doses per mo. #2 refills x 90 days -</p> <p>Educ: cont. present diet/exercise program - pt. understands</p> <p>Psychiatry consult requested at pts' request to see if he's stable enough to go through HCV treatment.</p> <p>ccc 3mo. No lab ordered.</p> <p style="text-align: right;"><i>M.A. Gray</i> M.A. GRAY, M.D.</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8-4-00 0915	<p>S: Called out to dispense new left shoe. Also discussed his refusal to go on trip for liver ultrasound for Hep C w/a.</p> <p>O: not examined</p> <p>A: 1) (R) foot deformity 2) HCV (+)</p> <p>P: 1) shoes dispensed - fit well - he was happy 2) Advised he discuss w/ Mr. Titchler what he wants to do re: treatment evaluation. At this time no further w/re planned.</p> <p style="text-align: right;">M.A. Gray</p>

M.A. GRAY, M.D.

8/23/00 1400	<p>S: Callout per pt's request to discuss hepatitis Tx. Claims to have had viral hepatitis for "close to 20 yrs". H/O depression & past psychotherapy - frustrated because he's not be treated for his mental health problems here.</p> <p>O: Pt asks for hepatitis Tx but is very hesitant & expresses uncertainty and questionable commitment in his words and expressions.</p> <p>A: Chronic hep C</p> <p>P: Pt Educ: Discussed results of labs done to date. Told pt that his lack of commitment about the treatment</p>
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HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
WARD NO.			

MONACO, DONALD

13314-006

000 07-31-1958

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7-13-00 0920	<p>S: Back from med trip for head injury last PM. Apparently Head CT was normal since he has returned to us. Says he has a bit of a HA & neck a little sore this AM.</p> <p>O: Awake, alert, some & some neck muscles. Otherwise moving about normally.</p> <p>Hx S/P Head injury & brief LOC.</p> <p>P: 1) Due to leave in 12 days so will idle for rest of stay</p> <p>2) No recreation for rest of stay - may observe only.</p> <p>3) dbrupofen 400mg - & give PPN #30c in p.c.</p> <p>4) Sick call w/ problems.</p> <p style="text-align: right;">M.A. GRAY, M.D.</p> <p style="text-align: center;"><small>ERROR written in chart wrong med</small></p>
8/3/00 2030	<p>Rec'd call that inmate was refusing med trip for tomorrow. Discussed w/ pt and he says he's just not sure about wanting hepatitis tx now so is refusing ultrasound test of liver. Explained Tx wouldn't be available offered testing & he couldn't just change his mind and have test whenever it suited him. Pt still refused testing. Refusal signed.</p> <p style="text-align: right;">J. TRITCHLER, PA-C LT-USPHS</p>

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

6/14/00 He has ~~limited~~ nasal spray - will
 1545 data enter new Rx.

RX#00030686 06/14/00
 SUMATRIPTAN COMB NASAL SPRAY 12
 JAF 11 REFILL(S) EXPIRES 09/06/00
 J. Platte, RPh
 CDR, USPHS
 CHIEF PHARMACIST

6/15/00 S: Callout to discuss status of HCV infection.
 1330 Pt says he's had fluctuating LFTs for 20 years, dating to IVDA. Says he had hep B also in early 80's - before blood transfusions. Rec'd plasma & blood during an orthopedic surgery foot/ankle in late 80's. Was big EtOH user before incarceration.

O: Persistent ALT ↑

2/3/00	ALT = 127	(nl to 40)
12/20/99	= 148	(nl to 40)
8/7/99	= 82	(nl to 51)
5/4/99	= 155	(nl to 45)
2/24/99	= 75	(nl to 45)

A: Chronic hepatitis C

P: Pt Educ: Discussed typical disease course, odds of serious liver disease, Tx option, Tx workup including liver bx procedure, monitoring Tx, side-effects.

Pt wants to proceed w/ w/u for Tx.

Labs: CBC/D, ANA, FT4, TSH, HCV Ab₁ & Ab₂, Electrolytes, LFTs, HCV genotype.

Flu p̄ labs before ordering ultrasound/bx of liver.

Pt has been trying to do everything he can to take care of himself: diet, no EtOH/drugs.

7/13/00 M.A. Gray
 J. TRITCHLER, PA-C
 LT. USPHS
 M.A. GRAY, M.D.

MEDICAL RECORD **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

6-14-00
12.30
(cont.)

S: 3) Hepatitis C - probably got from UDA up to 20 years ago on blood transfusions in 1980's LFT's elevated x 16 mos. While in BOP.

4) Hearing deficit - to higher frequencies.

5) Emotional concerns - asking to talk to psychiatrist.

O: Polite, appropriate. (R) foot shows great area medially, loss of nasal arch. Foot plants fairly well but has 6 Row, esp to dorsiflexion.

A: 1) Migraine HA's 2) (R) foot deformity
3) Hep C (+) 4) Hearing deficit
5) Anxiety

P: 1) Rx cont. Elmitrex NS - i spray one nostril at outset of migraine - #2 is refills x 90 days, not to exceed 8 doses/month.

2) Add to cca neurology - next visit 3 mos.

3) cont. cca TD - Mr. Titchler will counsel him.

4) low back authorized, indefinite due to foot deformity

5) Soft shoe authorized indefinite

6) Hearing restriction for work

Ma Gray

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT M.A. GRAY, MD.
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.	WARD NO.
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MONACO, DONALD

13314-006

009 07-31-1958

FBI WASHINGTON

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

6-1-00 S- SHU Rounds- Med refill
0700 Imtrex
C- PE not done
A-D Migraines
2) Hep C.
P- D(R) Imtrex 0.5 + spray one nostril
#2 = 3 refills. Not to exceed
7/mth

K. Peterson PA
K. PETERSON, PA-C

6/1/00
Marking

6-1-00
1425

RX400030213 06/01/00
SUMATRIPTAN 20MG NASAL SPRAY #2
JAP 3 REFILL(S) EXPIRES 08/28/00

Note sent over with
these telling him to turn in empty
containers for Refill. Platte, RPh

J. PLATTE, RPh
CDR, USPHS
CHIEF PHARMACIST

6-14-00 S: new arrival @ several issues to be
1230 addressed:

- 1) Migraine headaches - says he gets good results from Imtrex spray. Worked well last wk.
- 2) Crushing injury @ foot 1987 @ resulting tissue graft and chronic foot pain. Requesting either orthotics or a soft comfortable shoe. Wearing a well worn New Balance tennis shoe now - says this is adequate. (cont)

HEALTH RECORD **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

DATE/TIME S: INTAKE SCREENING CIRCLE ALL APPROPRIATE ANSWERS

5-31-00

1345 MEDICAL COMPLAINTS NO YES: *Several*

HISTORY OF HEPATITIS A B C NONE OTHER:

O: LICE NO YES:

ALLERGIES NONE YES: *PCN - Raxo*

CURRENT MEDICATIONS NONE LISTED BELOW:

LAST TETANUS IMMUNIZATION UNKNOWN DATE: *2-13-99*

PPD HISTORY UNKNOWN NEGATIVE DATED: *2-9-00* POSITIVE DATED:

CXR DATED: TREATMENT:

SYMPTOMS *TB dx* NONE YES:

A: *41 yr. old male - Several ^{off} complaints of Hx. problems - in Hepatitis, joint pain etc.*

P: SICK CALL PROCEDURES DISCUSSED. *Yes* *Zimmerman*

6-14-00
M.A. Gray
M.A. GRAY, M.D.

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

FOHACO, DONALD

13314-006

DOB 07-31-1958

FCI WASECA, MN

HEALTH SERVICES
FEDERAL CORRECTIONAL INSTITUTION
WASECA, MINNESOTA 56093

RECORDS MAINTAINED AT:		PATIENT'S NAME (Last, First, Middle Initial)		SEX
RELATIONSHIP TO SPONSOR		STATUS		RANK/GRADE
SPONSOR'S NAME			ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.			DATE OF BIRTH

MEDICAL RECORD

DATE SYMPTOMS

5-24-70 11000 Abnormal
1.5

HOSPITAL OR MEDICAL FACILITY

SPONSOR'S NAME

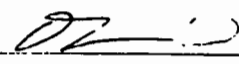
PATIENT'S IDENTIFICATION: For typed or
Date of Birth: hand

Monaco, D

USP TERRE HAUTE, IN

CHRONOLOGICAL RECORD OF MEDICAL CARE

TREATMENT, TREATING ORGANIZATION (Sign each entry)

P-THA is following Meds.
Nasal spray 1 spray each nostril
migraine #1 ²⁰⁰⁰ ~~name sent~~ 
to pharmacy D.B. FARRIS, RN

th
e

SERVICE

RECORDS MAINTAINED AT

RELATIONSHIP TO SPONSOR

DOB: Sex:

REGISTER NO.

13314-000

WARD NO

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

WFM 3F
PCN

MAR 93

U.S. DEPARTMENT OF JUSTICE

L4

FEDERAL BUREAU OF PRISONS

73 Clearance Yes No

1. PPD Completed: 2/7/02
Results: 0 mm

2. CXR Completed: _____
Results: _____

3. Health Authority Clearance: Jimmy D. Elizalde Yes
Physician Assistant: _____
Sign: _____ Date: _____

Note: Dates listed above must be within one year of this transfer.

Name <u>MONACO, DONALD</u>	Prisoner/Alien Reg. # <u>13314-006</u>	D.O.B. <u>7/31/58</u>
Departed From <u>FCI TERMINAL ISLAND</u>	Date Departed <u>5-9-00</u>	
Destination <u>WAS</u>	Reason for Transfer <u>308</u>	
Dist. Name	Dist. #	Date in Custody <u>1/1/</u>

- Current 1. History of Depressive C
- Medical 2. History of Migraine Headache
- Problems 3. Hypertension - 6.
History of Depression.

Medication	Dose	Route	Instructions For Use (Include proper time for administering)	Stop
Medication Required For Care En Route				
<u>Sumatriptan</u>	<u>20mg</u>	<u>Nasal</u>	<u>Spray in nostril as needed for migraine headache -</u>	<u>#1</u>
ARRIVED THIS DATE <u>5/9/02</u> MDC, LOS ANGELES, CALIFORNIA THE ABOVE LISTED MEDICAL PROBLEMS CONTINUE RECOMMENDATIONS <u>Continue</u>				
Received at Federal Prison, CA MERCEDES ROOM #1 and S.F. 93 Reviewed-Or Major Medical Complaints MDC, LOS ANGELES Will Continue Above Recomm Nestor Osorio, PA				

Additional Comments: Follow up in chronic care clinic

Need im. Trex 9mm to pt on arrival at FCI OFF 5/21/02

Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?

Sign and Print Name - Certifying Health Authority: Jimmy D. Elizalde
Physician Assistant: _____
Phone Number: 310-772-5288
Date Signed: 5/14/02

Federal Transfer Center
Oklahoma City, OK

MAY 12 2000

Date		
Medication:	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hot Meds:	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Meds Issued:	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Lice Seen:	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Signature of Stamp

Brian Cronenwett, LT.
Registered Nurse
Federal Transfer Center, OKC, OK

Food or Drug Allergies: PCN
NKA; Allergies:

Current Medical Status:
No Complaints; Complaint of

TB Signs and Symptom (s): NONE;
cough, hemoptysis, night sweats, wt. loss

Medication Times:
Once Daily = 6:00 AM
2x Daily = 6:00 AM & 3:30 PM
3x Daily = 6:00 AM, 11:30 AM, 3:30 PM
4x Daily = 6:00 AM, 11:30 AM, 3:30 PM, 8:00 PM
Cleared Pharmacy for Transfer
FTC, Oklahoma City, OK

~~MAY 17 2000~~

MAY 23 2000

S-24-00
1100

U.S. PENITENTIARY
TERRE HAUTE
MEDICAL SERVICES

S.F. 71 AND S.F. 93 REVIEWED-ORIGINATED
NO MAJOR MEDICAL COMPLAINTS
VOICED. WILL CONTINUE ABOVE
RECOMMENDATIONS.

D.B. FARRIS, RN

S-26-00

0900

USP TNA

CLEARED FOR TRANSFER NO MEDS/MEDS @ LISTED

John W. Smith PA

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/13/00 1000 cont	greater frequency (prominent) to lat malleolus
	<p>A. Request for orthotic shoes to help reverse injury to R foot. R foot appears to fall over for contour/shape.</p> <p>P: 1) Pt advised to get med records 1st</p> <p>2) Consider orthotic eval. Pt advised that he may have to run at next institution out to as he has an impending transfer until it is clear that he will be designated here, hold orthotic eval.</p>

MARK J DAG, MD

DATE	SPECIALTY CLINIC VISIT	NEUROLOGY
4/21/00 1525	See Mr Nolan case # O/c Clin.	

REY T. NUFABLE, PA
FCI TERMINAL ISLAND

MARK J DAG, MD

HOSPITAL OR MEDICAL FACILITY FCI TERMINAL ISLAND	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI TERMINAL ISLAND
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
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MONACO, DONALD

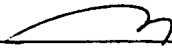
13314-006

DOI 07-31-1998
FCI TERMINAL ISLAND

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

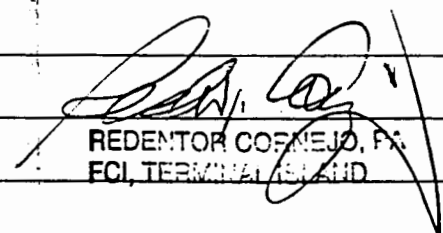
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/23/00	S: Pt present & request to be kept here for medical/psych reasons;
1020	States he has finally had stability in his life and has adapted to
116/80	this institution. Feels he is getting the med/psych care he
24K	requires. Has talked & psych services (Dr. Mc Gee) and counselor
pp: 16	but has been told he will have to transfer to Cox. No other med
	etc.
	O: pfr: 0770
	Pt not examined
	R: request to remain on med grounds
	p: 1) Decided & pt that med hold is temporary and used only
	to allow completion of med work/ops and at the conclusion,
	the patient will be sent to the area designated. Few facilities
	usually have med/psych services that will meet his needs
	For more info contact team
	2) Pfr: 0770
	 MARK J DAG, MD
4/13/00	S: Pt present & request for orthotic shoes & steel toes 20 lbs @ foot injury &
1000	to mechanical accident that has caused deformity. Repair required CRIF &
116/80	13 pairs, 2 of which are still in place. Pt was given orthotic shoes p. Note,
66K	shoes from laundry not sufficient 2" to different length of legs and @ feet
pp: 16	deformity. No other med etc.
	O: pfr: 0770
	Ext. @ feet @ any scars on dorsum, arch. No severe deformity (contour
	shape all wnl.) @ legs: 34" @ 33 1/2" (measured from

(NEXT)

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
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3-8-00 0815	<p style="text-align: center;">CHRONIC CARE CLINIC INFECTIOUS CLINIC Hepatitis C</p> <p>S; Follow-up. Asymptomatic.</p> <p>O> BP 118/76 PR 62/min RR 16/min T 98.4°F</p> <p>SKIN: (-) jaundice</p> <p>ENT: amicteric, sclerae</p> <p>C/L: Clear b.s.</p> <p>Heart: RRR, (-) murmurs</p> <p>Abd: soft, non-tender, (-) organomegaly, NAB</p> <p>Az Hepatitis C e tests</p> <p>Pz ALT/Alb; Annual: CBC, UA, Chem</p> <p>Educated re: Hep C & enzymes / reg diet ex.</p> <p>Flu 3 mos</p> <p>RTC pm</p> <div style="text-align: right; margin-top: 20px;">  REDENTOR CORNEJO, PA FCI, TERMINAL ISLAND </div>
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3-21-2000 1100	<p>Inmate received a copy of mds slip - Enc Castle</p> <p style="text-align: right;">Gilbert Castillo, H.I.T.</p> <p style="text-align: right;">FCI Terminal Island</p>
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MONACO, DONALD
13314-006

DOB 07-31-1958
FCI TERMINAL ISLAND 90731

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2/24/00	SPECIAL TY CLINIC VISIT NEUROLOGY
1420	See M. Melan's consult
	Medi:
* 2/24/00	Elev. 25g po q hs x 30 u=2
MARK J DAG, MD	Im. hex 20g nasal spray - spray in nostril ppa for
	migraine - no more than 2x a week x 30 u=2 (#140X/6)
	fla 2 weeks.

REV. T. NUNABE, PA
FCI TERMINAL ISLAND

MARK J DAG, MD

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

MONACO, DONALD
13314-006
DOB 07-31-1958
FCI TERMINAL ISLAND 90731

RECORDS MAINTAINED AT:		FCI TERMINAL ISLAND	
PATIENT'S NAME (Last, First, Middle Initial)			SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Cont

Midwin II @ stat 77A, the sig 1° to max of 3/24°

Cont

J. Pelton, MD

1/2/00
0900

SPECIALTY CLINIC VISIT / NEUROLOGY

No show / called work supervisor.

TUCO

I.M. CORPUZ, JR., PA
FCI - TERMINAL ISLAND

02-07-00
0700

S: Brought in by callout for annual PPD testing
O: Refer to Immunization Record
A: To assess after results are read.
P: Return for PPD reading in 48 - 72 hrs.
E: Pamphlets available. RTC prn questions or future signs / symptoms of infection.

2700
0800

S: Brought in by callout for PPD reading
O: Refer to Immunization Record
A: No evidence of infectious disease.
P: Schedule for repeat PPD testing in 12 months.
E: Pamphlets available. RTC prn questions or future signs / symptoms of infection.

10mg stuff

Imelda Borja, PA-C
Physician Assistant

Wendy Antonowsky, RN, ICC

2-9-00
0700

S: Brought in by callout for PPD reading
O: Refer to Immunization Record
A: No evidence of infectious disease.
P: Schedule for repeat PPD testing in 12 months.
E: Pamphlets available. RTC prn questions or future signs / symptoms of infection.

Imelda Borja, PA-C
Physician Assistant

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

9/23/51
1570

Pt here for MRI questionnaire.
has hx of metal work/welding
→ has had metal in eye in past
→ needs orbit films for MRI
→ Pt claims pain in shoulder
is much less now
"Does not need" MRI

J. Peltzman

10/4/55

Chronic Case

830

S: Pt here for Flu Hep C. - denies so today or recently - & Fatigue, & My, Ad, BIL, & recent HA, pain = ① Shoulder in last few months (∴ no MRI)

O: 115/70, 85, 14, NAD, & Jaws, & iters

CVA ②, BBR, S, S2 CM

④ BS, nt, ND, HSM, & CVAT

& c/c/a

Wts HT = 75, chl = 180

A: ① Alpt stable

② HA: None since job kusing

③ Shoulder Pain

P ① ✓ HT 3 months

② Midrin ii @ start of HA, the fig 1" to max of 8/24, # 20

③ PR 3 months @ lab

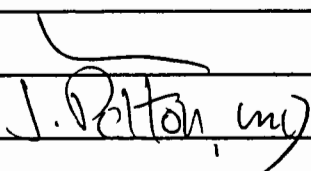
④ educated - Hep C.

J. Peltzman

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6-11-44	MON: THIS INCIDENT CAME TO MY KILL LINE
6-7-45	INFORMED FIRE FILL OF MIDNIGHT & IV.
	I INFORMED HIM THE NIGHT TO WAIT
	TILL I CHECKED HIS CIPHER (COMPIERS
	DOWN) I TOLD HIM TO HAVE A
	SIT. HE SAID HE COULDN'T WAIT
	& DEMONSTRATED IMMEDIATE ATTENTION. HE
	ISSUED THE NUMBER TO EAT AT
	CROW LINE HE LEFT UNSAT BECAUSE
	HE COULDN'T BE ATTENDED TO RIGHT
	AWAY.
	I SAW LT. SMITH IN SIGN & I
	INFORMED HIM WITH TRANSFERRED.
	MIDNIGHT & DISEASE RUDY AFTER BREAKING
	CIPHER


 J. Patton, MD
 FLEUR PANGANIBAN, PA
 FCI, TERMINAL ISLAND

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

MONACO, DONALD
 13314 - 006

RECORDS MAINTAINED AT:		FCI TERMINAL ISLAND	
PATIENT'S NAME (Last, First, Middle Initial)			SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

HEALTH RECORD **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8/24/99	CHRONIC CARE CLINIC
11/20	S. Pt. has C.C. notes Appt. (P. H. G.) @ Wilmington Hal. - done recently, (3) (1) Shoulder pain somewhat better as well. No Abbray & N.V. & G. G. , anxiety better as well
12/30, 70 16, MD	① W.D.N., & Sandoz, & vitamins ② A (P) P. O. R. E. L. ③ P. B. I. (W) O. K. S. H.
	Wk ALT = 82 A ① H. P. E. = ↑ ALT now done ② Myo HA @ Wilmington & recent HA ③ ① Shoulder pain @ Ortho. 13 week recovery.
	P ① V. A. T. 3 months (after C.C. looks almost though 1/2000) ② P. T. @ lab ③ educated on symptoms of disease and prevention today

James K. Pelton, MD
 Clinical Director
 FCI Terminal Island

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Monaco, Donald
 1334-006

RECORDS MAINTAINED AT:		FCI TERMINAL ISLAND	
PATIENT'S NAME (Last, First, Middle Initial)			SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8-5-99 0930 D. Pelton B. 6999 FTES, R. ISLAND	Admin note: Per Dr. Pelton prescribe: Pancrease $\dot{\bar{i}}$ with each meal MVI $\dot{\bar{i}}$ QD Humibid $\dot{\bar{i}}$ BID FCI, TE. REDENTOR CORNEJO, PA REDENTOR CORNEJO, PA FCI, TERMINAL ISLAND
8-5-99 1000 D. Pelton B. 6999 DAVID KATSUBES AND FCI TERMINAL ISLAND	NEUROLOGY CLINIC See Dr. Gluckman's consult P; Elavil 10 mg \rightarrow 20 mg in 2 weeks Midrin or nonsteroidal acute 800 mg prn HA Return 2 months supply James K. Pelton, MD Clinical Director FCI Terminal Island FCI, TE. REDENTOR CORNEJO, PA REDENTOR CORNEJO, PA FCI, TERMINAL ISLAND
8-6-99 1330	ORTHOPEDICS CLINIC See Dr. Smith's consult P; MRI @ Shoulder, re-eval next X James K. Pelton, MD Clinical Director FCI Terminal Island REDENTOR CORNEJO, PA FCI, TERMINAL ISLAND REDENTOR CORNEJO, PA FCI, TERMINAL ISLAND

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
7-8-94	Full Frig 15M	Sing Sing Sing Sing -
2010	INMATES AT LOW LIBRARY	"HARD TO DEAL WITH"
11/96	GLW: ALLERGIC; HEART: PERICARDIUM; NO T-? CONGESTION	AMBULATORY; NAD
	LUNGS: CTA, BIL	
	W: KIDS	
	POST OF EXAM WNL	
	A: MIGRAINE; P: CONTINUE PRESENT MENS	APPLIERS SIGS
	> LAY IN 1 DAY	
	> EDUCATED ON MENS	
	> SEE PRN	

HEUR PANGANIBAN, P.A.
FCI TERMINAL ISLAND

[Signature]

7-28-97 ORTHOPEDICS CLINIC - DR. SMITH
0900 > Lack of time. Will reschedule.

REDECTOR CORNEJO, PA
FCI TERMINAL ISLAND

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

MONACO, DONALD
13314-006

RECORDS MAINTAINED AT:	FCI TERMINAL ISLAND		
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RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

6-2-99

(L) shoulder x-ray was taken.

1025

M. Y. Lam, R.T.

RADIOLOGY

MARTIN Y. LAM, RT
FCI, TERMINAL ISLAND

4/28/99

1040

S. Pt here for routine HgC follow-up. Denis Abgapan, Nausea.

Also (L) shoulder pain - somewhat better & to activity

O: 115/70, 80, 16, NAD, d. Jarring d. 1 ct u.s.

CVA @, R/R/L @

@TS, NT, ND, @TS/L

Wt ALT = 155 (stable since 9/95)

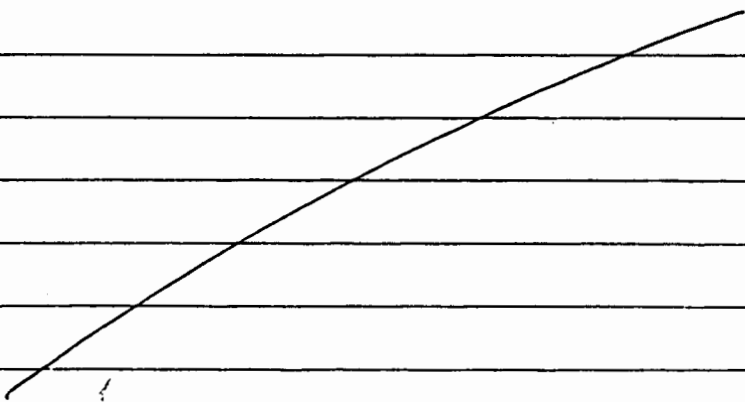
A s (1) HgC = ↑ ALT

(2) (L) Shoulder UA

(P) (1) Rtc 3 mths & ALT @.

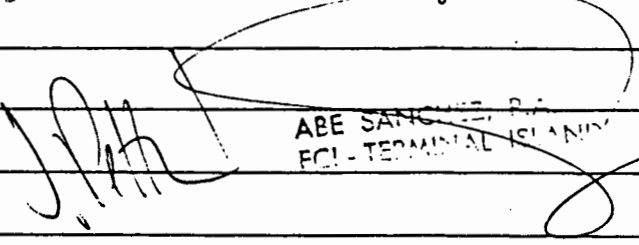
(2) elevated on arthritis today

J. Potts



HEALTH RECORD


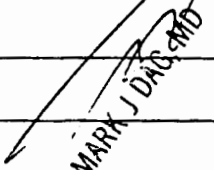
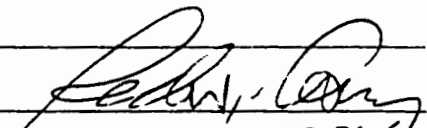
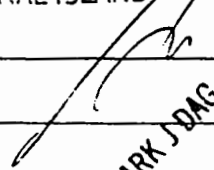
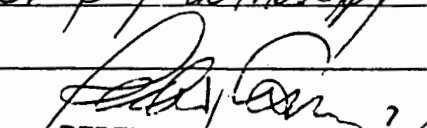
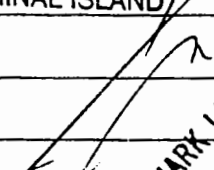
CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/28/55	See injury report this date
1100 +	B Naprosyn 275 mg + B.i.d x 5 days
DAVID KATSIULES, RPH FCI TERMINAL ISLAND 4/28/55	 <p>ABE SANCHEZ, RPH FCI - TERMINAL ISLAND</p>
5/24/55 0840	<p>S: Pt c ① Hpc ② AI - mild ③ Migraine HA - none x 3 months ④ Chronic ⑤ Shoulder injury. only do shoulder pain excitation man, & Nv, & Ab pain on 12/65, 75, 16 NAD, & Venous, & arteries ODA ①, PBR ①, 95, ? SEN / ① Shoulder FROM, Cystitis ① BS, NT, ND, ① HSM defect</p> <p>Labs 5/55: ALT 155, chem 7 conc A: ① Hpc - Int. by Lx ② AI - P Cardio. end - stable ③ Migraine HA - stable ④ Shoulder - Cystitis - ? OA</p> <p>? ① VATT 3rd flg, PR P labs ② X-ray ① Skull</p> <p>Mitron 800 mg Po TID PRN Pain # 40 educated on proper exercise technique</p>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Monaco, Don
13314 - 006

RECORDS MAINTAINED AT: FCI TERMINAL ISLAND	
PATIENT'S NAME (Last, First, Middle Initial)	SEX
RELATIONSHIP TO SPONSOR	STATUS
SPONSOR'S NAME	RANK/GRADE
DEPART./SERVICE	ORGANIZATION
SSN/IDENTIFICATION NO.	DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4-27-99	OPTOMETRY CLINIC
1000	See Dr. Kubo's consult
	P> No SRx
	OK to send in sunglasses
	See PAs about HA's
	 REDENTOR CORNEJO, PA FCI, TERMINAL ISLAND  MARK J DAG, MD
4-28-99	CARDIOLOGY CLINIC
1030	See Dr. Reddy's consult
	P> Medical follow-up
	 REDENTOR CORNEJO, PA FCI, TERMINAL ISLAND  MARK J DAG, MD
4-29-99	PSYCHIATRY CLINIC
1315	See Dr. Ajami's consult
	P> Referred to psychologist for psychotherapy
	 REDENTOR CORNEJO, PA FCI, TERMINAL ISLAND  MARK J DAG, MD

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)	
4/1/59. 147.	S. My Migraine is coming up. Shered out	
	C. BP - 120/80 HR. 78	
200/15.	Eyes: PERILA, amelic sclera.	
5'7	Hrt: of conduction	
responder.	Throat: of swelling	
40 y.o.	C/L: clear BS.	
	Lungs: RSR, of gurgles.	
	Abdomen: of tenderness, liver edge palpable	
	= finger width below costal arch.	
	Ht. of sclera	
	A. Migraine A.A., adjustment disorder.	
	Dep. C AD	
	P. Keonin 7i caps initially for Migraine A.A.	
	1 cap of hour (4 caps / 240) # 15 R2	
	Cont. MNT daily	
	Refer to psychology / psychology	

David K. ...
 FCI TERMINAL ISLAND

M. Lim

MARCIANO V. LIM, PA.
FCI TERMINAL ISLAND

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

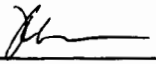
MONACO, DONALD
 13314-006
 DOB 07-31-1958
 FCI TERMINAL ISLAND 90731

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RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>
4/9/99	
1000 hrs.	<p>S: Brought in by callout for HIV counseling.</p> <p>O: Informed of HIV results.</p> <p>A: HIV counseling. Refer to BP form 489 (61).</p> <p>P: Post HIV counseling completed.</p> <p>E: Pamphlets available. RTC pm questions or future signs/symptoms of HIV infection.</p>
	<p style="text-align: right;"><i>Twon</i></p> <p style="text-align: right;">IRENEO CORPUZ, JR. FCI, TERMINAL ISLAND</p>

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3/18/99. 1110	S. Wants to move out of plumbing shop H/o hepatitis C foot problem
	V. Unavailability about USAID
	A. Hepatitis C
	P. He advised in procedures.
	I can not move him out from plumbing shop. He can apply for a job elsewhere
	 MARCIANO V. LIM, F. FCI TERMINAL ISLAND

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

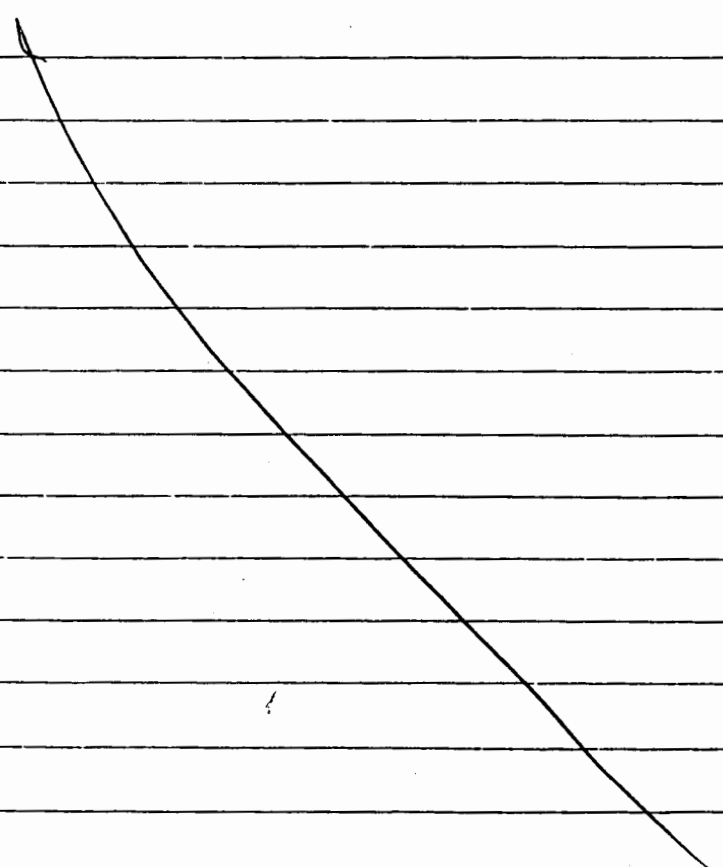
HONACO, DONALD

13314-006

DOB 07-31-1958
FCI TERMINAL ISLAND 90731

RECORDS MAINTAINED AT:

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DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/17/55 1130	<p>S: Pt = long hx of HPC+, TLEF's in past, better now Amia & FTDH. Dimer 8x (Ab pen, hist)</p>
	<p>⊙: 120/70, 75, 16, NAs ⊕ Jaundice, ⊕ iteuss chA ⊕, RR 24, S, Sa ⊕ B, int, u, d, h, k, ⊕ w, s, l</p>
	<p>labs: ALT = 75</p>
	<p>A: HPC ⊕, stable</p>
	<p>D: PRL 3 months - ALT a</p>
	<p style="text-align: center;">L PcH</p>
	

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2-18-99	
1600	CHART HAS BEEN REVIEWED. The following have been ordered:
	P.E. 1-20-99
	/ audiology
	/ tet-dipt
	PPD 2-14-99 & mm
	CBC
	UA } 1-19-99
	serology
	chest x-ray
	rectal (over 50)
	/ dental
	EKG
	other HIV / Chem I / Hepatitis Panel
	Refer to S/C & CEC
	MARIVEL S. LARCEA, PA
	Signature
2/23/99	Audiometry done, Tetanus toxoid given
0800	
	ABE SANCHEZ, P.A.
	FCI - TERMINAL ISLAND

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Monaco, Donald
13314-006

RECORDS MAINTAINED AT:		FCI, TERMINAL ISLAND	
PATIENT'S NAME (Last, First, Middle Initial)		SEX	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

JUL 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

<p>TB Clearance</p> <p>PPD Completed: <u>6/8/98</u> Date</p> <p>Results: <u>Q</u> mm</p> <p>Interpreted as: <u>negative</u> (Positive or Negative)</p> <p>CXR Completed: _____ (Date)</p> <p>Results: _____</p> <p>Note: Date(s) listed above must be within one year of this transfer.</p>	<p>Name: <u>Monaco, Donald</u> Reg. No. <u>13314006</u></p> <p>Departed From: <u>FDC Seatac</u> Date Departed: <u>2/5/99</u></p> <p>Destination: _____ Reason for Transfer: <u>non medical</u> Name of Institution</p> <p>Special Instructions: <u>Blood and Body Fluid Precautions</u> <u>Allergic to Penicillin</u></p> <p>Diagnoses: <u>1. Hepatitis "C" Positive</u> 4. _____ 2. _____ 5. _____ 3. _____ 6. _____</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

No inmate may be transferred to any BOP facility unless either PPD or CXR results are satisfactory for medical clearance.

MEDICATION FOR CARE ENROUTE

Medication	Dose	Route	Instructions for Use (Include proper time for administering)	Stop
<u>none</u>				

<p>Signature of Certifying Medical Staff Member <u>B. Asay</u></p>	<p>Title B. ASAY REGISTERED NURSE FDC SEATAC</p>	<p>Date Signed <u>2/3/99</u></p>
------------------------------------------------------------------------	---------------------------------------------------------------------	--------------------------------------

PROGRESS NOTES ENROUTE

Date	Time	Institution	Symptoms, Findings, Medications, Treatment, Order, Etc.
<u>FEB 05 1999</u>		<u>Federal Transfer Center Oklahoma City, OK</u>	<p>Food or Drug Allergies: <u>PCN</u> NKA; Allergies: _____</p> <p>Current Medical Status: <u>No Complaints</u>; Complaint of _____</p> <p>TB Signs and Symptom (s): <u>NONE</u>; cough, hemoptysis, night sweats, wt. loss</p>
		<p>Medication: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Hot Meds: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Meds Issued: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Lice Seen: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Signature & Stamp Brian Cronenwett, LT. Registered Nurse Federal Transfer Center, OKG, OK</p>	

Attach SF-600 if additional space is required.

Record copy - Transporting Officer; Copy - Health Record (Top page, Position one); Copy - Transferring institution

(This form may be replicated via WP)

This form replaces BP-149.060 and BP-S149.060 dtd Nov 1994



MEDICAL SUMMARY OF FEDERAL PRISONER/ ALIEN IN TRANSIT
 U.S. Department of Justice

TB Clearance Yes No

1) PPD Completed: 6/8/98
Date
 Results: 0 MM

2) CXR Completed: N/A
Date

3) Health Authority Clearance: Cleared
D. Schaefer 12/29/98
Sign Date

Note:
 Dates listed above must be within one year of this transfer

I. PRISONER/ALIEN

Name: Manaco, Donald Prisoner/Alien Reg. # 13314-006 D.O.B. 7/31/58

Departed From: C.I.P.T. Date Departed: 1/4/99

Destination: FCL TERMINAL ISLAND Reason for Transfer: sentenced

Dist. Name: Alaska Dist. # 006 Date in Custody: 2/11/98

II. Current Medical Problems

1. <u>Hep C</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Medication Required For Care En Route				
Medication	Dose	Route	Instructions For Use (Include proper time for Administering)	Stop
<u>Multi Vitamins</u>	<u>1</u>	<u>PO</u>	<u>QD</u>	

Additional Comments: Blood drawn 12/28/98 for ALT. Repeat in 6 mos. c quantitative Hep C.

III. SPECIAL NEEDS AFFECTING TRANSPORTATION

Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not?

Is prisoner medically able to travel by airplane? Yes No If no, Why not?

Is prisoner medically able to stay overnight at another facility en route to destination? Yes No If no, Why not?

Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes No If yes, state reason:

Does prisoner require any medical equipment while in transport status? Yes No If yes, What equipment?

Sign & Print Name- Certifying Health Authority: Dorena Schaefer Phone Number: (907) 265-0108 Date Signed: 12/29/98

Dorena Schaefer

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE			
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)			
2/19/99 10 ⁰⁰	S. Med Refill H: Muzumi H.A. takes M. A. ... w/c ... relief			
40.	B/P 122/80 HR. 72 96 ³ 14.			
- 191 lbs	Treat: PEARLA, ... Rx: ...			
- 5'7	Throat: ...			
Relays	C/L: ...			
PCN.	Heart: ...			
	Abdomen: ...			
✓ (R) foot surgery, ORIF 1988	A. Muzumi H.A. Hto Reg. C 46.			
- Reg. C 46 (P)	P. Muzumi ...			
- WDA	... 7 yrs ...			
- G.G. 9 wks	... 7 yrs ...			
- treated	H. advised in diet ...			
Dentom				
- 1/19/99				

MARCIANO V. LIM, I
FCI TERMINAL ISLAND

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

MGNACO, DONALD
13314-006
DOB 07-31-1958
FCI TERMINAL ISLAND 90731

RECORDS MAINTAINED AT:		FCI TERMINAL ISLAND	
PATIENT'S NAME (Last, First, Middle Initial)			SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

JUL 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

<p>TB Clearance</p> <p>PPD Completed: <u>6/8/98</u> Date</p> <p>Results: <u>0</u> mm</p> <p>Interpreted as: <u>negative</u> (Positive or Negative)</p> <p>CXR Completed: _____ (Date)</p> <p>Results: _____</p> <p>Note: Date(s) listed above must be within one year of this transfer.</p>	<p>Name: <u>Monaco, Donald</u> Reg. No. <u>13314006</u></p> <p>Departed From: <u>FDC Seattac</u> Date Departed: <u>2/5/99</u></p> <p>Destination: _____ Reason for Transfer: <u>non medical</u> Name of Institution</p> <p>Special Instructions: <u>Blood and Body Fluid Precautions</u> <u>ALLERGIC TO Penicillin</u></p> <p>Diagnoses: 1. <u>Hepatitis "C" Positive</u> 4. _____ 2. _____ 5. _____ 3. _____ 6. _____</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

No inmate may be transferred to any BOP facility unless either PPD or CXR results are satisfactory for medical clearance.

MEDICATION FOR CARE ENROUTE

Medication	Dose	Route	Instructions for Use (Include proper time for administering)	Stop
<u>none</u>				

Signature of Certifying Medical Staff Member <u>[Signature]</u>	Title B. ASAY REGISTERED NURSE FDC - SEATAC	Date Signed <u>2/3/99</u>
--------------------------------------------------------------------	---------------------------------------------------------------	------------------------------

PROGRESS NOTES ENROUTE

Date	Time	Institution	Symptoms, Findings, Medications, Treatment, Order, Etc.

Attach SF-600 if additional space is required.

Record copy - Transporting Officer; Copy - Health Record (Top page, Position one); Copy - Transferring institution

(This form may be replicated via WP)

This form replaces BP-149.060 and BP-S149.060 dtd Nov 1994



HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION <i>(Sign each entry)</i>
<p>1/20/99 1525</p>	<p>PHYSICAL EXAM</p> <p>HANY SIDHOM, PA FDC SEATAC⁶ <i>Hany Sidhom</i></p>

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

FDC SEATAC
HEALTH SERVICES

RECORDS MAINTAINED AT:			
PATIENT'S NAME <i>(Last, First, Middle initial)</i> MONACO, DONALD			SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO. 13314-006	DATE OF BIRTH	

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/8/99 1010	<p>S: C/O CHRONIC HEADACHE AND OCCURRING ONCE A MONTH SINCE INCARCERATED. A AURA. SEEING DOTS BEFORE THE ATTACK. (+) NAUSEA & VOMITING. NO STIFF NECK. EQUILIBRIUM NORMAL. NO M/O - FTN, DM. H/O COMPOUND FX MEAS: NONE ALLERGY: PENICILLIN (2) FOOT-W/ RECONSTRUCTED</p> <p>O. VS. T: 97.6 P 80 B/P 104/80 SaO2 97%</p> <p>HEENT: PERIL, FUNDI - BENVEN. EYES: (A) TENDERNESS (2) OCULAR AREA. EAC/ITM NORMAL. NO FULLNESS NOT INFECTED.</p> <p>NECK: SUPINE (-) BEHITS. CUR: RRR. M (N) OR CALLOP.</p> <p>LUNGS CLEAR TO AUSCULTATE BILAT., (-) EGOPHANY.</p> <p>A. MIGRAINING HEADACHE > H/O COMPOUND FX W/ RECONSTRUCTED SURG</p> <p>(A) MIDRIN CAPS. TI CAPS. NOW, THEN 1 CAP. Q 10 AM #40</p> <p>(E) RELAXATION TECHNIQUE AS PER ADVISED TO PATIENT WITH GOOD UNDERSTANDING.) PFC PRN</p> <p>) MAY USE HIS OWN SOFT SHOES DUE TO MEDICAL CONDITION OR BLUE INSTITUTIONAL SHOES. RY O CONTACTED PER MR. DAVIS - MESSAGE REPLY.</p>

PHYSICIAN'S ASSISTANT
FDC-SEATAC

PHYSICIAN'S ASSISTANT
FDC-SEATAC

Pharmacy Services
FDC SEATAC, WA 98168 206-870-5700

RX10002967 M. LACIST 01/08/99
MONACO, DONALD J. 13314-006
TAKE 2 CAPSULES AT ONSET THEN TAKE 1 CAPSULE EVERY HOUR TILL RELIEF. MAX OF 5 CAPSULES PER DAY.

PHARMACY CHART REVIEW
JIM WATKINS, R.Ph.
DATE 1/8/99 TIME 1315

ISOMETHEP & DICHLORALPH & ACETAMIN CA #40
JW 0 REFILL(S) EXPIRES 02/07/99

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
1-4-99	(CIRCLE ONE) <input checked="" type="radio"/> NEW	TRANSFER	WRIT RETURN PAROLE VIOLATOR
1725	ALLERGIES: PCN		
	LAST PPD: 6-8-98	RESULTS? <input checked="" type="radio"/>	DUE FOR ANNUAL PPD? Y <input checked="" type="radio"/> N
	IF PPD POSITIVE:	INH TREATMENT DOCUMENTED?	Y N
	DATE OF MOST RECENT CHEST X-RAY _____		
	(Please order chest x-ray if over one year).		
	HISTORY OF HEPATITIS	A	LIVER BIOPSY: CAITNONBEAEM
	HIGH RISK GROUP FOR HIV?	<input checked="" type="radio"/> Y <input type="radio"/> N	IVDA hx
	(Please order tests if indicated)		
	LICE INFESTATION?	<input checked="" type="radio"/> Y <input type="radio"/> N	
	HISTORY OF DRUG AND/OR ALCOHOL ABUSE?	<input checked="" type="radio"/> Y <input type="radio"/> N	
	IF YES: SPECIFY WHICH, FOR HOW LONG, ROUTE OF ADMINISTRATION AND DATE OF LAST EXPOSURE.		
	For 6 months Used IV cocaine in 1985		
	SUICIDE ATTEMPTS? Y <input checked="" type="radio"/> N	CURRENT SUICIDAL IDEATIONS?	Y <input checked="" type="radio"/> N
	DATE OF LAST PHYSICAL EXAMINATION: _____	LAST TETANUS Unknown	
BY	WAS ANNUAL/BIENNIAL PHYSICAL EXAM POLICY EXPLAINED? <input checked="" type="radio"/> Y <input type="radio"/> N		
	FOR TRANSFERS, ARE THE FOLLOWING IN THE MEDICAL RECORD?		
	RPR? Y <input checked="" type="radio"/> N	CBC? Y <input checked="" type="radio"/> N	URINALYSIS Y <input checked="" type="radio"/> N
	PATIENT EDUCATION: WAS SICK CALL EXPLAINED? <input checked="" type="radio"/> Y <input type="radio"/> N		
	CURRENT MAJOR DIAGNOSIS/ILLNESSES: (UPDATE PROBLEM LIST) Positive for Hep C		
	CURRENT MEDICATIONS? Multivitamin iqd (issued #27) Per Standing orders X 30 days		

QUALITY ASSURANCE
 E. SP...
 FDC SEATAC

1234567
 JUN 1999
 REVIEWED
 7324252627
 1330131

HOSPITAL OR MEDICAL FACILITY	FDC SEATAC	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	HEALTH SERVICES	SSN/ID NO.	RELATIONSHIP TO SPONSOR	D. PEDERSEN REGISTERED NURSE FDC - SEATAC

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, Date of Birth; Rank/Grade.)

MONACO
 DONALD JAMES
 W/M/O/07-31-1958
 HT/507 WT/165 HR/GY EY/BL
 CUSTODY/IN
 13314-006

FEDERAL CORRECTIONAL CENTER CLINICAL LABORATORY
 110 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903
 Daryl Aaberg (507) 287-0674

Page: 1
 Printed: 08/28/2003 @ 01:15

***** FINAL REPORT *****

Name: MONACO, DONALD [8664] ID: 13314-006

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

HEPATIC PANEL

Total Protein	8.1		g/dl	6.3	8.3
Albumin	4.4		g/dl	3.5	5.0
Alkaline Phos.	67		IU/L	49	126
AST		57	HI IU/L	10	37
ALT		92	HI IU/L	8	40
Total Bilirubin	0.8		mg/dl	0.1	1.1
Direct Bilirubin	0.2		mg/dl	0.0	0.3

-- End of Laboratory Report --

2/2
 9/3/03

-----S E N S I T I V E-----

Test(s): HEPATIC PANEL
 ordered:

ID : 13314-006 DOB: 07/31/1958 Age: 45 Sex: M
 Name: MONACO, DONALD Lab Acn#: 8664
 Ordered By: Barton Reviewed
 Collected : 08/26/2003 09:50 Loc: FPC Duluth, MN

HEALTH SERVICES
 FEDERAL PRISON CAMP
 DULUTH, MN 55814

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903
Daryl Aaberg (507) 287-0674

Printed: 03/13/2003 @ 01:15

***** FINAL REPORT *****

Name: MONACO, DONALD [6108] ID: 13314-006

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

HEPATIC PANEL

Total Protein	8.2		g/dl	6.3	8.3
Albumin	4.6		g/dl	3.5	5.0
Alkaline Phos.	66		IU/L	49	126
AST		66	HI IU/L	10	37
ALT		92	HI IU/L	8	40
Total Bilirubin		1.2	HI mg/dl	0.1	1.1
Direct Bilirubin	0.2		mg/dl	0.0	0.3

-- End of Laboratory Report --

[Handwritten Signature]
3/13/03
CHC

-----S E N S I T I V E-----

Test(s) | HEPATIC PANEL
ordered |

ID : 13314-006
Name: MONACO, DONALD
Ordered By: Barton
Collected : 03/11/2003 12:45

DOB: 07/31/1958 Age: 44 Sex: M
Lab Acn#: 6108
Loc: FPC Duluth, MN

Reviewed

HEALTH SERVICES
FEDERAL PRISON CAMP
DULUTH, MN 55814

FEDERAL MEDICAL CENTER CLINICAL LABORATORY
10 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903
Daryl Aaberg (507) 287-0674

Page: 1
Printed: 12/06/2002 @ 01:25

***** FINAL REPORT *****

Name: MONACO, DONALD [9590] ID: 13314-006

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

HEPATIC PANEL

Total Protein	8.4	HI	g/dl	6.3	8.3
Albumin	4.8		g/dl	3.5	5.0
Alkaline Phos.	58		IU/L	49	126
AST	72	HI	IU/L	10	37
ALT	101	HI	IU/L	8	40
Total Bilirubin	0.9		mg/dl	0.1	1.1
Direct Bilirubin	0.2		mg/dl	0.0	0.3

-- End of Laboratory Report --

mat
12/10/02

-----S E N S I T I V E-----

Test(s): HEPATIC PANEL
ordered:

ID : 13314-006

DOB: 07/31/1958 Age: 44 Sex: M

Name: MONACO, DONALD

Lab Acn#: 9590

Ordered By: GRAY

Reviewed

Collected : 12/04/2002 12:10

Loc: FCI Waseca, MN

FEDERAL MEDICAL CENTER CLINICAL LABORATORY

200 EAST CENTER STREET

Laboratory Supervisor: ROBERT L. STER, MINNESOTA 55903
 Daryl Aaberg (507) 287-0674

Page: 1

Printed: 06/04/2002 @ 14:16

***** FINAL REPORT *****

Name: MONACO, DONALD [9176] ID: 13314-006

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

No Collection Time Given

HEPATIC PANEL

Total Protein	7.9		g/dl	6.3	8.3
Albumin	4.1		g/dl	3.5	5.0
Alkaline Phos.	59		IU/L	49	126
AST		43	HI IU/L	10	37
ALT		57	HI IU/L	8	40
Total Bilirubin	0.8		mg/dl	0.1	1.1
Direct Bilirubin	0.1		mg/dl	0.0	0.3

-- End of Laboratory Report --

ma Gray
6/13/02

-----S E N S I T I V E-----

Test(s); HEPATIC PANEL
 ordered!

ID : 13314-006

DOB: 07/31/1958 Age: 43 Sex: M

Name: MONACO, DONALD

Lab Acn#: 9176

Ordered By: GRAY

Reviewed

Collected : 06/03/2002 10:38

Loc: FCI Waseca, MN

FEDERAL MEDICAL CENTER CLINICAL LABORATORY

0 EAST CENTER STREET

Laboratory Supervisor: ROBERT M. WESTER, MINNESOTA 55903
 Daryl Aaberg (507) 287-0674

Page: 1
 Printed: 12/13/2001 @ 14:16

***** FINAL REPORT *****

Name: MONACO, DONALD [3100] ID: 13314-006

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

HEPATIC PANEL

Test Name	Result	Abnormal Flag	Units	Reference Range
Total Protein	8.1		g/dl	6.3 - 8.3
Albumin	4.1		g/dl	3.5 - 5.0
Alkaline Phos.	65		IU/L	49 - 126
AST	49	HI	IU/L	10 - 37
ALT	73	HI	IU/L	8 - 40
Total Bilirubin	0.8		mg/dl	0.1 - 1.1
Direct Bilirubin	0.2		mg/dl	0.0 - 0.3

-- End of Laboratory Report --

Ma [Signature]
 12/14/01

-----S E N S I T I V E-----

Test(s): HEPATIC PANEL
 ordered!

ID : 13314-006
 Name: MONACO, DONALD
 Ordered By: GRAY
 Collected : 12/12/2001 09:30

DOB: 07/31/1958 Age: 43 Sex: M
 Lab Acn#: 3100
 Loc: FCI Waseca, MN

Reviewed

FEDERAL MEDICAL CENTER CLINICAL LABORATORY

10 EAST CENTER STREET

Laboratory Supervisor: P. CHESTER, MINNESOTA 55903

Page: 1

Daryl Aaberg

(507) 287-0674

Printed: 06/20/2001 @ 06:29

*** FINAL REPORT ***

Name: MONACO, DONALD [4900] ID: 13314-006

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

LIVER PROFILE

BUN	14			mg/dl	7	24
Creatinine-Serum	1.0			mg/dl	0.6	1.2
Total Protein	7.7			g/dl	6.3	8.3
Albumin	3.9			g/dl	3.5	5.0
Alkaline Phos.	68			IU/L	49	126
AST		52	HI	IU/L	10	37
ALT		98	HI	IU/L	8	40
LDH	133			IU/L	90	220
Total Bilirubin	0.5			mg/dl	0.1	1.1
Direct Bilirubin	0.1			mg/dl	0.0	0.3
GGT	25			IU/L	10	45

LIPID PROFILE

Cholesterol	184			mg/dl	50	200
Triglyceride		181	HI	mg/dl	56	169
HDL Chol-Direct		32	LO	mg/dL	35	80
LDL Cholesterol	116			mg/dl	0	130
TC/HDL Ratio	6				0	6

-- End of Laboratory Report --

Ma [Signature]
6/27/01

-----S E N S I T I V E-----

Test(s) | LIVER PROFILE; LIPID PROFILE
ordered |

ID : 13314-006

DOB: 07/31/1958 Age: 42 Sex: M

Name: MONACO, DONALD

Lab Acn#: 4900

Ordered By: GRAY

Reviewed

Collected : 06/18/2001 06:30

Loc: FCI Waseca, MN

FEDERAL MEDICAL CENTER CLINICAL LABORATORY

200 EAST CENTER STREET

Laboratory Supervisor: ROBERT L. STER, MINNESOTA 55903
 Daryl Aaberg (507) 287-0674

Page: 1

Printed: 12/07/2000 @ 01:16

***** F I N A L R E P O R T *****

Name: MONACO, DONALD [7446] ID: 13314-006
 --Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----
 Collection Cmt. Collected by Referring Institution

LIVER PROFILE

BUN	12			mg/dl	7	24
Creatinine-Serum	1.0			mg/dl	0.6	1.2
Total Protein	8.2			g/dl	6.3	8.3
Albumin	4.1			g/dl	3.5	5.0
Alkaline Phos.	68			IU/L	49	126
AST		43	HI	IU/L	10	37
ALT		69	HI	IU/L	8	40
LDH	144			IU/L	90	220
Total Bilirubin	0.7			mg/dl	0.1	1.1
Direct Bilirubin	0.2			mg/dl	0.0	0.3
GGT	23			IU/L	10	45

-- End of Laboratory Report --

Ma Gray
 12/7/00

-----S E N S I T I V E-----

Test(s): LIVER PROFILE
 ordered:

ID : 13314-006
 Name: MONACO, DONALD
 Ordered By: GRAY
 Collected : 12/05/2000 14:00

DOB: 07/31/1958 Age: 42 Sex: M
 Lab Acn#: 7446
 Loc: FCI Waseca, MN

Reviewed



PATIENT NAME MONACO, DONALD		PATIENT NUMBER 13314-005		AGE 41	SEX M	LAB. CONTROL NO. 01420001
REFERRING PHYSICIAN TRITCHLER <i>Jan</i>		PURCHASE NUMBER WAS. 1116M		ACCOUNT NUMBER 07009251		

COLLECTION 6/23/2000 8:45 AM DATE TIME	RECEIVED 6/24/2000 1:32 PM DATE TIME	REPORT PRINTED 6/30/2000 4:53 AM DATE TIME	SPECIMEN INFORMATION DATE OF BIRTH: 7/31/1958
----------------------------------------------	--------------------------------------------	--------------------------------------------------	--------------------------------------------------

Federal medical Center
Attn: Lab-Darvil Aaberg
P O Box 4600
Rochester, MN 55903-4600

TEST REQUESTED	HI LO	RESULTS	UNITS	EXPECTED VALUES
Antinuclear Ab. S		0.7	U	(1.0 Negative) or = 1.0 Positive) or = 3.0 Strongly Positive
Negative				

Hepatitis C Genotype. S

Hepatitis C Amplification

Specimen Source

Hepatitis C Amplification

Serum

POSITIVE

REPORTABLE DISEASE

Genotype to follow

This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.

"This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo Clinic Rochester. It has not been cleared or approved by the U.S. Food and Drug Administration."

Hepatitis C Genotyping

Specimen Source

Hepatitis C Genotyping

Serum

1a

Hepatitis C virus demonstrates a high degree of sequence variability throughout its genome. HCV is grouped into 6 main genotypes and additional subtypes proposed in the Simmonds classification system. The 6 main HCV genotypes can be reliably determined although the identification of subtypes may be more difficult. Associations between viral genotype, treatment responsiveness, the progression of disease, and the likelihood of developing hepatocellular carcinoma have been demonstrated in several studies.

The majority of HCV cases can be genotyped by sequence analysis of the 5' untranslated region (UTR). Types 1a and 1b together comprising nearly 70% of strains found in the U.S. are distinguished from each other based upon a single nucleotide change in the 5'UTR. Approximately 5% of type

**** Results for this test continue on next page ****

HEALTH SERVICES
FCI WASECA

Wald
7/14/00

LABORATORY SERVICE REPORT

LABORATORY DIRECTOR: LESTER E. WOLD, M.D.

PATIENT NAME
MONACO, DONALD

TEST NAME
Multiple Tests

COLLECTION DATE AND TIME
6/23/2000 8:45 AM



PATIENT NAME CONRAD, RONALD				PATIENT NUMBER 13314-006				AGE 41	SEX M	LAB. CONTROL NO. D1420501
REFERRING PHYSICIAN WITTELER				PURCHASE NUMBER WAS.1116M				ACCOUNT NUMBER C7009051		
COLLECTION		RECEIVED		REPORT PRINTED		SPECIMEN INFORMATION				
6/23/2000	8:45 AM	6/24/2000	11:32 PM	6/30/2000	4:53 AM	DATE OF BIRTH: 7/31/1958				
DATE	TIME	DATE	TIME	DATE	TIME					
Federal Medical Center Attn: Lab-Carol Habers P.O. Box 4600 Rochester, MN 55903-4600										
TEST REQUESTED		HI LO	RESULTS	UNITS	EXPECTED VALUES					

***** Genotyping **** Results continued from previous page ****

1a and type 1b strains have an atypical nucleotide at this position and may be misidentified. Some Southeast Asian strains (Vietnam and Thailand) are exceptions and may be misidentified as type 1. Subtyping of West African strains may be unreliable. Results should be interpreted with respect to the geographic origin of the strains.

Genotype assignments may be modified in the future based upon available reference sequence data.

This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.

"This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo Clinic Rochester. It has not been cleared or approved by the U.S. Food and Drug Administration."

HEALTH
FCI WAS

PATIENT NAME CONRAD, RONALD	TEST NAME Mucicaine Tests	COLLECTION DATE AND TIME 6/23/2000 8:45 AM
--------------------------------	------------------------------	-----------------------------------------------

FEDERAL MEDICAL CENTER CLINICAL LABORATORY

9 EAST CENTER STREET

Laboratory Supervisor: ROLAND W. TRITCHLER, MINNESOTA 55903

Page: 1

Daryl Aaberg (507) 287-0674

Printed: 06/28/2000 @ 01:15

***** F I N A L R E P O R T *****

Name: MONACO, DONALD [1116] ID: 13314-006

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

LIVER PROFILE

BUN	17			mg/dl	7	24
Creatinine-Serum	1.1			mg/dl	0.6	1.2
Total Protein		8.3	HI	g/dl	6.3	8.3
Albumin	4.4			g/dl	3.5	5.0
Alkaline Phos.	62			IU/L	49	126
AST		43	HI	IU/L	10	37
ALT		67	HI	IU/L	8	40
LDH	153			IU/L	90	220
Total Bilirubin	0.6			mg/dl	0.1	1.1
Direct Bilirubin	0.1			mg/dl	0.0	0.3
GGT	19			IU/L	10	45

ELECTROLYTES

Sodium	142			mEq/L	136	146
Potassium		5.1	HI	mEq/L	3.6	4.9
Chloride	100			mEq/L	98	108
sTSH	3.59			uIU/ml	0.50	5.00
Free T4	1.1			ng/dL	0.7	2.0

COMP BLD CT\DIFF

White Blood Ct	5.7			x10 ³ /ml	3.5	10.5
Red Blood Ct	4.93			x10 ⁶ /ml	4.32	5.72
Hemoglobin	15.4			g/dl	13.5	17.5
Hematocrit	45.5			%	38.8	50.0
MCV	92			fL	81	95
RDW	12.1			%	11.8	15.0
Platelet Ct	192			x10 ³	150	450

WBC DIFFERENTIAL

Neutrophils	47			%	30	75
Lymphocytes	39			%	15	45
Monocytes	12			%	0	12
Eosinophils	1			%	0	7
Basophils	1			%	0	2

Morph Comment 1 RBC's Appear Normal & Platelets Adequate

Hep Bs Ag Non-Reactive Nonreact
 Hep C AB Reactive Nonreact

-- End of Laboratory Report --

Ma...
6/30/00

-----S E N S I T I V E-----

Test(s): LIVER PROFILE; ELECTROLYTES; sTSH; Free T4; COMP BLD CT\DIFF
 ordered; Hep Bs Ag; Hep C AB

ID : 13314-006
 Name: MONACO, DONALD
 Ordered By: Tritchler
 Collected : 06/23/2000 08:45

DOB: 07/31/1958 Age: 41 Sex: M
 Lab Açn#: 1116
 Loc: FCI Waseca, MN

Reviewed

FEDERAL BUREAU OF INVESTIGATION
110 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903

Page: 1

Daryl Aaberg (507) 287-0674 EXT. 503 Printed: 02/05/2000 @ 01:22

***** FINAL REPORT *****

Name: MONACO, DONALD [8809] ID: 13314-006
--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----
Collection Cmt. Collected by Referring Institution
ALT 127 HI IU/L 8 40
-- End of Laboratory Report --

-----S E N S I T I V E-----

Test(s) | ALT
ordered!

ID : 13314-006
Name: MONACO, DONALD
Ordered By: Dr. Pelton
Collected : 02/03/2000 07:25

DOB: 07/31/1958 Age: 41 Sex: M
Lab Acn#: 8809
Loc: FCI Terminal Island, CA

Reviewed

FEDERAL MEDICAL CENTER CLINICAL LABORATORY
110 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903
Daryl Aaberg (507) 287-0674 EXT. 503

Page: 1

Printed: 12/22/1999 @ 01:20

***** FINAL REPORT *****

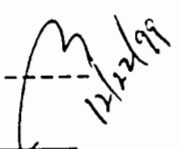
Name: MONACO, DONALD [1355] ID: 13314-006
--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----
Collection Cmt. Collected by Referring Institution
ALT 148 HI IU/L 8 40
-- End of Laboratory Report --

-----S E N S I T I V E-----

Test(s) | ALT
ordered |

ID : 13314-006
Name: MONACO, DONALD
Ordered By: Dr. Pelton
Collected : 12/20/1999 07:10

DOB: 07/31/1958 Age: 41 Sex: M
Lab Acn#: 1355
Loc: FCI Terminal Island, CA


Reviewed

FEDERAL BICAL CENTER CLINICAL LABORATORY
2110 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903
Daryl Aaberg (507) 287-0674 EXT. 503

Page: 1

Printed: 11/05/1999 @ 01:27

***** FINAL REPORT *****

Name: MONACO, DONALD [2482] ID: 13314-006
--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----
Collection Cmt. Collected by Referring Institution
ALT 100 HI IU/L 8 40
-- End of Laboratory Report --

-----S E N S I T I V E-----

Test(s): ALT
ordered:

ID : 13314-006
Name: MONACO, DONALD
Ordered By: Dr. Pelton
Collected : 11/03/1999 07:03

DOB: 07/31/1958 Age: 41 Sex: M
Lab Acn#: 2482
Loc: FCI Terminal Island, CA

11/5/99
Reviewed

FEDERAL MEDICAL CENTER CLINICAL LABORATORY
 10 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903
 Daryl Aaberg (507) 287-0674 EXT. 503

Page: 1

Printed: 09/17/1999 @ 01:25

***** FINAL REPORT *****

Name: MONACO, DONALD [3103] IO: 13314-006
 --Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----
 Collection Cmt. Collected by Referring Institution

LIVER PROFILE

Total Protein		8.3	HI g/dl	6.3	8.3
Albumin	4.5		g/dl	3.5	5.0
Alkaline Phos.	57		IU/L	49	126
AST		46	HI IU/L	10	37
ALT		75	HI IU/L	8	40
LDH	154		IU/L	90	220
Total Bilirubin	0.7		mg/dl	0.1	1.1
GGT	21		IU/L	10	45
Cholesterol	188		mg/dl	50	200

End of Laboratory Report --

-----S E N S I T I V E-----

Test(s): LIVER PROFILE
 ordered:

ID : 13314-006
 Name: MONACO, DONALD
 Ordered By: Dr. Pelton
 Collected : 09/15/1999 06:10

DDB: 07/31/1958 Age: 41 Sex: M
 Lab Acn#: 3103

Loc: FCI Terminal Island, CA

Reviewed

[Handwritten signature]
 9/17/99