

Monaldo, Don



BILL TO:

CREDIT CARD ORDERS A/R
CUSTOMER SERVICE CENTER
3701 LEESTOWN ROAD
LEXINGTON
KY 40583-3640

PATIENT NAME		CUST. NUMBER		INVOICE NUMBER
13314-006 LI 9		CUST 9991		075101
Tray No.	9444	Date Processed	02/22/01 02/25/01	

R. EYE	.00	.00			6.00
	Sphere	Cylinder	Axis	Prism	Base Curve
L. EYE	.50	.00			6.00

R. EYE	1.00	28	16.0	R. EYE	62.0	59.0
	Add	Width	Height		P.D.	N.P.D.
L. EYE	1.00	28	16.0	L. EYE	62.0	59.0

FRAME DATA	
Size	48.0 Depth 41.0 E.D. 48.0 D.B.L. 24.0
SKU:	032027167329
Model:	74-74VF TMPL Length: 150 48X24
	74-74VF SMOKE
EDGED UNCUT	
<input checked="" type="checkbox"/>	LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED <input checked="" type="checkbox"/>

CHARGES	
DESCRIPTION	PRICE
RIGHT LENS	9.50
LEFT LENS	9.50
FRAME	12.00
SAFETY	2.00
R= SOLA	
L= SOLA	

Type	LENS DATA	Material
FT-28		CR-39
Right = 76	Left = 76	CLEAR

FDA CODE SEC. 3. 84. 21 CFR

NOTE FOLLOWING EXCEPTIONS

THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING REQUIREMENTS. RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.

(1) PLASTIC: Mfr. certifies lenses ground to specifications are impact resistant within FDA code.
 (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing.
 (3) RAISED EDGE multifocals have been made impact resistant, but are exempted from drop ball testing.

COMMENTS:

J 10050093 LI 9
T-9444

Don Morace
3-28-01

G.W.

OPT 74 100

Sub Total	33.00
TAX	
Freight	
Total Due	33.00

FROM:

75101 POSTMASTER

IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.

SHIP TO:

FCI WASECA HEALTH SV
1000 UNIVERSITY

WASECA
MN 56093

Almer v. Peanut Corporation of America

Doc. 123 Att. 3

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

OPTOMETRY

FROM: DR. GRAY

DATE OF REQUEST: DECEMBER 15, 2000

REASON FOR REQUEST (Complaints and History)

EYE EXAM

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

ROUTINE

TODAY

BEDSIDE ON CALL

72 HOURS

EMERGENCY

CONSULTATION REPORT

SUBJECTIVE:

PAT: B.C. NEAR: B.C. ASTHEN HEADACHE Migrations - Im: +Rex (Vaso-Contractile)

EMHX: GLAU - CAT - DIAB

SAID "it gives him a migraine"

18/10 Goldmann other

Pupils: (p.r.s.l.a. - other) EOM: (full unrestricted)

Ophthalmic - Biomicro - Neo - Dilated (drops refused) not needed Dilated (.25 5 1 25 - tropic. - cyclo - atrop - phenoyle - Pilocarpine)

ADD+

C/O = 2/2 - cu excellent color
ma; clear
slit; neg

Old RX: OD OS

Manif. OD OS Ref. OS

ADD+ 20 20 20 20

ASSESSMENT / PLAN

Refraction Summary & Instructions OTHER:

Myopia - Hyperopia Astigmatism Presbyopia No RX Needed

RX Prescribed: (Full - Distance - Near)

(BOP rx only)

R	L	SPHERE	CYLINDER	AXIS	PRISM/DIR.	P.D.		ADD	SEG HEIGHT	BIFOCAL	TRIFOCAL	SPECIAL INSTRUCTIONS
						FOR	NEAR					
		pk				62	59	+1.00	16	25 ST 28 ST	7X25 ST 7X28 ST	
		50						+1.00	16			
FRONT SIZE		EYE SIZE			BRIDGE			SEALS	TEMPLE LENGTH - SKULL			
828 829 830		44 49 50 52 54			18 20 22 23 24 26			Keyhole	8 1127 6 5 1 1/4"			

30

48

27 (Continued on reverse side)

SIGNATURE AND TITLE

J. Gutfleisch

J. GUTFLEISCH

OPTOMETRIST

DATE

2/7/01

IDENTIFICATION NO

ORGANIZATION

REGISTER NO

WARD NO

PATIENT'S IDENTIFICATION (For record or contact outside the institution first middle, last, sex, hospital or medical facility)

MONACO, DON #13314-006

HEALTH SERVICES FEDERAL CORRECTIONAL INSTITUTION WISCONSIN MINNESOTA 55495

CONSULTATION SHEET STANDARD FORM 513, Rev. 1-77. Produced by GEACIAN FIRMING-CITRUS 701-45 305 513-108

Handwritten signature and date 2/7/01

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
-----	--	-----------------

REASON FOR REQUEST (Complaints and findings) AGE:

⊕ Migraines, wants to send in sunglasses. Old Rx: R.

___ yrs

L.

Add.

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> TODAY
		<input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> 72 HOURS	<input type="checkbox"/> EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NO PATIENT EXAMINED YES NO

V.A. Without Rx	With Rx	Buying Own
R. 20/20	20/20	
L. 20/20	20/20	

Contract _____

Ret: R. PITCON: D

L. DO: 2RD, sim P, H

Subj: R. *to 2500 = 20/20* ingins D, macA/H

L. *to 2500 = 20/20* FR ⊕ vessels w/

Add: CFUF = J at Full field (a)

Rx: R. <i>to 2500</i>	Rx: R.	A) Minimal hyperope
#1 L. <i>to 2500</i>	#2 L.	⊕ HAS wants to send in sunglasses
Add _____ High _____ Wide _____	Add _____ High _____ Wide _____	
Frame _____ Size <i>52-22</i>	Frame <i>P) No sock</i> Size _____	
Temple <i>6</i> P.D. /Tint _____	Temple _____ P.D. /Tint _____	<i>OK to send in sunglasses</i>

see PAs about HAs

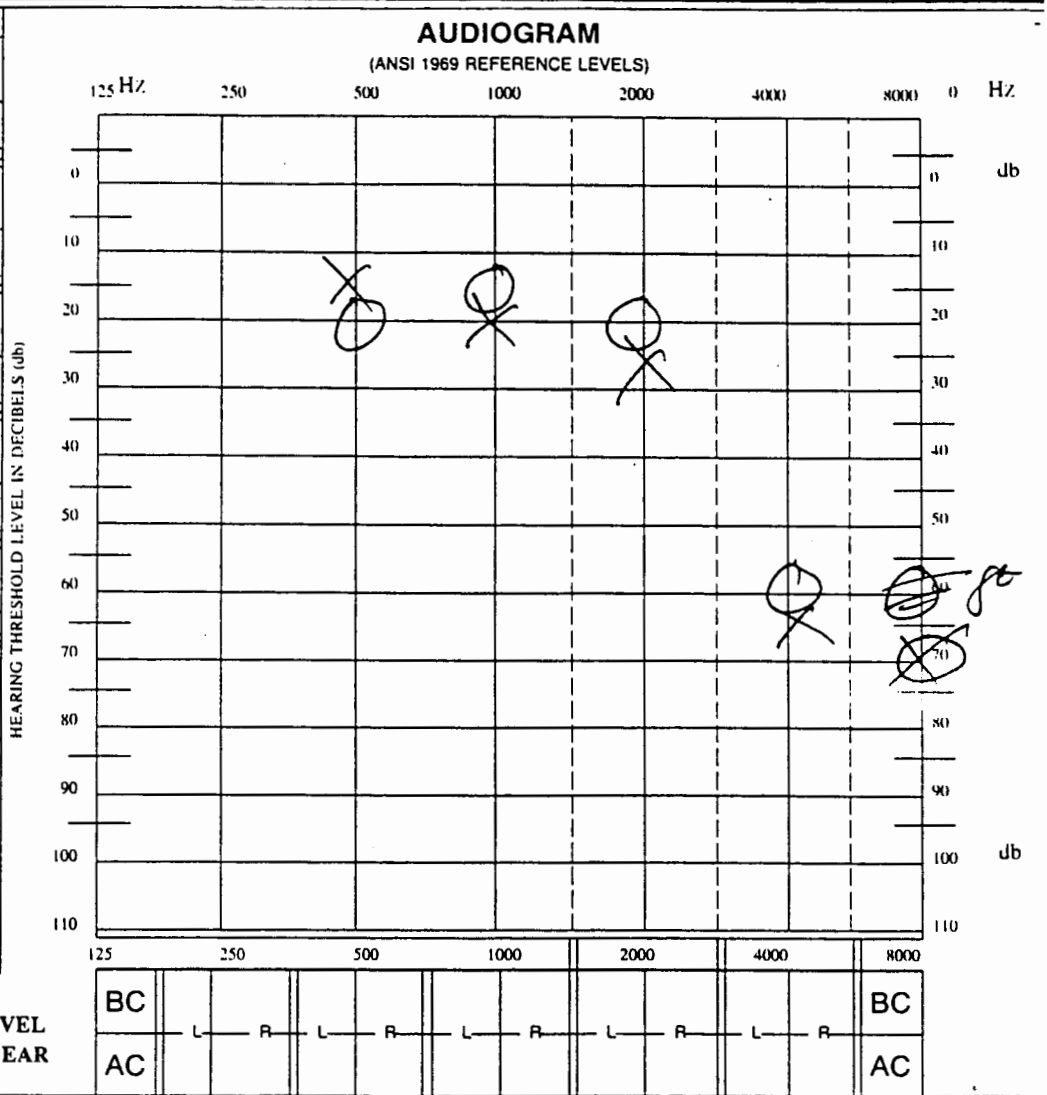
(Continue on reverse side)

SIGNATURE AND TITLE <i>[Signature]</i>		DATE <i>04/27/99</i>
IDENTIFICATION NO. <i>13314-006</i>	ORGANIZATION <i>FCI, TERMINAL ISLAND</i>	REGISTER NO.
PATIENT'S IDENTIFICATION (For typed or written errors give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)		WARD NO.

Monaco, Don

CONSULTATION SHEET
Medical Record

CODE	
AIR UNMASKED	
RIGHT	○ — ○ RED
LEFT	X — X BLUE
AIR MASKED	
RIGHT	△ — △ RED
LEFT	□ — □ BLUE
BONE UNMASKED	
RIGHT	< - - - < RED
LEFT	> - - - > BLUE
BONE MASKED	
RIGHT	◁ - - - ▷ RED
LEFT	▷ - - - ▷ BLUE
THRESHOLD OF DISCOMFORT	
RIGHT	U — U RED
LEFT	U — U BLUE
NO RESPONSE	
OTHER (Specify)	



FOR 1951 ASA LEVELS. SUBTRACT VALUES SHOWN: 9DB 15 14 10 10 8.5 8.5 6 11.5

EXAMINERS INITIALS	SPEECH AUDIOMETRY													
	SPEECH RECEPTION THRESHOLD				ITEM	DISCRIMINATION SCORE (PB MAX)				PURE TONE AVERAGES				
	1	2	3	4		1	2	3	4	EAR	TWO FREQ.	THREE FREQ.		
RIGHT EAR					RIGHT EAR									
LEFT EAR					LEFT EAR									
MASKING LEVEL														

REMARKS
MONACO, DONALD
13314-006

WORK DETAIL COL 07-31-1958 FCI TERMINAL ISLAND 90731	AUDIOMETER USED Belton	EXAMINER Jimmy Eleyazo, P.E. FCI Terminal Island		
NAME	REG. NUMBER	AGE 40	INSTITUTION FCI TERMINAL ISLAND	DATE 2/23/99

SUICIDE PREVENTION INVENTORY

Name: MONACO, DON Reg.# 13314-006
Age: 40 Race: WHT.

	YES	?	NO
History of attempted suicides?	_____	?	_____
History of self-mutilations?	_____	?	_____
History of alcoholism?	_____	?	_____
Present suicidal ideas?	_____		<u>✓</u>
Present suicidal plans?	_____		<u>✓</u>
Severe agitation?	_____	?	_____
Sleep disturbances?	_____	?	_____
Lack of appetite?	_____		<u>✓</u>
Severe family problems?	_____	?	_____
Chronic medical problems?	_____	?	_____

Comments:

40 y/o, caucasian male, no suicidal
ideation at present.

M. Laroya PA
MARIVEL S. LAROZA, PA

PHYSICIAN'S ASSISTANT

2-18-99 1600
DATE

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: *Psychology* FROM: (Requesting physician or activity) DATE OF REQUEST *6-14-00*

REASON FOR REQUEST (Complaints and findings)
Please assess for either psychotherapy or psychiatric consult

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE *Ma Gray* APPROVED PLACE OF CONSULTATION
 BEDSIDE ON CALL ROUTINE TODAY
 72 HOURS EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NO PATIENT EXAMINED YES NO TELEMEDICINE YES NO

Please see attached. No decision yet on psychotherapy with student.

(Continue on reverse side)

SIGNATURE AND TITLE *Samuel K. Moody PhD* DATE *6/15/00*

HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT DEPARTMENT/SERVICE OF PATIENT

RELATION TO SPONSOR SPONSOR'S NAME (Last, first, middle) SPONSOR'S ID NUMBER (SSN or Other)

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

MONACO, DONALD

13314-006

DOB 07-31-1958

CONSULTATION SHEET
Medical Record

HEALTH SERVICES STANDARD FORM 513 (REV. 4-98)
FCI WASECA (Revised by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10))

Ma Gray
6/20/00

** LIMITED OFFICIAL USE **

PSYCHOLOGY SERVICES INTAKE SCREENING SUMMARY

Date: June 2, 2000
Inmate: MONACO, DONALD Unit: UNIT B/E
Reg. No: 13314-006
Author: *David R. Moody M.A.*
Author: DAVID MOODY, PH.D., M.B.A.
Title: STAFF PSYCHOLOGIST
Institution : FCI WASECA

TREATMENT/MENTAL HEALTH HISTORY:

Inmate MONACO reported the following:

Out-patient treatment: While at Terminal Island; opt. drug tx., see Comments
Suicide Attempts: Unclear - see Comments
Violence: Misdemeanor assault from bar fight; see Comments

MENTAL STATUS:

During the screening interview no mental status items were noteworthy. His psychological stability for custody is judged to be FAVORABLE.

DRUG ABUSE HISTORY:

Inmate MONACO reports a history of substance abuse. His primary drug of addiction/abuse is COCAINE. He is interested in drug abuse treatment.

PROGRAM/TREATMENT RECOMMENDATIONS:

Based on the interview, the following programs/treatment are recommended:

Individual Psychotherapy
Drug Abuse Program

Inmate MONACO reported an interest in participating in programs/treatment.

COMMENTS:

Inmate is a 41 year old white male sentenced to possession of cocaine/heroin WITD, possession of flunitrazepam and possession of a firearm during a drug trafficking offense. He claims to have served approximately 30 months to date. Transferred in from FCI Terminal Island due to a reduction in level. PRD 05-30-2007.

Inmate reports a lengthy drug dependence history which has led, directly or indirectly, into an extensive legal history. His drugs of choice were cocaine, heroin and alcohol. He claims that he completed a six month residential drug treatment program run by the Salvation Army. He has completed DEP and is unsure as to whether he is interested in further treatment. None-the-less, it is recommended that he apply for RDAP when eligible and participate in Living Sober class while waiting for RDAP eligibility.

The inmate reports a conviction for minor theft at age 13, for which he served six months probation. He was convicted of a Class C misdemeanor

Psychology Services Intake Screening Summary
MONACO, DONALD
13314-006

assault in Texas as a result of a fight in a bar. He was hit by a woman, who he then hit back. Her male friends then jumped in to help her and the inmate reports having been beaten. He was then arrested and placed in jail overnight and received a fine. In 1994 in Alaska he was placed in jail overnight due to disorderly conduct.

The inmate states that he has Hepatitis C and that this is a concern of his. He was advised to discuss his medical condition with Health Services staff.

The inmate reports having overdosed on drugs numerous times, starting at age 12 at the time of his parents' divorce. He is unsure as to whether the overdoses were suicidal in nature or just accidental. He does admit to virtually constant suicidal ideation while using drugs. He denies such ideation while sober and since his incarceration.

The inmate reports gender identity problems as well as long-standing anger towards his father. Now he is reporting mild levels of depression and anxiety due to the distance he is from home (California). He claims to have received individual psychotherapy once to twice per week while at FCI Terminal Island. Apparently graduate students on placement there met with him. He would like the same sort of arrangement while at FCI Waseca. His request will be forwarded to Dr. Harowski for consideration.

Inmate denies any history of sexual abuse/assault. Violence as discussed above. No indication of mental disability noted. No MDS entry justified at this point. Treatment recommendations as discussed above.

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: PSYCHOLOGY FROM: (Requesting physician or service) OPD DATE OF REQUEST: 4-29-77

REASON FOR REQUEST (Complaints and findings)

For psychotherapy

PROVISIONAL DIAGNOSIS

1) Depression, NOS 2) R/O Transvestite fetishism

DOCTOR'S SIGNATURE

[Signature]
REDENTOR CORNEJO, PA
FCI TERMINAL ISLAND

APPROVED

[Signature]
MARK J. DAG, MD

PLACE OF CONSULTATION

BEDSIDE ON CALL

ROUTINE TODAY
 72 HOURS EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NO

PATIENT EXAMINED YES NO

*Inmate will be placed
on waiting list for
therapy. He'll be
on Open House bi-weekly
& will attend B-unit
group.*

(Continue on reverse side)

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

MORACO, DONALD

13314-006

DOB 07-31-1958

FCI TERMINAL ISLAND 90731

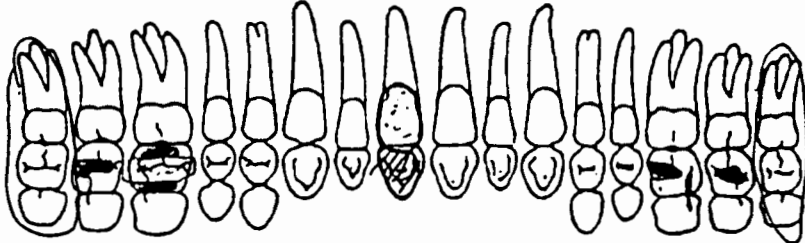
CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 8-82)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202

Examination: Screening Comprehensive Periodic

Occlusion Class I Dside



Oral Hygiene
 Good Fair Poor

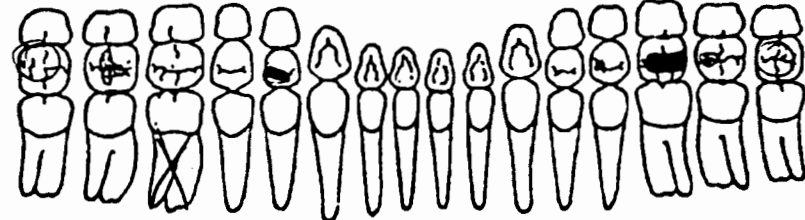
CPITN
Did not probe

Head & Neck/Soft Tissue

geographic tongue
 Additional Findings

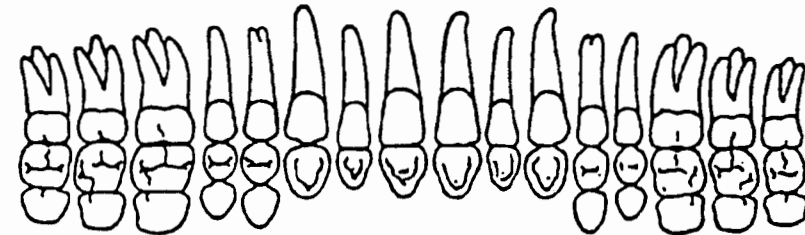
RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

D: 2
 M: 2
 F: 2



Treatment Completed

Recommended Treatment Plan



Radiographs

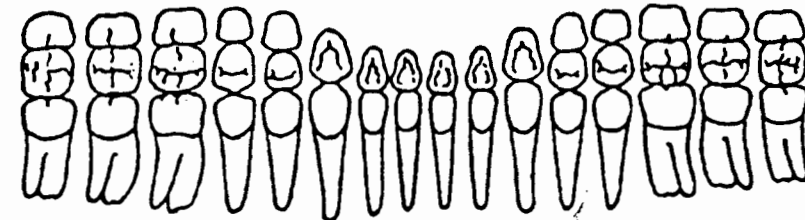
RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Dental Prophylaxis

Oral Hygiene Instruction

Periodontal Evaluation 0 I II III

Oral Surgical Procedures



Endodontic

Restorative

Patient Name Number Sex: M F Age:

Prosthodontic Evaluation

Monaco, Don

13314-006

Dentist Signature Date
1/8/03

FEDERAL BUREAU OF PRISONS
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication? Yes No
If so, what? IMETREX ANTI-BIOTIC ON FLARE-UPS
ASPIRIN daily to every other day
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? Yes No
PENICILLIN AS A child
3. Have you been under the care of a physician during the past two years? If so, why? Yes No
MIGRAINES, some heart, liver, foot, psychological + herpes problems.
4. Have you been hospitalized in the past two years? If so, why? Yes No
5. Do you have or have you ever had a heart murmur or been treated for a heart condition? Yes No
calcified aortic valve, heart palpitations + some related problems.
6. Do your ankles ever swell during the day? Yes No
not normally but they have on several occasions
7. Have you ever been treated for a tumor or growth? Yes No
A few minor skin growths (one pending)
8. Have you ever had abnormal bleeding? Yes No
9. Have you ever had serious difficulty with any dental treatment? Yes No
Some major fillings + one tooth pulled + still missing.

Circle any of the following that you have had:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Congenital Heart Defects ? | Heart Murmur | <input checked="" type="checkbox"/> Angina |
| <input checked="" type="checkbox"/> Heart Attack or Heart Problems | High Blood Pressure | <input type="checkbox"/> Stroke |
| <input checked="" type="checkbox"/> Rheumatic Fever ? | Heart Pacemaker | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Anemia (blood problems) | Epilepsy or Seizures | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Thyroid Problems <u>one time</u> | AIDS or HIV Infection | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Chronic Bronchitis | Tuberculosis (TB) | <input checked="" type="checkbox"/> Hepatitis B + C <u>Chronic</u> |
| <input checked="" type="checkbox"/> Psychiatric Treatment <u>psychotherapy</u> | Artificial Heart Valve | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Artificial Joint | <input checked="" type="checkbox"/> Venereal Disease (syphilis, gonorrhea) | |
- Migraine attacks + Temporary blindness*

Do you have any disease, condition, or problem not listed?

See Migraine above + I also have an enlarged spleen, splenomegaly + some digestive problems

Name: Don Monaco

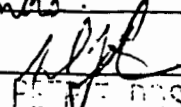
Reg No. 13314-006

Institution: FPC Duluth

Date: 1-22-03

NEMU 1-28--3
KURT SAVELA, DDS/CDO
HEALTH SERVICES UNIT
FEDERAL PRISON CAMP
DULUTH, MN 55814

F.C.I. WASECA
Waseca, MN 56093

CLINICAL RECORD	DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS-TREATMENT-REMARKS	SIGNATURE
12-6-02 ¹²⁰⁰	#19 DO Dispersalloy amalgam restoration. Three capsules 3% lidocaine with 1:100,000 epi. Culpation checked. Patient advised about possible cold sensitivity for a few months.	 S. FELT DDS CHIEF DENTAL OFFICER

DENTAL

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

MONACO, DONALD 13314-006 DOB 07-31-1958 FCI WASECA, MN	REGISTER NO.	WARD NO.
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F.C.I. WASECA
Waseca, MN 56093

CLINICAL RECORD	DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
11-2-00	Patient was premedicated at 1045.	
1200	and was called to be back at	
	1200 for his prophylactic appointment.	
	The time 35 min for 11-2-00 45 minutes later, Prophylaxis	
	hand scaled Rubber Cup polish Oral	
	hygiene was fair. Calculus Depos were	
	light to moderate supra and	
	subgingival. Marginal tissue was essentially	
	healthy with localized bleeding	
	Plaque control instruction given	
	Peri. exp	
	A. Schroeder RDH	
0930	A. SCHROEDER, RDH	
01-10-01	Comprehensive oral examination - see charting.	
	4 BW. radiographs. All findings	
	discussed with patient. Next Op	S.J. PETRIE, DDS
4-16-01	DENTAL Dispensatory amalgam restoration	
	and repair of tuberosities with 1:10 ⁵ epsi.	
	Occlusion checked. Treatment plan complete.	S.J. PETRIE, DDS

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

MONACO, DONALD

13314-006

DOB 07-31-1958

FCI WASECA, MN

DENTAL TREATMENT RECORD

HSA-237 (6-74)

DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
12-5-02	<p>Sick call</p> <p>S: Tooth # 19 sensitive to sweets</p> <p>O: Deep recurrent caries. No periodontal changes.</p> <p>A: Reversible (?) pulpitis</p> <p>P: Lamination I.P.A. radiograph</p> <p>Patient informed of possible endodontic involvement, and the possibility of future tooth loss if endodontic treatment is attempted. Appointment scheduled to re-evaluate caries and evaluate.</p> <p>The patient asked whether we would place bridge # 29-31, to replace missing tooth # 30. He expressed belief that his problem with tooth # 19 is because he is forced to chew on left side due to missing tooth.</p> <p>Patient education concerning etiology of caries. Tooth # 30 has been missing at least 3 years, without significant tipping or drifting of adjacent teeth. I explained to patient that replacement of tooth # 30, in my opinion, is not medically necessary, and for this reason I do not plan to fabricate bridge.</p>	

[Signature]
S.S. PETRIE, DDS

Examination: Screening Comprehensive Periodic

Occlusion

Class I

Oral Hygiene

Good Fair Poor

CPITN

defer

Head & Neck/Soft Tissue

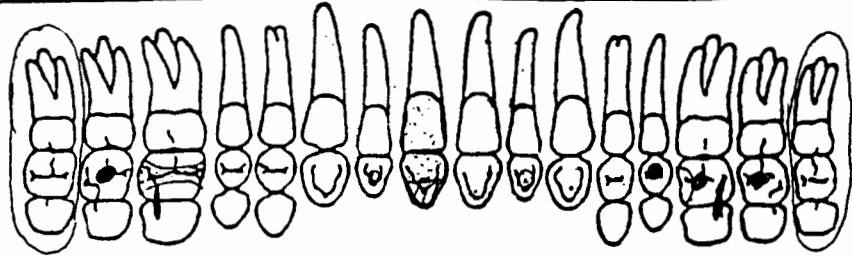
Within Normal Limits

Additional Findings

D: I

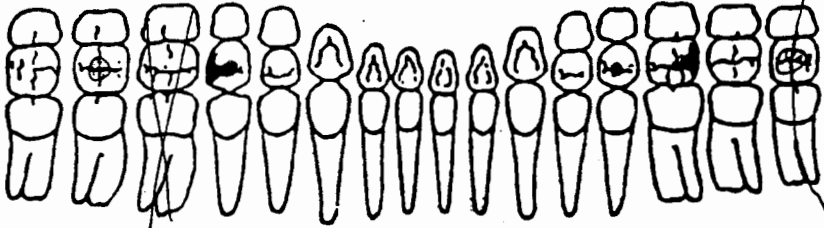
M: I

F: II



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

sculpt



Treatment Completed

Recommended Treatment Plan

Radiographs

YBW - 1-10-01

Dental Prophylaxis

Oral Hygiene Instruction

11-2-00

Periodontal Evaluation 0 I II III

Oral Surgical Procedures

None at this time

Endodontic

None

Restorative

#14 MO - 4-16-01

Prosthodontic Evaluation

None

Dentist Signature

S.J. Petrie

S.J. PETRIE, DDS

Date

1-10-01

Patient Name Number Sex: M F Age:

MONACO, DONALD

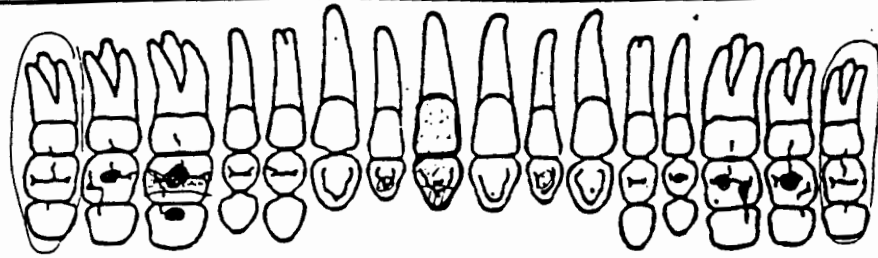
13314-006

DOB 07-31-1958

FCI WASECA, MN

Examination: Screening Comprehensive Periodic

Occlusion *I*



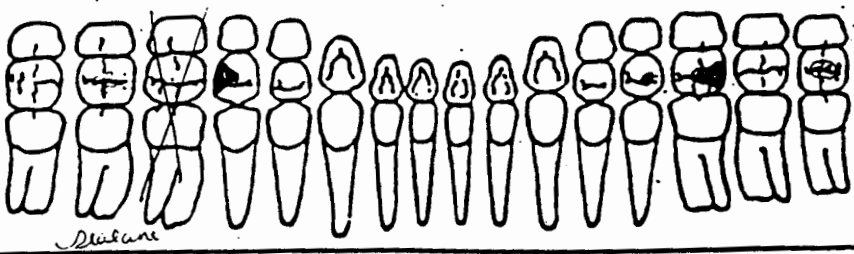
Oral Hygiene
 Good Fair Poor

CPITN	1	0	1
		0	1

Head & Neck/Soft Tissue
within normal limits

RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Additional Findings
Am 6-22-00
 D: 1 *geographic tongue*
 M: 1
 F: 1 *premed*



Treatment Completed

Recommended Treatment Plan

Radiographs
 TO BE DETERMINED

Dental Prophylaxis
 Oral Hygiene Instruction

Periodontal Evaluation 0 I II III

Oral Surgical Procedures
 TO BE DETERMINED

Endodontic
 TO BE DETERMINED

Restorative
 TO BE DETERMINED

Prosthodontic Evaluation
 TO BE DETERMINED

Dentist Signature Date

A. Schroeder RDH 6-22-00

A. SCHROEDER, RDH

Patient Name Number Sex: M F Age:

MONACO, DONALD

13314-006

DOB .07-31-1958

FCI WASECA, MN

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis : Treatment - Remarks									
6-27-00 1430		<p>Oral Exam - see Chartings. All findings discussed with patient. Medical History reviewed. Patient advised to submit Cap-act to receive future dental care.</p> <p style="text-align: right;">A. Schroeder RPH A. SCHROEDER, RDH</p>									
10-11-00 1245		<p>Admin Note: It was noted on chart reviews that a Medical Consult was not submitted for stated health issues from health history that was filled out on 6-27-00. Medical Consult filled out and submitted effective today.</p> <p style="text-align: right;">S. Hartmann, CCR S. HARTMANN DENTAL ASSISTANT</p>									
11-2-00	1101	<p>Rx: Clindamycin 600 mg (take entire dose one hour before dental prophylaxis appointment)</p> <p style="text-align: right;">Samuel J. Petrie</p>									
11-2-00 1105		<table border="0"> <tr> <td data-bbox="438 1438 527 1480">Ord. Date 11/02/00</td> <td data-bbox="527 1438 779 1480">MONACO, DONALD</td> <td data-bbox="779 1438 909 1480">S. PETRIE</td> </tr> <tr> <td data-bbox="438 1480 527 1522">Exp. Date 11/02/00</td> <td colspan="2" data-bbox="527 1480 909 1522">13314-006 TAKE 4 CAPSULES BY MOUTH NOW (1 HOUR BEFORE DENTAL APPT)</td> </tr> <tr> <td data-bbox="438 1543 527 1585">Rx # 3788</td> <td data-bbox="527 1543 844 1585">CLINDAMYCIN 150 MG CAP</td> <td data-bbox="844 1543 909 1585"># 4</td> </tr> </table> <p style="text-align: right;">J. Platte, RPh J. PLATTE, RPh CDR, USPHS CHIEF PHARMACIST</p>	Ord. Date 11/02/00	MONACO, DONALD	S. PETRIE	Exp. Date 11/02/00	13314-006 TAKE 4 CAPSULES BY MOUTH NOW (1 HOUR BEFORE DENTAL APPT)		Rx # 3788	CLINDAMYCIN 150 MG CAP	# 4
Ord. Date 11/02/00	MONACO, DONALD	S. PETRIE									
Exp. Date 11/02/00	13314-006 TAKE 4 CAPSULES BY MOUTH NOW (1 HOUR BEFORE DENTAL APPT)										
Rx # 3788	CLINDAMYCIN 150 MG CAP	# 4									

FEDERAL BUREAU OF PRISONS
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication? yes no
If so, what? IMMETREX - For MIGRAINES
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? yes no
PENICILLIN
3. Have you been under the care of a physician during the past two years? If so, why? yes no
MIGRAINES, LIVER DISEASE
4. Have you been hospitalized in the past two years? If so, why? yes no

5. Do you have or have you ever had a heart murmur or been treated for a heart condition? yes no
Calcified Aortic Valve + PVC's.
6. Do your ankles ever swell during the day? yes no
NOT right now, BUT they have in the past.
7. Have you ever been treated for a tumor or growth? yes no
8. Have you ever had abnormal bleeding? yes no
9. Have you ever had serious difficulty with any dental treatment? yes no

Circle any of the following that you have had:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Congenital heart defects | Heart murmur |
| <input checked="" type="checkbox"/> Heart attack or heart problems | Angina |
| <input type="checkbox"/> Stroke | High Blood pressure ? maybe |
| <input type="checkbox"/> Rheumatic Fever maybe? | Heart pacemaker ? maybe |
| <input type="checkbox"/> Asthma | Epilepsy or seizures |
| <input type="checkbox"/> Anemia (blood problems) | Diabetes |
| <input type="checkbox"/> Thyroid problems | AIDS or HIV infection |
| <input type="checkbox"/> Chronic bronchitis | Emphysema |
| <input type="checkbox"/> Venereal disease (syphilis, gonorrhea) | Tuberculosis (TB) |
| <input type="checkbox"/> Arthritis | Psychiatric treatment ? psychotherapy |
| <input type="checkbox"/> Artificial heart valve | Artificial joint |
| <input checked="" type="checkbox"/> Hepatitis C | |

Do you have any disease, condition, or problem not listed? enlarged spleen, elevated liver enzymes, migraines

WOMEN ONLY: Are you pregnant?

Name: Don Morocco Reg No. 13314-006

Institution: FCI WASECA Date: 6-22-00

MEDICAL RECORD **CONSULTATION SHEET** (10)31

REQUEST
 TO: Dr. Mark Gray FROM: (Requesting physician or activity) Dr. Samuel Petrie DATE OF REQUEST 10-11-00

REASON FOR REQUEST (Complaints and findings)
 The patient states on the Health History that he has a history of "Congenital heart defects, Heart Attack or Heart problems, and questions Rheumatic Fever." I noted that he has been premedicated prior to dental treatment before. Could you please review this case and give us your recommendations regarding antibiotic prophylaxis for future dental appointments?
 Thank You!

PROVISIONAL DIAGNOSIS
 "Congenital Heart Defects, Heart Attack or Heart Problems, and questionable Rheumatic Fever"

DOCTOR'S SIGNATURE *[Signature]* **APPROVED** **PLACE OF CONSULTATION**
 BEDSIDE ON CALL ROUTINE TODAY
 72 HOURS EMERGENCY

CONSULTATION REPORT
 RECORD REVIEWED YES NO PATIENT EXAMINED YES NO TELEMEDICINE YES NO

Hx. calcified aortic valve by ECHO cardiogram. Would recommend SBE prophylaxis.

(Continue on reverse side)

SIGNATURE AND TITLE *[Signature]* **M.A. GRAY, M.D.** **DATE** 10-30-00

HOSPITAL OR MEDICAL FACILITY **RECORDS MAINTAINED AT** **DEPARTMENT/SERVICE OF PATIENT**

RELATION TO SPONSOR **SPONSOR'S NAME (Last, first, middle)** **SPONSOR'S ID NUMBER (SSN or Other)**

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

MONACO, DONALD
 13314-006



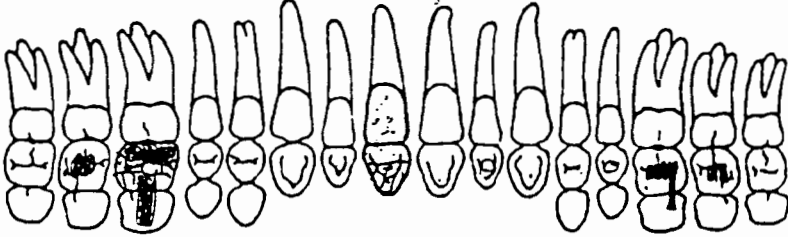
CLINICAL RECORD	DENTAL TREATMENT RECORD (Continuation)
-----------------	--

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
10-27-99 (cont)	Pt. allergic to Penicillin 600ms Clindamycin given (4 tabs @ 150mg ea)	C. A. BAXER DMD, CDO FCI TERMINAL ISLAND
Polished #1920 AMM	Ther. given for procedure. For antibiotic prophylaxis Polished #1920 esthetic + brown pt.	C. A. Baxer
	NO. PRE-MED, CONT. TX PLAN.	
11-23-99	Review of med. hx. Pt. given.	
0800	600mg Clindamycin (4 tabs @ 150mg ea)	
#7 L	+ seen at 0900. RP isolation.	
#10 L	3 1/2 capsules (1.8cc ea) ATRA 1/2 xylocaine	
#130	21:00 000 epis. Removed (L) decay #7 and (L) decay #10 and (O) decay #13. Dyeol placed #7 + #10.	
	Deep #7 possible microscopic exposure no bleeding observed. Pt. advised that if symptoms occur - re-eval + possible root canal may be indicated.	
	Seal had etch #7 + #10, opti bond and Herculite A35 dentin used.	
	Polished = entrance burr. #13 hot glume desensitizer under dispersal + amalgam. Checked occlusion.	C. A. BAXER DMD, CDO FCI TERMINAL ISLAND
	Post op instr given. Reviewed tx plan + recommendation for end #17. Pt. uncertain.	C. A. Baxer
	If he wants apt. + bill get back to me (cont)	AMP

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, grade, date, hospital or medical facility) Monaco, Donald FCI, Terminal Island	REGISTER NO. 13314-006	WARD NO.
--	---------------------------	----------

Examination: Screening Comprehensive Periodic

Occlusion Class I

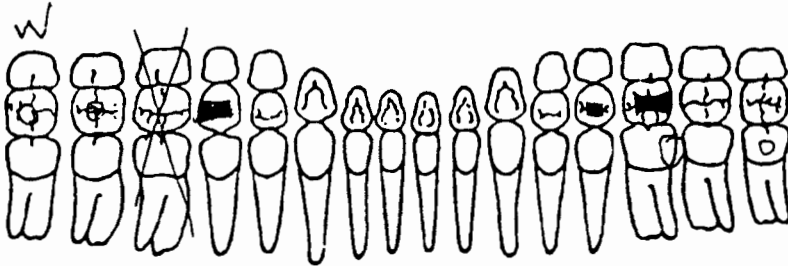


Oral Hygiene heavy plaque
 Good Fail Poor

SPITN	3	3	3
PRE-MED 10.27.99	3	3	3

Head & Neck/Soft Tissue
WNL

RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



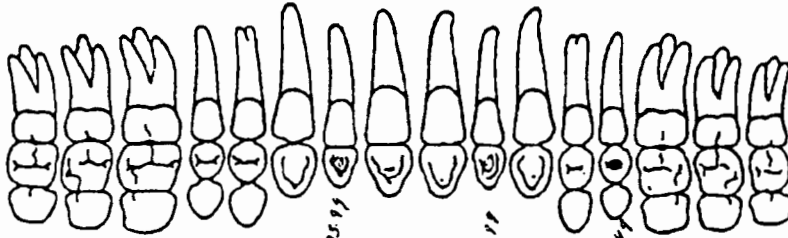
Additional Findings

D: 25
 M: 1
 F: 9

PT states he doesn't smoke

Treatment Completed

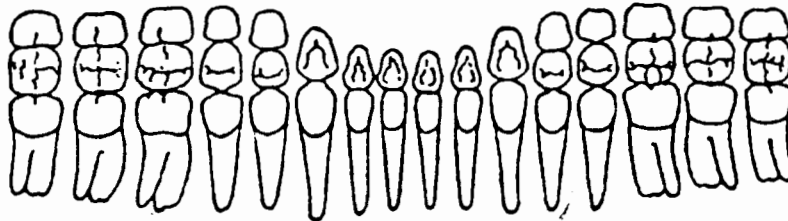
Recommended Treatment Plan



Radiographs

RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Dental Prophylaxis
 Oral Hygiene Instruction
 Periodontal Evaluation 0 I II III



Oral Surgical Procedures
#17 - EXT
CB

Endodontic

Restorative
15-0 415-L watch root

Patient Name Number Sex: M F Age: 40

Monaco, Donald
13314-066

D.O.B:
7-31-58

Prosthodontic Evaluation

Dentist Signature Date

George J. Urrer, RDH 2-25-99
 FCI Terminal Island
CA Baxer, RDH
 FCI Terminal Island, CA

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
2-25-99 1346		<p>A & O exam, notification, OHE (handout given on flossing and brushing), reviewed medical hx, nutritional education given (advised to limit sugar consumption), head, neck and soft tissue exam.</p> <p>2 min. Pascal 60:60 APF & SnF2 rinse (134mg F- total).</p> <p>G Urrea, RDH FCI Terminal Island <i>G. Urrea</i></p>
3-5-99 1205		<p>Received cop out. Name added to waiting list.</p> <p>C. A. BAXER, DMD, CDO FCI TERMINAL ISLAND, CA <i>C. A. Baxer</i></p> <p>Received cop out. Advised patient to sign up for sick call.</p>
9-13-99 1200		<p>Received cop out. Name added to waiting list. <i>already</i></p> <p>Rachelle A. Butler, DDS Dental Officer FCI Terminal Island <i>Rachelle A. Butler</i></p>
10-27-99 1230 <i>propy</i> <i>SR</i>		<p>A & O exam, notification, OHE (handout given on flossing and brushing), reviewed medical hx, nutritional education given (advised to limit sugar consumption), head, neck and soft tissue exam.</p> <p>2 min. Pascal 60:60 APF & SnF2 rinse (134mg F- total).</p> <p><i>comprehensive</i></p> <p>Pt. acknowledged an understanding of the plan & consent of "what" + recommendation for future visit, All + approval + decayed.</p> <p>Period type II. Pocket depths 3-4mm. Fair oral hygiene. OHE, FB, Floss, STIMUPAST, & disclosing table given. Polka-dot brushing demonstrated + reviewed plaque & disclosing table. Mild calculus noted mostly lower anterior. SPP: Propy with coarse Gem. mildly polished labial on poling. Tissue firm. Consult E R Pelton concerning hx of heart calcifications <i>C. A. Baxer</i></p>

(cont)
C. A. BAXER, DMD, CDO
FCI TERMINAL ISLAND, CA

FEDERAL BUREAU OF PRISONS
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication?
If so, what? Midran for Migranes (only sometimes) yes no
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what?
PENNICILLIAN WHEN I WAS A CHILD yes no
3. Have you been under the care of a physician during the past two years? If so, why? Hepatitis C, Heart Valve yes no
Liver Condition / Condition + papititions
4. Have you been hospitalized in the past two years?
If so, why? _____ yes no
5. Do you have or have you ever had a heart murmur or been treated for a heart condition? yes no
6. Do your ankles ever swell during the day?
They have swelled up on me AFTER A drinking binge yes no
7. Have you ever been treated for a tumor or growth? yes no
8. Have you ever had abnormal bleeding? yes no
9. Have you ever had serious difficulty with any dental treatment? yes with cracked fillings. They had to pull my tooth + its hurting the right side of my mouth while I eat. yes no
10. Have you ever had clicking, popping, or pain in your jaw joint? yes yes no

Circle any of the following that you have had:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Congenital heart defects | <input checked="" type="checkbox"/> <u>enlarged AORTIC VALVE</u> | <input type="checkbox"/> Heart murmur |
| <input checked="" type="checkbox"/> Heart attack or heart problems | <input checked="" type="checkbox"/> <u>papititions</u> | <input checked="" type="checkbox"/> <u>Angina</u> - in the past but not lately |
| <input type="checkbox"/> Stroke | <input checked="" type="checkbox"/> <u>PARACARDITUS</u> | <input type="checkbox"/> High Blood pressure |
| <input type="checkbox"/> Rheumatic Fever ? | | <input type="checkbox"/> Heart pacemaker |
| <input type="checkbox"/> Asthma | | <input type="checkbox"/> Epilepsy or seizures |
| <input type="checkbox"/> Anemia (blood problems) | | <input type="checkbox"/> Diabetes |
| <input checked="" type="checkbox"/> <u>Thyroid problems</u> <u>ONE TIME my Thyroid gland swelled up.</u> | | <input type="checkbox"/> AIDS or HIV infection |
| <input type="checkbox"/> Chronic bronchitis | | <input type="checkbox"/> Emphysema |
| <input checked="" type="checkbox"/> <u>Venereal disease (syphilis, gonorrhea)</u> | | <input type="checkbox"/> Tuberculosis (TB) |
| <input type="checkbox"/> Arthritis | | <input checked="" type="checkbox"/> <u>Psychiatric treatment</u> <u>personal counseling + Drug Rehab + Alcohol</u> |
| <input type="checkbox"/> Artificial heart valve | | <input type="checkbox"/> Artificial joint |
| <input checked="" type="checkbox"/> <u>Hepatitis</u> <u>BC</u> | | |

Do you currently use tobacco (cigarettes, chewing tobacco, snuff)? yes no

Do you have any disease, condition, or problem not listed?
WOMEN ONLY: Are you pregnant?

Name: Dan Monaco
Institution: FCI, Terminal Island

Reg No. 13314-006
Date: 2-25-99

MEDICAL RECORD CONSULTATION SHEET

REQUEST *CABERT*

TO: DR. PELTON FROM: (Requesting physician or activity) C.A. BAXER, DMD. DATE OF REQUEST: 10-27-99

REASON FOR REQUEST (Complaints and findings) PATIENT HAS A HX OF CALCIFIED AORTIC VALVE WITH MILD A.I. by ECHO '92.

PLEASE EVALUATE FOR PRE-MED (PROPHYLAXIS FOR BACTERIAL ENDOCARDITIS). RECOMMENDATION WOULD BE ~~Amoxicillin~~ ^{Clindamycin 600mg} _{2 CB} ^{DMS} _{error} 1HR prior to dental procedures, as he states he is allergic to Penicillin.

PROVISIONAL DIAGNOSIS R/o risk for BACTERIAL ENDOCARDITIS

DOCTOR'S SIGNATURE APPROVED PLACE OF CONSULTATION ROUTINE TODAY BESIDE ON CALL 72 HOURS EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NO PATIENT EXAMINED YES NO

At c Calcified Aortic Valve, mild AI - asymptomatic. Recommend ~~Amoxicillin 2gms~~ PO 1^o a procedure Clinda 300mg #ii

J. Pelton 10-27-99

(Continue on reverse side)

SIGNATURE AND TITLE DATE/TIME IDENTIFICATION NO. ORGANIZATION FCI, TERMINAL ISLAND REGISTER NO. WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)

MONACO, DONALD 13314-006

CONSULTATION SHEET Medical Record

FEDERAL PRISON CAMP
DULUTH, MN

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED

UNIT: 208 DATE: 1/27/03

INMATE'S NAME: Monaco Donald DETAIL: Unassigned REG. NO.: 13314-006

MEDICAL CLASSIFICATION STATUS: (Check one)

- () IDLE: _____ THRU 12 MIDNIGHT _____, 20 _____
- () CONVALESCENT: _____ THRU 12 MIDNIGHT _____, 20 _____
- () RESTRICTED DUTY: _____ THRU 12 MIDNIGHT _____, 20 _____

(X) OTHER: Please fit with low cut shoe - perhaps 9 EE

Pauline M
Physician or Physician Assistant

IDLE STATUS - Temporary disability not to exceed three days duration. Restricted to room except for meals, religious services, sick call.

No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Full institutional privileges and limited recreational privileges, subject only to medical limitation.

RESTRICTED DUTY - Restricted from work around machinery, heights, heavy lifting, sports activities, etc., because of physical or mental handicap. List handicap, limitation and time period.

Distribution: Medical Records, Medical Records Staff, Unit Officer, Inmate, Control Center.



PRINTED ON RECYCLED PAPER

LVN-20-F

MEDICAL REPORT OF DUTY STATUS

NAME		<u>Monaco, Donald</u>		HOSPITAL REGISTRATION NO.		<u>13314-006</u>	
ADDRESS							
<u>F/S 208</u>							
INPATIENT		INCLUSIVE DATES OF TREATMENT					
		From: <u>2-24-03</u>		Through: <u>2-24-03</u>			
OUTPATIENT		DATE		TIME ARRIVED		TIME DEPARTED	
				A.M.P.M.		A.M.P.M.	
DISPOSITION		Can resume usual occupation		DATE		Can perform limited duties as specified under REMARKS	
		<u>2-25-03</u>					
		To return to clinic		DATE		To be hospitalized	
OTHER (Specify)							

REMARKS

Idle today

NAME AND LOCATION OF HOSPITAL OR CLINIC		SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN		DATE
<u>FR DTH</u>		<u>P. Polz</u>		<u>2-24-03</u>

WHITE-MEDICAL RECORD

YELLOW-INMATE

PINK-UNIT

GOLDENROD-WORK SUPERVISOR

4

MEDICAL RESTRICTIONS

FCI WASECA, MN

INMATE: Monaco, Don UNIT: B
REG#: 13314-006 DETAIL: Yard II

PLEASE BE ADVISED THAT THE ABOVE INMATE HAS BEEN:

Evaluated by medical staff: Date/Time 10/28/02 0710

MEDICAL CLASSIFICATION STATUS:

Idle: Reason _____ Until _____
DATE

Restricted to Unit

Complete Bedrest

Convalescence: Restrictions No work
Until 10/31/02
DATE

Restricted Duty: State type of restrictions _____
Until _____
DATE

Other: Return to Medical if symptoms
occur

K. BRANDI, PA-C
[Signature]
FOR USPHS
CLINICIAN

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - Temporary disability not to exceed three days duration. Restricted to unit except for meals, religious services, sick call, and callouts. No recreation.

COMPLETE BEDREST - Restricted to BED except for meals, religious services, sick call, and callouts. No recreation.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Full institutional and limited recreational privileges, subject only to medical limitation.

RESTRICTED DUTY - List restriction, limitation, and time period.

**MEDICAL RESTRICTIONS
FCI WASECA, MN**

INMATE: Monaco, Donald UNIT: B
REG#: 13314 - 006 DETAIL: yard 2

PLEASE BE ADVISED THAT THE ABOVE INMATE HAS BEEN:

Evaluated by medical staff: Date/Time 9-29-02 1130

MEDICAL CLASSIFICATION STATUS:

Idle: Reason _____ Until 9-30-02
DATE

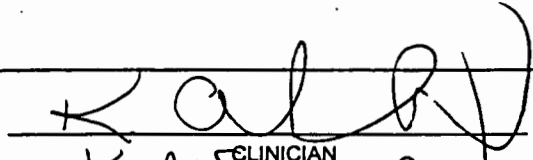
Restricted to Unit

Complete Bedrest

Convalescence: Restrictions _____
Until _____
DATE

Restricted Duty: State type of restrictions _____
Until _____
DATE

Other: _____


K. Alford, RN
CLINICIAN

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - Temporary disability not to exceed three days duration. Restricted to unit except for meals, religious services, sick call, and callouts. No recreation.

COMPLETE BEDREST - Restricted to BED except for meals, religious services, sick call, and callouts. No recreation.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Full institutional and limited recreational privileges, subject only to medical limitation.

RESTRICTED DUTY - List restriction, limitation, and time period.

MEDICAL RESTRICTIONS
FCI WASECA, MN

INMATE: Monaco, Ronald UNIT: B
REG#: 13314-006 DETAIL: Yard 2

PLEASE BE ADVISED THAT THE ABOVE INMATE HAS BEEN:

Evaluated by medical staff: Date/Time 4-15-02 1500

MEDICAL CLASSIFICATION STATUS:

Idle: Reason _____ Until _____
DATE

Restricted to Unit Complete Bedrest

Convalescence: Restrictions _____
Until _____
DATE

Restricted Duty: State type of restrictions _____
Until _____
DATE

Other: 1 pain "Foot Swollen" who instructs
to stay w/inmate (all time)

J. Zimmer
CLINICIAN

DEFINITIONS AND INSTRUCTIONS
NREMT - Paramedic
FCI Waseca

IDLE STATUS - Temporary disability not to exceed three days duration. Restricted to unit except for meals, religious services, sick call, and callouts. No recreation.

COMPLETE BEDREST - Restricted to BED except for meals, religious services, sick call, and callouts. No recreation.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Full institutional and limited recreational privileges, subject only to medical limitation.

RESTRICTED DUTY - List restriction, limitation, and time period.

**MEDICAL RESTRICTIONS
FCI WASECA, MN**

INMATE: Monahan, Donald UNIT: B
REG#: 13314-0016 DETAIL: Light 2

PLEASE BE ADVISED THAT THE ABOVE INMATE HAS BEEN:

Evaluated by medical staff. Date/Time 4-2-02

MEDICAL CLASSIFICATION STATUS:

Idle: Reason _____ Until 4-3-02
DATE

Restricted to Unit

Complete Bedrest

Convalescence: Restrictions _____
Until _____
DATE

Restricted Duty: State type of restrictions _____
Until _____
DATE

Other: _____

K. Peterson PA-C
K. PETERSON, PA-C
CLINICIAN

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - Temporary disability not to exceed three days duration. Restricted to unit except for meals, religious services, sick call, and callouts. No recreation.

COMPLETE BEDREST - Restricted to BED except for meals, religious services, sick call, and callouts. No recreation.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Full institutional and limited recreational privileges, subject only to medical limitation.

RESTRICTED DUTY - List restriction, limitation, and time period.

MEDICAL RESTRICTIONS
FCI WASECA, MN

INMATE: Monaco, Donald UNIT: D
REG#: 13314-006 DETAIL: yard II

PLEASE BE ADVISED THAT THE ABOVE INMATE HAS BEEN:

Evaluated by medical staff: Date/Time 10/30/00 1010

MEDICAL CLASSIFICATION STATUS:

Idle: Reason _____ Until _____
DATE

Restricted to Unit Complete Bedrest

Convalescence: Restrictions _____
Until _____
DATE

Restricted Duty: State type of restrictions _____
Until _____
DATE

Other: May now use an upper
limb if required.

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

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - Temporary disability not to exceed three days duration. Restricted to unit except for meals, religious services, sick call, and callouts. No recreation.

COMPLETE BEDREST - Restricted to BED except for meals, religious services, sick call, and callouts. No recreation.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Full institutional and limited recreational privileges, subject only to medical limitation.

RESTRICTED DUTY - List restriction, limitation, and time period.

**MEDICAL RESTRICTIONS
FCI WASECA, MN**

INMATE: Monaco, Donald UNIT: D
REG#: 13314-000 DETAIL: Yard I

PLEASE BE ADVISED THAT THE ABOVE INMATE HAS BEEN:

Evaluated by medical staff: Date/Time 6/14/00 1230

MEDICAL CLASSIFICATION STATUS:

Idle: Reason _____ Until _____
DATE

Restricted to Unit Complete Bedrest

Convalescence: Restrictions _____
Until _____
DATE

Restricted Duty: State type of restrictions Hearing restriction
Until _____
DATE

Other: low bunk required, indefinite
Soft shoe required, indefinite.
M. Gray
CLINICIAN M.A. GRAY, M.D.

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - Temporary disability not to exceed three days duration. Restricted to unit except for meals, religious services, sick call, and callouts. No recreation.

COMPLETE BEDREST - Restricted to BED except for meals, religious services, sick call, and callouts. No recreation.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Full institutional and limited recreational privileges, subject only to medical limitation.

RESTRICTED DUTY - List restriction, limitation, and time period.

**FCI Terminal Island
Health Services**

MEDICAL REPORT OF DUTY STATUS

NAME MONACO, DONALD HOSPITAL REGISTRATION NO 13314-106
 ADDRESS B LOW LIBRARY

INPATIENT	INCLUSIVE DATES OF TREATMENT			
	From	Through		
OUTPATIENT	DATE	7-8-99	TIME ARRIVED	TIME DEPARTED
			AM/PM	AM/PM
DISPOSITION	Can resume usual occupation	7-9-99	DATE	Can perform limited duties as specified under REMARKS
	To return to clinic		DATE	To be hospitalized
	OTHER (Specify)			

REMARKS lay in j day

NAME AND LOCATION OF HOSPITAL OR CLINIC <u>Fa - M</u>	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORDS MANAGER <u>Gan</u> FLEUR PANGANIBAN, P.A. TERMINAL ISLAND	DATE <u>7-8-99</u>
--	--	-----------------------

MEDICAL REPORT OF DUTY STATUS

NAME **MONACO, DONALD** HOSPITAL REGISTRATION NO.

ADDRESS **13314-006** *CMS-13* *13*

INPATIENT ~~DOE~~ **INCLUSIVE DATES OF TREATMENT**
FCI TERMINAL ISLAND 9073 From: **07/31/98** Through:

OUTPATIENT DATE **4/9/99** TIME ARRIVED A.M./P.M. TIME DEPARTED

DISPOSITION

Can resume usual occupation	DATE 4/10/99	Can perform limited duties as specified under REMARKS	DATE
To return to clinic	DATE	To be hospitalized	DATE
OTHER (Specify)			

REMARKS
On matter for the rest of the day

NAME AND LOCATION OF HOSPITAL OR CLINIC SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN DATE
[Signature] **4/9/99**

IHS-131 (1/89)

DE: 4

**FCI Terminal Island
 Health Services**

MEDICAL REPORT OF DUTY STATUS

NAME **Monaco, Don** HOSPITAL REGISTRATION NO.

ADDRESS **13314-006**

INPATIENT INCLUSIVE DATES OF TREATMENT
 From Through:

OUTPATIENT DATE TIME ARRIVED AM/PM TIME DEPARTED

DISPOSITION

Can resume usual occupation	DATE	Can perform limited duties as specified under REMARKS	DATE
To return to clinic	DATE	To be hospitalized	DATE
OTHER (Specify)			

REMARKS
 ① Hearing Restriction - NO Loud work environment
 ② Shoes - no steel toe boots

NAME AND LOCATION OF HOSPITAL OR CLINIC SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN DATE
[Signature] **3/23/99**

IHS-131 (1/89)

FPI-LOM

**FCI Terminal Island
Health Services**

MEDICAL REPORT OF DUTY STATUS

NAME Monaco, Donald HOSPITAL REGISTRATION NO. _____

ADDRESS 13314-006

INPATIENT	INCLUSIVE DATES OF TREATMENT		
	From	Through	
OUTPATIENT	DATE	TIME ARRIVED	TIME DEPARTED
		AM/PM	AM/PM
DISPOSITION	Can resume usual occupation	DATE	Can perform limited duties as specified under REMARKS
			DATE
	To return to clinic	DATE	To be hospitalized
		DATE	
OTHER (Specify)			

REMARKS Pt may have his Orthotics sent in if there are no objections

James K. Pelton, MD
Clinical Director
FCI Terminal Island

NAME AND LOCATION OF HOSPITAL OR CLINIC _____ SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN [Signature] DATE 3/3/59

**FCI Terminal Island
Health Services**

MEDICAL REPORT OF DUTY STATUS

NAME Monaco, Donald HOSPITAL REGISTRATION NO. _____

ADDRESS 13314-006

INPATIENT	INCLUSIVE DATES OF TREATMENT		
	From	Through	
OUTPATIENT	DATE	TIME ARRIVED	TIME DEPARTED
		AM/PM	AM/PM
DISPOSITION	Can resume usual occupation	DATE	Can perform limited duties as specified under REMARKS
			DATE
	To return to clinic	DATE	To be hospitalized
		DATE	
OTHER (Specify)			

REMARKS Hearing Restricted - no work in high noise area

James K. Pelton, MD
Clinical Director
FCI Terminal Island

NAME AND LOCATION OF HOSPITAL OR CLINIC _____ SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN [Signature] DATE 3/3/59

1. Institution FCI - TERMINA ISLAND		2. Name of Injured MONACO, DON		3. Register Number 13314-006	
4. Injured's Duty Assignment LIBRARY		5. Housing Assignment B		6. Date and Time of Injury 4-24-99 1200	
7. Where Did Injury Happen (Be specific as to location) BOFTISAU			Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Date and Time Reported for Treatment 4-28-99 1100
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) S: I WAS PLAYING SOFTBALL AND I HURT MY (L) SHOULDER WHEN I FELL ON IT. ✓ Don Monaco Signature of Patient					
10. Objective: (Observations or Findings from Examination) D, 122/78 74 16 57.9°F			X-Rays Taken _____ Not Indicated <input checked="" type="checkbox"/> X-Ray Results		
(L) SHOULDER: Good ROM, No point tenderness, good active & passive motion. C-1 discoloration, PMS vital, C, capillary, (-) atrophy					
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) A contusion (L) shoulder					
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) P: Educ on care of (L) shoulder, meds, follow-up. Warm compress to affected area. Naproxen 275 x 1 BID x 5 days PRN after 1 day of follow-up in clinic RTC PRN.					
13. This Injury Required:					
<input type="checkbox"/> a. No Medical Attention <input type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input checked="" type="checkbox"/> d. Other (explain) See # 12 no idly <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician					
Signature of Physician or Physician Assistant					

Original - Medical File
Canary - Safety
Pink - Work Supervisor (Work related only)
Goldenrod - Correctional Supervisor

Self Carboned Form - If ballpoint pen is used, PRESS HARD



1. Institution FCI-TRM	2. Name of Injured Monaco, Donald	3. Register Number 13314 - 006
4. Injured's Duty Assignment CMS 13	5. Housing Assignment B	6. Date and Time of Injury 3-15-99 0930
7. Where Did Injury Happen (Be specific as to location) CMS office / shop	Work Related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. Date and Time Reported for Treatment 3-15-99 1145
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) "I was sitting on my chair and I bump my forehead in the electrical box." Don Monaco Signature of Patient		
10. Objective: (Observations or Findings from Examination) PR 11/10 PR 70/12/12 RR 7/16/12 X-Ray Results <input type="checkbox"/> X-Rays Taken <input type="checkbox"/> Not Indicated <input type="checkbox"/>		
(L forehead) clean laceration 1 inch x 0.5 cm, & bleeding & swelling		
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) Laceration (L forehead)		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) Cleaned & Betadine solution Tet inj - CHIRPEN Applied steri-strip No Ray in Reported to Lieut. Jones Educate: wound care		
13. This Injury Required: <input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician MASQUETA PH Signature of Physician or Physician Assistant		

Original - Medical File
Canary - Safety
Pink - Work Supervisor (Work related only)
Goldenrod - Correctional Supervisor

Self Carboned Form - If ballpoint pen is used, PRESS HARD



8/3/00

Date (Fecha)

I. Donald Monaco 13314-006
(Name and Registration Number) (Nombre y Número de Registro)

refuse treatment recommended by the Federal
(rechaza el tratamiento recomendado por el Personal

Bureau of Prisons Medical staff for the following condition(s):
Médico del Bureau Federal de Prisiones, por las siguientes razones):

DESCRIBE IN LAYMAN'S TERMINOLOGY: (DESCRIBA EN TERMINOLOGIA COMUN Y CORRIENTE):

Chronic hepatitis C

The following treatment(s) was/were recommended: (El siguiente tratamiento(s) fue/fueron recomendado(s)):

Ultrasound of liver/abdomen

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

(Los miembros del personal Médico del Bureau Federal de Prisiones me ha explicado cuidadosamente las posibles consecuencias o complicaciones siguientes que pueden resultar por causa de mi rechazo a aceptar tratamiento):

treatment of hepatitis C can not be offered without this evaluation.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

(Me doy por enterado de las posibles consecuencias o complicaciones enlistadas arriba, y aun así me rehusó al tratamiento recomendado. Por medio de la presente, asumo toda responsabilidad por mi condición física o mental, y relevo al Bureau de Prisiones y a sus empleados de cualquiera y toda responsabilidad por cause de respetar y seguir mis expresos deseos y direcciones.)

Donald Monaco

Patient's Signature and Date (Firma del Paciente y Fecha)

[Signature]

8/3/00

(Firma del Testigo y Fecha)

Signature of Witness and Date (Firma del Testigo y Fecha)

Original - Inmate's Medical Record
Canary - Hospital File
Pink - To Inmate

MONACO, DONALD

13314-006

DOB 07-31-1958

FCI WASECA, MN

EXHIBIT H

PRE ARREST MEDICAL RECORDS

THESE ARE JUST BUT A FEW THAT ARE AND STILL SHOULD BE AVAILABLE

PETITIONER ASKS THAT THE COURT HELP HIM THROUGH THE DISCOVERY PROCESS

TO HELP HIM RETREIVE MORE OF HIS MEDICAL FILES THAT ARE BEING DENIED HIM STILL.

* Notes were on the original court copy + prosecutor copy that outlined the contents of these medical records in relationship to my ^{existing} pre + post arrest medical problems. (see court copies).

Ma
12/6/02

D.O.B.: 07/31/58
Doctor: Gary Archer
Date: 07/08/92

4003 Lake Otis Pa #101
Anchorage, Alaska 99508
(907) 563-3493

Arch. Diagnostic Imaging Ctr.
4003 Lake Otis, Anch., Ak 99508

563-3493

Clinical History:

- Routine
- Send films with patient
- Phone results to this number

Exam Requested:

2-D AND M-MODE ECHOCARDIOGRAM WITH DOPPLER FLOW STUDIES

Radiologist Report:

Study is compared with one done on 02/14/92 which showed calcific disease of the aortic valve and mild MR.

QUALITY OF THE PRESENT STUDY: Good.

1. PERICARDIUM: There is no effusion, although there is a trivial little echo-free space that may represent a small amount of physiologic pericardial fluid.
2. LEFT VENTRICLE: It contracts briskly. At the end of diastole it is a little over 5cm, at the end of systole just over 3cm with a normal ejection fraction. The septum and posterior wall are each about a centimeter thick or a little more.
3. LEFT ATRIUM: That chamber is 4cm in the AP plane and it looks normal. The mitral leaflets move freely.
4. AORTA: The root of the aorta moves briskly. It is under 3.5cm in the AP plane. The commissure between the left and the right coronary cusps is thickened and dense but there is adequate motion of the aortic valve leaflets. Doppler interrogation shows a jet of at least mild AI. The half time on the jet of AI is 746msec which is compatible with mild AI.

The dense calcific-looking mass located at the junction between the right and left coronary cusps could be in part vegetation; however, there is no flipping around or dishrag effect that is more commonly associated with vegetation. If there is a clinical suspicion of endocarditis, however, that should be followed up.

5. RIGHT VENTRICLE: That chamber is under 2.5cm in the AP plane and it looks normal. The tricuspid valve, RA, and root of the PA are all unremarkable.

DOPPLER interrogation shows normal antegrade flow patterns. There are trivial jets of MR and TR and mild AI.

IMPRESSION: Abnormal study.

1. Calcific-looking disease involving the aortic valve with mild AI.
2. Trivial to mild MR and TR with borderline LAE.

Compared with the study done 02/14/92, I do not see a significant change.



SHERMAN BEACHAM, M.D.
SB/jo

Name: DON MONACO
 D.O.B. 7-31-58
 Doctor
 Date: ARCHER
 7-9-92
 Anch. Diagnostic Imaging Ctr.
 4003 Lake Otis, Anch., AK 99508 563-3493

ANCHORAGE DIAGNOSTIC IMAGING CENTER

CLINICAL HISTORY: Routine.
 Send films with patient.
 Phone results to this number.

EXAM REQUESTED:

CT Chest / Abd

RADIOLOGIST REPORT:

CT LOWER CHEST AND UPPER ABDOMEN: Oral and intravenous contrast were administered. The descending aorta appears normal in caliber and course. The abdominal aorta is also entirely normal in caliber throughout its visualized length. The liver has a normal parenchymal pattern with no masses or nodules or infiltrative lesions. The spleen is large. The pancreas appears normal. The adrenal glands appear normal and the kidneys appear normal and appear to function well. No evidence of mesenteric or para-aortic lymph node enlargement.

IMPRESSION: Splenomegaly.

HAROLD F. CABLE, M.D./mh
 D&T-07/09/92

C

HAROLD F. CABLE, M.D.

4003 Lake Otis Parkway, #101

(907) 563-3493

Anchorage, Alaska 99508

C

HAROLD F. CABLE, M.D.

4003 Lake Otis Parkway, #101

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Anchorage, Alaska 99508

HAROLD F. CABLE, M.D.

4003 Lake Otis Parkway, #101

(907) 563-3493

Anchorage, Alaska 99508

25 Feb 72

- Finds:
- ① aortic stenosis (mild) \bar{c} partial fusion of 2 leaflets
 \bar{c} mild outflow obstruction of ? etiology (? RHD, etc)
 - ② mild-moderate aortic insufficiency 2° to ①
 - ③ mild mitral regurgitation
 - ④ mild LAF, probably 2° to ③
 - ⑤ chest pain, possibly 2° to {esophageal
COR. artery spasm} - NO evidence of C.A.D.
 - ⑥ irregularly irregular sudden sinus rate changes and
RARE PACS
 - ⑦ History of chronic hepatitis B +/- C \bar{c} recent
evidence of hepatic injury 2° to this +/- ETOH.

- Rec:
- ① prophylactic antibiotics for dirty procedures
 - ② Avoid isometric exercise (bench press, etc) -
but continue active aerobic program
 - ③ keep chest pain diary 1 month + RPE.
 - ④ obtain results of U.W. + Dr. Buntzen's hepatic
evaluation

(Amr)

28 Feb 92

Don Monaco

Pt. ~~awakened~~ ^{sudden} ~~awakened~~ ^{awakened} and ~~had~~ ^{had} ant-lat sharp chest pain & radiation down ~~to~~ ^{to} arm - lasted ~ 20" (dizziness) and 5" (pain) - yesterday evening - later, friends told pt he appeared pale & pt felt "nervous" & some twinges of chest pain - went to Humana ER. - told EKG + CXR was WNL. Had productive cough after (?)

PO: chest: clear

CVS: RSB. S₁S₂ WNL x S₁ split. S @, A₂S₂, gallop, clicks
 PmI \bar{c}/r incl - 5th, 7s.

- Imp:
- ① possible episode of coronary artery spasm
 - ② No pheochromocytoma, Encrinoid - doubt

- Rec:
- ① 24 hr urine for VMA, 5HIAA
 - ② HS-II, ANA, RA, SR/Kr →
 - ③ Tard: Cardrom CD-180
 - ④ RTC 3/4 Kr

28 Feb 92:
 RA = POS (1:40)
 ANA = NB9
 SGTPT = 224 (was 151 on 7/26)

[Signature]

4 Mar 92: ① Pt. did not take any Cardrom until about 1 hour ago - then noted "flutter" over heart and then "lightening pain from chest to left arm" + feeling clammy. (BP 100/90 → 119/90 ↑)

② Had multiple episodes of dull chest pain + occ sharp pains to ① shoulder between 2/28 and now. Also multiple epigastric symptoms (bloating).

EKG → NSR. 0 ectopy

Don Monaco

6

17 MAR 92

PT developed some symptoms again last night - went to ER + had ECG - fold was weak - Pt. state these symptoms occurred once several months ago after exercise + maybe 2 times in the past. PT states he also is under ↑ business stress.

Rec:

- ① Trial: Verelan 120 - if any symptoms - then no meds at all - RTC 1 wk
- ② Vacation ASAP

Handwritten signature/initials

17 MAR 92

PT did not take Verelan. Was asymptomatic all week until after physical exercise program developed "surgong left out chest pain" lasting ~ 1', then felt somewhat light headed for 10' - then asymptomatic until this am when strained to urinate + noted onset of chest pain, lasting ~ 2', then saw spots + noted fast P.R. and felt every 4th, 5th heart beat was weak.

PE: chest: clear
AS: RSA. 0 edgy

ECG → NSR
6 lead c + p Valsalvas → NSR

Rec: ① PT remains very fearful. Wants ETT and careful recordings after to R/o rhythm disturbance

int: Don NOWA (0)

SSH

DOB:

DATE

NOTES

12/23/47 (5) PATIENT RETURN P LONG ABSENCE. HAS BEEN UNDER A STRESS. HAS BEEN HAVING PALPITATIONS DURING THE PAST 2 WEEKS WHEN HE FEELS A BIT OF STUFF AS THOUGH HEAT. WILL FEEL SOB OR GAS BURNING WHEN THIS OCCURS. WHEN EXERCISING ON STATIONARY BIKE RECENTLY DEVELOPED SHARP PAIN WHICH RESOLVED WHEN HE STOPPED. Woke UP WITH LEFT NECK PAIN AND LEFT SHOULDER PAIN - SHARP AND WITHIN 10 MIN ~ 5 MINUTES. PAPER HAS HTX OF MUG AND ETOH ABUSE BUT NONE X 11 MONTHS. HAS HTX OF HEPATITIS B, C WITH PHYSICALLY ELEVATED LFT'S. NUCLEI HAD LIVER BIOPSY.

(6) HEART: RM 5.2, 5.3, 5.4 WEDGE TV I, II, III, V5, V6

LUNG: COPD

ABO: EBEN GROSS MARYLAND

DOB: NSL, WNL

- 1) PALPITATIONS
- 2) HEPATITIS B, C - CHRONIC
- 3) ELEVATED LFT'S 20 to 22

- 1) EVENT MONITOR
- 2) CONTINUED REFERRAL TO DR. SATHAGAN
- 3) 10 MONTHS

1/20/48 (5) Doing well - fewer palpitations - HAS STAYED AEROBIC EXERCISE AND IMPROVED DIET.

DOES NOT YET WANT REFERRAL TO GI SPECIALIST FOR LIVER BIOPSY - WANTS TO FOLLOW SERIAL LFT'S - IS INTERESTED IN TRYING MILK THISTLE.

(6) EXAM RETURNS

EVENT MONITOR - ONE PAGE SHOWING ST ELEVATION DURING "HEART PALPITATIONS" Q/W WNL

- 1) PALPITATIONS
 - 2) CHRONIC HEPATITIS B, C
 - 3) ELEVATED LFT'S 20 to 22
 - 4) HYPERTENSION
- DR. SATHAGAN WILL REVIEW EVENT MONITOR.

name: DON MNAPO

SSN

DOB:

DATE

NOTES

12/1/92
 Reviewer event number E M Bulbman
 ASD have PVC's - say of 5/ elevation
 is not significant - patient asymptomatic
 [Signature]

2/1/92
 1) Doing well - only have palpitations.
 Has stroke with little. WAD T1
 Recheck LFTS.
 2) Request letter to his rehab counselor because
 would like to return out of the construction
 field into other type work

LOGS 4/4
 BSA B (A) (A)
 BSA (A) (A)
 LUNG: COM

HPC (A) ASD: Offm [unclear] [unclear]

HPC PWA HPC (A)
 P-1 (12/1/92) TPT [unclear] P-6 6/10/92 4.0
 AST - 66 ALT 131
 BUN - 206, WOL - 143, WOL - 35

- 1/ DIMOND DIAGNOSTIC
- 2/ ELEVEN MONTHS & OLDS
- 3/ HYPERCHOLESTEROLEMIA

1) Again discuss referral to GI specialist
 for liver biopsy - what decline
 2) P-1
 3) FID [unclear]
 [Signature]

OUTPATIENT REGISTRATION

ACCOUNT NUMBER 51219558		REGISTRATION DATE/TIME 11/17/1991 00:24		STATION/ROOM		SERVICE EMERGENCY		MEDICAL RECORD NUMBER 207180		
ADMITTING DIAGNOSIS BLURKED VISION/HA				VALUABLES OPN		PRIOR MILITARY NO	ANS ELIG NO	MEDICARE NO	MEDICAL NO	
ADMITTING PHYSICIAN NUMBER & NAME 001941 CAREY MD, EVA M			ADMITTING PHYSICIAN ADDRESS PO BOX 196604 ANCHORAGE AK 99519						ADM PHYS PHONE 261-3111	
ATTENDING PHYSICIAN NUMBER & NAME 001941 CAREY MD, EVA M			ATTENDING PHYSICIAN ADDRESS ANCHORAGE AK 99519						ATT PHYS PHONE	
ADM SOURCE		DATE OF SERVICE		PT TYPE E	FIN CLASS 6	INS 1 C19		INS 2	ADM BY WHS	
PATIENT NAME MONACO, DONALD, J			PATIENT MAILING ADDRESS 2900 BONIFACE 625 ANCHORAGE AK 99504					PATIENT PHONE 907-563-766		
DATE OF BIRTH 07/31/58	AGE 33Y	SEX M	MIS S	RACE C	RELIGION CAX	SOC SECURITY NO. 554-15-3829		NO	OCCUPATION SELF-EMP	
PATIENT EMPLOYER DONCO ENTERPRISE		HOW LONG 4Y	EMPLOYER ADDRESS SAME AS RESIDENCE						EMPLOYER PHONE	
RELATIVE NAME MONACO, DONALD F		REL N	RELATIVE ADDRESS 501 STEWART RD MEDESTE CA 95850					RELATIVE PHONE 209-578-091		
OCCUPATION		RELATIVE EMPLOYER		HOW LONG		EMPLOYER ADDRESS		EMPLOYER PHONE		
EMERGENCY CONTACT BLUDU, ROBIN		REL D	EMERGENCY ADDRESS . ANCHORAGE AK XXXX					EMERGENCY PHONE 907-344-883		
RELATIVE COMMENTS PT ESCORTED IN BY FRIEND VIA PRI VEH										
GUARANTOR NAME MONACO, DONALD, J		REL P	GUARANTOR MAILING ADDRESS 2900 BONIFACE 625 ANCHORAGE AK 99504					GUARANTOR PHONE 907-563-766		
OCCUPATION SELF-EMP		GUARANTOR EMPLOYER DONCO ENTERPRISE		HOW LONG 4Y		EMPLOYER ADDRESS		EMPLOYER PHONE		
GUARANTOR SOC SEC NO. 554-15-3829		GUARANTOR STREET ADDRESS 700 W 58TH UNIT G ANCHORAGE AK 99508					GUARANTOR COMMENTS			
INSURANCE COMPANY PRIMARY C19\MUTUAL OF OMAHA/			INSURANCE ADDRESS MUT OF OMAHA PLAZA OMAHA NE 68175						TREAT AUTH	
OCC CODE 6	OCC DATE 11/16/91	OCC TIME 00:00	SUBSCRIBER NAME MONACO, DONALD, J		REL P	DATE OF BIRTH 07/31/58	SUBSCRIBER NO. 554153829		GROUP NO.	
SUBSCRIBER EMPLOYER DONCO ENTERPRISE		EMP STATUS 1	HOW LONG 4Y	EMPLOYER ADDRESS				EMPLOYER PHONE		
SUPERVISOR IF WC			INSURANCE PRIMARY COMMENTS COPY OF INS CARDS IN FILE/ IF MORE INS INFO IS NEEDED CONTACT DOUG SCHAEFFER AT 349-2229 THROUGH MUTUAL OF OMAHA...111791 CAL							
INSURANCE COMPANY SECONDARY			INSURANCE ADDRESS						TREAT AUTH	
SUBSCRIBER NAME		REL	DATE OF BIRTH		SUBSCRIBER NO.		GROUP NO.			
SUBSCRIBER EMPLOYER		EMP STATUS	HOW LONG	EMPLOYER ADDRESS				EMPLOYER PHONE		
INSURANCE SECONDARY COMMENTS										
INSURANCE COMPANY TERTIARY			INSURANCE ADDRESS						TREAT AUTH	
SUBSCRIBER NAME		REL	DATE OF BIRTH		SUBSCRIBER NUMBER		GROUP NUMBER			
SUBSCRIBER EMPLOYER		EMP STATUS	HOW LONG	EMPLOYER ADDRESS				EMPLOYER PHONE		
INSURANCE TERTIARY COMMENTS										

ACCOUNT NUMBER: 51219558 DATE/TIME IN: 11/17/1991 00:24

PATIENT NAME: MONACO, DONALD, J DATE OF BIRTH: 07/31/58 AGE: 33Y SEX: M MODE OF ARRIVAL: WI ACCOMPANIED BY: FR MED. REC. NO.: 000000207180

PRIVATE PHYSICIAN: HOVERSTEN DO, GREGORY B CATEGORY: B ON-CALL PHYSICIAN: HOVERSTEN DO, GREGO B CATEGORY: B EMERGENCY PHYSICIAN: CAREY MD, EVA M

CHIEF COMPLAINT: BLURRED VISION/HA PRIORITY: I PMD BEEPED _____ (Times) PMD COMING TREATMENT RM TIME: TREATMENT NURSE:

TRIAGE NOTES:
 S: SHOPPING TONIGHT READING LABELS, SUDDEN ONSET BLURRED VISION, INCREASED BULSE RATE, INCREASE NUMBNESS OF THE HAND AFTER BREATHING
 O: ANXIOUS, HA NOW-VISION CLEARED HX OF MIGRAINES AND ANXIETY

VITAL SIGNS				NURSES NOTES
TIME	BP	P	R	
				0115 - Feels much better will go to his own room - PMU or will return here for further sympt W. Sutherland, RN

TRIAGE NURSE SIGNATURE: *W. Sutherland, RN*
 MEDICATIONS: NONE

CONTINUES ON NURSE NOTES YES

BP: 128/91 TEMP: 97.4 PULSE: 69 RESP: 18 DATE OF LAST TETANUS: ALLERGIES: PCN

PHYSICIAN EVALUATION

TIME	PHYSICIAN ORDERS	M.D. TIME
	<input type="checkbox"/> Diphtheria Tetanus Adult 0.5cc Im Mfg. _____ Lot No. _____	
	<input type="checkbox"/> OLD CHART	
	<input type="checkbox"/> CBC	
	<input type="checkbox"/> ER PANEL	
	<input type="checkbox"/> NURSE CALLBACK: _____ (DATE)	

TIME	MEDICATION	DOSE	M.D.	DATE	TIME

DISCHARGE DISPOSITION: DISCHARGE EXPIRED AMA TRANSPORTED TO: LEFT & BEING SEEN

CONDITION ON DISCHARGE: IMPROVED SATISFACTORY AS ABOVE WORK RELEASE _____ DAYS

OUTPATIENT REGISTRATION

PROVIDENCE HOSPITAL
ANCHORAGE, ALASKA

ACCOUNT NUMBER 51220317		REGISTRATION DATE/TIME 11/17/1991 16:22		STATION/ROOM		SERVICE EMERGENCY		MEDICAL RECORD NUMBER 207180	
ADMITTING DIAGNOSIS DIZZINESS/INC. HEART RATE				VALUABLES OPN		PRIOR MILITARY NO		ANS ELIG NO	
ADMITTING PHYSICIAN NUMBER & NAME 004796 MERCHANT MD, CLI		ADMITTING PHYSICIAN ADDRESS PO BOX 6604 - E.R. ANCHORAGE AK 99502						ADM PHYS PHONE 261-3111	
ATTENDING PHYSICIAN NUMBER & NAME 004796 MERCHANT MD, CLI		ATTENDING PHYSICIAN ADDRESS PO BOX 6604 - E.R. ANCHORAGE AK 99502						ATT PHYS PHONE 261-3111	
ADM SOURCE		DATE OF SERVICE		PT TYPE E		FIN CLASS 6		INS 1 C19	
INS 2		ADM BY BS							
PATIENT NAME MONACO, DONALD, J				PATIENT MAILING ADDRESS 700 W 58TH ANCHORAGE AK 99508				PATIENT PHONE 907-563-7661	
DATE OF BIRTH 07/31/58		AGE 33Y	SEX M	M/S S	RACE C	RELIGION CAX	SOC SECURITY NO. 554-15-3829		OCCUPATION GROUNDS MAINTEN
PATIENT EMPLOYER SELF		HOW LONG		EMPLOYER ADDRESS				EMPLOYER PHONE	
RELATIVE NAME BUDD, ROBIN		REL	RELATIVE ADDRESS D 10037 THIMBLE BERR ANCHORAGE AK 99515						RELATIVE PHONE 907-344-8831
OCCUPATION SELF		RELATIVE EMPLOYER		HOW LONG		EMPLOYER ADDRESS			EMPLOYER PHONE
EMERGENCY CONTACT		REL	EMERGENCY ADDRESS						EMERGENCY PHONE
RELATIVE COMMENTS TO ER VIA PRIV VEH.									
GUARANTOR NAME MONACO, DONALD, J		REL	GUARANTOR MAILING ADDRESS P 700 W 58TH ANCHORAGE AK 99508						GUARANTOR PHONE 907-563-7661
OCCUPATION GROUNDS MAINTEN		GUARANTOR EMPLOYER SELF		HOW LONG		EMPLOYER ADDRESS			EMPLOYER PHONE
GUARANTOR SOC SEC NO. 554-15-3829		GUARANTOR STREET ADDRESS 700 W 58TH ANCHORAGE AK 99508						GUARANTOR COMMENTS	
INSURANCE COMPANY PRIMARY C19/MUTUAL OF OMAHA/				INSURANCE ADDRESS MUT OF OMAHA PLAZA OMAHA NE 68175				TREAT AUTH	
OCC CODE 6	OCC DATE 11/16/91	OCC TIME 00:00	SUBSCRIBER NAME MONACO, DONALD, J		REL P	DATE OF BIRTH 07/31/58	SUBSCRIBER NO. 554153829	GROUP NO. 307384582	
SUBSCRIBER EMPLOYER SELF		EMP STATUS 4	HOW LONG		EMPLOYER ADDRESS			EMPLOYER PHONE	
SUPERVISOR IF WC		INSURANCE PRIMARY COMMENTS COPY OF INS CARD IN FILE..CPL 111791							
RACE: CAUCASIA				RELIGION: CATHOLIC-NO PARISH					
INSURANCE COMPANY SECONDARY				INSURANCE ADDRESS				TREAT AUTH	
SUBSCRIBER NAME		REL	DATE OF BIRTH		SUBSCRIBER NO.		GROUP NO.		
SUBSCRIBER EMPLOYER		EMP STATUS	HOW LONG		EMPLOYER ADDRESS			EMPLOYER PHONE	
INSURANCE SECONDARY COMMENTS									
INSURANCE COMPANY TERTIARY				INSURANCE ADDRESS				TREAT AUTH	
SUBSCRIBER NAME		REL	DATE OF BIRTH		SUBSCRIBER NUMBER		GROUP NUMBER		
SUBSCRIBER EMPLOYER		EMP STATUS	HOW LONG		EMPLOYER ADDRESS			EMPLOYER PHONE	
INSURANCE TERTIARY COMMENTS									

PATIENT NUMBER: 220317 DATE/TIME IN: 11/17/1991 16:22

PATIENT NAME: NACO, DONALD, J DATE OF BIRTH: 07/31/58 AGE: 33Y SEX: M MODE OF ARRIVAL: WI ACCOMPANIED BY: FR MED. REC. NO.: 000000207180

ATTENDING PHYSICIAN: VERSTEN DO, GREGORY B CATEGORY: B ON-CALL PHYSICIAN: HOVERSTEN DO, GREGO CATEGORY: B EMERGENCY PHYSICIAN: MERCHANT MD, CLI

COMPLAINT: DZINESS/INC. HEART RATE ^{RTV} PRIORITY: I PMD BEEPED (Times) PMD COMING TREATMENT RM TIME: 1640 TREATMENT NURSE:

PHYSICIAN NOTES:
 RETURNS TO ER TODAY, LWBS THIS AM
 1 AM. C/O EPISODES OF BLURRED
 VISION, DIZZINESS, RAPID HEART RATE,
 AND DISCOMFORT, TINGLING OF HANDS.
 AMBULATORY MALE, NAD. AO X3.

*denies use of alcohol
 or street drugs*

 PHYSICIAN SIGNATURE: *B. Hooversten*

VITAL SIGNS			NURSES NOTES	
TIME	BP	P/R		
		/	1645	Monitor NSR
		/		3 electrolytes - clear
		/	1730	Resting easy
		/		aware awaiting
		/		lab results - clear
		/		Pt off Monitor per Diffenda
		/		moved to Rm 4-3. Report
		/		J. B. Bernard - J. B. Bernard

PHYSICIAN SIGNATURE: *B. Hooversten* CONTINUES ON NURSE NOTES: YES NO

TEMP: 96.9 PULSE: 65 RESP: 16 DATE OF LAST TETANUS: 5/72 ALLERGIES: NKA

PHYSICIAN EVALUATION

PHYSICIAN ORDERS	M.D. TIME
<input type="checkbox"/> Diphtheria Tetanus Adult 0.5cc Im Mfg. Lot No.	1650
<input type="checkbox"/> OLD CHART	
<input checked="" type="checkbox"/> CBC	
<input checked="" type="checkbox"/> ER PANEL	
<input type="checkbox"/> NURSE CALLBACK: (DATE)	

*CL Drug Squell for few an
 CL epial flex No of Drug & 50mg
 & gassy in stomach
 some nausea
 hoarse & tingling
 Ho of Hypertension & being scared
 walk a bit lately - walk out as well cut
 no pain & w/o
 only sleep 3 hours - right up
 lot of gas put few times
 no hoarse or HT or lung pain
 Ho of "cluster migraine"
 & - permit. Ed's FEELING very nervous
 next episode about one week very nervous
 and tremor in voice
 chest clear when
 Absalt on family
 Anxiety, Ho of "migraine" note
 M.D. 11/17/91 DATE 1830 TIME*

DISCHARGE DISPOSITION: DISCHARGE EXPIRED AMA TRANSPORTED TO: IMPROVED SATISFACTORY
 ADMITTED Time LEFT & BEING SEEN WORK RELEASE DAYS

OUTPATIENT REGISTRATION

ACCOUNT NUMBER 51222321		REGISTRATION DATE/TIME 11/19/1991 14:38		STATION/ROOM		SERVICE EMERGENCY		MEDICAL RECORD NUMBER 207180	
ADMITTING DIAGNOSIS NOT FEELING WELL				VALUABLES OPN		PRIOR MILITARY NO		ANS EUG. NO	
ADMITTING PHYSICIAN NUMBER & NAME		ADMITTING PHYSICIAN ADDRESS						ADM PHYS PHONE 261-3111	
ATTENDING PHYSICIAN NUMBER & NAME 002824 INGRAHAM MD, DAV		ATTENDING PHYSICIAN ADDRESS PO BOX 6604 - E.R. ANCHORAGE AK 99519						ATT PHYS PHONE 261-3111	
ADM SOURCE		DATE OF SERVICE		PT TYPE E		FIN CLASS 6		INS 1 C19	
INS 2		ADM BY JBB		PATIENT NAME MONACO, DONALD J					
PATIENT MAILING ADDRESS 700 W 58TH ANCHORAGE AK 99508				PATIENT PHONE 907-563-7669					
DATE OF BIRTH 07/31/58		AGE 33Y		SEX M		M/S S		RACE C	
RELIGION CAX		SOC SECURITY NO. 554-15-3829		NO		OCCUPATION GROUNDS MAINTEN			
PATIENT EMPLOYER SELF		HOW LONG		EMPLOYER ADDRESS					
EMPLOYER PHONE		RELATIVE NAME BUJD, ROBIN		REL D		RELATIVE ADDRESS 10037 THIMBLE BERR ANCHORAGE AK 99515			
RELATIVE PHONE 907-344-8832		OCCUPATION SELF		RELATIVE EMPLOYER		HOW LONG		EMPLOYER ADDRESS	
EMPLOYER PHONE		EMERGENCY CONTACT		REL		EMERGENCY ADDRESS			
EMERGENCY PHONE		RELATIVE COMMENTS TO ER VIA PRIV VEH.							
GUARANTOR NAME MONACO, DONALD, J		REL P		GUARANTOR MAILING ADDRESS 700 W 58TH ANCHORAGE AK 99508					
GUARANTOR PHONE 907-563-7669		OCCUPATION GROUNDS MAINTEN		GUARANTOR EMPLOYER		HOW LONG		EMPLOYER ADDRESS	
EMPLOYER PHONE		GUARANTOR SOC SEC NO. 554-15-3829		GUARANTOR STREET ADDRESS 700 W 58TH ANCHORAGE AK 99508				GUARANTOR COMMENTS	
INSURANCE COMPANY PRIMARY C19\MUTUAL OF OMAHA/		INSURANCE ADDRESS MUT OF OMAHA PLAZA OMAHA NE 68175						TREAT AUTH	
OCC CODE :		OCC DATE		OCC TIME		SUBSCRIBER NAME MONACO, DONALD, J		REL P	
DATE OF BIRTH 07/31/58		SUBSCRIBER NO. 554153829		GROUP NO. Q07384532					
SUBSCRIBER EMPLOYER SELF		EMP STATUS 4		HOW LONG		EMPLOYER ADDRESS		EMPLOYER PHONE	
SUPERVISOR IF W		INSURANCE PRIMARY COMMENTS COPY OF INS CARD IN FILE..CPL 111791							
RACE: CAUCASIA				RELIGION: CATHOLIC-NO PARISH					
INSURANCE COMPANY SECONDARY		INSURANCE ADDRESS						TREAT AUTH	
SUBSCRIBER NAME		REL		DATE OF BIRTH		SUBSCRIBER NO.		GROUP NO.	
SUBSCRIBER EMPLOYER		EMP STATUS		HOW LONG		EMPLOYER ADDRESS		EMPLOYER PHONE	
INSURANCE SECONDARY COMMENTS									
INSURANCE COMPANY TERTIARY		INSURANCE ADDRESS						TREAT AUTH	
SUBSCRIBER NAME		REL		DATE OF BIRTH		SUBSCRIBER NUMBER		GROUP NUMBER	
SUBSCRIBER EMPLOYER		EMP STATUS		HOW LONG		EMPLOYER ADDRESS		EMPLOYER PHONE	
INSURANCE TERTIARY COMMENTS									

UNIT NUMBER 222321		DATE/TIME IN 11/19/1991 14:38					
PATIENT NAME NACO, DONALD J		DATE OF BIRTH 07/31/58	AGE 33Y	SEX M	MODE OF ARRIVAL WI	ACCOMPANIED BY SL	MED. REC. NO. 000000207180
ATTENDING PHYSICIAN HOVERSTEN DO, GREGORY B		CATEGORY B	ON-CALL PHYSICIAN HOVERSTEN DO, GREGO		CATEGORY B	EMERGENCY PHYSICIAN INGRAHAM MD, DAV	
COMPLAINT NOT FEELING WELL <i>Return visit</i>		PRIORITY I	<input type="checkbox"/> PMD BEEPED _____ (Times) <input type="checkbox"/> PMD REQUEST EDMD <input type="checkbox"/> PATIENT REQUESTED ERMD		<input type="checkbox"/> PMD COMING	TREATMENT ROOM TIME	TREATMENT NURSE

PHYSICIAN NOTES:
 THIRD VISIT TO ER IN 3 DAYS.
 TREATED HERE FOR STRESS, ANXIETY.
 NOW C/O MIGRAINES X 3 DAYS, DIZZINESS,
 NAUSEA, NOT FEELING WELL, SWEATING,
 LOOKING PALE.
 NAD:
Also concerned re possible heart attack. No dull chest pain

PHYSICIAN SIGNATURE: *[Signature]*

VITAL SIGNS				NURSES NOTES	
TIME	BP	P	R		
				<i>1610 Discharged ambulatory & f/u instruction to come back 11/21 @ 3:30 for CT. [Signature]</i>	

12-82	TEMP 98.3	PULSE 70	RESP N	DATE OF LAST TETANUS	ALLERGIES PCN?
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PHYSICIAN EVALUATION

PHYSICIAN ORDERS		M.D. TIME
<input type="checkbox"/> Diphtheria Tetanus Adult 0.5cc Im	Mfg. Lot No.	1519
<input type="checkbox"/> OLD CHART		
<input type="checkbox"/> CBC		
<input type="checkbox"/> ER PANEL		
<i>*KERG - his point</i>		
<i>Sched outpt CT @ 3:30 THUR</i>		
<i>contrast Results to Dr Hoversten</i>		
<input type="checkbox"/> NURSE CALLBACK:	(DATE)	

ORIGINAL

*1: Recurrent HA, nausea
intermittent chest pain*

*2: F/u @ Dr Hoversten
Want on CT*

PHYSICIAN SIGNATURE: *[Signature]* M.D. 11/19/91 DATE _____ TIME _____

MEDICATION		DOSE	

DISCHARGE DISPOSITION		CONDITION ON DISCHARGE	
<input checked="" type="checkbox"/> DISCHARGE	<input type="checkbox"/> EXPIRED	<input type="checkbox"/> IMPROVED	<input type="checkbox"/> SATISFACTORY
<input type="checkbox"/> ADMITTED Time	<input type="checkbox"/> AMA	<input checked="" type="checkbox"/> AS ABOVE	<input type="checkbox"/> WORK RELEASE _____ DAYS
	<input type="checkbox"/> TRANSPORTED TO:		
	<input type="checkbox"/> LEFT & BEING SEEN		

rec. back on 15
4-29-02

Saint Mary's Regional Medical Center
ATTN: Accounting and Old Records Dept.
235 West 6th Ave.
Reno, Nevada 89520

Dear Accounting and Old Records Department,

Hello, my name is Don Monaco and I believe that I was an emergency patient at your hospital by way of ambulance back in the early or mid 1990s. My date of birth is 7-31-58 and my Social Security number is 554-15-3829. I'm not sure of the exact date, but I was brought in because of a suspected heart attack that turned out to be a panic-anxiety attack because of adverse reactions to medicine received earlier in the day from the Century Clinic in Reno.

Can you please research this information and send me copies of any and all records, documents, treatments, doctors' notes, billing statements and tangible items related to this emergency visit? Can you also provide me with the names, titles, addresses, and telephone numbers of anyone and everyone who has knowledgeable information as an expert on this subject?

Can you please respond within two working weeks from the reception of this letter?

Thank you.

Dated: 4-9-02 ✓

Respectfully submitted by:

Donald James Monaco ✓

Donald James Monaco
13314-006, Unit-B
P.O. Box 1500, F.C.I.
Waseca, MN 56093

CC: DM/MF

RECEIVED

APR 11 2002
CHARTONE



SAINT MARY'S REGIONAL MEDICAL CENTER
 235 W. SIXTH ST. RENO, NV. 89520-0108
 TELEPHONE: (702)323-2041

EMERGENCY

DISCHARGE DATE:

FINAL DIAGNOSIS:

UNIT NO: 52-70-24
 ACCOUNT NO: 0003506431

PC:P

PT NAME: MONACO, DONALD J
 ADDRESS: 2900 BONIFACE PK 625
 CITY, ST, ZIP: ANCHORAGE AK 99504
 PHONE: (907)563-7669 SOC SEC NO: 554-15-3829
 COUNTY: RESIDENT SINCE:
 DOB: 07/31/58 AGE: 33Y RACE: 1 SEX: M
 M/S: SINGLE PRE CLERK: CLERK: ME

EXPECTED ADM DT:
 RELIG:
 BTH: CA
 PT EMP: ; DONCO ENT
 OCCU: SELF EMP
 ADDRESS:
 ANCHORAGE AK 99504
 EMP PHONE: (907)563-7669
 ID NO: 554153829 EMP STATUS: 4
 EMP SINCE:

REG DATE: 01/24/92 REG TIME: 05:10 SERVICE: ERM
 PT TYPE: EMR
 PT CLASS:

REG DIAG: ETD

LANGUAGE: ENGLISH

REG PHYS: CACIOPPO D.O., (702)789-3188 CODE: 7410
 REF PHYS: NO LOCAL, MD CODE: 9969

ACCIDENT TYPE: DATE:
 ACCIDENT TIME: PLACE:

VALUABLES:
 DISPO:
 ARRIVED PER: REMSA

GUAR REL: SELF
 NAME: MONACO, DONALD J
 ADDRESS: 2900 BONIFACE PK 625
 CITY, ST, ZIP: ANCHORAGE AK 99504
 PHONE: (907)563-7669 RESIDENT SINCE:
 DOB: AGE: SOC SEC NO: 554-15-3829

GUAR EMP: ; DONCO ENT
 OCCU: SELF EMP
 ADDRESS:
 ANCHORAGE AK 99504
 EMP PHONE: (907)563-7669
 EMP STATUS: 4 SINCE:

RELATIVE ONE REL: NLC
 NAME: C, C
 ADDRESS: PEPPERMILL PEPPERMILL
 CITY, ST, ZIP: RM M-62 NV 89502
 PHONE: SOC SEC NO:

INS ONE: 9800-COMMERCIAL INSURANC REL:
 NAME: MONACO, DONALD J
 INS EMP: ; DONCO ENT
 ADDRESS:
 CITY, ST, ZIP: OMAHA NE
 COMMENT: MUTUAL OF OMAHA (2 POLICIES)

GROUP NAME: PRIVATE
 GROUP NO: 007 384582
 EMP STATUS: 4 ID NO: 554153829
 CERT/POL NO: F15 328981
 CLAIM/CASE NO:
 EMP PHONE: (907)563-7669



527024

DRUG ALLERGIES PENICILLIN		SMOKER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ARRIVED 0570	TRADE 0570	IN ROOM 0570	IN MD BOX 0520	SEEN 0540	
TREATMENTS acute ex NO70 on 4/11/84 5/10/84 0740 - Pt left ambulatory w assistance no pain. A+ex 3. — Klein RN		CHIEF COMPLAINT New syncope episode per patient incident occurred ~ 1/2 hrs in car alone chest pain.			CURRENT MEDICATIONS Hepatitis-B + C			LAST TETANUS NA
LAW ENFORCEMENT		EMPLOYER	AMBULANCE	TIME				
PHYSICIAN NLMC	CALLLED	CALLLED	RESPONDED	ARRIVED	ON CALL PHYSICIAN	CALLLED	CALLLED	
COMBAT I	CALLLED	CALLLED	RESPONDED	ARRIVED	COMBAT I	CALLLED	CALLLED	

S. This 33 yow of 40 light headed
orthostatic feeling for several wks.
off on but most recently
1042° PTA dinner HA. w + v + d
pmH Chronic recurrent Hep B+C
Kos @ have to see Holistic clinic

O. S wcd + pul
HEENT: Perla, Emiss, dd
RM uterine, neck lymph
Hx = @ B R
Lym - whorling
HSP 8/17 B 50 @ 013
Neuro - PRR + 4 + 4 N-XII intact
resp 07/0' x 3
et Golden @ cyanosis

no 0630 fever - / Hx @ 5 @ 3
no 0200 case @ - decreased ortho
hypotension. recovery - exam

Diagnosis: Acute orthostatic hypotension
401.9 5A

DOCTOR'S SIGNATURE <i>Donald J Monaco</i>	RECEIVE SIGNATURE
DISCHARGE NURSE'S SIGNATURE <i>B. Klein RN</i>	
TIME 0740	DISPOSITION <input checked="" type="checkbox"/> HOME <input type="checkbox"/> ADMIT
CONDITION <input checked="" type="checkbox"/> IMPROVED <input type="checkbox"/> OTHER	ACUITY 3
UNIT COORDINATOR K. Byrnes	

MONACO, DONALD J
PT: 0003506431 ERM 52-70-24
AD: 01/24/92 FC: P 33Y M
PH: (907) 563-7669 DOB: 07/31/58

Patient No. 186566 P.T. 16:44 Admit Date 3-10-92 Admit Time 16:44 Age 33 Date of Birth 7-31-58 Sex M Marital Status SN RC IN Physician No. 70023 Physician Name Riley Pre. No.
 Patient Name and Address Monaco, Donald J JR. 2900 Boniface 58.625 99504 Social Security No. 554-15-3829 Patient's Employer Self 10037 Thimbleberry 99504 Medical Records No. Snow Removal 344-883
 Guarantor Name and Address SJA Relation SJA Guarantor Employer SJA Phone

Carrier No. 3300 Name mut of Omaha Insured SJA Birth Mo/Day SJA Effective Date 196391-91m Group No. 554-15-3829 Cert. No. Policy HIB Benefit Code

Nature of Accident Chest Pain/Dizziness On Job Where Date Time
 Chief Complaint Chest Pain/Dizziness Next of Kin Budd, Robin 10037 Thimbleberry 99504 344-883 Relation OT
 Comments

Pre Certification No. Allergies EPN NKA LMP NT Last Tetanus NOT RECORDED

TIME	TEMP	PULSE	RESP	B/P
ON ADMIT	97.5	71	20	130/70

MODE OF ARR. Walk Carried Ambulance Police Rescue Squad W/C Stretcher
 I.O.C. Alert Lethargic Unresponsive Disoriented Shock
 NURSE ASSESSMENT - TIME: 2300 1/2 dizziness - mild to moderate - worse on exertion - 100% oxygen - A) pulse and rhythm in vs normal patient. B) normal ECG - Sperry RW
 CURRENT MEDS.
 Signature: [Signature] Private Physician [Signature]
 Notified Home Off Ans. Serv. Response

PHYSICIAN ASSESSMENT - TIME:
 VALUABLES Patient Family/Friend Med. Examiner Safe Env. No.:
 NOTIFIED Police Family/Friend Med. Examiner Animal Ctrl. Clergy Family Serv.
 DISCH. COND. Improved Critical Unchanged Expired
 EXIT VIA Walk Carried W/C Stretcher Ambulance
 ACCOM. BY Self Family/Friend Police Other
 MEDICATION/DOSE/TREATMENT/I.V. DISCUSSED RELAXATION TECHNIQUES PT.W
 ROUTE/SITE SIGNATURE [Signature] RESPONSE
 home rest when feelings come on try to breath slow & relax flip on Bunsen, Archa
 Diagnosis inert attack - 4 LFTS
 Code 300.00 744.8 Physician Signature [Signature] Nurse Signature [Signature]