

Patient: **AATEST, AARON**
Treatment Facility: **4TH MEDICAL GROUP**
Patient Status: **Outpatient**

Date: **31 Jan 2012 1909 EST**
Clinic: **BLUE MTF**

Appt Type: **EROOM**
Provider: **SJFQQGF,FOUR**

Reason for Appointment:

AutoCites Refreshed by SJF,FOUR @ 31 Jan 2012 1909 EST

Problems

Loading...

Family History

No Family History Found.

Allergies

No Allergies Found.

Other PMHs

No Other PMHs Found.

Social History

No Social History Found.

Procedures

No Procedures Found.

Active Medications

No Active Medications Found.

Expired Medications

No Expired Medications Found.

Labs

No Labs Found.

Vitals

No Vitals Found.

Questionnaire AutoCites Refreshed by SJF,FOUR @ 31 Jan 2012 1909 EST
Questionnaires

Rad AutoCites Refreshed by SJF,FOUR @ 31 Jan 2012 1909 EST

Rads

No Rads Found.

A/P Written by SJF,FOUR @ 31 Jan 2012 1910 EST

1. ACQUIRED DEFORMITY UPPER EXTREMITY

Disposition Written by SJF,FOUR @ 31 Jan 2012 1910 EST

Released w/o Limitations

Administrative Options: Medical board

Signed By SJF, FOUR (Physician/Workstation) @ 31 Jan 2012 1910
