

Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
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8/2/2022 TC LAU Comm:TELEPHONE CONVERSATION - TENTATIVE

Phone Call

Staff member: Lyndi__

Details:

Spoke with:	Ms. <input type="checkbox"/> Left message <input type="checkbox"/> No answer or option to leave message
Call type:	<input checked="" type="checkbox"/> Appointment follow up: <input checked="" type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - ___ <input type="checkbox"/> Calling with lab results: <input type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - ___ <input type="checkbox"/> Calling for different reason - ___
Additional Notes:	___

8/1/2022 R DCN Forms:Dental Discharge Instructions - CLOSED Aug 09/2022 - Post Dental Instructions

Care Animal Hospital
511 East Bloomingdale Avenue
Brandon, FL 33511
(813)684-7387

Dental Discharge Instructions

Date: Monday, August 01, 2022

Treatment provided by: Dr. Chelsea Northam

Owner: Elizabeth Grubbs **Client ID:** 40722

Patient Name: Jackson **Patient ID:** 40722-3

Jackson had a dental cleaning today that required anesthesia. There are a few post surgical instructions that need to be followed for the next few days.

These are the medications that Jackson will need to be given:

Medication	Instructions	Next dose due at
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B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

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			Apoquel 16mg tablets Give 1/2 chew by mouth every 12 hours for 7 days, then give 1/2 chew by mouth every 24 hours for itch. Tomorrow (8/2/22) morning.

Other Instructions/Restrictions

IV Catheter Placed: Yes No

- If your pet had an IV catheter, there will be a light bandage placed on the leg that the IV catheter was removed from. This bandage should be removed within 1 hour of arriving home.

Activity:

- Have a clean, warm, and quiet place for Jackson to rest when arriving at home. It can take several hours for the anesthetic agents to be eliminated from the body so Jackson may appear depressed or tired.

Behavior/Feeding:

- Make water available in small amounts and if Jackson appears hungry feed 1/4 of the normal amount for the first day. Appetite should return to normal within 24-48 hours.
- Jackson was intubated for the administration of anesthesia and may have a slight cough. The cough should not last more than 2-3 days.

We appreciate the opportunity to care for your pet today. If his/her health or medical condition declines in any way, seek veterinary care immediately. For after hours emergency care we recommend Blue Pearl Veterinary Group, formerly BVS - Florida Veterinary Specialists of Brandon. To contact them please call (813)571-3303.

8/1/2022 TC DCN

Anesthetic/Surgical Medical Note - TENTATIVE - Anesthetic/Surgical Medical Note

Anesthetic/Surgical Procedure

Doctor: DCN **Technician:** VL

Vitals: Weight: 36lbs. Temp:___ Pulse:___ Resp:___ MM:___ CRT:___ Mentation: BAR BCS:___

Procedure: ___Dental

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Examination:	<input type="checkbox"/> WNL <input type="checkbox"/> Stable since last visit <input checked="" type="checkbox"/> Abnormal - <u>Erythema along dorsal front paws. Minimal erythema along left ventral chest.</u>
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Pre-anesthesia:

Pre-Op Blood Work:	<input checked="" type="checkbox"/> Previously sent out <input type="checkbox"/> Ran IH <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Declined <input type="checkbox"/> Abnormal - <u> </u>
Additional Diagnostics:	<input checked="" type="checkbox"/> None required <input type="checkbox"/> Fecal - <u> </u> <input type="checkbox"/> HWT - <u> </u> <input type="checkbox"/> Other - <u> </u> <input type="checkbox"/> UA - <u> </u> <input type="checkbox"/> Combo Test - <u> </u>
IV Catheter:	Gauge - <u>22</u> <input type="checkbox"/> Left Cephalic Other location - <u> </u> <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Right Cephalic
Pre-medications:	<input type="checkbox"/> None required <input checked="" type="checkbox"/> Adm - <u>0.6ml buprenorphine/0.6ml midazolam IV</u>

Induction/Anesthesia/Procedure:

Induction agent:	<input type="checkbox"/> None required <input checked="" type="checkbox"/> Adm - <u>5.8ml propofol IV</u>
Maintenance anesthesia:	<input checked="" type="checkbox"/> ET Tube: size - <u>9</u> <input type="checkbox"/> Mask <input checked="" type="checkbox"/> Iso/O2 <input type="checkbox"/> O2 only
Procedure notes:	<u>Routine dental prophylaxis. Ultrasonic/hand scale and polish. No extractions.</u>

Post-anesthesia:

Post-op pain meds:	<input checked="" type="checkbox"/> None required <input type="checkbox"/> Adm - <u> </u> <input type="checkbox"/> Sent home - <u> </u> <input type="checkbox"/> Declined
Post-op treatments:	<input type="checkbox"/> None required <input checked="" type="checkbox"/> Trimmed nails <input type="checkbox"/> Cleaned ears <input type="checkbox"/> Microchip placed <input type="checkbox"/> Vaccinated with - <u> </u> <input checked="" type="checkbox"/> Other - <u>Cytopoint 30mg + 10mg SQ (we did not have 40mg in stock)</u>
Other Prescriptions:	<input type="checkbox"/> None required <input checked="" type="checkbox"/> Sent home - <u>Bravecto 1 dose and apoquel</u>
E-collar:	<input checked="" type="checkbox"/> None required <input type="checkbox"/> Sent home <input type="checkbox"/> Has at home <input type="checkbox"/> Declined

Discharge:

Client communications:	<input checked="" type="checkbox"/> See discharge sheet <input checked="" type="checkbox"/> Other notes/comments - <u>O said that the prednisone given last time maybe helped skin a little bit, but not much. Recommended trying apoquel this time and continue to wipe paws with wipes when coming from outside, as well as using mousse on affected skin.</u>
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8/1/2022 P DCN 14.00 TABLET of Apoquel 16mg Tab (18296)
 Rx #: 391032 Exp. Aug 01/2023 0 Of 0 Refills Filled by: VL
 Give 1/2 tablet by mouth every 12 hours for 7 days, then give 1/2 tablet by mouth every 24 hours until gone for itch.

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8/1/2022	P	DCN	1.00 VIAL of CYTOPOINT 40mg (1ml Vial) (18555) Rx #: 391025 Exp. Aug 01/2023 0 Of 0 Refills Filled by: VL Gave 30mg + 10mg vial SQ in clinic.
8/1/2022	P	DCN	1.00 DOSE of Bravecto Chew 22-44# Green (Ea) (18127) Rx #: 391023 Exp. Aug 01/2023 0 Of 0 Refills Filled by: VL Give by mouth one tablet once every 90 days for prevention of fleas and ticks. Give with food.
8/1/2022	V		Aug 1, 2022 07:34 AM ----- Weight : 36.00 pounds

8/1/2022 R S Forms:Surgery Authorization - TENTATIVE - Authorization For Professional Services
Authorization for Professional Services on Jackson # 40722-3
 Jackson: 3 Yrs. 4 Mos. Neuter CANINE MIXED

Date: Monday, August 1, 2022
Owner: Elizabeth Grubbs # 40722
Procedure(s) Consented To: _____

Primary Contact Number	_____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Secondary Contact Number	_____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

I, hereby certify that I am the owner or the acting agent for the owner of the above described animal and have the absolute authority to execute to this present consent. I, hereby give the consent and authorization to the performance of the above mentioned procedure(s) and or operations(s).

The nature of such said service(s) have been described to me to my satisfaction and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results or possible cure.

I understand that anesthesia carries some risk, therefore blood work is strongly recommended before administering general anesthesia. The anesthetic agent is removed from the body by the liver and kidneys, so it is important to know before anesthesia that these organs are functioning normally. The results of these tests help the doctor make necessary adjustments prior to the procedure that further minimize the possibility of complications during and after the procedure.

I accept pre-surgical blood work. I decline pre-surgical blood work. The benefits have been explained to me and I still wish to decline. Pre-Surgical Bloodwork was previously sent out.

I accept an IV Catheter and fluids. I decline an IV Catheter and fluid therapy. The benefits have been explained to me and I still wish to decline.

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I have been presented and have signed an **estimate** of the associated costs regarding Jackson's procedure(s). I agree to all of the related costs.

I understand that I assume full financial responsibility for all services rendered and that payment is due at the time of the surgery. Any medications and/or supplies not included on the estimate will be at an additional charge.

Resuscitate Jackson with out a phone call _____ Resuscitate Jackson with a phone call _____ Do not resuscitate Jackson _____

Signature of Owner or acting Agent: _____ **Date:** _____

Additional Procedures

Canine	Yes	No	Feline	Yes	No
Presurgical Blood Work	<input type="checkbox"/>	<input type="checkbox"/>	Presurgical Blood Work	<input type="checkbox"/>	<input type="checkbox"/>
IV Catheter & Fluids	<input type="checkbox"/>	<input type="checkbox"/>	IV Catheter & Fluids	<input type="checkbox"/>	<input type="checkbox"/>
Propofol Induction	<input type="checkbox"/>	<input type="checkbox"/>	Propofol Induction	<input type="checkbox"/>	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	<input type="checkbox"/>	Pain Management	<input type="checkbox"/>	<input type="checkbox"/>
Rabies	<input type="checkbox"/>	<input type="checkbox"/>	Rabies	<input type="checkbox"/>	<input type="checkbox"/>
DA2PPLC	<input type="checkbox"/>	<input type="checkbox"/>	FVRCCP	<input type="checkbox"/>	<input type="checkbox"/>
Bordetella	<input type="checkbox"/>	<input type="checkbox"/>	FeLV	<input type="checkbox"/>	<input type="checkbox"/>
Influenza	<input type="checkbox"/>	<input type="checkbox"/>			
HWT	<input type="checkbox"/>	<input type="checkbox"/>	FeLV/FIV/HW Combo Test	<input type="checkbox"/>	<input type="checkbox"/>
E-collar	<input type="checkbox"/>	<input type="checkbox"/>	E-collar	<input type="checkbox"/>	<input type="checkbox"/>
Microchip	<input type="checkbox"/>	<input type="checkbox"/>	Microchip	<input type="checkbox"/>	<input type="checkbox"/>

Checked in by: __	Weight: __	Temp: __	SX DR/Tech: __
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CARE ANIMAL HOSPITAL (813) 684-7387
 511 EAST BLOOMINGDALE AVENUE BRANDON, FL, 33511

8/1/2022	CK	S	denta. bb I tto-bmw Reason for Visit: Surgery Date Patient Checked Out: Aug 01/2022 Practice 1
8/1/2022	B	DCN	WP Dental Group (Gold/Platinum) (WPD) by AMD
8/1/2022	B	DCN	1.00 WP Examination Pre-Anesthetic (WP115) by AMD
8/1/2022	B	B	1.00 OSHA Compliance Fee (5298) by AMD
8/1/2022	B	DCN	1.00 WP Dental Monitoring/Suite Set Up (WP385) by AMD
8/1/2022	B	DCN	1.00 WP Dental Anesthesia (Gold/Platinum) (WP380) by AMD
8/1/2022	B	DCN	1.00 WP Dental Scale and Polish (Gold/Plat) (WP370) by AMD
8/1/2022	B	DCN	Induction for Spay/Neuter or Dental (38105) by AMD
8/1/2022	B	DCN	.60 ML of Buprenorphine 0.5mg/ml (P/ML) (16987) by AMD

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8/1/2022	B	DCN	1.00 UNIT of Surgical IV Catheter and Fluids (4000) by AMD
8/1/2022	B	DCN	1.00 DOSE of Bravecto Chew 22-44# Green (Ea) (18127) by AMD
8/1/2022	B	DCN	1.00 VIAL of CYTOPOINT 40mg (1ml Vial) (18555) by AMD
8/1/2022	B	DCN	14.00 TABLET of Apoquel 16mg Tab (18296) by AMD
8/1/2022	B	DCN	1.00 Services provided by Dr. Northam (DCN) by AMD
8/1/2022	B	DCN	1.00 Your technician today was Veronica (VL) by AMD
8/1/2022	B	DCN	1.00 UNIT of Your Receptionist today was Annie (AS) by AMD
8/1/2022	B	DSK	1.00 Dental Promo - \$50 OFF (DISDNT) by LMP
8/1/2022	B	DCN	5.80 ML of Propofol per ML (86112) by AMD
8/1/2022	B	DCN	.60 ML of Midazolam (5 mg/ml) Inj P/ML (17754) by AMD
8/1/2022	B	DCN	1.00 WP Nail Trim (WP710) by AMD

7/5/2022 TC DCB Comm:TELEPHONE CONVERSATION - TENTATIVE

Phone Call

Staff member: _DCB_

Details:

Spoke with:	<input checked="" type="checkbox"/> Left message <input type="checkbox"/> No answer or option to leave message
Call type:	<input type="checkbox"/> Appointment follow up: <input type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - ___ <input checked="" type="checkbox"/> Calling with lab results: <input checked="" type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - ___ <input type="checkbox"/> Calling for different reason - ___
Additional Notes:	___

7/1/2022 C DCB Exam: Vaccines/Canine - CLOSED Oct 01/2022

Canine Exam & Vaccines
Doctor: _DCB_ **Technician:** AE__

HISTORY:

Problems/Concerns:	Annual, cytopoint
Is patient spayed/neutered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - ___
Currently taking any meds?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Current on HWP/Flea/Tick?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - ___
Changes in appetite/thirst?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Any C/S/V/D?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___

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Current Diet?	_____		
Where does patient live?	<input checked="" type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Both Notes - _____
Is patient on a WP?	<input type="checkbox"/> No	<input type="checkbox"/> Rec'd but declined	<input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input type="checkbox"/> Yes
Additional Notes:	_____		

VITALS: Weight: 36.7 Temp: Pulse: 110 Resp: 24 MM:p,m CRT:2 Mentation: BAR BCS: 6/9

VACCINES

Rabies:	<input checked="" type="checkbox"/> Adm 1 year	<input type="checkbox"/> Adm 3 year	<input type="checkbox"/> Current	<input type="checkbox"/> Too Young
DA2PPC:	<input checked="" type="checkbox"/> Adm with Lepto	<input type="checkbox"/> Adm W/O Lepto	<input type="checkbox"/> Current	<input type="checkbox"/> Declined
Bordetella:	<input checked="" type="checkbox"/> Adm Oral	<input type="checkbox"/> Adm Intranasal	<input type="checkbox"/> Current	<input type="checkbox"/> Declined
Influenza:	<input type="checkbox"/> Adm H3N2	<input type="checkbox"/> Adm H3N8	<input type="checkbox"/> Current	<input checked="" type="checkbox"/> Declined
Hx of Vaccine reactions?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes pre-treated with - _____			
Vaccine Lot Numbers:	(Oral Bord) Adm SQ Nobivac Oral Bb (02541150A 07Dec23) (Rabies 1yr) Adm SQ RH Elanco Rabvac1 (E025431A 25SEP23)(DA2PPL) Adm SQ LH Novibac 1-DAPPv (02121957A 22Aug23) Nobivac Lepto (02171271 15Feb24)			

ROUTINE LABWORK

Fecal:	<input checked="" type="checkbox"/> NPS	<input type="checkbox"/> Pos - _____	<input type="checkbox"/> Empty	<input type="checkbox"/> Declined
HWT:	<input type="checkbox"/> Negative IH	<input type="checkbox"/> Positive IH	<input checked="" type="checkbox"/> Sent to lab	<input type="checkbox"/> Declined or Too Young
Wellness BW:	<input type="checkbox"/> PSBW	<input checked="" type="checkbox"/> WP Bloodwork	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Declined

EXAMINATION:

Eyes:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - _____
Ears:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - _____
Nose:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - _____
Throat:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - _____
Mouth/Teeth/Gums:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - _____
Lymph Nodes:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - _____
Nervous System:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - _____
Heart/Lungs:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - _____
Skin/Coat:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - _____ extremely pruritic, erythematous undercoat and along axillary region
GI Tract/Abdomen:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - _____
Urinary/Genitals:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - _____
Musculoskeletal:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - _____

ASSESSMENT & PLAN:

DDX:	<u>Atopy</u>		
Additional Diagnostics:	<input type="checkbox"/> Rec'd but declined - _____		
Treatments	<u>Cytopoint</u> <input type="checkbox"/> Rec'd but declined - _____		
Prescriptions:	<u>Prednisone</u> <input type="checkbox"/> Rec'd but declined - _____		
Recheck:	<input type="checkbox"/> 1 week	<input type="checkbox"/> 10-14 days	<input type="checkbox"/> 1 month <input type="checkbox"/> Other - _____

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Client Communications:	<input type="checkbox"/>	<input type="checkbox"/>	See discharge notes typed on invoice.
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7/1/2022 L DCB **Hematology results from IDEXX Reference**
 Laboratory Requisition ID: 179534654 Posted
 Final

Test	Result	Reference Range
HCT	54.7 %	38.3 - 56.5
HGB	20.3 g/dL	13.4 - 20.7
MCHC	37.1 g/dL	32.6 - 39.2
WBC	13.2 K/uL	4.9 - 17.6
LYMPHS	22.2 %	
MONOS	4.0 %	
EOS	5.5 %	
BASO	0.2 %	
RBC	8.68 M/uL	5.39 - 8.70
MCV	63 fL	59 - 76
MCH	23.4 pg	21.9 - 26.1
NEUT SEG	68.1 %	
PLATELETS	283 K/uL	143 - 448
RETIC CNT	0.8 %	
ABS BASO	26 /uL	0 - 100
ABS EOS	726 /uL	70 - 1490
ABS LYMPHS	2930 /uL	1060 - 4950
ABS MONOS	528 /uL	130 - 1150
ABS NEUTS	8989 /uL	2940 - 12670
ABS RET	69 K/uL	10 - 110
RETIC-HGB	24.7 pg	24.5 - 31.8

Ascن: 4405069038

AUTOMATED CBC

7/1/2022 L DCB **Chemistry results from IDEXX Reference**
 Laboratory Requisition ID: 179534654 Posted
 Final

Test	Result	Reference Range
ALB	4.1 g/dL H	2.7 - 3.9
ALKP	34 U/L	5 - 160
ALT	20 U/L	18 - 121
BUN/UREA	15 mg/dL	9 - 31
CREA	0.9 mg/dL	0.5 - 1.5
GLU	99 mg/dL	63 - 114
Potassium	4.5 mmol/L	4.0 - 5.4
TP	7.5 g/dL	5.5 - 7.5
GLOB	3.4 g/dL	2.4 - 4.0

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			<p>A/G Ratio 1.2 0.7 - 1.5 SDMA SEE NOTES ug/dL 0 - 14 Asc: 4405069038 RE: 281 HEMOLYSIS INDEX 4+ Index of ++++ may increase AST and CPK by 25-50%, and decrease ALP by >50%, decrease Total and Direct Bilirubin by 25-50%, and decrease SDMA by 10-25%. RE: 282 LIPEMIA INDEX N Index of 4+ may decrease ALT, AST and Direct Bilirubin values by >50%. Index of N, 1+, 2+ exhibits no significant effect on chemistry values. SPECIMEN REQUIRED ULTRACENTRIFUGATION DUE TO GROSS LIPEMIA.</p> <p>Unable to determine Unable to determine due to gross hemolysis and /or lipemia.</p>						
7/1/2022	L	DCB	<p>Immunology results from IDEXX Reference Laboratory Requisition ID: 179534654 Posted Final</p> <table><thead><tr><th>Test</th><th>Result</th><th>Reference Range</th></tr></thead><tbody><tr><td>HEARTWORM</td><td>NEGATIVE</td><td></td></tr></tbody></table> <p>Asc: 4405069038</p> <p>The American Heartworm Society recommends that a confirmatory test be run on all positive antigen test results prior to therapy, especially when a positive test result is unexpected. Confirmation of a positive test result is accomplished when combining the results of the Heartworm Antigen by ELISA with results from the Lab 4DX Plus (test code 7244), SNAP Heartworm RT, or SNAP 4Dx Plus performed on a separate sample.</p>	Test	Result	Reference Range	HEARTWORM	NEGATIVE	
Test	Result	Reference Range							
HEARTWORM	NEGATIVE								
7/1/2022	L	DCB	<p>Miscellaneous results from IDEXX Reference Laboratory Requisition ID: 179534654 Posted Final Asc: 4405069038 RE: 9999 NOTE NOTE A urine sample was not received. The remainder of requested testing has been</p>						

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History															
			performed. Thank you.															
7/1/2022	L	DCB	<p>UA/Microscopy results from IDEXX Reference Laboratory Requisition ID: 179534654 Posted Final</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Test</th> <th style="text-align: left;">Result</th> <th style="text-align: left;">Reference Range</th> </tr> </thead> <tbody> <tr> <td colspan="3">OTHER</td> </tr> <tr> <td colspan="3">Asc: 4405069038</td> </tr> <tr> <td colspan="3">OTHER</td> </tr> <tr> <td colspan="3">A urine sample was not received. The remainder of requested tested has been performed. Thank you.</td> </tr> </tbody> </table>	Test	Result	Reference Range	OTHER			Asc: 4405069038			OTHER			A urine sample was not received. The remainder of requested tested has been performed. Thank you.		
Test	Result	Reference Range																
OTHER																		
Asc: 4405069038																		
OTHER																		
A urine sample was not received. The remainder of requested tested has been performed. Thank you.																		
7/1/2022	I	DCB	Your pet received vaccinations today and should be monitored closely over the next 24-48 hours for any sign of a reaction. Normal side effects from the shot(s) would be mild soreness at the vaccination site, mild lethargy and/or decrease in appetite. These symptoms should resolve on their own within 48 hours. Abnormal reactions can include any combination of vomiting, diarrhea, facial swelling, hives, respiratory distress and/or collapse. If any of these symptoms develop please return immediately for treatment. If it occurs after our regular business hours please call Blue Pearl (FVS) in Brandon at (813) 571-3303 and go there immediately for treatment.															
7/1/2022	P	DCB	10.00 TABLET of Prednisone 5mg (Tab) (3076) Rx #: 387742 Exp. Jul 01/2023 0 Of 0 Refills Filled by: AAE Give 1 tablet by mouth once daily for 5 days then give 1 tablet by mouth every other day until gone															
7/1/2022	I	DCB	Prednisone is a Cortisone medication. This medication can cause an increase in thirst, urination, and appetite. Make sure there is plenty of water available, but continue to feed normally.															
7/1/2022	CK	DCB	WP annual + cytopoint. dcb CURBSIDE Reason for Visit: Wellness Plan Date Patient Checked Out: Jul 01/2022 Practice 1															
7/1/2022	B	DCB	WP Canine Annual Group (Metals) (WPCA) by GCF															
7/1/2022	B	DCB	1.00 WP Examination (Annual) (WP100) by GCF															
7/1/2022	B	DCB	1.00 WP DA2P(L) Vaccine (Adult Metals) (WP231) by GCF															
7/1/2022	B	DCB	1.00 WP Parvo Virus Vaccine (Adult Metals) (WP233) by GCF															
7/1/2022	B	DCB	1.00 WP Rabies Vaccine 1 Year (WP240) by GCF															
7/1/2022	B	DCB	1.00 WP Bordetella Oral Vaccine (Adult) (WP229) by GCF															
7/1/2022	B	DCB	1.00 WP Blood Parasite Screen (WP301) by GCF															
7/1/2022	B	DCB	1.00 WP Intestinal Parasite Screen (Adult) (WP313) by GCF															
7/1/2022	B	DCB	1.00 WP S/G BW/UA K-9/Fel (29809999) (WP357) by GCF															
7/1/2022	B	DCB	10.00 TABLET of Prednisone 5mg (Tab) (3076) by GCF															

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Age: 3 Yrs. 6 Mos.
Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
7/1/2022	B	DCB	1.00 VIAL of CYTOPOINT 40mg (1ml Vial) (18555) by GCF
7/1/2022	B	DCB	1.00 Your technician for today was Aly (AE) by GCF
7/1/2022	B	DCB	1.00 Services provided by Dr. Brunson (DCB) by GCF
6/29/2022	P	DCB	1.00 BOTTLE of Douxo PYO S3 Mousse 5.1oz Bottle (37182) Rx #: 387338 Exp. Jun 29/2023 0 Of 0 Refills Filled by: DCB Apply to skin daily to prevent infection.
6/29/2022	B	DCB	1.00 BOTTLE of Douxo PYO S3 Mousse 5.1oz Bottle (37182) by DCB
5/7/2022	P	DCB	14.00 TABLET of Cefpodoxime 100mg (Tab) (16169) Rx #: 381824 Exp. May 07/2023 0 Of 0 Refills Filled by: VL Give 1 tablet by mouth once daily until gone. Give with food
5/7/2022	P	DCB	1.00 BOTTLE of Zymox Plus Otic+HC 1.25oz (Bottle) (18756) Rx #: 381823 Exp. May 07/2023 0 Of 0 Refills Filled by: VL Instil a few drops into both ears ONCE daily for 14 days.
5/7/2022	P	DCB	1.00 DOSE of Bravecto Chew 22-44# Green (Ea) (18127) Rx #: 381822 Exp. May 07/2023 0 Of 0 Refills Filled by: VL Give by mouth one tablet once every 90 days for prevention of fleas and ticks. Give with food.
5/7/2022	P	DCB	1.00 BOX of Heartgard Plus GREEN 26-50# (6pk) (37812) Rx #: 381821 Exp. May 07/2023 0 Of 0 Refills Filled by: VL Give 1 Chewable Tablet by mouth every 30 days to prevent heartworm disease. This medication also controls Hookworm and Roundworm infections in dogs.

5/7/2022 C VL Exam: General Work-up - CLOSED Aug 05/2022

General Exam

Doctor: DCB **Technician:** VL

HISTORY:

Problems/Concerns & Duration:	PP for checking the ears, paws, butt and to refill our prevention. O/R that the LEFT ear has a scab that she noticed a few days ago. P is not scratching or shaking. O/R that P is constantly licking his paw, P does this all year round but recently they are extra inflamed. O/R that P scooted his butt on concrete thursday. No hx of anal sac expression.
Is patient spayed/neutered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - ___
Currently taking any meds?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Current on HWP/Flea/Tick?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - __ Bravecto and Heartgard __
Current on Vaccines?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Changes in appetite/thirst?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Any C/S/V/D?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Current Diet?	___
Where does patient live?	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Notes - ___
Is patient on a WP?	<input type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input checked="" type="checkbox"/> Yes

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Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
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Additional Notes:	
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VITALS: Weight: 37.7 lbs Temp: Pulse: 130 Resp: 24 MM:p,m CRT: 2 Mentation: BAR BCS: 6/9

EXAMINATION:

Eyes:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Ears:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u>ears erythematous, with stenotic scanl but no debris</u>
Nose:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Throat:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Mouth/Teeth/Gums:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Lymph Nodes:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Nervous System:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Heart/Lungs:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Skin/Coat:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u>pruritic, alopecia and moist dermatitis along distal paws</u>
GI Tract/Abdomen:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Urinary/Genitals:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Musculoskeletal:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>

ASSESSMENT & PLAN:

DDX:	<u>ATopy</u> <u>Pyoderma</u>
Diagnostics:	HWT NEG <input type="checkbox"/> Rec'd but declined - <u> </u>
Treatments	Cytopoint 40mg: Lot# 532446 Exp: 15NOV23 Anal Sac Expression Nail Trim <input type="checkbox"/> Rec'd but declined - <u> </u>
Prescriptions:	Zymox Cefpodoxime 100mg Bravecto Heartgard <input type="checkbox"/> Rec'd but declined - <u> </u>
Recheck:	<input type="checkbox"/> 1 week <input type="checkbox"/> 10-14 days <input type="checkbox"/> 1 month <input type="checkbox"/> Other - <u> </u>
Client Communications:	<input type="checkbox"/> See discharge notes typed on invoice.

5/7/2022 V VL May 7, 2022 12:43 PM Staff: VL

 Weight : 37.70 pounds

5/7/2022 CK S Check ears, refill prevention-alc
 Reason for Visit: Exam
 Date Patient Checked Out: May 07/2022 Practice 1
 5/7/2022 B DCB WP Examination (Co-Pay) \$10.00 (WP110) by EVV

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs

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Address: 6724 Breezy Palm Dr.
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Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
5/7/2022	B	DCB	1.00 Petly Plan Copay Regular Exam \$10.00 (110WP) by EVV
5/7/2022	B	B	1.00 OSHA Compliance Fee (5298) by EVV
5/7/2022	B	DCB	1.00 Blood Parasite Screen (IH) (5310) by EVV
5/7/2022	B	DCB	1.00 PACK of Heartgard Plus GREEN 26-50# (6pk) (37812) by EVV
5/7/2022	B	DCB	1.00 DOSE of Bravecto Chew 22-44# Green (Ea) (18127) by EVV
5/7/2022	B	DCB	1.00 ANAL SAC EXPRESSION (2010) by EVV
5/7/2022	B	DCB	1.00 VIAL of CYTOPOINT 40mg (1ml Vial) (18555) by EVV
5/7/2022	B	DCB	1.00 BOTTLE of Zymox Plus Otic+HC 1.25oz (Bottle) (18756) by EVV
5/7/2022	B	DCB	14.00 TABLET of Cefpodoxime 100mg (Tab) (16169) by EVV
5/7/2022	B	DCB	1.00 Your technician today was Veronica (VL) by EVV
5/7/2022	B	DCB	1.00 Services provided by Dr. Brunson (DCB) by EVV
5/7/2022	B	1	1.00 Your receptionist today was Sarah (SMO) by EVV

7/29/2021 C LAU Comm:TELEPHONE CONVERSATION - CLOSED Oct 27/2021

Phone Call

Staff member: Lyndi__

Details:

Spoke with:	<input type="checkbox"/> Left message <input checked="" type="checkbox"/> No answer or option to leave message
Call type:	<input checked="" type="checkbox"/> Appointment follow up: <input type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - __ <input type="checkbox"/> Calling with lab results: <input type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - __ <input type="checkbox"/> Calling for different reason - __
Additional Notes:	__

7/28/2021 R DSK Forms:Dental Discharge Instructions - CLOSED Aug 04/2021 - Post Dental Instructions

Care Animal Hospital
 511 East Bloomingdale Avenue
 Brandon, FL 33511
 (813)684-7387

Dental Discharge Instructions

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

Patient History Report

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Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
------	------	-------	---------

Date: Wednesday, July 28, 2021
Treatment provided by: Dr. S. Kane
Owner: Elizabeth Grubbs **Client ID:** 40722
Patient Name: Jackson **Patient ID:** 40722-3

Jackson had a dental cleaning today that required anesthesia. There are a few post surgical instructions that need to be followed for the next few days.

Activity:

- Have a clean, warm, and quiet place for Jackson to rest when arriving at home. It can take several hours for the anesthetic agents to be eliminated from the body so Jackson may appear depressed or tired.

Behavior/Feeding:

- Make water available in small amounts and if Jackson appears hungry feed 1/4 of the normal amount for the first day. Appetite should return to normal within 24-48 hours.
- Jackson was intubated for the administration of anesthesia and may have a slight cough. The cough should not last more than 2-3 days.

We appreciate the opportunity to care for your pet today. If his/her health or medical condition declines in any way, seek veterinary care immediately. For after hours emergency care we recommend Blue Pearl Veterinary Group, formerly BVS - Florida Veterinary Specialists of Brandon. To contact them please call (813)571-3303.

7/28/2021 C DSK Anesthetic/Surgical Medical Note - CLOSED Oct 26/2021 - Anesthetic/Surgical Medical Note

Anesthetic/Surgical Procedure

Doctor: DSK **Technician:** VL

Vitals: Weight: ___ Temp: ___ Pulse: ___ Resp: ___ MM: ___ CRT: ___ Mentation: ___ BCS: ___

Procedure:	<u>WP dental</u>
Examination:	<input type="checkbox"/> WNL <input checked="" type="checkbox"/> Stable since last visit <input type="checkbox"/> Abnormal - ___

Pre-anesthesia:

Pre-Op Blood Work:	<input checked="" type="checkbox"/> Previously sent out	<input type="checkbox"/> Ran IH	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> Declined
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Sex: Neuter

Date	Type	Staff	History
------	------	-------	---------

	<input type="checkbox"/> Abnormal - __		
Additional Diagnostics:	<input type="checkbox"/> None required	<input type="checkbox"/> Fecal - __ <input type="checkbox"/> UA - __	<input type="checkbox"/> HWT - __ <input type="checkbox"/> Combo Test - __ <input type="checkbox"/> Other - __
IV Catheter:	Gauge - __	<input type="checkbox"/> Left Cephalic <input type="checkbox"/> Right Cephalic	Other location - __ <input checked="" type="checkbox"/> Declined
Pre-medications:	<input checked="" type="checkbox"/> None required	<input type="checkbox"/> Adm - __	

Induction/Anesthesia/Procedure:

Induction agent:	<input type="checkbox"/> None required	<input checked="" type="checkbox"/> Adm - 0.7ml ketamine/xylazine/0.3ml atropine IV	
Maintenance anesthesia:	<input checked="" type="checkbox"/> ET Tube: size - 8.5	<input type="checkbox"/> Mask	<input checked="" type="checkbox"/> Iso/O2 <input type="checkbox"/> O2 only
Procedure notes:	Routine WP dental prophylaxis, ultrasonic/hand scale and polish, no extractions.		

Post-anesthesia:

Post-op pain meds:	<input checked="" type="checkbox"/> None required	<input type="checkbox"/> Adm - __	<input type="checkbox"/> Sent home - __ <input type="checkbox"/> Declined
Post-op treatments:	<input type="checkbox"/> None required	<input checked="" type="checkbox"/> Trimmed nails <input type="checkbox"/> Cleaned ears <input type="checkbox"/> Microchip placed <input type="checkbox"/> Vaccinated with - __ <input type="checkbox"/> Other - __	
Other Prescriptions:	<input checked="" type="checkbox"/> None required	<input type="checkbox"/> Sent home - __	
E-collar:	<input checked="" type="checkbox"/> None required	<input type="checkbox"/> Sent home	<input type="checkbox"/> Has at home <input type="checkbox"/> Declined

Discharge:

Client communications:	<input checked="" type="checkbox"/> See discharge sheet	<input type="checkbox"/> Other notes/comments - __
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7/28/2021 R S Forms:Surgery Authorization - CLOSED Oct 26/2021 - Authorization For Professional Services

Authorization for Professional Services on Jackson # 40722-3
 Jackson: 2 Yrs. 3 Mos. Neuter CANINE MIXED

Date: Wednesday, July 28, 2021
Owner: Elizabeth Grubbs # 40722
Procedure(s) Consented To: __

Primary Contact Number _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
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Sex: Neuter

Date	Type	Staff	History
------	------	-------	---------

Secondary Contact Number	_____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
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I, hereby certify that I am the owner or the acting agent for the owner of the above described animal and have the absolute authority to execute to this present consent. I, hereby give the consent and authorization to the performance of the above mentioned procedure(s) and or operations(s).

The nature of such said service(s) have been described to me to my satisfaction and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results or possible cure.

I understand that anesthesia carries some risk, therefore blood work is strongly recommended before administering general anesthesia. The anesthetic agent is removed from the body by the liver and kidneys, so it is important to know before anesthesia that these organs are functioning normally. The results of these tests help the doctor make necessary adjustments prior to the procedure that further minimize the possibility of complications during and after the procedure.

I accept pre-surgical blood work.
 I decline pre-surgical blood work. The benefits have been explained to me and I still wish to decline.
 Pre-Surgical Bloodwork was previously sent out.

I accept an IV Catheter and fluids.
 I decline an IV Catheter and fluid therapy. The benefits have been explained to me and I still wish to decline.

I have been presented and have signed an **estimate** of the associated costs regarding Jackson's procedure(s). I agree to all of the related costs.

I understand that I assume full financial responsibility for all services rendered and that payment is due at the time of the surgery. Any medications and/or supplies not included on the estimate will be at an additional charge.

Resuscitate Jackson with out a phone call _____
 Resuscitate Jackson with a phone call _____
 Do not resuscitate Jackson _____

Signature of Owner or acting Agent: _____ **Date:** _____

Additional Procedures

Canine	Yes	No	Feline	Yes	No
Presurgical Blood Work	<input type="checkbox"/>	<input type="checkbox"/>	Presurgical Blood Work	<input type="checkbox"/>	<input type="checkbox"/>
IV Catheter & Fluids	<input type="checkbox"/>	<input type="checkbox"/>	IV Catheter & Fluids	<input type="checkbox"/>	<input type="checkbox"/>
Propofol Induction	<input type="checkbox"/>	<input type="checkbox"/>	Propofol Induction	<input type="checkbox"/>	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	<input type="checkbox"/>	Pain Management	<input type="checkbox"/>	<input type="checkbox"/>
Rabies	<input type="checkbox"/>	<input type="checkbox"/>	Rabies	<input type="checkbox"/>	<input type="checkbox"/>
DA2PPPLC	<input type="checkbox"/>	<input type="checkbox"/>	FVRCCP	<input type="checkbox"/>	<input type="checkbox"/>
Bordetella	<input type="checkbox"/>	<input type="checkbox"/>	FeLV	<input type="checkbox"/>	<input type="checkbox"/>
Influenza	<input type="checkbox"/>	<input type="checkbox"/>			
HWT	<input type="checkbox"/>	<input type="checkbox"/>	FeLV/FIV/HW Combo Test	<input type="checkbox"/>	<input type="checkbox"/>
E-collar	<input type="checkbox"/>	<input type="checkbox"/>	E-collar	<input type="checkbox"/>	<input type="checkbox"/>
Microchip	<input type="checkbox"/>	<input type="checkbox"/>	Microchip	<input type="checkbox"/>	<input type="checkbox"/>

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

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Date	Type	Staff	History
------	------	-------	---------

Checked in by: __	Weight: __	Temp: __	SX DR/Tech: __
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CARE ANIMAL HOSPITAL (813) 684-7387
 511 EAST BLOOMINGDALE AVENUE BRANDON, FL, 33511

7/28/2021	CK	S	WP dental. dsk. Est. in computer. Reason for Visit: Surgery Date Patient Checked Out: Jul 28/2021 Practice 1
7/28/2021	B	DSK	WP Dental Group (WPD) by AA
7/28/2021	B	DSK	1.00 WP Examination Pre-Anesthetic (WP115) by AA
7/28/2021	B	DSK	1.00 OSHA Compliance Fee (5298) by AA
7/28/2021	B	DSK	1.00 WP Dental Monitoring/Suite Set Up (WP385) by AA
7/28/2021	B	DSK	1.00 WP Dental Anesthesia (WP380) by AA
7/28/2021	B	DSK	1.00 WP Dental Scale and Polish (WP370) by AA
7/28/2021	B	DSK	Anesthesia Induction Group (26106) by AA
7/28/2021	B	DSK	.70 ML of Ketamine Inj 100mg/ml (P/ML) (161109) by AA
7/28/2021	B	DSK	.70 ML of Xylazine Inj (P/ML) (3813) by AA
7/28/2021	B	DSK	1.00 Services provided by Dr. S. Kane (DSK) by AA
7/28/2021	B	DSK	1.00 Your technician today was Veronica (VL) by AA
7/28/2021	B	DSK	1.00 WP Nail Trim (WP710) by AA

7/19/2021	C	DSP	Comm:TELEPHONE CONVERSATION - CLOSED Oct 18/2021
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Phone Call

Staff member: DSP

Details:

Spoke with:	<input type="checkbox"/> Left message <input checked="" type="checkbox"/> No answer or option to leave message
Call type:	<input type="checkbox"/> Appointment follow up: <input type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - __ <input type="checkbox"/> Calling with lab results: <input type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - __ <input type="checkbox"/> Calling for different reason - __
Additional Notes:	__

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Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
------	------	-------	---------

7/17/2021 C KMD Exam: General Work-up - CLOSED Oct 15/2021

General Exam

Doctor: DCB **Technician:** KMD

HISTORY:

Problems/Concerns & Duration:	Owner concerned pet has been refusing food and having loose stools.
Is patient spayed/neutered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - ___
Currently taking any meds?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Prilosec
Current on HWP/Flea/Tick?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Bravecto, Heartgard
Current on Vaccines?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - ___
Changes in appetite/thirst?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Decreased
Any C/S/V/D?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Loose stool
Current Diet?	Lamb and Rice diet
Where does patient live?	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Notes - ___
Is patient on a WP?	<input type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input checked="" type="checkbox"/> Yes
Additional Notes:	___

VITALS: Weight: 38.3lb Temp:101.3 Pulse:_130_ Resp: 28 MM:p,m CRT:2 Mentation: BAR BCS: 7/9

EXAMINATION:

Eyes:	<input type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Ears:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Nose:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Throat:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Mouth/Teeth/Gums:	<input type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - scant tartar_
Lymph Nodes:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Nervous System:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Heart/Lungs:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Skin/Coat:	<input type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - interdigital erythema with saliva staining on paws_
GI Tract/Abdomen:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - stools slightly soft_
Urinary/Genitals:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Musculoskeletal:	<input type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - overconditioned_

ASSESSMENT & PLAN:

DDX:	_Improving colitis Atopy_
Diagnostics:	___ <input type="checkbox"/> Rec'd but declined - ___
Treatments	Cytopoint 40mg SQ 0.5mL VitB12 SQ <input type="checkbox"/> Rec'd but declined - ___
Prescriptions:	Metronidazole <input type="checkbox"/> Rec'd but declined - ___
Recheck:	<input type="checkbox"/> 1 week <input type="checkbox"/> 10-14 days <input type="checkbox"/> 1 month <input type="checkbox"/> Other - ___

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Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
------	------	-------	---------

Client Communications:	<input type="checkbox"/>	<input type="checkbox"/>	See discharge notes typed on invoice.
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7/17/2021	V	KMD	Jul 17, 2021 12:54 PM Staff: KMD ----- Weight : 38.30 pounds
7/17/2021	P	DCB	5.00 TABLET of Metronidazole 250 mg (Tab) (9288) Rx #: 352065 Exp. Jul 17/2022 0 Of 0 Refills Filled by: KMD Give 1/2 tablet by mouth every twice a day.
7/17/2021	P	DCB	1.00 VIAL of CYTOPOINT 40mg (1ml Vial) (18555) Rx #: 352063 Exp. Jul 17/2022 0 Of 0 Refills Filled by: KMD Admin SQ IH
7/17/2021	CK	S	Not eating.-amr Reason for Visit: Wellness Plan Date Patient Checked Out: Jul 17/2021 Practice 1
7/17/2021	B	DCB	WP Examination (Co-Pay) \$10.00 (WP110) by JTC
7/17/2021	B	DCB	1.00 Petly Plan Copay Regular Exam \$10.00 (110WP) by JTC
7/17/2021	B	B	1.00 OSHA Compliance Fee (5298) by JTC
7/17/2021	B	DCB	1.00 VIAL of CYTOPOINT 40mg (1ml Vial) (18555) by JTC
7/17/2021	B	DCB	.50 ML of Vitamin B-12 Inj (P/ML) (35660) by JTC
7/17/2021	B	DCB	5.00 TABLET of Metronidazole 250 mg (Tab) (9288) by JTC
7/17/2021	B	DCB	1.00 Services provided by Dr. Brunson (DCB) by JTC
7/17/2021	B	DCB	1.00 Your technician today was Kris (KMD) by JTC
7/17/2021	B	1	1.00 Your receptionist today was Jessica (JV) by JTC
7/15/2021	P	DSK	1.00 KIT of Provable-Forte Med/Lg K-9 30ml (Kit) (17968) Rx #: 351831 Exp. Jul 15/2022 0 Of 0 Refills Filled by: DSK Use as directed
7/15/2021	B	DSK	1.00 KIT of Provable-Forte Med/Lg K-9 30ml (Kit) (17968) by AA
7/15/2021	B	DSK	1.00 Rx Filled - In Pharmacy (RXFP) by AA
7/15/2021	B	DSK	1.00 Your receptionist today was Ashley (AVA) by AA

7/7/2021 C DSK Comm:TELEPHONE CONVERSATION - CLOSED Oct 05/2021

Phone Call

Staff member: _dsk_

Details:

Spoke with:	dsk__
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Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
			<input type="checkbox"/> Left message <input type="checkbox"/> No answer or option to leave message
Call type:			<input type="checkbox"/> Appointment follow up: <input type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - ___ <input checked="" type="checkbox"/> Calling with lab results: <input checked="" type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - ___ <input type="checkbox"/> Calling for different reason - ___
Additional Notes:			___

7/7/2021 C DSK Exam: Vaccines/Canine - CLOSED Oct 05/2021

Canine Exam & Vaccines
Doctor: _DSK_ **Technician:** ___

HISTORY:

Problems/Concerns:	___
Is patient spayed/neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No - ___
Currently taking any meds?	<input type="checkbox"/> No <input type="checkbox"/> Yes - ___
Current on HWP/Flea/Tick?	<input type="checkbox"/> No <input type="checkbox"/> Yes - ___
Changes in appetite/thirst?	<input type="checkbox"/> No <input type="checkbox"/> Yes - ___
Any C/S/V/D?	<input type="checkbox"/> No <input type="checkbox"/> Yes - ___
Current Diet?	___
Where does patient live?	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Notes - ___
Is patient on a WP?	<input type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input type="checkbox"/> Yes
Additional Notes:	___

VITALS: Weight: ___ Temp: ___ Pulse: ___ Resp: ___ MM:PK CRT:<2 Mentation: BAR BCS: 5/9

VACCINES

Rabies:	<input type="checkbox"/> Adm 1 year	<input type="checkbox"/> Adm 3 year	<input type="checkbox"/> Current	<input type="checkbox"/> Too Young
DA2PPC:	<input type="checkbox"/> Adm with Lepto	<input type="checkbox"/> Adm W/O Lepto	<input type="checkbox"/> Current	<input type="checkbox"/> Declined
Bordetella:	<input type="checkbox"/> Adm Injectable	<input type="checkbox"/> Adm Intranasal	<input type="checkbox"/> Current	<input type="checkbox"/> Declined
Influenza:	<input type="checkbox"/> Adm H3N2	<input type="checkbox"/> Adm H3N8	<input type="checkbox"/> Current	<input type="checkbox"/> Declined
Hx of Vaccine reactions?	<input type="checkbox"/> No <input type="checkbox"/> Yes pre-treated with - ___			
Vaccine Lot Numbers:	DON'T UNLOCK NOTE - use "Control C" to copy and "Control V" to paste info from another source or highlight all and type over			

ROUTINE LABWORK

Fecal:	<input type="checkbox"/> NPS	<input type="checkbox"/> Pos - ___	<input type="checkbox"/> Empty	<input type="checkbox"/> Declined
HWT:	<input type="checkbox"/> Negative IH	<input type="checkbox"/> Positive IH	<input type="checkbox"/> Sent to lab	<input type="checkbox"/> Declined or Too Young
Wellness BW:	<input type="checkbox"/> PSBW	<input type="checkbox"/> WP Bloodwork	<input type="checkbox"/> Other - ___	<input type="checkbox"/> Declined

EXAMINATION:

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Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
------	------	-------	---------

Eyes:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Ears:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Nose:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Throat:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Mouth/Teeth/Gums:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input checked="" type="checkbox"/> Abnormal - mild tartar accumulation ___
Lymph Nodes:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Nervous System:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Heart/Lungs:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Skin/Coat:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
GI Tract/Abdomen:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Urinary/Genitals:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Musculoskeletal:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___

ASSESSMENT & PLAN:

DDX:	___
Additional Diagnostics:	<input type="checkbox"/> Rec'd but declined - ___
Treatments	<input type="checkbox"/> Rec'd but declined - ___
Prescriptions:	<input type="checkbox"/> Rec'd but declined - ___
Recheck:	<input type="checkbox"/> 1 week <input type="checkbox"/> 10-14 days <input type="checkbox"/> 1 month <input type="checkbox"/> Other - ___
Client Communications:	rec dental_o to upgrade the plan_ <input type="checkbox"/> See discharge notes typed on invoice.

7/5/2021 C

LAU

Comm:TELEPHONE CONVERSATION - CLOSED Oct 04/2021

Phone Call

Staff member: Lyndi ___

Details:

Spoke with:	Ms. <input type="checkbox"/> Left message <input type="checkbox"/> No answer or option to leave message
Call type:	<input checked="" type="checkbox"/> Appointment follow up: <input checked="" type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - ___ <input type="checkbox"/> Calling with lab results: <input type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - ___ <input type="checkbox"/> Calling for different reason - ___
Additional Notes:	___

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 Riverview, FL 33578

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Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
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Date	Type	Staff	History																																																																		
7/5/2021	D	LAU	Heartworm Negative Final																																																																		
7/3/2021	L	DSK	<p>Hematology results from IDEXX Reference Laboratory Requisition ID: 156966193 Posted Final</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Test</th> <th style="text-align: left;">Result</th> <th style="text-align: left;">Reference Range</th> </tr> </thead> <tbody> <tr><td>HCT</td><td>47.6 %</td><td>38.3 - 56.5</td></tr> <tr><td>HGB</td><td>19.2 g/dL</td><td>13.4 - 20.7</td></tr> <tr><td>MCHC</td><td>40.3 g/dL H</td><td>32.6 - 39.2</td></tr> <tr><td>WBC</td><td>12.8 K/uL</td><td>4.9 - 17.6</td></tr> <tr><td>LYMPHS</td><td>22.3 %</td><td></td></tr> <tr><td>MONOS</td><td>6.1 %</td><td></td></tr> <tr><td>EOS</td><td>4.2 %</td><td></td></tr> <tr><td>BASO</td><td>0.2 %</td><td></td></tr> <tr><td>RBC</td><td>7.45 M/uL</td><td>5.39 - 8.70</td></tr> <tr><td>MCV</td><td>64 fL</td><td>59 - 76</td></tr> <tr><td>MCH</td><td>25.8 pg</td><td>21.9 - 26.1</td></tr> <tr><td>NEUT SEG</td><td>67.2 %</td><td></td></tr> <tr><td>PLATELETS</td><td>351 K/uL</td><td>143 - 448</td></tr> <tr><td>RETIC CNT</td><td>1.1 %</td><td></td></tr> <tr><td>ABS BASO</td><td>26 /uL</td><td>0 - 100</td></tr> <tr><td>ABS EOS</td><td>538 /uL</td><td>70 - 1490</td></tr> <tr><td>ABS LYMPHS</td><td>2854 /uL</td><td>1060 - 4950</td></tr> <tr><td>ABS MONOS</td><td>781 /uL</td><td>130 - 1150</td></tr> <tr><td>ABS NEUTS</td><td>8602 /uL</td><td>2940 - 12670</td></tr> <tr><td>ABS RET</td><td>82 K/uL</td><td>10 - 110</td></tr> <tr><td>RETIC-HGB</td><td>22.5 pg L</td><td>24.5 - 31.8</td></tr> </tbody> </table> <p>Asc: 4404288235</p> <p>Lipemia observed, may artifactually increase HGB, MCH & MCHC. AUTOMATED CBC</p>	Test	Result	Reference Range	HCT	47.6 %	38.3 - 56.5	HGB	19.2 g/dL	13.4 - 20.7	MCHC	40.3 g/dL H	32.6 - 39.2	WBC	12.8 K/uL	4.9 - 17.6	LYMPHS	22.3 %		MONOS	6.1 %		EOS	4.2 %		BASO	0.2 %		RBC	7.45 M/uL	5.39 - 8.70	MCV	64 fL	59 - 76	MCH	25.8 pg	21.9 - 26.1	NEUT SEG	67.2 %		PLATELETS	351 K/uL	143 - 448	RETIC CNT	1.1 %		ABS BASO	26 /uL	0 - 100	ABS EOS	538 /uL	70 - 1490	ABS LYMPHS	2854 /uL	1060 - 4950	ABS MONOS	781 /uL	130 - 1150	ABS NEUTS	8602 /uL	2940 - 12670	ABS RET	82 K/uL	10 - 110	RETIC-HGB	22.5 pg L	24.5 - 31.8
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Date	Type	Staff	History						
			<p>Asc: 4404288235 RE: 281 HEMOLYSIS INDEX 4+ Index of ++++ may increase AST and CPK by 25-50%, and decrease ALP by >50%, decrease Total and Direct Bilirubin by 25-50%, and decrease SDMA by 10-25%. RE: 282 LIPEMIA INDEX 2+ Index of N, 1+, 2+ exhibits no significant effect on chemistry values.</p> <p>SPECIMEN REQUIRED ULTRACENTRIFUGATION DUE TO GROSS LIPEMIA. SDMA and creatinine are within the reference interval: impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis.</p>						
7/3/2021	L	DSK	<p>Immunology results from IDEXX Reference Laboratory Requisition ID: 156966193 Posted Final <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Test</th> <th style="text-align: left;">Result</th> <th style="text-align: left;">Reference Range</th> </tr> </thead> <tbody> <tr> <td>HEARTWORM</td> <td>NEGATIVE</td> <td></td> </tr> </tbody> </table> Asc: 4404288235</p> <p>The American Heartworm Society recommends that a confirmatory test be run on all positive antigen test results prior to therapy, especially when a positive test result is unexpected. Confirmation of a positive test result is accomplished when combining the results of the Heartworm Antigen by ELISA with results from the Lab 4DX Plus (test code 7244), SNAP Heartworm RT, or SNAP 4Dx Plus performed on a separate sample.</p>	Test	Result	Reference Range	HEARTWORM	NEGATIVE	
Test	Result	Reference Range							
HEARTWORM	NEGATIVE								
7/3/2021	L	DSK	<p>Miscellaneous results from IDEXX Reference Laboratory Requisition ID: 156966193 Posted Final Asc: 4404288235 RE: 9999 NOTE NOTE A urine sample was not received. The remainder of requested testing has been performed. Thank you.</p>						

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Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
7/3/2021	P	DSK	1.00 DOSE of Bravecto Chew 22-44# Green (Ea) (18127) Rx #: 350696 Exp. Jul 03/2022 0 Of 0 Refills Filled by: JTC Give by mouth one tablet once every 90 days for prevention of fleas and ticks. Give with food.
7/3/2021	P	DSK	2.00 TABLET of Heartgard Plus GREEN 26-50# SINGLE (S7812) Rx #: 350692 Exp. Jul 03/2022 0 Of 0 Refills Filled by: JTC Give 1 Chewable Tablet by mouth every 30 days to prevent heartworm disease. This medication also controls Hookworm and Roundworm infections in dogs.

7/3/2021 C JTC Exam: Vaccines/Canine - CLOSED Oct 01/2021

Canine Exam & Vaccines
Doctor: DSK Technician: JTC

HISTORY:

Problems/Concerns:	Check eye - corneal stain done about 2 weeks ago.
Is patient spayed/neutered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - ___
Currently taking any meds?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Current on HWP/Flea/Tick?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - ___
Changes in appetite/thirst?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Any C/S/V/D?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Current Diet?	___
Where does patient live?	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/> Both Notes - ___
Is patient on a WP?	<input type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input checked="" type="checkbox"/> Yes
Additional Notes:	___

VITALS: Weight: 40.7 Temp:___ Pulse:___ Resp:___ MM:___ CRT:___ Mentation:___ BCS:___

VACCINES

Rabies:	<input checked="" type="checkbox"/> Adm 1 year	<input type="checkbox"/> Adm 3 year	<input type="checkbox"/> Current	<input type="checkbox"/> Too Young
DA2PPC:	<input checked="" type="checkbox"/> Adm with Lepto	<input type="checkbox"/> Adm W/O Lepto	<input type="checkbox"/> Current	<input type="checkbox"/> Declined
Bordetella:	<input checked="" type="checkbox"/> Adm Oral	<input type="checkbox"/> Adm Intranasal	<input type="checkbox"/> Current	<input type="checkbox"/> Declined
Influenza:	<input type="checkbox"/> Adm H3N2	<input type="checkbox"/> Adm H3N8	<input type="checkbox"/> Current	<input checked="" type="checkbox"/> Declined
Hx of Vaccine reactions?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes pre-treated with - ___			
Vaccine Lot Numbers:	(Rabies 1yr) Adm SQ RH Zoetis Defensor (452989 22Feb22) (DA2PPLC) Adm SQ LH Vanguard Plus 5L4 (485575B 16Aug22) + Vanguard CV (493434B 26Jul22) (Oral Bord) Adm SQ Nobivac Oral Bb (02541141B 29Dec22)			

ROUTINE LABWORK

Fecal:	<input checked="" type="checkbox"/> NPS	<input type="checkbox"/> Pos - ___	<input type="checkbox"/> Empty	<input type="checkbox"/> Declined
HWT:	<input type="checkbox"/> Negative IH	<input type="checkbox"/> Positive IH	<input checked="" type="checkbox"/> Sent to lab	<input type="checkbox"/> Declined or Too Young
Wellness BW:	<input type="checkbox"/> PSBW	<input checked="" type="checkbox"/> WP Bloodwork	<input type="checkbox"/> Other - ___	<input type="checkbox"/> Declined

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 I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended,
 R:Correspondence, T:Images, TC:Tentative med note, V:Vital signs

Patient History Report

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Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
------	------	-------	---------

EXAMINATION:

Eyes:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Ears:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Nose:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Throat:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Mouth/Teeth/Gums:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Lymph Nodes:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Nervous System:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Heart/Lungs:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Skin/Coat:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
GI Tract/Abdomen:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Urinary/Genitals:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Musculoskeletal:	<input type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___

ASSESSMENT & PLAN:

DDX:	___
Additional Diagnostics:	<input type="checkbox"/> Rec'd but declined - ___
Treatments	<input type="checkbox"/> Rec'd but declined - ___
Prescriptions:	<input type="checkbox"/> Rec'd but declined - ___
Recheck:	<input type="checkbox"/> 1 week <input type="checkbox"/> 10-14 days <input type="checkbox"/> 1 month <input type="checkbox"/> Other - ___
Client Communications:	<input type="checkbox"/> See discharge notes typed on invoice.

7/3/2021	CK	S	Annual.-amr, tto kaj Reason for Visit: Wellness Plan Date Patient Checked Out: Jul 03/2021 Practice 1
7/3/2021	B	DSK	WP Canine Annual Group (WPCA) by DSP
7/3/2021	B	DSK	1.00 WP Examination (Annual) (WP100) by DSP
7/3/2021	B	DSK	1.00 WP DA2P(L) Vaccine (Adult) (WP231) by DSP
7/3/2021	B	DSK	1.00 WP Parvo Virus Vaccine (Adult) (WP233) by DSP
7/3/2021	B	DSK	1.00 WP Corona Vaccine (Adult) (WP234) by DSP
7/3/2021	B	DSK	1.00 WP Rabies Vaccine 1 yr (WP240) by DSP
7/3/2021	B	DSK	1.00 WP Bordetella Oral Vaccine (Adult) (WP229) by DSP
7/3/2021	B	DSK	1.00 WP Blood Parasite Screen (723) (WP301) by DSP
7/3/2021	B	DSK	1.00 WP Intestinal Parasite Screen (Adult) (WP313) by DSP
7/3/2021	B	DSK	1.00 Your technician today was Jeremy (JTC) by DSP
7/3/2021	B	DSK	1.00 Services provided by Dr. S. Kane (DSK) by DSP
7/3/2021	B	B	1.00 OSHA Compliance Fee (5298) by DSP
7/3/2021	B	DSK	1.00 DOSE of Bravecto Chew 22-44# Green (Ea) (18127) by DSP
7/3/2021	B	DSK	2.00 TABLET of Heartgard Plus GREEN 26-50# SINGLE (S7812) by DSP

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Age: 3 Yrs. 6 Mos.
Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
7/3/2021	B	DSK	1.00 WP Payment/Plan Upgrade (WPPPU) by DSP
7/3/2021	B	DSK	1.00 WP S/G BW/UA K-9/Fel (29809999) (WP357) by DSP

6/14/2021 C LAU Comm:TELEPHONE CONVERSATION - CLOSED Sep 13/2021

Phone Call

Staff member: Lyndi__

Details:

Spoke with:	<input checked="" type="checkbox"/> Left message <input type="checkbox"/> No answer or option to leave message
Call type:	<input checked="" type="checkbox"/> Appointment follow up: <input type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - ___ <input type="checkbox"/> Calling with lab results: <input type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - ___ <input type="checkbox"/> Calling for different reason - ___
Additional Notes:	___

6/12/2021 C DSK Exam: General Work-up - CLOSED Sep 10/2021

General Exam

Doctor: DSK__ **Technician:** KLW

HISTORY:

Problems/Concerns & Duration:	Vomiting bile 1-2x a week for the last 3 weeks, usually in the evening. E/D-normal. Watery discharge OU this week, OD>OS.
Is patient spayed/neutered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - ___
Currently taking any meds?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Fish oil EOD and Multi Vitamin EOD
Current on HWP/Flea/Tick?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Bravecto and HG
Current on Vaccines?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - ___
Changes in appetite/thirst?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Any C/S/V/D?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - vomiting
Current Diet?	Diamond Lamb and Rice
Where does patient live?	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Notes - ___
Is patient on a WP?	<input type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input type="checkbox"/> Yes
Additional Notes:	___

VITALS: Weight: 39.1lb Temp:___ Pulse:_140_ Resp: Pant MM:pk CRT:<2 Mentation: bar BCS: 6/9

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Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
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EXAMINATION:

Eyes:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - scant clear ocular discharge__
Ears:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - __
Nose:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - __
Throat:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - __
Mouth/Teeth/Gums:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - __
Lymph Nodes:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - __
Nervous System:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - __
Heart/Lungs:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - __
Skin/Coat:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - __
GI Tract/Abdomen:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - __
Urinary/Genitals:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - __
Musculoskeletal:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - __

ASSESSMENT & PLAN:

DDX:	intermittent bilious vomiting mild ocular discharge__
Diagnostics:	<input type="checkbox"/> <input type="checkbox"/> Rec'd but declined - __
Treatments	<input type="checkbox"/> <input type="checkbox"/> Rec'd but declined - __
Prescriptions:	<input type="checkbox"/> <input type="checkbox"/> Rec'd but declined - __
Recheck:	<input type="checkbox"/> 1 week <input type="checkbox"/> 10-14 days <input type="checkbox"/> 1 month <input type="checkbox"/> Other - __
Client Communications:	try 20mg prilosec for 1 month give in the morning rty gental ointnemnt, recheck for vax in 4 weeks with updates__ <input type="checkbox"/> See discharge notes typed on invoice.

6/12/2021	V	DSK	Jun 12, 2021 12:16 PM Staff: DSK ----- Weight : 39.10 pounds
6/12/2021	I	DSK	Prilosec (omeprazole 20mg): Give 1 tablet by mouth once daily in the morning for 1 month. Gental ointment: Instill into both eyes 2-3 times daily.
6/12/2021	CK	S	Recheck with Dr. Stephanie Kane for vaccines in 1 month. Vomiting and right eye weeping.-amr Reason for Visit: Sick Exam
6/12/2021	B	DSK	Date Patient Checked Out: Jun 12/2021 Practice 1 WP Examination (Co-Pay) \$10.00 (WP110) by DSK

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Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
6/12/2021	B	DSK	1.00 Petly Plan Copay Regular Exam \$10.00 (110WP) by DSK
6/12/2021	B	B	1.00 OSHA Compliance Fee (5298) by DSK
6/12/2021	B	DSK	1.00 Services provided by Dr. S. Kane (DSK) by DSK
6/12/2021	B	DSK	1.00 Your technician today was Kristina W. (KLW) by DSK
6/12/2021	B	1	1.00 Your receptionist today was Michelle (AMR) by DSK
1/25/2021	C	LAU	Comm:TELEPHONE CONVERSATION - CLOSED Apr 26/2021

Phone Call

Staff member: Lyndi__

Details:

Spoke with:	<input checked="" type="checkbox"/> Left message <input type="checkbox"/> No answer or option to leave message
Call type:	<input checked="" type="checkbox"/> Appointment follow up: <input type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - __ <input type="checkbox"/> Calling with lab results: <input type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - __ <input type="checkbox"/> Calling for different reason - __
Additional Notes:	__

1/23/2021 C KLM Tech Call - administer vaccine(s) - CLOSED Apr 23/2021 - Tech Call

Technician Visit

Technician: KLM

Weight: 35.3 lbs Temp: __ Pulse: __ Resp: __ Mentation: __

VISIT:

Vaccine(s) administered:	Bordetella
Hx of vaccine reactions?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes pre-treated with - __
Lot number(s) & expiration date(s):	(Inj. Bord) Adm SQ Pfizer Bronchicine (367449 28Apr21)
Additional Notes:	Refill Heargard 26-50# (6 pack) and Bravecto 22-44# x2

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Patient History Report

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Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
1/23/2021	V	KLM	Jan 23, 2021 08:26 AM Staff: KLM ----- Weight : 35.30 pounds
1/23/2021	P	RCN	2.00 DOSE of Bravecto Chew 22-44# Green (Ea) (18127) Rx #: 335681 Exp. Jan 23/2022 0 Of 0 Refills Filled by: KLM Give by mouth one tablet once every 90 days for prevention of fleas and ticks. Give with food.
1/23/2021	P	RCN	1.00 BOX of Heartgard Plus GREEN 26-50# (6pk) (37812) Rx #: 335680 Exp. Jan 23/2022 0 Of 0 Refills Filled by: KLM Give 1 Chewable Tablet by mouth every 30 days to prevent heartworm disease. This medication also controls Hookworm and Roundworm infections in dogs.
1/23/2021	I	TEC	Bordetella is a vaccination that protects your dog against "Kennel Cough". This vaccine is recommended for dogs that may be housed in a kennel or hospital, visit a dog park, pet store, or grooming parlor. This vaccine should be received every 6 months.
1/23/2021	CK	TEC	bordetella, refill prevention. -dms Reason for Visit: Technician only Date Patient Checked Out: Jan 23/2021 Practice 1
1/23/2021	B	TEC	1.00 WP Technician Office Call (WP120) by DRS
1/23/2021	B	B	1.00 OSHA Compliance Fee (5298) by DRS
1/23/2021	B	TEC	1.00 WP Bordetella Inj Vaccine ADULT (WP223) by DRS
1/23/2021	B	RCN	1.00 PACK of Heartgard Plus GREEN 26-50# (6pk) (37812) by DRS
1/23/2021	B	RCN	2.00 DOSE of Bravecto Chew 22-44# Green (Ea) (18127) by DRS
1/23/2021	B	TEC	1.00 Your assistant today was Kaden (KLM) by DRS
7/13/2020	C	DCN	Comm:TELEPHONE CONVERSATION - CLOSED Oct 12/2020

Phone Call

Staff member: DCN

Details:

Spoke with:	Elizabeth Grubbs <input type="checkbox"/> Left message <input type="checkbox"/> No answer or option to leave message
Call type:	<input type="checkbox"/> Appointment follow up: <input type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - ___ <input checked="" type="checkbox"/> Calling with lab results: <input checked="" type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - ___ <input type="checkbox"/> Calling for different reason - ___
Additional Notes:	Bloodwork results are WNL. O mentioned that Jackson was a little tired after his visit on Saturday, but then he was back to normal at his puppy class yesterday. Told O that it's typical

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Patient History Report

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Date	Type	Staff	History
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	for animals to be a little tired after giving vaccines, but if he continues to not act like himself, I would recommend bringing him back in. ___
--	--

7/11/2020 L DCN

Hematology results from IDEXX Reference
 Laboratory Requisition ID: 137803569 Posted
Final

Test	Result	Reference Range
HCT	51.2 %	38.3 - 56.5
HGB	18.7 g/dL	13.4 - 20.7
MCHC	36.5 g/dL	32.6 - 39.2
WBC	9.8 K/uL	4.9 - 17.6
LYMPHS	33.7 %	
MONOS	6.8 %	
EOS	3.0 %	
BASO	0.1 %	
RBC	7.87 M/uL	5.39 - 8.70
MCV	65 fL	59 - 76
MCH	23.8 pg	21.9 - 26.1
NEUT SEG	56.4 %	
PLATELETS	225 K/uL	143 - 448
RETIC CNT	0.9 %	
ABS BASO	10 /uL	0 - 100
ABS EOS	294 /uL	70 - 1490
ABS LYMPHS	3303 /uL	1060 - 4950
ABS MONOS	666 /uL	130 - 1150
ABS NEUTS	5527 /uL	2940 - 12670
ABS RET	71 K/uL	10 - 110
RETIC-HGB	25.4 pg	22.3 - 29.6

Ascن: 4402972550

AUTOMATED CBC

7/11/2020 L DCN

Chemistry results from IDEXX Reference
 Laboratory Requisition ID: 137803569 Posted
Final

Test	Result	Reference Range
ALB	3.4 g/dL	2.7 - 3.9
ALKP	26 U/L	5 - 160
ALT	23 U/L	18 - 121
BUN/UREA	15 mg/dL	9 - 31
CREA	0.8 mg/dL	0.5 - 1.5
GLU	116 mg/dL H	63 - 114

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Date	Type	Staff	History
			<p>Potassium 4.3 mmol/L 4.0 - 5.4 TP 6.0 g/dL 5.5 - 7.5 GLOB 2.6 g/dL 2.4 - 4.0 A/G Ratio 1.3 0.7 - 1.5 SDMA 10 ug/dL 0 - 14 Asc: 4402972550 RE: 281 HEMOLYSIS INDEX N Index of N, 1+, 2+ exhibits no significant effect on chemistry values. RE: 282 LIPEMIA INDEX N Index of N, 1+, 2+ exhibits no significant effect on chemistry values.</p> <p style="text-align: center;">BOTH SDMA AND CREATININE ARE WITHIN THE REFERENCE INTERVAL which indicates kidney function is likely good. Evaluate a complete urinalysis and confirm there is no other evidence of kidney disease.</p>
7/11/2020	L	DCN	<p>Immunology results from IDEXX Reference Laboratory Requisition ID: 137803569 Posted Final Test Result Reference Range HEARTWORM NEGATIVE Asc: 4402972550</p> <p>The American Heartworm Society recommends that a confirmatory test be run on all positive antigen test results prior to therapy, especially when a positive test result is unexpected. Confirmation of a positive test result is accomplished when combining the results of the Heartworm Antigen by ELISA with results from the Lab 4DX Plus (test code 7244), SNAP Heartworm RT, or SNAP 4Dx Plus performed on a separate sample.</p>
7/11/2020	L	DCN	<p>Miscellaneous results from IDEXX Reference Laboratory Requisition ID: 137803569 Posted Final Asc: 4402972550 RE: 9999 NOTE NOTE A urine sample was not received. The remainder of requested testing has been performed. Thank you.</p>

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Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
------	------	-------	---------

7/11/2020 C DCN Exam: Vaccines/Canine - CLOSED Oct 09/2020

Canine Exam & Vaccines
Doctor: DCN **Technician:** KLM

HISTORY:

Problems/Concerns:	WP Annual. No concerns
Is patient spayed/neutered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - __
Currently taking any meds?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - __
Current on HWP/Flea/Tick?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Bravecto and Heartgard
Changes in appetite/thirst?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - __
Any C/S/V/D?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - __
Current Diet?	Rachel Ray
Where does patient live?	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Notes - __
Is patient on a WP?	<input type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input checked="" type="checkbox"/> Yes
Additional Notes:	

VITALS: Weight: 31.1lbs. Temp:101.6°F Pulse:132 Resp: panting MM: pink CRT:< 2 sec. Mentation: BAR BCS: 6/9

VACCINES

Rabies:	<input checked="" type="checkbox"/> Adm 1 year	<input type="checkbox"/> Adm 3 year	<input type="checkbox"/> Current	<input type="checkbox"/> Too Young
DA2PPC:	<input checked="" type="checkbox"/> Adm with Lepto	<input type="checkbox"/> Adm W/O Lepto	<input type="checkbox"/> Current	<input type="checkbox"/> Declined
Bordetella:	<input checked="" type="checkbox"/> Adm Injectable	<input type="checkbox"/> Adm Intranasal	<input type="checkbox"/> Current	<input type="checkbox"/> Declined
Influenza:	<input type="checkbox"/> Adm H3N2	<input type="checkbox"/> Adm H3N8	<input type="checkbox"/> Current	<input type="checkbox"/> Declined
Hx of Vaccine reactions?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes pre-treated with - __			
Vaccine Lot Numbers:	(Rabies 1yr) Adm SQ RH Zoetis Defensor (379935B 9MAR21) (DA2PPLC) Adm SQ LH Vanguard Plus 5L4 (377785A 16MAR21) + Vanguard CV (401926A) (Inj. Bord) Adm SQ Pfizer Bronchicine (367236 6JUL22)			

ROUTINE LABWORK

Fecal:	<input checked="" type="checkbox"/> NPS	<input type="checkbox"/> Pos - __	<input type="checkbox"/> Empty	<input type="checkbox"/> Declined
HWT:	<input type="checkbox"/> Negative IH	<input type="checkbox"/> Positive IH	<input checked="" type="checkbox"/> Sent to lab	<input type="checkbox"/> Declined or Too Young
Wellness BW:	<input type="checkbox"/> PSBW	<input checked="" type="checkbox"/> WP Bloodwork	<input type="checkbox"/> Other - __	<input type="checkbox"/> Declined

EXAMINATION:

Eyes:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __
Ears:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __
Nose:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __
Throat:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __
Mouth/Teeth/Gums:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __
Lymph Nodes:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs

Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
Nervous System:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Heart/Lungs:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Skin/Coat:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
GI Tract/Abdomen:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Urinary/Genitals:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___
Musculoskeletal:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - ___

ASSESSMENT & PLAN:

DDX:	<u>Apparently healthy</u>
Additional Diagnostics:	<input type="checkbox"/> Rec'd but declined - ___
Treatments	<u>Vaccines given</u> <input type="checkbox"/> Rec'd but declined - ___
Prescriptions:	<u>Heartgard 6pk</u> <input type="checkbox"/> Rec'd but declined - ___
Recheck:	<input type="checkbox"/> 1 week <input type="checkbox"/> 10-14 days <input type="checkbox"/> 1 month <input type="checkbox"/> Other - ___
Client Communications:	<input type="checkbox"/> See discharge notes typed on invoice.

7/11/2020	P	DCN	1.00 BOX of Heartgard Plus GREEN 26-50# (6pk) (37812) Rx #: 319005 Exp. Jul 11/2021 0 Of 0 Refills Filled by: KLM Give 1 Chewable Tablet by mouth every 30 days to prevent heartworm disease. This medication also controls Hookworm and Roundworm infections in dogs.
7/11/2020	P	DCN	2.00 DOSE of Bravecto Chew 22-44# Green (Ea) (18127) Rx #: 319004 Exp. Jul 11/2021 0 Of 0 Refills Filled by: KLM Give by mouth one tablet once every 90 days for prevention of fleas and ticks. Give with food.
7/11/2020	V	KLM	Jul 11, 2020 08:37 AM Staff: KLM ----- Weight : 31.10 pounds
7/11/2020	CK	TEC	Nail trim and refill prevention.-amr Reason for Visit: Technician only Date Patient Checked Out: Jul 11/2020 Practice 1
7/11/2020	B	DCN	WP Canine Annual Group (WPCA) by DCN
7/11/2020	B	DCN	1.00 WP Examination (Annual) (WP100) by DCN
7/11/2020	B	DCN	1.00 WP DA2P(L) Vaccine (Adult) (WP231) by DCN
7/11/2020	B	DCN	1.00 WP Parvo Virus Vaccine (Adult) (WP233) by DCN
7/11/2020	B	DCN	1.00 WP Corona Vaccine (Adult) (WP234) by DCN
7/11/2020	B	DCN	1.00 WP Rabies Vaccine 1 yr (WP240) by DCN
7/11/2020	B	DCN	1.00 WP Bordetella Inj Vaccine ADULT (WP223) by DCN
7/11/2020	B	DCN	1.00 WP Blood Parasite Screen (723) (WP301) by DCN
7/11/2020	B	DCN	1.00 WP Intestinal Parasite Screen (Adult) (WP313) by DCN

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Patient History Report

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 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
7/11/2020	B	DCN	1.00 WP Nail Trim (WP710) by DCN
7/11/2020	B	DCN	2.00 DOSE of Bravecto Chew 22-44# Green (Ea) (18127) by DCN
7/11/2020	B	DCN	1.00 PACK of Heartgard Plus GREEN 26-50# (6pk) (37812) by DCN
7/11/2020	B	DCN	1.00 Services provided by Dr. Northam (DCN) by DCN
7/11/2020	B	DCN	1.00 Your assistant today was Kaden (KLM) by DCN
7/11/2020	B	DCN	1.00 Your receptionist today was Loni (LMP) by DCN
7/11/2020	B	DCN	1.00 WP S/G BW/UA K-9/Fel (29809999) (WP357) by DCN
4/20/2020	P	DJR	7.00 TABLET of Metronidazole 250 mg (Tab) (9288) Rx #: 311680 Exp. Apr 20/2021 0 Of 0 Refills Filled by: SJD Please give 1/2 tablet by mouth once every 12 hours until finished
4/20/2020	P	DJR	30.00 TABLET of Prednisone 10mg (Tab) (8862) Rx #: 311679 Exp. Apr 20/2021 0 Of 0 Refills Filled by: SJD Give 1 and 1/2 tablet orally twice daily for 5 days, then 1 and 1/2 tablet once daily for 5 days, then 1 and 1/2 tablet every other day for until gone.
4/20/2020	I	DJR	Prednisone is a Cortisone medication. This medication can cause an increase in thirst, urination, and appetite. Make sure there is plenty of water available, but continue to feed normally.
4/20/2020	P	DJR	1.00 BAG of Royal Canin K-9 HP 17.6# Bag (427617) Rx #: 311676 Exp. Apr 20/2021 0 Of 0 Refills Filled by: SJD Feed as directed
4/20/2020	C	DJR	Comm:TELEPHONE CONVERSATION - CLOSED Jul 20/2020

Phone Call

Staff member: DJR

Details:

Spoke with:	Mrs <input type="checkbox"/> Left message <input type="checkbox"/> No answer or option to leave message
Call type:	<input type="checkbox"/> Appointment follow up: <input type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - ___ <input type="checkbox"/> Calling with lab results: <input type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - ___ <input type="checkbox"/> Calling for different reason - ___
Additional Notes:	Soft stool ongoing; agreed to repeat metro, add in steroid course and assess response. If good response CW HP diet x 4-6 weeks, then can try OTC salmon only diet. If no response or returns on/after steroids consider IM consult

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Patient History Report

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 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
4/20/2020	B	DJR	1.00 BAG of Royal Canin K-9 HP 17.6# Bag (427617) by DMS
4/20/2020	B	DJR	30.00 TABLET of Prednisone 10mg (Tab) (8862) by DMS
4/20/2020	B	DJR	7.00 TABLET of Metronidazole 250 mg (Tab) (9288) by DMS
4/20/2020	B	DJR	1.00 Medications Up Front (MUF) by DMS
4/15/2020	P	RSK	1.00 DOSE of Bravecto Chew 22-44# Green (Ea) (18127) Rx #: 311210 Exp. Apr 15/2021 0 Of 0 Refills Filled by: SMO Give by mouth one tablet once every three months for prevention of fleas and ticks. Give with food.
4/15/2020	B	RSK	1.00 DOSE of Bravecto Chew 22-44# Green (Ea) (18127) by DMS
4/15/2020	B	1	1.00 Rx Filled - In Pharmacy (RXFP) by DMS

4/7/2020 C LAU Comm:TELEPHONE CONVERSATION - CLOSED Jul 06/2020

Phone Call

Staff member: Lyndi

Details:

Spoke with:	<input checked="" type="checkbox"/> Left message <input type="checkbox"/> No answer or option to leave message
Call type:	<input checked="" type="checkbox"/> Appointment follow up: <input type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - ___ <input type="checkbox"/> Calling with lab results: <input type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - ___ <input type="checkbox"/> Calling for different reason - ___
Additional Notes:	___

4/4/2020 C DJR Exam: Brief - FINAL Apr 06/2020 - Examination

Examination

Doctor: DJR **Technician:** JTC

HISTORY:

Reason for visit:	Loose stool not improved.
Is patient on a WP?	<input type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input checked="" type="checkbox"/> Yes
Additional Notes:	___

VITALS: Weight: ___ Temp: ___ Pulse: ___ Resp: ___ MM: ___ CRT: ___ Mentation: ___ BCS: ___

EXAM NOTES: PE WNL excpet for loose stool in GiT and moderate pedal dermatitis x 4

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Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
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ASSESSMENT & PLAN:

DDX:	r/o food allergy vs parasitic vs atopy vs other
Diagnostics:	NA at this time <input type="checkbox"/> Rec'd but declined - ___
Treatments	___ <input type="checkbox"/> Rec'd but declined - ___
Prescriptions:	Metro, panacur, HP diet exclusive <input type="checkbox"/> Rec'd but declined - ___
Recheck:	<input type="checkbox"/> 1 week <input type="checkbox"/> 10-14 days <input type="checkbox"/> 1 month <input type="checkbox"/> Other - ___
Client Communications:	Suspect food allergy due to age and combo of skin and GI issues; O OK w diet trial along with meds for diarrhea <input type="checkbox"/> See discharge notes typed on invoice.

4/4/2020	P	DJR	1.00 BOX of Panacur C 2gm (3pk) (15479) Rx #: 310223 Exp. Apr 04/2021 0 Of 0 Refills Filled by: JTC Mix contents of one packet into a meatball and feed once daily for 3 consecutive days.
4/4/2020	P	DJR	14.00 TABLET of Metronidazole 250 mg (Tab) (9288) Rx #: 310222 Exp. Apr 04/2021 0 Of 0 Refills Filled by: JTC Give 1 tablet by mouth every 12 hours until gone.
4/4/2020	CK	S	No improvement since last visit. -smo/ pq sent- 4/2 amg Reason for Visit: Recheck Exam Date Patient Checked Out: Apr 04/2020 Practice 1
4/4/2020	B	DJR	WP Examination (Co-Pay) (WP110) by ACH
4/4/2020	B	DJR	1.00 Petly Plan Examination Copay (110WP) by ACH
4/4/2020	B	B	1.00 OSHA Compliance Fee (5298) by ACH
4/4/2020	B	DJR	14.00 TABLET of Metronidazole 250 mg (Tab) (9288) by ACH
4/4/2020	B	DJR	1.00 BOX of Panacur C 2gm (3pk) (15479) by ACH
4/4/2020	B	DJR	1.00 BAG of Royal Canin K-9 HP 7.7# Bag (17976) by ACH
4/4/2020	B	DJR	1.00 CAN of Royal Canin K-9 HP 13.8oz Can (18145) by ACH
4/4/2020	B	DJR	1.00 BAG of Royal Canin K-9 HP Treat 500g Bag (18503) by ACH
4/4/2020	B	DJR	1.00 Your technician today was Jeremy (JTC) by ACH
4/4/2020	B	DJR	1.00 Services provided by Dr. Rubinstein (DJR) by ACH
3/20/2020	P	DRS	1.00 TABLET of Heartgard Plus GREEN 26-50# SINGLE (S7812) Rx #: 309011 Exp. Mar 20/2021 0 Of 0 Refills Filled by: AJR Give 1 Chewable Tablet by mouth every 30 days to prevent heartworm disease. This medication also controls Hookworm and Roundworm infections in dogs.
3/20/2020	P	DRS	7.00 TABLET of Metronidazole 250 mg (Tab) (9288) Rx #: 309009 Exp. Mar 20/2021 0 Of 0 Refills Filled by: AJR Give 1/2 a tablet by mouth every 12 hours for 7 days.

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative med note, V:Vital signs

Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History

3/20/2020 C AJR Exam: General Work-up - FINAL Mar 23/2020

General Exam

Doctor: DRS **Technician:** AJR

HISTORY:

Problems/Concerns & Duration:	Pt has been having intermittent soft stools and it has been liquid in consistency since yesterday. O mentions it has hardened since but is still softer than normal. O also mentions that Pt ate flowers from the yard and chewed on the dog bed today.
Is patient spayed/neutered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - ___
Currently taking any meds?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Current on HWP/Flea/Tick?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - HG an bravecto
Current on Vaccines?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - ___
Changes in appetite/thirst?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Any C/S/V/D?	<input type="checkbox"/> No <input type="checkbox"/> Yes - ___
Current Diet?	Rachel ray puppy and adult mixed
Where does patient live?	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Notes - ___
Is patient on a WP?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input type="checkbox"/> Yes
Additional Notes:	___

VITALS: Weight: 25.5 Temp:DNO Pulse: 140 Resp: pant MM:pk CRT:<2s Mentation: BAR BCS: 5/9

EXAMINATION:

Eyes:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Ears:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Nose:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Throat:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Mouth/Teeth/Gums:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Lymph Nodes:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Nervous System:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Heart/Lungs:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Skin/Coat:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
GI Tract/Abdomen:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Urinary/Genitals:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Musculoskeletal:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___

ASSESSMENT & PLAN:

DDX:	___ Open for loose stools (dietary indiscretion vs stress colitis vs GI parasites)___
Diagnostics:	___ Fecal float: NPOS Giardia snap test: negative_ <input type="checkbox"/> Rec'd but declined - ___
Treatments	___ Strongid 3.0mL PO_ <input type="checkbox"/> Rec'd but declined - ___
Prescriptions:	___ Metronidazole 250mg- 1/2 tab Po BID x 7d

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Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
			Diagel PO once <input type="checkbox"/> Rec'd but declined - ___
Recheck:			<input type="checkbox"/> 1 week <input type="checkbox"/> 10-14 days <input type="checkbox"/> 1 month <input checked="" type="checkbox"/> Other - INI ___
Client Communications:			<input type="checkbox"/> Return for further diagnostics if no improvement (abd rads etc). ___ <input type="checkbox"/> See discharge notes typed on invoice.

3/20/2020	CK	S	P has hx of loose stool, now p is having watery diarrhea -jrv Reason for Visit: Sick Exam Date Patient Checked Out: Mar 20/2020 Practice 1
3/20/2020	B	DRS	WP Examination (Co-Pay) (WP110) by MET
3/20/2020	B	DRS	1.00 Petly Plan Examination Copay (110WP) by MET
3/20/2020	B	DRS	1.00 OSHA Compliance Fee (5298) by MET
3/20/2020	B	DRS	1.00 WP Intestinal Par Scrn (Puppy/Kitten) (WP311) by MET
3/20/2020	B	DRS	1.00 EACH of IDEXX CITE Snap Giardia Test (IH) (23782) by MET
3/20/2020	B	DRS	1.00 WP Deworm (Puppy/Kitten) (WP401) by MET
3/20/2020	B	DRS	1.00 SYRINGE of Diagel K-9 1ml (Syringe) 1-30 pds (15620) by MET
3/20/2020	B	DRS	7.00 TABLET of Metronidazole 250 mg (Tab) (9288) by MET
3/20/2020	B	DRS	1.00 TABLET of Heartgard Plus GREEN 26-50# SINGLE (S7812) by MET
3/20/2020	B	DRS	1.00 Services provided by Dr. Shedden (DRS) by MET
3/20/2020	B	DRS	1.00 Your technician today was Amanda (AJR) by MET
3/20/2020	B	DRS	1.00 Your receptionist today was Michelle (AMR) by MET

3/7/2020 C AJR Recheck - FINAL Apr 06/2020

Recheck Exam

Doctor: DCB **Technician:** AJR

HISTORY:

Problems being rechecked:	Demodex 12/21. Pt is doing much better and was given bravecto 2/21 (2 month interval) and Hg on 2/22.
Eating & drinking normally?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - ___
Currently taking any meds?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Current on HWP/Flea/Tick?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - bravecto hg
Current on Vaccines?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - ___
Any C/S/V/D?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Is patient on a WP?	<input type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input checked="" type="checkbox"/> Yes
Additional Notes:	___

VITALS: Weight: 23.2 Temp:100.3___ Pulse:_130_ Resp: 24 MM:p,m CRT:2 Mentation: BAR BCS: 6/9

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Patient: Jackson (40722-3)
Species: CANINE
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Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
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RECHECK EXAM FINDINGS: _90% hair regrwoth, mild hypotrachosis right stifle but nearly covered, mild interdigital erythema_

ASSESSMENT & PLAN:

DDX:	Demodex: resolving Intredigital erythema: r/o atopy vs demodex_
Diagnostics:	<input type="checkbox"/> <input type="checkbox"/> Rec'd but declined - ___
Treatments	<input type="checkbox"/> <input type="checkbox"/> Rec'd but declined - ___
Prescriptions:	<input type="checkbox"/> <input type="checkbox"/> Rec'd but declined - ___
Recheck:	<input type="checkbox"/> 1 week <input type="checkbox"/> 10-14 days <input type="checkbox"/> 1 month <input type="checkbox"/> Other - ___
Client Communications:	stay on bravecto/HG combo. Discussed that pet may be starting to show signs of allergies and will monitor___ <input type="checkbox"/> See discharge notes typed on invoice.

3/7/2020 V AJR Mar 7, 2020 08:03 AM Staff: AJR

 Weight : 23.20 pounds

3/7/2020 CK DCB Recheck skin with DCB.-amr
 Reason for Visit: Wellness Plan
 Date Patient Checked Out: Mar 07/2020 Practice 1
 3/7/2020 B DCB WP Examination (Co-Pay) (WP110) by AJR
 3/7/2020 B DCB 1.00 Petly Plan Examination Copay (110WP) by AJR
 3/7/2020 B DCB 1.00 OSHA Compliance Fee (5298) by AJR
 3/7/2020 B DCB 1.00 Services provided by Dr. Brunson (DCB) by AJR
 3/7/2020 B DCB 1.00 Your technician today was Amanda (AJR) by AJR
 3/7/2020 B 1 1.00 Your receptionist today was Kelsey (KAJ) by AJR

1/20/2020 C LAU Comm:TELEPHONE CONVERSATION - CLOSED Apr 20/2020

Phone Call

Staff member: Lyndi__

Details:

Spoke with:	<input checked="" type="checkbox"/> Left message <input type="checkbox"/> No answer or option to leave message
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B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

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Date	Type	Staff	History
------	------	-------	---------

Call type:	<input checked="" type="checkbox"/> Appointment follow up: <input type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - ___ <input type="checkbox"/> Calling with lab results: <input type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - ___ <input type="checkbox"/> Calling for different reason - ___
Additional Notes:	___

1/18/2020	P	DCB	1.00 DOSE of Bravecto Chew 22-44# Green (Ea) (18127) Rx #: 303272 Exp. Jan 18/2021 0 Of 0 Refills Filled by: JTC Give by mouth one tablet once every three months for prevention of fleas and ticks. Give with food.
1/18/2020	P	DCB	2.00 TABLET of Heartgard Plus BLUE 0-25# SINGLE (S7811) Rx #: 303271 Exp. Jan 18/2021 0 Of 0 Refills Filled by: JTC Give 1 Chewable Tablet by mouth every 30 days to prevent heartworm disease. This medication also controls Hookworm and Roundworm infections in dogs.

1/18/2020	C	JTC	Recheck - CLOSED Apr 17/2020
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Recheck Exam

Doctor: DCB **Technician:** JTC

HISTORY:

Problems being rechecked:	Dx with Demodex 12/21. Bravecto given. Less red per owner. Still itchy but not as bad.
Eating & drinking normally?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - ___
Currently taking any meds?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Cytopoint
Current on HWP/Flea/Tick?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Bravecto, Heartgard
Current on Vaccines?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - ___
Any C/S/V/D?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Is patient on a WP?	<input type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input checked="" type="checkbox"/> Yes
Additional Notes:	___

VITALS: Weight: 21 Temp: _DNO_ Pulse: _130_ Resp: 24 MM:p,m CRT:<2 Mentation: BAR BCS: 5/9

RECHECK EXAM FINDINGS: _no redness or inflammation noted, nonpruritic, hair regrowth noted_

ASSESSMENT & PLAN:

DDX:	Demodex: resolved
Diagnostics:	<input type="checkbox"/> Rec'd but declined - ___

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
Treatments <input type="checkbox"/> Rec'd but declined - ___			
Prescriptions: Bravecto 22-44: repeat in February 21-22 HG <input type="checkbox"/> Rec'd but declined - ___			
Recheck: <input type="checkbox"/> 1 week <input type="checkbox"/> 10-14 days <input type="checkbox"/> 1 month <input type="checkbox"/> Other - ___			
Client Communications: recheck March. Demodex resolved. <input type="checkbox"/> See discharge notes typed on invoice.			

1/18/2020	V	JTC	Jan 18, 2020 08:03 AM Staff: JTC ----- Weight : 21.00 pounds
1/18/2020	CK	DCB	Recheck Skin after starting Bravecto - VL Reason for Visit: Recheck Exam Date Patient Checked Out: Jan 18/2020 Practice 1
1/18/2020	B	DCB	WP Examination (Co-Pay) (WP110) by JTC
1/18/2020	B	DCB	1.00 Petly Plan Examination Copay (110WP) by JTC
1/18/2020	B	B	1.00 OSHA Compliance Fee (5298) by JTC
1/18/2020	B	DCB	1.00 Your technician today was Jeremy (JTC) by JTC
1/18/2020	B	DCB	1.00 Services provided by Dr. Brunson (DCB) by JTC
1/18/2020	B	DCB	2.00 TABLET of Heartgard Plus BLUE 0-25# SINGLE (S7811) by JTC
1/18/2020	B	DCB	1.00 DOSE of Bravecto Chew 22-44# Green (Ea) (18127) by JTC
1/18/2020	B	DCB	1.00 Your receptionist today was Anna (AMG) by JTC
12/21/2019	P	DCB	2.00 TABLET of Heartgard Plus BLUE 0-25# SINGLE (S7811) Rx #: 300787 Exp. Dec 21/2020 0 Of 0 Refills Filled by: VL Give 1 Chewable Tablet by mouth every 30 days to prevent heartworm disease. This medication also controls Hookworm and Roundworm infections in dogs.
12/21/2019	P	DCB	1.00 DOSE of Bravecto Chew 9.9-22# Orange (Ea) (18126) Rx #: 300785 Exp. Dec 21/2020 0 Of 0 Refills Filled by: VL Give by mouth one tablet once every three months for prevention of fleas and ticks. Give with food.
12/21/2019	P	DCB	1.00 VIAL of CYTOPOINT 20mg (1ml Vial) (18553) Rx #: 300784 Exp. Dec 21/2020 0 Of 0 Refills Filled by: VL Given SQ in clinic

12/21/2019 C VL Exam: General Work-up - CLOSED Mar 20/2020

General Exam

Doctor: DCB **Technician:** VL

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
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HISTORY:

Problems/Concerns & Duration:	PP for chewing on his Right Knee. O noticed it about a week ago. O Tried giving benedryl adult 1/2 of a tab TID. O mentions that it didn't seem to help. O says that this has never happened before. O tried to put a cone on P but P destroyed it.
Is patient spayed/neutered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - ___
Currently taking any meds?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Benedryl 1/2 tab TID
Current on HWP/Flea/Tick?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Trifexis
Current on Vaccines?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Changes in appetite/thirst?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Any C/S/V/D?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Vomit this morning - some bile and a apart of the cone-
Current Diet?	Puppy Food: 700kcal per day 1 cup puppy 1 cup
Where does patient live?	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Notes - ___
Is patient on a WP?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input type="checkbox"/> Yes
Additional Notes:	___

VITALS: Weight: 19 lbs Temp: 101.6 Pulse: 130 Resp: 24 MM:p,m CRT: 2 Mentation: BAR BCS: 5/9

EXAMINATION:

Eyes:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Ears:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Nose:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Throat:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Mouth/Teeth/Gums:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Lymph Nodes:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Nervous System:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Heart/Lungs:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Skin/Coat:	<input type="checkbox"/> WNL <input type="checkbox"/> DNE <input checked="" type="checkbox"/> Abnormal - pruritic along right stifle and lateral aspect RH limb, alopecia along right stifle, lateral aspect right hindlimb and right lateral flank region
GI Tract/Abdomen:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Urinary/Genitals:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Musculoskeletal:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___

ASSESSMENT & PLAN:

DDX:	demodex ___
Diagnostics:	skin scrape: Demodex POS <input type="checkbox"/> Rec'd but declined - ___
Treatments	Cytopoint 20mg: Lot# 395548 Exp: 08SEP21 <input type="checkbox"/> Rec'd but declined - ___
Prescriptions:	HG Bravecto <input type="checkbox"/> Rec'd but declined - ___
Recheck:	<input type="checkbox"/> 1 week <input type="checkbox"/> 10-14 days <input type="checkbox"/> 1 month <input type="checkbox"/> Other - ___
Client Communications:	recheck one month <input type="checkbox"/> See discharge notes typed on invoice.

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative med note, V: Vital signs

Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
12/21/2019	CK	S	chewing at ankle and now at leg, O thinks it may be due to P having anxiety. amm called o to see if was okay if they came in at 8:30 // Ms. Grubbs did call and 8:30 is ok. -smo Reason for Visit: Exam Date Patient Checked Out: Dec 21/2019 Practice 1
12/21/2019	B	DCB	WP Examination (Co-Pay) (WP110) by DSD
12/21/2019	B	DCB	1.00 Petly Plan Examination Copay (110WP) by DSD
12/21/2019	B	B	1.00 OSHA Compliance Fee (5298) by DSD
12/21/2019	B	DCB	1.00 Skin Scrape (Mites/Mange) + Analysis (15085) by DSD
12/21/2019	B	DCB	1.00 VIAL of CYTOPOINT 20mg (1ml Vial) (18553) by DSD
12/21/2019	B	DCB	1.00 DOSE of Bravecto Chew 9.9-22# Orange (Ea) (18126) by DSD
12/21/2019	B	DCB	2.00 TABLET of Heartgard Plus BLUE 0-25# SINGLE (S7811) by DSD
12/21/2019	B	DCB	1.00 Services provided by Dr. Brunson (DCB) by DSD
12/21/2019	B	DCB	1.00 Your technician today was Veronica (VL) by DSD
12/21/2019	B	DCB	1.00 Your receptionist today was Anna (AMG) by DSD
12/16/2019	V	AMM	Dec 16, 2019 05:38 PM Staff: AMM ----- Weight : 19.60 pounds O reported weight
11/13/2019	I	DSD	Jackson should be eating 600-680kcal/day of a puppy formulation diet.
11/13/2019	C	JRV	Exam: General Work-up - CLOSED Feb 11/2020

General Exam

Doctor: _DSD_ **Technician:** JRV

HISTORY:

Problems/Concerns & Duration:	O says P has not been gaining weight. P gets fed 1/2 cup BID. P gets a lot of exercise throught the day. P is not on a puppy food at this time.
Is patient spayed/neutered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - __
Currently taking any meds?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - __
Current on HWP/Flea/Tick?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - trifexis__
Current on Vaccines?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - __
Changes in appetite/thirst?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - __
Any C/S/V/D?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - __
Current Diet?	__ True Acres Chicken Adult food __
Where does patient live?	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Notes - __
Is patient on a WP?	<input type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input checked="" type="checkbox"/> Yes
Additional Notes:	__

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
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VITALS: Weight: 14.9 Temp: Pulse: 140 Resp: pant MM: pink, moist CRT: <2sc Mentation: bar BCS: 4/9

EXAMINATION:

Eyes:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Ears:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Nose:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Throat:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Mouth/Teeth/Gums:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Lymph Nodes:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Nervous System:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Heart/Lungs:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Skin/Coat:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
GI Tract/Abdomen:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Urinary/Genitals:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>
Musculoskeletal:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> DNE	<input type="checkbox"/> Abnormal - <u> </u>

ASSESSMENT & PLAN:

DDX:	underweight
Diagnostics:	<input type="checkbox"/> Rec'd but declined - <u> </u>
Treatments	<input type="checkbox"/> Rec'd but declined - <u> </u>
Prescriptions:	trifexis <input type="checkbox"/> Rec'd but declined - <u> </u>
Recheck:	<input type="checkbox"/> 1 week <input type="checkbox"/> 10-14 days <input type="checkbox"/> 1 month <input type="checkbox"/> Other - <u> </u>
Client Communications:	After discussing with O about current diet, he's not been receiving enough calories for a growing puppy for at least the last month since changing him to an allstages True Acres diet. Calculated that for a 15-18lb growing puppy, Jackson should be receiving about 600-680kcal/day. Advised O to change to a puppy formulation, not grain free, and look on the bag to see kcal/cup for that specific food she chooses then feed him appropriately. We should see him gaining weight within the next month. O will bring Jackson in for a weight check in 30 days and if he hasn't gained weight, we need to discuss diagnostics. <input type="checkbox"/> See discharge notes typed on invoice.

11/13/2019	P	DSD	1.00 DOSE of Trifexis 10 - 20# (Orange) Single (17037) Rx #: 297404 Exp. Nov 13/2020 0 Of 0 Refills Filled by: JRV Give 1 tablet by mouth every 30 days for the prevention of heartworms and to control fleas. (GIVE AFTER A FULL MEAL) If vomiting occurs within 1 hour, repeat the dose. DO NOT repeat dose if after 1 hour.
11/13/2019	V	JRV	Nov 13, 2019 05:43 PM Staff: JRV ----- Weight : 14.90 pounds

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs

Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
11/13/2019	CK	S	Not gaining weight. (pt is now on True Acres- Chicken) n/t. needs trifexis. kaj Reason for Visit: Sick Exam Date Patient Checked Out: Nov 13/2019 Practice 1
11/13/2019	B	DSD	WP Examination (Co-Pay) (WP110) by MDH
11/13/2019	B	DSD	1.00 Petly Plan Examination Copay (110WP) by MDH
11/13/2019	B	B	1.00 OSHA Compliance Fee (5298) by MDH
11/13/2019	B	DSD	1.00 WP Nail Trim (WP710) by MDH
11/13/2019	B	DSD	1.00 DOSE of Trifexis 10 - 20# (Orange) Single (17037) by MDH
11/13/2019	B	DSD	1.00 Services provided by Dr. Diaz (DSD) by MDH
11/13/2019	B	DSD	1.00 Your technician today was Jessica (JRV) by MDH
11/13/2019	B	1	1.00 Your receptionist today was Kelsey (KAJ) by MDH
11/11/2019	V	KAJ	Nov 11, 2019 05:30 PM Staff: KAJ ----- Weight : 14.90 pounds

9/19/2019 C KAJ Comm:TELEPHONE CONVERSATION - CLOSED Dec 18/2019

Phone Call

Staff member: _kaj_

Details:

Spoke with:	Ms. _ <input type="checkbox"/> Left message <input type="checkbox"/> No answer or option to leave message
Call type:	<input checked="" type="checkbox"/> Appointment follow up: <input checked="" type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - ___ <input type="checkbox"/> Calling with lab results: <input type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - ___ <input type="checkbox"/> Calling for different reason - ___
Additional Notes:	did lose his other two retained baby teeth.

9/18/2019 C GTC Exam: General Work-up - CLOSED Dec 17/2019

General Exam

Doctor: DSD **Technician:** GTC

HISTORY:

Problems/Concerns & Duration:	O concerned P is panting excessively when laying down.
Is patient spayed/neutered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - ___

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
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Currently taking any meds?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Current on HWP/Flea/Tick?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Current on Vaccines?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - ___
Changes in appetite/thirst?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Any C/S/V/D?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - ___
Current Diet?	Rachael Ray puppy
Where does patient live?	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Notes - ___
Is patient on a WP?	<input type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input checked="" type="checkbox"/> Yes
Additional Notes:	___

VITALS: Weight: 14.9 lbs Temp:101.8 Pulse:110 Resp: 20 MM: pink, moist CRT:<2sec Mentation: bar BCS: 5/9

EXAMINATION:

Eyes:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Ears:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Nose:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Throat:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Mouth/Teeth/Gums:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - both upper deciduous canines retained
Lymph Nodes:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Nervous System:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Heart/Lungs:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Skin/Coat:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
GI Tract/Abdomen:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Urinary/Genitals:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___
Musculoskeletal:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - ___

ASSESSMENT & PLAN:

DDX:	apparently healthy
Diagnostics:	Chest rads - NSF <input type="checkbox"/> Rec'd but declined - ___
Treatments	___ <input type="checkbox"/> Rec'd but declined - ___
Prescriptions:	Trifexis single <input type="checkbox"/> Rec'd but declined - ___
Recheck:	<input type="checkbox"/> 1 week <input type="checkbox"/> 10-14 days <input type="checkbox"/> 1 month <input type="checkbox"/> Other - ___
Client Communications:	<p>Unsure of what's causing him to pant while resting at home. O mentioned that it only happens when he's laying down; as soon as he sits up, he stops panting. I spoke with O about possible diaphragmatic hernia and we had Jackson lie down for ~2min prior to shooting a radiograph to see if we could see anything shifting cranially and rads were normal. Asked O to keep a record of when it happens, how long it happens, and if there was anything happening just prior to it starting. After O left the hospital, she came right back because Jackson started drooling and panting in the car. I went out to the car to auscult him again and still no abnormalities. Mentioned that the drooling and panting in the car is likely car sickness and we can try dramamine for that, however that doesn't explain the panting at home during rest. O is going to continue to monitor and let us know if anything changes. <input type="checkbox"/> See discharge notes typed on invoice.</p>

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs

Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
9/18/2019	V	GTC	Sep 18, 2019 02:54 PM Staff: GTC ----- Weight : 14.90 pounds
9/18/2019	T	DCM	Image: Thorax
9/18/2019	P	DSD	1.00 DOSE of Trifexis 10 - 20# (Orange) Single (17037) Rx #: 292567 Exp. Sep 18/2020 0 Of 0 Refills Filled by: GTC Give 1 tablet by mouth every 30 days for the prevention of heartworms and to control fleas. (GIVE AFTER A FULL MEAL) If vomiting occurs within 1 hour, repeat the dose. DO NOT repeat dose if after 1 hour.
9/18/2019	CK	S	Panting excessively when laying down.-amr Reason for Visit: Exam Date Patient Checked Out: Sep 18/2019 Practice 1
9/18/2019	B	DSD	WP Examination (Co-Pay) (WP110) by AHF
9/18/2019	B	DSD	1.00 Petly Plan Examination Copay (110WP) by AHF
9/18/2019	B	B	1.00 OSHA Compliance Fee (5298) by AHF
9/18/2019	B	DSD	1.00 RADIOGRAPH DIGITAL 1 VIEW (5581) by AHF
9/18/2019	B	DSD	1.00 DOSE of Trifexis 10 - 20# (Orange) Single (17037) by AHF
9/18/2019	B	DSD	1.00 Services provided by Dr. Diaz (DSD) by AHF
9/18/2019	B	DSD	1.00 Your technician today was George (GTC) by AHF
9/18/2019	B	1	1.00 Your receptionist today was Alexandra (AMM) by AHF

8/9/2019 C TIO Tech Call - CLOSED Nov 07/2019 - Tech Call

Technician Visit

Technician: TIO

Weight: __ Temp: __ Pulse: __ Resp: __ Mentation: __

HISTORY:

Reason for visit:	First rabies vaccine.				
Currently taking any meds?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes -			
Current on HWP/Flea/Tick?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes -			
Vaccine reactions?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes -			
Changes in appetite/thirst?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes -			
Any C/S/V/D?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes -			
Is patient on a WP?	<input type="checkbox"/> No	<input type="checkbox"/> Rec'd but declined	<input type="checkbox"/> Considering	<input type="checkbox"/> Currently not eligible	<input checked="" type="checkbox"/> Yes

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Patient History Report

Client: Grubbs, Elizabeth (40722)
Phone: (813) 841-1618
Address: 6724 Breezy Palm Dr.
 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
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VISIT:

Diagnostics:	N/A <input type="checkbox"/> Rec'd but declined - ___
Treatments:	Rabies Vaccine (Rabies 1yr) Adm SQ RH Zoetis Defensor (343374A 22Sep20) <input type="checkbox"/> Rec'd but declined - ___
Prescription Refills:	None <input type="checkbox"/> Rec'd but declined - ___
Client Communications:	No Concerns <input type="checkbox"/> See discharge notes typed on invoice.

8/9/2019	CK	TEC	wp rabies. amm Reason for Visit: Technician only Date Patient Checked Out: Aug 09/2019 Practice 1
8/9/2019	B	TEC	1.00 WP Technician Office Call (WP120) by MET
8/9/2019	B	DCN	1.00 WP Rabies Vaccine 1 yr (WP240) by MET
8/9/2019	B	TEC	1.00 Your assistant today was Taylor (TIO) by MET
8/9/2019	B	TEC	1.00 Services provided by Dr. Northam (DCN) by MET
8/9/2019	B	1	1.00 Your receptionist today was Loni (LMP) by MET

7/6/2019 C AMM Comm:TELEPHONE CONVERSATION - CLOSED Oct 04/2019

Phone Call

Staff member: amm__

Details:

Spoke with:	<input checked="" type="checkbox"/> Left message <input type="checkbox"/> No answer or option to leave message
Call type:	<input checked="" type="checkbox"/> Appointment follow up: <input type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - ___ <input type="checkbox"/> Calling with lab results: <input type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - ___ <input type="checkbox"/> Calling for different reason - ___
Additional Notes:	___

7/6/2019 B TEC 1.00 Your receptionist today was Ashley (AVA) by LAU

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 Riverview, FL 33578

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Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
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7/5/2019	C	LAU	Tech Call - CLOSED Oct 03/2019 - Tech Call
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Technician Visit

Technician: Lyndi

Weight: 11.8 Temp:___ Pulse:___ Resp:___ Mentation:___

HISTORY:

Reason for visit:	DA2PPC and bordetella		
Currently taking any meds?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes -	___
Current on HWP/Flea/Tick?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes -	___
Vaccine reactions?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes -	___
Changes in appetite/thirst?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes -	___
Any C/S/V/D?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes -	___
Is patient on a WP?	<input type="checkbox"/> No	<input type="checkbox"/> Rec'd but declined	<input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input checked="" type="checkbox"/> Yes

VISIT:

Diagnostics:	___ <input type="checkbox"/> Rec'd but declined - ___		
Treatments:	DA2PPC- 345455A. Expires 7-21-20. 320969A. Expires 4-28-20. Bordetella- 327220 <input type="checkbox"/> Rec'd but declined - ___		
Prescription Refills:	___ <input type="checkbox"/> Rec'd but declined - ___		
Client Communications:	___ <input type="checkbox"/> See discharge notes typed on invoice.		

7/5/2019	V	LAU	Jul 5, 2019 01:54 PM Staff: LAU ----- Weight : 11.80 pounds
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7/5/2019	CK	TEC	da2p +/- L, last bord-klr Reason for Visit: Technician only Date Patient Checked Out: Jul 06/2019 Practice 1 1.00 WP Technician Office Call (WP120) by LAU 7/5/2019 B TEC 1.00 WP DA2PP+P+C Vaccine (PUPPY) (WP211) by LAU 7/5/2019 B TEC 1.00 WP Bordetella Inj Vaccine PUPPY (WP221) by LAU 7/5/2019 B TEC 1.00 Your technician today was Lyndi (LAU) by LAU
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6/15/2019	C	S	Comm:TELEPHONE CONVERSATION - CLOSED Sep 13/2019
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Patient History Report

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 Riverview, FL 33578

Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
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Phone Call

Staff member: alc__

Details:

Spoke with:	<input type="checkbox"/> Left message <input checked="" type="checkbox"/> No answer or option to leave message
Call type:	<input checked="" type="checkbox"/> Appointment follow up: <input type="checkbox"/> Patient is well no concerns <input type="checkbox"/> Concerns reported - __ <input type="checkbox"/> Calling with lab results: <input type="checkbox"/> All results WNL <input type="checkbox"/> Results abnormal - __ <input type="checkbox"/> Calling for different reason - __
Additional Notes:	__

6/14/2019 C KLR Tech Call - CLOSED Sep 12/2019 - Tech Call

Technician Visit

Technician: KLR

Weight: 10 Temp:102.6 Pulse:__ Resp:__ Mentation: BAR

HISTORY:

Reason for visit:	Here for next set of vaccines, doing well at home.
Currently taking any meds?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - __
Current on HWP/Flea/Tick?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - trifexis__
Vaccine reactions?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - __
Changes in appetite/thirst?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - __
Any C/S/V/D?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - __
Is patient on a WP?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input type="checkbox"/> Yes

VISIT:

Diagnostics:	<input type="checkbox"/> Fecal - neg__ <input type="checkbox"/> Rec'd but declined - __
Treatments:	(DA2PPC) Adm SQ LH Vanguard Plus 5 (300637B 10Dec19) + Vanguard CV (306901B 10Dec19) IN Bord) Adm IN Bronchi-Shield III Boehringer Ingelheim (1120686A 19JAN20)____ <input type="checkbox"/> Strongid PO__ <input type="checkbox"/> Rec'd but declined - __
Prescription Refills:	<input type="checkbox"/> Rec'd but declined - __
Client Communications:	<input type="checkbox"/> See discharge notes typed on invoice.

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Patient History Report

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Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri
Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
6/14/2019	CK	TEC	Boosters.Imp Reason for Visit: Technician only Date Patient Checked Out: Jun 14/2019 Practice 1
6/14/2019	B	WP	1.00 WP Wellness Plan Enrollment (WPE) by KLR
6/14/2019	B	TEC	1.00 WP Technician Office Call (WP120) by KLR
6/14/2019	B	TEC	1.00 WP DA2PP+P+C Vaccine (PUPPY) (WP211) by KLR
6/14/2019	B	TEC	1.00 WP Bordetella IntraNasal Vaccine PUPPY (WP227) by KLR
6/14/2019	B	TEC	1.00 WP Intestinal Par Scrn (Puppy/Kitten) (WP311) by KLR
6/14/2019	B	TEC	1.00 WP Deworm (Puppy/Kitten) (WP401) by KLR
6/14/2019	B	TEC	1.00 Your technician today was Kendi (KLR) by KLR
6/14/2019	B	1	1.00 Your receptionist today was Avery (ALC) by KLR
6/6/2019	T	LMP	Image: History

5/30/2019 C DCN Exam: General Work-up - FINAL Jul 22/2019

General Exam

Doctor: DCN **Technician:** MET

HISTORY:

Problems/Concerns & Duration:	Diarrhea.
Is patient spayed/neutered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - __
Currently taking any meds?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - __
Current on HWP/Flea/Tick?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - __
Current on Vaccines?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - __
Changes in appetite/thirst?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - __
Any C/S/V/D?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - D+
Current Diet?	__
Where does patient live?	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Notes - __
Is patient on a WP?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Rec'd but declined <input type="checkbox"/> Considering <input type="checkbox"/> Currently not eligible <input type="checkbox"/> Yes
Additional Notes:	__

VITALS: Weight: 8.4lbs. Temp: __ Pulse: 200 Resp: sniffing MM: pink CRT: < 2 sec. Mentation: BAR BCS: 5/9

EXAMINATION:

Eyes:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __
Ears:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __
Nose:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __
Throat:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __
Mouth/Teeth/Gums:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - All deciduous teeth present __

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Patient History Report

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Date	Type	Staff	History
			Lymph Nodes: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __
			Nervous System: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __
			Heart/Lungs: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __
			Skin/Coat: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __
			GI Tract/Abdomen: <input type="checkbox"/> WNL <input type="checkbox"/> DNE <input checked="" type="checkbox"/> Abnormal - Doughy abdomen. Had soft stool a couple of days ago. __
			Urinary/Genitals: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __
			Musculoskeletal: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> DNE <input type="checkbox"/> Abnormal - __

ASSESSMENT & PLAN:

DDX:	Hookworms and roundworms__
Diagnostics:	Fecal: hookworms and roundworms__ <input type="checkbox"/> Rec'd but declined - __
Treatments	__ <input type="checkbox"/> Rec'd but declined - __
Prescriptions:	Trifexis 1 dose__ <input type="checkbox"/> Rec'd but declined - __
Recheck:	<input type="checkbox"/> 1 week <input checked="" type="checkbox"/> 10-14 days <input type="checkbox"/> 1 month <input type="checkbox"/> Other - __
Client Communications:	Hookworms and roundworms are both zoonotic to humans so it is recommended to pick up the feces quickly once Jackson goes to the bathroom and wash hands. Trifexis is good against treating hookworms and roundworms. Recommend keeping Jackson on trifexis every 30 days for the rest of his life for prevention of fleas, heartworm and intestinal parasites. __ <input type="checkbox"/> See discharge notes typed on invoice.

5/30/2019	V	MET	May 30, 2019 09:34 AM Staff: MET ----- Weight : 8.40 pounds
5/30/2019	P	DCN	2.00 TABLET of Drontal Plus Chew 22.7mg (Tab) (15536) Rx #: 282499 Exp. May 30/2020 0 Of 0 Refills Filled by: MET Give 1 1/5 tablet by mouth to treat hookworms and roundworms.
5/30/2019	P	DCN	1.00 PACK of Trifexis 5-10# Puppy Pack (17765) Rx #: 282498 Exp. May 30/2020 0 Of 0 Refills Filled by: MET Give 1 tablet by mouth every 30 days for the prevention of heartworms and to control fleas. (GIVE AFTER A FULL MEAL) If vomiting occurs within 1 hour, repeat the dose. DO NOT repeat dose if after 1 hour.
5/30/2019	CK	S	Int. well exam. Loose stool. O to bring history.Imp HAVE OWNER WAIT OUTSIDE Reason for Visit: Sick Exam Date Patient Checked Out: May 30/2019 Practice 1
5/30/2019	B	DCN	1.00 Examination - Consultation (2440) by KLR
5/30/2019	B	B	1.00 OSHA Compliance Fee (5298) by KLR
5/30/2019	B	DCN	1.00 EACH of IDEXX CITE Snap Parvo Test (1425) by KLR

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Patient: Jackson (40722-3)
Species: CANINE
Age: 3 Yrs. 6 Mos.
Color: tri

Breed: MIXED
Sex: Neuter

Date	Type	Staff	History
5/30/2019	B	DCN	1.00 Intestinal Parasite Screen (IH) (5250S) by KLR
5/30/2019	B	DCN	1.00 PACK of Trifexis 5-10# Puppy Pack (17765) by KLR
5/30/2019	B	DCN	1.00 Services provided by Dr. Northam (DCN) by KLR
5/30/2019	B	DCN	1.00 Your technician today was Morgan (MET) by KLR
5/30/2019	B	1	1.00 Your receptionist today was Michelle (AMR) by KLR

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