

MEDICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
20 JUN 02			1) NAPROXEN 500mg T TAB PO BID x 30 DAYS 2) UA TO BE COLLECTED IN AM OF 6/21	(b)(3):10 USC §130b,(b)(6)	
				(b)(3):10 USC §130b,(b)(6)	
05 JUL 02	15 JUL 02	1)	DICLOFENAC 75mg T PO QID x 10 DAYS	(b)(3):10 USC §130b,(b)(6)	
		2)	MORPHIN 500mg T PO TID PRN PAIN x 10 DAYS		
		3)	DAILY WOUND CARE BY CLINIC - Iodoform 1/4" LESS QD, TELPA, 4x4, TAPE UN	(b)(3):10 USC §130b,(b)(6)	
July 16 '02			Orders verified/MAR verified	(b)(3):10 USC §130b,(b)(6)	
10 July 02			1) UA to be collected (a) after chx 2) FU 11 July	(b)(3):10 USC §130b,(b)(6)	(b)(3):10 USC §130b,(b)(6)
11 Jul 02			0455 chart verified		
15 Jul 02			D/c dressings	(b)(3):10 USC §130b,(b)(6)	
125				(b)(3):10 USC §130b,(b)(6)	
13 OCT 02			1) IV: 2 Liter LR noted 10/14/02	(b)(3):10 USC §130b,(b)(6)	

(Continues on reverse side)

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

REGISTER NO.

WARD

DOCTOR'S OF Medical Rec

STANDARD FORM 508 (Rev. 3-4) Prescribed by GSA/COM, FPMR

888-00-0693

HEALTH RECORD

IMMUNIZATION RECORD

All entries in ink to be made in black letters

VACCINATION AGAINST SMALLPOX (Number of previous vaccination scars)

	DATE	ORIGIN	BATCH NUMBER	REACTION	STATION	PHYSICIAN'S NAME
1						
2						
3						
4						
5						
6						

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NUMBER	STATION	PHYSICIAN'S NAME
1					
2					
3					

TYPHOID VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1							
2							
3							

TETANUS-DIPHTHERIA TOXOIDS

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1	1/15/02	0.5ml	(b)(3):10 USC §130b,(b)(6)	4	4/26/04	0.5ml	(b)(3):10 USC §130b,(b)(6)
2	10/22/02	Refused		5			
3	8/15/03	0.5cc		6			

CHOLERA VACCINE

	DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME
1			4			7		
2			5			8		
3			6			9		

PATIENT'S IDENTIFICATION (Mechanically Imprint, Type or Print):

- ▶ Patient's Name - last, first, middle initial; Sex; Age or Year of Birth; Relationship to Sponsor; Component/Status; Department/Service.
- ▶ Sponsor's Name - last, first, middle initial; Rank/Grade; SSN or Identification Number; Organization.

IMMUNIZATION RECORD
Standard Form 501 - October 1975
General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.808-3

501-104

888-00-0693

USAPPG V1.00

WEIGHT REGISTER

For use of this form, see AR 190-8; the proponent agency is DCSPER.

NAME (Last, First, MI)

INTERNMENT SERIAL NUMBER

WEIGHT	DATE	WEIGHT	DATE	WEIGHT	DATE
172	6/18/02	140	Jul 03	154/24.2%	Nov 04
172	7/15/02	140	Sept 03	155/24.3%	Dec 04
Refused	15 April	148	Dec 03	172	MAR 05
159	10/22/02	144	JAN 04		
152 lbs	Jan 03	Refused	FEB 04		
160 lbs	Feb 03	145	JUNE 2004		
150 lbs	NOV 03	143.4	11/1/04		
145 lbs	APR 03	Refused	Aug 04		
148 lbs	MAY 03	Refused	SEP 04		
143 lbs	JUN 03	149/23.4%	Oct 04		

DA FORM 2664-R, May 82

EDITION OF 1 JUL 63 IS OBSOLETE.

888-00-0693

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE: 8/30/02	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (SIGN EACH PAGE)

JTF-160, Medical Department, Guantanamo Bay, Cuba 09593

STANDARD ORDERS FOR DETAINEES:

1. If G6PD status has been documented as not deficient, give Primaquine 26.3 mg, 2 tabs PO qd X 14 days.
2. If G6PD status has been documented as deficient, give Chloroquine phosphate 500 mg 1 tab PO q week X 26 weeks.
3. Notify duty provider if patient refuses/misses 2 or more doses.

STAFF SIGNATURE: _____

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

PATIENT'S IDENTIFICATION:

Typed Form in lieu of STANDARD FORM 600

Name:

SSN: 888-00-0693

Status: D,JTF00-0693

DOB:

WEIGHT REGISTER

For use of this form, see AR 190-8; the proponent agency is PMG.

NAME (Last, first, MI)				INTERMENT SERIAL NUMBER	
WEIGHT	DATE	WEIGHT	DATE	WEIGHT	DATE
156/2402	JAN 65				
Refusal	FEB 65				
Refusal	MAR 65				

DA FORM 2664-R, MAY 82

EDITION OF 1 JUL 63 IS OBSOLETE

AFD V1.00

693

Standing Orders for routine sick cell complaints at Camp Delta Clinic.

The following medications may be dispensed by NC or IM Corps Staff at Camp Delta Clinic. * IMPORTANT Consult MO if detainee requires more than 4 doses in a 1 week period.

Complaints of minor aches, pains, headache:

*Tylenol (acetaminophen) 650 mg or 500mg PO q 4-6 hr PRN

Contraindications/cautions: Impaired liver or renal function, caution if G6PD deficiency.

Complaints of heartburn, indigestion.

*Mylanta (aluminum hydroxide/magnesium hydroxide) 15 - 30 ml PO q 4 hr PRN

Complaints of rhinorrhea, sneezing, watery eyes, itchy rashes.

Benadryl (diphenhydramine) 25 - 50 mg PO q 6 hr PRN

Contraindications/ cautions: acute asthma, CV disease, increased IOP

Complaints of moderate pain, headache:

*Motrin (ibuprofen) 400 mg - 800 mg PO TID PRN

Contraindications/cautions: Hx of ulcers/UGI bleed, HTN, kidney disease

Complaints of foot tinea pedis (athlete's foot), tinea cruris (jock itch)

Tinactin (tolnaftate) 1% cream topical AAA BID x 2 weeks **do not repeat 2 weeks without consulting the M. O.**

Complaints of nasal congestion.

*Sudafed (pseudoephedrine) 30 - 60 mg PO QID PRN

Contraindications/cautions: HTN, CAD, Diabetes.

Complaints of sore throat.

*Cepacol Lozenges dissolve 1 lozenge in mouth q 4- 6 hours PRN

Complaints of inflamed itchy rashes, inflamed bug bites:

Hydrocortisone Topical 1% Cream, Apply to affected area 3 times a day, X 2 weeks

Complaints of heartburn, acid indigestion, occasional constipation.

*Milk of Magnesia As antacid - 1 - 3 teaspoons (with water) up to 4 times/day

As laxative - 2 - 4 teaspoons (with 8oz of water)

Complaints of sore muscles/ body aches.

*Bengay (Analgesic Balm) Apply to affected area 3 times a day for 7 days.

Complaints of flaky, itchy scalp.

Selsun Shampoo, small amount to hair then rinse after 15 minutes, no more than twice per week.

NC Signature

(b)(3)-10 USC §130b,(b)(6)

Off Signature

(b)(3)-10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION:

Typed Form

ESN:

888

12 JUN 2013

6/18/02

STANDARD INPROCESSING ORDERS FOR DETAINEES:

1. Mefloquine 750 mg PO now, 500 mg PO in 12 hours
2. Albendazole 400mg PO once
3. Chest X-ray: PA
4. LABS:

Hep A IgM	Hep B surface antigen/antibody	G6PD
	Hep C - total	Serum (draw 2 extra red tops)
	HIV	Hep B core antibody
	Malaria Smear and PCR	

Circle if indicated:

1. AFB Smear QAM x 3
2. Td .5ml IM once
3. Tetanus IG 250 Units IM once
4. PPD - read in 48 to 72 hours
5. Additional Orders:

Consults:

- Needs reading glasses? Y or N
- Optometry
- General Surgery
- Orthopedic Surgery
- Dental

UA in am - ordered (b)(3):10
USC
§130b,(b)

Zantac 150mg po bid - ordered (b)(3):10
USC
§130b,(b)

Staff Signature: (b)(3):10 USC §130b,(b)(6)

Signature: (b)(3):10 USC §130b

(Medical Officer or Independent Duty Corpsman)

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

NAME:

SSN: 888-00-0693

STATUS:

DOB:

Typed Form is less of STANDARD FORM 600

MEDICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
10/29/02			Zantac 150mg PO BID x 30 days		
				(b)(3):10 USC §130b,(b)(6)	
10/31/02	1920		Orders verified	(b)(3):10 USC §130b,(b)(6)	(b)(3):10 USC §130b,(b)(6)
13 Dec 02		①	Azithromycin 250mg PO noted	(b)(3):10 USC §130b,(b)(6)	(b)(3):10 USC §130b,(b)(6)
				(b)(3):10 USC §130b,(b)(6)	13 Dec 02 2020

				(b)(3):10 USC §130b,(b)(6)	
16 Dec 02 10:30			O.O.	(b)(3):10 USC §130b,(b)(6)	
		①	Azithromycin 250mg PO noted	(b)(3):10 USC §130b,(b)(6)	(b)(3):10 USC §130b,(b)(6)
				(b)(3):10 USC §130b,(b)(6)	
			12/28/02 OTC	(b)(3):10 USC §130b,(b)(6)	

16 JAN 03 1246			Reassess by	(b)(3):10 USC §130b,(b)(6)	
			Temp & Telfs	(b)(3):10 USC §130b,(b)(6)	(b)(3):10 USC §130b,(b)(6)
			Order noted	(b)(3):10 USC §130b,(b)(6)	(b)(3):10 USC §130b,(b)(6)
16 JAN 03 2300			order noted	(b)(3):10 USC §130b,(b)(6)	

888-00-0093

(b)(2)

DOCTOR'S ORDERS
Medical Record

STANDARD FORM 503 (Rev. 3-81)
Prescribed by GSA/DCMR, FORM 411 (PR) 211-5.202-1