

FAMILY NAME	RAECLAW	MRN	NOX XXX
GIVEN NAME	CHARLOTTE	<input type="checkbox"/> MALE	<input checked="" type="checkbox"/> FEMALE
D.O.B.	08/07/81	M.O.	
ADDRESS			
LOCATION / WARD			
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			

Facility:

# PROGRESS / CLINICAL NOTES

Date and Time  
(use 24 hr clock)

Note: All entries must be legible, written in black pen and include the health care provider's printed name, designation and signature.

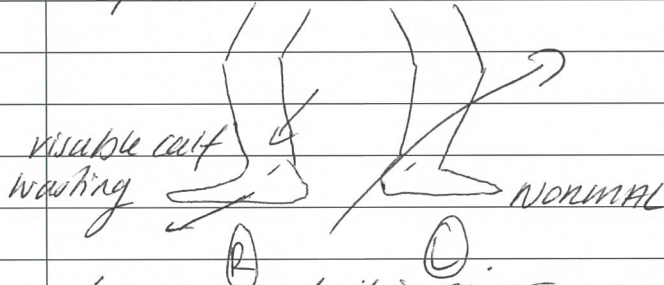
11/10  
0930

SURG CLINIC - REC.

(37) seen in emergency on monday w/ lumbar disc + extrusion causing extreme sciatic symptoms with motor and sensory features.

Pain Relieved by ED ketorolac and somewhat managed w/ regular tramadol.  
Pt wishes to be referred for neurosurgical intervention.

O/E.



- sensory deficit in S1, L5 dermatomes
- absent ankle jerk.
- weak great toe extension, Power 3/5.

Plan

- refer to neurosurgery at JHM
- provide additional script for 7 days of tramadol
- review by GP in 1 week.

*[Signature]* (SURG REC)

AMO

I attest that I have reviewed the notes (signed)

Date

WP18-S2-CM09-PM

NO WRITING

SMR050001

Holes Punched as per AS2828.1: 2012  
BINDING MARGIN - NO WRITING