

Transcription Report

Patient: [REDACTED]
DOB: [REDACTED]
Report Type: [REDACTED]
Status: Final
Location: not available

MRN/PAN: [REDACTED]
Attending: [REDACTED]
Date: [REDACTED]
Accn #: [REDACTED]

OHIOHEALTH
[REDACTED]
[REDACTED]
COLUMBUS, OHIO 43214

MR # [REDACTED]
ATTENDING [REDACTED]

ACCT # [REDACTED]
DOB [REDACTED]
DATE [REDACTED]

EMERGENCY DEPARTMENT

This report is to be considered preliminary and subject to revision until electronically signed by the originator. Please refer to the electronic medical record for the final report.

CHIEF COMPLAINT

Pelvic pain and bleeding.

HISTORY OF PRESENT ILLNESS

This is a 19-year-old female, who 4 days ago had an elective abortion. She states she was told she was approximately 9 weeks, 1 day along in her pregnancy. She states she had been having some cramping for the previous week prior to the abortion. This was her first pregnancy. This was done at the Capital Care Clinic here in Columbus. The patient states she had had some vaginal bleeding and lower pelvic cramping ever since the procedure, but within the last 24 hours, has gotten much worse. Occasional sharp pains to her right lower abdomen. She states she has had heavy bleeding with clots. She has gone through about 7 pads today. She noticed a fever up to 101 yesterday. She states she spoke to the Capital Care Clinic. They were going to see her again in several days for possible D and C. The patient states because of her symptoms, she decided to come to the emergency department. She denies dizziness or syncope. She denies chest pain or shortness of breath. She denies any pain into her back. She denies diarrhea. She states she has been constipated since the procedure.

PAST MEDICAL HISTORY

The patient denies.

FAMILY HISTORY

Hypertension.

SURGICAL HISTORY

Elective abortion and tonsillectomy.

SOCIAL HISTORY

Nonsmoker.

ALLERGIES

None.

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Patient: [REDACTED]
DOB: [REDACTED]
Report Type: Emergency Dept Physician Note
Status: Final
Location: not available

MRN/PAN: [REDACTED]
Attending: [REDACTED]
Date: [REDACTED]
Accn #: [REDACTED]

This patient was seen and evaluated along with Dr. [REDACTED].

Name: [REDACTED] MRN: [REDACTED] Account: [REDACTED]

Dictated by: [REDACTED]

[REDACTED]

DD: 07/27/2010 02:42:50
DT: 07/27/2010 04:00:30
TL: 9164939/JOB: d:/CIG/51554/reports/work/Dn54377_428123091 1
Authenticated and Edited by [REDACTED], DO On [REDACTED] PM

[REDACTED]