

EXHIBIT 024

RESIDENT REFERRAL

RESIDENT NAME: Jane D. Duchene
MEDICARE#: 471-05-5309-D S.S.# 477-07-4154 SEX: Female DOB: 6-21-1918
DIAGNOSIS: Meta CA of lung-Diabetes Mellitus-Cholelithiasis
PHYSICIAN IN CHARGE: Corbet
ADVISED OF REFERRAL/CONSENT GIVEN BY: Self PHONE#: 222-8473
RELATIONSHIP: DATE: TIME:
ADDRESS: PHONE#: (H) (W)
CITY STATE ZIP

CLINIC TO BE ATTENDED & REASON: Dr. Learner (Appt. made my resident)

RELEVANT NURSING DATA:

DIAGNOSTIC: YES NO INSULIN/DOSAGE See Enclosed sheet TIME GIVEN: AM
ALLERGIES: NKA DIET: See Enclosed sheet
MEDICATIONS: See Enclosed Sheet

NURSE: Joan Jasper POSITION RN

NEW ORDERS: 1) Provide nurse's notes or some description of the pt at the D/O when she comes for an O/S.

Hold ~~it~~ be for now

PHYSICIAN PROGRESS NOTES: Exam = E & chest wall
chest

CXR: Probably stable.

PHYSICIAN SIGNATURE: [Signature]

DATE: 8/29/86 B-45