

EXHIBIT 023

RESIDENT REFERRAL

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

CLINIC TO BE ATTENDED & REASON: Dr. Lerner (CHEMO-THERAPY)

RELEVANT NURSING DATA: Has been doing well. A/C to nursing staff but some difficulty to swallow. Eating better & is stable - occ. rises to 200.

DIABETIC: YES NO _____ INSULIN/DOSAGE _____ SEE ATTACHED SHEET _____ TIME GIVEN: _____

ALLERGIES: NKA DIET: _____

MEDICATIONS: SEE ATTACHED SHEET

NURSE: C. Corbett POSITION Charge Nurse
451-1881

NEW ORDERS: Thank you for the notes
Encourage higher fluid intake

PHYSICIAN PROGRESS NOTES: 83# 100/70. Dry.

L.B.S. @ neurothoracic

Ascl neg.

PHYSICIAN SIGNATURE: J. Harris MD DATE: 10/7/86

EXHIBIT B-46