

FLORIDA DEPARTMENT OF CORRECTIONS
HEALTH SLIP/PASS

The below-named inmate is authorized for:

- Bed rest lay-in From _____ To _____
- Low/bottom bunk From _____ To _____
- No shave From _____ To _____
- Restricted activity From _____ To _____
- Restrictions: _____

Other: From 7-30-14 To 7-29-15
w/c for all out of cell activities
May have donut cushion.

CLARK, RONALD
DC# 812974 DOB:04/20/68
UNION CI

Authorized
by: R. LAFONTANT MD
(Initial & Name Stamp)
Date: 7-30-14

Health Slip/Pass
DC4-701D (2/96) White/Medical Yellow/Security Pink/Inmate

FLORIDA DEPARTMENT OF CORRECTIONS
HEALTH SLIP/PASS

The below-named inmate is authorized for:

- Bed rest lay-in From _____ To _____
- Low/bottom bunk From _____ To _____
- No shave From _____ To _____
- Restricted activity From _____ To _____
- Restrictions: _____

Other: From 6-9-14 To 6-9-15
May use w/c off wing X 1yr

CLARK, RONALD
DC# 812974 DOB:04/20/68
UNION CI

Authorized
by: R. LAFONTANT MD
(Initial & Name Stamp)
Date: 6-9-14

Health Slip/Pass
DC4-701D (2/96) White/Medical Yellow/Security Pink/Inmate

FLORIDA DEPARTMENT OF CORRECTIONS
 Chronological Record of Health Care

[Exhibit ()]

Allergies: NKDA

DATE/TIME

8-18-14
1435

ZE:

V/C wheelchair pass at this time
not indicated

R. LAFONTANT, MD
UNION CI/CORIZON

8-18-14
1630

INCIDENTAL NOTE:
 INMATE REQUEST (DC6-236)
 RECEIVED 8-15-14
 ANSWERED 8-18-14

T. MACEY, HSA
UNION CI/CORIZON

8-18-14
1640

INCIDENTAL NOTE:
 INMATE REQUEST (DC6-236)
 RECEIVED 8-15-14
 ANSWERED 8-18-14

T. MACEY, HSA
UNION CI/CORIZON

8-18-14
1650

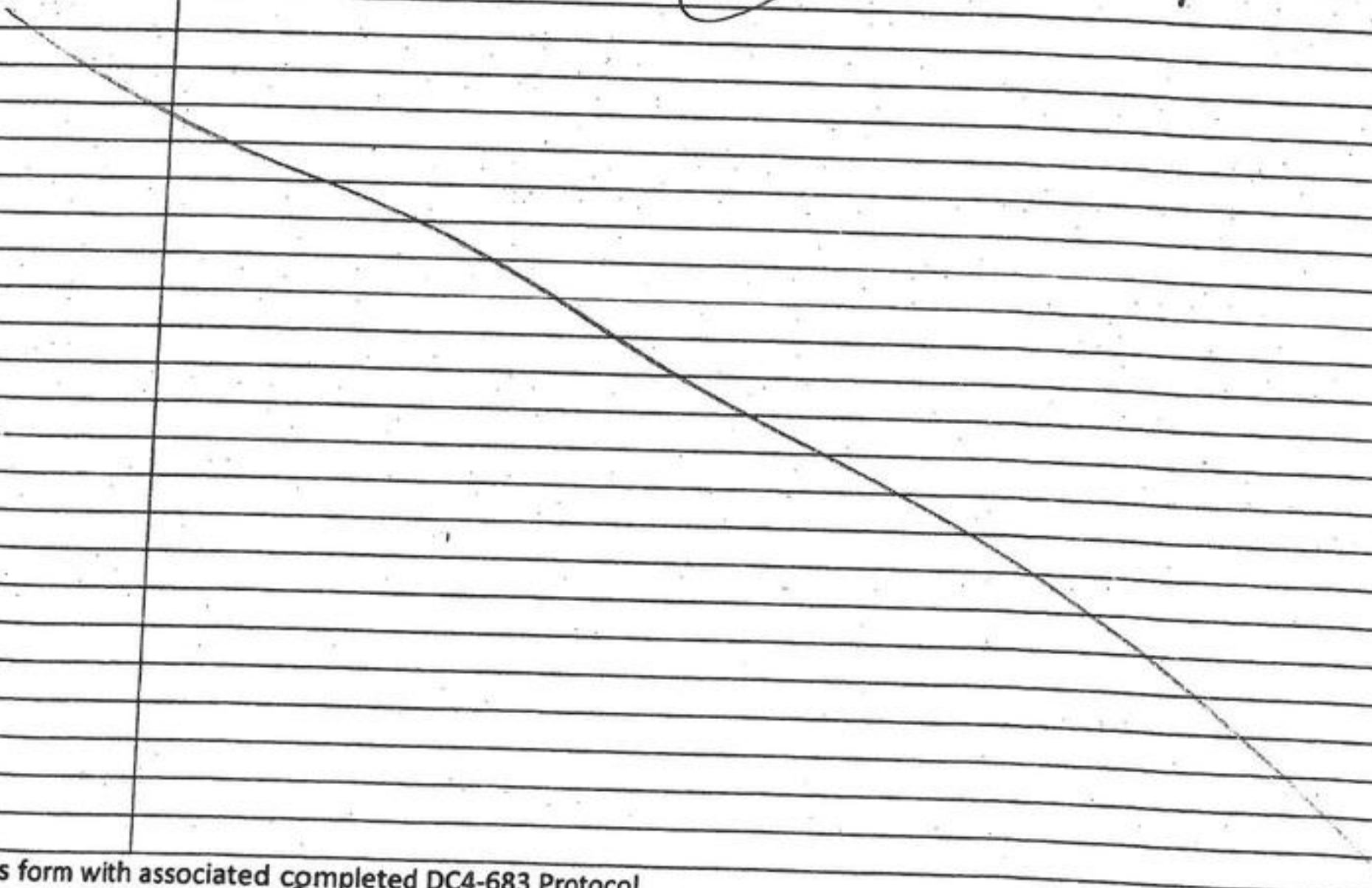
INCIDENTAL NOTE:
 INMATE REQUEST (DC6-236)
 RECEIVED 8-18-14
 ANSWERED 8-18-14

T. MACEY, HSA
UNION CI/CORIZON

Inmate Name Clark, Ronald
 DC# 812974 Race/Sex W/M
 Date of Birth 4-20-68
 Institution UCF

S- Subjective Data
 O- Objective Data
 A- Assessment of S and O Data
 P- Plan
 E- Education

DEPARTMENT OF CORRECTIONS
 OFFICE OF HEALTH SERVICES
 ADDITIONAL COMMENTS FOR PROTOCOLS

DATE / TIME	NURSING NOTES FOR PROTOCOL DC4-683
8-12-14 1:40 PM	<p>File. Evaluation in UCP.</p> <p>S: "I'm in uncomfortable pain"</p> <p>O: V/S: BP: 109/105 HR: 91 Resp: 18 T: 99°F</p> <p>Neu: AROM 3. fully in wheelchair. "Knee pain"</p> <p>PE: JVP 1/2, clear, no rales, no crackles, no S3/S4</p> <p>A: (1) Gentle lumbar flexion (2) Hip extension (probably pain relieved) (3) Chew (4) Oral care</p> <p>P: (1) Inactol 100mg IM, 600mg VNS (2) SoluMedrol 20mg IM, 600mg VNS (3) Medrol 20mg IM, 600mg VNS (4) Flu NRT approval (5) F/U in doctor's clinic in 1 week</p> <p>E. T. J. [Signature]</p> <p>[Signature]</p> <p>P. SHIFFLETT, RN UNION C/CORIZON</p> <p>L. MELENDEZ UNION C/CORIZON</p>
	

*File this form with associated completed DC4-683 Protocol

INMATE NAME: Clark Ronald
 DC#: 812974 RACE: _____ SEX: _____
 DATE OF BIRTH: _____
 INSTITUTION: _____

 SIGNATURE AND STAMP/ PRINT

FLORIDA DEPARTMENT OF CORRECTIONS
 Chronological Record of Health Care

Allergies: NKA

DATE/TIME

8.20.14 Inc note: I/M seen by MD on this date for flu
 ↑ B/p.

B/p 158 P 130 T - R 20 Wt.
 /P 96

S: I/M patient seen in clinic for
 Pt: Chronic back pain / D knee
 pain / Elevated blood
 pressure

A/O: Eliminating back pain /
 difficulty ambulating

O: Acetaminophen offered to be in
 severe back pain, given
 difficulty

VS: BP 158/96

PO: undetermined

Wheel chair pass
 for long distance
 pass issued

to monthly App: Pt chronic back pain
 D knee pain, elevated
 blood pressure

x-ray result D knee →
 tingling/numbness DSD

Pending MRI of back

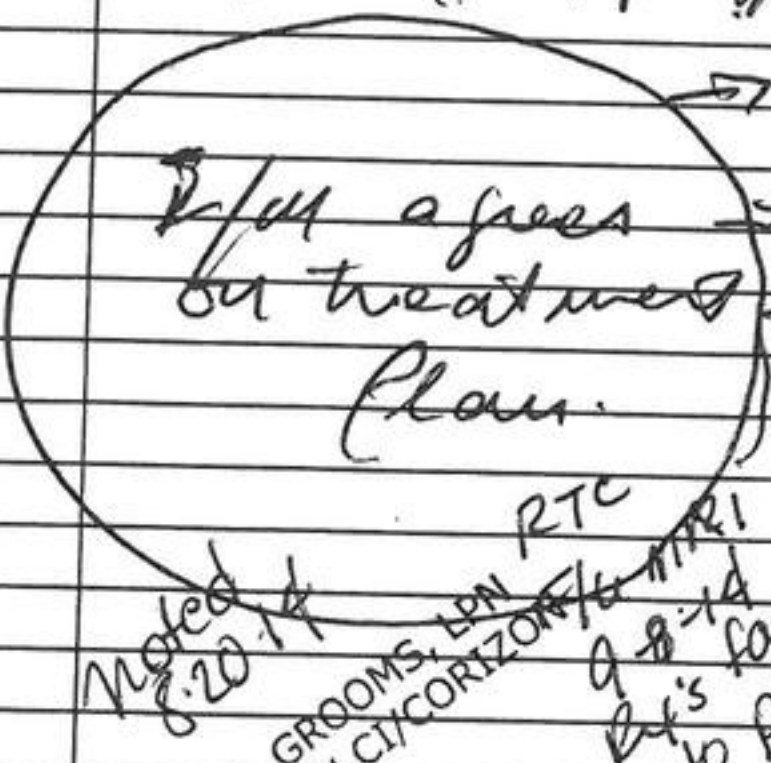
Proceding going in today

Get medul in 1st
 of the day

weekly blood pressure
 not until

Get MRI result
 9 hrs

Continue care



Noted
 8.20.14

RTC
 S. GROOMS, LPN
 UNION CI/CORIZON
 9-8-14
 Pt's failed
 to pharmacy.

S- Subjective Data

O- Objective Data

A- Assessment of S and O Data

P- Plan

E- Education

R. LAFONTANT, MD
 UNION CI/CORIZON

CLARK, RONALD W/M
 DC# 812974 DOB:04/20/68
 UNION CI