

ENLOE HOSPITAL

W 5th Avenue & The Esplanade
Chico, California 95926

EMERGENCY SERVICES PATIENT INSTRUCTIONS

EMERGENCY DEPARTMENT (916) 891-7482



Note: The examination and treatment which you have received has been on an emergency basis only and has not been intended to be a substitute or replacement for complete medical care. If, despite the treatment you have received and/or following the recommendations below, your condition persists or worsens, contact your physician or the physician to whom you are referred, whose name appears below on this form. Call for an appointment. If you feel your condition requires it or you have any questions about your care, feel free to return to Enloe Hospital Emergency Service for re-evaluation or Call 891-7482.

- Your X-rays will be reviewed by a Radiologist. If there are any additional findings you will be notified.
- Take all antibiotics as directed, even if you are feeling better.
- Call **891-7482** (Mon - Fri: 8am-2pm) in 3 days for culture reports. If your culture results indicate that you require a different plan of treatment you will be notified.
- Medication you are taking can cause drowsiness; do not drive or operate machinery. Do not drink alcoholic beverages while taking this medication.
- Keep your wound clean, avoid further injury to the area. If dressings become wet or dirty, change them, or if in doubt, consult your physician. Your wound should be checked **immediately** by your physician or at this emergency service if signs of infection occur such as heat, redness, drainage, pus, swelling or increased pain.
- Keep wound covered until sutures removed
 until it is dry, for _____ day(s)
- Change dressings in _____ day(s) and _____ time(s) per day thereafter.
- May wash wound after _____ day(s).
- Have your wound checked in _____ day(s).
- Suture removed in _____ day(s).
- Call your physician for an appointment to have this done. If necessary, you may return to the Emergency Department for this.

MAKE/KEEP APPOINTMENT WITH:

- Dr. _____ at _____
Telephone # _____
- For assistance with locating a primary care physician call Butte Glenn Medical Society @ 342-4296

OTHER INSTRUCTIONS:

*Arrange Counseling
Butte County Mental Health
CSUC Student Health
Contact E.D. 6-25-96
after 6pm Results of lab
studies*

I have received and understand these instructions and have taken my belongings.

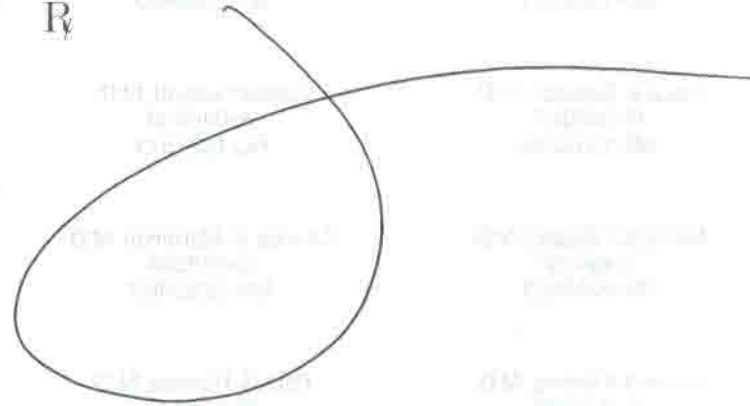
Tilor G. Balogh 25/302/96
Patient's Signature Date

EMERGENCY DEPARTMENT ENLOE HOSPITAL (916) 891-7482

Name _____ DATE _____

Address _____

Rx _____



_____, M.D.
Authorization is given for dispensing by non-proprietary name under formulary system unless checked here

Refill Yes No Refill No. _____

SCHOOL/WORK RECOMMENDATIONS ENLOE HOSPITAL

Date _____

No Work/Activities Until _____

May Return to Limited Duty on _____

Limitations _____

May Return to Unlimited Duty on _____

Physician's Signature _____

Addressograph

EMERGENCY
BALOGH TILOR G
PO BOX 3219752 H 04/19/89 277
VOELKEN, WILLIAM G 28
NO PRIMARY CARE PHYSICIAN
291537 06/05/00