



READER'S NOTE & DISCLAIMER

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1-416-398-0638 1-888-563-3732

DATE / VITAL SIGNS	Subjective OBJECTIVE ASSESSMENT V PLANS 24.01.1940 Formedia
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 $\textbf{ZUHROMAN} \ \textbf{Is an antibiotic.} \ \textbf{Please consult present line that not full indications, wantings, present ions and pattern selection. \\$

LITHO IN CANADA

FORMEDIC® 1999 20 TORBAY RD, MARKHAM, ONTARIO L3R 1G6 FMHXLE®
20 TORBAY RD.
MARKHAM,
ONTARIO
L3R 1G6
FMHXLE®

OFFICE VISITS		3		
NAME	4 Tarwin	/ S M W D SEP INSURANCE #		Formedic
ADDRESS	part of	PHONE (H)	(O)	
OCCUPATION EMPLOYER		DATE OF BIRTH	AGE	
MEDICATIONS				
DRUG ALLERGIES		DIAGNOSIS	REFERRED BY	
DATE / VITAL SIGNS	SUBJECTIVE	1		
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	ISUBJECTIVE Patient Data		
DATE/VITAL SIGNS Patient	: 7 5 B SCTIVE ASSESSMENT	Date :	Formedic
Name B.P.	: LARIVEE, GARY	Physician :	romedic
H Address	: 84 DUNVEGAN DR CHATHAM	Birth Date:	24/01/1940
P T o	ON N7M 5A2		_M
Home-Tel- Bus Tel	: (-519-) 355-0454 905- 470 - 1741 : (905) 470-1711		
	:-6183846770 Version:-HK		
Comment			
	:		
Other dat	a :		
Status	: P	<i>\theta</i> \cdot \cd	1724
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HISTORY & PHYSICAL		DATE 5 <i>E</i> 7	17 05/cz 1
NAME LARIVEE	. GARY	MARITAL STATUS DATE OF 4	10/1940 Formedic
ADDRESS	IVEGAN DRIVE		19-355-0484
OCCUPATION!	The same of the sa		
EMPLOYER CHATHAM		/	76 2.220 76/76
	RELATIVE HAS SUFFERED ANY OF THE FOR		
Epilepsy 6) Thyroid disease Thyroid disease Thyroid disease Thyroid disease	·	Lipid disorder Alcoholism	Mu les Rerebral answer
3) Mental illness 8) Asthma		Hepatitis (13 14	east Decin Voloular Ves
4) Glaucoma 9) Anemia		Cancer	Deca.
5) Diabetes 10) Bleeds easily	15) Hypertension 20)	(19 Can	car I sent time ii.
HOSPITAL YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION
ADMISSIONS	Anne Section of	x 18.	a i i i i i i i i i i i i i i i i i i i
not including	- Approximation of the second		
LIST ALL MEDICAT	TIONS YOU ARE NOW TAKING	ALLERGIES	VACCINE OF LAST TEST / EXAM OF LAST
Flerquel 10.	سريست والمشادات والمراجعين ساحا		anus / Td Rectal / Stool
mbilen?		Infl	uenza (flu) Cholesterol
· · · · · · · · · · · · · · · · · · ·		· ·	eumonia Eye
		· · · · · · · · · · · · · · · · ·	patitis Dental berculosis
MEDICAL HISTORY MARK (C) FOR C	CURRENT PROBLEMS, CHECK (*) AND INDIC		E FOLLOWING SYMPTOMS OR DISEASES. 3)
	Loss of appetite Difficulty swallowing		Were weekend
☐ Ringing in ear	12 Heartburn Peptic ulcer	☐ Diabetes ☐ Thyroid disease	
C Dizzy spells	☐ Nausea / Vomiting ☐ Gallbladder dis	☐ Seizures ☐ Stroke	Smoking- cig/day O # years
C Vision problems C Eye pain	☐ Abdominal pain- chronic	Tremor / hands shaking	year quit
C Nose bleeds - recurrent	☐ Jaundice / Hepatitis	Numbness / tingling sensations	Exercise
☐ Sinus trouble	Diamhea Constipation	Headaches - frequent	Street Drugs
Sore throats - frequent	Diverticulosis Crohn's / Colitis	Arthritis / Rheumatism	FEMALES - Please complete
☐ Hoarseness - prolonged	☐ Bloody or tarry stools	Back pain - recurrent	Menstrual flow:
☐ Hayfever / Allergies	THemorrhoids THemia	Bone fracture / joint injury	Reg. Irreg. Pain / Cramps
☐ Pneumonia / Pleurisy	Urination - Overactive Bladder	○ Osteoporosis ◯ Gout	Days of flow Length of cycle
☐ Bronchitis / Chronic cough	C Overnight > than twice	Rashes Hives	Date -1st day of last period
☐ Asthma / Wheezing	☐ More than 8 times / 24 hrs. ☐ Urgency to urinate ☐ with leakage	C Psoriasis Eczema	Pain / Bleeding during or after sex
Shortness of breath:	C Decrease in force/flow C Painful	13 Sleeping or concentration difficulty	Number of: Pregnancies Abortions
C on exertion Slying flat	☐ Stress incontinence-urine leakage	☐ Depression ☐ Nervousness	Miscarriages Live births
Chest pain	with exercise / movement	☐ Moodiness ☐ Suicidal though	Birth control method
☐ High blood pressure	☐ Blood in urine ☐ Kidney stones	Memory loss Mental illness	B.C. pill (name)
☐ Heart murmur ☐ Swollen ankles	1) Urine infections - frequent	Rheumatic Fever Reasles	Flushing / Menopause
☐ Irregular pulse ☐ Palpitations	C Sexually transmitted diseases	☐ Chicken Pox ☐ Polio ☐ Mump	
☐ Leg pain ☐ Cold numb feet	□ Weight-loss - □ gain	🗀 Tuberculosis 🕮 German measle	es Date of last mamogram
C Varicose veins / Phlebitis	☐ Anemia ☐ Bruise easily	127 Herpes 22 Aids / HIV	Date of last manlogram
SYNOPSIS			
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pediatric		FDOCEC	Phicer Thi Phico Products Into
	CIMAX JUST	5 DOSES	Product Decreed from POYO
(azithromycin	dihydrate')	AND IT'S DON	Pitca Corota bus National, Outdoor
ZITHROMAX* is an antibiotic. Ple	ase consult prescribing information for full indic	ations, warnings, precautions and patient	selection. HOU 785 (FED) FRARE

	•	,			ICAL EXAM				
VITAL	SIGNS HT WT	120 BMI	BP //	100 SI	TING DUPULSE 7	RESP	TEMP	•	Formedic
VISIO	DISTANT (R)				IEAR (R) (L) RE (CO	AR (R)	(L) COLOUR VISION	TONG METR	O · (R) (L)
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PHYS	CAL EXAM				RMAL FINDINGS				8 /
	Head, Scalp		-		Hernial Rings			-	Neck
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8.	Ears			I T	Dorsalis Pedis				Back disselled
N	Nose / Sinuses			TES	V. Veins Edema				Hips
E C	Teeth / Gums			S	Cyanosis Clubbing				Knees
K	Pharynx	_ E			♀– Vulva / Vagina				Ankles / Feet
	Thyroid	0 6		G	Adnexae		· · · · · · · · · · · · · · · · · · ·		Paralysis
	Neck Glands		 -	N	Cervix				Gait
	Carotid Bruits	_ <u>_</u>		T	Uterus				Muscle Atrophy
	Chest-Lungs	0 1/_		U R	Utero / Rectocoele			14 نا 9	Cranial Nerves
С	Heart-Apex (location)		_	. I N	Pap Test (done) 🗍 🗍				Tendon Reflexes
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S T	Murmurs / Thrills				- Prostate			_ C	Babinski
	Breasts & Nipples			AR NE OC	Ano-Rectal				Sensory
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(azithromycin dihydrate*)

THRONAX JUST 5 DOSES

(azithromyoin dihydrate) AND IT'S DONE.



ASAP. Dr. A.M. Morrow Dr. Bruce Magee OHIP #066282 OHIP #118927 Dear Dr. _

Ellesmere Medical Clinic 130 Ellesmere Road Scarborough, Ontario M1R 4C5 (416) 447-5531 fax: 447-5691

Dr. Donna L. Reynolds OHIF #010691

905-870-1711

Diagnosis/History:

Patient:

Past Medical History:

Medications:

Lab Results:

Thank you for participating in this patient's care.

Sincerely,



Canadian Medical Laboratories Limited 6560 Kennedy Road, Mississauga, Ontario L5T 2X4

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PAGE 1

PATIENT DATE OF SERVICE TIME PRINTED DATE PRINTED LARIVEE, GARY 05-SEP-02 07-SEP-02 06:09 9054701711 SEX DATE OF BIRTH
YYYYMMdd
M 19400124 DATE COLLECTED DR. A. M. MORROW, 130 ELLESMERE RD., SCARBOROUGH, ONTARIO 0662820 4475531 05-SEP-02 61100 FINAL ACCESSION NO. **HEALTH NUMBER** M1R 4C5 CD15627 6102016770UV

6183846770HK			REPORT	r CP1562	,
TEST NAME	RESULT	ATTENTION	REFERENCE RANGE	UNITS	FN LO
HEMATOLOGY					
HEMOGLOBIN	149		1 35-180	Ĝ/<u>†</u>	7:
HEMATOCRIT	0.446 7 . 6		0.40-0.54 4-0-11-0	L/L 	
RBC COUNT	4.78		4.50-6.50	X10 -9/L X10 12/L	
-MCV	93 .2		80-97 	FL	
MCH MCHC	31.3 335		27.0-32.0 320-360	PG —G/L	
RDW	13.6		11.0-14.5	ફ [ે]	
—PLATELET-COUNT—— ABSOLUTE: NEUTROS	3-1-8 4 . 3		150-400 2.0-7.5	X10-9/L X10 9/L	
	2 . 6		1.1-3.3		
(A) MONO	0.4		0.0-0.8	X10 9/L	
(A) EOS BASO	0 . 3 0.0		0.0-0.5 0.0-0.2		
-RBC-MORPHOLOGY	NORMA:L		0.0 0.2	MIO J/B	
PLATELETS	NORMAL				
CHEMISTRY —GLUCOSE-FASTING-	5-4		3-3-6-1	MMOL-/-L	
CREATININE	98		60-127	UMOL/L	
URATE POTASSIUM	4.2	(-4:6:6-HI	180-450	-UMOL/L	
AST AST	2 24		3.7-5.4 6-42	MMOL/L U/L	
CHOLESTEROL	4.97		BELOW 5.20	MMOL/L	
TRIGLYCERIDES HDL CHOLESTEROL	2.03 0.99		BELOW-2.30 0.77-1.68	MMOL/L	
—LDL CHOLESTEROL —	3 .06		BELOW 3.40	WWOP\F	
LDL/HDL RATIO CHOL/HDL RATIO	3.09		BELOW 3.60 BELOW 5.00	•	
		5:02			
RIA TSH	1.07		0.30-4.70	MU/L	
URINALYSIS					
ROUTINE: APPEARANCE	CLEAR				
COLOUR	YELLOW			W-7WN	·
PH—PROTETN———————————————————————————————————	7.0		5.0-9.0		
PROTEIN GLUCOSE	NEGATIVE NEGATIVE		NEGATIVE NEGATIVE	G/L MMOL/L	
KETONE			NEGATIVE	-MMOL/L	
BLOOD NITETTE	NEGATIVE		NEGATIVE		
LEUKOCYTE ESTERASE	E NEGATIVE		NEGATIVE		
SPECIFIC GRAVITY	1.026				
NITRITE LEUKOCYTE ESTERASE	NEGATIVE NEGATIVE		NEGATIVE		
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			4.		
					



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9054701711

TIME PRINTED 14:09

DATE SEARCH MINDS

PATIENT LARIVEE, GARY

CLIENT
DR. A. M. MORROW,
130 ELLESMERE RD.,
SCARBOROUGH, ONTARIO
M1R 4C5

0662820 4475531

PAGE 1

61100 PARTIAL+ REPORT ACCESSION NO. CP15627

TEST NAME	RESULT	ATTENTION	REFERENCE RANG	E UNITS	FN LO
HEMATOLOGY	149		135-180	C/I	7
HEMOGLOBIN HEMATOCRIT	0-446		0-4 0 -0-54	G/L 	
WBC COUNT	7.6		4.0-11.0	X10 9/L	
RBC-COUNT MCV	4 . 7 .8 93 . 2		4-50-6-50 80-97	X10-12/L FL	
-MCH	31.3		27-0-32-0	PG	
MCHC	335		320-360	g/L	
RDW	13.6 318		11.0-14.5 150-400	X10 9/L	
ABSOLUTE : NEU	JTROS4-3		2.0-7.5	Х- Т-О9-/-Т 	
(A) LYM (A) MON			1.1-3.3 0-0-0-8	X10 9/L ——X10—9/L	
(A) EOS			0.0-0.5	X10 9/L	
———————BAS	3O0 - 0		0 . 0-0 . 2	Х1 0−9 / Ъ	
RBC.MORPHOLOGYPLATELETS	Y NORMAL NORMAL				
CHEMISTRY					
GLUCOSE FASTIN	IG 5.4		3.3-6.1	MMOL/L	
CREATININE	98	155 177	60=127	──UMOL/L	
URATE POTASSIUM	4-2-	(466 HI	180-450 	UMOL/L MMOL/L	
AST	24		6-42	U/L ·	
CHOLESTEROL TRIGLYCERIDES	4.97 2.03	· · · · · · · · · · · · · · · · · · ·	BELOW 5.20 BELOW 2.30	MMOL/L MMOL/L	
HDL-CHOLESTERC	DL		0.77 - 1.68	MMOL/L	
LDL CHOLESTERC	DL 3.06		BELOW 3.40	MMOL/L	
LDL/HDL-RATIO- CHOL/HDL RATIO	3. 09	5.02	BELOW 3.60 BELOW 5.00		
RIA		***************************************			
TSH.	PND			MU/L	
URINALYSIS	·				
ROUTINE: APPEARANCE	CLEAR				
COLOUR	YELLOW				
PH	NEGATIVE			G/L	
-GLUCOSE	NEGATIVE NEGATIVE		NEGATIVE	MMOL/L	·
KETONE	NEGATIVE		NEGATIVE	MMOL/L	
BLOOD NITRITE	NEGATIVE NEGATIVE		NEGATIVE NEGATIVE		
LEUKOCYTE-ESTE	ERASE NEGATIVE		NEGATIVE	 	
SPECIFIC GRAVI	TY 1.026				



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LARIVEE, GARY

05-SEP-02 9054701711

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06-SEP-02

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yyyymmdd 19400124

HEALTH NUMBER

DR. A. M. MORROW, 130 ELLESMERE RD., SCARBOROUGH, ONTARIO M1R 4C5

0662820 4475531

05-SEP-02

61100 FINAL+

ACCESSION NO.

CD15627

6183846770HK	11111 103		REPORT	CP15627	
TEST NAME	RESULT	ATTENTION	REFERENCE RANGE	UNITS	FN LOC
MICROBIOLOGY	RINE RT: <10 X E6 CFUL/L NO SIGNIFICANT C				
CULTURE REPO	RINE RT: <10 X E6 CFUL/L	e allegar en euro eus, e legar en e	•		70
	NO SIGNIFICANT	SROWTH			
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HEALTH NUMBER

Canadian Medical Laboratories Limited 6560 Kennedy Road, Mississauga, Ontario L5T 2X4

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DATE OF SERVICE 05-SEP-02

PAGE 1 DATE PRINTED TIME PRINTED

LARIVEE, GARY

SEX DATE OF BIRTH yyyymmdd 19400124 9054701711

CLIENT

DR. A. M. MORROW, 130 ELLESMERE RD., SCARBOROUGH, ONTARIO

0662820 4475531

DATE COLLECTED

06-SEP-02

05-SEP-02

61100 ETNAT

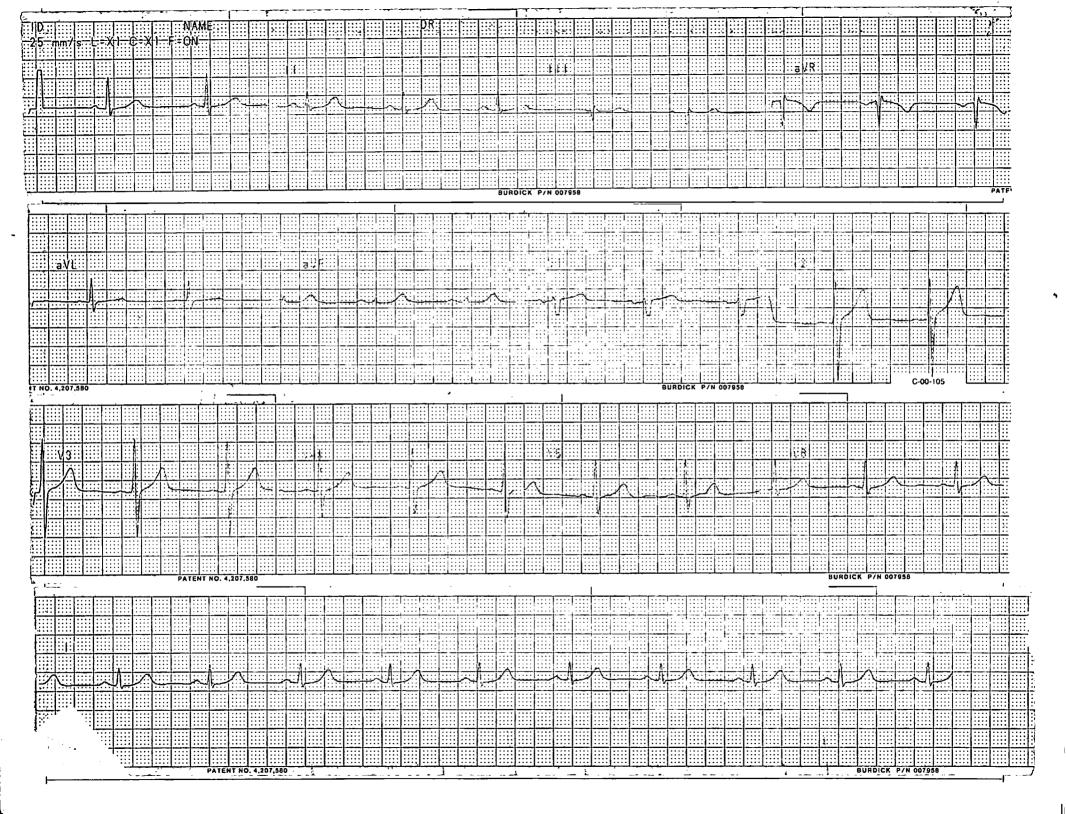
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ACCESSION NO.

6183846770HK	MIR 4C5		FINAL REPORT	CP15628	
TEST NAME	RESULT	ATTENTION REFEREN	CE RANGE	UNITS	FN LOC
RIA PROSTATE SPEC	AG 07.28	<4.0	U	G/L	70
	The state of the s				· · · · · · · · · · · · · · · · · · ·
				· · · · · · · · · · · · · · · · · · ·	

Thank you for parts, spotting in this patient's care.

Sincerely,





500 Burdick Parkway, Deerfield, WI 53531 TEL (800) 777-1777 • (608) 764-1919 • FAX (608) 764-2394 http://www.burdick.com • info@burdick.com









Gary L. Morrow, MD, FRCS(C), Dip. ABO Eye Physician & Surgeon

Original Fax is Poor Quality

	Companies of the second control of the secon
Date: Thursday Ophil er 24, 2002	
Dr. A. Morrow	
Dear Dr. Morrow	CC:
RE: Gary Larived	DOS:1/24/1940
Thank you for referring this patient for	ir absessment
History and examina: ார்க்கு சென	led the following
VISION	<u>Ο</u> ϋ <u>C</u> S
Unaided ¹ ,Aided	20/30 20/40
Best Corrected	•
Intraocula, Pressu	_/6
Diagnosis: [] Allergy [] Blephantis [] Blocked Tea: Duc. [] Cataract - (Early)	[] Normal Eye Chamination [] Presbyopia [MiRest was within Normal Limits
Recommended Treatment Speciacle Prescription Given Visual Field Scheduled No Treatment Recurred	(Cataract Surgery Pterygium Surgery Laser Surgery CF Scan booken Cher Tests Required
	[] day/s [] week s [] months [/ Year/s [] Upon completion of test/s [] No appointment scheduled
Many thanks for your is a referre	•
Sincerely, July 19. Gary L. Morrow, WD, FRCS.C1, DABO	

840 Coxwell Ave., Suite 204, Toronto, ON M4C 5T2 T 416-461-0123 F 416-462-2857

GAGNER CHIROPRACTIC HEALTH CENTRE

May 24th, 2003

To whom it may concern:

Mr. Gary Larivee entered into my office on March 1st, 2003 with severe right low back pain and radiation down to the medial side of his foot. He did seek medical advice from a Nurse practitioner and she ruled out any other pathology, gave him Ibuprofen for the discomfort. He felt this medication did not help him, so he sought advice and treatment from myself.

Upon physical examination, he appeared in extreme discomfort, unable to go from a sitting to a standing position without hesitation. All ranges of motion are within normal ranges, however, there is some discomfort with flexion. Restrictive range of motion in flexion created some discomfort, but not any increase in symptom logy. All neurological tests are negative, DTR 2+ bilaterally, and myotome are 5/5 bilaterally. All orthopedic tests are negative, however, SLR with internal rotation creates discomfort along the right piriformis and the right calf.

To date Mr. Larivee has improved, he is riding his bike without difficulty, but still is irritated when standing stationary for too long and sometimes throughout the week he wakes up in very severe discomfort in the right low back and calf. I have had him perform some exercises, however no real improvement. Stretching makes it feel much better. At the present moment I have performed long axis distraction, chiropractic adjustments, interferential current with ice, ultrasound, laser, and some exercises to date. I have seen him 17 times in about 3 months. I am seeking your professional advice and recommendations for Mr. Larivee. Special imaging may be required to rule out other pathology.

Thank you.

Dr.Ken Gagner B.HK, B.ED, B.SC, D.C.

DM S X-RAY AND ULTRASOUND

2900 Steeles Avenue East Suite 201, Thornhill Ontario L3T 4X1 Tel: 763-1199 Fax: 763-0074

TO: DR.MORROW

PATIENT D.O	B. TEL I	NO. FILM NO	. DATE
LARIVEE, GARY 24	01 40 470-1	711 03D1155	27 05 03

LUMBAR SPINE

Normal alignment.

No bone abnormality is seen.

There is mild disc space narrowing at L3-4 and L5SI, but no significant osteophyte or facet Joint disease.

The findings are consistent with mild degenerative change at the lower lumbar spine.

Read by: V.PARTAP MD., F.R.C.P.(C).

Date of Interpretation: 28 05 03 Date of Transcription: 29 05 03

dictated but not read

plv/jr

(~

d disease 11) Osteoporo ever 12) Arthritis na 13) Heart dise iia 14) Stroke s easily 15) Hypertens ILLNESS OF	ssis 16) L 17) A 18) F 18) G Sion 20) R OPERATION	LLOWING - PLEASE Lipid disorder Alcoholism Hepatitis Cancer YEAR	DATE OF BIRTH 2 Y COPY OF THE NUMBER OF STATE OF	Formed 355-04540) ER & INDICATE WHICH RELATIVE THE Volume How Conding women Conding women
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			Tuber	culosis
(C) FOR CURRENT PROBLEMS	CHECK (A AND MORE	ATE AGE WHEN YOU	I HAD ANY DE THE S	OLLOWING SYMPTOMS OR DISEASES.
TO TON CONTENT TROBLEMS	2)	- AGE WHEN TOO	3)	JELOWING STIEFTONIS ON DISEASES.
g in ear │ □ Loss of appetite		ICI Cancer F	Chronic fatigue	☐ Alcoholoz. per week
-			J	☐ Coffee / Teacups per day
~ ·	•	1	•	
	-			☐ Smoking- cig/day # years year quit
,		.1	-	☐ Exercise
,		1		☐ Street Drugs
	*		•	FEMALES - Please complete
				Menstrual flow:
1 .		i i		☐ Reg. ☐ Irreg. ☐ Pain / Cramps
		1		Days of flow Length of cycle
		1		Date -1st day of last period
		4		☐ Pain / Bleeding during or after sex
☐ Urgency to urina		☐ Psoriasis ☐	1 Eczema	Number of:
□ Decrease in force	e/flow 🛭 Painful 🕟	. ☐ Sleeping or cond	entration difficulty	Pregnancies Abortions
☐ Stress incontine	nce-urine leakage	☐ Depression 〔	3 Nervousness	Miscarriages Live births
with exercise / m	novement	☐ Moodiness C	3 Suicidal thoughts	Birth control method
.	☐ Kidney stones	☐ Memory loss □	3 Mental illness	B.C. pill (name)
	- frequent	☐ Rheumatic Feve	er 🗆 Measles	☐ Flushing / Menopause
umb feet Sexually transm	nitted diseases	Chicken Pox	Polio 🗆 Mumps	Date of last PAP test
☐ Weight-loss - ☐	gain	☐ Tuberculosis □	German measles	□ Normal □ Abnormal
I □ Anemia □	Bruise easily	Herpes C	J Aids / HIV	Date of last mamogram
I □ Anemia □	Bruise easily	^I □ Herpes □	Aids / HIV	□ Normal □ Abnormal
	g spells in	g spells in	Heartburn Peptic ulcer Diabetes Seizures Seiz	Heartburn Peptic ulcer Diabetes Thyroid disease Seizures Stroke Seizures Stroke Tremor / hands shaking Numbness / tingling sensations Numbness / tingling sensations Numbness / tingling sensations Headaches - frequent Arthritis / Rheumatism Bloody or tarry stools Back pain - recurrent Back pain - recurrent Bone fracture / joint injury Osteoporosis Gout Overnight > than twice Back pain - recurrent Bone fracture / joint injury Osteoporosis Gout Rashes Hives Psoriasis Eczema Streeping or concentration difficulty Depression Nervousness Moodiness Suicidal thoughts Memory loss Memtal illness Memory loss Memtal illness Rheumatic Fever Measles Chicken Pox Polio Mumps Tuberculosis German measles

PHYSICAL EX	(AM				-						-	· //	
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PHYSICAL EXAM					ORMAL FINDIN		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>*</u>	
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° Chest-Lung	J -			U R	Utero /	Rectocoe	ele □			R		Cranial N	
Heart-Apex			ucl	Î	Pap Test (°		Tendon F	
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Abdominal					J			ZA		E		Vibration	I
Abdominai				— р	Skin Lesion				•	A		Position	
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AÔ.					ulin resista Il benefit of incre					type 2 di	iabetes	· 	
CACA!	a C1	tos	<i>w</i>		Please cons					or actos!		PA	



15 mg Once Daily
30 mg Once Daily 45 mg Once Dally

Picase consult the enclosed prescribing information before prescribing actos?

For patients not controlled by diet and exercise alone.

The safety and efficacy of actos* in combination with other anti-diabetic agents has not yet been established. Therapy with actos* should not be initiated in patients with increased baseline liver enzyme levels (ALT>2.5 times ULN).

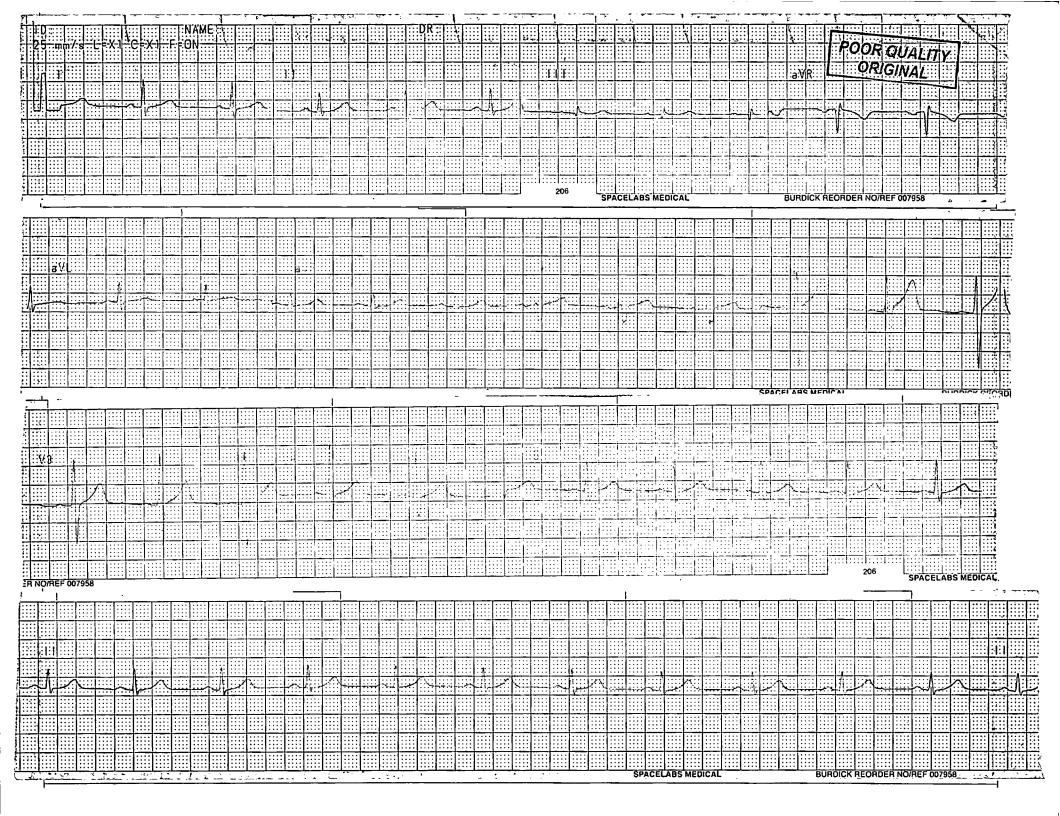
For more information, contact the Ell Lilly Canada Customer Response Centre at: 1-888-545-5972.

007037



81LL-V 80-1940/01/24 M (519)355-0454 LARIVEE GARY

SEP 2 4 2003





CML HealthCare Inc.

6560 Kennedy Road, Mississauga, Ontario L5T 2X4

Tel: (905) 565-0433 (416) 465-9907 (Toll Free) 1-800-263-0801

PAGE 1 DATE PRINTED

LARIVEE, GARY

519-355-0454

DATE OF SERVICE 24-SEP-03 TIME PRINTED 14:17

25-SEP-03

SEX DATE OF BIRTH yyyymmdd 19400124 CLIENT

DATE COLLECTED 24-SEP-03

HEALTH NUMBER

618384677044

DR. A. M. MORROW, 130 ELLESMERE RD., SCARBOROUGH, ONTARIO M1R 4C5

0662820 4475531

ACCESSION NO.

61100 FINAL REPORT

CD97151

6183846770HH		REPOR	T CP97151
TEST NAME	RESULT	ATTENTION REFERENCE RANGE	UNITS FN LOC
HEMATOLOGY			
HEMOGLOBIN HEMATOCRIT	1:50 0.446	135-180 0.37-0.54	G/ L 7 L/L
RBC COUNT	7.5 4.78	4.0-11.0 4.50-6.50	—X10-9/ L−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−
MCH MCH	93.2 31.3	80-97 27.0-32.0	PG
MCHC RDW PLATELET-COUNT	336 13.8 330	320-360 11.0-14.5	~~G/L * ~~X10-9/L
ABSOLUTE: NEUTROS		150-400	X10 9/L X10 9/L X10-9/L
(A) MONO (A) EOS	0.4 0 . 2	0.0-0.8 	X10 9/L —X10 9/L
(A) BASO RBC-MORPHOLOGY	0.0 NORMAL	0.0-0.2	X10 9/L
PLATELETS	NORMAL		
CHEMISTRY GLUCOSE-FASTING	5-2	3-3-6-1	
CREATININE URATE	92 416	60-127 	UMOL/L UMOL/L
AST CHOLESTEROL	35 4-12	6-42 	U/L MMOL/L
TRIGLYCERIDESHDL-CHOLESTEROL	1.03 1.10	BELOW 2.30 -0.77-1.68	MMOL/L MMOL/L
LDL CHOLESTEROL LDL/HDL RATIO	2.55 2.32	BELOW 3.40 BELOW-3.60	MMOL/L
CHOL/HDL RATIO	3.75	BELOW 5.00	
URINALYSIS ROUTINE:			
APPEARANCE COLOUR	TURBID YELLOW		
PH PROTEIN	7.5 NEGATIVE	5.0-9.0 	
GLUCOSE KETONE BLOOD	NEGATIVE 	NEGATIVE NEGATIVE	MMOL/L MMOL/L
NITRITE LEUKOCYTE ESTERASI	NEGATIVE NEGATIVE NEGATIVE	NEGATIVE NEGATIVE NEGATIVE	
SPECIFIC-GRAVITY-	1.023	NEGATIVE	
** ***********************************			
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HISTORY & PHYSICAL					DATE	no	-3/oy	
NAME LALIVEE , 6A	+124	(M)			DATE OF BIRTH	*	J. 1940	Formedic
	EGAN DRIVE						355-0454	
OCCUPATION/ EMPLOYER CHATHAN		M 54	2		INSURANC			46770 1111
	RELATIVE HAS SUFFERED ANY							
Epilepsy 6) Thyroid diseas			Lipid disord				al ancer	······································
2) Migraine 7) Hay fever	12) Arthritis	•	Alcoholism	1	W	era		7
3) Mental illness 8) Asthma	13) Heart disease		Hepatitis >		13 IL	will	less. Wil	stew-Valverlai_
4) Glaucoma 9) Anemia	14) Stroke		Cancer				y c	adheccari
5) Diabetes 10) Bleeds easily HOSPITAL YEAR	15) Hypertension ILLNESS OR OPERA	20)		YEAR	1/4 cir	111	LNESS OR OPE	
ADMISSIONS		HUN		TEMI	-		NESS UR UFE	RATION
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not including pregnancies	·							
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				مر _ →	rugua	Pneumo	nonia	Еуе
				-		Hepatiti		Dental
				L		Tubercu	ulosis	
MEDICAL HISTORY MARK (C) FOR MAIN PROBLEMS 1)	CURRENT PROBLEMS. CHECK (✓) AND INDIC 2)	ATE AGE V	VHEN YO)U HAD ANY O	OF THE FO	e e e e e e e e e e e e e e e e e e e	
☐ Hearing problems ☐ Ringing in ear	☐ Heartburn ☐ Pep	ptic ulcer	☐ Anemia	a	☐ Bruise eas		(L'Alcohol Su	oz. per week
☐ Dizzy spells ☐ Fainting spells	•	libladder dis	☐ Cance	er .	☐ Chronic fat	itigue	ICoffee / Tea	cups per day
□ Vision problems □ Eye pain	☐ Abdominal pain- chronic	J	□ Diabet	tes	☐ Thyroid dis	sease	☐ Smoking- ci	cig/day <i>O</i> # years
□ Nose bleeds - recurrent	☐ Jaundice / Hepatitis	J	☐ Seizur	es	☐ Stroke	!	year quit_	mesull
☐ Sinus trouble	☐ Diarrhea ☐ Con	nstipation	☐ Numbr		☐ Tremor	!		Il dead "
☐ Sore throats - frequent	☐ Diverticulosis ☐ Crol	ohn's / Colitis			•	ļ	☐ Street Drugs	
☐ Hoarseness - prolonged	☐ Bloody or tarry stools	J	Menstrual flo					lease complete w:
☐ Hayfever / Allergies	☐ Hemorrhoids ☐ Hen		☐ Back p			!		eg. Pain / Cramps
☐ Pneumonia / Pleurisy	Urination - Overactive Blad ☐ Overnight > than twice		1		/ joint injury	!	1 "	Length of cycle
☐ Bronchitis / Chronic cough	☐ More than 8 times / 24	1	Osteop	•		ļ		of last period
Asthma / Wheezing	☐ Urgency to urinate ☐	with leakage	☐ Rashe		☐ Hives	!	☐ Pain / Bleed	ling during or after sex
☐ Shortness of breath: ☐ on exertion ☐ lying flat	☐ Decrease in force/flow ☐		☐ Psorias		☐ Eczema	ام در الدي الاعتمالية	Number of:	***
Chest pain	☐ Stress incontinence-urine with exercise / movement		☐ Sleepir	•	ncentration diffi	•		Abortions
☐ High blood pressure	Bed wetting	·	☐ Moodir		☐ Nervousne			ethod
☐ Heart murmur ☐ Swollen ankles		iney stones			☐ Mental illne	· '		9)
☐ Irregular pulse ☐ Palpitations	☐ Urine infections - frequent			•	ver □ Meas	l	☐ Flushing / M	
☐ Leg pain ☐ Cold numb feet	1	If D Partner			□ Polio □ N		Date of last PA	NP test
☐ Varicose veins / Phlebitis	☐ Sexually transmitted disea	ases	l .		☐ German m		☐ Normal ☐ Date of last ma	
☐ Loss of appetite ☐ Difficulty swallowing	· ·	T I	☐ Herpes		□ Aids / HIV		□ Normal □	
SYNOPSIS								
STROPOID		- The	me v	neg	Zuntu	-Cal	-lux,	,
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(Anti-Inflammatory analgesic agent with a mucosal protective agent)

Arthrotece is contraindicated in pregnancy.

Product Monograph available on request.

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·	O.B. MENTS												
	ERAL APPEARANCE												
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PHYS	ICAL EXAM	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			ORMAL FIND RMAL FINDIN					-			
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Ç	Heart Sound			- N	Genitalia -					- L	- 1	endon R	etlexes
HES	Murmurs / Thrills			<u>`</u>		Prostate				Ğ.		Romberg	
Ť	Breasts & Nipples				Ano-Recta		06			Ċ	ı	Babinski	
	Axillary Nodes	00/		A R N E O C	Sigmoidos					A L	0 gr	Sensory	
	Abdominal Masses	~		- T	U , g ,	г, .				Ε	1	ibration	
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H '	Arthrotec ^a is a regis	stored tredemark of G.D.	Searte & Co., used u	nder permission	by Pharmecia Canada	Inc.	3 I	ලාලි					(10 d)

LITHO IN CANADA

SUNNYBROOK & WOMEN'S COLLEGE

HEALTH SCIENCE CENTRE

FRACTURE CLINIC - A-GROUND

HANS J. KREDER, MD, MPH, FRCSC
Orthopaedic Surgeon
(416) 480-5500

T. S. Axelrod
J. A. Finkelstein
M. H. Ford
R. Richards
J. Schatzker
D. Stephen
A. Yee

October 28, 2004

Dr. P. Hawkins Emergency Services

RE: LARIVEE, GARY

HF# 226 05 64 DOB 194001 24

Dear Dr. Hawkins:

Many thanks for asking me to see Mr. Gary Larivee, 64 years of age, right hand dominant man who works in the wine industry and also with computers. He fell off his bicycle onto the point of his right shoulder.

On physical examination he has tenderness over the AC ligament. He has no tenderness over the coracoid or over the coracoclavicular ligaments. He has a mild obvious shoulder separation, but no trapezius or deltoid tenderness.

In summary this man has a little bit more than a type I injury. Radiographically this is confirmed. I have discussed the implications of this with him and counselled him regarding return to activities, to try and get him better as quickly as possible. I have given him a prescription for physical therapy.

I have not made a return appointment to see him, but would, of course, be pleased to do so should this be required.

Best regards,

w

Hans J. Kreder, MD, MPH, FRCSC

9c: Dr. A.

Dr. A. Meyer Morrow

130 Ellesmere Road, Toronto-Scarborough, ON M1R 4C5

Health Care

CML HealthCare Inc.

6560 Kennedy Road, Mississauga, Ontario L5T 2X4

03-NDV-04

Tel: (905) 565-0433 (416) 465-9907 (Toll Free) 1-800-263-0801

DATE OF SERVICE TIME PRINTED OB:01

DATE PRINTED

PAGE 1

LARIVEE, GARY SEX DATE OF BIRTH yyyymmdd 19400124

HEALTH NUMBER

519-355-0454

CLIENT

DR. A. M. MORROW 130 ELLESMERE RD., SCARBOROUGH, ONTARIO M1R 4C5

0662820 4475531

03-NOV-04

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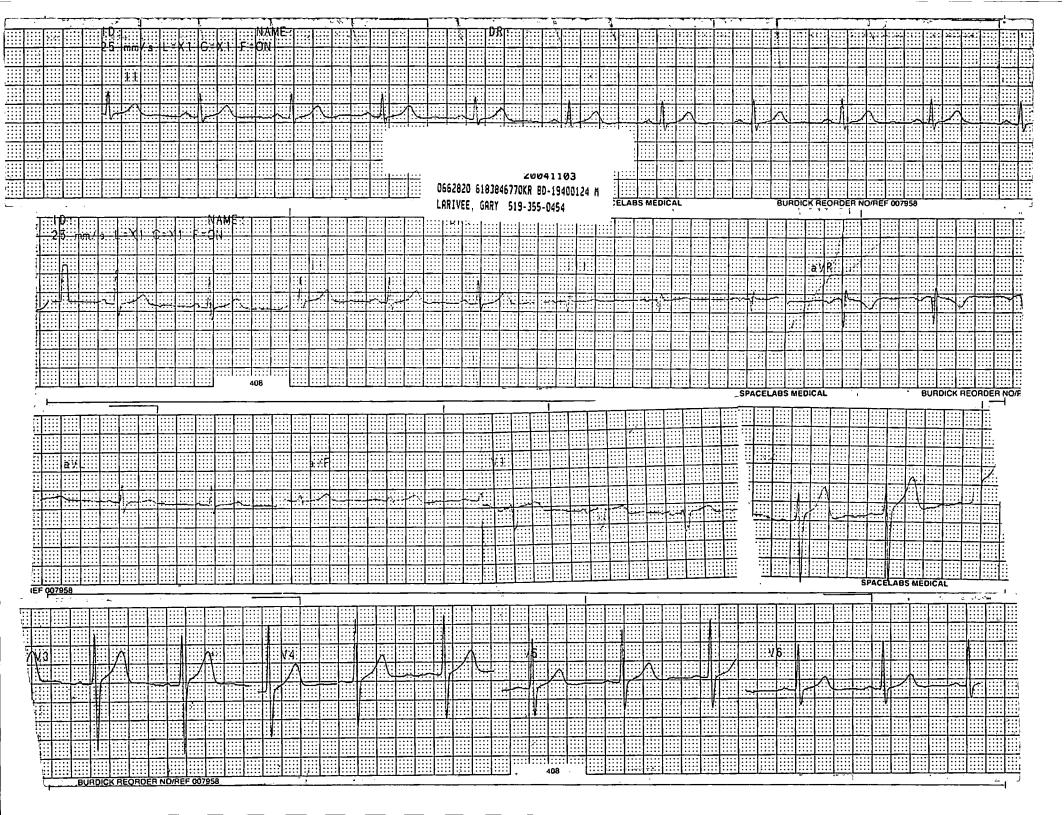
55300 FINAL

ACCESSION NO.

DATE COLLECTED

W

6183846770KR	760	RÉPORT EE32716
TEST NAME	RESU	LT ATTENTION REFERENCE RANGE UNITS FN LOC
HEMATOLOGY ——HEMOGLODIN	154	135-180 G/L 70
HEMATOCRIT 	0.456 7.3	0.37-0.54
RBC COUNT	4.92 72.7	4.50-6.50 X10 127L 80-97 FL
MCH — MCHC	31.4 	27.0-32.0 PG
RDW ——PLATELET COUNT	13.3 	11.0-14.5 %
ABSOLUTE: NEUTROS (A) LYMPH	4.5 2-0	2.ŏ-7.š
(A) MONO (A) EDS	ō.5	0.0-0.8 X10 9/L
(A) BASO RBC MORPHOLOGY	O.O O.O NORMAL	0.0-0.5 X10 9/L 0.0-0.2 X10 9/L
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CHOLESTEROL	370 4.99	180-450 UMDL/L TARGET <5.20 MMDL/L
TRIBLYCERIDES HDL CHOLESTEROL	1.44 1.32	TARGET <1.71 MMOL/L TARGET >1.29 MMOL/L
— LDL CHOLESTEROL CHOL/HDL RATIO	3.78	3.02 See Targets MMDL/L See Targets
•		Clinical Risk Status: Target Lipid Levels
		If Risk : LDL-CTargets CHOL/HDL Ratio
		Moderate: <3.5 and <5.0
		High : <2.5 and
URINALYSIS		
APPEARANCE	TURBID	
PH PROTEIN	8.0	5.0-9.0
— PROTEIN GLUCOSE GLUCOSE	-NEGATIVE - NEGATIVE	NEGATIVE MMDL/L
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PATIENT	DATE	3/ m
0662820 6183846770KR BD-19400124 H		
ADDRESS LARIVEE, GARY 519-355-0454	AGE	. SEX
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MEDICAL HISTORY	130 Ellania	
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007037



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HISTORY & PHYSICAL			DATE for	12,2006		
NAME COL	Larinee E	MARITAL STATUS	DATE OF A	01 - 1940 Formedic		
ADDRESS 84 8	Juniver Di:		PHONE (H) 5	19.355-10454		
OCCUPATION/ EMPLOYER	hat Res	n1 7m5A	INSURANCE /	183846770 KR		
	ELATIVE HAS SUFFERED ANY OF THE FOL			· · · · · · · · · · · · · · · · · · ·		
1) Epilepsy 6) Thyroid disease		ipid disorder	maken			
2) Migraine 7) Hay fever	· · ·	Alcoholism	(Marie	my anne		
3) Mental illness 8) Asthma	(3) Heart disease 18) H	depatitis		annym		
4) Glaucoma 9) Anemia	14) Stroke 19) (ancer	Valve	an Herberry		
5) Diabetes 10) Bleeds easily	15) Hypertension 20)		Comme	aunt		
HOSPITAL YEAR	ILLNESS OR OPERATION	YEAR	ζ ίι	LNESS OR OPERATION		
ADMISSIONS	resulce for					
not including	Tendow A Done					
pregnancies	<u> </u>					
LIST ALL MEDICAT	IONS YOU ARE NOW TAKING		ERGIES VA	CCINE OF LAST TEST / EXAM OF LAST		
LIOT ALL MILLION				us / Td Rectal / Stool		
d				nza (flu) Cholesterol		
		- Jus		monia Eye		
ļ			Hepat	itis Dental		
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MEDICAL HISTORY MARK (C) FOR C	CURRENT PROBLEMS. CHECK (🗸) AND INDIC	ATE AGE WHEN YO	U HAD ANY OF THE F	OLLOWING SYMPTOMS OR DISEASES.		
MAIN PROBLEMS 1)	2)		3)			
☐ Hearing problems ☐ Ringing in ear	☐ Heartburn ☐ Peptic ulcer		☐ Bruise easily	Walcohol West oz per week		
☐ Dizzy spells ☐ Fainting spells	☐ Nausea / Vomiting ☐ Galibladder dis	•	Chronic fatigue	Coffee / Teacups per day		
☐ Vision problems ☐ Eye pain	☐ Abdominal pain- chronic	ì	☐ Thyroid disease	☐ Smoking- cig/day (2) # years		
☐ Nose bleeds - recurrent	☐ Jaundice / Hepatitis		☐ Stroke	year quit Exercise		
☐ Sinus trouble	☐ Diarrhea ☐ Constipation	I =	☐ Tremor	Street Drugs		
☐ Sore throats - frequent	☐ Diverticulosis ☐ Crohn's / Colitis		•	FEMALES - Please complete		
☐ Hoarseness - prolonged	☐ Bloody or tarry stools	Arthritis / Rheu	Menstrual flow:			
☐ Hayfever / Allergies	☐ Hemorrhoids ☐ Hemia	☐ Back pain - rec		☐ Reg. ☐ Irreg. ☐ Pain / Cramps		
Pneumonia / Pleurisy	Urination - Overactive Bladder ☐ Overnight > than twice	☐ Bone fracture /		Days of flow Length of cycle		
☐ Bronchitis / Chronic cough	☐ More than 8 times / 24 hrs.	☐ Osteoporosis (Date -1st day of last period		
☐ Asthma / Wheezing	☐ Urgency to urinate ☐ with leakage	1	□ Hives	☐ Pain / Bleeding during or after sex		
☐ Shortness of breath: ☐ on exertion ☐ Iving flat	☐ Decrease in force/flow ☐ Painful		□ Eczema	Number of:		
Chest pain	☐ Stress incontinence-urine leakage with exercise / movement	☐ Sleeping or con	D Nervousness	Pregnancies Abortions Miscarriages Live births		
☐ High blood pressure	Bed wetting	•	_	Birth control method		
☐ Heart murmur ☐ Swollen ankles	☐ Blood in urine ☐ Kidney stones	☐ Memory loss (☐ Suicidal thoughts	B.C. pill (name)		
☐ Irregular pulse ☐ Palpitations	☐ Urine infections - frequent	☐ Rheumatic Fev		☐ Flushing / Menopause		
☐ Leg pain ☐ Cold numb feet	1		□ Polio □ Mumps	Date of last PAP test		
☐ Varicose veins / Phlebitis	☐ Sexually transmitted diseases	,	☐ German measles	☐ Normal ☐ Abnormal Date of last mamogram		
☐ Loss of appetite ☐ Difficulty swallowing		1	☐ Aids / HIV	□ Normal □ Abnormal		
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APPROVED BY FORMEDIC'S PHYSICIAN ADVISORY BOARD

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Indicated for the treatment of mild to moderate essential hypertension. Teveten® should normally be used in those patients in whom treatment with diuretics or beta-blockers was found ineffective or has been associated with unacceptable adverse events. Refer to the product monograph for warnings, precautions, and dosing.

LITHO IN CANADA



4268-80 (03/06)

Ministry of Health and Long-Term Care

100

Patient Enrolment and Consent to Release Personal Health Information

POCRQUALITY ORIGINAL

Please PRINT using black or blue ballpoint pen.

Collection of the information on this form is under the authority of the Ministry of Health Act, subsection 6(1) and (2) and the Health Insurance Act, R.S.O. 1990, c. H.6, s.4(2)(b) and (f), 4.1(1) and (2), 10 and (1), 4.1(1) and (2), 10 and (3), 4.9 Place of Agrees Magnetic Place of Agrees Magn

addresses listed for local Ministry of Health and Long-Term Care offices. Section 1 — I want to enrol myself with the far				
Last name	First name		Second nam	θ
Influee	6	<i>-</i>		-
Health Number Version code Version	Mailing address	Apartment # Street no	o. and name or P.O. Box, Ru	ral Route, General delivery
Date of birth (yyyy/mm/dd) Sex M F	:	City/Town	ulam to	Postal code No 7m 5/12
*\ \tau \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Booldanas	Apartment # Street no	o. and name or lot, concession	
Send notices from my family doctor's office to me by: regular mail email (if possible)	Residence address	- Parament # Orece in	s. and hame or lot, concession	,
Email address:	or same as mailing	City/Town	. •	Postal code
Section 2 – I want to enrol my child(ren) unde	address	pondent adult(c) v	with the family dector	identified in Section 4
Last name	First name	·	Second nam	
Health Number Version code	Mailing address	Apartment # Street no	o. and name or P.O. Box, Ru	ral Route, General delivery
Date of birth (yyyy/mm/dd) Sex	or same as Section 1	City/Town		Postal code
I am this person's parent	Residence address	Apartment # Street no	o. and name or lot, concession	on and township
legal guardian	or	City/Town		Postal code
attorney for personal care	same as Section 1	Olly/10#11		r ostal code
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I am this person's parent	Residence address	Apartment # Street no	o. and name or lot, concession	on and township
legal guardian	or	City/Town		Postal code
attorney for personal care	same as Section 1			
Section 3 – Signature		Section 4 – Fami	ly doctor information	<u> </u>
I have read and agree to the Patient Commitment, the Consi Personal Health Information and the Cancellation Conditions this form. I acknowledge that this Enrolment is not intended binding contract and is not intended to give rise to any new I between my family doctor and me.	s on the back of to be a legally	13197 Dr. Arth	ur Morrow	
I am signing on behalf of (check all that apply)		150 C 171 C 18	os skys t titl	
	pendent adult(s)	Scarbero	ugh Doctors Fi	10
My name last name first name	 _1			•
Signature Date (yyy)	") : 4	1	(Include Billing - a and Con-	in no l
Home telephone no. Work telephone no.		Family doctor's signatu	(Include Billing no. and Grounte	Date (yyyy/mm/dd)
Work telephone no.		x	and a	2006 DI 17

Patient Enrolment and Consent to Release Personal Health Information

Patient Commitment

I agree to contact my family doctor, the Group to which my family doctor belongs or the designated Telephone Health Advisory Service, when I, or my enrolled child(ren) or dependent adult(s), need primary care medical advice or treatment. I promise to do this unless there is an emergency or I am travelling away from home.

I agree that if I or the person(s) I have signed for move, I will contact my family doctor's office or the ministry (see box below) with a new address and telephone number.

I understand that I can end my enrolment with this family doctor and enrol with another family doctor after six weeks have passed from the date that I complete and sign this form (immediately if I have moved). However, I agree not to change the doctor with whom I am enrolled more than twice a year.

I understand that by enrolling a child under 16 or a dependent adult, my signature on the front of this form means that I agree to these terms and conditions on behalf of that person. When an enrolled child reaches 16 years of age, the ministry will contact him or her to confirm his or her enrolment with the family doctor.

Consent to Release Personal Health Information

I understand that my family doctor will be able to offer better medical care if I permit my family doctor and the ministry to share appropriate and relevant information relating to my health.

I agree to allow my family doctor, other family doctors in the Group and the ministry to exchange the information in this form related to my enrolment.

I agree that my family doctor and the ministry can exchange information about my name, address and telephone number.

I agree to allow the ministry to release the following specific information to my family doctor:

- dates of immunizations (flu shots, etc.)
- dates of preventive care screening services (pap tests, mammograms, etc.)
- dates of service, fees paid and fee codes of primary health care services provided to me by a family doctor outside my family doctor's Group.

I agree to allow my family doctor and the ministry to exchange only the following information with the designated Telephone Health Advisory Service: my name, Health Number and version code, address, date of birth, gender.

I understand that this consent to release personal health information ends when:

- · My enrolment with my family doctor ends or
- I cancel my consent by writing or phoning the ministry (see box below).

The ministry will inform my family doctor when the consent is no longer valid. However, I understand that the information already released to my family doctor will remain in my medical file.

Cancellation Conditions

Enrolment with my family doctor and my consent to release personal health information will end when:

- a) I cancel my enrolment by writing my family doctor or by writing or phoning the ministry (see box below)
- b) I no longer qualify for health care services under the Health Insurance Act (Ontario)
- c) the Group to which my doctor belongs no longer exists
- my family doctor chooses to discontinue acting as my family doctor in accordance with the College of Physicians and Surgeons
 of Ontario guidelines
- e) I enrol with another alternatively-funded family doctor; or
- f) the ministry grants me an extended absence.

My enrolment with my family doctor and my consent to release personal health information may end when:

- a) I consistently fail to meet the obligations to which I agreed in the Patient Commitment (above)
- b) my family doctor leaves this Group. If this happens, I may be able to enrol with my family doctor in another Group or I may be able to enrol with another family doctor in this Group
- c) I become a resident of a nursing home or chronic care facility
- d) I am imprisoned in a provincial or federal correctional institution; or
- e) I move outside the geographic area where the Group regularly provides services.

Contact Information:

Ministry of Health and Long-Term Care P.O. Box 48, Station Main Kingston ON K7L 9Z9

Call: INFOline 1 888 218-9929

TTY 1 800 387-5559



MDS TRENDSETTER

1333 SHEPPARD AVE E WILLOWDALE M2J 1V1 (416)675-3637

Patient name

Page:1

Client

DR. A.M. MORROW SCARBOROUGH, ONT

Birthdate:

Accession #

130 ELLESMERE RD

5H6170275

M1R 4C5

Phone #:

(519)355-0454

5199 13

Health #: 6183846770 KR

LARIVEE, C GARY

Date of Service: 17-JAN-2006

Printed: 18-JAN-2006

Requesting physician: DR. A.M. MORROW

Reference #:

24-JAN-1940 Sex: M

Requesting physician. Dr	. H.H. Holdon	Reference #:	s: FINAL
TEST NAME	RESULT ABNO	Report statu RMAL REFERENCE RANGE	UNITS TEST
TEOT WANTE	ABOUT ABOUT	THE ETENOE NAME	CNTS
			
	1		
ELECTROCARDIOGRAM	1		5
	REPORTED UNDER SEPARAT	TE COVER.	
*HEMOGLOBIN	158	135 - 175	g/L 1
HEMATOCRIT	0.48	0.40 - 0.50	
WHITE BLOOD CELL COUNT	7.5	4.0 - 11.0	x E9/L
*RED_BLOOD_CELL_COUNT	5.04	4.50 - 6.00	x E12/L
*MCV	94.8	80 - 98	fL
MCH	31.3	27-533-0	pg
*MCHC	331	320 - 360	g/L
PLATELET COUNT	136 302	115145 150-400	x E9/L
	302	130-400	
ABSOLUTE: NEUTS	. 3.7	2.0 - 7.5	x E9/L
(A) LYMPH	3.0	1.0 - 3.5	x E9/L .
(A) MONO	0.5	0.0 - 0.8	x E9/L
(A) EOS	0.3	0.0 - 0.5	× E9/L
(A) BASO	0.0	0.0-0.2	x-E9/L
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	; ;		
e information in this report is confidential and intended solely for the address			

MDS LABORATORIES - LOCATION CODES AND ADDRESSES

THE LOCATION CODES LISTED BELOW ARE USED TO IDENTIFY THE PERFORMING LABORATORY FOR TESTS REPORTED ON THE REVERSE SIDE OF THIS FORM.

TORONTO AREA

CODE

- 10 100 INTERNATIONAL BLVD., ETOBICOKE M9W 6J6
- 21 400 THE EAST MALL, ETOBICOKE M9B 3Z9

SOUTHWEST AREA

CODE

- 70 751 VICTORIA ST. S., KITCHENER N2M 3B4
- 80 342 ERIE ST., STE. 115, STRATFORD N5A 2N4
- HO 746 BASELINE RD. E., LONDON N6C 2R6
- KO 857 GRAND AVE. W., CHATHAM N7L 4T1

NIAGARA AREA

CODE

A0 3460 SCHMON PKWY., THOROLD L2V 4Y6

NORTHERN AREA

CODE

- SO 65 LARCH ST., SUDBURY P3E 1B8
- S2 38 PINE ST. N., TIMMINS P4N 6K6
- S4 1265 ARTHUR ST. E., STE. 400, THUNDER BAY P7E 6E7

EASTERN AREA

CODE

- U3 THE BANCROFT PROFESSIONAL CENTRE
 16 BILLA ST., BOX 578, BANCROFT K0L 1C0
- U5 4 YORK ST., HALIBURTON KOM 1S0
- U6 849 ALEXANDER COURT, PETERBOROUGH K9J 7H8
- W0 163 ORMOND ST., BROCKVILLE K6V 2L2
- W1 88 CORNELIA ST. W., SMITH FALLS K7A 1Z4
- W2 800 PRINCESS ST., KINGSTON K7L 1Z4
- W5 820 McCONNELL AVE., CORNWALL K6H 4M4
- XO 210 DUNDAS ST. E., BELLEVILLE K8N 5G8
- X3 1919 RIVERSIDE DR., OTTAWA K1H 1A2
- X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 7K3



MDS TRENDSETTER

1333 SHEPPARD AVE E WILLOWDALE M2J 1V1

Page: 2

(416) 675 - 3637

Client

M1R 4C5

DR. A.M. MORROW 130 ELLESMERE RD SCARBOROUGH, ONT

5199 13

Patient name

LARIVEE, C GARY

Accession # 5H6170275

Birthdate:

24-JAN-1940 Sex: M

Phone #: Health #: (519)355-0454

6183846770 KR

Date of Service: 17-JAN-2006

Printed: 18-JAN-2006

Requesting physician: DR. A.M. MORROW Reference #: FINAL **TEST NAME** RESULT ABNORMAL REFERENCE RANGE *LIPID TARGET VALUES 10 Lipid target values should be based on patient 10 year CVD risk assessment. Please refer to the Canadian Hypercholesterolemia Working Group recommendations-in-CMAJ-2003:-169(9);-921-924-See also www.oaml.com *CHOLESTEROL 5.35 MMOL/L *LDL_CHOLESTEROL(CALCULATED) 3.17 MMOL/L *HDL CHOLESTEROL 1.66 MMOL/L *CHOLESTEROL/HDL RATIO 3.2 *TRIGLYCERIDES MMOL/L 1.15 *ASPARTATE TRANSAMINASE(AST) 31 10-40 U/L *THYROTROPIN (SENSITIVE TSH) 1.73 0.35 - 5.00MIU/L LARIVEE, C-GARY FINAL REPORT PND = Pending * = Not previously reported CONFIDENTIAL-INFORMATION:-UNAUTHORIZED-USE-OR-DISCLOSURE-IS-PROHIBITED.

214-7026 (Rev.05.2001)

The information in this report is confidential and intended solely for the addresses(s). Access to this report by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or any action taken to omit or alter the information is prohibited. Please contact your local MOS location for assistance and destruction of this material if you are not the intended recipient.

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- KO 857 GRAND AVE. W., CHATHAM N7L 4T1

NIAGARA AREA

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NORTHERN AREA

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MDS TRENDSETTER

1333 SHEPPARD AVE E WILLOWDALE M2J 1V1 (416)675-3637

Page:1

Client

DR. A.M. MORROW 130 ELLESMERE RD SCARBOROUGH, ONT M1R 4C5 Patient name LARIVEE,C GARY Accession # 5H6170275

Birthdate:

24-JAN-1940 Sex: M

Phone #: Health #:

(519)355-0454

6183846770 KR

Date of Service: 17-JAN-2006

Printed: 18-JAN-2006

5199 13

Requesting physician: DR.	A.M. MORROW		Reference #: Report status:	ਸ	INAL
TEST NAME	RESULT	ABNORMAL	REFERENCE RANGE	UNITS	TEST
		:			
PTOCL	HEMISTRY			~~ ~~	
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214-7026 (Rev.05.2001)

The information in this report is confidential and intended solely for the addressee(s). Access to this report by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or any action taken to omit or alter the information is prohibited. Please contact your local MDS location for assistance and destruction of this material if you are not the intended recipient.

MDS LABORATORIES - LOCATION CODES AND ADDRESSES

THE LOCATION CODES LISTED BELOW ARE USED TO IDENTIFY THE PERFORMING LABORATORY FOR TESTS REPORTED ON THE REVERSE SIDE OF THIS FORM.

TORONTO AREA

CODE

- 10 100 INTERNATIONAL BLVD., ETOBICOKE M9W 6J6
- 21 400 THE EAST MALL, ETOBICOKE M9B 3Z9

SOUTHWEST AREA

CODE

- 70 751 VICTORIA ST. S., KITCHENER N2M 3B4
- 80 342 ERIE ST., STE. 115, STRATFORD N5A 2N4
- HO 746 BASELINE RD. E., LONDON N6C 2R6
- KO 857 GRAND AVE. W., CHATHAM N7L 4T1

NIAGARA AREA

CODE

A0 3460 SCHMON PKWY., THOROLD L2V 4Y6

NORTHERN AREA

CODE

- SO 65 LARCH ST., SUDBURY P3E 188
- S2 38 PINE ST. N., TIMMINS P4N 6K6
- S4 1265 ARTHUR ST. E., STE. 400, THUNDER BAY P7E 6E7

EASTERN AREA

CODE

- U3 THE BANCROFT PROFESSIONAL CENTRE
 16 BILLA ST., BOX 578, BANCROFT K0L 1C0
- U5 4 YORK ST., HALIBURTON KOM 1SO
- U6 849 ALEXANDER COURT, PETERBOROUGH K9J 7H8
- W0 163 ORMOND ST., BROCKVILLE K6V 2L2
- W1 88 CORNELIA ST. W., SMITH FALLS K7A 1Z4
- W2 800 PRINCESS ST., KINGSTON K7L 1Z4
- W5 820 McCONNELL AVE., CORNWALL K6H 4M4
- X0 210 DUNDAS ST. E., BELLEVILLE K8N 5G8
- X3 1919 RIVERSIDE DR., OTTAWA K1H 1A2
- X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 7K3

MDS

Name: Number: Gender:

P / PQ:

QT /QTc /QTd:

P / QRS/ T axis: Heartrate:

QRS:

LARIVEE, GARY 6183846770 KR

Male

103

61

123 / 190

437 / 439 /

/ 16° / 33°

Birthdate: 1/24/1940 Age:

65

Recorded by: Referring physician:

Location:

Recorded:

1/17/2006 8:48:00 AM

Comment:

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NO MEDS

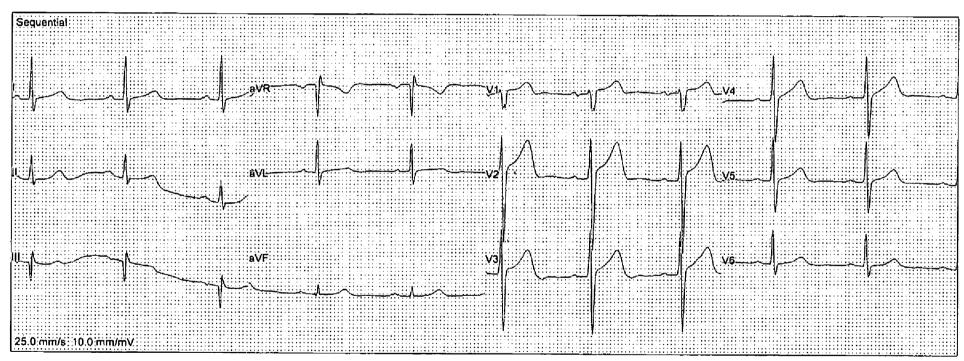
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Or. Klein (Or. Klein) sinus rhythm

normal

DR. S. KLEIN, MD FRCPC







Sex D.O.B.

01/24/1940

Family Physician Referring Physician Attending Physician MORROW-A/TORONTO T.E.W. MacPherson, MD D Brisbin, MD, FRCP(C)

Admitting Physician Consulting Physician Brian Doell, MD

MPI

000231303

Account Location 10949905 CIU GIA

Patient Type H.N. Job Number

6183846770KR 01-92142 03/03/2006

Admitting Date

Discharge Date

HISTORY & PHYSICAL

The above mentioned 66 year old has been admitted to the PGH ICU on account of presenting in the emergency department with left shoulder discomfort and shortness of breath. Apparently he had been experiencing some shortness of breath over the last preceding week when he was carrying some wine pales and also when climbing stairs. Up until then he had been fine and had no medication for anything. Although there was a history of mild hypertension in the past.

PAST MEDICAL HISTORY: That's had an appendicectomy and he's also had surgery on his right foot. He's had some surgery on his nose in the past as well.

ON EXAMINATION: We have a healthy looking 66 year old who is in no distress.

HEAD AND NECK: ENT no abnormality.

CVS: Heart sounds are clear. Pulse regular. BP 140/80. RESPIRATORY: Equal air entry and no adventitial sounds.

ALIMENTARY: No organomegaly, no herniae, no guarding, no tenderness.

CNS: Grossly intact.

He has elevated Troponin's and he has evidence on his EKG that he sustained an anterior inferior myocardial infarction.

MEDICATIONS: He is on just now consists of Colace 200 daily, Entrophen 81, Atenolol 50 b.i.d. Norvasc 5 b.i.d. Ramipril 2.5 b.i.d. Simvastatin 40 mg He is receiving Enoxaparin and he's also on Plavix 75 mg daily.

ADMITTING DIAGNOSIS: Myocardial infarction.

ELECTRONICALLY AUTHENTICATED

T.E.W. MacPherson, MD

DATE DICTATED: DATE TRANSCRIBED:

03/04/2006 03/05/2006

TRANSCRIBED BY: TRANSID:

de 288727



Sex D.O.B. M

01/24/1940

Family Physician Referring Physician MORROW-A/TORONTO D Brisbin, MD, FRCP(C) Brian Doell, MD

Brian Doell, MD

Attending Physician Admitting Physician

Consulting Physician

MPI

000231303

Account Location Patient Type 60618863 CERU GED

H.N. Job Number Admitting Date 6183846770KR 01-92032 03/03/2006

Discharge Date

STAT NOTE/TRANSFER

DATE OF CONSULTATION: 03/03/06

This gentleman was admitted via the Emergency Room with a recent extensive anterolateral wall MI.

This gentleman is 66 years of age, married 43 years, with one son, one daughter and six grandchildren. He is retired having worked as a Production Manager for an electronics firm.

PAST MEDICAL HISTORY: Includes appendectomy, surgery to his right foot and several operations on his nose having had a fracture. He states he was borderline hypertensive about 3½ years ago.

MEDICATIONS AT HOME: Nil.

ALLERGIES TO SULFA DRUGS

He has been a non-smoker since 1980 but, prior to that, smoked for approximately 20 years.

He has about a bottle and a half of wine per week.

He has one sister alive and well. Mother deceased at 75 and father is alive at 88.

This gentleman states he has had recurring problems with shortness of breath on exertion over about a 1-week period. He spent the last two days in Toronto and had to load a lot of stuff in his car and was short of breath with this. He arrived home here yesterday at about 1900 hours and, while unloading the car, felt quite short of breath. He was watching TV last night at about 2200 hours and became more short of breath and then went to bed. He finally came into the Emergency Room just because he didn't feel well in non-specific terms. No actual chest pain at all. His EKG shows evidence of a profound Q-wave in lead III and a lesser Q-wave in AVF but he has severe loss of ST segments in V1, 2 and 3 with QS waves noted and ST elevations in V1, 2, 3 and V4 with biphasic T-waves in V5 and flattened T-waves in V6, all consistent with a very recent semi-acute anterolateral wall MI. He shows evidence of Q-waves in V3, V4 and V5 and he may very well have had an

COPY

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Sex

D.O.B.

01/24/1940

Family Physician Referring Physician MORROW-A/TORONTO D Brisbin, MD, FRCP(C)

Attending Physician Admitting Physician Brian Doell, MD Brian Doell, MD

Consulting Physician

Page 2

MPI

000231303

Account Location

60618863 **CERU**

Patient Type H.N.

GED 6183846770KR

Job Number Admitting Date

01-92032 03/03/2006

Discharge Date

old right ventricular infarction as well. His troponin level is already elevated at 8.7. Other lab investigations show normal electrolytes, urea, creatinine and glucose. CBC shows a white count of 12.4 with a normal differential (i.e. stress demargination), hemoglobin 167 and platelet count 310.

He is completely pain-free at the present time and shows no evidence of distress whatsoever. He is in a sinus rhythm of 88 but his blood pressure is quite elevated at 176/119 at one time being greater than 200 systolic on arrival. Chest is clear. Heart sounds are physiologic. No evidence of failure. Peripheral pulses palpable. No edema. This gentleman has sustained a significant sized anterolateral wall infarction from the EKG criteria. His troponin is already elevated and his infarction most likely onset somewhere between 1900 and 2200 hours last night. It is now after 11 in the morning the following day (i.e. well outside of the 12 hour window of opportunity) and he is asymptomatic at the present time.

He will be treated as a recent missed infarction. We will be starting him on Enoxaparin, Aspirin and Plavix. He has no contraindications to a beta blocker and this will be started as well along with a calcium channel blocker with Norvasc and a 'statin' agent and ACE Inhibitor. We will see how things settle and attempt to get an echocardiogram to assess left ventricular function. With the nature of presentation, he would be appear to have relatively silent ischemia, and we will be making arrangements for angiographic investigations with a view to either angioplasty or bypass surgery if necessary.

ELECTRONICALLY AUTHENTICATED D Brisbin, MD, FRCP(C)

DATE DICTATED:

03/03/2006

DATE TRANSCRIBED:

03/03/2006

TRANSCRIBED BY:

mts

TRANSID:

288444

cc: Emergency Department

cc: Dr. A. Meyer Morrow, 130 Ellesmere Road, Scarborough, ON M1R 4C5

DEPARTMENT OF DIAGNOSTIC IMAGING

CHATHAM-KENT HEALTH ALLIANCE Grand Ave Campus 80 GRAND AVENUE WEST, CHATHAM, ONTARIO N7L 1B7

PATIENT: LARIVEE, CHARLES GARY (GARY) DOB: 01/24/40 LOCATION: *GED

C.I.#: 575778 ACCT.#: A10949905 MPI #: A000231303

Check-in Date: 03/03/06 1041 Pt type: GIA.

PHYSICIANS: DIS DATE:

PCP: MORROW-A/TORONTO ADM: DOELL,BRIAN REF: MACPHERSON, TEW ATT: BRISBIN, D

ORDERING PHYSICIAN:

DOELL, BRIAN Deliver to: MORROW-A/TORONTO

REPORT STATUS: FINAL (519)355-0454

PORTABLE CHEST:

No previous are available.

The heart and mediastinum are normal. The lungs are clear. No infiltrates are identified. The pleural spaces are clear. Bony thorax is normal.

IMPRESSION:

Normal chest.

READ BY:W PAVLOSKY, MD, FRCPC RELEASED BY:W PAVLOSKY, MD, FRCPC

03/06/06 1121 PW 03/03/06 1527



Sex D.O.B. M

01/24/1940

Family Physician Referring Physician Attending Physician Admitting Physician

Consulting Physician

MORROW-A/TORONTO T.E.W. MacPherson, MD D Brisbin, MD, FRCP(C) Brian Doell, MD Account Location Patient Type H.N.

MPI

10949905 CPC GIA

000231303

H.N. 6183846770KR Job Number 01-94462 Admitting Date 03/03/2006 Discharge Date 03/21/2006

DISCHARGE SUMMARY

DIAGNOSIS MOST RESPONSIBLE FOR HOSPITAL STAY: Includes acute anterolateral myocardial infarction.

OTHER DIAGNOSIS AFFECTING LENGTH OF STAY: Includes hypertension, increased lipids and ongoing angina.

OTHER DIAGNOSIS NOT AFFECTING LENGTH OF STAY: Includes fractured nose and surgery to foot.

COMPLICATIONS: In hospital he developed a fever, growing gram negative Bacilli post angiogram. He was growing Enterobacter cloacae.

PROCEDURE: Angiogram and was kept in hospital for 10 days for IV antibiotics for CABG as well as an echo.

COURSE IN HOSPITAL: Charles was admitted from the emergency department after developing shortness of breath on exertion that lasted about one week period. He said the last few days in Toronto had been doing a lot of physical activity and was quite short of breath. He arrived home from Toronto on the day of admission and was watching TV at about 10 o'clock at night and became more short of breath and went to bed. He continued to not feel very well so he came to the emergency department with no actual chest pain. The EKG shows Q waves in leads 3 and Q wave in AVF but severe loss of ST segments in V1, 2, 3. An elevation in 1, 2, 3 and 4 with biphasic Q waves in V5 and flattened Q waves in V6, all consistent with acute anterolateral MI. His Troponin at the time when he was admitted with already 8.7. His Troponin rose to 25.47 later on that day and he was admitted with a MI. He remained basically pain free throughout, he was treated as a recent missed myocardial infarction starting on Enoxaparin and aspirin and Plavix. Arrangements were then made for angiogram in London. He was sent down and showed severe left anterior descending diagonal and circumflex marginal disease. His left ventricular function was quite well and surgical revascularization was recommended. Unfortunately when he returned home from his angiogram he developed a fever, blood cultures were done which were positive for gram negative cocci which then grew Enterobacter cloacae. He has been on IV antibiotics for 10 days since. New blood culture are negative and now he is being transferred for surgery for a bypass under Dr. Goldbach. He had an echocardiogram done while in hospital which showed ejection fraction at 49%

COPY





01/24/1940

MORROW-A/TORONTO

T.E.W. MacPherson, MD

D Brisbin, MD, FRCP(C)

Brian Doell, MD

Sex

D.O.B.

Family Physician Referring Physician

Attending Physician Admitting Physician

Consulting Physician

Page 2

000231303

Account Location

MPI

10949905 CPC

Patient Type

GIA

H.N. Job Number 6183846770KR 01-94462

Admitting Date Discharge Date

03/03/2006 03/21/2006

with slight dilated motion of the left ventricular septum. All other measurements were fine. He has remained on Enoxaparin till transfer and that has been discontinued as he is being transferred to Victoria hospital.

Blood work showed the elevation of the Troponin up to 25.46 on the day of admission. Cholesterol was 4.31, Triglycerides 1.32, HDL 1.04, LDL 2.67 and ratio was 4.1. Creatinine was 141 on admission, dropped down to 104 on the 20th. His white count was 1.4 on admission now it is 6.4. Urine was done and showed no growth. Blood culture showed gram negative bacilli. Positive for Enterobacter cloacae. He was treated with Ceftriaxone X10 days for Claforan. EKG's were as stated previous. The echo was also stated as well. Chest x-ray was done showed normal chest.

He is being transferred to UH for bypass in the morning and is on the following medications: Colace 100 mg b.i.d. Atenolol 50 mg b.i.d. Norvasc 5 mg b.i.d. Enalapril 1.25 mg IV q.6.h. for systolic blood pressure greater than 160, Nitroglycerin patch .4 on 12 hours, 12 hours off. Ramipril 5 mg p.o. b.i.d. Nitroglycerin squirt as needed.

He was transferred in satisfactory condition. Thank you for involving us in his care.

ELECTRONICALLY AUTHENTICATED

Shelley Stroud, R.N., M.Sc.N. Acute Care Nurse Practitioner

D. Brisbin, MD, FRCP(C)

DATE DICTATED: DATE TRANSCRIBED:

TRANSCRIBED BY: TRANSID:

03/21/2006 03/22/2006

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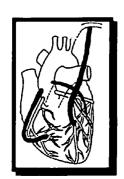
Martin M. Goldbach

March 22, 2006

Dr. A. Morrow 130 Ellesmere Rd. Scarborough, ON M1R 4C5

Re: Gary Larivee

Dear Dr. Morrow:



Your patient Gary Larivee was operated on today at University Hospital on an urgent basis. Mr. Larivee was transferred from Chatham where he has been hospitalized with unstable angina and an infection. Three coronary bypass grafts were constructed. The left internal thoracic artery was used to bypass the left anterior descending coronary artery. The left anterior descending was diffusely diseased in its proximal and mid thirds but relatively free of disease in the distal third. The luminal diameter approximated 2 mm.

Saphenous vein was used to bypass the intermediate or true diagonal artery and the posterior descending branch of the right coronary artery. The right coronary artery itself was a heavily diseased, calcified vessel. The posterior descending

was relatively free of disease and had a luminal diameter of 2 mm. The intermediate was a good vessel with a luminal diameter approaching 2 mm.

Mr. Larivee tolerated the procedure well and is currently in stable condition in the intensive care unit at University Hospital.

Thank you for the opportunity of treating this gentleman.

Sincerely,

Martin M. Goldbach, M.D., F.R.C.S.C.

MMG/ck

Cc:

Dr.D.Brisbin Dr.P.Teefy

LARIVEE, CHARLES GARY (GARY)

519-437-6011

Date of Birth: 01/24/1940 M Patient Phone: (519)355-0454

Family Physician: MORROW-A/TORONTO Referring Physician: MacPherson, T. E, MD

Attending Physician: Brisbin, D., MD, FRCPC

Admitting Physician: Doell, Brian, Dr

Consulting Physician:

PID: 000231303 DISCH (CPC E206 C PROG CARE 80 Grand Ave

Chatham, ON, N7M 1B7

Encounter: 10949905

Admit Date: 03/03/2006

***** Microbiology *****

Culture Blood #1

Specimen: BLOOD

Collection Date : 03/19/2006 21:55

Status: Final Last Update: 03/25/2006 08:54

CULTURE RESULT (Final)

No Growth After 5 Days' Incubation

Culture Blood #2

Specimen: BLOOD

Collection Date : 03/19/2006 22:00

Status: Final Last Update: 03/25/2006 08:54

CULTURE RESULT (Final)

No Growth After 5 Days' Incubation

_______ Page 1 Printed: 03/26/2006 03:01

Martin M. Goldbach

March 28, 2006

Dr. A. Morrow 130 Ellesmere Rd. Scarborough, ON M1R 4C5

Re: Gary Larivee
Discharge Summary

Dear Dr. Morrow:

Your patient Gary Larivee was discharged from University Hospital on March 27th, 2006, five days following triple coronary artery bypass surgery. Mr. Larivee's postoperative course was relatively uneventful. He had some electrocardiographic evidence of pericarditis, but this was not substantiated clinically. We wished Mr. Larivee to remind in hospital for an extra day but he was quite anxious to return home.

At the time of discharge his wounds were clean and dry and he was feeling well. Discharge medications include: Enteric-coated ASA 81 mg OD; Atenolol 50 mg OD; Simvastatin 40 mg OD; Tylenol #2 tabs 1-2 q4-6h pm for pain and Tylenol plain tabs 1-2 q4-6h pm for pain.

We asked Mr. Larivee to contact your office upon return to Chatham. We asked him to return for follow up visit in six weeks time or to call this office at any time should the need arise.

Thank you for the opportunity of treating and following this gentleman.

Sincerely,

Martin M. Goldbach, M.D., F.R.C.S.C.

MMG/ck

Cc:

Dr.D.Brisbin Dr.P.Teefy Chart Martin M. Goldbach

March 30, 2006

Dr. A. Morrow 130 Ellesmere Rd. Scarborough, ON M1R 4C5

Re: Charles Larivee Discharge Summary

Dear Dr. Morrow:

Your patient Charles Larivee was discharged from University Hospital on March the 30th, two days following re-admission for dehydration. Mr. Larivee came back to hospital because of feeling faint. We found that he was not drinking. He was admitted, re-hydrated and his medications adjusted.

At the time of discharge he was feeling well. He was discharged on: Enteric-coated ASA 81 mg OD; Atenolol 25 mg OD; Simvastatin 40 mg OD; Tylenol plain tabs 1-2 q4h-6h pm for pain.

We asked Mr. Larivee to contact your office upon return home. We asked him to return for follow-up visit in six to eight weeks' time or to call at anytime should the need arise.

Thank you for the opportunity of treating and following this gentleman.

Sincerely,

Martin M. Goldbach, M.D., F.R.C.S.C.

MMG/ck

Cc:

Dr.D.Brisbin

Dr.P.Teefy Chart

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Chatham-Kent Health Alliance Laboratories

LARIVEE, CHARLES GARY (CARY)

Date of Birth, 3/1/2 3/1 3/4: N

Patient Phone (519136) ... 4. 4

Family Physicial MORK VIATORONO

Referring Physicia:

Attending Physic and Per (a) 0 1, NO Admitting Physician: Pent Dec 10

Consulting Physician

319-437-6011

PID: 000231303 CIFMERG OP

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LARIVEE, CHARLES GARY (SARY)
Date of Birth 00/24/19/00/01

519-437-6911

PID: 000231303 C EMFRG OP C ER OP

Patient Phone: (619)85%-0464 Family Physician: MORFU, J ATORONTO

30 Grand Ave V/ Chaiham, ON, N7M 187

Referring Physician

Attending Physician Per (2000) D. Admitting Physician Pappa (2000), MD

Encounter: 60628123

Consulting Phy Idlan

***** Hemarology ** --

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Page 1

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DAILY OUTPATIENT REPORT - CHATHAM CAMPUS

Recipient - MORROW-AJTORONTO

LARIVEE, CHARLES CORY (GARY)
Date of 5 ath 15 (74 194), 15

Patient Phone: (51% 356), 454

Family Physician MORPECI ANDRONTO Referring Physician Self - Dooble Attending Physician Cent Statistical MD

Admitting Physician Co. 1980 (A. MD

Consulting Physical

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519-437-6011

PID: 000231303 C EMERG OP C ER OP 80 Grand Ave W Chatham ON, N7M 1B7

Encounter 60028626

***** Wicrobiology * * *

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Page 1

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SARIVES, CHAPLES GARY (GARY)

Date of Birth 01/24/1940 % Patient Phone (\$19)355 0464

Family Physician: MOR 30%-A 100000000

Referring Physician 12 Attending a historia 12

Admitting Physician To Us (a) A R.D.

Consulting Physic full

519-437-5011 PID: 000231303 DISCH (C EMERG OP)

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80 Grand Ave W Chatham, ON, NTM 1E7

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Page 1

Frinted: 04/11/2006 15:45

DAILY OUTPATIENT REPORT - UKATHAM CAMPUS

Recipient - MORROW-A LORONTO

.

DEPARTMENT OF DIAGNOSTIC IMAGING

CHATHAM-KENT HEALTH ALLIANCE Grand Ave Campus 80 GRAND AVENUE WEST, CHATHAM, ONTARIO N7L 1B7

PATIENT: LARIVEE, CHARLES GARY (GARY) DOB: 01/24/40 LOCATION: *CPC-E206-B

C.I.#: 576592 ACCT.#: A10949905 MPI #: A000231303

Check-in Date: 03/06/06 1429 Pt type: GIA

PHYSICIANS: DIS DATE: 03/21/06

PCP: MORROW-A/TORONTO ADM: DOELL, BRIAN REF: MACPHERSON, TEW ATT: BRISBIN, D

ORDERING PHYSICIAN:

BRISBIN, D Deliver to: MORROW-A/TORONTO

REPORT STATUS: FINAL (519)355-0454

ECHOCARDIOGRAM (TAPE # 1069):

INDICATION FOR ECHO: Acute MI

In 2-D and M-mode examination, all four chambers are of normal size. There is mild left ventricular hypertrophy. There is mild left ventricular dysfunction. The segment of mid anterior wall to the apical area is hypokinetic. The rest of the left ventricle contracts well. The estimated ejection fraction is about 45%.

There is minor aortic and mitral valve sclerosis.

Doppler study only identified a trace of tricuspid and trivial mitral regurgitation.

IMPRESSION:

- 1/ Mild left ventricular dysfunction due to anteroapical ischemia.
- 2/ Left ventricular hypertrophy.

READ BY:Q TRAN, MD, FRCPC RELEASED BY:Q TRAN, MD, FRCPC

04/18/06 1030 IM 03/13/06 1008

M

MDS LABORATORIES - LOCATION CODES AND ADDRESSES

THE LOCATION CODES LISTED BELOW ARE USED TO IDENTIFY THE PERFORMING LABORATORY FOR TESTS REPORTED ON THE REVERSE SIDE OF THIS FORM.

TORONTO AREA

CODE

- 10 100 INTERNATIONAL BLVD., ETOBICOKE M9W 6J6
- 21 400 THE EAST MALL, ETOBICOKE M9B 3Z9

SOUTHWEST AREA

CODE

- 70 751 VICTORIA ST. S., KITCHENER N2M 3B4
- 80 342 ERIE ST., STE. 115, STRATFORD N5A 2N4
- HO 746 BASELINE RD. E., LONDON N6C 2R6
- KO 857 GRAND AVE. W., CHATHAM N7L 4T1

NIAGARA AREA

CODE

A0 3460 SCHMON PKWY., THOROLD L2V 4Y6

NORTHERN AREA

CODE

- S0 65 LARCH ST., SUDBURY P3E 1B8
- S2 38 PINE ST. N., TIMMINS P4N 6K6
- S4 1265 ARTHUR ST. E., STE. 400, THUNDER BAY P7E 6E7

EASTERN AREA

CODE

- U3 THE BANCROFT PROFESSIONAL CENTRE 16 BILLA ST., BOX 578, BANCROFT K0L 1C0
- U5 4 YORK ST., HALIBURTON KOM 1S0
- U6 849 ALEXANDER COURT, PETERBOROUGH K9J 7H8
- W0 163 ORMOND ST., BROCKVILLE K6V 2L2
- W1 88 CORNELIA ST. W., SMITH FALLS K7A 1Z4
- W2 800 PRINCESS ST., KINGSTON K7L 1Z4
- W5 820 McCONNELL AVE., CORNWALL K6H 4M4
- XO 210 DUNDAS ST. E., BELLEVILLE K8N 5G8
- X3 1919 RIVERSIDE DR., OTTAWA K1H 1A2
- X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 7K3



MDS TRENDSETTER 857 GRAND AVE W CHATHAM ONT 877-849-3637

Patient name

Page:1

Client

DR. A.M. MORROW 130 ELLESMERE RD SCARBOROUGH, ONT

LARIVEE, GARY

Accession # K07520861

M1R 4C5

Birthdate:

24-JAN-1940 Sex: M

Phone #:

(519)355-0454 6183846770 KR

5199 13

Health #: 6

Date of Service: 01-JUN-2006

Printed: 02-JUN-2006

Requesting physician: DR. A.M. MORROW

Requesting physician:	DR. A.H. MORROW		Reference #: Report status:			
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			a_Working_Group			
			3: 169(9); 921-924.			
	See also www.oaml			•		
CHOLESTEROL	3.68			MMOL/L		
DL CHOLESTEROL (CALCULATED)	1.84	+		MMOL/L		
IDL CHOLESTEROL	1.34			MMOL/L		
HOLESTEROL/HDL RATIO	2-7-	! 		•		
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		• 3 i				

Martin M. Goldbach

June 14, 2006

Dr. A. Morrow 130 Ellesmere Road Scarborough, ON M1R 4C5

Re: Charles Larivee

Dear Dr. Morrow:

I saw your patient Charles Larivee in follow-up today. Mr. Larivee has done well following coronary artery bypass surgery. He has had no angina since surgery and generally feels well.

On examination today his blood pressure was 140/80 mmHg. Heart rate was 68 beats per minute and regular. Heart sounds were normal. His chest is clear. His wounds are well healed. There are no signs of heart failure. The remainder of his examination was unremarkable.

His chest x-ray is normal. Current medications include: Atenolol 25 mg OD.

Mr. Larivee stopped Aspirin on his own. I had a discussion with him about the importance of Aspirin in terms of long-term graft patency. I suggested that he resume taking Aspirin 81 mg OD. He is reluctant to become involved in the Cardiac Rehabilitation program, as it is not available for many months from now. This is a chronic problem with that program.

I am generally pleased with Mr. Larivee's progress. I made no formal arrangements to see him in the future but would be pleased to see him at any time should the need arise.

Thank you for the opportunity of treating and following this gentleman.

Sincerely,

Martin M. Goldbach, M.D., F.R.C.S.C.

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MMG/ck

Cc:

Dr.D.Brisbin Dr.P.Teefy

LARIVEE, CHARLES GARY GARY)

519-137-6011

Patient Phys. 1919 650, 1417

Family Physician: MCR LOW AT TRONTO Referring Physician: MADEF DISJARBORDUGH

Attending Physician, Bassis, in MD FROPO Admitting Physician: Pruiting 11, 100 FRCPC

Consulting Players on

C HE-CARDIAC REHAB C HEALTH EDUCATION 80 Grand Ave W Chatham, ON, N7L 1B7

PID: 000231303

Encounter: 70531321

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LIPID PROFILE

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Printed: 12/12/2006 13:47

DAILY OUTPATIENT REPORT - CKHA

Recipient - MAGEE-BISCARBOROUGH

LARNEE, CHARLES G. RY (GARY)

519-437-6011

Date of Birth: 01/24 1940 A Patient Phone: (519)365-0464

Family Physician: MORPOW-A/TORONTO Referring Physician: MAGEE-3/SCARBORC IGH Attending Physician: Brisk of the MD.FRCPC

Admitting Physician Brown 31, 110 FRCPC

Consulting Physician

PID: 000231303

C HE-CARDIAC REHAB C HEALTH EDUCATION

80 Grand Ave W Chatham, ON, N7L 1B7

Encounter: 70531321

***** Chemistry ** **

Chemistry Results

	tz:12/2000	Units	Reference
BLOOD	08:37		
GLUCOSE AC	5 (1	mmol/L	3.9-6.1
CREATININE	174	umol/L	70-122
AST	30	U/L.	15-37

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Page 1

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LARIVEE, CHARLES GARY (GARY)

519-437-6011

PID: 000231303

Date of Birth: 01/24/1940 M

C HE-CARDIAC REHAB C HEALTH EDUCATION

Patient Phone: (519)355-0454

80 Grand Ave W

Family Physician: MORROW-A/TORONTO Referring Physician: MAGEE-B/SCARBOROUGH Attending Physician: Brisbin, D., MD, FRCPC

Chatham, ON, N7L 1B7

Admitting Physician: Brisbin, D., MD, FRCPC

Encounter: 70531321

Consulting Physician:

LIPID PROFILE

	12/12/2006	Units
BLOOD	08:37	
CHOLESTEROL	4.29 ¹	mmol/L
TRIGLYCERIDE	1.41 ²	mmol/L
HDL	1.33 ³	mmol/L
LDL(CALC)	2.32 ⁴	mmol/L
CHOLESTEROL/HDL RATIO	3.2 ⁵	

¹Cholesterol: Target Value Desirable <5.17 5.18-6.20 Borderline High >6.20 High

² Triglycerides: Target Value: <2.00 3HDL: Target Value: >1.55 4 LDL: Target Value: <3.00 ⁵Cholesterol/HDL Ratio: Target Value: <5.0

***** Canceled Tests *****

Collection Date Specimen Test Name Reason

12/12/2006 08:37 **BLOOD GLUCOSE FASTING DUPLICATE ORDER** 12/12/2006 08:37 **BLOOD** LIPID SCREEN **DUPLICATE ORDER**

Page 2 Printed: 12/12/2006 13:47

DAILY OUTPATIENT REPORT - CKHA

LARIVEE, CHARLES GARY (GARY) 519-437-6011 PID: 000231303

Date of Birth: 01/24/1940 M C HE-CARDIAC REHAB
Patient Phone: (519)355-0454 C HEALTH EDUCATION
Earlier Physician: MORROW A/TORONTO 80 Grand Ave W

Family Physician: MORROW-A/TORONTO

Referring Physician: MAGEE-B/SCARBOROUGH

Attending Physician: Brisbin, D., MD,FRCPC

80 Grand Ave W
Chatham,ON,N7L 1B7

Admitting Physician: Brisbin, D., MD,FRCPC Encounter: 70531321

Consulting Physician:

***** Chemistry *****

Chemistry Results

		12/12/2006	Units	Reference
BLOOD		08:37		
GLUCOSE AC		5.2	mmol/L ·	3.9-6.1
CREATININE	•	105	umol/L	70-122
AST		30	U/L	15-37

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) Epilepsy	6) Thyroid disease	· · · · · · · · · · · · · · · · · · ·	Lipid disorder	Re	Jane 1	Ven Tu	ophe
) Migraine) Mental illness	7) Hay fever		Alcoholism		Show	lu	-
l) Glaucoma	8) Asthma 9) Anemia	-	Hepatitis Cancer				
i) Diabetes	10) Bleeds easily	15) Hypertension 20		 			en commence de la com
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Vision problems	• •	☐ Abdominal pain- chronic	⊓ Diabetes	Thyroid dis	·	☐ Smoking- cig.	, , ,
Nose bleeds - re	• •	☐ Jaundice / Hepatitis	☐ Seizures	∴ Stroke		year quit	
Sinus trouble		☐ Diarrhea ☐ Constipation	L Numbness	C. Tremor		☐ Exercise	
Sore throats - fre	eauent	☐ Diverticulosis ☐ Crohn's / Coli				☐ Street Drugs	
Hoarseness - pri	•	☐ Bloody or tarry stools	☐ Arthritis / Rhe	•		FEMALES - Plea	
Hayfever / Allerg	_	. ☐ Hemorrhoids ☐ Hernia	☐ Back pain - re	ecurrent		Menstrual flow:	
Pneumonia / Ple		Urination - Overactive Bladder	☐ Bone fracture	/ joint injury		•	. 🖸 Pain / Cramps
Bronchitis / Chro	•	□ Overnight > than twice	☐ Osteoporosis	□ Gout		Days of flow	Length of cycle
Asthma / Wheez	•	☐ More than 8 times / 24 hrs. ☐ Urgency to urinate ☐ with leakage	☐ Rashes	☐ Hives		Date -1st day of	•
Shortness of bre	=	☐ Urgency to urinate ☐ with leakage ☐ Decrease in force/flow ☐ Painful	□ Psoriasis	LI Eczema			g during or after sex
☐ on exertion	C lying flat	☐ Stress incontinence-urine leakage	☐ Sleeping or ∞	oncentration diffi	culty	Number of: Pregnancies	Abortions
Chest pain		with exercise / movement	☐ Depression	□ Nervousne	ss	Miscarriages	Live births
High blood press	sure	☐ Bed wetting	☐ Moodiness	☐ Suicidal the	oughts	Birth control met	hod
Heart murmur	□ Swollen ankles	☐ Blood in urine ☐ Kidney stones	☐ Memory loss	☐ Mental illne	ess	B.C. pill (name)	
Irregular pulse	□ Palpitations	☐ Urine infections - frequent	☐ Rheumatic Fe	ever 🗀 Meas	les	☐ Flushing / Mei	nopause
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Varicose veins /	Phlebitis	☐ Sexually transmitted diseases	☐ Tuberculosis	C German m	easles	☐ Normal ☐ . Date of last man	
	Difficulty swallowing	☐ Weight-loss - ☐ gain	☐ Herpes	☐ Aids / HIV	- 1	□ Normal □	

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APPROVED BY FORMEDIC'S PHYSICIAN ADVISORY BOARD

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LITHO IN CANADA



MDS TRENDSETTER 746 BASELINE ROAD EAST LONDON N6C 5Z2 877-849-3637

Page:1

Client

DR. A.M. MORROW

130 ELLESMERE RD SCARBOROUGH, ONT

M1R 4C5

Birthdate:

Patient name

Accession # HB1170044

LARIVEE, GARY

24-JAN-1940 Sex: M (519)633-2924

Phone #: 5199 13 Health #:

6183846770 KR

Date of Service: 27-APR-2007

Printed: 30-APR-2007

Requesting physician: DR. A.M. MORROW

Reference #:

	EST NAME	RESULT	ABNORMAL	Report status:	FINA
'	EST NAME	RESULI	ABNORMAL	HEFERENCE HANGE	UNITS TE
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requisit	ions and specime	ns submitted to yo			
	w.oaml.com/PDF/s				
*****	*****	*****	*****	****	
HEMOGLOBIN		163	L	135 - 175	g/L
EMATOCRIT		0.49		. 0.40 - 0.50	
HITE BLOOD	CELL COUNT	7.2	3	4.0 - 11.0	x E9/L
ED BLOOD CE	LL COUNT	5.11	L	4.50 - 6.00	x E12/L
icv	•	96.1	L	80 - 100	fL
ICH		31.9	5	27.5 - 33.0	pg
CHC	•	328	3	305 - 360	g/L
.DW		13.2	2	11.5 - 14.5	
LATELET COU	INT	306	5	150-400	x E9/L
BSOLUTE:	NEUTS	2 (2	2.0 - 7.5	x E9/L
(A)	LYMPH	3.1		1.0 - 3.5	x E9/L
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IME OF COLL		V / : 4 :)		
JIPID TARGET	VALUES			e e e e e e e e e e e e e e e e e e e	rian servición de la 🖷
		Lipid target val	lues should b	be based on patient	
				. Please refer to the	ne
		To year evb 113			

LARIVEE, GARY

FINAL-REPORT

Canadian Hypercholesterolemia Working Group recommendations in CMAJ 2003: 169(9); 921-924.

Continue on Page: 2

PND = Pending * = Not previously reported

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MDS LABORATORY SERVICES - LOCATION CODES AND ADDRESSES

THE LOCATION CODES LISTED BELOW ARE USED TO IDENTIFY THE PERFORMING LABORATORY FOR TESTS REPORTED ON THE REVERSE SIDE OF THIS FORM.

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CODE

10 100 INTERNATIONAL BLVD., ETOBICOKE M9W 6J6

SOUTHWEST AREA

CODE

70 751 VICTORIA ST. S., KITCHENER N2M 5N4

HO 746 BASELINE RD. E., LONDON N6C 5Z2

NIAGARA AREA

CODE

A0 3460 SCHMON PKWY., THOROLD L2V 4Y6

NORTHERN AREA

CODE

S0 65 LARCH ST., SUDBURY P3E 1B8

S4 1265 ARTHUR ST. E., STE. 400, THUNDER BAY P7E 6E7

EASTERN AREA

CODE

U3 THE BANCROFT PROFESSIONAL CENTRE

16 BILLA ST., BOX 578, BANCROFT K0L 1C0

U5 4 YORK ST., HALIBURTON KOM 1S0

W2 800 PRINCESS ST., KINGSTON K7L 5E4

X0 210 DUNDAS ST. E., BELLEVILLE K8N 5G8

X3 1919 RIVERSIDE DR., OTTAWA K1H 1A2

X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 2L9

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X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 2L9



M1R 4C5

*THYROTROPIN (SENSITIVE TSH)

LARIVEE, GARY

XXX-FORMRUB (Rev. 05.2006)

DR. A.M. MORROW

SCARBOROUGH, ONT

130 ELLESMERE RD

Client

MDS TRENDSETTER 746 BASELINE ROAD EAST LONDON N6C 5Z2 877-849-3637

24-JAN-1940 Sex: M

Reference #:
Report status:

(519)633-2924

6183846770 KR

0.35 - 5.00

Patient name

Birthdate:

Phone #:

Health #:

5199 13

Requesting physician: DR. A.M. MORROW

LARIVEE, GARY

Page:2

Accession #

HB1170044

FINAL

10

MIU/L

Date of Service: 27-APR-2007

Printed: 30-APR-2007

RESULT ABNORMAL REFERENCE RANGE TEST LOCK. **TEST NAME** Contribute to Patient Safety: Understand acceptance criteria for requisitions and specimens submitted to your community lab. Visit www.oaml.com/PDF/safety_2007.pdf See also www.oaml-com-*CHOLESTEROL 4.70 _ MMOL/L 10 *LDL CHOLESTEROL(CALCULATED) 2.44 mmol/L 1.59 MMOL/L *HDL CHOLESTEROL *CHOLESTEROL/HDL RATIO 3.0 *TRIGLYCERIDES 1.47 mmol/L We have been informed-by-Ortho, that they have restandardized their Triglyceride method to ensure agreement with-the reference technique. As a result, effective April 2, 2007, a 10-15% increase in measured_triglyceride concentration and a much smaller change in calculated LDL-C should be expected. This will not affect the 10 year risk assessment, but, rarely, may have an impact on lipid target level decision points. For further information see the MDS website homepage under Health Care Professionals Test Information (www-mdsdx-com). *POTASSIUM 5.. 0. -3.5 --5.2 MMOL/L H0 *URATE 379 230 - 480 UMOL/L 98 *CREATININE 60-125 UMOL/L 75 *eGFR Mildly decreased eGFR values of 60-89 mL/min/1.73 m2 are seen in more than 30% of adults 20 years or older and may be normal for age. Recommend investigation only in those at high clinical risk-for-chronic kidney disease. For patients of African-descent, the reported eGFR must be multiplied by a correction factor of 1.21.

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2.10

FINAL—REPORT
PND = Pending * = Not previously reported

HISTORY & I	PHYSIC	AL					DATE (9,,,	-9/108				
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MEDICAL HISTOR		(C) FOR C	URRENT PROBLEMS.	CHECK (*) AND II	NDICATE AGE	WHEN YO	OU HAD ANY O	OF THE FO	LLOWING SYMPTO	OMS OR DISEA	SES.		
☐ Hearing problem		g in ear	☐ Heartburn	☐ Peptic ulcer	- □ Anem	ia	☐ Brulse eas		MAlcohol S	oz. per	week		
☐ Dizzy spells	☐ Faintin	g spells	☐ Nausea / Vomitin	g 🗆 Galibladder	dis 🗆 Cance	er	☐ Chronic fa	tigue	XI Coffee / Tea				
☐ Vision problems	☐ Eye pa	iin	☐ Abdominal pain-	chronic	☐ Diabe	tes	☐ Thyroid dis	sease	☐ Smoking- ci	g/day 💪 # y	ears		
☐ Nose bleeds - re	current		☐ Jaundice / Hepat	itis	☐ Seizu	res	☐ Stroke		year quit _		_		
☐ Sinus trouble			□ Diarrhea	□ Numb	ness	☐ Tremor		Exercise Notte					
☐ Sore throats - fre	equent		☐ Diverticulosis	litis 🗆 Heada	aches - f	frequent		☐ Street Drugs					
☐ Hoarseness - pri	olonged		☐ Bloody or tarry st	ools	☐ Arthrit	is / Rheu	umalism		FEMALES - Please complete Menstrual flow:				
☐ Hayfever / Allerg			☐ Hemorrhoids	☐ Hemia	☐ Back				☐ Reg. ☐ Irreg. ☐ Pain / Cramps				
☐ Pneumonia / Ple	•		Urination - Overac				/ joint injury		Days of flow Length of cycle				
☐ Bronchitis / Chro	•		☐ Overnight > that ☐ More than 8 time		☐ Osteo	•			Date -1st day of last period				
☐ Asthma / Wheez	-		Urgency to urinat	te 🗆 with leak			☐ Hives		☐ Pain / Bleeding during or after sex				
☐ Shortness of bream on exertion	Shortness of breath: ☐ on exertion ☐ lying flat		☐ Decrease in force	e/flow 🗆 Painful	☐ Psoria		☐ Eczema	la.da.	Number of:				
☐ Chest pain	, 0		Stress incontinen		l i	-	ncentration diff	=	Pregnancies Abortions Miscarriages Live births				
☐ High blood press	•		Bed wetting	o-omone	☐ Depre		☐ Nervousne☐ Suicidal the		Birth control method				
Heart murmur		☐ Blood in urine ☐ Kidney s					•	B.C. pill (name)					
🗆 Irregular pulse			☐ Urine infections - frequent		☐ Rheumatic Fev				☐ Flushing / Menopause				
□ Leg pain	☐ Cold ni	umb feet	☐ Sexual issues ☐ Self ☐ F						Date of last PAP test				
☐ Varicose veins / I	Phlebitis		☐ Sexually transmit	ted diseases	l l		☐ German m	•	☐ Normal ☐ Date of last ma				
☐ Loss of appetite	☐ Difficulty s	swa!lowing	☐ Weight-loss -	☐ gain	☐ Herpe		☐ Aids / HIV		□ Normal □				
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	in In	ı adults w	ho have not previou	ısly received			prevention of tetan		a and	A 1	g.		
	a	dose of a	cellular pertussis v	accine,			ents and adults age should be deferred	•	itz.	Δ dac	רםר ∣		



replace the Td booster with a dTap booster.'

Adapted from 2003 National Advisory Committee on Immunization (NACI) recommendations.

of any acute illness, including (ebrite illness. Adverse events tollowing ADACEL* were primarily localized to the site of injection. Local reactions: Pain (88.5%), erythema (11.8%), swelling (16.7%).

1. Health Canada. Canada Communicable Disease Report, 2003;29:1-9.



PHY	SICAL	EXAM														
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		51	ln.	adults who	have no	t previou	sly received	AD/	ACEL" is indic	ated for the	prevention	of tetanus, dip its aged 11 to	ohtheria and 54 years.		، لہ	



a dose of acellular pertussis vaccine, replace the Td booster with a dTap booster.'

Adapted from 2003 National Advisory Committee on Immunization (NACI) recommendations.

Immunization with ADACEL* should be deferred in the presence of any acute illness, including tebrile illness. Adverse events following ADACEL* were primarily localized to the site of injection. Local reactions: Pein (88.6%), erythema (11.8%), swelling (16.7%).

1. Health Canada. Canada Communicable Disease Report, 2003;29:1-9.



Added Pertussis Protection

PAAB



746 BASELINE ROAD EAST LONDON N6C 5Z2 877-849-3637

MDS Laboratory Services

Science advancing health

Client DR. A.M. MORROW 130 ELLESMERE RD

SCARBOROUGH, ONT

M1R 4C5

Patient name LARIVEE, GARY Accession # HB6110098

Birthdate:

24-JAN-1940 Sex: M

Phone #:

(519)633-2924

Health #: 6183846770 WC

Date of Service: 11-JAN-2008

Printed: 15-JAN-2008

5199 13

Report status: TEST NAME RESULT ABNORMAL REFERENCE RANGE UNITS	«'INIΔI. I
TEST NAME RESULT ADMONWALL INCREMENCE NAME I WITTER	TINAL. TEST LOCK.
	itesi testi.
Effective Monday, February 4, 2008, LifeLabs will reject specimens that do not	
meet the following labeling requirements:	
Patient full name (as it appears on their Healthcard)	
A-second patient identifier such as date of birth or Healthcard number	
n account paraette accineatach accin da date et enten et inchaenten innere	
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BIOCHEMISTRY	
AND THE RESIDENCE OF THE PARTY	
*TOTAL PSA 0.30 0.00 - 4.00 ug/L	10
DO Tamelika 2000 CTA	
Total PSA is assayed using DPC Immulite 2000,CIA. Results should not be interpreted in isolation as	
absolute evidence of the presence or absence of	
malignant disease. All clinical and diagnostic	
information-must-be-consideredValues obtained	
using different assay methods cannot be used	
interchangeably	
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LARIVEE, GARY FINAL REPORT	
PND = Pending * = Not previously reported	
CONFIDENTIAL_INFORMATIONUNAUTHORIZED_USE_OR_DISCLOSURE_IS_PROHIBITED	,,-

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MDS Laboratory Services Science advancing health

746 BASELINE ROAD EAST LONDON N6C 5Z2 877-849-3637

Client

Patient name LARIVEE, GARY Accession # HB6110098

DR. A.M. MORROW 130 ELLESMERE RD

SCARBOROUGH, ONT Birthdate:

24-JAN-1940 Sex: M (519)633-2924

M1R 4C5

Phone #:

5199 13 Health #: 6183846770 WC

> Date of Service: 11-JAN-2008 Printed: 15-JAN-2008

Reference #:

Requesting physician: DR. A.M. MORROW

ective Monday, February 4, 2		ct specimens that do not	
t the following labeling red			
Patient full name (as it appe			
"second patient identifier"	such as date of birth or	Healthcard number	
LECTROCARDIOGRAM			
	REPORTED UNDER SEPARATE	COVER.	
EMOGLOBIN	162		~ ~g/Ľ
EMATOCRIT	0.48	0.40 - 0.50	L/L
HTE-BLOOD-GELL-COUNT	5.08	4.50 - 6.00	x E12/L
		80 - 100	
CH	31.9	27.5 - 33.0	pg
יער	337	305 - 360	g/L
DW .	13.1	11.5 - 14.5	. 9/11
ATELET COUNT	306	150-400	•
AND COMMENTS OF STREET STREET,			
SSOLUTE: NEUTS	2.9	2.0 - 7.5	x E9/L
(A)LYMPH	2.4		x E9/L
(A) MONO	0.5	0.0 - 1.0	x E9/L
(A) EOS			- xE9/-L
(A) BASO	0.0	0.0 - 0.2	x E9/L
NALYSIS: CHEMICAL			· · · · · · · · · · · · · · · · · · ·
and the second s			
COLLECTION DATE	11-JAN-2008		
COLLECTION TIME	07:50	The state of the s	* 31-5 .
COLOUR	YELLOW	NONE/YELLOW	
APPEARANCE	CLEAR	CLEAR	1 mg TS 1 mg mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg
SPECIFIC GRAVITY	1.015	1.001 - 1.030	
рн		5080	
PROTEIN	NEGATIVE	NEGATIVE (<0.3)	G/L
GLUCOSE	NEGATIVE	NEGATIVE	MMOL/L /
KETONE	NEGATIVE	NEGATIVE	MMOL/L
BLOOD	NEGATIVE	NEGATIVE	
NITRITE	NEGATIVE	NEGATIVE	
v landa de la companya de la company	manaded (Sharesting States and States of the	THE RESERVE THE PROPERTY OF TH	
LARIVEE, GARY	FINAL-REPO	RT	age: 2
		viously reported	_

XXX-FORMRUB (Rev. 05.2006)

746 BASELINE ROAD EAST LONDON N6C 5Z2 877-849-3637

Client

DR. A.M. MORROW 130 ELLESMERE RD SCARBOROUGH, ONT M1R 4C5 Patient name LARIVEE, GARY Accession # HB6110098

Birthdate:

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5199 13 Health #: 6183846770 WC

Date of Service: 11-JAN-2008

Printed: 15-JAN-2008

Requesting physician: DR. A.M. MORROW

Requesting physician:	DR. A.M. MORROW	Reference #: Report status	s:	FINAL
TEST NAME	RESULT ABNO	RMAL REFERÊNCE RANGE	UNITS	TEST LO
Secondary Robinson 4	2000 7:6-7-1			
Effective Monday, February 4,		eject specimens that do i	100	
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A-second-patient-identifier	-such as date of birth	or Hearthcard number		
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*GLUCOSE-FASTING	48	39 60	MMOL/L	
*TIME OF COLLECTION:	07:50			
*LIPID TARGET VALUES				
A CONTRACTOR OF THE PARTY OF TH				
		should be based on patien		
		ssment. Please refer to	5	
	Canadian Cardiovascul			
The state of the s		dio1-2006-22 (11) 913-927		
	See also www.oaml.com	or www.mdsdx.com		
*CHOLESTEROL	4.86		MMOL/L	. 7/
*LDL_CHOLESTEROL(CALCULATED)	2.83		MMOL/L mmol/L	. A(
*HDL CHOLESTEROL (CALCOLATED)	1.50	The state of the s	mmol/L	
*CHOLESTEROL/HDL RATIO	3.2		umo1/L	1 (A (
*TRIGLYCERIDES	1.16			A
^ IRIGHICERIDES	1.16		mmol/L	
	increase in measured and a much smaller cheshould be expected. year risk assessment, impact on lipid target for further informati	triglyceride concentrations in calculated LDL-CThis will not affect the but, rarely, may have at level decision points on see the MDS website Care Professionals Test dx.com).	on 2 2 10 an	
+ DOWN CONTRA				
*POTASSIUM	4.1	3.5 - 5.2	MMOL/L	н
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*CREATININE	102	60-125	UMOL/L	
*eGFR	72			
	adults. Screening fo	3 m2 is seen in up to 45 r Chronic Kidney Disease	e is	
garan i Merinin Province de Laboratoria (na laboratoria de la composición del composición de la composición del composición de la composic	recommended only for	those in high risk group	s.	
INDITIME CARY	27.1.	DODE		
EARTVEE, GARY	Panding TrinkL-RE	PORTContinue or	r-Page: -3	
PNI	D = Pending * = Not p	reviously reported		
CONFIDENTIAL_INFORMATION	_UNAUTHURIZED_USE_OR_DI	SCLOSURE_IS_PROHIBITED		
				W/
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MDS LABORATORY SERVICES - LOCATION CODES AND ADDRESSES

THE LOCATION CODES LISTED BELOW ARE USED TO IDENTIFY THE PERFORMING LABORATORY FOR TESTS REPORTED ON THE REVERSE SIDE OF THIS FORM.

TORONTO AREA

CODE

10 100 INTERNATIONAL BLVD., ETOBICOKE M9W 6J6

SOUTHWEST AREA

CODE

70 751 VICTORIA ST. S., KITCHENER N2M 5N4

HO 746 BASELINE RD. E., LONDON N6C 5Z2

NIAGARA AREA

CODE

A0 3460 SCHMON PKWY., THOROLD L2V 4Y6

NORTHERN AREA

CODE

SO 65 LARCH ST., SUDBURY P3E 1B8

S4 1265 ARTHUR ST. E., STE. 400, THUNDER BAY P7E 6E7

EASTERN AREA

CODE

U3 THE BANCROFT PROFESSIONAL CENTRE

16 BILLA ST., BOX 578, BANCROFT K0L 1C0

U5 4 YORK ST., HALIBURTON KOM 1S0

W2 800 PRINCESS ST., KINGSTON K7L 5E4

X0 210 DUNDAS ST. E., BELLEVILLE K8N 5G8

X3 1919 RIVERSIDE DR., OTTAWA K1H 1A2

X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 2L9

MDS

Name: Number: Gender:

LARIVEE, GARY 6183846770

Male

Birthdate: 1/24/1940 67 years Recorded: Recorded by: Referring physician: Location:

Comment:

1/11/2008 8:14:39 AM HJU (first230@telemeddm.com)

First230 (first230@telemeddm.com) HB6110098 REF:DR.A.M.MORROW.

#066282a HT 5'9" **WT 180LBS** NO MEDS 5196336924

Confirmed interpretation edited at 1/11/2008 7:33:29 PM by Dr.

Goddard (goddard) sinus rhythm 67/min normal AV conduction slow R wave progression ST segments isoelectric

T waves inverted in avl, flat in lead 1

INTERPRETATION: possible old anteroseptal myocardial

infarction

high lateral ischaemia

P/PQ:

117 ms / 177 ms

QRS:

100 ms 413 ms / 425 ms / -

QT /QTc /QTd: P/QRS/T axis:

640 / 440 / 790

Heartrate:

67 bpm

M. GODDARD M.D. F.R.C.P.C.

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ADMIN HISTORY AND ALCORDISTON ALC	ADDRESS 2	alder	SAICH 1	718					-632.89	
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4) Glaucoma 9) Anemia 15) Hyperension 20) HOSPITAL YEAR ILLNESS OR OPERATION YEAR ILLNESS OR OPERATION HOSPITAL YEAR ILLNESS OR OPERATION YEAR ILLNESS OR OPERATION LIST ALL MEDICATIONS YOU ARE NOW TAKING ALLERGIES VACCINE 17/53 TEST / EXAM P/0.55 LIST ALL MEDICATIONS YOU ARE NOW TAKING ALLERGIES VACCINE 17/53 Rectal / Sloot influenza (flu) Cholesteror Premonia Hepatitis Dential Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Premonia Premise Prepair Dential Tuberculosis Premonia Premise Prepair Sirce Proposed Science Chonocic Edigue Dential Tuberculosis Course Premonia Premise Premonia Premise Premonia Premise Premonia	3) Mental illness	· · · · ·					·	 .	4 M3 W	-0
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Tuberculosis Tube						 -	-	1		
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Main PROBLEMS 1) 2 3 3 3 4 4 4 4 4 4 4						1		<u> </u>		
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Sion problems Eye pain Abdominal pain- chronic Diabetes Thyroid disease Siroke Siroke Siroke Diarrhea Constipation Diarrhea Constipation Diarrhea Constipation Diverticulosis Crohn's / Colisis Headaches - frequent Diverticulosis Crohn's / Colisis Headaches - frequent Diverticulosis Crohn's / Colisis Headaches - frequent Diverticulosis Hernia Boody or tarry stools Hernia Back pain - recurrent Diverticulosis Crohn's / Colisis Back pain - recurrent Diverticulosis Crohn's / Colisis Back pain - recurrent Diverticulosis Devenight > Nan twice Boon fracture / Joint injury Osteoporosis Gout Days of flow Length of cycle Days of flow Length of cycle Date-1st day of last period Days of cycle Date-1st days of last period Days of flow Length of cycle Date-1st days of last period Days of flow L	= :		:	,				•		
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Dismus trouble	·		1		1		•	æase		ig/dayv # years
Street Drugs Stre		:Current	1]					T
Bloody or tarry stools		ocupat		·	1				_	\
Hayfever / Allergies Hemorthoids Hemia Back pain - recurrent Bone fracture / joint injury Osteoporosis Gout Rashes Hemorthoids Hemorthoi		•					•		FEMALES - PI	ease complete
Unnation - Overactive Bladder Decrease in force/flow Painful Shortness of breath: On exertion lying flat Chest pain Chest pai	<u>. </u>	_	1							
□ Bronchilits / Chronic cough □ Asthma / Wheezing □ Shortness of breath: □ On exertion □ lying flat □ Chest pain □ Heart murmur □ Swollen ankles □ Irregular pulse □ Palpitations □ Irregular pulse □ Palpitations □ Cold numb feet □ Sexual issues □ Jesf □ Partner □ Varicose veins / Philebitis □ Coss of appetite □ Difficulty swallowing □ Weight-loss □ gain A once-daily macrolide for □ Asthma / Wheezing □ Osteoporosis □ Gout Rashes □ Hives □ Heart idea yof last period □ Pain / Bleeding during or after sex Number of: Pregnancies Abortions Miscarriages Live births Misca	, ,		1		1	•				•
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Heart murmur Swollen ankles Blood in urine Kidney stones Memory loss Mental illness Rheumatic Fever Measles Rheumatic Fever Measles Normal Abnormal Normal Abnormal Normal Abnormal Herpes A once-daily macrolide for A once-daily macrolide for A once-daily with food A once-daily wi	☐ Chest pain				□ Depre	ession [] Nervousne	:ss	1	
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Cold numb feet Sexual issues Self Partner Chicken Pox Polio Mumps Normal Abnormal Date of last PAP test Normal Abnormal Normal Abnormal Normal Abnormal Normal Abnormal Normal Abnormal Normal Abnormal Normal	☐ Heart murmur			- 1	☐ Memo	ory loss (⊒ Mental illn∈	ess	' ' '	
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A once-daily macrolide for AECB-CAP-AMS ONCE-DAILY BIAXING LEGISTER 2 x 500 mg once-daily with food	Loss of appetite	_ Difficulty swallowing	Weight-loss -	☐ gain	Herpe	S 1	Aids / HIV			
A once-daily macrolide for AECB-CAP-AMS ONCE-DAILY BIAXING LEGISTER 2 x 500 mg once-daily with food	SYNOPSIS								·	
A once-daily macrolide for A ECB-CAP-AMS ONCE-DAILY BIAXING L CLARITHOUGH TILES I TRITES 2 x 500 mg once-daily with food				<u> </u>						
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	[1 - J-7		atories, Limited www.at	bbott.ca			critting	Marine (PLD) (SCARO)	Abbott

РН	SICAL EXAM			11				
VITAI	L SIGNS HT WT	BMI /S LA BP SUPINE		P (SS)	Stûlse	RESP RATE	ТЕМР	* Formedic
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OFFI		COLOUR S.GR PH		GLUC KETO		OOD NITRIT	È UROB MICRO	<u> </u>
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	O.B. MENTS	****						
	ERAL APPEARANCE	Fh						<u> </u>
			OR ABNO	ORMAL FINDI	NGS	War W		<u> </u> <u> </u> <u> </u> <u> </u>
PHYS	SICAL EXAM	/60/38/		MAL FINDING				
	Head, Scalp			Hemial Rin	gs			☐ D Neck
	Lids-Sclera-Conj.			Inguinal No	des	-		Shoulders
	Eye Muscles	D BC	Ē	Pulses -Fe	moral		J	□ DElbows
H	Pupils		Ĵ	Po	pliteal	_ C (2 <u>/</u>	0	다 마 Wrists
HEAD	Fundi		R E M	Po	st Tibial	□ ๗	N T	☐ D Fingers
8.	Ears		Ĩ	Do	rsalis Pedis	: D D/	s	☐ ☐ Back
	Nose / Sinuses		i E S	V. Veins	Edema	00		□ (□ Hips
х фот	Teeth / Gums	0 6/	S	Cyanosis	Clubbing			□ □ Knees
κ`	Pharynx			우 - Vulva /	Vagina	00		☐ ☐ Ankles / Feet
	Thyroid		G	Adnexa	е	00		☐ ☐ Paralysis
	Neck Glands	00	N	Cervix		00		드 t)] Gait
	Carotid Bruits		Ť	Uterus		00		☐ i Muscle Atrophy
	Chest-Lungs		Ü	Utero /	Rectocoele	00	U R	☐ ☐ Cranial Nerves
	Heart-Apex (location)	sho mer	R L	Pap Test (c	lone) 🖺 🖺	00	0	☐ ☐ Tendon Reflexes
CHEST	Heart Sound		N E	Genitalia -	(male)	o o/	0 0	☐ (☐ Romberg
S	Murmurs / Thrills	D DZ		-	Prostate		G	□ D Babinski
'	Breasts & Nipples		ΔR	Ano-Rectal				□ □ Sensory
	Axillary Nodes	O 02	AR NE OC	Sigmoidoso	сору		L	Motor
Δ	Abdominal Masses	C E	- T				E	13 Vibration
8 D	Abdominal Tend			Skin Lesion	ıs	D D/	Â	Position
	Liver /Spleen		D E	Nail Beds	- Fingers	00/	M	T. I. Tremor
0 E 8	Abdominal Bruits	c d	E R M		- Toes			Rigidity
	B-CBC		п сн	EST X-RAY			☐ MAMMOGRAM	
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V E				lood Pr	11.			
S	□ PSA		ne	oou!	- C-CC			
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	TESTOSTERONE							
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		nycin extended-release tablets						

Biaxin XL (clarithromycin extended-release tablets) is indicated in the treatment of mild-to-moderate infections caused by susceptible strains of the designated microorganisms in the following diseases: Community-acquired pneumonia due to *H. influenzae*, *H. parainfluenzae*, *M. catarrhalis*, *S. pneumoniae*, *C. pneumoniae* (TWAR), or *M. pneumoniae*; 7-day treatment. Acute maxillary sinusitis due to *H. influenzae*, *M. catarrhalis*, or *S. pneumoniae*; 14-day treatment. Acute bacterial exacerbation of chronic bronchitis due to *H. parainfluenzae*, *H. influenzae*, *M. catarrhalis*, *S. aureus*, or *S. pneumoniae*; 5-day or 7-day treatment. The efficacy and safety of Biaxin XL in treating other infections for which Biaxin BID and Pediatric Biaxin are approved have not been established. Most frequently reported adverse events were diarrhea (6%), abnormal taste (7%), and nausea (3%). Most of these events were described as mild or moderate in severity. Clarithromycin is contraindicated as concurrent therapy with astemizole, terfenadine, cisapride, pimozide, ergotamine, or dihydroergotamine.



Patient name LARIVEE, GARY Accession # HB0290068

Client

DR. A.M. MORROW 130 ELLESMERE RD SCARBOROUGH, ON

M1R 4C5 5199 13 Phone #:

Health #:

Birthdate: 24-JAN-1940 Sex: M

(519)633-8952 6183846770 XT

Date of Service: 29-JAN-2009

Printed: 30-JAN-2009

any testing delays			
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ELECTROCARDIOGRAM			
	REPORTED UNDER SEPARATE		number of the state of the stat
HEMOGLOBIN	167		- q/L
HEMATOCRIT	0.50	0.40 - 0.50	L/L
WHITE BLOOD CELL COUNT			x_E9/L
RED BLOOD CELL COUNT	5.36	4.50 - 6.00	x E12/L
ACV			fL
мСН	31.2	27.5 - 33.0	pg - /
MCHC	334	305 - 360 11.5 - 14.5	g/L
RDW	13.2	150-400	x E9/L
PLATELET COUNT	337		
ABSOLUTE: NEUTS	3.8	2.0 - 7.5	
-(A)LYMPH			
(A) MONO	0.6	0.2 - 1.0	x E9/L
• •		0005	
(A) BASO	0.0	0.0 - 0.2	x E9/L
RINALYSIS: CHEMICAL	and the second of the second s		
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COLLECTION DATE	29-JAN-2009 07:45		
COLLECTION TIME COLOUR	YELLOW	NONE/YELLOW	
APPEARANCE	CLOUDY.		
SPECIFIC GRAVITY	1.010	1.001 - 1.030	
	70		
PROTEIN	NEGATIVE	NEGATIVE (<0.3)	G/L
GLUCOSE	NEGATIVE	NEGATIVE	MMOL/L
KETONE	NEGATIVE	NEGATIVE	MMOL/L
BLOOD	NEGATIVE NEGATIVE	NEGATIVE NEGATIVE	Table - She de com en management
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	•		/ //

LIFELABS - LOCATION CODES AND ADDRESSES

THE LOCATION CODES LISTED BELOW ARE USED TO IDENTIFY THE PERFORMING LABORATORY FOR TESTS REPORTED ON THE REVERSE SIDE OF THIS FORM.

TORONTO AREA

CODE

10 100 INTERNATIONAL BLVD., TORONTO M9W 6J6

SOUTHWEST AREA

CODE

70 751 VICTORIA ST. S., KITCHENER N2M 5N4

HO 746 BASELINE RD. E., LONDON N6C 5Z2

NIAGARA AREA

CODE

A0 3460 SCHMON PKWY., THOROLD L2V 4Y6

NORTHERN AREA

CODE

S0 65 LARCH ST., SUDBURY P3E 1B8

S4 1265 ARTHUR ST. E., STE. 400, THUNDER BAY P7E 6E7

EASTERN AREA

CODE

X0 51 ADAM ST., UNIT 4, BELLEVILLE K8N 5K3

X3 1919 RIVERSIDE DR., OTTAWA K1H 1A2

X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 2L9

W2 800 PRINCESS ST., KINGSTON K7L 5E4



Page: 2 746 BASELINE ROAD EAST LONDON ON N6C 5Z2 1(877)849-3637

> Patient name LARIVEE, GARY

Accession # HB0290068

Client

DR. A.M. MORROW 130 ELLESMERE RD SCARBOROUGH, ON M1R 4C5

Birthdate:

5199 13

24-JAN-1940 Sex: M (519)633-8952

Phone #: Health #:

6183846770 XT

Date of Service: 29-JAN-2009 Printed: 30-JAN-2009

	1	2 HR AC	
R. A.M. MORROW	Report status:	F]	INAL
RESULT FLAG	REFERENCE RANGE	UNITS	TEST LO
tario 'Physician Notices'	for current information	on	
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···NEGATIVE	- NEGATIVE	market and the second	Н
		2 M. A. Continues and	
Please note change to re	ference range and		
methodology, effective D		. , 44,444,444, 494,59 449, 550,59 450,	
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Potassium, Total Protein	, orea.		
5 3	36-60	mmol/t.	
			1
N Ubnic of 0 040 0 060	indicatos normal		
		removation installed and all and an area	e. <u> </u>
glycemic control in non-	diabetic patients.		
A CONTRACTOR OF THE PROPERTY AND THE PRO			
4.0	3.5 - 5.5	mmo1/L	I
Canadian Cardiovascular	Society Position		
5.42	The state of the s	mmol/L	*********
		is	* - **
3.34	- C - SELECT	mmol/L	
1.56	and the state of t	mmol/L	
3.5			
		mmol/L	
3.5	230 - 480	mmol/L umol/L	
3.5 1.14	230 - 480		
3.5 1.14 422	0.35 - 5.00	umol/L	
3.5 1.14 422 1.48	0.35 - 5.00	umol/L	
3.5 1.14 422	0.35 - 5.00 RT	umol/L	
	Please note change to remethodology, effective D the following assays: AST, ALT, Amylase, Alkal Chloride, Creatine Kinas Direct Bilirubin, Lactat Potassium, Total Protein 5.3 0053 A HbAlC of 0.040 - 0.060 glycemic control in non- 4.0 Lipid target values shou lo year CVD risk assessm Canadian Cardiovascular Statement Can. J. Cardio See also www.oaml.com or 5.42 Specimen was slightly li analyte are falsely incr 3.34 1.56	RESULT FLAG REFERENCE RANGE Itario 'Physician Notices' for current information NEGATIVE NEGATIVE Please note change to reference range and methodology, effective December 8, 2008 for the following assays: AST, AIT, Amylase, Alkaline Phosphatase, Calcin Chloride, Creatine Kinase (CK), Creatinine, Direct Bilirubin, Lactate Dehydrogenase (LD), Potassium, Total Protein, Urea. 5.3 3.6 - 6.0 0.040 - 0.060 indicates normal glycemic control in non-diabetic patients. 4.0 3.5 - 5.5 Lipid target values should be based on patient 10 year CVD risk assessment.—Please refer to Canadian Cardiovascular Society Position Statement Can. J. Cardiol 2006, 22(11)913-927. See also www.oaml.com or www.lifelabs.com 5.42 Specimen was slightly lipemic. Results for the analyte are falsely increased. 3.34 1.56	RESULT FLAG REFERENCE RANGE UNITS Itario 'Physician Notices' for current information NEGATIVE NEGATIVE Please note change to reference range and methodology, effective December 8, 2008 for the following assays: AST, ALT, Amylase, Alkaline Phosphatase, Calcium, Chloride, Creatine Kinase (CK), Creatinine, Direct Bilirubin, Lactate Dehydrogenase (LD), Potassium, Total Protein, Urea. 5.3 3.6 - 6.0 mmol/L 0.053 3.6 - 6.0 mmol/L 1.0 3.5 - 5.5 mmol/L Lipid target values should be based on patient 10 year CVD risk assessment. Please refer to Canadian Cardiovascular Society Position Statement Can. J. Cardiol 2006, 22(11)913-927. See also www.oaml.com or www.lifelabs.com 5.42 mmol/L Specimen was slightly lipemic. Results for this analyte are falsely increased. 3.34 mmol/L 1.56 mmol/L mmol/L mmol/L

LIFELABS - LOCATION CODES AND ADDRESSES

THE LOCATION CODES LISTED BELOW ARE USED TO IDENTIFY THE PERFORMING LABORATORY FOR TESTS REPORTED ON THE REVERSE SIDE OF THIS FORM.

TORONTO AREA

CODE

10 100 INTERNATIONAL BLVD., TORONTO M9W 6J6

SOUTHWEST AREA

CODE

70 751 VICTORIA ST. S., KITCHENER N2M 5N4

HO 746 BASELINE RD. E., LONDON N6C 5Z2

NIAGARA AREA

CODE

A0 3460 SCHMON PKWY., THOROLD L2V 4Y6

NORTHERN AREA

CODE

S0 65 LARCH ST., SUDBURY P3E 1B8

S4 1265 ARTHUR ST. E., STE. 400, THUNDER BAY P7E 6E7

EASTERN AREA

CODE

X0 51 ADAM ST., UNIT 4, BELLEVILLE K8N 5K3

X3 1919 RIVERSIDE DR., OTTAWA K1H 1A2

X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 2L9

W2 800 PRINCESS ST., KINGSTON K7L 5E4



Page:1 746 BASELINE ROAD EAST LONDON ON N6C 5Z2 1(877)849-3637

> Patient name LARIVEE, GARY

Accession # HB0290068

Client

DR. A.M. MORROW 130 ELLESMERE RD SCARBOROUGH, ON M1R 4C5

Health #:

5199 13

Birthdate: Phone #:

24-JAN-1940 Sex: M

(519)633-8952 6183846770 XT

Date of Service: 29-JAN-2009

Printed: 30-JAN-2009

Report status: REFERENCE RANGE UNITS CUrrent information	FINAL TEST LOCA
current information	issi tut
	on a constant of the second of
0.00 - 4.00 ug/L	10
PC Immulite 2000, CIA.	
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	Browney Come Co. 48 - 9 - MACK-1
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ly reported	
E IS PROHIBITED.	
	reted in isolation as sence or absence of ical and diagnostic ed.—Values obtained is cannot be used

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X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 2L9

W2 800 PRINCESS ST., KINGSTON K7L 5E4

•••

LABS - LONDON REGIONAL SERVER

ate:

QTc / QTd:

RS/T axis:

rtrate:

LARIVEE, GARY 6183846770 Male

1/24/1940

120 ms / 173 ms

387 ms / 410 ms / -

48° / 38° / 85°

100 ms

73 bpm

82.0 kg 175 cm 69 years

Recorded: Recorded by:

1/29/2009 8:01:02 AM HJU (first230@telemeddm.com) 130 ELLESMERE RD, SCARBOROUGH Referring physician: ONT M1R 4C5 066282 DR. A.M. MORROW

Location: Comment: FIRST 230 (St. Thomas (NOT ON SERVE) HB0290068 R#S#519-633-8952 no meds 066282 DR. A.M. MORROW R# S# 130 ELLESMERE RD, SCARBOROUGH ONT

M1R 4C5

Confirmed interpretation edited at 2/1/2009 9:55:18 PM by Dr.

Goddard (goddard) sinus rhythm 73/min normal AV conduction · slow R wave progression ST segments isoelectric

T waves flat in lead 1, inverted in avL

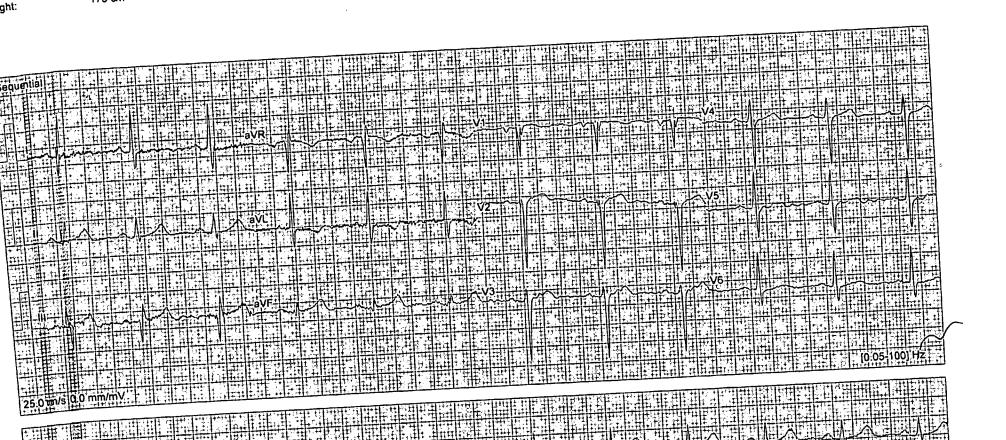
INTERPRETATION: possible old anteroseptal myocardial infarction

high lateral ischaemia

POOR QUALITY ORIGINAL

[0.05-100] Hz

M. GODDARD M.D. F.R.C.P.C.



Ellesmere Medical Clinic 130 Fllesmere Road Scarborough, Ontario M1R 4C5 (416) 447-5531 fax: 447-5691

Dr. A.M. Morrow OHIP #066282

Dr. Bruce Magee OHIP #118927

Dr. Dónna L. Reynolds OHIP #010691

Dear Dr. Sure Bayer

Patient:

Lary Larence ye 69

Diagnosis/History:

Mana

POOR QUALITY ORIGINAL

Past Medical History:

2006 11

Trugk Beyjun

Medications:

esqueria 8" -

Anpointment with Dr. Kyle Brydon

Morcay, May 11/09 e 8:15am

Lab Results:

Gas to bring a list of mode,

hoefur Card, STEGH card, glasses

and a DRIVER as will be dilated.

Thank you for participating in this patient's care.

Sincerely,

au '

Dr. K. W. Brydon, M.D., FRES (C) Eve Physician and Surgeon

Dr. A M. Morrew Ellesmere Medical Clime 130 Ellesmere Road Scarborough, Obtano M1R, 105 May 25, 2009

Rei Gary Larivee May 11, 2009

Dear D. Morrow.

Gary is a 69 year old fellow sent along as a Gladeoma Suspection the basis of Increased C Ratio's.

Clary realty (shift having any symptomatic complaints. He has been found to have an increased cumdisc ratio by his Optometrist. Pachymetry was performed and he has fairly average thickness corneas

On ocular essessment today, the visual acuity was 20/40 GD and 20/30 OS. Intraocular pressure was 14 mm Hg OU. Anterior segment examination of the right eye is unremarkable as is the left eye. There is some pigment deposition of the posterior capsule of the left lens. Funduscopically, the cupidisc ratio is norm 0.7 or aterally. The optic nerves are large.

In summary, this fectow is a Glaucoma Suspect on the basis of the increased cupidisc to have asked him to come back in 6 months time for a recheck of his pressure and a visual field.

Thanks the sending fruity along.

Sincerely yours.

Dr. K. W. Brydon, M.D., FRCS. C.

KWbrm

w.pub

Original Fax is Poor Quality

cc: