



RECORD STORAGE &  
RETRIEVAL SERVICES



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1-416-398-0638

1-888-563-3732

# OFFICE VISITS

NAME	GARY		MARITAL STATUS	S	M	W	D	SEP	INSURANCE #	Formedic
ADDRESS					PHONE (H)				(O)	
OCCUPATION					DATE OF BIRTH	24-01-1940			AGE	
EMPLOYER										
MEDICATIONS										
DRUG ALLERGIES		DIAGNOSIS				REFERRED BY				

DATE / VITAL SIGNS	SUBJECTIVE	OBJECTIVE	ASSESSMENT	PLANS
BP May 26/06 H T P W T B M				
			Atenolol 50mg Simvastatin 40mg does not like taking statins	
			L176 3.06 H79 0.99	
			Reassess	Simon Klingman
			BP 130/80	Foot 412
			Heart Regular	
			Recheck bloods	about 1/2
NOV 20 2006	CABG in March/06 - recovered well.			
	reg. recheck bloods		on Atenolol 50mg 1/2 daily	
	off statin		+ grape seed extract	
			g 72mg 128/85	412
			det ch H30	Foot 407
			BP stable -> 1/2 chds	
APR 04 2007			See Blue Sheet for R	Foot 3 412
JAN 09 2008			Reassess	Foot 412
			refine Plan for N	
			see Blue Sheet	
			Short on aspirin 81mg	
			get Blood Tests	
			checkup	
			not smoking	

pediatric

**ZITHROMAX**  
(azithromycin dihydrate)

JUST 5 DOSES  
AND IT'S DONE.

ZITHROMAX is an antibiotic. Please consult prescribing information for full indications, warnings, precautions and patient selection.



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Pfizer Canada Inc. Toronto  
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Pfizer Canada Inc.  
Kirkland, Quebec  
H3J 2M4





Formedic

# OFFICE VISITS

NAME	Mar Lerman		MARITAL STATUS	S	M	W	D	SEP	INSURANCE #	Formedic
ADDRESS			PHONE (H)					(O)		
OCCUPATION			DATE OF BIRTH					AGE		
EMPLOYER										
MEDICATIONS										
DRUG ALLERGIES			DIAGNOSIS				REFERRED BY			

DATE / VITAL SIGNS		SUBJECTIVE	OBJECTIVE	ASSESSMENT	PLANS
B.P.					
H	W	B			
T	T	M			
P	T	O			
June 3/03		mild degenerative changes lower back			
		LS S <sub>1</sub>			
		note: A001 724			
		Lateral pressure			
		care of the back			
		average 25			
Sept. 24/03		See blue sheet for P.K.			
		A003 724			
Nov 3/04		See blue sheet for P.K.			
		A003 917			
MAR 21 2005		Bad Cold			
		cough, cough to Sneeze			
		coughs low throat			
		Heavy eyes			
		Bumachea over			
		Poor Sleeper			
		A007 466			
		Sneezing			
		+ Bursitis			
		Ketels 400 800			
		2nd one ready			
APR 19 2005		Spinal (R) surgery scheduled			
		Tobacco surgery			
		A001 322			
Jan. 17/06		See blue sheet for P.K.			
		A003 917			



CAPRIE and CURE: more than 30,000 patients.





## HISTORY &amp; PHYSICAL

DATE SEPT 05/02NAME LARIVEE, GARYMARITAL STATUS  
S M W D S E PDATE OF BIRTH 24/01/1940

Formedic

ADDRESS 84 DUNVEGAN DRIVEPHONE (H) 519-355-0454OCCUPATION/  
EMPLOYER CHATHAM INT N7M5A2INSURANCE 4/6 61838 46770

## FAMILY HISTORY IF ANY BLOOD RELATIVE HAS SUFFERED ANY OF THE FOLLOWING - PLEASE CIRCLE THE NUMBER &amp; INDICATE WHICH RELATIVE

- |                   |                    |                   |                    |
|-------------------|--------------------|-------------------|--------------------|
| 1) Epilepsy       | 6) Thyroid disease | 11) Osteoporosis  | 16) Lipid disorder |
| 2) Migraine       | 7) Hay fever       | 12) Arthritis     | 17) Alcoholism     |
| 3) Mental illness | 8) Asthma          | 13) Heart disease | 18) Hepatitis      |
| 4) Glaucoma       | 9) Anemia          | 14) Stroke        | 19) Cancer         |
| 5) Diabetes       | 10) Bleeds easily  | 15) Hypertension  | 20)                |

*mother had cerebral aneurysm*  
*(13) Heart Disease Voluntary Heart*  
*(19) Cancer of aorta type II*

HOSPITAL ADMISSIONS	YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION
not including pregnancies		<i>Appendectomy age 18</i>		

## LIST ALL MEDICATIONS YOU ARE NOW TAKING

*Fluorid 10m*  
*multivitamin*

## ALLERGIES

## VACCINE

## YEAR OF LAST

## TEST / EXAM

## YEAR OF LAST

Tetanus / Td  
 Influenza (flu)  
 Pneumonia  
 Hepatitis  
 Tuberculosis

Rectal / Stool  
 Cholesterol  
 Eye  
 Dental

## MEDICAL HISTORY MARK (C) FOR CURRENT PROBLEMS. CHECK (✓) AND INDICATE AGE WHEN YOU HAD ANY OF THE FOLLOWING SYMPTOMS OR DISEASES.

MAIN PROBLEMS 1)		2)		3)	
<input type="checkbox"/> Hearing problems <input type="checkbox"/> Ringing in ear <input type="checkbox"/> Dizzy spells <input type="checkbox"/> Vision problems <input type="checkbox"/> Eye pain <input type="checkbox"/> Nose bleeds - recurrent <input type="checkbox"/> Sinus trouble <input type="checkbox"/> Sore throats - frequent <input type="checkbox"/> Hoarseness - prolonged <input type="checkbox"/> Hayfever / Allergies <input type="checkbox"/> Pneumonia / Pleurisy <input type="checkbox"/> Bronchitis / Chronic cough <input type="checkbox"/> Asthma / Wheezing <input type="checkbox"/> Shortness of breath: <input type="checkbox"/> on exertion <input type="checkbox"/> lying flat <input type="checkbox"/> Chest pain <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Irregular pulse <input type="checkbox"/> Leg pain <input type="checkbox"/> Varicose veins / Phlebitis	<input type="checkbox"/> Ringing in ear <input type="checkbox"/> Fainting spells <input type="checkbox"/> Eye pain <input type="checkbox"/> Nausea / Vomiting <input type="checkbox"/> Gallbladder dis <input type="checkbox"/> Abdominal pain- chronic <input type="checkbox"/> Jaundice / Hepatitis <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Diverticulosis <input type="checkbox"/> Crohn's / Colitis <input type="checkbox"/> Bloody or tarry stools <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Hemia <input type="checkbox"/> Urination - Overactive Bladder <input type="checkbox"/> Overnight > than twice <input type="checkbox"/> More than 8 times / 24 hrs. <input type="checkbox"/> Urgency to urinate <input type="checkbox"/> with leakage <input type="checkbox"/> Decrease in force/flow <input type="checkbox"/> Painful <input type="checkbox"/> Stress incontinence-urine leakage with exercise / movement <input type="checkbox"/> Blood in urine <input type="checkbox"/> Kidney stones <input type="checkbox"/> Urine infections - frequent <input type="checkbox"/> Sexually transmitted diseases <input type="checkbox"/> Weight-loss - <input type="checkbox"/> gain <input type="checkbox"/> Anemia <input type="checkbox"/> Bruise easily	<input type="checkbox"/> Loss of appetite <input type="checkbox"/> Difficulty swallowing <input type="checkbox"/> Heartburn <input type="checkbox"/> Peptic ulcer <input type="checkbox"/> Nausea / Vomiting <input type="checkbox"/> Gallbladder dis <input type="checkbox"/> Abdominal pain- chronic <input type="checkbox"/> Jaundice / Hepatitis <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Diverticulosis <input type="checkbox"/> Crohn's / Colitis <input type="checkbox"/> Bloody or tarry stools <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Hemia <input type="checkbox"/> Urination - 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recurrent <i>muscular</i> <input type="checkbox"/> Bone fracture / joint injury <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Gout <input type="checkbox"/> Rashes <input type="checkbox"/> Hives <input type="checkbox"/> Psoriasis <input type="checkbox"/> Eczema <input type="checkbox"/> Sleeping or concentration difficulty <input type="checkbox"/> Depression <input type="checkbox"/> Nervousness <input type="checkbox"/> Moodiness <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Memory loss <input type="checkbox"/> Mental illness <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Measles <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Polio <input type="checkbox"/> Mumps <input type="checkbox"/> Tuberculosis <input type="checkbox"/> German measles <input type="checkbox"/> Herpes <input type="checkbox"/> Aids / HIV	<input type="checkbox"/> Chronic fatigue <input type="checkbox"/> Thyroid disease <input type="checkbox"/> Stroke <input type="checkbox"/> Exercise <input type="checkbox"/> Street Drugs <b>FEMALES - Please complete</b> <b>Menstrual flow:</b> <input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> Pain / Cramps Days of flow <input type="checkbox"/> Length of cycle Date -1st day of last period <input type="checkbox"/> Pain / Bleeding during or after sex Number of: Pregnancies <input type="checkbox"/> Abortions <input type="checkbox"/> Miscarriages <input type="checkbox"/> Live births <input type="checkbox"/> Birth control method B.C. pill (name) <input type="checkbox"/> Flushing / Menopause Date of last PAP test <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Date of last mamogram <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> Alcohol <i>Wine</i> oz. per week <input checked="" type="checkbox"/> Coffee / Tea <i>2</i> cups per day <input type="checkbox"/> Smoking- cig/day <i>0</i> # years year quit <input type="checkbox"/> Exercise <input type="checkbox"/> Street Drugs

## SYNOPSIS

pediatric

**ZITHROMAX**  
 (azithromycin dihydrate)

JUST 5 DOSES  
 AND IT'S DONE.

ZITHROMAX<sup>®</sup> is an antibiotic. Please consult prescribing information for full indications, warnings, precautions and patient selection.



Pfizer Products Inc.  
 Pfizer Canada Inc. Toronto  
 1 Product Recalled from Pova

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 Pfizer Canada Inc.  
 Kitchener, Ontario  
 N2H 2T5



# PHYSICAL EXAM

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VITAL SIGNS		HT	WT	BMI	BP	SUPINE	BP	SITTING	PULSE	RESP	RATE	TEMP	
VISION		DISTANT (UNCORR)	(R)	(L)	DISTANT (CORR)	(R)	(L)	NEAR (UNCORR)	(R)	(L)	NEAR (CORR)	(R)	(L)
OFFICE TESTS		URINALYSIS	COLOR	S.G.R.	pH	PROT	GLUC	KETO	BILI	BLOOD	NITRITE	UROB	MICRO
Hbg		STOOL O.B.											

## COMMENTS

## GENERAL APPEARANCE

## PHYSICAL EXAM

		POSITIVE OR ABNORMAL FINDINGS	NEGATIVE OR NORMAL FINDINGS					
HEAD & NECK	Head, Scalp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	EXTREMITIES	Hernial Rings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Lids-Sclera-Conj.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Inguinal Nodes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Eye Muscles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Pulses -Femoral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Pupils	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Popliteal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Fundi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Post Tibial	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Ears	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Dorsalis Pedis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Nose / Sinuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		V. Veins	<input checked="" type="checkbox"/>	Edema	<input checked="" type="checkbox"/>
	Teeth / Gums	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Cyanosis	<input checked="" type="checkbox"/>	Clubbing	<input checked="" type="checkbox"/>
	Pharynx	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		♀ - Vulva / Vagina	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	Thyroid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Adnexae	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
CHEST	Neck Glands	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cervix	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Carotid Bruits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Uterus	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Chest-Lungs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Utero / Rectocoele	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Heart-Apex (location)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pap Test (done)	<input checked="" type="checkbox"/>	YES	NO	
	Heart Sound	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Genitalia - (male)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Murmurs / Thrills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	- Prostate	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Breasts & Nipples	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ano-Rectal	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Axillary Nodes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sigmoidoscopy	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Abdominal Masses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Skin Lesions	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Abdominal Tend	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nail Beds - Fingers	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
ABDOMEN	Liver /Spleen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	- Toes	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Abdominal Bruits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					

INVESTIG.	CBC <input checked="" type="checkbox"/>	C. X-RAY <input type="checkbox"/>	MAMMOGRAM <input type="checkbox"/>
		E.C.G. <input checked="" type="checkbox"/>	
		Blood Profile	

SYNOPSIS	PLANS
Essential Hypertension	
Abdominal	
Lumbar Discomfort	
	Case of the Week

**pediatric ZITHROMAX** (azithromycin dihydrate) JUST 5 DOSES AND IT'S DONE.

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H3J 2L5



LITHO IN CANADA

416-462-285

POOR QUALITY  
ORIGINAL

SEP 2003

Sept 5/02

A S A P.

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

☒ Dr. A.M. Morrow  
OHIP #066282

☐ Dr. Bruce Magee  
OHIP #118927

☐ Dr. Donna L. Reynolds  
OHIP #010691

Dear Dr. Gary

Patient: Gary Lawrence

905-470-1711

Diagnosis/History: myopia

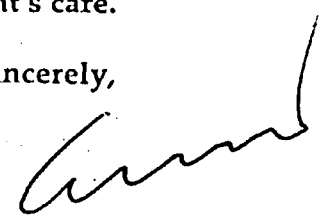
Past Medical History: Essential Hypertension

Medications:

Lab Results:

Thank you for participating in this patient's care.

Sincerely,







# Canadian Medical Laboratories Limited

6560 Kennedy Road, Mississauga, Ontario L5T 2X4

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

PAGE 1

PATIENT

LARIVÉE, GARY

9054701711

DATE OF SERVICE

05-SEP-02

TIME PRINTED

06:09

DATE PRINTED

07-SEP-02

SEX DATE OF BIRTH  
M 19400124

CLIENT

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

0662820  
4475531

DATE COLLECTED

05-SEP-02

HEALTH NUMBER

6183846770HK

61100  
FINAL  
REPORT

ACCESSION NO.

CP15627

TEST NAME	RESULT	ATTENTION	REFERENCE RANGE	UNITS	FN LOC
HEMATOLOGY					
HEMOGLOBIN	149		135-180	G/L	70
HEMATOCRIT	0.446		0.40-0.54	L/L	
WBC COUNT	7.6		4.0-11.0	X10 <sup>9</sup> /L	
RBC COUNT	4.78		4.50-6.50	X10 <sup>12</sup> /L	
MCV	93.2		80-97	FL	
MCH	31.3		27.0-32.0	PG	
MCHC	33.5		320-360	G/L	
RDW	13.6		11.0-14.5	%	
PLATELET COUNT	318		150-400	X10 <sup>9</sup> /L	
ABSOLUTE: NEUTROS	4.3		2.0-7.5	X10 <sup>9</sup> /L	
(A) LYMPH	2.6		1.1-3.3	X10 <sup>9</sup> /L	
(A) MONO	0.4		0.0-0.8	X10 <sup>9</sup> /L	
(A) EOS	0.3		0.0-0.5	X10 <sup>9</sup> /L	
(A) BASO	0.0		0.0-0.2	X10 <sup>9</sup> /L	
RBC MORPHOLOGY	NORMAL				
PLATELETS	NORMAL				
CHEMISTRY					
GLUCOSE-FASTING	5.4		3.3-6.1	MMOL/L	
CREATININE	98		60-127	UMOL/L	
URATE		466 HI	180-450	UMOL/L	
POTASSIUM	4.2		3.7-5.4	MMOL/L	
AST	24		6-42	U/L	
CHOLESTEROL	4.97		BELOW 5.20	MMOL/L	
TRIGLYCERIDES	2.03		BELOW 2.30	MMOL/L	
HDL CHOLESTEROL	0.99		0.77-1.68	MMOL/L	
LDL CHOLESTEROL	3.06		BELOW 3.40	MMOL/L	
LDL/HDL RATIO	3.09		BELOW 3.60		
CHOL/HDL RATIO		5.02	BELOW 5.00		
RIA					
TSH	1.07		0.30-4.70	MU/L	
URINALYSIS					
ROUTINE:					
APPEARANCE	CLEAR				
COLOUR	YELLOW				
PH	7.0		5.0-9.0		
PROTEIN	NEGATIVE		NEGATIVE	G/L	
GLUCOSE	NEGATIVE		NEGATIVE	MMOL/L	
KETONE	NEGATIVE		NEGATIVE	MMOL/L	
BLOOD	NEGATIVE		NEGATIVE		
NITRITE	NEGATIVE		NEGATIVE		
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE		
SPECIFIC GRAVITY	1.026				



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RBC COUNT	4.78		4.50-6.50	X10 <sup>12</sup> /L	
MCV	93.2		80-97	FL	
MCH	31.3		27.0-32.0	PG	
MCHC	335		320-360	G/L	
RDW	13.6		11.0-14.5	%	
PLATELET COUNT	318		150-400	X10 <sup>9</sup> /L	
ABSOLUTE: NEUTROS	4.3		2.0-7.5	X10 <sup>9</sup> /L	
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PLATELETS	NORMAL				
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GLUCOSE FASTING	5.4		3.3-6.1	MMOL/L	
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CHOLESTEROL	4.97		BELOW 5.20	MMOL/L	
TRIGLYCERIDES	2.03		BELOW 2.30	MMOL/L	
HDL CHOLESTEROL	0.99		0.77-1.68	MMOL/L	
LDL CHOLESTEROL	3.06		BELOW 3.40	MMOL/L	
LDL/HDL RATIO	3.09		BELOW 3.60		
CHOL/HDL RATIO		5.02	BELOW 5.00		
RIA					
TSH	PND			MU/L	
URINALYSIS					
ROUTINE:					
APPEARANCE	CLEAR				
COLOUR	YELLOW				
PH	7.0		5.0-9.0		
PROTEIN	NEGATIVE		NEGATIVE	G/L	
GLUCOSE	NEGATIVE		NEGATIVE	MMOL/L	
KETONE	NEGATIVE		NEGATIVE	MMOL/L	
BLOOD	NEGATIVE		NEGATIVE		
NITRITE	NEGATIVE		NEGATIVE		
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE		
SPECIFIC GRAVITY	1.026				



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HEALTH NUMBER

6183846770HK

TEST NAME

RESULT

ATTENTION

REFERENCE RANGE

UNITS

FN LOC

MICROBIOLOGY

CLEAN-CATCH URINE

CULTURE REPORT: <10 X E6 CFUL/L

NO-SIGNIFICANT-GROWTH

70

6



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M1R 4C5

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CP15628

HEALTH NUMBER

6183846770HK

TEST NAME

RESULT

ATTENTION

REFERENCE RANGE

UNITS

FN LOC

RIA

PROSTATE SPEC AG

0.28

<4.0

UG/L

70

*Handwritten signature*

OCT 24/02 @ 4:45 PM

416-462-2857

A:AF

Ellesmere Medical Clinic  
130 Ellesmere Road  
Scarborough, Ontario  
M1R 4C5  
(416) 447-5331  
fax: 447-5691

☒ Dr. A.M. Mouton  
OHIP #006202

☐ Dr. Bruce Magee  
OHIP #118927

☐ Dr. Donna L. Reynolds  
OHIP #010691

Sgt 702

Dear Dr. *Cheng*

Patient:

*John Lawrence*

416-470-1711

Diagnosis/Hist:

*myopia*

Past Medical History:

*Essential Hypertension*

Medications:

1

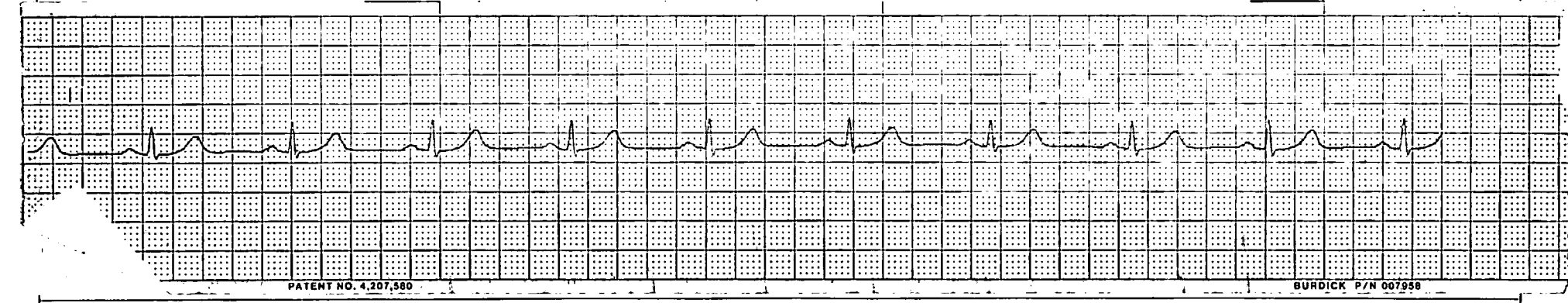
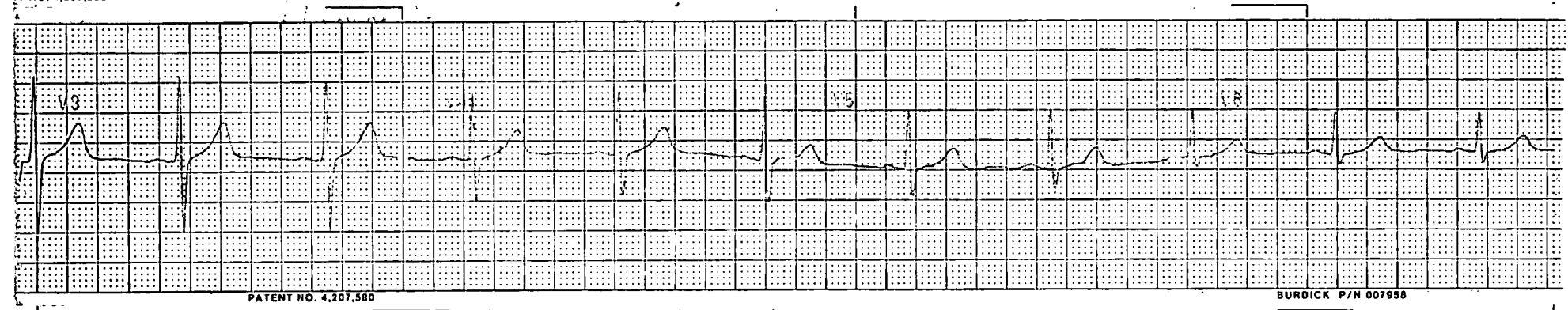
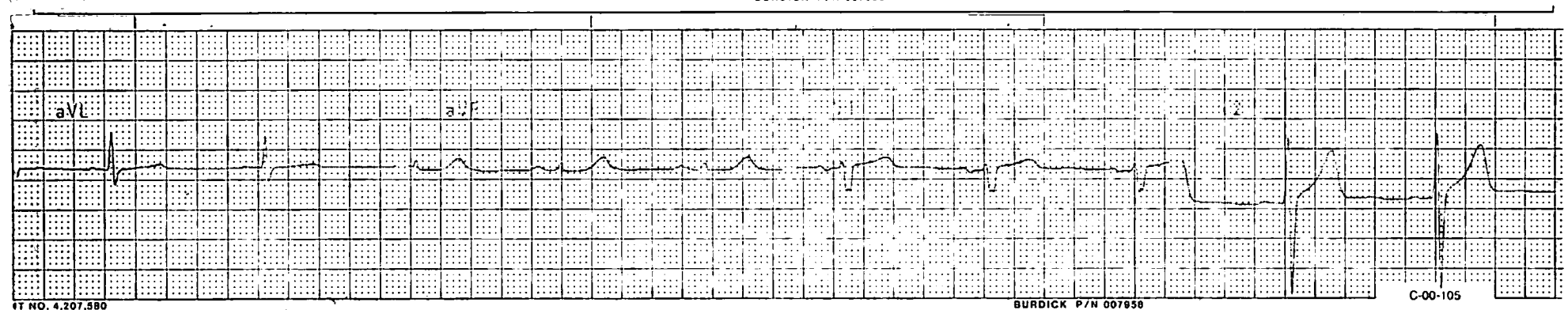
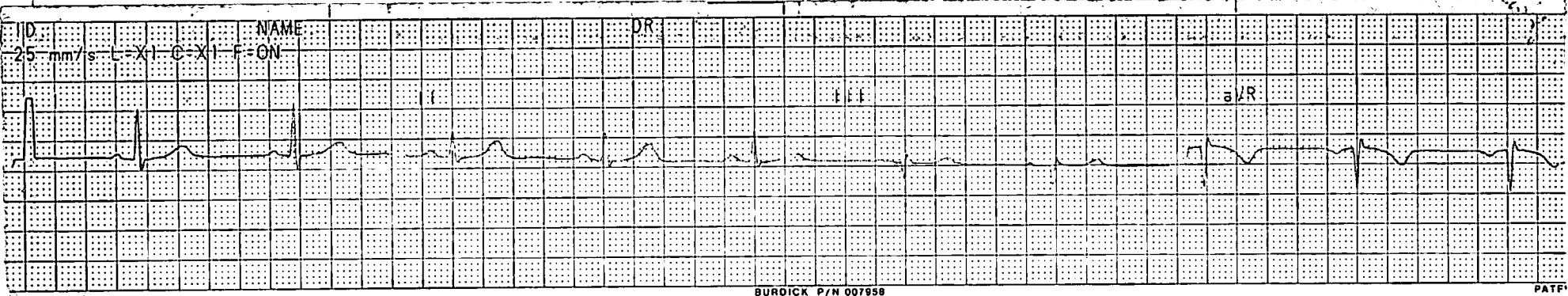
Original Fax is  
Poor Quality

Lab Results:

Thank you for participating in this patient's care.

Sincerely,

*[Signature]*



PATIENT LARIVEE, GARY DATE SEPT. 05, 2002

ADDRESS \_\_\_\_\_ AGE 1940.01-24 SEX M

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_

DOCTOR(S) MORROW # 00282 CP 156290

MEDICAL HISTORY \_\_\_\_\_ CE-05  
LARIVEE, GARY 61938467704X

MEDICATION \_\_\_\_\_

ATRIAL \_\_\_\_\_ P WAVES \_\_\_\_\_

AURIC. RATE \_\_\_\_\_ T WAVES \_\_\_\_\_

VENT. RATE \_\_\_\_\_ S-T SEGMENT \_\_\_\_\_

P-R INTERVAL \_\_\_\_\_ RHYTHM \_\_\_\_\_

QRS DURATION \_\_\_\_\_ AXIS 

{	P	_____
	R	_____
	T	_____

Q-T INTERVAL \_\_\_\_\_

OBSERVATIONS Sinus Rhythm  
Within Normal Limits  
U

PATIENT \_\_\_\_\_ ECG NO. \_\_\_\_\_ PATIENT I.D. \_\_\_\_\_ DATE \_\_\_\_\_

007037



500 Burdick Parkway, Deerfield, WI 53531  
TEL (800) 777-1777 • (608) 784-1919 • FAX (608) 784-2394  
http://www.burdick.com • info@burdick.com

1H

CP 15629  
066282 OR A M MORROW.  
61838467704X  
BD-1940/01/24 M 15051472-1711  
LARIVEE, GARY 20020905

SEP 06 2002



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

Original Fax is  
 Poor Quality

Date: Thursday October 24, 2002

Dr. A. Morrow

Dear Dr. Morrow

CC: \_\_\_\_\_

RE: Gary Larivue

DOB: 1/24/1940

Thank you for referring this patient for assessment

History and examination today revealed the following

VISION

Unaided / Aided

OU  
20/30

OS  
20/40

Best Corrected

16

17

Intraocular Pressure

Diagnosis:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Allergy                                | <input type="checkbox"/> Dry Eyes                                 | <input type="checkbox"/> Pterygium                    |
| <input type="checkbox"/> Blepharitis                            | <input type="checkbox"/> Foreign Body, Rust Ring                  | <input type="checkbox"/> Strabismus                   |
| <input type="checkbox"/> Blocked Tear Duct                      | <input type="checkbox"/> Glaucoma - Suspect                       | <input type="checkbox"/> Vitreous Floaters/Detachment |
| <input checked="" type="checkbox"/> Cataract - Early            | <input type="checkbox"/> Glaucoma - Early/Advanced                |   |
| <input type="checkbox"/> Cataract - Advanced                    | <input type="checkbox"/> Headaches - Non Ocular                   |   |
| <input type="checkbox"/> Chalazion                              | <input type="checkbox"/> Iritis                                   |   |
| <input type="checkbox"/> Conjunctivitis                         | <input type="checkbox"/> Keratitis                                | <input checked="" type="checkbox"/> Astigmatism       |
| <input type="checkbox"/> Corneal Abrasion/Erosion/Other         | <input type="checkbox"/> Macular Degeneration - Wet/Dry           | <input checked="" type="checkbox"/> Hyperopia         |
| <input type="checkbox"/> Diabetic Retinopathy - Early, Moderate | <input type="checkbox"/> Migraine                                 | <input type="checkbox"/> Myopia                       |
| <input type="checkbox"/> Diabetic Retinopathy - Advanced        | <input type="checkbox"/> Normal Eye Examination                   | <input checked="" type="checkbox"/> Presbyopia        |
| <input type="checkbox"/> No Diabetic Retinopathy                | <input checked="" type="checkbox"/> Rest was within Normal Limits |   |

Comments

*Change in spectacle Rx*

Recommended Treatment

- |  |  |   |  |
|--|--|---|--|
| <input checked="" type="checkbox"/> Spectacle Prescription Given | <input type="checkbox"/> Cataract Surgery  | <input type="checkbox"/> Pterygium Surgery    | <input type="checkbox"/> Laser Surgery |
| <input type="checkbox"/> Visual Field Scheduled                  | <input type="checkbox"/> CT Scan booked    | <input type="checkbox"/> Other Tests Required |  |
| <input type="checkbox"/> No Treatment Recommended                | <input type="checkbox"/> Patient Reassured | <input type="checkbox"/> Referred to _____    |  |

Patient should be seen again in \_\_\_\_\_ 1 ☐ day/s ☐ week/s ☐ month/s ☒ year/s ☐ Upon completion of test/s  
☐ No appointment scheduled

Many thanks for your kind referral

Sincerely,

*G. Morrow*

Gary L. Morrow, MD, FRCS(C), DABO

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



# GAGNER

## CHIROPRACTIC

### HEALTH CENTRE

May 24<sup>th</sup>, 2003

To whom it may concern:

Mr. Gary Larivee entered into my office on March 1<sup>st</sup>, 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.

***D M S X-RAY AND ULTRASOUND***  
*2900 Steeles Avenue East Suite 201, Thornhill Ontario L3T 4X1*  
*Tel: 763-1199 Fax: 763-0074*

**TO: DR.MORROW**

<b>PATIENT</b>	<b>D.O.B.</b>	<b>TEL NO.</b>	<b>FILM NO.</b>	<b>DATE</b>
<b>LARIVÉE,GARY</b>	<b>24 01 40</b>	<b>470-1711</b>	<b>03D1155</b>	<b>27 05 03</b>

**LUMBAR SPINE**

Normal alignment.

No bone abnormality is seen.

There is mild disc space narrowing at L3-4 and L5/S1, 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



## HISTORY &amp; PHYSICAL

DATE

SEP 24/03

NAME

GARY LARIVEE

MARITAL STATUS  
M F

DATE OF BIRTH

24-01-1940

Formedic

ADDRESS

84 Dunvegan DR.

PHONE (H)

519-355-0454<sup>(0)</sup>OCCUPATION/  
EMPLOYER

CHATNAM

INSURANCE

## FAMILY HISTORY

IF ANY BLOOD RELATIVE HAS SUFFERED ANY OF THE FOLLOWING - PLEASE CIRCLE THE NUMBER &amp; INDICATE WHICH RELATIVE

- |                   |                    |                   |                    |
|-------------------|--------------------|-------------------|--------------------|
| 1) Epilepsy       | 6) Thyroid disease | 11) Osteoporosis  | 16) Lipid disorder |
| 2) Migraine       | 7) Hay fever       | 12) Arthritis     | 17) Alcoholism     |
| 3) Mental illness | 8) Asthma          | 13) Heart disease | 18) Hepatitis      |
| 4) Glaucoma       | 9) Anemia          | 14) Stroke        | 19) Cancer         |
| 5) Diabetes       | 10) Bleeds easily  | 15) Hypertension  | 20)                |

13 Heart mother & father

14 Stroke mother

19 Cancer of aunt

HOSPITAL  
ADMISSIONS

YEAR

ILLNESS OR OPERATION

YEAR

ILLNESS OR OPERATION

not including  
pregnancies

appendicitis

## LIST ALL MEDICATIONS YOU ARE NOW TAKING

## ALLERGIES

## VACCINE

YEAR  
OF LAST

## TEST / EXAM

YEAR  
OF LAST

CP

Sulpha

Tetanus / Td

Rectal / Stool

Influenza (flu)

Cholesterol

Pneumonia

Eye

Hepatitis

Dental

Tuberculosis

## MEDICAL HISTORY

MARK (C) FOR CURRENT PROBLEMS. CHECK (✓) AND INDICATE AGE WHEN YOU HAD ANY OF THE FOLLOWING SYMPTOMS OR DISEASES.

## MAIN PROBLEMS 1)

2)

3)

- ☐ Hearing problems ☐ Ringing in ear
- ☐ Dizzy spells ☐ Fainting spells
- ☐ Vision problems ☐ Eye pain
- ☐ Nose bleeds - recurrent
- ☐ Sinus trouble
- ☐ Sore throats - frequent
- ☐ Hoarseness - prolonged
- ☐ Hayfever / Allergies
- ☐ Pneumonia / Pleurisy
- ☐ Bronchitis / Chronic cough
- ☐ Asthma / Wheezing
- ☐ Shortness of breath:
- ☐ on exertion ☐ lying flat
- ☐ Chest pain
- ☐ High blood pressure
- ☐ Heart murmur ☐ Swollen ankles
- ☐ Irregular pulse ☐ Palpitations
- ☐ Leg pain ☐ Cold numb feet
- ☐ Varicose veins / Phlebitis

- ☐ Loss of appetite ☐ Difficulty swallowing
- ☐ Heartburn ☐ Peptic ulcer
- ☐ Nausea / Vomiting ☐ Gallbladder dis
- ☐ Abdominal pain - chronic
- ☐ Jaundice / Hepatitis
- ☐ Diarrhea ☐ Constipation
- ☐ Diverticulosis ☐ Crohn's / Colitis
- ☐ Bloody or tarry stools
- ☐ Hemorrhoids ☐ Hernia
- ☐ Urination - Overactive Bladder
- ☐ Overnight > than twice
- ☐ More than 8 times / 24 hrs.
- ☐ Urgency to urinate ☐ with leakage
- ☐ Decrease in force/flow ☐ Painful
- ☐ Stress incontinence-urine leakage with exercise / movement
- ☐ Blood in urine ☐ Kidney stones
- ☐ Urine infections - frequent
- ☐ Sexually transmitted diseases
- ☐ Weight-loss - ☐ gain
- ☐ Anemia ☐ Bruise easily

- ☐ Cancer ☐ Chronic fatigue
- ☐ Diabetes ☐ Thyroid disease
- ☐ Seizures ☐ Stroke
- ☐ Tremor / hands shaking
- ☐ Numbness / tingling sensations
- ☐ Headaches - frequent
- ☐ Arthritis / Rheumatism
- ☐ Back pain - recurrent
- ☐ Bone fracture / joint injury
- ☐ Osteoporosis ☐ Gout
- ☐ Rashes ☐ Hives
- ☐ Psoriasis ☐ Eczema
- ☐ Sleeping or concentration difficulty
- ☐ Depression ☐ Nervousness
- ☐ Moodiness ☐ Suicidal thoughts
- ☐ Memory loss ☐ Mental illness
- ☐ Rheumatic Fever ☐ Measles
- ☐ Chicken Pox ☐ Polio ☐ Mumps
- ☐ Tuberculosis ☐ German measles
- ☐ Herpes ☐ Aids / HIV

- ☐ Alcohol \_\_\_\_\_ oz. per week
- ☐ Coffee / Tea \_\_\_\_\_ cups per day
- ☐ Smoking- cig/day \_\_\_\_\_ # years
- ☐ year quit \_\_\_\_\_
- ☐ Exercise \_\_\_\_\_
- ☐ Street Drugs \_\_\_\_\_

FEMALES - Please complete  
Menstrual flow:

- ☐ Reg. ☐ Irreg. ☐ Pain / Cramps

Days of flow \_\_\_\_\_ Length of cycle \_\_\_\_\_

Date -1st day of last period \_\_\_\_\_

- ☐ Pain / Bleeding during or after sex

Number of:

Pregnancies \_\_\_\_\_ Abortions \_\_\_\_\_

Miscarriages \_\_\_\_\_ Live births \_\_\_\_\_

Birth control method \_\_\_\_\_

B.C. pill (name) \_\_\_\_\_

- ☐ Flushing / Menopause

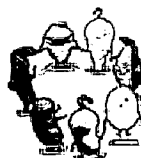
Date of last PAP test \_\_\_\_\_

- ☐ Normal ☐ Abnormal

Date of last mammogram \_\_\_\_\_

- ☐ Normal ☐ Abnormal

## SYNOPSIS



actos  
pioglitazone HCl

Decreases insulin resistance to lower HbA<sub>1c</sub> and FBG in type 2 diabetes\*  
with the additional benefit of increased HDL and decreased triglycerides.

- 15 mg Once Daily
- 30 mg Once Daily
- 45 mg Once Daily

Please 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 (ALTs > 2.5 times ULN).

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



# PHYSICAL EXAM

VITAL SIGNS HT: WT: 169 BMI: BP SUPINE 136/80 BP SITTING: PULSE: 72 RESP RATE: TEMP: °

Formedic

VISION DISTANT (R) (L) DISTANT (CORR) (R) (L) NEAR (UNCORR) (R) (L) NEAR (CORR) (R) (L) COLOUR VISION TONO METRY (R) (L)

OFFICE TESTS URINALYSIS - COLOR S.GR pH PROT GLUC KETO BILI BLOOD NITRITE UROB MICRO

Hbg STOOL O.B.

## COMMENTS

GENERAL APPEARANCE Fnt.

## PHYSICAL EXAM

☒ POSITIVE OR ABNORMAL FINDINGS  
☒ NEGATIVE OR NORMAL FINDINGS

HEAD & NECK	Head, Scalp	<input checked="" type="checkbox"/>	EXTREMITIES	Hernial Rings	<input checked="" type="checkbox"/>	JOINTS	<input checked="" type="checkbox"/> Neck
	Lids-Sclera-Conj.	<input checked="" type="checkbox"/>		Inguinal Nodes	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Shoulders
	Eye Muscles	<input checked="" type="checkbox"/>		Pulses -Femoral	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Elbows
	Pupils	<input checked="" type="checkbox"/>		Popliteal	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Wrists
	Fundi	<input checked="" type="checkbox"/>		Post Tibial	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Fingers
	Ears	<input checked="" type="checkbox"/>		Dorsalis Pedis	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Back <u>Lumbago</u>
	Nose / Sinuses	<input checked="" type="checkbox"/>		V. Veins <input type="checkbox"/> Edema <input type="checkbox"/>	<input checked="" type="checkbox"/> Hips		
	Teeth / Gums	<input checked="" type="checkbox"/>		Cyanosis <input type="checkbox"/> Clubbing <input type="checkbox"/>	<input checked="" type="checkbox"/> Knees		
	Pharynx	<input checked="" type="checkbox"/>		♀ - Vulva / Vagina <input type="checkbox"/>	<input checked="" type="checkbox"/> Ankles / Feet		
	Thyroid	<input checked="" type="checkbox"/>		Adnexae <input type="checkbox"/>	<input checked="" type="checkbox"/> Paralysis		
CHEST	Neck Glands	<input checked="" type="checkbox"/>	GENIT - URINE	Cervix	<input type="checkbox"/>	NEUROLOGICAL EXAM	<input checked="" type="checkbox"/> Gait
	Carotid Bruits	<input checked="" type="checkbox"/>		Uterus <input type="checkbox"/>	<input checked="" type="checkbox"/> Muscle Atrophy		
	Chest-Lungs	<input checked="" type="checkbox"/>		Utero / Rectocoele <input type="checkbox"/>	<input checked="" type="checkbox"/> Cranial Nerves		
	Heart-Apex (location)	<u>5th ICL</u>		Pap Test (done) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	<input checked="" type="checkbox"/> Tendon Reflexes		
	Heart Sound	<input checked="" type="checkbox"/>		Genitalia - (male) <input type="checkbox"/>	<input checked="" type="checkbox"/> Romberg		
	Murmurs / Thrills	<input checked="" type="checkbox"/>		- Prostate <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Babinski		
	Breasts & Nipples	<input checked="" type="checkbox"/>		Ano-Rectal <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Sensory		
	Axillary Nodes	<input checked="" type="checkbox"/>		Sigmoidoscopy <input type="checkbox"/>	<input checked="" type="checkbox"/> Motor		
	Abdominal Masses	<input checked="" type="checkbox"/>		DERM	Skin Lesions <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Vibration
	Abdominal Tend	<input checked="" type="checkbox"/>			Nail Beds - Fingers <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Position
ABDOMEN	Liver /Spleen	<input checked="" type="checkbox"/>	- Toes <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Tremor			
	Abdominal Bruits	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Rigidity			

INVESTIG.	<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> CHEST X-RAY	<input type="checkbox"/> MAMMOGRAM
		<input checked="" type="checkbox"/> ECG	
	<input type="checkbox"/> PSA	<u>Sgt. Prof. Prof.</u>	
	<input type="checkbox"/> TESTOSTERONE		

SYNOPSIS	PLANS
<u>Lumbago</u>	



**actos**  
pioglitazone HCl

Decreases insulin resistance to lower HbA<sub>1c</sub> and FBG in type 2 diabetes\*  
with the additional benefit of increased HDL and decreased triglycerides.

- ☐ 15 mg Once Daily
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For more information, contact the Eli Lilly Canada Customer Response Centre at: 1-888-545-5972.



PATIENT LARIVEE GARY DATE SEPT. 24, 2003

ADDRESS \_\_\_\_\_ AGE 1940-01-24 SEX M

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_

DOCTOR(S) MORROW # 026282

MEDICAL HISTORY \_\_\_\_\_

MEDICATION \_\_\_\_\_

ATRIAL \_\_\_\_\_ P WAVES \_\_\_\_\_

AURIC. RATE \_\_\_\_\_ T WAVES \_\_\_\_\_

VENT. RATE \_\_\_\_\_ S-T SEGMENT \_\_\_\_\_

P-R INTERVAL \_\_\_\_\_ RHYTHM \_\_\_\_\_

QRS DURATION \_\_\_\_\_ AXIS 

{	P	_____
	R	_____
	T	_____

Q-T INTERVAL \_\_\_\_\_

LARIVEE, GARY

SEP-24 20:26

CP97152A

OBSERVATIONS \_\_\_\_\_

\_\_\_\_\_ Sinus Rhythm

\_\_\_\_\_ Within Normal Limits

\_\_\_\_\_ *[Signature]*

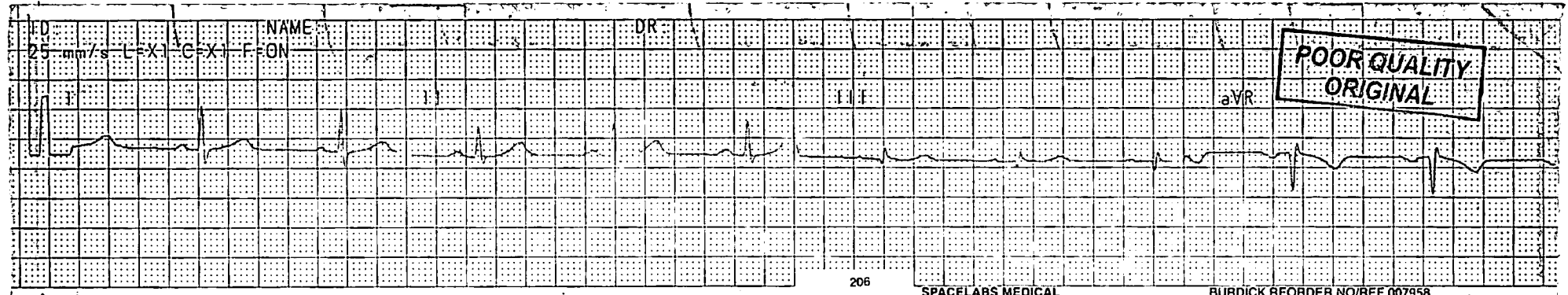
PATIENT I.D. \_\_\_\_\_ DATE \_\_\_\_\_

007037



CP97152  
 066282 DR. A. M. MORROW  
 6183846770HH BILL-0  
 BD-1940/01/24 M (519)355-0454  
 LARIVEE, GARY

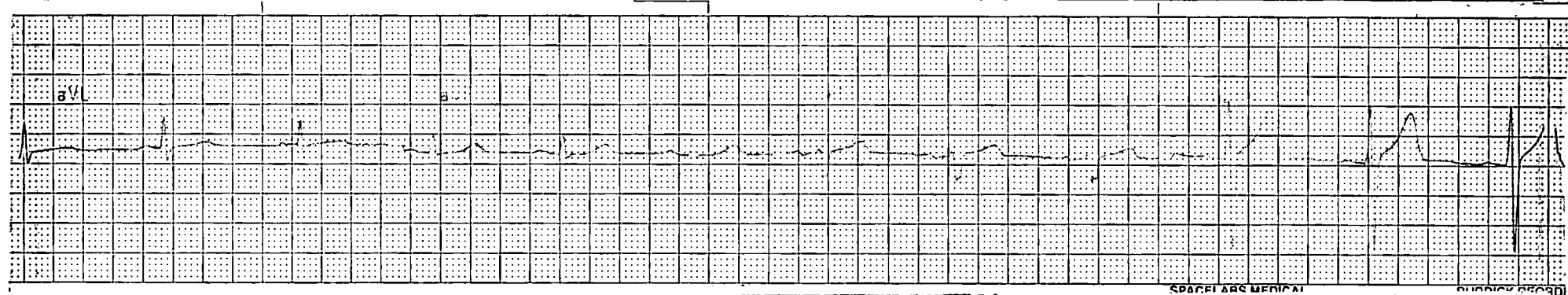
SEP 24 2003



206

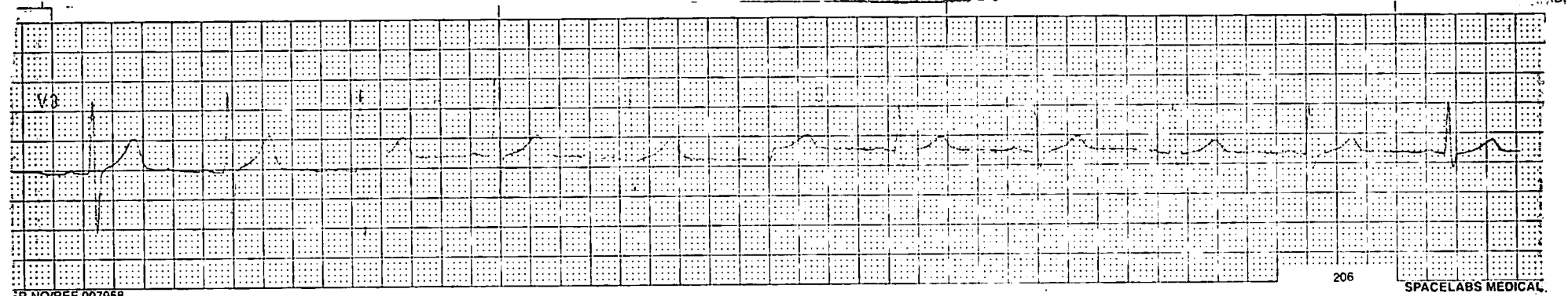
SPACELABS MEDICAL

BURDICK REORDER NO/REF 007958



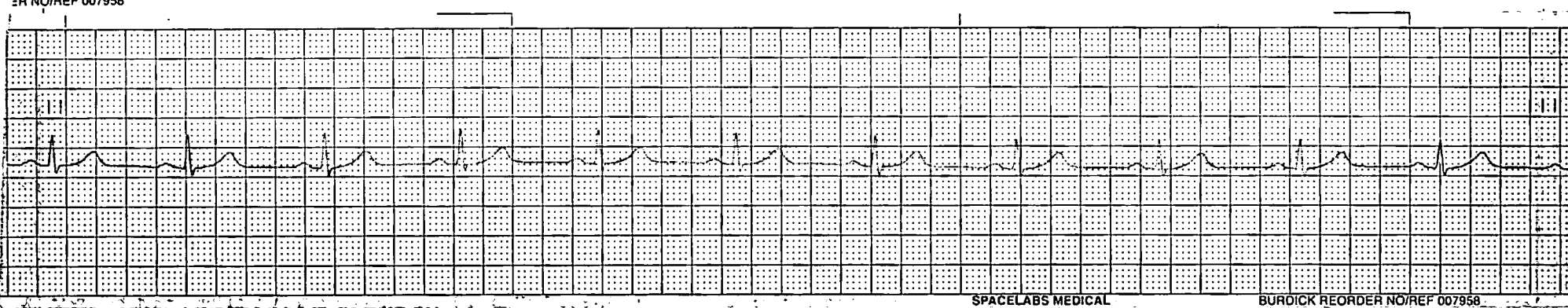
SPACELABS MEDICAL

BURDICK REORDER NO/REF 007958



206

SPACELABS MEDICAL



SPACELABS MEDICAL

BURDICK REORDER NO/REF 007958

PATIENT		DATE OF SERVICE	TIME PRINTED	DATE PRINTED
LARIVEE, GARY		24-SEP-03	14:17	25-SEP-03
519-355-0454				
SEX	DATE OF BIRTH	CLIENT	DATE COLLECTED	
M	yyyyymmdd 19400124	DR. A. M. MORROW, 130 ELLESMERE RD., SCARBOROUGH, ONTARIO M1R 4C5	24-SEP-03	
HEALTH NUMBER			61100 FINAL REPORT	ACCESSION NO. CP97151
6183846770HH				

TEST NAME	RESULT	ATTENTION	REFERENCE RANGE	UNITS	FN LOC
HEMATOLOGY					
HEMOGLOBIN	150		135-180	G/L	70
HEMATOCRIT	0.446		0.37-0.54	L/L	
WBC COUNT	7.5		4.0-11.0	X10 <sup>9</sup> /L	
RBC COUNT	4.78		4.50-6.50	X10 <sup>12</sup> /L	
MCV	93.2		80-97	fL	
MCH	31.3		27.0-32.0	PG	
MCHC	336		320-360	G/L	
RDW	13.8		11.0-14.5	%	
PLATELET COUNT	330		150-400	X10 <sup>9</sup> /L	
ABSOLUTE: NEUTROS	4.6		2.0-7.5	X10 <sup>9</sup> /L	
(A) LYMPH	2.3		1.1-3.3	X10 <sup>9</sup> /L	
(A) MONO	0.4		0.0-0.8	X10 <sup>9</sup> /L	
(A) EOS	0.2		0.0-0.5	X10 <sup>9</sup> /L	
(A) BASO	0.0		0.0-0.2	X10 <sup>9</sup> /L	
RBC MORPHOLOGY	NORMAL				
PLATELETS	NORMAL				
CHEMISTRY					
GLUCOSE-FASTING	5.2		3.3-6.1	MMOL/L	
CREATININE	92		60-127	UMOL/L	
URATE	416		180-450	UMOL/L	
AST	35		6-42	U/L	
CHOLESTEROL	4.12		BELOW 5.20	MMOL/L	
TRIGLYCERIDES	1.03		BELOW 2.30	MMOL/L	
HDL-CHOLESTEROL	1.10		0.77-1.68	MMOL/L	
LDL-CHOLESTEROL	2.55		BELOW 3.40	MMOL/L	
LDL/HDL RATIO	2.32		BELOW 3.60		
CHOL/HDL RATIO	3.75		BELOW 5.00		
URINALYSIS					
ROUTINE:					
APPEARANCE	TURBID				
COLOUR	YELLOW				
PH	7.5		5.0-9.0		
PROTEIN	NEGATIVE		NEGATIVE	G/L	
GLUCOSE	NEGATIVE		NEGATIVE	MMOL/L	
KETONE	NEGATIVE		NEGATIVE	MMOL/L	
BLOOD	NEGATIVE		NEGATIVE		
NITRITE	NEGATIVE		NEGATIVE		
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE		
SPECIFIC GRAVITY	1.023				

*h*

## HISTORY &amp; PHYSICAL

NAME ARRIVEE, BARRY  
 ADDRESS 84 DUNVEGAN DRIVE  
 OCCUPATION/  
 EMPLOYER CHATHAM, ONT N7M 5A2

DATE Nov 3/04  
 DATE OF BIRTH 24.01.1940  
 PHONE (H) 519-355-4154 (0)

Formedic

## FAMILY HISTORY IF ANY BLOOD RELATIVE HAS SUFFERED ANY OF THE FOLLOWING - PLEASE CIRCLE THE NUMBER &amp; INDICATE WHICH RELATIVE

- |                   |                    |                   |                    |
|-------------------|--------------------|-------------------|--------------------|
| 1) Epilepsy       | 6) Thyroid disease | 11) Osteoporosis  | 16) Lipid disorder |
| 2) Migraine       | 7) Hay fever       | 12) Arthritis     | 17) Alcoholism     |
| 3) Mental illness | 8) Asthma          | 13) Heart disease | 18) Hepatitis      |
| 4) Glaucoma       | 9) Anemia          | 14) Stroke        | 19) Cancer         |
| 5) Diabetes       | 10) Bleeds easily  | 15) Hypertension  | 20)                |

14 Cerebral aneurysm mother  
13 Rheumatism mother - Valvular  
19 Cancer of breast

## HOSPITAL ADMISSIONS

not including pregnancies

YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION
------	----------------------	------	----------------------

Appendicitis 1968  
Amputation 1970

## LIST ALL MEDICATIONS YOU ARE NOW TAKING

Amputation

## ALLERGIES

Sulpha

## VACCINE

YEAR OF LAST

## TEST / EXAM

YEAR OF LAST

Tetanus / Td	Rectal / Stool
Influenza (flu)	Cholesterol
Pneumonia	Eye
Hepatitis	Dental
Tuberculosis	

## MEDICAL HISTORY MARK (C) FOR CURRENT PROBLEMS. CHECK (✓) AND INDICATE AGE WHEN YOU HAD ANY OF THE FOLLOWING SYMPTOMS OR DISEASES.

MAIN PROBLEMS 1) 2) 3)

- |   |  |  |  |   |  |
|---|--|--|--|---|--|
| <input type="checkbox"/> Hearing problems           | <input type="checkbox"/> Ringing in ear        | <input type="checkbox"/> Heartburn                         | <input type="checkbox"/> Peptic ulcer      | <input type="checkbox"/> Anemia                               | <input type="checkbox"/> Bruise easily     |
| <input type="checkbox"/> Dizzy spells               | <input type="checkbox"/> Fainting spells       | <input type="checkbox"/> Nausea / Vomiting                 | <input type="checkbox"/> Gallbladder dis   | <input type="checkbox"/> Cancer                               | <input type="checkbox"/> Chronic fatigue   |
| <input type="checkbox"/> Vision problems            | <input type="checkbox"/> Eye pain              | <input type="checkbox"/> Abdominal pain- chronic           |  | <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Thyroid disease   |
| <input type="checkbox"/> Nose bleeds - recurrent    |  | <input type="checkbox"/> Jaundice / Hepatitis              |  | <input type="checkbox"/> Seizures                             | <input type="checkbox"/> Stroke            |
| <input type="checkbox"/> Sinus trouble              |  | <input type="checkbox"/> Diarrhea                          | <input type="checkbox"/> Constipation      | <input type="checkbox"/> Numbness                             | <input type="checkbox"/> Tremor            |
| <input type="checkbox"/> Sore throats - frequent    |  | <input type="checkbox"/> Diverticulosis                    | <input type="checkbox"/> Crohn's / Colitis | <input type="checkbox"/> Headaches - frequent                 |  |
| <input type="checkbox"/> Hoarseness - prolonged     |  | <input type="checkbox"/> Bloody or tarry stools            |  | <input type="checkbox"/> Arthritis / Rheumatism               |  |
| <input type="checkbox"/> Hayfever / Allergies       |  | <input type="checkbox"/> Hemorrhoids                       | <input type="checkbox"/> Hernia            | <input type="checkbox"/> Back pain - recurrent                |  |
| <input type="checkbox"/> Pneumonia / Pleurisy       |  | Urination - Overactive Bladder                             |  | <input type="checkbox"/> Bone fracture / joint injury         |  |
| <input type="checkbox"/> Bronchitis / Chronic cough |  | <input type="checkbox"/> Overnight > than twice            |  | <input type="checkbox"/> Osteoporosis                         | <input type="checkbox"/> Gout              |
| <input type="checkbox"/> Asthma / Wheezing          |  | <input type="checkbox"/> More than 8 times / 24 hrs.       |  | <input type="checkbox"/> Rashes                               | <input type="checkbox"/> Hives             |
| <input type="checkbox"/> Shortness of breath:       |  | <input type="checkbox"/> Urgency to urinate                | <input type="checkbox"/> with leakage      | <input type="checkbox"/> Psoriasis                            | <input type="checkbox"/> Eczema            |
| <input type="checkbox"/> on exertion                | <input type="checkbox"/> lying flat            | <input type="checkbox"/> Decrease in force/flow            | <input type="checkbox"/> Painful           | <input type="checkbox"/> Sleeping or concentration difficulty |  |
| <input type="checkbox"/> Chest pain                 |  | <input type="checkbox"/> Stress incontinence-urine leakage | with exercise / movement                   | <input type="checkbox"/> Depression                           | <input type="checkbox"/> Nervousness       |
| <input type="checkbox"/> High blood pressure        |  | <input type="checkbox"/> Bed wetting                       |  | <input type="checkbox"/> Moodiness                            | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Heart murmur               | <input type="checkbox"/> Swollen ankles        | <input type="checkbox"/> Blood in urine                    | <input type="checkbox"/> Kidney stones     | <input type="checkbox"/> Memory loss                          | <input type="checkbox"/> Mental illness    |
| <input type="checkbox"/> Irregular pulse            | <input type="checkbox"/> Palpitations          | <input type="checkbox"/> Urine infections - frequent       |  | <input type="checkbox"/> Rheumatic Fever                      | <input type="checkbox"/> Measles           |
| <input type="checkbox"/> Leg pain                   | <input type="checkbox"/> Cold numb feet        | <input type="checkbox"/> Sexual issues                     | <input type="checkbox"/> Self              | <input type="checkbox"/> Chicken Pox                          | <input type="checkbox"/> Polio             |
| <input type="checkbox"/> Varicose veins / Phlebitis |  | <input type="checkbox"/> Sexually transmitted diseases     |  | <input type="checkbox"/> Tuberculosis                         | <input type="checkbox"/> German measles    |
| <input type="checkbox"/> Loss of appetite           | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Weight-loss -                     | <input type="checkbox"/> gain              | <input type="checkbox"/> Herpes                               | <input type="checkbox"/> Aids / HIV        |

1 Alcohol 6 oz. per week  
1 Coffee / Tea 2 cups per day  
1 Smoking- cig/day 0 # years  
 year quit  
1 Exercise Walking  
1 Street Drugs None

## FEMALES - Please complete

## Menstrual flow:

☐ Reg. ☐ Irreg. ☐ Pain / Cramps

Days of flow \_\_\_\_\_ Length of cycle \_\_\_\_\_

Date -1st day of last period \_\_\_\_\_

☐ Pain / Bleeding during or after sex

## Number of:

Pregnancies \_\_\_\_\_ Abortions \_\_\_\_\_

Miscarriages \_\_\_\_\_ Live births \_\_\_\_\_

Birth control method \_\_\_\_\_

B.C. pill (name) \_\_\_\_\_

☐ Flushing / Menopause

Date of last PAP test \_\_\_\_\_

☐ Normal ☐ Abnormal

Date of last mamogram \_\_\_\_\_

☐ Normal ☐ Abnormal

## SYNOPSIS

Level 6 repetitive shoulder@ repetitive shoulder

# HIGH FIVES. IT'S OUR BIRTHDAY.

Arthrotec® is a registered trademark of G.D. Searle &amp; Co., used under permission by Pharmacia Canada Inc.



10 &amp; 75 mg diclofenac sodium and misoprostol tablets

## ARTHROTEC® 50 & 75

(Anti-Inflammatory analgesic agent with a mucosal protective agent)

Arthrotec® is contraindicated in pregnancy.

Product Monograph available on request.

 PHARMACIA  
 Pharmacia Canada Inc.  
 Kitchener, ON N2G 2B1



# PHYSICAL EXAM

VITAL SIGNS		HT	WT	BMI	BP SUPINE	BP SITTING	PULSE	RESP RATE	TEMP
			170		120/70		72		

VISION	DISTANT (UNCORR)	(R)	(L)	DISTANT (CORR)	(R)	(L)	NEAR (UNCORR)	(R)	(L)	NEAR (CORR)	(R)	(L)	COLOUR VISION	TONO METRY	(R)	(L)

OFFICE TESTS	URINALYSIS	COLOR	S.GR	pH	PROT	GLUC	KETO	BIL	BLOOD	NITRITE	UROB	MICRO
Hbg	STOOL O.B.											

## COMMENTS

## GENERAL APPEARANCE

## PHYSICAL EXAM

		POSITIVE OR ABNORMAL FINDINGS			POSITIVE OR ABNORMAL FINDINGS			
HEAD & NECK	Head, Scalp	<input checked="" type="checkbox"/>	EXTREMITIES	Hernial Rings	<input checked="" type="checkbox"/>	JOINTS	Neck	<input checked="" type="checkbox"/>
	Lids-Sclera-Conj.	<input checked="" type="checkbox"/>		Inguinal Nodes	<input checked="" type="checkbox"/>		Shoulders	<input checked="" type="checkbox"/>
	Eye Muscles	<input checked="" type="checkbox"/>		Pulses -Femoral	<input checked="" type="checkbox"/>		Elbows	<input checked="" type="checkbox"/>
	Pupils	<input checked="" type="checkbox"/>		Popliteal	<input checked="" type="checkbox"/>		Wrists	<input checked="" type="checkbox"/>
	Fundi	<input checked="" type="checkbox"/>		Post Tibial	<input checked="" type="checkbox"/>		Fingers	<input checked="" type="checkbox"/>
	Ears	<input checked="" type="checkbox"/>		Dorsalis Pedis	<input checked="" type="checkbox"/>		Back	<input checked="" type="checkbox"/>
	Nose / Sinuses	<input checked="" type="checkbox"/>		V. Veins	<input checked="" type="checkbox"/>		Hips	<input checked="" type="checkbox"/>
	Teeth / Gums	<input checked="" type="checkbox"/>		Edema	<input checked="" type="checkbox"/>		Knees	<input checked="" type="checkbox"/>
	Pharynx	<input checked="" type="checkbox"/>		Cyanosis	<input checked="" type="checkbox"/>		Ankles / Feet	<input checked="" type="checkbox"/>
	Thyroid	<input checked="" type="checkbox"/>		Clubbing	<input checked="" type="checkbox"/>		Paralysis	<input checked="" type="checkbox"/>
CHEST	Neck Glands	<input checked="" type="checkbox"/>	GENITALIA	Cervix	<input checked="" type="checkbox"/>	NEUROLOGICAL EXAM	Gait	<input checked="" type="checkbox"/>
	Carotid Bruits	<input checked="" type="checkbox"/>		Uterus	<input checked="" type="checkbox"/>		Muscle Atrophy	<input checked="" type="checkbox"/>
	Chest-Lungs	<input checked="" type="checkbox"/>		Utero / Rectocoele	<input checked="" type="checkbox"/>		Cranial Nerves	<input checked="" type="checkbox"/>
	Heart-Apex (location)	<input checked="" type="checkbox"/>		Pap Test (done)	<input checked="" type="checkbox"/>		Tendon Reflexes	<input checked="" type="checkbox"/>
	Heart Sound	<input checked="" type="checkbox"/>		Genitalia - (male)	<input checked="" type="checkbox"/>		Romberg	<input checked="" type="checkbox"/>
	Murmurs / Thrills	<input checked="" type="checkbox"/>		- Prostate	<input checked="" type="checkbox"/>		Babinski	<input checked="" type="checkbox"/>
	Breasts & Nipples	<input checked="" type="checkbox"/>		Ano-Rectal	<input checked="" type="checkbox"/>		Sensory	<input checked="" type="checkbox"/>
	Axillary Nodes	<input checked="" type="checkbox"/>		Sigmoidoscopy	<input checked="" type="checkbox"/>		Motor	<input checked="" type="checkbox"/>
	Abdominal Masses	<input checked="" type="checkbox"/>		Skin Lesions	<input checked="" type="checkbox"/>		Vibration	<input checked="" type="checkbox"/>
	Abdominal Tend	<input checked="" type="checkbox"/>		Nail Beds - Fingers	<input checked="" type="checkbox"/>		Position	<input checked="" type="checkbox"/>
ABDOMEN	Liver /Spleen	<input checked="" type="checkbox"/>	DERM	- Toes	<input checked="" type="checkbox"/>	Tremor	<input checked="" type="checkbox"/>	
	Abdominal Bruits	<input checked="" type="checkbox"/>			Rigidity	<input checked="" type="checkbox"/>		

INVESTIG	<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> CHEST X-RAY	<input type="checkbox"/> MAMMOGRAM
	<input type="checkbox"/> PSA	<input checked="" type="checkbox"/> ECG	
	<input type="checkbox"/> TESTOSTERONE	Blower Profiles	

SYNOPSIS	PLANS



# HIGH FIVES.

## IT'S OUR BIRTHDAY.

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50 & 75 mg diclofenac sodium and mucopolysaccharide

# ARTHROTEC® 50 & 75

(Anti-inflammatory analgesic agent with a mucosal protective agent)  
 Arthrotec® is contraindicated in pregnancy.  
 Product Monograph available on request.

Pharmacia Canada Inc.  
 Pharmacia, Ontario  
 L1A 4A3

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: LARIVÉE, 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,

Hans J. Kreder, MD, MPH, FRCSC

:cn

cc:

Dr. A. Meyer Morrow

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

PATIENT

LARIVEE, GARY

DATE OF SERVICE

03-NOV-04

TIME PRINTED

08:01

DATE PRINTED

04-NOV-04

SEX DATE OF BIRTH  
M 19400124

519-355-0454

CLIENT

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

0662820  
4475531

DATE COLLECTED

03-NOV-04

HEALTH NUMBER

6183846770KR

55300  
FINAL  
REPORT

ACCESSION NO.

EE32716

TEST NAME	RESULT	ATTENTION	REFERENCE RANGE	UNITS	FN LOC
-----------	--------	-----------	-----------------	-------	--------

HEMATOLOGY

HEMOGLOBIN	154		135-180	G/L	70
HEMATOCRIT	0.456		0.37-0.54	L/L	
WBC COUNT	7.3		4.0-11.0	X10 <sup>9</sup> /L	
RBC COUNT	4.92		4.50-6.50	X10 <sup>12</sup> /L	
MCV	92.7		80-97	fL	
MCH	31.4		27.0-32.0	PG	
MCHC	338		320-360	G/L	
RDW	13.3		11.0-14.5	%	
PLATELET COUNT	326		150-400	X10 <sup>9</sup> /L	
ABSOLUTE: NEUTROS	4.5		2.0-7.5	X10 <sup>9</sup> /L	
(A) LYMPH	2.0		1.1-3.3	X10 <sup>9</sup> /L	
(A) MONO	0.5		0.0-0.8	X10 <sup>9</sup> /L	
(A) EOS	0.3		0.0-0.5	X10 <sup>9</sup> /L	
(A) BASO	0.0		0.0-0.2	X10 <sup>9</sup> /L	
RBC MORPHOLOGY	NORMAL				
PLATELETS	NORMAL				

CHEMISTRY

GLUCOSE FASTING SER	5.0		3.3-6.0	MMOL/L	
CREATININE	98		60-127	UMOL/L	
URATE	370		180-450	UMOL/L	
CHOLESTEROL	4.99		TARGET <5.20	MMOL/L	
TRIGLYCERIDES	1.44		TARGET <1.71	MMOL/L	
HDL CHOLESTEROL	1.32		TARGET >1.29	MMOL/L	
LDL CHOLESTEROL		3.02	See Targets	MMOL/L	
CHOL/HDL RATIO	3.78		See Targets		

\* \* \* \* \*

Clinical Risk Status: Target Lipid Levels

\* \* \* \* \*

If Risk : LDL-C --Targets-- CHOL/HDL Ratio

Low : <4.5 and <6.0

Moderate : <3.5 and <5.0

High : <2.5 and <4.0

...as per OAML Guidelines CLP-017

URINALYSIS

ROUTINE:					
APPEARANCE	TURBID				
COLOUR	YELLOW				
PH	8.0		5.0-9.0		
PROTEIN	NEGATIVE		NEGATIVE	G/L	
GLUCOSE	NEGATIVE		NEGATIVE	MMOL/L	
KETONE	NEGATIVE		NEGATIVE	MMOL/L	
BLOOD	NEGATIVE		NEGATIVE		
NITRITE	NEGATIVE		NEGATIVE		
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE		
SPECIFIC GRAVITY	1.014				

*WZ*

ID: 25 mm/s L-XI C-XI F-ON

NAME

DR

11



20041103

0662820 6183846770KR BD-19400124 M

LARIVEE, GARY 519-355-0454

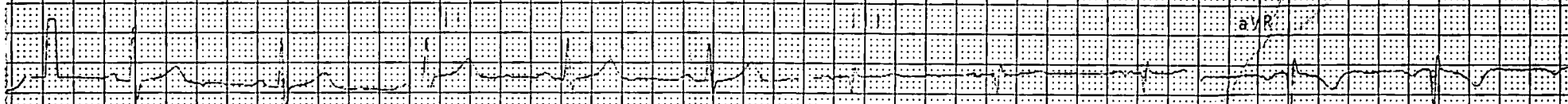
ELABS MEDICAL

BURDICK REORDER NO/REF 007958

ID: 25 mm/s L-XI C-XI F-ON

NAME

DR



aVR

408

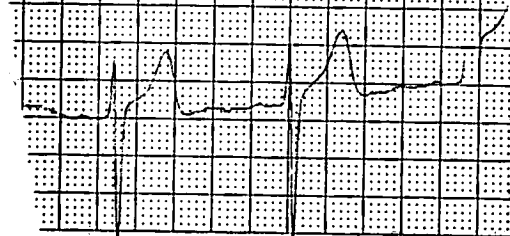
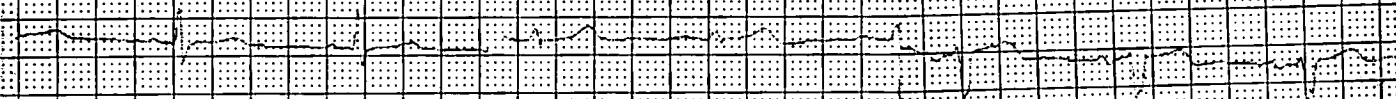
SPACELABS MEDICAL

BURDICK REORDER NO/REF

RV

RVF

V1



SPACELABS MEDICAL

REF 007958

V3

V4

V5

V6



408

BURDICK REORDER NO/REF 007958

EE32717



20041103

PATIENT \_\_\_\_\_

DATE

11/23/04

0662820 6183846770KR BD-19400124 M

ADDRESS \_\_\_\_\_

LARIVEE, GARY 519-355-0454

AGE \_\_\_\_\_

SEX

m

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_

DOCTOR(S) \_\_\_\_\_

Moran 066182

130 Ellipse

MEDICAL HISTORY \_\_\_\_\_

MEDICATION \_\_\_\_\_

ATRIAL \_\_\_\_\_

P WAVES \_\_\_\_\_

AURIC. RATE \_\_\_\_\_

T WAVES \_\_\_\_\_

VENT. RATE \_\_\_\_\_

S-T SEGMENT \_\_\_\_\_

P-R INTERVAL \_\_\_\_\_

RHYTHM \_\_\_\_\_

QRS DURATION \_\_\_\_\_

AXIS

{

P \_\_\_\_\_

R \_\_\_\_\_

T \_\_\_\_\_

Q-T INTERVAL \_\_\_\_\_

OBSERVATIONS \_\_\_\_\_

within normal limits

PATIENT

ECG NO.

PATIENT I.D.

DATE

007037

**BURDICK**<sup>®</sup>

A QUINTON COMPANY

500 Burdick Parkway, Deerfield, WI 53531

TEL (800) 777-1777 • (608) 764-1919 • FAX (608) 764-2394

http://www.burdick.com • info@burdick.com

3H

NOV 24 2004

PRINTED ON  
RECYCLED PAPER

PRINTED WITH  
SOY INK

## HISTORY &amp; PHYSICAL

NAME Gary Lawrence MARITAL STATUS W DATE Jan 17, 2006  
ADDRESS 84 Wynnegeen Dr. DATE OF BIRTH 24-01-1940 **Formedic**  
OCCUPATION/EMPLOYER Chatham on W 7m SA PHONE (H) 519-355-10454  
INSURANCE 6183846770 KR

**FAMILY HISTORY** IF ANY BLOOD RELATIVE HAS SUFFERED ANY OF THE FOLLOWING - PLEASE CIRCLE THE NUMBER & INDICATE WHICH RELATIVE

1) Epilepsy	6) Thyroid disease	11) Osteoporosis	16) Lipid disorder
2) Migraine	7) Hay fever	12) Arthritis	17) Alcoholism
3) Mental illness	8) Asthma	(3) Heart disease	18) Hepatitis
4) Glaucoma	9) Anemia	(4) Stroke	(9) Cancer
5) Diabetes	10) Bleeds easily	15) Hypertension	20)

Mother has arthritis  
Grandmother  
Sister has heart disease  
Concussion

**HOSPITAL ADMISSIONS**

YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION
	<u>Cystitis</u>		
	<u>Hemorrhoid surgery</u>		

not including pregnancies

**LIST ALL MEDICATIONS YOU ARE NOW TAKING**

<u>Aspirin</u>		

**ALLERGIES** Sulphur

**VACCINE**

Tetanus / Td	YEAR OF LAST	TEST / EXAM	YEAR OF LAST
Influenza (flu)		Rectal / Stool	
Pneumonia		Cholesterol	
Hepatitis		Eye	
Tuberculosis		Dental	

**MEDICAL HISTORY** MARK (C) FOR CURRENT PROBLEMS. CHECK (✓) AND INDICATE AGE WHEN YOU HAD ANY OF THE FOLLOWING SYMPTOMS OR DISEASES.

MAIN PROBLEMS 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Ringing in ear	<input type="checkbox"/> Heartburn	<input type="checkbox"/> Peptic ulcer	<input type="checkbox"/> Anemia	<input type="checkbox"/> Bruise easily	<input checked="" type="checkbox"/> Alcohol <u>Wine 3</u> oz per week
<input type="checkbox"/> Dizzy spells	<input type="checkbox"/> Fainting spells	<input type="checkbox"/> Nausea / Vomiting	<input type="checkbox"/> Gallbladder dis	<input type="checkbox"/> Cancer	<input type="checkbox"/> Chronic fatigue	<input checked="" type="checkbox"/> Coffee / Tea <u>3</u> cups per day
<input type="checkbox"/> Vision problems	<input type="checkbox"/> Eye pain	<input type="checkbox"/> Abdominal pain- chronic		<input type="checkbox"/> Diabetes	<input type="checkbox"/> Thyroid disease	<input type="checkbox"/> Smoking- cig/day <u>0</u> # years
<input type="checkbox"/> Nose bleeds - recurrent		<input type="checkbox"/> Jaundice / Hepatitis		<input type="checkbox"/> Seizures	<input type="checkbox"/> Stroke	year quit
<input type="checkbox"/> Sinus trouble		<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Numbness	<input type="checkbox"/> Tremor	<input type="checkbox"/> Exercise
<input type="checkbox"/> Sore throats - frequent		<input type="checkbox"/> Diverticulosis	<input type="checkbox"/> Crohn's / Colitis	<input type="checkbox"/> Headaches - frequent		<input type="checkbox"/> Street Drugs
<input type="checkbox"/> Hoarseness - prolonged		<input type="checkbox"/> Bloody or tarry stools		<input type="checkbox"/> Arthritis / Rheumatism		<b>FEMALES - Please complete</b>
<input type="checkbox"/> Hayfever / Allergies		<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Hernia	<input type="checkbox"/> Back pain - recurrent		<b>Menstrual flow:</b>
<input type="checkbox"/> Pneumonia / Pleurisy		Urination - Overactive Bladder		<input type="checkbox"/> Bone fracture / joint injury		<input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> Pain / Cramps
<input type="checkbox"/> Bronchitis / Chronic cough		<input type="checkbox"/> Overnight > than twice		<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Gout	Days of flow _____ Length of cycle _____
<input type="checkbox"/> Asthma / Wheezing		<input type="checkbox"/> More than 8 times / 24 hrs.		<input type="checkbox"/> Rashes	<input type="checkbox"/> Hives	Date -1st day of last period _____
<input type="checkbox"/> Shortness of breath:		<input type="checkbox"/> Urgency to urinate <input type="checkbox"/> with leakage		<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Eczema	<input type="checkbox"/> Pain / Bleeding during or after sex
<input type="checkbox"/> on exertion <input type="checkbox"/> lying flat		<input type="checkbox"/> Decrease in force/flow <input type="checkbox"/> Painful		<input type="checkbox"/> Sleeping or concentration difficulty		Number of:
<input type="checkbox"/> Chest pain		<input type="checkbox"/> Stress incontinence-urine leakage with exercise / movement		<input type="checkbox"/> Depression	<input type="checkbox"/> Nervousness	Pregnancies _____ Abortions _____
<input type="checkbox"/> High blood pressure		<input type="checkbox"/> Bed wetting		<input type="checkbox"/> Moodiness	<input type="checkbox"/> Suicidal thoughts	Miscarriages _____ Live births _____
<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Swollen ankles	<input type="checkbox"/> Blood in urine	<input type="checkbox"/> Kidney stones	<input type="checkbox"/> Memory loss	<input type="checkbox"/> Mental illness	Birth control method _____
<input type="checkbox"/> Irregular pulse	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Urine infections - frequent		<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Measles	B.C. pill (name) _____
<input type="checkbox"/> Leg pain	<input type="checkbox"/> Cold numb feet	<input type="checkbox"/> Sexual issues	<input type="checkbox"/> Self <input type="checkbox"/> Partner	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Polio <input type="checkbox"/> Mumps	<input type="checkbox"/> Flushing / Menopause
<input type="checkbox"/> Varicose veins / Phlebitis		<input type="checkbox"/> Sexually transmitted diseases		<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> German measles	Date of last PAP test _____
<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Difficulty swallowing	<input type="checkbox"/> Weight-loss - <input type="checkbox"/> gain		<input type="checkbox"/> Herpes	<input type="checkbox"/> Aids / HIV	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

## SYNOPSIS

WHEN UNCONTROLLED HYPERTENSION STRIKES, STRIKE BACK WITH

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.

TEVETEN® (L) SOLVAY


# PHYSICAL EXAM

<b>VITAL SIGNS</b>		HT	WT <u>174</u> BMI	BP SUPINE <u>130/80</u>	BP SITTING	PULSE <u>72</u>	RESP RATE	TEMP
<b>VISION</b>	DISTANT (R) (L)	DISTANT (R) (L)	NEAR (R) (L)	NEAR (R) (L)	COLOUR VISION	TONO METRY (R) (L)		
<b>OFFICE TESTS</b>	URINALYSIS - COLOR S.GR pH PROT GLUC KETO BLD BLOOD NITRITE UROB MICRO							
Hbg	STOOL O.B.							
<b>COMMENTS</b>								
<b>GENERAL APPEARANCE</b> <u>FA</u>								

PHYSICAL EXAM		POSITIVE ABNORMAL	NEGATIVE NORMAL	POSITIVE ABNORMAL	NEGATIVE NORMAL	POSITIVE ABNORMAL	NEGATIVE NORMAL
<b>HEAD &amp; NECK</b>	Head, Scalp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hernial Rings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Lids-Sclera-Conj.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Inguinal Nodes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Eye Muscles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pulses -Femoral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Pupils	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Popliteal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Fundi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Post Tibial	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Ears	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dorsalis Pedis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Nose / Sinuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	V. Veins <input type="checkbox"/> Edema <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Teeth / Gums	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cyanosis <input type="checkbox"/> Clubbing <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pharynx	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	♀ - Vulva / Vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Thyroid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adnexae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CHEST</b>	Neck Glands	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cervix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Carotid Bruits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Uterus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chest-Lungs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Utero / Rectocoele <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Heart-Apex (location)	<u>5th ICS</u>		Pap Test (done) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Heart Sound	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Genitalia - (male)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Murmurs / Thrills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	- Prostate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Breasts & Nipples	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ano-Rectal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Axillary Nodes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Abdominal Masses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Skin Lesions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Abdominal Tend	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nail Beds - Fingers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ABDOMEN</b>	Liver /Spleen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	- Toes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Abdominal Bruits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

<b>INVESTIG</b>	<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> CHEST X-RAY	<input type="checkbox"/> MAMMOGRAM
	<input type="checkbox"/> PSA	<input checked="" type="checkbox"/> ECG	
	<input type="checkbox"/> TESTOSTERONE	<u>Blood Profile</u>	

<b>SYNOPSIS</b>	<u>FA</u>	<b>PLANS</b>



**WHEN UNCONTROLLED HYPERTENSION STRIKES, STRIKE BACK WITH**

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.

**TEVETEN®**

LITHO IN CANADA

**Patient Enrolment and  
Consent to Release Personal Health Information**

Please PRINT using black or blue ballpoint pen.

**POCR QUALITY  
ORIGINAL**

Microfilm use only

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 11(1). For information about collection practices, contact the Director, Registration and Claims Branch, Box 48, 49 Place d'Armes, Kingston ON K7L 5J3, INFOline tel. 1 888 218-8929 or by mail through the addresses listed for local Ministry of Health and Long-Term Care offices.

**Section 1 – I want to enrol myself with the family doctor identified in Section 4**

Last name <b>Lnfiuee</b>		First name <b>GARY</b>		Second name	
Health Number <b>14183846774</b>		Version code <b>KIK</b>		Mailing address	
Date of birth (yyyy/mm/dd) <b>19440124</b>		Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		Apartment # <b>84</b> Street no. and name or P.O. Box, Rural Route, General delivery <b>Lunenburg St.</b>	
Send notices from my family doctor's office to me by: <input checked="" type="checkbox"/> regular mail <input type="checkbox"/> email (if possible)		Residence address		City/Town <b>Chatham, ON</b> Postal code <b>N7M 5N2</b>	
Email address:		or same as mailing address <input checked="" type="checkbox"/>		Apartment # Street no. and name or lot, concession and township	
		City/Town		Postal code	

**Section 2 – I want to enrol my child(ren) under 16 and/or dependent adult(s) with the family doctor identified in Section 4**

A Last name		First name		Second name	
Health Number		Version code		Mailing address	
Date of birth (yyyy/mm/dd)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Apartment # Street no. and name or P.O. Box, Rural Route, General delivery	
I am this person's <input type="checkbox"/> parent <input type="checkbox"/> legal guardian <input type="checkbox"/> attorney for personal care		or same as Section 1 <input type="checkbox"/>		City/Town Postal code	
Residence address		Apartment # Street no. and name or lot, concession and township		City/Town Postal code	
or same as Section 1 <input type="checkbox"/>		City/Town		Postal code	

B Last name		First name		Second name	
Health Number		Version code		Mailing address	
Date of birth (yyyy/mm/dd)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Apartment # Street no. and name or P.O. Box, Rural Route, General delivery	
I am this person's <input type="checkbox"/> parent <input type="checkbox"/> legal guardian <input type="checkbox"/> attorney for personal care		or same as Section 1 <input type="checkbox"/>		City/Town Postal code	
Residence address		Apartment # Street no. and name or lot, concession and township		City/Town Postal code	
or same as Section 1 <input type="checkbox"/>		City/Town		Postal code	

**Section 3 – Signature**

I have read and agree to the Patient Commitment, the Consent to Release Personal Health Information and the Cancellation Conditions on the back of this form. I acknowledge that this Enrolment is not intended to be a legally binding contract and is not intended to give rise to any new legal obligations between my family doctor and me.

I am signing on behalf of (check all that apply)

☒ myself ☐ child(ren) ☐ dependent adult(s)

My name last name first name

Signature Date (yyyy/mm/dd)

Home telephone no. Work telephone no.

(519) 345-6554 ( )

**Section 4 – Family doctor information**

13197

Dr. Arthur Morrow

Scarborough Doctors FHO

(Include Billing no. and Group no.)

Family doctor's signature Date (yyyy/mm/dd)

X 2006 01 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:

- I cancel my enrolment by writing my family doctor or by writing or phoning the ministry (*see box below*)
- I no longer qualify for health care services under the *Health Insurance Act (Ontario)*
- 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
- I enrol with another alternatively-funded family doctor; or
- the ministry grants me an extended absence.

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

- I consistently fail to meet the obligations to which I agreed in the Patient Commitment (*above*)
- 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
- I become a resident of a nursing home or chronic care facility
- I am imprisoned in a provincial or federal correctional institution; or
- 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

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

5199 13

Patient name  
LARIVEE, C GARY

Birthdate: 24-JAN-1940 Sex: M  
Phone #: (519) 355-0454  
Health #: 6183846770 KR

Accession #  
5H6170275

Date of Service: 17-JAN-2006

Printed: 18-JAN-2006

Requesting physician: DR. A.M. MORROW

Reference #:

Report status:

FINAL

TEST NAME

RESULT

ABNORMAL

REFERENCE RANGE

UNITS

TEST LOC.

\*ELECTROCARDIOGRAM

50

REPORTED UNDER SEPARATE COVER.

*HEMOGLOBIN	158		135 - 175	g/L	10
*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		27.5 - 33.0	pg	
*MCHC	331		320 - 360	g/L	
*RDW	13.6		11.5 - 14.5		
*PLATELET COUNT	302		150-400	x E9/L	
*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	x E9/L	
* (A) BASO	0.0		0.0 - 0.2	x E9/L	

\*RBC

NO ABNORMALITIES DETECTED BY INSTRUMENT

\*WBC

NO ABNORMALITIES DETECTED BY INSTRUMENT

\*PLATELETS

NO ABNORMALITIES DETECTED BY INSTRUMENT

*GLUCOSE-FASTING	4.7		3.9 - 6.0	MMOL/L
*CREATININE	92		60-125	UMOL/L

LARIVEE, C GARY

FINAL REPORT

Continue on Page: 2

PND = Pending \* = Not previously reported

CONFIDENTIAL INFORMATION. UNAUTHORIZED USE OR DISCLOSURE IS PROHIBITED.

### ***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  
H0 746 BASELINE RD. E., LONDON N6C 2R6  
K0 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 K0M 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  
X0 210 DUNDAS ST. E., BELLEVILLE K8N 5G8  
X3 1919 RIVERSIDE DR., OTTAWA K1H 1A2  
X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 7K3

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

5199 13

Patient name  
LARIVEE, C GARY

Birthdate: 24-JAN-1940 Sex: M  
Phone #: (519) 355-0454  
Health #: 6183846770 KR

Accession #  
5H6170275

Date of Service: 17-JAN-2006  
Printed: 18-JAN-2006

Requesting physician: DR. A.M. MORROW

Reference #:

Report status:

FINAL

TEST NAME	RESULT	ABNORMAL	REFERENCE RANGE	UNITS	TEST LOC.
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\*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	1.15			MMOL/L	
*ASPARTATE TRANSAMINASE (AST)	31		10-40	U/L	
*THYROTROPIN (SENSITIVE TSH)	1.73		0.35 - 5.00	MIU/L	

*m*

*m*

LARIVEE, C GARY

FINAL REPORT

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**SOUTHWEST AREA**

**CODE**

70 751 VICTORIA ST. S., KITCHENER N2M 3B4  
80 342 ERIE ST., STE. 115, STRATFORD N5A 2N4  
H0 746 BASELINE RD. E., LONDON N6C 2R6  
K0 857 GRAND AVE. W., CHATHAM N7L 4T1

**NIAGARA AREA**

**CODE**

A0 3460 SCHMON PKWY., THOROLD L2V 4Y6

**NORTHERN AREA**

**CODE**

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

Patient name  
LARIVEE, C GARY

Accession #  
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Birthdate: 24-JAN-1940 Sex: M  
Phone #: (519) 355-0454  
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5199 13

Date of Service: 17-JAN-2006

Printed: 18-JAN-2006

Requesting physician: DR. A.M. MORROW

Reference #:

Report status:

FINAL

TEST NAME	RESULT	ABNORMAL	REFERENCE RANGE	UNITS	TEST LOCH
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BIOCHEMISTRY

*TOTAL PSA	0.34		0.00 - 4.00	UG/L	10
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Please note change to methodology, effective November 29, 2004.

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 considered. Values obtained using different assay methods cannot be used interchangeably.

LARIVEE, C GARY

FINAL REPORT

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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: LARIVEE, GARY  
Number: 6183846770 KR  
Gender: Male  
Birthdate: 1/24/1940 Age: 65

Recorded: 1/17/2006 8:48:00 AM  
Recorded by:  
Referring physician:  
Location:  
Comment:

Confirmed interpretation edited at 1/17/2006 10:45:11 AM by  
Dr. Klein (Dr. Klein)  
sinus rhythm

normal

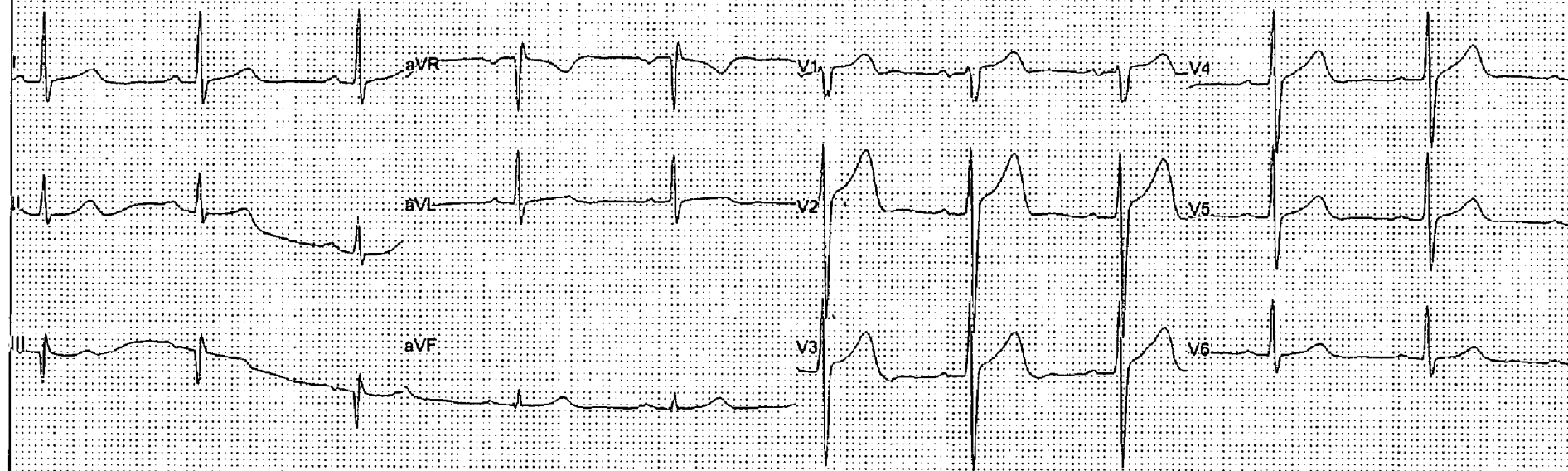
P / PQ: 123 / 190  
QRS: 103  
QT / QTc / QTd: 437 / 439 /  
P / QRS / T axis: 42° / 16° / 33°  
Heart rate: 61

5H617 03 REF: MORROW,A  
6628201 CHECK UP  
NO MEDS

DR. S. KLEIN, MD FRCP

PT. 519 355 0454 CK

Sequential





**LARIVEE, CHARLES GARY (GARY)**

Sex M  
D.O.B. 01/24/1940  
Family Physician MORROW-A/TORONTO  
Referring Physician T.E.W. MacPherson, MD  
Attending Physician D Brisbin, MD, FRCP(C)  
Admitting Physician Brian Doell, MD  
Consulting Physician

MPI 000231303  
Account 10949905  
Location CIU  
Patient Type GIA  
H.N. 6183846770KR  
Job Number 01-92142  
Admitting Date 03/03/2006  
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 appendectomy 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: 03/04/2006  
DATE TRANSCRIBED: 03/05/2006  
TRANSCRIBED BY: de  
TRANSID: 288727

**COPY**

**LARIVEE, CHARLES GARY (GARY)**

Sex M  
D.O.B. 01/24/1940  
Family Physician MORROW-A/TORONTO  
Referring Physician D Brisbin, MD, FRCP(C)  
Attending Physician Brian Doell, MD  
Admitting Physician Brian Doell, MD  
Consulting Physician

MPI 000231303  
Account 60618863  
Location CERU  
Patient Type GED  
H.N. 6183846770KR  
Job Number 01-92032  
Admitting Date 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**

**LARIVEE, CHARLES GARY (GARY)**

Sex M  
D.O.B. 01/24/1940  
Family Physician MORROW-A/TORONTO  
Referring Physician D Brisbin, MD, FRCP(C)  
Attending Physician Brian Doell, MD  
Admitting Physician Brian Doell, MD  
Consulting Physician

Page 2

MPI 000231303  
Account 60618863  
Location CERU  
Patient Type GED  
H.N. 6183846770KR  
Job Number 01-92032  
Admitting Date 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 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: Dr. A. Meyer Morrow, 130 Ellesmere Road, Scarborough, ON M1R 4C5  
cc: Emergency Department

**COPY**

DEPARTMENT OF DIAGNOSTIC IMAGING

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

PATIENT: LARIVÉE, 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

2

**LARIVEE, CHARLES GARY (GARY)**

Sex	M
D.O.B.	01/24/1940
Family Physician	MORROW-A/TORONTO
Referring Physician	T.E.W. MacPherson, MD
Attending Physician	D Brisbin, MD, FRCP(C)
Admitting Physician	Brian Doell, MD
Consulting Physician	

MPI	000231303
Account	10949905
Location	CPC
Patient Type	GIA
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**

**LARIVEE, CHARLES GARY (GARY)**

Sex M  
D.O.B. 01/24/1940  
Family Physician MORROW-A/TORONTO  
Referring Physician T.E.W. MacPherson, MD  
Attending Physician D Brisbin, MD, FRCP(C)  
Admitting Physician Brian Doell, MD  
Consulting Physician

MPI 000231303  
Account 10949905  
Location CPC  
Patient Type GIA  
H.N. 6183846770KR  
Job Number 01-94462  
Admitting Date 03/03/2006  
Discharge Date 03/21/2006

Page 2

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 20<sup>th</sup>. 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: 03/21/2006  
DATE TRANSCRIBED: 03/22/2006  
TRANSCRIBED BY: de  
TRANSID: 292605



**COPY**

*Martin M. Goldbach*

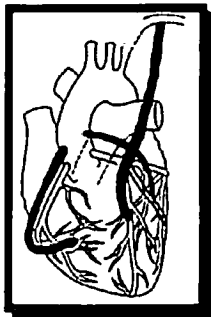
SURGEON

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

**Chatham-Kent Health Alliance Laboratories**

**LARIVEE, CHARLES GARY (GARY)**

**519-437-6011**

**PID: 000231303**

Date of Birth: 01/24/1940 M

**DISCH (CPC E206**

Patient Phone: (519)355-0454

**C PROG CARE**

Family Physician: MORROW-A/TORONTO

**80 Grand Ave**

Referring Physician: MacPherson, T. E, MD

**Chatham, ON, N7M 1B7**

Attending Physician: Brisbin, D., MD, FRCPC

Admitting Physician: Doell, Brian, Dr

**Encounter: 10949905**

Consulting Physician:

**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**





*Martin M. Goldbach*

SURGEON

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 remain 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 prn for pain and Tylenol plain tabs 1-2 q4-6h prn 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.Teehy  
Chart



*Martin M. Goldbach*

SURGEON

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 30<sup>th</sup>, 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



Chatham-Kent Health Alliance Laboratories

LARIVEE, CHARLES ARY (GARY)

519-352-8002

PID 6 61303

Date of Birth: 01/24/1971

DISP =MERG OP)

Patient Phone: 919 00 2012

CPT:

Family Physician: MORRIS, A. TORONTO

DOB: 01/24/71

Referring Physician: Senka, Leslie

QID: 01/24/71

Attending Physician: Dr. Senka, Leslie

Attending Physician: Dr. Senka, Leslie

Consulting Physician:

Facility: 01/24/28826

=====

PAIT Microbiology

Gram Stain

1+ Gram positive cocci

2+ Gram positive cocci

Gram stain result: 1+ Gram positive cocci, 2+ Gram positive cocci

GRAM STAIN (Slide)

1+ Gram positive cocci

2+ Gram positive cocci

ANAEROBIC CULTURE (Final Report)

Anaerobic culture: No growth

ISOLATE #1 (Final)

\*Mechanism of action: Not applicable

NO GROWTH

NO GROWTH

NO GROWTH

NO GROWTH

NO GROWTH

Original Fax is  
Poor Quality.

Antifungal

Clotrimazole

Fluconazole

Itraconazole

Voriconazole

Genistein

Quercetin

Resveratrol

Shikimic acid

Tetanic acid

Vanillic acid

Resveratrol

Quercetin

Itraconazole

Voriconazole

Genistein

Quercetin

Resveratrol

Shikimic acid

Tetanic acid

Vanillic acid

=====

Page 1

01/24/2006 16:45

DAILY OUTPATIENT REPORT - CHATHAM CAMPUS

Recipient: MORRIS, A. TORONTO

## Chatham-Kent Health Alliance Laboratories

LARIVEE, CHARLES GARY (CARY)

519-437-6011

PID# 000231303

Date of Birth: 09/21/1960

C EMERG OP

Patient Phone: (519) 352-1111

C ER OP

Family Physician: MORROW, ALAN TORONTO

80 Grand Ave W

Referring Physician:

Chatham ON N7L 1B1

Attending Physician: Pappas, D. MD

Encounter: 00629123

Admitting Physician: Pappas, D. MD

Consulting Physician:

=====

## \*\*\*\* Chemistry \*\*\*\*

Chemistry Results

	04/08/2006	Units	Reference
BLOOD	14.53		
SODIUM	137	mmol/L	135-145
POTASSIUM	3.8	mmol/L	3.6-5.2
CHLORIDE	102	mmol/L	97-108
TOTAL CO2	21	mmol/L	23-32
GLUCOSE RANDOM	5.6	mmol/L	3.9-7.8
UREA	4.2	mmol/L	2.4-8.0
CREATININE	1.0	mmol/L	70-122

Original Fax is  
Poor Quality



## Chatham-Kent Health Alliance Laboratories

LARIVEE, CHARLES GARY (GARY)

519-437-6011

PID: 000231303

Date of Birth: 01/24/1943 M

C EMERG OP

Patient Phone: (519) 865-0464

C ER OP

Family Physician: MORROW, A TORONTO

30 Grand Ave W

Referring Physician

Chatham, ON, N7M 1B7

Attending Physician: Pappas, D. J., MD

Encounter: 60623123

Admitting Physician: Pappas, D. J., MD

Consulting Physician

## \*\*\*\* Hematology \*\*\*\*

	Units	Reference
BLOOD		
LEUKOCYTES	X10 <sup>9</sup> /L	4.5-11.0
ERYTHROCYTES	X10 <sup>12</sup> /L	4.50-6.50
HEMOGLOBIN	G/L	135-180
HEMATOCRIT	L/L	0.40-0.54
MCV	fL	80-98
MCH	pg	27.0-32.0
MCHC	g/L	320-360
RDW	%	11-15
PLATELET	X10 <sup>9</sup> /L	150-400
NEUTROPHIL	X10 <sup>9</sup> /L	2.0-7.5
LYMPHOCYTE	X10 <sup>9</sup> /L	1.0-4.0
MONOCYTE	X10 <sup>9</sup> /L	0.2-0.6
EOSINOPHIL	X10 <sup>9</sup> /L	0.0-0.4
BASOPHIL	X10 <sup>9</sup> /L	0.0-0.1

Original Fax is  
Poor Quality



215710010  
YILBUL 2004

Chatham-Kent Health Alliance Laboratories

LARIVEE, CHARLES CLAY GARY;

519-437-6011

PID: 000231303

Date of Birth: 04/24/1951

C EMERG OP

Patient Phone: 519 551 4554

C ER OP

Family Physician: MORROW, A TORONTO

80 Grand Ave W

Referring Physician: Dr. J. Deane

Chatham ON, N7M 1B7

Attending Physician: Dr. S. Jasmin A. MD

Admitting Physician: Dr. J. Deane MD

Encounter: 60028626

Consulting Physician:

\*\*\*\* Microbiology \*\*\*\*

Culture Wound

Specimen from: Wound

Collection: 04/09/2006

Station: 2nd Floor

GRAM STAIN (Prelim)

1+ Gram Positive

2+ Pus cells

Original Fax is  
Poor Quality



# Chatham-Kent Health Alliance Laboratories

CARIVEE, CHARLES GARY (GARY)

519-437-6011

PID: 000231303

Date of Birth: 01/24/1942 M

DISCHIC EMERG OP

Patient Phone: (519) 355-1004

CER OP

Family Physician: MORROW, A. (TORONTO)

80 Grand Ave W

Referring Physician: R. L. Dwyer

Chatham, ON, N7M 1B7

Attending Physician: R. L. Dwyer

Admitting Physician: R. L. Dwyer

EnxLnter: 60628626

Consulting Physician:

## Microbiology

Culture Wound

Specimen

Site: Wound

Specimen

GRAM STAIN (Final)

14 Gram Positive

10 Gram Negative

ANAEROBIC CULTURE (Final)

No additional growth after 48 hours

ISOLATE #1 (Final)

\*Methicillin-resistant Staphylococcus aureus

ISOLATE #2

Methicillin-resistant

Staphylococcus

Staphylococcus

## Antibiotics

Cephalexin

Clindamycin

Co-trimoxazole

Erythromycin

Genofloxacin

Penicillin

Penicillin G

Ramipril

Tetracycline

Vancomycin

Resistant

Resistant

Resistant

Resistant

Resistant

Resistant

Resistant

Susceptible

Susceptible

Susceptible

Original Fax is  
Poor Quality

04 11 2006 TUE 16:04 FAX 513 352 5002 CHHA LAB DEPT



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



### **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  
H0 746 BASELINE RD. E., LONDON N6C 2R6  
K0 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 K0M 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  
X0 210 DUNDAS ST. E., BELLEVILLE K8N 5G8  
X3 1919 RIVERSIDE DR., OTTAWA K1H 1A2  
X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 7K3

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

Patient name  
LARIVEE, GARY

Accession #  
K07520861

Birthdate: 24-JAN-1940 Sex: M  
Phone #: (519) 355-0454  
Health #: 6183846770 KR

5199 13

Date of Service: 01-JUN-2006

Printed: 02-JUN-2006

Requesting physician: DR. A.M. MORROW

Reference #:

Report status:

FINAL

TEST NAME	RESULT	ABNORMAL	REFERENCE RANGE	UNITS	TEST LOCH
-----------	--------	----------	-----------------	-------	-----------

~~\*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	3.68			MMOL/L
*LDL CHOLESTEROL(CALCULATED)	1.84			MMOL/L
*HDL CHOLESTEROL	1.34			MMOL/L
*CHOLESTEROL/HDL RATIO	2.7			
*TRIGLYCERIDES	1.10			MMOL/L



LARIVEE, GARY

FINAL REPORT

PND = Pending \* = Not previously reported

CONFIDENTIAL INFORMATION, UNAUTHORIZED USE OR DISCLOSURE IS PROHIBITED.

*Martin M. Goldbach*

SURGEON

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.

MMG/ck

Cc: Dr.D.Brisbin  
Dr.P.Teefy

## Chatham-Kent Health Alliance Laboratories

LARIVEE, CHARLES GARY (GARY)

519-437-6011

PID: 000231303

Date of Birth: 01/24/1950

C HE-CARDIAC REHAB

Patient Phone: (519) 352-1417

C HEALTH EDUCATION

Family Physician: MORROW ATORONTO

80 Grand Ave W

Referring Physician: MAGEE B/S CARBOROUGH

Chatham, ON, N7L 1B7

Attending Physician: Baseline, MD FRCPC

Encounter: 70531321

Admitting Physician: Baseline, MD FRCPC

Consulting Physician:

LIPID PROFILE

	12/12/2006	Units
BLOOD	18.3	
CHOLESTEROL	4.29	mmol/L
TRIGLYCERIDE	1.41	mmol/L
HDL	1.30	mmol/L
LDL (CALC)	2.37	mmol/L
CHOLESTEROL/HDL RATIO	3.29	

Cholesterol	Target Value	
Desirable	< 5.17	
Borderline/Hgh	5.17-6.20	
High	> 6.20	
Triglycerides	Target Value	< 2.26
HDL	Target Value	> 1.00
LDL	Target Value	< 2.60
Cholesterol/Hdl Ratio	Target Value	< 3.29

## \*\*\* Cancelled Tests \*\*\*

Collection Date	Specimen	Test Name	Reason
12/12/2006 08:37	BLOOD	GLUCOSE Fasting	DUPLICATE ORDER
12/12/2006 08:37	BLOOD	LIPID Profile	DUPLICATE ORDER

AN

Original Fax is  
Poor Quality

## Chatham-Kent Health Alliance Laboratories

LARIVEE, CHARLES GARY (GARY)

519-437-6011

PID: 000231303

Date of Birth: 01/24/1940

C HE-CARDIAC REHAB

Patient Phone: (519)355-0464

C HEALTH EDUCATION

Family Physician: MORROW-A/TORONTO

80 Grand Ave W

Referring Physician: MAGEE-B/SCARBOROUGH

Chatham, ON, N7L 1B7

Attending Physician: BISHOP, D, MD, FRCPC

Encounter: 70531321

Admitting Physician: BISHOP, D, MD, FRCPC

Consulting Physician

## \*\*\*\*\* Chemistry \*\*\*\*\*

Chemistry Results

	12/12/2006	Units	Reference
BLOOD	08:37		
GLUCOSE AC	5.0	mmol/L	3.9-6.1
CREATININE	124	umol/L	70-122
AST	30	U/L	15-37



Original Fax is  
Poor Quality

**Chatham-Kent Health Alliance Laboratories**

**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**

Family Physician: MORROW-A/TORONTO

**80 Grand Ave W**

Referring Physician: MAGEE-B/SCARBOROUGH

**Chatham, ON, N7L 1B7**

Attending Physician: Brisbin, D., MD, FRCPC

Admitting Physician: Brisbin, D., MD, FRCPC

**Encounter: 70531321**

Consulting Physician:

**LIPID PROFILE**

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

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

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

**Chatham-Kent Health Alliance Laboratories**

**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

Family Physician: MORROW-A/TORONTO

80 Grand Ave W

Referring Physician: MAGEE-B/SCARBOROUGH

Chatham,ON,N7L 1B7

Attending Physician: Brisbin, D., MD,FRCPC

Admitting Physician: Brisbin, D., MD,FRCPC

Encounter: 70531321

Consulting Physician:

**\*\*\*\*\* Chemistry \*\*\*\*\***

**Chemistry Results**

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

*m*



## HISTORY &amp; PHYSICAL

DATE

April 2/07

NAME

Tony Harvey

MARITAL STATUS  
M F S M W D SEP

DATE OF BIRTH

Formedic

ADDRESS

PHONE (H)

(O)

OCCUPATION/  
EMPLOYER

INSURANCE

## FAMILY HISTORY

IF ANY BLOOD RELATIVE HAS SUFFERED ANY OF THE FOLLOWING - PLEASE CIRCLE THE NUMBER &amp; INDICATE WHICH RELATIVE

- |                   |                    |                   |                    |
|-------------------|--------------------|-------------------|--------------------|
| 1) Epilepsy       | 6) Thyroid disease | 11) Osteoporosis  | 16) Lipid disorder |
| 2) Migraine       | 7) Hay fever       | 12) Arthritis     | 17) Alcoholism     |
| 3) Mental illness | 8) Asthma          | (3) Heart disease | 18) Hepatitis      |
| 4) Glaucoma       | 9) Anemia          | (4) Stroke        | 19) Cancer         |
| 5) Diabetes       | 10) Bleeds easily  | 15) Hypertension  | 20)                |

Heart Disease  
Stroke Mother

HOSPITAL  
ADMISSIONS

YEAR

ILLNESS OR OPERATION

YEAR

ILLNESS OR OPERATION

not including  
pregnancies

2006

By pass Surgery

## LIST ALL MEDICATIONS YOU ARE NOW TAKING

Shardal 50 ✓

## ALLERGIES

Sulphate

## VACCINE

YEAR  
OF LAST

TEST / EXAM

YEAR  
OF LAST

Tetanus / Td  
Influenza (flu)  
Pneumonia  
Hepatitis  
Tuberculosis

Rectal / Stool  
Cholesterol  
Eye  
Dental

## MEDICAL HISTORY

MARK (C) FOR CURRENT PROBLEMS. CHECK (✓) AND INDICATE AGE WHEN YOU HAD ANY OF THE FOLLOWING SYMPTOMS OR DISEASES.

## MAIN PROBLEMS 1)

2)

3)

- |   |  |  |  |   |   |   |                                 |
|---|--|--|--|---|---|---|---------------------------------|
| <input type="checkbox"/> Hearing problems           | <input type="checkbox"/> Ringing in ear        | <input type="checkbox"/> Heartburn                         | <input type="checkbox"/> Peptic ulcer                          | <input type="checkbox"/> Anemia                               | <input type="checkbox"/> Bruise easily                        | <input type="checkbox"/> Alcohol                                  | oz. per week                    |
| <input type="checkbox"/> Dizzy spells               | <input type="checkbox"/> Fainting spells       | <input type="checkbox"/> Nausea / Vomiting                 | <input type="checkbox"/> Gallbladder dis                       | <input type="checkbox"/> Cancer                               | <input type="checkbox"/> Chronic fatigue                      | <input type="checkbox"/> Coffee / Tea                             | cups per day                    |
| <input type="checkbox"/> Vision problems            | <input type="checkbox"/> Eye pain              | <input type="checkbox"/> Abdominal pain- chronic           |  | <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Thyroid disease                      | <input type="checkbox"/> Smoking- cig/day                         | # years                         |
| <input type="checkbox"/> Nose bleeds - recurrent    |  | <input type="checkbox"/> Jaundice / Hepatitis              |  | <input type="checkbox"/> Seizures                             | <input type="checkbox"/> Stroke                               | <input type="checkbox"/> year quit                                |                                 |
| <input type="checkbox"/> Sinus trouble              |  | <input type="checkbox"/> Diarrhea                          | <input type="checkbox"/> Constipation                          | <input type="checkbox"/> Numbness                             | <input type="checkbox"/> Tremor                               | <input type="checkbox"/> Exercise                                 |                                 |
| <input type="checkbox"/> Sore throats - frequent    |  | <input type="checkbox"/> Diverticulosis                    | <input type="checkbox"/> Crohn's / Colitis                     | <input type="checkbox"/> Headaches - frequent                 |   | <input type="checkbox"/> Street Drugs                             |                                 |
| <input type="checkbox"/> Hoarseness - prolonged     |  | <input type="checkbox"/> Bloody or tarry stools            |  | <input type="checkbox"/> Arthritis / Rheumatism               |   | <b>FEMALES - Please complete</b>                                  |                                 |
| <input type="checkbox"/> Hayfever / Allergies       |  | <input type="checkbox"/> Hemorrhoids                       | <input type="checkbox"/> Hernia                                | <input type="checkbox"/> Back pain - recurrent                |   | <b>Menstrual flow:</b>  |                                 |
| <input type="checkbox"/> Pneumonia / Pleurisy       |  | <input type="checkbox"/> Urination - Overactive Bladder    |  | <input type="checkbox"/> Bone fracture / joint injury         |   | <input type="checkbox"/> Reg.                                     | <input type="checkbox"/> Irreg. |
| <input type="checkbox"/> Bronchitis / Chronic cough |  | <input type="checkbox"/> Overnight > than twice            |  | <input type="checkbox"/> Osteoporosis                         | <input type="checkbox"/> Gout                                 | Days of flow Length of cycle                                      |                                 |
| <input type="checkbox"/> Asthma / Wheezing          |  | <input type="checkbox"/> More than 8 times / 24 hrs.       |  | <input type="checkbox"/> Rashes                               | <input type="checkbox"/> Hives                                | Date -1st day of last period                                      |                                 |
| <input type="checkbox"/> Shortness of breath:       |  | <input type="checkbox"/> Urgency to urinate                | <input type="checkbox"/> with leakage                          | <input type="checkbox"/> Psoriasis                            | <input type="checkbox"/> Eczema                               | <input type="checkbox"/> Pain / Bleeding during or after sex      |                                 |
| <input type="checkbox"/> on exertion                | <input type="checkbox"/> lying flat            | <input type="checkbox"/> Decrease in force/flow            | <input type="checkbox"/> Painful                               | <input type="checkbox"/> Sleeping or concentration difficulty |   | Number of:  |                                 |
| <input type="checkbox"/> Chest pain                 |  | <input type="checkbox"/> Stress incontinence-urine leakage | with exercise / movement                                       | <input type="checkbox"/> Depression                           | <input type="checkbox"/> Nervousness                          | Pregnancies Abortions   |                                 |
| <input type="checkbox"/> High blood pressure        |  | <input type="checkbox"/> Bed wetting                       |  | <input type="checkbox"/> Moodiness                            | <input type="checkbox"/> Suicidal thoughts                    | Miscarriages Live births  |                                 |
| <input type="checkbox"/> Heart murmur               | <input type="checkbox"/> Swollen ankles        | <input type="checkbox"/> Blood in urine                    | <input type="checkbox"/> Kidney stones                         | <input type="checkbox"/> Memory loss                          | <input type="checkbox"/> Mental illness                       | Birth control method  |                                 |
| <input type="checkbox"/> Irregular pulse            | <input type="checkbox"/> Palpitations          | <input type="checkbox"/> Urine infections - frequent       |  | <input type="checkbox"/> Rheumatic Fever                      | <input type="checkbox"/> Measles                              | B.C. pill (name)  |                                 |
| <input type="checkbox"/> Leg pain                   | <input type="checkbox"/> Cold numb feet        | <input type="checkbox"/> Sexual issues                     | <input type="checkbox"/> Self <input type="checkbox"/> Partner | <input type="checkbox"/> Chicken Pox                          | <input type="checkbox"/> Polio <input type="checkbox"/> Mumps | <input type="checkbox"/> Flushing / Menopause                     |                                 |
| <input type="checkbox"/> Varicose veins / Phlebitis |  | <input type="checkbox"/> Sexually transmitted diseases     |  | <input type="checkbox"/> Tuberculosis                         | <input type="checkbox"/> German measles                       | Date of last PAP test   |                                 |
| <input type="checkbox"/> Loss of appetite           | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Weight-loss -                     | <input type="checkbox"/> gain                                  | <input type="checkbox"/> Herpes                               | <input type="checkbox"/> Aids / HIV                           | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |                                 |
|   |  |  |  |   |   | Date of last mamogram   |                                 |
|   |  |  |  |   |   | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |                                 |

## SYNOPSIS

You know it by heart.

NOT RECOMMENDED DURING PREGNANCY  
BEFORE PRESCRIBING, PLEASE CONSULT YOUR DOCTOR FOR  
INFORMATION FOR WARNINGS, PRECAUTIONS AND ADVERSE EFFECTS

VASOTEC

(enalapril maleate tablets, Merck Frosst Ltd.)

Angiotensin Converting Enzyme Inhibitor

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for a better tomorrow.

Merck Frosst Canada Ltd., Kirkland, Quebec



06-05-PH1-04-00N-3422/005-S11

# PHYSICAL EXAM

<b>VITAL SIGNS</b>		HT	WT <u>167</u>	BMI	BP SUPINE <u>120/80</u>	BP SITTING	PULSE <u>72</u>	RESP RATE	TEMP							
<b>VISION</b>	DISTANT (UNCORR)	(R)	(L)	DISTANT (CORR)	(R)	(L)	NEAR (UNCORR)	(R)	(L)	NEAR (CORR)	(R)	(L)	COLOUR VISION	TONO METRY	(R)	(L)
<b>OFFICE TESTS</b>	URINALYSIS - COLOR S.G.R. pH PROT GLUC KETO BILI BLOOD NITRITE UROB MICRO Hbg STOOL O.B. COMMENTS GENERAL APPEARANCE <u>Fat</u>															

PHYSICAL EXAM		POSITIVE/ABNORMAL	NEGATIVE/NORMAL	POSITIVE/ABNORMAL	NEGATIVE/NORMAL	POSITIVE/ABNORMAL	NEGATIVE/NORMAL
<b>HEAD &amp; NECK</b>	Head, Scalp	<input checked="" type="checkbox"/>		<b>EXTREMITIES</b>	Hernial Rings	<input checked="" type="checkbox"/>	
	Lids-Sclera-Conj.	<input checked="" type="checkbox"/>			Inguinal Nodes	<input checked="" type="checkbox"/>	
	Eye Muscles	<input checked="" type="checkbox"/>			Pulses - Femoral	<input checked="" type="checkbox"/>	
	Pupils	<input checked="" type="checkbox"/>			Popliteal	<input checked="" type="checkbox"/>	
	Fundi	<input checked="" type="checkbox"/>			Post Tibial	<input checked="" type="checkbox"/>	
	Ears	<input checked="" type="checkbox"/>			Dorsalis Pedis	<input checked="" type="checkbox"/>	
	Nose / Sinuses	<input checked="" type="checkbox"/>			V. Veins <input type="checkbox"/> Edema <input type="checkbox"/>		
	Teeth / Gums	<input checked="" type="checkbox"/>			Cyanosis <input type="checkbox"/> Clubbing <input type="checkbox"/>		
	Pharynx	<input checked="" type="checkbox"/>			♀ - Vulva / Vagina	<input type="checkbox"/>	
	Thyroid	<input checked="" type="checkbox"/>			Adnexae	<input type="checkbox"/>	
<b>CHEST</b>	Neck Glands	<input checked="" type="checkbox"/>		Cervix	<input type="checkbox"/>		
	Carotid Bruits	<input checked="" type="checkbox"/>		Uterus	<input type="checkbox"/>		
	Chest-Lungs	<input checked="" type="checkbox"/>		Utero / Rectocoele	<input type="checkbox"/>		
	Heart-Apex (location)	<u>5th inter</u>		YES NO			
	Heart Sound	<input checked="" type="checkbox"/>		Pap Test (done)	<input type="checkbox"/>		
	Murmurs / Thrills	<input checked="" type="checkbox"/>		Genitalia - (male)	<input checked="" type="checkbox"/>		
	Breasts & Nipples	<input checked="" type="checkbox"/>		- Prostate	<input type="checkbox"/>		
	Axillary Nodes	<input checked="" type="checkbox"/>		Ano-Rectal	<input checked="" type="checkbox"/>		
	Abdominal Masses	<input checked="" type="checkbox"/>		Sigmoidoscopy			
	Abdominal Tend	<input checked="" type="checkbox"/>		<b>DERM</b>	Skin Lesions	<input checked="" type="checkbox"/>	
Liver /Spleen	<input checked="" type="checkbox"/>		Nail Beds - Fingers		<input checked="" type="checkbox"/>		
Abdominal Bruits	<input checked="" type="checkbox"/>		- Toes		<input checked="" type="checkbox"/>		
<b>ABDOMEN</b>				<b>NEUROLOGICAL EXAM</b>	Neck	<input type="checkbox"/>	
					Shoulders	<input type="checkbox"/>	
					Elbows	<input type="checkbox"/>	
					Wrists	<input type="checkbox"/>	
					Fingers	<input type="checkbox"/>	
					Back	<input type="checkbox"/>	
					Hips	<input type="checkbox"/>	
					Knees	<input type="checkbox"/>	
					Ankles / Feet	<input type="checkbox"/>	
					Paralysis	<input type="checkbox"/>	
<b>INVESTIG</b>	<input checked="" type="checkbox"/> CBC		<input type="checkbox"/> CHEST X-RAY		<input type="checkbox"/> MAMMOGRAM		
			<input checked="" type="checkbox"/> ECG				
	<input type="checkbox"/> PSA						
	<input type="checkbox"/> TESTOSTERONE						

<b>SYNOPSIS</b>	<b>PLANS</b>
<u>AS 147</u>	

<b>COZAR</b> losartan potassium	<b>HYZAR</b> losartan potassium and hydrochlorothiazide	<b>HYZAR DS</b> losartan potassium and hydrochlorothiazide	<b>MERCK FROSST</b> Discovering today for a better tomorrow. Merck Frosst Canada Ltd., Kirkland, Quebec
------------------------------------	--	---	---

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

5199 13

Patient name  
LARIVEE, GARY

Birthdate: 24-JAN-1940 Sex: M  
Phone #: (519)633-2924  
Health #: 6183846770 KR

Accession #  
HB1170044

Date of Service: 27-APR-2007

Printed: 30-APR-2007

Requesting physician: DR. A.M. MORROW

Reference #:

Report status:

FINAL

TEST NAME

RESULT

ABNORMAL

REFERENCE RANGE

UNITS

TEST LOCH.

Contribute to Patient Safety: Understand acceptance criteria for requisitions and specimens submitted to your community lab.

Visit [www.oaml.com/PDF/safety\\_2007.pdf](http://www.oaml.com/PDF/safety_2007.pdf)

\*\*\*\*\*

*HEMOGLOBIN	161		135 - 175	g/L	HO
*HEMATOCRIT	0.49		0.40 - 0.50		
*WHITE BLOOD CELL COUNT	7.2		4.0 - 11.0	x E9/L	
*RED BLOOD CELL COUNT	5.11		4.50 - 6.00	x E12/L	
*MCV	96.1		80 - 100	fL	
*MCH	31.5		27.5 - 33.0	pg	
*MCHC	328		305 - 360	g/L	
*RDW	13.2		11.5 - 14.5		
*PLATELET COUNT	306		150-400	x E9/L	
*ABSOLUTE:	NEUTS	3.2	2.0 - 7.5	x E9/L	
* (A)	LYMPH	3.1	1.0 - 3.5	x E9/L	
* (A)	MONO	0.5	0.0 - 1.0	x E9/L	
* (A)	EOS	0.3	0.0 - 0.5	x E9/L	
* (A)	BASO	0.0	0.0 - 0.2	x E9/L	

## URINALYSIS: CHEMICAL

* COLOUR	YELLOW	NONE/YELLOW	
* APPEARANCE	CLOUDY	CLEAR	
* GLUCOSE	NEGATIVE	NEGATIVE	MMOL/L
* KETONE	NEGATIVE	NEGATIVE	MMOL/L
* SPECIFIC GRAVITY	1.015	1.001 - 1.030	
* BLOOD	NEGATIVE	NEGATIVE	
* pH	8.0	5.0 - 8.0	
* PROTEIN	NEGATIVE	NEGATIVE (<0.3)	G/L
* NITRITE	NEGATIVE	NEGATIVE	
* LEUCOCYTE ESTERASE	NEGATIVE	NEGATIVE	

*GLUCOSE-FASTING	5.2	3.9 - 6.0	MMOL/L
*TIME OF COLLECTION:	07:45		
*LIPID TARGET VALUES			

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.

LARIVEE, GARY

FINAL-REPORT

Continue on Page: 2

PND = Pending \* = Not previously reported

CONFIDENTIAL INFORMATION. UNAUTHORIZED USE OR-DISCLOSURE IS PROHIBITED.

***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

H0 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 K0M 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 LABORATORY SERVICES - LOCATION CODES AND ADDRESSES**

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**TORONTO AREA**

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

U5 4 YORK ST., HALIBURTON K0M 1S0

W2 800 PRINCESS ST., KINGSTON K7L 5E4

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

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Client

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Patient name

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TEST NAME

RESULT

ABNORMAL

REFERENCE RANGE

UNITS

TEST LOCL

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Visit [www.oaml.com/PDF/safety\\_2007.pdf](http://www.oaml.com/PDF/safety_2007.pdf)

See also [www.oaml.com](http://www.oaml.com)

*CHOLESTEROL	4.70		MMOL/L	10
*LDL CHOLESTEROL (CALCULATED)	2.44		mmol/L	
*HDL CHOLESTEROL	1.59		MMOL/L	
*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](http://www.mdsdx.com)).

*POTASSIUM	5.0	3.5 - 5.2	MMOL/L	H0
*URATE	379	230 - 480	UMOL/L	
*CREATININE	98	60-125	UMOL/L	
*eGFR	75			

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.

*THYROTROPIN (SENSITIVE TSH)	2.10	0.35 - 5.00	MIU/L	10
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LARIVEE, GARY

FINAL-REPORT

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\* = Not previously reported

CONFIDENTIAL INFORMATION - UNAUTHORIZED USE OR DISCLOSURE IS PROHIBITED.

# HISTORY & PHYSICAL

NAME LARIVEE, GARY MARITAL STATUS (M) DATE June 9/08  
 ADDRESS 21 ALDBOROUGH AVE DATE OF BIRTH 24.01.1940 **Formedic**  
 OCCUPATION/EMPLOYER ST. THOMAS, ONT NSR 458 PHONE (H) 519-633-6924(0)  
 INSURANCE H/C 6183 846 770 KR

**FAMILY HISTORY** IF ANY BLOOD RELATIVE HAS SUFFERED ANY OF THE FOLLOWING - PLEASE CIRCLE THE NUMBER & INDICATE WHICH RELATIVE

1) Epilepsy	6) Thyroid disease	11) Osteoporosis	16) Lipid disorder
2) Migraine	7) Hay fever	12) Arthritis	17) Alcoholism
3) Mental illness	8) Asthma	13) Heart disease	18) Hepatitis
4) Glaucoma	9) Anemia	14) Stroke	19) Cancer
5) Diabetes	10) Bleeds easily	15) Hypertension	20) Other

*mother had cancer*  
*brother*  
*brother*  
*brother*  
*brother*

**HOSPITAL ADMISSIONS**

YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION
	<i>appendicitis</i>		
	<i>thrombosis</i>		
<i>2006</i>	<i>coronary bypass surgery</i>		

not including pregnancies

**LIST ALL MEDICATIONS YOU ARE NOW TAKING**

<i>Chlorzolate</i>	
<i>non-Hormonal</i>	
<i>Aspirin</i>	

**ALLERGIES** *Sulphate*

**VACCINE**

Tetanus / Td	Rectal / Stool
Influenza (flu)	Cholesterol
Pneumonia	Eye
Hepatitis	Dental
Tuberculosis	

**MEDICAL HISTORY** MARK (C) FOR CURRENT PROBLEMS. CHECK (✓) AND INDICATE AGE WHEN YOU HAD ANY OF THE FOLLOWING SYMPTOMS OR DISEASES.

**MAIN PROBLEMS** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

<input type="checkbox"/> Hearing problems <input type="checkbox"/> Dizzy spells <input type="checkbox"/> Vision problems <input type="checkbox"/> Nose bleeds - recurrent <input type="checkbox"/> Sinus trouble <input type="checkbox"/> Sore throats - frequent <input type="checkbox"/> Hoarseness - prolonged <input type="checkbox"/> Hayfever / Allergies <input type="checkbox"/> Pneumonia / Pleurisy <input type="checkbox"/> Bronchitis / Chronic cough <input type="checkbox"/> Asthma / Wheezing <input type="checkbox"/> Shortness of breath: <input type="checkbox"/> on exertion <input type="checkbox"/> lying flat <input type="checkbox"/> Chest pain <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Irregular pulse <input type="checkbox"/> Leg pain <input type="checkbox"/> Varicose veins / Phlebitis <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Difficulty swallowing	<input type="checkbox"/> Heartburn <input type="checkbox"/> Nausea / Vomiting <input type="checkbox"/> Abdominal pain- chronic <input type="checkbox"/> Jaundice / Hepatitis <input type="checkbox"/> Diarrhea <input type="checkbox"/> Diverticulosis <input type="checkbox"/> Bloody or tarry stools <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Urination - Overactive Bladder <input type="checkbox"/> Overnight > than twice <input type="checkbox"/> More than 8 times / 24 hrs. <input type="checkbox"/> Urgency to urinate <input type="checkbox"/> with leakage <input type="checkbox"/> Decrease in force/flow <input type="checkbox"/> Painful <input type="checkbox"/> Stress incontinence-urine leakage with exercise / movement <input type="checkbox"/> Bed wetting <input type="checkbox"/> Blood in urine <input type="checkbox"/> Urine infections - frequent <input type="checkbox"/> Sexual issues <input type="checkbox"/> Sexually transmitted diseases <input type="checkbox"/> Weight-loss - <input type="checkbox"/> gain	<input type="checkbox"/> Peptic ulcer <input type="checkbox"/> Gallbladder dis <input type="checkbox"/> Anemia <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Headaches - frequent <input type="checkbox"/> Arthritis / Rheumatism <input type="checkbox"/> Back pain - recurrent <input type="checkbox"/> Bone fracture / joint injury <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Rashes <input type="checkbox"/> Psoriasis <input type="checkbox"/> Sleeping or concentration difficulty <input type="checkbox"/> Depression <input type="checkbox"/> Moodiness <input type="checkbox"/> Memory loss <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Herpes	<input type="checkbox"/> Bruise easily <input type="checkbox"/> Chronic fatigue <input type="checkbox"/> Thyroid disease <input type="checkbox"/> Stroke <input type="checkbox"/> Tremor <input type="checkbox"/> Gout <input type="checkbox"/> Hives <input type="checkbox"/> Eczema <input type="checkbox"/> Nervousness <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Mental illness <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> German measles <input type="checkbox"/> Aids / HIV	<input checked="" type="checkbox"/> Alcohol <i>social</i> oz. per week <input checked="" type="checkbox"/> Coffee / Tea _____ cups per day <input type="checkbox"/> Smoking- cig/day <i>0</i> # years <input type="checkbox"/> year-quit <input type="checkbox"/> Exercise <i>walking</i> <input type="checkbox"/> Street Drugs <b>FEMALES - Please complete</b> <b>Menstrual flow:</b> <input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> Pain / Cramps Days of flow _____ Length of cycle _____ Date -1st day of last period _____ <input type="checkbox"/> Pain / Bleeding during or after sex Number of: Pregnancies _____ Abortions _____ Miscarriages _____ Live births _____ Birth control method _____ B.C. pill (name) _____ <input type="checkbox"/> Flushing / Menopause Date of last PAP test _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Date of last mamogram _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
---	---	---	---	--

**SYNOPSIS**

*cut coffee down*  
*↓*  
*Loke asymptotic*



In adults who have not previously received a dose of acellular pertussis vaccine, replace the Td booster with a dTap booster.\*

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

ADACEL\* is indicated for the prevention of tetanus, diphtheria and whooping cough in adolescents and adults aged 11 to 54 years.

Immunization with ADACEL\* should be deferred in the presence of any acute illness, including febrile illness. Adverse events following ADACEL\* were primarily localized to the site of injection. Local reactions: Pain (88.5%), erythema (11.8%), swelling (18.7%).

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

**Adacel**  
 Pertussis Protection Added to Tetanus-Diphtheria Toxoids  
 Added Pertussis Protection

PAAB

# PHYSICAL EXAM

<b>VITAL SIGNS</b>		HT	WT	BMI	BP SUPINE	BP SITTING	PULSE	RESP RATE	TEMP							
					130/22		72									
<b>VISION</b>	DISTANT (UNCORR)	(R)	(L)	DISTANT (CORR)	(R)	(L)	NEAR (UNCORR)	(R)	(L)	NEAR (CORR)	(R)	(L)	COLOUR VISION	TONO METRY	(R)	(L)
<b>OFFICE TESTS</b>		URINALYSIS - COLOR S.GR pH PROT GLUC KETO BILI BLOOD NITRITE UROB MICRO														
Hbg		STOOL O.B.														
<b>COMMENTS</b>																
GENERAL APPEARANCE <i>Fit</i>																

PHYSICAL EXAM		ADONE/ ASOAL/ ASOAL/ ASOAL/	<input checked="" type="checkbox"/> POSITIVE OR ABNORMAL FINDINGS <input checked="" type="checkbox"/> NEGATIVE OR NORMAL FINDINGS	ADONE/ ASOAL/ ASOAL/ ASOAL/	ADONE/ ASOAL/ ASOAL/ ASOAL/			
<b>HEAD &amp; NECK</b>	Head, Scalp	<input checked="" type="checkbox"/>		<b>EXTREMITIES</b>	Hernial Rings	<input checked="" type="checkbox"/>	<b>JOINTS</b>	<input type="checkbox"/> Neck
	Lids-Sclera-Conj.	<input checked="" type="checkbox"/>			Inguinal Nodes	<input checked="" type="checkbox"/>		<input type="checkbox"/> Shoulders
	Eye Muscles	<input checked="" type="checkbox"/>			Pulses -Femoral	<input checked="" type="checkbox"/>		<input type="checkbox"/> Elbows
	Pupils	<input checked="" type="checkbox"/>			Popliteal	<input checked="" type="checkbox"/>		<input type="checkbox"/> Wrists
	Fundi	<input checked="" type="checkbox"/>			Post Tibial	<input checked="" type="checkbox"/>		<input type="checkbox"/> Fingers
	Ears	<input checked="" type="checkbox"/>			Dorsalis Pedis	<input checked="" type="checkbox"/>		<input type="checkbox"/> Back
	Nose / Sinuses	<input checked="" type="checkbox"/>			V. Veins <input type="checkbox"/> Edema <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Hips
	Teeth / Gums	<input checked="" type="checkbox"/>			Cyanosis <input type="checkbox"/> Clubbing <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Knees
	Pharynx	<input checked="" type="checkbox"/>			♀ - Vulva / Vagina <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Ankles / Feet
	Thyroid	<input checked="" type="checkbox"/>			Adnexae <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Paralysis
<b>CHEST</b>	Neck Glands	<input checked="" type="checkbox"/>		Cervix <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gait	<b>NEUROLOGICAL EXAM</b>	<input type="checkbox"/> Muscle Atrophy
	Carotid Bruits	<input checked="" type="checkbox"/>		Uterus <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cranial Nerves		
	Chest-Lungs	<input checked="" type="checkbox"/>		Utero / Rectocoele <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tendon Reflexes		
	Heart-Apex (location)	<i>5th ICS</i>		Pap Test (done) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Romberg		
	Heart Sound	<input checked="" type="checkbox"/>		Genitalia - (male) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Babinski		
<b>ABDOMEN</b>	Murmurs / Thrills	<input checked="" type="checkbox"/>		- Prostate <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sensory		<input type="checkbox"/> Motor
	Breasts & Nipples	<input checked="" type="checkbox"/>		Ano-Rectal <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vibration		<input type="checkbox"/> Position
	Axillary Nodes	<input checked="" type="checkbox"/>		Sigmoidoscopy <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tremor		<input type="checkbox"/> Rigidity
	Abdominal Masses	<input checked="" type="checkbox"/>		Skin Lesions <input checked="" type="checkbox"/>	<input type="checkbox"/>			
	Abdominal Tend	<input checked="" type="checkbox"/>		Nail Beds - Fingers <input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>DERM</b>	Liver /Spleen	<input checked="" type="checkbox"/>		- Toes <input checked="" type="checkbox"/>	<input type="checkbox"/>			
	Abdominal Bruits	<input checked="" type="checkbox"/>						

<b>INVESTIG</b>	<input type="checkbox"/> CBC	<input type="checkbox"/> CHEST X-RAY	<input type="checkbox"/> MAMMOGRAM
		<input type="checkbox"/> ECG	
	<input type="checkbox"/> PSA		
	<input type="checkbox"/> TESTOSTERONE		

<b>SYNOPSIS</b>	<b>PLANS</b>



In adults who have not previously received a dose of acellular pertussis vaccine, replace the Td booster with a dTap booster.\*

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

ADACEL® is indicated for the prevention of tetanus, diphtheria and whooping cough in adolescents and adults aged 11 to 54 years.

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1. Health Canada. Canada Communicable Disease Report, 2003;23:1-9.

**Adacel**  
Pertussis Protection Added To Tetanus-Diphtheria Toxoids  
Added Pertussis Protection





**Client**

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

5199 13

**Patient name**

LARIVEE, GARY

Birthdate: 24-JAN-1940 Sex: M  
Phone #: (519) 633-2924  
Health #: 6183846770 WC

**Accession #**

HB6110098

Date of Service: 11-JAN-2008

Printed: 15-JAN-2008

Requesting physician: DR. A.M. MORROW

Reference #:

Report status:

FINAL

TEST NAME

RESULT

ABNORMAL

REFERENCE RANGE

UNITS

TEST LOCH.

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

**BIOCHEMISTRY**

\*TOTAL PSA

0.30

0.00 - 4.00

ug/L

10

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 considered. Values obtained  
using different assay methods cannot be used  
interchangeably.

LARIVEE, GARY

FINAL REPORT

PND = Pending \* = Not previously reported

CONFIDENTIAL INFORMATION - UNAUTHORIZED USE OR DISCLOSURE IS PROHIBITED

***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

H0 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 K0M 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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Client  
DR. A.M. MORROW  
130 ELLESMERE RD  
SCARBOROUGH, ONT  
M1R 4C5

5199 13

Patient name  
LARIVEE, GARY

Birthdate: 24-JAN-1940 Sex: M  
Phone #: (519) 633-2924  
Health #: 6183846770 WC

Accession #  
HB6110098

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TEST NAME

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TEST LOCL

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\*ELECTROCARDIOGRAM

H0

REPORTED UNDER SEPARATE COVER.

*HEMOGLOBIN	162	135 - 175	g/L
*HEMATOCRIT	0.48	0.40 - 0.50	L/L
*WHITE BLOOD CELL COUNT	6.2	4.0 - 11.0	x E9/L
*RED BLOOD CELL COUNT	5.08	4.50 - 6.00	x E12/L
*MCV	94.7	80 - 100	fL
*MCH	31.9	27.5 - 33.0	pg
*MCHC	337	305 - 360	g/L
*RDW	13.1	11.5 - 14.5	%
*PLATELET COUNT	306	150-400	x E9/L
*ABSOLUTE: NEUTS	2.9	2.0 - 7.5	x E9/L
* (A) LYMPH	2.4	1.0 - 3.5	x E9/L
* (A) MONO	0.5	0.0 - 1.0	x E9/L
* (A) EOS	0.3	0.0 - 0.5	x E9/L
* (A) BASO	0.0	0.0 - 0.2	x E9/L

URINALYSIS: CHEMICAL

* COLLECTION DATE	11-JAN-2008
* COLLECTION TIME	07:50
* COLOUR	YELLOW
* APPEARANCE	CLEAR
* SPECIFIC GRAVITY	1.015
* pH	6.5
* PROTEIN	NEGATIVE
* GLUCOSE	NEGATIVE
* KETONE	NEGATIVE
* BLOOD	NEGATIVE
* NITRITE	NEGATIVE

*[Handwritten signature]*

LARIVEE, GARY

FINAL REPORT

Continue on Page: 2

PND = Pending \* = Not previously reported

CONFIDENTIAL INFORMATION - UNAUTHORIZED USE OR DISCLOSURE IS PROHIBITED

Client  
DR. A.M. MORROW  
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\* LEUCOCYTE-ESTERASE NEGATIVE NEGATIVE H0

\*GLUCOSE-FASTING 4.8 3.9 - 6.0 MMOL/L

\*TIME OF COLLECTION: 07:50

\*LIPID TARGET VALUES

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.mdsdx.com

*CHOLESTEROL	4.86		MMOL/L	A0
*LDL CHOLESTEROL (CALCULATED)	2.83		mmol/L	
*HDL CHOLESTEROL	1.50		mmol/L	10
*CHOLESTEROL/HDL RATIO	3.2			A0
*TRIGLYCERIDES	1.16		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	4.1	3.5 - 5.2	MMOL/L	H0
*ASPARTATE TRANSAMINASE (AST)	34	10-40	U/L	
*URATE	423	230 - 480	UMOL/L	
*CREATININE	102	60-125	UMOL/L	
*eGFR	72			

eGFR 60-89 mL/min/1.73 m2 is seen in up to 45% of adults. Screening for Chronic Kidney Disease is recommended only for those in high risk groups.

LARIVEE, GARY

FINAL REPORT

Continue on Page: 3

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X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 2L9

Name: LARIVEE, GARY  
Number: 6183846770  
Gender: Male  
Birthdate: 1/24/1940 67 years

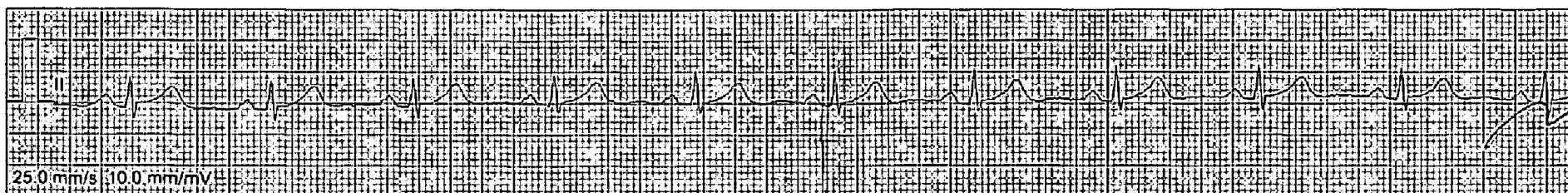
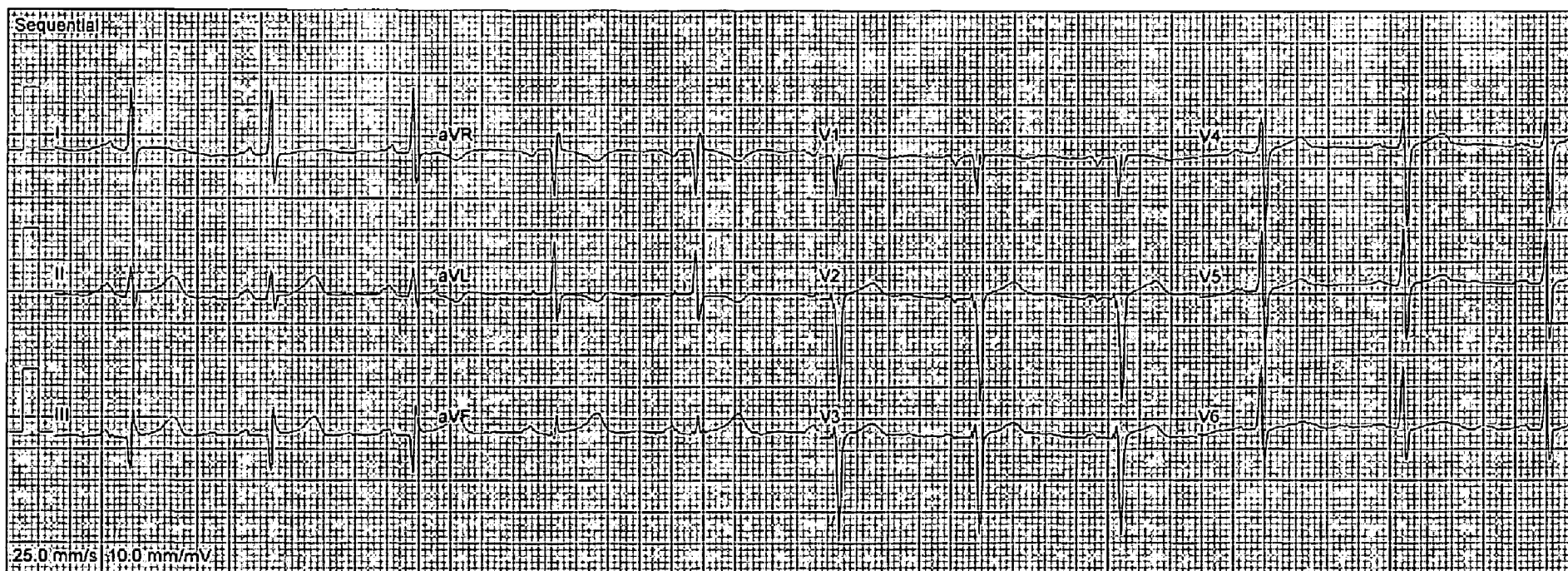
P / PQ: 117 ms / 177 ms  
QRS: 100 ms  
QT / QTc / QTd: 413 ms / 425 ms / -  
P/QRS/T axis: 64° / 44° / 79°  
Heart rate: 67 bpm

Recorded: 1/11/2008 8:14:39 AM  
Recorded by: HJU (first230@telemeddm.com)  
Referring physician: First230 (first230@telemeddm.com)  
Location: HB6110098 REF: DR.A.M.MORROW,  
Comment: #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

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



## HISTORY &amp; PHYSICAL

DATE

June 22/09

NAME

Gary Lalivee

M  
FMARITAL STATUS  
S M W D SEP

DATE OF BIRTH

24.01.1940

Formedic

ADDRESS

21 Aldborough Ave

PHONE (H)

519-633-8992

OCCUPATION/  
EMPLOYER

St. Thomas ON N5R 4S8

INSURANCE

6183 846 770 KR

## FAMILY HISTORY

IF ANY BLOOD RELATIVE HAS SUFFERED ANY OF THE FOLLOWING - PLEASE CIRCLE THE NUMBER &amp; INDICATE WHICH RELATIVE

- |                   |                    |                   |                    |
|-------------------|--------------------|-------------------|--------------------|
| 1) Epilepsy       | 6) Thyroid disease | 11) Osteoporosis  | 16) Lipid disorder |
| 2) Migraine       | 7) Hay fever       | 12) Arthritis     | 17) Alcoholism     |
| 3) Mental illness | 8) Asthma          | 13) Heart disease | 18) Hepatitis      |
| 4) Glaucoma       | 9) Anemia          | 14) Stroke        | 19) Cancer         |
| 5) Diabetes       | 10) Bleeds easily  | 15) Hypertension  | 20)                |

Stroke Mother

AS 100

Cancer Grand

HOSPITAL  
ADMISSIONS

YEAR

ILLNESS OR OPERATION

YEAR

ILLNESS OR OPERATION

not including  
pregnancies

## LIST ALL MEDICATIONS YOU ARE NOW TAKING

## ALLERGIES

## VACCINE

YEAR  
OF LAST

## TEST / EXAM

YEAR  
OF LAST

Expiras 8Lr

Sulpho

Tetanus / Td

Influenza (flu)

Pneumonia

Hepatitis

Tuberculosis

Rectal / Stool

Cholesterol

Eye

Dental

## MEDICAL HISTORY

MARK (C) FOR CURRENT PROBLEMS. CHECK (✓) AND INDICATE AGE WHEN YOU HAD ANY OF THE FOLLOWING SYMPTOMS OR DISEASES.

## MAIN PROBLEMS 1)

2)

3)

- |  |  |   |  |   |   |  |
|--|--|---|--|---|---|--|
| <input type="checkbox"/> Hearing problems  | <input type="checkbox"/> Ringing in ear  | <input type="checkbox"/> Heartburn  | <input type="checkbox"/> Peptic ulcer                          | <input type="checkbox"/> Anemia                               | <input type="checkbox"/> Bruise easily                        | <input checked="" type="checkbox"/> Alcohol 807 oz. per week   |
| <input type="checkbox"/> Dizzy spells  | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Nausea / Vomiting  | <input type="checkbox"/> Gallbladder dis                       | <input type="checkbox"/> Cancer                               | <input type="checkbox"/> Chronic fatigue                      | <input checked="" type="checkbox"/> Coffee / Tea cups per day  |
| <input type="checkbox"/> Vision problems   | <input type="checkbox"/> Eye pain        | <input type="checkbox"/> Abdominal pain- chronic                                    |  | <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Thyroid disease                      | <input type="checkbox"/> Smoking- cig/day # years  |
| <input type="checkbox"/> Nose bleeds - recurrent   |  | <input type="checkbox"/> Jaundice / Hepatitis                                       |  | <input type="checkbox"/> Seizures                             | <input type="checkbox"/> Stroke                               | year quit  |
| <input type="checkbox"/> Sinus trouble   |  | <input type="checkbox"/> Diarrhea   | <input type="checkbox"/> Constipation                          | <input type="checkbox"/> Numbness                             | <input type="checkbox"/> Tremor                               | <input type="checkbox"/> Exercise  |
| <input type="checkbox"/> Sore throats - frequent   |  | <input type="checkbox"/> Diverticulosis   | <input type="checkbox"/> Crohn's / Colitis                     | <input type="checkbox"/> Headaches - frequent                 |   | <input type="checkbox"/> Street Drugs  |
| <input type="checkbox"/> Hoarseness - prolonged  |  | <input type="checkbox"/> Bloody or tarry stools                                     |  | <input type="checkbox"/> Arthritis / Rheumatism               |   | <b>FEMALES - Please complete</b>   |
| <input type="checkbox"/> Hayfever / Allergies  |  | <input type="checkbox"/> Hemorrhoids  | <input type="checkbox"/> Hemia                                 | <input type="checkbox"/> Back pain - recurrent                |   | <b>Menstrual flow:</b>   |
| <input type="checkbox"/> Pneumonia / Pleurisy  |  | Urination - Overactive Bladder  |  | <input type="checkbox"/> Bone fracture / joint injury         |   | <input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> Pain / Cramps |
| <input type="checkbox"/> Bronchitis / Chronic cough                                      |  | <input type="checkbox"/> Overnight > than twice                                     |  | <input type="checkbox"/> Osteoporosis                         | <input type="checkbox"/> Gout                                 | Days of flow Length of cycle   |
| <input type="checkbox"/> Asthma / Wheezing   |  | <input type="checkbox"/> More than 8 times / 24 hrs.                                |  | <input type="checkbox"/> Rashes                               | <input type="checkbox"/> Hives                                | Date-1st day of last period  |
| <input type="checkbox"/> Shortness of breath:  |  | <input type="checkbox"/> Urgency to urinate <input type="checkbox"/> with leakage   |  | <input type="checkbox"/> Psoriasis                            | <input type="checkbox"/> Eczema                               | <input type="checkbox"/> Pain / Bleeding during or after sex   |
| <input type="checkbox"/> on exertion <input type="checkbox"/> lying flat                 |  | <input type="checkbox"/> Decrease in force/flow <input type="checkbox"/> Painful    |  | <input type="checkbox"/> Sleeping or concentration difficulty |   | Number of:   |
| <input type="checkbox"/> Chest pain  |  | <input type="checkbox"/> Stress incontinence-urine leakage with exercise / movement |  | <input type="checkbox"/> Depression                           | <input type="checkbox"/> Nervousness                          | Pregnancies Abortions  |
| <input checked="" type="checkbox"/> High blood pressure                                  |  | <input type="checkbox"/> Bed wetting  |  | <input type="checkbox"/> Moodiness                            | <input type="checkbox"/> Suicidal thoughts                    | Miscarriages Live births   |
| <input type="checkbox"/> Heart murmur  | <input type="checkbox"/> Swollen ankles  | <input type="checkbox"/> Blood in urine   | <input type="checkbox"/> Kidney stones                         | <input type="checkbox"/> Memory loss                          | <input type="checkbox"/> Mental illness                       | Birth control method   |
| <input type="checkbox"/> Irregular pulse   | <input type="checkbox"/> Palpitations    | <input type="checkbox"/> Urine infections - frequent                                |  | <input type="checkbox"/> Rheumatic Fever                      | <input type="checkbox"/> Measles                              | B.C. pill (name)   |
| <input type="checkbox"/> Leg pain  | <input type="checkbox"/> Cold numb feet  | <input type="checkbox"/> Sexual issues  | <input type="checkbox"/> Self <input type="checkbox"/> Partner | <input type="checkbox"/> Chicken Pox                          | <input type="checkbox"/> Polio <input type="checkbox"/> Mumps | <input type="checkbox"/> Flushing / Menopause  |
| <input type="checkbox"/> Varicose veins / Phlebitis                                      |  | <input type="checkbox"/> Sexually transmitted diseases                              |  | <input type="checkbox"/> Tuberculosis                         | <input type="checkbox"/> German measles                       | Date of last PAP test  |
| <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Difficulty swallowing |  | <input type="checkbox"/> Weight-loss - <input type="checkbox"/> gain                |  | <input type="checkbox"/> Herpes                               | <input type="checkbox"/> Aids / HIV                           | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal                                    |
|  |  |   |  |   |   | Date of last mamogram  |
|  |  |   |  |   |   | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal                                    |
|  |  |   |  |   |   | <input type="checkbox"/> HPV - <input type="checkbox"/> test <input type="checkbox"/> vaccine        |

## SYNOPSIS

Typhoid

↓ Salt



A once-daily macrolide for

**AECB-CAP-AMS**

© Abbott Laboratories, Limited  
Saint-Laurent, Québec H4S 1Z1

www.abbott.ca  
1 800 361-7852

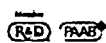
Product monograph and full prescribing  
information available on request.

ONCE-DAILY

**BIAXIN XL**

CLARITHROMYCIN EXTENDED-RELEASE TABLETS

2 x 500 mg once-daily with food



**Abbott**  
A Promise for Life



# PHYSICAL EXAM

Formedic

VITAL SIGNS HT WT BMI 184 BP SUPINE BP SITTING 160/90 SE RESP RATE TEMP

VISION DISTANT (UNCORR) (R) (L) DISTANT (CORR) (R) (L) NEAR (UNCORR) (R) (L) NEAR (CORR) (R) (L) COLOUR VISION TONO METRY (R) (L)

OFFICE TESTS URINALYSIS COLOUR S.GR pH PROT GLUC KETO BILI BLOOD NITRITE UROB MICRO

Hbg STOOL O.B.

COMMENTS

GENERAL APPEARANCE

PHYSICAL EXAM

HEAD & NECK		EXTREMITIES		GENIT - URINE		ARNOCT		DERM		JOINTS		NEUROLOGICAL EXAM	
Head, Scalp	<input checked="" type="checkbox"/>	Hemial Rings	<input checked="" type="checkbox"/>							Neck	<input checked="" type="checkbox"/>		
Lids-Sclera-Conj.	<input checked="" type="checkbox"/>	Inguinal Nodes	<input checked="" type="checkbox"/>							Shoulders	<input checked="" type="checkbox"/>		
Eye Muscles	<input checked="" type="checkbox"/>	Pulses -Femoral	<input checked="" type="checkbox"/>							Elbows	<input checked="" type="checkbox"/>		
Pupils	<input checked="" type="checkbox"/>	Popliteal	<input checked="" type="checkbox"/>							Wrists	<input checked="" type="checkbox"/>		
Fundi	<input checked="" type="checkbox"/>	Post Tibial	<input checked="" type="checkbox"/>							Fingers	<input checked="" type="checkbox"/>		
Ears	<input checked="" type="checkbox"/>	Dorsalis Pedis	<input checked="" type="checkbox"/>							Back	<input checked="" type="checkbox"/>		
Nose / Sinuses	<input checked="" type="checkbox"/>	V. Veins	<input checked="" type="checkbox"/>	Edema	<input checked="" type="checkbox"/>					Hips	<input checked="" type="checkbox"/>		
Teeth / Gums	<input checked="" type="checkbox"/>	Cyanosis	<input checked="" type="checkbox"/>	Clubbing	<input checked="" type="checkbox"/>					Knees	<input checked="" type="checkbox"/>		
Pharynx	<input checked="" type="checkbox"/>	♀ - Vulva / Vagina	<input checked="" type="checkbox"/>							Ankles / Feet	<input checked="" type="checkbox"/>		
Thyroid	<input checked="" type="checkbox"/>	Adnexae	<input checked="" type="checkbox"/>							Paralysis	<input checked="" type="checkbox"/>		
Neck Glands	<input checked="" type="checkbox"/>	Cervix	<input checked="" type="checkbox"/>							Gait	<input checked="" type="checkbox"/>		
Carotid Bruits	<input checked="" type="checkbox"/>	Uterus	<input checked="" type="checkbox"/>							Muscle Atrophy	<input checked="" type="checkbox"/>		
Chest-Lungs	<input checked="" type="checkbox"/>	Utero / Rectocoele	<input checked="" type="checkbox"/>							Cranial Nerves	<input checked="" type="checkbox"/>		
Heart-Apex (location)	<input checked="" type="checkbox"/>	Pap Test (done)	<input checked="" type="checkbox"/>	YES NO	<input checked="" type="checkbox"/>					Tendon Reflexes	<input checked="" type="checkbox"/>		
Heart Sound	<input checked="" type="checkbox"/>	Genitalia - (male)	<input checked="" type="checkbox"/>							Romberg	<input checked="" type="checkbox"/>		
Murmurs / Thrills	<input checked="" type="checkbox"/>	- Prostate	<input checked="" type="checkbox"/>							Babinski	<input checked="" type="checkbox"/>		
Breasts & Nipples	<input checked="" type="checkbox"/>	Ano-Rectal	<input checked="" type="checkbox"/>							Sensory	<input checked="" type="checkbox"/>		
Axillary Nodes	<input checked="" type="checkbox"/>	Sigmoidoscopy	<input checked="" type="checkbox"/>							Motor	<input checked="" type="checkbox"/>		
Abdominal Masses	<input checked="" type="checkbox"/>									Vibration	<input checked="" type="checkbox"/>		
Abdominal Tend	<input checked="" type="checkbox"/>	Skin Lesions	<input checked="" type="checkbox"/>							Position	<input checked="" type="checkbox"/>		
Liver /Spleen	<input checked="" type="checkbox"/>	Nail Beds - Fingers	<input checked="" type="checkbox"/>							Tremor	<input checked="" type="checkbox"/>		
Abdominal Bruits	<input checked="" type="checkbox"/>	- Toes	<input checked="" type="checkbox"/>							Rigidity	<input checked="" type="checkbox"/>		

INVESTIG.	<input checked="" type="checkbox"/> CBC	<input checked="" type="checkbox"/> CHEST X-RAY	<input checked="" type="checkbox"/> MAMMOGRAM
	<input checked="" type="checkbox"/> PSA	<input checked="" type="checkbox"/> ECG	
	<input checked="" type="checkbox"/> TESTOSTERONE	Blood Profile	

SYNOPSIS	PLANS
Appetition	↓ Salt
	↓ Protein
	↓ Water

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.

Client

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

5199 13

Patient name  
LARIVEE, GARY

Birthdate: 24-JAN-1940 Sex: M  
Phone #: (519)633-8952  
Health #: 6183846770 XT

Accession #  
HB0290068

Date of Service: 29-JAN-2009

Printed: 30-JAN-2009

Reference #: 12 HR AC

Report status:

FINAL

Requesting physician: DR. A.M. MORROW

TEST NAME

RESULT

FLAG

REFERENCE RANGE

UNITS

TEST LOC.

Refer to www.Lifelabs.com - Ontario 'Physician Notices' for current information  
on any testing delays

\*ELECTROCARDIOGRAM

H57

REPORTED UNDER SEPARATE COVER.

*HEMOGLOBIN	167	135 - 175	g/L	H0
*HEMATOCRIT	0.50	0.40 - 0.50	L/L	
*WHITE BLOOD CELL COUNT	7.7	4.0 - 11.0	x E9/L	
*RED BLOOD CELL COUNT	5.36	4.50 - 6.00	x E12/L	
*MCV	93.3	80 - 100	fL	
*MCH	31.2	27.5 - 33.0	pg	
*MCHC	334	305 - 360	g/L	
*RDW	13.2	11.5 - 14.5	%	
*PLATELET COUNT	337	150-400	x E9/L	
*ABSOLUTE: NEUTS	3.8	2.0 - 7.5	x E9/L	
* (A) LYMPH	2.9	1.0 - 3.5	x E9/L	
* (A) MONO	0.6	0.2 - 1.0	x E9/L	
* (A) EOS	0.3	0.0 - 0.5	x E9/L	
* (A) BASO	0.0	0.0 - 0.2	x E9/L	

URINALYSIS: CHEMICAL

* COLLECTION DATE	29-JAN-2009		
* COLLECTION TIME	07:45		
* COLOUR	YELLOW	NONE/YELLOW	
* APPEARANCE	CLOUDY	CLEAR	
* SPECIFIC GRAVITY	1.010	1.001 - 1.030	
* pH	7.0	5.0 - 8.0	
* PROTEIN	NEGATIVE	NEGATIVE (<0.3)	G/L
* GLUCOSE	NEGATIVE	NEGATIVE	MMOL/L
* KETONE	NEGATIVE	NEGATIVE	MMOL/L
* BLOOD	NEGATIVE	NEGATIVE	
* NITRITE	NEGATIVE	NEGATIVE	

LARIVEE, GARY

FINAL REPORT

Continue on Page 2

PND = Pending \* = Not previously reported

CONFIDENTIAL INFORMATION. UNAUTHORIZED USE OR DISCLOSURE IS PROHIBITED.

**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

H0 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

**Client**

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

5199 13

**Patient name**  
LARIVEE, GARY

**Birthdate:** 24-JAN-1940 **Sex:** M  
**Phone #:** (519) 633-8952  
**Health #:** 6183846770 XT

**Accession #**  
HB0290068

**Date of Service:** 29-JAN-2009

**Printed:** 30-JAN-2009

**Reference #:** 12 HR AC

**Report status:** FINAL

**Requesting physician:** DR. A.M. MORROW

**TEST NAME**

**RESULT**

**FLAG**

**REFERENCE RANGE**

**UNITS**

**TEST LOCH**

Refer to [www.Lifelabs.com](http://www.Lifelabs.com) - Ontario 'Physician Notices' for current information on any testing delays

\* LEUCOCYTE ESTERASE - NEGATIVE - NEGATIVE - H0

\*REFERENCE RANGE NOTE:

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.

\*GLUCOSE-FASTING 5.3 3.6 - 6.0 mmol/L

\*HbA1c 0.053 0.040 - 0.060 10

A HbA1c of 0.040 - 0.060 indicates normal glycemic control in non-diabetic patients.

\*POTASSIUM 4.0 3.5 - 5.5 mmol/L H0

\*LIPID TARGET VALUES

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](http://www.oaml.com) or [www.lifelabs.com](http://www.lifelabs.com)

\*CHOLESTEROL 5.42 mmol/L

Specimen was slightly lipemic. Results for this analyte are falsely increased.

\*LDL CHOLESTEROL (CALCULATED) 3.34 mmol/L

\*HDL CHOLESTEROL 1.56 mmol/L

\*CHOLESTEROL/HDL RATIO 3.5

\*TRIGLYCERIDES 1.14 mmol/L

\*URATE 422 230 - 480 umol/L

\*THYROTROPIN (SENSITIVE TSH) 1.48 0.35 - 5.00 mIU/L 10

-LARIVEE, GARY-

FINAL REPORT

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XXX-FORMRUB (Rev. 04.2008)

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W2 800 PRINCESS ST., KINGSTON K7L 5E4

Client	Patient name	Accession #
DR. A.M. MORROW	LARIVEE, GARY	HB0290068
130 ELLESMERE RD	Birthdate: 24-JAN-1940 Sex: M	
SCARBOROUGH, ON	Phone #: (519)633-8952	
M1R 4C5	Health #: 6183846770 XT	
	Date of Service: 29-JAN-2009	
5199 13	Printed: 30-JAN-2009	
Requesting physician: DR. A.M. MORROW	Reference #: 12 HR AC	
	Report status: FINAL	

TEST NAME	RESULT	FLAG	REFERENCE RANGE	UNITS	TEST LOCH
-----------	--------	------	-----------------	-------	-----------

Refer to [www.Lifelabs.com](http://www.Lifelabs.com) - Ontario 'Physician Notices' for current information on any testing delays

**BIOCHEMISTRY**

*TOTAL PSA	0.47		0.00 - 4.00	ug/L	10
------------	------	--	-------------	------	----

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 considered. Values obtained using different assay methods cannot be used interchangeably.

LARIVEE, GARY

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X4 1220 PLACE D'ORLEANS, GLOUCESTER K1C 2L9

W2 800 PRINCESS ST., KINGSTON K7L 5E4

# LAE3S - LONDON REGIONAL SERVER

LARIVEE, GARY  
6183846770  
Male  
1/24/1940 69 years

Recorded:  
Recorded by:  
Referring physician:

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

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

Location:  
Comment:

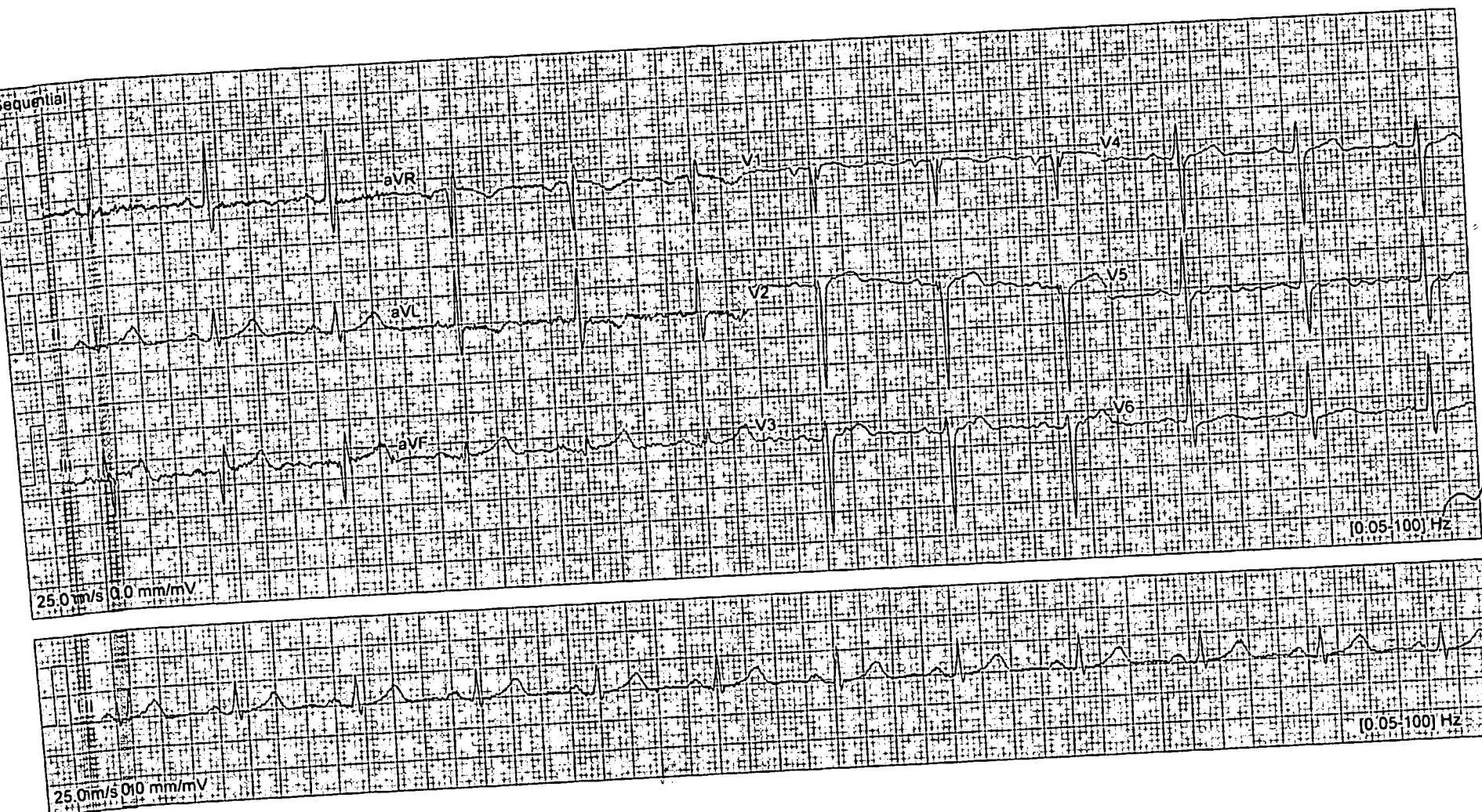
FIRST 230 (St. Thomas (NOT ON SERVER)  
HB0290068 R#S#519-633-8952 no meds  
066282 DR. A.M. MORROW R# S# 130  
ELLESMERE RD, SCARBOROUGH ONT  
M1R 4C5

INTERPRETATION: possible old anteroseptal myocardial  
infarction  
high lateral ischaemia

POOR QUALITY  
ORIGINAL

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

120 ms / 173 ms  
100 ms  
387 ms / 410 ms / -  
48° / 38° / 85°  
73 bpm  
82.0 kg  
175 cm





09 Feb 09 02:47p

Dr Kyle Brydon

5196378321

p.1

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

☒ Dr. A.M. Morrow  
OHIP #066282

☐ Dr. Bruce Magee  
OHIP #118927

☐ Dr. Donna L. Reynolds  
OHIP #010691

Dear Dr. *Kyle Brydon*

Patient: *Larry Lawrence age 69*

Diagnosis/History: *Hypertension*

POOR QUALITY  
ORIGINAL

Past Medical History:

*2006 MI*

*Triple Bypass*

Medications:

*aspirin 81 mg*

Appointment with Dr. Kyle Brydon

*Monday May 11/09 @ 8:15am*

Lab Results:

*also appt. with your patient*

*pls to bring a list of meds,  
Health Card, STEGH card, glasses  
and a DRIVER as will be dilated.*

Thank you for participating in this patient's care.

Sincerely,

*[Signature]*

*Dr. K. W. Brydon, M.D., FRC S (C)*  
*Eye Physician and Surgeon*

Dr. A M Morrow  
Ellesmere Medical Clinic  
130 Ellesmere Road  
Scarborough, Ontario  
M1R 1C5

May 25, 2009

Re: Gary Laivee  
May 11, 2009

Dear Dr. Morrow,

Gary is a 69 year old fellow sent along as a Glaucoma Suspect on the basis of Increased C Ratio's.

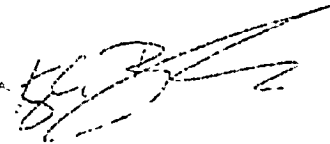
Gary really isn't having any symptomatic complaints. He has been found to have an increased cup:disc ratio by his Optometrist. Pachymetry was performed and he has fairly average thickness corneas.

On ocular assessment today, the visual acuity was 20/40 OD 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 cup:disc ratio is about 0.7 bilaterally. The optic nerves are large.

In summary, this fellow is a Glaucoma Suspect on the basis of the increased cup:disc ratio. I have asked him to come back in 6 months time for a recheck of his pressure and a visual field.

Thanks for sending Gary along.

Sincerely yours,

  
Dr. K. W. Brydon, M.D., FRC S (C)  
KWb:rp

cc:

  
**Original Fax is  
Poor Quality**