



Patient Name: Larry Mohr Date of Birth: 3-24-63
 Address: _____ Social Security #: _____

I authorize the use or disclosure of the above named individual's health information as described below.

The following individual or organization is authorized to make the disclosure:
 Name: _____ Phone: _____
 Address: _____
 Street City Zip

Avera McKennan Health Care Clinic
 800 N. Dakota Avenue, Suite 117
 Sioux Falls, SD 57104

The type and amount of information to be used or disclosed is as follows:

- Dates of service from (date) _____ to (date) _____
- Standard Chart Copy (Includes Demographic Face Sheet, Physician Dictated Reports, All Test Results)
 - Entire Record
 - Other _____
 - History and Physical
 - Discharge Summary
 - Lab
 - X-ray and Imaging reports
 - EKG
 - Operative Report
 - Pathology Report

eye

I understand the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), behavioral or mental health services, or treatment for alcohol and drug abuse.

This information may be disclosed to and used by the following individual or organization:
 Name: Suzon Rotor Phone: 507-562-6800
 Address: Corporation
 Street City State Zip

for the purpose of Continued Healthcare Completion/Payment Personal Other _____
 (Purpose not required for personal requests) A copying fee may be charged on requests for purposes other than patient care.

I understand I have a right to revoke this authorization at any time by presenting a written revocation to the Medical Record Department. I understand the revocation will not apply to:

- Information already released in response to this authorization
- My Insurance company when the law provides my insurer with the right to contest a claim under my policy.

Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____
 If I fail to specify an expiration date, event, or condition, this authorization shall be in effect for one year from this date, for records generated as a result of services occurring on or prior to this date.

I understand authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or obtain copies of the information to be used or disclosed, as provided in 45 CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information I can contact the Avera McKennan Privacy Officer at (605) 322-7801.

Signature of Patient or Legal Representative: [Signature] Date: June-13-08

If Signed by Legal Representative, Relationship to Patient: _____ Signature of Witness: _____

Date: _____ Information sent: _____



300 Building, Suite 117
300 North Dakota Avenue
Sioux Falls, SD 57104
605-322-8800
Fax 605-322-6802

Sponsored by Avera McKennan

Name: _____

Medical Record #: _____

Date and Time	Pain in his (L) eye → thinks he got
5/28/08	some foreign body (? piece of fibre glass)
	on Saturday. Feels some 'grittiness' feeling
	like there are 'eye lashes' in there.
	Exam: Peri-orbital inflammatory changes
	noted. → Blepharitis. Small discharge noted.
	No obvious foreign object seen or ulceration
	Normal eye movements noted with
	good pupillary reflexes.
	Plan
	①: Eye trauma: & presence of foreign body
	could not be excluded. Accompanying
	conjunctivitis and blepharitis noted
	Pt referred to ophthalmology for more
	extensive evaluation and treatment
	R. Ambayl!
	D/W Dr Barker
	Exam pt. Conjunctiva
	and Sclera firm red. Need phth
	work.

Rudo Ambayl, MD
Internal Med., PCY 2
Pager 333-5588 (2058)



1513 E. 10th St
Sioux Falls, SD 57103
605-322-6800

Sponsored by Avera McKennan

Ne **MOHR, LARRY G**
Mk MR:15799 3/24/1963
504747431

Date and Time

pt c/o sneezing, cold symptoms, some cough & clear sputum. & CP & SUB. & fever. & chills. no other complaint.

O/E P 64 B.P 118/76, T 97.6 R R 18
A+O x 8.

Chet: Clear

Heart: RRR, S+S normal.

Abd: Soft, NT, B-S

HEENT: Throat mild congested

Ext: PLB edema

Snus present.
Ears: NAD.

AP.

① Cold symptoms → could be due to allergic rhinitis. advised to take OTC Tylenol, and call if not gets better. pt is not a smoker, so we will not give any antibiotics. Discussed w Dr. Barker.

Handwritten note: Serial [unclear]

Signature: Shady

Shahzad Siddique, MD
Internal Med., PGY 1
Pager 333-5588 (1192)

7/25/07

see Pt form

Signature: [unclear]



1513 E. 10th St
Sioux Falls, SD 57103
605-322-6800
Fax (605) 322-6802

Sponsored by Avera McKennan

MOHR, LARRY G
MR:15799 3/24/1963
504747431

Subjective: left eye mattered just AM; tried OTC visine
& re wetting drops - vision problems photo phobia
irritated & Blinky down exposure
injury - currently not working

ROS: otherwise

Reviewed PMH Reviewed FH Significant Hx:

LMP _____ G _____ P _____ AB _____ Current Meds: NONE
SMOKER pk/day X _____ years ETOH dk/day _____ dk/week _____

Objective: HT _____ WT 155 B/P 150/90 Temp 98.6 Pulse 60 Resp 18

Physical Examination	Normal	Abnormal	Not Eval.	Comments
General appearance	X			
Skin	X			
HEENT		X		
Teeth				
Neck, thyroid				
Cardiovascular				
Lungs				
Breasts				
Abdomen				
Rectal				
Musculoskeletal/Extremities				
Neurologic				
FEMALE				
Ext. genitalia / Rectal				
Vagina				
Cervix				
Adnexa				
Uterus				
MALE				
Genitalia/Testicles / Rectal				

Assessment: ① conjunctivitis
② chronic sinusitis & recent sinus surgery

Plans: ① Good handwashing avoid rubbing eyes; drops x 5 days contagious x 24 hours
② Pt thinks he is having some symptoms he was using a steroid nasal spray + he is currently out

Lab/ X-ray: ① today
Patient Instructions: See plan
Follow-up: As Needed Date: _____
Health Maint: yearly PE
Signature: [Signature]
Date: 7/26/08

New Medications Given:
Name/Dose/Frequency/Amount: Rhinocort
Sulfacetamide oph
 Changed Medications:
Name/Dose/Frequency:
 No change in medication
 Efficacy, use, and side effects discussed
 See HC Progress Notes

Mohr, Larry G.
513 S. Prairie Ave., #2
Sioux Falls SD 57104

DOB: 03-24-63

140030

MAY 29, 2008

Larry Mohr is in for a recheck of his Staph marginal keratitis in the left eye. He feels like the eye is improved.

**MEDICATIONS
ALLERGIES**

TobraDex LE t.i.d. and Vigamox LE t.i.d.
No known drug allergies.

VISUAL ACUTY

With correction
RE 20/25
LE 20/40 + 1 PH 20/30

**EXTERNAL
EXAMINATION**

Lids and lashes show a little swelling and redness in the left with some scaliness as well. It has definitely improved from yesterday.

**SLIT LAMP
EXAMINATION**

The conjunctiva shows 1+ injection. The marginal infiltrate inferiorly is slightly better. Inferiorly it is pretty much gone. The central cornea is clear. The anterior chamber is deep and quiet.

IMPRESSION

Staph marginal keratitis, left eye.

DISPOSITION

I am going to have her continue the current drops and the warm compresses. I will see him back next week if he were to notice any continuation but this should clear up over the next day or two.

Greg Osmundson, M.D./les

cc: Health Care Clinic
1513 E. 10th Street
Sioux Falls SD 57103

Ophthalmology LTD.
6601 S. Minnesota Ave., Ste. 200
Sioux Falls, SD 57108

MOHR, LARRY G.
513 S. Prairie Avenue, Apt. 2
Sioux Falls SD 57104

45 (M)
DOB: 03-24-63

140030

MAY 28, 2008

HOME: 605-413-7078
CELL: 605-413-7078
WORK: 507-367-6700

Larry Mohr states for four days he has had an irritated left eye. He is not sure if he got anything in it but he does work around a lot of dust and fiberglass.

MEDICAL HISTORY
FAMILY HISTORY
MEDICATIONS
ALLERGIES

Negative ocular history.
Positive for father with cataracts and diabetes.
None listed.
No known drug allergies.

VISUAL ACUITY

With correction
RE 20/25
LE 20/30 + 1

EXTERNAL
EXAMINATION

Lids and lashes show a swollen left upper and lower eyelid with a little bit of edema. I see no excoriation, no vesicles. The conjunctiva shows injection with some what appears to be marginal infiltrates at the inferior temporal and superior temporal aspect. The central cornea is clear. The anterior chamber is deep and quiet. No cell or flare.

IMPRESSION

Staph marginal keratitis, left eye.

DISPOSITION

I think I am going to have him use TobraDex q.i.d. and Vigamox q.i.d. and some warm compresses. I am going to see him tomorrow afternoon and we will see how he is getting along. I could not see any foreign body although he is a little hard to evaluate because of all of the swelling but it doesn't look like it. It is just a localized area.

Greg Osmundson, M.D./les

cc: Health Care Clinic
1513 E. 10th Street
Sioux Falls SD 57103

Ophthalmology LTD.
6601 S. Minnesota Ave., Ste. 200
Sioux Falls, SD 57108



We're Caring for Life

1513 East 10th Street
Sioux Falls, SD 57103
(605) 322-6800
Fax (605) 322-6802

www.averamckennan.org

**Confidential Facsimile
Cover Sheet**

6/13/08

Date: _____

Time: _____ a.m. p.m.

7

Number of pages (including cover sheet): _____

TO: _____
(authorized receiver's name and/or department)

(authorized receiver's facility name)

(authorized receiver's facility address)

Telephone: _____
(authorized receiver's number)

FAX: 507-562-6822
(authorized receiver's fax number)

FROM: _____
(sender's name and department)
Health Care Clinic
1513 E. 10th Street
Sioux Falls, SD 57103

Telephone: **(605) 322-6800**
(sender's number)

FAX: **(605) 322-6802**
(sender's fax number)

REMARKS: _____

CONFIDENTIALITY NOTICE: This fax transmission, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender at the above telephone number and destroy all faxed information.

Sponsored by the Benedictine
and Presentation Sisters