Plants 'R Us & Associates

Drs. Dewey, Chetum, and Howe 48000 Phloem Drive Suite A Myrtle Beach, SC 29577

Office	Use	Onl	У

No. 2504 Account Number: 29962

CPT: 73103

Patients please fill in the following inf	ormation in the table	below.						
Last Name:	First Name:		Middle Initial:	Nick Name:			☐ Mr. ☐ Mrs.	
Doe	Jane						☐ Miss 1 Ms.	
Birthday:	Age: unkno)WN	Sex:	Insurance Provider:				
?	_		□ M 🗖 F	unknown				
P.O. Bax:	Street Address:			City:		State:	Zip Code:	
	?			?		?	?	
Employer:	Occupation:		Home Phone: ?	ime Phone: ?		Email:		
?	?		Cell Phone: ?		?			
Employer Phone: ? Referred By: ?		<i>ı</i> : ?			Today's Date: 8/11/14			

Patient's Chief Complaint:

Patient has been observed to be suffering from amnesia. Patient was seen in the flowerbed located next to the emergency room exit of the hospital. Observations must be made of the patient's physical characteristics to determine who the patient's family is and where they are located.

Patient's History:

Patient's history is unknown.

Referrals/Tests/Treatments:

Physical examination shows no abnormality with patient's body. All of the flower structures appear to be in working order. The patient's leaves, stem, and roots are all in optimum health.

The patient is receiving adequate levels of sunlight, food, water, and nutrients.

X-rays were taken of the patient to gain insight into identifying features. (Included in profile) Psychiatric evaluation shows that the patient is confused but possesses a positive outlook.



