

PATIENT APPOINTMENT NOTICE

PATIENT DETAILS

PATIENT: HOLLIFELD ,RICK
ADDRESS: 1042A S ANZA ST
CITY: EL CAJON
STATE: CA ZIP: 92020

MED REC NO: 17858663
TELEPHONES: 619-442-1823

IF ANY OF THE ABOVE IS INCORRECT, PLEASE NOTIFY REGISTRATION AT 657-8273.

IF APPOINTMENT NEEDS TO BE RESCHEDULED, CALL 657-8273

APPOINTMENT DETAILS

CLINIC/ANCILLARY: HAND HAND CLINIC
CLINIC LOCATION: 200 W ARBOR DR., OUTPATIENT CENTER
CLINIC PHONE: 657-8273
PROVIDER: 04915 ABRAMS M.D., REID

DAY/DATE: THR 07/15/99
TIME: 02:30 PM

REPORT TO: 30 MIN PRIOR TO APPT.

REFERRED BY:

COMMENTS: 4 WKS F/U

15:20 06/17/99 FROM T057,RSAPADN1

P9016094

PATIENT APPOINTMENT NOTICE

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CLINIC LOCATION: 200 W ARBOR DR., OUTPATIENT CENTER
CLINIC PHONE: 657-8273
PROVIDER: 04915 ABRAMS M.D., REID

DAY/DATE: THR 08/26/99
TIME: 02:00 PM

REPORT TO:

REFERRED BY:

COMMENTS: 6 WK RET

PATIENT APPOINTMENT NOTICE

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ADDRESS: 1042A S ANZA ST
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APPOINTMENT DETAILS

CLINIC/ANCILLARY: HAND HAND CLINIC
CLINIC LOCATION: 200 W ARBOR DR., OUTPATIENT CENTER
CLINIC PHONE: 657-8273
PROVIDER: 04915 ABRAMS M.D., REID

DAY/DATE: THR 10/21/99
TIME: 01:00 PM

REPORT TO:

REFERRED BY:

COMMENTS: 2 MO

16:10 08/26/99 FROM TN50,RSAPADN1

P9019956

PATIENT APPOINTMENT NOTICE

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APPOINTMENT DETAILS

CLINIC/ANCILLARY: HAND HAND CLINIC
CLINIC LOCATION: 200 W ARBOR DR., OUTPATIENT CENTER
CLINIC PHONE: 657-8273
PROVIDER: 04915 ABRAMS M.D., REID

DAY/DATE: THR 12/16/99
TIME: 01:00 PM

REPORT TO:

REFERRED BY:

COMMENTS: 2 MO F/U TO SEE DR ABRAMS

H9012119

14:02 10/21/99 FROM WP19,RSAPADN1

PATIENT APPOINTMENT NOTICE

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APPOINTMENT DETAILS

CLINIC/ANCILLARY: HAND HAND CLINIC
CLINIC LOCATION: 200 W ARBOR DR., OUTPATIENT CENTER
CLINIC PHONE: 657-8273
PROVIDER: 04915 ABRAMS M.D., REID

DAY/DATE: THR 03/09/00
TIME: 01:15 PM

REPORT TO:

REFERRED BY:

COMMENTS: RETURN VISIT

PATIENT APPOINTMENT NOTICE

PATIENT DETAILS

PATIENT: HOLLIFIELD ,RICK
ADDRESS: 1042A S ANZA ST
CITY: EL CAJON
STATE: CA ZIP: 92020

MED REC NO: 17858663
TELEPHONES: 619-442-1823

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APPOINTMENT DETAILS

CLINIC/ANCILLARY: HAND HAND CLINIC
CLINIC LOCATION: 200 W ARBOR DR., OUTPATIENT CENTER
CLINIC PHONE: 657-8273
PROVIDER: 04915 ABRAMS M.D., REID

DAY/DATE: THR 06/08/00
TIME: 01:00 PM

REPORT TO:

REFERRED BY:

COMMENTS: 3 MONTH F/U

14:37 03/09/00 FROM WP19,RSAPADN1

H9018965

PATIENT APPOINTMENT NOTICE

PATIENT DETAILS

PATIENT: HOLLIFIELD ,RICK
ADDRESS: 1042A S ANZA ST
CITY: EL CAJON
STATE: CA ZIP: 92020

MED REC NO: 17858663
TELEPHONES: 619-442-1823

IF ANY OF THE ABOVE IS INCORRECT, PLEASE NOTIFY REGISTRATION AT 858-657-8273.

IF APPOINTMENT NEEDS TO BE RESCHEDULED, CALL 858-657-8273

APPOINTMENT DETAILS

CLINIC/ANCILLARY: HAND HAND CLINIC
CLINIC LOCATION: 200 W ARBOR DR., OUTPATIENT CENTER
CLINIC PHONE: 858-657-8273
PROVIDER: 04915 ABRAMS M.D., REID

DAY/DATE: THR 07/06/00
TIME: 01:30 PM

REPORT TO:

REFERRED BY:

COMMENTS: RETURN VISIT

15:41 06/29/00 FROM WP19,RSAPADN1

H9015808

PATIENT APPOINTMENT NOTICE

PATIENT DETAILS

PATIENT: HOLLIFIELD ,RICK
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CITY: EL CAJON
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APPOINTMENT DETAILS

CLINIC/ANCILLARY: HAND HAND CLINIC
CLINIC LOCATION: 200 W ARBOR DR., OUTPATIENT CENTER
CLINIC PHONE: 858-657-8273
PROVIDER: 04915 ABRAMS M.D., REID

DAY/DATE: THR 08/03/00
TIME: 01:00 PM

REPORT TO:

REFERRED BY:

COMMENTS: S/P WRIST SX
4 WK F/U

15:00 07/06/00 FROM WP19,RSAPADN1

H9016187

PATIENT APPOINTMENT NOTICE

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PATIENT: HOLLIFIELD ,RICK
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APPOINTMENT DETAILS

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CLINIC LOCATION: 200 W ARBOR DR., OUTPATIENT CENTER
CLINIC PHONE: 858-657-8273
PROVIDER: 04915 ABRAMS M.D., REID

DAY/DATE: THR 09/14/00
TIME: 01:30 PM

REPORT TO:

REFERRED BY:

COMMENTS: RETURN VISIT

H9018110

13:41 08/03/00 FROM WP19,RSAPADN1

PATIENT APPOINTMENT NOTICE

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APPOINTMENT DETAILS

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CLINIC LOCATION: 200 W ARBOR DR., OUTPATIENT CENTER
CLINIC PHONE: 858-657-8273
PROVIDER: 04915 ABRAMS M.D., REID

DAY/DATE: THR 09/21/00
TIME: 11:30 AM

REPORT TO:

REFERRED BY:

COMMENTS: FU P EMG

H9010851

15:12 09/14/00 FROM WP17,RSAPADN1

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CLINIC LOCATION: 200 W ARBOR DR., OUTPATIENT CENTER
CLINIC PHONE: 858-657-8273
PROVIDER: 04915 ABRAMS M.D., REID

DAY/DATE: THR 11/16/00
TIME: 11:00 AM

REPORT TO:

REFERRED BY:

COMMENTS: FU 2 MO FOR SCAPHOID FX
