

ADDRESS			INSURANCE		DATE	
TEL NO.	REFERRED BY		OCCUPATION	AGE	SEX	S M W D
DATE MO. DAY YR.	VISITS AND FINDINGS					
11/15/75 - Previously seen in office by (SHT)						
12/18/75 - Driy eyelid - Incision leading eyelid. Numb areas - on Delantin B10 Valer 5 B10 - app in 1 m						
1/19/76 - Dry eyelid. Incr in eyelid. Numb areas. Delantin B10 Valer 5 B10 -						
3/8/76 - Some headaches, Eyes are weak. Ret 3 months						
6/2/77 - On delantin lid. Eyes swollen at times, esp post fix month. Numb eye Stop delantin & start phens.						
By myself 250mg lid 8/22/77						
6/4/79 - On de delantin daily. No seizures No complaints. Numb eye D/C delantin Ret 1 yr.						

CASE NO. _____

PATIENT'S NAME _____

MHCN

