

Patient

PATIENT NAME Stein, Matthew	DOB 03/25/1928	SSN 123-45-6789	MEDICAL ID 123-45-6789	EXPORT ID	SITE Your Hospital
ADDRESS 1234 Main St. Anytown, USA	PHONE 262-555-5555	GENDER Male	RACE Caucasian	HEIGHT 74	MONITORING PERIOD 02/14/2004 - 02/20/2004
PHYSICIAN NAME Physician, Joe	ROLE Primary	ORGANIZATION Your Hospital	PHONE 414-555-5555	FAX 414-555-5555	

Medications

MEDICATION	DOSAGE/COMMENTS
Digoxin	0.25 mg PO QD (KMAYS 02/01/2004 14:03)
ASA	81 mg PO QD (KMAYS 02/01/2004 14:03)
Atenolol	25 mg PO QD (KMAYS 02/01/2004 14:03)
Lasix	40 mg PO QD (KMAYS 02/01/2004 14:03)

Graphs

