Concentra™
treated right

Improving America's health, one patient at a time.

Concentra Urgent Care Hillcroft
#4564
6545 Southwest Freeway
Houston, Texas 77074
713-995-6998 ph.
713-995-6580 fax

FAX

To:		From:	David
Fax:	415-431-5580	Pages:	
Phone:		Date:	2/17/17
Re:	Johnson, Toi	cc:	

Comments:

This fax cover sheet or content may contain promotional information about products or services offered by Concentra. If you would like to discontinue receipt of these promotional announcements, please follow these simple steps:

Write your complete fax number here: _____
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Return this completed information via:
Fax to: 713-995-6580
Call to: William D. Hancock
E-mail to:William_Hancock@concentra.com

*****CONFIDENTIALITY NOTICE*****
NOTICE: This communication is confidential and is intended only for the person named above. No one other than the named recipient is authorized to use the information contained herein in any manner. If you have received this communication in error, please call the sender (collect if necessary) to identify the error. If you have received this communication in error, please telephone Concentra's HIPAA Hotline [illegible]

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NOTIFICATION OF INCOMPLETE VISIT STATUS

Patient Name: Johnson, Toi

Date of Examination: 2/17/17

Mr. /Mrs. /Ms. Johnson was seen in our office for the following service(s):

☐ **Physical**

Additional testing and/or prior medical records are needed to complete the medical assessment. The status of the examination is currently pending.

☐ **DOT Physical**

Additional testing/medical information is required in order to complete the medical assessment. In compliance with DOT regulations, the status of Pending has been reported to the National Registry of Certified Medical Examiners. The patient has 45 days from the date of their initial examination to amend the exam status. After 45 days DOT requires the patient obtain a new physical examination.

☒ **TB Testing**

The patient did not return to the center within the testing period (48-72 hours) so the test was not read at this office. Enclosed is a copy of the testing information available in our records.

☐ **Other:** _____

For additional information, please contact our office:

Contact Name: David Hancock

Phone: 713-995-1098

Email: Whancock@concentra.com

Defeating the flu starts here

PATIENT CONSENT FORM – INFLUENZA (FLU) VACCINE

Initial:

TJ — I voluntarily request physicians, nurses, technical assistants or other healthcare providers administer the flu vaccine, and I understand the benefits and risks of the vaccine.

TJ — I understand that administration of the vaccine requires that I receive a shot (injection). I voluntarily consent to and authorize this procedure. I have received and read, or had read to me, the Vaccine Information Statement (VIS). I also understand that as with all medical treatments, there is no guarantee that I will become immune.

TJ — I have been given the opportunity to ask questions about the vaccine, the risks of receiving or not receiving the vaccine, the procedure to be used, and the risks and hazards involved. I have had an opportunity to ask questions and they have been answered to my satisfaction. I have all the information I need to give this informed consent for myself or other person named below for whom I am authorized to sign.

TJ — If I am injured by Concentra's administration of the vaccine, I understand that Concentra is not responsible for any loss, damage, or expense I may incur. I hereby release and discharge Concentra, together with all of its affiliates, subsidiaries, shareholders, officers, directors, employees, agents, and any other representatives from any and all liability, loss, damage, and expense that may arise out of or relate to the administration of the vaccine, except for Concentra's gross negligence.

Notice of Privacy Practices
Your name and signature below indicate that you have received a copy of Concentra's Notice of Privacy Practices on the date indicated. If you have any questions regarding the information in Concentra's Notice of Privacy Practices, you may contact Concentra's Privacy Office at 800-819-5571, or PrivacyOffice@Concentra.com.

Completed by the Person to Receive the Vaccine

Name: Tia Johnson Date of Birth: 8/18/77 Age: 39

Signature TJ Date 2/17/17

-- OFFICIAL USE ONLY --

MFG: Sanofi Pasteur LOT#: UL6408B Exp. Date: 6-30-17 ☐ Fluzone Quadrivalent ☐ Other: _____

Inj. Site: L. Deltoid VIS Given: _____ VIS Edition Date: _____

Given By: (Print) D. Jones Title: LVN Signature [signature] Date: 2-17-17

Final vaccine composition to be determined by the U. S. Food and Drug Administration (FDA). Concentra does not guarantee the effectiveness of the influenza vaccine.

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Concentra Medical Centers
6646 Southwest Fwy Houston, TX 77074
Phone: (713) 995-8998 Fax: (713) 995-8560

Service Date: 02/17/2017

Tuberculin Skin Test Results

Patient: Johnson, Toi
SSN: XXX-XX-8496
Address: 8989 South Gessner Rd Apt 225
HOUSTON, TX 77074
Employer: Acrobat Outsourcing

Gender: M
Date of Birth: 08/18/1977
Work Phone:
Home Phone: (832) 883-2040

THIS SECTION FOR CENTER USE ONLY

Purified protein derivative (PPD): ☑ Tubersol ☐ Aplisol ☑ Lot No: CS036AA ☑ Expiration Date: 10-21-18

Administered by Mantoux technique into: ☐ left forearm ☐ right forearm ☐ PPD not administered

Administered by: D. Tomas Date: 2-17-17 Time: 12-30 am/pm

RESULTS: _____ millimeters of induration (Using a ruler, measure induration, not redness)

Read by: _____ Date: _____ Time: _____ am/pm

☐ TB Screen is NEGATIVE ☐ TB Screen is POSITIVE

Signature: _____ Date: _____