

MEDICAL RECORD**CONSULTATION SHEET****REQUEST**

TO: OAK RI GE

FROM: (Requesting physician or activity)
Loma Linda-VAH Nuclear MedicineDATE OF REQUEST
[REDACTED] 1994

REASON FOR REQUEST (Complaints and findings)

40 year old w/male w/complicated H/O exposure (Extensive) to possible toxic and weapons grade isotopes in the 1970's or 1980's. Suspect long lived isotopes. Patient has hemotologic dyscrasias and bone abnormalities including osteomalacia or osteoporosis wondering about possible ingestion of long lived isotopes, possibly radioactive and could include Gamma, Beta or Alpha emitters. Please schedule for total body survey for these types of isotopes.

PROVISIONAL DIAGNOSIS

R/O Chronic Radiation Poisoning

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

 ROUTINE TODAY BEDSIDE ON CALL 72 HOURS EMERGENCY

[REDACTED] M. D.

CONSULTATION REPORT

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO

ORGANIZATION

REGISTER NO

WARD NO

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, rank, rate, hospital or medical facility)

VERA, Frank

DOB: [REDACTED]

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FIRNIR (41 CFR) 201-45.505
513-108

REPORT OF CONTACT

(NOTE: This form must be filled out in ink or on typewriter, as it becomes a permanent record in veterans' folders.)

VA OFFICE

IDENTIFICATION NOS. (C, XC, SS, XSS, V, K, etc.)

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)

DATE OF CONTACT

ADDRESS OF VETERAN

TELEPHONE NO. OF VETERAN (Include Area Code)

PERSON CONTACTED

TYPE OF CONTACT (Check)

PERSONAL TELEPHONE

ADDRESS OF PERSON CONTACTED

TELEPHONE NO. OF PERSON CONTACTED (Include Area Code)

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN (USE PATIENT DATA CARD)

CIRCLE ONE: SC NSC
VA CONTRACT NURSING: YES NO

DATE OF TRANSPORTATION:

WARD: _____

list destination if other than patient's home: _____

TO: REA/TS OAKRIDGE, Tennessee

1. Circle one of the following categories associated with patient's need for transportation at VA expense:

- A. EMERGENT: Travel requiring EMERGENT medical care as identified by medical staff, regardless of mode of travel required.
- B. INTERFACILITY TRANSFER NON- EMERGENT: Transportation for patient's under VA auspices (out at VA expense in other hospitals or VA CNH), transfers in or out to other VA facilities.
- C. SPECIAL MODE NON-EMERGENT: Transportation for patients based on medical need on a NON-EMERGENT basis, regardless of mode of travel.

2. List the medical condition (s) which prevent this patient from traveling by common carrier: None

3. Circle the type of transportation required to transport the patient based on above medical condition:

- A. U.S. Government Vehicle (no attendant provided)
- B. V.A. Contract Paramedic Ambulance (if circled, list required adaptive equipment needed to move patient on reverse side)
- C. VA Contract Ambulance
- D. VA Contract Lie-Down Van
- E. VA Contract Wheelchair Lift Van
- F. VA Approved Commercial Airlines
- G. VA Approved Air-Helicopter Ambulance (if circled, list required adaptive equipment on reverse side)

DIVISION OR SECTION

Travel office (136B3 EXT. 2071)

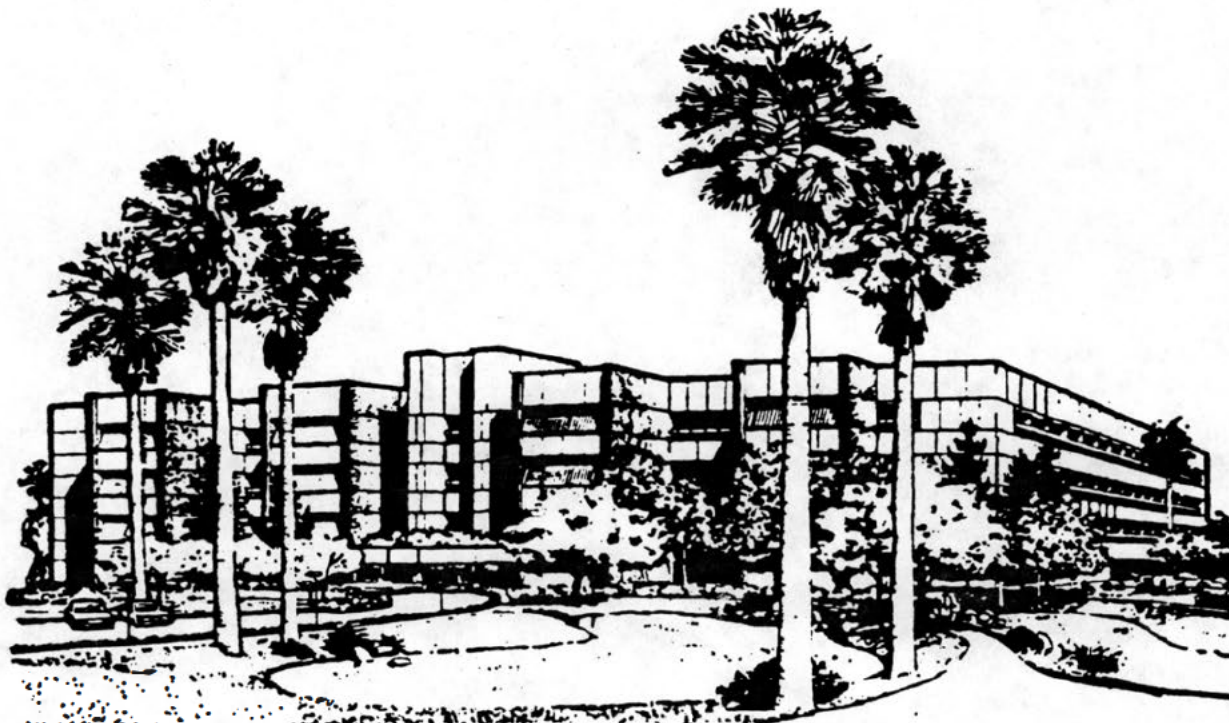
EXECUTED BY (Signature and title)

Physicians Signature and
Pager # _____

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All others are hereby notified that receipt of this message does not waive any applicable privilege or exemption from disclosure and that any dissemination, distribution, or copying of this communication is prohibited.

If you have received this communication in error, please notify us immediately at the telephone number shown below. Thank you.



Medical Administration Service (136)
 Jerry L. Pettis VA Medical Center
 Loma Linda, CA 92357
 Voice (909) 825-7084, Ext. 2083
 FAX (909) 422-3106

TO MR. Phil Forbes	FAX NUMBER <input type="checkbox"/> FTS <input checked="" type="checkbox"/> COMMERCIAL 202-535-7566	DATE [REDACTED]	NO. PAGES ATTACHED -2-
SUBJECT OAK RIDGE TEST ORDER			
FROM Roy Houston,	TELEPHONE NUMBER <input type="checkbox"/> FTS <input checked="" type="checkbox"/> COMMERCIAL 909-825-7084-3125		

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SUBJECT <i>CAK RIDGE TEST ORDER</i>			
FROM <i>For Houston</i>	TELEPHONE NUMBER <input type="checkbox"/> FTS <input checked="" type="checkbox"/> COMMERCIAL <i>909-825-7084-3125</i>		

VA FORM 10-0114R
MAY 1983

U.S. GPO: 1989-040-104/86187

TRANSMISSION REPORT

THIS DOCUMENT (REDUCED SAMPLE ABOVE)
WAS SENT

**** COUNT ****
4

*** SEND ***

NO	REMOTE STATION I. D.	START TIME	DURATION	#PAGES	COMMENT
1	202 535 7566	[REDACTED] 94 8:22	3'16"	4	

TOTAL 0:03'16" 4

XEROX TELECOPIER 7020

This 1994 referral was the result of about 1 year of work by my congressman's office, several doctors, and myself. The Department of Veterans Affairs Department and the Department of Energy (DOE) had approved a whole body count to be done at the Radiation Dosimetry Laboratory at Oak Ridge National Laboratory, TN. The appointment date was being confirmed to get the airplane tickets and lodging. **The DoD stopped the radiation assessment.**