

CHANGES TO ON CALL

The on call sheet has been changed to ensure correct procedure is followed in V Money Web.

Please see below how to check hours. No amounts will be entered.

| Description | Hours | How to Pay | V Money Code |
|-----------------------|---------------|------------|--------------|
| First Dr for the Day | 08.00 - 17.00 | 9 In/hrs | 1000 |
| Second Dr for the Day | 08.00 - 17.00 | 9 In/hrs | 1000 |
| After Hours On Call | 17.00 – 1800 | 1 In/hrs | 1000 |
| | 18.00 – 23.00 | 5 Out/hrs | 1001 |
| Overnight Week Day | 23.00 – 07.00 | 8 Out/hrs | 1001 |
| | 07.00 – 08.00 | 1 In/hrs | 1000 |
| Saturday | 08.00 – 12.00 | 4 In/hrs | 1000 |
| | 12.00 – 23.00 | 11 Out/hrs | 1001 |
| | 23.00 – 08.00 | 9 Out/hrs | 1001 |
| Sunday/Public Hol | 08.00 – 23.00 | 15 Out/hrs | 1001 |
| | 23.00 – 07.00 | 8 Out/hrs | 1001 |
| | 07.00 – 08.00 | 1 In/hrs | 1000 |

Dr. Mantilla

AUGUST ON CALL 2015

TIMES: USE ANY TIME BETWEEN THE HOURS OF 07.00 - 18.00 FOR IN HRS & 18.00 - 07.00 FOR OUT HRS

| DAY | DATE | DOCTORS | IN - 1000 | OUT - 1001 |
|-----------|------------|---|-----------------------------|--------------------------|
| SATURDAY | 01.08.2015 | DR MANTILLA DR WEERABADDANA DR KHAN | 4 4 4 | 20 20 11 |
| SUNDAY | 02.08.2015 | DR MANTILLA DR WEERABADDANA DR KHAN | | 15 23 23 |
| MONDAY | 03.08.2015 | DR KHAN DR WEERABADDANA DR MEERAN DR McQUEEN DR WANG DR H PALIPANA | 1 1 9 11 1 2 | 13 13 5 5 13 |
| TUESDAY | 04.08.2015 | DR MYCHAEI DR WEERABADDANA DR MEERAN DR REDMAYNE | 9 2 1 2 | 13 5 5 13 |
| WEDNESDAY | 05.08.2015 | DR WEERABADDANA DR LIN DR DEMESA DR KHAN | 9 11 1 2 | 13 13 5 13 |
| THURSDAY | 06.08.2015 | DR MATTHEWS DR FOWOSERE DR DOBLER | 11 2 1 | 13 13 5 |

| | | | | |
|-----------|------------|-----------------|----|----|
| FRIDAY | 07.08.2015 | DR MYCHAEEL | 9 | |
| | | DR LIN | 11 | 13 |
| | | DR AMIR | 1 | 5 |
| | | DR McQUEEN | 2 | 13 |
| SATURDAY | 08.08.2015 | DR LIN | 4 | 20 |
| | | DR AMIR | 4 | 20 |
| | | DR McQUEEN | 4 | 11 |
| SUNDAY | 09.08.2015 | DR LIN | | 15 |
| | | DR AMIR | | 23 |
| | | DR McQUEEN | | 23 |
| MONDAY | 10.08.2015 | DR McQUEEN | 1 | |
| | | DR AMIR | 1 | |
| | | DR HOLLY | 9 | |
| | | DR WANG | 11 | 13 |
| | | DR KHAN | 1 | 5 |
| | | DR MYCHAEEL | 2 | 13 |
| TUESDAY | 11.08.2015 | DR YUCHONGCO | 9 | |
| | | DR KHAN | 11 | 13 |
| | | DR MEERAN | 1 | 5 |
| | | DR H PALIPANA | 2 | 13 |
| WEDNESDAY | 12.08.2015 | DR MALATE | 9 | |
| | | DR KHAN | 11 | 13 |
| | | DR LIN | 1 | 5 |
| | | DR WEERABADDANA | 2 | 13 |
| THURSDAY | 13.08.2015 | DR SHAHABI | 9 | |
| | | DR REDMAYNE | 11 | 13 |
| | | DR FOWOSERE | 2 | 13 |
| | | DR McQUEEN | 1 | 5 |

| | | | | |
|-----------|------------|---------------|----|----|
| FRIDAY | 14.08.2015 | DR McQUEEN | 9 | 13 |
| | | DR H PALIPANA | 11 | 13 |
| | | DR WANG | 2 | 5 |
| SATURDAY | 15.08.2015 | DR KHAN | 1 | 5 |
| | | DR WANG | 4 | 20 |
| | | DR H PALIPANA | 4 | 11 |
| SUNDAY | 16.08.2015 | DR KHAN | 4 | 20 |
| | | DR WANG | 15 | 15 |
| | | DR H PALIPANA | 23 | 23 |
| MONDAY | 17.08.2015 | DR KHAN | 23 | 23 |
| | | DR H PALIPANA | 1 | 1 |
| | | DR McQUEEN | 9 | 13 |
| TUESDAY | 18.08.2015 | DR WANG | 11 | 13 |
| | | DR MEERAN | 1 | 5 |
| | | DR DOBLER | 2 | 13 |
| WEDNESDAY | 19.08.2015 | DR MATTHEWS | 2 | 13 |
| | | DR WANG | 9 | 9 |
| | | DR MEHROTRA | 9 | 5 |
| THURSDAY | 20.08.2015 | DR LIN | 1 | 5 |
| | | DRSHAHABI | 2 | 13 |
| | | DR McQUEEN | 1 | 5 |
| FRIDAY | 21.08.2015 | DR FOWOSERE | 1 | 8 |
| | | DR MATTHEWS | 9 | 1 |
| | | DR MYCHAEI | 11 | 5 |
| SATURDAY | 22.08.2015 | DR FOWOSERE | 1 | 5 |
| | | DR MALATE | 1 | 5 |
| | | DR H PALIPANA | 1 | 7 |
| SUNDAY | 23.08.2015 | DR DEMESA | 1 | 8 |
| | | | | |
| | | | | |

| | | | | |
|-----------|------------|-----------------|----|----|
| FRIDAY | 21.08.2015 | DR W PALIPANA | 9 | 13 |
| | | DR REDMAYNE | 11 | 13 |
| | | DR MANTILLA | 2 | 13 |
| | | DR DOBLER | 1 | 5 |
| SATURDAY | 22.08.2015 | DR MANTILLA | 4 | 11 |
| | | DR REDMAYNE | 4 | 20 |
| | | DR DOBLER | 4 | 20 |
| SUNDAY | 23.08.2015 | DR MANTILLA | | 23 |
| | | DR REDMAYNE | | 15 |
| | | DR DOBLER | | 23 |
| MONDAY | 24.08.2015 | DR MANTILLA | 1 | |
| | | DR DOBLER | 1 | |
| | | DR KHAN | 6 | 5 |
| | | DR MYCHAEI | 4 | |
| | | DR BAKTASH | 11 | 13 |
| | | DR WANG | 2 | 13 |
| TUESDAY | 25.08.2015 | DR HOLLY | 9 | |
| | | DR McQUEEN | 11 | 13 |
| | | DR MEERAN | 1 | 5 |
| | | DR W PALIPANA | 2 | 13 |
| WEDNESDAY | 26.08.2015 | DR MEHROTRA | 9 | |
| | | DR LIN | 11 | 13 |
| | | DR REDMAYNE | 1 | 5 |
| | | DR MYCHAEI | 2 | 13 |
| THURSDAY | 27.08.2015 | DR MANTILLA | 9 | |
| | | DR MATTHEWS | 10 | 5 |
| | | DR FOWOSERE | 2 | 13 |
| | | DR DOBLER | 2 | 13 |
| FRIDAY | 28.08.2015 | DR H PALIPANA | 9 | |
| | | DR MYCHAEI | 11 | 13 |
| | | DR FOWOSERE | 2 | 13 |
| | | DR WEERABADDANA | 1 | 5 |

| | | | | |
|----------------------------|------------|---|-------------------------|----------------|
| SATURDAY | 29.08.2015 | DR FOWOSERE DR WEERABADDANA DR MYCHAEI | 4 4 4 | 20 20 11 |
| SUNDAY | 30.08.2015 | DR FOWOSERE DR WEERABADDANA DR MYCHAEI | | 15 23 23 |
| MONDAY | 31.08.2015 | DR WEERABADDANA DR MYCHAEI DR WANG DR H PALIPANA DR McQUEEN | 1 10 10 2 2 | |
| TOTAL FOR THE MONTH | | | | |

CDH #1802
CESSNOCK DISTRICT HOSPITAL

Mantilla
charge

LOWER HUNTER

VISITING MEDICAL OFFICERS - RECORD OF ATTENDANCE

DOCTOR'S NAME: *Carly & KATHAN*
PATIENT'S NAME: _____

Q202 - CESSNOCK DISTRICT HOSPITAL
MRN 0464902 - GELLWILER, Raymond Francis Male
10 View Street
Cessnock 2325
JOB 13/03/1939 ADM 13/07/2015
MEDICAL Dr Kenneth Dobler Charg Shared Elec Priv Dr _____

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|--------|-------------------------------------|--------------------|
| 1-8-15 | <i>[Signature]</i> | 3:50 pm |
| 2/8 | Mantilla | 750 meds review |
| 2/8/15 | <i>[Signature]</i> | Sunday 3-10 pm |
| 3/8 | <i>[Signature]</i> | |
| 4/8 | <i>[Signature]</i> | |
| 5/8 | <i>[Signature]</i> | |
| 6/8 | <i>[Signature]</i> | |
| 7/8 | <i>[Signature]</i> | |
| 10/8 | <i>[Signature]</i> | |
| 12/8 | <i>[Signature]</i> | |
| 13/8 | <i>[Signature]</i> | |
| | | |
| | | |

N.B. - 1. This record is to be completed by all Visiting Medical Officers.
2. The record must be completed on each attendance.
3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

HCF # 09657410
CESSNOCK DISTRICT HOSPITAL
SPECIAL CARE / ED

VISITING MEDICAL OFFICERS --- RECORD OF ATTENDANCE

Q202 - Cessnock District Hospital

MRN 1740999- MAXWELL, Mina

12/56 Carrs Road,

Neath 2326

07/03/1936 Female PH: 49308045

DOCTORS NAME: _____

PATIENTS NAME: _____

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|---------|-------------------------------------|-------------------|
| 21/8 | mantha. | -1900 - PLU |
| 22/8/15 | RAMANE | 0940am - WJ |
| 23/8/15 | RAMANE | 0815 - WJ SMDM |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

N.B. - 1. This record is to completed by all Visiting Medical Officers.
 2. The record must be completed on each attendance.
 3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

NX69730a.

**CESSNOCK DISTRICT HOSPITAL
SPECIAL CARE / ED**

VISITING MEDICAL OFFICERS --- RECORD OF ATTENDANCE

Q202 - CESSNOCK DISTRICT HOSPITAL

MRN 3038261 - PIKE, Frances Female

122 Howells Road

Abernethy 2325

DOB 21/10/1919 ADM 16/08/2015

Emergency Department CDH Dr James Lin Veterans Affairs

General O'Night

DOCTORS NAME _____

PATIENTS NAME: _____

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|--------------|-------------------------------------|---------------------------|
| 16/8/15 | <i>[Signature]</i> | <i>[Signature]</i> |
| 17/8/15 | H. Talbot (M) | 2.30pm an hr - comm |
| 17/8/15 | <i>[Signature]</i> | Und <i>[Signature]</i> |
| 18/8/15 | <i>[Signature]</i> | Und |
| 19/8/15 | <i>[Signature]</i> | Und. |
| 19/8/15 | <i>[Signature]</i> | review ATSP <i>(2230)</i> |
| 20/8/15 | <i>[Signature]</i> | Und. |
| 21/8/15 | <i>[Signature]</i> | nr |
| 22/8 906 | <i>[Signature]</i> | nr. |
| 23/8 0810 | <i>[Signature]</i> | nr |
| 23/8 1338 | <i>[Signature]</i> | plv |
| 24/8/15 | <i>[Signature]</i> | Und |
| 25/8/15 | <i>[Signature]</i> | Und |

N.B. - 1. This record is to be completed by all Visiting Medical Officers.

2. The record must be completed on each attendance.

3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

Mantilla
Nlc

CESSNOCK DISTRICT HOSPITAL

LOWER HUNTER

VISITING MEDICAL OFFICERS - RECORD OF ATTENDANCE

Q202 - CESSNOCK DISTRICT HOSPITAL
 MRN 0889323 - ALWAY, James Tildren Male
 DOCTOR'S NAME: 18 Sargeant Street
 Cessnock 2325
 PATIENT'S NAME: JOB 26/11/1941 ADM 28/07/2015
 MEDICAL Dr David McQueen No Charge

1 *copy*
 DR. KHAN

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|-------------------------------------|-------------------------------------|--|
| 3/1/15 840 | Mantilla | relv |
| 1.8.15 | <i>[Signature]</i> | Aug 3-40 pm - 1 st r. cannula - Blood collected |
| 1/8 | Mantilla | IV Cannula only 2220 |
| 2/8/15 | <i>[Signature]</i> | Sunday 9.35 pm |
| 3/8/15 | [Signature] | |
| 4/8/15 | [Signature] | |
| 04.08.15 | John Morrison | in 2015 Han |
| 5/8/15 | [Signature] | |
| 5/8/15 | <i>[Signature]</i> | 7.30 pm - consultant + catheter |
| 6/8/15 | [Signature] | |
| 7/8/15 | [Signature] | |
| 8/8/15 | <i>[Signature]</i> in | ATSP review (1850) |
| 9/8/15 | [Signature] | Sunday |
| 10/8/15 | <i>[Signature]</i> | 9.25 AM |

- N.B. 1. This record is to be completed by all Visiting Medical Officers.
 2. The record must be completed on each attendance.
 3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.




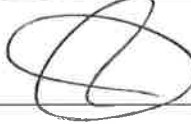


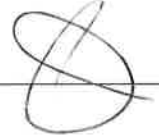
CESSNOCK DISTRICT HOSPITAL

LOWER HUNTER

VISITING MEDICAL OFFICERS - RECORD OF ATTENDANCE

DOCTOR'S NAME: _____ Q202 - CESSNOCK DISTRICT HOSPITAL
 MRN 0203742 - CHEDZEY, Robert William Male
 10 Elford Avenue
 Weston 2326
 PATIENT'S NAME: _____ JOB 20/10/1944 ADM 01/07/2015
 MEDICAL Dr James Lin No Charge

Copy to
Mr W... ..

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|----------|--|------------------|
| 1/8 | 9/10 Mantilla | WR |
| 01/08/15 |  A. W... .. | Consult 15.40 |
| | 4/8/15  in | WR |
| | 5/8/15  in | WR |
| | 6/8/15  in | WR |
| 7/8/15 | for Amosene | WR |
| | 8/8/15  in | WR |
| | 9/8/15  in | WR |
| | 11/8/15 -  in | WR |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

N.B. - 1. This record is to be completed by all Visiting Medical Officers.
 2. The record must be completed on each attendance.
 3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

**CESSNOCK DISTRICT HOSPITAL
SPECIAL CARE / ED**

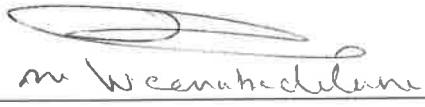

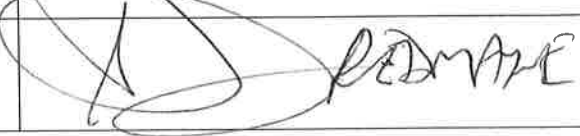
VISITING MEDICAL OFFICERS --- RECORD OF ATTENDANCE

DOCTORS NAME: _____

PATIENTS NAME: _____

Q202 - CESSNOCK DISTRICT HOSPITAL
MRN 3001051 - COATES, Barbara Beryl Female
Calvary Retirement Community Paxton Unit
Cessnock 2325
DOB 23/10/1951 ADM 12/08/2015
Surgical Ward C CDH Dr Wijayalath Palipana No Charge

Copy
in between

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|----------|---|--------------------------|
| 13/08/15 |  | Consult 9.10 AM |
| 13/8 | H. Palipana W | 14.35 ✓/✓ |
| 14/8 | H. Palipana W | 14.45 WR |
| 15/8 | H. Palipana W | 1.15 AM WR |
| 16/8 | H. Palipana (W) | 10.20 AM + IV WR cann |
| 17/8 | H. Palipana (W) | 2.45 AM WR |
| 18/8 | H. Palipana (W) | 2.30 AM WR |
| 19/8 | H. Palipana (W) | 2.35 AM WR + IV cann |
| 20/8 | H. Palipana (W) | WR W 1.20 AM |
| 21/8 | H. Palipana (W) | WR W |
| 22/8 |  | R/U 0230 |
| 22/8/15 |  | 09.00 AM WR Set a |

- N.B. - 1. This record is to be completed by all Visiting Medical Officers.
2. The record must be completed on each attendance.
3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

**CESSNOCK DISTRICT HOSPITAL
SPECIAL CARE / ED**

VISITING MEDICAL OFFICERS --- RECORD OF ATTENDANCE

Q202 - Cessnock District Hospital

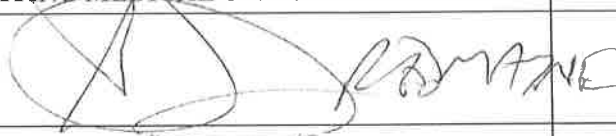
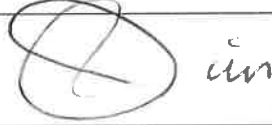
MRN 0967439 - GUNTER, George

Villa 64 56 Carrs Road
Neath 2326
11/04/1939 Male PH: 49304185

N/C

DOCTORS NAME: _____

PATIENTS NAME: _____

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|---------|--|---------|
| 23/8/15 |  | 0325a- |
| 24/8/15 | Mantilla | 925 WR. |
| 28/8/15 |  in | WHD |
| 26/8 | Mantilla | 855 WR. |
| 27/8 | Mantilla | 750 WR. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

N.B. - 1. This record is to completed by all Visiting Medical Officers.
 2. The record must be completed on each attendance.
 3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

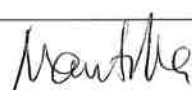








HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

LOWER HUNTER

SHEET No.: _____

VISITING MEDICAL OFFICERS – RECORD OF ATTENDANCE

DOCTOR'S NAME: _____ Q202 – CESSNOCK DISTRICT HOSPITAL
 MRN 1830270 - HARDING, Mark Stephen Male
 5 Casson Avenue
 Cessnock 2325
 PATIENT'S NAME: _____ DOB 01/10/1952 ADM 28/07/2015
 Surgical Ward C CDH Dr EreK Malate No Charge

| DATE | VISITING MEDICAL OFFICER'S SIGNATURE | REMARKS |
|---------|---|-----------------------|
| 22/8 |  | 755 AM |
| 22/8/15 |  | 1340hrs @. AHC (Ward) |
| 23/8 |  | 2300 AM |
| 24/8/15 |  | 1850 AM |
| 25/8 |  EREK HARDING | 0800 - AM |
| 26/8 |  EREK HARDING | 0805 - AM |
| 26/8 |  EREK HARDING | 1830 - AM |
| 27/8 |  EREK HARDING | 0805 - |
| 28/8/15 |  | 0830 AM |

- N.B. — 1 This record is to be completed by all Visiting Medical Officers.
 2 The record must be completed on each attendance.
 3 Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

LOWER HUNTER

SHEET No.: _____

VISITING MEDICAL OFFICERS – RECORD OF ATTENDANCE

Q202 – CESSNOCK DISTRICT HOSPITAL

DOCTOR'S NAME: **MRN 1830270 - HARDING, Mark Stephen Male**
 5 Casson Avenue
 Cessnock 2325
 DOB 01/10/1952 ADM 28/07/2015

PATIENT'S NAME: **Surgical Ward C CDH Dr EreK Malate No Charge**

| DATE | VISITING MEDICAL OFFICER'S SIGNATURE | REMARKS |
|---------|--------------------------------------|-----------|
| 1/8 | mantilla | WR 840 |
| 3/8/14 | <i>[Signature]</i> | 0840WR |
| 4/8/15 | <i>[Signature]</i> EREC MURRAY | WR 0820 |
| 5/8/15 | <i>[Signature]</i> EREC MURRAY | WR 0750 |
| 6/8/15 | <i>[Signature]</i> EREC MURRAY | WR 0820 |
| 7/8/15 | <i>[Signature]</i> | 0830WR |
| 8/8/15 | <i>[Signature]</i> | WR - |
| 9/8/15 | <i>[Signature]</i> | WR |
| 10/8/15 | <i>[Signature]</i> | 0830WR |
| 11/8/15 | <i>[Signature]</i> EREC MURRAY | WR - 0805 |

- N.B. — 1 This record is to be completed by all Visiting Medical Officers.
 2 The record must be completed on each attendance.
 3 Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

CESSNOCK DISTRICT HOSPITAL

LOWER HUNTER

VISITING MEDICAL OFFICERS - RECORD OF ATTENDANCE

Cessnock District Hospital - 2892457

DOCTOR'S NAME: HOVELER, Helen _____
Date of Birth: 06/01/1946 _____

PATIENT'S NAME: _____ *NIC* _____

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|-----------------------------|-------------------------------------|----------------------|
| 5/17/15 1500 | Mantilla | Admission |
| 1/8 | 930 Mantilla | WR . <i>Aug</i> |
| 2/8 | 720 Mantilla | WR . |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

N.B. - 1. This record is to be completed by all Visiting Medical Officers.
2. The record must be completed on each attendance.
3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

LOWER HUNTER

SHEET No.: _____

VISITING MEDICAL OFFICERS – RECORD OF ATTENDANCE

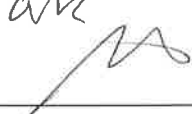

DOCTOR'S NAME:

Cessnock District Hospital - 0039370

JACKSON, Betty Mary
Date of Birth: 19/10/1928

PATIENT'S NAME: _

Non Chargeable
Mantilla.

| DATE | VISITING MEDICAL OFFICER'S SIGNATURE | REMARKS |
|-------------|---|---|
| 28/8 845 | mantilla | arr  |
| 29/8 |  fursene | wr |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

- N.B. —
- 1 This record is to be completed by all Visiting Medical Officers.
 - 2 The record must be completed on each attendance.
 - 3 Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

LOWER HUNTER

SHEET No.: _____

VISITING MEDICAL OFFICERS – RECORD OF ATTENDANCE

DOCTOR'S NAME: Cessnock District Hospital 0039370
 JACKSON, Betty Mary
 PATIENT: 74 Rawson Street Kurri Kurri 2327
 DOB 19/10/1928 Female Surgical Ward C CDH
 1/08/2015
 Dr Anecito Mantilla No Charge

| DATE | VISITING MEDICAL OFFICER'S SIGNATURE | REMARKS |
|-------|--------------------------------------|----------|
| 3/1/8 | Mantilla | 1740 WR. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

- N.B. —
- 1 This record is to be completed by all Visiting Medical Officers.
 - 2 The record must be completed on each attendance.
 - 3 Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

CESSNOCK DISTRICT HOSPITAL

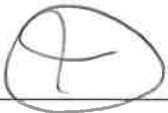
LOWER HUNTER

VISITING MEDICAL OFFICERS - RECORD OF ATTENDANCE

DOCTOR'S NAME: _____

PATIENT'S NAME: _____

Q202 - CESSNOCK DISTRICT HOSPITAL
MRN 3017129 - JOHNSTON, Shirley Irene Female
8 Belmont Avenue
Cessnock 2325
DOB 24/05/1938 ADM 24/08/2015
Emergency Department CDH Dr Anecito Mantilla No Charge

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|------------|---|---------|
| | 25/8/15  C. in | WLD. |
| 26/8 15 | mantilla | wr. 840 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

N.B. – 1. This record is to be completed by all Visiting Medical Officers.
2. The record must be completed on each attendance.
3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

HUNTER NEW ENGLAND AREA HEALTH

LOWER HUNTER

SHEET No.: _____

VISITING MEDICAL OFFICERS – RECORD OF ATTENDANCE

Q202 – CESSNOCK DISTRICT HOSPITAL

DOC **MRN 2692762** - LAM, Phat Huy Male
 78 Louth Park Road
 Maitland 2320
 DOB 25/04/1978 ADM 27/08/2015
 PAT Surgical Ward C CDH Dr Anecito Mantilla No Charge

Copy
pr weaver

| DATE | VISITING MEDICAL OFFICER'S SIGNATURE | REMARKS |
|----------|--------------------------------------|------------------|
| 27/8 | <i>Mantilla</i> | 1833 |
| 28/8 | <i>Mantilla</i> | arr 835 |
| 29/8 | <i>Dr Annene</i> | nr |
| 29/08/15 | <i>Dr Weaver</i> | Consult 23.30 |
| 30/8 | <i>Dr</i> | - nr |
| 31/8 | <i>Mantilla</i> | nr 845 |
| | | |
| | | |
| | | |
| | | |

- N.B. — 1 This record is to be completed by all Visiting Medical Officers.
 2 The record must be completed on each attendance.
 3 Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

HUNTER NEW ENGLAND AREA HEALTH

Dr. Paliga

LOWER HUNTER

SHEET No.: _____

VISITING MEDICAL OFFICERS – RECORD OF ATTENDANCE

Q202 – CESSNOCK DISTRICT HOSPITAL
 MRN 0424373 - LOCKYER, June Margaret Female
 180 Tinkerbark Pde Masonic Village
 Cessnock 2325
 DOB 05/08/1933 ADM 06/08/2015
 Surgical Ward C CDH Dr David McQueen No Charge

DOCTOR'S NAME: _____

PATIENT'S NAME: _____

| DATE | VISITING MEDICAL OFFICER'S SIGNATURE | REMARKS |
|---------|--------------------------------------|--|
| 17/8/15 | <i>H. Paliga (ho)</i> | 1.10 am anxious consult Scalp laceral infuse |
| 17/8/15 | <i>[Signature]</i> | |
| 18/8/15 | <i>[Signature]</i> | |
| 18/8/15 | <i>[Signature]</i> | 1740 hours * ECG. |
| 19/8/15 | <i>[Signature]</i> | |
| 19/8/15 | <i>[Signature]</i> | 5:58 pm ECG. |
| 20/8/15 | <i>[Signature]</i> | |
| 21/8/15 | <i>[Signature]</i> | |
| 23/8 | <i>mantilla</i> | R/V 1035 |

- N.B. —
- 1 This record is to be completed by all Visiting Medical Officers.
 - 2 The record must be completed on each attendance.
 - 3 Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

**CESSNOCK DISTRICT HOSPITAL
HDU/ ED**

VISITING MEDICAL OFFICERS --- RECORD OF ATTENDANCE

DOCTORS NAME: _____
PATIENTS NAME: _____

Q202 – CESSNOCK DISTRICT HOSPITAL
MRN 0283991 - MAHY, Marilyn May Female
4/23-25 Hunter Avenue
Cessnock 2325
DOB 10/08/1932 ADM 21/08/2015
Emergency Department CDH Dr Olakunle Fowosere No Charge

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|---------|-------------------------------------|--------------|
| 21/8/15 | <i>for Fowosere</i> | 8:41pm ru |
| 22/8 | <i>mantle</i> | ur: 830 |
| 23/8 | <i>mantle</i> | 830 |
| 24/8 | <i>for</i> | ur |
| 25/8 | <i>for</i> | 2:20pm |
| 26/8 | <i>for</i> | ur |
| 27/8 | <i>for</i> | ur |
| 28/8 | <i>for</i> | ur |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**N.B. – 1. This record is to completed by all Visiting Medical Officers.
2. The record must be completed on each attendance.
3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.**

**CESSNOCK DISTRICT HOSPITAL
SPECIAL CARE / ED**

VISITING MEDICAL OFFICERS --- RECORD OF ATTENDANCE

Q202 - CESSNOCK DISTRICT HOSPITAL
MRN 0657565 - MCDONALD, Kathleen Marie Female
7 Knox Street
Abernethy 2325
DOB 14/03/1965 ADM 20/08/2015
Surgical Ward C CDH Dr Olakunle Fowosere No Charge

DOCTORS NAME: _____

PATIENTS NAME: _____

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|---------|-------------------------------------|---|
| 20/8/15 | <i>fo Fowosere</i> | <i>WR</i> |
| 20/8 | <i>fo</i> | <i>206pm RV</i> |
| 20/8 | <i>fo</i> | <i>7:00pm w comle</i> |
| 20/8 | <i>fo</i> | <i>1130 pm</i> |
| 21/8 | <i>fo</i> | <i>WR</i> |
| 22/8 | <i>Mantilla</i> | <i>945</i> |
| 22/8 | <i>Mantilla</i> | <i>2005 P/U</i> |
| 23/8 | <i>Mantilla,</i> | <i>1045 IVC to</i> |
| 24/8 | <i>fo</i> | <i>WR</i> |
| 25/8 | <i>fo</i> | <i>WR</i> |
| 25/8 | <i>fo</i> | <i>235pm w comle</i> |
| 26/8 | <i>fo</i> | <i>WR + (4) fowosere admission unit 2</i> |
| 27/8 | <i>fo</i> | <i>WR - Laminage</i> |

- N.B. - 1. This record is to be completed by all Visiting Medical Officers.
2. The record must be completed on each attendance.
3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.



HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

LOWER HUNTER

SHEET No.: _____

VISITING MEDICAL OFFICERS – RECORD OF ATTENDANCE

DOCTOR'S NAME: _____ **MRN 0290976 - MCDONALD, Phyllis Margaret Female**
 Q202 – CESSNOCK DISTRICT HOSPITAL
 62 Ferguson Street
 Cessnock 2325
 PATIENT'S NAME: _____ **DOB 21/07/1925 ADM 09/08/2015**
Surgical Ward C CDH Dr Anecito Mantilla No Charge

| DATE | VISITING MEDICAL OFFICER'S SIGNATURE | REMARKS |
|--------------|---|---------|
| 22/8 805 | Mantilla  | WR. |
| 23/8 0820 | Mantilla  | WR. |
| 24/8 830 | Mantilla | WR. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

- N.B. —
- 1 This record is to be completed by all Visiting Medical Officers.
 - 2 The record must be completed on each attendance.
 - 3 Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

**CESSNOCK DISTRICT HOSPITAL
SPECIAL CARE / ED**

VISITING MEDICAL OFFICERS --- RECORD OF ATTENDANCE

Q202 - CESSNOCK DISTRICT HOSPITAL
MRN 0290976 - MCDONALD, Phyllis Margaret Female
62 Ferguson Street
Cessnock 2325
DOB 21/07/1925 ADM 09/08/2015
Special Care Unit CDH Dr Anecito Mantilla No Charge

DOCTORS NAME: _____

PATIENTS NAME: _____

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|--------------|-------------------------------------|-----------------------|
| 10/8 830 | Mantilla | WR WR |
| 11/8 820 | Mantilla | ECG WR |
| 12/8 830 | Mantilla | WR. |
| 13/8 835 | Mantilla | WR. |
| 13/8 1130 | Mantilla | - Emergency - ECG. |
| 14/8 845 | Mantilla | WR. |
| 16/8/15 | <i>[Signature]</i> | 1245 WR |
| 17/8 | Mantilla | 850 WR, |
| 18/8 | Mantilla | WR 825 |
| 19/8 | Mantilla | WR 830 |
| 20/8 | Mantilla | WR 830 |
| 21/8 | Mantilla | WR. 840 |

- N.B. - 1. This record is to completed by all Visiting Medical Officers.
2. The record must be completed on each attendance.
3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.**

**CESSNOCK DISTRICT HOSPITAL
SPECIAL CARE / ED**

VISITING MEDICAL OFFICERS --- RECORD OF ATTENDANCE

Q202 - CESSNOCK DISTRICT HOSPITAL
MRN 1723421 - MCMARTIN, Edward James Male
 39A Macquarrie Avenue
 Cessnock West 2325
 DOB 28/12/1962 ADM 05/08/2015
 Emergency Department CDH Dr Olakunle Fowosere No Charge

DOCTORS NAME: _____

PATIENTS NAME: _____

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|------------------|-------------------------------------|------------------------|
| 6/8/15 | <i>f fowosere</i> | wn |
| 6/8 | <i>f</i> | 6 ⁰⁰ pm |
| 7/8 | <i>f</i> | wn |
| 7/8 | <i>mantrig</i> | R/D 14:15 |
| 8/8/15 8/8/15 | <i>[Signature]</i> <i>in</i> | W/D Renew (1570) |
| 8/8/15 | <i>[Signature]</i> <i>in</i> | Renew ATSP (1795) |
| 9/8/15 | <i>[Signature]</i> <i>in</i> | W/d |
| 9/8/15 | <i>[Signature]</i> <i>in</i> | clinical review (1240) |
| 10/8 | <i>f</i> | wn |
| 15/8 | <i>f</i> | 7:50 pm |
| | | |
| | | |

- N.B. - 1. This record is to completed by all Visiting Medical Officers.
 2. The record must be completed on each attendance.
 3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.**

CESSNOCK DISTRICT HOSPITAL

LOWER HUNTER

VISITING MEDICAL OFFICERS - RECORD OF ATTENDANCE

Q202 - CESSNOCK DISTRICT HOSPITAL

MRN 1696610 - MILLS, Raymond Keith Male

3/1-5 Saxton Street

DOCTOR'S NAME: Kurri Kurri 2327

DOB 19/12/1933 ADM 02/07/2015

PATIENT'S NAME: MEDICAL Dr Rodolfo Yuchongco No Charge

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|---------|-------------------------------------|---------------------------------|
| 1/8 | 9AM mantilla | w/r |
| 3/8 | DR. Yuchongco 9:14 | w/r |
| 4/8 | DR. Yuchongco 13:50 | w/r |
| 5/8 | DR. Yuchongco 19:10 | w/r |
| 6/8 | DR. Yuchongco 18:00 | w/r |
| 7/8 | DR. Yuchongco 18:30 | w/r |
| | 8/8/15 [Signature] in md. | |
| 8/8/15 | [Signature] Amin | Clinical R/w after a fall 21:40 |
| | 9/8/15 [Signature] in md | |
| 10/8/15 | DR. Yuchongco 12:35 | w/r |
| 11/8/15 | DR. Yuchongco 14:30 | w/r |
| 12/8/15 | DR. Yuchongco 18:40 | w/r |
| 13/8/15 | DR. Yuchongco 18:00 | w/r |

- N.B. -
1. This record is to be completed by all Visiting Medical Officers.
 2. The record must be completed on each attendance.
 3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

CESSNOCK DISTRICT HOSPITAL

LOWER HUNTER

VISITING MEDICAL OFFICERS ATTENDANCE

DOCTOR'S NAME: MRN 0058984 - MOORE, Kristylee Denise Female
 15 Allandale Road
 Cessnock 2325
 PATIENT'S NAME: ADM 14/08/2015
 JOB 26/08/1979 ADM 14/08/2015
 MEDICAL Dr Anecito Mantilla No Charge

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|---------|-------------------------------------|----------------------------|
| 14/8/15 | <i>[Signature]</i> | 1910 consult Admit. |
| 15/8/15 | <i>[Signature]</i> | 0955 WR |
| 16/8/15 | <i>[Signature]</i> | 1310 WR |
| 16/8/15 | <i>[Signature]</i> | 1640 consult to patient |
| 17/8 | Mantilla | 900 WR. |
| 17/8 | Mantilla | 1430 1310 WR. |
| 18/8 | Mantilla | 840 |
| 19/8 | Mantilla | 840 WR. |
| 20/8 | Mantilla | 845 WR. |
| 21/8 | Mantilla | 850 WR. |
| 22/8 | Mantilla | 940 |
| 24/8 | Mantilla | 850 WR. |
| | | |

- N.B. -
1. This record is to be completed by all Visiting Medical Officers.
 2. The record must be completed on each attendance.
 3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

CESSNOCK DISTRICT HOSPITAL

LOWER HUNTER

VISITING MEDICAL OFFICERS - RECORD OF ATTENDANCE

Q202 - CESSNOCK DISTRICT HOSPITAL

MRN 0058984 - MOORE, Kristylee Denise Female

15 Allandale Road

DOCTOR'S NAME: _____

Cessnock 2325

JOB 26/08/1979 ADM 02/08/2015

PATIENT'S NAME: _____

MEDICAL Dr Anecito Mantilla No Charge

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|------------|--|-----------------------|
| 2/8 | mantilla. | WR. |
| 3/8 | mantilla 7³⁰ | WR 805 |
| 4/8 | mantilla | 825 |
| 4/8 | mantilla IDM | 1930 + Drain absen |
| 5/8 | mantilla 840 | - WR - - VC - |
| 6/8 830 | mantilla. | - WR - 19D |
| 7/8 | mantilla 1330 | - WR. |
| 8/8 (r) | in | WR + |
| 9/8 (r) | in | WR |
| 10/8 | mantilla | PST WR. |
| 11/8 | mantilla. | 850 WR. |
| | | |
| | | |

- N.B. -
1. This record is to be completed by all Visiting Medical Officers.
 2. The record must be completed on each attendance.
 3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

HUNTER NEW ENGLAND AREA HEALTH

LOWER HUNTER

SHEET No.: _____

VISITING MEDICAL OFFICERS – RECORD OF ATTENDANCE

Q202 – CESSNOCK DISTRICT HOSPITAL
 DOCTOR'S NAME: **MRN 0327998 - MORRISON, Elaine Joyce Female**
 36 Ferguson Street
 Cessnock 2325
 PATIENT'S NAME: **DOB 28/08/1937 ADM 11/08/2015**
 - MEDICAL Dr James Lin No Charge

| DATE | VISITING MEDICAL OFFICER'S SIGNATURE | REMARKS |
|--------------|--------------------------------------|-----------------------------------|
| 22/8 0733 | <i>manthos</i> | <i>WR.</i> |
| 24/8/15 | <i>[Signature] in</i> | <i>WR.</i> |
| 28/8(1) | <i>[Signature] in</i> | <i>WR.</i> |
| 25/8/15 | <i>[Signature] in</i> | <i>(1330) review for transfer</i> |
| 26/8/15 | <i>[Signature] in</i> | <i>WR.</i> |
| | | |
| | | |
| | | |
| | | |
| | | |

N.B. — 1 This record is to be completed by all Visiting Medical Officers.

2 The record must be completed on each attendance.

3 Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

HUNTER NEW ENGLAND AREA HEALTH

LOWER HUNTER

SHEET No.: _____

VISITING MEDICAL OFFICERS – RECORD OF ATTENDANCE

Q202 – CESSNOCK DISTRICT HOSPITAL

DOCTOR'S NAME: **MRN 0091626 - PANNOWITZ, Phillip Michael Male**
41 Wilkinson Place
Kearsley 2325PATIENT'S NAME: **DOB 14/06/1940 ADM 27/07/2015**
MEDICAL Dr Yang Wang No Charge

| DATE | VISITING MEDICAL OFFICER'S SIGNATURE | REMARKS |
|-------------|--------------------------------------|---------|
| 22/8 925 | mannthg | WR. |
| 25/8/15 | Dr Wang | 0815 WR |
| 26/8/15 | Dr Wang | 0850 WR |
| 28/8/15 | Dr Wang | 0850 WR |
| 29/8/15 | Dr Annin | WR. |
| 30/8 | Dr | WR |
| 31/8/15 | Dr Wang | 0900 WR |
| | | |
| | | |

- N.B. —
- 1 This record is to be completed by all Visiting Medical Officers.
 - 2 The record must be completed on each attendance.
 - 3 Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

CESSNOCK DISTRICT HOSPITAL

LOWER HUNTER

VISITING MEDICAL OFFICERS - RECORD OF ATTENDANCE

Q202 - CESSNOCK DISTRICT HOSPITAL

DOCTOR'S NAME: MRN 0091626 - PANNOWITZ, Phillip Michael Male _____
 41 Wilkinson Place

PATIENT'S NAME: JOB 14/06/1940 ADM 27/07/2015 _____
 MEDICAL Dr Yang Wang No Charge

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|---------|-------------------------------------|---|
| 1/8 | 9:20 Mantilla | WR. |
| 2/8 | 740 Mantilla | WR. |
| 3/8/15 | M Wang | 0900WR |
| 4/8/15 | M Wang | 0830WR |
| 5/8/15 | Eric Munn | WR 0820 |
| 6/8/15 | M Wang | 0840 WR |
| 6/8/15 | M Wang | 1930 ^{Ad consult} R/CT V/pep/relly |
| 7/8/15 | M Wang | 0840WR |
| 8/8/15 | A Lin | WR |
| 9/8/15 | A Lin | WR |
| 10/8/15 | M Wang | 0840WR |
| 11/8/15 | M Wang | 0850WR |
| 12/8/15 | M Wang | 0840WR |

- N.B. -
1. This record is to be completed by all Visiting Medical Officers.
 2. The record must be completed on each attendance.
 3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

LOWER HUNTER

SHEET No.: _____

VISITING MEDICAL OFFICERS – RECORD OF ATTENDANCE

DOCTOR'S NAME: _____ **Q202 – CESSNOCK DISTRICT HOSPITAL**
MRN 2681164 - PARSONS, David Male
32 Margaret Street
Cessnock 2325
PATIENT'S NAME: _____ **DOB 26/09/1942 ADM 31/08/2015**
Surgical Ward C CDH Dr Anecito Mantilla No Charge

| DATE | VISITING MEDICAL OFFICER'S SIGNATURE | REMARKS |
|---------------|--------------------------------------|-----------|
| 3/1/8 1535 | <i>Mantilla</i> | <i>MR</i> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

- N.B. —
- 1 This record is to be completed by all Visiting Medical Officers.
 - 2 The record must be completed on each attendance.
 - 3 Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

**CESSNOCK DISTRICT HOSPITAL
SPECIAL CARE / ED**

VISITING MEDICAL OFFICERS --- RECORD OF ATTENDANCE

Q202 - Cessnock District Hospital

MRN 3010474- SHARP, Ann Hunter

3/23-25 Hunter Avenue

Cessnock 2325

14/02/1931 Female PH: 49911989

DOCTORS NAME: _____

*Non chargeable
Wang.*

PATIENTS NAME: _____

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|---------|-------------------------------------|-------------------------------------|
| 22/8 | <i>mantle</i> | 845 WR. |
| 23/8 | <i>mantle</i> | R/V 1326 ECG. |
| 24/8/15 | <i>M Wang</i> | 0900 WR |
| 25/8/15 | <i>M Wang</i> | 0730 WR |
| 25/8/15 | <i>M Wang</i> | 1650 consult |
| 26/8/15 | <i>M Wang</i> | 0830 WR |
| 27/8/15 | <i>M Wang</i> | 0830 WR |
| 28/8/15 | <i>M Wang</i> | 0830 WR |
| 29/8 | <i>fu Amore</i> | WR |
| 30/8 | <i>f</i> | WR |
| 31/8/15 | <i>M Wang</i> | 0830 WR |
| 31/8/15 | <i>M Wang</i> | 1730 consult R/V path CAR +MC |

- N.B. - 1. This record is to be completed by all Visiting Medical Officers.
 2. The record must be completed on each attendance.
 3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

CESSNOCK DISTRICT HOSPITAL

LOWER HUNTER

VISITING MEDICAL OFFICERS - RECORD OF ATTENDANCE

Q202 - CESSNOCK DISTRICT HOSPITAL






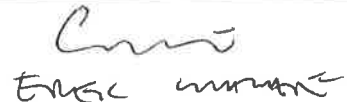
MRN 0030869 - SINGLETON, Brian Leo Male

DOCTOR'S NAME: _____ 45 Armidale Street _____

Abermain 2326

PATIENT'S NAME: _____ DOB 06/02/1937 ADM 14/08/2015 _____

MEDICAL Dr Erik Malate No Charge

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|---------|--|---------------------|
| 20/8/15 |  ERIK MALATE | 08:30 - WR |
| 21/8/15 |  | 0850 WR |
| 22/8/15 | mantilla | WR. |
| 23/8 |  Dr W Wong | iv wr |
| 24/8/15 |  | 0910 WR |
| 24/8/15 |  | 18:30 consult + ABG |
| 25/8/15 |  ERIK MALATE | 0825 WR. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

N.B. - 1. This record is to be completed by all Visiting Medical Officers.
 2. The record must be completed on each attendance.
 3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

**CESSNOCK DISTRICT HOSPITAL
SPECIAL CARE / ED**

VISITING MEDICAL OFFICERS --- RECORD OF ATTENDANCE

Cessnock District Hospital 3051644
STEWART, Bruce Maxwell
 Westhaven Hostel 30A Off West Avenue Cessnock
 2325
 DOB 28/07/1931 Male Special Care Unit CH 21/08/2015
 Dr John Holly No Charge

DOCTORS NAME: _____

PATIENTS NAME: _____

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|--------------|-------------------------------------|--|
| 22/8 0210 | <i>maxwell</i> | 1210 Medicines |
| 22.8.15 | <i>Maxwell</i> | w R. + drug |
| 22/8/15 | <i>[Signature]</i> | REDMAYNE 151 Renter consult + 11.00 |
| 22.8 | <i>[Signature] Done</i> | HR + IV 12 € 12.00 |
| 23/8/15 | <i>[Signature]</i> | REDMAYNE 0330 (ward) |
| 23.8.15 | <i>Maxwell</i> | w R. |
| 24/08/15 | <i>John Maxwell</i> | w R. |
| 25/08/15 | <i>John Maxwell</i> | w R. |
| 26/08/15 | <i>John Maxwell</i> | w R. |
| 26.8.15 | <i>Maxwell</i> | Consult 1p.00 |
| 27.8.15 | <i>Maxwell</i> | w R. |
| | | |

- N.B. - 1. This record is to completed by all Visiting Medical Officers.
 2. The record must be completed on each attendance.
 3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

CESSNOCK DISTRICT HOSPITAL

LOWER HUNTER

VISITING MEDICAL OFFICERS - RECORD OF ATTENDANCE

Q202 - CESSNOCK DISTRICT HOSPITAL

VRN 2030847 - WALKER, Ralph Bernard Male

DOCTOR'S NAME: 2 Onus Street _____
 elarah 2320

PATIENT'S NAME: JOB 18/04/1933 ADM 24/07/2015 _____
 MEDICAL Dr Yang Wang No Charge

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|-----------------|-------------------------------------|------------------------|
| 31/7 | mantilla | 2015 Reboot |
| 1/8 | mantilla | 850 WR. Aug |
| 03/8/15 | <i>Ralph Walker</i> | 0830 WR |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

N.B. - 1. This record is to be completed by all Visiting Medical Officers.
 2. The record must be completed on each attendance.
 3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

CESSNOCK DISTRICT HOSPITAL

Dr. Palina

LOWER HUNTER

VISITING MEDICAL OFFICERS - RECORD OF ATTENDANCE

Q202 - CESSNOCK DISTRICT HOSPITAL
MRN 0535607 - WANLESS, Gabrielle Mary Female
 Calvary Retirement Community Windemere Lodge
 Cessnock 2325
 DOB 24/04/1935 ADM 01/08/2015
 Emergency Department CDH Dr Anecito Mantilla No Charge

DOCTOR'S NAME: _____

PATIENT'S NAME: _____

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|------|-------------------------------------|----------------------|
| 2/8 | Mantilla | WR 7:10 |
| 3/8 | Mantilla | 8:55 WR. |
| 3/8 | A. Palina (40) | 3.00 am admission |
| 4/8 | Mantilla | WR 8:40 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

N.B. - 1. This record is to be completed by all Visiting Medical Officers.
 2. The record must be completed on each attendance.
 3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.

**CESSNOCK DISTRICT HOSPITAL
SPECIAL CARE / ED**


VISITING MEDICAL OFFICERS --- RECORD OF ATTENDANCE

Q202 - CESSNOCK DISTRICT HOSPITAL
MRN 3052044 - WOOD, Alice Joyce Female
8 Comfort Avenue
Cessnock 2325
DOB 15/12/1944 ADM 01/08/2015
Emergency Department CDH Dr William Redmayne No Charge

Copy to
m weeron

DOCTORS NAME: _____

PATIENTS NAME: _____

| DATE | VISITING MEDICAL OFFICERS SIGNATURE | REMARKS |
|----------|---|------------------|
| 01/08/15 |  m weeron | Consult 17.55 |
| 1/8 | mantilla 2/13 | RLU IVC |
| 2/8 | mantilla 130 | BCG IVC |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

N.B. - 1. This record is to completed by all Visiting Medical Officers.
2. The record must be completed on each attendance.
3. Remarks column to be used to indicate time of after hours visits, operation or miscellaneous procedure.