

The original documents are located in Box 37, folder “Ford, Gerald - Interval Six - Month Physical - January 24, 1976” of the Betty Ford White House Papers, 1973-1977 at the Gerald R. Ford Presidential Library.

Copyright Notice

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Betty Ford donated to the United States of America her copyrights in all of her unpublished writings in National Archives collections. Works prepared by U.S. Government employees as part of their official duties are in the public domain. The copyrights to materials written by other individuals or organizations are presumed to remain with them. If you think any of the information displayed in the PDF is subject to a valid copyright claim, please contact the Gerald R. Ford Presidential Library.

THE WHITE HOUSE

WASHINGTON

January 21, 1976

Instructions: No breakfast on Saturday

~~CONFIDENTIAL~~

ANNUAL PHYSICAL EXAMINATION

President Gerald R. Ford
Saturday, January 24, 1976
National Naval Medical Center

| | |
|--|----------|
| Depart Residence | 7:30 am |
| Arrive Bethesda and Proceed to Presidential Suite | 8:00 am |
| Laboratory Tests - Urinalysis - Electrocardiogram | 8:00 am |
| Breakfast | 8:30 am |
| X-Ray Department (Chest, KUB, Knees, Sinuses) | 8:45 am |
| History, Physical Examination and Sigmoidoscopy - Dr. Lukash | 9:00 am |
| Orthopedic Consultations | 9:45 am |
| Eye Clinic | 10:00 am |
| ENT (Examination in Suite) | 10:15 am |
| Eye Clinic Return | 10:45 am |
| Depart Bethesda | 11:15 am |
| Arrive Residence | 11:45 am |

W M Lukash
William M. Lukash, M.D.
Rear Admiral, MC, USN
Physician to the President

Terry O'Donnell
Military Office
Ron Nessen
Bill Nicholson
Ron Jackson
Mrs. Ford
President's Study (Second Floor)
Chief McWhirter and Weaver
Admiral Brown
Captain Seaton (Eye)
Captain DeFries (ENT)
Captain Ochs (X-Ray)
Captain Slemmons (Ortho)

DECLASSIFIED
E.O. 13526 (as amended) SEC 3.3
NSC Memorandum 3/30/06, State Dept. Guidelines
By *MDO* NARA, Date 2/24/2016

~~CONFIDENTIAL~~

| CLINICAL RECORD | | NARRATIVE SUMMARY | |
|-------------------|-------------------|-----------------------------|--|
| DATE OF ADMISSION | DATE OF DISCHARGE | NUMBER OF DAYS HOSPITALIZED | |

(Sign and date at end of narrative)

Annual Physical Examination - President Gerald R. Ford - 24 January 1976
National Naval Medical Center, Bethesda, Maryland

Age: 62 Birth Date: July 14, 1913

The President's last annual physical examination was held on January 25, 1975. During the last year the President has continued to experience good health with the exception of the following problems:

Problem #1 - Post-Surgical Knees - The President had no difficulty with his knees throughout the year and continued to follow an active program of quadriceps strengthening. His skiing vacation in Vail this Christmas was limited to seven days. It appeared that he skied stronger than at previous times and had no difficulty except for some residual swelling on the lateral portion of the left knee. This caused some mild discomfort but did not interfere with his skiing and responded to treatment with Butazolidin. The discomfort resolved after returning home within two or three days.

Problem #2 - Acute Right Maxillary Sinusitis - In October the President developed a common cold and this became complicated when he developed an acute sinus infection in the right maxillary sinus on October 19. His activity was restricted to the White House living quarters for three days and the condition responded to conventional treatment and there have been no after affects other than his tendency towards occasional nasal congestion and this is associated with a post-nasal drip and sporadic episodes of sneezing. This responds to the use of an oral decongestant tablet which he will take the night before going to sleep.

Problem #3 - Assassination Attempts - In the month of September, on September 5 and 22, two very serious assassination attempts were directed toward the President in both Sacramento and San Francisco. The President suffered no ill effects either physically or emotionally. I was not aware that he had any undue preoccupation concerning these events. The President was able to talk freely about these incidents and continued to sleep very well and I feel in no way did they affect his subsequent day to day activity.

(Use additional sheets of this form (Standard Form 502) if more space is required)

| | | | |
|--|------|--------------------|--------------|
| SIGNATURE OF PHYSICIAN | DATE | IDENTIFICATION NO. | ORGANIZATION |
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility) | | REGISTER NO. | WARD NO. |

FORD, President Gerald R.
372-28-6532

NARRATIVE SUMMARY
Standard Form 502
502-108

CLINICAL RECORD

NARRATIVE SUMMARY

DATE OF ADMISSION

DATE OF DISCHARGE

NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narrative)

Problem #4 - Lesion on left upper eyelid - A small wart-like lesion on the left upper eyelid was removed in the White House office on December 3, 1975. The diagnosis was that of benign seborrhoeic keratosis. The excision site healed completely.

Problem #5 - Muscle Cramp, Left Calf - On December 20, 1975 the patient was awakened early in the morning because of a severe cramp in the left calf. This responded to rest and treatment with hot packs and ultrasound and massage. There has been no recurrence.

Problem #6 - Rectal Bleeding - The President has noted with bowel movements that occasionally small flecks of blood will appear on the toilet tissue. This has occurred from time to time in the past and is usually associated with excessive fatigue and prolonged activity while traveling. Examination on proctoscopy revealed minimal friability of the anal canal as the result of previous surgery for a hemorrhoidectomy and anal fistula 30 years ago. There has been no recurrence. A barium enema was performed in 1974 and was normal.

Present Health

The President has continued to maintain his tremendous physical capacity for hard work without any difficulty. His cardiovascular functions remain excellent and he is able to tolerate more than regular exercise without difficulty. There have been no respiratory complaints and he has had no dyspnea or cough. His appetite remains good and he has maintained his weight at 194 pounds without difficulty. His bowel movements are regular every morning. Other than an occasional mild discomfort in his knees after excessive activity, his muscular skeletal system functions remain well. In general the President works long hours but he sleeps very well and feels completely refreshed upon awakening.

Exercise Program

After awakening every morning at 5:30 am the President participates in his exercise routine. This includes: (1) Quadriceps strengthening by lifting weights with both knees. He will lift 20-40 pounds with repetition, ranging

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN

DATE

IDENTIFICATION NO.

ORGANIZATION

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

REGISTER NO.

WARD NO.

FORD, President Gerald R.
372-28-6532

NARRATIVE SUMMARY
Standard Form 502
502-108

| CLINICAL RECORD | | NARRATIVE SUMMARY | |
|-------------------|-------------------|-----------------------------|--|
| DATE OF ADMISSION | DATE OF DISCHARGE | NUMBER OF DAYS HOSPITALIZED | |

(Sign and date at end of narrative)

from 20-40 lifts per knee daily. In addition he pumps his exercycle the equivalent of one-half mile with additional resistance added to the pumping. This is followed by about 10 minutes of calisthenics. He continues to swim every evening and now swims 22 lengths for one-quarter mile which he does in 14 minutes.

Past Medical History

Cartilage Surgery, left knee - 1929; right knee - 1972. Appendectomy, anal fistulectomy and hemorrhoidectomy 30 years ago. The President had his annual influenza shot. His medications include an occasional sleeping tablet while traveling and an oral decongestant from time to time for nasal congestion. He smokes 6-7 pipe loads of tobacco a day and he will have an evening cocktail consisting of no more than 2-4 ounces of alcohol in the evening. No allergies.

Family History

Mother died at age 71, myocardial infarction; father died age 72, stroke. Three half brothers all healthy. Mother had mild diabetes at old age.

Review of Systems:

Eyes - The President requires glasses only for distant vision and at this point has no requirement for near vision reading glasses.

Ear, Nose and Throat - With the slight deviation of the nasal septum and sensitive nasal mucosa, he will have a nasal congestion from time to time with exposure to the cold air. This may cause him to sneeze and result in post-nasal drip on awakening. Auditory acuity normal.

Pulmonary - No dyspnea or cough.

Cardiovascular - No chest pain, palpitation, shortness of breath or edema.

Gastrointestinal - No indigestion or abdominal pain. His bowel movements

(Use additional sheets of this form (Standard Form 502) if more space is required)

| | | | |
|---|------|--------------------|--------------|
| SIGNATURE OF PHYSICIAN | DATE | IDENTIFICATION NO. | ORGANIZATION |
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | | REGISTER NO. | WARD NO. |

FORD, President Gerald R.
372-28-6532

NARRATIVE SUMMARY
Standard Form 502
502-108

| CLINICAL RECORD | | NARRATIVE SUMMARY | |
|-------------------|-------------------|-----------------------------|--|
| DATE OF ADMISSION | DATE OF DISCHARGE | NUMBER OF DAYS HOSPITALIZED | |

(Sign and date at end of narrative)

are normal but on rare occasions he will note rectal bleeding evidenced by blood flecks on toilet tissue and related to excessive activity, fatigue and straining with a bowel movement.

Genitourinary - Nocturia one time per night but with no urgency or discomfort. Sexual function normal.

Neuromuscular - Other than mild discomfort in his knees with excessive activity and occasional stiffness in the left cervical area, he has had no other muscular joint problems.

Neurological - No headaches or tendency towards depression or anxiety.

Skin - No skin lesions.

Physical Examination: Patient appears to be in an excellent state of health and nutrition. Height: 72 inches; weight: 194 pounds; blood pressure: 120/74; pulse: 60; temperature: 97.8.

Eyes - Pupils are round, regular and react to light and accommodation. Extraocular movements normal. Ocular fundi normal. Nearsightedness and glasses required for distant vision. Ocular pressures normal. TOD 16, TOS 14.

Ears - Normal external ear canals. Ear drums are normal. Transillumination of paranasal sinuses is clear and there is no evidence of sinusitis or rhinitis. Hearing good.

Nose - Slight deviation of the nasal septum. The mucosa appears normal.

Mouth - Teeth are in good repair although there is dark tobacco staining. There is no mucosal abnormality involving his palate.

Neck - Neck is supple with good range of motion. Thyroid not enlarged. No lymph nodes. Carotid artery pulsations equal without bruit.

(Use additional sheets of this form (Standard Form 502) if more space is required)

| | | | |
|---|------|--------------------|--------------|
| SIGNATURE OF PHYSICIAN | DATE | IDENTIFICATION NO. | ORGANIZATION |
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | | REGISTER NO. | WARD NO. |

FORD, President Gerald R.
372-28-6532

NARRATIVE SUMMARY
Standard Form 502
502-108

| CLINICAL RECORD | | NARRATIVE SUMMARY | |
|-------------------|-------------------|-----------------------------|--|
| DATE OF ADMISSION | DATE OF DISCHARGE | NUMBER OF DAYS HOSPITALIZED | |

(Sign and date at end of narrative)

Breasts - Negative.

Lungs - Clear and resonant to percussion and auscultation. Chest expansion good and diaphragms move normally.

Heart - No abnormal heart sounds. No cardiomegaly or precordial lift and a well localized PMI. No murmurs or gallop sounds were heard. Second heart sound normally split.

Abdomen - Soft and non-tender. No masses. Liver and spleen are not enlarged. Liver span was 12 cm in the mid-clavicular line. Right appendix scar was intact. Inguinal rings were normal. No abdominal bruits.

Rectal - Very small hemorrhoidal tags. Sphincter tone good. Prostate normal size, smooth, and non-tender. Feces were brown and formed. The hematest was negative. Proctoscopy normal to 25 centimeters. The mucosa of the distal anal canal was intact but hyperemic and slightly friable.

External Genitalia - Testicles normal and symmetrical.

Neuromuscular Examination - The cervical spine and shoulder joints retain good mobility with no pain. Both knees show minimal restrictions of full extension and flexion. There is also non-painful patellofemoral crepitation with pressure motion of both knees. The knees are basically stable with no joint tenderness and supporting ligaments are intact. Chronic synovial thickening was apparent in both and was associated with a very slight degree of effusion in the left knee.

Neurological - All deep tendon reflexes are active and equal. Muscle and sensory function were intact and there were no pathologic reflexes.

Laboratory Tests - All the laboratory tests were normal. The Hgb was 15.2 grams and the Hct was 45 vol %. The WBC was 5,300 with a normal differential count. Values of SMA-12 and SMA-6 were normal. Uric acid is 7.4 mg % and the cholesterol 275 mg % with triglyceride 115 mg %. The

(Use additional sheets of this form (Standard Form 502) if more space is required)

| | | | |
|---|------|--------------------|--------------|
| SIGNATURE OF PHYSICIAN | DATE | IDENTIFICATION NO. | ORGANIZATION |
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | | REGISTER NO. | WARD NO. |

FORD, President Gerald R.
372-28-6532

| CLINICAL RECORD | | NARRATIVE SUMMARY | |
|-------------------|-------------------|-----------------------------|--|
| DATE OF ADMISSION | DATE OF DISCHARGE | NUMBER OF DAYS HOSPITALIZED | |

(Sign and date at end of narrative)

lipoprotein profile remains normal. Urinalysis completely normal.

X-Rays - The chest X-ray remains normal. The paranasal sinuses are clear with no evidence of sinusitis. The KUB abdominal film was normal. Both knees reveal hypertrophic degenerative changes with slight loss of the joint space about the lateral femoral condyles. No evidence of loose bodies is present within the joint spaces. Post-surgical osteoarthritis is present in both knees and degenerative osseous change is also present about the C 5-6 cervical spine.

EKG - EKG was normal showing no change.

Orthopedic consultation - The President has post-traumatic arthritis in both knees, but has no pain and good function. He should continue his quadriceps strengthening exercises which have been successful in maintaining knee stability. In addition, two aspirin four times a day can be prescribed if swelling or stiffness develops.

ENT Consultation - His sinuses are completely clear with no sequelae from his recent sinus infection and post-nasal drip. There is no evidence of any mucosal membrane abnormality related to his pipe smoking.

Ophthalmology Consultation - The President's eyes are completely healthy and nearsightedness is correctable with his present glasses.

In conclusion, the President has remained in excellent health. He will continue with his established diet and exercise program. It is anticipated that the President will continue to have good health and he will be followed at intervals to insure that his knees remain stable and that his weight has not changed appreciably. In addition, he will be encouraged to play golf or tennis for short periods of time and also swim daily as his schedule allows.

(Use additional sheets of this form (Standard Form 502) if more space is required)

| | | | |
|---|------|--------------------|--------------|
| SIGNATURE OF PHYSICIAN | DATE | IDENTIFICATION NO. | ORGANIZATION |
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | | REGISTER NO. | WARD NO. |

FORD, President Gerald R.
372-28-6532

NARRATIVE SUMMARY
Standard Form 502
502-108

| CLINICAL RECORD | NARRATIVE SUMMARY | |
|-------------------|-------------------|-----------------------------|
| DATE OF ADMISSION | DATE OF DISCHARGE | NUMBER OF DAYS HOSPITALIZED |

(Sign and date at end of narrative)

Final Diagnosis:

1. Post-surgical degenerative arthritis in both knees.

William M. Lukash

William M. Lukash, M. D.
Rear Admiral, MC, USN
Physician to the President

(Use additional sheets of this form (Standard Form 502) if more space is required)

| | | | |
|---|------|--------------------|--------------|
| SIGNATURE OF PHYSICIAN | DATE | IDENTIFICATION NO. | ORGANIZATION |
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | | REGISTER NO. | WARD NO. |

FORD, President Gerald R.
372-28-6532

NARRATIVE SUMMARY
Standard Form 502
502-108

THE WHITE HOUSE

WASHINGTON

January 24, 1976

HEALTH REPORT

I would like to report on the President's health over the last year and also give the results of the President's Annual Physical Examination that was completed today at Bethesda Naval Hospital.

During 1975 the President continued to experience good health and was able to sustain the long hours and heavy responsibilities of his office.

Last September, within a period of three weeks, two monstrous and seemingly senseless assassination attempts were directed toward the President while he was in Sacramento and San Francisco. Fortunately, the President suffered no apparent physical or mental ill effects. At no time did he appear preoccupied. He talked freely concerning these events and was able to sleep without difficulty and I feel the incidents in no way affected his subsequent day to day activity.

In October the President suffered from a common cold that was complicated by the development of a sinus infection. Because of this, his activity was restricted to the residence for three days. The condition responded to treatment and he has had no further recurrence. In early December a small wart-like blemish was removed from the President's left upper eyelid in my office. It was diagnosed as a common benign lesion and healed completely.

The President's knees have maintained their strength and stability and he skied with very little difficulty during the short vacation at Vail this past year.



The President's weight is normal at 195 pounds and he has continued a rigid program of exercise every morning with his knee strengthening routine, consisting of lifting 20 to 40 pounds at least 20 to 40 times with each knee. He follows this with riding an exercycle at least half a mile and then an additional ten minutes of general calisthenics.

At this time I would like to acknowledge those citizens in this country who by their contributions have made it possible for the President to have a White House swimming pool. He swims 22 laps, equivalent to one quarter of a mile in a time of 11 minutes, and does this every evening after leaving his office. In my opinion the last three to four months have been the most arduous for the President since he came into office. Throughout this period he has worked 14-15 hours every day and including every Saturday and Sunday. I know that the opportunity to end this kind of day with an invigorating swim has played a very important part in helping him to relax and enabling him to sleep well and feel completely refreshed upon awakening the next day.

The President's physical examination today was normal, with no unusual findings. Examination of his heart and circulatory system again reveal an excellent blood pressure and slow pulse rate generally seen in well-conditioned athletes. Both knees are stable and show good mobility. The preliminary laboratory tests are all normal with a satisfactory blood cholesterol level, X-rays, and a stable electrocardiogram. My judgment is that the President has maintained his excellent state of health and capacity for long hours and all official responsibilities.

I would also like to report that Mrs. Ford had her routine four-month cancer examination yesterday and she continues to remain in good health and there is no clinical sign of any cancer recurrence.

It is most satisfying for a family physician to report the good health of the Ford Family. As the First Family, they are all fit and eagerly looking forward to actively participating in the many events celebrating the 200th Birthday of our country during this Bicentennial Year.



William M. Lukash
William M. Lukash, M.D.
Rear Admiral, MC, USN
Physician to the President

NAME FORD, GERALD.
NUMBER 372-28-6532
DATE 24 JAN 76 AGE _____
AD FORMAT

| | | | |
|-----|----|----|---|
| AVR | V1 | V4 | X |
| AVL | V2 | V5 | Y |
| AVF | V3 | V6 | Z |

 RATE _____ PR _____ QRS _____
QT _____ AXIS _____
DRUGS _____

OPTIONAL

SPLIT CAL. PULSE AT LEFT INDICATES
1/2 STD. ON PRECORDIAL LEADS ONLY

INTERPRETATION:

1. Normal Electrocardiogram
2. There has been no change from a previous EKG dated 25 Jan 75.

William P. Baker Captain MC USA.



FORD, GERALD.
BER 372-28-6532
24 JAN 76 AGE
FORMAT
VR V1 V4 X RATE PR QRS
VL V2 V5 Y QT AXIS
VF V3 V6 Z DRUGS

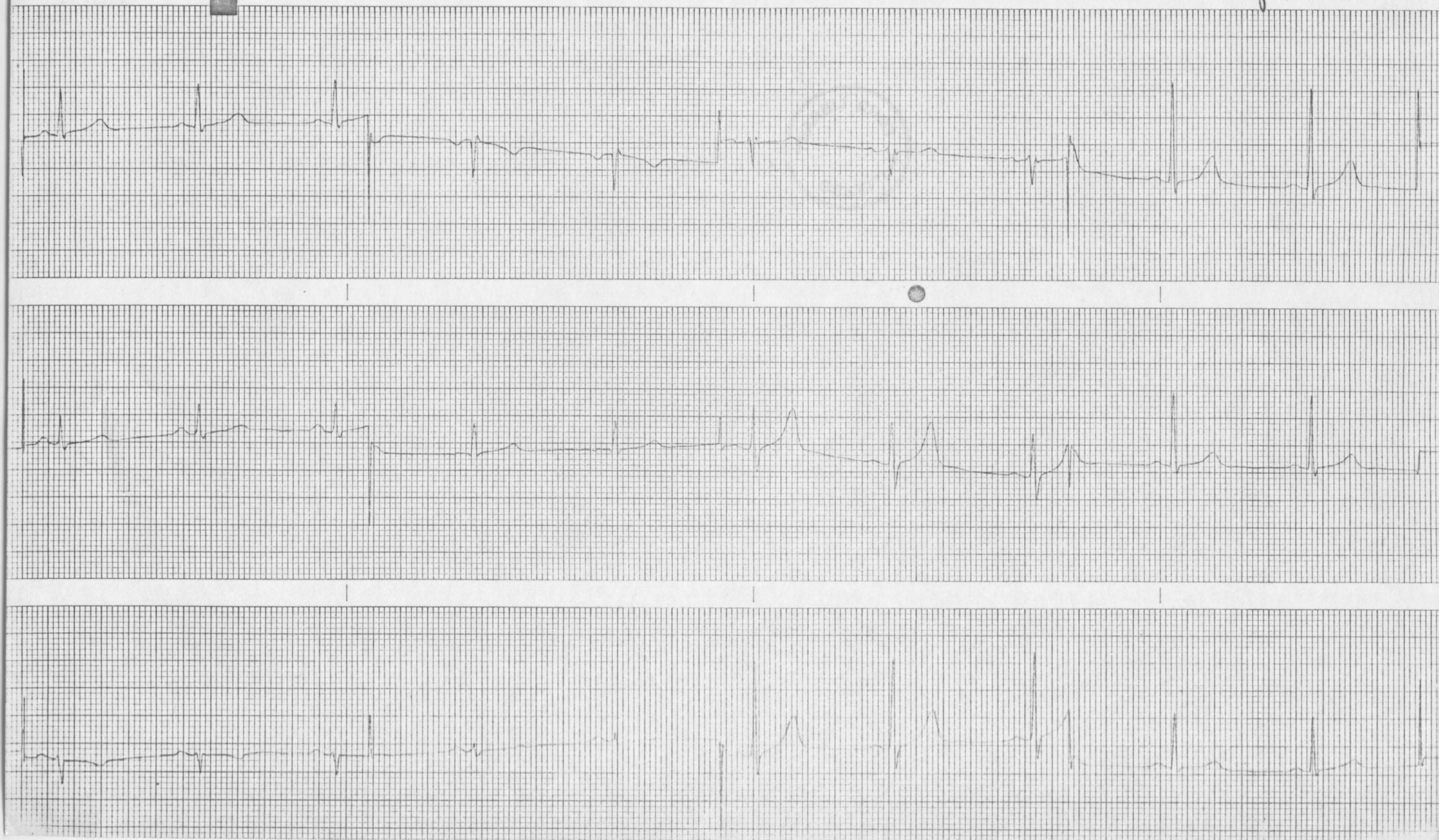
OPTIONAL

INTERPRETATION:

1. Normal Electrocardiogram
2. There has been no change from a previous EKG dated 25 Jan 75.

William P. Baker Cyphers M.D.

SPLIT CAL. PULSE AT LEFT INDICATES
1/2 STD. ON PRECORDIAL LEADS ONLY



ELECTROCARDIOGRAPH REPORT

FORD, GERALD
372-28-6532

- INTERPRETATION:
1. Normal Electrocardiogram
 2. There has been no change from a previous EKG dated 25 January 1975

William P. Baker
William P. Baker, CAPT, MC, USN



CLINICAL RECORD

CONSULTATION SHEET

REQUEST

| | | |
|--------------------------|---|---|
| TO: Eye Clinic | FROM: (Requesting ward, unit, or activity) White House Medical Unit | DATE OF REQUEST 24 January 1976 |
|--------------------------|---|---|

REASON FOR REQUEST (Complaints and findings)

Routine eye evaluation. No complaints.

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ EMERGENCY

☐ BEDSIDE ☐ ON CALL

☐ ROUTINE

Wm. M. Lukach M.D.

Rear Admiral, MC, USN

CONSULTATION REPORT

Physician to the President

Present R

VA OD 20/20
OS 20/20

-0.75 sph -1.00 cyl X 085

-1.00 sph -0.75 cyl X 090

Near vision unaided 20/30 - adequate for needs.

External exam - Normal lids + adnexa

Extraocular movements - Normal + full

Pupils - Normal size + reaction

Slit lamp - Normal corneas, lenses + irides *TOO 16*
TOS 14

Fundus through dilated pupils

*Normal discs, vessels, maculae
and ora serrata*

Imp: Normal ocular status

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

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

REGISTER NO.

WARD NO.

Ford, President Gerald R.
The White House
372-28-6532

S/N 0105-LF-201-2602

CONSULTATION SHEET
Standard Form 513
513-104-02

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

FROM: (Requesting ward, unit, or activity)

DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ EMERGENCY

☐ BEDSIDE ☐ ON CALL

☐ ROUTINE

CONSULTATION REPORT

The president's eyes are completely healthy.
He has a mild refractive error (near sightedness)
which is correctable to 20/20 vision by
his present glasses.

J. H. Benton

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

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

REGISTER NO.

WARD NO.

ENT EXAMINATION

Examination of the head and neck and ears, nose and throat is normal. Despite a history of sinusitis in the past, at the present time the examination of these areas is normal. X-rays of the sinuses are normal as well.



CLINICAL RECORD**CONSULTATION SHEET****REQUEST**

| | | |
|------------------------------|---|---|
| TO: ENT Department | FROM: (Requesting ward, unit, or activity) White House Medical Unit | DATE OF REQUEST 24 January 1976 |
|------------------------------|---|---|

REASON FOR REQUEST (Complaints and findings)

History of right maxillary sinusitis Oct 19-25 with fever and which responded completely to antibiotics and local treatment. He has a history of post-nasal drip on arising each morning.

PROVISIONAL DIAGNOSIS**DOCTOR'S SIGNATURE****APPROVED****PLACE OF CONSULTATION**☐ EMERGENCY☐ BEDSIDE ☐ ON CALL☐ ROUTINE

Wm. M. Lukach M.D.
RAdm, MC, USN

CONSULTATION REPORT

Physician to the President

General examination of the head and neck is within normal limits. The larynx appeared normal. The ears, nose and pharynx are normal. There is no evidence of residual rhinitis or sinusitis. Transillumination of the paranasal sinuses is normal. X-rays of the sinuses are normal.

Impression: Normal head and neck and ear, nose and throat examination.

H. O. De Fries
H. O. DE FRIES, CAPT, MC, USN

(Continued on reverse side)

| | | | |
|----------------------------|-------------|---------------------------|---------------------|
| SIGNATURE AND TITLE | DATE | IDENTIFICATION NO. | ORGANIZATION |
|----------------------------|-------------|---------------------------|---------------------|

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

REGISTER NO.**WARD NO.**

Ford, President Gerald R.
The White House
372-28-6532

S/N 0109-201-2602

CONSULTATION SHEET
Standard Form 513
513-104-02

ORTHOPAEDIC CONSULTATION

President Ford has some post traumatic arthritis in both knees. He is having no pain in either knee. His regular exercise program has resulted in his legs feeling stronger than they have in several years which made his recent skiing trip very satisfying and enjoyable.

B. K. Simmons



CLINICAL RECORD**CONSULTATION SHEET****REQUEST**

| | | |
|--|---|---|
| TO: Orthopedic Department | FROM: (Requesting ward, unit, or activity) White House Medical Unit | DATE OF REQUEST 24 January 1976 |
| REASON FOR REQUEST (Complaints and findings) | | |

Evaluation of post-operative knee condition. Swelling in left knee with excessive activity.

PROVISIONAL DIAGNOSIS

| | | | |
|---|----------|--|--|
| DOCTOR'S SIGNATURE <i>Wm. M. Lukash M.D.</i> | APPROVED | PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE |
|---|----------|--|--|

RAdm, MC, USN**CONSULTATION REPORT****Physician to the President**

Since the President's last annual physical examination, he has followed a regular program of quadriceps exercises. He took aspirin, 600mgm Q.I.D. for about three weeks. With this exercise and medication program his symptoms improved significantly. He has not taken aspirin on a regular schedule since that time, but has taken Butazolidin for short periods of time on one or two occasions when increased stress has resulted in an effusion. This has resulted in rapid resolution of the effusion. In addition to the weight-lifting program, he also uses a stationary bicycle on a daily basis. He has had no pain in the knees, and states that he has had no episodes of catching or giving way of either knee. He does describe crepitation in the right knee, particularly in going down steps. During his recent skiing trip in Colorado, his left felt strong, the knees stable, and he sustained no injury to either knee. He does note some limitation of flexion, particularly of the right knee. The right knee, in general tends to give him more symptoms than the left.

He had a transient episode of left trapezius discomfort associated with some stiffness of the neck. This responded rapidly to intermittent cervical traction, ultra-sound and swimming. With swimming regularly he has had no recurrence of these symptoms. He had no radicular pain into either upper extremity.

Physical examination of the right knee an apparently lack of full extension-- of approximately 5 degrees and he flexes through a range of 120 degrees--lacking

(Continued on reverse side)

| | | | |
|---------------------|------|--------------------|--------------|
| SIGNATURE AND TITLE | DATE | IDENTIFICATION NO. | ORGANIZATION |
|---------------------|------|--------------------|--------------|

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

**Ford, President Gerald R.
The White House
372-28-6532**

S/N 0109-201-2602

**CONSULTATION SHEET
Standard Form 513
513-104-02**



CLINICAL RECORD

CONSULTATION SHEET

| | | | |
|--|--|---|---------------------------------|
| TO: Orthopedic Department | | FROM: (Requesting ward, unit, or activity) White House Medical Unit | DATE OF REQUEST 24 January 1976 |
| REASON FOR REQUEST (Complaints and findings) | | | |

Evaluation of post-operative knee condition. Swelling in left knee with excessive activity.

approximately 15 degrees of full flexion. There is a moderate degree of patello-femoral crepitation with active and passive motion of the knee with which is not painful. Patello-femoral compression movements also produces a non-painful crepitation. There is a slight effusion and chronic synovial thickening. The medial and lateral collateral ligaments are stable as are the anterior and posterior cruciate ligaments. No rotatory instability was demonstrated. Rotatory stress did not produce pain and there was no joint line tenderness. ☐ ON CALL ☐ SEDENTARY ☐

Examination of the left knee reveals, again, an apparent lack of full extension of about 5 degrees, with flexion through a range of 130 degrees. He lacks about 5-10 degrees of full flexion. There is minimal patello-femoral crepitation on active and passive motion of the knee, and no crepitation on patello-femoral compression manually. The medial and lateral collateral ligaments are stable as are the anterior and posterior cruciate ligaments. No rotatory instability was demonstrated. There is chronic synovial thickening and a slight effusion which is a little more than that that is present in the right knee. There was no joint line tenderness and no pain on rotatory stress.

X-ray examination of both knee demonstrate degenerative changes of the lateral compartments of both knees, greater on the right than on the left. There is marginal osteophytic formation on both femoral condyles, and the subchondral outline of the patella on the sunset view is quite irregular. The medial compartments of both knees are quite well preserved as far as the width of the joint space is concerned.

Impression: Degenerative arthritis of both knees, with more advanced x-ray changes on the right than on the left. There is more involvement of the lateral compartments of the knees, than the medial and there is also involvement of the patello-femoral articulation.

Recommendation: Continue with the exercise program that he faithfully has been following. Believe that an extended course of aspirin 0.6 Gms QID would be helpful in reducing the degree of reactive, chronic synovitis. Since he functionally has been doing so well and is asymptomatic there is no indication for surgery at the present time. It is possible that a tibial osteotomy might be indicated in the future-as was mentioned to him last year by Dr. Wilson.

| | | |
|--|--------------|---|
| WARD NO. | REGISTER NO. | PATIENT'S IDENTIFICATION (Printed or written name, last, first, middle initial or medical facility) |
| SIGNATURE AND TITLE <i>L. R. Hemmons</i> Ford, President Gerald R. The White House 375-58-6532 | | |
| CONSULTATION SHEET Standard Form 243 513-104-02 | | |

X-Ray Studies

There are moderate traumatic arthritic changes in both knees, slightly more prominent on the right.

The chest, abdomen and sinus x-ray studies are normal.

Woods



PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Ford, President Gerald R.**The White House****372-28-6532**

REGISTER NO.

WARD NO.

AGE

62

SEX

M

(Check one)

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER☐ BED
PATIENT☒ AMBULATORY

EXAMINATION REQUESTED

Routine ChestX-ray**KUB**

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

DATE OF REQUEST **24Jan76**REQUESTED BY **RAdm Wm. M. Lukash, M. D.**

RADIOGRAPHIC REPORT

Chest: PA and lateral projections of the chest demonstrate the lungs to be clear fully expanded. The heart, mediastinum and visible boney thorax are normal. There is a slight dilitation of the aortic arch.

Impression: Normal chest.

KUB-Abdomen: Supine and upright projections of the abdomen demonstrate moderately prominate osteoarthritic change about the L-4-5 interspace which is slightly narrowed. To a lesser extent, degenerative change is also present about the L-3-4 interspace. The S-1 joints are normal. An 8 cm ovoid opacity is seen in the right upper abdominal quadrant on the supine projection. This is not seen on the upright

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519-A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget
Circular A — 32 (Rev.)

RADIOGRAPHIC REPORT

519-207

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

Ford, President Gerald R.

The White House

372-28-6532

AGE

SEX

(Check one)

62

M

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER☐ BED
PATIENT☐ AMBULATORY

EXAMINATION REQUESTED

Routine Chest X-Ray

KUB

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

DATE OF REQUEST 24 Jan 76

REQUESTED BY RADM WM. M. LUKASH, MC, USN

RADIOGRAPHIC REPORT

(Continued)

projection and probably represents a normal gall bladder shadow. The bowel gas pattern is normal. There are no abnormal abdominal calcifications. The renal and psoas muscle outlines are normal where visualized.

C. W. Ochs

G. W. OCHS, CAPT, MC, USN

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519-A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A — 32 (Rev.)

RADIOGRAPHIC REPORT

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

519-207

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

Ford, President Gerald R.
The White House
372-28-6532

AGE

62

SEX

M

(Check one)

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER☐ BED
PATIENT☒ AMBULATORY

EXAMINATION REQUESTED

Sinus series; both knees; C-spine

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

History of right maxillary sinusitis
Cartilage surgery, left knee 1929; right knee, 1972

FILM NO.

DATE OF REQUEST

24 Jan 76

REQUESTED BY

RADM WM. M. LUKASH, MC, USN

RADIOGRAPHIC REPORT

Paranasal Sinuses: The sinuses are clear with no evidence to suggest sinusitis. There is no residual mucosal thickening from the previous inflammatory episode.
Impression: Normal Sinuses.

Knees: Moderately prominent hypertrophic degenerative osseous ~~ex~~change is present about the tibial plateaus and gliding surfaces of the patellaw. The degenerative change is more evident on the right where there is also significant loss of the joint space about the lateral femoral condyle. The degenerative change has progressed slightly when compared with the previous study obtained 7-8-72. There is no evidence of loos bodies in the joint spaces. Of particular note is the

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519-A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A - 32 (Rev.)

RADIOGRAPHIC REPORT

519-207

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

AGE

SEX

(Check one)

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER☐ BED
PATIENT☐ AMBULATORY

EXAMINATION REQUESTED

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

DATE OF REQUEST

REQUESTED BY

RADIOGRAPHIC REPORT

(Continued)

finding of significant hyperostosis about the anterior medial surface of the medial femoral condyles and roughening with hyperostoses about the posterior medial surface of the lateral femoral condyles.

Impression: Osteoarthritis, more prominent on the right.

Cervical spine: AP and lateral projections of the cervical spine demonstrate moderately prominent hypertrophic degenerative osseous change about the C-5-6 interspace with associated narrowing of the interspace. There is a moderate

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519-A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget
Circular A — 32 (Rev.)

RADIOGRAPHIC REPORT

519-207

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

AGE

SEX

(Check one)

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER☐ BED
PATIENT☐ AMBULATORY

EXAMINATION REQUESTED

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

DATE OF REQUEST

REQUESTED BY

RADIOGRAPHIC REPORT

(Continued)

encroachment on the spinal canal by posterior spur formation. The remaining portions of the cervical spine are normal. There are no structural defects.

Impression: Osteoarthritis about the C-5-6 level.

C. W. Ochs

C. W. OCHS, CAPT, MC, USN

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519-A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget
Circular A — 32 (Rev.)

RADIOGRAPHIC REPORT

519-207

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

CLINICAL RECORD

RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle;
grade; date; hospital or medical facility*)

REGISTER NO.

WARD NO.

FORD, President Gerald R.
372-28-6532

RADIOGRAPHIC REPORTS

Standard Form 519
519-106

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:
Laboratory

FROM: (Requesting ward, unit, or activity)
White House Medical Unit

DATE OF REQUEST
24 January 1976

REASON FOR REQUEST (Complaints and findings)

Lipoprotein Profile

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ EMERGENCY

☐ BEDSIDE ☐ ON CALL

☐ ROUTINE

RAMM, MC, USN

CONSULTATION REPORT

Physician to the President

The study of the President's blood lipids reveal no abnormalities.

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

CAPT MC USN 24 JAN 76

NNMC

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

REGISTER NO.

WARD NO.

FORD, President Gerald R.
372-28-6532

S/N 0105-LF-201-2602

CONSULTATION SHEET
Standard Form 513
513-104-02

CLINICAL RECORD**CONSULTATION SHEET****REQUEST**

| | | |
|---------------------------------|--|--|
| TO: Laboratory | FROM: (Requesting ward, unit, or activity) White House Medical Unit | DATE OF REQUEST 24 January 1976 |
|---------------------------------|--|--|

REASON FOR REQUEST (Complaints and findings)**Lipoprotein Profile****PROVISIONAL DIAGNOSIS**

| | | | |
|---|-----------------|---|--|
| DOCTOR'S SIGNATURE <i>Wm. M. Lukach, M.D.</i> | APPROVED | PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE |
|---|-----------------|---|--|

RAdm, MC, USN**CONSULTATION REPORT****Physician to the President**

Serum clear
Triglycerides: 115 mg %
Cholesterol: 275 mg %
Lipoprotein Phenotype Normal

15
45
200

(Continued on reverse side)

| | | | |
|---|---------------------------------|---------------------------|------------------------------------|
| SIGNATURE AND TITLE <i>SP. MAIL CAPT MC USN</i> | DATE <i>24 JAN 76</i> | IDENTIFICATION NO. | ORGANIZATION <i>NNMC</i> |
|---|---------------------------------|---------------------------|------------------------------------|

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)***REGISTER NO.****WARD NO.**

Ford, President Gerald R.
372-28-6532

S/N 0109-201-2602

CONSULTATION SHEET
Standard Form 513
513-104-02

PATIENT CUMULATIVE REPORT

111111 FORD, GERALD R.

00 372 28 6532 OUT

1/24/76

DATE 1/24

TEST NORMALS UNITS

| | | |
|----------|-------|--------|
| STAT UA | URINE | (0732) |
| COLOR | | YELLOW |
| APPEARNC | | CLEAR |
| SPC GRAV | | 1.018 |
| BLOOD | | NEG |
| KETONES | | NEG |
| GLUCOSE | | NEG |
| PROTEIN | | NEG |
| PH | | 5.0 |
| RBC'S | /HPF | RARE |
| WBC'S | /HPF | RARE |
| EPI'S | /HPF | OCC |

| | | |
|----------|-----------------|--------|
| CBC STAT | BLOOD | (0734) |
| WBC | 5.0- 10.0 K/CMM | 5.3 |
| RBC | 4.7- 6.1 M/CMM | 4.67* |
| HGB | 14.0- 18.0 GM% | 15.2 |
| HCT | 42.0- 52.0 VOL% | 45.2 |
| MCV | 80.0- 94.0 CMI | 94. |
| MCH | 27.0- 31.0 MMG | 31.9 * |
| MCHC | 32.0- 36.0 % | 33.9 |

| | | |
|-----------|--------------|--------|
| DIFF STAT | BLOOD | (0734) |
| SEG | 51.0- 67.0 % | 36. * |
| LYMPH | 21.0- 35.0 % | 57. * |
| MONO | 4.0- 8.0 % | 6. |
| BASO | .0- 2.0 % | 1. |
| EOSIN | 2.0- 4.0 % | 0. * |
| PLATELTS | | ADEQ |
| ATYP LYM | | OCC |

| | | |
|------------|-------|--------|
| BLOOD TYPE | BLOOD | (0951) |
| RESULT | | O POS |

| | | |
|--------------|-------|--------|
| COOMBS INDIR | BLOOD | (0951) |
| RESULT | | NEG |

***** TEMPORARY REPORT - DISCARD WHEN NEXT REPORT IS RECEIVED *****

111111 FORD, GERALD R.

00 372 28 6532 OUT

1/24/76

PATIENT CUMULATIVE REPORT

111111 FORD, GERALD R.

00 372 28 6532 OUT

1/24/77

TEST DATE 1/24
NORMALS UNITS

SMA-12 BLOOD (0734)
TOT PROT 6.0- 8.0 GM% 6.2
ALBUMIN 3.5- 5.0 GM% 4.2
CALCIUM 8.5- 10.5 MG% 8.9
PHOS 2.5- 4.5 MG% 3.0
CHOLEST 150.0-300.0 MG% 276.
BUN 10.0- 20.0 MG% 14.
URIC AC 2.5- 8.0 MG% 7.4
CREATNIN .6- 1.4 MG% 1.4
TOT BILI .2- 1.0 MG% .6
ALK PHOS 30.0- 85.0 MU/ML 50.
LDH 100.0-225.0 MU/ML 159.
SGOT 7.0- 40.0 MU/ML 25.

SMA-6 BLOOD (0734)
CHLORIDE 95.0-105.0 MEQ/L 104.
CO2 24.0- 32.0 MEQ/L 29.1
POTASium 3.5- 5.0 MEQ/L 4.8
SODIUM 135.0-145.0 MEQ/L 143.
BUN 10.0- 20.0 MG% 14.
GLUCOSE 65.0-110.0 MG% 142. *

CPK BLOOD (0734)
RESULT 30.0-110.0IU/L 46.

LDH BLOOD (0734)
RESULT 50.0-115.0IU/L 90.

SGOT BLOOD (0734)
RESULT 5.0- 25.0IU/L 9.

SGPT BLOOD (0734)
RESULT 5.0- 30.0IU/L 7.

GLUCOSE BLOOD (0734)
GLUCOSE 65.0-100.0MG% 112. *

LIPIDS BLOOD (0734)
CHOLEST MG% 275. 300 } upper limits
TRIGLYC MG% 115. 174 }

MONO BLOOD (1001)
RESULT NEGATIVE

111111 FORD, GERALD R.

00 372 28 6532 OUT

1/24/76

CLINICAL RECORD

LABORATORY REPORTS

Ford, President Gerald R.
The White House
372-28-6532

002989

called

SPECIMEN NO. RPT. NO.

26.16
VJ

PATIENT STATUS
☐ BED
☐ AMB.
☒ OUT PT.
☐ DOM.
☐ NP

INFECTION
☐ ADMITTED WITH
HOSPITAL ACQUIRED
☐ PRE-OPERATIVE
☐ POST-OPERATIVE
☐ NON-SURGICAL
☐ POSTPARTUM
☐ NEWBORN
OTHER (Specify) ☐

Enter in above space:

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

Wm. M. Lukash, M.D.

REPORTED BY

CLINICAL INFORMATION (Include Specimen Source)

24 JAN 76 08 56

MD
TECH
26 JAN 1976

LAB ID. NO.

ATTACHING MARGIN

SPECIMEN TAKEN
DATE 1-24-76
TIME 0800
AM. P.M.
EXAMINATION REQUESTED
☐ SMEAR
☒ SENSITIVITY
☒ CULTURE
☒ COLONY COUNT
REPORT:

PREDOMINANT ORGANISM(S)

SENSITIVITY

COLONY COUNT
12000 /ML
MIXED FLORA

MICROBIOLOGY I
Standard Form 553 (July 1971)—GSA FPMR 101-11.8

STAIN

STAIN

STANDARD

PATIENT

FORD, President Gerald R.
372-28-6532

PLATE NO. 14752

LABORATORY REPORTS

Standard Form 514

514-104

Stock No. 0109-201-2701

Ford, President Gerald R.
The White House
372-28-6532

002989

IN

called
MICROBIOLOGY I

| | |
|---|--|
| SPECIMEN/LAB. RPT. NO. | 26.16 WJ |
| PATIENT STATUS | INFECTION |
| <input type="checkbox"/> BED | <input type="checkbox"/> ADMITTED WITH HOSPITAL ACQUIRED |
| <input type="checkbox"/> AMB. | <input type="checkbox"/> PRE-OPERATIVE POST-OPERATIVE |
| <input checked="" type="checkbox"/> OUT PT. | <input type="checkbox"/> NON-SURGICAL POSTPARTUM |
| <input type="checkbox"/> DOM. | <input type="checkbox"/> NEWBORN |
| <input type="checkbox"/> NP | <input type="checkbox"/> OTHER (Specify) |

Enter in above space: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

Wm. M. Lukash, M.D.

REPORTED BY

MD
TECH

DATE

26 JAN 1976

LAB ID. NO.

CLINICAL INFORMATION (Include Specimen Source)

24 JAN 76 08 56

ANTIBACTERIAL THERAPY

LABORATORY DEPARTMENT
NAVY MEDICAL CENTER
BETHESDA, MARYLAND 20014

| | | | |
|-----------------------|---|--|--------------|
| SPECIMEN TAKEN | DATE | TIME | A.M. P.M. |
| | 1-24-76 | 0800 | |
| EXAMINATION REQUESTED | <input type="checkbox"/> SMEAR | <input checked="" type="checkbox"/> CULTURE | |
| | <input checked="" type="checkbox"/> SENSITIVITY | <input checked="" type="checkbox"/> COLONY COUNT | |

REPORT:

PREDOMINANT ORGANISM(S)

1.

SENSITIVITY


2.

COLONY COUNT
12000 / ML
MIXED FLORA

MICROBIOLOGY I

Standard Form 553 (July 1971)—GSA FPMR 101-11.8

| | |
|--|--|
| SPECIMEN/LAB. RPT. NO. | |
| CHEM I | |
| URGENCY | PATIENT STATUS |
| <input type="checkbox"/> ROUTINE | <input type="checkbox"/> BED <input type="checkbox"/> AMB. |
| | OUTPATIENT <input checked="" type="checkbox"/> |
| TODAY <input type="checkbox"/> | <input type="checkbox"/> NP <input type="checkbox"/> DOM. |
| <input type="checkbox"/> PRE-OP | SPECIMEN SOURCE |
| | <input checked="" type="checkbox"/> BLOOD |
| STAT <input checked="" type="checkbox"/> | <input type="checkbox"/> OTHER (<i>specify</i>) |

| | | | | |
|--|--|----------------|------------------------|--------------|
| REQUESTING PHYSICIAN'S SIGNATURE Wm. M. Lukash, M.D. | REPORTED BY  | MD TECH | DATE 1/24/76 | LAB. ID. NO. |
|--|--|----------------|------------------------|--------------|

| REMARKS | | |
|----------------------|-------------|--------------|
| Chloride 104. | Blasium 4.8 | Glucose 142. |
| CO ₂ 29.1 | Sodium 143. | |
| | BUN 14. | |

| TEST(S) | SPECIMEN TAKEN | | DATE | | TIME | A.M. | AUTOMATED | |
|---------|----------------|---|----------------------|--|------|------|-----------|--|
| | RESULTS | Q | REQUESTED | | | | MANUAL | |
| | 142. | | GLUCOSE | | | | | |
| | 14. | | UREA N. | | | | | |
| | | | CREATININE | | | | | |
| | 143. | | URIC ACID | | | | | |
| | 48. | | SODIUM | | | | | |
| | 104. | | POTASSIUM | | | | | |
| | 29.1 | | CHLORIDE | | | | | |
| | | | CO ₂ | | | | | |
| | | | PHOSPHATE | | | | | |
| | | | CALCIUM | | | | | |
| | | | TOTAL PROTEIN | | | | | |
| | | | ALBUMIN | | | | | |
| | | | GLOBULIN | | | | | |
| | | | PHOSPHATASE ALKALINE | | | | | |
| | | | PHOSPHATASE-ACID | | | | | |
| | | | SGOT | | | | | |
| | | | LDH | | | | | |
| | | | CPK | | | | | |
| | | | BILIRUBIN (TOTAL) | | | | | |
| | | | BILIRUBIN (DIRECT) | | | | | |
| | | | BSP | | | | | |
| | | | CHOLESTEROL | | | | | |
| | | | TRIGLYCERIDES | | | | | |
| | | | AMYLASE | | | | | |
| | | | LIPASE | | | | | |
| | | | PROFILE (specify) | | | | | |
| | | | SMA-6 | | | | | |

CHEMISTRY I
STANDARD FORM 546 (JULY 1971) - GSA FPMR 110-11.8

Ford, President Gerald R.
The White House
372-28-6532

**HEMA-
TOLOGY**

SPECIMEN/LAB. RPT. NO.

URGENCY

☐ ROUTINE

TODAY ☐

☐ PRE-OP

STAT ☒

PATIENT STATUS

☐ BED ☐ AMB.

OUTPATIENT ☒

☐ NP ☐ DOM.

SPECIMEN SOURCE

☒ VEIN ☐ CAP

☐ OTHER (Specify)

Enter in above space:

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD

DATE

LAB. ID. NO.

Wm. M. Lukash, M.D.

TECH

1/24/76

REMARKS:

occ. ATL

| SPECIMEN TAKEN | | METHOD (X) | | DATE | | TIME | | RESULTS | | REQUESTED | | MANUAL | | AUTO-MATED | |
|---------------------|--|------------|--|------|--|------|--|---------|--|-----------|--|--------|--|------------|--|
| 1/24/76 0800 P.M. | | | | | | | | | | | | | | | |
| RBC COUNT | | | | | | | | | | | | | | | |
| HGB | | | | | | | | | | | | | | | |
| HCT | | | | | | | | | | | | | | | |
| WBC COUNT | | | | | | | | | | | | | | | |
| IMMATURE | | | | | | | | | | | | | | | |
| NEUTRO-BANDS | | | | | | | | | | | | | | | |
| NEUTRO-SEGS. | | | | | | | | | | | | | | | |
| LYMPHO-CYTE | | | | | | | | | | | | | | | |
| EOSINO-PHILS | | | | | | | | | | | | | | | |
| BASO-PHILS | | | | | | | | | | | | | | | |
| MONO-CYTES | | | | | | | | | | | | | | | |
| PLATELETS | | | | | | | | | | | | | | | |
| RBC | | | | | | | | | | | | | | | |
| SED. RATE | | | | | | | | | | | | | | | |
| PLATELET COUNT | | | | | | | | | | | | | | | |
| RETICULO-CYTE COUNT | | | | | | | | | | | | | | | |
| CLOTTING TIME | | | | | | | | | | | | | | | |
| BLEEDING TIME | | | | | | | | | | | | | | | |
| P T T | | | | | | | | | | | | | | | |
| PATIENT | | | | | | | | | | | | | | | |
| CONTROL | | | | | | | | | | | | | | | |
| PATIENT | | | | | | | | | | | | | | | |
| CONTROL | | | | | | | | | | | | | | | |
| PATIENT | | | | | | | | | | | | | | | |
| % ACTIVITY | | | | | | | | | | | | | | | |
| RATIO | | | | | | | | | | | | | | | |
| SICKLING TEST | | | | | | | | | | | | | | | |
| LE PREP | | | | | | | | | | | | | | | |
| MCV | | | | | | | | | | | | | | | |
| MCH | | | | | | | | | | | | | | | |
| MCHC | | | | | | | | | | | | | | | |

HEMATOLOGY

Standard Form 549 (July 1971)—GSA FPMR 101-11.8

Ford, President Gerald R.
The White House
372-28-6532

CHEM I

URGENCY

☐ ROUTINE

TODAY ☐

☐ PRE-OP

STAT ☒

SPECIMEN/LAB. RPT. NO.

PATIENT STATUS

☐ BED

☐ AMB.

OUTPATIENT ☒

☐ NP

☐ DOM.

SPECIMEN SOURCE

☒ BLOOD

☐ OTHER (specify)

Enter in above space: PATIENT IDENTIFICATION — TREATING FACILITY — WARD NO. — DATE

REQUESTING PHYSICIAN'S SIGNATURE

Wm. M. Lukash, M.D.

REPORTED BY

MD

DATE

TECH

LAB. ID. NO.

REMARKS

| TEST(S) | SPECIMEN TAKEN | | DATE | TIME | A.M. P.M. | METHOD | | REQUESTED | (X) | RESULTS |
|---------|----------------|-----------|------|------|--------------|--------|--|----------------------|-------------------------------------|---------|
| | MANUAL | AUTOMATED | | | | | | | | |
| | | | | | | | | GLUCOSE | | |
| | | | | | | | | UREA N. | | |
| | | | | | | | | CREATININE | | |
| | | | | | | | | URIC ACID | | |
| | | | | | | | | SODIUM | | |
| | | | | | | | | POTASSIUM | | |
| | | | | | | | | CHLORIDE | | |
| | | | | | | | | CO ₂ | | |
| | | | | | | | | PHOSPHATE | | |
| | | | | | | | | CALCIUM | | |
| | | | | | | | | TOTAL PROTEIN | | |
| | | | | | | | | ALBUMIN | | |
| | | | | | | | | GLOBULIN | | |
| | | | | | | | | PHOSPHATASE ALKALINE | | |
| | | | | | | | | PHOSPHATASE-ACID | | |
| | | | | | | | | SGOT | | |
| | | | | | | | | LDH | | |
| | | | | | | | | CPK | | |
| | | | | | | | | BILIRUBIN (TOTAL) | | |
| | | | | | | | | BILIRUBIN (DIRECT) | | |
| | | | | | | | | BSP | | |
| | | | | | | | | CHOLESTEROL | | |
| | | | | | | | | TRIGLYCERIDES | | |
| | | | | | | | | AMYLASE | | |
| | | | | | | | | LIPASE | | |
| | | | | | | | | PROFILE (specify) | <input checked="" type="checkbox"/> | |
| | | | | | | | | SMA-12 | | |
| | | | | | | | | Lipids | | |

CHEMISTRY I

STANDARD FORM 546 (JULY 1971) — GSA FPMR 110-11.8

Ford, President Gerald R.
The White House
372-28-6532

SPECIMEN/LAB. RPT. NO.

URIN- ALYSIS

URGENCY

PATIENT STATUS

☐ ROUTINE☐ BED ☐ AMB.OUTPATIENT **X**

TODAY ☐

☐ NP ☐ DOM.☐ PRE-OP

SPECIMEN SOURCE

STAT ☒

ROUTINE

☐ OTHER (Specify) _____

LAB. ID. NO.

MD

DATE _____

TECH

Enter in above space:

PATIENT IDENTIFICATION-TREATING FACILITY-WARD NO.-DATE

REQUESTING PHYSICIAN'S SIGNATURE _____

REPORTED BY

Wm. M. Lukash, M. D.

REMARKS:

URINALYSIS

Standard Form 550 (July 1971) — GSA FPMR 101 — 11.8

CLINICAL RECORD

LABORATORY REPORTS

ATTACHING MARGIN

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

ATTACH ALL TEST REPORTS TO THIS SHEET

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

REGISTER NO.

WARD NO.

PLATE NO. 14752

FORD, President Gerald R.
372-28-6532

LABORATORY REPORTS

Standard Form 514

514-104

Stock No. 0109-201-2701