UNITED HOSPITAL CENTER

DIA HEMODIALYSIS RIGHTS & RESPONSIBILITES

Patient Account Number	Admit Date	Room No.
0423100494	8/18/2004 13:34	-
Patient Name: LABOKE, EUNICE	Age: 81Y	Birth Date: [redacted]
Address: RT 1 BOX 497A		Religion: UNK
City, State, Zip: FARMINGTON, WV 26571		
Attending Physician: GUIRGUIS, NABIL G		Medical Record No: 000273891

DR. GuiRGuis NAbil.G. ? ?

Hemodialysis Rights and Responsibilities and Rules of Operation Acknowledgement

I have read or have had read to me the Patient Rights and Responsibilites and UHC Dialysis Unit Rules of Operation, I have received a copy and agree with the Patients Rights and Responsibilities and UHC Dialysis Unit Rules of Operation

Signature of Patient:_____

Signature of Witness:_____

Date:_____

Evidence shows... Plaintiff And His Wife Refused to Sign Above Medical Form when Defendant DR. NAbi.GuiRGuis By Force Illegally continued... None Emergency surgery on the Plaintiff's Wife At Hospital patient Room.

Due to this discrimination malpractice of Medicine wrongful death of the plaintiff's wife that is unlawfully motivated by two defendant physicians

And quote... the plaintiff suffered a great deal of chronic perpetual of the emotional distress and trauma

The plaintiff asks the court for the following relief:

1- The court issue an injuction against defendants compelling them to cease their illegal acts of Medicine malpractice wrongfull death of plaintiff's wife Eunice Laboke.

2- The plaintiff is awarded damages crime in an amount to be determine of $ 90,000,000.00 Ninety Million dollars.

3- That the defendants be enjoined from all further acts of wrongful death of plaintiff's wife Eunice Laboke

Plaintiff.

prose... Laboke

ORIGINAL FORM SHALL ACCOMPANY PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

Physician Orders for Scope of Treatment (POST)

This is a Physician Order Sheet. It is based on Patient/Resident wishes and medical indications. It summarizes any Advance Directive. Any section not completed indicates full treatment for that section. When need occurs, first follow orders, then contact physician.

Last Name of Patient/Resident: LABOKE

First Name/Middle Initial for Patient/Resident: EUNICE

Patient/Resident Date of Birth:

Resuscitation. Patient/Resident has no pulse and is not breathing. For all other medical circumstances, refer to "Section B, Medical Interventions."

☐ Resuscitate ☑ Do Not Resuscitate (DNR)

Medical Interventions. Includes Emergency Medical Services. Patient/Resident has pulse and/or is breathing.

☐ **Comfort Interventions.** The patient is treated with dignity and respect and kept clean, warm, and dry. Reasonable efforts are made to offer food and fluids by mouth, and attention is paid to oral and body hygiene. Medication, positioning, wound care, and other measures are used to relieve pain and suffering. These interventions are to be used in the place of residence. **The patient is not to be hospitalized unless comfort interventions fail.** Oxygen, suction, and manual treatment of airway obstruction may be used as needed for comfort.

☑ **Additional Interventions.** Includes care above and may include cardiac monitoring and oral/IV medications and fluids. Transfer to hospital if indicated, but no endotracheal intubation.

☐ **Full Treatment.** Includes care above plus endotracheal intubation and cardioversion.

Other Instructions: _____

Antibiotics

☐ No Antibiotics

☑ Antibiotics

Other Instructions: _____

Medically Administered Fluids and Nutrition. Oral fluids and nutrition must be offered if medically feasible.

☑ No feeding tube/IV fluids (provide other measures to assure comfort)

☐ Feeding tube/IV fluids for a defined trial period (provide other measures to assure comfort)

☐ Long-term feeding tube/IV fluids

Other Instructions: _____

07 0043

Discussed with:

☑ Patient/Resident
☐ MPOA representative
☑ Court-appointed guardian
☐ Health care surrogate
☑ Spouse
☐ Parent of Minor
☐ Other: _____ (Specify)

The Basis for These Orders Is: (Must be completed)

☐ Patient's preferences
☐ Patient's best interest (patient's preferences unknown)
☐ (Other) _____

FILED
JAN - 9 2007
NANCY MAYER WHITTINGTON, CLERK

Physician Name (Print): O.M ADENIYI

Physician Phone Number: Day: 265-0400 Eve:

Office Use Only

Physician Signature (Mandatory): [signature]

Date: 12/17/04

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