**HEALTH CARE UNIT**
**PATIENT INFORMATION SLIP**

Holman
**INSTITUTION**

Swiney, Donald — 154406 — W/M
**NAME** — **NUMBER** — **R/S**

**Lay-in for** _____ **days from** 10-12-99 **to**
**(date)**

_____ due to _____
**(date)**

**Instructions:** This patient has advanced ischemic heart disease and had previous MI's. He can do light inside work that would not require continuous walking over 10 min or lifting above 10 lb. He cannot rush and be under unnecessary stress

Dr. Smith

***Failure to follow the directions above may result in a disciplinary.***

10/12/99
**Date issued**

**Signature**
Dr. Adrian [illegible]
[illegible]

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