



Sherman Fuerniss  
Delmont, So. Dak. 57330  
EL 18-026

**Patient: Sherman W Fuerniss**

Appointment: 02/01/2018 at 11:00am with Richard W Honke for Vertigo at AVERA SB RHC - PARKSTON, 401 W GLYNN DRIVE, PARKSTON, SD 57366

**Your Care Team**

Avera St Benedict Clinic, Primary Care Provider  
AVERA ST BENEDICT CLINIC  
401 W GLYNN DR  
PARKSTON, SD 57366  
(605)928-7961

**Thank You for Choosing Avera!**

*Below is a summary of the care you received during today's visit and instructions to follow at home.*

**Your Measurements and Vital Signs**

Date	Height	Weight	Body Mass Index	Temp	Blood Pressure	Pulse
02/01/18					129/83	68
02/01/18	5'9.00"	228 lbs	33.7 kg/m2	97.2 F	135/92	67

**Your Allergies**

No Known Allergies

**Medication Instructions**

***Below is an overview of your current and discontinued medications. Instructions on new prescriptions, refilled prescriptions and changed medications are outlined below. Please contact your nurse or provider for specific questions on taking your medications.***

Keep all medications out of the reach of children. Medications can be abused. Keep your medication in a safe place to protect it from theft. Sharing, selling or giving away your medication to anyone else is dangerous and against the law.

Safely disposing of expired or unused medication is important in helping to protect your family and home and decrease the opportunity for your family, their friends or others to abuse your medication. Dispose of expired or unused medications through a safe drug disposal program. Ask your pharmacy for details in your community. If none is available to you, dispose of by mixing with waste such as coffee grounds or kitty litter and place in household trash. Unless otherwise directed by the medication's packaging, do not flush down the drain or toilet.

**Your Medications**

<b>Start Taking</b>	<i>Pick up at Parkston Drug: 112 W Main St, Parkston, SD, Phone: (605)928-3125</i>
	<b>Meclizine 25 Mg Tab</b> Take 1 tab oral three times a day; Quantity of 30; Refills: 3

**Your Other Medications**

<b>Continue Taking</b>	<b>Aspir 81 81 Mg Tablet.dr (Aspirin)</b> Take 1 Tab Oral daily
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**You Were Seen for the Following Reasons**

- Vertigo
- Nausea
- Neck pain

**Procedures or Tests Performed During Your Visit**

Please contact your nurse or provider with any questions regarding tests or procedures performed during your visit.

**Upcoming Tests or Procedures**

Please contact your nurse or provider for instructions on future tests or procedures.

**Injections Administered During Your Visit**

Please contact your nurse or provider with any questions regarding injections administered during your visit.

**We Have Made the Following Referrals**

Please contact your nurse or provider with any questions regarding referrals made during your visit.

**Your Immunization History**

<i>Immunization Series</i>	<i>#</i>	<i>Date Given</i>	<i>Status</i>	<i>Next Due</i>
[REDACTED]			[REDACTED]	
[REDACTED]		[REDACTED]	[REDACTED]	
[REDACTED]		[REDACTED]	[REDACTED]	

<i>Immunizations</i>	<i>Last Done</i>	<i>Next Due</i>
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

**Education Materials Provided During Your Visit**

No education materials provided.

**Upcoming Appointments**

*Below are dates and times of any future appointments within the next 30 days. Many clinics ask you to arrive 15-30 minutes prior to your scheduled visit to complete any paperwork or prepare for a procedure. Additionally, please bring all of your prescription bottles to any appointments.*

**Your Upcoming Appointments within the Next 30 Days**

No appointments scheduled within the next 30 days.