

CLEARING MEDICAL CLINIC
5548 W. 65TH STREET, CHICAGO, ILLINOIS 60638
SEROLOGICAL REPORT—SYPHILIS
STATE REG. No. 328

PATIENT'S NAME Louis Calvin DATE COLLECTED 1-6-77
ADDRESS 111 E. Marguerite Rd CITY Chgo, Ill.
AGE 26 SEX M MARITAL STATUS (M) S O W CW
REFERRED BY COMPANY American Cyanamid
LABORATORY FINDINGS:

[REDACTED]

CONFIDENTIAL
INFORMATION
REDACTED

CYWI 4-001359
N14554

CLEARING MEDICAL CLINIC
5548 W. 65TH STREET, CHICAGO, ILLINOIS 60638
SEROLOGICAL REPORT --- SYPHILIS
STAT REG. NO. 328

11/17/76

PATIENT'S NAME Lewis, Calvin DATE COLLECTED Chgo. Ill.
ADDRESS 111 E. Marguerite
AGE 26 SEX M MARITAL STATUS M S D W CM
REFERRED BY COMPANY American Cyanamid
LABORATORY FINDINGS:

[REDACTED]

CONFIDENTIAL
INFORMATION
REDACTED

CYWI 4-001360
N14554.01

CLEARING MEDICAL CLINIC

5548 W. 65TH STREET, CHICAGO, ILLINOIS 60638

SEROLOGICAL REPORT — SYPHILIS

STATE REG. NO. 328

PATIENT'S NAME Lois E. Dinsmore Calvin

ADDRESS 111 E. Duquesne CH 22 244

AGE 26 SEX M EW

MARITAL STATUS M S W D

DATE COLLECTED 11-4-76

COMPANY Anderson Corporation

LABORATORY FINDINGS: [REDACTED]

REMARKS: [REDACTED]

DIAGNOSTIC [REDACTED]

TREATMENT CONTROL [REDACTED]

MARRIAGE LICENSE [REDACTED]

PREGNANCY [REDACTED]

REPEAT TEST [REDACTED]

Dr. Philip Falk, Director

CONFIDENTIAL
INFORMATION
REDACTED

CYWI 4-001361

N14554.02

CLEARING MEDICAL CLINIC

5548 W. 65TH STREET, CHICAGO, ILLINOIS 60638

SEROLOGICAL REPORT — SYPHILIS

STATE REG. NO. 328

PATIENT'S NAME	<u>Louis Calver</u>		
ADDRESS	<u>11 E. Marguerite Rd</u>		
AGE	<u>26</u>	SEX	<u>M</u> CW
MARITAL STATUS	<u>M</u>	S	<u>W</u> D
DATE COLLECTED	<u>8-19-76</u>		
COMPANY	<u>American Cyanamid</u>		

REMARKS:	☐
DIAGNOSTIC	☐
TREATMENT CONTROL	☐
MARRIAGE LICENSE	☐
PREGNANCY	☐
REPEAT TEST	☐

LABORATORY FINDINGS:

RPR - NON REACTIVE

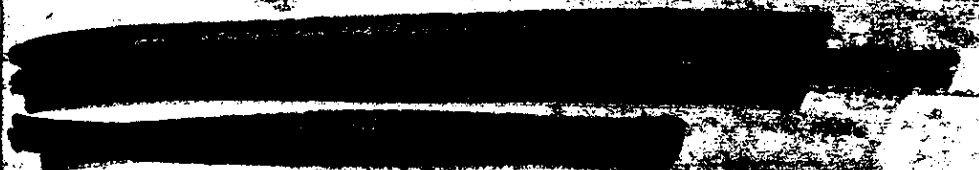
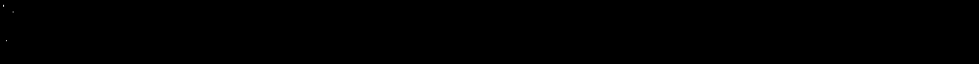
Dr. Philip Falk, Director

CYWI 4-001362
N14554.03

CONFIDENTIAL
INFORMATION
REDACTED

CASE NO. 11 0000

EMPLOYER American General
INJURED EMPLOYEE Leslie Galvin PHONE
ADDRESS 222 E. Marquette Road CITY Chicago, Illinois
DATE OF INJURY DATE OF 1st TREATMENT 4-22-77 TIME 2:00 PM
AGE 29 M-S-W-D MF CHILDREN UNDER 18
ESTIMATED TEMPORARY DISABILITY ACTUAL RETURN TO WORK DATE

NATURE OF INJURY	
X-RAY	
TREATMENT	
PROBABLE PERMANENT INJURY	
STATEMENT OF DR.	

CYWI 4-001363
N14554.04