E-FILED
Tuesday, 20 October, 2009 01:52:32 PM
Clerk, U.S. District Court, ILCD

EXHIBIT 42

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
28 Sept 04	S/ E.C C/o "allergy sx's off + on for the last 5d's. Pt was seen last week & was prescribed sudafed which works fine. States he has ask for the last 3d's for sudafed to the MA's w/ response. Also c/o gum pain w/ using sensodyne toothpaste for a week.
	O/ Deferred
	A/ Seasonal Allergies
	P/ ① Sudafed 30mg's ii po tid x 5d's prn
	② Stop sensodyne toothpaste, start another brand
	③ ↑ Fluid intake, Flu prn
	REDACTED NORMAN APPLETON HMCS(SW/FMF) USN, IDC
5 Sept 04	S/ E.C C/o back pain "upper" - shooting pain down (L) leg that has gotten worse over the past 2 weeks. States pain resolves when he stands, pt request a chair for sitting due to "hardness of rack"
	O/ Deferred
	A/ Positional Back Pain
	P/ ① Will relay request to COC, I do recommend chair for sitting
	② Consider x-ray if ∅ better already on NSAID's.

MEDICAL FACILITY	STATUS	DEPART/SERVICE	RECORDS MAINTAINED AT
NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

REDACTED

Norman Appleton HMCS(SW/FMF) IDC

IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.	WARD NO.

E.C. #2

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-8.202-1