

FIRST NAME <b>JACK</b>	MIDDLE NAME	LAST NAME <b>RUBY</b>	ARR. NO.
CELL NO. <b>F2</b>	AGE <b>52</b> SEX <b>M</b>	RACE <b>W</b>	DATE <b>11-24-67</b> TIME <b>6 PM</b>
COPIES FOR DISTRIBUTION	Prisoner Remarks: <b>Rectal examination at request of DPD &amp; FBI.</b>		
1. Prisoners File <input type="checkbox"/>	Nature of Illness or Injury: <b>Biopsy digital exam accomplished. No foreign bodies present as far as 3 inches</b>		
2. Emergency Hosp. M.D. <input type="checkbox"/>	Treated in Jail	Emerg. Hosp.	Parkland
Dep. Chief Services <input type="checkbox"/>	Treatment and/or Recommendation by Emerg. M.D.:		
Last Copy to Remain in Book <input type="checkbox"/>	Jailer On Duty	Emerg. M.D.	
	<b>Shiff Rautendy</b>		
NOTE: In the event of injury to prisoners while in jail special report must be made.			

FIRST NAME <b>JACK</b>	MIDDLE NAME	LAST NAME <b>RUBY</b>	ARR. NO.
CELL NO. <b>F2</b>	AGE <b>52</b> SEX <b>M</b>	RACE <b>W</b>	DATE <b>11-24-67</b> TIME <b>20:00</b>
COPIES FOR DISTRIBUTION	Prisoner Remarks: <b>No injuries sustained</b>		
1. Prisoners File <input type="checkbox"/>	Nature of Illness or Injury: <b>Small abrasion on left forehead, small bruises on left arm (medial aspect) &amp; at location</b>		
2. Emergency Hosp. M.D. <input type="checkbox"/>	Treated in Jail	Emerg. Hosp.	Parkland
3. Dep. Chief Services <input type="checkbox"/>	Treatment and/or Recommendation by Emerg. M.D.:		
	<b>No Rx indicated</b>		
4. Last Copy to Remain in Book <input type="checkbox"/>	Jailer On Duty	Emerg. M.D.	
	<b>Jack Rautendy</b>		
NOTE: In the event of injury to prisoners while in jail special report must be made.			