

Medical Report Sheet

Subject Name: [REDACTED] Subject ID#: 9007_18 [REDACTED]

DOB: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Date (YY/MM/DD)	Medical Summary	Device/Condition
26/02/23	Installation completed. At risk of internal bleeding. Cyclosporine 5 to 6 mg/kg/day IV, continue for two weeks with 5% taper after the first week. Oxycodone 5mg as needed, tylenol 3000mg daily, [REDACTED]	
26/03/02	Internal bleeding, ruptured vein in device, possible epithelial rupture, resolved via operation	Integration begun
26/03/09	Begin calcium gluconate injection 10%, [REDACTED]. Caloric intake increased >105%, IV nutritional supplements [REDACTED]	
26/03/14	Subject reports pain in right lower abdomen, pain in lower back, pain in kidney areas.	
26/03/30	Bone growth emerging from lower back, without skin or cartilage. Extended venation	
26/04/01	Additional bone growth + 3 inches. Subject unable to walk, reports pain level 9.	
26/04/02	Tachycardic, bone growth total at 7 inches, structurally stable. Exposed nerves appearing alongside new growth. Skin tears near extrusion sites. Subject being monitored for possible internal bleeding.	

26/04/05	Arrhythmia. Fever. Total bone growth 1.2 feet. Exposed nerves and veins at site of extrusion. Abnormal levels of growth hormone [REDACTED] [REDACTED] Renal failure. Reduced leukocyte count [REDACTED]	
26/04/06	Subject on dialysis. Venation past due date of integration. Continued fever, no signs of improvement. Bone growth rapidly expanding from extrusion sites. Venous bleeding, lacerations. Possible delayed rejection of device	
26/04/08	Total growth: 3.4 ft per side Subject's participation terminated.	Function lost