



US00D986320S

(12) **United States Design Patent**
Haikala

(10) **Patent No.:** **US D986,320 S**

(45) **Date of Patent:** **** May 16, 2023**

(54) **ADMISSION TICKET**

FOREIGN PATENT DOCUMENTS

(71) Applicant: **Sharkmed Oy**, Hyvinkää (FI)

EM 000890801-0001 3/2008

(72) Inventor: **Topi Haikala**, Hyvinkää (FI)

EM 000890801-0002 3/2008

(73) Assignee: **Sharkmed Oy**, Hyvinkää (FI)

EM 002679142-0001 4/2015

(**) Term: **15 Years**

* cited by examiner

(21) Appl. No.: **29/809,653**

Primary Examiner — Abraham Bahta

(22) Filed: **Sep. 29, 2021**

(74) *Attorney, Agent, or Firm* — Edwin A. Sisson,

(51) **LOC (14) Cl.** **19-08**

Attorney at Law, LLC; Jeffrey J. Banyas

(52) **U.S. Cl.**

(57) **CLAIM**

USPC **D19/11**

The ornamental design for a admission ticket, as shown and described.

(58) **Field of Classification Search**

USPC D19/1-8, 26-31, 10-11, 100; 283/36,
283/45, 61, 62, 72, 74, 75, 81, 93, 103,
283/105, 115, 117; 40/124.05-124.6, 1.5,
40/299.01, 641; 281/2, 3.1, 5, 22, 38, 41,
281/51; 229/92.1; 206/214, 371;
428/79, 199, 542.6; D5/57-61, 99;
402/79; 434/162
CPC B42D 15/00; B42D 15/0006; B42D
15/0033; B42D 15/0053; B42D 15/02;
G06Q 20/209
See application file for complete search history.

DESCRIPTION

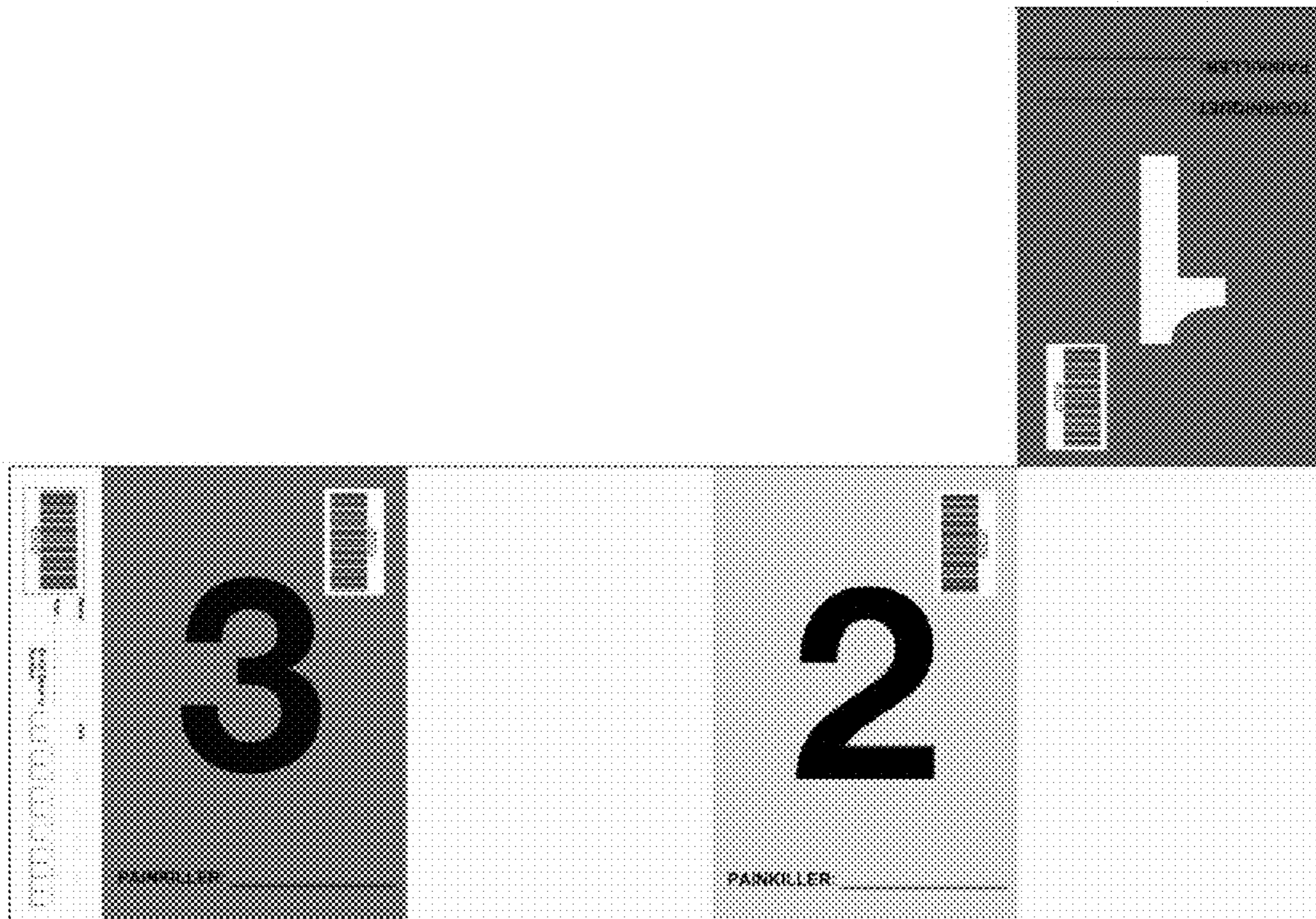
The patent or application file contains at least one drawing executed in color. Copies of this patent or patent application publication with color drawing(s) will be provided by the Office upon request and payment of the necessary fee. FIG. 1 is a top view of a admission ticket; and, FIG. 2 is a bottom view of a admission ticket. The broken lines form no part of the claimed design.

(56) **References Cited**

U.S. PATENT DOCUMENTS

D622,321 S 8/2010 Smart
D644,268 S 8/2011 Smart
D782,572 S * 3/2017 Kang D19/11

1 Claim, 2 Drawing Sheets
(2 of 2 Drawing Sheet(s) Filed in Color)



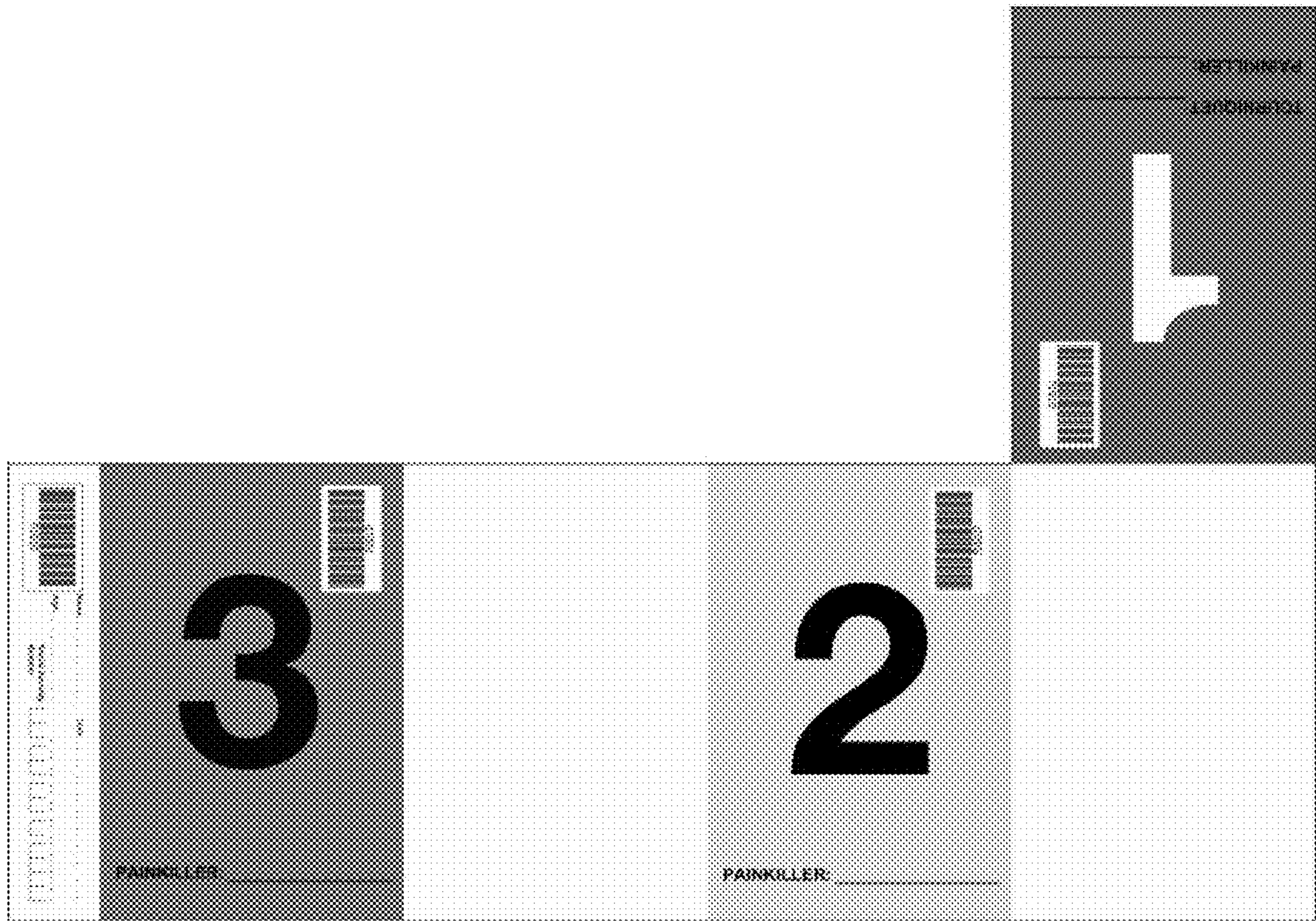


FIG. 1

INITIAL ASSESSMENT - MEET DATE

PATIENT DETAILS

NAME: _____
MRN: _____
DOB: _____
GENDER: _____
ETHNICITY: _____
ALLERGIES: _____
CURRENT MEDICATIONS: _____
PAST MEDICAL HISTORY: _____

PATIENT ASSESSMENT

MEET DATE: _____
ASSESSOR: _____

PHYSICAL ASSESSMENT

System	Findings	Normal	Abnormal	Other
General	Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pericardium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Great Vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal	GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genitourinary	GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal	Muscles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological	Neuro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legend:
Normal: (white)
Abnormal: (shaded)
Other: (dotted)

PHYSICAL ASSESSMENT

HEENT: _____
Cardiovascular: _____
Respiratory: _____
Gastrointestinal: _____
Genitourinary: _____
Musculoskeletal: _____
Neurological: _____
Skin: _____

PHYSICAL ASSESSMENT

HEENT: _____
Cardiovascular: _____
Respiratory: _____
Gastrointestinal: _____
Genitourinary: _____
Musculoskeletal: _____
Neurological: _____
Skin: _____

PHYSICAL ASSESSMENT

HEENT: _____
Cardiovascular: _____
Respiratory: _____
Gastrointestinal: _____
Genitourinary: _____
Musculoskeletal: _____
Neurological: _____
Skin: _____

FIG. 2