

**Medical Summary on (Patient Name)****DOB: 00-00-00****(Doctor/Facility Name)****Record Type: Medical**

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<b>03-23-11</b>	<b>Office Visit:</b> <b>CC:</b> F/u, DM, hypothyroidism, GERD. <b>ROS:</b> Fatigue, cough, acid reflux sx & heartburn. VS data. <b>PE:</b> Rhonchi in bases. <b>A:</b> GERD, DM, acquired hypothyroidism. Orders.	9
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<b>07-20-11</b>	<b>Office Visit:</b> CC: F/u, Rx med, HTN. HPI: HTN. Meds & VS data. A: HTN, T2DM. Orders.	13
<b>08-24-11</b>	<b>Office Visit:</b> CC: F/u, belching, HTN. HPI: HTN, belching. ROS: Indigestion, belching & dizziness. Meds & VS data. A: HTN, excessive belching. Orders.	15
<b>09-19-11</b>	<b>Office Visit:</b> CC: Influenza. VS data. A: Flu vaccine. Orders.	18
<b>09-19-11</b>	<b>Immunization Record:</b>	19
<b>10-05-11</b>	<b>Office Visit:</b> CC: Annual exam. HPI: Td immunization. Meds & VS data. A: Annual exam, T2DM, GERD, hypothyroidism, hyperchol, meso, screening for prostate ca. Orders. P: Lab & Rx.	20
<b>10-05-11</b>	<b>Laboratory:</b> Lab data.	24
<b>10-10-11 - 10-11-11</b>	<b>Log Note:</b> Notified of lab results & med. <b>Addendum:</b> New dose metformin to CVS.	28
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<b>01-05-12</b>	<b>Laboratory:</b> Lab data.	34
<b>01-18-12</b>	<b>Office Visit:</b> <b>CC:</b> F/u, T2DM. <b>ROS:</b> Some irritated ear & facial sun damaged spots. Meds & VS data. <b>Proc:</b> Actinic keratosis. <b>A:</b> DM, actinic keratosis. Orders.	35
<b>07-10-12</b>	<b>Office Visit:</b> <b>Prob:</b> Hypothyroidism, actinic keratosis, DM, HTN, flu vaccine, GERD, hyperchol, meso. Meds data. <b>A:</b> Hyperchol, DM. Orders.	38
<b>07-10-12</b>	<b>Laboratory:</b> Lab data.	40
<b>07-19-12</b>	<b>Office Visit:</b> <b>CC:</b> F/u, T2DM & GERD. <b>ROS:</b> Arthralgias & joint stiffness. Meds & VS data. <b>PE:</b> Tenderness in metacarpals of both hands. <b>A:</b> DM, GERD, hand joint pain. Orders.	41
<b>07-19-12</b>	<b>Laboratory:</b> Lab data.	44
<b>07-25-12 - 07-26-12</b>	<b>Log Note:</b> Lab results. <b>Addendums:</b> Notified.	45

<b>09-26-12</b>	<b>Office Visit:</b> <b>Prob:</b> Hypothyroidism, actinic keratosis, DM, flu vaccine, GERD, HTN, hyperchol, hand joint pain, meso. Meds data. <b>A:</b> DM, HTN, HLD, hand joint pain, health checkup. Orders. <b>P:</b> Lab orders.	47
<b>09-26-12</b>	<b>Laboratory:</b> Lab data.	50
<b>10-01-12</b>	<b>Log Note:</b> Lab result mailed.	54
<b>10-15-12</b>	<b>Office Visit:</b> <b>CC:</b> T2DM & GERD, annual exam, influenza. Meds & VS data. <b>A:</b> Annual exam, DM, GERD, flu vaccine, hypothyroidism. Orders.	55
<b>01-09-13</b>	<b>Office Visit:</b> <b>CC:</b> F/u, SOB. <b>HPI:</b> PNM, cough. <b>ROS:</b> Cough. Meds & VS data. <b>PE:</b> Partially obscured by clear drainage. <b>A:</b> Bacterial PNM. Orders.	59
<b>01-24-13</b>	<b>Health Summary:</b> Prob list, meds data.	62

**LOG NOTE**

Date: 01/25/2011 12:01 PM

Patient: [REDACTED] DOB: [REDACTED]

Author: [REDACTED]

Sign Off Date: 01/25/2011 12:01 PM

Signed Off By: [REDACTED]

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PT. CALLED TO REFILL METFORMIN, AGREED TO COME DO LFT'S, LIPIDS & HgA1C IN A.M.  
REFILLED MED ELECTRONICALLY X 1M. DS



## ORDERS:

### Lab Orders:

Hemoglobin A1c (In-House)  
Hepatic function panel (In-House)  
Lipid panel (total cholesterol, HDL, triglycerides) (In-House)

### Other Orders:

Patient encounter was documented using a CCHIT certified EMR (In-House)

## PLAN:

**Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled**

LABORATORY: Labs ordered to be performed today include HgbA1C.

### Orders:

Hemoglobin A1c (In-House)

### **Hypercholesterolemia**

LABORATORY: Labs ordered to be performed today include hepatic function panel and lipid panel.

### Orders:

Hepatic function panel (In-House)  
Lipid panel (total cholesterol, HDL, triglycerides) (In-House)  
Patient encounter was documented using a CCHIT certified EMR (In-House)

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Patient: [REDACTED] DOB: [REDACTED] Sex: M Acct #: [REDACTED] 1  
 Ordering Provider: [REDACTED]  
 Order Number (Clinic/Lab): [REDACTED]  
 Collection: 01/26/2011 10:06:00 Lab Receipt: 01/27/2011 02:34:00 Results: 01/27/2011  
 05:48:00

Note: This report contains memos which may follow after the printed results.  
 Electronically signed off by [REDACTED] on 02/01/2011

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
<b>7600SB= - LIPID PANEL</b> CHOLESTEROL, TOTAL:		147	mg/dL	125-200
<b>7600SB= - LIPID PANEL</b> HDL CHOLESTEROL:		42	mg/dL	> OR = 40
<b>7600SB= - LIPID PANEL</b> TRIGLYCERIDES:	155		mg/dL	<150
<b>7600SB= - LIPID PANEL</b> LDL-CHOLESTEROL:		74	mg/dL (calc)	<130
<i>Desirable range &lt;100 mg/dL for patients with CHD or diabetes and &lt;70 mg/dL for diabetic patients with known heart disease.</i>				
<b>7600SB= - LIPID PANEL</b> CHOL/HDL C RATIO:		3.5	(calc)	< OR = 5.0
<b>496SB= - HEMOGLOBIN A1c</b> HEMOGLOBIN A1c:	6.4		% of total Hgb	<5.7
<i>Higher risk of diabetes</i>				
<i>&lt;5.7 Decreased risk of diabetes</i>				
<i>5.7-6.0 Increased risk of diabetes</i>				
<i>6.1-6.4 Higher risk of diabetes</i>				
<i>&gt; or = 6.5 Consistent with diabetes</i>				
<i>Standards of Medical Care in Diabetes-2010. Diabetes Care, 33(Supp 1): S1-S61, 2010.</i>				
<b>10256SB= - HEPATIC FUNCTION PANEL</b> PROTEIN, TOTAL:		6.8	g/dL	6.2-8.3
ALBUMIN:		4.7	g/dL	3.6-5.1
GLOBULIN:		2.1	g/dL (calc)	2.1-3.7
ALBUMIN/GLOBULIN RATIO:	2.2		(calc)	1.0-2.1
BILIRUBIN, TOTAL:		0.6	mg/dL	0.2-1.2
BILIRUBIN, DIRECT:		0.1	mg/dL	< OR = 0.2



Patient: [REDACTED] DOB: [REDACTED] 6 Sex: M Acct #: [REDACTED]

Ordering Provider: [REDACTED]

Order Number (Clinic/Lab): [REDACTED]

Collection: 01/26/2011 10:06:00

Lab Receipt: 01/27/2011 02:34:00

Results: 01/27/2011 05:48:00

Note: This report contains memos which may follow after the printed results.

Electronically signed off by [REDACTED] on 02/01/2011

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
BILIRUBIN, INDIRECT:		0.5	mg/dL (calc)	0.2-1.2
ALKALINE PHOSPHATASE:		58	U/L	40-115
AST:		20	U/L	10-35
ALT:		27	U/L	9-60

Performing Laboratory: [REDACTED]

[REDACTED]  
[REDACTED]

Attached Memos

Patient: [REDACTED]

Document Description: LIPID, LIPID, LIPID, LIPID, LIPID PANEL...

Print Date: 01/24/2013

02/01/2011 Created By: [REDACTED]

ok can copy to his Docs a [REDACTED] if he wants

02/07/2011 Created By: [REDACTED]

Imovm for pt to call back

02/07/2011 Created By: [REDACTED]

pt notified of lab results and has requested a copy be mailed to him, he states [REDACTED] runs lab so no need to send a copy to them, he will take his copy with him. He states [REDACTED] drew lab and has not faxed it to us but the pt was wanting a glucose. I informed the pt that I would check when he is due for lab and exactly what needs to be ordered and I will be sure to put them in the computer. Pt was also advised to request labs drawn elsewhere be sent to us for review. Pt verbalized understanding and agreement. Please advise on the lab and orders. Thank you

02/08/2011 Created By: [REDACTED]

HgbA1C in three to four mos with a BMP

## LOG NOTE

Date: 02/07/2011 03:20 PM

Patient: [REDACTED] DOB: [REDACTED]

Author: [REDACTED]

Sign Off Date: 02/07/2011 03:20 PM

Signed Off By: [REDACTED]

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Imovm for pt to call back re: lab results

## ADDENDUMS:

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Date: 02/07/2011 04:53 PM

Author: [REDACTED]

pt notified of lab results and has requested a copy be mailed to him, he states [REDACTED] runs lab so no need to send a copy to them , he will take his copy with him. He states [REDACTED] drew lab and has not faxed it to us but the pt was wanting a glucose. I informed the pt that I would check when he is due for lab and exactly what needs to be ordered and I will be sure to put them in the computer. Pt was also advised to request labs drawn elsewhere be sent to us for review. Pt verbalized understanding and agreement.  
Please advise on f/u lab and orders. Thank you

**LOG NOTE**

Date: 02/24/2011 11:11 AM

Patient: [REDACTED] DOB: [REDACTED]

Author: [REDACTED]

Sign Off Date: 02/24/2011 11:11 AM

Signed Off By: [REDACTED]

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PTS. SPOUSE REPORTED THAT PTS. CANCER HAS RETURNED & WENT TO HOUSTON FOR CHEMO RECENTLY. BROUGHT COPY OF LABS DONE THERE, SCANNED INTO CHART. HIS GLUCOSE IS ELEVATED BUT WAS TOLD DUE TO STEROID THERAPY. INFORMED HER HE NEEDS TO RE-CK TSH IN APRIL. DS



## OBJECTIVE:

### Vitals:

Current: 3/23/2011 8:16:20 AM

Ht: 5 ft, 9 in; Wt: 199.2 lbs; BMI: 29.4

T: 98 F (oral); **BP: 118/86 mm Hg** (left arm, sitting); sCr: 0.92 mg/dL; **GFR: 71.00**

### Exams:

GENERAL: well developed; well nourished; well groomed; no apparent distress

E/N/T: normal external auditory canals and tympanic membranes; Oropharynx: normal mucosa, palate, and posterior pharynx;

NECK: Neck is supple with full range of motion;

RESPIRATORY: normal respiratory rate and pattern with no distress; **rhonchi heard in the bases**;

CARDIOVASCULAR: normal rate; regular rhythm; normal S1 and S2 heartsounds with no S3 or S4

GASTROINTESTINAL: normal bowel sounds; no masses palpated; nontender; no organomegaly

LYMPHATIC: no enlargement of cervical nodes;

NEUROLOGIC: Grossly NL

PSYCHIATRIC: Orientation: alert; appropriate affect and demeanor;

## ASSESSMENT:

530.81 Gastroesophageal reflux disease

250.00 Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled

244.8 Acquired hypothyroidism

## ORDERS:

### Meds Prescribed:

Refill of: Nexium (Esomeprazole Magnesium) 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily #90 (Ninety) capsule(s) Refills: 3

Refill of: Metformin HCl 500mg Tablet Take 1 tablet(s) by mouth bid #180 (One Hundred and Eighty) tablet(s) Refills: 1

### Procedures Ordered:

Follow up appointment in 6 months (Send-Out)

### Other Orders:

At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)

Patient encounter was documented using a CCHIT certified EMR (In-House)

At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)

## PLAN:

### **Gastroesophageal reflux disease**

#### Prescriptions:

Refill of: Nexium (Esomeprazole Magnesium) 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily #90 (Ninety) capsule(s) Refills: 3

#### Orders:

At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)

Patient encounter was documented using a CCHIT certified EMR (In-House)

### **Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled**

FOLLOW-UP: Schedule a follow-up visit in 6 months.

Prescriptions:

Refill of: Metformin HCl 500mg Tablet Take 1 tablet(s) by mouth bid #180 (One Hundred and Eighty) tablet(s) Refills: 1

Orders:

Follow up appointment in 6 months (Send-Out)

At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)

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## LOG NOTE

Date: 06/22/2011 09:44 AM

Patient: [REDACTED] DOB: [REDACTED]

Author: [REDACTED]

Sign Off Date: 06/22/2011 09:44 AM

Signed Off By: [REDACTED]

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PTS. INS. FAXED MED RECOMMENDATION FOR ACE/ARB. PT. NOTIFIED RX FOR LISINOPRIL 10MG SENT TO PHARMACY, AGREED TO SCHEDULE F/U APPT. IN 1M. WILL CALL IF HAS ANY PROBLEMS W/MED. DS

## ADDENDUMS:

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Date: 06/22/2011 03:56 PM

Author: [REDACTED]

PT. CALLED BACK, WAS WORRIED ABOUT MED BEING FOR Bp, INFORMED HIM THAT IT WILL HELP PROTECT KIDNEYS. ADVISED TO WATCH FOR S/S OF LOW Bp (DIZZINESS, BLURRED VISION, FATIGUE, TACHYCARDIA) & AGREED TO CALL IF HAS PROBLEMS. DS



Office/Outpatient Visit

Visit Date: Wed, Jul 20, 2011 08:35 am

Provider: [REDACTED]

Location: [REDACTED]

Electronically signed by [REDACTED] on 08/01/2011 08:44:58 AM

Printed on 01/24/2013 at 4:43 pm.

**SUBJECTIVE:**

**CC:**

[REDACTED] is a 74-year-old Other Race male. The patient is here for a follow-up and Medication refills. Medical problems to be addressed today include hypertension.

**HPI:**

Patient to be evaluated for essential hypertension. He is not using any nonpharmacologic treatment modalities. His current cardiac medication regimen includes an ACE inhibitor ( Prinivil ). He has not kept a blood pressure diary, but states that pressures have been okay. He is tolerating the medication well without side effects. Compliance with treatment has been good; he takes his medication as directed, maintains his diet and exercise regimen, and follows up as directed. In addition, he was started on the Lisinopril because of his diabetes, to have ACEI coverage.

**ROS:**

CONSTITUTIONAL: Negative for chills, fatigue, fever, and weight change.

CARDIOVASCULAR: Negative for chest pain, palpitations, tachycardia, orthopnea, and edema.

RESPIRATORY: Negative for cough, dyspnea, and hemoptysis.

GASTROINTESTINAL: Negative for abdominal pain, heartburn, constipation, diarrhea, and stool changes.

NEUROLOGICAL: Negative for dizziness, headaches, paresthesias, and weakness.

**Past Medical History / Family History / Social History:**

**Past Medical History:**

Hyperlipidemia

Mesothelioma followed at [REDACTED].

**Surgical History:**

Positive for

**thoracotomy and lobectomy of lung.;**

**Social History:**

Occupation: Retired (Prior occupation: Worked at [REDACTED] where several co-workers got mesothelioma from asbestos exposure.)

Marital Status: Married

**Tobacco/Alcohol/Supplements:**

... Last Reviewed on 7/20/2011 8:36:07 AM by [REDACTED]

Tobacco: He has never smoked. Non-drinker

Caffeine: He admits to consuming caffeine via coffee, tea ( 1 serving per day ), and soda ( 2 servings per day ).

**Allergies:**

Last Reviewed on 7/20/2011 8:35:53 AM by [REDACTED]

No Known Drug Allergies.

**Current Medications:**

Last Reviewed on 7/20/2011 8:36:04 AM by [REDACTED]

Lisinopril 10mg Tablet Take 1 tablet(s) by mouth daily

Synthroid 0.05mg Tablet Take 1 tablet(s) by mouth daily BRAND MEDICALLY NECESSARY

Metformin HCl 500mg Tablet Take 1 tablet(s) by mouth bid

Nexium 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily  
Lipitor 40mg Tablet Take 1 tablet(s) by mouth daily  
Toprol XL 50mg Tablets, Extended Release 1/2 po BID

## OBJECTIVE:

### Vitals:

Current: 7/20/2011 10:25:43 AM

Ht: 5 ft, 9 in; Wt: 205.4 lbs; **BMI: 30.3**

T: 97.9 F (oral); BP: 110/72 mm Hg (left arm, sitting); sCr: 0.92 mg/dL; **GFR: 71.93**

### Exams:

GENERAL: well developed; well groomed; no apparent distress

EYES: lids and conjunctiva are normal; pupils and irises are normal;

NECK: Neck is supple with full range of motion;

RESPIRATORY: normal respiratory rate and pattern with no distress; normal breath sounds with no rales, rhonchi, wheezes or rubs;

CARDIOVASCULAR: normal rate and rhythm without murmurs; normal S1 and S2 heart sounds with no S3, S4, rubs, or clicks;

GASTROINTESTINAL: no organomegaly

LYMPHATIC: no enlargement of cervical nodes;

SKIN: no ulcerations, lesions or rashes

NEUROLOGIC: Grossly NL

PSYCHIATRIC: Orientation: alert; appropriate affect and demeanor;

## ASSESSMENT:

401.1 Essential hypertension

250.00 Type 2 diabetes

## ORDERS:

### Meds Prescribed:

Refill of: Lisinopril 10mg Tablet Take 1 tablet(s) by mouth daily #90 (Ninety) tablet(s) Refills: 1

### Other Orders:

Patient encounter was documented using a CCHIT certified EMR (In-House)

Queried Patient for Tobacco Use (Send-Out)

## PLAN:

### **Essential hypertension**

Smoking Status: Nonsmoker

### Prescriptions:

Refill of: Lisinopril 10mg Tablet Take 1 tablet(s) by mouth daily #90 (Ninety) tablet(s) Refills: 1

### Orders:

Patient encounter was documented using a CCHIT certified EMR (In-House)

Queried Patient for Tobacco Use (Send-Out)

### **Type 2 diabetes**

Prescriptions: cont Metformin and the Lisinopril and recheck HgbA1c when he comes back for his PE and additional

Office/Outpatient Visit

Visit Date: Wed, Aug 24, 2011 01:31 pm

Provider: [REDACTED]

Location: [REDACTED]

Electronically signed by [REDACTED] on 08/29/2011 01:48:15 AM

Printed on 01/24/2013 at 4:42 pm.

## **SUBJECTIVE:**

### **CC:**

[REDACTED] is a 75-year-old Other Race male. This is a follow-up visit. He presents with excessive belching. Medical problems to be addressed today include hypertension.

### **HPI:**

[REDACTED] presents with essential hypertension. He is not using any nonpharmacologic treatment modalities. His current cardiac medication regimen includes a beta-blocker ( Toprol-XL ) and an ACE inhibitor ( Prinivil ). Review of his blood pressure log reveals systolics in the 80-90's and diastolics in the 50-80's. He is tolerating the medication well without side effects. Compliance with treatment has been good; he takes his medication as directed, maintains his diet and exercise regimen, and follows up as directed.

Dx with excessive belching; the patient has been having gastrointestinal problems for month. Gastrointestinal symptoms include **abdominal bloating, belching and loss of appetite**. He denies associated abdominal cramping. [REDACTED] takes none medications, all of which can have constipation as a side effect. Patient admits to taking none, which can all cause diarrhea and cramping.

### **ROS:**

CONSTITUTIONAL: Negative for chills, fatigue, fever, and weight change.

GASTROINTESTINAL: Positive for **indigestion and belching**.

NEUROLOGICAL: Positive for **dizziness**.

### **Past Medical History / Family History / Social History:**

... Last Reviewed on 8/24/2011 2:34:51 PM by [REDACTED]

#### **Past Medical History:**

Hyperlipidemia

Mesothelioma followed at [REDACTED].

#### **Surgical History:**

Positive for

**thoracotomy and lobectomy of lung.;**

#### **Social History:**

Occupation: Retired (Prior occupation: Worked at [REDACTED] where several co-workers got mesothelioma from asbestos exposure.)

Marital Status: Married

#### **Tobacco/Alcohol/Supplements:**

... Last Reviewed on 8/24/2011 2:34:48 PM by [REDACTED]

Tobacco: He has never smoked. Non-drinker

Caffeine: He admits to consuming caffeine via coffee, tea ( 1 serving per day ), and soda ( 2 servings per day ).

#### **Allergies:**

Last Reviewed on 8/24/2011 2:34:42 PM by [REDACTED]

No Known Drug Allergies.

**Current Medications:**

Last Reviewed on 8/24/2011 2:34:47 PM by [REDACTED]  
Nexium 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily  
Lisinopril 10mg Tablet Take 1 tablet(s) by mouth daily  
Synthroid 0.05mg Tablet Take 1 tablet(s) by mouth daily BRAND MEDICALLY NECESSARY  
Metformin HCl 500mg Tablet Take 1 tablet(s) by mouth bid  
Lipitor 40mg Tablet Take 1 tablet(s) by mouth daily  
Toprol XL 50mg Tablets, Extended Release 1/2 po BID

**OBJECTIVE:**

**Vitals:**

Current: 8/24/2011 2:34:38 PM  
Ht: 5 ft, 9 in; Wt: 205 lbs; **BMI: 30.3**  
T: 97.7 F (oral); BP: 96/66 mm Hg (left arm, sitting); sCr: 0.92 mg/dL; **GFR: 70.82**

**Exams:**

GENERAL: well developed; well nourished; well groomed; no apparent distress  
EYES: PERRLA;  
NECK: Neck is supple with full range of motion;  
RESPIRATORY: normal respiratory rate and pattern with no distress; normal breath sounds with no rales, rhonchi, wheezes or rubs;  
CARDIOVASCULAR: normal rate; regular rhythm; normal S1 and S2 heartsounds with no S3 or S4; no murmurs no edema or significant varicosities;  
GASTROINTESTINAL: no organomegaly  
LYMPHATIC: no enlargement of cervical nodes;  
NEUROLOGIC: Grossly NL  
PSYCHIATRIC: Orientation: alert; appropriate affect and demeanor;

**ASSESSMENT:**

401.1 Essential hypertension  
787.3 Excessive belching

**ORDERS:**

**Meds Prescribed:**

Refill of: Lisinopril 2.5mg Tablet Take 1 tablet(s) by mouth daily #90 (Ninety) tablet(s) Refills: 0

**Procedures Ordered:**

Follow up appointment in 1 month (Send-Out)

**Other Orders:**

Queried Patient for Tobacco Use (Send-Out)  
At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)  
Patient encounter was documented using a CCHIT certified EMR (In-House)

**PLAN:**

**Essential hypertension** Will decrease the lisinopril due to the side effects. We had added it due to his Diabetes.

FOLLOW-UP: Schedule a follow-up visit in 1 month.

Smoking Status: Nonsmoker

Prescriptions:

Refill of: Lisinopril 2.5mg Tablet Take 1 tablet(s) by mouth daily #90 (Ninety) tablet(s) Refills: 0

Orders:

Queried Patient for Tobacco Use (Send-Out)

Follow up appointment in 1 month (Send-Out)

At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)

Patient encounter was documented using a CCHIT certified EMR (In-House)

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[REDACTED]

## Immunization Record

Patient Name: [REDACTED]

Date Of Birth: [REDACTED]

### Immunization Type

Td (Tetanus-Diphtheria toxoids)

Fluzone (3 + years dose)

Influenza Virus Vaccine

### Date Administered

1/1/2007

10/15/2010

9/19/2011

Office/Outpatient Visit  
Visit Date: Wed, Oct 5, 2011 08:30 am  
Provider: [REDACTED]  
Location: [REDACTED]

Electronically signed by [REDACTED] on 10/17/2011 10:44:47 AM  
Printed on 01/24/2013 at 4:42 pm.

**SUBJECTIVE:**

**CC:**  
[REDACTED] is a 75-year-old Other Race male. He is here for an annual exam.

**HPI:**  
[REDACTED] presents with annual exam. His last physical exam was 04/22/2008. His last ECG was in 01/13/2005 and was normal. He underwent colonoscopy in 11/11/2002 with normal results. He is current with his Td immunization.  
Smoking Status: Nonsmoker

**ROS:**  
CONSTITUTIONAL: Negative for chills, fatigue, fever, and weight change.  
RESPIRATORY: Negative for cough, dyspnea, and hemoptysis.  
GASTROINTESTINAL: Negative for abdominal pain, heartburn, constipation, diarrhea, and stool changes.

**Past Medical History / Family History / Social History:**  
... Last Reviewed on 8/24/2011 2:34:51 PM by [REDACTED]

**Past Medical History:**  
Hyperlipidemia  
Mesothelioma followed at [REDACTED].

**Surgical History:**  
Positive for  
thoracotomy and lobectomy of lung.;

**Social History:**  
Occupation: Retired (Prior occupation: Worked at [REDACTED] where several co-workers got mesothelioma from asbestos exposure.)  
Marital Status: Married

**Tobacco/Alcohol/Supplements:**  
... Last Reviewed on 10/5/2011 10:17:11 AM by [REDACTED]  
Tobacco: He has never smoked. Non-drinker  
Caffeine: He admits to consuming caffeine via coffee, tea ( 1 serving per day ), and soda ( 2 servings per day ).

**Allergies:**  
Last Reviewed on 10/5/2011 10:16:51 AM by [REDACTED]  
No Known Drug Allergies.

**Current Medications:**  
Last Reviewed on 10/5/2011 10:17:10 AM by [REDACTED]  
Nexium 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily  
Synthroid 0.05mg Tablet Take 1 tablet(s) by mouth daily BRAND MEDICALLY NECESSARY  
Metformin HCl 500mg Tablet Take 1 tablet(s) by mouth bid  
Lipitor 40mg Tablet Take 1 tablet(s) by mouth daily  
Toprol XL 50mg Tablets, Extended Release 1/2 po BID

**OBJECTIVE:**



## Vitals:

Current: 10/5/2011 10:16:49 AM

Ht: 5 ft, 9 in; Wt: 204.4 lbs; **BMI: 30.2**

T: 98 F (oral); BP: 118/76 mm Hg (left arm, sitting); P: 54 bpm (left brachial, sitting, regular); sCr: 0.92 mg/dL; **GFR: 70.74**

## Exams:

GENERAL: well developed; well nourished; well groomed; no apparent distress

EYES: lids and conjunctiva are normal; PERRLA; EOMI; fundoscopic exam reveals sharp disc margins; normal vessels;

E/N/T: normal external ears and nose;; Ears: both TMs are normal; both EACs are normal; Hearing: grossly normal

Nose: normal nasal mucosa, septum, turbinates, and sinuses; Lips, Teeth and Gums: normal; Oropharynx: normal mucosa, palate, and posterior pharynx;

NECK: Neck is supple with full range of motion; thyroid is normal to palpation;

RESPIRATORY: normal respiratory rate and pattern with no distress; percussion is normal without hyperresonance or dullness; lung fields normal to palpation; normal breath sounds with no rales, rhonchi, wheezes or rubs;

CARDIOVASCULAR: normal PMI placement; no thrills, heaves, or lifts; normal rate; regular rhythm; normal S1 and S2

heartsounds with no S3 or S4; no murmurs carotids: 2+ amplitude, no bruits; abdominal aorta appears to be of normal size and is without bruits; femoral pulses: 2+ amplitude, no bruits; 2+ pedal pulses; no edema or significant varicosities;

GASTROINTESTINAL: normal bowel sounds; no masses palpated; nontender; no abdominal or inguinal hernia; rectal exam: no masses

GENITOURINARY: prostate: no nodules, tenderness, or enlargement;

LYMPHATIC: no enlargement of cervical nodes; no axillary adenopathy; no inguinal adenopathy;

MUSCULOSKELETAL: normal gait; full, painless range of motion of all major muscle groups and joints

SKIN: no ulcerations, lesions or rashes

NEUROLOGIC: cranial nerves II-XII grossly intact; normal DTR's elicited in biceps, triceps, supinator, knee, and ankle jerk;

PSYCHIATRIC: mental status: alert and oriented x 3; appropriate affect and demeanor;

## **ASSESSMENT:**

V70.0 Annual exam  
250.00 Type 2 diabetes  
530.81 GERD  
244.8 Acquired hypothyroidism  
272.0 Hypercholesterolemia  
163.8 Mesothelioma, NEC  
V76.44 Screening for prostate cancer

## **ORDERS:**

### Meds Prescribed:

Refill of: Nexium (Esomeprazole Magnesium) 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily #90 (Ninety) capsule(s) Refills: 3

Refill of: Synthroid (Levothyroxine Sodium) 0.05mg Tablet Take 1 tablet(s) by mouth daily BRAND MEDICALLY NECESSARY #90 (Ninety) tablet(s) Refills: 3

Refill of: Metformin HCl 500mg Tablet Take 1 tablet(s) by mouth bid #180 (One Hundred and Eighty) tablet(s) Refills: 1

### Lab Orders:

Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC co (In-House)

Comprehensive metabolic panel (Albumin, Biliirubin, Ca, CO2, Cl, Creatinine, Glu, alkaline phosphatas (In-House)

Hemoglobin A1c (In-House)

Lipid panel (total cholesterol, HDL, triglycerides) (In-House)

Prostate specific antigen, total (In-House)

Thyroid stimulating hormone (TSH) (In-House)

Urinalysis, automated, with microscopy (In-House)

Urine microalbumin, quantitative (Send-Out)

**Other Orders:**

- Patient encounter was documented using a CCHIT certified EMR (In-House)
- Queried Patient for Tobacco Use (Send-Out)
- DRE (In-House)
- Annual wellness visit, includes a PPPS, first visit (In-House)
- At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)
- Patient encounter was documented using a CCHIT certified EMR (In-House)
- At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)
- At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)

**PLAN:**

**Annual exam**

Smoking Status: Nonsmoker

Orders:

- Annual wellness visit, includes a PPPS, first visit (In-House)
- Patient encounter was documented using a CCHIT certified EMR (In-House)
- Queried Patient for Tobacco Use (Send-Out)

Patient Education Handouts:

Physical Exam 60+ year, Male

**Type 2 diabetes**

LABORATORY: Labs ordered to be performed today include CBC, comprehensive metabolic panel, HgbA1C, lipid panel, PSA, TSH, UA w/ micro, and urine microalbumin.

Prescriptions:

Refill of: Metformin HCl 500mg Tablet Take 1 tablet(s) by mouth bid #180 (One Hundred and Eighty) tablet(s) Refills: 1

Orders:

- Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC co (In-House)
- Comprehensive metabolic panel (Albumin, Bilirubin, Ca, CO2, Cl, Creatinine, Glu, alkaline phosphatas (In-House)
- Hemoglobin A1c (In-House)
- Lipid panel (total cholesterol, HDL, triglycerides) (In-House)
- Prostate specific antigen, total (In-House)
- Thyroid stimulating hormone (TSH) (In-House)
- Urinalysis, automated, with microscopy (In-House)
- Urine microalbumin, quantitative (Send-Out)
- At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)
- Patient encounter was documented using a CCHIT certified EMR (In-House)

**GERD**

Prescriptions:

Refill of: Nexium (Esomeprazole Magnesium) 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily #90 (Ninety) capsule(s) Refills: 3

Orders:

At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)

**Acquired hypothyroidism**

Prescriptions:

Refill of: Synthroid (Levothyroxine Sodium) 0.05mg Tablet Take 1 tablet(s) by mouth daily BRAND MEDICALLY NECESSARY #90 (Ninety) tablet(s) Refills: 3

Orders:

At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)

**Hypercholesterolemia** [REDACTED] is treating.

**Mesothelioma, NEC** Has f/u at [REDACTED] later this month.

**Screening for prostate cancer**

Orders:

DRE (In-House)

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Patient: [REDACTED] DOB: [REDACTED] Sex: M Acct #: [REDACTED] 1

Ordering Provider: [REDACTED]

Order Number (Clinic/Lab): [REDACTED]

Collection: 10/05/2011 11:15:00

Lab Receipt: 10/06/2011 05:54:00

Results: 10/07/2011

15:43:00

Note: This report contains memos which may follow after the printed results.

Electronically signed off by [REDACTED] on 10/10/2011

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
<i>FASTING</i>				
<b>7600SB= - LIPID PANEL</b>				
CHOLESTEROL, TOTAL:		154	mg/dL	125-200
HDL CHOLESTEROL:		46	mg/dL	> OR = 40
TRIGLYCERIDES:	165		mg/dL	<150
LDL-CHOLESTEROL:		75	mg/dL (calc)	<130
<i>Desirable range &lt;100 mg/dL for patients with CHD or diabetes and &lt;70 mg/dL for diabetic patients with known heart disease.</i>				
CHOL/HDL C RATIO:		3.3	(calc)	< OR = 5.0
<b>905SB= - URIC ACID</b>				
URIC ACID:		5.5	mg/dL	4.0-8.0
<b>10231SB= - COMPREHENSIVE METABOLIC PANEL</b>				
GLUCOSE:	124		mg/dL	65-99
<i>Fasting reference interval</i>				
UREA NITROGEN (BUN):		13	mg/dL	7-25
CREATININE:		1.03	mg/dL	0.67-1.54
eGFR NON-AFR. AMERICAN:		71	mL/min/1.73m <sup>2</sup>	> OR = 60
eGFR AFRICAN AMERICAN:		82	mL/min/1.73m <sup>2</sup>	> OR = 60
BUN/CREATININE RATIO:	NOT APPLICABLE		(calc)	6-22
SODIUM:		136	mmol/L	135-146
POTASSIUM:		4.7	mmol/L	3.5-5.3
CHLORIDE:		100	mmol/L	98-110
CARBON DIOXIDE:		27	mmol/L	21-33
CALCIUM:		9.7	mg/dL	8.6-10.2
PROTEIN, TOTAL:		7.1	g/dL	6.2-8.3
ALBUMIN:		4.9	g/dL	3.6-5.1
GLOBULIN:		2.2	g/dL (calc)	2.1-3.7
ALBUMIN/GLOBULIN RATIO:	2.2		(calc)	1.0-2.1
BILIRUBIN, TOTAL:		0.7	mg/dL	0.2-1.2
ALKALINE PHOSPHATASE:		56	U/L	40-115
AST:		24	U/L	10-35

Patient: [REDACTED] DOB: [REDACTED] Sex: M Acct #: [REDACTED]

Ordering Provider: [REDACTED]

Order Number (Clinic/Lab): [REDACTED]

Collection: 10/05/2011 11:15:00

Lab Receipt: 10/06/2011 05:54:00

Results: 10/07/2011 15:43:00

Note: This report contains memos which may follow after the printed results.

Electronically signed off by [REDACTED] on 10/10/2011

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
ALT:		29	U/L	9-60

**6517SBX= - MICROALBUMIN, RANDOM URINE (W/CREATININE)**

CREATININE, RANDOM URINE:		126	mg/dL	20-370
MICROALBUMIN:		1.1	mg/dL	See Note:

Reference Range:

Reference Range

Not established

MICROALBUMIN/CREATININE RATIO, RANDOM URINE:		9	mcg/mg creat	<30
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The ADA defines abnormalities in albumin excretion as follows:

Category Result (mcg/mg creatinine)

Normal	<30
Microalbuminuria	30-299
Clinical albuminuria	> OR = 300

The ADA recommends that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.

**5463SB= - URINALYSIS, COMPLETE**

COLOR:	YELLOW		YELLOW
APPEARANCE:	CLEAR		CLEAR
SPECIFIC GRAVITY:	1.014		1.001-1.035
PH:	7.0		5.0-8.0
GLUCOSE:	NEGATIVE		NEGATIVE
BILIRUBIN:	NEGATIVE		NEGATIVE
KETONES:	NEGATIVE		NEGATIVE
OCCULT BLOOD:	NEGATIVE		NEGATIVE
PROTEIN:	NEGATIVE		NEGATIVE
NITRITE:	NEGATIVE		NEGATIVE
LEUKOCYTE ESTERASE:	NEGATIVE		NEGATIVE
WBC:	NONE SEEN	/HPF	< OR = 5
RBC:	NONE SEEN	/HPF	< OR = 3

Patient: [REDACTED] DOB: [REDACTED] 6 Sex: M Acct #: [REDACTED]

Ordering Provider: [REDACTED]

Order Number (Clinic/Lab): [REDACTED]

Collection: 10/05/2011 11:15:00

Lab Receipt: 10/06/2011 05:54:00

Results: 10/07/2011 15:43:00

Note: This report contains memos which may follow after the printed results.

Electronically signed off by [REDACTED] on 10/10/2011

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
SQUAMOUS EPITHELIAL CELLS:		NONE SEEN	/HPF	< OR = 5
BACTERIA:		NONE SEEN	/HPF	NONE SEEN
HYALINE CAST:		NONE SEEN	/LPF	NONE SEEN
30011300:				

*This urine was analyzed for the presence of WBC, RBC, bacteria, casts, and other formed elements. Only those elements seen were reported.*

---

**6399SB= - CBC (INCLUDES DIFF/PLT)**

WHITE BLOOD CELL COUNT:	5.5	Thousand/uL	3.8-10.8
RED BLOOD CELL COUNT:	4.26	Million/uL	4.20-5.80
HEMOGLOBIN:	14.0	g/dL	13.2-17.1
HEMATOCRIT:	41.8	%	38.5-50.0
MCV:	98.2	fL	80.0-100.0
MCH:	32.8	pg	27.0-33.0
MCHC:	33.4	g/dL	32.0-36.0
RDW:	14.9	%	11.0-15.0
PLATELET COUNT:	194	Thousand/uL	140-400
ABSOLUTE NEUTROPHILS:	3080	cells/uL	1500-7800
ABSOLUTE LYMPHOCYTES:	1810	cells/uL	850-3900
ABSOLUTE MONOCYTES:	462	cells/uL	200-950
ABSOLUTE EOSINOPHILS:	121	cells/uL	15-500
ABSOLUTE BASOPHILS:	28	cells/uL	0-200
NEUTROPHILS:	56.0	%	
LYMPHOCYTES:	32.9	%	
MONOCYTES:	8.4	%	
EOSINOPHILS:	2.2	%	
BASOPHILS:	0.5	%	

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**899SB= - TSH, 3RD GENERATION**

TSH, 3RD GENERATION:	1.75	mIU/L	0.40-4.50
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**5363SB= - PSA, TOTAL**

PSA, TOTAL:	0.9	ng/mL	< OR = 4.0
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*This test was performed using the Siemens chemiluminescent method. Values obtained from*

Patient: [REDACTED] DOB: [REDACTED] Sex: M Acct #: [REDACTED]

Ordering Provider: [REDACTED]

Order Number (Clinic/Lab): [REDACTED]

Collection: 10/05/2011 11:15:00

Lab Receipt: 10/06/2011 05:54:00

Results: 10/07/2011 15:43:00

Note: This report contains memos which may follow after the printed results.

Electronically signed off by [REDACTED] on 10/10/2011

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
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*different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.*

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**496SB= - HEMOGLOBIN A1c**

HEMOGLOBIN A1c:	6.7	% of total Hgb	<5.7
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*Consistent with diabetes*

*<5.7 Decreased risk of diabetes*

*5.7-6.0 Increased risk of diabetes*

*6.1-6.4 Higher risk of diabetes*

*> or = 6.5 Consistent with diabetes*

*Standards of Medical Care in Diabetes-2010.  
Diabetes Care, 33(Supp 1): S1-S61, 2010.*

Performing Laboratory: [REDACTED]

[REDACTED]

[REDACTED]

## LOG NOTE

Date: 10/10/2011 03:22 PM

Patient: [REDACTED] DOB: [REDACTED]

Author: [REDACTED]

Sign Off Date: 10/10/2011 03:22 PM

Signed Off By: [REDACTED]

---

pt notified of lab results and medication change instructions. Pt verbalized understanding and agreement, copy of his labs were mailed to him per his request and I wrote on the labs a reminder of the dosing and also a reminder of the lab work due in 3 months

## ADDENDUMS:

---

Date: 10/11/2011 10:53 AM

Author: [REDACTED]

Called in new dose Metformin to CVS on Main Street in Taylor per patient request.



## LOG NOTE

Date: 10/10/2011 03:22 PM

Patient: [REDACTED] DOB: [REDACTED] S

Author: [REDACTED]

Sign Off Date: 10/10/2011 03:22 PM

Signed Off By: [REDACTED]

---

pt notified of lab results and medication change instructions. Pt verbalized understanding and agreement, copy of his labs were mailed to him per his request and I wrote on the labs a reminder of the dosing and also a reminder of the lab work due in 3 months

## ADDENDUMS:

---

Date: 10/11/2011 10:53 AM

Author: [REDACTED]

Called in new dose Metformin to CVS on Main Street in Taylor per patient request.

## LOG NOTE

Date: 10/10/2011 03:22 PM

Patient: [REDACTED] DOB: [REDACTED]

Author: [REDACTED]

Sign Off Date: 10/10/2011 03:22 PM

Signed Off By: [REDACTED]

---

pt notified of lab results and medication change instructions. Pt verbalized understanding and agreement, copy of his labs were mailed to him per his request and I wrote on the labs a reminder of the dosing and also a reminder of the lab work due in 3 months

## ADDENDUMS:

---

Date: 10/11/2011 10:53 AM

Author: [REDACTED]

Called in new dose Metformin to CVS on Main Street in Taylor per patient request.

**TELEPHONE NOTE**

Date: 01/03/2012 10:03 AM

Patient: [REDACTED] DOB: [REDACTED]

Author: [REDACTED]

Sign Off Date: 01/03/2012 10:03 AM

Signed Off By: [REDACTED]

---

Wife called to confirm patient is due labs. She stated she will bring patient in later this month after his chemo. Lab orders for HgbA1c and BMP entered into Care 360.



Lipitor 40mg Tablet Take 1 tablet(s) by mouth daily  
Toprol XL 50mg Tablets, Extended Release 1/2 po BID

## ASSESSMENT:

401.1 Essential hypertension  
250.00 Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled

## ORDERS:

### Lab Orders:

Basic metabolic panel (Ca, CO<sub>2</sub>, Cl, Creatinine, Glu, K, Na, BUN) (Send-Out)  
Hemoglobin A1c (In-House)

## PLAN:

### **Essential hypertension**

LABORATORY: Labs ordered to be performed today include basic metabolic panel.

#### Orders:

Basic metabolic panel (Ca, CO<sub>2</sub>, Cl, Creatinine, Glu, K, Na, BUN) (Send-Out)

### **Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled**

LABORATORY: Labs ordered to be performed today include HgbA1C.

#### Orders:

Hemoglobin A1c (In-House)

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Patient: [REDACTED] DOB: [REDACTED] Sex: M Acct #: [REDACTED]

Ordering Provider: [REDACTED]

Order Number (Clinic/Lab): [REDACTED]

Collection: 01/05/2012 10:15:00

Lab Receipt: 01/06/2012 06:29:00

Results: 01/06/2012

08:24:00

Note: This report contains memos which may follow after the printed results.

Electronically signed off by [REDACTED] on 01/18/2012

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
<b>10165SB= - BASIC METABOLIC PANEL</b>				
GLUCOSE:		94	mg/dL	65-99
<i>Fasting reference interval</i>				
UREA NITROGEN (BUN):		10	mg/dL	7-25
CREATININE:		0.90	mg/dL	0.67-1.54
eGFR NON-AFR. AMERICAN:		83	mL/min/1.73m2	> OR = 60
eGFR AFRICAN AMERICAN:		96	mL/min/1.73m2	> OR = 60
BUN/CREATININE RATIO:	NOT APPLICABLE		(calc)	6-22
SODIUM:	134		mmol/L	135-146
POTASSIUM:		4.9	mmol/L	3.5-5.3
CHLORIDE:		98	mmol/L	98-110
CARBON DIOXIDE:		27	mmol/L	21-33
CALCIUM:		9.4	mg/dL	8.6-10.2

**496SB= - HEMOGLOBIN A1c**

HEMOGLOBIN A1c: 6.6 % of total Hgb <5.7

*Consistent with diabetes*

*<5.7 Decreased risk of diabetes*

*5.7-6.0 Increased risk of diabetes*

*6.1-6.4 Higher risk of diabetes*

*> or = 6.5 consistent with diabetes*

*Standards of Medical Care in Diabetes-2010.  
Diabetes Care, 33(Supp 1): S1-S61, 2010.*

Performing Laboratory: [REDACTED]

[REDACTED]

[REDACTED]

Office/Outpatient Visit  
Visit Date: Wed, Jan 18, 2012 09:29 am  
Provider: [REDACTED]  
Location: [REDACTED]

Electronically signed by [REDACTED] on 01/30/2012 08:40:12 AM  
Printed on 01/24/2013 at 4:42 pm.

## SUBJECTIVE:

### CC:

[REDACTED] is a 75 year old male. This is a follow-up visit. Medical problems to be addressed today include type II diabetes.

### HPI:

Patient to be evaluated for diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled. Compliance with treatment has been good; he takes his medication as directed, maintains his diet and exercise regimen, and follows up as directed. **Depression screen is performed and is negative.**  
Tobacco screen: Non-smoker. Current meds include an oral hypoglycemic ( Glucophage ). He does not perform home blood glucose monitoring. Most recent lab results include glycohemoglobin 6.6%. His most recent systolic blood pressure was < 130 mmHg. The last diastolic blood pressure was 80-89 mmHg.

### ROS:

CONSTITUTIONAL: Negative for chills, fatigue, fever, and weight change.  
CARDIOVASCULAR: Negative for chest pain, palpitations, tachycardia, orthopnea, and edema.  
RESPIRATORY: Negative for cough, dyspnea, and hemoptysis.  
INTEGUMENTARY: Positive for **some irritated ear and facial sun damaged spots again.**  
ENDOCRINE: Negative for hair loss, heat/cold intolerance, polydipsia, and polyphagia.

### Past Medical History / Family History / Social History:

... Last Reviewed on 8/24/2011 2:34:51 PM by [REDACTED]

#### Past Medical History:

Hyperlipidemia  
Mesothelioma followed at [REDACTED]

#### Surgical History:

Positive for  
**thoracotomy and lobectomy of lung.**

#### Social History:

Occupation: Retired (Prior occupation: Worked at [REDACTED] where several co-workers got mesothelioma from asbestos exposure.)  
Marital Status: Married

#### Tobacco/Alcohol/Supplements:

... Last Reviewed on 1/18/2012 9:37:16 AM by [REDACTED]

Tobacco: He has never smoked. Non-drinker  
Caffeine: He admits to consuming caffeine via coffee, tea ( 1 serving per day ), and soda ( 2 servings per day ).

#### Allergies:

Last Reviewed on 1/18/2012 9:37:09 AM by [REDACTED]  
No Known Drug Allergies.

#### Current Medications:

Last Reviewed on 1/18/2012 9:37:12 AM by [REDACTED]  
Metformin HCl 500mg Tablet Take 2 po QAM and 1 po QPM (1000mg QAM and 500mg QPM)

Synthroid 0.05mg Tablet Take 1 tablet(s) by mouth daily BRAND MEDICALLY NECESSARY  
Nexium 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily  
Lipitor 40mg Tablet Take 1 tablet(s) by mouth daily  
Toprol XL 50mg Tablets, Extended Release 1/2 po BID

## OBJECTIVE:

### Vitals:

Current: 1/18/2012 9:36:59 AM

Ht: 5 ft, 9 in; Wt: 205 lbs; **BMI: 30.3**

T: 97.5 F (oral); BP: 114/78 mm Hg (left arm, sitting); sCr: 0.9 mg/dL; **GFR: 72.40**

### Exams:

GENERAL: well developed; well nourished; well groomed; no apparent distress

EYES: lids and conjunctiva are normal;

NECK: Neck is supple with full range of motion; thyroid is normal to palpation;

RESPIRATORY: normal respiratory rate and pattern with no distress; percussion is normal without hyperresonance or dullness; lung fields normal to palpation; normal breath sounds with no rales, rhonchi, wheezes or rubs;

CARDIOVASCULAR: normal PMI placement; no thrills, heaves, or lifts; normal rate; regular rhythm; normal S1 and S2 heartsounds with no S3 or S4; no murmurs

MUSCULOSKELETAL:

#### **Left foot exam**

Protective sensation using Monofilament test: NORMAL sensation. Patient detects .07 grams of force which is considered normal. Foot structure is unremarkable

Vascular status: normal peripheral vascular exam with palpable dorsal pedal and posterior tibial pulses and brisk digital capillary refill

Skin is intact without sores or ulcers

#### **Right foot exam**

Protective sensation using Monofilament test: NORMAL sensation. Patient detects .07 grams of force which is considered normal. Foot structure is unremarkable

Vascular status: normal peripheral vascular exam with palpable dorsal pedal and posterior tibial pulses and brisk digital capillary refill

Skin is intact without sores or ulcers

SKIN: five irritated AK's on the left face and both ears;;

NEUROLOGIC: sensation: normal to touch and pinprick; vibration and proprioception senses intact; Grossly NL

PSYCHIATRIC: Orientation: alert; appropriate affect and demeanor;

### Procedures:

Actinic keratosis

Procedure Note:

Other BENIGN Lesion- #1

Benign appearing lesion #1 is an actinic keratosis located on face and ears. The method of lesion destruction is Click HERE if >1 lesion destroyed and cryotherapy destruction.

## ASSESSMENT:

250.00 Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled

702.0 Actinic keratosis

## ORDERS:

### Meds Prescribed:

Refill of: Metformin HCl 500mg Tablet Take 1 tablet(s) by mouth bid #60 (Sixty) tablet(s) Refills: 5

### Procedures Ordered:

Destruction, benign or premalignant lesions; first lesion (In-House)

Destruction, benign or premalignant lesions; second through 14 lesions, each (In-House)



**Other Orders:**

Queried Patient for Tobacco Use (Send-Out)  
Diabetic Foot Exam (Monofilament, Pulses) (Send-Out)  
At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)  
Patient encounter was documented using a CCHIT certified EMR (In-House)  
A4930 Gloves, sterile, per pair (x1)

**PLAN:**

**Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled**

Smoking Status: Nonsmoker

**Prescriptions:**

Refill of: Metformin HCl 500mg Tablet Take 1 tablet(s) by mouth bid #60 (Sixty) tablet(s) Refills: 5

**Orders:**

Queried Patient for Tobacco Use (Send-Out)  
At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)  
Patient encounter was documented using a CCHIT certified EMR (In-House)

**Actinic keratosis**

**Orders:**

Destruction, benign or premalignant lesions; first lesion (In-House)  
Destruction, benign or premalignant lesions; second through 14 lesions, each (In-House)  
A4930 Gloves, sterile, per pair (x1)

**Other Orders:**

Diabetic Foot Exam (Monofilament, Pulses) (Send-Out)

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Lipitor 40mg Tablet Take 1 tablet(s) by mouth daily  
Toprol XL 50mg Tablets, Extended Release 1/2 po BID  
Metformin HCl 1,000mg Tablet 1 tab. BID by mouth

## ASSESSMENT:

272.0 Hypercholesterolemia  
250.00 Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled

## ORDERS:

### Lab Orders:

Lipid panel (total cholesterol, HDL, triglycerides) (In-House)  
Hemoglobin A1c (In-House)

## PLAN:

### **Hypercholesterolemia**

LABORATORY: Labs ordered to be performed today include lipid panel.

#### Orders:

Lipid panel (total cholesterol, HDL, triglycerides) (In-House)

### **Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled**

LABORATORY: Labs ordered to be performed today include HgbA1C.

#### Orders:

Hemoglobin A1c (In-House)

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Patient: [REDACTED] DOB: [REDACTED] Sex: M Acct #: [REDACTED]

Ordering Provider: [REDACTED]

Order Number (Clinic/Lab): [REDACTED]

Collection: 07/10/2012 11:40:00

Lab Receipt: 07/10/2012 10:37:00

Results: 07/11/2012

05:45:00

Electronically signed off by [REDACTED] on 07/19/2012

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
<i>FASTING</i>				
<b>7600SB= - LIPID PANEL</b>				
CHOLESTEROL, TOTAL:		141	mg/dL	125-200
HDL CHOLESTEROL:		43	mg/dL	> OR = 40
TRIGLYCERIDES:		140	mg/dL	<150
LDL-CHOLESTEROL:		70	mg/dL (calc)	<130

*Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.*

CHOL/HDLRATIO:	3.3	(calc)	< OR = 5.0
NON-HDL CHOLESTEROL:	98	mg/dL (calc)	

*Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.*

**496SB= - HEMOGLOBIN A1c**

HEMOGLOBIN A1c:	6.1	% of total Hgb	<5.7
-----------------	-----	----------------	------

*Higher risk of diabetes*  
 <5.7      *Decreased risk of diabetes*  
 5.7-6.0    *Increased risk of diabetes*  
 6.1-6.4    *Higher risk of diabetes*  
 > or = 6.5   *Consistent with diabetes*

*Standards of Medical Care in Diabetes-2010. Diabetes Care, 33(Supp 1): S1-S61, 2010.*

Performing Laboratory: [REDACTED]  
[REDACTED]  
[REDACTED]

Office/Outpatient Visit  
Visit Date: Thu, Jul 19, 2012 09:40 am  
Provider: [REDACTED]  
Location: [REDACTED]

Electronically signed by [REDACTED] on 07/30/2012 08:55:39 AM  
Printed on 01/24/2013 at 4:41 pm.

**SUBJECTIVE:**

**CC:**

[REDACTED] is a 75 year old male. This is a follow-up visit. Medical problems to be addressed today include type II diabetes and GERD.

**HPI:**

[REDACTED] presents with diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled. Compliance with treatment has been good; he takes his medication as directed, maintains his diet and exercise regimen, and follows up as directed. **Depression screen is performed and is negative.**  
Tobacco screen: Non-smoker. Current meds include an oral hypoglycemic ( Glucophage ). He does not perform home blood glucose monitoring. Most recent lab results include glycohemoglobin 6.1%. His most recent systolic blood pressure was < 130 mmHg. The last diastolic blood pressure was 80-89 mmHg.

Additionally, he presents with history of gastroesophageal reflux disease. the location of the discomfort is primarily epigastric. He describes the pain as burning. It is mild in intensity. No associated symptoms are reported. Symptoms are improved with Nexium.

**ROS:**

CONSTITUTIONAL: Negative for chills, fatigue, fever, and weight change.  
CARDIOVASCULAR: Negative for chest pain, palpitations, tachycardia, orthopnea, and edema.  
RESPIRATORY: Negative for cough, dyspnea, and hemoptysis.  
MUSCULOSKELETAL: Positive for **arthralgias and (hands and feet swell, and get red and burning recently) joint stiffness (hands).**

**PMH/FMH/SH:**

... Last Reviewed on 8/24/2011 2:34:51 PM by [REDACTED]

**Past Medical History:**

Hyperlipidemia  
Mesothelioma followed at [REDACTED].

**Surgical History:**

Positive for  
**thoracotomy and lobectomy of lung.;**

**Social History:**

Occupation: Retired (Prior occupation: Worked at [REDACTED] p where several co-workers got mesothelioma from asbestos exposure.)  
Marital Status: Married

**Tobacco/Alcohol/Supplements:**

... Last Reviewed on 7/19/2012 9:40:29 AM by [REDACTED]

Tobacco: He has never smoked. Non-drinker  
Caffeine: He admits to consuming caffeine via coffee, tea ( 1 serving per day ), and soda ( 2 servings per day ).

**Allergies:**

Last Reviewed on 7/19/2012 9:40:20 AM by [REDACTED]

No Known Drug Allergies.

**Current Medications:**

Last Reviewed on 7/19/2012 9:40:27 AM by [REDACTED]  
Nexium 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily  
Synthroid 0.05mg Tablet Take 1 tablet(s) by mouth daily BRAND MEDICALLY NECESSARY  
Lipitor 40mg Tablet Take 1 tablet(s) by mouth daily  
Toprol XL 50mg Tablets, Extended Release 1/2 po BID  
Metformin HCl 1,000mg Tablet 1 tab. BID by mouth

**OBJECTIVE:**

**Vitals:**

Current: 7/19/2012 9:46:09 AM  
Ht: 5 ft, 9 in; Wt: 202 lbs; BMI: 29.8  
T: 97.2 F (oral); BP: 104/68 mm Hg (left arm, sitting); sCr: 0.9 mg/dL; **GFR: 71.95**

**Exams:**

GENERAL: well developed; well groomed; no apparent distress  
NECK: Neck is supple with full range of motion;  
RESPIRATORY: normal breath sounds with no rales, rhonchi, wheezes or rubs;  
CARDIOVASCULAR: normal rate and rhythm without murmurs; normal S1 and S2 heart sounds with no S3, S4, rubs, or clicks;  
GASTROINTESTINAL: no masses palpated; nontender; no organomegaly  
MUSCULOSKELETAL: Crepitus, Tenderness, Effusion: **tenderness noted in the in the metacarpals of both hands**  
NEUROLOGIC: Grossly NL  
PSYCHIATRIC: Orientation: alert; appropriate affect and demeanor;

**ASSESSMENT:**

250.00 Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled  
530.81 Gastroesophageal reflux disease  
719.44 Joint pain, hand

**ORDERS:**

**Meds Prescribed:**

Refill of: Nexium (Esomeprazole Magnesium) 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily #90 (Ninety) capsule(s) Refills: 0  
Refill of: Metformin HCl 1,000mg Tablet 1 tab. BID by mouth #180 (One Hundred and Eighty) tablet(s) Refills: 1

**Lab Orders:**

Basic metabolic panel (Ca, CO2, Cl, Creatinine, Glu, K, Na, BUN) (Send-Out)  
Uric acid (In-House)

**Other Orders:**

Patient encounter was documented using a CCHIT certified EMR (In-House)  
Queried Patient for Tobacco Use (Send-Out)  
All prescriptions created during the encounter were generated using a qualified e-prescribing system (In-House)

**PLAN:**

**Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled** we tried him on Lisinopril for renal protection but he got lightheaded and "tired and sluggish" on even the 2.5 mg dose, and these sx resolved the day after he stopped taking it so he did not tolerate the medication.  
E-Prescription Written

Prescriptions:

Refill of: Metformin HCl 1,000mg Tablet 1 tab. BID by mouth #180 (One Hundred and Eighty) tablet(s) Refills: 1

Orders:

All prescriptions created during the encounter were generated using a qualified e-prescribing system (In-House)

**Gastroesophageal reflux disease**

Smoking Status: Nonsmoker

Prescriptions:

Refill of: Nexium (Esomeprazole Magnesium) 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily #90 (Ninety) capsule(s) Refills: 0

Orders:

Patient encounter was documented using a CCHIT certified EMR (In-House)  
Queried Patient for Tobacco Use (Send-Out)

Patient Education Handouts:

Heartburn (Gerd)

**Joint pain, hand**

LABORATORY: Labs ordered to be performed today include basic metabolic panel and uric acid.

Orders:

Basic metabolic panel (Ca, CO2, Cl, Creatinine, Glu, K, Na, BUN) (Send-Out)  
Uric acid (In-House)

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Patient: [REDACTED] DOB: [REDACTED] 6 Sex: M Acct #: [REDACTED] i  
 Ordering Provider: [REDACTED]  
 Order Number (Clinic/Lab): [REDACTED]  
 Collection: 07/19/2012 10:37:00 Lab Receipt: 07/19/2012 10:35:00 Results: 07/20/2012  
 04:16:00

Note: This report contains memos which may follow after the printed results.  
 Electronically signed off by [REDACTED] on 07/25/2012

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
<b>10165SB= - BASIC METABOLIC PANEL</b>				
GLUCOSE:		96	mg/dL	65-99
<i>Fasting reference interval</i>				
UREA NITROGEN (BUN):		13	mg/dL	7-25
CREATININE:		0.97	mg/dL	0.70-1.18
<i>For patients &gt;49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.</i>				
eGFR NON-AFR. AMERICAN:		76	mL/min/1.73m2	> OR = 60
eGFR AFRICAN AMERICAN:		88	mL/min/1.73m2	> OR = 60
BUN/CREATININE RATIO:	NOT APPLICABLE		(calc)	6-22
SODIUM:		136	mmol/L	135-146
POTASSIUM:		4.2	mmol/L	3.5-5.3
CHLORIDE:		100	mmol/L	98-110
CARBON DIOXIDE:		22	mmol/L	21-33
CALCIUM:		9.8	mg/dL	8.6-10.3

<b>905SB= - URIC ACID</b>				
URIC ACID:		5.8	mg/dL	4.0-8.0
<i>Therapeutic target for gout patients: &lt;6.0 mg/dL</i>				

Performing Laboratory: [REDACTED]  
 [REDACTED]  
 [REDACTED]



## LOG NOTE

Date: 07/25/2012 01:41 PM

Patient: [REDACTED] DOB: [REDACTED]

Author: [REDACTED]

Sign Off Date: 07/25/2012 01:41 PM

Signed Off By: [REDACTED]

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Imovm for pt to call back Re: lab results

## ADDENDUMS:

---

Date: 07/26/2012 01:24 PM

Author: [REDACTED]

pt notified and verbalized understanding and agreement. Copy mailed to pt per request

**Attached Memos**

**Patient:** [REDACTED]

**Document Description:** BASIC METABOLIC PANEL, URIC ACID

**Print Date:** 01/24/2013

07/25/2012 Created By: [REDACTED]

all good

07/25/2012 Created By: [REDACTED]

Imovrn for pt to call back

07/26/2012 Created By: [REDACTED]

pt notified and verbalized understanding and agreement. Copy mailed to pt per request



Nexium 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily  
Lipitor 40mg Tablet Take 1 tablet(s) by mouth daily  
Toprol XL 50mg Tablets, Extended Release 1/2 po BID  
Metformin HCl 1,000mg Tablet 1 tab. BID by mouth

## ASSESSMENT:

250.00 Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled  
401.1 Essential hypertension  
272.4 Other hyperlipidemia  
719.44 Joint pain, hand  
V70.0 Health checkup

## ORDERS:

### Lab Orders:

Hemoglobin A1c (In-House)  
Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC co (In-House)  
Comprehensive metabolic panel (Albumin, Bilirubin, Ca, CO<sub>2</sub>, Cl, Creatinine, Glu, alkaline phosphatas (In-House)  
Lipid panel (total cholesterol, HDL, triglycerides) (In-House)  
Uric acid (In-House)  
Prostate specific antigen, total (In-House)  
Thyroid stimulating hormone (TSH) (In-House)  
Urinalysis, nonautomated, with microscopy (In-House)

## PLAN:

**Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled**  
LABORATORY: Labs ordered to be performed today include HgbA1C.

### Orders:

Hemoglobin A1c (In-House)

### **Essential hypertension**

LABORATORY: Labs ordered to be performed today include CBC and comprehensive metabolic panel.

### Orders:

Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC co (In-House)  
Comprehensive metabolic panel (Albumin, Bilirubin, Ca, CO<sub>2</sub>, Cl, Creatinine, Glu, alkaline phosphatas (In-House)

### **Other hyperlipidemia**

LABORATORY: Labs ordered to be performed today include lipid panel.

### Orders:

Lipid panel (total cholesterol, HDL, triglycerides) (In-House)

### **Joint pain, hand**

LABORATORY: Labs ordered to be performed today include uric acid.

### Orders:

Uric acid (In-House)

### **Health checkup**

LABORATORY: Labs ordered to be performed today include PSA, TSH, and UA complete.

### Orders:

Prostate specific antigen, total (In-House)

Thyroid stimulating hormone (TSH) (In-House)  
Urinalysis, nonautomated, with microscopy (In-House)

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Patient: [REDACTED] DOB: [REDACTED] Sex: M Acct #: [REDACTED]

Ordering Provider: [REDACTED]

Order Number (Clinic/Lab): [REDACTED]

Collection: 09/26/2012 10:10:00

Lab Receipt: 09/26/2012 10:07:00

Results: 09/27/2012

06:40:00

Note: This report contains memos which may follow after the printed results.

Electronically signed off by [REDACTED] on 10/15/2012

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
<b>7600SB= - LIPID PANEL</b>				
CHOLESTEROL, TOTAL:		144	mg/dL	125-200
HDL CHOLESTEROL:		49	mg/dL	> OR = 40
TRIGLYCERIDES:		123	mg/dL	<150
LDL-CHOLESTEROL:		70	mg/dL (calc)	<130

*Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.*

CHOL/HDLRATIO:	2.9	(calc)	< OR = 5.0
NON-HDL CHOLESTEROL:	95	mg/dL (calc)	

*Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.*

<b>905SB= - URIC ACID</b>				
URIC ACID:		5.2	mg/dL	4.0-8.0

*Therapeutic target for gout patients: <6.0 mg/dL*

<b>10231SB= - COMPREHENSIVE METABOLIC PANEL</b>				
GLUCOSE:		99	mg/dL	65-99

*Fasting reference interval*

UREA NITROGEN (BUN):		11	mg/dL	7-25
CREATININE:		0.89	mg/dL	0.70-1.18

*For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.*

eGFR NON-AFR. AMERICAN:		83	mL/min/1.73m2	> OR = 60
eGFR AFRICAN AMERICAN:		96	mL/min/1.73m2	> OR = 60
BUN/CREATININE RATIO:	NOT APPLICABLE		(calc)	6-22
SODIUM:		137	mmol/L	135-146
POTASSIUM:		4.4	mmol/L	3.5-5.3

Patient: [REDACTED] DOB: [REDACTED] Sex: M Acct #: [REDACTED] 1

Ordering Provider: [REDACTED]

Order Number (Clinic/Lab): [REDACTED] E

Collection: 09/26/2012 10:10:00

Lab Receipt: 09/26/2012 10:07:00

Results: 09/27/2012 06:40:00

Note: This report contains memos which may follow after the printed results.

Electronically signed off by [REDACTED] on 10/15/2012

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
CHLORIDE:		102	mmol/L	98-110
CARBON DIOXIDE:		28	mmol/L	21-33
CALCIUM:		9.8	mg/dL	8.6-10.3
PROTEIN, TOTAL:		6.7	g/dL	6.2-8.3
ALBUMIN:		4.6	g/dL	3.6-5.1
GLOBULIN:		2.1	g/dL (calc)	2.1-3.7
ALBUMIN/GLOBULIN RATIO:	2.2		(calc)	1.0-2.1
BILIRUBIN, TOTAL:		0.6	mg/dL	0.2-1.2
ALKALINE PHOSPHATASE:		50	U/L	40-115
AST:		20	U/L	10-35
ALT:		20	U/L	9-60

5463SB= - URINALYSIS, COMPLETE

COLOR:	YELLOW			YELLOW
APPEARANCE:	CLEAR			CLEAR
SPECIFIC GRAVITY:	1.014			1.001-1.035
PH:	6.5			5.0-8.0
GLUCOSE:	NEGATIVE			NEGATIVE
BILIRUBIN:	NEGATIVE			NEGATIVE
KETONES:	NEGATIVE			NEGATIVE
OCCULT BLOOD:	NEGATIVE			NEGATIVE
PROTEIN:	NEGATIVE			NEGATIVE
NITRITE:	NEGATIVE			NEGATIVE
LEUKOCYTE ESTERASE:	NEGATIVE			NEGATIVE
WBC:	NONE SEEN		/HPF	< OR = 5
RBC:	NONE SEEN		/HPF	< OR = 3
SQUAMOUS EPITHELIAL CELLS:	NONE SEEN		/HPF	< OR = 5
BACTERIA:	NONE SEEN		/HPF	NONE SEEN
HYALINE CAST:	NONE SEEN		/LPF	NONE SEEN

6399SB= - CBC (INCLUDES DIFF/PLT)

WHITE BLOOD CELL COUNT:	4.4		Thousand/uL	3.8-10.8
RED BLOOD CELL COUNT:	4.28		Million/uL	4.20-5.80
HEMOGLOBIN:	13.8		g/dL	13.2-17.1
HEMATOCRIT:	41.5		%	38.5-50.0
MCV:	97.0		fL	80.0-100.0
MCH:	32.2		pg	27.0-33.0
MCHC:	33.2		g/dL	32.0-36.0
RDW:	14.4		%	11.0-15.0

Patient: [REDACTED] DOB: [REDACTED] Sex: M Acct # [REDACTED] 1

Ordering Provider: [REDACTED]

Order Number (Clinic/Lab): [REDACTED]

Collection: 09/26/2012 10:10:00

Lab Receipt: 09/26/2012 10:07:00

Results: 09/27/2012 06:40:00

Note: This report contains memos which may follow after the printed results.

Electronically signed off by [REDACTED] on 10/15/2012

TEST DESCRIPTION	OUT-OF-RANGE	IN-RANGE	UNITS	EXPECTED
PLATELET COUNT:		204	Thousand/uL	140-400
ABSOLUTE NEUTROPHILS:		2570	cells/uL	1500-7800
ABSOLUTE LYMPHOCYTES:		1382	cells/uL	850-3900
ABSOLUTE MONOCYTES:		334	cells/uL	200-950
ABSOLUTE EOSINOPHILS:		97	cells/uL	15-500
ABSOLUTE BASOPHILS:		18	cells/uL	0-200
NEUTROPHILS:		58.4	%	
LYMPHOCYTES:		31.4	%	
MONOCYTES:		7.6	%	
EOSINOPHILS:		2.2	%	
BASOPHILS:		0.4	%	

**899SB= - TSH**

TSH: 1.88 mIU/L 0.40-4.50

**5363SB= - PSA, TOTAL**

PSA, TOTAL: 0.7 ng/mL < OR = 4.0

*This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.*

**496SB= - HEMOGLOBIN A1c**

HEMOGLOBIN A1c: 6.3 % of total Hgb <5.7

*Higher risk of diabetes  
<5.7 Decreased risk of diabetes  
5.7-6.0 Increased risk of diabetes  
6.1-6.4 Higher risk of diabetes  
> or = 6.5 Consistent with diabetes*

*Standards of Medical Care in Diabetes-2010.  
Diabetes Care, 33(Supp 1): S1-S61, 2010.*

Performing Laboratory: [REDACTED]

[REDACTED]



Patient: [REDACTED] DOB: [REDACTED] Sex: M Acct #: [REDACTED]

Ordering Provider: [REDACTED]

Order Number (Clinic/Lab): [REDACTED]

Collection: 09/26/2012 10:10:00

Lab Receipt: 09/26/2012 10:07:00

Results: 09/27/2012 06:40:00

Note: This report contains memos which may follow after the printed results.

Electronically signed off by [REDACTED] on 10/15/2012

TEST DESCRIPTION

OUT-OF-RANGE

IN-RANGE

UNITS

EXPECTED

Medical Director: [REDACTED]

**LOG NOTE**

Date: 10/01/2012 11:04 AM

Patient: [REDACTED] DOB: [REDACTED]

Author: [REDACTED]

Sign Off Date: 10/01/2012 11:04 AM

Signed Off By: [REDACTED]

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copy of lab results mailed to pt per his request, pt understands results will be discussed in detail at his  
Pe

Office/Outpatient Visit

Visit Date: Mon, Oct 15, 2012 10:01 am

Provider:

Location:

Electronically signed by [REDACTED] on 10/24/2012 11:26:41 AM

Printed on 01/24/2013 at 4:41 pm.

## **SUBJECTIVE:**

### **CC:**

[REDACTED] is a 76 year old male. Medical problems to be addressed today include type II diabetes and GERD. He is here for an annual exam.

IMMUNIZATIONS given today: Influenza.

### **HPI:**

Annual exam noted. His last physical exam was last year. His last ECG was in 01/13/2005 and was normal. He underwent colonoscopy in 11/11/2002 with normal results. He is current with his Td immunization.

Smoking Status: Nonsmoker Depression screen is performed and is negative.

Functional Ability/Safety Screen

Dressing, meals, meds, shopping: ( performs independently )

30 Sec Up and Go Test -performs independently

Hearing Difficulties? no

Passes Home Safety Screen

Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled details; compliance with treatment has been good; he takes his medication as directed, maintains his diet and exercise regimen, and follows up as directed. **Depression screen is performed and is negative.**

Tobacco screen: Non-smoker. Current meds include an oral hypoglycemic ( Glucophage ). He does not perform home blood glucose monitoring. Most recent lab results include glycohemoglobin 6.3%. His most recent systolic blood pressure was < 130 mmHg. The last diastolic blood pressure was 80-89 mmHg.

In regard to the gastroesophageal reflux disease, the location of the discomfort is primarily epigastric. He describes the pain as burning. It is mild in intensity. No associated symptoms are reported. Symptoms are improved with Nexium.

### **ROS:**

CONSTITUTIONAL: Negative for chills, fatigue, fever, and weight change.

EYES: Negative for blurred vision, eye pain, and photophobia.

E/N/T: Negative for hearing problems, E/N/T pain, congestion, rhinorrhea, epistaxis, hoarseness, and dental problems.

CARDIOVASCULAR: Negative for chest pain, palpitations, tachycardia, orthopnea, and edema.

RESPIRATORY: Negative for cough, dyspnea, and hemoptysis.

GASTROINTESTINAL: Negative for abdominal pain, heartburn, constipation, diarrhea, and stool changes.

GENITOURINARY: Negative for dysuria, genital lesions, hematuria, impotence, polyuria, and changes in urine stream.

MUSCULOSKELETAL: Negative for arthralgias, back pain, and myalgias.

INTEGUMENTARY: Negative for atypical moles, dry skin, pruritis, and rashes.

NEUROLOGICAL: Negative for dizziness, headaches, paresthesias, and weakness.

HEMATOLOGIC/LYMPHATIC: Negative for easy bruising, bleeding, and lymphadenopathy.

ENDOCRINE: Negative for hair loss, heat/cold intolerance, polydipsia, and polyphagia.

ALLERGIC/IMMUNOLOGIC: Negative for allergies, frequent illnesses, HIV exposure, and urticaria.

PSYCHIATRIC: Negative for anxiety, depression, and sleep disturbances.

### **PMH/FMH/SH:**

... Last Reviewed on 7/19/2012 10:12:51 AM by [REDACTED]

### **Past Medical History:**

Hyperlipidemia

Mesothelioma followed at [REDACTED].

**Surgical History:**

Positive for  
**thoracotomy and lobectomy of lung;**

**Social History:**

Occupation: Retired (Prior occupation: Worked at [REDACTED] where several co-workers got mesothelioma from asbestos exposure.)  
Marital Status: Married

**Tobacco/Alcohol/Supplements:**

... Last Reviewed on 10/15/2012 10:06:01 AM by [REDACTED]  
Tobacco: He has never smoked. Non-drinker  
Caffeine: He admits to consuming caffeine via coffee, tea ( 1 serving per day ), and soda ( 2 servings per day ).

**Allergies:**

Last Reviewed on 10/15/2012 10:05:44 AM by [REDACTED]  
No Known Drug Allergies.

**Current Medications:**

Last Reviewed on 10/15/2012 10:05:49 AM by [REDACTED]  
Synthroid 0.05mg Tablet Take 1 tablet(s) by mouth daily BRAND MEDICALLY NECESSARY  
Nexium 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily  
Lipitor 40mg Tablet Take 1 tablet(s) by mouth daily  
Toprol XL 50mg Tablets, Extended Release 1/2 po BID  
Metformin HCl 1,000mg Tablet 1 tab. BID by mouth

**OBJECTIVE:**

**Vitals:**

Current: 10/15/2012 10:04:03 AM  
Ht: 5 ft, 9 in; Wt: 199.2 lbs; BMI: 29.4  
T: 97.5 F (oral); **BP: 116/82 mm Hg** (left arm, sitting); sCr: 0.89 mg/dL; **GFR: 71.25**

**Exams:**

GENERAL: well developed; well nourished; well groomed; no apparent distress  
EYES: lids and conjunctiva are normal; PERRLA; EOMI; fundoscopic exam reveals sharp disc margins; normal vessels;  
E/N/T: normal external ears and nose;; Ears: both TMs are normal; both EACs are normal; Hearing: grossly normal  
Nose: normal nasal mucosa, septum, turbinates, and sinuses; Lips, Teeth and Gums: normal; Oropharynx: normal mucosa, palate, and posterior pharynx;  
NECK: Neck is supple with full range of motion; thyroid is normal to palpation;  
RESPIRATORY: normal respiratory rate and pattern with no distress; normal breath sounds with no rales, rhonchi, wheezes or rubs;  
CARDIOVASCULAR: normal PMI placement; no thrills, heaves, or lifts; normal rate; regular rhythm; normal S1 and S2 heartsounds with no S3 or S4; no murmurs carotids: 2+ amplitude, no bruits; abdominal aorta appears to be of normal size and is without bruits; femoral pulses: 2+ amplitude, no bruits; 2+ pedal pulses; no edema or significant varicosities;  
GASTROINTESTINAL: normal bowel sounds; no masses palpated; nontender; no abdominal or inguinal hernia; rectal exam: no masses  
GENITOURINARY: prostate: no nodules, tenderness, or enlargement;  
LYMPHATIC: no enlargement of cervical nodes; no axillary adenopathy; no inguinal adenopathy;  
MUSCULOSKELETAL: normal gait; full, painless range of motion of all major muscle groups and joints  
SKIN: no ulcerations, lesions or rashes  
NEUROLOGIC: cranial nerves II-XII grossly intact; normal DTR's elicited in biceps, triceps, supinator, knee, and ankle jerk;  
PSYCHIATRIC: mental status: alert and oriented x 3; appropriate affect and demeanor;

**ASSESSMENT:**

V70.0 Annual exam  
250.00 Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled  
530.81 Gastroesophageal reflux disease  
V04.81 Flu Vaccine  
244.8 Acquired hypothyroidism

## ORDERS:

### Meds Prescribed:

Refill of: Synthroid (Levothyroxine Sodium) 0.05mg Tablet Take 1 tablet(s) by mouth daily BRAND MEDICALLY NECESSARY #90 (Ninety) tablet(s) Refills: 3  
Refill of: Metformin HCl 1,000mg Tablet 1 tab. BID by mouth #180 (One Hundred and Eighty) tablet(s) Refills: 1  
Refill of: Nexium (Esomeprazole Magnesium) 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily #90 (Ninety) capsule(s) Refills: 1

### Other Orders:

Queried Patient for Tobacco Use (Send-Out)  
Fluzone (In-House)  
-25 Annual wellness visit; includes a PPPS, subsequent visit (In-House)  
At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)  
Patient encounter was documented using a CCHIT certified EMR (In-House)  
At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)  
Flu shot Medicare (In-House)  
At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)  
A4206 Syringe with needle, sterile, 1 cc or less, each (x1)  
A4930 Gloves, sterile, per pair (x1)

## PLAN:

### Annual exam

Smoking Status: Nonsmoker

### Orders:

-25 Annual wellness visit; includes a PPPS, subsequent visit (In-House)  
Queried Patient for Tobacco Use (Send-Out)

### Patient Education Handouts:

Physical Exam 60+ year, Male

### **Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled**

### Prescriptions:

Refill of: Metformin HCl 1,000mg Tablet 1 tab. BID by mouth #180 (One Hundred and Eighty) tablet(s) Refills: 1

### Orders:

At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)  
Patient encounter was documented using a CCHIT certified EMR (In-House)

### **Gastroesophageal reflux disease**

### Prescriptions:

Refill of: Nexium (Esomeprazole Magnesium) 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily #90 (Ninety) capsule(s) Refills: 1 He only takes this intermittently now.

### Orders:

At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)

**Flu Vaccine**

IMMUNIZATIONS given today: Medicare Influenza.

Orders:

Fluzone (In-House)

Flu shot Medicare (In-House)

A4206 Syringe with needle, sterile, 1 cc or less, each (x1)

A4930 Gloves, sterile, per pair (x1)

**Acquired hypothyroidism**

Prescriptions:

Refill of: Synthroid (Levothyroxine Sodium) 0.05mg Tablet Take 1 tablet(s) by mouth daily BRAND MEDICALLY NECESSARY #90 (Ninety) tablet(s) Refills: 3

Orders:

At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)

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[REDACTED]

Office/Outpatient Visit

Visit Date: Wed, Jan 9, 2013 10:07 am

Provider: [REDACTED]

Location: [REDACTED]

Electronically signed by [REDACTED] on 01/10/2013 02:14:45 PM

Printed on 01/24/2013 at 4:41 pm.

**SUBJECTIVE:**

**CC:**

[REDACTED] is a 76 year old male. This is a follow-up visit. He is here today following a transition of care from the emergency department ([REDACTED]). He presents with shortness of breath.

**HPI:**

[REDACTED] presents in follow up from ER. He was seen in the ER on 12/25/12-12/26/2012. He was diagnosed with Pneumonia. The following radiology tests were done: chest x-ray ( pneumonia ). The patient received the following prescriptions: cough medication and IV medications of which the patient cannot recall. The patient's course has improved. It is of mild intensity. Associated symptoms include **cough**.

**ROS:**

CONSTITUTIONAL: Negative for chills, fatigue, fever, and weight change.

RESPIRATORY: Positive for **recent cough ( with copious clear or white sputum )**. Negative for dyspnea, hemoptysis, pleuritic chest pain or frequent wheezing.

**PMH/FMH/SH:**

... Last Reviewed on 1/9/2013 10:47:01 AM by [REDACTED]

**Past Medical History:**

Hyperlipidemia

Mesothelioma followed at [REDACTED].

**Surgical History:**

Positive for

**thoracotomy and lobectomy of lung.;**

**Social History:**

Occupation: Retired (Prior occupation: Worked at [REDACTED] where several co-workers got mesothelioma from asbestos exposure.)

Marital Status: Married

**Tobacco/Alcohol/Supplements:**

... Last Reviewed on 1/9/2013 10:10:36 AM by [REDACTED]

Tobacco: He has never smoked. Non-drinker

Caffeine: He admits to consuming caffeine via coffee, tea ( 1 serving per day ), and soda ( 2 servings per day ).

**Allergies:**

Last Reviewed on 1/9/2013 10:10:11 AM by [REDACTED]

No Known Drug Allergies.

**Current Medications:**

Last Reviewed on 1/9/2013 10:10:34 AM by [REDACTED]

Nexium 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily

Synthroid 0.05mg Tablet Take 1 tablet(s) by mouth daily BRAND MEDICALLY NECESSARY

Synthroid 0.05mg Tablet Take 1 tablet(s) by mouth daily BRAND MEDICALLY NECESSARY  
Lipitor 40mg Tablet Take 1 tablet(s) by mouth daily  
Toprol XL 50mg Tablets, Extended Release 1/2 po BID  
Metformin HCl 1,000mg Tablet 1 tab. BID by mouth

## OBJECTIVE:

### Vitals:

Current: 1/9/2013 10:10:05 AM  
Ht: 5 ft, 9 in; Wt: 202 lbs; BMI: 29.8  
T: 97.8 F (oral); BP: 104/72 mm Hg (left arm, sitting); sCr: 0.89 mg/dL; **GFR: 71.68**

### Exams:

GENERAL: well developed; well nourished; well groomed; no apparent distress  
EYES: lids and conjunctiva are normal;  
E/N/T: normal external auditory canals and tympanic membranes; Nasal Septum/Mucosa: **partially obscured by clear drainage**; Oropharynx: normal mucosa, palate, and posterior pharynx;  
NECK: neck supple;  
RESPIRATORY: normal respiratory rate and pattern with no distress; normal breath sounds with no rales, rhonchi, wheezes or rubs;  
CARDIOVASCULAR: normal rate and rhythm without murmurs; normal S1 and S2 heart sounds with no S3, S4, rubs, or clicks;  
LYMPHATIC: no enlargement of cervical nodes;  
NEUROLOGIC: Grossly NL  
PSYCHIATRIC: Orientation: alert;

## ASSESSMENT:

482.89 Bacterial pneumonia, NEC

## ORDERS:

### Meds Prescribed:

Hycodan (Hydrocodone/Homatropine Methylbromide) Syrup Take 1 teaspoon by mouth q 4 to 6 hr prn #8 (Eight) oz  
Refills: 0

### Other Orders:

Queried Patient for Tobacco Use (Send-Out)  
At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)  
Patient encounter was documented using a CCHIT certified EMR (In-House)

## PLAN:

**Bacterial pneumonia, NEC** He was treated a [REDACTED] s overnight with IV ABX and feels better, no fever, still coughing alot though and he can't sleep.

Smoking Status: Nonsmoker

### Prescriptions:

Hycodan (Hydrocodone/Homatropine Methylbromide) Syrup Take 1 teaspoon by mouth q 4 to 6 hr prn #8 (Eight) oz  
Refills: 0

### Orders:

Queried Patient for Tobacco Use (Send-Out)  
At least one Rx created at encounter was generated/sent electronically w/ a qualified eRx system (In-House)



Patient encounter was documented using a CCHIT certified EMR (In-House)

Patient Education Handouts:

\*See Attached\*\*

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# Health Summary

Patient: [REDACTED]

Date: 1/24/2013

## Current Problems

Acquired hypothyroidism  
Actinic keratosis  
Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled  
Diabetes mellitus without mention of complications, type II or unspecified type, uncontrolled  
Essential hypertension  
Flu Vaccine  
Gastroesophageal reflux disease  
GERD  
HTN  
Hypercholesterolemia  
Joint pain, hand  
Mesothelioma, NEC  
Other hyperlipidemia  
Type 2 diabetes  
Acquired hypothyroidism  
Actinic keratosis  
Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled  
Diabetes mellitus without mention of complications, type II or unspecified type, uncontrolled  
Essential hypertension  
Flu Vaccine  
Gastroesophageal reflux disease  
GERD  
HTN  
Hypercholesterolemia  
Joint pain, hand  
Mesothelioma, NEC  
Other hyperlipidemia  
Type 2 diabetes

## Current Medications

Nexium 40mg Capsules, Delayed Release Take 1 capsule(s) by mouth daily  
Synthroid 0.05mg Tablet Take 1 tablet(s) by mouth daily BRAND MEDICALLY NECESSARY  
Lipitor 40mg Tablet Take 1 tablet(s) by mouth daily  
Toprol XL 50mg Tablets, Extended Release 1/2 po BID  
Hycodan 5mg/1.5mg per 5ml Syrup Take 1 teaspoon by mouth q 4 to 6 hr prn  
Metformin HCl 1,000mg Tablet 1 tab. BID by mouth

## Allergies / Adverse Reactions

NKDA

## Past Medical History

### Past Medical History:

Hyperlipidemia  
Mesothelioma followed at [REDACTED].

### Surgical History:

Positive for  
thoracotomy and lobectomy of lung.;

**Social History:**

Occupation: Retired (Prior occupation: Worked at [REDACTED] where several co-workers got mesothelioma from asbestos exposure.)

Marital Status: Married

**Tobacco/Alcohol/Supplements:**

Tobacco: He has never smoked. Non-drinker

Caffeine: He admits to consuming caffeine via coffee, tea ( 1 serving per day ), and soda ( 2 servings per day ).

**Past Medical History:**

Hyperlipidemia

Mesothelioma followed at [REDACTED].

**Surgical History:**

Positive for

**thoracotomy and lobectomy of lung.;**

**Social History:**

Occupation: Retired (Prior occupation: Worked at [REDACTED] where several co-workers got mesothelioma from asbestos exposure.)

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