

03/18/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

1778016 2043050745
HANNA, ADEL
DOB: 03-29-1946
PCP: DR. PROBYER
ATN: BHASQARKAR, NAVEEN D
REF: ENT
OP OTOLARYNGOLOGY
TUMOR & HEAD & NECK SURG

UNIVERSITY OF CALIFORNIA
DOB: 03-29-1946 M
909-5780661
PCP: BHASQARKAR, SAM

UNIVERSITY of CALIFORNIA - IRVINE
HEALTHCARE

REFERRAL AND AUTHORIZATION

This document serves as both your consult and authorization, request (if required). Please provide as much specific information as possible to support your request. If appropriate, attach relevant supporting documentation. No more than 2 authorization requests per form.

If no label, legibly fill out data below:		Date: <u>3/18/15</u> PCP Clinic: <u>C-#2173925</u>
Patient Name: _____	Assigned PCP (print clearly): _____	Referring Provider (print clearly, if different): _____
DOB (mm/dd/yy): _____	Referring Physician (print clearly, if appropriate): _____	Attending signature*: <u>AS Adel</u>
Medical Record #: _____	(*Not necessary if signed order attached)	



To (Physician or Service): Neuro-Otology Division / Lin

Check one: Consult Follow-up Procedure (specify) _____
 Other _____

For Procedures, specify: Inpatient Major OR Minor OR Medical Office

Diagnosis: oral headaches/dizziness

History/PE/Studies to date: 784.0
780.4

Specific information sought: _____

MAR 19 2015

94857 (Rev. 9/8/08) L

Discharge Document - Scan on 4/2/2015: SUMMARY

Scan (below)

03/18/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

University of California - Irvine Healthcare
101 The City Drive, Orange, CA 92868
Patient Summary

Patient: HANNA, ADEL
MR#: 1778016 **Gender:** M **Admit Date:** 03/18/2015
Visit#: 2043050745 **DOB:** 03/29/1946 **Discharge:** 03/18/2015
DR: BHANDARKAR, NAVEEN D **Age:** 68 **Visit Type:** Outpatient
Service: OP Otolaryngology

Health Issues - Active

Category	Name	Onset Date	Entered By	Entered Date/Time
Chief Complaint	PREOP		REYNOLDS, MACKENZIE (MA)	03/17/15 11:33
Acute Problem	Chronic sinusitis		DE ALBA, ISRAEL (MD (A))	03/18/15 13:31
Acute Problem	Essential hypertension		DE ALBA, ISRAEL (MD (A))	03/18/15 13:31
Acute Problem	Other abnormal glucose		DE ALBA, ISRAEL (MD (A))	03/18/15 13:31

Allergy - Active

Category	Name	Reaction	Confidence Level	Onset Date	Entered By	Entered Date/Time
Drug	Reglan	Other reaction	Certain		MILLAR, EVELYN RODRIGUEZ (RN)	03/30/15 09:50

Providers

Category	Name	Description
Attending Physician	BHANDARKAR, NAVEEN D	ENT: General
PCP Community Physician	ARASOGHLI, SAM	ENT: General

Surgery - Procedures - Scan on 4/3/2015: PREOPERATIVE CHECKLIST

Scan (below)

03/18/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

1778016 204305745
HABIB, ADEL
DOB: 03-29-1946 M
PLAN: SN PRO BUYER
ATN:SHANDHAR, NAVEEN D
PCP:ARASOHLI, SAM
OP DTOLARYNGOLOGY
IRVINE DTOLARYNGOLOGY

UNIVERSITY of CALIFORNIA - IRVINE
HEALTHCARE
PREOPERATIVE TEACHING
CHECKLIST

Clinic Staff Lynette Date 3-18-15 Time 10:00 AM

I have discussed with the patient the following items: Use N/A if Not Applicable

1. Surgery date and time	
2. PreOp Clinic visit date and time	
3. Importance of NPO	
4. Surgical Procedure	
5. Advance Directives	
6. Blood Options	
7. Allergies	
8. Need for driver (OP, OSS)	
9. Bring insurance cards to PreOp visit	
10. No jewelry or valuables	
11. Verify address and phone numbers	
12. PreOp brochure reviewed	
13. Review day of surgery	
14. Pain management	
15. Post Operative home care needs DME type	
16. PreOp xray procedure	
17. Bowel prep	
18. Crutch training	
19. Ostomy teaching	
20. Patient Safety Education	
• Review surgery specific information	
• Surgical site infection prevention	
• Central Line Infection Prevention teaching	
• Antiseptic patient preoperative shower teaching	
• Anesthesia pre-op instructions given	
• Educate patient to our safety measures relative to patient identification	
• Educate patient to our safety measures relative to surgical site marking	
21. Written materials given	
22. Miscellaneous	
23. Education classes referred	
Name of interpreter if used:	

I understand the information and my responsibility for ongoing health care needs.

Patient signature Hanna, Adel Date 3-18-15 Time 10:16 AM

Teaching Done With: Family patient other
Readiness to learn: Yes No Learning preferences: (Circle) Verbal Written Video Other

- FACTORS INFLUENCING LEARNING/POTENTIAL BARRIERS
- Physical/Cognitive/Sensory No Problems
 - Desire Motivation No Problems
 - Emotional No Problems
 - Cultural/Religious No Problems
 - Financial No Problems
 - Language No Problems

Plan for identified potential barriers

Learning needs identified

All documentation must indicate the specific date and time of entry and a signature complete with identifying credential, title or classification.

8/17/15 (Rev. 1/12/15)

Consent Non - Procedural - Scan on 4/3/2015

Scan (below)

03/18/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

UNIVERSITY OF CALIFORNIA, IRVINE
 BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO
 UC Irvine – Rhinology and Endoscopic Skull Base Surgery
 Naveen D. Bhandarkar, MD

1728016 204288743
 HANNA, ADEL
 DOS: 03-18-2015 09:40
 PLAN: RX PROD BUYER
 ATN: BHANDARKAR, NAVEEN D
 RES: OP OTOLARYNGOLOGY
 IRVINE OTOLARYNGOLOGY

DOB: 03-29-1946 M
 OUTPATIENT
 909-5166661
 PCP: ARASOORI, SAM

Informed Consent for Endoscopic Sinus Surgery

As with any surgical procedure, endoscopic sinus surgery has risks. The chances of any major complication occurring are overall very small, but it is important that you understand the potential complications before proceeding and ask your surgeon about any concerns you may have.

- 1) **Bleeding:** All sinus surgery involves some degree of bleeding. Infrequently, significant bleeding may require stopping the procedure or placement of nasal packs. Blood transfusion is very rarely necessary and is given only if the patient's health would otherwise be compromised. Approximately 1-2% of patients on average experience bleeding resulting in admission to the hospital with possible return to the operating room.
- 2) **Recurrence of disease:** Surgery is not a cure for sinusitis. In most cases, you should expect to continue medications even after successful sinus surgery, although in general, the need for medications such as steroids (e.g. prednisone) or antibiotics is lessened. Scar tissue may form after surgery that requires treatment, typically in the office. In a very small number of cases, additional surgery may be necessary.
- 3) **Loss of smell:** Some patients who have decreased or absent of sense of smell due to sinusitis will have improvement in sense of smell after surgery, but there is no guarantee, and the loss may already be permanent. Rarely, with any nasal or sinus surgery, sense of smell may worsen temporarily or permanently. Taste is associated with smell and may also be affected.
- 4) **Visual / eye problems:** The sinuses are very close to the eye. Persistent tearing of the eye can result from surgery if the nasolacrimal duct is injured, but this is rare. If this problem occurs, it typically resolves on its own, otherwise an additional procedure may be necessary to treat it. Permanent visual loss or double vision after sinus surgery is fortunately extremely rare, occurring in less than 1 in 1000 cases. Bleeding may rarely and suddenly occur into the eye. If this occurs, it is typically during or shortly after the procedure, and may require an emergency procedure to be performed to prevent vision loss.
- 5) **Cerebrospinal fluid leak / brain injury:** The sinuses are also very close to the brain. There is a rare chance of injuring the brain lining and creating a leak of brain fluid (termed CSF leak). Should this occur, it may result in infection, termed meningitis. If a CSF leak is recognized during the surgery, we will immediately attempt to repair it, and you will be hospitalized following the procedure. Occasionally, a CSF leak will present following the surgical procedure as a steady crystal clear fluid leaking from the nose and require return to the operating room to repair. Chances of successful repair of the leak are greater than 90%. Injury to the brain itself or any major nerve or blood vessel next to the brain carries a poor chance of recovery, but such a complication is extremely rare and occurs in less than 1 in 1000 cases.

I have read and understood the above potential risks and complications of endoscopic sinus surgery and wish to proceed with the procedure. All of my questions regarding the procedure have been answered to my satisfaction.

<u>Adel S. Hanna, M.D</u> Print Full Name (Patient / Parent)	<u>[Signature]</u> Signature	<u>3-18-15</u> Date	<u>10:10 AM</u> Time
<u>Naveen Bhandarkar</u> Print Full Name (Surgeon)	<u>[Signature]</u> Signature	<u>3/18/15</u> Date	<u>10 AM</u> Time
<u>Lynette Saedini</u> Print Full Name (Interpreter/Witness)	<u>[Signature]</u> Signature	<u>3-18-15</u> Date	<u>10:00 AM</u> Time

Consent - Procedural - Scan on 4/3/2015: OPERATION

Scan (below)

03/18/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

1778016 204300745
HANNA, ADEL
DGS: 03-18-2015 09:40 OUTPATIENT
PLAN BK PRO BLU/ER
ATTN BHANDARLAKH, NAVEEN D
PERF
OP OTOLARYNGOLOGY
IRVINE OTOLARYNGOLOGY
DOB: 03-29-1946 M
305-5780061
PCP PARASOCHI, SAM

UNIVERSITY of CALIFORNIA • IRVINE
HEALTHCARE
CONSENT FOR OPERATION/PROCEDURES OR
RENDERING OF OTHER
MEDICAL SERVICES



1. I hereby authorize and direct Naveen Bhandaekar M.D. to perform the following operations & medical procedures upon the patient named above:

Bilateral, Image-Guided, Endoscopic Sinus Surgery
Name or description of operation(s) or procedure(s)

2. I hereby authorize and direct the above named surgeon to provide or arrange for the provisions of such additional service as he/she or they may deem necessary or advisable, including but not limited to the administration and maintenance of anesthesia and the performance of services involving pathology and radiology, and I hereby consent thereto.

3. The University of California, Irvine Healthcare is a research institution. I understand that any data or specimen(s) obtained during any examination, treatment, or procedure, including any laboratory or surgical procedure, of the patient may be used in research which may or may not be related to the patient's treatment or condition. Specimen means and includes, without limitation, any organ, tissue, bone or other bodily fluids of any kind. I further understand that the patient has no property or ownership interest in such specimen(s) or data and no right or entitlement to any research or research product using or derived from the specimen(s). I further authorize the pathologist to use his/her discretion in the disposition or use of any member, organ, or other tissue removed from my person during the operation(s) or procedure(s) identified above.

4. My physician does not have any independent financial or research interest in the procedure/treatment, other than usual or customary, unless checked below.
 My physician has informed me he/she does have independent financial or research interest in this procedure/treatment.

5. I understand that there may be a healthcare industry manufacturer's representative present during the procedure/treatment and I consent to this, at the discretion and approval of my physician and hospital, unless checked below.
 I do not consent to the presence of any healthcare industry manufacturer's representative.

6. The University of California is a teaching institution. I understand that Fellows and Residents, acting under the supervision of the primary surgeon/practitioner, may be performing important procedural tasks related to this surgery or procedure in accordance with hospital policy and based upon their skill set. These tasks may include but are not limited to: opening/closing, harvesting grafts, dissecting tissue, removing tissue, transplanting tissue, implanting devices and placing monitoring or invasive lines.
 I also understand that qualified medical practitioners, who are not physicians (e.g. Physician's Assistants), may also be performing important procedural tasks that are within their scope of practice as determined by California state law and regulation and for which they have been granted privileges by the University of California, Irvine Healthcare.

All documentation must include the specific date and time of entry and a signature complete with identifying credentials, title or credentials.
M013 (Rev. 3-09-11)

03/18/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)



The nature and purpose of the operation or medical procedure has been explained by a member of the procedure team. The risks, complications, and expected benefits of such operation and/or medical procedure and/or sedation (if applicable) have also been explained. The alternative alternatives to the operation and/or medical procedure and/or sedation (if applicable) and their risks and benefits have been explained. No warranty or guarantee has been made as to the result or cure.

Hanna
Signature of Patient/Patient's Representative Date 3-18-15 Time 10:00 AM

Relationship of Representative to Patient Resident Physician Providing Information (Signature) M.D. Date

Hanna
Signature of Physician or Interpreter Date 3-18-15 Time 10:00 AM

1778016 20425045
HANNA, ADEL
DOB: 03-29-1946 M
PLAN: BX PRD BUYER
ATK/BHANDARKAR, HAVEN D
REF: OP OTOLARYNGOLOGY
IRVINE OTOLARYNGOLOGY
PCPARASOHEL, SAM

Hanna
Attending Physician (Signature) M.D. 3/18/15 10 AM
Bhandarkar
Attending Physician (Printed Name)



1. If the patient is a MINOR, the parent or guardian must sign as "Patient's Representative" unless the patient is legally permitted to sign.
2. If the patient is LEGALLY INCOMPETENT, the court approved guardian or conservator must sign as the "Patient's Representative"
3. If the patient reads no English, Spanish, or Vietnamese, an interpreter shall read this form to the patient. The patient and the interpreter shall sign at the end of Section II and the interpreter shall indicate the language used: _____
4. If the patient is PHYSICALLY INCAPABLE OF SIGNING, then:
 - a. If the patient can make a mark, the patient should do so, witnessed by a University employee, or
 - b. If the patient is physically incapable of signing, a University employee, and when possible, the patient's spouse or next of kin, should sign in witness of the patient's having given verbal consent.
 In either case, an Employee-Witness or interpreter will sign as Witness and write in the reason in the space provided: _____
5. If the person having legal capacity to consent for the patient is not otherwise available, consent for medical or surgical treatment has been obtained by telephone. Note (telephone) next to patient's representative's name.
6. THIS IS AN EMERGENCY. _____, M.D.

88913 (Rev. 3-05-11)

Assessment - Scan on 4/3/2015: TRAVEL SCREEN

Scan (below)

03/18/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)



UC Irvine Health

1778016 2043050745
HANNA, ADEL
DOB 03-29-1946 M
DOS 03-18-2015 08:40 OUTPATIENT 909-5780061
PLAN BK PRO BUYER
ATH BRNDRMMAAL RAVEETH D
PCSP
OP OTOLARYNGOLOGY
IRVINE OTOLARYNGOLOGY
PCP ARASOCHI, SAM

Mandatory Travel Screening

Do you plan to travel to any of the countries listed below prior to your surgery?

YES NO

If yes, date of planned travel: _____

If you travel to any of these prior to your surgery date, please contact your surgeon's office prior to your surgery by calling 714.940.1433. Please note that travel to these countries could impact the date of your surgery.

Hanna MA
Patient Signature

Adel S. Hanna, M.D.
Patient Name

10/10/2015
Date

West Africa:

WITHIN THE LAST 21 DAYS
AT RISK FOR EBOLA

Sierra Leone

Guinea

Liberia

03/01/2015 - Preload/Transfer in UCI CONVERSION**Visit Information****Department**

Name	Address	Phone	Fax
UCI CONVERSION	101 The City Dr South Orange CA 92868	714-456-7002	855-209-8413

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)**Blood Administration**

View: 02/06/23 1115 to 02/09/23 1115 (72 Hours)

Sort by: Time

None

Hanna, Adel**Hanna, Adel does not have an active treatment plan of type Oncology Treatment (UC) in this episode.****Medication List****Medication List**

ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

All Orders

No orders found for this encounter

Other Orders

No orders found

**03/01/2015 - Preload/Transfer in UCI CONVERSION
IP DC**

Discharge Instructions

Hanna, Adel (MRN 1778016)

None

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans

Outside Medical Record - Scan on 3/1/2015

Scan (below)

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

Chino Valley Medical Center
5451 Walnut Avenue
Chino, CA 91710

Patient Name: HANNA, ADEL S
Med Rec #: M000273781
Date: 12/24/14

Patient Health Summary

Patient Name: HANNA, ADEL S
Address: 3019 SONG OF THE WINDS
CHINO HILLS, CA 91709

Doctor

Home Phone: (909)342-9908
Other Phone:
Med Rec #: M000273781
Date of Birth: 03/29/1946
Sex: M
Marital Status: MARRIED
Pregnant:
Race: OTHER
Ethnicity: NON-HISPANIC
Language Spoken: English
Religious Affiliation: CHRISTIAN

1778016 2042285174
HANNA, ADEL
DOS: 02-25-2015 14:00 OUTPATIENT 909-578061
PLAN: BX PRD BLNER
ATN: BHANDARKAR, NAVEEN D
PCP:
OP: OTOLARYNGOLOGY
RVINE OTOLARYNGOLOGY

Next of Kin

Next of Kin	Relationship	Address	Phone Number
HANNA, TAMER	SON	3019 SONG OF THE WINDS CHINO HILLS, CA 91709	(909)342-9908

Healthcare Providers

Role	Provider	Type	Phone	Organization
Primary Care	Nonstaff, Phys	Active		
Attending	Lally, James M.	Active	(909)464-9675	
Attending	Lally, James M.	Active	(909)464-9675	
Emergency	Perez, Jorge	Active	(310)379-2134	

Visit Care Team
For your inpatient visit 12/23/14

Role	Name	Primary Phone
Primary Care Physician	Nonstaff, Phys	
Attending	Lally, James M.	(909)464-9675
Attending	Lally, James M.	(909)464-9675
Emergency	Perez, Jorge	(310)379-2134

Insurance Providers

Payer	Subscriber	Subscriber
Name: BLUE CROSS PRUDENT BUYER Address: PO BOX 60007 LOS ANGELES, CA 900600007 Phone: (800)333-0912	Name: HANNA, ADEL S DOB: 03291946 Policy Number: CPR226A67822 Insurance Type: 09 Group Number: C8010A Subscriber Relationship: SELF / SAME AS PATIENT Coverage Dates: Effective: 01/01/01 Exp: Address: 3019 SONG OF THE WINDS CHINO HILLS, CA 91709 Phone: (909)342-9908	Name: HANNA, ADEL Address: 3019 SONG OF THE WINDS CHINO HILLS, CA 91709 Phone: (909)342-9908

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

Chino Valley Medical Center
5451 Walnut Avenue
Chino, CA 91710

Patient Name: HANNA, ADEL S
Med Rec #: M000273781
Date: 12/24/14

Patient Health Summary

Name: MEDICARE PART A ONLY Address: MUTUAL OF OMAHA PO BOX 1602 OMAHA, NE 68101 Phone: (866)580-9875	Name: HANNA, ADEL S DOB: 03291946 Policy Number: 548678932A Insurance Type: 09 Group Number: PART A ONLY Subscriber Relationship: SELF / SAME AS PATIENT Coverage Dates: Effective: 10/01/11 Exp: Address: 3019 SONG OF THE WINDS CHINO HILLS, CA 91709 Phone: (909)342-9900	
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Allergies, Adverse Reactions, Alerts

Allergen	Type	Severity	Reaction	Last Updated
Metoclopramide	Allergy	Unknown		1/7/2008

Active Problems

Medical Problem	Status	Onset Date
Headache	Acute	~ 12/23/14
Migraine	Acute	~ 12/23/14

Medications

Medication: ATENOLOL 50 MG TAB
 Dose: 1 TAB
 Route: BY MOUTH
 Frequency: DAILY
 Quantity: 30
 Pills: 5
 Ordering Provider: [Reported Medl
 Order Date/Time:

Medication: ASPIRIN (ASPI-COR) 81 MG CTB
 Dose: 81 MILLIGRAM
 Route: BY MOUTH
 Frequency: DAILY
 Ordering Provider: [Reported Medl
 Order Date/Time:

Medication: [AMUCMENTIN] 875 MG TAB
 Dose: 1 TAB
 Route: BY MOUTH
 Frequency: TWICE A DAY
 Days: 30
 Pills: 0
 Indication: CHRONIC SINUSITIS
 Ordering Provider: Dalrymple, William
 Order Date/Time: 12/24/14 11:14am

1778016 2042365174
 HANNA, ABDEL DOB 03-29-1946 M
 DOS: 02-25-2015 14:00 OUTPATIENT 909-8786061
 PLAN: BX PRD BUYER
 ATKSHANDARKAR, NAVEEN D POP:
 PERF:
 OP OTOLARYNGOLOGY
 IRVINE OTOLARYNGOLOGY

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

Chino Valley Medical Center
5451 Walnut Avenue
Chino, CA 91710

Patient Name: HANNA, ADEL S
Med Rec #: M000273781
Date: 12/24/14

Patient Health Summary

Medication: PREDNISONONE 20 MG TAB
Dose: 1 TAB
Route: BY MOUTH
Frequency: TWICE A DAY
Quantity: 10
Fills: 0
Ordering Provider: Dalrymple, William
Order Date/Time: 12/24/14 11:14am

Medication: Prednisonone (Prednisonone*) 20 MG TAB
Dose: 20 MILLIGRAM
Route: BY MOUTH
Frequency: DAILY
Days: 5
Fills: 0
Indication: CHRONIC SINUSITIS
Ordering Provider: Dalrymple, William
Order Date/Time: 12/24/14 11:14am

Medication: FLUTICASONE FUROATE (VERAMYST) 27.5 MCG/ACTUATION SPR
Dose: 2 Spray
Route: NASAL
Frequency: DAILY
Quantity: 10
Fills: 3
Indication: SINUSITIS
Ordering Provider: Dalrymple, William
Order Date/Time: 12/24/14 11:14am

Advance Directives

Directive	Response	Recorded Date/Time
Advance Directive:	No	12/23/14 10:08am
Living Will:	No	12/23/14 10:08am
Healthcare Proxy:	No	12/23/14 10:08am
Healthcare Power of Attorney:	No	12/23/14 10:08am

Immunizations

(no IMMUNIZATIONS recorded)

Vital Signs
For your inpatient visit 12/23/14

Vital Reading	How Taken	Value	Recorded Date/Time
Temperature/F:	TEMPORAL ARTERY	98.7	12/24/14 10:29am
Blood Pressure:	AUTOMATIC	142/80	12/24/14 9:02am
Respirations:	OBSERVED	18	12/24/14 10:29am
Pulse:	AUTOMATIC, NONINVASIVE	67	12/24/14 10:29am
SpO2 (%):		97	12/24/14 10:29am

Body Measurements	Value	Recorded Date/Time
Height	5 ft 8 in	12/23/14 3:46pm
Weight	168 lbs 15.74915232	12/23/14 3:46pm
Body Mass Index	25.7 kg/m2	12/23/14 3:46pm

Encounters

Page 3

1778016 204239514
HANNA, ADEL
DOB: 03-29-1946 M
PLAN: BK PRD BUYER
ATN: BHANDARJAR, HAYEEM D
REF: OP OTOLARYNGOLOGY
RYNE OTOLARYNGOLOGY
WALCH BLVD: 100 FEE
DOB 03-29-1946 M
909-5786061
PCR:

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

Chino Valley Medical Center
5451 Walnut Avenue
Chino, CA 91710

Patient Name: HANNA, ADEL S
Med Rec #: M000273781
Date: 12/24/14

Patient Health Summary

Encounter	Location	Date/Time
Admitted Inpatient	Chino Valley Medical Center	12/23/14 11:49am

Encounter Diagnosis
For your Inpatient visit 12/23/14

Diagnosis	Onset Date
Headache	~12/23/14
Migraine	~12/23/14

1778016 2042395174
HANNA, ADEL
DOB: 03-29-1946 M
PLN: EX PRO BUYER
ADJ: BHANDARKAR, NAVEEN D
PERF:
OP OTOLARYNGOLOGY
RWNE OTOLARYNGOLOGY
DOB 03-29-1946 M
909-5280061
PCP

Procedures

Procedure	Date
EGD BIOPSY SINGLE/MULTIPLE	06/15/07
LESION REMOVAL COLONOSCOPY	06/15/07

Diagnostic Lab Results

Test Name	Result/Comment	Unit	Reference	Date/Time
Alanine Aminotransferase (ALT/SGPT)	32	U/L	12 - 78	12/23/14 10:35am
Albumin	3.9	g/dL	3.4 - 5.0	12/23/14 10:35am
Albumin/Globulin Ratio	1.1	g/dL	1.1 - 1.8	12/23/14 10:35am
Alkaline Phosphatase	63	U/L	50 - 136	12/23/14 10:35am
Aspartate Amino Transf (AST/SGOT)	18	U/L	15 - 37	12/23/14 10:35am
Blood Urea Nitrogen	14.0	mg/dL	7.0 - 18.0	12/23/14 10:35am
Creatinine	1.0	mg/dL	0.6 - 1.3	12/23/14 10:35am
Clobutin	3.7 High	g/dL	1.5 - 3.5	12/23/14 10:35am
Glucose Level	103	mg/dL	74 - 106	12/23/14 10:35am
Serum Total Protein	7.6	g/dL	6.4 - 8.2	12/23/14 10:35am
Total Bilirubin	0.86	mg/dL	0.20 - 1.00	12/23/14 10:35am
INR International Normalized Ratio	1.1		0 - 3.0	12/23/14 10:35am
Partial Thromboplastin Time - Dade	25.0	sec	21.6 - 35.1	12/23/14 10:35am
Prothrombin Time	10.9	sec	9.1 - 10.9	12/23/14 10:35am
Hemoglobin A1C	5.6	% Hgb	4.3 - 6.2	12/23/14 10:35am
Amylase Level	44	U/L	25 - 118	12/23/14 10:35am
Lipase	178	U/L	73 - 393	12/23/14 10:35am
Magnesium Level	2.4	mg/dL	1.8 - 2.4	12/23/14 10:35am
Phosphorus Level	2.4 Low	mg/dL	2.5 - 4.9	12/23/14 10:35am
Free Thyroxine	0.98	ng/dL	0.76 - 1.46	12/23/14 10:35am
Free Thyroxine Index	2.9	ug/dL	1.4 - 4.5	12/23/14 10:35am
Thyroid Stimulating Hormone (TSH)	2.23	uIU/mL	0.36 - 3.74	12/23/14 10:35am
Thyroxine (T4)	8.5	ug/dL	4.7 - 13.3	12/23/14 10:35am
Total Triiodothyronine	1.10	ng/mL		12/23/14 10:35am
Triiodothyronine (T3) Uptake	34.0	% UPTAKE	31 - 39	12/23/14 10:35am
B-Type Natriuretic Peptide	52.16	pg/mL	0 - 100	12/23/14 10:35am
Add Manual Differential	NO			12/24/14 5:25am
Basophils #	0.0	10 ³ /ul	0 - 0.2	12/24/14 5:25am
Basophils %	0.4	%	0 - 2	12/24/14 5:25am
Eosinophils #	0.3	10 ³ /uL	0 - 0.5	12/24/14 5:25am
Eosinophils %	7.5	%	0.0 - 11.0	12/24/14 5:25am
Hematocrit	51	%	42 - 52	12/24/14 5:25am
Hemoglobin	16.6	g/dL	13.0 - 18.0	12/24/14 5:25am
Lymphocytes #	1.5	10 ³ /ul	1.0 - 4.8	12/24/14 5:25am
Lymphocytes %	36.5	%	25 - 45	12/24/14 5:25am
Mean Corpuscular Hemoglobin	28	pg	27 - 31	12/24/14 5:25am
Mean Corpuscular Volume	87	fL	80 - 99	12/24/14 5:25am
Mean Platelet Volume	9.7	fL	7.4 - 10.4	12/24/14 5:25am

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

Chino Valley Medical Center
5451 Walnut Avenue
Chino, CA 91710

Patient Name: HANNA, ADEL S
Med Rec #: M000273781
Date: 12/24/14

Patient Health Summary

Monocytes #	0.3	10 ³ /ul	0 - 0.8	12/24/14 5:25am
Monocytes %	7.8	%	2.5 - 10.0	12/24/14 5:25am
Neutrophils #	1.9	10 ³ /ul	1.8 - 7.7	12/24/14 5:25am
Neutrophils %	47.8	%	40 - 70	12/24/14 5:25am
PUBS Mean Corpuscular High Conc	33	pg	32 - 37	12/24/14 5:25am
Platelet Count	136	x10 ³ /mcl	130 - 400	12/24/14 5:25am
RBC Morphology 2	NC			12/24/14 5:25am
Red Blood Count	5.90	M/mm3	4.52 - 5.90	12/24/14 5:25am
Red Cell Distribution Width	15.1 High	%	11.5 - 14.5	12/24/14 5:25am
White Blood Count	4.0 Low	K/mm3	4.5 - 11.0	12/24/14 5:25am
Blood Urea Nitrogen	16.0	mg/dL	7.0 - 18.0	12/24/14 5:25am
Calcium Level	9.3	mg/dL	8.5 - 10.1	12/24/14 5:25am
Carbon Dioxide Level	27.3	mmol/L	21 - 32	12/24/14 5:25am
Chloride Level	103	mmol/L	98 - 107	12/24/14 5:25am
Cholesterol Level	146	mg/dL	< 200	12/24/14 5:25am
Cholesterol Risk Factor	3.5		0.0 - 5.5	12/24/14 5:25am
Cholesterol/HDL Ratio	3.5			12/24/14 5:25am
Creatinine	1.2	mg/dL	0.6 - 1.3	12/24/14 5:25am
Estimated GFR (African American)	> 60	ml/min		12/24/14 5:25am
Estimated GFR (Non-African American)	> 60	ml/min		12/24/14 5:25am
American				
Glucose Level	101	mg/dL	74 - 106	12/24/14 5:25am
HDL Cholesterol	42	mg/dL	40 - 60	12/24/14 5:25am
LDL Cholesterol Direct	95	mg/dL	< 100	12/24/14 5:25am
Serum Potassium	4.3	mmol/L	3.5 - 5.1	12/24/14 5:25am
Sodium Level	139	mmol/L	136 - 145	12/24/14 5:25am
Triglycerides Level	123	mg/dL	< 150	12/24/14 5:25am
VLDL Cholesterol	19.68	mg/dL		12/24/14 5:25am

Microbiology Results
(no MICROBIOLOGY RESULTS recorded)

Radiology Procedures

Exam	Date/Time	Status
Brain MRI	12/23/14 5:35pm	Draft
Brain MRI with MRA	12/23/14 5:35pm	Draft
Head CT	12/23/14 10:46am	Signed

Functional and Cognitive Status
(no FUNCTIONAL AND COGNITIVE STATUS recorded)

Social History

History	Response	Recorded Date/Time
Smoking Cessation:	NEVER SMOKER	12/23/14 3:56pm
Have you smoked in the last 12 months:	No	12/23/14 3:56pm
Do you dip or chew tobacco:	No	12/23/14 3:56pm
Currently Using Alcohol:	No	12/23/14 3:48pm

Family History
(no FAMILY HISTORY recorded)

Plan of Care

(Discharge) Date: 12/23/14 10:08am

1778016 2042395174
HANNA, ABDEL
DOB: 03-29-1946 M
PLAN: BX PRD BYNER
ATN: BHAMBARAK, HAYEEN D
PCP:
RVINE OTOLARYNGOLOGY
RVINE OTOLARYNGOLOGY

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)


Chino Valley Medical Center
5451 Walnut Avenue
Chino, CA 91710

Patient Name: HANNA, ADEL S
Med Rec #: M000273781
Date: 12/24/14

Patient Health Summary

Reason for Visit:	HEADACHE
Instructions/Education Provided:	Sinusitis
Prescriptions:	See Medication Section

1778016 2042395174
 HANNA, ADEL
 DOS: 02-25-2015 14:00 OUTPATIENT
 PLAN: BY PRD BUYER
 ATN:BHANDARKAR, NAVEEN D
 PERP:
 OP OTOLARYNGOLOGY
 IRVINE OTOLARYNGOLOGY



DOB 03-29-1946 M
909-5788061
PCP:

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

Chino Valley Medical Center
5451 Walnut Avenue
Chino, CA 91710

Patient Name: HANNA, ADEL S
Med Rec #: M000273781
Date: 12/24/14

Patient Health Summary

Discharge Instructions:

DISCHARGE
Date: 12/24/14
Time: 1030
Discharge Diagnosis: SINUSITIS
Discharge Disposition: ROUTINE HOME/SELF CARE

PATIENT INFORMATION
Temperature/F: 98.2
Pulse: 67
Respirations: 18
Blood Pressure: 142/80
SpO2 (%): 97
Oxygen Device: ROOM AIR
FIO2: 21
Pain Scale at Discharge: 0/10
Pain Medication Given: NO
Condition Upon Leaving: ABLE TO COMMUNICATE
ALERT
ORIENTED

Isolation: NONE
Feeding: INDEPENDENT
Ambulating: INDEPENDENT
Transferring: INDEPENDENT

DISCHARGE SUMMARY AND INSTRUCTIONS
Discharge Home
Discharge Patient To HOME
Discharge Transportation
Discharge Transport By PRIVATE AUTO
Family Notification
Patient Family/Representative Notified Of Discharge: YES
Potential Complications
Follow with your primary physician or local ER if any of the following occur:
* Worsening Symptoms: Temperature, Swelling, Pain, Shortness of Breath, etc.

Pending Tests/Diagnostics
Follow with your physician for updates and outcomes on the following pending tests:
* NONE

Discharge Medications
Prescriptions Provided YES
Medication Reconciliation Done YES
Follow-Up Care
Physician Name NONE
Appointment Date/Time 12/29/14
Phone none
Follow-Up Clinic
Pt is a physician and does not have a primary and does not wish to have one at this time. He does have an ENT follow up on 12/29/14.
Admit Reason
Patient seen, evaluated, discussed under supervision of attending, Lally, James M.,
Patient admitted for: HEADACHE

Admitting Diagnosis
Intractable headache
History of migraines
GERD
Chronic sinusitis
History of exercise induced asthma

Discharge Diagnosis
Intractable headache likely secondary to acute on chronic sinusitis
History of migraines
GERD
Chronic sinusitis

1778016 2042391174
HANNA, ADEL
DOS: 02-25-2015 14:00
PLAN: BK PRD BUYER
ATN: BHANDARKAR, NAVEEN D
PERF:
OP: OTOLARYNGOLOGY
IRVINE OTOLARYNGOLOGY

OUTPATIENT
DOB: 03-29-1946 M
909-5790061

PCP:

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

Chino Valley Medical Center
5451 Walnut Avenue
Chino, CA 91710

Patient Name: HANNA, ADEL S
Med Rec #: M000273781
Date: 12/24/14

Patient Health Summary

History of exercise induced asthma
 Procedures
 Recent Impressions
COMPUTERIZED TOMOGRAPHY - CT-HEAD W/O IV CONTRAST 12/23 1046
 *** Report Impression - Status: SIGNED Entered: 12/23/2014 1100
 Impression:
 No acute intracranial abnormality. There is evidence of pansinusitis as above discussed.
 Radiation: CTDI is 59.79 mGy. DLP is 988.11 mGy-cm.

Impression By: DRHANCU - Curtis R Handler, M.D.
MAGNETIC RESONANCE IMAGING - MRI ANGIO BRAIN 12/23 1735
 *** Report Impression - Status: DRAFT (not yet signed) Entered: 12/23/2014 1935
 Impression:
 The visualized major intracranial arterial structures show no aneurysm or hemodynamically-significant stenosis. Please note that the intracranial vertebral arteries and lower half of the basilar artery are not captured in the field-of-view on this exam.

Impression By: DRRHESH - Sherman Ben Rhee, MD
MAGNETIC RESONANCE IMAGING - MRI BRAIN W/WO CONTRAST 12/23 1735
 *** Report Impression - Status: DRAFT (not yet signed) Entered: 12/23/2014 1929
 Impression:
 1. Intracranially, no acute process or suspicious space-occupying mass lesion is seen. A small amount of T2 FLAIR hyperintensity of the periventricular white matter favors mild chronic small vessel ischemic change.
 2. Extensive paranasal sinus disease as described above. This includes an air-fluid level within the right maxillary sinus, a finding which can be seen with acute sinusitis.

Impression By: DRRHESH - Sherman Ben Rhee, MD

Hospital Course
 Pt presented to the ED with headache off and on for 3 weeks recently worsening. Pt has a history of migraine headaches but stated this headache was different than his migraines. Pt had a CT scan of the head that showed evidence of moderate to severe mucoperiosteal thickening involving the ethmoid air cells and left frontal sinus. Moderate mucoperiosteal thickening involving the right maxillary sinus. An MRI brain showed complete opacification of the left frontal sinus. Near-complete opacification of the bilateral ethmoid air cells. Mucosal thickening of the bilateral maxillary sinuses with superimposed mucous retention cysts, right greater than left. Dr. Ries (neurology) was consulted and suggested the etiology of headache was from his acute on chronic sinusitis. Pt vitals remained stable and he stable for discharge home. He will be given prescriptions for Augmentin, prednisone, and intranasal glucocorticoid.

Complications
 None

Condition Upon Discharge STABLE
 Care Plan
 Problem
 Acute on chronic sinusitis
 Goal
 Symptom resolution.
 Instructions
 Take medications as prescribed and follow up with primary care physician as well as ENT.

Discharge Summary
(no DISCHARGE SUMMARY available)

<Final Page>

Page 8

1778016 200295174
 HANNA, ADEL
 DOS: 02-25-2015 14:00 OUTPATIENT
 PLAN: BX PRD BUYER
 ATR BHANDARKAR, NAVEEN D
 PCP:
 OP: OTOLARYNGOLOGY
 BY: NE OTOLARYNGOLOGY

DOB: 03-29-1946 M
 909-5786061

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

Page 1 of 5

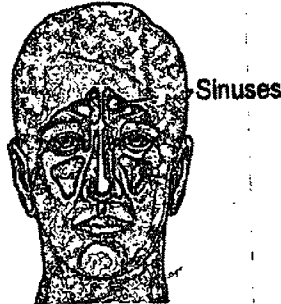


Date: 12/23/14
Account No: V00000603802
Unit No: M000273781
Patient: HANNA, ADEL S
Location: DU
Physician: Lolly, James M.

Sinusitis

Sinusitis is redness, soreness, and swelling (*inflammation*) of the paranasal sinuses. Paranasal sinuses are air pockets within the bones of your face (beneath the eyes, the middle of the forehead, or above the eyes). In healthy paranasal sinuses, mucus is able to drain out, and air is able to circulate through them by way of your nose. However, when your paranasal sinuses are inflamed, mucus and air can become trapped. This can allow bacteria and other germs to grow and cause infection.

Sinusitis can develop quickly and last only a short time (*acute*) or continue over a long period (*chronic*). Sinusitis that lasts for more than 12 weeks is considered chronic.



Sinuses

CAUSES

Causes of sinusitis include:

- Allergies.
- Structural abnormalities, such as displacement of the cartilage that separates your nostrils (*deviated septum*), which can decrease the air flow through your nose and sinuses and affect sinus drainage.
- Functional abnormalities, such as when the small hairs (*cilia*) that line your sinuses and help remove mucus do not work properly or are not present.

SYMPTOMS

Symptoms of acute and chronic sinusitis are the same. The primary symptoms are pain and pressure around the affected sinuses. Other symptoms include:

- Upper toothache.
- Earache.
- Headache.
- Bad breath.
- Decreased sense of smell and taste.
- A cough, which worsens when you are lying flat.
- Fatigue.
- Fever.
- Thick drainage from your nose, which often is green and may contain pus (*purulent*).
- Swelling and warmth over the affected sinuses.

1778016	2042385174	IRVINE HOSPITAL
HANNA, ABDEL		DOB 03-29-1946 M
OOS 02/25/2015 14:00	OUTPATIENT	909-5266061
PLAN: BX PRO BLFYER		
ATTN: BHANDARKAR, NAVEEN D		
REF: OP OTOLARYNGOLOGY		PCP
IRVINE OTOLARYNGOLOGY		

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)



Date: 12/23/14
Account No: V00000603802
Unit No: M000273781
Patient: HANNA, ADEL S
Location: DU
Physician: Lally, James M.

DIAGNOSIS

Your caregiver will perform a physical exam. During the exam, your caregiver may:

- Look in your nose for signs of abnormal growths in your nostrils (*nasal polyps*).
- Tap over the affected sinus to check for signs of infection.
- View the inside of your sinuses (*endoscopy*) with a special imaging device with a light attached (*endoscope*), which is inserted into your sinuses.

If your caregiver suspects that you have chronic sinusitis, one or more of the following tests may be recommended:

- Allergy tests.
- Nasal culture-A sample of mucus is taken from your nose and sent to a lab and screened for bacteria.
- Nasal cytology-A sample of mucus is taken from your nose and examined by your caregiver to determine if your sinusitis is related to an allergy.

TREATMENT

Most cases of acute sinusitis are related to a viral infection and will resolve on their own within 10 days. Sometimes medicines are prescribed to help relieve symptoms (pain medicine, decongestants, nasal steroid sprays, or saline sprays).

However, for sinusitis related to a bacterial infection, your caregiver will prescribe antibiotic medicines. These are medicines that will help kill the bacteria causing the infection.

Rarely, sinusitis is caused by a fungal infection. In these cases, your caregiver will prescribe antifungal medicine.

For some cases of chronic sinusitis, surgery is needed. Generally, these are cases in which sinusitis recurs more than 3 times per year, despite other treatments.

HOME CARE INSTRUCTIONS

- Drink plenty of water. Water helps thin the mucus so your sinuses can drain more easily.
- Use a humidifier.

1778016 2042395174
 HANNA, ADEL
 DUS: 03-25-2015 14:00 OUTPATIENT
 PLAN: BN PRO BUYER
 ATM BHANDARKAR, NAVEEN D
 PERP: PGD
 OP OTOLARYNGOLOGY
 IRVINE OTOLARYNGOLOGY

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

Page 3 of 5



Date: 12/23/14
Account No: V0000603802
Unit No: M000273781
Patient: HANNA, ADEL S
Location: OU
Physician: Lally, James M.

- Inhale steam 3 to 4 times a day (for example, sit in the bathroom with the shower running).
- Apply a warm, moist washcloth to your face 3 to 4 times a day, or as directed by your caregiver.
- Use saline nasal sprays to help moisten and clean your sinuses.
- Take over-the-counter or prescription medicines for pain, discomfort, or fever only as directed by your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have increasing pain or severe headaches.
- You have nausea, vomiting, or drowsiness.
- You have swelling around your face.
- You have vision problems.
- You have a stiff neck.
- You have difficulty breathing.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

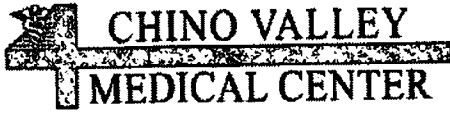
Document Released: 12/18/2006 Document Revised: 03/11/2013 Document Reviewed: 01/01/2013
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1778016 ZH2295114
 HANNA, ADEL
 DOB: 03-29-1946 M
 PLAN: EX-PFD-BUYER
 ATN:SHAHNADKAR, HAVESH D
 PER: PCP
 OP:OTOLARYNGOLOGY
 URYWE:OTOLARYNGOLOGY

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

Page 4 of 5



Date: 12/23/14
Account No: V00000603602
Unit No: M000273781
Patient: HANNA, ADEL S
Location: DU
Physician: Lilly, James M.

IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

If you are a Medicare patient review the following message from Medicare about your rights.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-0692

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- * Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- * Be involved in any decisions about your hospital stay, and know who will pay for it.
- * Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:
Health Services Advisory Group (HASG)
Appeal Line - 800-841-1602
TDD - 800-881-5980

OTHERS: 20082114
HARRIS, NIKKI
DOB: 02-25-1975 MA 00
YOUR BR PRO BIRTH
MEDICAL RECORD NUMBER
OF OTOLOGY
OF OTOLOGY
OF OTOLOGY

OTHERS: 20082114
DOB: 02-25-1975 MA 00
YOUR BR PRO BIRTH
MEDICAL RECORD NUMBER
OF OTOLOGY
OF OTOLOGY
OF OTOLOGY

PCP:

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

IF YOU THINK YOU ARE BEING DISCHARGED TOO SOON:

- * You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- * You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
 - * If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.
 - * If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- * If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- * Step by step instructions for calling the QIO and filing an appeal are below.

To speak with someone at the hospital about this notice, call the Director of Case Management at 909-464-8662.

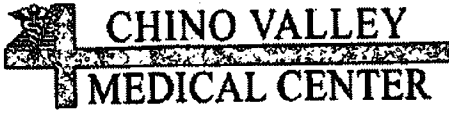
STEPS TO APPEAL YOUR DISCHARGE

- * **STEP 1:** You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

Page 5 of 5



Date: 12/23/14
Account No: V00000603802
Unit No: M000273781
Patient: HANNA, ADEL S
Location: DU
Physician: Lally, James M.

services you receive during the appeal (except for charges like copays and deductibles).

- * Here is the contact information for the CIO:
Health Services Advisory Group (HASG)
700 N. Brand Blvd. Suite 370
Glendale, California 92103
Appeal Line - 800-841-1602, FAX# - 866-800-8757
Open 365 days/8-5 PST
- * You can file a request for an appeal any day of the week. Once you speak to someone or leave a message, your appeal has begun.
- * Ask the hospital if you need help contacting the QIO.
- * The name of this hospital is Chino Valley Medical Center.
The Provider ID number is 050586.
- * STEP 2: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- * STEP 3: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- * STEP 4: The QIO will review your medical records and other important information about your case.
- * STEP 5: The QIO will notify you of its decision within 1 day after it receives all necessary information.
 - * If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
 - * If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

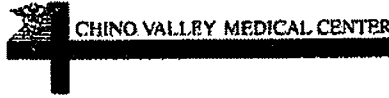
- * You can still ask the QIO or your plan (if you belong to one) for a review of your case:
 - * If you have Original Medicare: Call the QIO listed above.
 - * If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
 - * If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.
- For more information, call 1-800-MEDICARE (1-800-633-4227) or TTY: 1-877-486-2048.

1778016 2042395174
 HANNA, ADEL
 DOS: 02-25-2015 14:00
 PLAN: BK PRD BUYER
 ATN: BHANDARKAR, NAVEEN D
 PER:
 OP: OTOLOGY
 IRVINE, OTOLOGY

OUTPATIENT
 DOB: 03-29-1946 M
 909-8788061
 PCP:

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)



Dear Valued Patient

Thank you for choosing Chino Valley Medical Center, a Thomson-Reuters Top 100 hospital for your medical care. As a Top 100 hospital CVMC has demonstrated that high-quality patient outcomes can be achieved while improving efficiency. None of that matters, if you do not have a positive interaction and outcome during your stay here. Excellence in care is very important to us as we aim to deliver the highest quality and most affordable healthcare to our patients.

During the next few weeks, a representative may contact you for a post-discharge survey concerning your latest stay at Chino Valley Medical Center. Your cooperation and participation in the Patient Experience Survey is important to us and will provide us with insight into areas where we can improve our service and performance. If called, we ask that you take a few minutes out of your busy day to participate in this valuable survey so we can better serve you in the future. We can only correct and/or improve what we learn about from your input, so please, take part.

If you have any questions or remarks you wish to share or have addressed regarding your care during your stay you may use our Patient Experience contact at dyoung2@primehealthcare.com.

It is our mission to provide comprehensive, quality healthcare in a convenient, compassionate, and cost effective manner.

All of us here at Chino Valley Medical Center wish you a speedy and uneventful recovery, and wish to thank you again, for choosing Chino Valley Medical Center for your medical situation.

Respectfully,

John Blenkinsopp MSN, RN
Chief Nursing Officer/Administrator
Risk Manager

James M. Lilly, DO, MMM
President & Chief Medical Officer

1778016 204295174
HANNA, ABDEL
DOB: 03-29-1946 M
PLAN: BK PRD BUYER OUTPATIENT 009-0780061
ATN BHANDARIKAR, NAVEEN D
PERF.
OP OTOLARYNGOLOGY
IRVINE OTOLARYNGOLOGY

Chino Valley Medical Center
6451 Walnut Ave Chino CA 91710

Chino Valley Medical Center | 5451 Walnut Avenue | Chino, California 91710-2100
Tel 909/464-8600 | Fax 909/464-8882

HANNA, ADEL E
ATTEND DR. Lilly, James
03/29/1946 68Y M M000273781
099000403802 TN 12/23/2014



03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

HANNA, ADEL S

Admitted: 12/23/14 at 1149
Room/Bed: 228T B
Attending: Lally, James M.

Chino Valley Medical Center

Pa
Acct: V00000603802
Unit: M000273781

Personal Belongings Inventory 12/24/14 0949 ED

Inventory Date: 12/24/14 Inventory Time: 0949 Performed By: Deharo, Eric
Reason For Inventory: DISCHARGE

- N Contacts -Y Glasses Disposition: BELONGINGS KEPT BY PT
- N Full Dentures Disposition:
- N Partial Upper -N Lower Disposition:
- N Hearing Aid Disposition:

Any Belongings Sent To Hospital Safe: N Any Belongings Sent Home With Family: N

NOTE: Chino Valley Medical Center will only be responsible for items logged at the time of admission. Should Dentures, Hearing Aids, Eye Glasses be brought to the patient after admission, they must be logged with the Primary Nurse or Charge Nurse. Chino Valley Medical Center will not be responsible for any item not logged on the Belongings Form.

<< RELEASE OF LIABILITY OF VALUABLES KEPT WITH PATIENT >>
By Signing Below I Indicate I Have Been Advised To Send My Valuables Home With Family/ Friends, And Have Been Given The Opportunity To Have My Valuables Locked Up.

If I Refuse To Have My Valuables Locked Up Or Sent Home With Family Or Friends,
I Release Chino Valley Medical Center From Any Liability For Lost Valuables.

PATIENT: _____ Date: _____

WITNESS: _____

By Signing Below I Indicate I Have All My Belongings At The Time Of Discharge.

PATIENT: _____ Date: _____

WITNESS: _____

1778016 2042005174
HANNA, ADEL
DOB: 03-29-1946 M
PLAN: BK PRO BUYER OUTPATIENT 905-8786061
ATN: BHANDARKAR, MAVEEN D
PERF: PDR
OF: OTOLARYNGOLOGY
IRVINE OTOLARYNGOLOGY

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

FOOD - DRUG INTERACTION SHEET

If you are taking a drug, the food you eat could affect the speed and amount of absorption of your medication. Please refer to the following chart to determine how you should take your medication(s). Medications should be taken with a full glass of water to decrease the chances of nausea and vomiting unless instructed otherwise.

- | | |
|--|---|
| <p>Warfarin
Coumadin</p> <p>Digitalis
Digloxin
Crystodign
Digtoxin
Digoxin
Lanoxin
Lanoxicap
Quinidine</p> <p>Ciprofloxacin
Doxycycline
Tetracycline
Quinolone</p> <p>Penicillin</p> <p>Zyvox</p> <p>Phenelzine
Nardil</p> <p>Lithium</p> | <p>ANTICOAGULANTS</p> <ul style="list-style-type: none"> • Limit foods in vitamin K • Avoid nutritional supplements high in vitamin K / vitamin E • Limit caffeine • Limit fried or boiled onions • Limit cranberry juice (less than 8 oz. day) • Limit soybean oil <p>ANTIARRHYTHMICS</p> <ul style="list-style-type: none"> • Take separately from high bran fiber or high pectin foods • Maintain diet high in potassium - low in sodium • Avoid licorice • Best if taken on empty stomach • Use caution when taking potassium supplements <p>ANTIBIOTICS</p> <ul style="list-style-type: none"> • Take separately from dairy foods, foods high in calcium content • Limit caffeine • Take magnesium, calcium, iron or zinc supplements separately <ul style="list-style-type: none"> • Take with water or empty stomach • Avoid acidic beverages • Avoid foods high in tyramines <p>ANTIDEPRESSANT, MAOI</p> <ul style="list-style-type: none"> • Avoid foods high in pressor amines/tyramines • Limit Caffeine • May need pyruvic supplement <p>ANTIPSYCHOTIC</p> <ul style="list-style-type: none"> • Drink 8 - 10 cups of water daily. • Maintain consistent level of salt/ sodium intake daily • Do not begin a low sodium diet • Take after a meal or snack • Limit caffeine intakes: coffee, tea, colas |
|--|---|

- | | |
|---|--|
| <p>VITAMIN K</p> <p>Leafy green vegetables, broccoli, cabbage, cauliflower, lettuce, peas, spinach, turnip greens, green herbal teas</p> <p>PROTEIN</p> <p>Meat, fish, milk, eggs, poultry, cheese, peanut butter</p> <p>CALCIUM</p> <p>Milk, cheese, ice cream, yogurt, salmon, leafy green vegetables, tofu, corn tortillas, sardines</p> <p>BRAN FIBER</p> <p>Bran bread, bran cereals</p> <p>IRON</p> <p>Iron fortified cereals, organ meats, meat, fish, poultry, raisins</p> <p>PECTIN</p> <p>Apples, broccoli, brussel sprouts, pears, spinach, sweet potatoes</p> | <p>FOODS HIGH IN:</p> <p>POTASSIUM</p> <p>Avocado, artichokes, bananas, milk, legumes, mushrooms, peaches, raisins, tomatoes, dates, figs, melons, nectarines, potatoes, rhubarb, turnip greens</p> <p>VITAMIN C</p> <p>Oranges and/or other citrus fruit or juices, tomatoes and/or juice, strawberries, pineapple and/or juice</p> <p>TYRAMINE</p> <p>Aged cheese, aged meat, anchovies, avocados, beer, broad beans, pickled herring, sausages, sour cream, soy sauce, wine, brewers yeast, meat extracts, yogurt, fava beans, snow peas</p> <p>SODIUM</p> <p>Table salt / garlic salt / onion salt, food or seasonings containing greater than 450 mg per serving</p> |
|---|--|
- Your dietitian can provide additional food & drug interaction information.
Instruction
Given By: _____ Date/Time _____
- If you have any questions about Adverse Drug Reactions or how to take your medication, please consult your pharmacist or physician.
I understand the instructions and have received verbal instruction.
PATIENT OR
RESP. PARTY: _____
DATE: _____

(REFER TO BACKER)

Chino Valley Medical Center
6481 Walnut Ave Chino CA 91710
1778016 2042395174
HAMMA, ADEL
DOB: 03-29-1946 M
PLAN: BX PRD BUYER
ATN: BHANDARIKAR, NAVEEN D
PCP:
OP: OTOLARYNGOLOGY
RV: OTOLOGY
PHS1-180-008 (12/08)

PATIENT ID
HANNA, ADEL S
ATTEND. DR. Lally, James
03/29/1946 68Y M M000273781
V00006603802 IN 12/23/2014

Outside Medical Record - Scan on 3/1/2015: DISCHARGE SUMMARY

Scan (below)

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

CHINO VALLEY MEDICAL CENTER
5431 WALNUT AVENUE
CHINO, CA-91710

PATIENT DISCHARGE INSTRUCTIONS

PATIENT NAME: HANNA, ADEL B
MED RECORD NUMBER: M000213781
ACCOUNT NUMBER: V00000401802

GENERAL VISIT INFORMATION
Reason for Visit: HEADACHE

Allergies: Metoclopramide

Discharge Disposition: ROUTINE HOME/SELF CARE

Medical Problems
Headache
Migraine

Care Team Members
PHYS NONSTAFF, PRIMARY CARE PHYSICIAN, MEDICAL
James M. Lally, ADMITTING, FAMILY PRACTICE, (909)464-9675
James M. Lally, ATTENDING, FAMILY PRACTICE, (909)464-9675
Jorge Perez, EMERGENCY, EMERGENCY MEDICINE, (310)379-2134

DISCHARGE INFORMATION

DISCHARGE
Date: 12/24/14
Time: 1030
Discharge Diagnosis: SINUSITIS
Discharge Disposition: ROUTINE HOME/SELF CARE

PATIENT INFORMATION

Temperature/F: 98.2
Pulse: 67
Respirations: 18
Blood Pressure: 142/80
SpO2 (%): 97
Oxygen Device: ROOM AIR
FIO2: 21
Pain Scale at Discharge: 0/10
Pain Medication Given: NO
Condition Upon Leaving: ABLE TO COMMUNICATE
ALERT
ORIENTED
Isolation: NONE
Feeding: INDEPENDENT
Ambulating: INDEPENDENT

1778016 2042395174
HANNA, ADEL
DOB: 03-29-1946 M
DOS: 02-25-2015 14:00 OUTPATIENT 909-5786001
PLAN: BX PRD BUYER
ATN: BHMDARKAR, NAVEEN D
PERF:
OP: Otolaryngology
RW: Otolaryngology

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

CHINO VALLEY MEDICAL CENTER
5451 WALNUT AVENUE
CHINO, CA-91710

PATIENT DISCHARGE INSTRUCTIONS

PATIENT NAME: HANNA, ADEL S
HSD RECORD NUMBER: M000273781
ACCOUNT NUMBER: V00000603802

Transferring: INDEPENDENT

DISCHARGE SUMMARY AND INSTRUCTIONS

Discharge Home

Discharge Patient To HOME

Discharge Transportation

Discharge Transport By PRIVATE AUTO

Family Notification

Patient Family/Representative Notified Of Discharge: YES

Potential Complications

Follow with your primary physician or local ER if any of the following occur:

- o Worsening Symptoms: Temperature, Swelling, Pain, Shortness of Breath, etc.

Pending Tests/Diagnostics

Follow with your physician for updates and outcomes on the following pending tests:

- o NONE

Discharge Medications

Prescriptions Provided YES

Medication Reconciliation Done YES

Follow-Up Care

Physician Name NONE

Appointment Date/Time 12/29/14

Phone none

Follow-Up Clinic

Pt is a physician and does not have a primary and does not wish to have one at this time. He does have an ENT follow up on 12/29/14.

Admit Reason

Patient seen, evaluated, discussed under supervision of attending, Lally, James M..

Patient admitted for: HEADACHE

Admitting Diagnosis

Intractable headache

History of migraines

GERD

Chronic sinusitis

History of exercise induced asthma

Discharge Diagnosis

Intractable headache likely secondary to acute on chronic sinusitis

History of migraines

PAGE NUMBER: 2

1778016 2042395174
HANNA, ADEL
DOB 03-29-1946 M
809-3788061
OUTPATIENT
PLAN: BY PRO BUYER
ATTN: BHANDARKAR, NAVEEN D
PCP: ANASOGHILI, SAM
SPE: OP OTOLARYNGOLOGY
RYONE OTOLARYNGOLOGY

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

CHINO VALLEY MEDICAL CENTER
5451 WALNUT AVENUE
CHINO, CA-91710

PATIENT DISCHARGE INSTRUCTIONS

PATIENT NAME: HANNA, ADEL S
MED RECORD NUMBER: M000273781
ACCOUNT NUMBER: V00000603802

GERD

Chronic sinusitis
History of exercise induced asthma

Procedures

Recent Impressions

COMPUTERIZED TOMOGRAPHY - CT-HEAD W/O IV CONTRAST 12/23 1046

*** Report Impression - Status: SIGNED Entered: 12/23/2014 1100

Impression:

No acute intracranial abnormality. There is evidence of pansinusitis as above discussed.
Radiation : CTDI is 59.79 mGy. DLP is 988.11 mGy-cm.

Impression By: DRHANCU - Curtis R Handler, M.D.

MAGNETIC RESONANCE IMAGING - MRI ANGIO BRAIN 12/23 1735

*** Report Impression - Status: DRAFT (not yet signed) Entered: 12/23/2014 1935

Impression:

The visualized major intracranial arterial structures show no aneurysm or hemodynamically-significant stenosis. Please note that the intracranial vertebral arteries and lower half of the basilar artery are not captured in the field-of-view on this exam.

Impression By: DRRHESH - Sherman Ben Rhee,MD

MAGNETIC RESONANCE IMAGING - MRI BRAIN W/O CONTRAST 12/23 1735

*** Report Impression - Status: DRAFT (not yet signed) Entered: 12/23/2014 1929

Impression:


1. Intracranially, no acute process or suspicious space-occupying mass lesion is seen. A small amount of T2 FLAIR hyperintensity of the periventricular white matter favors mild chronic small vessel ischemic change.
2. Extensive paranasal sinus disease as described above. This includes an air-fluid level within the right maxillary sinus, a finding which can be seen with acute sinusitis.

Impression By: DRRHESH - Sherman Ben Rhee,MD

Hospital Course

Pt presented to the ED with headache off and on for 3 weeks recently worsening. Pt has a history of migraine headaches but stated this headache was different than his migraines. Pt had a CT scan of the head that showed evidence of moderate to severe mucoperiosteal thickening involving the ethmoid air cells and left frontal sinus. Moderate mucoperiosteal

PAGE NUMBER: 3

1778016	2042398174	
HANNA, ADEL		DOB 03-29-1946 M
DOS: 02-25-2015 13:20	OUTPATIENT	909-5786061
PLANK BX PRD BUYER		
ATN:BHANDARKAR, NAVEEN D		PCP:ARASOGCHI, SAM
PERF:		
OP OTOLARYNGOLOGY		
BY:NE OTOLARYNGOLOGY		

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

CHINO VALLEY MEDICAL CENTER
5451 WALNUT AVENUE
CHINO, CA-91710

PATIENT DISCHARGE INSTRUCTIONS

PATIENT NAME: HANNA, ADEL S
MRN RECORD NUMBER: M000273781
ACCOUNT NUMBER: Y00000603802

thickening involving the right maxillary sinus. An MRI brain showed complete opacification of the left frontal sinus. Near-complete opacification of the bilateral ethmoid air cells. Mucosal thickening of the bilateral maxillary sinuses with superimposed mucous retention cysts, right greater than left. Dr. Ries (neurology) was consulted and suggested the etiology of headaches was from his acute on chronic sinusitis. Pt vitals remained stable and he stable for discharge home. He will be given prescriptions for Augmentin, prednisone, and intranasal glucocorticoid.

Complications
None,

Condition Upon Discharge STABLE.

Care Plan Problem

Acute on chronic sinusitis

Goal

Symptom resolution.

Instructions

Take medications as prescribed and follow up with primary care physician as well as ENT.

MEDICATION RECONCILIATION

Continue Medications

ATENOLOL (ATENOLOL) 50 MG TAB	Dose: 1 TAB	BY MOUTH, DAILY
ASPIRIN (ASPI-COR) 81 MG CTD	Dose: 81 MILLIGRAM	BY MOUTH, DAILY

New Medications

(AUGMENTIN) 875 MG TAB	Dose: 1 TAB	BY MOUTH, TWICE A DAY for CHRONIC SINUSITIS LAST DOSE GIVEN (Date/Time): NOT GIVEN DURING HOSPITAL STAY. START MEDICATION AS SOON AS POSSIBLE.	Days: 30 Refills: 0
---------------------------	-------------	---	------------------------

PAGE NUMBER: 4

1778016 204295174
HANNA, ADEL
DOB: 03-29-1946 M
DOB: 03-29-1946 M
DOS: 02-25-2015 13:20 OUTPATIENT 908-5780661
PLAN: BY PRO BUYER
AT: BHANDARKAR, NAVEEN D
PERF: PCP: ARASOCHI, SAM
OP: OTOLARYNGOLOGY
RVNE: OTOLARYNGOLOGY

03/01/2015 - Preload/Transfer in UCI CONVERSION (continued)

Scans - All Encounter Scans (continued)

CHINO VALLEY MEDICAL CENTER
3451 WALNUT AVENUE
CHINO, CA-91710

PATIENT DISCHARGE INSTRUCTIONS

PATIENT NAME: HANNA, ADEL S
MED RECORD NUMBER: M000273781
ACCOUNT NUMBER: V0000603802

<p>FREDNISONE (PREDNISONE) 20 MG TAB</p>	<p>Dose: 1 TAB</p>	<p>BY MOUTH, TWICE A DAY LAST DOSE GIVEN (Date/Time): MEDICATION NOT GIVEN DURING HOSPITAL STAY, START MEDICATION AS SOON AS POSSIBLE.</p>	<p>Qty: 10 Refills: 0</p>
<p>Prednisone (Prednisone+) 20 MG TAB</p>	<p>Dose: 20 MILLIGRAM</p>	<p>BY MOUTH, DAILY for CHRONIC SINUSITIS LAST DOSE GIVEN (Date/Time): MEDICATION NOT GIVEN DURING HOSPITAL STAY, STRT MEDICATION AS SOON AS POSSIBLE.</p>	<p>Days: 5 Refills: 0</p>
<p>FLUTICASONE FUROATE (VERAMYST) 27.5 MCG/ Actuation SPR</p>	<p>Dose: 2 Spray</p>	<p>NASAL, DAILY for SINUSITIS LAST DOSE GIVEN (Date/Time): MEDICATION NOT GIVEN DURING HOSPITAL STAY, START MEDICATION AS SOON AS POSSIBLE.</p>	<p>Qty: 10 Refills: 3</p>

ADDITIONAL INFORMATION
EDUCATIONAL MATERIALS
Sinusitis

1778016 2042385174
HANNA, ADEL S
DOB: 03-29-1946 M
909-5786061
OUTPATIENT
PCP: JASOGHIL SAM
PLAN: 03-25-2015 13:20
ATN: BHANDARKAR, NAVEEN D
PERF:
CP: OTOLARYNGOLOGY
RTVONE OTOLARYNGOLOGY

PAGE NUMBER: 5

02/25/2015 - Office Visit in UCI IRVINE ENT

Visit Information

Provider Information

Encounter Provider

Bhandarkar, Naveen D, MD

Department

Name	Address	Phone	Fax
UCI IRVINE ENT	250 E YALE LOOP STE 200 Irvine CA 92604-4697	714-456-7017	949-225-6303

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Blood Administration

View: 02/06/23 1115 to 02/09/23 1115 (72 Hours)

Sort by: Time

None

Hanna, Adel

Hanna, Adel does not have an active treatment plan of type Oncology Treatment (UC) in this episode.

Medication List

Medication List

ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Notes - All Notes

H&P

EPIC ELECTRONIC INTERFACE at 3/1/2015 0000

Author: EPIC ELECTRONIC INTERFACE	Service: —	Author Type: Resource
Filed: 06/02/18 0331	Encounter Date: 2/25/2015	Status: Signed
Editor: Electronic Interface To Epic, Onbase Srm Conversion		

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Notes - All Notes (continued)

Scan on 3/1/2015 (below)



UC Irvine Medical Center
Otolaryngology - Head and Neck Surgery
New Patient History Form

1778016 2042395774
HAMMA, ABDEL
DOB: 02-29-1946 M
PLAN: BK PRD BKMYR
ATH: BHANDARKAR, NAVEEN D
PERF:
OP: OTOLARYNGOLOGY
IRVINE OTOLARYNGOLOGY
DOB: 03-29-1946 M
909-5786061
PCP:

What brings you to see us? (describe briefly) Severe Headache @ Sunday

When did the problem(s) start? 2 Months Where or which side? Left in the Valley

What makes / has made it better? EXED in CI / Mkt. not in memory

What makes it worse? _____

Any other associated symptoms? NO

Medications you are taking or have taken for symptoms:

1. Antibiotics X 30 day 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Have you been tested for allergies? Yes No
When: 10 years Results: -ve

Have you been treated with allergy shots? Yes No
If yes, when? _____

Drug/food/other allergies: Keplan

Medical / Surgical History
Do you have any of the following? (circle all that are applicable):

Heart disease or failure	Hepatitis B or C	Diabetes	Asthma / Lung disease
Stroke	HIV / AIDS	Glaucoma	Seizures
Kidney disease or failure	Organ transplant	<u>Acid Reflux / Heartburn</u>	Cancer (specify) _____

All other medical conditions, including those previously treated (blood pressure, cholesterol, etc): _____

List all prior surgeries with dates: Cholecystectomy 1986 / wisdom tonsillectomy 1996

In the past 3 months, have you had any of these problems? (circle all that apply)

Fever	Hearing loss	Chest pain	Feeling too cold / warm
Night sweats	Ringing in ears	Shortness of breath	Weight gain
Unintended weight loss	Dizziness	Weakness in arms / legs	Excessive bleeding
Blurry / double vision	Facial numbness	Tingling in arms / legs	Easy bruising
Itchy / watery eyes	Voice change	<u>Migraines</u>	Blood clots in vein
Sneezing	Throat fullness / tightness	Anxiety	Skin lesions or cancer
Runny nose	Difficulty swallowing	Depression	Arthritis

Family History: (Please list diseases that run in your family) _____

Social History:
Are you (circle one): Employed Unemployed Retired Student Current/Prior Occupation Surgeon Psych
Do you use tobacco, or ever have? Yes No How much per day? 15-20 For how long? 15 Y If quit, when? 30 Ys
How many alcoholic drinks per week? _____ Do you use any recreational drugs? If yes, please state: _____

Who referred you to the office today?
 Self Friend Our website
 M.D. (please provide information to the right)

Name: Dr. Arasaghi
Address: _____
Phone: () _____

Patient signature: _____ Reviewer signature: _____ Date: 2/25/15

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Notes - All Notes (continued)



UC Irvine Medical Center
Otolaryngology - Head and Neck Surgery
Patient Symptom History Form

1778016 2042385174
HAMMA, ABDEL
DOB: 03-29-1946
PLAN: BY PRD BUYER
ATN: BHANDANGAR, NAVEN D
PCP:
OP: OTOLARYNGOLOGY
OUTPATIENT
DOB: 03-29-1946 M
909 5788061

Thinking about only the last 2 weeks, please indicate severity of the following symptoms by marking an X on the line:

Nasal obstruction (blockage of airflow)
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Nasal or sinus congestion
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Thick or discolored nasal discharge
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Change in sense of smell
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Facial pain or pressure (cheek / teeth / eyes)
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Frontal (forehead) headache
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Fatigue
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Ear pain / pressure / fullness
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Cough
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Postnasal (back of nose) drip
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Electronically signed by Electronic Interface To Epic, Onbase Srm Conversion at 06/02/18 0331

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

All Orders

No orders found for this encounter

Other Orders

No orders found

**02/25/2015 - Office Visit in UCI IRVINE ENT
IP DC**

Discharge Instructions

Hanna, Adel (MRN 1778016)

None

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans

Registration Form - Scan on 2/25/2015: PATIENT REGISTRATION INFORMATION SHEET

Scan (below)

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

CONFIDENTIAL PATIENT INFORMATION		University of California Irvine Medical Center 101 City Drive South Orange, CA 92868 714-456-6011		
Patient/Visit	MRN: 1778016	Visit #: 2042395174	Type: Outpatient	Status: PRE
HAMMA, ABDEL				
Gender: Male	DOB: 03-29-1946	Age: 68y	High Profile, Non-High Profile	Loc: Irvine Otolaryngology
Alias:			Marital Status: Divorced	Privacy Status: Public
Admit/Reg Dt/Tm: 02-25-2015 14:00	Place of Birth:		Admit Source: Home Or Physicians Office	Accom:
Complaint: SINUS			Service: OP Otolaryngology	Citizenship: 1 US Citizen
Admitting Dx:			Trans Hsp:	Pt SSN: XXX-XX-8932
Other Dx:			Language: English	Pharm Plan:
Other Dx:			Mode Of Arrival:	Pharm Plan Phone:
Other Dx:				Pharm Used:
				Pharm Used Phone:
Care Providers {Accident:				
Attending: BHANDARKAR, NAVEEN D	Referring: REFERRING, SELF REFERRED		Referring Phone: (909) 623-1503	
Admitting:	*PCP: SOM ARSAGHBI - M.D./ENT		PCP Phone: 1504	
Continuity Resident:	Performing:		None	
Patient Address				
PO BOX 238	Home:	909-578-6061	Religion: Unknown	
CHINO HILLS, CA 91709	Business:		Mother's MRN:	
County:	Cell:	909-606-7144	Mother's Visit #:	
Patient Employer				
DOCTOR				Occupation: DOCTOR
Phone: (909) 606-7144				Status: Full-Time
				Country:
Emergency Contact				
REFUSED, PT	PO BOX 238	CHINO HILLS, CA 91709	Home:	909-578-6061
Pt Rel to Contact: Self	United States		Business:	
			Cell:	909-578-6061
Guarantor				
HAMMA, ABDEL	Home:	909-578-6061		
PO BOX 238	Business:		Guar SSN: XXX-XX-8932	
CHINO HILLS, CA 91709	Cell:	909-606-7144	Guar DOB: 03-29-1946	Gender: Male
			Pt Rel to Guar: Self	Guarantor MRN: 1778016
Insurance				
	Primary (1)	Secondary (2)	Tertiary (3)	Quaternary (4)
Plan	BX PRD BUYER			
MDCK A/B				
NISP Code				
Policy #	CPR226A67822			
Group #	CH010A			
Pri Auth #				
Insured	HAMMA, ABDEL			
Relationship	Self			
Hsp Claim	PO BOX 60607			
Address 2				
CyStZipC	LOS ANGELES, CA 90060 United Stat			
Phone	800-6776669			
EDOP Auth				
Adm#Days				
Case/Claim				
Tracking#				
Auth Co				
AuthCoPh				
PF Claim				
PF Address				
PF CyStZip				
PF Phone				
PF Auth #				
FARSAR #				
Days Auth				
BICCoAid	-/-			
PtReltoSub	-/-			
EYC #				
Created: SPRENGER, CHERIE L (Call Ctr Agent) 02-17-2015 10:06		Adm/Att:		
Revised: SPRENGER, CHERIE L (Call Ctr Agent) 02-17-2015 10:06		Printed: REYNOLDS, MACKENZIE (MA) 02-24-2015 13:49		

Flowsheet - Scan on 2/27/2015: VITAL SIGNS

Scan (below)

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

University of California - Irvine Healthcare
101 The City Drive, Orange, CA 92868
Flowsheet

HAMMA, ABDEL

MR#: 1778016
Visit#: 2042395174
Dr: BHANDARKAR, NAVEEN D
Service: OP Otolaryngology

Gender: M
DOB: 03/29/1946
Age: 68y

Admit Date: 02/25/2015
Discharge Date: 02/25/2015
Discharge Visit Type: Outpatient

Vital Signs, Ambulatory

		02/25/2015 13:41	
Vital Signs			
Vital Signs	BP Systolic	134 mm Hg	{LY}
	Diastolic (mm Hg)	78 mm Hg	{LY}
	BP Mean (mm Hg)	96 mm Hg	{LY}
	BP Site/Mode	left upper arm, electronic	{LY}
	Temp (degrees C)	36.7 degrees C	{LY}
	Temp (degrees F)	98 degrees F	{LY}
	Temp Site	tympanic	{LY}
	Heart Rate (beats/min)	68 beat(s) per minute	{LY}
	Respiration (breaths/min)	16	{LY}
	SpO2 Patient On	room air	{LY}

Body Measurements			
Body Measurements (Adult/Pediatric)	Height (feet)	5 feet	{LY}
	Height (in)	60 inch(s)	{LY}
	Height (cm)	172.7 cm	{LY}
	Height Type	stated	{LY}
	Weight (kg)	78.925 kg	{LY}
	Weight (lb)	174 Lb	{LY}
	Weight Type	stated	{LY}
	BSA (m2)	1.95 square meter(s)	{LY}
	BMI (kg/m2)	26.5	{LY}
	Ideal Weight (kg)	68.38 kg	{LY}
	Adjusted Weight (kg)	72.6 kg	{LY}

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

University of California - Irvine Healthcare
101 The City Drive, Orange, CA 92868
Flowsheet

HAMMA, ABDEL

MR#: 1778016 **Gender:** M **Admit Date:** 02/25/2015
 Visit#: 2042395174 **DOB:** 03/29/1946 **Discharge Date:** 02/25/2015
 Dr: BHANDARKAR, NAVEEN D **Age:** 68y **Discharge Visit Type:** Outpatient
Service: OP Otolaryngology

Vital Signs, Ambulatory

Authors

Column Dt/Tm	Action Taken	Entered Dt/Tm	Entered By	Initials
02/25/2015 13.41	Entered	02/25/2015 13.46	YAZZIE, LYNNETTE (MA)	LY
02/25/2015 13.41	Revised	02/25/2015 14.49	YAZZIE, LYNNETTE (MA)	LY

Discharge Document - Scan on 2/27/2015: END OF VISIT

Scan (below)

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

University of California - Irvine Healthcare

HAMMA, ABDEL		
MR#: 1778016	Gender: Male	Admit Date: 02/25/2015 13:20
Visit#: 2042395174	DOB: 03/29/46	Discharge Date: 02/25/2015 23:59
DR: BHANDARKAR, NAVEEN D	Age: 68y	Service: OP Otolaryngology

Amb End of Visit Summary, UCI

02/25/2015 14:36 REYNOLDS, MACKENZIE (MA)

Your To Do List:

Referrals and Upcoming Appointments:

IRENE WILL CONTACT YOU IN ABOUT 10 BUSINESS DAYS TO SCHEDULE A DATE AND TIME FOR SURGERY ALONG WITH A DATE AND TIME FOR YOUR PRE-OP APPOINTMENT. IF YOU DO NOT HEAR FROM THEM AFTER 10 BUSINESS DAYS PLEASE GIVE US A CALL.

Tests to be Completed:

PLEASE HAVE EKG AND CHEST X-RAY PRIOR TO SURGERY.

Prescriptions to be Filled:

No electronic prescriptions were written for you during today's visit.

Home Medications:

1. aspirin 81 mg oral tablet - 1 tab(s) orally once a day
2. atenolol 50 mg oral tablet - 1 tab(s) orally once a day.

Summary of Today's Visit:

Appointment Details:

NAVEEN BHANDARKAR
714-456-7017
Irvine Otolaryngology
02-25-2015 13:20:00.

Reason for Visit:

SINUS.

Health Issues:

1. SINUS.

Vital Signs:

No vital signs were recorded during this visit.

Test Results:

No new diagnostic results were reviewed.

Allergies and Intolerances:

Reglan: Other reaction

Medications and Immunizations Received Today:

No medications were administered during your visit.

No immunizations were administered during your visit.

Procedures:

For any procedures performed during the visit, please follow instructions provided.

Patient Education, Instructions, and Goals:

General Instructions for Your Good Health:

It is important to your health to take any medications as prescribed by your providers.

Please bring your current medication list to each medical appointment, including any over the counter medications and supplements.

Follow any recommendations for healthy diet and activity as prescribed by your provider and health team.

Keep all follow up appointments and obtain any tests that your provider has ordered or recommended.

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

University of California - Irvine Healthcare		
HAMMA, ABDEL		
MR#: 1778016	Gender: Male	Admit Date: 02/25/2015 13:20
Visit#: 2042395174	DOB: 03/29/46	Discharge Date: 02/25/2015 23:59
DR: BHANDARKAR, NAVEEN D	Age: 68y	Service: OP Otolaryngology

Amb End of Visit Summary, UCI

02/25/2015 14:36

REYNOLDS, MACKENZIE (MA)

If recommended by your provider, keep a log or record of health indicators such as your blood pressure, weight, or blood sugar level; bring these records to your appointments to review with your provider. Ask your primary care provider if you are due for any preventive tests or immunizations. Please refer to the MyHealthcare Patient Portal to view your personal health record, and a complete summary of your visit. The portal is located at:

<https://myhealthcare.healthcare.uci.edu>.

Demographics:

Please review the following information about yourself, and let us know if corrections are needed Race: Other Ethnicity: Non-Hispanic Preferred Language: English.

Tobacco Use:

Your status is former smoker
Chewing Tobacco Use: no.

Electronic Signatures:

REYNOLDS, MACKENZIE (MA) (Signed 02-25-2015 14:37)

Authored: Your To Do List, Summary of Today's Visit, Patient Education, Instructions, and Goals, Demographics

Last Updated: 02-25-2015 14:37 by REYNOLDS, MACKENZIE (MA)

Progress Note - Scan on 2/27/2015: INTAKE NOTE

Scan (below)

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

University of California - Irvine Healthcare		
HAMMA, ABDEL		
MR#: 1778016	Gender: Male	Admit Date: 02/25/2015 13:20
Visit#: 2042395174	DOB: 03/29/46	Discharge Date: 02/25/2015 23:59
DR: BHANDARKAR, NAVEEN D	Age: 68y	Service: OP Otolaryngology

Ambulatory Intake Note-OP Otolaryngology

02/25/2015 13:41 YAZZIE, LYNNETTE (MA)

Referral Information:

Referring Care Provider(s):

Provider Role	Provider Name	Specialty	Address
PCP	ARA SOGHLI, SAM	ENT: General	297 W ARTESIA ST STE A, POMONA, CA 91768

Travel Information:

Recent International Travel: no

Reason for Visit:

- Reason for Visit: SINUS
- Source of Information: patient

Preferred Language:

- Preferred Language: English

Vital Signs:

- BP Systolic (mm Hg): 134 mm Hg
- BP Diastolic (mm Hg): 78 mm Hg
- BP Mean (mm Hg): 96 mm Hg
- BP Site/Mode: left upper arm; electronic
- Temp (degrees C): 36.7 degrees C
- Temp (degrees F): 98 degrees F
- Temperature Site: tympanic
- Heart Rate (beats/min): 68 beat(s) per minute
- Respiration (breaths/min): 16
- SpO2 Patient On: room air

Body Measurements:

- Height (feet): 5 feet
- Height (in): 8 inch(s)
- Height (cm): 172.7 cm
- Height Type: stated
- Weight (lb): 174 Lb
- Weight (kg): 78.925 kg
- Weight Type: stated
- BSA (m2): 1.95 square meter(s)
- BMI (kg/m2): 26.5
- Ideal Weight (kg): 68.38 kg
- Adjusted Weight (kg): 72.6 kg

Pain Assessment:

- Does the patient currently have pain?: no

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

University of California - Irvine Healthcare

HAMMA, ABDEL
MR#: 1778016 **Gender:** Male **Admit Date:** 02/25/2015 13:20
Visit#: 2042395174 **DOB:** 03/29/46 **Discharge Date:** 02/25/2015 23:59
DR: BHANDARKAR, NAVEEN D **Age:** 68y **Service:** OP Otolaryngology

Ambulatory Intake Note-OP Otolaryngology

02/25/2015 13:41 YAZZIE, LYNNETTE (MA)

Allergies & Intolerances:

Allergen/Product	Allergen Type	Reaction	Description	Category
• Reglan	Drug	Other reaction	EPS	Allergies

Outpatient Medication Profile:

Medication	Instructions	Quantity	Refills
• atenolol 50 mg oral tablet	1 tab(s) orally once a day	0	None
• aspirin 81 mg oral tablet	1 tab(s) orally once a day	0	None

Tobacco Use:

- **Smoking Status** former smoker
- **Last Use (month/year)** 32 YEARS AGO
- **Chewing Tobacco** no

Electronic Signatures:

YAZZIE, LYNNETTE (MA) (Signed 02-25-2015 14:49)

Authored: Referral Information, Travel Information, Reason for Visit, Preferred Language, Vital Signs, Body Measurements, Pain Assessment, Allergies & Intolerances, Outpatient Medication Profile, Tobacco Use

Last Updated: 02-25-2015 14:49 by YAZZIE, LYNNETTE (MA)

History & Physical - Scan on 3/1/2015

Scan (below)

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)



UC Irvine Medical Center
Otolaryngology - Head and Neck Surgery
New Patient History Form

1778016 2042295174
HAMAMA, ABDEL
DOB: 02-29-1946 M
PLAID BX PRD BUYER
ATH BHANDARKAR, HAVEM D
RES: 109-5786061
PCP:
OF OTOLARYNGOLOGY
IRVINE OTOLARYNGOLOGY

What brings you to see us? (describe briefly) Severe Headache @ Sunday

When did the problem(s) start? 2 Months Where or which side? Left in Chino Valley

What makes / has made it better? EXEDUIN

What makes it worse? _____

Any other associated symptoms? NO

Medications you are taking or have taken for symptoms:

1. <u>Antibiotics X 30 day</u>	5. _____	Have you been tested for allergies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	6. _____	When: <u>10 years</u> Results: <u>NR</u>
3. _____	7. _____	Have you been treated with allergy shots? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. _____	8. _____	If yes, when? _____

Drug/food/other allergies: Reglan

Medical / Surgical History
Do you have any of the following? (circle all that are applicable):

Heart disease or failure	Hepatitis B or C	Diabetes	Asthma / Lung disease
Stroke	HIV / AIDS	Glaucoma	Seizures
Kidney disease or failure	Organ transplant	<u>Acid Reflux / Heartburn</u>	Cancer (specify) _____

All other medical conditions, including those previously treated (blood pressure, cholesterol, etc): _____

List all prior surgeries with dates: Cholecystectomy 1986 / wisdom teeth extraction 1996

In the past 3 months, have you had any of these problems? (circle all that apply)

Fever	Hearing loss	Chest pain	Feeling too cold / warm
Night sweats	Ringing in ears	Shortness of breath	Weight gain
Unintended weight loss	Dizziness	Weakness in arms / legs	Excessive bleeding
Blurry / double vision	Facial numbness	Tingling in arms / legs	Easy bruising
Itchy / watery eyes	Voice change	<u>Migraine</u>	Blood clots in vein
Sneezing	Throat fullness / tightness	Anxiety	Skin lesions or cancer
Runny nose	Difficulty swallowing	Depression	Arthritis

Family History: (Please list diseases that run in your family) _____

Social History:
Are you (circle one) Employed Unemployed Retired Student Current/Prior Occupation MT Surgeon Psych
Do you use tobacco, or ever have? Yes No How much per day? 15-20 For how long? 15 y If quit, when? 30 y
How many alcoholic drinks per week? _____ Do you use any recreational drugs? If yes, please state: _____

Who referred you to the office today?
 Self Friend Our website
 MD (please provide information to the right)

Name: Dr Arasoghli
Address: _____
Phone: () _____

Patient signature: _____ Reviewer signature: _____ Date: 2/25/15

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)



UC Irvine Medical Center
Otolaryngology - Head and Neck Surgery
Patient Symptom History Form

1778016 2042390174
HANNA, ABDEL
DOB: 03-29-1946 M
PLAK BY FRD BLIVER
ATK BHANDARKAR, NAVEEN D
PERF.
OP OTOLARYNGOLOGY
OUTPATIENT
DOB 03-29-1946 M
209-5788061
PCP:

Thinking about only the last 2 weeks, please indicate severity of the following symptoms by marking an X on the line:

Nasal obstruction (blockage of airflow)
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Nasal or sinus congestion
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Thick or discolored nasal discharge
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Change in sense of smell
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Facial pain or pressure (cheek / teeth / eyes)
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Frontal (forehead) headache
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Fatigue
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Ear pain / pressure / fullness
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Cough
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Postnasal (back of nose) drip
0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Most severe imaginable

Consultation - Scan on 3/9/2015: ENT

Scan (below)

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

University of California - Irvine Healthcare		
HAMMA, ABDEL		
MR#: 1778016	Gender: Male	Admit Date: 02/25/2015 13:20
Visit#: 2042395174	DOB: 03/29/46	Discharge Date: 02/25/2015 23:59
DR: BHANDARKAR, NAVEEN D	Age: 68y	Service: OP Otolaryngology

Amb Consult Note, ENT-OP Otolaryngology

02/25/2015 13:54 BHANDARKAR, NAVEEN D (MD (A))

Clinician Documentation:

Naveen D. Bhandarkar, MD

Director, Rhinology & Sinus Surgery
Dept of Otolaryngology - Head & Neck Surgery

62 Corporate Park #115, Irvine, CA 92606
101 The City Drive S, Pavilion II, Orange, CA 92868
<<http://ent.uci.edu>>
Appointments: (714) 456-7017, Fax: (714) 456-7248

Dear Dr. Arasoghli,

Thank you for the kind consultation request to evaluate Dr. Abdel Hamma for frontal headache with chronic sinusitis. Below I have included documentation of our visit. Please feel free to contact me at any time should you have any questions regarding the evaluation or management plan.

ASSESSMENT/PLAN:

1. Chronic sinusitis with polyps, with persistent disease despite maximal medical therapy
2. Frontal headaches, likely in part due to sinusitis, may have concurrent neurologic origin

- The risks, benefits, and alternatives of treatment options, including further medical therapy and/or surgery were discussed. The patient has elected to proceed with surgery based on failure of optimal medical therapy to result in sufficient improvement thus far. This will consist of bilateral image guided endoscopic sinus surgery with polypectomy. Considerations and risks relevant to the procedures were discussed. Patient understands that headaches may be multifactorial in origin and that nasal airway / sinus optimization alone may not result in complete improvement. I discussed that surgery is not a cure for chronic sinusitis and continued medical management is likely to be necessary and further surgery is occasionally necessary. All questions were answered. We will initiate the scheduling process. The patient should continue medical therapy in the meantime.

- Obtain prior CT scan on CD - may need repeat for use with image guidance

- Patient understands that headaches may be multifactorial in origin and that sinus optimization alone may not result in complete improvement. I also discussed that surgery is not a cure for chronic sinusitis.

CC: headache

HPI: 68 year old male presenting for evaluation of chronic sinusitis. Patient reports a several year history of sinus symptoms, previous sinus surgery, turbinate reduction, septoplasty 20 years ago. Symptoms of headache started 2 months ago, quite severe and prompted visit to Chino Valley ER where CT and MRI done negative for intracranial hemorrhage or tumor, positive for sinusitis. He was then given a course of antibiotics and has also had courses of

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

University of California - Irvine Healthcare		
HAMMA, ABDEL		
MR#: 1778016	Gender: Male	Admit Date: 02/25/2015 13:20
Visit#: 2042395174	DOB: 03/29/46	Discharge Date: 02/25/2015 23:59
DR: BHANDARKAR, NAVEEN D	Age: 68y	Service: OP Otolaryngology

Amb Consult Note, ENT-OP Otolaryngology

02/25/2015 13:54

BHANDARKAR, NAVEEN D (MD (A))

oral steroids, currently placed on another course of zpak. Medications have resulted in temporary improvement with current severity decreased, but severe pressure still occurring at random last yesterday, taking frequent excedrin. Sinus symptoms had been overall manageable prior to that, taking periodic steroid injections. history of allergic rhinitis, last allergy test negative.

Past Medical History:

Pre-diabetes
Right lung collapse from complicated hospital course post EGD
HTN
GERD
CRS

Past Surgical History:

Cholecystectomy 1986
Nissen fundoplication 1996

Medications:

aspirin 81 mg oral tablet 1 tab(s) orally once a day
atenolol 50 mg oral tablet 1 tab(s) orally once a day

Allergies:

Reglan -> Other reaction

Family History:

Negative for: bleeding disorders, inhalant allergy, sinusitis, head/neck ca in first degree relatives

Social History:

Negative for tobacco use
Negative for unhealthy alcohol use
Previous CT surgeon, now chief of psychiatry

Review of Systems:

Comprehensive review of >10 systems was performed and documented on a reviewed intake form. Pertinent positives and negatives noted in HPI. also positive for migraines, all others negative.

Vital Signs:

- **Body Measurements:** Data referenced from "Ambulatory Intake Note-OP Otolaryngology" 02/25/2015 13:41
Height: 5'8 | Weight: 174 lbs | Weight: 78.925 kgs | BSA: 1.95 | BMI: 26.5

Physical Exam:

- **Details:**
General: Documented vital signs reviewed. Alert and oriented x3. no acute distress.
Head/Face: No significant skin lesions, facial nerve function and sensation normal
Ears: Auricles normal in appearance. EAC/TM left: clear / normal, right: clear / normal; no middle ear effusion bilaterally.
Nose: Anterior rhinoscopy demonstrates mucosal inflammation bilaterally. polyps present in middle meatus. prior

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

University of California - Irvine Healthcare		
HAMMA, ABDEL		
MR#: 1778016	Gender: Male	Admit Date: 02/25/2015 13:20
Visit#: 2042395174	DOB: 03/29/46	Discharge Date: 02/25/2015 23:59
DR: BHANDARKAR, NAVEEN D	Age: 68y	Service: OP Otolaryngology

Amb Consult Note, ENT-OP Otolaryngology

02/25/2015 13:54 BHANDARKAR, NAVEEN D (MD (A))
 inferior turbinate resection bilaterally. anterior septum midline. Nasal endoscopy was performed as separate procedure to further evaluate for sinusitis, given both the history and that anterior rhinoscopy alone was inadequate to visualize the relevant anatomic areas.
 Oral Cavity/Pharynx: Oral mucosal surfaces grossly normal. Palate elevates symmetrically. Tongue midline at rest and mobile. No masses or lesions to visualization or palpation.
 Neck: Normal range of motion, no masses.
 Eyes: Extraocular movements intact, conjunctivae and sclerae are clear. No proptosis.
 Lymphatic: No cervical adenopathy.
 Respiratory: Breathing comfortably with no stridor or accessory muscle use.
 Psychiatric: Mood normal, affect normal.

Procedure Note: Diagnostic nasal endoscopy
 Indications: Evaluate chronic sinusitis with polyposis, history of prior surgery
 Description: Indications for the procedure were discussed and questions were answered. The patient elected to proceed. Topical anesthesia (4% lidocaine) and decongestant (phenylephrine) were applied to the nasal passages and allowed to act for a period of at least 10 minutes for full effect. The rigid scope was then utilized for visualization. The mucosa, turbinates, septum, and sinus drainage pathways, including the middle meatus, ostiomeatal complex, superior meatus, and sphenothmoid recess, were examined.
 Findings: polyps visualized in middle meatus bilaterally, significant mucosal edema of frontal outflow, infectious debris static in left maxillary antrum visualized through inferior meatal window, no current severe edema or purulent drainage, sphenoid recess clear

Data Review:

- Results**
 CT scan 2/10/15 images reviewed: scattered moderate/severe sinus thickening in maxillary (left > right), ethmoid, frontal (left > right)

CC:

Provider Name	Specialty	Address
ARASOGHLI, SAM	ENT, General	297 WARTESIA ST STE A, POMONA, CA 91768

Electronic Signatures:
 BHANDARKAR, NAVEEN D (MD (A)) (Signed 03-08-2015 09:00)
 Authored: Clinician History, Intake Documentation Review, Vital Signs, Physical Exam, Data Review, Attending Attestation, CC

Last Updated: 03-08-2015 09:00 by BHANDARKAR, NAVEEN D (MD (A))

Discharge Document - Scan on 3/12/2015: SUMMARY

Scan (below)

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

University of California - Irvine Healthcare
101 The City Drive, Orange, CA 92868
Patient Summary

Patient: HAMMA, ABDEL
MR#: 1778016 Gender: M Admit Date: 02/25/2015
Visit#: 2042395174 DOB: 03/29/1946 Discharge: 02/25/2015
DR: BHANDARKAR, NAVEEN D Age: 68 Visit Type: Outpatient
Service: OP Otolaryngology

Health Issues - Active

Category	Name	Onset Date	Entered By	Entered Date/Time
Chief Complaint	SINUS		REYNOLDS, MACKENZIE (MA)	02/23/15 11:25

Allergy - Active

Category	Name	Reaction	Confidence Level	Onset Date	Entered By	Entered Date/Time
Drug	Reglan	Other reaction			YAZZIE, LYNNETTE (MA)	02/25/15 13:46

Providers

Category	Name	Description
Attending Physician	BHANDARKAR, NAVEEN D	ENT: General
PCP Community Physician	ARASOGHLI, SAM	ENT: General

Medication - Scan on 3/15/2015: PRESCRIPTION

Scan (below)

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

University of California, Irvine Healthcare	
RxWriter	
Patient: HAMMA, ABDEL	Gender: M
MRN: 1778016	DOB: 03/29/1946
Visit: 2042395174	Age: 68y

Medication	Instructions	Sched.	Generic Drug Name
predniSONE 10 mg tablet	4 tab orally once a day x 4 days; 3 tab orally once a day x 4 days; 2 tab orally once a day x 4 days; 1 tab orally once a day x 4 days	0	predniSONE
Quantity: 40	Refills: 0	DAW: False	
Start Date: 3/13/2015	Stop Date: 3/29/2015	Renew Date:	
Submitted Date: 3/13/2015			
Submitted By: BHANDARKAR, NAVEEN D	Supervising Physician:		
On Behalf Of: BHANDARKAR, NAVEEN D			
Ref #: 3123304			
Memo:			
Comment:			
Pharmacy Memo:			

Medication	Instructions	Sched.	Generic Drug Name
amoxicillin-clavulanate 875 mg-125 mg tablet	1 tab(s) orally every 12 hours x 21 days ; recommend daily probiotic or yogurt while on therapy	0	amoxicillin-clavulanate
Quantity: 42	Refills: 0	DAW: False	
Start Date: 3/13/2015	Stop Date: 4/3/2015	Renew Date:	
Submitted Date: 3/13/2015			
Submitted By: BHANDARKAR, NAVEEN D	Supervising Physician:		
On Behalf Of: BHANDARKAR, NAVEEN D			
Ref #: 3123317			
Memo:			
Comment:			
Pharmacy Memo:			

Anesthesia - Scan on 4/3/2015: PREOPERATIVE SCREEN

Scan (below)

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

1778016 204228124
HANNA, ADEL
DOB 03-29-1946 M
OUTPATIENT
PLAN BK PRO BUYER
4TH SHAMARDAR, NAVERD D
WIFE
2ND OTOLARYNGOLOGY
UCI IRVINE HEALTH



PREOPERATIVE ANESTHESIA
SCREENING

DOB: 3/29/46 Age: 67 Gender: M F Wt: 174 lb. Ht: 5'8" in.
Email Address: stmar16med.cal@yahoo.com
Primary MD: NONE Last Visit: _____ Surgeon: _____
Previous Surgery at UCI Irvine Health? Y N Best time to call: any time Best number to reach you: (909) 578-6061 cell
Best time for Pre Op Visit: Prior to March 9 Pre Op Phone interview: (909) 606-7444 office
Will you be arriving from out of the area? Y N If yes, from where? CHINA & HILLS

Patient Questionnaire
Please answer the following YES or NO questions to the best of your ability. If you are unsure, or have comments, please note the question in the comments at the end of each section.

CARDIOVASCULAR	YES	NO	Year	HEMATOLOGIC/ONCOLOGIC	YES	NO	Year	ENDOCRINE	YES	NO	Year
High Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>		INFECTIOUS				Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
*Heart Attack	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Anemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Thyroid Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
*Angina/chest pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Sickle Cell disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Taken Steroids in the past year	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Heart Bypass surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Blood clots in legs or lungs	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments: <u>40mg/day X 5 day</u>			
CABG	<input type="checkbox"/>	<input checked="" type="checkbox"/>		HIV	<input type="checkbox"/>	<input checked="" type="checkbox"/>		MUSCULOSKELETAL	YES	NO	Year
*Stents	<input type="checkbox"/>	<input checked="" type="checkbox"/>		History of Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
*Pacemaker or Defibrillator	<input type="checkbox"/>	<input checked="" type="checkbox"/>		If Yes, Type of Cancer _____				Rheumatoid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If "YES," obtain pacemaker interrogation				Location _____				Neck, Back, Arm, Leg Problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Congestive Heart Failure/				Chemotherapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Herniated disc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fluid in lungs	<input type="checkbox"/>	<input checked="" type="checkbox"/>		When _____				Comments: _____			
Palpitations/irregular heartbeat	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Type _____				NEUROPSYCHIATRY	YES	NO	Year
Heart murmur	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Radiation therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		*Stroke	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Do you exercise	<input type="checkbox"/>	<input checked="" type="checkbox"/>		GASTROINTESTINAL	YES	NO	Year	Seizure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
How often? _____				Alcoholic liver disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Fainting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Type? _____				Acid Reflux	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Dizziness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments: _____				Heartburn	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PULMONARY	YES	NO	Year	Hepatitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Depression	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormal Chest X-ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Jaundice	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Anxiety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Alcohol use	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Psychiatric Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Bronchitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Amount: <u>Socially 1-2 Max</u>				Comments: _____			
Emphysema	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Recreational drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>		"FOR PEDIATRIC PATIENTS ONLY"	YES	NO	
*Recent Respiratory Infection (within last 4 weeks)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		URINARY/REPRODUCTIVE	YES	NO	Year	Was child born prematurely	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
*Shortness of Breath with Exertion/Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Urinary/Kidney disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>		If YES, how many weeks premature were they _____			
*Can you lay flat on your back	<input type="checkbox"/>	<input checked="" type="checkbox"/>		*Dialysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Problems noted at birth	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sleep Apnea	<input type="checkbox"/>	<input checked="" type="checkbox"/>		*Hemodialysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>		If YES, please explain: _____			
<input type="checkbox"/> Snoring				*Peritoneal Dialysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>		PRIOR SURGERY			
<input type="checkbox"/> Tired				If Female, could you be pregnant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Surgery: <u>Cholecystectomy</u> <u>1986/446</u>			
<input type="checkbox"/> Observed Slow Breathing				Date of last menstrual period: _____			Complications: <u>NONE</u>				
<input type="checkbox"/> CPAP use at home				NEUROMUSCULAR DISEASE	YES	NO	Year	Surgery: <u>Wrist Fusion/Plat</u> <u>1956</u>			
Current Cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ALS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Complications: <u>YES</u>			
*Cough with mucous production	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Muscular Dystrophy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Surgery: _____			
Have you ever smoked	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Multiple Sclerosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Complications: <u>E-MAILED MAR 09 2015</u>			
How many years _____				Parkinsons	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Pulmonary Embolism	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Guilain - Barre	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Oxygen/Ventilator Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Comments: _____											

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02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

1778016 2042285174
ADDEL
DOB: 02-29-1946 M
CLASS: EX-PRO BUYER
L1N: BHANDARIKAR, NAVJEEV D
YEAR: 10
PCP: ARASOBU, SAM



UC Irvine Health

PREOPERATIVE ANESTHESIA
SCREENING

Please provide the following information so we may contact your other physicians if necessary:

Primary MD Name: NONE Phone No: _____ Address: _____
 Cardiologist Name: Dr. Agrawal Phone No: (949) 670-0900 Address: Pomona
 Other Provider Name: _____ Phone No: _____ Address: _____

Patient Questionnaire

1. Do you have any personal history of anesthetic complications YES NO
 If YES, please explain: _____
 2. Is there a family history of anesthetic complications YES NO
 If YES, please explain: _____

BLOOD

1. Do you have any reason why you would refuse blood or blood products YES NO
 If YES, please explain: _____
 2. Do you have an Advance Directive YES NO
 If YES, please explain: Included in Living Trust.

Bleeding Questionnaire (Yes/No marked on order) (POSITIVE = ONE YES)

YES	NO	
	<input checked="" type="checkbox"/>	Have you had abnormal bleeding following: Dental extractions? Major/minor operations? Major/minor injuries?
	<input checked="" type="checkbox"/>	Do you have trouble with any of the following: Easy bruising (bigger than 2 inches)? Frequent nose bleeds? Abnormal heavy menstrual periods? Bleeding into joints or muscles? Oozing a long time from cuts or scrapes?
	<input checked="" type="checkbox"/>	Have you ever needed a blood transfusion for unexpected or heavy bleeding after a surgical procedure?
	<input checked="" type="checkbox"/>	Is there any family history of abnormal bleeding?
	<input checked="" type="checkbox"/>	Do you currently take any sort of anticoagulant (blood thinner) medication? (Coumadin, Lovena, Pradaxa, etc.)

MEDICATIONS (include over-the-counter and herbal)	Dose	Frequency	Allergies (list all)	Reaction
<input type="checkbox"/> I do not take medication			<input type="checkbox"/> I do not take medication	
1. <u>Slice ASA</u>				
2. <u>Slice ASA</u>				
3. <u>Slice ASA</u>				
4. <u>Slice ASA</u>				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				

Do you have any comments or concerns you would like to share with our staff? YES NO
 You may receive a phone call from the Anesthesia Department based on your medical history.

PATIENT'S CURRENT PHYSICIAN NAME: Adel S. Hanna SIGNATURE: [Signature] DATE: 2/25/15
 "PRINT USE ONLY"
 QUESTIONNAIRE REVIEWED BY: MMAL/TL E-MAILED MAR 09 2015 DATE: _____

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

1778016 204235174
HANNA, ADEL -
DOB: 03-29-1946 M
PLANK, BK PRO BUYER
ATH BHANDARKAR, NAVEEN D
PCP ANASOOLK, SAM
PERF: 10 OTOLARYNGOLOGY



UC Irvine Health

PREOPERATIVE ANESTHESIA
SCREENING

DOB: 3/29/46 Age: 67 Gender: M F Wt: 174 lb. Ht: 5'8" in.
Email Address: stmarxmedical@yahoo.com
Primary MD: NONE Last Visit: _____ Surgeon: _____
Previous Surgery at UCI Irvine Health? Y N Best time to call: any time Best number to reach you: (909) 578-6061 cell
Best time for Pre Op Visit: Prior to March 9 Pre Op Phone Interview: (909) 666-7444 office
Will you be arriving from out of the area? Y N If yes, from where? CHINA HILLS

Patient Questionnaire
Please answer the following YES or NO questions to the best of your ability. If you are unsure, or have comments, please note the question in the comments at the end of each section.

CARDIOVASCULAR	YES	NO	Year	HEMATOLOGIC/ONCOLOGIC	YES	NO	Year	ENDOCRINE	YES	NO	Year
High Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	INFECTIOUS				Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
*Heart Attack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Anemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Thyroid Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
*Anginal/chest pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Sickle Cell disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Taken Steroids in the past year	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Heart Bypass surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Blood clots in legs or lungs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Comments: <u>4mg/day X 5 day</u>			
CABG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	HRV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	MUSCULOSKELETAL	YES	NO	Year
*Stents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	History of Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Pacemaker or Defibrillator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	If Yes, Type of Cancer _____				Rheumatoid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
*If "YES," obtain pacemaker interrogation				Location _____				Neck, Back, Arm, Leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Congestive Heart Failure/				Chemotherapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fluid in lungs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	When _____				Herniated disc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Palpitations/Irregular heartbeat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Type _____				Comments: _____			
Heart murmur	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Radiation therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____	NEUROPSYCHIATRY	YES	NO	Year
Do you exercise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	GASTROINTESTINAL	YES	NO	Year	*Stroke	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
How often? _____				Alcoholic liver disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Seizure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Type? _____				Acid Reflux	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	Fainting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Comments: _____				Heartburn	<input type="checkbox"/>	<input type="checkbox"/>	_____	Dizziness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
				Hepatitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Headache	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
PULMONARY	YES	NO	Year	Jaundice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Depression	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Abnormal Chest X-ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Alcohol use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	Anxiety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Amount: <u>Socially 1-2</u> <u>times</u>				Psychiatric Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Bronchitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Recreational drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Comments: _____			
Emphysema	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	URINARY/REPRODUCTIVE	YES	NO	Year	"FOR PEDIATRIC PATIENTS ONLY"	YES	NO	
*Recent Respiratory Infection (within last 4 weeks)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Urinary/Kidney disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Was child born prematurely	<input type="checkbox"/>	<input type="checkbox"/>	
*Shortness of Breath with Exertion/Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	*Dialysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	If YES, how many weeks premature were they _____			
*Can you lay flat on your back	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	*Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Problems noted at birth _____	<input type="checkbox"/>	<input type="checkbox"/>	
Sleep Apnea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	*Peritoneal Dialysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	If YES, please explain: _____			
<input type="checkbox"/> Snoring				If Female, could you be pregnant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	PRIOR SURGERY			
<input type="checkbox"/> Tired				Date of last menstrual period: _____				Surgery: <u>Cholelithotomy</u> <u>1986/1996</u>			
<input type="checkbox"/> Observed Stop Breathing				NEUROMUSCULAR DISEASE	YES	NO	Year	Complications: <u>NO</u>			
<input type="checkbox"/> CPAP use at home				ALS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Surgery: <u>Wissen Fundalcat</u> <u>1996</u>			
Current Cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Muscular Dystrophy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Complications: <u>YES</u> <u>E-MAILED MAR 19 2015</u>			
*Cough with mucous production	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Multiple Sclerosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Surgery: _____			
Have you ever smoked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Parkinsons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Complications: <u>E-MAILED MAR 09 2015</u>			
How many years _____				Guiltain-Barre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____				
Pulmonary Embolism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Oxygen/Ventilator Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____								
Comments: _____											


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02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

TYPE OF VISIT (PROVIDER):
1778016 2042395174
HANNA, ADEL
DOB: 03-29-1946 M
PLAR: BX PRD BUYER
17N BHANDARKAR, MAVEEN D
PERF:
1P OTOLARYNGOLOGY

PCP: PARASOOGHI, SAM



UC Irvine Health

PREOPERATIVE ANESTHESIA SCREENING

Please provide the following information so we may contact your other physicians if necessary:

Primary MD Name: NONE Phone No: _____ Address: _____
 Cardiologist Name: Dr Agrawal Phone No: (909) 678-0900 Address: Acuma
 Other Provider Name: _____ Phone No: _____ Address: _____

Patient Questionnaire

1. Do you have any personal history of anesthetic complications YES NO
 If YES, please explain: _____

2. Is there a family history of anesthetic complications YES NO
 If YES, please explain: _____

BLOOD

1. Do you have any reason why you would refuse blood or blood products YES NO
 If YES, please explain: _____

2. Do you have an Advance Directive YES NO
 If YES, please explain: included in Living trust.

Bleeding Questionnaire (Yes/No marked on order) (POSITIVE = ONE YES)

YES	NO	QUESTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you had abnormal bleeding following: Dental extractions? Major/minor operations? Major/minor injuries?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you have trouble with any of the following: Easy bruising (bigger than 2 inches)? Frequent nose bleeds? Abnormal heavy menstrual periods? Bleeding into joints or muscles? Oozing a long time from cuts or scrapes?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you ever needed a blood transfusion for unexpected or heavy bleeding after a surgical procedure?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there any family history of abnormal bleeding?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you currently take any sort of anticoagulant (blood thinner) medication? (Coumadin, Lovenox, Pradaxa, etc.)

MEDICATIONS (include over-the-counter and herbal)	Dose	Frequency	Allergies (list all)	Reaction
<input type="checkbox"/> I do not take medication			<input type="checkbox"/> I do not take medication	
1. <u>See ADEL</u>			1. <u>See Quest</u>	
2. <u>See ADEL</u>			2. <u>See Quest</u>	
3. <u>See ADEL</u>			3. <u>See Quest</u>	
4. <u>See ADEL</u>			4. <u>See Quest</u>	
5. <u>See ADEL</u>			5. <u>See Quest</u>	
6. <u>See ADEL</u>			6. <u>See Quest</u>	
7. <u>See ADEL</u>			7. <u>See Quest</u>	
8. <u>See ADEL</u>			8. <u>See Quest</u>	
9. <u>See ADEL</u>			9. <u>See Quest</u>	

Office Staff: Medications Updated in Quest on: _____

Do you have any comments or concerns you would like to share with our staff? YES NO
 You may receive a phone call from the Anesthesia Department based on your medical history.

E-MAILED MAR 19 2015

PARENT OR GUARDIAN (PRINT NAME): Adel S. Hanna SIGNATURE: [Signature] MD DATE: 2/25/15

OFFICE USE ONLY

E-MAILED MAR 09 2015

98377 (Rev 3-17-14) Please complete BOTH pages E-MAILED MAR 08 2015

Orders - Scan on 4/3/2015: SURGERY SCHEDULING

Scan (below)

02/25/2015 - Office Visit in UCI IRVINE ENT (continued)

Scans - All Encounter Scans (continued)

1778016 2042395174
Hanna, Adel
DOB: 03-29-1946 M
DOS: 02-25-2015 15:20
PLAN: BP, PAB, NYMR
ATRN: SHANDHAR, NAVEEN D
NPR: ENTOTOLARYNGOLOGY
PCPARASOON1, SAM

UC Irvine Health
AMBULATORY PRACTICE
SURGICAL SCHEDULING ORDERS

Patient Information: Date: _____ Time: _____ Surgeon: **Naveen Bhandarkar MD**

Patient Telephone: _____ STARS #: **#2163647** Date of Surgery: **3/10/15** Time of Surgery: _____

Clinic Coordinator: **Irene Cervantes** Nurse: **Ann Mackenzie** Office Ext: **714 272 3300** Fax: **310 44**

Height (cm): **172.7** Weight (kg): **78.9** VS: BP: **124/78** P: **46** R: **68** T: **98** Primary Care MD: _____

Allergies: **Penicillin** Reaction: **EPS**

Patient Does Not Require Medical Clearance
 Referral for Medical Evaluation Hospitalist Program Fax: 714 456 6429 H & P Source: UC Irvine Outside UCI preop apttime
Other MD Name: _____ Office Number: _____ Appt. Date: _____
Give Reasons: **UCI preop apt time** Clinical Staff Signature: _____ Date/Time: _____
 Postary Surgeon to provide orders and pre-operative work up

Physician Orders
 UC Irvine Lab Outside Lab: CBC with diff Hgb/Hct ACT PT PTT BMP CMP UA Urine C&S ERG6 UA Preg
 STAT T & H Bleeding Questionnaire Positive Yes No See Pre Op Testing Guidelines
 T & C units T & H units Directed Donor Autologous Blood Bank X-ENG < 6 mo X-Ray Chest PA/LAT

Patient Acknowledgment of Specimens Taken for Laboratory Testing Listed above:
Name (print): _____ Signature: _____ Date: _____ Relationship to patient: _____
Diagnosis: **CHRONIC SINUSITIS DEVIATED NASAL SEPTUM TURBINATE HYPERTROPHY** ICD9: 473.9 470 478.0 471.8 478.18

Surgical Procedure (as per informed consent): Major surgery Minor surgery
LEFT / RIGHT / BILATERAL: **IMAGE GUIDED ENDOSCOPIC SINUS SURGERY** CPT: 312.56 67.55 761.87 88.25
PARTIAL MAXILLECTOMY / MODIFIED FURBER PROCEDURE / FRONTAL TREPHINE 617.82 31001 31080 30115
INFERIOR TURBINATE REDUCTION / SEPTOPLASTY / MIDDLE TURBINATE RESECTION 30140 30830 30802 30520 31231 30999
OSTEOPLASTIC FLAP WITH OBLITERATION / TRISUE GRAFT (AVAILABLE SITE) 31085 31097 20826
Length of procedure estimated: _____ Procedure part of MRB Protocol: No Yes MRB _____ Bleeding Risk: High Low
Prior Cardiac W/O: Diagnostic Tests Results / Images Required in Procedure Area: **LIPL CAD CT TO ELISION (IMAGE GUIDED CIRCLED)**

Anesthesia Preference: Choice General Epidural Regional MAC Other
Positioning: Supine Prone Rt. Lateral Lt. Lateral Lithotomy Allen Straps Candy Cases Other
Special Equipment or Supplies: C-ARM Cell-Saver Spinal Monitoring Prostheses Bone Tissue Ultrasound Lasertype
VTE Prophylaxis: SCDs TEDs Thigh High (preferred) Mass Rub
In Progress: Esophageal Subcut Heparin Heparin Units Subcut Heparin _____ Other _____
Contraindications with Beta Blocker: Beta Blocker Contraindicated on back panel

Beta Blocker: _____ usually with stop of water with pre-op meals
Prophylaxis is indicated or Patient Already on Beta-Blocker
 Patient is already on beta-blocker therapy and will take this prior to surgery
 Patient meets criteria and was prescribed a beta-blocker to take prior to surgery
 Patient meets criteria, but beta-blocker NOT prescribed due to HR < 55 or SBP < 100
If prophylaxis is indicated or the patient is already on a beta-blocker and HR < 55 and SBP < 100 prior to induction:
 Give additional dose of IV metoprolol 2.5-5 mg and repeat in 15 minutes to target HR 55-65

Antibiotics: Antibiotics not indicated
 Antibiotic dosage appropriate for weight per pharmacy
 MD aware of patient allergy. Proceed with ordered antibiotic.
Beta Blockers:
 Carvedilol NPB
 Celastrol NPB
 Atenolol NPB
 Amilorin NPB
 Atenolol/Sustained NPB
 Carvedilol NPB + Carvedilol NPB (for pt. Allergic to Penicillin)
 Oxprenolol NPB + Oxprenolol NPB (for pt. Allergic to Penicillin)
 Entaprenolol NPB 1 gm Iar:
 Open Heart Surgery or Colorectal Surgery
 Clindamycin
 Gentamicin _____ mg NPB (1.8 - 2.5mg/kg)
 Cefuroxime 400mg NPB (for pt. Allergic to Penicillin) **MAR 09 2015**
 Metronidazole 500mg NPB
 Other _____

REASONS: MUST check all that apply for prescribing Vancomycin:
 Beta-lactam allergy
 Continuous inpatient stay > 24hrs prior to the principal procedure
 Known MRSA colonization
 High risk due to acute inpatient care or LTC within past year
 Chronic wound care Chronic dialysis
 Prosthetic valve or vascular graft surgery
 Skin lesions concerning for possible community-acquired MRSA
 Other reason: _____
Vancomycin _____ gm (15mg/kg up to 1.5gm rounded to nearest 250 mg) (DSW/NPB)
 Concentrated Vancomycin for craniotomy and CT surgery patients only
 Vancomycin 1.5 gm in NS/DSW 150ml
 Vancomycin 1.25 gm in NS/DSW 150ml
 Vancomycin 1.5 gm in NS/DSW 150ml
(NS for craniotomy patients; DSW for CT surgery patients.)

Admission Requirements: Nursing Unit: _____ Type of Admission: Elective Urgent Emergent Estimated # of midnights: _____
 Inpatient (PRE & AM Admits) Reason: Status post surgery, inpatient stay required for ongoing medical management
 Outpatient Surgery / No Post Surgical Bed Needed Outpatient Surgery / Post Surgical Bed Required Isolation (give reason): _____
DISCHARGE PLACEMENT: SNF/Rehab/HH Home Unknown
Communication Notes: **SUBMIT CPT 31237-50 X 2 VISITS FOR POST-OP**
SCHEDULE POST-OP VISITS AT 1 AND 3 WEEKS FOLLOWING SURGERY DATE
MD/PA/NP Signature: _____ Date/Time: _____ Attending MD Signature: _____ Date/Time: **2/25/15**

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87417 (Rev 10-9-13)

Letter Mar 9-11
E-MAILED MAR 03 2015
PH: 714 244-7159

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