



Orange County

P.O.Box 6270
Orange, CA 92863

Phone 714-565-0600
Fax 714-565-0700

Riverside

2255 Business Way
Riverside, CA 92501

Phone 951-684-8089
Fax 951-684-8088

QUALITY CONTROL INFORMATION VERIFICATION

RECORDS LOCATION

HealthCare Partners
8311 Florence Ave., Ste 3928
Downey, CA 90240

Phone: (562) 923-4911
fax:

RECORDS INFORMATION

Records OF: Debra Sanchez

AKA:

Date of birth : 5/29/1966 S.S.No.: 559-79-2503 Order No **43808-01** Paper Copies: 1

Other Information :

CD Copies: 0

The enclosed records have been copied by Jose, and have been verified by the following:

Name

Date of birth

Social Security No.

No verifiable data available in the file

Other _____

The records you have requested are as follows :

All records available

All records. No billing or x-rays

Billing records

All x-rays available

Payroll Records

All records as specified in the request

Records have been reviewed and packaged by : _____



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Declaration Of Custodian Of Records Order No.: 43808-01

As an agent of CVC Legal Solutions I hereby declare the following:
The attached are true and complete copies of all documents which were provided to me on this date.
All copies will be delivered to the party which caused request to be issued.

The total number of pages were 339
Agent Signature [Signature] Date 10/14/19

NOTE : The custodian refused to sign this certificate or generate a similar document at the time of document production.

Agent Signature _____ Date _____

Custodian Of Records

I, the undersigned, being the duly authorized custodian of records for :

HealthCare Partners
8311 Florence Ave., Ste 3928
Downey, CA 90240

Phone: (562) 923-4911
fax:

With personal knowledge of facts set forth below, and authority to certify said records, do hereby attest to the following facts:

I am an employee of the organization listed above and have personal knowledge of the procedures and practices reflected in the records pertaining of : Debra Sanchez

Date of Birth : 5/29/1966 Date of Accident : 04/20/18-2/1/1
Social Security No.: 559-79-2503

I also certify, that we have released to photocopy any/all the records requested in the [] Subpoena or [] Authorization with which I was served, and provided to an agent of CVC Legal Solutions for the purpose of copying pursuant to California Evidence Code section 1560, subdivision (e).

That to the best of my knowledge and belief, the records were prepared in the normal course of business for which I am the custodian of records, at or near the time of fact, condition, or event depicted in the records.

It is understood that the record request also asks for :

[] Billing Statements [] Original X-Rays Initials _____

These materials ARE NOT in our possession.

[] Billing Statements (and/or) [] Original X-Rays Initials _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Custodian's Signature _____ Date _____

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Custodian Of RecordsOrder No.: **43808-01**Records of: **Debra Sanchez**Date of birth **5/29/1966**Social Security No.: **559-79-2503**

Aka:

I, the undersigned, being the duly authorized custodian of records for :

HealthCare Partners
8311 Florence Ave., Ste 3928
Downey, CA 90240

Phone: **(562) 923-4911**

fax:

Certify the following :

- 1.- That the copies enclosed with this declaration are true and correct copies of all records described in the request for records, issued to me or my company.
- 2.- That the enclosed records were prepared by our personnel or persons acting under control and direction in the ordinary course of business.
- 3- The enclosed are true copies of the original(s) of such records as described in the request; and after due search, no other records have been excluded or neglected from the records copies provided to

CVC Legal Solutions

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Signature : Ka VangDate : 09/30/2019**Certificate Of No Records**Records of: **Debra Sanchez**Date of birth **5/29/1966**S. S. N. : **559-79-2503**

Aka:

I, the undersigned, being the duly authorized custodian of records for :

HealthCare Partners
8311 Florence Ave., Ste 3928
Downey, CA 90240

Phone: **(562) 923-4911**

fax:

Certify the following :

- A- That, a thorough search of our files, carried under my direction and control revealed no documents records or other things called for in the [] Subpoena and/or [] Authorization presented to me.
- B- That, it is understood that such records could exist under other spelling, name or classification, but that with the information furnished to our office, and to the best of my knowledge, no such records exist in our files.
- C- Other (please explain) : _____

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Date : _____

Signature : _____

Executed at : _____ Print Name : _____

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKER'S COMPENSATION

43808-01

WORKERS' COMPENSATION APPEALS BOARD

Debra Sanchez Claimant/Applicant
VS.
University Of Southern California Employer/Insurance Carrier/Defendant,

Case No.: ADJ11924494; ADJ11924493

(IF APPLICATION HAS BEEN FILLED, CASE NUMBER
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using the
above Case No. or attaching copy of the subpoena)

See instructions below.*

The People of the State of California send greetings to : THE CUSTODIAN OF RECORDS FOR
HealthCare Partners--, 8311 Florence Ave., Ste 3928, Downey, CA 90240

WE COMMAND YOU TO MAKE RECORDS AVAILABLE TO DEPOSITION OFFICER

at **CVC Legal Solutions 2255 Business Way Riverside, CA 92501 (951) 684-8089**

on September 30, 2019 at 08:00 O'Clock A.M to testify in the above entitled matter and to
bring with you and produce the following described documents, papers, books, and records :

Records of: Debra Sanchez AKA:

Date of Birth : 5/29/1966 SSN: 559-79-2503

ANY AND ALL MEDICAL RECORDS IN YOUR POSSESSION INCLUDING, BUT NOT LIMITED TO DAISY JOCO GUEVARA, MD:
PATIENT HISTORY QUESTIONNAIRES, INPATIENT AND OUTPATIENT RECORDS, DOCTORS AND NURSES NOTES, CHART
NOTES, MEDICAL REPORTS, TREATMENT NOTES, TEST RESULTS, PRESCRIPTIONS WRITTEN LAB REPORTS,
CORRESPONDENCE, AND DISABILITY CERTIFICATIONS, AS WELL AS ANY X-RAY, MRI OR CAT-SCAN REPORTS, ETC. FROM
THE DATE OF BIRTH TO PRESENT.

***** AN EMPLOYEE CLAIM FORM HAS BEEN FILLED PURSUANT TO LC 5401(c)

(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses, and damages
sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date : 9/6/2019



WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA

By

Secretary, Assistant Secretary, Workers' Compensation Judge

If no application for adjudication of claim has been filed, a declaration under
penalty of perjury that the Employee's claim workers' Compensation Benefits
(form DWC-1) has been filled pursuant to Labor Code Section 5401 must be
executed properly.

**SEE REVERSE SIDE
[SUBPOENA INVALID WITHOUT DECLARATION]**

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and
place stated above with (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriffs or City Police Department unless accompanied by notice from
this board that deposit of the witness fee has been made in accordance with Government Code 68097.2 et seq.

DECLARATION FOR SUBPOENA DUCES TECUM

Case No.: ADJ11924494; ADJ1192449

STATE OF CALIFORNIA, County of Riverside

The undersigned states :

That he/she is (one of) the attorney(s) of record/representative(s) for the **defendant** in the action captioned on the reverse hereof. That **HealthCare Partners**

has in his/her possession or under his/ her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons :

**NECESSARY AND RELEVANT ON ISSUES OF PAST AND PRESENT DAMAGES.
NO PERSONAL APPEARANCE IS NECESSARY.**

That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filled in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filled is attached hereto. (Check box if applicable and part of the declaration bellow. See instructions in front of subpoena)

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 06, 2019 , at Riverside , California

APPLICANT'S PROOF OF SERVICE

For CVC Legal Solutions

CC: Law Offices of Natalia Foley
8306 Wilshire Blvd., Suite 115
Beverly Hills, CA. 90211

MARIA V. CASTRO

Maria V. Castro
Signature

VIA MAIL /S/ Robert Tomlin, Esq.
Law Offices Of Robert Wheatley
14661 Franklin Ave #100
Tustin, CA 92780

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of : Riverside

I, the undersigned, state that I served the subpoena by showing the original and delivering a true copy thereof, together with a copy of the declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Name of Person Served

Place

Date Of Service

HealthCare Partners
8311 Florence Ave., Ste 3928
Downey, CA 90240

9/16/19

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9/16/19 , at Riverside, CA

Crystal
Signature

Magnolia

Patient Chart Copy for DEBRA SANCHEZ

MRN: 28-1679763

DOB: 29-May-1966

Data accurate as of: 09/30/2019 12:09 PM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 10

DOB: 29-May-1966

Date of Visit: 23-Aug-2019

Owner: GUEVARA, DAISY

Document Type: Patient Letter

Site Name: Health Information Services

August 30, 2019

To Whom It May Concern:

Kindly allow Ms. Debra Sanchez to keep her pet dog.
Miss Sanchez suffers from Depression and Anxiety.
Her pet dog is a source of emotional support thus preventing
exacerbation of her condition.
Thank you for your compassion and kindness.

Sincerely ,

Daisy Guevara, MD
Primary Care Physician

Electronically signed by : DAISY GUEVARA, MD; Aug 30 2019 12:40PM PST
(Author)

Staying Healthy Assessment Adult

SANCHEZ, DEBRA
DOB: 05/29/1966
HM323-702-0245
DR: 407747
RF DR#

SEX: F
MRN: 28-1679763
MMCAL 761
DATE 02/14/2019 09:00AM
PCP: GUEVARA MD, DAISY

Patient's Name (first & last) <i>Debra Sanchez</i>	Date of Birth <i>5-29-66</i>	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Today's Date <i>2-14-19</i>
Person Completing Form (if patient needs help) <i>myself</i>	<input type="checkbox"/> Family Member <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Friend	Need help with form? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

Need Interpreter?
 Yes No

				Clinic Use Only:		
				Nutrition		
1	Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Skip		
2	Do you eat fruits and vegetables every day?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Skip		
3	Do you limit the amount of fried food or fast food that you eat?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Skip		
4	Are you easily able to get enough healthy food?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Skip		
5	Do you drink a soda, juice drink, sports or energy drink most days of the week?	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Skip		
6	Do you often eat too much or too little food?	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Skip		
7	Are you concerned about your weight?	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Skip		
				Physical Activity		
8	Do you exercise or spend time doing activities, such as walking, gardening, swimming for 1/2 hour a day?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Skip		
				Safety		
9	Do you feel safe where you live?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Skip		
10	Have you had any car accidents lately?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip		
11	Have you been hit, slapped, kicked, or physically hurt by someone in the last year?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip		
12	Do you always wear a seat belt when driving or riding in a car?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Skip		
13	Do you keep a gun in your house or place where you live?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip		
				Dental Health		
14	Do you brush and floss your teeth daily?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Skip		
				Mental Health		
15	Do you often feel sad, hopeless, angry, or worried?	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Skip	<i>not as much</i>	
16	Do you often have trouble sleeping?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip		
				Alcohol, Tobacco, Drug Use		
17	Do you smoke or chew tobacco?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip		
18	Do friends or family members smoke in your house or place where you live?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Skip		

19	In the past year, have you had: <input type="checkbox"/> (men) 5 or more alcohol drinks in one day? <input checked="" type="checkbox"/> (women) 4 or more alcohol drinks in one day?	No	Yes	Skip	
20	Do you use any drugs or medicines to help you sleep, relax, calm down, feel better, or lose weight?	No	Yes	Skip	
21	Do you think you or your partner could be pregnant?	No	Yes	Skip	Sexual Issues
22	Do you think you or your partner could have a sexually transmitted infection (STI), such as Chlamydia, Gonorrhea, genital warts, etc.?	No	Yes	Skip	
23	Have you or your partner(s) had sex without using birth control in the past year?	No	Yes	Skip	
24	Have you or your partner(s) had sex with other people in the past year?	No	Yes	Skip	
25	Have you or your partner(s) had sex without a condom in the past year?	No	Yes	Skip	
26	Have you ever been forced or pressured to have sex?	No	Yes	Skip	
27	Do you have other questions or concerns about your health?	No	Yes	Skip	Other Questions

If yes, please describe:

Just joint pain over body & Stress & Anxiety
left arm severe pain, back more it

Clinic Use Only	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments:
<input type="checkbox"/> Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Patient Declined the SHA
<input type="checkbox"/> Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Dental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Alcohol, Tobacco, Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Sexual Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PCP's Signature:	Print Name:			Date: 2/17/19	
SHA/ANNUAL REVIEW					
PCP's Signature:	Print Name:			Date:	
PCP's Signature:	Print Name:			Date:	
PCP's Signature:	Print Name:			Date:	
PCP's Signature:	Print Name:			Date:	

Dear DEBRA SANCHEZ,

I have reviewed your recent test results. Please review the summary, as indicated below:

Your test for LUPUS(ANA) is negative
Your test for Rheumatoid arthritis is negative .

RESULTS SUMMARY

The complete blood count shows normal white blood cells, normal platelets and no anemia.

Chemistry panel shows normal electrolytes, kidney and liver tests.
Uric acid level is normal.

Sexually Transmitted Infection TESTS:

Hepatitis B screening is negative (NORMAL).
Hepatitis C screening is negative (NORMAL).

RECOMMENDATIONS: I would like you to do the following:

Continue with healthy lifestyle, diet and exercise goals.
Low calorie diet.
Increase cardiovascular exercise for a minimum of 150 minutes per week.

Thank you for allowing me to participate in your care. Please feel free to contact me if you have any problems or concerns.

Your HealthCare Partners Clinician
DGUEVARA, MD

CBC w Diff w Pit L/Q

14Feb2019 11:27AM

GUEVARA, DAISY

Test Name	Result	Flag	Reference
WBC	4.7 x10E3/uL		3.4-10.8
RBC	4.65 x10E6/uL		3.77-5.28
Hemoglobin	13.8 g/dL		11.1-15.9
Hematocrit	41.0 %		34.0-46.6
MCV	88 fL		79-97
MCH	29.7 pg		26.6-33.0
MCHC	33.7 g/dL		31.5-35.7
RDW	13.0 %		12.3-15.4
Platelets	322 x10E3/uL		150-379
Neutrophils	59 %		Not Estab.
Lymphs	29 %		Not Estab.
Monocytes	8 %		Not Estab.

Eos	3 %	Not Estab.
Basos	1 %	Not Estab.
Immature Granulocytes	0 %	Not Estab.
Immature Grans (Abs)	0.0 x10E3/uL	0.0-0.1
Neutrophils (Absolute)	2.8 x10E3/uL	1.4-7.0
Lymphs (Absolute)	1.3 x10E3/uL	0.7-3.1
Monocytes(Absolute)	0.4 x10E3/uL	0.1-0.9
Eos (Absolute)	0.1 x10E3/uL	0.0-0.4
Baso (Absolute)	0.1 x10E3/uL	0.0-0.2

Comp Metabolic Panel (14) L/Q 14Feb2019 11:27AM GUEVARA, DAISY

Test Name	Result	Flag	Reference
Glucose	89 mg/dL		65-99
BUN	15 mg/dL		6-24
eGFR If NonAfricn Am	92 mL/min/1.73		>59
Creatinine	0.75 mg/dL		0.57-1.00
BUN/Creatinine Ratio	20		9-23
Sodium	141 mmol/L		134-144
Potassium	4.6 mmol/L		3.5-5.2
Chloride	102 mmol/L		96-106
Carbon Dioxide, Total	28 mmol/L		20-29
Protein, Total	7.1 g/dL		6.0-8.5
Albumin	4.4 g/dL		3.5-5.5
Globulin, Total	2.7 g/dL		1.5-4.5
A/G Ratio	1.6		1.2-2.2
Bilirubin, Total	0.5 mg/dL		0.0-1.2
Alkaline Phosphatase	111 IU/L		39-117
AST (SGOT)	29 IU/L		0-40
ALT (SGPT)	25 IU/L		0-32
Calcium	9.3 mg/dL		8.7-10.2
eGFR If Africn Am	106 mL/min/1.73		>59

Uric Acid, Serum L/Q 14Feb2019 11:27AM GUEVARA, DAISY

Test Name	Result	Flag	Reference
Uric Acid	4.0 mg/dL		2.5-7.1
Therapeutic target for gout patients: <6.0			

Sedimentation Rate-Westergren L/Q 14Feb2019 11:27AM GUEVARA, DAISY

Test Name	Result	Flag	Reference
Sedimentation Rate-Westergren	9 mm/hr		0-40

ANA w/Reflex if Positive 14Feb2019 11:27AM GUEVARA, DAISY

Test Name	Result	Flag	Reference
ANA Direct	Negative		Negative

Rheumatoid Arthritis Factor 14Feb2019 11:27AM GUEVARA, DAISY

Test Name	Result	Flag	Reference
RA Latex Turbid.	<10.0 IU/mL		0.0-13.9

Acute Hepatitis Panel (4) 14Feb2019 11:27AM GUEVARA, DAISY

Test Name	Result	Flag	Reference
Hep A Ab, IgM	Negative		Negative
HBsAg Screen	Negative		Negative
Hep B Core Ab, IgM	Negative		Negative
Hep C Virus Ab	<0.1 s/co ratio		0.0-0.9
Negative:	< 0.8		
	Indeterminate: 0.8 - 0.9		
	Positive: > 0.9		
The CDC recommends that a positive HCV antibody result be followed up with a HCV Nucleic Acid Amplification test (550713).			

Electronically signed by : DAISY GUEVARA, MD; Feb 16 2019 10:45AM PST
(Author)

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 16

DOB: 29-May-1966

Date of Visit: 14-Feb-2019

Owner: AHSAdmin,AHS

Document Type: Xray**

Site Name: Health Information Services

Report View (Sanchez, Debra)

Page 1 of 1



28-1679763

of DOWNEY

Radiology Report

Patient Name: Sanchez, Debra
Patient ID: UM3049254
Patient Birth Date: 5/29/1966
Referring Physician: Daisy Guevara MD

Date Of Exam: 2/14/2019 12:30:00 PM
Report Status: F

X-RAY OF THE LEFT ELBOW - THREE VIEWS

INDICATION: A 52-year-old with history of chronic left elbow pain. Gonadal shielding was utilized during the examination.

TECHNIQUE: Three views of the left elbow were obtained.

FINDINGS:

There is normal alignment at the elbow joint. The anterior and posterior fat pads are undisplaced. The medial and lateral epicondyles, capitellum, olecranon process, and radial head are intact. There is no evidence of fracture, dislocation, osseous destruction, erosion or periparticular soft tissue calcification.

IMPRESSION:

NEGATIVE LEFT ELBOW EXAM

Electronically Signed by Charles Taylor, M.D.
RADIOLOGIST
D: 02/20/2019 \ T: 02/20/2019 by Wendy Andrus \ S: 02/20/2019

11411 Brookshire Ave Suite 101 ♦ Downey, CA 90241
Tel: (562) 869-9192 ♦ Fax: (562) 923-1604

Assessment**Assessed**

1. Multiple joint pain (M25.50)
 - Multiple joint pains 2 months, most likely fibromyalgia, await laboratories.
2. Chronic pain of left elbow (M25.522,G89.29)
 - left elbow pain x 1 mo , dec rom quantity, obtain x-rays, refer to orthopedic for possible steroid injection.
3. Moderate major depression, single episode (F32.1)
 - Patient with known depression and anxiety, continue paroxetine.

Plan**Chronic pain of left elbow**

- XR Elbows Left Comp IIMG; Status:Hold For - Manual Activation; Requested for:14Feb2019;
Clinical Summary: : left elbow p[ain, chronic
- Surgery- Orthopedic Referral Referral chronic left ellbow pain , nsaid do not help , heating pads and salonpas do not help - please evaluate for possible injection for pain relief Status: Complete Done: 14Feb2019

Multiple joint pain

- Acute Hepatitis Panel (4); Status:Complete; Done: 14Feb2019 11:27AM
- ANA w/Reflex if Positive; Status:Complete; Done: 14Feb2019 11:27AM
- CBC w Diff w Plt L/Q; Status:Complete; Done: 14Feb2019 11:27AM
- Comp Metabolic Panel (14) L/Q; Status:Complete; Done: 14Feb2019 11:27AM
- Rheumatoid Arthritis Factor; Status:Complete; Done: 14Feb2019 11:27AM
- Sedimentation Rate-Westergren L/Q; Status:Complete; Done: 14Feb2019 11:27AM
- Uric Acid, Serum L/Q; Status:Complete; Done: 14Feb2019 11:27AM

Health conditions and treatment care plan reviewed with, discussed with, and understood by patient.

CHRONIC CARE PLAN

Medication list discussed with patient today and updated.

Labs reviewed and up to date.

DISPOSITION: Follow up as needed.

Chief Complaint / Reason for Visit

Patient is a 52 year old female here for body aches.

History of Present Illness

pt here today for body aches x 2 mos , pt with depression and anxiety
c/o pain left elbow , lateral side x 1 mo /uses salonpas
has been taking Aleve but med not helping
Pt denies right elbow pain being work related ,denies any aggravating factor
denies trauma

Patient presents independently.

Current Meds

1. Magnesium 200 MG Oral Tablet; take 1 tablet by mouth twice a day;
Therapy: 23Oct2018 to (Last Rx:23Oct2018) Requested for: 23Oct2018 Ordered
2. PARoxetine HCl - 40 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY new dose;
Therapy: 27Nov2017 to (Evaluate:27Apr2019) Requested for: 28Nov2018; Last
Rx:28Nov2018 Ordered
3. SUMAtriptan Succinate 50 MG Oral Tablet; TAKE 1 TABLET FOR MIGRAINE RELIEF. MAY
REPEAT EVERY 2 HOURS. MAX 200MG/DAY;
Therapy: 23Oct2018 to (Last Rx:23Oct2018) Requested for: 30Oct2018 Ordered
4. Triamcinolone Acetonide 0.1 % External Cream; APPLY 2-3 TIMES DAILY TO AFFECTED

AREA(S):

Therapy: 30Aug2016 to (Complete:27Mar2019) Requested for: 27Dec2018; Last Rx:27Dec2018 Ordered

5. Vitamin B-2 100 MG Oral Tablet; TAKE 2 TABLETS BY MOUTH TWICE A DAY; Therapy: 23Oct2018 to (Last Rx:23Oct2018) Requested for: 23Oct2018 Ordered

Allergies**Medication**

1. No Known Drug Allergies

NonMedication

2. No Known Food Allergies

Active Problems**Chronic**

1. Arthralgia of left elbow (M25.522)
2. Chronic pain of left elbow (M25.522,G89.29)
3. Cough with sputum (R05)
4. Gastric bypass status for obesity (Z98.84)
5. Glaucoma (H40.9)
6. Insomnia (G47.00)
7. Knee pain, bilateral (M25.561,M25.562)
8. Malabsorption (K90.9)
9. Migraine (G43.909)
10. Moderate major depression, single episode (F32.1)
11. Multiple joint pain (M25.50)
12. Obesity (BMI 30-39.9) (E66.9)
13. Otitis media (H66.90)
14. Rash (R21)
15. Right elbow pain (M25.521)
16. Right knee pain (M25.561)
17. Scalp mass (R22.0)
18. Screening for breast cancer (Z12.31)
19. Screening for colon cancer (Z12.11)
20. Sleep apnea (G47.30)
21. Vaginitis (N76.0)

Social History

1. Denied: Alcohol use (Z78.9)
 - Alcohol Use
2. Never smoker

Family History**Father**

1. Family history of cardiac disorder
 - Heart
2. Family history of hypertension
 - Hypertension

Maternal Grandmother

3. Family history of gastrointestinal disorder
4. Family history of malignant neoplasm

Review of Systems

CONSTITUTIONAL: fatigue and feeling poorly, but no fever and no chills.
CV: no chest pain, no palpitations and no extremity edema.
RESP: no shortness of breath.
GI: no abdominal pain and no blood in the stool.

NEURO: no headache and no dizziness.

Vitals

HCP Vitals

	Recorded: 14Feb2019 11:06AM	Recorded: 14Feb2019 10:28AM
Height	4 ft 11 in	4 ft
BMI Calculated	36.8	55.6
BSA Calculated	1.77	1.53
Temperature		98.6 F, Oral
Heart Rate		91, L Radial
Respiration		18
Systolic		120, LUE, Sitting
Diastolic		83, LUE, Sitting
Weight		182 lb 3 oz
LMP		01Jul2017
Pain Scale Used		Numeric Rating Scale
Pain Scale		10
(Pain Scale) Time:		A. Intake
Comment		ReMartinez MA

Physical Exam

CONSTITUTIONAL: alert and in no acute distress. Ambulatory
 HEENT: HEAD and FACE: the head and face were normal in appearance.
 EARS: the ears were normal in appearance, the external auditory canals were normal and both tympanic membranes were normal.
 EYES: the sclera and conjunctiva were normal.
 OROPHARYNX: the tonsils were normal and the oropharynx was normal.
 NECK: the neck was supple and the thyroid was not enlarged.
 LYMPHATICS: no lymphadenopathy.
 CARDIOVASCULAR: heart rate is normal, heart rhythm is normal and no murmurs.
 PULMONARY: the lungs were clear to auscultation bilaterally.
 ABDOMEN: soft, non-tender, normal bowel sounds, no hepatomegaly and no splenomegaly.
 EXTREMITIES: No edema . right elbow ,dec flexion, midswelling noted right lateral elbow , dec rom
 NEUROLOGICAL: cranial nerves II-XII were intact and deep tendon reflexes were 2+ and symmetric.
 PSYCHIATRIC: the affect was normal and the mood was normal.

Signatures

Electronically signed by : DAISY GUEVARA, MD; Feb 17 2019 12:17PM PST

(Author)

Patient Name: DEBRA SANCHEZ
 Date of Visit: 14-Feb-2019
 Document Type: Clinical Summary-CCDA
 Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 20
 VISIT: 20-10-7103
 Owner: GUEVARA, DAISY

DOB: 29-May-1966

Downey
 Downey, CA

SANCHEZ, DEBRA

May 29, 1966
 Date of Birth

Female
 Sex

28-1679763
 Patient Id

English (preferred)
 Language

Visit Summary
Clinical Content
 Instructions

Medications

Plan of Care
 Vital Signs

Plan of Care

[top](#)

Planned Observations

CBC w Diff w PIT L/Q	On: 14-Feb-2019	Intent
Comp Metabolic Panel (14) L/Q	On: 14-Feb-2019	Intent
Uric Acid, Serum L/Q	On: 14-Feb-2019	Intent
Sedimentation Rate-Westergren L/Q	On: 14-Feb-2019	Intent
ANA w/Reflex if Positive	On: 14-Feb-2019	Intent
Rheumatoid Arthritis Factor	On: 14-Feb-2019	Intent
Acute Hepatitis Panel (4)	On: 14-Feb-2019	Intent
XR Elbows Left Comp IIMG	On: 14-Feb-2019	Intent

Planned Encounters

Surgery- Orthopedic Referral

Instructions

[top](#)

Section Comments

- BLOOD TEST
- XRAY LEFT ELBOW
- ORTHO CONSULT
- RETURN AS NEEDED
- .

Vital Signs

[top](#)

14-Feb-2019 11:06	Body Mass Index Calculated	36.8 kg/m2	
	Height	59 in	
	Body Surface Area Calculated	1.77 m2	
14-Feb-2019 10:28	BP Systolic	120 mm[Hg]	Comments: Location: LUE; Position: Sitting
	BP Diastolic	83 mm[Hg]	Comments: Location: LUE; Position: Sitting
	Body Mass Index Calculated	55.6 kg/m2	
	Height	48 in	
	Body Surface Area Calculated	1.53 m2	
	Heart Rate	91 /min	Comments: Location: L Radial;
	Temperature	98.6 f	Comments: Method: Oral
	Weight	182.1875 lb	
	Physical Findings	10	Comments: Pain Scale
	Respiration Rate	18 /min	

Medications

[top](#)

Triamcinolone Acetonide 0.1 % External Cream APPLY 2-3 TIMES DAILY TO AFFECTED AREA(S). Quantity: 80 Refills: 2	BENDIGO N.P., PAULA	Start : 30-Aug-2016	End : 27-Mar-2019
PARoxetine HCl - 40 MG Oral Tablet TAKE 1 TABLET BY MOUTH EVERY DAY new dose Quantity: 30 Refills: 4	GUEVARA MD, DAISY	Start : 27-Nov-2017	
Vitamin B-2 100 MG Oral Tablet TAKE 2 TABLETS BY MOUTH TWICE A DAY Quantity: 360 Refills: 1	BENDIGO N.P., PAULA	Start : 23-Oct-2018	
Magnesium 200 MG Oral Tablet take 1 tablet by mouth twice a day	BENDIGO N.P., PAULA	Start : 23-Oct-2018	

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 21

WINN: 20-10/2103

DOB: 29-May-1966

Date of Visit: 14-Feb-2019

Owner: GUEVARA, DAISY

Document Type: Clinical Summary-CCDA

Site Name: Health Information Services

Quantity: 180 Refills: 1

SUMatriptan Succinate 50 MG Oral Tablet

TAKE 1 TABLET FOR MIGRAINE RELIEF. MAY REPEAT EVERY 2 HOURS.
MAX 200MG/DAY.

Quantity: 14 Refills: 0

BENDIGO N.P., PAULA

Start: 23-Oct-2018

Document Details

[top](#)

Downey
DAISY GUEVARA, MD
February 14, 2019 11:21 -0800
Published

8311 Florence Ave.
Downey, CA 90240
Address

(562)923-4911
Work Phone

Powered by Allscripts™

Style Sheet V3.2

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 22
MAY 29 10 27 09

DOB: 29-May-1966

Date of Visit: 14-Feb-2019

Owner: GUEVARA, DAISY

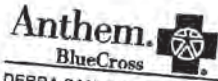
Document Type: Excuse Letter

Site Name: Health Information Services

DEBRA SANCHEZ is excused from work 2/8/2019 to 2/15/2019.
DEBRA SANCHEZ is able to return to work on 2/19/2019.

Electronically signed by : DAISY GUEVARA, MD; Feb 17 2019 12:05PM PST
(Author)

28-1679763



DEBRA SANCHEZ

Member ID:
VDX781A78036

MED PLAN: ASK
MED OFFICE
HEALTHCARE PARTNERS - DOWNEY
1-962-923-4911

Group No: 175082H021
Plan Code: 040
Rx BIN/CN/GRP: 020099/WG/WL/HA
Coverag(s):
Pharmacy - Medical

Office Visit	\$20
Specialist	\$20
DXL	\$0
ER	\$150

USC HMO Plan



anthem.com/ca

HMO Member Services	1-800-227-3771
Help for Pharmacists	1-833-296-6639
Pharmacy Member Services	1-833-261-2487
24/7 NurseLine	1-800-877-0027
Coverage While Traveling	1-800-810-2833
Provider Inquiries	1-800-877-6669

MEMBERS: When submitting inquiries always include your member number from the front of this card. Possession or use of this card does not guarantee payment.

PROVIDERS: Please submit claims to your local Blue Cross and/or Blue Shield Plan. To ensure prompt claims processing, include the 3-digit prefix that precedes the patient's identification number listed on the front of this card.

Anthem Blue Cross is the trade name of Blue Cross of California, independent licensee of the Blue Cross Association.

12/1/18

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 24

DOB: 29-May-1966

Date of Visit: 07-Jan-2019

Owner: Gutierrez, Berenice

Document Type: No Show Note

Site Name: Health Information Services

DEBRA SANCHEZ missed her appointment for an ambulatory visit ().

She can reschedule as needed.

Will notify by phone.

Appointment rescheduled to 11/14/2018.

This letter serves as your reminder.

Signatures

Electronically signed by : Berenice Gutierrez, MA; Jan 7 2019 3:22PM PST

(Author)

Electronically signed by : Berenice Gutierrez, MA; Jan 7 2019 3:26PM PST

(Author)

Dear DEBRA SANCHEZ,

I have reviewed your recent test results. Please review the summary, as indicated below:

RESULTS SUMMARY
Stool test is NORMAL.

RECOMMENDATIONS: I would like you to do the following:
Continue with healthy lifestyle, diet and exercise goals.

Thank you for allowing me to participate in your care. Please feel free to contact me if you have any problems or concerns.

Sincerely,

Your HealthCare Partners Clinician
Paula Bendigo, NP-C

To send secure messages to the care team, and view lab results, active problems and medications, please visit the HCP website www.healthcarepartners.com to register for the Patient Online Portal, powered by Follow My Health.

Occult Blood, Fecal, IA L/Q 23Oct2018 11:17AM BENDIGO, PAULA

Test Name	Result	Flag	Reference
Occult Blood, Fecal, IA	Negative		Negative

Electronically signed by : PAULA BENDIGO, NP; Oct 31 2018 1:27PM PST
(Author)

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 26
10/29/2018

DOB: 29-May-1966

Date of Visit: 26-Oct-2018

Owner: BENDIGO, PAULA

Document Type: Excuse Letter

Site Name: Health Information Services

DEBRA SANCHEZ is excused from work 10/29/18 to 10/29/18.
DEBRA SANCHEZ is able to return to work on 10/30/18.

Electronically signed by : PAULA BENDIGO, NP; Oct 29 2018 8:15AM PST
(Author)

Dear DEBRA SANCHEZ,

I have reviewed your recent test results. Please review the summary, as indicated below:

RESULTS SUMMARY

The complete blood count shows normal white blood cells, normal platelets and no anemia.

Chemistry panel shows normal electrolytes, kidney and liver tests.

Thyroid function is normal.

We still need a urine sample.

DIABETES SCREENING:

Hemoglobin A1C is in a pre-diabetes range. (Pre-diabetes range is 5.7-6.4%. Diabetes range is 6.5% or higher.)

LIPID (CHOLESTEROL) TESTS:

Cholesterol numbers are normal.

RECOMMENDATIONS: I would like you to do the following:

Continue with healthy lifestyle, diet and exercise goals.

Limit sugars and simple carbohydrates.

Limit starchy foods such as breads, tortillas, rice, potatoes and pasta as well as sugary drinks like juices and soda.

Increase cardiovascular exercise for a minimum of 150 minutes per week.

Thank you for allowing me to participate in your care. Please feel free to contact me if you have any problems or concerns.

Sincerely,

Your HealthCare Partners Clinician
Paula Bendigo, NP-C

To send secure messages to the care team, and view lab results, active problems and medications, please visit the HCP website www.healthcarepartners.com to register for the Patient Online Portal, powered by Follow My Health.

CBC w Diff w Plt L/Q

23Oct2018 10:59AM

BENDIGO, PAULA

Test Name	Result	Flag	Reference
-----------	--------	------	-----------

WBC	4.9 x10E3/uL	3.4-10.8
RBC	4.36 x10E6/uL	3.77-5.28
Hemoglobin	12.9 g/dL	11.1-15.9
Hematocrit	38.9 %	34.0-46.6
MCV	89 fL	79-97
MCH	29.6 pg	26.6-33.0
MCHC	33.2 g/dL	31.5-35.7
RDW	13.2 %	12.3-15.4
Platelets	305 x10E3/uL	150-379
Neutrophils	62 %	Not Estab.
Lymphs	28 %	Not Estab.
Monocytes	7 %	Not Estab.
Eos	3 %	Not Estab.
Basos	0 %	Not Estab.
Immature Granulocytes	0 %	Not Estab.
Immature Grans (Abs)	0.0 x10E3/uL	0.0-0.1
Neutrophils (Absolute)	3.0 x10E3/uL	1.4-7.0
Lymphs (Absolute)	1.4 x10E3/uL	0.7-3.1
Monocytes(Absolute)	0.3 x10E3/uL	0.1-0.9
Eos (Absolute)	0.1 x10E3/uL	0.0-0.4
Baso (Absolute)	0.0 x10E3/uL	0.0-0.2

Comp Metabolic Panel (13)

23Oct2018 10:59AM

BENDIGO, PAULA

Test Name	Result	Flag	Reference
BUN	12 mg/dL		6-24
Creatinine	0.65 mg/dL		0.57-1.00
BUN/Creatinine Ratio	18		9-23
Sodium	142 mmol/L		134-144
Potassium	4.1 mmol/L		3.5-5.2
Chloride	104 mmol/L		96-106
Carbon Dioxide, Total	24 mmol/L		20-29
Protein, Total	6.7 g/dL		6.0-8.5
Albumin	4.5 g/dL		3.5-5.5
Globulin, Total	2.2 g/dL		1.5-4.5
A/G Ratio	2.0		1.2-2.2
Bilirubin, Total	0.6 mg/dL		0.0-1.2
Alkaline Phosphatase	103 IU/L		39-117
AST (SGOT)	30 IU/L		0-40
Calcium	9.1 mg/dL		8.7-10.2
eGFR If NonAfricn Am	102 mL/min/1.73		>59
eGFR If Africn Am	118 mL/min/1.73		>59

Glucose	91 mg/dL	65-99
---------	----------	-------

Hemoglobin A1c L/Q 23Oct2018 10:59AM BENDIGO, PAULA

Test Name	Result	Flag	Reference
Hemoglobin A1c	5.7 %	H	4.8-5.6
Prediabetes: 5.7 - 6.4			
Diabetes: >6.4			
Glycemic control for adults with diabetes: <7.0			

Lipid Panel w reflex d-LDL L/Q 23Oct2018 10:59AM BENDIGO, PAULA

Test Name	Result	Flag	Reference
Cholesterol, Total	168 mg/dL		100-199
LDL Cholesterol Calc	61 mg/dL		0-99
Triglycerides	58 mg/dL		0-149
HDL Cholesterol	95 mg/dL		>39
VLDL Cholesterol Cal	12 mg/dL		5-40

TSH w/Reflex 23Oct2018 10:59AM BENDIGO, PAULA

Test Name	Result	Flag	Reference
TSH	1.290 uIU/mL		0.450-4.500

Urinalysis, Microscopic on Positive L/Q 23Oct2018 10:59AM BENDIGO, PAULA

Test Name	Result	Flag	Reference
Specific Gravity	TNP		
No urine specimen received. 10/24/2018-Brown			
pH	TNP		
Test not performed			
Protein	TNP		
Test not performed			
Glucose	TNP		
Test not performed			
Ketones	TNP		
Test not performed			

Request Problem - 100552 23Oct2018 10:59AM BENDIGO, PAULA

Test Name	Result	Flag	Reference
Request Problem	TNP		
No urine specimen received. TEST: 003038 Urinalysis, Routine 10/24/2018-Brown			

Electronically signed by : PAULA BENDIGO, NP; Oct 24 2018 5:02PM PST
(Author)

Patient Name:DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 30
MAY 29 10 12 10

DOB:29-May-1966

Date of Visit:24-Oct-2018

Owner:BENDIGO,PAULA

Document Type:Results Letter

Site Name:Health Information Services

Assessment**Assessed**

1. Migraine (G43.909)
 - Toradol IM now. Pt refused NSAIDs. Trial triptan, supplementation vit b2 and magnesium. Stress reduction. Labs today. F/U if not improving with medications. ER prec.¹
2. Scalp mass (R22.0)
 - Possible inflamed lymph node vs cutaneous mass. Check ultrasound.¹
3. Screening for breast cancer (Z12.31)
4. Screening for colon cancer (Z12.11)

¹ Amended By: BENDIGO, PAULA; Oct 23 2018 11:19 AM PST

Plan**Health Maintenance**

- CBC w Diff w Plt L/Q; Status: In Progress - Specimen/Data Collected; Done: 23Oct2018
- Comp Metabolic Panel (13); Status: In Progress - Specimen/Data Collected; Done: 23Oct2018
(LC) Fasting (Y/N) : Yes - Y
- Hemoglobin A1c L/Q; Status: In Progress - Specimen/Data Collected; Done: 23Oct2018
- Lipid Panel w reflex d-LDL L/Q; Status: In Progress - Specimen/Data Collected; Done: 23Oct2018
- TSH w/Reflex; Status: In Progress - Specimen/Data Collected; Done: 23Oct2018
- Urinalysis; Status: In Progress - Specimen/Data Collected; Done: 23Oct2018

Migraine

- Administer: Ketorolac Tromethamine 60 MG/2ML Intramuscular Solution; Inject 60 mg IM x 1 in clinic now; To Be Done: 23Oct2018

Scalp mass

- US Soft Tissue Head; Status: Hold For - Manual Activation; Requested for: 23Oct2018; Clinical Summary: : Mass on right posterior scalp, tenderness

Screening for breast cancer

- Mammo Screen Bilateral; Status: ~~Hold For - Manual Activation~~; Retrospective By Protocol Authorization; Active - Retrospective By Protocol Authorization;¹ Requested for: 23Oct2018;

Screening for colon cancer

- Occult Blood, Fecal, IA L/Q; Status: ~~Hold For - Required information~~; Manual Activation; Active;¹ Requested for: 23Oct2018; Source : STOOL KIT GIEN TO PT.¹

¹ Amended By: BENDIGO, PAULA; Oct 23 2018 11:18 AM PST

Discussed

Please make appointment for routine physical exam and pap smear.¹

¹ Amended By: BENDIGO, PAULA; Oct 23 2018 11:18 AM PST

Chief Complaint / Reason for Visit

Patient is a 52 year old female here for migranes, headaches on/off.

History of Present Illness

Pt reports chronic migraine headaches, worsened by her depression, stress at work in Pathology and her mom's death in 2015. Pt is taking paroxetine which has been helping her with her depression. Light bothers her. Associated with nausea. Reports NSAIDs don't help.

¹ Lump on back of head x 10 years.

¹ Amended By: BENDIGO, PAULA; Oct 23 2018 11:18 AM PST

Current Meds

1. PARoxetine HCl - 40 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY new dose; Therapy: 27Nov2017 to (Evaluate:27Mar2018) Requested for: 27Nov2017; Last Rx:27Nov2017 Ordered

Allergies**Medication**

1. No Known Drug Allergies

NonMedication

2. No Known Food Allergies

Review of Systems

CONSTITUTIONAL: no fever and no chills.
 CV: no chest pain, no palpitations and no extremity edema.
 RESP: no shortness of breath.
 GI: no abdominal pain and no blood in the stool.
 NEURO: headache and dizziness.

Vitals**HCP Vitals**

	Recorded: 23Oct2018 10:34AM
Temperature	98.9 F, Oral
Heart Rate	99, L Radial
Respiration	18
Systolic	124, LUE, Sitting
Diastolic	70, LUE, Sitting
Height	4 ft
Weight	179 lb 2 oz
BMI Calculated	54.66
BSA Calculated	1.52
LMP	07Jul2018
O2 Saturation	98
Pain Scale Used	Numeric Rating Scale
Pain Scale	6
(Pain Scale) Time:	A, Intake
Comment	-NATALIE ALVARADO, MA

Physical Exam

GENERAL APPEARANCE: The patient is a 52 year -year-old well-developed, well-nourished female in no acute distress.

PSYCHIATRIC: The patient is awake, alert, and oriented x3. Recent and remote memory is intact. Appropriate mood and affect.

HEENT: Face is symmetric. Normocephalic and atraumatic. Possible cutaneous mass posterior scalp approx 5mm across, nontender, to palpation, soft and mobile. ¹ No scleral icterus. Pupils are equal, round, and reactive to light and accommodation. ~~No conjunctival injection is noted.~~ ¹ Oropharynx is clear. Mouth revealed good dentition, no lesions. Tympanic membranes are clear.

NECK: Supple. Trachea is midline. No evidence of thyroid enlargement. No lymphadenopathy or tenderness.

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 33

DOB: 29-May-1966

Date of Visit: 23-Oct-2018

Owner: BENDIGO, PAULA

Document Type: Amb Visit

Site Name: Health Information Services

PULM: Breath sounds are equal and clear bilaterally. No wheezes, rhonchi, or rales.

CV: Regular rate and rhythm with normal S1 and S2. No murmurs, gallops, or rubs. No carotid bruit noted.

NEUROLOGIC: No focal sensory or motor deficits are noted. Gait is normal. Cranial nerves II through XII are intact.

EXTREMITIES: Normal strength.

Amended By: BENDIGO, PAULA; Oct 23 2018 11:20 AM PST

Signatures

Electronically signed by : PAULA BENDIGO, NP; Oct 23 2018 11:21AM PST

(Author)

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 34

DOB: 29-May-1966

Date of Visit: 23-Oct-2018

Owner: BENDIGO, PAULA

Document Type: Excuse Letter

Site Name: Health Information Services

DEBRA SANCHEZ is excused from work 10/23/2018 to 10/26/2018.
DEBRA SANCHEZ is able to return to work on 10/29/2018.

Electronically signed by : PAULA BENDIGO, NP; Oct 23 2018 11:08AM PST
(Author)

Electronically signed by : PAULA BENDIGO, NP; Oct 23 2018 11:21AM PST
(Author)

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 35

DOB: 29-May-1966

Date of Visit: 23-Oct-2018

Owner: BENDIGO, PAULA

Document Type: Excuse Letter

Site Name: Health Information Services

DEBRA SANCHEZ is excused from work 10/31/18 to 10/31/18.
DEBRA SANCHEZ is able to return to work on 11/01/18.

Electronically signed by : PAULA BENDIGO, NP; Oct 31 2018 10:12AM PST
(Author)

Downey
Downey, CA

SANCHEZ, DEBRA

May 29, 1966
Date of Birth

Female
Sex

28-1679763
Patient Id

English (preferred)
Language

Visit Summary
Clinical Content
Plan of Care

Vital Signs

Plan of Care

[top](#)

Planned Observations

Mammo Screen Bilateral	On: 23-Oct-2018	Intent
CBC w Diff w Pit L/Q	On: 23-Oct-2018	Intent
Comp Metabolic Panel (13)	On: 23-Oct-2018	Intent
Hemoglobin A1c. L/Q	On: 23-Oct-2018	Intent
Lipid Panel w reflex d-LDL L/Q	On: 23-Oct-2018	Intent
TSH w/Reflex	On: 23-Oct-2018	Intent
Urinalysis	On: 23-Oct-2018	Intent

Vital Signs

[top](#)

23-Oct-2018 10:34	BP Systolic	124 mm[Hg]	<i>Comments: Location: LUE; Position: Sitting</i>
	BP Diastolic	70 mm[Hg]	<i>Comments: Location: LUE; Position: Sitting</i>
	Temperature	98.9 f	<i>Comments: Method: Oral</i>
	Heart Rate	99 /min	<i>Comments: Location: L Radial;</i>
	O2 SAT	98 %	
	Respiration Rate	18 /min	
	Body Mass Index Calculated	54.66 kg/m2	
	Weight	179.125 lb	
	Height	48 in	
	Body Surface Area Calculated	1.52 m2	
	Physical Findings	6	<i>Comments: Pain Scale</i>

Document Details

[top](#)

Downey
Jacqueline Valtierra, MA
October 23, 2018 10:58 -0700
Published

8311 Florence Ave.
Downey, CA 90240
Address

(562)923-4911
Work Phone

Downey
Downey, CA

SANCHEZ, DEBRA

May 29, 1966
Date of Birth

Female
Sex

28-1679763
Patient Id

English (preferred)
Language

Visit Summary
Clinical Content
Medications

Plan of Care

Vital Signs

Plan of Care [top](#)

Planned Observations

Mammo Screen Bilateral	On: 23-Oct-2018	Intent
Occult Blood, Fecal, IA L/Q	On: 23-Oct-2018	Intent
US Soft Tissue Head	On: 23-Oct-2018	Intent

Planned Medications

Ketorolac Tromethamine 60 MG/2ML Intramuscular Solution	Ordered: 23-Oct-2018	Held
---------------------------------------------------------	----------------------	------

Vital Signs [top](#)

23-Oct-2018 10:34	BP Systolic	124 mm[Hg]	Comments: Location: LUE; Position: Sitting
	BP Diastolic	70 mm[Hg]	Comments: Location: LUE; Position: Sitting
	Temperature	98.9 f	Comments: Method: Oral
	Heart Rate	99 /min	Comments: Location: L Radial;
	O2 SAT	98 %	
	Respiration Rate	18 /min	
	Body Mass Index Calculated	54.66 kg/m2	
	Weight	179.125 lb	
	Height	48 in	
	Body Surface Area Calculated	1.52 m2	
	Physical Findings	6	Comments: Pain Scale

Medications [top](#)

PARoxetine HCl - 40 MG Oral Tablet TAKE 1 TABLET BY MOUTH EVERY DAY new dose Quantity: 30 Refills: 3	GUEVARA MD, DAISY	Start: 27-Nov-2017
Ketorolac Tromethamine 60 MG/2ML Intramuscular Solution Inject 60 mg IM x 1 in clinic now Refills: 0	BENDIGO N.P., PAULA	Start: 23-Oct-2018 Admin Requested

Document Details [top](#)

Downey
Jacqueline Valtierra, MA
October 23, 2018 11:09 -0700
Published

8311 Florence Ave.
Downey, CA 90240
Address

(562)923-4911
Work Phone

Dear Ms. DEBRA SANCHEZ:

At HealthCare Partners, we want to help you be as healthy as you can be. Therefore, we are reminding you to call today to have some very important tests performed.

COLON CANCER SCREENING - national guidelines recommended that everyone 50 and older receive this important screening to detect colon cancer. There are several methods available to screen for colon cancer that can identify possible problems early when it is easier to treat.

Please contact our office if you had these tests performed elsewhere or if you feel that this notice should not apply to you so we can update your medical record. If possible, please send us a copy of these tests.

Your health is very important to us. These tests are one of many important steps you can take to protect your health. If you have any questions or you would like to schedule an appointment, please call our office.

Helping you to be as healthy as you can be,

NSteger, MA.
From the office of Daisy Guevara, MD.

HealthCare Partners Medical Group

Electronically signed by : Nettie Steger, MA; Jul 3 2018 4:45PM PST
(Author)

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 39

DOB: 29-May-1966

Date of Visit: 08-Dec-2017

Owner: BASTAS-BRATKIC, DEMETRA

Document Type: Excuse Letter

Site Name: Health Information Services

DEBRA SANCHEZ is excused from 01/08/2018 to 01/10/2018.
DEBRA SANCHEZ is able to return to work on 01/11/2018.

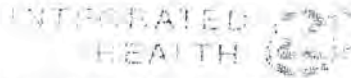
Electronically signed by : DAISY GUEVARA, MD; Jan 10 2018 1:03AM PST
(Author)

Patient Name: DEBRA SANCHEZ
Date of Visit: 27-Nov-2017
Document Type: Correspondence**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 40
MKTG:28-10/9/03
Owner: AHSAdmin,AHS

DOB: 29-May-1966

38-1679763



Sign In Number: _____
Registered Time: _____
Walk-in (Y/N): _____

Participant Registration and Results Sheet

Please complete the following information prior to your screen.

First Name Debra M.I. P Last Name Sanchez
Date of Birth 5/29/1966 Gender: M F Phone (323) 442-702-0245
Zip Code 90201
Insurance Member ID# _____ Relationship to Policy Holder: Self Spouse _____ Other _____

Your numbers and risk factors are unique to you.
Talk with your health care provider about your numbers.

To be completed by screening specialist:

Date: 11-14-17

Blood Pressure:
(1) 108/74 (2) 1 (3) 1

Body Composition:
Height: 4 ft. 11 in. Wt.: 164.6 BMI: 33.21
Waist: 34 Hips: 42 Body-Fat%: 54

Lipid Profile: Fasting Non-Fasting _____
Total Cholesterol (TC): 171 HDL: 97 Triglycerides (TRG): 68
LDL: 100 Glucose (GLU): 102 Other non-HDL=74

Signature of Staff: D Calderon, CPFT

Alere Cholestech LDX 3.41
14 Nov 2017 12:43 P.M.
SAMPLE=Whole B.

Integrated Health 21
2403 Sidney Street, Suite 220B
Pittsburgh, PA 15203
Office Hours: 8:30AM- 5:00PM EST.
800-451-6889
(412) 481-1644
(412) 432-5714 Secure Fax

Name/ID	
TC=171	mg/dL
HDL=97	mg/dL
TRG=68	mg/dL
LDL=60	mg/dL
non-HDL=74	mg/dL
TC/HDL=1.8	
GLU=102	mg/dL

PRINTED: DEBRA SANCHEZ
DOB: 05/29/1966
MKTG: 321Z3B1_0BW3TS1R5001CBQ
DATE OF VISIT: 11/27/2017 03:00PM
SITE: 2102 HAS MD ONLY

Assessment

Assessed

- 1. Moderate major depression, single episode (F32.1)
 - pt with depression exacrbation - referred to behavioral health, also advised to stop alcohol . continue paroxetine.

Plan

Moderate major depression, single episode

- Start: PARoxetine HCl - 40 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY new dose
- Behavioral Health Referral Evaluation and Treatment 51 y/o with hist of depression , been on Paroxetine for yrs - seem to have more depression now , also has to drink a glassful of vodka almost nghtly to go to sleep , please evaluate Status: Need Information - Financial Authorization Requested for: 27Nov2017
- CBC w Diff w Plt; Status:Active; Requested for:27Nov2017;
- Comp Metabolic Panel (14); Status:Hold For - Required information; Requested for:27Nov2017;
- Lipid Panel; Status:Hold For - Required information; Requested for:27Nov2017;
- Thyroid Panel With TSH; Status:Active; Requested for:27Nov2017;
- Urinalysis, Complete; Status:Active; Requested for:27Nov2017;
- Vitamin B12 and Folate; Status:Active; Requested for:27Nov2017;
- Vitamin D, 1,25 + 25-Hydroxy; Status:Active; Requested for:27Nov2017;

Health conditions and treatment care plan reviewed with, discussed with, and understood by patient.

CHRONIC CARE PLAN

Medication list discussed with patient today and updated.

DISPOSITION: Follow up as needed. Follow up with Behavioral health.

Chief Complaint / Reason for Visit

Patient is a 51 year old female here for .

History of Present Illness

51 y/o female with hist of depression- this past week , has been feeling so down and sad , states she thinks of her mother who had passed away - pt states she has a good job , her boyfriend lives in Hawaii - pt lives with daughter, also she has a dog .
 Patient c/o crying in her dreams , currently on paroxetine .
 also started drinking alcohol so she can go to sleep(Vodka) , mostly every night- one glassful every night

Current Meds

- 1. Triamcinolone Acetonide 0.1 % External Cream; APPLY 2-3 TIMES DAILY TO AFFECTED AREA(S);
 Therapy: 30Aug2016 to (Complete:26Feb2018) Requested for: 28Nov2017; Last Rx:28Nov2017 Ordered

Allergies

- No Known Drug Allergies
- No Known Food Allergies
- Unknown

Vitals

HCP Vitals

	Recorded: 27Nov2017 02:17PM
Temperature	98.3 F, Oral
Heart Rate	86, R Radial

Respiration	18
Systolic	123, RUE, Sitting
Diastolic	77, RUE, Sitting
Height	4 ft
Weight	166 lb 7 oz
BMI Calculated	50.79
BSA Calculated	1.47
LMP	07Jul2017
Pain Scale Used	Numeric Rating Scale
Pain Scale	6
(Pain Scale) Time:	1. Intake
Comment	ReMartinez M/A

Physical Exam

CONSTITUTIONAL: alert and in no acute distress. Normal gait

HEENT: HEAD and FACE: the head and face were normal in appearance.

EARS: the ears were normal in appearance, the external auditory canals were normal and both tympanic membranes were normal.

EYES: the sclera and conjunctiva were normal.

OROPHARYNX: the tonsils were normal and the oropharynx was normal.

NECK: the neck was supple and the thyroid was not enlarged.

LYMPHATICS: no lymphadenopathy.

CARDIOVASCULAR: heart rate is normal, heart rhythm is normal and no murmurs.

PULMONARY: the lungs were clear to auscultation bilaterally.

EXTREMITIES: no edema.

NEUROLOGICAL: cranial nerves II-XII were intact and deep tendon reflexes were 2+ and symmetric.

PSYCHIATRIC: the affect was normal and the mood was normal.

Signatures

Electronically signed by : DAISY GUEVARA, MD; Dec 5 2017 1:46PM PST

(Author)

Downey
Downey, CA

SANCHEZ, DEBRA

May 29, 1966

Date of Birth

Female

Sex

28-1679763

Patient Id

6025 CLARA ST
BELL, CA 90201
Address

English (preferred)
Language

Native Hawaiian or other Pacific Islander
Race

Hispanic or Latino
Ethnicity

Visit Summary

Clinical Content

[Allergies and Adverse Reactions](#)

[Instructions](#)

[Interventions Provided](#)

Other

[Document Details](#)

[Medications](#)

[Plan of Care](#)

[Reason for Visit](#)

[Health Care Providers](#)

[Results](#)

[Social History](#)

[Vital Signs](#)

Reason for Visit [top](#)

- Health Issues Reviewed:
- Moderate major depression, single episode

Plan of Care [top](#)

Planned Observations

CBC w Diff w Pit	On: 27-Nov-2017	Intent
Comp Metabolic Panel (14)	On: 27-Nov-2017	Intent
Lipid Panel	On: 27-Nov-2017	Intent
Thyroid Panel With TSH	On: 27-Nov-2017	Intent
Urinalysis, Complete	On: 27-Nov-2017	Intent
Vitamin B12 and Folate	On: 27-Nov-2017	Intent
Vitamin D, 1,25 + 25-Hydroxy	On: 27-Nov-2017	Intent

Planned Encounters

Behavioral Health Referral

Appointment; BASTAS-BRATKIC, DEMETRA, NP On: 8-Dec-2017 15:20

Interventions Provided [top](#)

Medication Changes

- PARoxetine HCl - 40 MG Oral Tablet - Start

Instructions [top](#)

Section Comments

- BLOOD TEST FASTING
- BEHAVIORAL HEALTH
- STOP ALCOHOL
- PAROXETINE 40MG ONCE DAILY FOR DEPRESSION
- RETURN IN 1-2 MOS

Vital Signs [top](#)

27-Nov-2017 14:17	BP Systolic	123 mm[Hg]	Comments: Location: RUE; Position: Sitting
	BP Diastolic	77 mm[Hg]	Comments: Location: RUE; Position: Sitting
	Temperature	98.3 f	Comments: Method: Oral
	Height	48 in	
	Weight	166.4375 lb	
	Body Mass Index Calculated	50.79 kg/m2	
	Body Surface Area Calculated	1.47 m2	
	Physical Findings	6	Comments: Pain Scale
	Heart Rate	86 /min	Comments: Location: R Radial;
	Respiration Rate	18 /min	

Medications [top](#)

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 44

NOV 20 10 17 03

DOB: 29-May-1966

Date of Visit: 27-Nov-2017

Owner: GUEVARA, DAISY

Document Type: Clinical Summary-CCDA

Site Name: Health Information Services

PARoxetine HCl - 40 MG Oral Tablet GUEVARA MD, DAISY Start : 27-Nov-2017
TAKE 1 TABLET BY MOUTH EVERY DAY new dose
Quantity: 30 Refills: 3

Allergies and Adverse Reactions [top](#)

No Known Drug Allergies (Allergy) Onset: Apr-2006

No Known Food Allergies (Allergy)

Results [top](#)

Results not documented

Social History [top](#)

-

Smoking Status

Never smoker

Health Care Providers [top](#)

Ambulatory Health Care Facilities
DAISY GUEVARA, MD

8311 FLORENCE AVE
DOWNEY, 90240-3928
Address

Pharmacy
WAL-MART PHARMACY 4132

9001 APOLLO WAY
DOWNEY, CA 90242
Address

Document Details [top](#)

Downey
DAISY GUEVARA, MD
November 27, 2017 18:13 -0500
Published

8311 Florence Ave.
Downey, CA 90240
Address

(562)923-4911
Work Phone

Powered by Allscripts™

Style Sheet V3.2

Dear Ms. DEBRA SANCHEZ:

At HealthCare Partners, we want to help you be as healthy as you can be. Therefore, we are reminding you to call today to have some very important tests performed.

COLON CANCER SCREENING - national guidelines recommended that everyone 50 and older receive this important screening to detect colon cancer. There are several methods available to screen for colon cancer that can identify possible problems early when it is easier to treat.

Please contact our office if you had these tests performed elsewhere or if you feel that this notice should not apply to you so we can update your medical record. If possible, please send us a copy of these tests.

Your health is very important to us. These tests are one of many important steps you can take to protect your health. If you have any questions or you would like to schedule an appointment, please call our office.

Helping you to be as healthy as you can be,

From the office of

HealthCare Partners Medical Group

Electronically signed by : Jasmine Garcia, MA; Oct 5 2017 2:02PM PST

(Author)

Patient Name:DEBRA SANCHEZ
Date of Visit:05-Aug-2017
Document Type:Telehealth Nurse Note
Site Name:Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 46
DOB:29-May-1966
Owner:GUEVARA,DAISY

DOB:29-May-1966

TRIAGE CALL REPORT

CALL REASON 1: Medication Question Call
OUTCOME : Information or Advice Only Call because Caller
requesting a refill, no triage required, and triager able to refill per
unit policy

Preliminary Assessment Notes:

Problem/Issue: requesting refill.
Medication/Dose/sig: paroxetine hcl 20 mg oral tablet, take one tablet
by mouth once daily in the
morning. dispense 30 days, #30 tablet, refill:0. prescribed by bastas-
bratkic, demetra on 7/3/17.
Pharmacy: walmart pharmacy 562-803-5345.
Drug Allergies: nkda.
Other: per current patient all dated 8/4/17 1827, pcp refilled the rx
x 3.

Post Review Notes/DOD response:-----

1052 c/b to patient, advised that pcp refilled rx and thn will call it
into pharmacy. verbalized
understanding. advised to call psc anytime.
1056 c/b to walmart pharmacy, spoke with pharmacist, richard, called in
refills. verbalized
understanding.
** 08/05/2017 11:00:25 CECILA **

CARE ADVICE FOR Medication Question Call:
CARE ADVICE given per Medication Question Call (Adult) guideline.
MEDICATION REFILL: Triager provided refill per unit policy.
CARE ADVICE: Routine questions about OTC or prescription medications.
The
triager answered questions based on reference material or prior
clinical
experience.
HOME -CARE - INFORMATION OR ADVICE ONLY CALL.

RN NURSE: Cecilia Ledesma, RN

Electronically signed by:DAISY GUEVARA MD Aug 5 2017 6:41PM PST

Patient Name: DEBRA SANCHEZ

MRN: 28-1679763

DOB: 29-May-1966

Date of Visit: 01-Feb-2017

Owner: AHISAdmin.AHS

Document Type: Correspondence**

Site Name: Health Information Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
February 1, 2017 10:39:30 AM PST	3234429993	40	1	Received
02/01/2017 10:47	3234429993	KECK PATHOLOGY DEPT	PAGE	01/01

28-1679763

Department of Pathology
1500 San Pablo Street
Los Angeles, California 90033
Phone: 323.442.8591
Fax: 323.442.9893

KECK HOSPITAL OF USC

To: Attn: Karen Fax: (562) 904-2051
 Company: Dr. Guenapa Phone: (562) 904-2047
 From: Debra Sanchez, ^{Path. Off.} _{Coord.} Date: 2-1-17
 Re: Debra Sanchez Pages: 1 (including cover sheet)
 CC: Request for Release (Anything + for results)

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

Comments:

Debra P. Sanchez (323) 702-0245
 6025 Clara St.
 Bell Gardens, CA 90201
 5129166

"Release for most recent labs"
 (AH - December 2016)

for cont case.

Please fax to:

(323) 442-9993

any questions
 please call
 (323) 442-8591

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SANCHEZ DEBRA SEV: F
 DOB: 05-29-1966 MRN: 28-1679763
 HHSST-702-0245 UNICAL 761
 DR: 78394 DATE: 12/09/2016 08:40:41
 RF DR# PCF: GUEVARA MD, DMSY

Dear DEBRA SANCHEZ,

I have reviewed your recent test results. Please review the summary, as indicated below:

The following blood tests were requested by your bariatric surgeon. Please have your bariatric surgeon review the results.

Thank you for allowing me to participate in your care. Please feel free to contact me if you have any problems or concerns.

Your HealthCare Partners Clinician
DAISY GUEVARA, MD

CBC w Diff w Plt

09Dec2016 09:00PM

GUEVARA, DAISY

Test Name	Result	Flag	Reference
WBC	4.3 x10E3/uL		3.4-10.8
RBC	4.67 x10E6/uL		3.77-5.28
Hemoglobin	13.7 g/dL		11.1-15.9
Hematocrit	41.3 %		34.0-46.6
MCV	88 fL		79-97
MCH	29.3 pg		26.6-33.0
MCHC	33.2 g/dL		31.5-35.7
RDW	14.1 %		12.3-15.4
Platelets	312 x10E3/uL		150-379
Neutrophils	57 %		
Lymphs	30 %		
Monocytes	8 %		
Eos	4 %		
Basos	1 %		
Neutrophils (Absolute)	2.4 x10E3/uL		1.4-7.0
Lymphs (Absolute)	1.3 x10E3/uL		0.7-3.1
Monocytes(Absolute)	0.3 x10E3/uL		0.1-0.9
Eos(Absolute)	0.2 x10E3/uL		0.0-0.4
Baso (Absolute)	0.0 x10E3/uL		0.0-0.2
Immature Granulocytes	0 %		
Immature Grans (Abs)	0.0 x10E3/uL		0.0-0.1

Comp Metabolic Panel (14)

09Dec2016 09:00PM

GUEVARA, DAISY

Test Name	Result	Flag	Reference
Glucose, Serum	98 mg/dL		65-99
BUN	13 mg/dL		6-24
Creatinine, Serum	0.71 mg/dL		0.57-1.00
eGFR If NonAfricn Am	100 mL/min/1.73		>59
eGFR If Africn Am	115 mL/min/1.73		>59

BUN/Creatinine Ratio	18		9-23
Sodium, Serum	146 mmol/L	H	136-144
Please note reference interval change			
Potassium, Serum	4.2 mmol/L		3.5-5.2
Chloride, Serum	103 mmol/L		97-106
Please note reference interval change			
Carbon Dioxide, Total	31 mmol/L	H	18-29
Calcium, Serum	9.4 mg/dL		8.7-10.2
Protein, Total, Serum	7.1 g/dL		6.0-8.5
Albumin, Serum	4.4 g/dL		3.5-5.5
Globulin, Total	2.7 g/dL		1.5-4.5
A/G Ratio	1.6		1.1-2.5
Bilirubin, Total	0.6 mg/dL		0.0-1.2
Alkaline Phosphatase, S	106 IU/L		39-117
AST (SGOT)	57 IU/L	H	0-40
ALT (SGPT)	61 IU/L	H	0-32

Lipid Panel 09Dec2016 09:00PM GUEVARA, DAISY

Test Name	Result	Flag	Reference
Cholesterol, Total	158 mg/dL		100-199
Triglycerides	51 mg/dL		0-149
HDL Cholesterol	82 mg/dL		>39
VLDL Cholesterol Calc	10 mg/dL		5-40
LDL Cholesterol Calc	66 mg/dL		0-99

Hemoglobin A1c. 09Dec2016 09:00PM GUEVARA, DAISY

Test Name	Result	Flag	Reference
Hemoglobin A1c	5.9 %	H	4.8-5.6
Pre-diabetes: 5.7 - 6.4			
Diabetes: >6.4			
Glycemic control for adults with diabetes: <7.0			

Iron and TIBC 09Dec2016 09:00PM GUEVARA, DAISY

Test Name	Result	Flag	Reference
Iron Bind.Cap (TIBC)	515 ug/dL	H	250-450
UIBC	449 ug/dL	H	131-425
Iron, Serum	66 ug/dL		27-159
Iron Saturation	13 %	L	15-55

Ferritin, Serum 09Dec2016 09:00PM GUEVARA, DAISY

Test Name	Result	Flag	Reference
Ferritin, Serum	14 ng/mL	L	15-150

Vitamin D, 1,25 + 25-Hydroxy 09Dec2016 09:00PM GUEVARA, DAISY

Test Name	Result	Flag	Reference
Calcitriol(1,25 di-OH Vit D)	78.8 pg/mL		19.9-79.3
Vitamin D, 25-Hydroxy	38.3 ng/mL		30.0-100.0
<p>Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).</p> <p>1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.</p> <p>2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.</p>			

Vitamin A, Serum 09Dec2016 09:00PM GUEVARA, DAISY

Test Name	Result	Flag	Reference
Vitamin A, Serum	TNP ug/dL		
<p>The specimen received was not adequately protected from light as required. Please resubmit sample in an amber tube with a dark stopper, or a tube completely covered with foil.</p> <p>12/12/2016-Nurse</p>			

Vitamin B12 and Folate 09Dec2016 09:00PM GUEVARA, DAISY

Test Name	Result	Flag	Reference
Vitamin B12	744 pg/mL		211-946
Folate (Folic Acid), Serum	17.4 ng/mL		>3.0
<p>A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.</p>			

C-Reactive Protein (CRP), Quant 09Dec2016 09:00PM GUEVARA, DAISY

Test Name	Result	Flag	Reference
C-Reactive Protein, Quant	1.2 mg/L		0.0-4.9

LDH 09Dec2016 09:00PM GUEVARA, DAISY

Test Name	Result	Flag	Reference
LDH	287 IU/L	H	119-226

Request Problem - 100552 09Dec2016 09:00PM GUEVARA, DAISY

Test Name	Result	Flag	Reference
Request Problem	TNP		

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 51

DOB: 29-May-1966

Date of Visit: 17-Dec-2016

Owner: GUEVARA, DAISY

Document Type: Results Letter

Site Name: Health Information Services

The specimen received was not adequately protected from light as required. Please resubmit sample in an amber tube with a dark stopper, or a tube completely covered with foil.

TEST: 017509 Vitamin A, Serum
12/12/2016-Nurse

Electronically signed by : DAISY GUEVARA, MD; Dec 17 2016 3:06PM PST

(Author)

Patient Name: DEBRA SANCHEZ
 Date of Visit: 05-Dec-2016
 Document Type: Surgery**
 Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 52
 MRN: 28-107705

DOB: 29-May-1966

Owner: AHSAdmin.AHS

Dec-06-16 02:31am From-SOUTH BAY SURGEONS

3107818325

T-033 P. 02/02 F-631

Association of South Bay Surgeons
Surgical Weight Loss

23451 Madison St. #300, Bldg. 7, Torrance, CA. 90505
 Office # (310) 373-8884 Fax # (310) 318-7370

- Anita Gardner, NP Housman Solomon, MD
 Stanley Klein, MD Aileen Takahashi, MD
 Pat McGinley, NP Ramin Roshipour, MD

DOB: 05/29/1966 Sex: F STAT Fax results:
 Patient Name: DEBRA SANCHEZ
 Address: 3025 CLARA ST 4723 City: BELL GARDENS, CA 90201- Date: 12-05-16

Insurance: HCP-TALBERT MEDICAL GROUP ID Number: Group Number: NCF781A7803620
 Fasting Required: Yes No

<input checked="" type="checkbox"/>	CHEMISTRY	<input checked="" type="checkbox"/>	OTHER TEST	CPT Code	<input checked="" type="checkbox"/>	HEMATOLOGY	CPT Code
<input type="checkbox"/>	1 Week Post-Op CBC, CA++, Basic Met Panel, Mg++ (magnesium), PO4 (phos), Uric Acid, Pre-Albumin, Zinc Serum	<input type="checkbox"/>	Basic Metabolic	80048	<input type="checkbox"/>	CA-125	
		<input type="checkbox"/>	Comp. Metabolic Panel	80053	<input type="checkbox"/>	CBC	85025
		<input type="checkbox"/>	Hepatic Function Panel		<input type="checkbox"/>	Chem 20	
		<input type="checkbox"/>	LDH	80061	<input type="checkbox"/>	Platelet Count	85049
		<input type="checkbox"/>	Lipid Panel	84439	<input type="checkbox"/>	PT	85610
		<input type="checkbox"/>	Thyroid Panel (includes: TSH)	84443	<input type="checkbox"/>	PTT	85730
<input type="checkbox"/>	4 Weeks Post-Op CBC, Comp Met Panel, LDH, Lipid Panel, MG++, Phos, Ferritin, Serum Iron, Iron Binding Capacity (TIBC) Uric Acid, Pre-Albumin, Zinc Serum	<input type="checkbox"/>	Free T4	82040	<input type="checkbox"/>	INR	
		<input type="checkbox"/>	Albumin	86141	<input type="checkbox"/>	Sed-Rate (Westergren)	86651
		<input type="checkbox"/>	C-Reactive Protein		<input type="checkbox"/>	ALT	
		<input type="checkbox"/>	Cardiac Specific		<input type="checkbox"/>	Dir Bilirubin	
		<input type="checkbox"/>	Ferritin	82728	<input type="checkbox"/>	PSA	81000
		<input type="checkbox"/>	Folate	82748	<input type="checkbox"/>	Urinalysis	
		<input type="checkbox"/>	Glucose	82947	<input type="checkbox"/>	Urinalysis w/ culture	
		<input type="checkbox"/>	Hgb A1C	83036	<input type="checkbox"/>	BHCG (serum) pregnant	
		<input type="checkbox"/>	H Pylori Antibody	86677	MICROBIOLOGY		
		<input type="checkbox"/>	Ionized Calcium	82330	<input type="checkbox"/>	Blood Culture	87040
		<input type="checkbox"/>	Iron - serum	83540	<input type="checkbox"/>	C. diff Toxin	87324
		<input type="checkbox"/>	Iron Met (TIBC)	83540	<input type="checkbox"/>	Occult Blood	82270
		<input type="checkbox"/>	Iron Binding Capacity	83550	<input type="checkbox"/>	Ova & Parasites	87209
		<input type="checkbox"/>	Magnesium	83735	<input type="checkbox"/>	Stool Culture	87045
		<input type="checkbox"/>	Phosphorus	84100	<input type="checkbox"/>	Urine Culture	87098
		<input type="checkbox"/>	Pre-Albumin	84134	Additional Tests & Instructions		
		<input type="checkbox"/>	PTH Intact	83970	Labs to be done two weeks prior to spt.		
		<input type="checkbox"/>	Vitamin A	84590	Diagnosis		
		<input type="checkbox"/>	Vitamin B-12	82607	Malabsorption (579.31)/Malnutrition (263.0)		
		<input type="checkbox"/>	Vitamin D 25-Hydroxy	82306	Obesity (278.01)/Fatigue (780.79)/		
		<input type="checkbox"/>	Uric Acid	84550	Dyspepsia (578.09)/Diabetes (250.00)		
		<input type="checkbox"/>	Zinc Serum	84630	<i>Aileen Takahashi, MD</i>		
		<input type="checkbox"/>	24hr Urine Calcium	82310	Physician's Signature		
		<input type="checkbox"/>	24hr Urine Creatinine	82570			

ORIGINAL DOCUMENT
UNREADABLE

Please have your labs drawn at the checked location:

- Torrance Memorial Medical Center Location: 3330 Lomita Blvd., Torrance, CA 90505 Phone: (310) 325-9110
 Your Primary Care Physicians Office Dr. *Daisy Guevara* (602) 423-1111 Phone: _____
 Quest Diagnostic Laboratories Client #: 76061284 Fax: _____ Phone: 800-877-2515
 LabCorp Laboratories Client #: 04859332 Fax: _____ Phone: 310-371-4169

SANCHEZ, DEBRA SEX: F
 DOB: 05/29/1966 MRN: 28-1679765
 HMO: 702-0245 HMO: 761
 DR: 78394 DATE: 12/09/2016 09:46AM
 RF: DR# PCP: GUEVARA MD, DAISY

FILED

Handwritten signature/initials

Patient Name: DEBRA SANCHEZ

MRN: 28-1679763

DOB: 29-May-1966

Date of Visit: 24-Oct-2016

Owner: AHSAdmin,AHS

Document Type: Correspondence**

Site Name: Health Information Services

RETURN TO WORK / SCHOOL



#28-1679763,

DATE: 10/24/16

PATIENT NAME: Debra Sanchez HCP Site: Downey

TO WHOM IT MAY CONCERN:

THE ABOVE PATIENT IS UNDER MY CARE AND:

PLEASE EXCUSE FROM WORK/SCHOOL FROM 10/21/16 TO 10/25/16. MAY RETURN TO WORK/SCHOOL ON: 10/26/16.

- Has recovered and may return to light work on:
Has recovered and may return to work/school on:
Requires a medical leave of absence from: TO
Is restricted from: UNTIL DATE
Received treatment at my offices on:
Is scheduled to return on: AT

REM: SANCHEZ, DEBRA DOB: 05/29/1966 MRN: 28-1679763 DATE: 11-07-2016 01:40PM

PROVIDER SIGNATURE Thiri Od M.D. PATIENTS COPY (CANARY)

Downey
Downey, CA

SANCHEZ, DEBRA

May 29, 1966
Born

Female
Sex

28-1679763
Patient Id

6025 CLARA ST
BELL, CA 90201
Address

English (preferred)
Language

Native Hawaiian or other Pacific Islander
Race

Hispanic or Latino
Ethnicity

Visit Summary
Clinical Content
Instructions

Plan of Care

Reason for Visit
Vital Signs

Reason for Visit [top](#)

- Health Issues Reviewed:
- Arthralgia of left elbow
- Knee pain, bilateral

Plan of Care [top](#)

Planned Observations

Planned Goals not documented

Planned Encounters

Surgery- Orthopedic Referral

Physical Therapy Referral

Instructions [top](#)

Exercise, knee strengthening and ROM. *Instruction Type: Provider Instructions for treatment*

Vital Signs [top](#)

24-Oct-2016 3:12 PM	BP Systolic	110 mm[Hg]	<i>Comments: Location: RUE; Position: Sitting</i>
	BP Diastolic	68 mm[Hg]	<i>Comments: Location: RUE; Position: Sitting</i>
	Temperature	98.6 f	<i>Comments: Method: Oral</i>
	Heart Rate	64 /min	<i>Comments: Location: R Radial;</i>
	Physical Findings	18	<i>Comments: Respiration</i>
	Height	58 in	
	Weight	183 lb	
	Body Mass Index Calculated	38.25 kg/m2	
	Body Surface Area Calculated	1.75 m2	

Document Details [top](#)

Downey
Alice Choto Rodriguez, MA
October 24, 2016 15:38 -0700
Published

8311 Florence Ave.
Downey, CA 90240
Address

(562) 923-4911
Work Phone

Assessment**Assessed**

1. Knee pain, bilateral (M25.561, M25.562)
 - Right knee has hx of mild arthritic changes. Now swelling, mostly on the suprapatellar bursa. will do PT since she has been falling a lot and also ortho
2. Arthralgia of left elbow (M25.522)
 - recently fell on it. will do XR.

Plan**Arthralgia of left elbow**

- XR Elbows Left Comp; Status: Active; Requested for: 24Oct2016;
Clinical Summary: : 50 yo F with left elbow pain after she fell.

Arthralgia of left elbow, Knee pain, bilateral

- Start: Ibuprofen 800 MG Oral Tablet; 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN
- Physical Therapy Referral Physical Therapy 50 yo F with bilateral knee pain x 10 months and left elbow pain after she fell. Status: Need Information - Financial Authorization Requested for: 24Oct2016
- Surgery- Orthopedic Referral Referral 50 yo F with bilateral knee pain x 10 months and left elbow pain after she fell. Status: Need Information - Financial Authorization Requested for: 24Oct2016
- Follow Up if Not Better Follow Up Follow-up Status: Complete Done: 24Oct2016

Knee pain, bilateral

- Exercise, knee strengthening and ROM.; Status: Complete; Done: 24Oct2016
- XR Knees Compl Bilat; Status: Active; Requested for: 24Oct2016;
Clinical Summary: : 50 yo F with bilateral knee pain x 10 months.

Chief Complaint / Reason for Visit

DEBRA SANCHEZ is 50 year yo female here for bilateral knee pain x 1 week, patient fell 10/13/16.

History of Present Illness

Ms. DEBRA SANCHEZ is a 50 year F with right knee pain after she fell on her knees 4 days ago. She had knee problem 1 month ago when she fell and 10 months ago when she fell too. She also has left elbow pain.

Current Meds

1. PARoxetine HCl - 20 MG Oral Tablet; TAKE ONE TABLET BY MOUTH ONCE DAILY IN THE MORNING;
Therapy: 07May2014 to (Evaluate: 27Jan2017) Requested for: 30Aug2016; Last Rx: 30Aug2016 Ordered
2. Triamcinolone Acetonide 0.1 % External Cream; APPLY 2-3 TIMES DAILY TO AFFECTED AREA(S);
Therapy: 30Aug2016 to (Complete: 28Dec2016) Requested for: 30Aug2016; Last Rx: 30Aug2016 Ordered

Allergies**Medication**

1. No Known Drug Allergies
Apr 3 2006 12:00AM; Recorded By: Conversion, Epic; 7/4/2014 5:58:30 AM

Non-Medication

2. No Known Food Allergies
Recorded By: Amezquita, Jeannette; 5/14/2015 8:09:45 AM

Review of Systems

CONSTITUTIONAL: no fever and no chills . as per hpi.
CV: no chest pain, no palpitations and no extremity edema.
RESP: no shortness of breath.

GI: no abdominal pain and no blood in the stool.
NEURO: no headache and no dizziness.

Vitals

HCP Vitals

	Recorded: 24Oct2016 03:12PM
Systolic	110, RUE, Sitting
Diastolic	68, RUE, Sitting
Heart Rate	64, R Radial
Respiration	18
Temperature	98.6 F, Oral
Height	4 ft 10 in
Weight	183 lb
BMI Calculated	38.25
BSA Calculated	1.75
LMP Comment	Postmenopausal
Comment	K Martinez MA
(Pain Scale) Time:	1. Intake
Pain Scale Used	Numeric Rating Scale

Physical Exam

CONSTITUTIONAL: alert and in no acute distress.
CARDIOVASCULAR: heart rate is normal, heart rhythm is normal and no murmurs.
PULMONARY: the lungs were clear to auscultation bilaterally.
EXTREMITIES: no edema.

KNEE:

Knees with normal range of motion.

Right knee with joint effusion, medial joint line tenderness, lateral joint line tenderness and patellar tendon tenderness, but no joint hypertrophy, no patellofemoral crepitus, no patellar bursa tenderness, no inferior patellar bursa tenderness, no pes anserine bursa tenderness, no popliteal fossa tenderness and no tibial tubercle tenderness.

Left knee with normal appearance and no tenderness.

Special Tests: Lachman's negative on right, Posterior Drawer negative on right, right knee stable to valgus stress and McMurray's Test negative on right.

Strength: normal bilateral knee strength.

Sensation: normal bilateral knee sensation.

Vascular: normal vascular exam of lower extremities.

Signatures

Electronically signed by : THIRI OO, MD, Oct 24 2016 5:02PM PST

(Author)

Patient Name: DEBRA SANCHEZ

MRN: 28-1679763

DOB: 29-May-1966

Date of Visit: 05-Jul-2016

Owner: AHSAdmin,AHS

Document Type: Correspondence**

Site Name: Health Information Services

RETURN TO WORK / S

SANCHEZ, DEBRA SEX: F
DOB: 05/29/1966 MRN: 28-1679763
H1020-702-0345 MEDICAL 761
IP: 407747 DATE: 07/05/2016 02:40PM
RF DR# PCP: QUEJARA MD, DAISY

healthCare Partners.

Medical Group and Affiliated Physicians

DATE: 7/5/16

PATIENT NAME: Debra Sanchez HCP Site: Downey

TO WHOM IT MAY CONCERN:

THE ABOVE PATIENT IS UNDER MY CARE AND:

PLEASE EXCUSE FROM WORK/SCHOOL FROM 7/1/16 TO 7/5/16. MAY RETURN TO WORK/SCHOOL ON: 7/6/16.

HAS RECOVERED AND MAY RETURN TO LIGHT WORK ON: _____

HAS RECOVERED AND MAY RETURN TO WORK/SCHOOL ON: _____

REQUIRES A MEDICAL LEAVE OF ABSENCE FROM: _____ TO _____

IS RESTRICTED FROM: _____ UNTIL _____ DATE

RECEIVED TREATMENT AT MY OFFICES ON: _____

IS SCHEDULED TO RETURN ON: _____ AT _____

REMARKS:

HealthCare Partners
8311 Florence Ave
Downey, CA 90240


PROVIDER SIGNATURE

Assessment**Assessed**

1. Cough with sputum (R05)
 - prob early bronchitis , rocephin given , augmentin and prednisone given .

Plan**Cough with sputum**

- Start: PredniSONE 20 MG Oral Tablet; take one tab daily for 7 days
- Start: Promethazine-Codeine 6.25-10 MG/5ML Oral Syrup; take one tsp po 3x daily as needed for cough
- Administered: CefTRIAXone Sodium 1 GM Injection Solution Reconstituted
- Administered: Lidocaine HCl - 1 % Injection Solution
- Administered: MethylPREDNISolone Acetate 40 MG/ML Injection Suspension

Unlinked

- Start: Amoxicillin-Pot Clavulanate 875-125 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY AFTER MEALS UNTIL FINISHED

Follow up as needed.

Chief Complaint / Reason for Visit

Patient is a 50 year old female here for : wet cough +green phlegm 3 weeks, c/o wheezing through out the day. pt c/o chest congestion and body ache.

History of Present Illness

cough and wheezing x 2 1/2 weeks with chills over the weekend , green mucus
pos wheezing
started with cpap 1 mo ago

Patient presents independently.

Current Meds

1. PARoxetine HCl - 20 MG Oral Tablet; TAKE ONE TABLET BY MOUTH ONCE DAILY IN THE MORNING;
Therapy: 07May2014 to (Evaluate:30Aug2016) Requested for: 01Jul2016; Last Rx:01Jul2016 Ordered

Allergies**Medication**

1. No Known Drug Allergies
Apr 3 2006 12:00AM; Recorded By: Conversion, Epic; 7/4/2014 5:58:30 AM

Non-Medication

2. No Known Food Allergies
Recorded By: Amezquita, Jeannette; 5/14/2015 8:09:45 AM

Vitals**HCP Vitals**

	Recorded: 05Jul2016 02:47PM
Systolic	100, RUE, Sitting
Diastolic	76, RUE, Sitting
Heart Rate	61, R Radial
Respiration	20
Temperature	98.2 F, Oral

O2 Saturation	96
Height	4 ft 10 in
Weight	183 lb
BMI Calculated	38.25
BSA Calculated	1.75
Comment	LGALVEZ MA
(Pain Scale) Time:	1. Intake
Pain Scale Used	Numeric Rating Scale

Physical Exam

General: Pt is alert and oriented, well appearing
 Heent: post pharynx erythematous
 Heart : Regular , no murmur
 Chest: coarse breath sounds, rhonchi , wheezing
 Abdomen: soft and nontender
 Lower extremities: no edema

Signatures

Electronically signed by : DAISY GUEVARA, MD; Jul 24 2016 4:29PM PST

(Author)

Downey
Downey, CA

SANCHEZ, DEBRA

May 29, 1966

Female

28-1679763

Born

Sex

Patient Id

6025 CLARA ST
BELL, CA 90201
Address

English (preferred)

Language

Native Hawaiian or other Pacific Islander

Race

Hispanic or Latino

Ethnicity

Visit Summary

Clinical Content

[Allergies and Adverse Reactions](#)

[Instructions](#)

[Interventions Provided](#)

Other

[Document Details](#)

[Medications](#)

[Plan of Care](#)

[Reason for Visit](#)

[Health Care Providers](#)

[Results](#)

[Social History](#)

[Vital Signs](#)

Reason for Visit

[top](#)

- Health Issues Reviewed:
- Cough
- Cough with sputum

Plan of Care

[top](#)

Planned Observations

Planned Goals not documented

Planned Medications

CefTRIAxone Sodium 1 GM Injection Solution Reconstituted *Ordered: 5-July-2016*

MethyIPREDNISolone Acetate 40 MG/ML Injection Suspension *Ordered: 5-July-2016*

Lidocaine HCl - 1 % Injection Solution *Ordered: 5-July-2016*

Interventions Provided

[top](#)

Medication Changes

- Amoxicillin-Pot Clavulanate 875-125 MG Oral Tablet - Start
- PredniSONE 20 MG Oral Tablet - Start
- Promethazine-Codeine 6.25-10 MG/5ML Oral Syrup - Start

Instructions

[top](#)

Section Comments

- rocephin and solumedrol injections
- tomorrow- start augmentin and prednisone
- cough med as needed.

Vital Signs

[top](#)

5-July-2016 2:47 PM	BP Systolic	100 mm[Hg]	Comments: Location: RUE; Position: Sitting
	BP Diastolic	76 mm[Hg]	Comments: Location: RUE; Position: Sitting
	Temperature	98.2 f	Comments: Method: Oral
	Heart Rate	61 /min	Comments: Location: R Radial;
	Physical Findings	20	Comments: Respiration
	Height	58 in	
	Weight	183 lb	
	Body Mass Index Calculated	38.25 kg/m2	
	Body Surface Area Calculated	1.75 m2	
	Physical Findings	96	Comments: O2 Saturation

Medications

[top](#)

Amoxicillin-Pot Clavulanate 875-125 MG Oral Tablet TAKE 1 TABLET TWICE DAILY AFTER MEALS UNTIL FINISHED. Quantity: 20	GUEVARA MD, DAISY	Start 5-July-2016
CefTRIAxone Sodium 1 GM Injection Solution Reconstituted rocephin 1gm im 1 now with lido	GUEVARA MD, DAISY	Start 5-July-2016 Admin Requested

Lidocaine HCl - 1 % Injection Solution inject 2.1 ml im with ceftriaxone im x1	GUEVARA MD, DAISY	Start 5-July-2016 Admin Requested
MethylPREDNISolone Acetate 40 MG/ML Injection Suspension inject 40 mg im daily x 3 days	GUEVARA MD, DAISY	Start 5-July-2016 Admin Requested
PARoxetine HCl - 20 MG Oral Tablet TAKE ONE TABLET BY MOUTH ONCE DAILY IN THE MORNING <i>Quantity: 30 Refills: 1</i>	BASTAS-BRATKIC N.P., DEMETRA	Start 1-July-2016
PredniSONE 20 MG Oral Tablet take one tab daily for 7 days <i>Quantity: 7</i>	GUEVARA MD, DAISY	Start 5-July-2016
Promethazine-Codeine 6.25-10 MG/5ML Oral Syrup take one tsp po 3x daily as needed for cough <i>Quantity: 1</i>	GUEVARA MD, DAISY	Start 5-July-2016 240 ML Bottle (2 Bottles)

Allergies and Adverse Reactions [top](#)

No Known Drug Allergies (Allergy) *Onset: Apr-2006*
No Known Food Allergies (Allergy)

Results [top](#)

Results not documented

Social History [top](#)

Smoking Status
Never smoker

Health Care Providers [top](#)

Ambulatory Health Care Facilities
DAISY GUEVARA, MD

Unknown
Address

Ambulatory Health Care Facilities
DEMETRA BASTAS-BRATKIC, N.P.

Unknown
Address

Pharmacy
WAL-MART PHARMACY 3180

SOUTH GATE, CA 90280
Address

Document Details [top](#)

Downey
DAISY GUEVARA, MD
July 5, 2016 15:22 -0700
Published

8311 Florence Ave.
Downey, CA 90240
Address

(562) 923-4911
Work Phone

Patient Name: DEBRA SANCHEZ
Date of Visit: 19-May-2016
Document Type: Pulmonary**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 62
PHN: 20-107703
Owner: AHSAdmin,AHS

DOB: 29-May-1966

05/26/2016 THU 12:40 FAX PCR2

001/003



3

FAX

Attention: Dr. Guevara

RE Patient: Debra Sanchez 05/29/1966

From: Stephanie

Pages: 3

SANCHEZ, DEBRA SEX: F
DOB: 05/29/1966 NPN: 28-1679763
HM323-702-0245 MICAL: 761
DR: 8980 DATE: 03/07/2016 09:48PM
RF DR# PCP: GUEVARA MD, DAISY

Home Sleep Test Results

Qualifying CPAP Therapy Needed

The Patient's AHI **exceeded the normal range** and was equal to or greater than the Medicare Qualifying Guidelines for Obstructive Sleep Apnea and corresponding CPAP Therapy.

Detailed findings from the diagnostic study are included with this facsimile to substantiate the fact that Obstructive Sleep Apnea was ruled out. SuperCare Health encourages you to add this fax and the corresponding diagnostic study to the patient's chart for reference purposes.

NEXT STEPS

There is no further action required by you regarding the ordering of the equipment. We already have an HCP Authorization to provide the CPAP.

Upon receiving this document back, SuperCare Health will be contacting the patient to schedule their CPAP Therapy set-up. The patient will be placed on Auto-CPAP for a 45-day trial period to establish adherence to therapy. Provided the patient is compliant to therapy, the patient will remain with the Auto-CPAP unit on a permanent basis. Should the patient not be adherent to therapy after the trial period, the patient will be referred to an HCP Sleep Medicine Specialist for a follow-up visit.

Should you have any questions regarding these findings, please do not hesitate to contact us at (800) 206.4880.

Thank you for the opportunity to serve your patient.

Confidentiality Notice: The information contained in this facsimile message may be confidential, proprietary and/or legally privileged information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any copying, dissemination or distribution of confidential, proprietary or privileged information is strictly prohibited. If you have received this communication in error, please immediately notify the sender by telephone. Thank you.

05/26/2016 THU 12:40 FAX PCR2

002/003

Watermark Medical ARES Sleep Study Report

Patient Name	SANCHEZ, DEBRA	Study Ordered by	GUEVARA, DAISY
Date of Night 1	05/19/2016	Date of Birth	5/29/1966
		Identification Number	282782

Overall AHI*	Overall RDI	% time < 90% SpO2	Mean SpO2	% time snoring > 30 dB
14	26	8.0 %	94.1 %	51.2 %

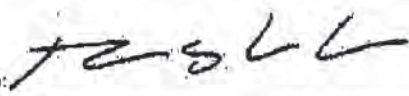
PHYSICIAN INTERPRETATION AND COMMENTS: Findings are consistent with mild to moderate, non-positional obstructive sleep apnea (OSA).

CLINICAL HISTORY: 49 year old female presented with: 13 inch neck, BMI of 40, an Epworth sleepiness score of 13, no co-morbidities and symptoms of nocturnal snoring and witnessed apneas. Based on the clinical history, the patient has a high pre-test probability of having moderate OSA.

SLEEP STUDY FINDINGS: Patient underwent a one night Home Sleep Test and by behavioral criteria, slept for approximately 6.1 hours, with a sleep latency of 10 minutes and a sleep efficiency of 87.6%. **Mild** sleep disordered breathing (**AHI=14**) is noted based on a 4% hypopnea desaturation criteria. The patient slept supine 77.9% of the night based on valid recording time of 6.1 hours and is 1.2 times as likely to have apneas/hypopneas when supine. When considering more subtle measures of sleep disordered breathing, the overall respiratory disturbance index is **moderate (RDI=26)** based on a 1% hypopnea-desaturation-criteria-with-confirmation-by-surrogate-arousal-indicators. The apneas/hypopneas are accompanied by mild oxygen desaturation (percent time below 90% SpO2: 8.0%, Min SpO2: 80.5%). The average desaturation across all sleep disordered breathing events is 4.0%. Snoring occurs for 51.2% (30 dB) of the study, 44.2% is very loud. The mean pulse rate is 70 BPM, with frequent pulse rate variability (48 events with ≥ 6 BPM increase/decrease per hour).

TREATMENT CONSIDERATIONS: Consider nasal continuous positive airway pressure (**CPAP/AutoPAP**) as the initial treatment choice based on the RDI severity, daytime somnolence and co-morbidities. A mandibular advancement splint (MAS) or referral to an ENT surgeon for modification to the airway should be considered to reduce daytime somnolence and the potential contribution of OSA on existing diseases if the patient prefers an alternative therapy or the CPAP trial is unsuccessful.

DISEASE MANAGEMENT CONSIDERATIONS: None.

Signature: 

Date: 05-25-2016 00:03:09 PST

Study Review: The raw data of this ARES study has been reviewed, with the report confirmed and electronically signed by Poyam Shadi. **Caution:** The diagnosis of the Obstructive Sleep Apnea Syndrome must be based on all available clinical data, of which this study is only a part. Thus final diagnosis and treatment recommendations should include information from an examination of the patient by a knowledgeable healthcare provider.

*Average number of apneas and hypopneas (4%) per hour of valid recording time (Note: CMS RDI; AASM RDI)

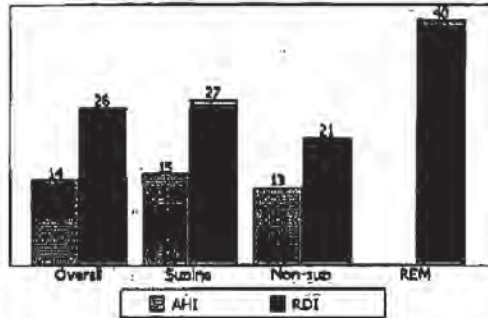
ARES Traceability: (EN: 16006594) 2016052313239_241_1328-122 (cd1-433b-820b11e2b6d1_M1_A87_WA)

05/26/2016 THU 12:41 FAX PCR2

003/003

ARES Sleep Study Report

Patient Name		SANCHEZ, DEBRA	
Age	49	Gender	Female
Height (m)	1.57	BMI	40
Weight (lbs)	182	Neck Size (in)	13
OSA Risk	High Risk	Pred. Severity	Moderate
HBP	No	Heart Disease	No
Diabetes	No	Depression	No
Stroke	No	Epworth	13
Snoring Frequency		Almost always	
Gasping or Choking		Never	
Observed to stop breathing during sleep		Rarely	

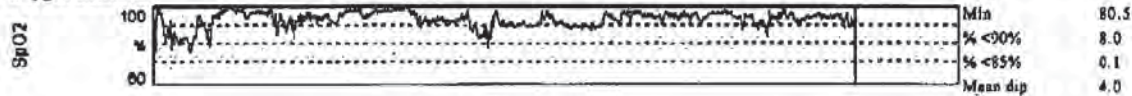


Study Date: 05/19/2016

Sleep Disordered Breathing events

Central		Cat. Index	0
Obs Apnea		Apl	3
AHI		AHT	14
RDI		RDI	26

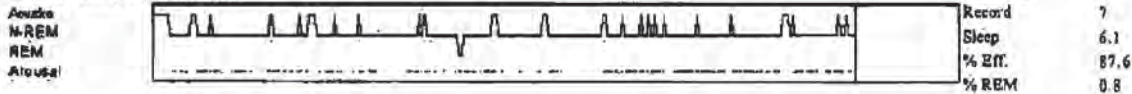
Oxygen Saturation



Head Position



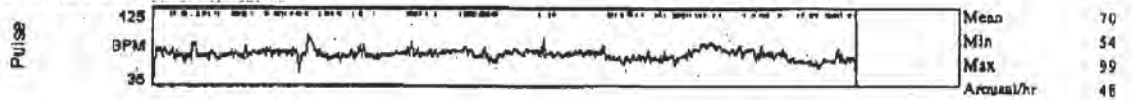
Awake / Sleep by actigraphy



Snoring with arousal indications



Pulse Rate with arousal indicators



Excluded from analysis

Airflow		% excluded	0%
SpO2		Airflow	0%
AI		SpO2	17.9%
		All	0%

Patient Name: DEBRA SANCHEZ
Date of Visit: 18-Apr-2016
Document Type: Ophthalmology**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 65
MRN: 28-1679763
Owner: AHSAdmin.AHS

DOB: 29-May-1966

From:

05/11/2016 15:33

#307 P.002/005



ATLANTIS EYECARE

SANCHEZ, DEBRA
DOB: 05/29/1966
HM323-702-0245
DR: 8950
RF DR#
SEX: F
MRN: 28-1679763
MICAL 761
DATE 03/07/2016 03:40PM
PCP: CUEVARA MD, DAISY

(4)

Atlantis Eyecare Downey
8311 E Florence Ave Downey CA 90240-3928 (562)622-8700 Fx(562)622-1800

PATIENT: Debra Sanchez
DATE OF BIRTH: 05/29/1966
DATE: 04/18/2016 3:00 PM
DOCUMENT TYPE: Ophthalmology Chart Note
VISIT TYPE: Office Visit

28-1679763

General

Patient visit: Established patient
Vision Correction
Glasses: Yes
Contact Lens: No

History of Present Illness:

1. glaucoma evaluation

The 49 year old female presents for evaluation of glaucoma evaluation in the right eye and left eye. Last seen here about 1 year(s) ago. VA not affected. Pt. was referred by USC eye institute for narrow angle closure risk.

Past Ocular History

Ocular Disease	Eye	Year/Dx
Migraines		

Past Medical/Surgical History

Reviewed, no changes. Last detailed document date: 08/02/2013.

Medication Reconciliation

Medications reconciled today.

Ocular Medications

Medication	Sig/Description	Start Date	Stop Date
bacitracin 500 unit/gram eye ointment	apply by Ophthalmic route every bedtime a small amount in the affected eye(s)	01/16/2015	

Systemic Medications

Medication	Sig/Description	Start Date	Stop Date
------------	-----------------	------------	-----------

Sanchez, Debra P. 000000021049 05/29/1966 04/18/2016 03:00 PM Page: 1/4

From:

05/11/2016 15:33

#307 P.003/005

PAROXETINE HCL

02/28/2011

Allergies

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Reviewed, no changes.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, fever and night sweats.
ENMT	Negative	Hearing loss.
Respiratory	Negative	Cough and wheezing.
Cardio	Negative	Chest pressure or discomfort and irregular heartbeat/palpitations.
GI	Negative	Constipation, diarrhea and vomiting.
GU	Negative	Dysuria, hematuria and polyuria.
Endocrine	Negative	Cold intolerance, heat intolerance, polydipsia and polyphagia.
Neuro	Negative	Dizziness, gait disturbance and headache.
Psych	Negative	Emotional changes.
Integumentary	Negative	Rash.
MS	Negative	Arthralgias, joint swelling and muscle weakness.
Hema/Lymph	Negative	Bruising and easy bleeding.
Allergic/Immuno	Negative	Environmental allergies and food allergies.

Visual Acuity

Va OD		Distance		Near		
Dva cc mod	Dva sc mod	Dva ph mod	Dva	Nva cc mod	Nva sc mod	Nva other
20/20	-1					

Va OS		Distance		Near		
Dva cc mod	Dva sc mod	Dva ph mod	Dva	Nva cc mod	Nva sc mod	Nva other
20/20						

Intraocular Pressure

IOP Summary:

Date	Time	OD	OS	Method	Measured by	Dilated	Comment
04/18/2016	3:19 PM	12	11	Goldmann	Eloy Contreras		

Physical Examination

Patient's mood/affect is normal. Patient is oriented to person, place and time.

External Examinations

Pupils:

OD pupils equal, round, reactive, no APD
 OS pupils equal, round, reactive, no APD

Confrontational Visual Fields:

Patient Name: DEBRA SANCHEZ
Date of Visit: 18-Apr-2016
Document Type: Ophthalmology**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 67

MRN: 28-1079705

DOB: 29-May-1966

Owner: AHSAdmin,AHS

From:

05/11/2016 15:34

#307 P.004/005

Motility: OD confrontation fields full to finger counting
OS confrontation fields full to finger counting

Adnexa: OD EOM is full
OS EOM is full

Eye Lids: OD adnexa normal
OS adnexa normal

OD lids and lashes normal
OS lids and lashes normal

Slit Lamp Examination:

Conjunctiva:

OD white and quiet
OS white and quiet

Cornea:

OD normal endothelium, epithelium, stroma and tear film
OS normal endothelium, epithelium, stroma and tear film

Iris:

OD iris normal
OS iris normal

Anterior Chamber:

OD narrow angles
OS narrow angles

Lens:

OD nuclear sclerosis 1+
OS nuclear sclerosis 1+

Fundus Examination

Vitreous:

OD vitreous clear
OS vitreous clear

Optic Nerve:

OD flat, sharp, good color
OS flat, sharp, good color

CD Ratio:

OD
Horizontal: .35
Vertical: .35
OS
Horizontal: .35
Vertical: .35

Macula:

OD flat, no hemorrhages, exudates, or pigmentary changes
OS flat, no hemorrhages, exudates, or pigmentary changes

Retinal Vessels:

OD normal vessels
OS normal vessels

Health Maintenance

Sanchez, Debra P. 000000021049 05/29/1966 04/18/2016 03:00 PM Page: 3/4

From:

05/11/2016 15:34

#307 P.005/005

Refraction: 01/16/2015

IOP Check: 04/18/2016

Ophthalmology Impression/Plan

#	Detail Type	Description
1.	Assessment	Dry eye syndrome of bilateral lacrimal glands (H04.123).
	Impression	Dry eye syndrome of bilateral lacrimal glands: H04.123.
	Plan	Dry eyes account for the patient's complaints. There is no evidence of permanent changes to the cornea. Explained condition does not have a cure and will need artificial tears for maintenance.
2.	Assessment	Anatomical narrow angle of bilateral eye (H40.033).
	Impression	Anatomical narrow angle of bilateral eye: H40.033.
	Plan	I recommend for patient to have cataract surgery to help open angles, or patient can get LPI
3.	Assessment	Age-related nuclear cataract, bilateral (H25.13).
	Impression	Age-related nuclear cataract, bilateral: H25.13.
	Plan	I recommend ZKBOO OD with low add and ZLBOO OS will give patient convient vision may need readers for fine print, also discussed will give patient better depth perception. Pt aware this is elective procedure. Patient understands if the second eye is not done will not be able to read with out glasses. Patient aware that other laser procedures (such as enhancement or yag cap) may be necessary post surgery for optimal vision results. Patient understands halos are common side effect post cataract surgery based on iens selection. Patient understands cataract extraction may not improve vision due to existing ocular conditions such as ARMD, PDR and/or Glaucoma.

Signature: Ehsan Sadri MD FACS

Electronically signed by:

Sadri, Ehsan 04/22/2016 11:14 AM

I, Michelle, am scribing for Ehsan Sadri MD FACS.

Document generated by: Sally Escalante 04/22/2016

Reason For Visit

REASON FOR REFERRAL/VISIT: F/u.

Received call back from pt who is at work. Reports she was under the impression a referral is needed for psych/BH and wanted NP to make recommendations. Informed her that BH is a self referral and list of providers will be on web site or provided by insurance (Anthem Blue Cross).

Call placed to Anthem Blue Cross, given a list of four providers. Staff also suggested that pt go online to look at other providers.

Informed pt of staff's suggestion and gave her contact names/numbers of four therapist. States understanding.

Signature

Electronically signed by : Franca Elimimian BSW; 03/10/2016 5:43 PM PST; Author;

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 70

DOB: 29-May-1966

Date of Visit: 09-Mar-2016

Owner: Elimimian, Franca

Document Type: Social Worker Note

Site Name: Health Information Services

Reason For Visit

REASON FOR REFERRAL/VISIT: Received task from NP, Demetra, asking SW to contact pt to provide resource for grief counseling.

T/c to pt, left vm asking for a c/b.

Signature

Electronically signed by : Franca Elimimian BSW; 03/09/2016 4:41 PM PST; Author.

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 71

MYRN: 28-1079103

DOB: 29-May-1966

Date of Visit: 07-Mar-2016

Owner: AHSAdmin,AHS

Document Type: Correspondence**

Site Name: Health Information Services

RETURN TO WORK / SCHOOL



DATE: 3/7/14 28-679763

PATIENT NAME: Debra Sanchez HCP Site: Downey

TO WHOM IT MAY CONCERN:

THE ABOVE PATIENT IS UNDER MY CARE AND:

PLEASE EXCUSE FROM WORK/SCHOOL FROM 3/7/14 TO 3/9/14, MAY RETURN TO WORK/SCHOOL ON: 3/9/14.

HAS RECOVERED AND MAY RETURN TO LIGHT WORK ON: _____

HAS RECOVERED AND MAY RETURN TO WORK/SCHOOL ON: _____

REQUIRES A MEDICAL LEAVE OF ABSENCE FROM: _____ TO _____

IS RESTRICTED FROM: _____ UNTIL _____ DATE

RECEIVED TREATMENT AT MY OFFICES ON: _____

IS SCHEDULED TO RETURN ON: _____ AT _____

REMARKS: HealthCare Partners
8311 Florence Ave.
Downey, CA 90240

PROVIDER SIGNATURE

ASIA-BRATK

MGO-CLIN-004 (4/02)

CHART COPY (WHITE)

PATIENTS COPY (CANARY)

Chief Complaint / Reason for Visit

Patient is accompanied by boy friend.

Patient is a 49 year old female here for migraines x 2 days. Nothing new/alarming or changed about HA- "steady and present." Pt is being followed at USC for eye surgery in the next 2 wks for worsening "narrowing angle of lens" of both eyes. Belief is that her headaches will improve after surgery. Pt takes paroxetine for headache management x 10yrs now and does feel they are less severe since starting. If she skips a few days, the headaches return and "I just feel bad". Pt states this is informational, mostly here b/c she needs help finding a grief counselor. Pt lost her mother to a long battle with cancer in December 2015 and is having a hard time coping. Pt works in pathology and "deal with cancer daily and so am reminded constantly." Pt's boyfriend notes that pt is exhibiting signs of poor coping as well. Pt denies self harming behaviors, PDW or SI. "My grandson is my life, he was so close to my mother, I would never do something like hurt or kill myself." Pt is open to counseling but admits "I need help how where to turn besides a number." Good support system with boyfriend, but he lives in Hawaii and so is back/forth. Pt also admits "I hold it in, I put on a brave face but I'm crumbling".

narrowing of lens- surgery-

Current Meds

1. PARoxetine HCl - 20 MG Oral Tablet; TAKE ONE TABLET BY MOUTH ONCE DAILY IN THE MORNING;
Therapy: 07May2014 to (Evaluate:10Jul2016) Requested for: 12Jan2016; Last Rx:12Jan2016 Ordered

Allergies**Medication**

1. No Known Drug Allergies
Apr 3 2006 12:00AM; Recorded By: Conversion, Epic; 7/4/2014 5:58:30 AM

Non-Medication

2. No Known Food Allergies
Recorded By: Amezquita, Jeannette; 5/14/2015 8:09:45 AM

Vitals**HCP Vitals [Data Includes: Last 1 Day]**

	Recorded: 07Mar2016 04:00PM
Systolic	110, RUE, Sitting
Diastolic	82, RUE, Sitting
Heart Rate	78, R Radial
Respiration	18
Temperature	98.3 F, Oral
Pain Scale	5
LMP	24Feb2016
Height	4 ft 10.5 in
Weight	178 lb 4 oz
BMI Calculated	36.62
BSA Calculated	1.75
Comment	R.Figueroa/MA
(Pain Scale) Time:	1. Intake
Pain Scale Used	Numeric Rating Scale

Physical Exam

CONSTITUTIONAL: alert and healthy appearing. Constitutional Detail: Comfortable, appears tired and not exhausted.

HEENT:

EYES: pupils were equal in size, round and reactive to light and extraocular movements were intact.

CARDIOVASCULAR: heart rate is normal.

NEUROLOGICAL: The sensory exam was normal to light touch and pinprick and the motor exam was normal.

PSYCHIATRIC: oriented to person, place, and time. Observed affect: grieving, sad and tearful.

Reported mood: angry, depressed and labile.

Assessment

Assessed

1. Major depressive disorder, single episode, mild (F32.0)
 - Grieving, mother passed away 12/2015. Pt requesting assistant with grief counseling. Will outreach to our SW. Briefly discussed the stages of grief. pt safe.
2. Migraine (G43.909)
 - chronic, f/up by USC, to have eye surgery for narrowing of lens-hope this will resolve or significantly decrease migraines.

Plan

Major depressive disorder, single episode, mild

- Follow Up if Not Better Follow Up Follow-up Status: Hold For - Manual Activation Requested for: 08Mar2016
- Patient handout given; Status:Complete; Done: 08Mar2016 12:09AM
- Verbal contract for safety agreed to. Call EMS 911 immediately with any suicidal ideations or hallucinations.; Status:Complete; Done: 08Mar2016 12:09AM

Migraine

- Administered: Ketorolac Tromethamine 60 MG/2ML Injection Solution
- Treatment plan and follow-up discussed and understood by patient.; Status:Complete; Done: 08Mar2016 12:09AM

Signatures

Electronically signed by : DEMETRA BASTAS-BRATKIC, NP; Mar 8 2016 12:09AM PST (Author)

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 74

DOB: 29-May-1966

Date of Visit: 07-Mar-2016

Owner: Figueroa, Ruby

Document Type: Clinical Summary-CCDA

Site Name: Health Information Services

SANCHEZ, DEBRA

May 29, 1966

Female

28-1679763

Born

Sex

MRN

6025 CLARA ST
BELL, CA 90201
Address

English (preferred)
Language
Native Hawaiian or other Pacific Islander
Race
Hispanic or Latino
Ethnicity

Visit Summary

Reason for Visit

Health Issues Reviewed:

Migraine

Treatment Plans

Planned Observations

Planned Goals not documented Goal

Planned Medications

Ketorolac Tromethamine 60 MG/2ML Injection Solution Ordered 7-Mar-2016

Vitals

7-Mar-2016 4:00 PM	BP Systolic	110 mm[Hg]	Comments: Location: RUE; Position: Sitting
	BP Diastolic	82 mm[Hg]	Comments: Location: RUE; Position: Sitting
	Temperature	98.3 f	Comments: Method: Oral
	Heart Rate	78 /min	Comments: Location: R Radial;
	Respiration Rate	18 /min	
	Height	58.5 in	
	Weight	178.25 lb	
	Body Mass Index Calculated	36.62 kg/m2	
	Body Surface Area Calculated	1.75 m2	
	Physical Findings	5	Comments: Pain Scale

Document Details

March 7, 2016 16:22 -0800
Published

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Style Sheet V2.2

Patient Name: DEBRA SANCHEZ
Date of Visit: 02-Feb-2016
Document Type: Ophthalmology**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 75

02/03/2016 09:25

DOB: 29-May-1966

Owner: AHSAdmin,AHS

02/03/2016 09:25 3234429993

KECK PATHOLOGY DEPT

PAGE 02/02

USC Eye Institute
1450 San Pablo St, 4th Floor
Los Angeles, CA 90033
323-442-6335

February 2, 2016

Patient Name: Sanchez, Debra
Patient DOB: 5/29/1966
Exam Date: 2/2/2016

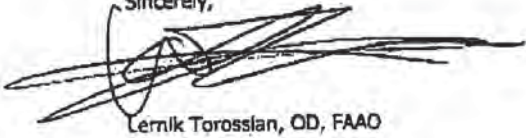
Dear Physician,

I recently had the pleasure of seeing your patient. I recommend that Ms. Sanchez is referred to a glaucoma specialist. The reason is due to the narrow appearance of her angles (and the fact that she is hyperopic female). This places her at a greater risk for angle closure.

Please insure that she has the proper referral and authorization to schedule a visit with a glaucoma specialist (Dr Reznik or Dr Richter at USC Eye Institute).

Thank you for allowing us the opportunity to share in the care of this patient. Please feel free to contact me if I can provide any further information that would be helpful to you.

Sincerely,



Lernik Torossian, OD, FFAO

Handwritten initials and date:
DR
2/10/16

Handwritten notes:
MRN # 28-1579763
①

Dr. Alena Reznik
Dr. Grace M. Richter

Patient Name: DEBRA SANCHEZ
Date of Visit: 28-Jan-2016
Document Type: Result Letter
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 76
Patient ID: 201072703
Owner: GUEVARA, DAISY

DOB: 29-May-1966

Dear DEBRA SANCHEZ:

I have reviewed your recent test results. Please review the summary, as indicated below:
X-RAY RESULTS - ELBOW, is within normal limits.

Thank you for allowing me to participate in your care. Please feel free to contact me if you have any problems or concerns. For your reference your results are below for review.

Sincerely,

Your HealthCare Partners Clinician

To send secure messages to the care team, and view lab results, active problems and medications, please visit the HCP website www.healthcarepartners.com to register for the Patient Online Portal, powered by Follow My Health.

XR Elbows Right Comp 05Jan2016 02:29PM GUEVARA, DAISY

Test Name	Result	Flag	Reference
XR Elbow Minimum 3 Views Right	(Report)		
This exam was performed at: Beverly Imaging Florence 8311 Florence Ave. Downey, California 90240 EXAM: X-RAY RIGHT ELBOW, MINIMUM 3 VIEWS			
HISTORY: Elbow pain.			
TECHNIQUE: 3 views of the elbow obtained.			
COMPARISON: None available.			
FINDINGS: Osseous structures and joint spaces are normal with no acute fracture or dislocation. No joint effusion.			
IMPRESSION: Normal right elbow.			
This report finalized by Duke Nguyen MD			
Dictated on 01/07/2016			

Electronically signed by : DAISY GUEVARA, MD; Jan 28 2016 7:24PM PST (Author)

Patient Name: DEBRA SANCHEZ

MRN: 28-1679763

DOB: 29-May-1966

Date of Visit: 05-Jan-2016

Owner: AHSAdmin, AHS

Document Type: Correspondence**

Site Name: Health Information Services

RETURN TO WORK / SCHOOL

28-1679763



HealthCare Partners.

Medical Group and Affiliated Physicians

DATE: 1/5/16

PATIENT NAME: Debra Sanchez

HCP Site: Downey

TO WHOM IT MAY CONCERN:

THE ABOVE PATIENT IS UNDER MY CARE AND:

PLEASE EXCUSE FROM WORK/SCHOOL FROM 01/05/16 TO 01/18/16. MAY RETURN TO WORK/SCHOOL ON: 1/19/16.

HAS RECOVERED AND MAY RETURN TO LIGHT WORK ON: _____

HAS RECOVERED AND MAY RETURN TO WORK/SCHOOL ON: _____

REQUIRES A MEDICAL LEAVE OF ABSENCE FROM: _____ TO _____

IS RESTRICTED FROM: _____ UNTIL _____ DATE

RECEIVED TREATMENT AT MY OFFICES ON: _____ DATE

IS SCHEDULED TO RETURN ON: 01/19/16 - No restrictions

REMARKS:
HealthCare Partners
8311 Florence Ave.
Downey, CA 90240

PROVIDER SIGNATURE

MGO-CLIN-004 (4/02)

CHART COPY (WHITE)

PATIENTS COPY (CANARY)

Chief Complaint / Reason for Visit

Patient is a 49 year old female here for right arm radiates to elbow with swelling. 3-4 months
pt right knee pain/swelling 3 months

History of Present Illness

tripped on a cord , fell and hurt right elbow 3 mos ago
right knee pain x 3 mos

The patient was accompanied by a relative (acc by boyfriend).
Patient presents independently.

Current Meds

1. Melatonin 3 MG Oral Tablet; TAKE 1 TABLET at bedtime can increase to 2 tablets or 3 tablets if not working;
Therapy: 14May2015 to (Evaluate:10Nov2015) Requested for: 14May2015; Last Rx:14May2015 Ordered
2. PARoxetine HCl - 20 MG Oral Tablet; TAKE ONE TABLET BY MOUTH ONCE DAILY IN THE MORNING;
Therapy: 07May2014 to (Evaluate:09Jan2016) Requested for: 10Nov2015; Last Rx:10Nov2015 Ordered
3. Triamcinolone Acetonide 0.1 % External Cream; APPLY 2-3 TIMES DAILY TO AFFECTED AREA(S);
Therapy: 17Apr2015 to (Evaluate:28Nov2015) Requested for: 30Aug2015; Last Rx:30Aug2015 Ordered

Allergies**Medication**

1. No Known Drug Allergies
Apr 3 2006 12:00AM; Recorded By: Conversion, Epic; 7/4/2014 5:58:30 AM

Non-Medication

2. No Known Food Allergies
Recorded By: Amezquita, Jeannette; 5/14/2015 8:09:45 AM

Vitals**HCP Vitals [Data Includes: Last 1 Day]**

	Recorded: 05Jan2016 01:48PM
Systolic	100, LUE
Diastolic	80, LUE
Heart Rate	76, L Radial
Respiration	18
Temperature	98 F, Oral
Pain Scale	7
Height	4 ft 10.5 in
Weight	168 lb
BMI Calculated	34.51
BSA Calculated	1.7
Comment	knee,elbow
(Pain Scale) Time:	1. Intake
Pain Scale Used	Numeric Rating Scale

Physical Exam

CONSTITUTIONAL: alert and in no acute distress.

CARDIOVASCULAR: heart rate is normal, heart rhythm is normal and no murmurs.

PULMONARY: the lungs were clear to auscultation bilaterally.

EXTREMITIES: no edema . Right elbow , pos minimal effusion, mild dec in rom , right knee- pos effusion, dec rom.

Assessment

Assessed

- 1. Right elbow pain (M25.521)
 - chroic right elbow pain, xray and refer to ortho depending on xray result.
- 2. Right knee pain (M25.561)
 - right knee pain, chronic x 3 mos , xray and refer to ortho .

Plan

Right elbow pain

- XR Elbows Right Comp; Status:Resulted - Requires Verification; Done: 05Jan2016 02:29PM

Follow up as needed.

XR Knee 3 V Right; Status:Resulted - Requires Verification; Done: 01Jan0001 12:00AM

Order Comments:right knee pain; Due:15Jan2016;Ordered;

For:Right knee pain; Ordered By:GUEVARA, DAISY;

Signatures

Electronically signed by : DAISY GUEVARA, MD; Jan 18 2016 1:40PM PST

(Author)

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 80

WIN: 20-10/7/03

DOB: 29-May-1966

Date of Visit: 05-Jan-2016

Owner: GUEVARA, DAISY

Document Type: Clinical Summary-CCDA

Site Name: Health Information Services

Downey
Downey, CA

SANCHEZ, DEBRA

May 29, 1966

Female

28-1679763

Born

Sex

MRN

6025 CLARA ST
BELL, CA 90201
Address

English (preferred)
Language
Native Hawaiian or other Pacific Islander
Race
Hispanic or Latino
Ethnicity

Visit Summary

Reason for Visit

Health Issues Reviewed:

Right elbow pain

Right knee pain

Treatment Plans

Planned Observations

Planned Goals not documented Goal

Vitals

5-Jan-2016 1:48 PM	BP Systolic	100 mm[Hg]	Comments: Location: LUE;
	BP Diastolic	80 mm[Hg]	Comments: Location: LUE;
	Temperature	98 f	Comments: Method: Oral
	Heart Rate	76 /min	Comments: Location: L Radial;
	Respiration Rate	18 /min	
	Height	58.5 in	
	Weight	168 lb	
	Body Mass Index Calculated	34.51 kg/m2	
	Body Surface Area Calculated	1.7 m2	
	Physical Findings	7	Comments: Pain Scale

Medications

Melatonin 3 MG Oral Tablet TAKE 1 TABLET at bedtime can increase to 2 tablets or 3 tablets if not working Quantity: 60 Refills: 2	BASTAS-BRATKIC, DEMETRA N.P.	Started 14-May-2015
PARoxetine HCl - 20 MG Oral Tablet TAKE ONE TABLET BY MOUTH ONCE DAILY IN THE MORNING Quantity: 30 Refills: 5	BASTAS-BRATKIC, DEMETRA N.P.	Started 7-May-2014
Triamcinolone Acetonide 0.1 % External Cream APPLY 2-3 TIMES DAILY TO AFFECTED AREA(S). Quantity: 1 Refills: 2	GUEVARA, DAISY MD	Started 17-Apr-2015 60 GM Tube

Allergies

No Known Drug Allergies Onset Apr-2006
No Known Food Allergies

Results

Results not documented

Social History

Smoking Status

Never smoker

Document Details

Downey
8311 Florence Ave
Downey, CA 90240
Address
(562) 923-4911
Work Phone
11.410.1104.0, Transform 4 1 7 1
January 18, 2016 13:40 :0800
DAISY GUEVARA, MD
Published

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 81

MRN: 28-1679763

DOB: 29-May-1966

Date of Visit: 05-Jan-2016

Owner: GUEVARA, DAISY

Document Type: Clinical Summary-CCDA

Site Name: Health Information Services

Downey
Downey, CA

SANCHEZ, DEBRA

May 29, 1966

Born

Female

Sex

28-1679763

MRN

6025 CLARA ST
BELL, CA 90201
Address

English (preferred)
Language
Native Hawaiian or other Pacific Islander
Race
Hispanic or Latino
Ethnicity

Visit Summary

Reason for Visit

Health Issues Reviewed:

Right elbow pain

Right knee pain

Treatment Plans

Planned Observations

Planned Goals not documented Goal

Vitals

5-Jan-2016 1:48 PM	BP Systolic	100 mm[Hg]	Comments: Location: LUE;
	BP Diastolic	80 mm[Hg]	Comments: Location: LUE;
	Temperature	98 f	Comments: Method: Oral
	Heart Rate	76 /min	Comments: Location: L Radial;
	Respiration Rate	18 /min	
	Height	58.5 in	
	Weight	168 lb	
	Body Mass Index Calculated	34.51 kg/m2	
	Body Surface Area Calculated	1.7 m2	
	Physical Findings	7	Comments: Pain Scale

Medications

Melatonin 3 MG Oral Tablet TAKE 1 TABLET at bedtime can increase to 2 tablets or 3 tablets if not working Quantity: 60 Refills: 2	BASTAS-BRATKIC, DEMETRA N.P.	Started 14-May-2015
PARoxetine HCl - 20 MG Oral Tablet TAKE ONE TABLET BY MOUTH ONCE DAILY IN THE MORNING Quantity: 30 Refills: 5	BASTAS-BRATKIC, DEMETRA N.P.	Started 7-May-2014
Triamcinolone Acetonide 0.1 % External Cream APPLY 2-3 TIMES DAILY TO AFFECTED AREA(S). Quantity: 1 Refills: 2	GUEVARA, DAISY MD	Started 17-Apr-2015 60 GM Tube

Allergies

No Known Drug Allergies Onset Apr-2006
No Known Food Allergies

Results

Results not documented

Social History

Smoking Status

Never smoker

Document Details

Downey
8311 Florence Ave
Downey, CA 90240
Address
(562) 923-4911
Work Phone
11.410.1104.0, Transform 4 1 7 1
January 18, 2016 13:40 :0800
DAISY GUEVARA, MD
Published

Reason For Visit

DEBRA SANCHEZ is a 48 year old female here for pressure around head and eyes x 3 days. Pt c/o could be stress.

Vital Signs

HCP Vitals Recorded by Amezquita, Jeannette on May 14, 2015 08:13 AM

Temp: 98.2 F Oral

HR: 67 b/min L Radial ;

Resp: 17 r/min ;

BP: 102/70 mm Hg LUE Sitting

Height: 4 ft 10.5 in. Weight: 167 lb 12.8 oz. BMI: 34.47 . BSA: 1.70

Pain Scale Used: Numeric Rating Scale ;

Pain Scale: 3 ;

(Pain Scale) Time:: 1. Intake ;

Comment: head ;

Signature

Electronically signed by : Jeannette Amezquita MA; 05/14/2015 8:16 AM PST; Author.

Downey
Downey, CA

SANCHEZ, DEBRA

May 29, 1966

Female

28-1679763

Born

Sex

MRN

6025 clara st
BELL, CA 90201
Address

English (preferred)
Language
Native Hawaiian or other Pacific Islander
Race
Hispanic or Latino
Ethnicity

Visit Summary

Reason for Visit

Health Issues Reviewed:

Insomnia

Major depressive disorder, single episode, mild

Treatment Plans

Planned Observations

Planned Goals not documented Goal

Interventions Provided

Medication Changes

Melatonin 3 MG Oral Tablet - Start

Instructions

Patient handout given

Vitals

14-May-2015 8:13 AM	BP Systolic	102 mm[Hg]	Comments: Location: LUE; Position: Sitting
	BP Diastolic	70 mm[Hg]	Comments: Location: LUE; Position: Sitting
	Temperature	98.2 f	Comments: Method: Oral
	Heart Rate	67 /min	Comments: Location: L Radial;
	Respiration Rate	17 /min	
	Height	58.5 in	
	Weight	167.8 lb	
	Body Mass Index Calculated	34.47 kg/m2	
	Body Surface Area Calculated	1.7 m2	
	Physical Findings	3	Comments: Pain Scale

Medications

Melatonin 3 MG Oral Tablet TAKE 1 TABLET at bedtime can increase to 2 tablets or 3 tablets if not working Quantity: 60 Refills: 2	BASTAS-BRATKIC, DEMETRA N.P.	Started 14-May-2015
PARoxetine HCl - 20 MG Oral Tablet Take 1 tablet by mouth in the morning Quantity: 30 Refills: 5	BASTAS-BRATKIC, DEMETRA N.P.	Started 7-May-2014
Triamcinolone Acetonide 0.1 % External Cream APPLY 2-3 TIMES DAILY TO AFFECTED AREA(S). Quantity: 1	GUEVARA, DAISY MD	Started 17-Apr-2015 80 GM Tube

Problems

- Insomnia
- Major depressive disorder, single episode, mild
- Otitis media
- Vaginitis

Allergies

- No Known Drug Allergies Onset Apr-2006
- No Known Food Allergies

Results

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 84

WIN: 20-10/7/03

DOB: 29-May-1966

Date of Visit: 14-May-2015

Owner: Amezquita, Jeannette

Document Type: Clinical Summary-CCDA

Site Name: Health Information Services

Results not documented

Social History

Smoking Status

Never smoker

Document Details

Downey

8311 Florence Ave.
Downey, CA 90240
Address

(562) 923-4911
Work Phone

11.410.1104.0; Transform 4.1.7.1
May 14, 2015 08:38 -0700
Jeannette Amezquita, MA
Published

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Style Sheet V2.2

Chief Complaint

• Per MA Amezquita

DEBRA SANCHEZ is a 48 year old female here for pressure around head and eyes x 3 days. Pt c/o could be stress.

HPI

HEADACHE

Patient is a 48 year old female who complains of headache for 3 day(s) :

QUALITY: throbbing, tight,

ASSOCIATED SYMPTOMS: nausea and ocular pressure

LOCATION: frontal, occipital

SEVERITY: mild - moderate

TIMING: gradual onset , constant with flares daily

PROGRESSION: stable.

TRIGGERS: stress. Pt's mother is dying of cancer and the past few months "turn for the worse". Pt cares for her and believes probably reason for HA etc but wanted to make sure.

RELIEVED BY: rest, mixed drink,

PATIENT DENIES: subjective fever, chills, sinus symptoms, upper back pain, confusion, vomiting, focal neuro symptoms, photophobia, syncope

Current Meds

Triamcinolone Acetonide 0.1 % External Cream;APPLY 2-3 TIMES DAILY TO AFFECTED AREA(S); Rx.

Fluconazole 100 MG Oral Tablet (Diflucan);TAKE 1 TABLET DAILY FOR 10 DAYS; Rx.

PARoxetine HCl - 20 MG Oral Tablet;Take 1 tablet by mouth in the morning; Rx.

Allergies

No Known Drug Allergies.

No Known Food Allergies.

Past Meds

Discontinue Fluconazole 100 MG Oral Tablet(Diflucan) ordered for Vaginitis;

ROS

All pertinent negatives, except as noted above in HPI.

Vital Signs

Recorded by Amezquita,Jeannette on 14 May 2015 08:13 AM

BP:102/70, LUE, Sitting,

HR: 67 b/min, L Radial,

Resp: 17 r/min,

Temp: 98.2 F, Oral,

Height: 4 ft 10.5 in, Weight: 167 lb 12.8 oz, BMI: 34.5 kg/m2.

BMI Calculated: 34.47 ,

BSA Calculated: 1.70 ,

Pain Scale: 3,

(Pain Scale) Time:: 1. Intake ,

Date of Visit: 14-May-2015

Owner: BASTAS-BRATKIC, DEMETRA

Document Type: Amb Visit (ACN)

Site Name: Health Information Services

Pain Scale Used: Numeric Rating Scale .
Comment: head.

Physical Exam

MENTAL STATUS: Alert and oriented. Pleasant and cooperative with the exam.

GENERAL: Patient in no acute distress.

HEAD: Temporal arteries nontender.

EYES: PERRLA, EOMI. Sclerae and conjunctiva appear normal.

EARS: Canals clear, tympanic membranes WNL.

NOSE: Nares patent, normal appearing mucosae.

THROAT: Normal appearing mucosae. Tonsils unremarkable.

SINUSES: Nontender.

TMJ: Nontender

NECK: Thyroid not enlarged and without masses. No lymphadenopathy. Full ROM without pain or tenderness.

HEART: RRR, no murmurs.

LUNGS: Clear to auscultation.

NEUROLOGIC: Cranial nerves II-XII intact bilaterally. Motor strength bilaterally 5/5 and symmetrical in all large muscle groups of the limbs. Normal sensory in the extremities. Tendon reflexes 2+ bilaterally and symmetrical in the limbs. Romberg negative. Gait appears normal.

Assessment

Major depressive disorder, single episode, mild (296.21); Last Impression: May 15 2015 | Increased stressors- mother with cancer and not doing well. continue with paroxetine. non-harming | BASTAS-BRATKIC, DEMETRA (Internal Medicine).

Insomnia (780.52) (G47.00); Last Impression: May 15 2015 | secondary to increased stressors. stop etoh before bed, substitute with melatonin and sleep hygiene. f/up if not helping. | BASTAS-BRATKIC, DEMETRA (Internal Medicine).

Orders

Melatonin 3 MG Oral Tablet ordered for Insomnia; Major depressive disorder, single episode, mild; TAKE 1 TABLET at bedtime can increase to 2 tablets or 3 tablets if not working; Qty60; R2; Rx.

Follow Up if Not Better ordered for Insomnia; Major depressive disorder, single episode, mild; Requested for: 14 May 2015.

Plan

Stressed importance of adherence to treatment plan.

Follow up if not better.

Medication list reviewed.

Coun/Edu

Patient handout given ordered for Insomnia; Major depressive disorder, single episode, mild; Requested for: 14 May 2015.

Signature

Electronically signed by : DEMETRA BASTAS-BRATKIC N.P.; 05/15/2015 8:40 AM PST; Author.

SOAP

Pt here for initial nutrition assessment. States she had Gastric Bypass Surgery (Roux-en-Y) in June 2014 at Torrance Memorial Hospital. Initial weight: 219# at time of surgery, currently 163#. Desired weight: 120-130#.

ASSESSMENT

Pt reports increased stress secondary to mother's CA diagnosis
Pt states she is drinking ETOH on occasion to deal with stress
Reports being 'bored' and this leads her to eating/drinking more than she would like
Reports she takes at least 2 -30 grams protein shakes daily and is adhering to supplement recommendations

24 HOUR DIET RECALL

Protein Shake
Hashbrowns
Fruit or 1 cup of leftovers
Beans/Rice/Bread
Protein Shake

DISCUSSION/EDUCATION

Encouraged pt to consume adequate protein daily prior to intake of starches
Continue compliance with supplement recommendations
Discussed avoiding gas forming foods and beverages
Encouraged pt to consume higher intake of nutrient-dense foods (cooked vegetables instead of refined starches)
Encouraged pt seek out mental health support for ongoing emotional food concerns, mother's cancer diagnosis, and other life stressors
Discussed benefits of regular physical activity
Discussed with pt to f/u with dietitian that specializes in bariatrics or find support group for individuals s/p bariatric surgery

FOLLOW UP PLAN

Informed pt she can f/u as needed or desired, but also recommend seeking out RD that specializes in bariatrics and a mental health professional.

Signature

Electronically signed by : LORI ZANINI RD, CDE; 02/17/2015 10:22 AM PST; Author.

Patient Name: DEBRA SANCHEZ

MRN: 28-1679763

DOB: 29-May-1966

Date of Visit: 09-Jan-2015

Owner: AHSAdmin,AHS

Document Type: Surgery**

Site Name: Health Information Services

Riad Adoumie, M.D., FRCS (C), FACS, RVT
 Rashaan Ali-Jones, M.D., FACS
 Neil H. Bhayani, M.D., MHS, FACS
 James E. Camel, M.S., M.D., FACS
 Steven D. Fisher, M.D., FACS
 Melanie H. Friedlander, M.D., FACS
 Amir Kaviani, M.D., FACS
 Stanley R. Klein, M.D., FACS



28-1679763
 Albert Y. Lam, M.D., FACS
 Roman A. Litwinski, M.D., FACS
 Catherine A. Madorin, M.D. (3)
 Vijay Muraliraj, M.D.
 Son X. Nguyen, M.D., FACS
 Houman Saedi, M.D., FACS
 Houman Solomon, M.S., M.D., FASMBS, FACS
 Aileen M. Takahashi, M.D., FACS

DAISY GUEVARA M.D.
 8311 E. FLORENCE AVE
 DOWNEY, CA 90241

Patient: 346973 - DEBRA PAULINE SANCHEZ
 Date of Birth: 05/29/1966
 Date: 01/09/2015
 Provider: Aileen M. Takahashi MD, FACS
 Encounter: B/ FOLLOW UP 20/ AMT & AMG

Chief Complaint

• Postoperative exam: routine postoperative visit Wants to lose another 30 #. Hasn't been working on it

Referred Here

Dr. Daisy Guevara.

Active Problems

• MORBID OBESITY

History of Present Illness

DEBRA SANCHEZ is a 48 year old female.

• Date of surgery: 6/20/2013.

• Recent 36 lbs weight loss.

• • Data to be reviewed: clinical lab tests

• • Frequent small meals are part of the patient's current diet plan; • • High protein diet is part of the patient's current eating plan. 2-3 protein drinks in addition to food. Counseled-too many calories

• • History of bypass with Roux-en-Y for morbid obesity 6/20/2013

• 3 meals per day • Sedentary is how the patient would describe their curent activity level. Sick for last 2 weeks. plans to start walking

R. 1/29/15

Current Medication

- B12 TABS, Once a day, 0 days, 0 refills
- Biotin TABS, Once a day, 0 days, 0 refills
- Cipro 500 MG TABS, Take one twice a day, 0 days, 0 refills
- Multivitamin Chew TABS, 2 once a day, 0 days, 0 refills
- PARoxetine HCl 20 MG TABS, Once a day, 0 days, 0 refills
- VITAMIN D3 TABS, Once a day, 0 days, 0 refills

Medication list reviewed with patient.

Allergies

• No Known Allergies

Patient: 346973 - DEBRA PAULINE SANCHEZ
Date of Birth: 05/29/1966

Date: 01/09/2015
Provider: Aileen M. Takahashi MD, FACS
Encounter: B/ FOLLOW UP 20/ AMT & AMG

Past Medical/Surgical History

Other: Past medical history reviewed

Reported: Medications: A recent immunization for flu.

Other: A screening mammogram was performed 2014.

Social History

Behavioral: No tobacco use and smoking status: Never smoker.

Review Of Systems

Gastrointestinal: No dysphagia and no heartburn. No nausea and no vomiting.

Physical Findings

Vital Signs:		
Vital Signs/Measurements	Value	Normal Range
RR	20 breaths/min	12 to 18
Blood pressure	118/74 mmHg	100-120/56-80
Body mass index	34 kg/m2	18 to 25
Height	58.25 cm	152 to 173

Systemic:		
Systemic symptoms:	Value	Normal Range
Weight	166 lbs	

Pulmonary:
° No dyspnea.

Gastrointestinal:
° No abdominal pain.

Vital Signs:		
Vital Signs:	Value	Normal Range
Temperature	98.3 F	

General Appearance:
° Well developed.

Eyes:
General/bilateral:
Pupils: ° PERRLA.

Cardiovascular:		
Heart Rate And Rhythm:	Value	Normal Range
Heart rate	59 bpm	60 to 100

Abdomen:
Palpation: ° Abdominal non-tender.

Neurological:
° Oriented to time, place, and person.

Skin:
Injury / Incision Site: ° Well-healed incision on the abdomen incisions, abdomen.

Assessment

- Dyspnea during exertion: Improved
- Arthralgia: Improved
- Other comorbidities include: Hypovitaminosis A & D

Plan

- OBESITY NOS

Patient: 346973 - DEBRA PAULINE SANCHEZ
Date of Birth: 05/29/1966
Date: 01/09/2015
Provider: Aileen M. Takahashi MD, FACS
Encounter: B/ FOLLOW UP 20/ AMT & AMG

SWL TESTING/CONSULTS: NUTRITION CONSULT

- Visit for: routine month visit 12
- Discussion of the goal is to improve exercise tolerance
- Recommended low fat diet
- Recommended frequent small meals
- Recommended high protein diet
- Recommended controlled carbohydrate diet
- Administered dietary counseling pertaining to obesity
- Discussion of the patient's goal is to begin regular exercise, followed by increasing to 3 times/week

Previous Tests

Imaging:

Mammogram:

A bilateral screening mammogram was performed 4/2013 PT STATES LAST MAMMO WAS ABOUT 3 MONTHS AGO.

Therapy

- Education and instructions.
- Clinical summary provided to patient.

Counseling/Education

- Education and instructions
- Lose weight

Practice Management

Edema not present.

Miscellaneous

Clinical summary provided to patient.

Health Reminders

- Assess Tobacco Use satisfied 01/09/2015.
- Mammogram satisfied 01/01/2014.

Aileen M. Takahashi MD, FACS

Electronically signed by: Aileen Takahashi, MD Date: 01/12/2015 14:28

Dear DEBRA SANCHEZ:

I have reviewed your recent test results. Please review the summary, as indicated below:

STD TESTS:
STD tests are negative.

Thank you for allowing me to participate in your care. Please feel free to contact me if you have any problems or concerns. For your reference your results are below for review.

Sincerely,

Your HealthCare Partners Clinician

NuSwab Vaginitis Plus (VG+) 23Dec2014 09:48PM FLETCHER, BETTY

Test Name	Result	Flag	Reference
Atopobium vaginae	Low - 0 score		
BVAB 2	Low - 0 score		
Megasphaera 1	Low - 0 score		
Calculate total score by adding the 3 individual bacterial vaginosis (BV) marker scores together. Total score is interpreted as follows: Total score 0-1: Indicates the absence of BV. Total score 2: Indeterminate for BV. Additional clinical data should be evaluated to establish a diagnosis. Total score 3-6: Indicates the presence of BV. This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.			
Candida albicans, NAA	Negative		Negative
Candida glabrata, NAA	Negative		Negative
This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.			
Trich vag by NAA	Negative		Negative
Chlamydia trachomatis, NAA	Negative		Negative
Neisseria gonorrhoeae, NAA	Negative		Negative

Electronically signed by : BETTY FLETCHER, MD; Jan 6 2015 4:34PM PST (Author)

Patient Name: DEBRA SANCHEZ

MRN: 28-1679763

DOB: 29-May-1966

Date of Visit: 02-Jan-2015

Owner: AHSAdmin, AHS

Document Type: Correspondence**

Site Name: Health Information Services

RETURN TO WORK / SCHOOL



28-1679763

DATE: 1/02/15

PATIENT NAME: Sanchez, Debra HCP Site: HCP Downey

TO WHOM IT MAY CONCERN:

THE ABOVE PATIENT IS UNDER MY CARE AND:

PLEASE EXCUSE FROM WORK/SCHOOL FROM 1/2/2015 - 1/4/2015. MAY RETURN TO WORK/SCHOOL ON: 1/5/2015.

- Has recovered and may return to light work on:
Has recovered and may return to work/school on:
Requires a medical leave of absence from: TO
Is restricted from: UNTIL DATE
Received treatment at my offices on:
Is scheduled to return on: AT

REMARKS:

HealthCare Partners
6311 Florence Ave
Downey, CA 90228

PROVIDER SIGNATURE [Signature]

Patient Name: DEBRA SANCHEZ
 Date of Visit: 02-Jan-2015
 Document Type: PHQ9**
 Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 93
 MRN: 28-1679763
 Owner: AHSAdmin,AHS

DOB: 29-May-1966

PE B-23-2009 10:14

28-1679763

P-001/001

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: Debra Sanchez DATE: 1/2/15

Over the last 2 weeks, how often have you been bothered by any of the following problems?
 (use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns:

0 + 0 + 0 + 0 = 0

(Healthcare professional: For interpretation of TOTAL, TOTAL: please refer to accompanying scoring card.)

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at ris8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

ZT242043

TOTAL P. 001 ✓

Reason For Visit

DEBRA SANCHEZ is a 48 year old female here for cough, sore throat, chills, body aches x 5 days.
Pt. has green phlegm.

Vital Signs

HCP Vitals Recorded by Amezquita, Jeannette on January 02,2015 01:38 PM

Temp: 99.4 F Oral

HR: 78 b/min L Radial ;

Resp: 18 r/min ;

BP: 104/64 mm Hg LUE Sitting

Height: 58.5 in. Weight: 166 lb. BMI: 34.10 , BSA: 1.69

LMP: 31Aug2015 ;

Pain Scale Used: Numeric Rating Scale ;

Pain Scale: Throat ;

(Pain Scale) Time:: 1. Intake ;

Signature

Electronically signed by : Jeannette Amezquita MA; 01/02/2015 1:41 PM PST; Author.

Downey
Downey, CA**SANCHEZ, DEBRA**

May 29, 1966

Female

28-1679763

Born

Sex

MRN

6025 clara st
BELL, CA 90201
AddressEnglish (preferred)
Language
Native Hawaiian or other Pacific Islander
Race
Hispanic or Latino
Ethnicity

Visit Summary

Reason for Visit

Reason for Visit: DEBRA SANCHEZ is a 48 year old female here for cough, sore throat, chills, body aches x 5 days. Pt. has green phlegm. |

Treatment Plans

Planned Observations

Planned Goals not documented Goal

Vitals

2-Jan-2015 1:38 PM	BP Systolic	104 mm[Hg]	Comments: Location: LUE; Position: Sitting
	BP Diastolic	64 mm[Hg]	Comments: Location: LUE; Position: Sitting
	Temperature	99.4 f	Comments: Method: Oral
	Heart Rate	78 /min	Comments: Location: L Radial;
	Respiration Rate	18 /min	
	Height	58.5 in	
	Weight	166 lb	
	Body Mass Index Calculated	34.1 kg/m2	
	Body Surface Area Calculated	1.69	

Medications

MetroNIDAZOLE 500 MG Oral Tablet (Flagyl 500 MG Oral Tablet) TAKE 1 TABLET TWICE DAILY UNTIL FINISHED. Quantity: 10	Started 23-Dec-2014
Miconazole 7.2 % Vaginal Cream apply a thin layer to affected area twice daily Quantity: 1	Started 17-Nov-2014 45 GM Tube
Nystatin-Triamcinolone 100000-0.1 UNIT/GM-% External Cream APPLY SPARINGLY TO AFFECTED AREA(S) TWICE DAILY Quantity: 1	Started 23-Dec-2014 15 GM Tube
PARoxetine HCl - 20 MG Oral Tablet Take 1 tablet by mouth in the morning Quantity: 30 Refills: 5	Started 7-May-2014

Problems

Major depressive disorder, single episode, mild
Vaginitis

Allergies

No Known Drug Allergies Onset Apr-2006

Results

Results not documented

Social History

Smoking Status

Never smoker

Document Details

Downey
8311 Florence Avenue
Downey, CA 90240
Address

(562) 823-4911
Work Phone

11 410 747 0; Transform 4.1.7.1
January 2, 2015 13:47 -0800
Jeannette Amezquita, MA
Published

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 96
WELLS: 29-10-1966

DOB: 29-May-1966

Date of Visit: 02-Jan-2015

Owner: Amezquita, Jeannette

Document Type: Clinical Summary-CCDA

Site Name: Health Information Services

Date of Visit: 02-Jan-2015

Owner: SHEIK, JAMSHID

Document Type: Amb New (ACN)

Site Name: Health Information Services

Chief Complaint

• Earaches and cough of 1 week duration. T: 99.4
Right TM is red and with exudate. Left TM is red. Throat is injected.
Harsh breath sounds. Heart sounds are normal.
RX Cipro 500 mg bid X 2 weeks

Current Meds

MetroNIDAZOLE 500 MG Oral Tablet (Flagyl); TAKE 1 TABLET TWICE DAILY UNTIL FINISHED.;
Rx.
Miconazole 7.2 % Vaginal Cream; apply a thin layer to affected area twice daily; Rx.
Nystatin-Triamcinolone 100000-0.1 UNIT/GM-% External Cream; APPLY SPARINGLY TO AFFECTED
AREA(S) TWICE DAILY; Rx.
PARoxetine HCl - 20 MG Oral Tablet; Take 1 tablet by mouth in the morning; Rx.

Allergies

No Known Drug Allergies.

Active Problems

Major depressive disorder, single episode, mild 20 Jun 2013 (296.21) (F32.0); Last Impression: 17 Nov
2014 | stable, well controlled. refilled daily paroxetine. | BASTAS-BRATKIC, DEMETRA
(Family/General Practice).
Vaginitis (616.10) (N76.0).

Personal Hx

Denied Alcohol use; Alcohol Use.
Never a smoker; Never a Smoker.

Family Hx

Family history of cardiac disorder: Father (Z82.49); Heart
Family history of gastrointestinal disorder: Maternal Grandmother (Z83.79); GI
Family history of hypertension: Father (Z83.49); Hypertension
Family history of malignant neoplasm: Maternal Grandmother (Z80.9); Cancer; Maternal Grandmother GI.

Vital Signs

Recorded by Amezquita, Jeannette on 02 Jan 2015 01:38 PM
BP: 104/64, LUE, Sitting.
HR: 78 b/min, L Radial.
Resp: 18 r/min.
Temp: 99.4 F, Oral.
Height: 58.5 in, Weight: 166 lb, BMI: 34.1 kg/m².
BMI Calculated: 34.10,
BSA Calculated: 1.69,
LMP: 31 Aug 2015,
Pain Scale: Throat,
(Pain Scale) Time: 1. Intake,
Pain Scale Used: Numeric Rating Scale.

Assessment

Otitis media (382.9) (H66.90).

Orders

Ciprofloxacin HCl - 500 MG Oral Tablet (Cipro) ordered for Otitis media; TAKE 1 TABLET EVERY 12
HOURS DAILY; Qty 28; R0; Rx.

Signature

Electronically signed by : JAMSHID SHEIK MD; 01/02/2015 2:16 PM PST; Author.

28-1679763



DEBRA SANCHEZ

Identification Number
XDM781A78036

MED PLAN: HKS
MED OFFICE
TALBERT MEDICAL GROUP/HCP-00
1-562-923-4911

Group No:	175082H001	Office Visit	\$20
Plan Code:	040	Specialist	\$20
Rx BIN/PCN/Group:	003858/A4WLHA	DXL	\$0
Coverage(s):		ER	\$100
Pharmacy - Medical			

Blue Cross HMO



MEMBERS: When submitting inquiries always include your member number from the face of this card. Possession or use of this card does not guarantee payment.

PROVIDERS: Please submit claims to your local Blue Cross and/or Blue Shield Plan. To ensure prompt claims processing, include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.

anthem.com/ca
Pharmacist Services
24/7 Nurse Line
HMO Member Services
Coverage While Traveling
Provider Inquiries

1-800-824-0898
1-800-977-0027
1-800-858-8286
1-800-816-2283
1-800-877-6669

Anthem Blue Cross is the trade name of Blue Cross of California, Independent licensee of the Blue Cross Association.

11/12/14

Reason For Visit

DEBRA SANCHEZ is a 48 year old female here vaginal itchiness x 3 days.
Pt. c/o lower right abdominal cramps x 2 days.

Vital Signs

HCP Vitals Recorded by Amezquita, Jeannette on December 23,2014 09:58 AM

Temp: 98.5 F Oral

HR: 74 b/min R Radial ;

Resp: 17 r/min ;

BP: 100/70 mm Hg RUE Sitting

Height: 58.5 in. Weight: 166.375 lb. BMI: 34.18 , BSA: 1.69

LMP Comment: Postmenopausal ;

Pain Scale Used: Numeric Rating Scale ;

Pain Scale: 0 ;

(Pain Scale) Time:: 1. Intake ;

Procedures

TB Screening Questionnaire

- NO - Does the patient have HIV infection or other immunosuppressive condition?
- NO - Does the patient have a chronic cough, night sweats, or unexplained weight loss?
- NO - Does the patient have any family members or contact with a history of confirmed or suspected TB?
- NO - Was the patient born outside of the U.S. or does the patient live with household members or does the patient live with household members or have frequent visitors from outside of the U.S.?
- NO - Has the patient traveled to high TB prevalence countries like, Asia, Africa, Latin America, parts of Eastern Europe?
- NO - Does the patient spend time with anyone who is homeless, a migrant worker, street drug user, been in jail or a shelter in the last 5 years, resident in a nursing home/home placements (foster care) or spends time with someone who has HIV?

INSTRUCTIONS TO HEALTH CARE WORKER:

Administer the Mantoux TB skin test to all patients who have any of the above risk factors (indicated by a YES response)

UNLESS:

1. The patient has a previously DOCUMENTED* positive Mantoux TST, or
2. The patient has had a TST within the last year

*DOCUMENTED = record indicating date of Mantoux and the millimeter result.

Signature

Electronically signed by : Jeannette Amezquita MA; 12/23/2014 10:00 AM PST: Author.

Date of Visit: 23-Dec-2014

Owner: FLETCHER, BETTY

Document Type: Amb Visit (ACN)

Site Name: Health Information Services

HPI

Pt states had itching at groin x 6 months and was treated with Miconazole x 5 days which improved symptoms but now have returned. Pt denies vaginal discharge. Pt denies urinary symptoms now. LNMP 4 months ago with symptoms of hot flushes.

Current Meds

Miconazole 7.2% Vaginal Cream; apply a thin layer to affected area twice daily; Rx.
PARoxetine HCl - 20 MG Oral Tablet; Take 1 tablet by mouth in the morning; Rx.

Allergies

No Known Drug Allergies.

Vital Signs

Recorded by Amezquita, Jeannette on 23 Dec 2014 09:58 AM

BP: 100/70, RUE, Sitting,

HR: 74 b/min, R Radial,

Resp: 17 r/min,

Temp: 98.5 F, Oral,

Height: 58.5 in, Weight: 166.375 lb, BMI: 34.2 kg/m2,

BMI Calculated: 34.18,

BSA Calculated: 1.69,

Pain Scale: 0,

LMP Comment: Postmenopausal,

(Pain Scale) Time: 1, Intake,

Pain Scale Used: Numeric Rating Scale.

Physical Exam

ABDOMEN: Soft, non-tender without masses or hepatosplenomegaly.

VAGINA: Normal mucosa.

Discharge present which is white and thin.

There is no cervical motion tenderness.

Wet mount obtained.

GC/Chlamydia probe obtained.

UTERUS: non-tender and normal in size.

RIGHT adnexa has mild tenderness. LEFT adnexa has mild tenderness.

Results

NuSwab Vaginitis Plus (VG+) 17 Nov 2014 11:14 PM

- Atopobium vaginae: High - 2 Flag: A

- BVAB 2: Low - 0

- Megasphaera 1: Low - 0

- Candida albicans, NAA: Negative Reference Range: Negative

- Candida glabrata, NAA: Negative Reference Range: Negative

- Trich vag by NAA: Negative Reference Range: Negative

- Chlamydia trachomatis, NAA: Negative Reference Range: Negative

- Neisseria gonorrhoeae, NAA: Negative Reference Range: Negative.

Assessment

Vaginitis (616.10) (N76.0).

Orders

IH Dipstick Urinalysis ordered for Vaginitis; Requested for: 23 Dec 2014.

NuSwab Vaginitis Plus (VG+) ordered for Vaginitis; Requested for: 23 Dec 2014.

Nystatin-Triamcinolone 100000-0.1 UNIT/GM-% External Cream ordered for Vaginitis: APPLY

SPARINGLY TO AFFECTED AREA(S) TWICE DAILY; Qty 1; R0; Rx.

MetroNIDAZOLE 500 MG Oral Tablet (Flagyl) ordered for Vaginitis; TAKE 1 TABLET TWICE DAILY

UNTIL FINISHED; Qty 10; R0; Rx.

Signature

Electronically signed by : BETTY FLETCHER MD; 12/23/2014 1:17 PM PST; Author.

SANCHEZ, DEBRA

May 29, 1966

Female

28-1679763

Born

Sex

MRN

6025 clara st
BELL, CA 90201
Address

English (preferred)
Language
Native Hawaiian or other Pacific Islander
Race
Hispanic or Latino
Ethnicity

Visit Summary

Reason for Visit

Health Issues Reviewed:

Vaginitis

Treatment Plans

Planned Observations

IH Dipstick Urinalysis On **23-Dec-2014** Intent

NuSwab Vaginitis Plus (VG+) On **23-Dec-2014** Intent

Interventions Provided

Medication Changes

MetroNIDAZOLE 500 MG Oral Tablet - Start

Nystatin-Triamcinolone 100000-0.1 UNIT/GM-% External Cream - Start

Vitals

23-Dec-2014 9:58 AM	BP Systolic	100 mm[Hg]	Comments: Location: RUE; Position: Sitting
	BP Diastolic	70 mm[Hg]	Comments: Location: RUE; Position: Sitting
	Temperature	98.5 f	Comments: Method: Oral
	Heart Rate	74 /min	Comments: Location: R Radial;
	Respiration Rate	17 /min	
	Height	58.5 in	
	Weight	166.375 lb	
	Body Mass Index Calculated	34.18 kg/m2	
	Body Surface Area Calculated	1.69	
	Physical Findings	0	Comments: Pain Scale

Document Details

December 23, 2014 10:22 -0800
Published

Dear DEBRA SANCHEZ:

I have reviewed your recent test results. Please review the summary, as indicated below:

RESULTS SUMMARY:

The results are acceptable.

The complete blood count is normal, shows no evidence of anemia.

Vitamin B12 level is low. (Purchase over the counter vitamin B12, sublingual (one that melts under your tongue). We will repeat blood work in 2 months. If minimal response, you might qualify for B12 injection)

Chemistry panel shows normal electrolytes, kidney and liver tests.

Thyroid function test is normal.

Vitamin D level is low.

Vaginal sample shows bacterial imbalance (called "bacterial vaginosis"). Treatment is recommended if you have symptoms of discomfort or odor. (Treatment has been sent. You will have completed the other cream I gave you at your visit, by this time. Use the new cream for 5 nights, follow the directions. After completing this course, your symptoms should be 100% resolved. If return, please follow up directly with gynecology.)

Urine test is normal.

DIABETES SCREENING:

Fasting glucose shows no diabetes. (Goal glucose is less than 100 mg/dl.)

LIPID (CHOLESTEROL) TESTS:

Cholesterol numbers are good.

Triglycerides (fats) are normal. (Goal is less than 150 mg/dl.)

HDL (good) cholesterol is normal. (Goal is greater than 40 mg/dl. for men and 50mg/dl. for women)

LDL (bad) cholesterol level is normal.

STD TESTS:

No Gonorrhea.

No Chlamydia

RECOMMENDATIONS: I would like you to do the following:

Increase cardiovascular exercise.

Limit sugars and simple carbohydrates.

Avoid trans fat, limit saturated fat.

Please visit HCP website at www.healthcarepartners.com for our listing of health enhancement classes.

Recommend 2000 Units of Vitamin D daily.

Prescription was sent to local pharmacy.

Schedule a lab appointment in 2 month(s), for a repeat vitamin b12 and D.

Thank you for allowing me to participate in your care. Please feel free to contact me if you have any problems or concerns. For your reference your results are below for review.

Sincerely,

Your HealthCare Partners Clinician

NuSwab Vaginitis Plus (VG+)

17Nov2014 11:14PM

BASTAS-BRATKIC,
DEMETRA

Test Name	Result	Flag	Reference
Atopobium vaginae	High - 2 score	A	
BVAB 2	Low - 0 score		
Megasphaera 1	Low - 0 score		

Calculate total score by adding the 3 individual bacterial vaginosis (BV) marker scores together. Total score is interpreted as follows:
Total score 0-1: Indicates the absence of BV.
Total score 2: Indeterminate for BV. Additional clinical data should be evaluated to establish a diagnosis.

Total score 3-6: Indicates the presence of BV.

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.

Candida albicans, NAA	Negative	Negative
Candida glabrata, NAA	Negative	Negative

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.

Trich vag by NAA	Negative	Negative
Chlamydia trachomatis, NAA	Negative	Negative
Neisseria gonorrhoeae, NAA	Negative	Negative

CBC w Diff w Plt

17Nov2014 06:08PM

BASTAS-BRATKIC,
DEMETRA

Test Name	Result	Flag	Reference
WBC	4.8 x10E3/uL		3.4-10.8
RBC	4.27 x10E6/uL		3.77-5.28
Hemoglobin	12.9 g/dl		11.1-15.9
Hematocrit	38.9 %		34.0-46.6
MCV	91 fL		79-97
MCH	30.2 pg		26.6-33.0
MCHC	33.2 g/dl		31.5-35.7
RDW	13.1 %		12.3-15.4
Platelets	304 x10E3/uL		150-379
Neutrophils	63 %		
Lymphs	29 %		
Monocytes	6 %		
Eos	2 %		
Basos	0 %		
Immature Granulocytes	0 %		
Immature Grans (Abs)	0.0 x10E3/uL		0.0-0.1
Neutrophils (Absolute)	3.0 x10E3/uL		1.4-7.0
Lymphs (Absolute)	1.4 x10E3/uL		0.7-3.1
Monocytes(Absolute)	0.3 x10E3/uL		0.1-0.9
Eos (Absolute)	0.1 x10E3/uL		0.0-0.4
Baso (Absolute)	0.0 x10E3/uL		0.0-0.2

Comp Metabolic Panel (14)

17Nov2014 06:08PM

BASTAS-BRATKIC,

DEMETRA

Test Name	Result	Flag	Reference
Glucose, Serum	96 mg/dl		65-99
BUN	18 mg/dl		6-24
eGFR If NonAfricn Am	105 mL/min/1.7		>59
Creatinine, Serum	0.66 mg/dl		0.57-1.00
BUN/Creatinine Ratio	27	H	9-23
Sodium, Serum	142 mmol/L		134-144
Potassium, Serum	4.2 mmol/L		3.5-5.2
Chloride, Serum	102 mmol/L		97-108
Carbon Dioxide, Total	29 mmol/L		18-29
Protein, Total, Serum	6.4 g/dl		6.0-8.5
Albumin, Serum	4.3 g/dl		3.5-5.5
Globulin, Total	2.1 g/dl		1.5-4.5
A/G Ratio	2.0		1.1-2.5
Bilirubin, Total	0.7 mg/dl		0.0-1.2
Alkaline Phosphatase, S	81 iu/l		39-117
AST (SGOT)	25 iu/l		0-40
ALT (SGPT)	20 iu/l		0-32
Calcium, Serum	9.3 mg/dl		8.7-10.2
eGFR If Africn Am	121 mL/min/1.7		>59

Thyroid Panel With TSH

17Nov2014 06:08PM

BASTAS-BRATKIC,
DEMETRA

Test Name	Result	Flag	Reference
TSH	1.390 uIU/ml		0.450-4.500
Thyroxine (T4)	7.6 ug/dL		4.5-12.0
T3 Uptake	26 %		24-39
Free Thyroxine Index	2.0		1.2-4.9

Hemoglobin A1c

17Nov2014 06:08PM

BASTAS-BRATKIC,
DEMETRA

Test Name	Result	Flag	Reference
Hemoglobin A1c	5.5 %		4.8-5.6
Increased risk for diabetes: 5.7 - 6.4			
Diabetes: >6.4			
Glycemic control for adults with diabetes: <7.0			

Lipid Panel

17Nov2014 06:08PM

BASTAS-BRATKIC,
DEMETRA

Test Name	Result	Flag	Reference
Cholesterol, Total	168 mg/dl		100-199

Triglycerides	72 mg/dl	0-149
HDL Cholesterol	86 mg/dl	>39
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.		
VLDL Cholesterol Cal	14 mg/dl	5-40
LDL Cholesterol Calc	68 mg/dl	0-99

Vitamin D, 25-Hydroxy by ICMA 17Nov2014 06:08PM BASTAS-BRATKIC, DEMETRA

Test Name	Result	Flag	Reference
Vitamin D, 25-Hydroxy	29.3 ng/ml	L	30.0-100.0

Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).

1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.

Vitamin B12 17Nov2014 06:08PM BASTAS-BRATKIC, DEMETRA

Test Name	Result	Flag	Reference
Vitamin B12	288 pg/ml		211-946

Electronically signed by : DEMETRA BASTAS-BRATKIC, NP; Nov 24 2014 12:39PM PST
(Author)

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 106

DOB: 29-May-1966

Date of Visit: 17-Nov-2014

Owner: Ambriz, Jovan

Document Type: AC Office

Site Name: Health Information Services

Reason For Visit

DEBRA SANCHEZ is a 48 year old female.

pt here for f/u on meds and c/o vaginal discomfort x 4 months.

Signature

Electronically signed by : Jovan Ambriz MA; 11/17/2014 9:42 AM PST; Author.

SANCHEZ, DEBRA

May 29, 1966

Born

Female

Sex

28-1679763

MRN

6507 CHANSLOR AVE APT C 10
BELL, CA 90201
Address

English (preferred)
Language
Native Hawaiian or other Pacific Islander
Race
Hispanic or Latino
Ethnicity

Visit Summary

Reason for Visit

Health Issues Reviewed:

- Major depressive disorder, single episode, mild
- Screening for condition
- Vaginitis
- History of Vaginitis

Treatment Plans

Planned Observations

NuSwab Vaginitis Plus (VG+)	On 17-Nov-2014	Intent
CBC w Diff w Plt	On 17-Nov-2014	Intent
Comp Metabolic Panel (14)	On 17-Nov-2014	Intent
Thyroid Panel With TSH	On 17-Nov-2014	Intent
Hemoglobin A1c	On 17-Nov-2014	Intent
Lipid Panel	On 17-Nov-2014	Intent
Vitamin D, 25-Hydroxy by ICMA	On 17-Nov-2014	Intent
Vitamin B12	On 17-Nov-2014	Intent

Planned Encounters

Follow Up if Not Better

Interventions Provided

Medication Changes

- Miconazole 7 2 % Vaginal Cream - Start
- PARoxetine HCl - 20 MG Oral Tablet - Renew

Instructions

HCP Vaginitis Instructions: Patient was advised to avoid sexual contact until symptoms resolve. Keep area dry and clean, and avoid douching products. Proper hygiene techniques encouraged.

Vitals

17-Nov-2014 9:43 AM	BP Systolic	102 mm[Hg]	Comments: Location: RUE; Position: Sitting
	BP Diastolic	80 mm[Hg]	Comments: Location: RUE; Position: Sitting
	Temperature	97.6 f	Comments: Method: Oral
	Heart Rate	78 /min	
	Respiration Rate	18 /min	
	Height	58.5 in	
	Weight	162 lb	
	Body Mass Index Calculated	33.28 kg/m2	
	Body Surface Area Calculated	1.68	

Document Details

November 17, 2014 10:03 -0800
Published

Date of Visit: 17-Nov-2014

Owner: BASTAS-BRATKIC, DEMETRA

Document Type: Amb Visit (ACN)

Site Name: Health Information Services

Chief Complaint

• Per MA Ambriz

DEBRA SANCHEZ is a 48 year old female.

pt here for f/u on meds and c/o vaginal discomfort x 4 months.

HPI

VAGINITIS:

Patient is a 48 year old female who complains of vaginal itching, vaginal irritation for the last 3-4 month(s).

SEXUALLY ACTIVE: Yes, LSE 1 month ago. NO condoms. Same partner-who per pt denies any symptoms.

VAGINAL DISCHARGE: in small amount on/off

Symptoms are mild and are not improving.

PRIOR TREATMENTS: None.

Patient DENIES dysuria, pelvic pain, abdominal pain, fever.

RISK FACTORS: None.

2) pt fasting for blood work today. hasn't had insurance for months and "worried, I want it all please". "maybe something I have is making the vagina thing linger".

3) daily meds-paroxetine. needs refills. takes for migraines and depression. very effective.

Current Meds

Rec: 17Nov2014. List Reconciled and Reviewed.

PARoxetine HCl - 20 MG Oral Tablet; Take 1 tablet by mouth in the morning; Rx.

Allergies

No Known Drug Allergies.

Past Meds

Discontinue Enoxaparin Sodium 30 MG/0.3ML Subcutaneous Solution.

Discontinue Omeprazole 40 MG Oral Capsule Delayed Release.

Discontinue Phendimetrazine Tartrate 35 MG Oral Tablet.

Discontinue Ursodiol 300 MG Oral Capsule.

PMH

History of chronic sinusitis (V12.69) (Z87.09): CHRONIC SINUSITIS NOS.

History of Vaginitis (616.10) (N76.0).

ROS

All pertinent negatives, except as noted above in HPI.

Vital Signs

Recorded by Ambriz,Jovan on 17 Nov 2014 09:43 AM

BP: 102/80, RUE, Sitting.

HR: 78 b/min.

Resp: 18 r/min.

Temp: 97.6 F, Oral.

Height: 58.5 in, Weight: 162 lb, BMI: 33.3 kg/m².

BMI Calculated: 33.28.

Date of Visit: 17-Nov-2014

Owner: BASTAS-BRATKIC, DEMETRA

Document Type: Amb Visit (ACN)

Site Name: Health Information Services

BSA Calculated: 1.68.

Physical Exam

GENERAL: Patient in no acute distress. Mood worried but otherwise normal affect. Well groomed.

LUNGS: Clear to auscultation bilaterally.

HEART: RRR, no murmurs.

ABDOMEN: Soft, non-tender without masses or hepatosplenomegaly.

VAGINA: Normal mucosa.

Discharge is present which is white, and thick.

There is no cervical motion tenderness.

Wet mount obtained.

GC/Chlamydia probe obtained.

UTERUS: non-tender and normal in size.

ADNEXAE: Normal size with no tenderness.

Assessment

Vaginitis (616.10) (N76.0); Resolved: 24Nov2014; Last Impression: Nov 17 2014 | Non-alarming. Current presentation x 3-4 months. Rxn given for yeast. f/up pending labs. | BASTAS-BRATKIC, DEMETRA (Internal Medicine).

Major depressive disorder, single episode, mild (296.21); Last Impression: Nov 17 2014 | stable, well controlled. refilled daily paroxetine. | BASTAS-BRATKIC, DEMETRA (Internal Medicine).

Screening for condition (V82.9) (Z13.9); Resolved: 18Nov2014.

Orders

Miconazole 7.2% Vaginal Cream ordered for Vaginitis; apply a thin layer to affected area twice daily; Qty 1; R0; Rx.

NuSwab Vaginitis Plus (VG+) ordered for Vaginitis; Requested for: 17 Nov 2014.

Follow Up if Not Better ordered for Vaginitis; Requested for: 17 Nov 2014.

Renew PARoxetine HCl - 20 MG Oral Tablet ordered for Major depressive disorder, single episode, mild;

Take 1 tablet by mouth in the morning; Qty 30; R5; Rx.

CBC w Diff w Plt ordered for Major depressive disorder, single episode, mild; Requested for: 17 Nov 2014.

Comp Metabolic Panel (14) ordered for Major depressive disorder, single episode, mild; Requested for: 17 Nov 2014.

Thyroid Panel With TSH ordered for Major depressive disorder, single episode, mild; Requested for: 17 Nov 2014.

Hemoglobin A1c ordered for Screening for condition; Requested for: 17 Nov 2014.

Lipid Panel ordered for Screening for condition; Requested for: 17 Nov 2014.

Vitamin D, 25-Hydroxy by ICMA ordered for Major depressive disorder, single episode, mild; Requested for: 17 Nov 2014.

Vitamin B12 ordered for Major depressive disorder, single episode, mild; Requested for: 17 Nov 2014.

Plan

VAGINITIS:

Recommend 7-day Monistat.

Await test results for further treatment.

Patient was advised to avoid sexual contact until symptoms resolve.

Keep area dry and clean, and avoid douching products.

Proper hygiene techniques encouraged.

Return PRN.

Patient Name:DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 110
11/17/2014 10:36 AM PST

DOB:29-May-1966

Date of Visit:17-Nov-2014

Owner:BASTAS-BRATKIC,DEMETRA

Document Type:Amb Visit (ACN)

Site Name:Health Information Services

Coun/Edu

Patient was advised to avoid sexual contact until symptoms resolve. Keep area dry and clean, and avoid douching products. Proper hygiene techniques encouraged. ordered for Vaginitis; Requested for: 17 Nov 2014.

Signature

Electronically signed by : DEMETRA BASTAS-BRATKIC N.P.; 11/17/2014 10:36 AM PST; Author.



Eligibility Waiver Form

I, Debra Sanchez, hereby certify that I
Name of Patient

am eligible for Anthem Bluecross Inc benefits
Insurance Name

effective Oct. 1 2014 I have chosen **HealthCare Partners Medical Group** to be
Effective Date

my medical provider. I understand that if the above is not true, I am responsible for all charges related to services provided to me. Also, if the above is not true, I agree to pay in full for all services received within 30 days of receiving a bill from **HealthCare Partners**

Medical Group.

[Signature]
Signature of Patient or Responsible Party

11/14/14
Date

559-79-2803
Subscriber Social Security Number

Debra P. Sanchez
Subscriber Name (Print)

Med ID# X DM781A 78036
Grp# 175082 H001

LABEL	
Name:	<u>Debra Sanchez</u>
Medical Record Number:	<u>28-1679763</u>
Date of Birth:	<u>05/29/66</u>

Date of Visit:18-Oct-2014

Owner:GUEVARA,DAISY

Document Type:Telehealth Nurse Note

Site Name:Health Information Services

 TRIAGE CALL REPORT

Caller is: Self,

Calling From:

DISPOSITION for Guideline 1: Call PCP Now

1. CARE ADVICE given per Medication Question Call (Adult) guideline.
 CALL PCP NOW: You need to discuss this with your doctor. I'll page him
 now. If
 you haven't heard from the on-call doctor within 30 minutes, call
 again.

 Preliminary Assessment Notes:

Problem/Issue: Requesting replacement refill. Pt lost medication.
 Medication/Dose/sig: Paroxetine HCl - 20 MG Oral Tablet;Take 1 tablet
 by mouth in the morning
 Pharmacy: WALMART PHARMACY 323-282-2508
 Drug Allergies: NKDA
 EMR Review: Yes.
 10:09AM THN noted that the medication was last ordered on 9-5-14 with
 one refill left
 Other: Pt requesting partial or full refill. States she will call PCP
 on Monday
 Post Review Notes/DOD response:-----

0300: task to Dr. Sugang. Marta at UCC informed

** 10/18/2014 02:52:45 DNEIGH **

SUGANG, PAUL - 18 OCT 2014 3:48AM

TASK EDITED

OK to refill.

0735: Call to Walmart pharmacy. Closed. Left message on Dr.s line:
 Refill Paroxetine HCl - 20 MG Oral Tablet;Take 1 tablet by mouth in
 the morning;Qty 30;Refill 0

*Pt to f/u with pharmacy when open at 0900

** 10/18/2014 07:40:04 DNEIGH **

9:55AM the pt was called and she said that the pharmacy did not have
 her refill of Paxil

(antidepressant) medication yet. THN advised that it was called into
 the pharmacy. Stated that she

will go to the pharmacy in one hour. THN called Walmart Pharmacy and
 spoke with Charisse,

pharmacist, to see if they received the medication refill on their
 doctor line. She stated she had

not received the medication yet. Medication was authorized per message
 left by Danielle, Neighbours,

RN at 07:35AM.

10:05AM THN called the pharmacy back and advised the pharmacist that
 the pt should have 1 refill

left (Char;ilse stated the pt lost the 10-5-14 refill).

 GUIDELINE1: Medication Question Call - (Adult After-Hours)

[1] Request for URGENT new prescription or refill of "essential"
 medication SSRI's should not be stopped abruptly
 (i.e., likelihood of harm to patient if not taken) AND [2] triager
 unable to

Patient Name:DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 113

DOB:29-May-1966

Date of Visit:18-Oct-2014

Owner:GUEVARA,DAISY

Document Type:Telehealth Nurse Note

Site Name:Health Information Services

fill per unit policy

RN NURSE: Danielle Neighbours, RN

RN NURSE: Linda Woods, RN

Electronically signed by:DEMETRA BASTAS N.P. Oct 21 2014 12:14PM PST Author

Patient Name: DEBRA SANCHEZ
Date of Visit: 07-May-2014
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 114

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 05/07/2014

Encounter Status

Closed by Daisy J. Guevara, MD on 5/7/14 at 5:04 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
5/7/2014 3:59 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
05/07/2014 3:59 PM	Phone (Incoming)	Sanchez, Debra (Self)	323-702-0245 (H)

Call Documentation

Daisy J. Guevara, MD 5/7/2014 5:04 PM Signed
Spoke to patient , paroxetine refilled.

Cynthia Calderon, LVN 5/7/2014 4:05 PM Signed
Patient was last seen ob 07/03/2013 by Dr. Guevara.

Patient state she currently does not have insurance at this time and would like to know if she can be given refill on medication. Last refill 03/2014 with 2 refills as Courtesy. Patient reports she gets really bad migraine headaches if she does not take her medication. Patient scheduled apt 05/21/2014 at 4:40pm. Dr. Guevara please review.

Routing History

Sent On	From	To	Message Type
5/7/2014 4:05 PM	Cynthia Calderon, LVN	Maria Manzano, MADaisy J. Guevara, MD	Patient Call

Created by

Cynthia Calderon, LVN on 5/7/2014 3:59 PM

Approved

	Disp	Refills	Start	End
PARoxetine HCl 20 MG OR TABS Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING Class: Normal Comment: Generic For:PAXIL 20MG Authorizing Provider: Daisy J. Guevara, MD	30 Tab	3	5/7/2014	

Visit Pharmacy

WAL-MART PHARMACY 5688 - BELL GARDENS, CA - 6820 EASTERN AVE

Allergies

Allergies as of 5/7/2014

Reviewed On: 7/3/2013 By: Alice Choto Rodriguez, MA

Sanchez, Debra (MR # 51124)

Page 1 of 2

Patient Name: DEBRA SANCHEZ
Date of Visit: 07-May-2014
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 115
DOB: 29-May-1966
Owner: Conversion,Epic

DOB: 29-May-1966

Sanchez, Debra (MR # 51124)

Printed 7/4/14 7:19 PM

Allergies (continued)

Allergies as of 5/7/2014 (continued)

Reviewed On: 7/3/2013 By: Alice Choto Rodriguez, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Sanchez, Debra (MR # 51124)

Page 2 of 2

Patient Name: DEBRA SANCHEZ
Date of Visit: 06-Mar-2014
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 116

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 03/06/2014

Encounter Status

Closed by Diep Le, CPhT on 3/6/14 at 3:08 PM

Refill

Debra Sanchez (MRN 51124)

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
3/6/2014 2:56 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
03/06/2014 2:56 PM	Phone (Incoming)	wal mart (Pharmacy)	323-282-2508

Call Documentation

Diep Le, CPhT 3/6/2014 3:08 PM Signed
Paroxetine- LV 7/3/13 (old). Depression in chart. Ok x2. Courtesy fill

Refill Interface 3/6/2014 3:08 PM Signed
PARoxetine HCI 20 MG OR TABS

- REFILL: 12 months
- PROTOCOL: Antidepressants
- LAST PRIMARY CARE VISIT: 07/03/2013
- NEXT PRIMARY CARE VISIT: None
- MEDICATION STARTED: 03/25/2008
- LAST REFILLED ON: 10/10/2013, QTY: 30, Refills: 4, Sig: take 1 tablet by mouth in the morning (unchanged)

Powered by healthfinch, Reference: 125157, 03/06/2014 2:59:36 PM PST

Routing History

Sent On	From	To	Message Type
3/6/2014 2:57 PM	Azucena Martinez, MA	P RXSC	

Created by

Azucena Martinez, MA on 3/6/2014 2:56 PM

Approved

	Disp	Refills	Start	End
PARoxetine HCI 20 MG OR TABS Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING Class: Normal Comment: Generic For:PAXIL 20MG Authorizing Provider: Daisy J. Guevara, MD Ordering User: Diep Le, CPhT	30 Tab	1	3/6/2014	5/7/2014

Visit Pharmacy

CVS DO LAKEWOOD & FIRESTONE

Sanchez, Debra (MR # 51124)

Page 1 of 2

Patient Name: DEBRA SANCHEZ
Date of Visit: 06-Mar-2014
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 117

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Printed 7/4/14 7:19 PM

Telephone Contact Summary (continued)

Allergies

Allergies as of 3/6/2014

Reviewed On: 7/3/2013 By: Alice Choto
Rodriguez, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Sanchez, Debra (MR # 51124)

Page 2 of 2

51124

blue of california

blueshieldca.com

Providers: Please file all claims with your local Blue Cross Blue Shield license in whose service area the member received services or, when Medicare is primary, file all Medicare claims with Medicare.

California Providers: Call Provider Customer Service to obtain medical and hospital admission prior authorization to avoid reduced or non-payment. Pharmacists call for prescription processing information. Visit Provider Connection at blueshieldca.com/providers

CA Medical Claims to: Blue Shield of California, P.O. Box 272540, Chico, CA 95927 2540

- (800) 424-6521 Member Services
- (800) 241-1823 TTY
- (877) 263-9952 Mental Health Customer Service Nurse-Help 24/7
- (800) 304-0604 Life/Reterrals 24/7
- (800) 985-2405 To locate providers outside of California
- (800) 541-8652 CA Provider Customer Service (including hospitals) Pharmacists Only
- (888) 635-8224 Blue Shield of California is an independent member of the Blue Shield Association

blue of california

Subscriber DEBRA SANCHEZ	Group # HS4085
ID# XEHJ03349401	Effective Date 11/01/13
Copayments	Plan HMO
Office \$20	Rx Yes
Hospital 1000	
Emergency \$50	

HCP TALBERT MED GRP A-
DAISY J GUEVARA MD
(562) 923-4911
DEBRA
Effective 11/01/13

Members:

In case of emergency, call 911 or seek appropriate emergency care. As soon as possible after receiving care, please contact your personal Physician.

Carry this ID card with you at all times and present it to your Personal Physician whenever you receive care.

At gives you the option to sell/refer to an Access+ Specialist subject to certain limitations. See your Evidence of Coverage for details.

Patient Name: DEBRA SANCHEZ
Date of Visit: 10-Oct-2013
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 119

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 10/10/2013

Encounter Status

Closed by Desiree Bonilla, MA on 10/10/13 at 4:19 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Call Information

Date & Time	Provider	Department	Center
10/10/2013 4:18 PM	Daisy J. Guevara, MD	Do Im	DO

Created by

Desiree Bonilla, MA on 10/10/2013 4:18 PM

Approved

	Disp	Refills	Start	End
PARoxetine HCl 20 MG OR TABS	30 Tab	4	10/10/2013	3/6/2014

Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING
Class: Normal
Comment: Generic For:PAXIL 20MG
Authorizing Provider: Daisy J. Guevara, MD
Ordering User: Desiree Bonilla, MA

Visit Pharmacy

CVS DO LAKEWOOD & FIRESTONE

Allergies

Allergies as of 10/10/2013

Reviewed On: 7/3/2013 By: Alice Choto Rodriguez, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
Date of Visit: 10-Jul-2013
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 120

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 07/10/2013

Encounter Status

Closed by Maria Manzano, MA on 7/10/13 at 5:25 PM

Telephone	Debra Sanchez (MRN 51124)
------------------	----------------------------------

Reason for Call

Normal Lab Result

Reason For Call History Recorded

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
7/10/2013 5:24 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
07/10/2013 5:24 PM	Phone (Outgoing)	Sanchez, Debra (Self)	323-702-0245 (H)

Call Documentation

Maria Manzano, MA 7/10/2013 5:25 PM Signed
Patient has been informed of Dr.Guevara's message.
Maria Manzano, MA

Maria Manzano, MA 7/10/2013 5:24 PM Signed
Message copied by MANZANO, MARIA on Wed Jul 10, 2013 5:24 PM

Message from: GUEVARA MD, DAISY J.
Created: Tue Jul 9, 2013 6:03 PM

Maria- pls call patient , blood test is wnl .

Created by

Maria Manzano, MA on 7/10/2013 5:24 PM

Allergies

Allergies as of 7/10/2013

Reviewed On: 7/3/2013 By: Alice Choto
Rodriguez, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 121

DOB: 29-May-1966

Date of Visit: 03-Jul-2013

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 07/03/2013

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

	Provider	Department	Encounter #
7/3/2013 10:40 AM	Daisy J. Guevara, MD	Do Im	15293646

Diagnoses

Intestinal Bypass Status - Primary V45.3

Reason for Visit

Post Hospital Dx morbid obesity

Visit Notes

Alice Choto Rodriguez, MA Wed Jul 3, 2013 11:15 AM
 Debra Sanchez is a 47 year old female
 Pt comes in for Dx morbid obesity.

Allergies as of 7/3/2013

Reviewed On: 7/3/2013 By: Alice Choto Rodriguez, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Ht	Wt
100/64	70	99.1 °F (37.3 °C) (Oral)	18	4' 10.5"	188 lb (85.276 kg)

BMI	LMP			
38.62 kg/m2	06/10/2013			

TMG Extended Vitals

None

All Notes

Progress Notes signed by Daisy J. Guevara, MD at 7/15/2013 9:26 AM

Created By: Daisy J. Guevara, MD User Type: Physician Created: 7/3/2013 11:38 AM
 Note Status: Signed Cosign: Cosign Not Required Note Time: 7/3/2013 11:38 AM

Debra Sanchez is a 47 year old female here for follow up
Doing well post gastric bypass, lost 10-15 pounds

Patient Active Problem List

Diagnosis

- MIGRAINE NOS W/O MENTN INTRACTABLE , improved
- Chronic Sinusitis NOS
- Morbid Obesity
- RESPIRATORY ABNORM NEC: snoring; she will ask about apnea
- MAJOR DEPRESSION SINGLE EPISODE-MILD

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• Ursodiol 300 MG OR CAPS	1 CAPSULE TWICE DAILY		

Sanchez, Debra (MR # 51124)

Page 1 of 3

Sanchez, Debra (MR # 51124)

Encounter Date: 07/03/2013

All Notes (continued)

- Omeprazole 40 MG OR CPDR WITH FOOD 1 CAPSULE DAILY FOR STOMACH
- Enoxaparin Sodium 30 MG/0.3ML SC SOLN 30 MG DAILY
- PARoxetine HCl 20 MG OR TAKE 1 TABLET BY MOUTH IN 30 Tab 4
TABS THE MORNING
- Amoxicillin-Pot Clavulanate (AUGMENTIN) 875-125 MG OR 1 TABLET EVERY 12 HOURS 20 Tab 0
TABS
- Phendimetrazine Tartrate 35 MG 1 TABLET DAILY BEFORE a OR TABS MEAL

MEDS VERIFIED WITH PATIENT

ACTIVITY : INDEPENDENT ABLE TO DO HOUSEHOLD CHORES

PE: ambulatory , no distress, normal gait,coherent
 heent: normal, non-icteric, no carotid bruits, both TM intact
 no palpable lumps
 heart: regular, no murmur
 lungs:normal
 abd: soft , nontender, no palpable mass, no pulsatile mass
 ext: no cce
 neuro: non focal , normal gait

V45.3 GASTRIC BYPASS, Chronic (primary encounter diagnosis)

Comment:stable

Plan: CBC (INCLUDES DIFF/PLT), BASIC METABOLIC PANEL,
 CALCIUM, MAGNESIUM, PHOSPHATE (AS PHOSPHORUS),
 URIC ACID, PREALBUMIN, ZINC (P)

Follow up with surgeon /.

Tel number 3103714169 fax Dr. Takahashi
 3103259110

Patient Instructions addendum by Daisy J. Guevara, MD at 7/3/2013 12:01 PM

Created By:	Daisy J. Guevara, MD	User Type:	Physician	Created:	7/3/2013 11:51 AM
Note Status:	Addendum	Cosign:	Cosign Not Required	Note Time:	7/3/2013 11:51 AM
Prior:	1. Signed by Daisy J. Guevara, MD at 7/3/2013 11:51 AM				
Versions:					

Return in 3 mos / as needed

Immunizations as of 7/3/2013

Never Reviewed

Injection Lidocaine	3/8/2013
ROCEPHIN	3/8/2013
TORADOL	9/9/2010, 5/2/2006

Medications at Start of Encounter

Sanchez, Debra (MR # 51124)

Page 2 of 3

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 123

DOB: 29-May-1966

Date of Visit: 03-Jul-2013

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 07/03/2013

All Notes (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
PARoxetine HCl 20 MG OR TABS (Taking)	30 Tab	4	5/9/2013	10/10/2013
Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING				
Comment: Generic For:PAXIL 20MG				
Reason for Discontinue: Reorder				
Cosign for Ordering: Accepted by Daisy J. Guevara, MD on 5/12/2013 10:36 AM				
Amoxicillin-Pot Clavulanate (AUGMENTIN)	20 Tab	0	6/11/2013	
875-125 MG OR TABS				
Sig - Route: 1 TABLET EVERY 12 HOURS - Oral				
Phendimetrazine Tartrate 35 MG OR TABS				
Sig - Route: 1 TABLET DAILY BEFORE a MEAL - Oral				
Class: Historical				

Level Of Service

OFFIC/OUTPT VISIT E&M EST SELF-LIMIT/MINOR 10MIN [99212]

Encounter Status

Closed by Daisy J. Guevara, MD on 7/15/13 at 9:26 AM

Social ADL Questions

BACK CARE NO

BIKE HELMET YES

BLOOD TRANSFUSIONS NO

CAFFEINE CONCERN NO

EXERCISE NO

HOBBY HAZARDS NO

MILITARY SERVICE NO

OCCUPATIONAL EXPOSURE NO
pathologist ass.

SEAT BELT YES

SELF-EXAMS YES

SLEEP CONCERN NO

SPECIAL DIET NO

STRESS CONCERN NO

WEIGHT CONCERN NO

Received for:Epic Conversion Jul 5 2014 5:55AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 125

DOB: 29-May-1966

Date of Visit: 03-Jul-2013

Owner: GUEVARA, DAISY

Document Type: Orders*

Site Name: Health Information Services

Quick Note: Maria- pls call patient , blood test is wnl .

Debra Sanchez is a 47 year old female here for follow up
Doing well post gastric bypass, lost 10-15 pounds

Patient Active Problem List

Diagnosis

- MIGRAINE NOS W/O MENTN INTRACTABLE , improved
- Chronic Sinusitis NOS
- Morbid Obesity
- RESPIRATORY ABNORM NEC: snoring; she will ask about apnea
- MAJOR DEPRESSION SINGLE EPISODE-MILD

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• Ursodiol 300 MG OR CAPS	1 CAPSULE TWICE DAILY WITH FOOD		
• Omeprazole 40 MG OR CPDR	1 CAPSULE DAILY FOR STOMACH		
• Enoxaparin Sodium 30 MG/0.3ML SC SOLN	30 MG DAILY		
• PARoxetine HCl 20 MG OR TABS	TAKE 1 TABLET BY MOUTH IN THE MORNING	30 Tab	4
• Amoxicillin-Pot Clavulanate (AUGMENTIN) 875-125 MG OR TABS	1 TABLET EVERY 12 HOURS	20 Tab	0
• Phendimetrazine Tartrate 35 MG OR TABS	1 TABLET DAILY BEFORE a MEAL		

MEDS VERIFIED WITH PATIENT

ACTIVITY : INDEPENDENT ABLE TO DO HOUSEHOLD CHORES

PE: ambulatory , no distress, normal gait, coherent
heent: normal, non-icteric, no carotid bruits, both TM intact
no palpable lumps
heart: regular, no murmur
lungs: normal
abd: soft , nontender, no palpable mass, no pulsatile mass
ext: no cce
neuro: non focal , normal gait

V45.3 GASTRIC BYPASS, Chronic (primary encounter diagnosis)

Comment: stable

Plan: CBC (INCLUDES DIFF/PLT), BASIC METABOLIC PANEL,
CALCIUM, MAGNESIUM, PHOSPHATE (AS PHOSPHORUS),
URIC ACID, PREALBUMIN, ZINC (P)

Follow up with surgeon /.

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 127

DOB: 29-May-1966

Date of Visit: 03-Jul-2013

Owner: GUEVARA, DAISY

Document Type: Progress Note*

Site Name: Health Information Services

Tel number 3103714169 fax Dr. Takahashi
3103259110

Received for: DAISY GUEVARA MD Jul 5 2014 9:07AM Pacific Standard Time

PATIENT NAME: SANCHEZ, DEBRA
MED. REC. NO: 4952141
ACCT. NO: 30631855
DATE OF BIRTH: 05/29/1966
DATE OF ADMISSION: 06/20/2013
DATE OF DISCHARGE: 06/23/2013

DISCHARGE SUMMARY

ADMISSION DIAGNOSES:

1. Morbid obesity with a BMI of 46, down to 42 in preparation for surgery.
2. Joint pain.
3. Dyspnea on exertion.
4. Elevated liver function test.
5. Hypovitaminosis D and A.
6. Migraines.

DISCHARGE DIAGNOSIS:

1. Morbid obesity with a BMI of 46, down to 42 in preparation for surgery.
2. Joint pain.
3. Dyspnea on exertion.
4. Elevated liver function test.
5. Hypovitaminosis D and A.
6. Migraines.
7. Hiatal hernia.

PROCEDURES PERFORMED:

Laparoscopic short limb gastric bypass and hiatal hernia repair on 06/20/13.

HOSPITAL COURSE:

The patient is a 47-year old woman admitted for a laparoscopic short limb gastric bypass. She was noted to have a large hiatal hernia at the time of surgery. This was repaired at the same time. Postoperatively, she was able to be up and ambulating, but was quite slow in her oral intake and was unable to be discharged to home until postoperative day #3.

CONDITION ON DISCHARGE:

Afebrile with stable vital signs, ambulating, tolerating a bariatric liquid diet, pain well controlled with oral pain medication and the incisions healing well with no evidence of infection. Her labs were acceptable.

DISCHARGE INSTRUCTIONS:

The patient is to follow up in my office as scheduled. She is to get her labs drawn prior to that appointment. She is to ambulate at least 5 times a day and to avoid driving for one week. She is asked to continue her bariatric liquid diet until seen in the office.

DISCHARGE MEDICATIONS:

In regards to her home medications, she is asked the following medications, Paroxetine 20 mg p.o. daily and multivitamins daily.

She was asked to hold the following medications for four weeks: Vitamin D 50,000 units twice a week, and vitamin A and D p.o. daily.

She is asked to discontinue the following: Amoxicillin/clavulanate 825/125 q.12h. and phentermine 37.5 daily.

Dictated By: AILEEN M. TAKAHASHI, M.D. (4011)

Signature Line Statement Below Indicates Authentication.

D: 06/24/2013 17:36 T: 06/25/2013 10:02 AMT: mg
Job No: 364089 Dictation ID: 473709

Patient Name:DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 130

DOB:29-May-1966

Date of Visit:20-Jun-2013

Owner:GUEVARA,DAISY

Document Type:IP - Admission Report

Site Name:Health Information Services

Date: 6/20/2013

Your patient SANCHEZ, DEBRA with DOB 05/29/1966 and MRN No: , has been admitted/evaluated at Torrance Memorial Hospital on 06/20/2013 06:29:00.

The initial admitting diagnosis was MORBID OBESITY.

Please feel free to call the Hospitalist with any questions or input at 310-784-8770.

Please note that certain patients such as obstetrical, gynecological and pediatric patients, may not be followed by a hospitalist. Following discharge, an appointment may be scheduled with your office to provide continuity of care for your patient.

Disclaimer: The specific data regarding the admission is taken directly from hospital systems, and the reliability of the information contained, including specific diagnosis, should be independently verified.

Sincerely,

Inpatient Central Department

Patient Name: DEBRA SANCHEZ
Date of Visit: 20-Jun-2013
Document Type: IP - Other Document
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 131
PATIENT: 20-107709
Owner: GUEVARA, DAISY

DOB: 29-May-1966

PATIENT NAME: SANCHEZ, DEBRA
MED. REC. NO: 4952141
ACCT. NO: 30631855
DATE OF BIRTH: 05/29/1966
SURGEON: AILEEN M. TAKAHASHI, M.D. (4011)
DATE OF SURGERY: 06/20/2013

Operative Report

PREOPERATIVE DIAGNOSIS:

1. Morbid obesity with a BMI at its highest of 46, down to 42 in preparation for surgery.
2. Joint pain.
3. Dyspnea on exertion.
4. Elevated liver function tests.
5. Hypovitaminosis D and A.
6. Migraines.

POSTOPERATIVE DIAGNOSIS:

1. Morbid obesity with a BMI at its highest of 46, down to 43 in preparation for surgery.
2. Joint pain.
3. Dyspnea on exertion.
4. Elevated liver function tests.
5. Hypovitaminosis D and A.
6. Migraines.
7. Hiatal hernia.

PROCEDURE:

Laparoscopic short limb gastric bypass (30 cc pouch with 100 cm antecolic, antegastric roux limb) and hiatal hernia repair.

SURGEON:

Aileen Takahashi, MD

ASSISTANT:

Mir Ramin Roohipour, M.D.

ANESTHESIOLOGIST:

Sean Tretiak, M.D.

ANESTHESIA:

GET

INTRAOPERATIVE FINDINGS:

A large hiatal hernia was noted.

ESTIMATED BLOOD LOSS:

10 mL.

Complications: None

Condition: Stable to the recovery room.

All sponge and needle counts correct at the end of the procedure.

INDICATIONS FOR SURGERY:

The patient is a 47-year-old woman with a long history of morbid obesity. The patient now presents for surgical intervention for permanent weight loss. The risks, benefits, and options were discussed in great detail. The patient wishes to proceed with the laparoscopic, possible open short limb gastric bypass. The risks including, but not limited to infection, bleeding, conversion to an open procedure, esophageal or gastric injury, splenectomy, anastomotic leakage, pulmonary embolus, protein and vitamin deficiencies, bowel obstruction, marginal ulcer, lack of weight loss or weight regain have all been discussed with the patient and the patient accepts these risks.

DESCRIPTION OF PROCEDURE:

After obtaining appropriate consent, and the patient received the appropriate preoperative antibiotics and 5000 units of SQ heparin, the patient was brought to the operating room and placed in the supine position. Bilateral lower extremity sequentials were placed and general anesthesia was administered via endotracheal intubation. The abdomen was cleaned, prepped and draped in the usual sterile fashion.

After infiltration with 0.5 % Marcaine with epinephrine, an incision was made in the left upper abdomen. The 11 mm optiview trocar was used to enter the abdomen under direct visualization. Once entered, the abdomen was insufflated to 15 mmHg CO₂. The abdomen was surveyed; there was no obvious injury from the insertion technique.

The patient was then placed in a steep reverse Trendelenburg position. After infiltration with 0.5 % Marcaine with epinephrine, a subxiphoid incision was made and a 5 mm nonbladed trocar was placed under direct visualization. This was subsequently switched out for a Nathanson retractor, which was used to retract the left lobe of the liver cephalad in order to expose the gastroesophageal junction. After infiltration with 0.5 % Marcaine with epinephrine, 5 and 12 mm nonbladed trocars were placed in the right upper abdomen under direct visualization. One last 5 mm nonbladed trocar was placed in the left lateral position under direct visualization, after infiltration with 0.5 % Marcaine with epinephrine.

The hiatus was examined. There was a very large hiatal hernia noted. This was addressed

first. The peritoneal attachments were then taken down around the right and left crus in order to identify these clearly and to confirm that the GE junction was within the abdomen. Once satisfied with this, a figure-of-eight 0 Ethibond suture was then used to reapproximate the crura.

The Allergan balloon tube was passed into the stomach and insufflated to 30 cc of air. This was retracted back to the GE junction in order to size the pouch. The balloon was let down and pulled back into the esophagus.

The lesser sac was entered in a "peri-gastric" fashion using the harmonic scalpel. Once entered, the stomach was serially transected using multiple firings with the 60 purple tri-stapler to create the pouch. This excluded the fundus. The pouch showed good mobility with intact staple lines.

There was a shark's tooth on the remnant stomach staple line that was inverted with a 3-0 Vicryl suture.

The omentum was then elevated. The mesocolon was retracted cephalad and the ligament of Treitz was identified. The small bowel was run for a length of approximately 35 cm and it was at this site that the small bowel was brought up to the level of the pouch. There was no evidence of any tension. Enterotomies were made in the pouch and small bowel with the harmonic scalpel. The gastrojejunostomy anastomosis was then created in a side to side fashion with a 30 blue GIA stapler. This was on the posterior wall of the pouch.

3-0 Vicryl sutures were placed at the two staple lines in order to align the enterotomy. The balloon tube was then passed through the pouch to lie in the distal small bowel to stent the anastomosis. The enterotomy was reapproximated with an additional 3-0 Vicryl suture and then formally closed with multiple firings of a 45 purple GIA stapler. In addition, this also trimmed the pouch smaller, taking off any excess gastric pouch. The balloon tube was pulled back into the pouch. Where the staple lines crossed were oversewn with a 3-0 Vicryl suture in a U stitch fashion. Once satisfied with the creation of the pouch, the small bowel was transected proximal to the gastrojejunostomy anastomosis with a 60 tan tri-stapler. The pouch was then tested

under hydrostatic pressure using methylene blue instilled through the balloon tube with the small bowel distal to the gastrojejunostomy anastomosis occluded. There was good distension of the pouch with no evidence of leak after 60 mL of fluid instilled. An additional 60 mL of methylene blue was instilled and there was still no leak. The methylene blue was then aspirated and the balloon tube removed.

The small bowel was then run for a length of approximately 100 cm distal to the gastrojejunostomy anastomosis and it was at this location that the enteroenterostomy was created to the proximal small bowel using a 60 tan tri-stapler in a side-to-side fashion. The staple lines were approximated with an interrupted 3-0 Vicryl suture and the enterotomy formally closed with multiple firings of a 45 white GIA stapler. Staple lines were inspected and all were intact.

The mesenteric defect behind the jejunajejunostomy was closed with a 3-0 running V-Loc nonabsorbable suture and then an anti-obstructive interrupted 3-0 silk suture was then placed interrupted 3-0 silk suture was then placed to prevent twisting of the small bowel anastomosis.

The small bowel was run once again from the gastrojejunostomy down to the enteroenterostomy, which showed no evidence of twisting. Hemoclips were used where appropriate for hemostasis.

The Nathanson retractor was then removed under direct visualization. The abdomen was desufflated, the remaining trocars removed, and the patient returned to a supine position. All incisions were then closed in 2 layers using an interrupted 3-0 Vicryl for the subcutaneous layer and a 4-0 Monocryl in a subcuticular fashion for the skin. Octylseal was applied.

The patient was then awakened, extubated, and taken to the recovery room in stable condition. The patient tolerated the procedure well, there were no complications and all sponge and needle counts were correct at the end of the procedure.

Dictated By: AILEEN M. TAKAHASHI, M.D. (4011)

Signature Line Statement Below Indicates Authentication.

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 135

DOB: 29-May-1966

Date of Visit: 20-Jun-2013

Owner: GUEVARA, DAISY

Document Type: IP - Other Document

Site Name: Health Information Services

D: 06/20/2013 11:25 T: 06/21/2013 07:23 AMT: dk
Job No: 362382 Dictation ID: 471988

ASSOCIATION OF SOUTH BAY SURGEONS

A MEDICAL GROUP INC.
* * * * *

Riad Adoumie, M.D., FRCS (C), FACS, RVT
Rashaan Ali-Jones, M.D.
James E. Camel, M.D., M.S., FACS
Steven D. Fisher, M.D., FACS
Melanie H. Friedlander, M.D., FACS
Hima Ghanta, M.D., FACS, FASCRS
Amir Kaviani, M.D., FACS
Stanley R. Klein, M.D., FACS

Albert Y. Lam, M.D., FACS
Roman A. Litwinski, M.D., FACS
Son X. Nguyen, M.D., FACS
Ramin Roolipour, M.D.
Houman Saedi, M.D.
Houman Solomon, M.S., M.D., FASMBS, FACS
Aileen M. Takahashi, M.D., FACS

Handwritten signature

05/30/13

DAISY GUEVARA, M.D.
8311 E. FLORENCE AVE,
DOWNEY, CA 90241

Handwritten signature and date: 06/12/13

Dear Dr. DAISY GUEVARA:

Thank you for referring DEBRA SANCHEZ to our practice. This brief note is to inform you that your patient's surgery has been scheduled as follows:

Patient: DEBRA SANCHEZ Date of Birth: 05/29/1966
Procedure: LAP ROUNEX-Y GASTRIC BYPASS
Hospital: TORRANCE MEMORIAL
Surgery date: 06/20 /2013

If your patient needs a pre-op appointment they will be contacting your office to schedule. All paperwork and instructions relating to the surgery have been given to the patient.

Thank you for allowing us to participate in your patient's healthcare.

Sincerely,

AILEEN TAKAHASHI, MD.

Patient Name: DEBRA SANCHEZ

MRN: 28-1017903 32123B1_OBW3TS1R5001CBQ - 137
DOB: 05/29/1966-1966

Date of Visit: 11-Jun-2013

Owner: Conversion,Epic

Document Type: EKG**

Site Name: Health Information Services

Name:	Sanchez, Debra	Talbert Medical Group	Rate:	59	BPM	Interpretation:
ID:	51124	Req. Physician:	PR:	150	msec	Sinus Bradycardia
Sex:	Female	Technician:	QT/QTc:	426/425	msec	-Left axis
BP:		History:	QRSD:	96	msec	ABNORMAL
Weight:	lbs	Medication:	P-QRS-T:	47/-36/25	degree	
Height:	inches	Date of Report:				
DOB:	05/29/1966 (47 Years)	Reviewed By:				
Comments:		Review Date:				



Patient Name: DEBRA SANCHEZ

MRN: 28-1019703-32123B1_OBW3TS1R5001CBQ - 138
DOB: 27-ivay-1966

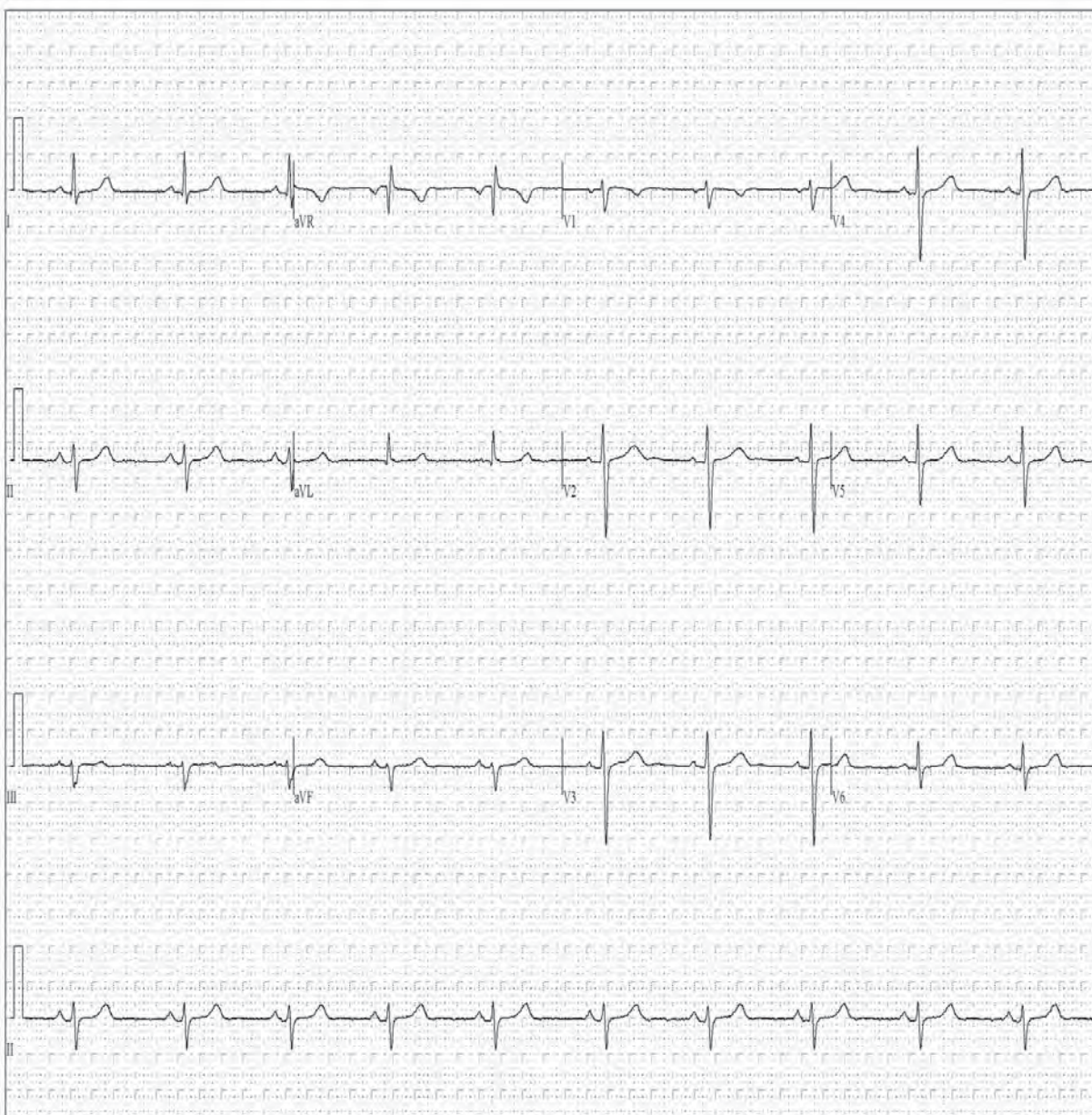
Date of Visit: 11-Jun-2013

Owner: Conversion,Epic

Document Type: EKG**

Site Name: Health Information Services

Name:	Sanchez, Debra	Talbert Medical Group	Rate:	61	BPM	Interpretation:
ID:	51124	Req. Physician:	PR:	148	msec	Sinus Rhythm
Sex:	Female	Technician:	QT/QTc:	426/427	msec	-Left axis.
BP:		History:	QRSd:	94	msec	ABNORMAL
Weight:	lbs	Medication:	P-QRS-T:	48/-34/24	degree	
Height:	inches	Date of Report:				
DOB:	(05/29/1966 (47 Years))	Reviewed By:				
Comments:		Review Date:				



Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 139

DOB: 29-May-1966

Date of Visit: 11-Jun-2013

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 06/11/2013

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

	Provider	Department	Encounter #
6/11/2013 10:40 AM	Daisy J. Guevara, MD	Do Im	15209907

Diagnoses

Preop Exam Other Unspecified - Primary	V72.84
Morbid Obesity	278.01
Body Mass Index 40.0-44.9, Adult	V85.41
Vitamin D Deficiency NOS	268.9
Otitis Media NOS	382.9
MAJOR DEPRESSION SINGLE EPISODE-MILD	296.21

Reason for Visit

Pre Op Exam	bariatric Sx
Reason For Visit History Recorded	

Visit Notes

Cynthia Calderon, LVN Tue Jun 11, 2013 11:33 AM
Debra Sanchez is a 47 year old female here today for pre op exam. Patient is scheduled for bariatric Sx to be done on 06/20/2013 by Dr. Aileen Takahasi from Associates of South Bay Surgeons at Torrance Memorial Medical Center.

Allergies as of 6/11/2013

Reviewed On: 6/11/2013 By: Cynthia Calderon, LVN

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Ht	Wt
110/64	68	98 °F (36.7 °C) (Oral)	20	4' 10.5"	200 lb 7 oz (90.918 kg)

BMI	LMP	Breastfeeding?			
41.17 kg/m2	06/10/2013	No			

Vitals History Recorded

TMG Extended Vitals

None

All Notes

Progress Notes signed by Daisy J. Guevara, MD at 6/20/2013 10:48 AM

Created By: Daisy J. Guevara, MD User Type: Physician Created: 6/11/2013 12:29 PM
Note Status: Signed Cosign: Cosign Not Required Note Time: 6/11/2013 12:29 PM

Debra Sanchez is a 47 year old female here for preop - June 20 , 2013 / bariatric surgery
left earache , cold Congestion

Patient Active Problem List

Diagnosis

Sanchez, Debra (MR # 51124)

Sanchez, Debra (MR # 51124)

Encounter Date: 06/11/2013

All Notes (continued)

- DEPRESSIVE REACTION, stable
- MIGRAINE NOS W/O MENTN INTRACTABLE , improved
- Chronic Sinusitis NOS
- Morbid Obesity
- RESPIRATORY ABNORM NEC: snoring; she will ask about apnea

PMHX: depression, chronic stable

PSHX: NONE

ALLERGIES: NONE

MEDS: paroxetine for depression

SOC HX : DENIES SMOKING , DENIES ALCOHOL
LIVES WITH DAUGHTER /GRANDSON

FAM HX: MOTHER - DM, HTN, BREAST CANCER
FATHER - DECEASED, MI , 50'S

ROS :

NO CHEST PAIN , NO SOB , NO PALPITATIONS

NO ABD PAIN , NO DIARRHEA

NO COUGH , NO ORTHOPNEA

NO WEAKNESS

NO BLEEDING TENDENCIES

Mild left earache

PE: ambulatory , no distress, normal gait, coherent

heent: normal, non-icteric, no carotid bruits, both TM intact
no palpable lumps, left TM dull

heart: regular, no murmur

lungs: normal

abd: soft , nontender, no palpable mass, no pulsatile mass

ext: no cce

neuro: non focal , normal gait

V72.84 Preop Exam Other Unspecified (primary encounter diagnosis)

Comment: patent has no cardiac nor pulmonary problems

Plan: ECG-ROUTINE W/12 LEADS; W/INTERPT & REPORT, CBC
(INCLUDES DIFF/PLT), BASIC METABOLIC PANEL,
ALBUMIN, CHORIONIC GONADOTROPIN, \$QUALITATIVE,
ECG-ROUTINE W/12 LEADS; W/INTERPT & REPORT,
PROTHROMBIN TIME WITH INR, PARTIAL
THROMBOPLASTIN \$TIME, ACTIVATED

No contraindication to surgery .

278.01 Morbid Obesity

Comment: bmi > 40 , c/w morbid obesity

Plan: for bariatric surgery

V85.41 Body Mass Index 40.0-44.9, Adult

Comment: bmi of 41 c/w morbid obesity

Plan: for bariatric surgerr

Sanchez, Debra (MR # 51124)

Page 2 of 4

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 141

DOB: 29-May-1966

Date of Visit: 11-Jun-2013

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 06/11/2013

All Notes (continued)

268.9 Vitamin D Deficiency NOS

Comment: low vit d level

Plan: VIT D,25 HYDROXY & 1,25 DIHYDROXY,LC/MS/MS Repeat level .

382.9 Otitis Media NOS , left, Acute

Comment: left tm dull , mild earache

Plan:augmentin given

296.21 MAJOR DEPRESSION SINGLE EPISODE-MILD

Comment:stable

Plan:continue paroxetine.

Patient Instructions addendum by Daisy J. Guevara, MD at 6/11/2013 12:41 PM

Created By: Daisy J. Guevara, MD	User Type: Physician	Created: 6/11/2013 12:38 PM
Note Status: Addendum	Cosign: Cosign Not Required	Note Time: 6/11/2013 12:38 PM
Prior 1. Signed by Daisy J. Guevara, MD at 6/11/2013 12:39 PM		
Versions:		

BLOOD TEST - PREOP

START AUGMENTIN - ONE TAB TWICE DAILY WITH FOOD FOR 10 DAYS

RETURN AFTER SURGERY

Meds Ordered This Encounter

	Disp	Refills	Start	End
Amoxicillin-Pot Clavulanate (AUGMENTIN) 875-125 MG OR TABS	20 Tab	0	6/11/2013	
Sig: 1 TABLET EVERY 12 HOURS				
Route: Oral				

Immunizations as of 6/11/2013

Never Reviewed

Injection Lidocaine	3/8/2013
ROCEPHIN	3/8/2013
TORADOL	9/9/2010, 5/2/2006

Medications at Start of Encounter

	Disp	Refills	Start	End
PARoxetine HCl 20 MG OR TABS (Taking)	30 Tab	4	5/9/2013	10/10/2013

Sanchez, Debra (MR # 51124)

Page 3 of 4

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 142

DOB: 29-May-1966

Date of Visit: 11-Jun-2013

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 06/11/2013

All Notes (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
--	------	---------	-------	-----

Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING

Comment: Generic For: PAXIL 20MG

Reason for Discontinue: Reorder

Cosign for Ordering: Accepted by Daisy J. Guevara, MD on 5/12/2013 10:36 AM

CefTRIAxone Sodium (ROCEPHIN) 1 G IJ	1 Each	0	3/8/2013	6/11/2013
--------------------------------------	--------	---	----------	-----------

SOLR (Discontinued)

Sig - Route: 1 GM IM x 1 now in clinic, with lido - Injection

Class: No Print

Reason for Discontinue: Therapy completed

Phendimetrazine Tartrate 35 MG OR TABS

Sig - Route: 1 TABLET DAILY BEFORE a MEAL - Oral

Class: Historical

Level Of Service

OFFIC/OUTPT VISIT E&M EST LOW-MOD

SEVERITY 15MIN [99213]

Encounter Status

Closed by Daisy J. Guevara, MD on 6/20/13 at 10:48 AM

Debra Sanchez is a 47 year old female here for preop - June 20 , 2013 / bariatric surgery
left earache , cold Congestion

Patient Active Problem List

Diagnosis

- DEPRESSIVE REACTION, stable
- MIGRAINE NOS W/O MENTN INTRACTABLE , improved
- Chronic Sinusitis NOS
- Morbid Obesity
- RESPIRATORY ABNORM NEC: snoring; she will ask about apnea

PMHX: depression, chronic stable

PSHX: NONE

ALLERGIES: NONE

MEDS: paroxetine for depression

SOC HX : DENIES SMOKING , DENIES ALCOHOL
LIVES WITH DAUGHTER /GRANDSONFAM HX: MOTHER - DM, HTN, BREAST CANCER
FATHER - DECEASED, MI , 50'S

ROS :

NO CHEST PAIN , NO SOB , NO PALPITATIONS

NO ABD PAIN , NO DIARRHEA

NO COUGH , NO ORTHOPNEA

NO WEAKNESS

NO BLEEDING TENDENCIES

Mild left earache

PE: ambulatory , no distress, normal gait, coherent

heent: normal, non-icteric, no carotid bruits, both TM intact
no palpable lumps, left TM dull

heart: regular, no murmur

lungs: normal

abd: soft , nontender, no palpable mass, no pulsatile mass

ext: no cce

neuro: non focal , normal gait

V72.84 Preop Exam Other Unspecified (primary encounter diagnosis)

Comment: patent has no cardiac nor pulmonary problems

Plan: ECG-ROUTINE W/12 LEADS; W/INTERPT & REPORT, CBC
(INCLUDES DIFF/PLT), BASIC METABOLIC PANEL,
ALBUMIN, CHORIONIC GONADOTROPIN, \$QUALITATIVE,
ECG-ROUTINE W/12 LEADS; W/INTERPT & REPORT,
PROTHROMBIN TIME WITH INR, PARTIAL
THROMBOPLASTIN \$TIME, ACTIVATED

No contraindication to surgery .

278.01 Morbid Obesity

Comment: bmi > 40 , c/w morbid obesity

Plan: for bariatric surgery

V85.41 Body Mass Index 40.0-44.9, Adult

Comment: bmi of 41 c/w morbid obesity

Plan:for bariatric surgerr

268.9 Vitamin D Deficiency NOS

Comment: low vit d level

Plan: VIT D,25 HYDROXY & 1,25 DIHYDROXY,LC/MS/MS

Repeat level .

382.9 Otitis Media NOS , left, Acute

Comment: left tm dull , mild earache

Plan:augmentin given

296.21 MAJOR DEPRESSION SINGLE EPISODE-MILD

Comment:stable

Plan:continue paroxetine.

Received for:DAISY GUEVARA MD Jul 5 2014 12:20PM Pacific Standard Time

Patient Name: DEBRA SANCHEZ
 Date of Visit: 09-May-2013
 Document Type: Patient Phone Call**
 Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 145

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 05/09/2013

Encounter Status

Closed by Desiree Bonilla, MA on 5/10/13 at 9:16 AM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Interface

Date & Time	Provider	Department	Center
5/9/2013 2:12 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
05/09/2013 2:12 PM	Interface (Incoming)	Yee's Prescription Pharmacy	562-597-7733

Call Documentation

Desiree Bonilla, MA 5/10/2013 9:16 AM Signed
 LOV 03/08/2013 bastas

Created by

Refill Interface on 5/9/2013 2:12 PM

Approved

	Disp	Refills	Start	End
PARoxetine HCI 20 MG OR TABS	30 Tab	4	5/9/2013	10/10/2013
Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING				
Class: Normal				
DAW: No				
Comment: Generic For:PAXIL 20MG				
Authorizing Provider: Daisy J. Guevara, MD				
Ordering User: Desiree Bonilla, MA				

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 5/9/2013

Reviewed On: 3/8/2013 By: Cynthia Calderon, LVN

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

TALBERT MEDICAL GROUP

MAMMOGRAM RESULT

Medical Record #: 51124

Chart Home Base: DOWNER

Ordering MD: BASTAS

Date: 04.01.13

Address: TALBERT MEDICAL PLAZA
2925 PALO VERDE AVE
FRESNO, CA 93815

Dear DEBRA SANCHEZ

Mammography is one of several ways to detect breast disease. In addition, a monthly breast self examination and a yearly clinical breast exam by your health care provider may assist in early disease detection. If you detect any changes in your breasts (for example: a change in skin color or appearance or if you feel a lump) you should immediately schedule an appointment with your health care provider. Contact your health care provider if you need help in learning breast self examination or if you have any questions.

Your mammogram has been reviewed by a radiologist and shows no signs of abnormality at this time. A mammogram does not always detect abnormalities. Monthly breast self examination and regular physical examinations by your health care provider continue to be very important in the early diagnosis of breast cancer. If you have not received a yearly clinical breast examination please contact your health care provider. If your health care provider has recommended additional follow-up beyond the mammogram, please comply with his/her recommendations.

The radiologist is not able to fully review your mammogram without comparing your previous mammograms. Please forward your most recent mammogram to the Radiology Department. If help is needed please contact the radiology department at: _____

Upon reviewing your mammogram examination, the radiologist has asked that additional tests be done such as a X-ray / Ultrasound, before a final report can be given to health care provider. Please call your physician as soon as possible for follow up.
Breast: Left Right

Results of your mammogram show that a repeat mammogram is needed in 6 months. Your health care provider will be calling you to discuss these results. It is important that you take responsibility to schedule an appointment with your health care provider in 6 months to discuss the follow-up mammogram.
Breast: Left Right

Results of your mammogram show abnormalities for which immediate evaluation and consultation with your health care provider or surgeon is needed. If you have not already discussed these findings with your health care provider, please do so immediately.
Breast: Left Right

Provider initials AS Date 4/4/2013

ASSOCIATION OF SOUTH BAY SURGEONS

A MEDICAL GROUP INC.

Riad Adoumie, M.D., FRCS (C), FACS, RVT
Rashaan Ali-Jones, M.D.
James E. Camel, M.D., M.S., FACS
Steven D. Fisher, M.D., FACS
Melanie H. Friedlander, M.D., FACS
Hima Ghanta, M.D., FACS, FASCRS
Amir Kaviani, M.D., FACS
Stanley R. Klein, M.D., FACS

Albert Y. Lam, M.D., FACS
Roman A. Litwinski, M.D., FACS
Son X. Nguyen, M.D., FACS
Ramin Roohipour, M.D.
Houman Saedi, M.D.
Houman Solomon, M.S, M.D., FASMBS, FACS
Aileen M. Takahashi, M.D., FACS

TESTING ORDER FORM

Patient Name: DEBRA PAULINE SANCHEZ

DOB: 5/29/1966

You are scheduled for: CHEST X-RAY

Ins: TALBERT -BLUE CROSS/ NO AUTH NEEDED

Diagnosis: MORBID OBESITY

Location: TALBERT PLAZA-RADIOLOGY DEPARTMENT

Address: 2925 PALO VERDE AVE LONG BEACH, CA. 90815

Phone: 562-429-2473

Fax: 562-420-3579

Appt. On : No appt needed Arrive: 15min prior

Test:

Preparation: Walk-in

Please bring this order, insurance card & current medication list to your appointment

Fax results to (310) 316 - 7370. Thank You

Follow-up at South Bay Surgeons :

Arrive At: 10min prior

Appointment At:

Signature: Aileen M Takahashi MD

1/24/13

Date

Prepared & Signed by: BETH. (310) 373- 6865 ext: 2222

BILATERAL SCREENING MAMMOGRAPHY Date of Exam: 4/1/2013
9:29:00 AM

Findings: Prior mammograms are not available for comparison.

The breast tissue is heterogeneously dense. There is no evidence of a developing or enlarging mass, suspicious microcalcifications or architectural distortion. Benign findings are noted. The skin and nipples are normal.

IMPRESSION:

BIRADS 2: BENIGN. THERE IS NO MAMMOGRAPHIC EVIDENCE OF MALIGNANCY.

CONTINUE WITH ROUTINE ANNUAL SCREENING MAMMOGRAPHY.

MAMMOGRAPHY CLASSIFICATION:

- CATEGORY 1: Negative.
- CATEGORY 2: Benign.
- CATEGORY 3: Probably benign - short interval follow-up.
- CATEGORY 4: Suspicious - biopsy is recommended.
- CATEGORY 5: Highly suggestive of malignancy - biopsy recommended.
- CATEGORY 0: Incomplete.

NOTE: THIS BENIGN EXAMINATION SHOULD NOT PRECLUDE BIOPSY OF A CLINICALLY SUSPECTED LESION.

Received for:ANA SHAH Jul 2 2014 12:28AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 149

DOB: 29-May-1966

Date of Visit: 01-Apr-2013

Owner: BOORMAN, ANITA

Document Type: Xray*

Site Name: Health Information Services

CHEST X-RAY (2 Views)

Date of Exam: 4/1/2013 9:36:00 AM

Clinical History: Preoperative evaluation.

Findings: The lungs are clear. No pleural fluid collections are seen. There are no suspicious parenchymal masses. The size of the cardiomeastinal contour is within normal limits. The osseous structures are unremarkable.

IMPRESSION:

NORMAL CHEST X-RAY.

Received for: ANITA BOORMAN DO Jul 2 2014 12:28AM Pacific Standard Time

Payment Agreement Form



Patient Name: Debra Sanchez
 Patient MRN #: 51124 Patient DOB: 5/29/66
 Date of Service: 3/8/13 Center: Dunwoody

- Unable to Verify Insurance
- Self Pay Responsibility
- Non-covered Services
- Co-Pay Not Collected at the time of Check-in \$20
- Share Of Cost (Don't forget to send In-Basket to Dessire Peck)

I have been quoted a range of \$ _____ to \$ _____ this is an estimate for today's services. I am aware this **excludes Lab and Radiology Services**. I agree that I shall be responsible for payment of all fees related to the named services. All services rendered are due and payable at the end of each visit. All applicable business laws provided under the State of California, Counties of Orange and Los Angeles shall govern the terms of this agreement.

Patient Signature: [Signature] Date: 3/8/13
 Witness: [Signature] Date: 3/8/13

Services Rendered	CPT Code:	\$	
Office Visit	CPT Code:	\$	
	CPT Code:	\$	
	CPT Code:	\$	
Lab handling fee	CPT Code:	\$	
Venipuncture	CPT Code:	\$	
X-ray	CPT Code:	\$	
Copayment due for today's services		\$	
Total of Office Visit:		\$	Total Collected \$

I am aware the total of today's visit excludes Lab Services. I will receive a separate bill from Quest Diagnostics.

Patient Signature: [Signature] Date: _____
 Witness: _____ Date: _____

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 151

DOB: 29-May-1966

Date of Visit: 08-Mar-2013

Owner: BASTAS-BRATKIC, DEMETRA

Document Type: Patient Communication*

Site Name: Health Information Services

March 8, 2013

TO WHOM IT MAY CONCERN:

This is to certify that Debra Sanchez was seen in my office on 3/8/2013. She may return to work on Monday, 3/11/2013.

Please feel free to contact my office if you have any questions or concerns. Thank you for your assistance in this matter.

Sincerely yours,

Demetra Bastas, NP
Downey Internal Medicine
8311 Florence Ave
Downey CA 90240-3928
562-923-4911

Received for: DEMETRA BASTAS N.P. Jul 4 2014 7:07PM Pacific Standard Time

Subjective:

Debra Sanchez is a 46 year old female for

Chief Complaint

Patient presents with

- Cough
- Bronchitis
chest pressure
- Body Aches

Nursing Notes:

>> Cynthia Calderon, LVN Fri Mar 8, 2013 1:30 PM

Debra Sanchez is a 46 year old female here today complains of cough with green colored phlegm, chest pressure when coughing, and body aches since yesterday.

HPI

Started with cough/cold x 1 wk, worsened yesterday with green, thick productive cough, low grade fever and body aches. Grandson was sick and pt caring for him. Here today b/c woke up in the am feeling "worst ever" and pt cares for the grandchildren and cannot be/get worse. OTC cough remedies tried, no lasting relief. Neg alarming ROS.

Review of Systems

Constitutional: Positive for fever and malaise/fatigue.

HENT: Positive for congestion. Negative for ear pain and sore throat.

Respiratory: Positive for cough, sputum production and shortness of breath (**with coughing jags, able to recover quickly**). Negative for hemoptysis and wheezing.

Cardiovascular: Negative.

Skin: Negative for rash.

Neurological: Negative. Negative for headaches.

Current Outpatient Prescriptions on File Prior to Visit

Medication	Sig	Dispense	Refill
• PARoxetine HCl 20 MG OR TABS	TAKE 1 TABLET BY MOUTH IN THE MORNING	30 Tab	3
• Phendimetrazine Tartrate 35 MG OR TABS	1 TABLET DAILY BEFORE a MEAL		

Medication list/problem list reviewed with patient.

Objective:

BP 120/74 | Pulse 88 | Temp(Src) 98.8 °F (37.1 °C) (Oral) | Resp 20 | Ht 4' 10.5" | Wt 204 lb 4 oz (92.647 kg) | BMI 41.96 kg/m2 | Breastfeeding? No

Physical Exam

Nursing note and vitals reviewed.

Constitutional: She is oriented to person, place, and time and well-developed, well-nourished, and in no distress. Vital signs are normal.

Acutely ill, NAD

Cardiovascular: Normal rate, regular rhythm and normal heart sounds.

Pulmonary/Chest: Effort normal. She has no decreased breath sounds. She has no wheezes. She has rhonchi (**very wet, junky**). She has no rales.

Pulse ox 98%

□□□□□□□□□□□□□□□□□□□□□□□□

Neurological: She is oriented to person, place, and time. □□□□□□□□□□□□

□

Assessment/Plan:

041.9 Bacterial Infection NOS (primary encounter diagnosis)

Comment: (+) s/s, worsening

Plan: Amoxicillin 500 MG OR CAPS, CefTRIAXone Sodium (ROCEPHIN) 1 G IJ SOLR, CEFTRIAXONE SODIUM INJECTION 250 MG, LIDOCAINE INJECTION, THER/PROPH/DIAG INJ, SC/IM

Reviewed medication se and administration/completion. Reviewed supportive measures, handout given. Pt to RTC if no improvement in 72hrs, or sooner if symptoms worsen. All questions were answered. Patient verbalized understanding. Pt left office in stable condition.

786.2 Cough

Comment: secondary to infection

Plan: Promethazine HCl 6.25 MG/5ML OR SYRP

Reviewed medication se and administration/completion. Reviewed supportive measures, handout given. Pt to RTC if no improvement in 5-7days, or sooner if symptoms worsen. All questions were answered. Patient verbalized understanding. Pt left office in stable condition.

V65.3 Dietary Surveil/Counsel

Comment: □ Body mass index is 41.96 kg/(m^2). □

Plan: handout on exercise and healthy food choices given

V76.10 Screening Mal Neop-Breast, Unspec

Comment: routine

Plan: REFER FOR MAMMO SCREENING (INT)

Reviewed SBE and mammogram screening guidelines. Patient verbalized understanding. All pt's questions were answered.

Received for: DEMETRA BASTAS N.P. Jul 5 2014 7:56AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 154

DOB: 29-May-1966

Date of Visit: 08-Mar-2013

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 03/08/2013

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

Provider	Department	Encounter #
Demetra Bastas, NP	Do Im	14719282

Diagnoses

Bacterial Infection NOS - Primary	041.9
Cough	786.2
Dietary Surveil/Counsel	V65.3
Screening Mal Neop-Breast,Unspec	V76.10

Reason for Visit

Cough
Bronchitis chest pressure
Body Aches

Visit Notes

Cynthia Calderon, LVN Fri Mar 8, 2013 1:30 PM

Debra Sanchez is a 46 year old female here today complains of cough with green colored phlegm, chest pressure when coughing, and body aches since yesterday.

Allergies as of 3/8/2013

Reviewed On: 3/8/2013 By: Cynthia Calderon, LVN

Noted	Type	Reactions
No Known Drug Allergy	4/3/2006	

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Ht	Wt
120/74	88	98.8 °F (37.1 °C) (Oral)	20	4' 10.5"	204 lb 4 oz (92.647 kg)

BMI	Breastfeeding?
41.96 kg/m2	No

Vitals History Recorded

TMG Extended Vitals

None

All Notes

Progress Notes signed by Demetra Bastas, NP at 3/11/2013 10:26 AM

Created By: Demetra Bastas, NP User Type: Nurse Practitioner Created: 3/8/2013 1:33 PM
 Note Status: Signed Cosign: Cosign Not Required Note Time: 3/8/2013 1:33 PM

Subjective:

Debra Sanchez is a 46 year old female for

Chief Complaint

Patient presents with

- Cough
- Bronchitis chest pressure
- Body Aches

Sanchez, Debra (MR # 51124)

Page 1 of 4

Sanchez, Debra (MR # 51124)

Encounter Date: 03/08/2013

All Notes (continued)**Nursing Notes:**

>> Cynthia Calderon, LVN Fri Mar 8, 2013 1:30 PM

Debra Sanchez is a 46 year old female here today complains of cough with green colored phlegm, chest pressure when coughing, and body aches since yesterday.

HPI

Started with cough/cold x 1 wk, worsened yesterday with green, thick productive cough, low grade fever and body aches. Grandson was sick and pt caring for him. Here today b/c woke up in the am feeling "worst ever" and pt cares for the grandchildren and cannot be/get worse. OTC cough remedies tried, no lasting relief. Neg alarming ROS.

Review of Systems

Constitutional: Positive for fever and malaise/fatigue.

HENT: Positive for congestion. Negative for ear pain and sore throat.

Respiratory: Positive for cough, sputum production and shortness of breath (**with coughing jags, able to recover quickly**). Negative for hemoptysis and wheezing.

Cardiovascular: Negative.

Skin: Negative for rash.

Neurological: Negative. Negative for headaches.

Current Outpatient Prescriptions on File Prior to Visit

Medication	Sig	Dispense	Refill
• PARoxetine HCl 20 MG OR TABS	TAKE 1 TABLET BY MOUTH IN THE MORNING	30 Tab	3
• Phendimetrazine Tartrate 35 MG OR TABS	1 TABLET DAILY BEFORE a MEAL		

Medication list/problem list reviewed with patient.

Objective:

BP 120/74 | Pulse 88 | Temp(Src) 98.8 °F (37.1 °C) (Oral) | Resp 20 | Ht 4' 10.5" | Wt 204 lb 4 oz (92.647 kg) | BMI 41.96 kg/m² | Breastfeeding? No

Physical Exam

Nursing note and vitals reviewed.

Constitutional: She is oriented to person, place, and time and well-developed, well-nourished, and in no distress. Vital signs are normal.

Acutely ill, NAD

Cardiovascular: Normal rate, regular rhythm and normal heart sounds.

Pulmonary/Chest: Effort normal. She has no decreased breath sounds. She has no wheezes. She has rhonchi (**very wet, junky**). She has no rales.**Pulse ox 98%**

Neurological: She is oriented to person, place, and time.

Assessment/Plan:

041.9 Bacterial Infection NOS (primary encounter diagnosis)

Comment: (+) s/s, worsening

Plan: Amoxicillin 500 MG OR CAPS, CefTRIAXone Sodium (ROCEPHIN) 1 G IJ SOLR, CEFTRIAXONE SODIUM INJECTION 250 MG, LIDOCAINE INJECTION, THER/PROPH/DIAG INJ, SC/IM

Sanchez, Debra (MR # 51124)

Page 2 of 4

Sanchez, Debra (MR # 51124)

Encounter Date: 03/08/2013

All Notes (continued)

Reviewed medication se and administration/completion. Reviewed supportive measures, handout given. Pt to RTC if no improvement in 72hrs, or sooner if symptoms worsen. All questions were answered. Patient verbalized understanding. Pt left office in stable condition.

786.2 Cough

Comment: secondary to infection

Plan: Promethazine HCl 6.25 MG/5ML OR SYRP

Reviewed medication se and administration/completion. Reviewed supportive measures, handout given. Pt to RTC if no improvement in 5-7days, or sooner if symptoms worsen. All questions were answered. Patient verbalized understanding. Pt left office in stable condition.

V65.3 Dietary Surveil/Counsel

Comment: Body mass index is 41.96 kg/(m^2).

Plan: handout on exercise and healthy food choices given.

V76.10 Screening Mal Neop-Breast,Unspec

Comment: routine

Plan: REFER FOR MAMMO SCREENING (INT)

Reviewed SBE and mammogram screening guidelines. Patient verbalized understanding. All pt's questions were answered.

Patient Instructions signed by Cynthia Calderon, LVN at 3/8/2013 1:26 PM

Created By: Cynthia Calderon, LVN	User Type: Licensed Vocational Nurse (LVN)	Created: 3/8/2013 1:26 PM
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Note Status: Signed	Cosign: Cosign Not Required	Note Time: 3/8/2013 1:26 PM
---------------------	-----------------------------	-----------------------------

Our goal is to ensure you are **COMPLETELY SATISFIED** with the service you receive at our Downey office. You may receive a survey in the mail asking you to rate our level of performance.

The survey completion and return is important to us and it is our hope you are able to state you were **"COMPLETELY SATISFIED"**.

If, during your visit today, we exceeded your expectations we would love to hear about it. If we did not, please, let us know why.

Barbara Blaser Site Administrator	Angie Garcia, LVN Nursing Manager	Priscilla Miller Administration Manager
--------------------------------------	--------------------------------------	--------------------------------------------

TMG - Downey
8311 E Florence Ave Downey Ca 90241

Meds Ordered This Encounter

	Disp	Refills	Start	End
Amoxicillin 500 MG OR CAPS Sig: 1 CAPSULE EVERY 12 hrs x 10 day Route: Oral	20 Cap	0	3/8/2013	3/18/2013
CefTRIAxone Sodium (ROCEPHIN) 1 G IJ SOLR (Discontinued) Sig: 1 GM IM x 1 now in clinic, with lido Class: No Print	1 Each	0	3/8/2013	6/11/2013

Sanchez, Debra (MR # 51124)

Page 3 of 4

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 157

DOB: 29-May-1966

Date of Visit: 08-Mar-2013

Owner: Conversion.Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 03/08/2013

All Notes (continued)

Meds Ordered This Encounter (continued)

	Disp	Refills	Start	End
Route: Injection Reason for Discontinue: Therapy completed				
Promethazine HCl 6.25 MG/5ML OR SYRP	240 mL	0	3/8/2013	3/22/2013
Sig: 2 TEASPOONFUL EVERY 4 TO 6 HOURS AS NEEDED				
Route: Oral				

Immunizations as of 3/8/2013

Never Reviewed

Injection Lidocaine	3/8/2013
ROCEPHIN	3/8/2013
TORADOL	9/9/2010, 5/2/2006

Medications at Start of Encounter

	Disp	Refills	Start	End
PARoxetine HCl 20 MG OR TABS (Taking)	30 Tab	3	1/15/2013	5/9/2013
Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING				
Reason for Discontinue: Reorder				
Phendimetrazine Tartrate 35 MG OR TABS				
Sig - Route: 1 TABLET DAILY BEFORE a MEAL - Oral				
Class: Historical				

Level Of Service

OFFIC/OUTPT VISIT E&M EST LOW-MOD
SEVERITY 15MIN [99213]

Encounter Status

Closed by Demetra Bastas, NP on 3/11/13 at 10:26 AM

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 158

DOB: 29-May-1966

Date of Visit: 17-Jan-2013

Owner: LARRABEE, PAIGE

Document Type: Patient Letter*

Site Name: Health Information Services

Debra Sanchez
6507 Chanslor Ave Apt # C
Bell CA 90201

January 17, 2013

Dear Debra Sanchez,

You had an echocardiogram of your heart recently in our office. Your results were essentially Normal. Your ejection fraction, which is a measure of the pump function of your heart, was 63%. Normal is greater than 50%. Your heart valves were also normal.

Thank you for choosing Talbert Medical Group.

Paige Larrabee, NP
Plaza Cardiology
2925 N. Palo Verde
Long Beach CA 90815-1552
562-429-2473

Received for: PAIGE LARRABEE Jul 4 2014 7:23PM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

MRN: 28-1019703-32123B1_OBW3TS1R5001CBQ - 159
DOB: 27-ivay-1966

Date of Visit: 16-Jan-2013

Owner: Conversion,Epic

Document Type: EKG**

Site Name: Health Information Services

Name:	Sanchez, Debra	Talbert Medical Group	Rate:	84	BPM	Interpretation:
ID:	51124	Req. Physician:	PR:	146	msec	Sinus Rhythm
Sex:	Female	Technician:	QT/QTc:	374/416	msec	-RSR(V1) - non-diagnostic.
BP:		History:	QRSD:	94	msec	-Left axis - anterior fascicular block.
Weight:	lbs	Medication:	P-QRS-T:	46/-45/25	degree	LAE
Height:	inches	Date of Report:				AENORMAL
DOB:	(05/29/1966) (46 Years)	Reviewed By:				
Comments:		Review Date:				



Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 160

DOB: 29-May-1966

Date of Visit: 16-Jan-2013

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 01/16/2013

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

1/16/2013 3:00 PM	Provider	Department	Encounter #
	MALEAH GROVER-MCKAY, MD	PI Cardio	14387516

Diagnoses

Preop Exam Other Unspecified	V72.84
Morbid Obesity	278.01
Migraine NOS W/O Mentn Intractable	346.90
RESPIRATORY ABNORM NEC	786.09
Dietary Surveil/Counsel	V65.3

Reason for Visit

Consult

Visit Notes

Marie Freed, LVN Wed Jan 16, 2013 3:29 PM
Pt here today by herself

Allergies as of 1/16/2013

Reviewed On: 1/16/2013 By: Marie Freed, LVN

Noted	Type	Reactions
No Known Drug Allergy 4/3/2006		

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Ht	Wt
110/70	80	99.8 °F (37.7 °C) (Tympnic)	18	4' 10.5"	217 lb (98.431 kg)
BMI	SpO2				
44.58 kg/m2	98%				

Vitals History Recorded

TMG Extended Vitals

None

All Notes

Progress Notes signed by Maleah Grover-McKay, MD at 1/16/2013 3:51 PM

Created By: Maleah Grover-McKay, MD User Type: Physician Created: 1/16/2013 3:19 PM
 Note Status: Signed Cosign: Cosign Not Required Note Time: 1/16/2013 3:19 PM

Subjective:

Debra Sanchez is a 46 year old female for consult with CV hx:
 Etiology: el A1c; HL LDL goal <100; MO
 Anatomy:
 Physiology: ?SR; EF ?;
 Functional: ?
 Other dx: migraine; dep

Sanchez, Debra (MR # 51124)

Page 1 of 6

Sanchez, Debra (MR # 51124)

Encounter Date: 01/16/2013

All Notes (continued)

Referred by Dr. Mattson for eval for bariatric surgery

CARDIOVASCULAR RISK FACTORS

Congenital no

Rheumatic fever no

CAD/MI: no

HTN: no

DM: borderline '10 but ok now

Hyperlipidemia: no

History

Smoking status

- Never Smoker

Smokeless tobacco

- Not on file

History

Alcohol Use

No

History

Drug Use

Not on file

Family History

Problem	Relation	Age of Onset
• Hypertension	Father	
• Heart	Father	
• Cancer	Maternal Grandmother	
• GI	Maternal Grandmother	

Diabetes mother & father

Obesity: Body mass index is 44.58 kg/(m^2).

Comes in with self

Activity around block; mile; takes stairs @ work & does a lot of walking

CP no

SOB no

Dizzy only when gets migraine, usu pre period

Palpitations no

Syncope only when was a kid and was scared

OSA screen:

Snores: yes

Stops breathing: ?

Daytime somnolence: always likes to take a nap @ 1 PM

Headache: no

Job 2: AM pathologist accessioning cases; PM pathology CHLB

Lives with daughter 26 and GS 3

Sanchez, Debra (MR # 51124)

Page 2 of 6

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 162

DOB: 29-May-1966

Date of Visit: 16-Jan-2013

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 01/16/2013

All Notes (continued)

CV hx:
None EMR

Cardiographics:
ECG: pending

Echo pending; ~'02 told nl

CXR: na

-- No Known Drug Allergy

Outpatient Prescriptions Marked as Taking for the 1/16/13 encounter (Office Visit) with Maleah Grover-McKay, MD

Medication	Sig	Dispense	Refill
• Phendimetrazine Tartrate 35 MG OR TABS	1 TABLET DAILY BEFORE a MEAL		
• PARoxetine HCl 20 MG OR TABS	TAKE ONE TABLET BY MOUTH IN THE MORNING	30 Tab	3

ROS

Objective:

Filed Vitals:

	01/16/13 1531	01/16/13 1534
BP:	112/68	110/70
Pulse:	80	
Temp:	99.8 °F (37.7 °C)	
TempSrc:	Tympanic	
Resp:	18	
Height:	4' 10.5"	
Weight:	217 lb (98.431 kg)	
SpO2:	98%	

Body mass index is 44.58 kg/(m^2)

Physical Exam

Alert
No carotid bruit; upstrokes ok
JVP not elevated
Lungs clear
Cor RRR; no M; S4 gallop; no rub
+ BS, soft, non-tender; no bruit
No edema
Pedal pulses not felt felt/warm
Does move all extremities

Component	9/18/2012
Latest Ref Rng	
CHOLESTEROL, TOTAL 125 - 200 mg/dL	163
HDL CHOLESTEROL	53

Sanchez, Debra (MR # 51124)

Page 3 of 6

Sanchez, Debra (MR # 51124)

Encounter Date: 01/16/2013

All Notes (continued)

> OR = 46 mg/dL	
TRIGLYCERIDES <150 mg/dL	58
LDL-CHOLESTEROL <130 mg/dL (calc)	98
CHOL/HDLRATIO < OR = 5.0 (calc)	3.1
NON-HDL CHOLESTEROL	110

Component Latest Ref Rng	9/9/2010	9/18/2012
HEMOGLOBIN A1c <5.7 % of total Hgb	5.9 (H)	5.5

Component Latest Ref Rng	9/9/2010	9/18/2012
GLUCOSE 65 - 99 mg/dL	99	100 (H)
UREA NITROGEN (BUN) 7 - 25 mg/dL	15	12
CREATININE 0.50 - 1.10 mg/dL	0.75	0.65

Component Latest Ref Rng	9/9/2010	9/18/2012
AST 10 - 35 U/L	49 (H)	25
ALT 6 - 40 U/L	68 (H)	25

Component Latest Ref Rng	9/18/2012
HEMOGLOBIN 11.7 - 15.5 g/dL	13.2

Component Latest Ref Rng	9/18/2012
TSH	1.75

Assessment:

Plan:

V72.84 Preop Exam Other Unspecified

Sanchez, Debra (MR # 51124)

Page 4 of 6

Sanchez, Debra (MR # 51124)

Encounter Date: 01/16/2013

All Notes (continued)

Comment: for bariatric surgery

Plan: REFER FOR ECHO(INT)CMPLT TRANS. ECG-ROUTINE
W/12 LEADS; W/INTERPT & REPORT

Await these results for clearance; good exercise tolerance & migraine & obesity only RF so no need ETT

278.01 Morbid Obesity

Comment: Body mass index is 44.58 kg/(m²).Plan: NONINVASIVE EAR/PULSE OXIMETRY-O2 SAT; 1
DETERM, REFER FOR ECHO(INT)CMPLT TRANS

Await these results for clearance; good exercise tolerance & migraine & obesity only RF so no need ETT

346.90 MIGRAINE NOS W/O MENTN INTRACTABLE , improved

Comment: usually premenstrual; women with migraines have higher CV disease

Plan: sugget ASA p op

786.09 RESPIRATORY ABNORM NEC: snoring;

Comment: she will ask about apnea

Plan: if + then sleep study

V65.3 Dietary Surveil/Counsel

Comment: drug helping with appetite

Plan: per diet MDs

Patient Instructions signed by Maleah Grover-McKay, MD at 1/16/2013 3:48 PM

Created By: Maleah Grover-McKay, MD User Type: Physician Created: 1/16/2013 3:47 PM

Note Status: Signed Cosign: Cosign Not Required Note Time: 1/16/2013 3:47 PM

You will have an electrocardiogram.

You will have an ultrasound study of the heart (echocardiogram) to look at the squeezing and relaxing function of the heart, the valves and the pressures. We will call you with an appointment if one is not made today.

You will ask your daughter if you stop breathing when you sleep. If you do, then talk with Dr. Guevara about a sleep study.

Immunizations as of 1/16/2013

Never Reviewed

TORADOL 9/9/2010, 5/2/2006

Chart Reviewed By

Daisy J. Guevara, MD on 1/17/2013 8:39 AM

Medications at Start of Encounter

	Disp	Refills	Start	End
PARoxetine HCl 20 MG OR TABS (Taking/Discontinued) Sig: TAKE ONE TABLET BY MOUTH IN THE MORNING Reason for Discontinue: Reorder	30 Tab	3	9/20/2012	1/15/2013
Ibuprofen 600 MG OR TABS (Discontinued)	90 Tab	0	6/22/2012	1/16/2013

Sanchez, Debra (MR # 51124)

Page 5 of 6

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 165

DOB: 29-May-1966

Date of Visit: 16-Jan-2013

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 01/16/2013

All Notes (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Sig - Route: 1 tab 3x daily as needed for pain - Oral Reason for Discontinue: Error				
Terconazole 0.4 % VA CREA (Discontinued)	45 g	0	6/14/2012	1/16/2013
Sig - Route: apply to affected area bid - Vaginal Reason for Discontinue: Therapy completed				
ELETRIPTAN HYDROBROMIDE (RELPA) 40 MG OR TABS (Discontinued)	6 Tab	0	9/20/2011	1/16/2013
Sig - Route: 1 TABLET 1 TIME ONLY, REPEAT AFTER 2 HR AS NEEDED - Oral Reason for Discontinue: Error				

Level Of Service

OFFIC CONS NEW/ESTAB MOD-HIGH
SEVERITY 60 MIN [99244]

Encounter Status

Closed by Maleah Grover-McKay, MD on 1/16/13 at 3:51 PM

Patient Name: DEBRA SANCHEZ
Date of Visit: 16-Jan-2013
Document Type: Procedures**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 166

DOB: 29-May-1966

Owner: Conversion,Epic

DEBRA SANCHEZ 1/16/2013

Page 1 of 2



Talbert Medical Group
2925 Palo Verde Avenue
Long Beach CA, 90815
Phone: 562-429-2473
Fax: 562-429-5557

Name: SANCHEZ, DEBRA
MRN: 51124
Study Date: 01/16/2013 03:22 PM
DOB: 05/29/1966
Age: 46 yrs
Gender: Female
Exam: Echocardiogram
Performed By: ED KLINICKE RDCS
Referring MD: DR. GROVER

Height: 59 in Weight: 218 lb BSA: 1.9 meters²

MMode/2D Measurements & Calculations

RVDd: 5.0 cm LVIDd: 4.5 cm FS: 35.5 % Ao root diam: 2.7 cm
IVSd: 1.2 cm LVIDs: 2.9 cm EDV(Teich): 91.4 ml Ao root area: 5.9 cm²
LVPWd: 1.2 cm ESV(Teich): 31.9 ml LA dimension: 3.6 cm
EF(Teich): 65.1 %

LVOT diam: 1.9 cm EDV(MOD-sp4): 91.4 ml SV(MOD-sp4): 57.9 ml
LVOT area: 3.0 cm² ESV(MOD-sp4): 33.5 ml
EF(MOD-sp4): 63.3 %

Doppler Measurements & Calculations

MV E max vel: 73.8 cm/sec MV dec time: 0.24 sec Ao V2 max: 133.0 cm/sec LV V1 max PG: 3.8 mmHg
MV A max vel: 76.2 cm/sec Ao max PG: 7.1 mmHg LV V1 mean PG: 2.0 mmHg
MV E/A: 0.97 Ao V2 mean: 93.6 cm/sec LV V1 max: 97.8 cm/sec
Ao mean PG: 3.9 mmHg LV V1 mean: 66.2 cm/sec
Ao V2 VTI: 28.2 cm LV V1 VTI: 15.5 cm
AVA(I,D): 1.6 cm²
AVA(V,D): 2.2 cm²

SV(LVOT): 45.9 ml TR max vel: 185.8 cm/sec
TR max PG: 13.8 mmHg

Interpretation Summary

A complete two-dimensional transthoracic echocardiogram was performed (2D, M-mode, Doppler and color flow Doppler). The study was diagnostic quality. There is no comparison study available. EF 63% by MOD. There is mild concentric left ventricular hypertrophy. Grade I diastolic dysfunction, (abnormal relaxation pattern).

Left Ventricle

The left ventricle is normal in size. There is no thrombus. There is mild concentric left ventricular hypertrophy. Left ventricular systolic function is normal. EF 63% by MOD. Grade I diastolic dysfunction, (abnormal relaxation pattern). The left ventricular wall motion is normal.

DEBRA SANCHEZ 1/16/2013

Page 2 of 2

Right Ventricle

Borderline right ventricular enlargement. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

Atria

The left atrial size is normal. LAVI 20. Left atrial pressure normal. Right atrial size is normal. The interatrial septum is intact with no evidence for an atrial septal defect.

Mitral Valve

The mitral valve is normal in structure and function. There is no evidence of mitral valve prolapse. There is no mitral valve stenosis. There is mild mitral regurgitation.

Tricuspid Valve

The tricuspid valve is normal in structure and function. There is no tricuspid valve prolapse. There is no tricuspid stenosis. There is trace tricuspid regurgitation. Right ventricular systolic pressure is normal.

Aortic Valve

The aortic valve is normal in structure and function. The aortic valve is trileaflet. The aortic valve opens well. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis. No aortic regurgitation is present.

Pulmonic Valve

The pulmonic valve is normal in structure and function. There is no pulmonic valvular stenosis. There is no pulmonic valvular regurgitation.

Great Vessels

The aortic root is normal size. No obvious dissection could be visualized. The pulmonary artery is not well visualized, but is probably normal size.

Pericardium/Pleural

There is no pericardial effusion. There is no pleural effusion.

Electronically signed by: M.D. Maleah Grover-McKay on 01/17/2013 10:46 AM

Talbert Medical Group
Charge & Payment Adjustment Request

Bold lines must be completed. All incomplete Requests will be returned for more information.

Patient Information:

Pt Name: Sanchez Debra
Date of Service: 1/16/2013

EPIC MR #: 51124

Payment Adjustment Section

Reason: (Circle One) Dual HMO Nurse Only No Co-pay Due

Comments to Explain Adjustment: _____

Charge Adjustment to System

Incorrect Amount Posted: \$ 0.00 Correct Amount: \$ 35.00

Comments to Explain Adjustment: per pts insurance paid. the pt has a \$35 specialty drug

Refund

Amount Refunded: \$ _____ Patient Signature: _____

Comments to Explain Refund: _____

Fees for Forms

\$ _____ Charge for _____ Form

Submitted By: [Signature]

Date: 1/16/2013

Center: Plaza Dept: FO

Phone: _____

Supervisor Signature: [Signature]

Date: 1/17/13

Attachments:

Subjective:

Debra Sanchez is a 46 year old female for consult with CV hx:

Etiology: el A1c; HL LDL goal <100; MO

Anatomy:

Physiology: ?SR; EF ?;

Functional: ?

Other dx: migraine; dep

Referred by Dr. Mattson for eval for bariatric surgery

CARDIOVASCULAR RISK FACTORS

Congenital no

Rheumatic fever no

CAD/MI: no

HTN: no

DM: borderline '10 but ok now

Hyperlipidemia: no

History

Smoking status

- Never Smoker

Smokeless tobacco

- Not on file

History

Alcohol Use

No

History

Drug Use

Not on file

Family History

Problem

Relation

Age of Onset

- Hypertension

Father

- Heart

Father

- Cancer

Maternal Grandmother

G/

- GI

Maternal Grandmother

Diabetes mother & father

Obesity: Body mass index is 44.58 kg/(m^2).

Comes in with self

Activity around block; mile; takes stairs @ work & does a lot of walking

CP no

SOB no

Dizzy only when gets migraine, usu pre period

Palpitations no

Syncope only when was a kid and was scared

OSA screen:

Snores: yes

Stops breathing: ?

Daytime somnolence: always likes to take a nap @ 1 PM

Headache: no

Job 2: AM pathologist accessioning cases; PM pathology CHLB

Lives with daughter 26 and GS 3

CV hx:

None EMR

Cardiographics:

ECG: pending

Echo pending; ~'02 told nl

CXR: na

-- No Known Drug Allergy

Outpatient Prescriptions Marked as Taking for the 1/16/13 encounter (Office Visit) with Maleah Grover-McKay, MD

Medication	Sig	Dispense	Refill
• Phendimetrazine Tartrate 35 MG OR TABS	1 TABLET DAILY BEFORE a MEAL		
• PARoxetine HCl 20 MG OR TABS	TAKE ONE TABLET BY MOUTH IN THE MORNING	30 Tab	3

ROS

Objective:

Filed Vitals:

	01/16/13 1531	01/16/13 1534
BP:	112/68	110/70
Pulse:	80	
Temp:	99.8 °F (37.7 °C)	
TempSrc:	Tympanic	
Resp:	18	
Height:	4' 10.5"	
Weight:	217 lb (98.431 kg)	
SpO2:	98%	

Body mass index is 44.58 kg/(m^2).

Physical Exam

Alert

No carotid bruit; upstrokes ok

JVP not elevated

Lungs clear

Cor RRR; no M; S4 gallop; no rub
 + BS, soft, non-tender; no bruit
 No edema
 Pedal pulses not felt felt/warm
 Does move all extremities

Component <i>Latest Ref Rng</i>	9/18/2012
CHOLESTEROL, TOTAL <i>125 - 200 mg/dL</i>	163
HDL CHOLESTEROL <i>> OR = 46 mg/dL</i>	53
TRIGLYCERIDES <i>< 150 mg/dL</i>	58
LDL-CHOLESTEROL <i>< 130 mg/dL (calc)</i>	98
CHOL/HDL RATIO <i>< OR = 5.0 (calc)</i>	3.1
NON-HDL CHOLESTEROL	110

Component <i>Latest Ref Rng</i>	9/9/2010	9/18/2012
HEMOGLOBIN A1c <i>< 5.7 % of total Hgb</i>	5.9 (H)	5.5

Component <i>Latest Ref Rng</i>	9/9/2010	9/18/2012
GLUCOSE <i>65 - 99 mg/dL</i>	99	100 (H)
UREA NITROGEN (BUN) <i>7 - 25 mg/dL</i>	15	12
CREATININE <i>0.50 - 1.10 mg/dL</i>	0.75	0.65

Component <i>Latest Ref Rng</i>	9/9/2010	9/18/2012
AST <i>10 - 35 U/L</i>	49 (H)	25
ALT <i>6 - 40 U/L</i>	68 (H)	25

Component <i>Latest Ref Rng</i>	9/18/2012
HEMOGLOBIN <i>11.7 - 15.5 g/dL</i>	13.2

Component	9/18/2012
Latest Ref Rng	
TSH	1.75

Assessment:**Plan:**

V72.84 Preop Exam Other Unspecified

Comment: for bariatric surgery

Plan: REFER FOR ECHO(INT)CMPLT TRANS, ECG-ROUTINE

W/12 LEADS; W/INTERPT & REPORT

Await these results for clearance; good exercise tolerance & migraine & obesity only RF so no need ETT

278.01 Morbid Obesity

Comment: Body mass index is 44.58 kg/(m²).

Plan: NONINVASIVE EAR/PULSE OXIMETRY-O2 SAT; 1

DETERM, REFER FOR ECHO(INT)CMPLT TRANS

Await these results for clearance; good exercise tolerance & migraine & obesity only RF so no need ETT

346.90 MIGRAINE NOS W/O MENTN INTRACTABLE , improved

Comment: usually premenstrual; women with migraines have higher CV disease

Plan: suggest ASA p op

786.09 RESPIRATORY ABNORM NEC: snoring;

Comment: she will ask about apnea

Plan: if + then sleep study

V65.3 Dietary Surveil/Counsel

Comment: drug helping with appetite

Plan: per diet MDs

Received for: MALEAH GROVER-MCKAY MD Jul 5 2014 12:52PM Pacific Standard Time

Patient Name: DEBRA SANCHEZ
 Date of Visit: 15-Jan-2013
 Document Type: Patient Phone Call**
 Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 173

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 01/15/2013

Encounter Status

Closed by Daisy J. Guevara, MD on 1/17/13 at 7:41 AM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Interface

Date & Time	Provider	Department	Center
1/15/2013 12:41 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
01/15/2013 12:41 PM	Interface (Incoming)	Yeeandapos;s Prescription Pharmacy	562-597-7733

Call Documentation

Maria Manzano, MA 1/15/2013 2:44 PM Signed
 lov 06/22/2012

Dr.Guevara
 Please review major drug interaction for Paxil

Routing History

Sent On	From	To	Message Type
1/15/2013 4:45 PM	Desiree Bonilla, MA	Daisy J. Guevara, MD	
1/15/2013 2:44 PM	Maria Manzano, MA	Daisy J. Guevara, MD	

Created by

Refill Interface on 1/15/2013 12:41 PM

Approved

	Disp	Refills	Start	End
PARoxetine HCI 20 MG OR TABS	30 Tab	3	1/15/2013	5/9/2013

Sig: TAKE 1 TABLET BY MOUTH IN THE MORNING
 Class: Normal
 DAW: No
 Authorizing Provider: Daisy J. Guevara, MD

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 1/15/2013

Reviewed On: 6/22/2012 By: Maria Manzano, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 174

DOB: 29-May-1966

Date of Visit: 27-Dec-2012

Owner: Conversion, Epic

Document Type: Miscellaneous EPIC**

Site Name: Health Information Services

12/26/2012 4:18PM FAX 3103167370

ASSN OF SB SURGEONS

0001/0001

51124

ASSOCIATION OF SOUTH BAY SURGEONS - SURGICAL WEIGHT LOSS
23451 Madison Street, Suite 110, Torrance, CA 90505 Telephone: (310) 373-6864 Fax: (310) 316-7370

PATIENT NAME: DEBRA SANCHEZ DATE: 09/24/2012

ACCOUNT #: 350138 DOB: 05/29/1966 WEIGHT: 217 lbs.

TEST RADIOLOGY: ~~DIAGNOSIS (circle one)~~

- Chest X-Ray (PA & LAT)
- UGI (Barium/Standing if PT is over 295 lbs)
- UGI (Barium)
- Gall Bladder Ultz
- Bilateral Lower Extremity Venous Ultz
- Other: _____

- BREAST CENTER:
- Mammogram Routine Screen
 - Bone Density Scan

- PULMONARY:
- Full Pulmonary Function Tests
 - Albuterol 4 Puffs x 1
 - Pulmonary Clearance

- CARDIOLOGY:
- EKG 12 Lead
 - EKG Rhythm 2min. strip
 - Echocardiogram (Echo 2/D M-Mode done w/a Doppler for Dr. Rosin/Dr. Scuderi to read)
 - Cardiac Clearance

- SLEEP STUDY:
- All night sleep study w/ CPAP assessment
 - Consult for CPAP compliance if indicated

- LABORATORY:
- Chem. 20
 - PT, PTT
 - Thyroid Panel w/ TSH (T4, T3 Uptake, FTI, TSH)
 - Glycated Hemoglobin (or HgbA1c)
 - H. Pylori Antibody
 - PSA
 - Iron Studies (Serum Iron, Iron Binding Capacity, Ferritin)
 - Chemistry 12 Comprehensive Metabolic Panel (Albumin, Alk. Phosphotase, ASG, Bilirubin, Total, BUN, Calcium, Chloride, Creatinine, Glucose, Potassium, Protein Total, Sodium)
 - Lipid Panel (Cholesterol, Triglyceride, HDL Cholesterol, LDL)
 - CBC
 - Vitamin D25 Hydroxy
 - U/A
 - LDH
 - Uric Acid
 - C-reactive Protein (Cardiac Specific)
 - Vitamin A
 - Serum Zinc
 - CA-125
 - Whole Blood Thiamine
 - Prealbumin
 - B12
 - Folate
 - Other: _____

Done unable to reach pt 2 weeks before apt 10-13

Letter mailed on 10/27/12. maria

PHYSICIAN SIGNATURE: [Signature]
 Fasting
 Dr. Guevara

DX: 250.00 2724
 401.1
 285.9

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 175

DOB: 29-May-1966

Date of Visit: 27-Dec-2012

Owner: GUEVARA, DAISY

Document Type: Patient Communication*

Site Name: Health Information Services

Debra Sanchez
6507 Chanslor Ave Apt # C
Bell CA 90201

December 27, 2012

Dear Debra Sanchez,

We have been unsuccessful in our attempts to reach you by telephone. Please return to the clinic to have your lab test 2 weeks prior to your appointment on 01/10/2013 with Association of South Bay Surgeons. You would need to be fasting for the testing. If you have changed your telephone number, please let us know so that we can update our records.

Thank you for choosing Talbert Medical Group.

Maria Manzano, MA
Downey Internal Medicine
8311 Florence Ave
Downey CA 90240-3928
562-923-4911

Received for: DAISY GUEVARA MD Jul 4 2014 7:29PM Pacific Standard Time

ASSOCIATION OF SOUTH BAY SURGEONS

A MEDICAL GROUP INC.

Riad Adoumie, M.D., FRCS (C), FACS, RVT
Rashaan Ali-Jones, M.D.
James E. Camcl, M.D., M.S., FACS
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Amir Kaviani, M.D., FACS
Stanley R. Klein, M.D., FACS

Albert Y. Lam, M.D., FACS
Roman A. Litwinski, M.D., FACS
Son X. Nguyen, M.D.
Ramin Roohipour, M.D.
Houman Saedi, M.D.
Gerald I. Schiff, M.D., FACS
Houman Solomon, M.S., M.D., FASMBS, FACS
Aileen M. Takahashi, M.D., FACS

September 25, 2012

Daisy Guevara, M.D.
8311 E. Florence Ave.
Downey, CA 90241

RE: SANCHEZ, Debra Pauline
DOB: 05/29/1966

Dear Dr. Guevara:

I had the pleasure of meeting Ms. Sanchez.

History of Present Illness: As you know, Ms. Sanchez is a 46-year-old woman with an interest in bariatric surgery. She has been overweight for at least seven years. She has had issues with large meals, poor food choices, and late-night snacking, but says this has been less so more recently. She does tend to still skip breakfast.

Efforts at Weight Loss:

- (1) Phentermine - In 1995, she lost 60 pounds. This was along with an exercise program. She maintained this for about 10 years.
(2) Weight Watchers - In 2010, she lost 20 pounds and maintained this for one year.

Exercise: She walks every other day for 30-40 minutes.

Comorbidities:

- (1) Joint pain - She has pain primarily in her knees.
(2) Dyspnea on exertion.

Past Medical History: In addition to the history mentioned above, this is significant for migraines and she takes paroxetine.

Past Surgeries: None.

Medications: Paroxetine 20 mg daily.

Allergies: None known, but has a sensitivity to avocados, which cause swelling and nausea.

51124

R 10/10/12

RE: SANCHEZ, Debra Pauline
September 25, 2012
Page Two

Family History: Her father died at age 56 of a myocardial infarction. He also had hypertension and diabetes. Her mother is 67 with diabetes and hypertension. She was recently diagnosed with ductal carcinoma in situ.

Social History: She works as a pathologist assistant. She is single, and lives with her 26-year-old daughter and grandson. Her coach will be her daughter. She denies smoking or secondhand-smoke exposure. The patient reports rare alcohol use.

Review of Systems:

HEENT: Migraines.
Gastrointestinal: Denies gastrointestinal issues.
Respiratory: Denies respiratory issues.
Cardiovascular: Dyspnea on exertion when walking several blocks, and swelling of feet and ankles.
Musculoskeletal: Backaches and joint pain.
Neurologic: Denies neurologic issues.
Endocrine: Denies endocrine issues.
Hepatobiliary: Denies hepatobiliary issues.
Genitourinary: Denies genitourinary issues.
Hematologic: Denies hematologic issues.
Dermatologic: Denies dermatologic issues.

Physical Examination:

General: Well-nourished, well-developed woman who presents alone. Alert and oriented x4.
Vital Signs: Blood pressure: 110/62. Heart rate: 69. Respiratory rate: 20. **Height:** 58.25". **Weight:** 217 lb. **Body mass index:** 45. **Waist measurement:** 48.2". **Hip measurement:** 52.2".
HEENT: Grossly intact. Sclerae anicteric. Oral and nasal mucosa moist.
Neck: Thyroid without masses. Trachea is midline. No carotid bruits.
Chest: Heart is regular rate and rhythm. No murmurs, rubs, or gallops. Lungs are clear to auscultation, bilaterally, with no wheezing or retractions.
Abdomen: Rounded and soft. Flat upper portion. No masses or hernias noted.
Extremities: Without edema, clubbing, or venous stasis changes.
Neurologic: Motor and sensory grossly intact.

RE: SANCHEZ, Debra Pauline
September 25, 2012
Page Three

ASSESSMENT/PLAN: The patient is a 46-year-old woman with a body mass index of 45 and long history of morbid obesity. She meets all NIH criteria for bariatric surgery and would like to join our surgical weight loss program. The various surgical options were discussed in great detail during the new patient orientation, which included discussing the risks and benefits of each, and the use of surgery as a tool. At this point, she is unsure which procedure she would like to pursue, but does have an interest in gastric bypass and the sleeve. I think either are good choices for her. I would like for her to do more research. By the time she gets a little further along in the program, she should be able to decide between the two, but as I say they should both be good options for her.

We will have the patient enter our program and start the work-up including patient education, nutrition class, psychological evaluation, cardiac and pulmonary work-up, lab assessment, and preoperative weight loss.

Thank you very much for referring Ms. Sanchez to our program. We will keep you up to date with her progress.

Sincerely,

Dictated but not read

Aileen M. Takahashi, M.D., FACS

AMT:jmh

Patient Name: DEBRA SANCHEZ
 Date of Visit: 20-Sep-2012
 Document Type: Patient Phone Call**
 Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 179

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 09/20/2012

Encounter Status

Closed by Daisy J. Guevara, MD on 9/20/12 at 7:32 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Call Information

Date & Time	Provider	Department	Center
9/20/2012 4:45 PM	Daisy J. Guevara, MD	Do Im	DO

Call Documentation

Desiree Bonilla, MA 9/20/2012 4:46 PM Signed
 Med alert
 lov 06/22/12 guevara

Routing History

Sent On	From	To	Message Type
9/20/2012 4:46 PM	Desiree Bonilla, MA	Daisy J. Guevara, MD	

Created by

Desiree Bonilla, MA on 9/20/2012 4:45 PM

Approved

	Disp	Refills	Start	End
PARoxetine HCI 20 MG OR TABS	30 Tab	3	9/20/2012	1/15/2013
Sig: TAKE ONE TABLET BY MOUTH IN THE MORNING				
Class: Normal				
Authorizing Provider: Daisy J. Guevara, MD				

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 9/20/2012

Reviewed On: 6/22/2012 By: Maria Manzano, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Debra Sanchez
6507 Chanslor Ave Apt # C
Bell CA 90201

September 30, 2012

Dear Debra Sanchez,

I would like to inform you of your recent lab test results. Your blood test are within normal limits. I do not suggest any intervention at this time.

Component <i>Latest Ref Rng</i>	9/18/2012
RED BLOOD CELL COUNT <i>3.80 - 5.10 Million/uL</i>	4.33
HEMOGLOBIN <i>11.7 - 15.5 g/dL</i>	13.2
HEMATOCRIT <i>35.0 - 45.0 %</i>	39.2
MCV <i>80.0 - 100.0 fL</i>	90.4
MCH <i>27.0 - 33.0 pg</i>	30.4
MCHC <i>32.0 - 36.0 g/dL</i>	33.6
RDW <i>11.0 - 15.0 %</i>	13.9
PLATELET COUNT <i>140 - 400 Thousand/uL</i>	306
ABSOLUTE NEUTROPHILS <i>1500 - 7800 cells/uL</i>	3065
ABSOLUTE LYMPHOCYTES <i>850 - 3900 cells/uL</i>	1561
ABSOLUTE MONOCYTES <i>200 - 950 cells/uL</i>	321
ABSOLUTE EOSINOPHILS <i>15 - 500 cells/uL</i>	112
ABSOLUTE BASOPHILS <i>0 - 200 cells/uL</i>	41

NEUTROPHILS %	60.1
LYMPHOCYTES %	30.6
MONOCYTES %	6.3
EOSINOPHILS %	2.2
BASOPHILS %	0.8
GLUCOSE 65 - 99 mg/dL	100 (H) caution with sweets
UREA NITROGEN (BUN) 7 - 25 mg/dL	12
CREATININE 0.50 - 1.10 mg/dL	0.65
GFR ESTIMATED > OR = 60 mL/min/1.73m ²	106
EGFR AFRICAN AMERICAN > OR = 60 mL/min/1.73m ²	123
BUN/CREATININE RATIO 6 - 22 (calc)	NOT APPLICABLE
SODIUM 135 - 146 mmol/L	139
POTASSIUM 3.5 - 5.3 mmol/L	4.3
CHLORIDE 98 - 110 mmol/L	104
CARBON DIOXIDE 21 - 33 mmol/L	27
CALCIUM 8.6 - 10.2 mg/dL	9.0
PROTEIN, TOTAL 6.2 - 8.3 g/dL	6.3
ALBUMIN 3.6 - 5.1 g/dL	4.1
GLOBULIN 2.2 - 3.9 g/dL (calc)	2.2
ALBUMIN/GLOBULIN RATIO 1.0 - 2.1 (calc)	1.9
BILIRUBIN, TOTAL 0.2 - 1.2 mg/dL	0.6
ALKALINE PHOSPHATASE 33 - 115 U/L	85
AST	25

10 - 35 U/L	
ALT	25
6 - 40 U/L	
CHOLESTEROL, TOTAL	163
125 - 200 mg/dL	
HDL CHOLESTEROL	53
> OR = 46 mg/dL	
TRIGLYCERIDES	58
< 150 mg/dL	
LDL-CHOLESTEROL	98
< 130 mg/dL (calc)	
CHOL/HDL RATIO	3.1
< OR = 5.0 (calc)	
NON-HDL CHOLESTEROL	110
mg/dL (calc)	
T-3 UPTAKE	27
22 - 35 %	
T-4 (THYROXINE), TOTAL	7.8
4.5 - 12.0 mcg/dL	
FREE T4 INDEX (T7)	2.1
1.4 - 3.8	
TSH	1.75
mIU/L	
HEMOGLOBIN A1c	5.5
< 5.7 % of total Hgb	
MEAN PLASMA GLUCOSE	119
mg/dL (calc)	
URIC ACID	4.1
2.5 - 7.0 mg/dL	

Thank you for choosing Talbert Medical Group.

Daisy J. Guevara, MD
 Downey Lab
 8311 Florence Ave
 Downey CA 90240-3928
 562-923-4911

Received for: Epic Conversion Jul 4 2014 7:59PM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 183

DOB: 29-May-1966

Date of Visit: 23-Aug-2012

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 08/23/2012

Encounter Status

Closed by Marla Emery, RT on 8/23/12 at 9:32 AM

Telephone	Debra Sanchez (MRN 51124)
------------------	----------------------------------

Telephone Contact Summary

Call Information

Date & Time	Provider	Department	Center
8/23/2012 9:31 AM	Daisy J. Guevara, MD	Do Xray	DO

Call Documentation

Marla Emery, RT 8/23/2012 9:32 AM Signed
Message left for patient to call and R/S appt.

Created by

Marla Emery, RT on 8/23/2012 9:31 AM

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 8/23/2012

Reviewed On: 6/22/2012 By: Maria Manzano, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 184

DOB: 29-May-1966

Date of Visit: 23-Jul-2012

Owner: Conversion, Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 07/23/2012

Encounter Status

Closed by Daisy J. Guevara, MD on 7/25/12 at 2:48 PM

Telephone

Debra Sanchez (MRN 51124)

Reason for Call

Referral Request

bariatric surgery

Telephone Contact Summary**Incoming Call**

Date & Time	Provider	Department	Center
7/23/2012 3:26 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
07/23/2012 3:26 PM	Phone (Incoming)	Sanchez, Debra (Self)	323-702-0245 (M)
07/26/2012 1:00 PM	Phone (Outgoing)	UM Dept - Kayla (Other)	714-496-4827

Call Documentation

Marcella Duarte, LVN 7/27/2012 4:36 PM Signed

Informed pt per um dept pt not able to cross county line, pt lives in Los Angeles county.
Per pt will see Assoc of South Bay Surgeons.

Marcella Duarte, LVN 7/26/2012 1:03 PM Signed

Called um dept talked with Kayla regarding Dr. Guevara's message below. Per Kayla requesting reason why referral needs to be redirected.

Daisy J. Guevara, MD 7/25/2012 2:48 PM Signed

MARCELLA- PLS CALL UTILIZATION AND ASK IF BARIATRIC SURGEON MAY BE CHANGED TO DR. LEPORT ? PLS LET ME KNOW .

Azucena Martinez, MA 7/23/2012 3:39 PM Signed

Patient requesting a new referral for bariatric surgery be submitted to Dr. Peter Leport, 18111 Brookhurst Ave #5600, Fountain Valley, CA 92708, 714-861-4666 with Lite and Smart Demensions weight loss. Pt states that she does not want to see the Dr she was referred to.

Routing History

Sent On	From	To	Message Type
7/25/2012 2:48 PM	Daisy J. Guevara, MD	Marcella Duarte, LVN	
7/23/2012 3:39 PM	Azucena Martinez, MA	Daisy J. Guevara, MD	

Created by

Azucena Martinez, MA on 7/23/2012 3:23 PM

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies**Allergies as of 7/23/2012**

Sanchez, Debra (MR # 51124)

Reviewed On: 6/22/2012 By: Maria Manzano,

Page 1 of 2

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 185

DOB: 29-May-1966

Date of Visit: 23-Jul-2012

Owner: Conversion.Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Printed 6/29/14 9:15 AM

Allergies (continued)

	Noted	Type	Reactions	MA
No Known Drug Allergy	4/3/2006			

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 186

DOB: 29-May-1966

Date of Visit: 23-Jul-2012

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 07/23/2012

Encounter Status

Closed by Nettie Steger, MA on 7/23/12 at 2:02 PM

Telephone	Debra Sanchez (MRN 51124)
------------------	----------------------------------

Reason for Call

Mammogram Visit

Telephone Contact Summary

Outgoing Call

Date & Time	Provider	Department	Center
7/23/2012 1:01 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
07/23/2012 1:01 PM	Phone (Outgoing)	Sanchez, Debra (Self)	323-702-0245 (M)
07/23/2012 2:01 PM	Phone (Incoming)	Sanchez, Debra (Self)	562-494-0652 (W)

Call Documentation

Nettie Steger, MA 7/23/2012 2:02 PM Signed
Patient called back and mammo appt scheduled

Patricia Heredia, MA 7/23/2012 1:02 PM Signed
Pt needs to be scheduled for her yearly mammogram.
Message left for patient to return my call.

Created by

Patricia M. Heredia, MA on 7/23/2012 1:01 PM

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Orders

Other Orders

Order Description	Order Status	Ordered On
REFER FOR MAMMO SCREENING (INT)	Enter Results	7/23/2012

Allergies

Allergies as of 7/23/2012

Reviewed On: 6/22/2012 By: Maria Manzano, MA

Allergy Description	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 187

DOB: 29-May-1966

Date of Visit: 22-Jun-2012

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 06/22/2012

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

6/22/2012 5:00 PM	Provider	Department	Encounter #
	Daisy J. Guevara, MD	Do Im	13397793

Diagnoses

Morbid Obesity - Primary	278.01
Joint Pain-L/Leg	719.46
Uncertain Behav Neopl Skin	238.2

Reason for Visit

Referral Request	bariatric referral
Weight Loss	
Knee Pain	right knee pain x2 weeks

Visit Notes

Maria Manzano, MA Fri Jun 22, 2012 5:24 PM

Debra Sanchez is a 46 year old female here requesting bariatric referral. Weight loss. Right knee pain x2 weeks

Allergies as of 6/22/2012

Reviewed On: 6/22/2012 By: Maria Manzano, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Vitals - Last Recorded

BP	Temp	Ht	Wt	LMP
138/76	99.1 °F (37.3 °C) (Oral)	4' 11"	215 lb (97.523 kg)	406/04/2012 3 4 0 k g / m 2

Breastfeeding?			
No			

Vitals History Recorded

TMG Extended Vitals

None

All Notes

Progress Notes signed by Daisy J. Guevara, MD at 6/24/2012 2:36 PM

Created By: Daisy J. Guevara, MD	User Type: Physician	Created: 6/22/2012 5:32 PM
Note Status: Signed	Cosign: Cosign Not Required	Note Time: 6/22/2012 5:32 PM

Sanchez, Debra (MR # 51124)

Page 1 of 3

Sanchez, Debra (MR # 51124)

Encounter Date: 06/22/2012

All Notes (continued)

Debra Sanchez is a 46 year old female here for follow up- patient states that she is not able to lose weight , been thru exercise program , diet programs , tried oral medications , no success, pt requesting for bariatric surgery evaluation

Also with right knee pain, Few weeks
Also c/o dark pigments facial area

PE: ambulatory , no distress, normal gait,coherent, obese

BP 138/76 | Temp(Src) 99.1 °F (37.3 °C) (Oral) | Ht 4' 11" | Wt 215 lb (97.523 kg) | BMI 43.42 kg/m2 | LMP 06/04/2012 | Breastfeeding? No

heent: normal, non-icteric, no carotid bruits, both TM intact
no palpable lumps
Face pos hyperpigmented spots, bilateral
heart: regular, no murmur
lungs:normal
abd: soft , nontender, no palpable mass, no pulsatile mass
ext: no cce, right knee mild swelling
neuro: non focal , normal gait

278.01 Morbid Obesity (primary encounter diagnosis)

Comment: BMI > 40Plan: CONSULT TO SURGERY (BARIATRIC) (EXT), CBC (INCLUDES DIFF/PLT), COMPREHENSIVE METABOLIC\$PANEL, THYROID PANEL WITH TSH, LIPID PANEL, URINALYSIS, MICROSCOPIC, MICROALBUMIN/CREATININE RATIO, RANDOM URINE, HEMOGLOBIN A1C WITH MBG, URIC ACID

await labs
ENCOURAGED TO EAT LESS PORTIONS
EXERCISE DAILY

719.46 Joint Pain-L/Leg , right, Acute

Comment:right knee pain
Plan: RAD EXAM KNEE; THREE VIEWS, Ibuprofen 600 MG OR TABS

238.2 Uncertain Behav Neopl Skin

Comment: dark spots , face
Plan: CONSULT TO DERMATOLOGY (INT)

Sanchez, Debra (MR # 51124)

Page 2 of 3

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 189

DOB: 29-May-1966

Date of Visit: 22-Jun-2012

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 06/22/2012

All Notes (continued)

Patient Instructions signed by Daisy J. Guevara, MD at 6/22/2012 6:01 PM

Created By: Daisy J. Guevara, MD	User Type: Physician	Created: 6/22/2012 5:59 PM
Note Status: Signed	Cosign: Cosign Not Required	Note Time: 6/22/2012 5:59 PM

Return as needed

Fasting blood test

avoid meat or beef

Await authorization for bariatric surgery

Dermatology appt

Right knee xray if pain persists

Meds Ordered This Encounter

	Disp	Refills	Start	End
Ibuprofen 600 MG OR TABS (Discontinued)	90 Tab	0	6/22/2012	1/16/2013
Sig: 1 tab 3x daily as needed for pain				
Route: Oral				
Reason for Discontinue: Error				

Immunizations as of 6/22/2012

Never Reviewed

TORADOL 9/9/2010, 5/2/2006

Medications at Start of Encounter

	Disp	Refills	Start	End
PARoxetine HCl 20 MG OR TABS (Taking)	30 Tab	3	10/19/2011	9/20/2012
Sig: TAKE ONE TABLET BY MOUTH IN THE MORNING				
Comment: Generic For:PAXIL 20MG Patient needs to see pcp for future refills.				
Reason for Discontinue: Reorder				
Terconazole 0.4 % VA CREA	45 g	0	6/14/2012	1/16/2013
Sig - Route: apply to affected area bid - Vaginal				
Reason for Discontinue: Therapy completed				
ELETRIPTAN HYDROBROMIDE (RELPAX) 40 MG OR TABS	6 Tab	0	9/20/2011	1/16/2013
Sig - Route: 1 TABLET 1 TIME ONLY, REPEAT AFTER 2 HR AS NEEDED - Oral				
Reason for Discontinue: Error				

Level Of Service

OFFIC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15MIN [99213]

Encounter Status

Closed by Daisy J. Guevara, MD on 6/24/12 at 2:36 PM

Sanchez, Debra (MR # 51124)

Page 3 of 3

Debra Sanchez is a 46 year old female here for follow up- patient states that she is not able to lose weight , been thru exercise program , diet programs , tried oral medications , no success, pt requesting for bariatric surgery evaluation

Also with right knee pain, Few weeks
Also c/o dark pigments facial area

PE: ambulatory , no distress, normal gait, coherent, obese

□ BP 138/76 | Temp(Src) 99.1 °F (37.3 °C) (Oral) | Ht 4' 11" | Wt 215 lb (97.523 kg) | BMI 43.42 kg/m² | LMP 06/04/2012 | Breastfeeding? No □

heent: normal, non-icteric, no carotid bruits, both TM intact
no palpable lumps

Face pos hyperpigmented spots, bilateral

heart: regular, no murmur

lungs: normal

abd: soft , nontender, no palpable mass, no pulsatile mass

ext: no cce, right knee mild swelling

neuro: non focal , normal gait

278.01 Morbid Obesity (primary encounter diagnosis)

Comment: BMI > 40 Plan: CONSULT TO SURGERY (BARIATRIC) (EXT),
CBC

(INCLUDES DIFF/PLT), COMPREHENSIVE
METABOLIC PANEL, THYROID PANEL WITH TSH, LIPID
PANEL, URINALYSIS, MICROSCOPIC,
MICROALBUMIN/CREATININE RATIO, RANDOM URINE,
HEMOGLOBIN A1C WITH MBG, URIC ACID

await labs

ENCOURAGED TO EAT LESS PORTIONS
EXERCISE DAILY

719.46 Joint Pain-L/Leg , right, Acute

Comment: right knee pain

Plan: RAD EXAM KNEE; THREE VIEWS, Ibuprofen 600 MG OR
TABS

238.2 Uncertain Behav Neopl Skin

Comment: dark spots , face

Plan: CONSULT TO DERMATOLOGY (INT)

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 191

DOB: 29-May-1966

Date of Visit: 22-Jun-2012

Owner: GUEVARA, DAISY

Document Type: Progress Note*

Site Name: Health Information Services

Received for: DAISY GUEVARA MD Jul 1 2014 10:16AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 192

DOB: 29-May-1966

Date of Visit: 14-Jun-2012

Owner: BASTAS-BRATKIC, DEMETRA

Document Type: Patient Communication*

Site Name: Health Information Services

Debra Sanchez
6507 Chanslor Ave Apt # C
Bell CA 90201

6/20/2012

Dear Debra Sanchez,

I would like to inform you of your recent test results done on 06/14/2012. The following test results have been reviewed and are within normal limits: Pap smear. Your doctor may choose to contact you in the future regarding these results.

This letter is sent on behalf of Demetra Bastas, NP.

Sincerely,

Azucena Martinez, MA
DOWNEY-TALBERT
DOWNEY INTERNAL MEDICINE
8311 Florence Ave
Downey CA 90240-3928
562-923-4911

Received for: DEMETRA BASTAS N.P. Jul 4 2014 8:18PM Pacific Standard Time

<S>

46 year old female for annual routine pap and checkup.

Nursing Notes:

>> Erika Rocha, MA Thu Jun 14, 2012 9:49 AM

Debra Sanchez is a 46 year old female here for physical and pap smear.

Advised parent patient should see Dentist two times a year for a regular dental check up.

1. Do you have any family member or contact with a history of confirmed or suspected TB? No
2. Were you born outside of the U.S. or do you live with household members from outside of the U.S.? No
3. Do you spend time with anyone who is homeless, who is a user of street drugs, who has been in jail or a shelter, who is a resident in a nursing home or who has HIV? No
4. Have you had abnormalities on chest X-ray suggestive of TB? No
5. Do you have a chronic cough, night sweats or unexplained weight loss? No

Patient Active Problem List

Diagnoses	Date Noted
• Chronic Sinusitis NOS	02/17/2012
• DEPRESSIVE REACTION, stable	02/13/2009
• MIGRAINE NOS W/O MENTN INTRACTABLE , improved	02/13/2009
• Vaginitis NOS--Resolved, no further workup	08/08/2007

Problem list was briefly reviewed and discussed with patient.

Current Outpatient Prescriptions on File Prior to Visit

Medication	Sig	Dispense	Refill
• PARoxetine HCI 20 MG OR TABS	TAKE ONE TABLET BY MOUTH IN THE MORNING	30 Tab	3
• ELETRIPTAN HYDROBROMIDE (RELPAK) 40 MG OR TABS	1 TABLET 1 TIME ONLY, REPEAT AFTER 2 HR AS NEEDED	6 Tab	0

Medication list reviewed with patient and agreed with.

Allergies: No known drug allergy

History

Social History

- Marital Status: UNKNOWN
- Spouse Name: N/A
- Number of Children: N/A

- Years of Education: N/A

Occupational History

- Not on file.

Social History Main Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Not on file
- Alcohol Use: No
- Drug Use: Not on file
- Sexually Active: Not on file

Other Topics

- | | Concern |
|----------------------------------------------------|---------|
| • Military Service | No |
| • Blood Transfusions | No |
| • Caffeine Concern | No |
| • Occupational Exposure
<i>pathologist ass.</i> | No |
| • Hobby Hazards | No |
| • Sleep Concern | No |
| • Stress Concern | No |
| • Weight Concern | No |
| • Special Diet | No |
| • Back Care | No |
| • Exercise | No |
| • Bike Helmet | Yes |
| • Seat Belt | Yes |
| • Self-Exams | Yes |

Social History Narrative

- No narrative on file

Patient's last menstrual period was 06/04/2012. Monthly, 3-4 days, onset age 11

Last pap: 2007, always normal

Last mammogram: n/a

Sexual h/o: new partner --recent x few months. LSE 1 month ago. Neg STI ROS and h/o.

No family h/o breast cancer or cancer of reproductive organs.

OB h/o: 6 pregnancies, 5 SAB, 1 vaginal delivery w/o complications,

Contraceptive method: Condom

Home: daughter, grandson

Partner violence screen: neg

Last dental visit: 2yrs ago, Brush/Floss
Last eye exam: less than 1yr, new glasses
Exercise: minimal
Multivitamin: Alaskian wild blueberry (Kiani)
Tobacco, ETOH, recreational drugs-denies

ROS: Feeling well. No dyspnea or chest pain on exertion. No abdominal pain, change in bowel habits, black or bloody stools. No urinary tract symptoms. GYN ROS: normal menses, no abnormal bleeding, pelvic pain or discharge, no breast pain or new or enlarging lumps on self exam, no discharge or pelvic pain, no hot flashes.

HPI:

1) pt is asking for lap band referral. Will make appt with DR. Guevara to discuss. Pt states she eats right and exercises but cannot loose the weight. Previously never a problem, now BMI 41. tCounseled on breast self exam, mammography screening, demonstration with return demo. pt is very frustrated and upset and is interested in lap band.

<O>

The patients appears well, in NAD. Mood stable.

BP 124/90 | Pulse 66 | Temp(Src) 98.8 °F (37.1 °C) (Oral) | Resp 16 | Ht 4' 11" | Wt 214 lb 8 oz (97.297 kg) | BMI 43.32 kg/m² | LMP 06/04/2012 | Breastfeeding? No

ENT normal. Neck supple. No adenopathy or thyromegaly. PERLA. Clear, good air entry, no wheezes, rhonci or rales. S1 and S2 normal, no murmurs, regular rate and rhythm. No edema. Abdomen soft without tenderness, guarding, mass or organomegaly.

BREAST EXAM: normal without suspicious masses, skin or nipple changes or axillary nodes, self-exam is taught and encouraged

PELVIC EXAM: normal vagina and vulva, EGBUS within normal limits, normal cervix without lesions, polyps or tenderness, uterus normal size, shape, consistency, no mass or tenderness, adnexa normal in size without mass or tenderness

Plan/Assessment

V72.31 Routine Gyn Examination

Comment: routine, unremarkable

Plan: SUREPATH-FPGS AND HPV, HANDL & /OR CONVEY
SPECMN-TRANSF OFFIC TO LAB

Counseled on family planning choices, menopause, osteoporosis and adequate intake of calcium and vitamin D. Counseled STD prevention. F/up pending lab results as indicated.

V76.10 Screening Mal Neop-Breast, Unspec (primary encounter diagnosis)

Comment: routine, unremarkable

Plan: REFER FOR MAMMO SCREENING (INT)

Counseled on breast self exam, mammography screening, demonstration with return demo.

V73.81 Special Screen Exam Hpv

Plan: SUREPATH-FPGS AND HPV, HANDL &/OR CONVEY
SPECMN-TRANSF OFFIC TO LAB

V76.2 SCREENING MAL NEOP-CERVIX

Plan: SUREPATH-FPGS AND HPV, HANDL &/OR CONVEY
SPECMN-TRANSF OFFIC TO LAB

V70.0 ROUTINE MEDICAL EXAM

Comment: routine, unremarkable

Plan: TSH, LIPID PANEL, URINALYSIS, COMPLETE,
COMPREHENSIVE METABOLIC\$PANEL, CBC (INCLUDES
DIFF/PLT), HEMOGLOBIN A1C WITH MBG

F/up pending lab results as indicated. Reviewed exercise and healthy food choices. Discussed ways to meet goals.

Received for: DEMTRA BASTAS N.P. Jul 1 2014 10:16AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 197

DOB: 29-May-1966

Date of Visit: 14-Jun-2012

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 06/14/2012

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

	Provider	Department	Encounter #
6/14/2012 9:00 AM	Demetra Bastas, NP	Do Im	13304538

Diagnoses

Screening Mal Neop-Breast,Unspec - Primary	V76.10
Special Screen Exam Hpv	V73.81
Routine Gyn Examination	V72.31
SCREENING MAL NEOP-CERVIX	V76.2
ROUTINE MEDICAL EXAM	V70.0
Candidal Vulvovaginitis	112.1

Reason for Visit

Physical
Pap Smear

Visit Notes

Erika Rocha, MA Thu Jun 14, 2012 9:49 AM

Debra Sanchez is a 46 year old female here for physical and pap smear.

Advised parent patient should see Dentist two times a year for a regular dental check up.

1. Do you have any family member or contact with a history of confirmed or suspected TB? No
2. Were you born outside of the U.S. or do you live with household members from outside of the U.S.? No
3. Do you spend time with anyone who is homeless, who is a user of street drugs, who has been in jail or a shelter, who is a resident in a nursing home or who has HIV? No
4. Have you had abnormalities on chest X-ray suggestive of TB? No
5. Do you have a chronic cough, night sweats or unexplained weight loss? No

Allergies as of 6/14/2012

Reviewed On: 6/14/2012 By: Erika Rocha, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Ht	Wt
124/90	66	98.8 °F (37.1 °C) (Oral)	16	4' 11"	214 lb 8 oz (97.297 kg)

BMI	LMP	Breastfeeding?
43.30 kg/m2	06/04/2012	No

TMG Extended Vitals

None

All Notes

Progress Notes signed by Demetra Bastas, NP at 6/14/2012 11:01 AM

Created By: Demetra Bastas, NP	User Type: Nurse Practitioner	Created: 6/14/2012 10:10 AM
Note Status: Signed	Cosign: Cosign Not Required	Note Time: 6/14/2012 10:10 AM

<S>

Sanchez, Debra (MR # 51124)

Page 1 of 6

Sanchez, Debra (MR # 51124)

Encounter Date: 06/14/2012

All Notes (continued)

46 year old female for annual routine pap and checkup.

Nursing Notes:

>> Erika Rocha, MA Thu Jun 14, 2012 9:49 AM

Debra Sanchez is a 46 year old female here for physical and pap smear.

Advised parent patient should see Dentist two times a year for a regular dental check up.

1. Do you have any family member or contact with a history of confirmed or suspected TB? No
2. Were you born outside of the U.S. or do you live with household members from outside of the U.S.? No
3. Do you spend time with anyone who is homeless, who is a user of street drugs, who has been in jail or a shelter, who is a resident in a nursing home or who has HIV? No
4. Have you had abnormalities on chest X-ray suggestive of TB? No
5. Do you have a chronic cough, night sweats or unexplained weight loss? No

Patient Active Problem List

Diagnoses	Date Noted
• Chronic Sinusitis NOS	02/17/2012
• DEPRESSIVE REACTION, stable	02/13/2009
• MIGRAINE NOS W/O MENTN INTRACTABLE , improved	02/13/2009
• Vaginitis NOS--Resolved, no further workup	08/08/2007

Problem list was briefly reviewed and discussed with patient.

Current Outpatient Prescriptions on File Prior to Visit

Medication	Sig	Dispense	Refill
• PARoxetine HCl 20 MG OR TABS	TAKE ONE TABLET BY MOUTH IN THE MORNING	30 Tab	3
• ELETRIPTAN HYDROBROMIDE 1 TABLET 1 TIME (RELPA) 40 MG OR TABS	ONLY, REPEAT AFTER 2 HR AS NEEDED	6 Tab	0

Medication list reviewed with patient and agreed with.

Allergies: No known drug allergy

History

Social History

- Marital Status: UNKNOWN
- Spouse Name: N/A
- Number of Children: N/A
- Years of Education: N/A

Occupational History

- Not on file.

Social History Main Topics

- Smoking status: Never Smoker

Sanchez, Debra (MR # 51124)

Encounter Date: 06/14/2012

All Notes (continued)

- Smokeless tobacco: Not on file
- Alcohol Use: No
- Drug Use: Not on file
- Sexually Active: Not on file

Other Topics	Concern
• Military Service	No
• Blood Transfusions	No
• Caffeine Concern	No
• Occupational Exposure <i>pathologist ass.</i>	No
• Hobby Hazards	No
• Sleep Concern	No
• Stress Concern	No
• Weight Concern	No
• Special Diet	No
• Back Care	No
• Exercise	No
• Bike Helmet	Yes
• Seat Belt	Yes
• Self-Exams	Yes

Social History Narrative

- No narrative on file

Patient's last menstrual period was 06/04/2012. Monthly, 3-4 days, onset age 11

Last pap: 2007, always normal

Last mammogram: n/a

Sexual h/o: new partner --recent x few months. LSE 1 month ago. Neg STI ROS and h/o.

No family h/o breast cancer or cancer of reproductive organs.

OB h/o: 6 pregnancies, 5 SAB, 1 vaginal delivery w/o complications,

Contraceptive method: Condom

Home: daughter, grandson

Partner violence screen: neg

Last dental visit: 2yrs ago, Brush/Floss

Last eye exam: less than 1yr, new glasses

Exercise: minimal

Multivitamin: Alaskan wild blueberry (Kiani)

Tobacco, EtOH, recreational drugs-denies

ROS: Feeling well. No dyspnea or chest pain on exertion. No abdominal pain, change in bowel habits, black or bloody stools. No urinary tract symptoms. GYN ROS: normal menses, no abnormal bleeding, pelvic pain or discharge, no breast pain or new or enlarging lumps on self exam, no discharge or pelvic pain, no hot flashes.

Sanchez, Debra (MR # 51124)

Encounter Date: 06/14/2012

All Notes (continued)

HPI:

1) pt is asking for lap band referral. Will make appt with DR. Guevara to discuss. Pt states she eats right and exercises but cannot loose the weight. Previously never a problem, now BMI 41. tCounseled on breast self exam, mammography screening, demonstration with return demo. pt is very frustrated and upset and is interested in lap band.

<O>

The patients appears well, in NAD. Mood stable.

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Plan/Assessment

V72.31 Routine Gyn Examination

Comment: routine, unremarkable

Plan: SUREPATH-FPGS AND HPV, HANDL &/OR CONVEY

SPECMN-TRANSF OFFIC TO LAB

Counseled on family planning choices, menopause, osteoporosis and adequate intake of calcium and vitamin D. Counseled STD prevention. F/up pending lab results as indicated.

V76.10 Screening Mal Neop-Breast,Unspec (primary encounter diagnosis)

Comment: routine, unremarkable

Plan: REFER FOR MAMMO SCREENING (INT)

Counseled on breast self exam, mammography screening, demonstration with return demo.

V73.81 Special Screen Exam Hpv

Plan: SUREPATH-FPGS AND HPV, HANDL &/OR CONVEY

SPECMN-TRANSF OFFIC TO LAB

V76.2 SCREENING MAL NEOP-CERVIX

Plan: SUREPATH-FPGS AND HPV, HANDL &/OR CONVEY

SPECMN-TRANSF OFFIC TO LAB

V70.0 ROUTINE MEDICAL EXAM

Comment: routine, unremarkable

Plan: TSH, LIPID PANEL, URINALYSIS, COMPLETE,

COMPREHENSIVE METABOLIC\$PANEL, CBC (INCLUDES

DIFF/PLT), HEMOGLOBIN A1C WITH MBG

Sanchez, Debra (MR # 51124)

Page 4 of 6

Sanchez, Debra (MR # 51124)

Encounter Date: 06/14/2012

All Notes (continued)

F/up pending lab results as indicated. Reviewed exercise and healthy food choices. Discussed ways to meet goals.

Meds Ordered This Encounter

	Disp	Refills	Start	End
Terconazole 0.4 % VA CREA (Discontinued)	45 g	0	6/14/2012	1/16/2013
Sig: apply to affected area bid				
Route: Vaginal				
Reason for Discontinue: Therapy completed				

Immunizations as of 6/14/2012

Never Reviewed

TORADOL 9/9/2010, 5/2/2006

Medications at Start of Encounter

	Disp	Refills	Start	End
PARoxetine HCl 20 MG OR TABS (Taking)	30 Tab	3	10/19/2011	9/20/2012
Sig: TAKE ONE TABLET BY MOUTH IN THE MORNING				
Comment: Generic For: PAXIL 20MG Patient needs to see pcp for future refills.				
Reason for Discontinue: Reorder				
PARoxetine HCl 20 MG OR TABS (Discontinued)	30 Tab	6	2/17/2012	6/14/2012
Sig - Route: 1 TABLET DAILY - Oral				
Reason for Discontinue: Duplicate entry				
FLUTICASONE PROPIONATE, NASAL, (FLONASE) 50 MCG/ACT NA SUSP (Discontinued)	16 g	3	2/17/2012	6/14/2012
Sig - Route: 2 SPRAYS IN EACH NOSTRIL ONCE DAILY - Nasal				
Reason for Discontinue: Therapy completed				
Pseudoephedrine HCl (SUDAFED) 30 MG OR TABS (Discontinued)	30 Tab	0	2/17/2012	6/14/2012
Sig - Route: 1-2 TABLETS EVERY 4 TO 6 HOURS AS NEEDED FOR CONGESTION - Oral				
Reason for Discontinue: Therapy completed				
CEPHALEXIN MONOHYDRATE (KEFLEX) 500 MG OR CAPS (Discontinued)	20 Tab	0	2/17/2012	6/14/2012
Sig - Route: 1 CAPSULE EVERY 12 HOURS x 10 days - Oral				
Reason for Discontinue: Therapy completed				
ELETRIPTAN HYDROBROMIDE (RELPA) 40 MG OR TABS	6 Tab	0	9/20/2011	1/16/2013
Sig - Route: 1 TABLET 1 TIME ONLY, REPEAT AFTER 2 HR AS NEEDED - Oral				
Reason for Discontinue: Error				
PROMETHAZINE HCL 25 MG RE SUPP (Discontinued)	56 Suppository	0	9/9/2010	6/14/2012
Sig - Route: 1 SUPPOSITORY EVERY 4 TO 6 HOURS AS NEEDED - Opic				
Reason for Discontinue: Therapy completed				
NORTRIPTYLINE HCL 10 MG OR CAPS (Discontinued)	30 Cap	2	9/9/2010	6/14/2012
Sig - Route: one tablet at bedtime - Oral				
Reason for Discontinue: Therapy completed				
Hydrocodone-Acetaminophen (VICODIN) 5-500 MG OR TABS (Discontinued)	30 Tab	0	9/9/2010	6/14/2012
Sig - Route: 1 TABLET EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN - Oral				
Reason for Discontinue: Therapy completed				
Ketorolac Tromethamine 60 MG/2ML IM SOLN (Discontinued)	60 mL	0	9/9/2010	6/14/2012
Sig - Route: 60 mg now - Intramuscular				

Sanchez, Debra (MR # 51124)

Page 5 of 6

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 202

DOB: 29-May-1966

Date of Visit: 14-Jun-2012

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 06/14/2012

All Notes (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Reason for Discontinue: Therapy completed				

Level Of Service

OFFIC/OUTPT VISIT E&M EST MOD-HI
SEVERITY 25 MIN [99214]

Encounter Status

Closed by Demetra Bastas, NP on 6/14/12 at 11:01 AM

Patient Name: DEBRA SANCHEZ

MRN: 28-1679763

DOB: 29-May-1966

Date of Visit: 21-Feb-2012

Owner: Conversion, Epic

Document Type: Outside Advanced Directives**

Site Name: Health Information Services



Cnt#: N/A
 Name: SANCHEZ, DEBRA
 Pvd: BASTAS, DEMETRA
 Date: 02/17/2012 Time: 10:20 AM DEPT: DO IM
 Payor: BLUE SHIELD COM HMO Type: COM
 Plan: BSC1C53 \$20/\$35 CO* PCP: Daisy J. Guevara

Enc#: 4c87015

Sex: F DOB: 05/29/1966

Cnt Loc:

51124

Patient Name:

MR#:

ACKNOWLEDGEMENT OF ADVANCE DIRECTIVES

Talbert Medical Group, in compliance with the Patient Self Determination Act of 1990, ensures a patient's right to self-determination by inviting patients to participate in decisions regarding their healthcare. This is accomplished through planning and communication of their medical treatment wishes through the use of an Advance Directive Form.

My initials next to one of the following statements indicates my current Advance Directive status:

Initials	Statement
	I have provided a copy of my Advance Directive to Talbert Medical Group to be placed in my chart. <input type="checkbox"/> Scanned to EMR
	I will provide a copy of my Advance Directive to Talbert Medical Group
ds	I do not have an Advance Directive at this time. I understand that it is my responsibility to discuss this matter with my primary care physician.

My Signature acknowledges that I have informed Talbert Medical Group staff of my right to participate in making decisions about my medical treatment by executing an Advance Directive.

Signature	Printed Name	Date
	Debra Sanchez	2/17/12
	Marisa G	2/17/12

For Office Use Only:

Written and Verbal information was provided to the patient. (Advance Directive Packet)

Comments:

Revised 10/2011

Subjective:

Debra Sanchez is a 45 year old female for

Chief Complaint

Patient presents with

- Earache
both ears
- Cough & Cold
body aches and chest congestion
- Refill Request
on paxil

□

□ Review of Systems □□□□□□

Constitutional: Positive for chills. Negative for fever.

"I'm sick, and usually i don't get sick" □□□□

HENT:

C/o:

1) earaches x 3 wks now (was sick then and out of work x 3 day)--not improving. Clear drainage. Used OTC drops, that made it worse.

2) phlegm and congestion nasal/chest x 2 wks, 1 wk ago, returned now x 3 days, not improving. "feels ugly". Tried Robitussin, cough syrup, minor relief, but took ADVIL again with some relief for body aches.

3) received flu vaccine 10/2011 □□□□□□□□

Respiratory:

Cough--wet and deep. Productive cough, thick, dk green. □□□□

Cardiovascular: Negative. □□□□□□□□□□

Musculoskeletal:

Body aches accompanying with same symptoms at HENT. □□□□

Skin: Negative for rash. □□□□□□□□□□□□□□□□

□

Objective:

□ Physical Exam □□

Nursing note and vitals reviewed. □□□□

Constitutional: She is oriented to person, place, and time. Vital signs are normal. She appears healthy. Non-toxic appearance. She has a sickly appearance (NAD). No distress. □□□□

HENT:

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Mucosal edema (**boggy turbinates**) and rhinorrhea present.

Mouth/Throat: Oropharynx is clear and moist.

Congestion noted. □□□□

Eyes: EOM are normal. Pupils are equal, round, and reactive to light. □□□□

Neck: Neck supple. □□□□

Cardiovascular: Normal rate, normal heart sounds and normal pulses. □□□□

Pulmonary/Chest: Effort normal. She has no decreased breath sounds. She has no wheezes. She has rhonchi (**clears with cough**). □□□□□□□□□□□□□□□□

Lymphadenopathy:

She has no cervical adenopathy. □□□□

Neurological: She is oriented to person, place, and time. □□□□□□□□

Psychiatric: Mood and affect normal. □□

□

Assessment:

473.9 Chronic Sinusitis NOS

Comment: chronic, acute flare

Plan: FLUTICASON PROPRIONATE, NASAL, (FLONASE) 50

MCG/ACT NA SUSP, Pseudoephedrine HCl (SUDAFED)

30 MG OR TABS

NEW meds--Med admin reviewed. Continue to monitor.

041.9 Bacterial Infection NOS

Comment: acute, not improving

Plan: CEPHALEXIN MONOHYDRATE (KEFLEX) 500 MG OR CAPS

Med start x 10 days, complete abx course, supportive measures. All patient's questions were answered. Pt to RTC if no improvement in 48-72hrs. Patient verbalized understanding.

300.4 DEPRESSIVE REACTION, stable

Comment: stable, takes daily med, no acute episodes

Plan: PARoxetine HCl 20 MG OR TABS

Continue on medication, no changes. Encouraged activities to help promote endorphin release.

All pt's questions were answered. Pt verbalized understanding.

Received for: DEMTRA BASTAS N.P. Jul 1 2014 10:16AM Pacific Standard Time

Sanchez, Debra (MR # 51124)

Encounter Date: 02/17/2012

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

2/17/2012 10:20 AM	Provider	Department	Encounter #
	Demetra Bastas, NP	Do Im	12851206

Diagnoses

Chronic Sinusitis NOS	473.9
Bacterial Infection NOS	041.9
Neurotic Depression	300.4

Reason for Visit

Earache	both ears
Cough & Cold	body aches and chest congestion
Refill Request	on paxil

Reason For Visit History Recorded

Visit Notes

Cynthia Calderon, LVN Fri Feb 17, 2012 10:35 AM

Debra Sanchez is a 45 year old female here today complains of bilateral earache, cough and cold, chest congestion, body aches. Patient also needs refill on medications.

Allergies as of 2/17/2012

Reviewed On: 2/17/2012 By: Demetra Bastas, NP

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Ht	Wt
104/70	78	98.3 °F (36.8 °C) (Oral)	18	4' 11"	210 lb (95.255 kg)

BMI	LMP	Breastfeeding?
42.39 kg/m2	01/27/2012	No

TMG Extended Vitals

None

All Notes**Progress Notes signed by Demetra Bastas, NP at 2/17/2012 11:05 AM**

Created By: Demetra Bastas, NP User Type: Nurse Practitioner Created: 2/17/2012 10:41 AM
 Note Status: Signed Cosign: Cosign Not Required Note Time: 2/17/2012 10:41 AM

Subjective:

Debra Sanchez is a 45 year old female for

Chief Complaint

Patient presents with

- Earache
both ears
- Cough & Cold
body aches and chest congestion
- Refill Request

Sanchez, Debra (MR # 51124)

Page 1 of 4

Sanchez, Debra (MR # 51124)

Encounter Date: 02/17/2012

All Notes (continued)*on paxil*

Review of Systems

Constitutional: Positive for chills. Negative for fever.

"i'm sick, and usually i don't get sick"

HENT:

C/o:

1) earaches x 3 wks now (was sick then and out of work x 3 day)--not improving. Clear drainage. Used OTC drops, that made it worse.

2) phlegm and congestion nasal/chest x 2 wks, 1 wk ago, returned now x 3 days, not improving. "feels ugly". Tried Robitussin, cough syrup, minor relief, but took ADVIL again with some relief for body aches.

3) received flu vaccine 10/2011

Respiratory:

Cough--wet and deep. Productive cough, thick, dk green.

Cardiovascular: Negative.

Musculoskeletal:

Body aches accompanying with same symptoms at HENT.

Skin: Negative for rash.

Objective:Physical Exam

Nursing note and vitals reviewed.

Constitutional: She is oriented to person, place, and time. Vital signs are normal. She appears healthy. Non-toxic appearance. She has a sickly appearance (**NAD**). No distress.

HENT:

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Mucosal edema (**boggy turbinates**) and rhinorrhea present.

Mouth/Throat: Oropharynx is clear and moist.

Congestion noted.

Eyes: EOM are normal. Pupils are equal, round, and reactive to light.

Neck: Neck supple.

Cardiovascular: Normal rate, normal heart sounds and normal pulses.

Pulmonary/Chest: Effort normal. She has no decreased breath sounds. She has no wheezes. She has rhonchi (**clears with cough**).

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is oriented to person, place, and time.

Psychiatric: Mood and affect normal.

Assessment:

473.9 Chronic Sinusitis NOS

Comment: chronic, acute flare

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MCG/ACT NA SUSP, Pseudoephedrine HCl (SUDAFED)

Sanchez, Debra (MR # 51124)

Page 2 of 4

Sanchez, Debra (MR # 51124)

Encounter Date: 02/17/2012

All Notes (continued)

30 MG OR TABS

NEW meds--Med admin reviewed. Continue to monitor.

041.9 Bacterial Infection NOS

Comment: acute, not improving

Plan: CEPHALEXIN MONOHYDRATE (KEFLEX) 500 MG OR CAPS

Med start x 10 days, complete abx course, supportive measures. All patient's questions were answered. Pt to RTC if no improvement in 48-72hrs. Patient verbalized understanding.

300.4 DEPRESSIVE REACTION, stable

Comment: stable, takes daily med, no acute episodes

Plan: PARoxetine HCl 20 MG OR TABS

Continue on medication, no changes. Encouraged activities to help promote endorphin release.

All pt's questions were answered. Pt verbalized understanding.

Meds Ordered This Encounter

	Disp	Refills	Start	End
PARoxetine HCl 20 MG OR TABS (Discontinued) Sig: 1 TABLET DAILY Route: Oral Reason for Discontinue: Duplicate entry	30 Tab	6	2/17/2012	6/14/2012
FLUTICASONE PROPIONATE, NASAL, (FLONASE) 50 MCG/ACT NA SUSP (Discontinued) Sig: 2 SPRAYS IN EACH NOSTRIL ONCE DAILY Route: Nasal Reason for Discontinue: Therapy completed	16 g	3	2/17/2012	6/14/2012
Pseudoephedrine HCl (SUDAFED) 30 MG OR TABS (Discontinued) Sig: 1-2 TABLETS EVERY 4 TO 6 HOURS AS NEEDED FOR CONGESTION Route: Oral Reason for Discontinue: Therapy completed	30 Tab	0	2/17/2012	6/14/2012
CEPHALEXIN MONOHYDRATE (KEFLEX) 500 MG OR CAPS (Discontinued) Sig: 1 CAPSULE EVERY 12 HOURS x 10 days Route: Oral Reason for Discontinue: Therapy completed	20 Tab	0	2/17/2012	6/14/2012

Immunizations as of 2/17/2012

Never Reviewed

TORADOL 9/9/2010, 5/2/2006

Medications at Start of Encounter

	Disp	Refills	Start	End
PARoxetine HCl 20 MG OR TABS Sig: TAKE ONE TABLET BY MOUTH IN THE MORNING Comment: Generic For:PAXIL 20MG Patient needs to see pcp for future refills. Reason for Discontinue: Reorder	30 Tab	3	10/19/2011	9/20/2012
ELETRIPTAN HYDROBROMIDE (RELPAK) 40 MG OR TABS Sig - Route: 1 TABLET 1 TIME ONLY, REPEAT AFTER 2 HR AS NEEDED - Oral Reason for Discontinue: Error	6 Tab	0	9/20/2011	1/16/2013
PARoxetine HCl 20 MG OR TABS (Discontinued) Sig - Route: 1 TABLET DAILY - Oral	30 Tab	0	9/21/2011	2/17/2012

Sanchez, Debra (MR # 51124)

Page 3 of 4

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 209

DOB: 29-May-1966

Date of Visit: 17-Feb-2012

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 02/17/2012

All Notes (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Reason for Discontinue: Reorder				
Cosign for Ordering: Accepted by Daisy J. Guevara, MD on 9/22/2011 7:37 AM				
PROMETHAZINE HCL 25 MG RE SUPP	56 Suppository	0	9/9/2010	6/14/2012
Sig - Route: 1 SUPPOSITORY EVERY 4 TO 6 HOURS AS NEEDED - Opic				
Reason for Discontinue: Therapy completed				
NORTRIPTYLINE HCL 10 MG OR CAPS	30 Cap	2	9/9/2010	6/14/2012
Sig - Route: one tablet at bedtime - Oral				
Reason for Discontinue: Therapy completed				
Hydrocodone-Acetaminophen (VICODIN) 5-500 MG OR TABS	30 Tab	0	9/9/2010	6/14/2012
Sig - Route: 1 TABLET EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN - Oral				
Reason for Discontinue: Therapy completed				
Ketorolac Tromethamine 60 MG/2ML IM SOLN	60 mL	0	9/9/2010	6/14/2012
Sig - Route: 60 mg now - Intramuscular				
Reason for Discontinue: Therapy completed				

Level Of Service

OFFIC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15MIN [99213]

Encounter Status

Closed by Demetra Bastas, NP on 2/17/12 at 11:05 AM

51124

"STAYING HEALTHY" ASSESSMENT
Adults, 18 years of age and older

Patient Stamp

Chit#: N/A ENC#: 428.015
Name: SANCHEZ, DEBRA Sex: F DOB: 05/29/1966
Pvd: BASTAS, DEMETRA Cht Loc:
Date: 02/17/2012 Time: 10:20 AM DEPT: DO IM
Payor: BLUE SHIELD COM HMO Type: COM
Plan: BSC1C53 \$20/\$35 CO# PCP: Daisy J. Guevara

Patient's name (first, last)	Date of birth	Sex	Today's date	<i>For Clinical Use</i>
		<input type="checkbox"/> Male <input type="checkbox"/> Female		Assistance needed: Reading: <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No

You and your health care team can work together towards better health. Please answer these questions as best you can. You may check (✓) "Skip" if you do not know an answer or do not wish to answer. You may talk with your provider about any questions. Your answers will be protected as part of your medical record.

Annual Review
Date/Initials
4/16/2012 JB

Interventions
Code/Date/Initials

Sample Question and Answer: Do you play sports? Yes No Skip

Do You:			
1. Receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)?	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	Skip <input type="checkbox"/>
2. See the dentist at least once a year?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Skip <input type="checkbox"/>
3. Drink milk or eat yogurt or cheese at least 3 times each day?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Skip <input type="checkbox"/>
4. Eat at least 5 servings of fruits or vegetables each day?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Skip <input type="checkbox"/> EM
5. Try to limit the amount of fried or fast foods that you eat?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Skip <input type="checkbox"/>
6. Exercise or do moderate physical activity such as walking or gardening 5 days a week?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Skip <input type="checkbox"/> EM
7. Think you need to lose or gain weight?	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	Skip <input type="checkbox"/> EM
8. Often feel sad, down, or hopeless?	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	Skip <input type="checkbox"/>
9. Have friends or family members that smoke in your home?	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	Skip <input type="checkbox"/>
10. Often spend time outdoors without sunscreen or other protection such as a hat or shirt?	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	Skip <input type="checkbox"/>

For Clinical Use

Intervention Codes: C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes

Your answers to questions about alcohol and drug use cannot be released to others without your special written permission.

For Clinical Use
Interventions
Code/Date/Initials

Do you:

- 11. Smoke cigarettes or cigars or use any other kinds of tobacco? No Yes Skip
- 12. Use any drugs or medicines to go to sleep, relax, calm down, feel better, or lose weight? No Yes Skip
- 13. Often have more than 2 drinks containing alcohol in one day? No Yes Skip
- 14. Think you or your partner could be pregnant? No Yes Skip
- 15. Think you or your partner could have a sexually transmitted disease? No Yes Skip

Have You:

- 16. Or your partner(s) had sex without using birth control in the last year? No Yes Skip
- 17. Or your partner(s) had sex with other people in the past year? No Yes Skip
- 18. Or your partner(s) had sex without a condom in the past year? No Yes Skip
- 19. Ever been forced or pressured to have sex? No Yes Skip
- 20. Ever been hit, slapped, kicked, or physically hurt by someone? No Yes Skip
- 21. Do you have other questions or concerns about your health? No Yes Skip

EM

(Please identify) Just my weight gain & constant itching on my soles & palms.

For Clinical Use

Intervention Codes: C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes

Privacy Statement

The Information Practices Act of 1977 (California Civil Code 1798) and the Federal Privacy Act (5 USC 552a, Subdivision (E)(3)) require this notice to be provided when collecting personal information from individuals. The information on this form is requested by your health care provider, health plan, and the Department of Health Services for purposes of providing health education services. Furnishing the information requested on this form is optional for the patient. Failure to provide the information requested will not result in any negative consequence for the patient. Information collected on this form is to be maintained in the patient's medical record, and is subject to the same medical and legal protection as other information maintained in the patient's medical record. State law and regulation including reporting requirements and protection of patient confidentiality applies to all information identified on this form. Within the constraints of these laws and regulations, certain information collected on this form may be transferred to state and local governmental and regulating agencies, contracted health plans, and health care providers.

Debra Sanchez
6507 Chanslor Ave Apt # C
Bell CA 90201

December 22, 2011

Dear Debra Sanchez,

Since you were unable to keep your appointment on 12/21/2011, your doctor reviewed your chart and found it necessary for you to reschedule your appointment.

If you have already rescheduled your appointment, then please disregard this letter. Otherwise, please call (562) 923-4911 today to reschedule an appointment with Lee, Florence Nurse Practitioner. We look forward to seeing you at your next appointment.

Thank you for choosing Talbert Medical Group.

Angelina Romero, MA
Downey Internal Medicine
8311 Florence Ave
Downey CA 90240-3928
562-923-4911

Received for: Epic Conversion Jul 4 2014 9:03PM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 213

DOB: 29-May-1966

Date of Visit: 25-Oct-2011

Owner: Conversion,Epic

Document Type: Patient Communication*

Site Name: Health Information Services

Debra Sanchez
6507 Chanslor Ave Apt # C
Bell CA 90201

10/26/2011

Dear Debra Sanchez,

I would like to inform you of your recent lab test results done on 10/25/2011. The results have been reviewed and are within normal limits. Your doctor may choose to contact you in the future regarding these results.

This letter is sent on behalf of Daisy Guevara, MD.

Sincerely,

Cynthia Calderon, LVN
DOWNEY-TALBERT
DOWNEY LAB
8311 Florence Ave
Downey CA 90240-3928
562-923-4911

Received for: Epic Conversion Jul 4 2014 9:15PM Pacific Standard Time

Debra Sanchez
6507 Chanslor Ave Apt # C
Bell CA 90201

October 27, 2011

Dear Debra Sanchez,

I would like to inform you of your recent lab test results. Your blood test are within normal limits. Please continue your current medication.

Component <i>Latest Ref Rng</i>	10/25/2011
WHITE BLOOD CELL COUNT <i>3.8 - 10.8 Thousand/uL</i>	6.4
RED BLOOD CELL COUNT <i>3.80 - 5.10 Million/uL</i>	4.26
HEMOGLOBIN <i>11.7 - 15.5 g/dL</i>	13.6
HEMATOCRIT <i>35.0 - 45.0 %</i>	38.4
MCV <i>80.0 - 100.0 fL</i>	90.0
MCH <i>27.0 - 33.0 pg</i>	31.8
MCHC <i>32.0 - 36.0 g/dL</i>	35.4
RDW <i>11.0 - 15.0 %</i>	13.6
PLATELET COUNT <i>140 - 400 Thousand/uL</i>	328
ABSOLUTE NEUTROPHILS <i>1500 - 7800 cells/uL</i>	4211
ABSOLUTE LYMPHOCYTES <i>850 - 3900 cells/uL</i>	1760
ABSOLUTE MONOCYTES <i>200 - 950 cells/uL</i>	288
ABSOLUTE EOSINOPHILS <i>15 - 500 cells/uL</i>	96

ABSOLUTE BASOPHILS <i>0 - 200 cells/uL</i>	45
NEUTROPHILS %	65.8
LYMPHOCYTES %	27.5
MONOCYTES %	4.5
EOSINOPHILS %	1.5
BASOPHILS %	0.7
CHOLESTEROL, TOTAL <i>125 - 200 mg/dL</i>	153
HDL CHOLESTEROL <i>> 46 mg/dL</i>	58
TRIGLYCERIDES <i>< 150 mg/dL</i>	54
LDL-CHOLESTEROL <i>< 130 mg/dL (calc)</i>	84
CHOL/HDLRATIO <i>< 5.0 (calc)</i>	2.6
TSH <i>mIU/L</i>	1.44
T-3 UPTAKE <i>22 - 35 %</i>	26
T-4 (THYROXINE), TOTAL <i>4.5 - 12.0 mcg/dL</i>	9.2
FREE T4 INDEX (T7) <i>1.4 - 3.8</i>	2.4

Thank you for choosing Talbert Medical Group.

Daisy J. Guevara, MD
Downey Lab
8311 Florence Ave
Downey CA 90240-3928
562-923-4911

Received for: Epic Conversion Jul 4 2014 9:15PM Pacific Standard Time

Patient Name: DEBRA SANCHEZ
Date of Visit: 19-Oct-2011
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 216

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 10/19/2011

Encounter Status

Closed by Daisy J. Guevara, MD on 10/20/11 at 8:19 AM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
10/19/2011 1:50 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
10/19/2011 1:50 PM	Phone (Incoming)	Sanchez, Debra (Self)	323-702-0245 (H)

Call Documentation

Cynthia Calderon, LVN 10/19/2011 1:55 PM Signed

Patient requesting a refill on Paxil 20 mg. Patient had a scheduled appointment for 10/19/2011 and was cancelled and R/S due to JClark, NP being out sick. Patient rescheduled appointment for 10/26/2011 and aware she must keep appointment for further refills. Patient verbalized understanding. Dr. Guevara please review, thank you.

Routing History

Sent On	From	To	Message Type
10/19/2011 1:55 PM	Cynthia Calderon, LVN	Daisy J. Guevara, MD	

Created by

Cynthia Calderon, LVN on 10/19/2011 1:50 PM

Approved

	Disp	Refills	Start	End
PARoxetine HCI 20 MG OR TABS	30 Tab	3	10/19/2011	9/20/2012
Sig: TAKE ONE TABLET BY MOUTH IN THE MORNING				
Class: Normal				
Comment: Generic For:PAXIL 20MG Patient needs to see pcp for future refills.				
Authorizing Provider: Daisy J. Guevara, MD				

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 10/19/2011

Reviewed On: 9/9/2010 By: Patricia M. Heredia, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Sanchez, Debra (MR # 51124)

Page 1 of 1

Patient Name: DEBRA SANCHEZ
 Date of Visit: 21-Sep-2011
 Document Type: Patient Phone Call**
 Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 217

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 09/21/2011

Encounter Status

Closed by Desiree Bonilla, MA on 9/21/11 at 4:24 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Interface

Date & Time	Provider	Department	Center
9/21/2011 1:45 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
09/21/2011 1:45 PM	Interface (Incoming)	Yee's Prescription Pharmacy	562-597-7733

Call Documentation

Marcella Duarte, LVN 9/21/2011 4:50 PM Signed

Added by: DUARTE LVN, MARCELLA on: 9/21/2011 04:50 PM

Modules accepted: Orders

Marcella Duarte, LVN 9/21/2011 4:43 PM Signed

Please refer to telephone encounter 09/20/11. Rx Paxil faxed to pharmacy per Dr. Guevara instructed not to take both medication Relpax and Paxil. Per pt requesting to only take Paxil. Pt also stated may go to urgent care for evaluation today if finds transportation complains migraine is severe.

Desiree Bonilla, MA 9/21/2011 4:21 PM Signed

lov 09/09/2010

Lmes for patient informed patient he needs follow up appointment before any refills on medication (paroxetine)

Created by

Desiree Bonilla, MA on 9/21/2011 4:20 PM

Approved

	Disp	Refills	Start	End
PARoxetine HCI 20 MG OR TABS Sig - Route: 1 TABLET DAILY - Oral Class: Normal Authorizing Provider: Daisy J. Guevara, MD Ordering User: Marcella Duarte, LVN	30 Tab	0	9/21/2011	9/21/2011
PARoxetine HCI 20 MG OR TABS Sig - Route: 1 TABLET DAILY - Oral Class: Normal Authorizing Provider: Daisy J. Guevara, MD Ordering User: Marcella Duarte, LVN	30 Tab	0	9/21/2011	2/17/2012

Refused

Sanchez, Debra (MR # 51124)

Page 1 of 2

Patient Name: DEBRA SANCHEZ
Date of Visit: 21-Sep-2011
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 218

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Printed 7/7/14 4:29 PM

Telephone Contact Summary (continued)

Refused (continued)

	Disp	Refills	Start	End
PARoxetine HCl 20 MG OR TABS [Pharmacy Med Name: PAROXETINE 20MG] Sig: TAKE ONE TABLET BY MOUTH IN THE MORNING Class: Normal DAW: No Comment: Generic For:PAXIL 20MG Reason for Refusal: Patient Needs Appointment Refused By: Desiree Bonilla, MA	30 Tab		9/21/2011	

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 9/21/2011

Reviewed On: 9/9/2010 By: Patricia M. Heredia, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Sanchez, Debra (MR # 51124)

Page 2 of 2

Patient Name: DEBRA SANCHEZ
Date of Visit: 20-Sep-2011
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 219

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 09/20/2011

Encounter Status

Closed by Daisy J. Guevara, MD on 9/21/11 at 4:47 AM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request Relpax
 Reason For Call History Recorded

Telephone Contact Summary

Outgoing Call

Date & Time	Provider	Department	Center
9/20/2011 3:06 PM	Marcella Duarte, LVN	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
09/20/2011 3:06 PM	Phone (Outgoing)	Sanchez, Debra (Self)	323-702-0245 (H)

Call Documentation

Marcella Duarte, LVN 9/21/2011 11:54 AM Signed

Called talked with pt informed her she requested Relpax to be faxed to pharmacy yesterday. Per pt stated she wanted Paxil. Informed pt I miss understood I heard her say Relpax. Informed I have talked with Dr. Guevara regarding refill for Paxil, per Dr. Guevara one give one refill this one time.

Will inform pt Paxil has an interaction with Relpax per Dr. Guevara pt needs to only take one medication either Relpax or Paxil can not take both due interaction with both medications.

Marcella Duarte, LVN 9/21/2011 11:15 AM Signed

Added by: DUARTE LVN, MARCELLA on: 9/21/2011 11:15 AM

Modules accepted: Orders

Marcella Duarte, LVN 9/20/2011 3:44 PM Signed

Pt called requesting refill medication Relpax. Informed pt one refill faxed to pt's pharmacy per Dr. Guevara. Pt instructed to keep well woman exam and informed Clark NP about migraines for further refills. Pt understood.

Routing History

Sent On	From	To	Message Type
9/20/2011 3:45 PM	Marcella Duarte, LVN	Daisy J. Guevara, MD	

Created by

Marcella Duarte, LVN on 9/20/2011 3:06 PM

Approved

	Disp	Refills	Start	End
ELETRIPTAN HYDROBROMIDE (RELPA) 40 MG OR TABS	6 Tab	0	9/20/2011	1/16/2013

Sig - Route: 1 TABLET 1 TIME ONLY, REPEAT AFTER 2 HR AS NEEDED - Oral

Sanchez, Debra (MR # 51124)

Page 1 of 2

Patient Name: DEBRA SANCHEZ
Date of Visit: 20-Sep-2011
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 220

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Printed 7/7/14 4:29 PM

Telephone Contact Summary (continued)

Approved (continued)

	Disp	Refills	Start	End
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Class: Normal

Notes:

>> Marie Freed, LVN 1/16/2013 3:24 PM

pt states the pharm said that it would react with other meds being taken

Authorizing Provider: Daisy J. Guevara, MD

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 9/20/2011

Reviewed On: 9/9/2010 By: Patricia M. Heredia, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Sanchez, Debra (MR # 51124)

Page 2 of 2

Patient Name: DEBRA SANCHEZ
Date of Visit: 30-Aug-2011
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 221

DOB: 29-May-1966

Owner: Conversion.Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 08/30/2011

Encounter Status

Closed by Marcella Duarte, LVN on 8/30/11 at 3:35 PM

Telephone	Debra Sanchez (MRN 51124)
------------------	----------------------------------

Reason for Call	
Samples	Relpax

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
8/30/2011 3:33 PM	Marcella Duarte, LVN	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
08/30/2011 3:33 PM	Phone (Incoming)	Sanchez, Debra (Self)	562-494-0652 (W)

Call Documentation

Marcella Duarte, LVN 8/30/2011 3:35 PM Signed
Called pt informed per Dr. Guevara may pick up samples of Relpax at reception desk. Pt understood.

Created by

Marcella Duarte, LVN on 8/30/2011 3:33 PM

Allergies

Allergies as of 8/30/2011

Reviewed On: 9/9/2010 By: Patricia M. Heredia, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
Date of Visit: 29-Aug-2011
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 222

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 08/29/2011

Encounter Status

Closed by Daisy J. Guevara, MD on 8/30/11 at 2:19 PM

Telephone	Debra Sanchez (MRN 51124)
------------------	----------------------------------

Reason for Call

Samples

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
8/29/2011 2:53 PM	Azucena Martinez, MA	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
08/29/2011 2:53 PM	Phone (Incoming)	Sanchez, Debra (Self)	562-494-0652 (W)

Call Documentation

Azucena Martinez, MA 8/29/2011 2:55 PM Addendum

Pt called asking if she can get samples of Relpax for her migraines. Pt states her insurance does not cover this medication and Dr Guevara has been able to give her samples before.

Ok to give relpax .

Previous Version

Routing History

Sent On	From	To	Message Type
8/29/2011 2:55 PM	Azucena Martinez, MA	Daisy J. Guevara, MD	

Created by

Azucena Martinez, MA on 8/29/2011 2:52 PM

Allergies

Allergies as of 8/29/2011

Reviewed On: 9/9/2010 By: Patricia M. Heredia, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
Date of Visit: 27-May-2011
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 223

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 05/27/2011

Encounter Status

Closed by Maria Manzano, MA on 5/27/11 at 1:51 PM

Telephone

Debra Sanchez (MRN 51124)

Reason for Call

Rash

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
5/27/2011 8:28 AM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
05/27/2011 8:28 AM	Phone (Incoming)	Sanchez, Debra (Self)	323-702-0245 (H)

Call Documentation

Maria Manzano, MA 5/27/2011 1:50 PM Signed
Per Dr.Guevara okay to refill. Patient asked to keep appt with Jennifer.

Angie Garcia, LVN 5/27/2011 8:29 AM Signed
Patient states she wants a refill on meds but was asked to be seen by her provider for further refills. She would like at least 1 pill of paroxetine to hold her thru the weekend.

Created by

Angie Garcia on 5/27/2011 8:28 AM

Approved

	Disp	Refills	Start	End
PARoxetine HCl 20 MG OR TABS	30 Tab	3	5/27/2011	10/19/2011

Sig: TAKE ONE TABLET BY MOUTH IN THE MORNING
Class: Normal
Comment: Generic For:PAXIL 20MG Patient needs to see pcp for future refills.
Authorizing Provider: Daisy J. Guevara, MD
Ordering User: Maria Manzano, MA

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 5/27/2011

Reviewed On: 9/9/2010 By: Patricia M. Heredia, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Sanchez, Debra (MR # 51124)

Page 1 of 1

Patient Name: DEBRA SANCHEZ
Date of Visit: 27-Apr-2011
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 224

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 04/27/2011

Encounter Status

Closed by Maria Manzano, MA on 4/28/11 at 3:13 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Call Information

Date & Time	Provider	Department	Center
4/27/2011 2:53 PM	Daisy J. Guevara, MD	Do Im	DO

Call Documentation

Maria Manzano, MA 4/28/2011 3:13 PM Signed
LAST SEEN DR: ochoa ON: 09/2010
ORIGINAL RX WRITTEN ON: 11/01/2010
LAST REFILL: 11/01/2010

Labs extended.

Created by

Maria Manzano, MA on 4/28/2011 3:07 PM

Approved

	Disp	Refills	Start	End
PARoxetine HCI 20 MG OR TABS	30 Tab	0	4/27/2011	5/27/2011

Sig: TAKE ONE TABLET BY MOUTH IN THE MORNING
Class: Normal
DAW: No
Comment: Generic For:PAXIL 20MG Patient needs to see pcp for future refills.
Authorizing Provider: Daisy J. Guevara, MD
Ordering User: Maria Manzano, MA

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 4/27/2011

Reviewed On: 9/9/2010 By: Patricia M. Heredia, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
Date of Visit: 11-Nov-2010
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 225

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 11/11/2010

Encounter Status

Closed by Nettie Steger, MA on 11/11/10 at 2:23 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Call Information

Date & Time	Provider	Department	Center
11/11/2010 12:49 PM	Daisy J. Guevara, MD	Do Im	DO

Routing History

Sent On	From	To	Message Type
11/11/2010 1:08 PM	Patricia M. Heredia, MA	Daisy J. Guevara, MD	
11/11/2010 12:49 PM	Refill Interface	P DO SS REFILL REQUEST	

Created by

Refill Interface on 11/11/2010 12:49 PM

Approved

	Disp	Refills	Start	End
PARoxetine HCI 20 MG OR TABS	30 Tab	5	11/11/2010	4/27/2011

Sig: TAKE ONE TABLET BY MOUTH IN THE MORNING
Class: Normal
DAW: No
Comment: Generic For:PAXIL 20MG
Authorizing Provider: Daisy J. Guevara, MD
Ordering User: Nettie Steger, MA

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 11/11/2010

Reviewed On: 9/9/2010 By: Patricia M. Heredia, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
 Date of Visit: 25-Oct-2010
 Document Type: Patient Phone Call**
 Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 226

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 10/25/2010

Encounter Status

Closed by Marcella Duarte, LVN on 10/25/10 at 3:05 PM

Telephone

Debra Sanchez (MRN 51124)

Reason for Call

Refill Request

Medication Change

Imitrex

Reason For Call History Recorded

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
10/25/2010 12:23 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

	Type	Contact	Phone
10/25/2010 12:23 PM	Phone (Incoming)	Sanchez, Debra (Self)	562-494-0652 (W)
10/25/2010 3:01 PM	Phone (Outgoing)	Sanchez, Debra (Self)	562-494-0652 (W)
10/25/2010 6:20 PM	Phone (Incoming)	yees (Pharmacy)	562-597-7733 (W)
10/26/2010 6:03 PM	Phone (Outgoing)	Sanchez, Debra (Self)	323-702-0245 (H)
11/11/2010 12:45 PM	Phone (Outgoing)	Sanchez, Debra (Self)	323-702-0245 (H)

Call Documentation

Marcella Duarte, LVN 11/11/2010 12:47 PM Addendum

Pt returned call informed per Dr. Guevara pick up samples of Relpax at reception desk for now. Pt verbalized understanding. Per pt has tried Imitrex doesn't help.

Marcella Duarte, LVN 10/26/2010 6:06 PM Addendum

Called pt no answer l/m for pt to return call will ask per Dr. Guevara if she has tried Imitrex will do PAR. In the meantime pt may pick up samples of Relpax here at clinic.

Lilia Salazar, MA 10/25/2010 6:22 PM Addendum

Please change medication to Imitrex tabs dosage 25 mg, 50 mg, 100 mg because relpax 40 mg not covered

Marcella Duarte, LVN 10/25/2010 3:05 PM Signed

Called pt informed Dr. Guevara has faxed rx Relpax 40 mg to pt's pharmacy. Pt verbalized understanding.

Marcella Duarte, LVN 10/25/2010 12:26 PM Signed

Pt called stated was seen at our office in September by Dr. Ochoa for migraine given a sample of medication Relpax helped her requesting Dr. Guevara fax rx to her pharmacy. Informed pt I will give message to Dr. Guevara and call her back. Pt request I fax rx to Yeess pharmacy.

Routing History

Sent On	From	To	Message Type
10/25/2010 6:23 PM	Lilia Salazar, MA	Marcella Duarte, LVN Daisy J. Guevara, MD	

Created by

Marcella Duarte, LVN on 10/25/2010 12:23 PM

Approved

Sanchez, Debra (MR # 51124)

Patient Name: DEBRA SANCHEZ
Date of Visit: 25-Oct-2010
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 227

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Printed 7/9/14 11:21 PM

Telephone Contact Summary (continued)

Approved (continued)

	Disp	Refills	Start	End
ELETRIPTAN HYDROBROMIDE (RELPA) 40 MG OR TABS	6 Tab	3	10/25/2010	9/20/2011

Sig - Route: 1 TABLET 1 TIME ONLY, REPEAT AFTER 2 HR AS NEEDED - Oral
Class: Normal
Authorizing Provider: Daisy J. Guevara, MD
Ordering User: Marcella Duarte, LVN

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 10/25/2010

Reviewed On: 9/9/2010 By: Patricia M.
Heredia, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Sanchez, Debra (MR # 51124)

Page 2 of 2

Patient Name: DEBRA SANCHEZ
Date of Visit: 06-Oct-2010
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 228

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 10/06/2010

Encounter Status

Closed by Maria Manzano, MA on 10/7/10 at 5:49 PM

Telephone

Debra Sanchez (MRN 51124)

Reason for Call

Results

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
10/6/2010 4:15 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
10/06/2010 4:15 PM	Phone (Outgoing)	Sanchez, Debra (Self)	323-702-0245 (M)

Call Documentation

Cynthia Calderon, LVN 7/13/2011 1:17 PM Addendum

Addended by: CALDERON LVN, CYNTHIA on: 7/13/2011

Modules accepted: Orders

Maria Manzano, MA 10/7/2010 5:49 PM Signed

Patient has been informed. Maria Manzano, MA

Marcella Duarte, LVN 10/6/2010 4:17 PM Signed

Called pt no answer l/m for pt to return call. Will inform pt of Dr. Guevara's message regarding results.

Marcella Duarte, LVN 10/6/2010 4:15 PM Signed

Message copied by DUARTE LVN, MARCELLA on Wed Oct 6, 2010 4:15 PM

Message from: GUEVARA MD, DAISY J.
Created: Wed Oct 6, 2010 6:34 AM

Marcella- pls have pt return for a repeat blood test , she has borderline glucose, mild liver enzyme elevation on last blood test, possible uti(neg nitrite) , please go back to lab . Labs ordered .

Created by

Marcella Duarte, LVN on 10/6/2010 4:15 PM

Visit Pharmacy

CVS DO PARAMOUNT & S FLORENCE

Allergies

Allergies as of 10/6/2010

Reviewed On: 9/9/2010 By: Patricia M.

Sanchez, Debra (MR # 51124)

Page 1 of 2

Patient Name: DEBRA SANCHEZ
Date of Visit: 06-Oct-2010
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 229
DOB: 29-May-1966
Owner: Conversion,Epic

DOB: 29-May-1966

Sanchez, Debra (MR # 51124)

Printed 7/9/14 11:21 PM

Allergies (continued)

Heredia, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Sanchez, Debra (MR # 51124)

Page 2 of 2

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 230

DOB: 29-May-1966

Date of Visit: 09-Sep-2010

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 09/09/2010

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

Visit Date/Time	Provider	Department	Encounter #
9/9/2010 1:40 PM	Gregory Ochoa, MD	Do Fp	10337437

Diagnoses

Migraine NOS W/O Mentn Intractable - Primary	346.90
Nausea With Vomiting	787.01

Reason for Visit

Migraine

Visit Notes

Patricia Heredia, MA Thu Sep 9, 2010 1:38 PM

Debra Sanchez is a 44 year old female comes in today for ongoing migraines, per pt she feels that nothing has been working.

Allergies as of 9/9/2010

Reviewed On: 9/9/2010 By: Patricia M. Heredia, MA

Allergy	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Ht	Wt
110/70	72	98 °F (36.7 °C) (Oral)	18	4' 10"	197 lb (89.359 kg)

BMI	LMP
41.18 kg/m2	08/06/2010

Vitals History Recorded

TMG Extended Vitals

None

All Notes

Progress Notes signed by Gregory Ochoa, MD at 9/12/2010 4:16 PM

Created By: Gregory Ochoa, MD	User Type: Physician	Created: 9/9/2010 1:45 PM
Note Status: Signed	Cosign: Cosign Not Required	Note Time: 9/9/2010 1:45 PM

ROS

Physical Exam

SUBJECTIVE: Debra Sanchez is a 44 year old female with c/o severe HA's no relief with several medications. Unable to work secondary to the pain.

Patient Active Problem List

Diagnoses	Code
• VAGINITIS NOS	616.10
• DEPRESSIVE REACTION, stable	300.4

Sanchez, Debra (MR # 51124)

Page 1 of 3

Sanchez, Debra (MR # 51124)

Encounter Date: 09/09/2010

All Notes (continued)

- MIGRAINE NOS W/O MENTN INTRACTABLE , improved 346.90

Current outpatient prescriptions prior to encounter

Medication	Sig	Dispense	Refill
• PARoxetine HCI 20 MG OR TABS	TAKE 1 TABLET BY MOUTH EVERY MORNING	30 Tab	2

BP 110/70 | Pulse 72 | Temp(Src) 98 °F (36.7 °C) (Oral) | Resp 18 | Ht 4' 10" | Wt 197 lb (89.359 kg) | LMP 08/06/2010

OBJECTIVE:

GENERAL: W/DWN +distressed
 VITALS: as above
 HEENT: NC/AT, PERRLA, TM's-intact, +photophobia
 NECK: supple c FROM
 COR: RRR, no murmurs or ectopic beats
 LUNG: CTA,b/l, no rales or wheezes
 ABD: s/nt, nl BS's, no HSM
 EXTRM: no lesions, or edema

ASSESSMENT / PLAN:

Encounter Diagnoses

Code	Name	Primary?	Qualifier
• 346.90	MIGRAINE NOS W/O MENTN INTRACTABLE	Yes	
Plan:	NORTRIPTYLINE HCL 10 MG OR CAPS, COMPREHENSIVE METABOLIC\$PANEL, CBC (INCLUDES DIFF/PLT), SED RATE BY MODIFIED\$WESTERGREN, URINALYSIS, COMPLETE, HEMOGLOBIN A1C WITH MBG, CONSULT TO NEUROLOGY (INT), ELETRIPTAN HYDROBROMIDE 40 MG OR TABS		
• 787.01	NAUSEA WITH VOMITING		
Plan:	PROMETHAZINE HCL 25 MG RE SUPP		

Toradol 60 mg IM now.
 Take all medications as directed.
 A referral for the Neurologist has been submitted.
 Call or return to clinic if your symptoms worsen or fail to improve as anticipated.
 Follow up with your primary care physician as needed.

Patient Instructions signed by Gregory Ochoa, MD at 9/9/2010 2:28 PM

Created By: Gregory Ochoa, MD	User Type: Physician	Created: 9/9/2010 2:28 PM
Note Status: Signed	Cosign: Cosign Not Required	Note Time: 9/9/2010 2:28 PM

Take all medications as directed.
 A referral for the Neurologist has been submitted.
 Call or return to clinic if your symptoms worsen or fail to improve as anticipated.
 Follow up with your primary care physician as needed.

Meds Ordered This Encounter

	Disp	Refills	Start	End
PROMETHAZINE HCL 25 MG RE SUPP (Discontinued)	56 Suppositor y	0	9/9/2010	6/14/2012

Sanchez, Debra (MR # 51124)

Page 2 of 3

Sanchez, Debra (MR # 51124)

Encounter Date: 09/09/2010

All Notes (continued)

Meds Ordered This Encounter (continued)

	Disp	Refills	Start	End
Sig: 1 SUPPOSITORY EVERY 4 TO 6 HOURS AS NEEDED Route: Opic Reason for Discontinue: Therapy completed				
NORTRIPTYLINE HCL 10 MG OR CAPS (Discontinued)	30 Cap	2	9/9/2010	6/14/2012
Sig: one tablet at bedtime Route: Oral Reason for Discontinue: Therapy completed				
ELETRIPTAN HYDROBROMIDE (RELPA) 40 MG OR TABS (Discontinued)	6 Tab	0	9/9/2010	10/25/2010
Sig: 1 TABLET 1 TIME ONLY, REPEAT AFTER 2 HR AS NEEDED Class: Sample Route: Oral Reason for Discontinue: Reorder				
Hydrocodone-Acetaminophen (VICODIN) 5-500 MG OR TABS (Discontinued)	30 Tab	0	9/9/2010	6/14/2012
Sig: 1 TABLET EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN Route: Oral Reason for Discontinue: Therapy completed				
Ketorolac Tromethamine 60 MG/2ML IM SOLN (Discontinued)	60 mL	0	9/9/2010	6/14/2012
Sig: 60 mg now Route: Intramuscular Reason for Discontinue: Therapy completed				

Immunizations as of 9/9/2010

Never Reviewed

TORADOL 9/9/2010, 5/2/2006

Medications at Start of Encounter

	Disp	Refills	Start	End
PARoxetine HCl 20 MG OR TABS	30 Tab	2	8/6/2010	11/11/2010
Sig: TAKE 1 TABLET BY MOUTH EVERY MORNING Comment: Generic For: PAXIL 20MG Reason for Discontinue: Reorder Cosign for Ordering: Accepted by Daisy J. Guevara, MD on 8/9/2010 8:23 AM				
FLUTICASONE PROPIONATE, NASAL, (FLONASE) 50 MCG/ACT NA SUSP (Discontinued)	16 g	2	4/5/2010	9/9/2010
Sig - Route: One spray in each nostril twice a day as needed. - Nasal Reason for Discontinue: Therapy completed				

Level Of Service

OFFIC/OUTPT VISIT E&M EST LOW-MOD
SEVERITY 15MIN [99213]

Encounter Status

Closed by Gregory Ochoa, MD on 9/12/10 at 4:16 PM

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 233

DOB: 29-May-1966

Date of Visit: 09-Sep-2010

Owner: Conversion,Epic

Document Type: Patient Communication*

Site Name: Health Information Services

September 9, 2010

TO WHOM IT MAY CONCERN:

This is to certify that Debra Sanchez was seen in my office on 9/9/2010.
Pt was unable to work from 09/06/10 may return to work 09/13/10.

Please feel free to contact my office if you have any questions or concerns. Thank you
for your assistance in this matter.

Sincerely yours,

Gregory Ochoa M.D.
Downey Family Practice
8311 Florence Ave
Downey CA 90240-3928
562-923-4911

Received for: Epic Conversion Jul 4 2014 10:56PM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 234

DOB: 29-May-1966

Date of Visit: 09-Sep-2010

Owner: GUEVARA, DAISY

Document Type: Orders*

Site Name: Health Information Services

Quick Note: Marcella- pls have pt return for a repeat blood test , she has borderline glucose, mild liver enzyme elevation on last blood test, possible uti(neg nitrite) , please go back to lab . Labs ordered .

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 235

DOB: 29-May-1966

Date of Visit: 09-Sep-2010

Owner: GUEVARA, DAISY

Document Type: Orders*

Site Name: Health Information Services

Added by: GUEVARA MD, DAISY J. on: 10/6/2010 Modules accepted: Orders

ROS

Physical Exam

SUBJECTIVE: Debra Sanchez is a 44 year old female with c/o severe HA's no relief with several medications. Unable to work secondary to the pain.

Patient Active Problem List

Diagnoses	Code
VAGINITIS NOS	616.10
• DEPRESSIVE REACTION, stable	300.4
• MIGRAINE NOS W/O MENTN INTRACTABLE, improved	346.90

Current outpatient prescriptions prior to encounter

Medication	Sig	Dispense	Refill
PARoxetine HCl 20 MG OR TABS	TAKE 1 TABLET BY MOUTH EVERY MORNING	30 Tab	2

BP 110/70 | Pulse 72 | Temp(Src) 98 °F (36.7 °C) (Oral) | Resp 18 | Ht 4' 10" | Wt 197 lb (89.359 kg) | LMP 08/06/2010

OBJECTIVE:

GENERAL: W/DWN +distressed

VITALS: as above

HEENT: NC/AT, PERRLA, TM's-intact, +photophobia

NECK: supple c FROM

COR: RRR, no murmurs or ectopic beats

LUNG: CTA, b/l, no rales or wheezes

ABD: s/nt, nl BS's, no HSM

EXTRM: no lesions, or edema

ASSESSMENT / PLAN:

Encounter Diagnoses

Code	Name	Primary?	Qualifier
346.90	MIGRAINE NOS W/O MENTN INTRACTABLE	Yes	

Plan: NORTRIPTYLINE HCL 10 MG OR CAPS, COMPREHENSIVE METABOLIC\$PANEL, CBC (INCLUDES DIFF/PLT), SED RATE BY MODIFIED\$WESTERGREN, URINALYSIS, COMPLETE, HEMOGLOBIN A1C WITH MBG, CONSULT TO NEUROLOGY (INT), ELETRIPTAN HYDROBROMIDE 40 MG OR TABS
787.01 NAUSEA WITH VOMITING

Plan: PROMETHAZINE HCL 25 MG RE SUPP

Toradol 60 mg IM now.

Take all medications as directed.

Patient Name:DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 237

DOB:29-May-1966

Date of Visit:09-Sep-2010

Owner:OCHOA,GREGORY

Document Type:Progress Note*

Site Name:Health Information Services

A referral for the Neurologist has been submitted.
Call or return to clinic if your symptoms worsen or fail to improve as anticipated.
Follow up with your primary care physician as needed.

Received for:GREGORY OCHOA MD Jul 1 2014 9:27PM Pacific Standard Time

Patient Name: DEBRA SANCHEZ
Date of Visit: 06-Aug-2010
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 238

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 08/06/2010

Encounter Status

Closed by Nettie Steger, MA on 8/6/10 at 12:36 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Call Information

Date & Time	Provider	Department	Center
8/6/2010 11:34 AM	Prasad K. Chode, MD	Do Im	DO

Call Documentation

Nettie Steger, MA 8/6/2010 12:32 PM Signed
Last ov 4/5/2010

Created by

Refill Interface on 8/6/2010 11:34 AM

Approved

	Disp	Refills	Start	End
PARoxetine HCI 20 MG OR TABS	30 Tab	2	8/6/2010	11/11/2010

Sig: TAKE 1 TABLET BY MOUTH EVERY MORNING
Class: Normal
DAW: No
Comment: Generic For:PAXIL 20MG
Authorizing Provider: Prasad K. Chode, MD
Ordering User: Nettie Steger, MA

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 8/6/2010

Reviewed On: 4/5/2010 By: Patricia M. Heredia, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name:DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 239

DOB:29-May-1966

Date of Visit:07-Apr-2010

Owner:Conversion,Epic

Document Type:Patient Letter*

Site Name:Health Information Services

April 7, 2010

TO WHOM IT MAY CONCERN:

This is to certify that Debra Sanchez was seen in my office on 4/5/2010. She may return to work on 04/08/10.

Please feel free to contact my office if you have any questions or concerns. Thank you for your assistance in this matter.

Sincerely yours,

Chode Prasad M.D.
Downey Internal Medicine
8311 Florence Ave
Downey CA 90240-3928
562-923-4911

Received for:Epic Conversion Jul 4 2014 11:23PM Pacific Standard Time

Patient Name: DEBRA SANCHEZ
Date of Visit: 07-Apr-2010
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 240

DOB: 29-May-1966

Owner: Conversion.Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 04/07/2010

Encounter Status

Closed by Patricia M. Heredia, MA on 4/7/10 at 8:53 AM

Telephone Debra Sanchez (MRN 51124)

Reason for Call

Letter

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
4/7/2010 8:52 AM	Prasad K. Chode, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
04/07/2010 8:52 AM	Phone (Incoming)	Sanchez, Debra (Self)	323-702-0245 (M)

Call Documentation

Patricia Heredia, MA 4/7/2010 8:53 AM Signed

Debra Sanchez is a 43 year old female is calling to get an extension for another day off, per pt she is still having fever and chest congestion.

Pt would like to return to work tomorrow, informed pt that letter will be left at reception for her to pick up

Created by

Patricia M. Heredia, MA on 4/7/2010 8:52 AM

Allergies

Allergies as of 4/7/2010

Reviewed On: 4/5/2010 By: Patricia M. Heredia, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
Date of Visit: 06-Apr-2010
Document Type: Registration**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 241

DOB: 29-May-1966

Owner: Conversion,Epic

51124



**ADVANCED DIRECTIVES ACKNOWLEDGEMENT
DISPOSICIONES POR ADELANTADO DE LA SALUD**

Patient's Phone Number /
Número de Teléfono: _____
Home Phone Casa: _____
Work Phone Trabajo: _____
Cell Phone Celular: _____

Patient Name (Last Apellido)
Nombre (Last Apellido)

Ch#: N/A
Name: SANCHEZ DEBRA
Pvd: CHUDE, PABLO K.
Date: 04/05/2010 Time: 2:20 PM DEPT: DO IN
Payor: BLUE SHIELD COM HMO Type: COM
Plan: BSC0053 \$20 COM 01# PCP: Daisy J. Guevara
Center of record:

Insurance:

**ADVANCED DIRECTIVES ACKNOWLEDGEMENT
DISPOSICIONES POR ADELANTADO SOBRE LA ATENCIÓN DE LA SALUD**

I do have an Advance Directive / Living Will / Durable Power of Attorney for medical or health care decisions.
Si tengo un formulario de las Disposiciones por adelantado / Testamento / Un poder legal para representación sobre la atención de la salud.

I do not have an Advanced Directive / Living Will / Durable Power of Attorney for medical or health care decisions.
No tengo un formulario de las Disposiciones por adelantado / Testamento / Un poder legal para representación sobre la atención de la salud.

I would like further information on Advanced Directives.
Me gustaría recibir mas información acerca de las Disposiciones por adelantado de la salud.

I would not like further information on Advanced Directives.
No necesito mas información acerca de las Disposiciones por adelantado de la salud.

Patient's Signature / Firma del Paciente

04-05-10
Date / Fecha

Physician or Office Staff please complete:
Esta parte deberá ser completada por los empleados o por el Doctor:

Information regarding Advanced Directives was provided.
 Information regarding Advanced Directives was not provided.

If information was provided, what type? Verbal Written

If the patient has an Advanced Directive, has it been placed in the Medical Record:

Comments: Yes No

Physician or Staff Signature:
Date: 4/5/10

Patient Name:DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 242

DOB:29-May-1966

Date of Visit:05-Apr-2010

Owner:CHODE,PRASAD

Document Type:Patient Communication*

Site Name:Health Information Services

April 5, 2010

TO WHOM IT MAY CONCERN:

This is to certify that Debra Sanchez was seen in my office on 4/5/2010. She may return to work on 4-7-10.

Please feel free to contact my office if you have any questions or concerns. Thank you for your assistance in this matter.

Sincerely yours,

Prasad K. Chode, MD
Downey Internal Medicine
8311 Florence Ave
Downey CA 90240-3928
562-923-4911

Received for:PRASAD CHODE MD Jul 4 2014 11:23PM Pacific Standard Time

S: Debra Sanchez is a 43 year old female with medical problems significant for **Patient Active Problem**

List

Diagnoses	Code
VAGINITIS NOS	616.10

- - DEPRESSIVE REACTION, stable 300.4
 - MIGRAINE NOS W/O MENTN INTRACTABLE , improved 346.90
- camein for follow up and c/o URI symptoms associated with severe sore throat, cough with mild colored phlegm with low grade fever.

O: Vitals: As above.

HEENT: NC/AT, PERLA, Anicteric sclera, Neck supple, No JVD, Ears are clear.

+ve postnasal drip with mild maxillary tenderness.

Lungs: Clear.

Heart: RRR, No S3 or murmurs.

Abdomen: Soft, nontender, bowel sounds present and no organomegaly felt.

Skin: With in normal limits.

Ext: No C/C/E.

CNS: Alert and oriented times three without any focal motor or sensory defficits.

Assessment and Plan:

Encounter Diagnoses

Code	Name	Primary?	Qualifier
465.9	ACUTE URI NOS: Advised pt. to drink plenty of liquids and to take OTC decongestants like Claritin/Alavert and Ocean Spray nasal drops 2-3 times a day as directed.	Yes	

Plan: 300.4 FLUTICASONE PROPIONATE 50 MCG/ACT NA SUSP
DEPRESSIVE REACTION, stable: f/u with PCP.

Plan: 346.90 PAROXETINE HCL 20 MG OR TABS
MIGRAINE NOS W/O MENTN INTRACTABLE , improved: Pt. is asymptomatic and continue current management.

Plan: FLUTICASONE PROPIONATE 50 MCG/ACT NA SUSP

Received for: PRASAD CHODE MD Jul 1 2014 9:27PM Pacific Standard Time

Sanchez, Debra (MR # 51124)

Encounter Date: 04/05/2010

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

	Provider	Department	Encounter #
4/5/2010 2:20 PM	Prasad K. Chode, MD	Do Im	9673223

Diagnoses

Acute URI NOS - Primary	465.9
Neurotic Depression	300.4
Migraine NOS W/O Mentn Intractable	346.90

Reason for Visit

Sore throat	
Cough & Cold	+ green/ brown phlegm x 2 days
Earache	

Allergies as of 4/5/2010

Reviewed On: 4/5/2010 By: Patricia M. Heredia, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Ht	Wt
102/60	74	99 °F (37.2 °C) (Oral)	18	4' 11"	209 lb (94.802 kg)
BMI	LMP				
42.19 kg/m2	03/05/2010				

TMG Extended Vitals

None

All Notes**Progress Notes signed by Prasad K. Chode, MD at 4/5/2010 3:01 PM**

Created By: Prasad K. Chode, MD	User Type: Physician	Created: 4/5/2010 3:01 PM
Note Status: Signed	Cosign: Cosign Not Required	Note Time: 4/5/2010 3:01 PM

S: Debra Sanchez is a 43 year old female with medical problems significant for **Patient Active Problem****List**

Diagnoses	Code
• VAGINITIS NOS	616.10
• DEPRESSIVE REACTION, stable	300.4
• MIGRAINE NOS W/O MENTN INTRACTABLE , improved	346.90

camein for follow up and c/o URI symptoms associated with severe sore throat, cough with mild colored phlegm with low grade fever.

O: Vitals: As above.

HEENT: NC/AT, PERLA, Anicteric sclera, Neck supple, No JVD, Ears are clear. +ve postnasal drip with mild maxillary tenderness.

Lungs: Clear.

Heart: RRR, No S3 or murmurs.

Abdomen: Soft, nontender, bowel sounds present and no organomegaly felt.

Sanchez, Debra (MR # 51124)

Page 1 of 3

Sanchez, Debra (MR # 51124)

Encounter Date: 04/05/2010

All Notes (continued)

Skin: With in normal limits.

Ext: No C/C/E.

CNS: Alert and oriented times three without any focal motor or sensory deficits.

Assessment and Plan:**Encounter Diagnoses**

Code	Name	Primary?	Qualifier
• 465.9	ACUTE URI NOS: Advised pt. to drink plenty of liquids and to take OTC decongestants like Claritin/Alavert and Ocean Spray nasal drops 2-3 times a day as directed.	Yes	
<i>Plan:</i>	<i>FLUTICASONE PROPIONATE 50 MCG/ACT NA SUSP</i>		
• 300.4	DEPRESSIVE REACTION, stable: f/u with PCP.		
<i>Plan:</i>	<i>PAROXETINE HCL 20 MG OR TABS</i>		
• 346.90	MIGRAINE NOS W/O MENTN INTRACTABLE , improved: Pt. is asymptomatic and continue current management.		
<i>Plan:</i>	<i>FLUTICASONE PROPIONATE 50 MCG/ACT NA SUSP</i>		

Patient Instructions signed by Prasad K. Chode, MD at 4/5/2010 2:58 PM

Created By: Prasad K. Chode, MD	User Type: Physician	Created: 4/5/2010 2:58 PM
Note Status: Signed	Cosign: Cosign Not Required	Note Time: 4/5/2010 2:58 PM

Advised pt. to drink plenty of liquids and to take OTC decongestants like Claritin/Alavert and Ocean Spray nasal drops 2-3 times a day as directed.

Pt can use Chloriseptic spray in the throat as needed for soreness. Advised pt to use warm salt water gargles twice a day. If any more fever and darkening of phlegm pt to come back.

Meds Ordered This Encounter

	Disp	Refills	Start	End
PARoxetine HCl 20 MG OR TABS (Discontinued) Sig: TAKE ONE TABLET BY MOUTH IN THE MORNING - Comment: Generic For:PAXIL 20MG Reason for Discontinue: Reorder	30 Tab	3	4/5/2010	8/6/2010
FLUTICASONE PROPIONATE, NASAL, (FLONASE) 50 MCG/ACT NA SUSP (Discontinued) Sig: One spray in each nostril twice a day as needed. Route: Nasal Reason for Discontinue: Therapy completed	16 g	2	4/5/2010	9/9/2010

Immunizations as of 4/5/2010

Never Reviewed

TORADOL 5/2/2006

Medications at Start of Encounter

	Disp	Refills	Start	End
PAROXETINE HCL 20 MG OR TABS (Discontinued) Sig: TAKE ONE TABLET BY MOUTH IN THE MORNING - Comment: Generic For:PAXIL 20MG	30 Tab	3	1/4/2010	4/5/2010

Sanchez, Debra (MR # 51124)

Page 2 of 3

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 246

DOB: 29-May-1966

Date of Visit: 05-Apr-2010

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 04/05/2010

All Notes (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Reason for Discontinue: Reorder				
Cosign for Ordering: Accepted by Daisy J. Guevara, MD on 1/9/2010 12:08 AM				
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML OR SYRP	240 mL	0	11/13/2009	11/27/2009
Sig - Route: 1 TEASPOONFUL EVERY 4 TO 6 HOURS AS NEEDED - Oral				
CEPACOL SORE THROAT 10-4.5 MG MT LOZG	1 Each	0	11/13/2009	11/27/2009
Sig - Route: USE ALL DAY - Mouth/Throat				
Class: OTC				
LORATADINE 10 MG OR TABS	15 Tab	0	11/13/2009	4/5/2010
(Discontinued)				
Sig - Route: 1 TABLET DAILY AS NEEDED - Oral				
Class: OTC				
Reason for Discontinue: Therapy completed				
IBUPROFEN 600 MG OR TABS	30 Tab	0	11/13/2009	4/5/2010
(Discontinued)				
Sig - Route: 1 TABLET TIMES DAILY AS NEEDED - Oral				
Reason for Discontinue: Therapy completed				

Level Of Service

OFFIC/OUTPT VISIT E&M EST MOD-HI SEVERITY 25 MIN [99214]

Encounter Status

Closed by Prasad K. Chode, MD on 4/5/10 at 3:01 PM

Patient Name: DEBRA SANCHEZ
Date of Visit: 04-Jan-2010
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 247

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 01/04/2010

Encounter Status

Closed by Cynthia Calderon, LVN on 1/4/10 at 10:11 AM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Call Information

Date & Time	Provider	Department	Center
1/4/2010 9:28 AM	Daisy J. Guevara, MD	Do Im	DO

Call Documentation

Cynthia Calderon, LVN 1/4/2010 10:11 AM Signed
Pt was last seen by Dr. Ochoa on 11/13/09

Created by

Refill Interface on 1/4/2010 9:28 AM

Approved

	Disp	Refills	Start	End
PAROXETINE HCL 20 MG OR TABS	30 Tab	3	1/4/2010	4/5/2010
Sig: TAKE ONE TABLET BY MOUTH IN THE MORNING -				
Class: Normal				
DAW: No				
Comment: Generic For:PAXIL 20MG				
Authorizing Provider: Daisy J. Guevara, MD				
Ordering User: Cynthia Calderon, LVN				

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 1/4/2010

Reviewed On: 11/13/2009 By: Lilia Salazar, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
Date of Visit: 17-Nov-2009
Document Type: Registration**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 248

DOB: 29-May-1966

Owner: Conversion,Epic

SERVICE AREA: TALBERT MEDICAL GROUP

PATIENT DEMOGRAPHICS

Name: SANCHEZ, DEBRA
Address: 6507 CHANSLOR AVE APT # C
City: BELL State: CA
Home Ph: 323-771-8216 Sex: F
Work Ph: 562-494-0652 SS#: 559-79-2503
Emerg Contact: Helen, Sanchez Relationship: MOTHER
Home Ph: 323-560-4016 Work Ph:
Language: English

MRN: 51124
County:
Zip: 90201
DOB: 05/29/1966

GUARANTOR INFORMATION

Name: SANCHEZ, DEBRA P Relationship: Self
Address: 6507 Chanslor Ave Apt # C County:
City: Bell State: CA Zip: 90201

Guarantor's Employer:
Contact:
Address:
City: State: Zip:
Phone:

PRIMARY INSURANCE (Please present card for copying)

Subscriber: SANCHEZ, DEBRA P Relationship: Self
Payor Name: BLUE SHIELD COM HMO

SECONDARY INSURANCE

Subscriber: Relationship:
Payor Name:

Do you authorize payment to Provider? Y N
Do you authorize release of medical records? Y N

DISCLOSURE STATEMENT:

I hereby authorize TALBERT MEDICAL GROUP to use this signature to release any information necessary to process and/or secure payment of benefits from any insurance or other payer designated or identified in the course of providing services; to allow a photocopy of my signature to be considered valid as the original and to be used for the period of lifetime. I hereby assign and authorize payment check(s) directly to TALBERT MEDICAL GROUP for all payments to which I am entitled for services provided by TALBERT MEDICAL GROUP. I understand that I am financially responsible for identified charges, and I agree to pay reasonable attorney fees, and/or collection fees mediation fees and court costs incurred in the collection of my outstanding balance. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is considered as valid as the original.

Debra P. Sanchez
Print Patient/Responsible Party

11/13/09
Date

[Signature]
Signature of Patient/Responsible Party

MEDICARE PATIENTS:

I request that payment of authorized Medicare/Medigap benefits be made on my behalf to the TALBERT MEDICAL GROUP for any services furnished by that provider. I authorize the holder of medical information about me to release to the Health Care Administration, it's agents or my Medigap Insurer _____, any information needed to determine benefits payable for related services.

Signature of Patient/Responsible Party

51124



blue of california

blueshieldca.com

Providers: Please file all claims with your local Blue Cross Blue Shield licensee in whose service area the member received services or, when Medicare is primary, file all Medicare claims with Medicare.

California Providers: Call Provider Customer Service to obtain medical and hospital admission prior authorization to avoid reduced or non-payment. Pharmacists call for prescription processing information. Visit Provider Connection at blueshieldca.com/provider

CA Medical claims to:
 Blue Shield of California, P.O. Box 272540,
 Chico, CA 95927-2540

(800) 424-6521 Member Services
 (866) 216-9926 TTY
 (877) 263-8927 Mental Health Customer Svc.
 (877) 304-0504 Nurse Help 24/7
 (800) 985-2405 Life/Events 24/7
 (800) 810-2582 To locate providers outside of California
 (800) 541-6652 CA Provider Customer Service (including hospitals and pharmacies)

Blue Shield of California is an independent member of the Blue Shield Association.

blue of california

Subscriber	Group #	H73320
DEBRA P SANCHEZ	Effective Plan	01/01/09 HMO
ID# XEHJ03349401	Rx	Yes
Copayments		
Office \$15		

City: N/A
 Name: SANCHEZ, DEBRA
 Suffix: OCHIA, SHERIDY
 Date: 11/13/2009 Time: 1:40 PM DEPT: DO FP
 Payor: BLUE SHIELD COM HMO Type: COM
 Plan: BSC0043 \$15 COM 01+ PCP: Daisy J. Guevara
 Enc#: 3277750
 Sex: F DOB: 05/29/1966

Patient Name: DEBRA SANCHEZ
Date of Visit: 17-Nov-2009
Document Type: Registration**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 250

DOB: 29-May-1966

Owner: Conversion,Epic



**ADVANCED DIRECTIVES ACKNOWLEDGEMENT
DISPOSICIONES POR ADELANTADO DE LA SALUD**

Patient's Phone Number () _____
Numero de Teléfono () Home Phone/Casa _____
() Work Phone/Trabajo _____
() Cell Phone/Celular _____

51124
Patient Name _____
Cht#: N/A Enc#: 3277760
Name: SANCHEZ, DEBRA Sex: F DOB: 05/29/1966
Pvd: OCHOA, GREGORY Cht Loc: _____
Date: 11/13/2009 Time: 1:40 PM DEPT: DO FP
Payor: BLUE SHIELD COM HMO Type: COM
Plan: BSC0043 \$15 COM 01+ PCP: Daisy J. Guevara
Center of record: _____
Insurance: _____

**ADVANCED DIRECTIVES ACKNOWLEDGEMENT
DISPOSICIONES POR ADELANTADO SOBRE LA ATENCIÓN DE LA SALUD**

- _____ I **do have** an Advance Directive / Living Will / Durable Power of Attorney for medical or health care decisions.
Si tengo un formulario de las Disposiciones por adelantado / Testamento / Un poder legal para representación sobre la atención de la salud.
- I **do not have** an Advanced Directive / Living Will / Durable Power of Attorney for medical or health care decisions.
No tengo un formulario de las Disposiciones por adelantado / Testamento / Un poder legal para representación sobre la atención de la salud.
- _____ I **would like** further information on Advanced Directives.
Me gustaria recibir mas información acerca de las Disposiciones por adelantado de la salud.
- _____ I **would not like** further information on Advanced Directives.
No necesito mas información acerca de las Disposiciones por adelantado de la salud.


Patient's Signature / Firma del Paciente

11/13/09
Date / Fecha

Physician or Office Staff please complete:
Esta parte deberá ser completada por los empleados o por el Doctor:

- Information regarding Advanced Directives **was provided.**
- _____ Information regarding Advanced Directives **was not provided.**
- If information was provided, what type? _____ Verbal Written

If the patient has an Advanced Directive, has it been placed in the Medical Record:

Comments: _____ Yes No

Physician or Staff Signature:  Date: 11/13/09

CS-800-075 (9-07)

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 251

DOB: 29-May-1966

Date of Visit: 13-Nov-2009

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 11/13/2009

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

	Provider	Department	Encounter #
11/13/2009 1:40 PM	Gregory Ochoa, MD	Do Fp	9069696

Diagnoses

Unspecified Viral Infection	079.99
Migraine NOS W/O Mentn Intractable	346.90

Reason for Visit

- Sore throat
- Earache
- Nose Problem
- Body Aches

Visit Notes

Lilia Salazar, MA Fri Nov 13, 2009 1:59 PM
 Debra Sanchez is a 43 year old female c/o sore throat x 1 day chest congestion with fever and body aches x 3 days

Allergies as of 11/13/2009

Reviewed On: 11/13/2009 By: Lilia Salazar, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Ht	Wt
130/90	88	99.5 °F (37.5 °C) (Oral)	16	4' 11"	214 lb 8 oz (97.297 kg)
BMI					
43.30 kg/m2					

TMG Extended Vitals

None

All Notes

Patient Instructions signed by Gregory Ochoa, MD at 11/13/2009 2:28 PM

Created By: Gregory Ochoa, MD User Type: Physician Created: 11/13/2009 2:28 PM
 Note Status: Signed Cosign: Cosign Not Required Note Time: 11/13/2009 2:28 PM

Take all medications as directed, drink plenty of fluids and rest.
 Call or return to clinic if your symptoms worsen or fail to improve as anticipated.
 Follow up with your primary care physician as needed.

Progress Notes signed by Gregory Ochoa, MD at 11/13/2009 2:27 PM

Created By: Gregory Ochoa, MD User Type: Physician Created: 11/13/2009 2:10 PM
 Note Status: Signed Cosign: Cosign Not Required Note Time: 11/13/2009 2:10 PM

RQS
Physical Exam

Sanchez, Debra (MR # 51124)

Page 1 of 3

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 252

DOB: 29-May-1966

Date of Visit: 13-Nov-2009

Owner: Conversion, Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 11/13/2009

All Notes (continued)

SUBJECTIVE: Debra Sanchez is a 43 year old female with fever running nose, sneezing and cough. No relief with Dayquil and Tylenol. +chills, low grade fever ~ 100 degrees.

PMH : Allergies

OBJECTIVE:

GENERAL: WDOWN NAD

VITALS: as above

HEENT: NC/AT, PERRLA, TM's-intact, ++injected mm's

NECK: supple c FROM

COR: RRR, no murmurs or ectopic beats

LUNG: CTA,b/l, no rales or wheezes

ABD: s/nt, nl BS's, no HSM

EXTRM: no lesions, or edema

ASSESSMENT / PLAN:

Meds Ordered This Encounter

	Disp	Refills	Start	End
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML OR SYRP Sig: 1 TEASPOONFUL EVERY 4 TO 6 HOURS AS NEEDED Route: Oral	240 mL	0	11/13/2009	11/27/2009
LORATADINE 10 MG OR TABS (Discontinued) Sig: 1 TABLET DAILY AS NEEDED Class: OTC Route: Oral Reason for Discontinue: Therapy completed	15 Tab	0	11/13/2009	4/5/2010
IBUPROFEN 600 MG OR TABS (Discontinued) Sig: 1 TABLET TIMES DAILY AS NEEDED Route: Oral Reason for Discontinue: Therapy completed	30 Tab	0	11/13/2009	4/5/2010
CEPACOL SORE THROAT 10-4.5 MG MT LOZG Sig: USE ALL DAY Class: OTC Route: Mouth/Throat	1 Each	0	11/13/2009	11/27/2009

Immunizations as of 11/13/2009

Never Reviewed

TORADOL 5/2/2006

Medications at Start of Encounter

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS (Taking) Sig - Route: take one tablet by mouth in the morning -- Oral Reason for Discontinue: Reorder	30 Tab	3	8/28/2009	1/4/2010

Level Of Service

OFFIC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15MIN [99213]

Encounter Status

Closed by Gregory Ochoa, MD on 11/13/09 at 2:48 PM

Sanchez, Debra (MR # 51124)

Page 2 of 3

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 253

DOB: 29-May-1966

Date of Visit: 13-Nov-2009

Owner: Conversion.Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 11/13/2009

All Notes (continued)

Sanchez, Debra (MR # 51124)

Page 3 of 3

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 254

DOB: 29-May-1966

Date of Visit: 13-Nov-2009

Owner: Conversion,Epic

Document Type: Patient Communication*

Site Name: Health Information Services

November 13, 2009

TO WHOM IT MAY CONCERN:

This is to certify that Debra Sanchez was seen in my office on 11/13/2009 but has been sick since 11/11/09. She may return to work on 11/16/09.

Please feel free to contact my office if you have any questions or concerns. Thank you for your assistance in this matter.

Sincerely yours,

Gregory Ochoa M.D.
Downey Family Practice
8311 Florence Ave
Downey CA 90240-3928
562-923-4911

Received for: Epic Conversion Jul 4 2014 11:52PM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 255

DOB: 29-May-1966

Date of Visit: 13-Nov-2009

Owner: Conversion,Epic

Document Type: Patient Communication*

Site Name: Health Information Services

November 13, 2009

TO WHOM IT MAY CONCERN:

This is to certify that Debra Sanchez was seen in my office on 11/13/2009 has been sick since 11/11/09. She may return to work on 11-16-09.

Please feel free to contact my office if you have any questions or concerns. Thank you for your assistance in this matter.

Sincerely yours,

Gregory Ochoa M.D.
Downey Family Practice
8311 Florence Ave
Downey CA 90240-3928
562-923-4911

Received for:Epic Conversion Jul 4 2014 11:52PM Pacific Standard Time

ROS

Physical Exam

SUBJECTIVE: Debra Sanchez is a 43 year old female with fever running nose, sneezing and cough. No relief with Dayquil and Tylenol. +chills, low grade fever ~ 100 degrees.

PMH : Allergies

OBJECTIVE:

GENERAL: W/DWN NAD

VITALS: as above

HEENT: NC/AT, PERRLA, TM's-intact, ++injected mm's

NECK: supple c FROM

COR: RRR, no murmurs or ectopic beats

LUNG: CTA, b/l, no rales or wheezes

ABD: s/nt, nl BS's, no HSM

EXTRM: no lesions, or edema

ASSESSMENT / PLAN:

Received for: GREGORY OCHOA MD Jul 2 2014 8:18AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ
 Date of Visit: 28-Aug-2009
 Document Type: Patient Phone Call**
 Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 257

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 08/28/2009

Encounter Status

Closed by Daisy J. Guevara, MD on 8/28/09 at 5:17 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
8/28/2009 4:50 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
08/28/2009 4:50 PM fax 562.498.1171	Phone (Incoming)	yee's pharmacy (Pharmacy)	562-597-7733

Call Documentation

Lorena Estrada, MA 8/28/2009 4:51 PM Signed
 Last filled 7/30/09. Last office visit 2/13/09.

Routing History

Sent On	From	To	Message Type
8/28/2009 4:51 PM	Lorena Estrada, MA	Daisy J. Guevara, MD	

Created by

Lorena Estrada, MA on 8/28/2009 4:50 PM

Approved

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS Sig - Route: take one tablet by mouth in the morning - - Oral Class: Normal Authorizing Provider: Daisy J. Guevara, MD	30 Tab	3	8/28/2009	1/4/2010

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 8/28/2009

Reviewed On: 2/13/2009 By: Maria Manzano, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
Date of Visit: 11-Aug-2009
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 258

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 08/11/2009

Encounter Status

Closed by Nettie Steger, MA on 8/11/09 at 10:31 AM

Telephone	Debra Sanchez (MRN 51124)
------------------	----------------------------------

Reason for Call

Other 2009 mammo ascender

Telephone Contact Summary

Outgoing Call

Date & Time	Provider	Department	Center
8/11/2009 10:30 AM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
08/11/2009 10:30 AM	Phone (Outgoing)	Sanchez, Debra (Self)	323-702-0245 (M)

Call Documentation

Nettie Steger, MA 8/11/2009 10:31 AM Signed
Left message on VM, pt needs to schedule mammogram per ascender.

Created by

Nettie Steger, MA on 8/11/2009 10:30 AM

Allergies

Allergies as of 8/11/2009

Reviewed On: 2/13/2009 By: Maria Manzano, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
 Date of Visit: 26-Feb-2009
 Document Type: Patient Phone Call**
 Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 259

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 02/26/2009

Encounter Status

Closed by Nettie Steger, MA on 2/26/09 at 1:37 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
2/26/2009 1:35 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
02/26/2009 1:35 PM	Phone (Incoming)	yee's pharm (Pharmacy)	562-597-7733

Call Documentation

Nettie Steger, MA 2/26/2009 1:37 PM Signed
 Last ov 2/13/09 last refill 1/27/09

Created by

Encounter creation information not available

Approved

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS	30	5	2/26/2009	8/28/2009

Warning: The medication was pended with free-text dispense values. You will have to enter discrete dispense values to sign the order.

Sig - Route: take one tablet by mouth in the morning - - Oral

Class: Normal

Authorizing Provider: Daisy J. Guevara, MD

Ordering User: Nettie Steger, MA

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 2/26/2009

Reviewed On: 2/13/2009 By: Maria Manzano, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 260

DOB: 29-May-1966

Date of Visit: 13-Feb-2009

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 02/13/2009

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

	Provider	Department	Encounter #
2/13/2009 5:00 PM	Daisy J. Guevara, MD	Do Im	7902945

Diagnoses

ROUTINE MEDICAL EXAM - Primary	V70.0
Neurotic Depression	300.4
Migraine NOS W/O Mentn Intractable	346.90

Reason for Visit

Recheck	
Questions on Medication	Paxil
Refill Request	
Wheezing	cough with phelgm

Reason For Visit History Recorded

Visit Notes

Maria Manzano, MA Fri Feb 13, 2009 5:44 PM
 Debra Sanchez is a 42 year old female here for recheck visit. Migraine. Refills on meds. Question on meds. Wheezing during cold wheather. Cough wigh phelgm.

Allergies as of 2/13/2009

Reviewed On: 2/13/2009 By: Maria Manzano, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Ht	Wt
124/80	80	98.3 °F (36.8 °C) (Oral)	20	4' 11"	201 lb (91.173 kg)

BMI	LMP				
40.58 kg/m2	02/13/2009				

Vitals History Recorded

TMG Extended Vitals

None

All Notes

Progress Notes signed by Daisy J. Guevara, MD at 4/5/2009 4:01 PM

Created By: Daisy J. Guevara, MD	User Type: Physician	Created: 2/13/2009 6:14 PM
Note Status: Signed	Cosign: Cosign Not Required	Note Time: 2/13/2009 6:14 PM

Debra Sanchez is a 42 year old female here for follow up
Takes paxil for depression , STABLE

Nursing Notes:

>> Maria Manzano, MA Fri Feb 13, 2009 5:44 PM
 Debra Sanchez is a 42 year old female here for recheck visit. Migraine. Refills on meds. Question on meds.

Sanchez, Debra (MR # 51124)

Page 1 of 2

Sanchez, Debra (MR # 51124)

Encounter Date: 02/13/2009

All Notes (continued)

Wheezing during cold wheather. Cough wigh phelgm.

NO COUGH AND WHEEZING TODAY , MAINLY HER EFOR SCREENING BLOOD TEST STATES HEADCHES HAS IMPROVED

PE: ambulatory , no distress, normal gait

heent: post pharynx - erythematous, no palpable lymph nodes

heart: regular

lungs: + coarse breath sounds ,few ronchi

abd: soft , nontender

ext: no cce

neuro: non-focal

ASSESSMENT & PLAN:

Encounter Diagnoses

Code	Name	Primary?
• V70.0	ROUTINE MEDICAL EXAM	Yes
Plan:	CBC (INCLUDES DIFF/PLT), COMPREHENSIVE METABOLIC\$PANEL, LIPID PANEL, THYROID PANEL WITH TSH, URINALYSIS, MICROSCOPIC, REFER FOR MAMMO SCREENING (INT)	
• 300.4	DEPRESSIVE REACTION, stable	
• 346.90	MIGRAINE NOS W/O MENTN INTRACTABLE , improved	

Patient Instructions signed by Daisy J. Guevara, MD at 2/13/2009 6:14 PM

Created By: Daisy J. Guevara, MD	User Type: Physician	Created: 2/13/2009 6:14 PM
Note Status: Signed	Cosign: Cosign Not Required	Note Time: 2/13/2009 6:14 PM

Fasting blood test.

Return every 6 months / schedule physical -pap smear

Immunizations as of 2/13/2009

Never Reviewed

TORADOL 5/2/2006

Medications at Start of Encounter

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS (Taking)	30	0	1/27/2009	2/26/2009
Sig - Route: take one tablet by mouth in the morning - Pt to keep appt scheduled - Oral				
Reason for Discontinue: Reorder				
Cosign for Ordering: Accepted by Daisy J. Guevara, MD on 1/28/2009 12:23 AM				

Level Of Service

PREVEN MEDS E&M ESTAB PT; 40-64 YR [99396]

Additional E/M Codes	Modifiers
OFFIC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15MIN [99213]	Significant, Sprtly Idable Eval & Mgmt On Same Day By Same Prov [25]

Encounter Status

Closed by Daisy J. Guevara, MD on 4/5/09 at 4:01 PM

Sanchez, Debra (MR # 51124)

Page 2 of 2

Debra Sanchez is a 42 year old female here for follow up
Takes paxil for depression , STABLE

Nursing Notes:

>> Maria Manzano, MA Fri Feb 13, 2009 5:44 PM

Debra Sanchez is a 42 year old female here for recheck visit. Migraine. Refills on meds. Question on meds. Wheezing during cold wheather. Cough wigh phelgm.

NO COUGH AND WHEEZING TODAY , MAINLY HER EFOR SCREENING BLOOD TEST

STATES HEADCHES HAS IMPROVED

PE: ambulatory , no distress, normal gait

heent: post pharynx - erythematous, no palpable lymph nodes

heart: regular

lungs: + coarse breath sounds ,few ronchi

abd: soft , nontender

ext: no cce

neuro: non-focal

ASSESSMENT & PLAN:

Encounter Diagnoses

Code	Name	Primary?
V70.0	ROUTINE MEDICAL EXAM	Yes
Plan: CBC (INCLUDES DIFF/PLT), COMPREHENSIVE METABOLIC\$PANEL, LIPID PANEL, THYROID PANEL WITH TSH, URINALYSIS, MICROSCOPIC, REFER FOR MAMMO SCREENING (INT)		
300.4	DEPRESSIVE REACTION, stable	
346.90	MIGRAINE NOS W/O MENTN INTRACTABLE , improved	

Received for:DAISY GUEVARA MD Jul 2 2014 8:18AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ
Date of Visit: 27-Jan-2009
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 263

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 01/27/2009

Encounter Status

Closed by Marcella Duarte, LVN on 1/27/09 at 4:20 PM

Telephone	Debra Sanchez (MRN 51124)
------------------	----------------------------------

Reason for Call

Refill Request Paxil

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
1/27/2009 4:04 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
01/27/2009 4:04 PM	Phone (Incoming)	Sanchez, Debra (Self)	562-494-0652 (W)

Call Documentation

Marcella Duarte, LVN 1/27/2009 4:20 PM Signed

Pt informed important to keep scheduled appt 02/13/09 for further refills. Pt verbalized understanding.

Marcella Duarte, LVN 1/27/2009 4:16 PM Signed

Pt called requesting refill Paxil. Pt has f/u appt 01-29-09. Per Dr. Guevara rx refill has been authorized with one refill.

Created by

Encounter creation information not available

Visit Pharmacy

CVS BE FLORENCE AND ATLANTIC

Allergies

Allergies as of 1/27/2009

Reviewed On: 6/26/2008 By: Teresa Ramirez, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
Date of Visit: 27-Jan-2009
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 264

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 01/27/2009

Encounter Status

Closed by Evelyn Medina, MA on 2/10/09 at 11:14 AM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
1/27/2009 11:29 AM	Evelyn Medina, MA	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
01/27/2009 11:29 AM	Phone (Incoming)	ref req (Pharmacy)	562-597-7733

Call Documentation

Evelyn Medina, MA 1/27/2009 11:30 AM Signed
 Lov 06/26/08
 Last refill 12/24/08
 Please approve or deny

Created by

Encounter creation information not available

Approved

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS	30	0	1/27/2009	2/26/2009

Warning: The medication was pended with free-text dispense values. You will have to enter discrete dispense values to sign the order.
 Sig - Route: take one tablet by mouth in the morning - Pt to keep appt scheduled - Oral
 Class: Normal
 Authorizing Provider: Daisy J. Guevara, MD
 Ordering User: Marcella Duarte, LVN

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 1/27/2009

Reviewed On: 6/26/2008 By: Teresa Ramirez, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Sanchez, Debra (MR # 51124)

Encounter Date: 06/26/2008

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

	Provider	Department	Encounter #
6/26/2008 10:45 AM	David Meacham	Do Fp	7103065

Diagnoses

Depressive Disorder NEC - Primary	311
Classical Migraine Intractable	346.01

Reason for Visit

Refill Request

Visit Notes

Maria Iglesias, MA Thu Jun 26, 2008 10:55 AM
Debra Sanchez is a 42 year old female here today for med refill

Allergies as of 6/26/2008

Reviewed On: 6/26/2008 By: Teresa Ramirez, MA

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Wt
110/70	76	98.4 °F (36.9 °C) (Oral)	18	192 lb 11.2 oz (87.408 kg)

Vitals History Recorded

TMG Extended Vitals

None

All Notes**Progress Notes signed by David Meacham, PA at 6/26/2008 11:31 AM**

Created By: David Meacham, PA	User Type: Physician Assistant	Created: 6/26/2008 11:31 AM
Note Status: Signed	Cosign: Cosign Not Required	Note Time: 6/26/2008 11:31 AM

Debra Sanchez is a 42 year old female

Nursing Notes:

>> Maria Iglesias, MA Thu Jun 26, 2008 10:55 AM
Debra Sanchez is a 42 year old female here today for med refill

Hx of migrains Menses related

OBJECTIVE:

BP 110/70 | Pulse 76 | Temp (Src) 98.4 °F (36.9 °C) (Oral) | Resp 18 | Wt 192 lbs 11.2 oz (87.408 kg)

no apparent distress

CARDIAC: RRR nl S1 and S2 no S3 or S4. No murmur. No clicks, gallops or rubs.

LUNGS: Clear to auscultation bilaterally. No rales, wheezes or rhonchi. Breath sound is excellent.

Sanchez, Debra (MR # 51124)

Page 1 of 2

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 266

DOB: 29-May-1966

Date of Visit: 26-Jun-2008

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 06/26/2008

All Notes (continued)

ASSESSMENT:
PLAN:

Encounter Diagnoses

Code	Name	Primary?
• 311	DEPRESSIVE DISORDER NEC	Yes
Plan: PAXIL 20 MG OR TABS		

Meds Ordered This Encounter

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS (Discontinued)	30	6	6/26/2008	1/27/2009
Sig: take one tablet by mouth in the morning -NEED APPT FOR FURTHER REFILLS				
Route: Oral				
Reason for Discontinue: Reorder				

Immunizations as of 6/26/2008

Never Reviewed

TORADOL 5/2/2006

Medications at Start of Encounter

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS (Discontinued)	5	0	6/20/2008	6/26/2008
Sig - Route: take one tablet by mouth in the morning -NEED APPT FOR FURTHER REFILLS - Oral				
Reason for Discontinue: Reorder				
Cosign for Ordering: Accepted by Daisy J. Guevara, MD on 6/20/2008 5:22 PM				
VANAZOLE 0.75 % VA GEL (Discontinued)	1	0	8/8/2007	6/26/2008
Sig - Route: insert into vagina at bedtime x 5 days - Vaginal				
Class: Fax				
Reason for Discontinue: Therapy completed				

Level Of Service

OFFIC/OUTPT VISIT E&M EST LOW-MOD
SEVERITY 15MIN [99213]

Encounter Status

Closed by David Meacham, PA on 6/26/08 at 11:38 AM

Sanchez, Debra (MR # 51124)

Page 2 of 2

Patient Name: DEBRA SANCHEZ
Date of Visit: 26-Jun-2008
Document Type: Progress Note*
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 267

DOB: 29-May-1966

Owner: Conversion,Epic

Debra Sanchez is a 42 year old female

Nursing Notes:

>> Maria Iglesias, MA Thu Jun 26, 2008 10:55 AM
Debra Sanchez is a 42 year old female here today for med refill

Hx of migrains Menses related

OBJECTIVE:

BP 110/70 | Pulse 76 | Temp (Src) 98.4 °F (36.9 °C) (Oral) | Resp 18 | Wt 192 lbs 11.2 oz (87.408 kg)
no apparent distress
CARDIAC: RRR nl S1 and S2 no S3 or S4. No murmur. No clicks, gallops or rubs.
LUNGS: Clear to auscultation bilaterally. No rales, wheezes or rhonchi. Breath sound is excellent.

ASSESSMENT:

PLAN:

Encounter Diagnoses

Code	Name	Primary?
311	DEPRESSIVE DISORDER NEC	Yes

•
Plan: PAXIL 20 MG OR TABS

Received for:Epic Conversion Jul 2 2014 9:51AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ
Date of Visit: 26-Jun-2008
Document Type: Registration**
Site Name: Health Information Services

32123B1_OBW3TS1R5001CBQ - 268
ID: 20-10/27/08
Owner: Conversion, Epic

DOB: 29-May-1966

SERVICE AREA: TALBERT MEDICAL GROUP

PATIENT DEMOGRAPHICS

Name: SANCHEZ, DEBRA MRN: 51124
Address: 4444 CLARA ST., #10 County:
City: CUDAHY State: CA Zip: 90201
Home Ph: 323-771-8216 Sex: F DOB: 05/29/1966
Work Ph: 562-494-0652 SS#: 559-79-2503
Emerg Contact: Helen, Sanchez Relationship: MOTHER
Home Ph: 323-560-4016 Work Ph:
Language: English

GUARANTOR INFORMATION

Name: SANCHEZ, DEBRA P Relationship: Self
Address: 4444 Clara St., #10 County:
City: Cudahy State: CA Zip: 90201

Guarantor's Employer:

Contact:
Address:
City: State: Zip:
Phone:

PRIMARY INSURANCE (Please present card for copying)

Subscriber: SANCHEZ, DEBRA P Relationship: Self
Payor Name: BLUE SHIELD COM HMO

SECONDARY INSURANCE

Subscriber: Relationship:
Payor Name:

Do you authorize payment to Provider? Y N
Do you authorize release of medical records? Y N

DISCLOSURE STATEMENT:

I hereby authorize TALBERT MEDICAL GROUP to use this signature to release any information necessary to process and/or secure payment of benefits from any insurance or other payer designated or identified in the course of providing services; to allow a photocopy of my signature to be considered valid as the original and to be used for the period of lifetime. I hereby assign and authorize payment check(s) directly to TALBERT MEDICAL GROUP for all payments to which I am entitled for services provided by TALBERT MEDICAL GROUP. I understand that I am financially responsible for identified charges, and I agree to pay reasonable attorney fees, and/or collection fees mediation fees and court costs incurred in the collection of my outstanding balance. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is considered as valid as the original.

DP Sanchez
Print Patient/Responsible Party

06/26/08
Date

DP Sanchez
Signature of Patient/Responsible Party

MEDICARE PATIENTS:

I request that payment of authorized Medicare/Medigap benefits be made on my behalf to the TALBERT MEDICAL GROUP for any services furnished by that provider. I authorize the holder of medical information about me to release to the Health Care Administration, it's agents or my Medigap Insurer, any information needed to determine benefits payable for related services.

Signature of Patient/Responsible Party

USER: JH
NAME: SANCHEZ, DEBRA
EVD: HEALTHY, DAVID FA
Date: 06/26/2008 Time: 10:45 AM DEPT: DO FF
Payor: BLUE SHIELD COM HMO Type: COM
Plan: 3502210 \$15 COM A1* PCP: Daisy J. Guevara, MD
ECHO: 000044
Sex: F JOB: 05/29/1966
CMT LCC:

Patient Name: DEBRA SANCHEZ
 Date of Visit: 20-Jun-2008
 Document Type: Patient Phone Call**
 Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 269

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 06/20/2008

Encounter Status

Closed by Paula Gallardo, LVN on 6/20/08 at 4:47 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
6/20/2008 4:44 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
06/20/2008 4:44 PM fax 562-498-1171	Phone (Incoming)	Yeas (Pharmacy)	562-597-7733

Call Documentation

Paula Gallardo, LVN 6/20/2008 4:47 PM Signed
 LAST VISIT 09/14/07 Dr Guevara
 LAST FILLED 05/27/08

Approved to dispense 5 pills to cover pt until appointment on 06/24/08

Created by

Encounter creation information not available

Approved

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS	5	0	6/20/2008	6/26/2008

Warning: The medication was pended with free-text dispense values. You will have to enter discrete dispense values to sign the order.

Sig - Route: take one tablet by mouth in the morning -NEED APPT FOR FURTHER REFILLS - Oral

Class: Normal

Authorizing Provider: Daisy J. Guevara, MD

Ordering User: Paula Gallardo, LVN

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 6/20/2008

Reviewed On: 8/1/2007 By: Benita Bentley
Lvn

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Sanchez, Debra (MR # 51124)

Page 1 of 1

Patient Name: DEBRA SANCHEZ
Date of Visit: 27-May-2008
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 270

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 05/27/2008

Encounter Status

Closed by Paula Gallardo, LVN on 5/27/08 at 9:44 AM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
5/27/2008 9:41 AM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
05/27/2008 9:41 AM fax: 562-498-1171	Phone (Incoming)	Yeas (Pharmacy)	562-567-7733

Call Documentation

Paula Gallardo, LVN 5/27/2008 9:44 AM Signed

LAST VISIT 08/01/07

LAST FILLED 04/24/08

LEFT MESSAGE THAT APPT. IS REQUIRED FOR FURTHER REFILLS

Created by

Encounter creation information not available

Approved

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS	30	0	5/27/2008	6/20/2008

Warning: The medication was pended with free-text dispense values. You will have to enter discrete dispense values to sign the order.

Sig - Route: take one tablet by mouth in the morning -NEED APPT FOR FURTHER REFILLS - Oral

Class: Normal

Authorizing Provider: Daisy J. Guevara, MD

Ordering User: Paula Gallardo, LVN

Visit Pharmacy

YEES PRESCRIPTION PHARMACY LB TERMINO & PCH

Allergies

Allergies as of 5/27/2008

Reviewed On: 8/1/2007 By: Benita Bentley
Lvn

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
Date of Visit: 04-Apr-2008
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 271

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 04/04/2008

Encounter Status

Closed by Prasad K. Chode, MD on 4/4/08 at 10:12 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
4/4/2008 5:00 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
04/04/2008 5:00 PM	Phone (Incoming)	cvs (Pharmacy)	323-773-2025

Call Documentation

Angelina Romero, MA 4/4/2008 5:01 PM Signed
 Last seen by Dr Guevara on 09/14/06
 Last refill: 02/26/08
 Original rx written on n/a
 Routed to Dr. Chode, Dr. Guevara not here

Created by

Encounter creation information not available

Refused

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS	30		4/4/2008	

Warning: The medication was pended with free-text dispense values. You will have to enter discrete dispense values to sign the order.
 Sig - Route: take one tablet by mouth in the morning - Oral
 Class: Normal
 Reason for Refusal: **Appt required, please call patient**
 Refused By: Prasad K. Chode, MD

Visit Pharmacy

CVS BE FLORENCE AND ATLANTIC

Allergies

Allergies as of 4/4/2008

Reviewed On: 8/1/2007 By: Benita Bentley Lvn

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Sanchez, Debra (MR # 51124)

Page 1 of 1

Patient Name: DEBRA SANCHEZ
Date of Visit: 25-Mar-2008
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 272

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 03/25/2008

Encounter Status

Closed by Elizabeth Reyes, MA on 3/25/08 at 3:25 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
3/25/2008 3:24 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
03/25/2008 3:24 PM fax:323-773-9124	Phone (Incoming)	cvs (Pharmacy)	323-773-2025

Call Documentation

ELIZABETH REYES, MA 3/25/2008 3:25 PM Signed
 Last seen dr.lee:8/1/07

original rx dates:date not given
 last refill:2/26/08

Created by

Encounter creation information not available

Approved

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS	30	1	3/25/2008	5/27/2008

Warning: The medication was pended with free-text dispense values. You will have to enter discrete dispense values to sign the order.

Sig - Route: take one tablet by mouth in the morning - Oral

Class: Normal

Authorizing Provider: Daisy J. Guevara, MD

Ordering User: Elizabeth Reyes, MA

Visit Pharmacy

CVS BE FLORENCE AND ATLANTIC

Allergies

Allergies as of 3/25/2008

Reviewed On: 8/1/2007 By: Benita Bentley
Lvn

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Sanchez, Debra (MR # 51124)

Page 1 of 1

Patient Name: DEBRA SANCHEZ
Date of Visit: 25-Feb-2008
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 273

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 02/25/2008

Encounter Status

Closed by Elizabeth Reyes, MA on 2/25/08 at 4:22 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
2/25/2008 4:21 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
02/25/2008 4:21 PM fax: 323-773-9124	Phone (Incoming)	cvs (Pharmacy)	323-773-2025

Call Documentation

ELIZABETH REYES, MA 2/25/2008 4:22 PM Signed
Last seen dr.lee:8/1/07

original rx dates: date not given
last refill: 1/24/08

Created by

Encounter creation information not available

Approved

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS	30	0	2/25/2008	3/25/2008

Warning: The medication was pended with free-text dispense values. You will have to enter discrete dispense values to sign the order.

Sig - Route: take one tablet by mouth in the morning - Oral

Class: Fax

Authorizing Provider: Daisy J. Guevara, MD

Ordering User: Elizabeth Reyes, MA

Visit Pharmacy

CVS BE FLORENCE AND ATLANTIC

Allergies

Allergies as of 2/25/2008

Reviewed On: 8/1/2007 By: Benita Bentley
Lvn

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Sanchez, Debra (MR # 51124)

Page 1 of 1

Patient Name: DEBRA SANCHEZ
Date of Visit: 24-Jan-2008
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 274

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 01/24/2008

Encounter Status

Closed by Angelina Romero, MA on 1/24/08 at 9:55 AM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
1/24/2008 9:47 AM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
01/24/2008 9:47 AM fax773-9124	Phone (Incoming)	cvs (Pharmacy)	323-771-2025

Call Documentation

Angelina Romero, MA 1/24/2008 9:52 AM Signed
 Last seen by Dr Guevara on 09/14/06
 Last refill: none
 Original rx written on 05/31/07
 Pt must make an appt. for future refills

Created by

Encounter creation information not available

Approved

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS	30	0	1/24/2008	2/25/2008

Warning: The medication was pended with free-text dispense values. You will have to enter discrete dispense values to sign the order.
 Sig - Route: take one tablet by mouth in the morning - Oral
 Class: Fax
 Authorizing Provider: Daisy J. Guevara, MD
 Ordering User: Angelina Romero, MA

Visit Pharmacy

SAV ON BE 7101 ATLANTIC BLVD, BELL, CA 90201

Allergies

Allergies as of 1/24/2008

Reviewed On: 8/1/2007 By: Benita Bentley Lvn

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 275

DOB: 29-May-1966

Date of Visit: 01-Aug-2007

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 08/01/2007

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

8/1/2007 3:00 PM	Provider	Department	Encounter #
	Li Florence Lee, NP	Do Ob	5855023

Diagnoses

Routine Gyn Examination	V72.31
SCREENING MAL NEOP-CERVIX	V76.2
Contraceptive Mangmt NOS	V25.9
Screening Mal Neop-Breast,Unspec	V76.10

Reason for Visit

Pap Smear

Allergies as of 8/1/2007

Reviewed On: 8/1/2007 By: Benita Bentley
Lvn

No Known Drug Allergy	Noted	Type	Reactions
	4/3/2006		

Vitals - Last Recorded

BP	Pulse	Resp	Wt	LMP
110/60	74	17	188 lb (85.276 kg)	07/25/2007

TMG Extended Vitals

None

All Notes

Progress Notes addendum by Lorena Estrada, MA at 8/15/2007 1:26 PM

Created By: Lorena Estrada, MA	User Type: Medical Assistant	Created: 8/15/2007 1:26 PM
Note Status: Addendum	Cosign: Cosign Not Required	Note Time: 8/15/2007 1:26 PM

Quick Note:

Pt. informed of pap smear results and to pick medication. Pt. agreed.

Progress Notes addendum by Florence Li Lee at 8/8/2007 6:29 PM

Created By: Florence Li Lee	User Type: Nurse Practitioner	Created: 8/8/2007 6:29 PM
Note Status: Addendum	Cosign: Cosign Not Required	Note Time: 8/8/2007 6:29 PM

Quick Note:

PAP-NEGATIVE, PLEASE SEND LETTER.THANKS.
Please call pt to pick up med for bacterial vaginosis. Order in

Progress Notes signed by Florence Li Lee at 8/2/2007 4:09 PM

Created By: Florence Li Lee	User Type: Nurse Practitioner	Created: 8/1/2007 3:26 PM
Note Status: Signed	Cosign: Cosign Not Required	Note Time: 8/1/2007 3:26 PM

Sanchez, Debra (MR # 51124)

Page 1 of 4

Sanchez, Debra (MR # 51124)

Encounter Date: 08/01/2007

All Notes (continued)

Debra Sanchez is a 41 year old female

SUBJECTIVE:

G5 P1 Ab4 NSVD1 C/S0 is a female is here for gynecologic exam. Her marital status is single with partner. Her period is regular. She is not using any BCM.

Medical History: none

Surgical History: none

Last PAP: last year

History of abnormal pap: no

Last Mammogram: no

OBJECTIVE:

BREASTS:

Symmetrical, no skin or nipple retraction. No dominant mass. No supraclavicular, infraclavicular, or axillary lymphadenopathy. no breast implants.

ABDOMEN:

Not obese. Soft, nondistended, nontender, no hepatosplenomegaly, no palpable mass, no hernia.

PELVIC EXAM:

Vulva: normal. No lesion.

BUS (Bartholin's, Urethra and Skene's): normal.

Vagina: normal, no erythema, no cystocele or rectocele, and no abnormal lesion or discharge.

Cervix: parous; there is no erythema, no lesion or discharge.

Uterus: Present. Size: normal and Shape: normal.

Adnexa: no mass palpable and non tender.

Anorectal: No hemorrhoids visible

ASSESSMENT: Well Woman Exam

PLAN: Annual Physical and PAP. Instructed self breast exam.

CMP, CBC, UA, LIPID PANEL ordered.

Meds Ordered This Encounter

	Disp	Refills	Start	End
ORTHO EVRA 150-20 MCG/24HR TD PTWK	3.08	11 months	8/1/2007	8/29/2007
Sig: 1 PATCH WEEKLY FOR 3 WEEKS THEN OFF 1 WEEK				
Class: Fax				
Route: Transdermal				

Immunizations as of 8/1/2007

	Never Reviewed
TORADOL	5/2/2006

Medications at Start of Encounter

	Disp	Refills	Start	End
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Sanchez, Debra (MR # 51124)

Encounter Date: 08/01/2007

All Notes (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS (Taking)	30	3	5/29/2007	1/24/2008
Sig - Route: take one tablet by mouth in the morning - Oral				
Class: Fax				
Reason for Discontinue: Reorder				
PAXIL 20 MG OR TABS (Discontinued)	30	3	5/23/2007	8/1/2007
Sig - Route: 1 TABLET EVERY MORNING - Oral				
Class: Fax				
Reason for Discontinue: Therapy completed				
MYCELEX OTC 1 % EX CREA (Discontinued)	45 gm	0	9/14/2006	8/1/2007
Sig - Route: apply twice a day to rash - Apply externally				
Class: Fax				
Reason for Discontinue: Therapy completed				
KEFLEX 500 MG OR CAPS (Discontinued)	40	0	9/14/2006	8/1/2007
Sig - Route: 1 cap po q 6 hours - Oral				
Class: Fax				
Reason for Discontinue: Therapy completed				
IMITREX 100 MG OR TABS (Discontinued)	12	0	5/2/2006	8/1/2007
Sig - Route: 1 TABLET 1 TIME ONLY - Oral				
Class: Fax				
Reason for Discontinue: Therapy completed				
TORADOL 30 MG/ML IJ SOLN (Discontinued)	1	0	5/2/2006	8/1/2007
Sig - Route: 60mg now - Injection				
Class: No Print				
Reason for Discontinue: Therapy completed				
CHLORASEPTIC 1.4 % MT LIQD (Discontinued)	1	0	4/24/2006	8/1/2007
Sig - Route: gargle every 2 hours - Mouth/Throat				
Class: Fax				
Reason for Discontinue: Therapy completed				
LORATADINE 10 MG OR TABS (Discontinued)	14	0	4/24/2006	8/1/2007
Sig - Route: 1 TABLET DAILY - Oral				
Class: Fax				
Reason for Discontinue: Therapy completed				
IBUPROFEN 600 MG OR TABS (Discontinued)	45	0	4/24/2006	8/1/2007
Sig - Route: 1 TABLET 3 TIMES DAILY - Oral				
Class: Fax				
Reason for Discontinue: Therapy completed				
ANTIPYRINE-BENZOCAINE 5.4-1.4 % OT SOLN (Discontinued)	10 mls	0	4/24/2006	8/1/2007
Sig - Route: 4 drops to right ear four times daily - Otic				
Class: Fax				
Reason for Discontinue: Therapy completed				
SUDAFED 30 MG OR TABS (Discontinued)	30	0	4/24/2006	8/1/2007
Sig - Route: 2 TABLETS EVERY 6-8HOURS AS NEEDED - Oral				
Class: Fax				
Reason for Discontinue: Therapy completed				

Level Of Service

OFFIC/OUTPT VISIT E&M NEW MOD-HI
SEVERITY 45 MIN [99204]

Sanchez, Debra (MR # 51124)

Page 3 of 4

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 278

DOB: 29-May-1966

Date of Visit: 01-Aug-2007

Owner: Conversion.Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 08/01/2007

All Notes (continued)

Encounter Status

Closed by Florence Li Lee on 8/2/07 at 4:09 PM

Sanchez, Debra (MR # 51124)

Page 4 of 4

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 279

DOB: 29-May-1966

Date of Visit: 01-Aug-2007

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 08/01/2007

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

8/1/2007 2:12 PM	Provider	Department	Encounter #
	Li Florence Lee, NP	Do Ob	5889416

Allergies as of 8/1/2007

Reviewed On: 8/1/2007 By: Benita Bentley Lvn

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Vitals - Last Recorded

LMP					
07/25/2007					

All Notes

No notes found.

Immunizations as of 8/1/2007

Never Reviewed

TORADOL	5/2/2006	
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Medications at Start of Encounter

	Disp	Refills	Start	End
ORTHO EVRA 150-20 MCG/24HR TD PTWK (Taking)	3.08	11 months	8/1/2007	8/29/2007

Sig - Route: 1 PATCH WEEKLY FOR 3 WEEKS THEN OFF 1 WEEK - Transdermal
Class: Fax

PAXIL 20 MG OR TABS (Taking)	30	3	5/29/2007	1/24/2008
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Sig - Route: take one tablet by mouth in the morning - Oral
Class: Fax
Reason for Discontinue: Reorder

Level Of Service

None.

Encounter Status



TMG4ME ACCESS REQUEST FORM

1665 Scenic Ave. #100
Costa Mesa, CA 92626

COMPLETE THIS FORM TO REQUEST A TMG4ME ACCOUNT

Upon receipt, Talbert Medical Group will mail secure activation materials to your home within 7-10 days.

PATIENT INFORMATION (PLEASE PRINT)

Name (full first, middle, last): Debra Pauline Sanchez
Address: 4444 Clarendon St. #10
City: Cudahy State: CA Zip: 90201
Home phone: (323) 771-8216 Date of birth: 5/29/46 Gender: Male ~~Female~~
Primary care provider: Dr. Drisy Guevara
Email address: dpsanchez1@netzero.com

*A general message will be sent to this email address to alert you when new information is posted to your account.
dpsanchez1@netzero.com

PROXY REQUESTER INFORMATION (PROXY ACCESS ALLOWS AN AUTHORIZED ADULT ACCESS TO ANOTHER PATIENTS MEDICAL INFORMATION) COMPLETE THIS SECTION IF YOU ARE OVER THE AGE OF 18 AND ARE REQUESTING ACCESS TO AN ADULT PATIENT OR CHILD'S MEDICAL RECORDS:

Name (full first, middle, last): _____
Relationship to patient: _____ Expiration date: ___/___/___
Is the patient listed above an emancipated minor? Yes/ No
Do you have power of attorney for this patient? Yes / No
Address: _____
City: _____ State: _____ Zip: _____
Home phone: (____) _____ Date of birth: ___/___/___ Gender: Male/ Female
Email address: _____

I UNDERSTAND THAT:



Initial

The Talbert Medical Group TMG4ME system contains selected and limited information from my medical record. Only Lab results performed on or after 05/01/2006 will be displayed on TMG4ME.com. A complete paper copy of my medical record is available at my Talbert center once a Release of Information Form is received.



Initial

TMG4ME is an easy-to-use Internet tool that provides quick and secure online access to my Talbert Medical Group health information from anywhere at anytime. **TMG4ME is for non-urgent medical use only.**



Initial

The unique username and password that I create to access the TMG4ME site is for my own personal use. I am responsible for protecting the confidentiality of my user name and password and will change my username or password if I believe that it has been compromised in any way.

10
10
10
10
10
E

I may make a copy of this form for my personal records.

Initial

My activities in TMG4ME (e.g., the information I access, the messages I send to and receive from Talbert in the "Secure Messaging section") may become part of my medical record and can be tracked/audited.

Initial

I may deactivate my access to the TMG4ME system at any time by notification in writing to the address listed above.

Initial

TMG4ME access to a minor patient's records is limited and is automatically terminated on the minor's twelfth (12th) birthday. My signature certifies that I am legally authorized to access medical and health insurance information for the child listed. Only one adult may be designated as the account proxy for each child.

Initial

Proxy access to another adult patient's (i.e. a patient who is 18 years of age or older) medical records will only be permitted if that patient has signed a Patient Authorization for Release of Protected Information form or a Power of Attorney document is on file with Talbert Medical Group.

Initial

Authorized access to an adult patient's record in TMG4ME by someone else will not expire unless an expiration date is listed above or a written revocation of Patient Authorization for Release of Protected Information form is received.

Initial

Talbert Medical Group may revoke my access to TMG4ME at any time, for any reason.

Initial

Access to medical record information through TMG4ME is provided by Talbert Medical Group as a convenience to their patients, and my use of TMG4ME is completely voluntary. I am not required to use TMG4ME, and I do not have to sign this form.

Initial

BY SIGNING BELOW, I AM CONFIRMING I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF USE FOR THE TALBERT MEDICAL GROUP TMG4ME SYSTEM.

Signature of Patient: *Debra Sanchez* Date: 8/1/07
(Parent/Guardian)

Printed Name: Debra P. Sanchez Relationship to patient: Self

For Center Use Only:

Date of Activation: _____

Name of staff member(Please Print): _____ Department: _____

Patients Center of Record: _____

Signature of staff member: _____

If adult proxy is requested, has authorization for release of medical information been provided? (Circle One): YES / NO

Patient Name: DEBRA SANCHEZ
Date of Visit: 01-Aug-2007
Document Type: Patient Letter*
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 282
08/01/2007 10:20:10 AM
Owner: Conversion,Epic

DOB: 29-May-1966

Debra Sanchez
4033 Bell Ave#16
Bell, CA 90201

August 1, 2007

Dear Debra Sanchez,

Thank you for your interest in TMG4ME. TMG4ME.com is a secured website that allows you to access your medical information at your convenience. **The Talbert Medical Group TMG4ME system contains selected and limited information from your medical record. A complete paper copy of your medical record is available at your Talbert center once a Release of Information Form is received.**

By using TMG4ME.com you become an active participant in your own healthcare.

TMG4ME.com allows you to:

- Make and cancel appointments
- View past and future appointments
- View most lab results
- View and print After Visit Summaries
- Electronically communicate with our Customer Care Center
- Change Address Information
- View Allergies
- View and print Immunization Records
- View Referrals

To set up your access, go to **www.TMG4ME.com**. This will bring you to the welcome page. You will see the "First time user with access code?" section. Click on the link "Get started now" Enter the following access code in the "TMG4ME Activation Code" section (This access code is case sensitive - you will need to enter it exactly as it is displayed below):

BFU39-RMA99

Access Code Expiration: Sat Sep 15, 2007 3:56 PM

In addition to the Access Code, you will also need to enter your Medical Record Number. The Medical Record Number will be sent to you separately via e-mail.

You will now need to create your own personal TMG4ME login and password, which you will use each time you login. (You should not use this access code as your TMG4ME login) Talbert recommends using your e-mail address as your TMG4ME login. The password must be at least 6 characters long and can consist of letters and numbers. For your protection, keep this password confidential so others cannot access your personal medical information.

We hope that you will find the information in TMG4ME.com useful and informative. Visit TMG4ME.com often as we will continually improve our website and add new features.

Thank you for signing up to use TMG4ME. We appreciate you choosing Talbert Medical Group to help you care for your health.

We wish you good health,
Talbert Medical Group
Great Care. Expect it.

Received for:Epic Conversion Jul 5 2014 2:06AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 283

DOB: 29-May-1966

Date of Visit: 01-Aug-2007

Owner: Lee, Li Florence

Document Type: Progress Note*

Site Name: Health Information Services

Quick Note: PAP-NEGATIVE, PLEASE SEND LETTER. THANKS. Please call pt to pick up med for bacterial vaginosis. Order in

Debra Sanchez is a 41 year old female

SUBJECTIVE:

G5 P1 Ab4 NSVD1 C/S0 is a female is here for gynecologic exam. Her marital status is single with partner.. Her period is regular. She is not using any BCM.

Medical History: none

Surgical History: none

Last PAP: last year

History of abnormal pap: no

Last Mammogram: no

OBJECTIVE:

BREASTS:

Symmetrical, no skin or nipple retraction. No dominant mass. No supraclavicular, infraclavicular, or axillary lymphadenopathy. no breast implants.

ABDOMEN:

Not obese. Soft, nondistended, nontender, no hepatosplenomegaly, no palpable mass, no hernia.

PELVIC EXAM:

Vulva: normal. No lesion.

BUS (Bartholin's, Urethra and Skene's): normal.

Vagina: normal, no erythema, no cystocele or rectocele, and no abnormal lesion or discharge.

Cervix: parous; there is no erythema, no lesion or discharge.

Uterus: Present: Size: normal and Shape: normal .

Adnexa: no mass palpable and non tender.

Anorectal: No hemorrhoids visible

ASSESSMENT: Well Woman Exam

PLAN: Annual Physical and PAP. Instructed self breast exam.

CMP, CBC, UA, LIPID PANEL ordered.

Received for: LI FLORENCE LEE N.P. Jul 1 2014 10:21AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 285

DOB: 29-May-1966

Date of Visit: 01-Aug-2007

Owner: STEIN, JAMES

Document Type: Progress Note*

Site Name: Health Information Services

Quick Note: Pt. informed of pap smear results and to pick medication. Pt. agreed.

Patient Name: DEBRA SANCHEZ
Date of Visit: 29-May-2007
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 286

DOB: 29-May-1966

Owner: Conversion.Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 05/29/2007

Encounter Status

Closed by Daisy J. Guevara, MD on 5/31/07 at 5:37 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
5/29/2007 6:39 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
05/29/2007 6:39 PM	Phone (Incoming)	CVS (Pharmacy)	323-773-2025

Call Documentation

Kris Romero, LVN 5/29/2007 6:40 PM Signed
Last PCP visit 9/14/06
Last refill 4/20/07

Created by

Encounter creation information not available

Approved

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS	30	3	5/29/2007	1/24/2008

Warning: The medication was pended with free-text dispense values. You will have to enter discrete dispense values to sign the order.

Sig - Route: take one tablet by mouth in the morning - Oral

Class: Fax

Authorizing Provider: Daisy J. Guevara, MD

Visit Pharmacy

SAV ON BE 7101 ATLANTIC BLVD. BELL, CA 90201

Allergies

Allergies as of 5/29/2007

Reviewed On: 9/14/2006 By: Olga Garcia Ma

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
Date of Visit: 23-May-2007
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 287

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 05/23/2007

Encounter Status

Closed by Daisy J. Guevara, MD on 5/24/07 at 7:49 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
5/23/2007 3:23 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
05/23/2007 3:23 PM fax-323-773-9124	Phone (Incoming)	cvs (Pharmacy)	323-773-2025

Call Documentation

Priscilla Pages, LVN 5/23/2007 3:27 PM Signed

Pt last visit Dr. Guevara 09/14/06

Last refill 04/20/07

Created by

Encounter creation information not available

Approved

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS	30	3	5/23/2007	8/1/2007

Warning: The medication was pended with free-text dispense values. You will have to enter discrete dispense values to sign the order.

Sig - Route: 1 TABLET EVERY MORNING - Oral

Class: Fax

Authorizing Provider: Daisy J. Guevara, MD

Visit Pharmacy

SAV ON BE 7101 ATLANTIC BLVD. BELL, CA 90201

Allergies

Allergies as of 5/23/2007

Reviewed On: 9/14/2006 By: Olga Garcia Ma

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
Date of Visit: 11-Jan-2007
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 288

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 01/11/2007

Encounter Status

Closed by Daisy J. Guevara, MD on 1/15/07 at 6:32 AM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
1/11/2007 4:52 PM	Daisy J. Guevara, MD	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
01/11/2007 4:52 PM fax#323-773-9124	Phone (Incoming)	cvs pharmacy (Pharmacy)	323-773-2025

Call Documentation

Mayra Soltero, MA 1/11/2007 4:58 PM Signed
 last refill 12/12/06
 last visit 9/14/06 guevara

Created by

Encounter creation information not available

Approved

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS	30	3	1/11/2007	5/23/2007
Warning: The medication was pended with free-text dispense values. You will have to enter discrete dispense values to sign the order.				
Sig - Route: 1 TABLET EVERY MORNING - Oral				
Class: Fax				
Authorizing Provider: Daisy J. Guevara, MD				

Visit Pharmacy

SAV ON BE 7101 ATLANTIC BLVD. BELL, CA 90201

Allergies

Allergies as of 1/11/2007

Reviewed On: 9/14/2006 By: Olga Garcia Ma

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 289

DOB: 29-May-1966

Date of Visit: 21-Sep-2006

Owner: Conversion,Epic

Document Type: Xray**

Site Name: Health Information Services

Anaheim 1236 N. Magnolia Ave.
Anaheim, CA 92801 (714) 995-1000

Compton 816 West Alondra Blvd.
Compton, CA 90220 (310) 587-1337

Downey 8311 East Florence Ave.
Downey, CA 90241 (562) 923-4911

Fountain Valley 9930 Talbert Ave.
Fountain Valley, CA 92708 (714) 964-8229

Huntington Beach 19068 Magnolia St.
Huntington Beach, CA 92646 (714) 968-0068

Long Beach 500 Alamitos Ave.
Long Beach, CA 90802 (562) 432-5661

Long Beach Plaza 2925 N. Palo Verde Ave.
Long Beach, CA 90815 (562) 429-2473

Santa Ana 1002 N. Fairview St.
Santa Ana, CA 92703 (714) 835-8501

Tustin 13152 Newport Ave.
Tustin, CA 92780 (714) 442-4864

TALBERT MEDICAL GROUP

Radiology Department

PATIENT: SANCHEZ, DEBRA
FACILITY: DOWNEY
PCP: DAISY GUEVARA, M.D.

MR#: 559792503 **DOB:** 05/29/66
DOE: 09/14/06
Req. Provider: DAISY GUEVARA, M.D.

LUMBAR SPINE SERIES - 3300756:

HISTORY: Pain.

FINDINGS: AP and lateral projections reveal no evidence of fracture. The vertebral bodies show normal alignment, and the intervertebral disc spaces are of normal width. The apophyseal joints are normal.

IMPRESSION:

NORMAL LUMBAR SPINE SERIES.



Alan Todd Turner, M.D., DABR, CAQ

D: 09/18/06 T: 09/19/06 ATT/lq/md Job #: ^14825

EXAMINER

SEP 21 2006

TMG DOWNEY RADIOLOGY

Patient Name: DEBRA SANCHEZ
Date of Visit: 21-Sep-2006
Document Type: Patient Letter*
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 290
DOB: 29-May-1966
Owner: GUEVARA, DAISY

DOB: 29-May-1966



Debra Sanchez
4033 Bell Ave#19
Bell, CA 90201

September 21, 2006

Dear Debra Sanchez,

This letter is to inform you of the results of your most recent xray .

Your lumbar spine x-rary is within normal .

Thank you for choosing Talbert Medical Group.

Daisy J. Guevara, MD.
DOWNEY-TALBERT
Internal Medicine
8311 Florence Ave
Downey, CA 90241
562-923-4911

Received for: DAISY GUEVARA MD Jul 5 2014 3:00AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

MRN: 28-1679763

DOB: 29-May-1966

Date of Visit: 15-Sep-2006

Owner: Conversion, Epic

Document Type: Registration**

Site Name: Health Information Services



TALBERT MEDICAL GROUP
DAISY J GUEVARA MD
• DEBRA P

A+
(562) 923-4911
effective: 07/29/06

subscriber: DEBRA P SANCHEZ
id#: XEHI03349401

copayments:
Office: \$15 group#: H73320
plan code: 542

member services:
(800) 424-6521
rx: Yes
effective: 07/29/06

mylifepath.com

Pharmacists: Please call (800) 989-9338
for prescription processing information.

Cht#: 559792503-1 Enc#: 1933880
Name: SANCHEZ, DEBRA Sex: F DOB: 05/29/1966
Pvd: GUEVARA, DAISY J. Cht Loc: DDMR
Date: 09/14/2006 Time: 4:15 PM DEPT: DO IM
Payor: BLUE SHIELD COM HMO Type: COM
Plan: BSC0043 \$15 COM 20* PCP: Daisy J. Guevara, MD.

Sanchez, Debra (MR # 51124)

Encounter Date: 09/14/2006

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

	Provider	Department	Encounter #
9/14/2006 4:15 PM	Daisy J. Guevara, MD	Do Im	4772336

Diagnoses

Hair Diseases NEC - Primary	704.8
Lumbago	724.2

Reason for Visit

Rash	ON PUBIC AREA.
------	----------------

Visit Notes

GARCIA MA, OLGA 9/14/2006 4:46 pm

Debra Sanchez is a 40 year old female whos here c/o of rash on pubic area.

Allergies as of 9/14/2006

Reviewed On: 9/14/2006 By: Olga Garcia Ma

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Wt	LMP
122/78	78	98.1 °F (36.7 °C) (Oral)	19	181 lb 11.2 oz (82.419 kg)	09/08/2006

Vitals History Recorded

TMG Extended Vitals

None

All Notes**Progress Notes signed by Daisy J. Guevara, MD at 9/19/2006 1:25 AM**

Created By: Daisy J. Guevara, MD User Type: Physician Created: 9/19/2006 1:25 AM
 Note Status: Signed Cosign: Cosign Not Required Note Time: 9/19/2006 1:25 AM

Debra Sanchez is a 40 year old female HERE FOR A RASH IN THE LEFT PUBIS AREA , +
 ITCHING , DRY SKIN

CHRONIC LOW BACK PAIN

PE: ambulatory , no distress, normal gait, coherent
 heent: normal, non-icteric, no carotid bruits, both TM intact
 no palpable lumps
 heart: regular, no murmur
 lungs: normal
 abd: soft , nontender, no palpable mass, no pulsatile mass
 ext: no cce
 neuro: non focal , normal gait

Sanchez, Debra (MR # 51124)

Page 1 of 3

Sanchez, Debra (MR # 51124)

Encounter Date: 09/14/2006

All Notes (continued)

LEFTPUBIS AREA- ROUND SCLY RASH

A/P : see orders

704.8 HAIR DISEASES NEC (primary encounter diagnosis)

Plan: MYCELEX OTC 1 % EX CREA, KEFLEX 500 MG OR CAPS,
GLU; BLD REAGENT STRIP

724.2 LUMBAGO

Plan: RAD EXAM SPINE LUMBOSACRAL; 2/3 VIEWS

Meds Ordered This Encounter

	Disp	Refills	Start	End
MYCELEX OTC 1 % EX CREA (Discontinued) Sig: apply twice a day to rash Class: Fax Route: Apply externally Reason for Discontinue: Therapy completed	45 gm	0	9/14/2006	8/1/2007
KEFLEX 500 MG OR CAPS (Discontinued) Sig: 1 cap po q 6 hours Class: Fax Route: Oral Reason for Discontinue: Therapy completed	40	0	9/14/2006	8/1/2007

Immunizations as of 9/14/2006

Never Reviewed

TORADOL 5/2/2006

Medications at Start of Encounter

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS (Taking) Sig - Route: 1 TABLET EVERY MORNING - Oral Class: Fax Reason for Discontinue: Reorder	30	3	9/6/2006	5/29/2007
ZITHROMAX Z-PAK 250 MG OR TABS (Taking) Sig - Route: 2 TABLETS TODAY, THEN 1 TABLET DAILY THEREAFTER - Oral Class: Fax	6	0	4/3/2006	4/8/2006
LORATADINE 10 MG OR TABS (Taking) Sig - Route: 1 TABLET DAILY - Oral Class: Fax	14	0	4/3/2006	5/3/2006
SUDAFED 30 MG OR TABS (Taking) Sig - Route: 2 TABLETS EVERY 8 HOURS AS NEEDED - Oral Class: Fax	30	0	4/3/2006	4/17/2006
IBUPROFEN 600 MG OR TABS (Taking) Sig - Route: 1 TABLET 3 TIMES DAILY - Oral Class: Fax	30	0	4/3/2006	5/3/2006
IMITREX 100 MG OR TABS Sig - Route: 1 TABLET 1 TIME ONLY - Oral Class: Fax Reason for Discontinue: Therapy completed	12	0	5/2/2006	8/1/2007

Sanchez, Debra (MR # 51124)

Page 2 of 3

Sanchez, Debra (MR # 51124)

Encounter Date: 09/14/2006

All Notes (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
TORADOL 30 MG/ML IJ SOLN	1	0	5/2/2006	8/1/2007
Sig - Route: 60mg now - Injection				
Class: No Print				
Reason for Discontinue: Therapy completed				
CHLORASEPTIC 1.4 % MT LIQD	1	0	4/24/2006	8/1/2007
Sig - Route: gargle every 2 hours - Mouth/Throat				
Class: Fax				
Reason for Discontinue: Therapy completed				
LORATADINE 10 MG OR TABS	14	0	4/24/2006	8/1/2007
Sig - Route: 1 TABLET DAILY - Oral				
Class: Fax				
Reason for Discontinue: Therapy completed				
IBUPROFEN 600 MG OR TABS	45	0	4/24/2006	8/1/2007
Sig - Route: 1 TABLET 3 TIMES DAILY - Oral				
Class: Fax				
Reason for Discontinue: Therapy completed				
ANTIPYRINE-BENZOCAINE 5.4-1.4 % OT SOLN	10 mls	0	4/24/2006	8/1/2007
Sig - Route: 4 drops to right ear four times daily - Otic				
Class: Fax				
Reason for Discontinue: Therapy completed				
SUDAFED 30 MG OR TABS	30	0	4/24/2006	8/1/2007
Sig - Route: 2 TABLETS EVERY 6-8HOURS AS NEEDED - Oral				
Class: Fax				
Reason for Discontinue: Therapy completed				

Level Of Service

OFFIC/OUTPT VISIT E&M EST LOW-MOD
SEVERITY 15MIN [99213]

Encounter Status

Closed by Daisy J. Guevara, MD on 9/19/06 at 1:26 AM

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 295

DOB: 29-May-1966

Date of Visit: 14-Sep-2006

Owner: GUEVARA, DAISY

Document Type: Progress Note*

Site Name: Health Information Services

Debra Sanchez is a 40 year old female HERE FOR A RASH IN THE LEFT PUBIS AREA , + ITCHING , DRY SKIN CHRONIC LOW BACK PAIN PE: ambulatory , no distress, normal gait.coherent heent: normal, non-icteric, no carotid bruits, both TM intact no palpable lumps heart: regular, no murmur lungs:normal abd: soft , nontender, no palpable mass, no pulsatile mass ext: no ece neuro: non focal , normal gait LEFTPUBIS AREA- ROUND SCLY RASH A/P : see orders 704.8 HAIR DISEASES NEC (primary encounter diagnosis) Plan: MYCELEX OTC 1 % EX CREA, KEFLEX 500 MG OR CAPS, GLU; BLD REAGENT STRIP 724.2 LUMBAGO Plan: RAD EXAM SPINE LUMBOSACRAL; 2/3 VIEWS

Patient Name: DEBRA SANCHEZ
Date of Visit: 06-Sep-2006
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 296

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 09/06/2006

Encounter Status

Closed by Daisy J. Guevara, MD on 9/6/06 at 5:10 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
9/6/2006 4:40 PM	Benita Bentley Lvn	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
09/06/2006 4:40 PM	Phone (Incoming)	CVS (Pharmacy)	323-773-2025

Call Documentation

Benita Bentley, LVN 9/6/2006 4:43 PM Signed
 PT LAST SEEN ON 5/2/06
 ORIGINAL DATE
 LAST REFILL 8/3/06

Created by

Encounter creation information not available

Approved

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS	30	3	9/6/2006	5/29/2007

Warning: The medication was pended with free-text dispense values. You will have to enter discrete dispense values to sign the order.

Sig - Route: 1 TABLET EVERY MORNING - Oral

Class: Fax

Authorizing Provider: Daisy J. Guevara, MD

Visit Pharmacy

SAV ON BE 7101 ATLANTIC BLVD. BELL, CA 90201

Allergies

Allergies as of 9/6/2006

Reviewed On: 5/2/2006 By: Violeta Jimenez
Ma

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
Date of Visit: 05-Jun-2006
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 297

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 06/05/2006

Encounter Status

Closed by Violeta Jimenez Ma on 6/5/06 at 3:14 PM

Telephone	Debra Sanchez (MRN 51124)
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Reason for Call

Samples

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
6/5/2006 3:12 PM	Violeta Jimenez Ma	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
06/05/2006 3:13 PM	Phone (Outgoing)	Sanchez, Debra (Self)	323-771-8216 (H)

Call Documentation

Violeta Jimenez, MA 6/5/2006 3:14 PM Signed
 PT AWARE THAT WE DO NOT HAVE SAMPLES OF IMITREZ AT THE TIME PT UNDERSTOOD. Violeta Jimenez Ma

SYSTEM Signed
 Staff Message copied by JIMENEZ MA, VIOLETA on 06/05/2006 at 3:12 PM

 Message from: RAMIREZ, ELVIA
 Created: 6/5/2006 at 3:01 PM
 Regarding: SAMPLES FOR IMITREX
 Contact: 323-702-0245

(PT. AWARE DR. GUEVARA IS NOT IN)
 REQ. SAMPLES FOR IMITREX 100MG--SHE CANNOT AFFORD TO FILL HER PRESC. AT THIS TIME.

Created by

Encounter creation information not available

Allergies

Allergies as of 6/5/2006

Reviewed On: 5/2/2006 By: Violeta Jimenez Ma

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ
Date of Visit: 09-May-2006
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 298

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 05/09/2006

Encounter Status

Closed by Violeta Jimenez Ma on 5/9/06 at 2:00 PM

Telephone	Debra Sanchez (MRN 51124)
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Reason for Call

Letter

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
5/9/2006 1:55 PM	Violeta Jimenez Ma	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
05/09/2006 1:56 PM	Phone (Outgoing)	Sanchez, Debra (Self)	323-771-8216 (H)

Call Documentation

Violeta Jimenez, MA 5/9/2006 2:00 PM Signed
 pt aware that per dr guevara we cannot put her on disability for her migraine if she got fired from work due she probably qualifies for unemployment but not disability pt understood,, Violeta Jimenez Ma

SYSTEM Signed
 Staff Message copied by JIMENEZ MA, VIOLETA on 05/09/2006 at 1:55 PM

 Message from: RAMIREZ, ELVIA
 Created: 5/9/2006 at 12:56 PM
 Regarding: REQ. A CALL BACK FROM M.D.
 Contact: 323-702-0245

WOULD LIKE TO BE ON DISABILITY FOR HER MIGRAINES --SHE RECENTLY LOST HER NEW JOB DUE TO HER COMING IN FOR APPTS. PLEASE CALL--REQ. A CALL BACK FROM M.D.

Created by

Encounter creation information not available

Allergies

Allergies as of 5/9/2006

Reviewed On: 5/2/2006 By: Violeta Jimenez Ma

	Noted	Type	Reactions
No Known Drug Allergy	4/3/2006		

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 299

DOB: 29-May-1966

Date of Visit: 02-May-2006

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 05/02/2006

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

Visit Date/Time	Provider	Department	Encounter #
5/2/2006 4:15 PM	Gregory Ochoa, MD	Do Fp	4337618

Diagnoses

Depressive Disorder NEC - Primary	311
Class Migrain W/O Mentn Intractable	346.00

Reason for Visit

Migraine

Visit Notes

JIMENEZ MA, VIOLETA 5/2/2006 4:45 pm
pt here c/o of migraine headache x 2 days.Violeta Jimenez Ma

Allergies as of 5/2/2006

Reviewed On: 5/2/2006 By: Violeta Jimenez Ma

Noted	Type	Reactions
No Known Drug Allergy	4/3/2006	

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Wt	LMP
110/80	84	98.2 °F (36.8 °C) (Oral)	16	177 lb 1.6 oz (80.332 kg)	04/16/2006

TMG Extended Vitals

None

All Notes

Progress Notes signed by Gregory Ochoa, MD at 5/2/2006 7:06 PM

Created By: Gregory Ochoa, MD User Type: Physician Created: 5/2/2006 5:26 PM
 Note Status: Signed Cosign: Cosign Not Required Note Time: 5/2/2006 5:26 PM

SUBJECTIVE: Debra P Sanchez is a 39 year old female with h/o migraines now with symptoms and signs of migraine HA's.

No relief with

OBJECTIVE:

GENERAL: WDNW NAD

VITALS: as above

HEENT: NC/AT, PERRLA, TM-intact

NECK: supple c FROM

COR: RRR , no murmur

LUNG: CTA,b/l

Sanchez, Debra (MR # 51124)

Page 1 of 3

Sanchez, Debra (MR # 51124)

Encounter Date: 05/02/2006

All Notes (continued)

ASSESSMENT: see below

PLAN: see below

Patient Instructions signed by Gregory Ochoa, MD at 5/2/2006 5:30 PM

Created By:	User Type:	Created:	5/2/2006 4:15 PM
Note Status: Signed	Cosign:	Cosign Not Required	Note Time: 5/2/2006 4:15 PM

Take all medications as directed, drink plenty of fluids and rest.

Call or return to clinic if your symptoms worsen or fail to improve as anticipated.

May return to work 5/3/06.

Meds Ordered This Encounter

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS (Discontinued) Sig: 1 TABLET EVERY MORNING Class: Fax Route: Oral Reason for Discontinue: Reorder	30	3	5/2/2006	9/6/2006
IMITREX 100 MG OR TABS (Discontinued) Sig: 1 TABLET 1 TIME ONLY Class: Fax Route: Oral Reason for Discontinue: Therapy completed	12	0	5/2/2006	8/1/2007
TORADOL 30 MG/ML IJ SOLN (Discontinued) Sig: 60mg now Class: No Print Route: Injection Reason for Discontinue: Therapy completed	1	0	5/2/2006	8/1/2007

Immunizations as of 5/2/2006

Never Reviewed

TORADOL	5/2/2006
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Medications at Start of Encounter

	Disp	Refills	Start	End
CHLORASEPTIC 1.4 % MT LIQD (Taking) Sig - Route: gargle every 2 hours - Mouth/Throat Class: Fax Reason for Discontinue: Therapy completed	1	0	4/24/2006	8/1/2007
LORATADINE 10 MG OR TABS (Taking) Sig - Route: 1 TABLET DAILY - Oral Class: Fax Reason for Discontinue: Therapy completed	14	0	4/24/2006	8/1/2007
IBUPROFEN 600 MG OR TABS (Taking) Sig - Route: 1 TABLET 3 TIMES DAILY - Oral Class: Fax Reason for Discontinue: Therapy completed	45	0	4/24/2006	8/1/2007
ANTIPYRINE-BENZOCAINE 5.4-1.4 % OT SOLN (Taking) Sig - Route: 4 drops to right ear four times daily - Otic Class: Fax Reason for Discontinue: Therapy completed	10 mls	0	4/24/2006	8/1/2007
SUDAFED 30 MG OR TABS (Taking)	30	0	4/24/2006	8/1/2007

Sanchez, Debra (MR # 51124)

Page 2 of 3

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 301

DOB: 29-May-1966

Date of Visit: 02-May-2006

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 05/02/2006

All Notes (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Sig - Route: 2 TABLETS EVERY 6-8HOURS AS NEEDED - Oral Class: Fax Reason for Discontinue: Therapy completed				
ZITHROMAX Z-PAK 250 MG OR TABS (Taking)	6	0	4/3/2006	4/8/2006
Sig - Route: 2 TABLETS TODAY, THEN 1 TABLET DAILY THEREAFTER - Oral Class: Fax				
LORATADINE 10 MG OR TABS (Taking)	14	0	4/3/2006	5/3/2006
Sig - Route: 1 TABLET DAILY - Oral Class: Fax				
SUDAFED 30 MG OR TABS (Taking)	30	0	4/3/2006	4/17/2006
Sig - Route: 2 TABLETS EVERY 8 HOURS AS NEEDED - Oral Class: Fax				
IBUPROFEN 600 MG OR TABS (Taking)	30	0	4/3/2006	5/3/2006
Sig - Route: 1 TABLET 3 TIMES DAILY - Oral Class: Fax				
PAXIL 20 MG OR TABS (Discontinued)	30	3	12/19/2005	5/2/2006
Sig - Route: 1 TABLET EVERY MORNING - Oral Class: Fax Reason for Discontinue: Reorder				

Level Of Service

OFFIC/OUTPT VISIT E&M EST SELF-LIMIT/MINOR 10MIN [99212]

Encounter Status

Closed by Gregory Ochoa, MD on 5/2/06 at 7:06 PM

Patient Name:DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 302

DOB:29-May-1966

Date of Visit:02-May-2006

Owner:OCHOA,GREGORY

Document Type:Patient Communication*

Site Name:Health Information Services



Debra Sanchez
4033 Bell Ave#19
Cudahy, CA 90201

5/2/2006

To Whom It May Concern,

Due to medical reasons, Debra P Sanchez is unable to return to work until 5/3/06.
Please feel free to contact this office if you have any questions.

Sincerely,

Gregory Ochoa MD.
DOWNEY-TALBERT
Downey Family Practice
8311 Florence Ave
Downey, CA 90241
562-923-4911

Received for:GREGORY OCHOA MD Jul 5 2014 3:24AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 303

DOB: 29-May-1966

Date of Visit: 02-May-2006

Owner: OCHOA, GREGORY

Document Type: Progress Note*

Site Name: Health Information Services

SUBJECTIVE: Debra P Sanchez is a 39 year old female with h/o migraines now with symptoms and signs of migraine HA's. No relief with
OBJECTIVE: GENERAL: WDNW NAD VITALS: as above HEENT: NC/AT, PERRLA, TM-intact NECK: supple c FROM COR: RRR, no murmur LUNG: CTA, b1 ASSESSMENT: see below PLAN: see below

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 304

DOB: 29-May-1966

Date of Visit: 24-Apr-2006

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 04/24/2006

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

4/24/2006 2:30 PM	Provider	Department	Encounter #
	Gregory Ochoa, MD	Do Fp	4309199

Diagnoses

Acute URI NOS - Primary 465.9

Reason for Visit

Sore throat

Visit Notes

JIMENEZ MA, VIOLETA 4/24/2006 2:59 pm
pt here c/o of sorethroat earache both ears. Violeta Jimenez Ma

Allergies as of 4/24/2006

Reviewed On: 4/24/2006 By: Violeta Jimenez Ma

No Known Drug Allergy	Noted	Type	Reactions
	4/3/2006		

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Wt	LMP
122/70	80	97.9 °F (36.6 °C) (Oral)	16	176 lb 9.6 oz (80.105 kg)	04/16/2006

TMG Extended Vitals

None

All Notes

Progress Notes signed by Gregory Ochoa, MD at 5/10/2006 4:47 PM

Created By: Gregory Ochoa, MD	User Type: Physician	Created: 4/24/2006 3:49 PM
Note Status: Signed	Cosign: Cosign Not Required	Note Time: 4/24/2006 3:49 PM

SUBJECTIVE: Debra P Sanchez is a 39 year old female woke up this afternoon now feeling well(URI symptoms). Unable to to work.

OBJECTIVE:

She appears well, vital signs are as noted above. Ear canal clear , TM intact . Throat and pharynx are injected. Neck supple with FROM. Nose is congested. Sinuses non-tender. The chest is clear, without wheezes or rales.

ASSESSMENT: see below

PLAN: see below

Patient Instructions signed by Gregory Ochoa, MD at 4/24/2006 3:56 PM

Created By:	User Type:	Created:
Note Status: Signed	Cosign: Cosign Not Required	Note Time: 4/24/2006 2:30 PM

Take all medications as directed.

Sanchez, Debra (MR # 51124)

Page 1 of 3

Sanchez, Debra (MR # 51124)

Encounter Date: 04/24/2006

All Notes (continued)

May return to work 5/25/06.

Follow up with your primary care physician as needed.

Meds Ordered This Encounter

	Disp	Refills	Start	End
CHLORASEPTIC 1.4 % MT LIQD (Discontinued) Sig: gargle every 2 hours Class: Fax Route: Mouth/Throat Reason for Discontinue: Therapy completed	1	0	4/24/2006	8/1/2007
LORATADINE 10 MG OR TABS (Discontinued) Sig: 1 TABLET DAILY Class: Fax Route: Oral Reason for Discontinue: Therapy completed	14	0	4/24/2006	8/1/2007
IBUPROFEN 600 MG OR TABS (Discontinued) Sig: 1 TABLET 3 TIMES DAILY Class: Fax Route: Oral Reason for Discontinue: Therapy completed	45	0	4/24/2006	8/1/2007
ANTIPYRINE-BENZOCAINE 5.4-1.4 % OT SOLN (Discontinued) Sig: 4 drops to right ear four times daily Class: Fax Route: Otic Reason for Discontinue: Therapy completed	10 mls	0	4/24/2006	8/1/2007
SUDAFED 30 MG OR TABS (Discontinued) Sig: 2 TABLETS EVERY 6-8HOURS AS NEEDED Class: Fax Route: Oral Reason for Discontinue: Therapy completed	30	0	4/24/2006	8/1/2007

Immunizations as of 4/24/2006

Never Reviewed

No immunizations on file.

Medications at Start of Encounter

	Disp	Refills	Start	End
ZITHROMAX Z-PAK 250 MG OR TABS (Taking) Sig - Route: 2 TABLETS TODAY, THEN 1 TABLET DAILY THEREAFTER - Oral Class: Fax	6	0	4/3/2006	4/8/2006
LORATADINE 10 MG OR TABS (Taking) Sig - Route: 1 TABLET DAILY - Oral Class: Fax	14	0	4/3/2006	5/3/2006
SUDAFED 30 MG OR TABS (Taking) Sig - Route: 2 TABLETS EVERY 8 HOURS AS NEEDED - Oral Class: Fax	30	0	4/3/2006	4/17/2006
IBUPROFEN 600 MG OR TABS (Taking) Sig - Route: 1 TABLET 3 TIMES DAILY - Oral Class: Fax	30	0	4/3/2006	5/3/2006
PAXIL 20 MG OR TABS (Taking) Sig - Route: 1 TABLET EVERY MORNING - Oral Class: Fax Reason for Discontinue: Reorder	30	3	12/19/2005	5/2/2006

Sanchez, Debra (MR # 51124)

Page 2 of 3

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 306

DOB: 29-May-1966

Date of Visit: 24-Apr-2006

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 04/24/2006

All Notes (continued)

Level Of Service

OFFIC/OUTPT VISIT E&M EST LOW-MOD
SEVERITY 15MIN [99213]

Encounter Status

Closed by Gregory Ochoa, MD on 5/10/06 at 4:48 PM

Sanchez, Debra (MR # 51124)

Page 3 of 3

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 307

DOB: 29-May-1966

Date of Visit: 24-Apr-2006

Owner: OCHOA, GREGORY

Document Type: Patient Communication*

Site Name: Health Information Services



Debra Sanchez
4033 Bell Ave#19
Cudahy, CA 90201

4/24/2006

To Whom It May Concern,

Due to medical reasons, Debra P Sanchez is unable to return to work until 4/25/06.
Please feel free to contact this office if you have any questions.

Sincerely,

Gregory Ochoa MD.
DOWNEY-TALBERT
Downey Family Practice
8311 Florence Ave
Downey, CA 90241
562-923-4911

Received for: GREGORY OCHOA MD Jul 5 2014 3:25AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 308

DOB: 29-May-1966

Date of Visit: 24-Apr-2006

Owner: OCHOA, GREGORY

Document Type: Progress Note*

Site Name: Health Information Services

SUBJECTIVE: Debra P Sanchez is a 39 year old female woke up this afternoon now feeling well (URI symptoms). Unable to work. OBJECTIVE: She appears well, vital signs are as noted above. Ear canal clear, TM intact. Throat and pharynx are injected. Neck supple with FROM. Nose is congested. Sinuses non-tender. The chest is clear, without wheezes or rales. ASSESSMENT: see below PLAN: see below

**** This report contains CONFIDENTIAL information. If it is received in error, please call (562)933-0700. ****

FROM: LONG BEACH MEMORIAL MEDICAL CENTER - DEPARTMENT OF PATHOLOGY M. HOSHINO, MD - DIRECTOR
TO: FAX#FZU9P

PATIENT: SANCHEZ, DEBRA P (0000)11036496 ROOM: MDP DATE: 03/14/05
AGE: 38 YRS SEX: FEMALE PT PHONE TIME: 1434
DOB: 29MAY1966 DIAGNOSIS: . PAGE: 1

ADMIT MD: SWENSSON, RICHARD MD
CONSULT MD(s):
CONSULT MD(s):

GUEVA
SS 979 2503

++++ CHEMICAL PATHOLOGY +++++

14MAR05 1135 REPRODUCTIVE ENDOCRINOLOGY UNITS REFERENCE
URINE PREG NEG [NEG]

14MAR05 1159 REPRODUCTIVE ENDOCRINOLOGY UNITS REFERENCE
SERUM PREG NEG [NEG]

[Handwritten signature]

END OF REPORT



PATIENT NAME Sanchez, Debra
PATIENT NO.
DATE OF BIRTH
CENTER OF RECORD DSC
INSURANCE:

WORK/SCHOOL STATUS REPORT

Date: 7/25/05 PCP: Cuervo

This patient Sanchez, Debra has been evaluated and has permission to return to school / work on 7/27/05 Effective date of return

- Discharged as cured, no permanent disability. Injury requires no further treatment. Permanent and Stationary.
Another appointment needed: Next appointment date: Time:

COMPLETE THIS SECTION WHEN PATIENT RETURNING TO WORK ONLY

Patient reports injury or illness began on and extended through

Patient complains of Headache / cat bite

Patient was seen on the following dates: 7/25/05

Clinical diagnosis: Migraine HA; Cat bite

Follow-up appointments: Yes No, if Yes when

Work Restrictions

- Is released to MODIFIED duty from to WITH RESTRICTIONS of:
No lifting over 10 lbs. 25 lbs. 50 lbs. No overhead work
Limit use of Right Left Leg Shoulder Arm Hand Must wear splint
Limited: Standing Walking Sitting Stooping Bending No soiling or wetting of dressing and / or wound
No repetitive motion of: Desk duty only
Other - Specify:
Is unable to work from to For the remainder of the shift.

Medication Restrictions:

None

Signature, M.D.

I authorize Talbert Medical Group to release to my employer the above information relating only to the condition that requires this medical leave. I am entitled to a copy of this authorization.

Patient's Signature: X



NAME

Cht#: 559792503-1 Enc#: 1763301
Name: SANCHEZ, DEBRA P Sex: F DOB: 05/29/1966
Pvd: OCHOA, GREGORY Cht Loc: DDMR
Date: 04/03/2006 Time: 4:00 PM DEPT: DO FP
Payor: PACIFICARE COM HMO Type: COM
Plan: PCCMHA \$15/\$25 COM# PCP: Daisy J. Guevara, MD

PATIENT'S MEDICAL HISTORY CHECKLIST

Historia Medica del Paciente

PAST SURGERIES: OPERACIONES PASADAS:

[X] None/Ninguna
Or list any past surgeries with approximate age at which performed.
(Include minor surgeries such as tonsillectomy, tumors, etc.) /O indique cualquier operacion pasada con su edad aproximada. (Incluya operaciones menores como extirpacion de amigdalas, tumores, etc.)

ACCIDENTS: ACCIDENTES:

[X] No injuries of consequence./No heridas de consecuencias.
Or list any serious type injuries with approximate age./
O indique cualquier herida seria o de consecuencia con su edad aproximada.

PAST ILLNESSES OR HOSPITALIZATIONS: ENFERMEDADES U HOSPITALIZACIONES ANTERIORES:

[X] No serious past illnesses./Ninguna enfermedad seria.
Or list same with age./O liste cualquier enfermedad seria con su edad aproximada.

List childhood diseases./Liste o indique enfermedades en la niñez.

Have you ever had syphilis? NO /¿Ha tenido sífilis alguna vez?
Have you ever had hepatitis? NO /¿Ha tenido hepatitis alguna vez?

FAMILY HISTORY:

Check any of the following which have occurred in your family.
Si algún familiar ha tenido algo de lo indicado, marque el cuadrado apropiado.

HISTORIA FAMILIAR:

Current medications/

Medicamentos que toma presentemente

- (1) Paroxetine
(2)
(3)
(4)

- [X] Allergies/Alergias [X] Cancer [] Tuberculosis
[X] Diabetes/Diabetes [X] Heart Disease/Enfermedad del Corazón
[] Strokes/Ataques [X] High Blood Pressure/Alta presión sanguínea

PLACE A CHECKMARK IN THE APPROPRIATE SQUARES IN THE FOLLOWING LISTS OF SYMPTOMS.

If you have had a symptom in the past and do not have it now, check square like this: []

If you are having the symptom at the present time, encircle the square like this: [X]

HAGA UNA MARCA EN EL CUADRADO APROPIADO EN LA LISTA DE SINTOMAS QUE SIGUE. Si usted

ha tenido un sintoma en el pasado y no lo tiene ahora, marque el cuadrado de esta manera: []

Si usted tiene el sintoma ahora, haga un circulo alrededor del cuadrado de esta manera: [X]

1. HEAD, NECK AND THROAT CABEZA, CUELLO Y GARGANTA

Yes No Si No

- Headaches (not resolved by aspirin)? [X] []
¿Dolores de cabeza (que no se curan con aspirina)? [X] []
Frequent dizzy spells?/Desvanecimientos frecuentes? [X] []
Eye pain?/Dolor en los ojos? [X] []
Double vision?/Vision doble? [X] []
See "floating lights"?/Ve "luzes flotando"? [X] []
Hearing Loss?/Perdida del oido? [X] []
Ringing in ears?/Ruido en los oidos? [X] []
Pain in ears?/Dolor en los oidos? [X] []

- Discharge from ear?/Perdia de liquido de los oidos? [] [X]
Difficulty swallowing?/Dificultad al tragar? [] [X]
Repeated nosebleeds?/Sangre de narices en forma repetida? [] [X]
Sore tongue?/Lengua adolorida? [] [X]
Sore gums?/Encias adoloridas? [] [X]
Prolonged hoarseness?/Ronquera prolongada? [] [X]
Stiff neck?/Cuello rigido? [] [X]
Swelling in neck?/Hinchazon en el cuello? [] [X]

(Over)

Symptoms are temp. @ this tx. I talk w/ body doc's to ensure correct eye, bladder, m, h, l, & l.

2. HEART AND LUNGS/CORAZON Y PULMONES

Chest pain?/Dolor en el pecho?
Difficulty breathing?/Dificultad al respirar?
Shortness of breath?/Le falta el aire?
Chronic cough?/Tos crónica?

Spit up blood?/Escupe con sangre?
Night sweat or chills?/Sudor nocturno o escalofríos?
Ankles swell?/Tobillos hinchados?
Varicose veins?/Venas varicosas?

3. STOMACH AND INTESTINES/ ESTOMAGO E INTESTINOS

Stomach pain?/Dolor al estómago?
Nausea?/Nausea?
Heartburn?/Indigestion?
Loss of appetite?/Perdida del apetito?
Vomiting of blood?/Vomita sangre?
Skin turn yellow?/La piel amarilla?
Chronic diarrhea?/Diarrea crónica?
Black tarry stools?/Excrementos de color negro?

Rectal bleeding?/Hemorragia rectal?
Clay colored stools?/Excrementos de color ferroso?
Habitual constipation?/Constipación habitual?
Hemorrhoids?/Hemorroides?
Any change in bowel habits?/Cambios en el movimiento del vientre?
Unexplained weight loss of greater than 10 pounds/ Pérdida de peso mayor de 10 libras sin motivo?

4. URINARY TRACT, ETC./RELATIVO A LA VEJIGA

Frequent urination?/Orina frecuentemente?
Any difficulty starting to urinate?/Alguna dificultad al empezar a orinar?
Blood in urine?/Sangre en la orina?
Do you awaken at night to urinate more than twice?/Se despierta durante la noche para orinar más de dos veces?
Pain with urination?/Dolor cuando orina?
Leakage of urine?/Perdida de orina?
Kidney or bladder stones?/Piedras en el riñon o vejiga?
Are you aware of any prostate problems?/Tiene usted conocimiento de algun problema de próstata?
Do you have testicular lumps or pain?/Tiene usted hinchazón o dolor en los testiculos?

(FOR WOMEN ONLY/PARA MUJERES SOLAMENTE)
Painful menstruation?/Menstruación dolorosa?
Excess menstruation?/Menstruación excesiva?
Bleed between periods?/Sangra entre periodos?
Any missed periods?/Algún periodo perdido?
Number of pregnancies?/Número de embarazos?
Number of living children?/Número de niños vivos?
Postmenstrual bleeding?/Tiene flujo de sangre después de la menstruación?
Any abnormal Pap?/Ha tenido alguna prueba de Papanicolau anormal?
Any breast lumps or pain?/Tiene protuberancias o dolores en los pechos?
Any nipple discharge?/Tiene alguna descarga de los pezones?
Date of last Pap smear/Fecha del último frotis de Papanicolau.
Last menstrual period/Ultimo periodo menstrual.

5. MUSCLES-JOINTS-NERVES-SKIN/MUSCULOS, ARTICULACIONES-NERVIOS-PIEL

Tingling sensations?/Sensación punzante?
Numbness?/Dormidos?
Disturbance in walking?/Dificultad para caminar?
Paralysis?/Parálisis?
Shaking?/Tiembla? Vibra?
Limited motions?/Movimientos limitados?
Joint trouble?/Problemas con las articulaciones?
Nervous breakdown?/Crisis nerviosa?
Strokes?/Ataques?

Memory loss?/Perdida en la memoria?
Personality changes?/Cambios en la personalidad?
Speech disturbances?/Dificultades para hablar?
Seizures?/Convulsiones?
Drug problems?/Problemas con drogas?
Mental problems?/Problemas mentales?
Non-healing sores?/Alguna herida o llaga no cicatrizada?

6. ALLERGIES/ALERGIAS

Any food allergy?/A los alimentos?
Any medication allergy?/A las medicinas?
Asthma?/Asma?

Hay fever?/Fiebre del Heno?
Hives?/Urticaria?
Eczema?/Exceema?

7. HABITS/HABITOS

Do you smoke?/Fuma usted?
Do you have more than two alcoholic drinks per day?/Bebe usted más de dos tragos (alcohólicos) por día?
Have you used hard drugs?/Ha tomado usted narcóticos (drogas)?
Do you exercise?/Hace usted ejercicios físicos?
Any overwhelming work or family problems?/Demasiado trabajo o problemas familiares?

If there are any food or medication allergies, list here: /Si hay alergia a algun alimento o medicina, indíquelo y cuales son:

Handwritten date: 4-3-06
Handwritten signature: Debra Sanchez
DATE PATIENT'S SIGNATURE



PROGRESS NOTE

Patient's Phone Number () Home Phone () Work Phone () Cell Phone

PATIENT NAME Sanchez, Debra (First) (Last)

CHART # 559792503-1

DATE OF BIRTH 5-29-66

CENTER OF RECORD:

INSURANCE:

KIMBERLY EDDINGS-REECE, M.D.

PRIMARY CARE PHYSICIAN / EXAMINING PROVIDER KIMBERLY EDDINGS-REECE, M.D.

DATE 8/9/05 AGE M/F LMP T P R BP VS AM/PM

WT HT PAIN SCALE: N/A 2 4 6 8 10

ALLERGIES C.C.

CENTER OF VISIT SIGNATURE SEE MED LIST

S: CURRENT MEDS

O: GENERAL: WNWD A & Ox NO DISTRESS VITALS NOTED

HEENT: NCAT SUPPLE NECK NO JVD OP CLEAR TM CLEAR BILATERALLY NO LN PALPABLE

LUNGS: CTA BILATERALLY

COR: RRR in S1 S2, NO MURMUR IRREG IRREG MURMUR GRD I, II, III, IV, V, VI

ABD: SOFT ND NT NO HSM OBESE

EXT: NO C/C/E

NEURO: CNII-XII INTACT MOTOR NL SENSORY DTR NL GAIT NL (WITH / WITHOUT ASSIST)

OTHER:

Handwritten notes: patient did not keep cancelled appointment (Circle One) with Dr. Reece at 10:45 am for STD OK. Patient has future appointments no future appointments (Circle One) on 8/10/05 for phy/pap with Dr. Sivarama. Date 8/10/05 Medical Response. Action/Comments: Send letter, Not to send letter, Nurse to call patient, Reschedule Patient. Date 8/10/05 Provider Signature.

Form with sections: RTC in Days/weeks/months For follow up physical, NURSING: Accu Chk UA dip Pulse Ox, EKG MMSE Other, LABS: BMP CBC LFT Lipid HgbA, C TSH UA OB x3 PSA Other: Fasting Non - Fasting, X-RAY, REFERRALS, Staff Signature Title.

Patient Name: DEBRA SANCHEZ
 Date of Visit: 04-Apr-2006
 Document Type: Progress Note**
 Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 314

DOB: 29-May-1966

Owner: Conversion, Epic



PROGRESS NOTE

PATIENT NAME DEBRA SANCHEZ
 (First) (Last)
 CHART # 559792503-1
 DATE OF BIRTH 5/29/66
 CENTER OF RECORD:
 INSURANCE:

Patient's Phone Number () _____
 () _____ Home Phone
 () _____ Work Phone
 () _____ Cell Phone

PRIMARY CARE PHYSICIAN DR. Guevara / EXAMINING PROVIDER DR. Reese

DATE 8/02/05 AGE _____ M F LMP _____ T _____ P _____ R _____ BP _____ VS _____ AM/PM

WT _____ HT _____ PAIN SCALE: N/A 2 4 6 8 10

ALLERGIES _____ C.C. _____

CENTER OF VISIT _____ SIGNATURE _____ SEE MED LIST

S: _____ CURRENT MEDS

O: GENERAL: WNWD A & Ox _____ NO DISTRESS VITALS NOTED
 HEENT: NCAT SUPPLE NECK NO JVD OP CLEAR TM CLEAR BILATERALLY NO LN PALPABLE
 LUNGS: CTA BILATERALLY
 COR: RRR nl S1 S2, NO MURMUR IRREG IRREG MURMUR GRD I, II, III, IV, V, VI
 ABD: SOFT ND NT NO HSM OBESE
 EXT: NO C/C/E
 NEURO: CNII-XII INTACT MOTOR NL SENSORY INTACT DTR NL GAIT NL (WITH / WITHOUT ASSIST)
 OTHER:

A: Patient did not keep/cancelled appointment (Circle One)
 with Dr. Reese 4:30 a.m./p.m.
 for std check 8/2/05
 Patient has future appointments/no future appointments (Circle One)
 on 8/17/05 for complete physical and pap
 with Dr. Guevara at 3:00 pm
 Date 8/3/05 Medical Receptionist [Signature]

P: Action/Comments
 Send letter Not to send letter
 Nurse to call patient Reschedule Patient

PROVIDER SIGNATURE: _____
 Date _____ Provider Signature _____

RTC in _____ Days/weeks/months
 For follow up physical

NURSING: Accu Chk UA dip
 Pulse Ox:
 EKG MMSE
 Other:

LABS:
 BMP CBC LFT
 Lipid HgbA_{1c} TSH
 UA OB x3 PSA
 Other:

Fasting Non - Fasting

X-RAY:
 REFERRALS:
 Staff Signature _____
 Title _____

Patient Name: DEBRA SANCHEZ
 Date of Visit: 04-Apr-2006
 Document Type: Progress Note**
 Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 315

DOB: 29-May-1966

Owner: Conversion, Epic



PROGRESS NOTE

Patient's Phone Number (323) 771-8216
 Home Phone (510) 933-3352
 Work Phone (323) 702-2045
 Cell Phone

PATIENT NAME (First) (Last)
 CHAI
 DATE Dnt#: 559792503-1 Enc#: 1468336
 Name: SANCHEZ, DEBRA P Sex: F DOB: 05/29/1966
 Pvd: GUEVARA, DAISY J. Cht Loc: DDMR
 CENT Date: 07/25/2005 Time: 4:15 PM DEPT: DO IM
 Payor: PACIFICARE COM HMO Type: COM
 INSU Plan: PCCMD1 \$15/\$30 04/* PCP: Guevara, Daisv J.

PRIMARY CARE PHYSICIAN DAISY GUEVARA, MD EXAMINING PROVIDER DAISY GUEVARA, MD
 DATE 4/25/05 AGE 39 M/F LMP 7/5/05 T 99.3 P 84 R 20 BP 104/60 VS 4/4 (AM/PM)
 WT 185.0 HT 5'6" PAIN SCALE: N/A
 ALLERGIES NKA c.c. Cat-Bite (Rt) leg x 1 week.
 CENTER OF VISIT A.D. SIGNATURE P. Pages LUN. migraine x 4 days
 SEE MED LIST

S: CURRENT MEDS
 (1) Dependent of Meant headache -
 (2) pedic - pedic present for the last 3-4 days.
 (3) cat scratch (Rt) -
 (4) white macula dentalator both cheek, dry
 O: GENERAL: WWD A & Ox 3 NO DISTRESS VITALS NOTED
 HEENT: NCAT SUPPLE NECK NO JVD OP CLEAR TM CLEAR BILATERALLY NO LN PALPABLE
 LUNGS: CTX BILATERALLY
 COR: RRR S1 S2, NO MURMUR IRREG IRREG MURMUR GRD I, II, III, IV, V, VI
 ABD: SOFT ND NT NO HSM OBESSE
 EXT: NO C/CE
 NEURO: CNII-XII INTACT MOTOR NL SENSORY INTACT DTR NL GAIT NL (WITH / WITHOUT ASSIST)
 OTHER: Tetanus Toxoid 0.5 cc q 5 yrs
 Toradol 0.05 q 4h

A: Migraine HT
 Toradol 0.05 q 4h
 Zolam 1.2 tabs q 6h
 (1) Cat scratch -
 P: kept SVQ Q1D x 10 g
 (2) Macula rash feel
 dermatology referral
 (3) Obesity - w/ loss
 PROVIDER SIGNATURE: [Signature]

RTC in _____ Days/weeks/months For <input type="checkbox"/> follow up <input type="checkbox"/> physical
NURSING: <input type="checkbox"/> Accu Chk <input type="checkbox"/> UA dip <input type="checkbox"/> Pulse Ox: <input type="checkbox"/> EKG <input type="checkbox"/> MMSE <input type="checkbox"/> Other:
LABS: <input type="checkbox"/> BMP <input type="checkbox"/> CBC <input type="checkbox"/> LFT <input type="checkbox"/> Lipid <input type="checkbox"/> HgbA _{1c} <input type="checkbox"/> TSH <input type="checkbox"/> UA <input type="checkbox"/> OB x3 <input type="checkbox"/> PSA <input type="checkbox"/> Other: <input type="checkbox"/> Fasting <input type="checkbox"/> Non - Fasting
X-RAY:
REFERRALS:
Staff Signature _____ Title _____

Patient Name: DEBRA SANCHEZ
Date of Visit: 04-Apr-2006
Document Type: Progress Note**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 316

DOB: 29-May-1966

Owner: Conversion, Epic



TELEPHONE MESSAGE

Patient's Phone Number (393) 702-0245
Home Phone
Work Phone
Cell Phone

PATIENT NAME Sanchez, Debra
(First) (Last)
CHART NO. 559792503
DATE OF BIRTH 5-29-66
CENTER OF RECORD: SEX: M F
INSURANCE: Awny 384K

Provider Quintana
Date of Call 2-16-05
Callers Name ⓪
Last Visit ⓪

Reason For Call 85ca
Time of Call 1004 AM PM
Relationship To Pt. Spouse Parent ⓪
Future Visit ⓪

- MEDICATIONS
 NAME _____
 DOSE _____
 FREQ _____
 QUANTITY REMAINING _____
 LAST FILL _____
ORDERING MD _____
 PHARMACY _____
 PHARMACY TEL# _____
- NAME _____
 DOSE _____
 FREQ _____
 QUANTITY REMAINING _____
 LAST FILL _____
 MAIL ORDER YES NO
 PHARMACY FAX # _____
- TEST RESULTS REQUEST
 ORDERING MD _____
 LAB _____ DATE _____
 X-RAY _____
LOCATION _____
DATE _____

Additional Comments: _____

Pt HAS Body ache and Wtore
Antibiotic Pt aware may not get
Med. (pt. is requesting a generic brand.)
Pharm # 562 933-7948

Pt Don't know name of River Antz Jan 2/16/05
Pharmacy
STAFF SIGNATURE/TITLE _____ DATE TIME _____

Response/Further Orders:
Hydrocort 25mg 10 TID x 10 days
2-16-05 pt aware called in pt aware.

Further Action Required YES NO
PROVIDER'S SIGNATURE/TITLE _____ DATE TIME _____

Follow up on orders: _____

STAFF SIGNATURE/TITLE _____ DATE TIME _____

Patient Name: DEBRA SANCHEZ
Date of Visit: 04-Apr-2006
Document Type: Progress Note**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 317

DOB: 29-May-1966

Owner: Conversion, Epic



TELEPHONE MESSAGE

Patient's Phone Number () _____
Home Phone _____
() _____
Work Phone (303) 702-0545
Cell Phone _____

PATIENT NAME Sanchez, Debra
(First) (Last)
CHART NO. 559792503
DATE OF BIRTH 5-29-66
CENTER OF RECORD: Downey SEX: M F
INSURANCE: 38415

Provider A. VERA
Date of Call 2-4-05
Callers Name [Signature]
Last Visit [Signature]

Reason For Call change of Doc.
Time of Call 2:49 AM PM
Relationship To Pt. Spouse Parent
Future Visit [Signature]

MEDICATIONS

TEST RESULTS REQUEST

NAME _____
 DOSE _____
 FREQ _____
 QUANTITY REMAINING _____
 LAST FILL _____

ORDERING MD _____
 LAB _____
DATE _____
 X-RAY _____
LOCATION _____
DATE _____

ORDERING MD

PHARMACY Pharm 20m9 lad MAIL ORDER YES NO
 PHARMACY TEL# _____ PHARMACY FAX# _____

Additional Comments:

pt needs change of Doc.
on prese.

Rina O. (FOC) 2/4/05

Response/Further Orders: Spoke 2:49 @ 3:30pm. Hardware
refill has been called into
pharmacy. w/ [Signature]

Further Action Required YES NO

PROVIDER'S SIGNATURE/TITLE DATE TIME

Follow up on orders: _____

STAFF SIGNATURE/TITLE

DATE TIME

CS-524-342 (11/03)

Patient Name: DEBRA SANCHEZ

MRN: 28-1679763

DOB: 29-May-1966

Date of Visit: 04-Apr-2006

Owner: Conversion, Epic

Document Type: Registration**

Site Name: Health Information Services

SERVICE AREA: TALBERT MEDICAL GROUP

PATIENT DEMOGRAPHICS

Name: SANCHEZ, DEBRA P Chart Number: 559792503-1
Address: 4033 BELL AVE#19 County:
City: CUDAHY State: CA Zip: 90201
Home Ph: 323-771-8216 Sex: F DOB: 05/29/1966
Work Ph: SS#: 559-79-2503 Relationship: MOTHER
Emerg Contact: Helen, Sanchez
Home Ph: 323-560-4016 1189 Work Ph:

GUARANTOR INFORMATION

Name: SANCHEZ, DEBRA P Relationship: Self
Address: 4033 BELL AVE#19 County:
City: CUDAHY Bell, State: CA Zip: 90201

Guarantor's Employer:
Contact: Saddleback Memorial - Laguna Hills
Address:
City: Laguna Hills State: CA Zip:
Phone: (949) 452-3527

PRIMARY INSURANCE (Please present card for copying)
Subscriber: Debra P. Sanchez Relationship: myself
Payor Name: SAME

SECONDARY INSURANCE Relationship:
Subscriber:
Payor Name:

Do you authorize payment to Provider?
Do you authorize release of medical records? (Y) (N)

DISCLOSURE STATEMENT:

I hereby authorize TALBERT MEDICAL GROUP to use this signature to release any information necessary to process and/or secure payment of benefits from any insurance or other payer designated or identified in the course of providing services; to allow a photocopy of my signature to be considered valid as the original and to be used for the period of lifetime. I hereby assign and authorize payment check(s) directly to TALBERT MEDICAL GROUP for all payments to which I am entitled for services provided by TALBERT MEDICAL GROUP. I understand that I am financially responsible for identified charges, and I agree to pay reasonable attorney fees, and/or collection fees mediation fees and court costs incurred in the collection of my outstanding balance. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is considered as valid as the original.

Debra P. Sanchez 4-03-06
Print Patient/Responsible Party Date
Signature of Patient/Responsible Party

MEDICARE PATIENTS:

I request that payment of authorized Medicare/Medigap benefits be made on my behalf to the TALBERT MEDICAL GROUP for any services furnished by that provider. I authorize the holder of medical information about me to release to the Health Care Administration, it's agents or my Medigap Insurer any information needed to determine benefits payable for related services.

Signature of Patient/Responsible Party

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 319

MRN: 28-1679763

DOB: 29-May-1966

Date of Visit: 04-Apr-2006

Owner: Conversion, Epic

Document Type: Registration**

Site Name: Health Information Services

PacifiCare

Signature Value™

SANCHEZ, DEBRA
5397678-01
DOB 05/29/1966
HMO - MHA

COPAY AMOUNTS
OV \$15/\$25
HOSP \$240 ADM
ER \$35
RX 3RN \$10G/20B/30NF 50I

TALBERT MG - DOWNEY MC (562) 923-4911
TALBERT MG - DOWNEY MC 014784
POP EFFECTIVE DATE 03/15/06
LAKEWOOD REGIONAL MEDICAL

RxBIN# 610494
RxCN# 9999
Submitted Group: PCGA
Issuer ID: 80840



City: 5397678-01
Name: SANCHEZ, DEBRA P
Payer: DOWNEY MC
Date: 04/03/2006
Plan: PACIFIC CARE
City: 1753301
State: F
DOB: 05/29/1966
City: 014784
DOB: 05/29/1966
City: 014784
DOB: 05/29/1966
City: 014784
DOB: 05/29/1966

014784
519271

EMERGENCY SERVICES: Call 911 or go to the nearest emergency room
Call your Physician within 24 hours
ROUTINE CARE Call your Physician or Medical Group listed on the front of this card
Customer Service Department: 1-800-624-8822 (For TDDI device: 1-800-442-8833)
Monday - Friday, 7:00 a.m. - 9:00 p.m.
Send medical claims to: P.O. Box 6006, Cypress, CA 90630-0006
To authorize behavioral health benefits, call 1-800-999-9585
NOTICE TO PROVIDERS
Possession of this card does not guarantee eligibility.
PHCS
To confirm eligibility call: (800) 542-8789
Pharmacies: Help Desk 1-800-788-7871
Send fax claims to: P.O. Box 6037, Mail Stop, Cypress, CA 90630
Prescription drug benefits are administered by Prescription Solutions®
www.pacificare.com

Patient Name: DEBRA SANCHEZ
Date of Visit: 04-Apr-2006
Document Type: Registration**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 320

DOB: 29-May-1966

Owner: Conversion,Epic

SERVICE AREA: TALBERT MEDICAL GROUP

PATIENT DEMOGRAPHICS

Name: SANCHEZ, DEBRA P
Address: 4033 BELL AVE#19
City: ~~CUDAHY~~ BELL State: CA Zip: 90201
Home Ph: 323-771-8216 Sex: F DOB: 05/29/1966
Work Ph: SS#: 559-79-2503
Emerg Contact: Helen, Sanchez Relationship: MOTHER
Home Ph: 323-560-4016 Work Ph:

GUARANTOR INFORMATION

Name: SANCHEZ, DEBRA P Relationship: Self
Address: 4033 BELL AVE#19 County:
City: ~~CUDAHY~~ BELL State: CA Zip: 90201

Guarantor's Employer:

Contact:
Address:
City: State: Zip:
Phone:

PRIMARY INSURANCE (Please present card for copying)

Subscriber: SANCHEZ, DEBRA P Relationship: Patient is Insu
Payor Name: PACIFICARE COM HMO

SECONDARY INSURANCE

Subscriber: Relationship:
Payor Name:

Do you authorize payment to Provider? Y N
Do you authorize release of medical records? Y

DISCLOSURE STATEMENT:

I hereby authorize TALBERT MEDICAL GROUP to use this signature to release any information necessary to process and/or secure payment of benefits from any insurance or other payer designated or identified in the course of providing services; to allow a photocopy of my signature to be considered valid as the original and to be used for the period of lifetime. I hereby assign and authorize payment check(s) directly to TALBERT MEDICAL GROUP for all payments to which I am entitled for services provided by TALBERT MEDICAL GROUP. I understand that I am financially responsible for identified charges, and I agree to pay reasonable attorney fees, and/or collection fees mediation fees and court costs incurred in the collection of my outstanding balance. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is considered as valid as the original.

Debra P Sanchez 4-29-02
Print Patient/Responsible Party Date

Debra P Sanchez
Signature of Patient/Responsible Party

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 321

DOB: 29-May-1966

Date of Visit: 04-Apr-2006

Owner: Conversion.Epic

Document Type: Registration**

Site Name: Health Information Services

Cnt#: 559792583-1
 Name: SANCHEZ, DEBRA P
 Pvd: KALINOWITZ, STUART M, MCDONNAY-TALBERT
 Date: 01/29/2003 Time: 9:30 AM DEPT: DO OB
 Payor: PACIFICARE COM HMO
 Plan: PCCD15 \$5 COM 2002
 Enc#: 360315
 Sex: F DOB: 05/29/1966
 Type: COM
 Finc: COMM

PacifiCare® Health Plan

Name SANCHEZ, DEBRA P.
 Member No. 5397678-01 DOB 05-29-66

Physician or Medical Group Name *DR. GALEWITZ*
 014784 TALBERT MG - DOWNEY MC
 PCP Effective Date 10-01-00
 Phone # (562) 923-4911
 DV \$ 5 Plan Dis
 ER \$ 35
 Rx 357 EL \$10G/20E/25NF

For behavioral health benefits, call 1-800-999-9585, 24 hours a day.

Patient Name: DEBRA SANCHEZ
Date of Visit: 04-Apr-2006
Document Type: Registration**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 322

DOB: 29-May-1966

Owner: Conversion,Epic



**ADVANCED DIRECTIVES
ACKNOWLEDGEMENTS**

Patient's Phone Number (323) 771-8216
Home Phone
(949) 452-3527
Work Phone
() _____
Cell Phone

PATIENT NAME

CHA Cnt#: 559792503-1 Enc#: 1763301
Name: SANCHEZ, DEBRA P Sex: F DOB: 05/29/1966
Pvd: OCHOA, GREGORY Cnt Loc: DOWR
DAT: Date: 04/03/2006 Time: 4:00 PM DEPT: DO FP
Payor: PACIFICARE COM HMO Type: COM
CEN: Plan: PCCMHA \$15/\$25 COM# PCP: Daisy J. Guevara, MD

INSURANCE:

ADVANCED DIRECTIVES ACKNOWLEDGEMENT

- I do have an Advance Directive / Living Will / Durable Power of Attorney for medical or health care decisions.
- I do not have an Advance Directive / Living Will / Durable Power of Attorney for medical or health care decisions.
- I would like further information on Advanced Directives.
- I would not like further information on Advanced Directives.

[Signature] Patient's Signature 4-3-06 Date

Physician or Office Staff please complete:

- Information regarding Advanced Directives **was provided.**
- Information regarding Advanced Directives **was not provided.**

If information was provided, what type? Verbal Written

If the patient has an Advanced Directive, has it been placed in the Medical Record:

Yes No

Comments:

Physician or Staff Signature: [Signature] Date: 4-3-06

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 323

DOB: 29-May-1966

Date of Visit: 04-Apr-2006

Owner: Conversion,Epic

Document Type: Registration**

Site Name: Health Information Services



PATIENT NAME

SANCHEZ, DEBRA S. ADDRESS 105744
 156992904 00440 001221 C 87450
 BRN 51-20-00 03-09 SP

ADULT PROBLEM LIST

MAJOR PROBLEMS	LONG TERM MEDICATIONS & DOSAGES	START	STOP

SURGERIES

HEALTH APPRAISAL	BREAST	MAMMO	PAP	CHOLEST.	FECAL OCCULT BLOOD X 3	VISION			PNEUMO	FLU

ADVANCE DIRECTIVES		ALLERGIES / ADVERSE MED. REACTIONS (List Reaction)	PRIMARY CARE PHYSICIAN
DATE DISCUSSED	DATE RECEIVED / REVIEWED		Daisy Guevara

DISTRIBUTION: FILE - Left inside cover FRONT

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 324

DOB: 29-May-1966

Date of Visit: 03-Apr-2006

Owner: Conversion,Epic

Document Type: Encounter Summary - Epic**

Site Name: Health Information Services

Sanchez, Debra (MR # 51124)

Encounter Date: 04/03/2006

Patient Information

Patient Name	Sex	DOB
Sanchez, Debra (51124)	Female	5/29/1966

Visit Information

4/3/2006 4:00 PM	Provider	Department	Encounter #
	Gregory Ochoa, MD	Do Fp	4239356

Diagnoses

Acute Sinusitis NOS - Primary	461.9
Dysuria	788.1

Reason for Visit

Body Aches	JOINTS
Headache	
Other	IRRITATION WHEN URINATES
Ear Problem	SINCE SATURDAY

Reason For Visit History Recorded

Visit Notes

VILLALOBOS MA, ANEL 4/3/2006 4:59 pm
 the patient HERE FOR JOINT PAIN, HEADACHE. IRRITATION WITH URINATION SINCE Tuesday AND BURNING AND IRRITATION ON BOTH EARS.

Allergies as of 4/3/2006

Reviewed On: 4/3/2006 By: Anel Villalobos, MA

No Known Drug Allergy	Noted	Type	Reactions
	4/3/2006		

Vitals - Last Recorded

BP	Pulse	Temp	Resp	Wt	LMP
110/70	75	98.9 °F (37.2 °C) (Oral)	17	176 lb 1.6 oz (79.878 kg)	03/21/2006

Vitals History Recorded

TMG Extended Vitals

None

All Notes

Patient Instructions signed by Gregory Ochoa, MD at 5/16/2006 12:13 PM

Created By:	User Type:	Created:	4/3/2006 4:00 PM
Note Status: Signed	Cosign: Cosign Not Required	Note Time:	4/3/2006 4:00 PM

Take all medications as directed, drink plenty of fluids and rest.

Call or return to clinic if your symptoms worsen or fail to improve as anticipated.

Progress Notes signed by Gregory Ochoa, MD at 5/16/2006 12:13 PM

Created By: Gregory Ochoa, MD	User Type: Physician	Created:	4/3/2006 5:33 PM
Note Status: Signed	Cosign: Cosign Not Required	Note Time:	4/3/2006 5:33 PM

Sanchez, Debra (MR # 51124)

Page 1 of 2

Sanchez, Debra (MR # 51124)

Encounter Date: 04/03/2006

All Notes (continued)

SUBJECTIVE: Debra P Sanchez is a 39 year old female patient with vague c/o body pain, irritation to ears, pressure behind the eyes and headaches. No relief with OTC medications.

OBJECTIVE:

GENERAL: WDOWN NAD

VITALS: as above

HEENT: NC/AT, ++tender sinuses to palpation, +engorged and injected turbinates.

NECK: supple c FROM

COR: RRR

LUNG: CTA,

EXTRM: wnl

ASSESSMENT: see below

PLAN: see below

Meds Ordered This Encounter

	Disp	Refills	Start	End
ZITHROMAX Z-PAK 250 MG OR TABS Sig: 2 TABLETS TODAY, THEN 1 TABLET DAILY THEREAFTER Class: Fax Route: Oral	6	0	4/3/2006	4/8/2006
LORATADINE 10 MG OR TABS Sig: 1 TABLET DAILY Class: Fax Route: Oral	14	0	4/3/2006	5/3/2006
SUDAFED 30 MG OR TABS Sig: 2 TABLETS EVERY 8 HOURS AS NEEDED Class: Fax Route: Oral	30	0	4/3/2006	4/17/2006
IBUPROFEN 600 MG OR TABS Sig: 1 TABLET 3 TIMES DAILY Class: Fax Route: Oral	30	0	4/3/2006	5/3/2006

Immunizations as of 4/3/2006

Never Reviewed

No immunizations on file.

Medications at Start of Encounter

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS (Taking) Sig - Route: 1 TABLET EVERY MORNING - Oral Class: Fax Reason for Discontinue: Reorder	30	3	12/19/2005	5/2/2006

Level Of Service

OFFIC/OUTPT VISIT E&M EST LOW-MOD
SEVERITY 15MIN [99213]

Encounter Status

Closed by Gregory Ochoa, MD on 5/16/06 at 12:13 PM

Sanchez, Debra (MR # 51124)

Page 2 of 2

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 326

DOB: 29-May-1966

Date of Visit: 03-Apr-2006

Owner: OCHOA, GREGORY

Document Type: Patient Communication*

Site Name: Health Information Services



April 3, 2006

TO WHOM IT MAY CONCERN:

This is to certify that Debra P Sanchez was seen in my clinic on 4/3/2006.

She {RETURN TO SCHOOL/SPORT/:11665}

Please feel free to contact my office if you have any questions or concerns. Thank you for your assistance in this matter.

Sincerely yours,

Gregory Ochoa MD.
DOWNEY-TALBERT
Downey Family Practice
8311 Florence Ave
Downey, CA 90241
562-923-4911

Received for: GREGORY OCHOA MD Jul 5 2014 3:28AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 327

DOB: 29-May-1966

Date of Visit: 03-Apr-2006

Owner: OCHOA, GREGORY

Document Type: Patient Communication*

Site Name: Health Information Services



Debra Sanchez
4033 Bell Ave#19
Cudahy, CA 90201

4/3/2006

To Whom It May Concern,

Due to medical reasons, Debra P Sanchez
Sincerely,

Gregory Ochoa MD.
DOWNEY-TALBERT
Downey Family Practice
8311 Florence Ave
Downey, CA 90241
562-923-4911

Patient Name: DEBRA SANCHEZ

321Z3B1_0BW3TS1R5001CBQ - 328

DOB: 29-May-1966

Date of Visit: 03-Apr-2006

Owner: OCHOA, GREGORY

Document Type: Patient Communication*

Site Name: Health Information Services



Debra Sanchez
4033 Bell Ave#19
Cudahy, CA 90201

4/3/2006

To Whom It May Concern,

Due to medical reasons, Debra P Sanchez is unable to work from 3/31/06 to 4/4/06. She may return to work at full capacity on 4/5/06. Please feel free to contact this office if you have any questions.

Sincerely,

Gregory Ochoa MD.
DOWNEY-TALBERT
Downey Family Practice
8311 Florence Ave
Downey, CA 90241
562-923-4911

Received for: GREGORY OCHOA MD Jul 5 2014 3:28AM Pacific Standard Time

Patient Name: DEBRA SANCHEZ

321Z3B1_OBW3TS1R5001CBQ - 329

DOB: 29-May-1966

Date of Visit: 03-Apr-2006

Owner: OCHOA, GREGORY

Document Type: Progress Note*

Site Name: Health Information Services

SUBJECTIVE: Debra P Sanchez is a 39 year old female patient with vague c/o body pain, irritation to ears, pressure behind the eyes and headaches. No relief with OTC medications. OBJECTIVE: GENERAL: WDWN NAD VITALS: as above HEENT: NC/AT, ++tender sinuses to palpation, +engorged and injected turbinates. NECK: supple c FROM COR: RRR LUNG: CTA, EXTRM: wnl ASSESSMENT: see below PLAN: see below

Patient Name: DEBRA SANCHEZ
Date of Visit: 19-Dec-2005
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_OBW3TS1R5001CBQ - 330

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 12/19/2005

Encounter Status

Closed by Daisy J. Guevara, MD on 12/19/05 at 12:06 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
12/19/2005 9:59 AM	Angie Garcia	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
12/19/2005 9:59 AM 323 773-9124	Phone (Incoming)	SAVON (Pharmacy)	323-773-2025

Call Documentation

Angie Garcia, LVN 12/19/2005 10:00 AM Signed
RX WRITTEN 05/17/05 LAST REFILL 11/25/05

Created by

Encounter creation information not available

Approved

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS	30	3	12/19/2005	5/2/2006

Warning: The medication was pended with free-text dispense values. You will have to enter discrete dispense values to sign the order.

Sig - Route: 1 TABLET EVERY MORNING - Oral

Class: Fax

Authorizing Provider: Daisy J. Guevara, MD

Visit Pharmacy

SAV ON BE 7101 ATLANTIC BLVD. BELL, CA 90201

Allergies

Allergies as of 12/19/2005

Not on File

Never Reviewed

Patient Name: DEBRA SANCHEZ
Date of Visit: 16-Dec-2005
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 331

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 12/16/2005

Encounter Status

Closed by Daisy J. Guevara, MD on 12/16/05 at 8:46 PM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
12/16/2005 11:49 AM	Benita Bentley Lvn	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
12/16/2005 11:49 AM	Phone (Incoming)	NETWORK (Pharmacy)	323-773-2025

Call Documentation

Benita Bentley, LVN 12/16/2005 11:54 AM Signed
LAST REFILL 11/25/05

Created by

Encounter creation information not available

Approved

	Disp	Refills	Start	End
PAXIL 20 MG OR TABS	30	3	12/16/2005	12/19/2005

Warning: The medication was pended with free-text dispense values. You will have to enter discrete dispense values to sign the order.

Sig - Route: 1 TABLET EVERY MORNING - Oral

Class: Fax

Authorizing Provider: Daisy J. Guevara, MD

Visit Pharmacy

SAV ON BE 7101 ATLANTIC BLVD. BELL, CA 90201

Allergies

Allergies as of 12/16/2005

Not on File

Never Reviewed

Patient Name: DEBRA SANCHEZ
Date of Visit: 15-Dec-2005
Document Type: Patient Phone Call**
Site Name: Health Information Services

321Z3B1_0BW3TS1R5001CBQ - 332

DOB: 29-May-1966

Owner: Conversion,Epic

Sanchez, Debra (MR # 51124)

Encounter Date: 12/15/2005

Encounter Status

Closed by Benita Bentley Lvn on 12/16/05 at 9:48 AM

Refill	Debra Sanchez (MRN 51124)
---------------	----------------------------------

Reason for Call

Refill Request

Telephone Contact Summary

Incoming Call

Date & Time	Provider	Department	Center
12/15/2005 11:23 AM	Benita Bentley Lvn	Do Im	DO

Contacts

Date & Time	Type	Contact	Phone
12/15/2005 11:23 AM	Phone (Incoming)	SAV ON (Pharmacy)	323-773-2025

Call Documentation

Benita Bentley, LVN 12/15/2005 11:27 AM Signed
LAST REILL 11/25/05

Created by

Encounter creation information not available

Visit Pharmacy

SAV ON BE 7101 ATLANTIC BLVD. BELL, CA 90201

Allergies

Allergies as of 12/15/2005

Not on File

Never Reviewed

Results	Date
CBC w Diff w Plt: WBC: 4.7 Range:3.4-10.8 (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: RBC: 4.65 Range:3.77-5.28 (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Hemoglobin: 13.8 Range:11.1-15.9 (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Hematocrit: 41.0 Range:34.0-46.6 (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: MCV: 88 Range:79-97 (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: MCH: 29.7 Range:26.6-33.0 (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: MCHC: 33.7 Range:31.5-35.7 (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: RDW: 13.0 Range:12.3-15.4 (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Platelets: 322 Range:150-379 (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Neutrophils: 59 Range:Not Estab. (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Lymphs: 29 Range:Not Estab. (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Monocytes: 8 Range:Not Estab. (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Eos: 3 Range:Not Estab. (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Basos: 1 Range:Not Estab. (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Neutrophils (Absolute): 2.8 Range:1.4-7.0 (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Lymphs (Absolute): 1.3 Range:0.7-3.1 (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Monocytes(Absolute): 0.4 Range:0.1-0.9 (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Eos (Absolute): 0.1 Range:0.0-0.4 (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Baso (Absolute): 0.1 Range:0.0-0.2 (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Immature Granulocytes: 0 Range:Not Estab. (14-Feb-2019 10:42PM)	14-Feb-2019
CBC w Diff w Plt: Immature Grans (Abs): 0.0 Range:0.0-0.1 (14-Feb-2019 10:42PM)	14-Feb-2019
Comp. Metabolic Panel (14): Glucose: 89 Range:65-99 (14-Feb-2019 11:43PM)	14-Feb-2019
Comp. Metabolic Panel (14): BUN: 15 Range:6-24 (14-Feb-2019 11:43PM)	14-Feb-2019
Comp. Metabolic Panel (14): Creatinine: 0.75 Range:0.57-1.00 (14-Feb-2019 11:46PM)	14-Feb-2019
Comp. Metabolic Panel (14): eGFR If NonAfricn Am: 92 Range:>59 (14-Feb-2019 11:46PM)	14-Feb-2019
Comp. Metabolic Panel (14): eGFR If Africn Am: 106 Range:>59 (14-Feb-2019 11:46PM)	14-Feb-2019
Comp. Metabolic Panel (14): BUN/Creatinine Ratio: 20 Range:9-23 (14-Feb-2019 11:46PM)	14-Feb-2019
Comp. Metabolic Panel (14): Sodium: 141 Range:134-144 (14-Feb-2019 11:37PM)	14-Feb-2019
Comp. Metabolic Panel (14): Potassium: 4.6 Range:3.5-5.2 (14-Feb-2019 11:37PM)	14-Feb-2019
Comp. Metabolic Panel (14): Chloride: 102 Range:96-106 (14-Feb-2019 11:37PM)	14-Feb-2019
Comp. Metabolic Panel (14): Carbon Dioxide, Total: 28 Range:20-29 (14-Feb-2019 11:43PM)	14-Feb-2019
Comp. Metabolic Panel (14): Calcium: 9.3 Range:8.7-10.2 (14-Feb-2019 11:43PM)	14-Feb-2019
Comp. Metabolic Panel (14): Protein, Total: 7.1 Range:6.0-8.5 (14-Feb-2019 11:43PM)	14-Feb-2019
Comp. Metabolic Panel (14): Albumin: 4.4 Range:3.5-5.5 (14-Feb-2019 11:43PM)	14-Feb-2019
Comp. Metabolic Panel (14): Globulin, Total: 2.7 Range:1.5-4.5 (14-Feb-2019 11:43PM)	14-Feb-2019
Comp. Metabolic Panel (14): A/G Ratio: 1.6 Range:1.2-2.2 (14-Feb-2019 11:43PM)	14-Feb-2019
Comp. Metabolic Panel (14): Bilirubin, Total: 0.5 Range:0.0-1.2 (14-Feb-2019 11:43PM)	14-Feb-2019
Comp. Metabolic Panel (14): Alkaline Phosphatase: 111 Range:39-117 (14-Feb-2019 11:43PM)	14-Feb-2019
Comp. Metabolic Panel (14): AST (SGOT): 29 Range:0-40 (14-Feb-2019 11:43PM)	14-Feb-2019
Comp. Metabolic Panel (14): ALT (SGPT): 25 Range:0-32 (14-Feb-2019 11:46PM)	14-Feb-2019
Hepatitis Panel (4): Hep A Ab, IgM: Negative Range:Negative (15-Feb-2019 7:34AM)	14-Feb-2019
Hepatitis Panel (4): HBsAg Screen: Negative Range:Negative (15-Feb-2019 7:34AM)	14-Feb-2019
Hepatitis Panel (4): Hep B Core Ab, IgM: Negative Range:Negative (15-Feb-2019 7:34AM)	14-Feb-2019
Hepatitis Panel (4): Hep C Virus Ab: <0.1 Negative: < 0.8 Indeterminate: 0.8 - 0.9 Positive: > 0.9 The CDC recommends that a positive HCV antibody result be followed up with a HCV Nucleic Acid Amplification test (550713). Range:0.0-0.9 (15-Feb-2019 7:34AM)	14-Feb-2019
Rheumatoid Arthritis Factor: RA Latex Turbid.: <10.0 Range:0.0-13.9 (15-Feb-2019 7:16AM)	14-Feb-2019
Uric Acid, Serum: Uric Acid: 4.0 Therapeutic target for gout patients: <6.0 Range:2.5-7.1 (15-Feb-2019 3:41AM)	14-Feb-2019
ANA w/Reflex if Positive: ANA Direct: Negative Range:Negative (15-Feb-2019 4:59PM)	14-Feb-2019
Sedimentation Rate-Westergren: 9 Range:0-40 (15-Feb-2019 5:12AM)	14-Feb-2019
Occult Blood, Fecal, IA: Negative Range:Negative (30-Oct-2018 12:45PM)	23-Oct-2018
CBC w Diff w Plt: WBC: 4.9 Range:3.4-10.8 (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: RBC: 4.36 Range:3.77-5.28 (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: Hemoglobin: 12.9 Range:11.1-15.9 (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: Hematocrit: 38.9 Range:34.0-46.6 (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: MCV: 89 Range:79-97 (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: MCH: 29.6 Range:26.6-33.0 (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: MCHC: 33.2 Range:31.5-35.7 (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: RDW: 13.2 Range:12.3-15.4 (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: Platelets: 305 Range:150-379 (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: Neutrophils: 62 Range:Not Estab. (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: Lymphs: 28 Range:Not Estab. (23-Oct-2018 9:34PM)	23-Oct-2018

CBC w Diff w Plt: Monocytes: 7 Range:Not Estab. (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: Eos: 3 Range:Not Estab. (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: Basos: 0 Range:Not Estab. (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: Neutrophils (Absolute): 3.0 Range:1.4-7.0 (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: Lymphs (Absolute): 1.4 Range:0.7-3.1 (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: Monocytes(Absolute): 0.3 Range:0.1-0.9 (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: Eos (Absolute): 0.1 Range:0.0-0.4 (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: Baso (Absolute): 0.0 Range:0.0-0.2 (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: Immature Granulocytes: 0 Range:Not Estab. (23-Oct-2018 9:34PM)	23-Oct-2018
CBC w Diff w Plt: Immature Grans (Abs): 0.0 Range:0.0-0.1 (23-Oct-2018 9:34PM)	23-Oct-2018
Comp. Metabolic Panel (13): Glucose: 91 Range:65-99 (24-Oct-2018 12:21AM)	23-Oct-2018
Comp. Metabolic Panel (13): BUN: 12 Range:6-24 (24-Oct-2018 12:21AM)	23-Oct-2018
Comp. Metabolic Panel (13): Creatinine: 0.65 Range:0.57-1.00 (24-Oct-2018 12:46AM)	23-Oct-2018
Comp. Metabolic Panel (13): eGFR If NonAfricn Am: 102 Range:>59 (24-Oct-2018 12:46AM)	23-Oct-2018
Comp. Metabolic Panel (13): eGFR If Africn Am: 118 Range:>59 (24-Oct-2018 12:46AM)	23-Oct-2018
Comp. Metabolic Panel (13): BUN/Creatinine Ratio: 18 Range:9-23 (24-Oct-2018 12:46AM)	23-Oct-2018
Comp. Metabolic Panel (13): Sodium: 142 Range:134-144 (23-Oct-2018 11:03PM)	23-Oct-2018
Comp. Metabolic Panel (13): Potassium: 4.1 Range:3.5-5.2 (23-Oct-2018 11:03PM)	23-Oct-2018
Comp. Metabolic Panel (13): Chloride: 104 Range:96-106 (23-Oct-2018 11:03PM)	23-Oct-2018
Comp. Metabolic Panel (13): Carbon Dioxide, Total: 24 Range:20-29 (24-Oct-2018 12:21AM)	23-Oct-2018
Comp. Metabolic Panel (13): Calcium: 9.1 Range:8.7-10.2 (24-Oct-2018 12:21AM)	23-Oct-2018
Comp. Metabolic Panel (13): Protein, Total: 6.7 Range:6.0-8.5 (24-Oct-2018 12:46AM)	23-Oct-2018
Comp. Metabolic Panel (13): Albumin: 4.5 Range:3.5-5.5 (24-Oct-2018 12:46AM)	23-Oct-2018
Comp. Metabolic Panel (13): Globulin, Total: 2.2 Range:1.5-4.5 (24-Oct-2018 12:46AM)	23-Oct-2018
Comp. Metabolic Panel (13): A/G Ratio: 2.0 Range:1.2-2.2 (24-Oct-2018 12:46AM)	23-Oct-2018
Comp. Metabolic Panel (13): Bilirubin, Total: 0.6 Range:0.0-1.2 (24-Oct-2018 12:46AM)	23-Oct-2018
Comp. Metabolic Panel (13): Alkaline Phosphatase: 103 Range:39-117 (24-Oct-2018 12:46AM)	23-Oct-2018
Comp. Metabolic Panel (13): AST (SGOT): 30 Range:0-40 (24-Oct-2018 12:46AM)	23-Oct-2018
Urinalysis, Microscopic on Positive: Specific Gravity: TNP No urine specimen received. 10/24/2018-Brown (24-Oct-2018 12:35PM)	23-Oct-2018
Urinalysis, Microscopic on Positive: pH: TNP Test not performed (24-Oct-2018 12:35PM)	23-Oct-2018
Urinalysis, Microscopic on Positive: Protein: TNP Test not performed (24-Oct-2018 12:35PM)	23-Oct-2018
Urinalysis, Microscopic on Positive: Glucose: TNP Test not performed (24-Oct-2018 12:35PM)	23-Oct-2018
Urinalysis, Microscopic on Positive: Ketones: TNP Test not performed (24-Oct-2018 12:35PM)	23-Oct-2018
LP: Cholesterol, Total: 168 Range:100-199 (24-Oct-2018 1:12AM)	23-Oct-2018
LP: Triglycerides: 58 Range:0-149 (24-Oct-2018 1:12AM)	23-Oct-2018
LP: HDL Cholesterol: 95 Range:>39 (24-Oct-2018 1:12AM)	23-Oct-2018
LP: VLDL Cholesterol Cal: 12 Range:5-40 (24-Oct-2018 1:12AM)	23-Oct-2018
LP: LDL Cholesterol Calc: 61 Range:0-99 (24-Oct-2018 1:12AM)	23-Oct-2018
Hemoglobin A1c: Hemoglobin A1c: 5.7 Prediabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0 (Abnormal:H) Range:4.8-5.6 (24-Oct-2018 12:03AM)	23-Oct-2018
TSH w/Reflex: TSH: 1.290 Range:0.450-4.500 (24-Oct-2018 9:44AM)	23-Oct-2018
Request Problem: TNP No urine specimen received. TEST: 003038 Urinalysis, Routine 10/24/2018-Brown (24-Oct-2018 12:35PM)	23-Oct-2018
CBC w Diff w Plt: WBC: 4.3 Range:3.4-10.8 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: RBC: 4.67 Range:3.77-5.28 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Hemoglobin: 13.7 Range:11.1-15.9 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Hematocrit: 41.3 Range:34.0-46.6 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: MCV: 88 Range:79-97 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: MCH: 29.3 Range:26.6-33.0 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: MCHC: 33.2 Range:31.5-35.7 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: RDW: 14.1 Range:12.3-15.4 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Platelets: 312 Range:150-379 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Neutrophils: 57 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Lymphs: 30 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Monocytes: 8 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Eos: 4 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Basos: 1 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Neutrophils (Absolute): 2.4 Range:1.4-7.0 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Lymphs (Absolute): 1.3 Range:0.7-3.1 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Monocytes(Absolute): 0.3 Range:0.1-0.9 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Eos (Absolute): 0.2 Range:0.0-0.4 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Baso (Absolute): 0.0 Range:0.0-0.2 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Immature Granulocytes: 0 (09-Dec-2016 11:31PM)	09-Dec-2016
CBC w Diff w Plt: Immature Grans (Abs): 0.0 Range:0.0-0.1 (09-Dec-2016 11:31PM)	09-Dec-2016

Comp. Metabolic Panel (14): Glucose: 98 Range:65-99 (09-Dec-2016 11:48PM)	09-Dec-2016
Comp. Metabolic Panel (14): BUN: 13 Range:6-24 (09-Dec-2016 11:48PM)	09-Dec-2016
Comp. Metabolic Panel (14): Creatinine: 0.71 Range:0.57-1.00 (09-Dec-2016 11:56PM)	09-Dec-2016
Comp. Metabolic Panel (14): eGFR If NonAfricn Am: 100 Range:>59 (09-Dec-2016 11:56PM)	09-Dec-2016
Comp. Metabolic Panel (14): eGFR If Africn Am: 115 Range:>59 (09-Dec-2016 11:56PM)	09-Dec-2016
Comp. Metabolic Panel (14): BUN/Creatinine Ratio: 18 Range:9-23 (09-Dec-2016 11:56PM)	09-Dec-2016
Comp. Metabolic Panel (14): Sodium: 146 **Please note reference interval change** (Abnormal:H) Range:136-144 (09-Dec-2016 11:40PM)	09-Dec-2016
Comp. Metabolic Panel (14): Potassium: 4.2 Range:3.5-5.2 (09-Dec-2016 11:44PM)	09-Dec-2016
Comp. Metabolic Panel (14): Chloride: 103 **Please note reference interval change** Range:97-106 (09-Dec-2016 11:40PM)	09-Dec-2016
Comp. Metabolic Panel (14): Carbon Dioxide, Total: 31 (Abnormal:H) Range:18-29 (09-Dec-2016 11:48PM)	09-Dec-2016
Comp. Metabolic Panel (14): Calcium: 9.4 Range:8.7-10.2 (09-Dec-2016 11:48PM)	09-Dec-2016
Comp. Metabolic Panel (14): Protein, Total: 7.1 Range:6.0-8.5 (09-Dec-2016 11:48PM)	09-Dec-2016
Comp. Metabolic Panel (14): Albumin: 4.4 Range:3.5-5.5 (09-Dec-2016 11:48PM)	09-Dec-2016
Comp. Metabolic Panel (14): Globulin, Total: 2.7 Range:1.5-4.5 (09-Dec-2016 11:48PM)	09-Dec-2016
Comp. Metabolic Panel (14): A/G Ratio: 1.6 Range:1.1-2.5 (09-Dec-2016 11:48PM)	09-Dec-2016
Comp. Metabolic Panel (14): Bilirubin, Total: 0.6 Range:0.0-1.2 (09-Dec-2016 11:48PM)	09-Dec-2016
Comp. Metabolic Panel (14): Alkaline Phosphatase: 106 Range:39-117 (09-Dec-2016 11:48PM)	09-Dec-2016
Comp. Metabolic Panel (14): AST (SGOT): 57 (Abnormal:H) Range:0-40 (09-Dec-2016 11:48PM)	09-Dec-2016
Comp. Metabolic Panel (14): ALT (SGPT): 61 (Abnormal:H) Range:0-32 (09-Dec-2016 11:56PM)	09-Dec-2016
Lipid Panel: Cholesterol, Total: 158 Range:100-199 (09-Dec-2016 11:56PM)	09-Dec-2016
Lipid Panel: Triglycerides: 51 Range:0-149 (09-Dec-2016 11:56PM)	09-Dec-2016
Lipid Panel: HDL Cholesterol: 82 Range:>39 (09-Dec-2016 11:56PM)	09-Dec-2016
Lipid Panel: VLDL Cholesterol Calc: 10 Range:5-40 (09-Dec-2016 11:56PM)	09-Dec-2016
Lipid Panel: LDL Cholesterol Calc: 66 Range:0-99 (09-Dec-2016 11:56PM)	09-Dec-2016
Iron and TIBC: Iron Bind.Cap.(TIBC): 515 (Abnormal:H) Range:250-450 (10-Dec-2016 1:34AM)	09-Dec-2016
Iron and TIBC: UIBC: 449 (Abnormal:H) Range:131-425 (10-Dec-2016 1:34AM)	09-Dec-2016
Iron and TIBC: Iron: 66 Range:27-159 (10-Dec-2016 1:34AM)	09-Dec-2016
Iron and TIBC: Iron Saturation: 13 (Abnormal:L) Range:15-55 (10-Dec-2016 1:34AM)	09-Dec-2016
Vitamin B12 and Folate: Vitamin B12: 744 Range:211-946 (10-Dec-2016 5:15AM)	09-Dec-2016
Vitamin B12 and Folate: Folate (Folic Acid), Serum: 17.4 A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency. Range:>3.0 (10-Dec-2016 5:15AM)	09-Dec-2016
Vitamin D, 1,25 + 25-Hydroxy: Calcitriol(1,25 di-OH Vit D): 78.8 Range:19.9-79.3 (13-Dec-2016 10:51AM)	09-Dec-2016
Vitamin D, 1,25 + 25-Hydroxy: Vitamin D, 25-Hydroxy: 38.3 Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2). 1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press. 2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30. Range:30.0-100.0 (10-Dec-2016 2:00AM)	09-Dec-2016
Hemoglobin A1c.: Hemoglobin A1c: 5.9 Pre-diabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0 (Abnormal:H) Range:4.8-5.6 (10-Dec-2016 7:46AM)	09-Dec-2016
LDH: 287 (Abnormal:H) Range:119-226 (10-Dec-2016 1:34AM)	09-Dec-2016
Ferritin, Serum: 14 (Abnormal:L) Range:15-150 (10-Dec-2016 5:15AM)	09-Dec-2016
C-Reactive Protein (CRP), Quant: C-Reactive Protein, Quant: 1.2 Range:0.0-4.9 (10-Dec-2016 7:26AM)	09-Dec-2016
Vitamin A, Serum: TNP The specimen received was not adequately protected from light as required. Please resubmit sample in an amber tube with a dark stopper, or a tube completely covered with foil. 12/12/2016-Nurse (12-Dec-2016 8:52AM)	09-Dec-2016
Request Problem: TNP The specimen received was not adequately protected from light as required. Please resubmit sample in an amber tube with a dark stopper, or a tube completely covered with foil. TEST: 017509 Vitamin A, Serum 12/12/2016-Nurse (12-Dec-2016 8:52AM)	09-Dec-2016
XR Elbows: XR Elbow Minimum 3 Views Left: This exam was performed at: Beverly Imaging Florence 8311 Florence Ave. Downey, California 90240 EXAM: X-RAY LEFT ELBOW, MINIMUM 3 VIEWS HISTORY: Pain. TECHNIQUE: AP, obliques and lateral views. COMPARISON: None available. FINDINGS: The osseous structures are normal. No fractures or dislocations are seen. No joint effusion is seen. IMPRESSION: Normal left elbow. This report finalized by Ana Shah DO Dictated on 10/24/2016 (24-Oct-2016 5:27PM)	24-Oct-2016
XR Knees: Bilateral 4 Views: This exam was performed at: Beverly Imaging Florence 8311 Florence Ave. Downey, California 90240 EXAM: X-RAY BILATERAL KNEES, 4 VIEWS EACH HISTORY: Pain. TECHNIQUE: AP, oblique and lateral views. COMPARISON: 1/5/2016 FINDINGS: Bilateral knees demonstrate mild medial joint space narrowing with small periarticular osteophytes. The remaining joint spaces are normal. No fracture or dislocation is identified. There is bilateral suprapatellar bursal effusion. IMPRESSION: Bilateral mild degenerative changes. Bilateral suprapatellar bursal effusion. This report finalized by Ana Shah DO Dictated on 10/24/2016 (24-Oct-2016 5:25PM)	24-Oct-2016
XR Knee: 3 Views Right: This exam was performed at: Beverly Imaging Florence 8311 Florence Ave. Downey, California 90240 EXAM: X-RAY RIGHT KNEE, 3 VIEWS HISTORY: Right knee pain. TECHNIQUE: Three views, COMPARISON: None available. FINDINGS: There is mild medial joint space narrowing with small periarticular osteophytes. Suprapatellar bursal effusion is noted. No fractures or dislocations are identified. IMPRESSION: Mild medial joint arthritic changes. Suprapatellar bursal effusion. This report finalized by Ana Shah DO Dictated on 01/05/2016 (05-Jan-2016 2:53PM)	05-Jan-2016
XR Elbows: XR Elbow Minimum 3 Views Right: This exam was performed at: Beverly Imaging Florence 8311 Florence Ave. Downey, California 90240 EXAM: X-RAY RIGHT ELBOW, MINIMUM 3 VIEWS HISTORY: Elbow pain. TECHNIQUE: 3 views of the elbow obtained. COMPARISON: None available. FINDINGS: Osseous structures and joint spaces are normal with no acute fracture or dislocation. No joint effusion. IMPRESSION: Normal right elbow. This report finalized by Duke Nguyen MD Dictated on 01/07/2016 (07-Jan-2016 4:26PM)	05-Jan-2016
NuSwab Vaginitis Plus (VG+): Atopobium vaginae: Low - 0 score (26-Dec-2014 6:56PM)	23-Dec-2014
NuSwab Vaginitis Plus (VG+): BVAB 2: Low - 0 score (26-Dec-2014 6:56PM)	23-Dec-2014

NuSwab Vaginitis Plus (VG+): Megasphaera 1: Low - 0 score Calculate total score by adding the 3 individual bacterial vaginosis (BV) marker scores together. Total score is interpreted as follows: Total score 0-1: Indicates the absence of BV. Total score 2: Indeterminate for BV. Additional clinical data should be evaluated to establish a diagnosis. Total score 3-6: Indicates the presence of BV. This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. (26-Dec-2014 6:56PM)	23-Dec-2014
NuSwab Vaginitis Plus (VG+): Candida albicans, NAA: Negative Range:Negative (26-Dec-2014 4:22PM)	23-Dec-2014
NuSwab Vaginitis Plus (VG+): Candida glabrata, NAA: Negative This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Range:Negative (26-Dec-2014 4:22PM)	23-Dec-2014
NuSwab Vaginitis Plus (VG+): Trich vag by NAA: Negative Range:Negative (29-Dec-2014 8:40AM)	23-Dec-2014
NuSwab Vaginitis Plus (VG+): Chlamydia trachomatis, NAA: Negative Range:Negative (29-Dec-2014 8:40AM)	23-Dec-2014
NuSwab Vaginitis Plus (VG+): Neisseria gonorrhoeae, NAA: Negative Range:Negative (29-Dec-2014 8:40AM)	23-Dec-2014
NuSwab Vaginitis Plus (VG+): Atopobium vaginae: High - 2 score (Abnormal:A) (21-Nov-2014 1:36PM)	17-Nov-2014
NuSwab Vaginitis Plus (VG+): BVAB 2: Low - 0 score (21-Nov-2014 1:36PM)	17-Nov-2014
NuSwab Vaginitis Plus (VG+): Megasphaera 1: Low - 0 score Calculate total score by adding the 3 individual bacterial vaginosis (BV) marker scores together. Total score is interpreted as follows: Total score 0-1: Indicates the absence of BV. Total score 2: Indeterminate for BV. Additional clinical data should be evaluated to establish a diagnosis. Total score 3-6: Indicates the presence of BV. This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. (21-Nov-2014 1:36PM)	17-Nov-2014
NuSwab Vaginitis Plus (VG+): Candida albicans, NAA: Negative Range:Negative (21-Nov-2014 12:17PM)	17-Nov-2014
NuSwab Vaginitis Plus (VG+): Candida glabrata, NAA: Negative This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Range:Negative (21-Nov-2014 12:17PM)	17-Nov-2014
NuSwab Vaginitis Plus (VG+): Trich vag by NAA: Negative Range:Negative (20-Nov-2014 1:20PM)	17-Nov-2014
NuSwab Vaginitis Plus (VG+): Chlamydia trachomatis, NAA: Negative Range:Negative (20-Nov-2014 9:12AM)	17-Nov-2014
NuSwab Vaginitis Plus (VG+): Neisseria gonorrhoeae, NAA: Negative Range:Negative (20-Nov-2014 9:12AM)	17-Nov-2014
CBC w Diff w Plt: WBC: 4.8 x10E3/uL Range:3.4-10.8 (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: RBC: 4.27 x10E6/uL Range:3.77-5.28 (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Hemoglobin: 12.9 g/dl Range:11.1-15.9 (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Hematocrit: 38.9 % Range:34.0-46.6 (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: MCV: 91 fL Range:79-97 (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: MCH: 30.2 pg Range:26.6-33.0 (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: MCHC: 33.2 g/dl Range:31.5-35.7 (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: RDW: 13.1 % Range:12.3-15.4 (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Platelets: 304 x10E3/uL Range:150-379 (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Neutrophils: 63 % (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Lymphs: 29 % (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Monocytes: 6 % (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Eos: 2 % (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Basos: 0 % (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Neutrophils (Absolute): 3.0 x10E3/uL Range:1.4-7.0 (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Lymphs (Absolute): 1.4 x10E3/uL Range:0.7-3.1 (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Monocytes(Absolute): 0.3 x10E3/uL Range:0.1-0.9 (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Eos (Absolute): 0.1 x10E3/uL Range:0.0-0.4 (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Baso (Absolute): 0.0 x10E3/uL Range:0.0-0.2 (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Immature Granulocytes: 0 % (18-Nov-2014 4:45AM)	17-Nov-2014
CBC w Diff w Plt: Immature Grans (Abs): 0.0 x10E3/uL Range:0.0-0.1 (18-Nov-2014 4:45AM)	17-Nov-2014
Comp. Metabolic Panel (14): Glucose: 96 mg/dl Range:65-99 (17-Nov-2014 10:12PM)	17-Nov-2014
Comp. Metabolic Panel (14): BUN: 18 mg/dl Range:6-24 (17-Nov-2014 10:12PM)	17-Nov-2014
Comp. Metabolic Panel (14): Creatinine: 0.66 mg/dl Range:0.57-1.00 (17-Nov-2014 10:16PM)	17-Nov-2014
Comp. Metabolic Panel (14): eGFR If NonAfricn Am: 105 mL/min/1.7 Range:>59 (17-Nov-2014 10:16PM)	17-Nov-2014
Comp. Metabolic Panel (14): eGFR If Africn Am: 121 mL/min/1.7 Range:>59 (17-Nov-2014 10:16PM)	17-Nov-2014
Comp. Metabolic Panel (14): BUN/Creatinine Ratio: 27 (Abnormal:H) Range:9-23 (17-Nov-2014 10:16PM)	17-Nov-2014
Comp. Metabolic Panel (14): Sodium: 142 mmol/L Range:134-144 (17-Nov-2014 10:06PM)	17-Nov-2014
Comp. Metabolic Panel (14): Potassium: 4.2 mmol/L Range:3.5-5.2 (17-Nov-2014 10:06PM)	17-Nov-2014
Comp. Metabolic Panel (14): Chloride: 102 mmol/L Range:97-108 (17-Nov-2014 10:06PM)	17-Nov-2014
Comp. Metabolic Panel (14): Carbon Dioxide, Total: 29 mmol/L Range:18-29 (17-Nov-2014 10:12PM)	17-Nov-2014
Comp. Metabolic Panel (14): Calcium: 9.3 mg/dl Range:8.7-10.2 (17-Nov-2014 10:12PM)	17-Nov-2014
Comp. Metabolic Panel (14): Protein, Total: 6.4 g/dl Range:6.0-8.5 (17-Nov-2014 10:16PM)	17-Nov-2014
Comp. Metabolic Panel (14): Albumin: 4.3 g/dl Range:3.5-5.5 (17-Nov-2014 10:16PM)	17-Nov-2014
Comp. Metabolic Panel (14): Globulin, Total: 2.1 g/dl Range:1.5-4.5 (17-Nov-2014 10:16PM)	17-Nov-2014
Comp. Metabolic Panel (14): A/G Ratio: 2.0 Range:1.1-2.5 (17-Nov-2014 10:16PM)	17-Nov-2014
Comp. Metabolic Panel (14): Bilirubin, Total: 0.7 mg/dl Range:0.0-1.2 (17-Nov-2014 10:16PM)	17-Nov-2014
Comp. Metabolic Panel (14): Alkaline Phosphatase: 81 iu/l Range:39-117 (17-Nov-2014 10:16PM)	17-Nov-2014

Comp. Metabolic Panel (14): AST (SGOT): 25 iu/l Range:0-40 (17-Nov-2014 10:16PM)	17-Nov-2014
Comp. Metabolic Panel (14): ALT (SGPT): 20 iu/l Range:0-32 (17-Nov-2014 10:16PM)	17-Nov-2014
Lipid Panel: Cholesterol, Total: 168 mg/dl Range:100-199 (17-Nov-2014 10:28PM)	17-Nov-2014
Lipid Panel: Triglycerides: 72 mg/dl Range:0-149 (17-Nov-2014 10:28PM)	17-Nov-2014
Lipid Panel: HDL Cholesterol: 86 mg/dl According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD. Range:>39 (17-Nov-2014 10:28PM)	17-Nov-2014
Lipid Panel: VLDL Cholesterol Calc: 14 mg/dl Range:5-40 (17-Nov-2014 10:28PM)	17-Nov-2014
Lipid Panel: LDL Cholesterol Calc: 68 mg/dl Range:0-99 (17-Nov-2014 10:28PM)	17-Nov-2014
Thyroid Panel With TSH: TSH: 1.390 uIU/ml Range:0.450-4.500 (18-Nov-2014 1:33AM)	17-Nov-2014
Thyroid Panel With TSH: Thyroxine (T4): 7.6 ug/dL Range:4.5-12.0 (18-Nov-2014 2:49AM)	17-Nov-2014
Thyroid Panel With TSH: T3 Uptake: 26 % Range:24-39 (18-Nov-2014 2:49AM)	17-Nov-2014
Thyroid Panel With TSH: Free Thyroxine Index: 2.0 Range:1.2-4.9 (18-Nov-2014 2:49AM)	17-Nov-2014
Hemoglobin A1c.: Hemoglobin A1c: 5.5 % Increased risk for diabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0 Range:4.8-5.6 (18-Nov-2014 6:35AM)	17-Nov-2014
Vitamin D, 25-Hydroxy: 29.3 ng/ml Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2). 1. IOM (Institute of Medicine). Dietary reference intakes for calcium and D. Washington DC: The National Academies Press. 2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30. (Abnormal:L) Range:30.0-100.0 (18-Nov-2014 2:06PM)	17-Nov-2014
Vitamin B12: 288 pg/ml Range:211-946 (18-Nov-2014 2:59AM)	17-Nov-2014
Zinc, Serum: ZINC: 81 Range:60-130 (07-Jul-2013 6:00PM)	07-Jul-2013
Prealbumin: 18 Range:17-34 (05-Jul-2013 2:00PM)	05-Jul-2013
Basic Metabolic Panel (8): Glucose: 97 Fasting reference interval Range:65-99 (04-Jul-2013 1:00AM)	04-Jul-2013
Basic Metabolic Panel (8): BUN: 10 Range:7-25 (04-Jul-2013 1:00AM)	04-Jul-2013
Basic Metabolic Panel (8): Creatinine: 0.60 Range:0.50-1.10 (04-Jul-2013 1:00AM)	04-Jul-2013
Basic Metabolic Panel (8): Sodium: 141 Range:135-146 (04-Jul-2013 1:00AM)	04-Jul-2013
Basic Metabolic Panel (8): Potassium: 4.4 Range:3.5-5.3 (04-Jul-2013 1:00AM)	04-Jul-2013
Basic Metabolic Panel (8): Chloride: 102 Range:98-110 (04-Jul-2013 1:00AM)	04-Jul-2013
Basic Metabolic Panel (8): Carbon Dioxide, Total: 30 Range:19-30 (04-Jul-2013 1:00AM)	04-Jul-2013
Basic Metabolic Panel (8): Calcium: 9.4 Range:8.6-10.2 (04-Jul-2013 1:00AM)	04-Jul-2013
Basic Metabolic Panel (8): eGFR: 109 (04-Jul-2013 1:00AM)	04-Jul-2013
Basic Metabolic Panel (8): BUN/Creatinine Ratio: NOT APPLICABLE Range:6-22 (04-Jul-2013 1:00AM)	04-Jul-2013
Basic Metabolic Panel (8): eGFR If African Am: 126 (04-Jul-2013 1:00AM)	04-Jul-2013
Magnesium, Serum: MAGNESIUM: 2.1 Range:1.5-2.5 (04-Jul-2013 1:00AM)	04-Jul-2013
Phosphorus, Serum: PHOSPHATE (AS PHOSPHORUS): 2.5 Range:2.5-4.5 (04-Jul-2013 1:00AM)	04-Jul-2013
Uric Acid, Serum: URIC ACID: 3.9 Range:2.5-7.0 (04-Jul-2013 1:00AM)	04-Jul-2013
CBC w Diff w Plt: MPV: 9.6 Range:7.5-11.5 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: WBC: 4.9 Range:3.8-10.8 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: RBC: 4.51 Range:3.80-5.10 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: Hemoglobin: 13.5 Range:11.7-15.5 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: Hematocrit: 40.9 Range:35.0-45.0 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: MCV: 90.8 Range:80.0-100.0 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: MCH: 30.0 Range:27.0-33.0 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: MCHC: 33.1 Range:32.0-36.0 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: RDW: 12.7 Range:11.0-15.0 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: Platelets: 296 Range:140-400 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: Neutrophils: 61.4 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: Neutrophils (Absolute): 3009 Range:1500-7800 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: Lymphs: 29.3 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: Lymphs (Absolute): 1436 Range:850-3900 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: Monocytes: 6.5 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: Monocytes (Absolute): 319 Range:200-950 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: Eos: 2.5 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: Eos (Absolute): 123 Range:15-500 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: Basos: 0.3 (03-Jul-2013 11:00PM)	03-Jul-2013
CBC w Diff w Plt: Baso (Absolute): 15 Range:0-200 (03-Jul-2013 11:00PM)	03-Jul-2013
Vitamin D, 1,25 + 25-Hydroxy: VITAMIN D, 1, 25 (OH)2, TOTAL: 41 Range:18-72 (19-Jun-2013 8:00AM)	19-Jun-2013
Vitamin D, 1,25 + 25-Hydroxy: VITAMIN D3, 1, 25 (OH)2: 10 (19-Jun-2013 8:00AM)	19-Jun-2013
Vitamin D, 1,25 + 25-Hydroxy: VITAMIN D2, 1, 25 (OH)2: 31 (19-Jun-2013 8:00AM)	19-Jun-2013
Vitamin D, 1,25 + 25-Hydroxy: VITAMIN D, 25-OH, TOTAL: 68 Range:30-100 (19-Jun-2013 8:00AM)	19-Jun-2013
Vitamin D, 1,25 + 25-Hydroxy: VITAMIN D, 25-OH, D3: 11 (19-Jun-2013 8:00AM)	19-Jun-2013
Vitamin D, 1,25 + 25-Hydroxy: VITAMIN D, 25-OH, D2: 57 (19-Jun-2013 8:00AM)	19-Jun-2013
Prothrombin Time (PT): INTERNATIONAL NORMALIZED RATIO (INR): 1.0 (18-Jun-2013 6:00AM)	18-Jun-2013
Prothrombin Time (PT): Prothrombin Time: 10.5 Range:9.0-11.5 (18-Jun-2013 6:00AM)	18-Jun-2013

PTT, Activated: PARTIAL THROMBOPLASTIN TIME, ACTIVATED: 27 Range:22-34 (18-Jun-2013 6:00AM)	18-Jun-2013
Basic Metabolic Panel (8): Glucose: 100 Fasting reference interval (Abnormal:H) Range:65-99 (18-Jun-2013 12:00AM)	18-Jun-2013
Basic Metabolic Panel (8): BUN: 13 Range:7-25 (18-Jun-2013 12:00AM)	18-Jun-2013
Basic Metabolic Panel (8): Creatinine: 0.75 Range:0.50-1.10 (18-Jun-2013 12:00AM)	18-Jun-2013
Basic Metabolic Panel (8): Sodium: 141 Range:135-146 (18-Jun-2013 12:00AM)	18-Jun-2013
Basic Metabolic Panel (8): Potassium: 4.4 Range:3.5-5.3 (18-Jun-2013 12:00AM)	18-Jun-2013
Basic Metabolic Panel (8): Chloride: 105 Range:98-110 (18-Jun-2013 12:00AM)	18-Jun-2013
Basic Metabolic Panel (8): Carbon Dioxide, Total: 28 Range:19-30 (18-Jun-2013 12:00AM)	18-Jun-2013
Basic Metabolic Panel (8): Calcium: 9.1 Range:8.6-10.2 (18-Jun-2013 12:00AM)	18-Jun-2013
Basic Metabolic Panel (8): eGFR: 95 (18-Jun-2013 12:00AM)	18-Jun-2013
Basic Metabolic Panel (8): BUN/Creatinine Ratio: NOT APPLICABLE Range:6-22 (18-Jun-2013 12:00AM)	18-Jun-2013
Basic Metabolic Panel (8): eGFR If African Am: 110 (18-Jun-2013 12:00AM)	18-Jun-2013
Albumin: 4.2 Range:3.6-5.1 (18-Jun-2013 12:00AM)	18-Jun-2013
hCG, Beta Subunit, Qual, Serum: HCG, TOTAL, QL: NEGATIVE Reference Range Non-Pregnant: Negative Pregnant: Positive (18-Jun-2013 12:00AM)	18-Jun-2013
CBC w Diff w Plt: MPV: 8.3 Range:7.5-11.5 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: WBC: 5.7 Range:3.8-10.8 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: RBC: 4.42 Range:3.80-5.10 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: Hemoglobin: 13.4 Range:11.7-15.5 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: Hematocrit: 41.0 Range:35.0-45.0 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: MCV: 92.7 Range:80.0-100.0 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: MCH: 30.2 Range:27.0-33.0 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: MCHC: 32.6 Range:32.0-36.0 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: RDW: 13.0 Range:11.0-15.0 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: Platelets: 315 Range:140-400 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: Neutrophils: 59.2 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: Neutrophils (Absolute): 3374 Range:1500-7800 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: Lymphs: 32.5 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: Lymphs (Absolute): 1853 Range:850-3900 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: Monocytes: 5.4 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: Monocytes(Absolute): 308 Range:200-950 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: Eos: 2.0 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: Eos (Absolute): 114 Range:15-500 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: Basos: 0.9 (17-Jun-2013 9:00PM)	17-Jun-2013
CBC w Diff w Plt: Baso (Absolute): 51 Range:0-200 (17-Jun-2013 9:00PM)	17-Jun-2013
H pylori, IgM, IgG, IgA Ab: H. PYLORI AB IGG: NEGATIVE H. pylori serology testing measures antibodies to H.pylori and is not recommended for the diagnosis of active infection. The American College of Gastroenterology and the American Gastroenterological Association recommend either the urea breath test (test code #14839X) or the fecal antigen test (test code# 34838X) for diagnosis and confirmation of eradication in cases of suspected or proven Helicobacter pylori infection. (05-Apr-2013 1:00AM)	05-Apr-2013
H pylori, IgM, IgG, IgA Ab: H. PYLORI AB IGA: NEGATIVE (05-Apr-2013 1:00AM)	05-Apr-2013
H pylori, IgM, IgG, IgA Ab: H. PYLORI AB IGM: NEGATIVE (05-Apr-2013 1:00AM)	05-Apr-2013
Vitamin A, Serum: VITAMIN A: 36 (Abnormal:L) Range:38-98 (04-Apr-2013 4:00PM)	04-Apr-2013
Vitamin D, 25-Hydroxy: VITAMIN D, 25-OH, TOTAL: 9 (Abnormal:L) Range:30-100 (03-Apr-2013 10:00AM)	03-Apr-2013
Vitamin D, 25-Hydroxy: VITAMIN D, 25-OH, D3: 9 (03-Apr-2013 10:00AM)	03-Apr-2013
Vitamin D, 25-Hydroxy: VITAMIN D, 25-OH, D2: <4 Reference Range: Not established (03-Apr-2013 10:00AM)	03-Apr-2013
Zinc, Serum: ZINC: 79 Range:60-130 (02-Apr-2013 9:00PM)	02-Apr-2013
Ferritin, Serum: FERRITIN: 56 Range:10-232 (02-Apr-2013 7:00PM)	02-Apr-2013
Vitamin B12: 515 Range:200-1100 (02-Apr-2013 2:00PM)	02-Apr-2013
Folate (Folic Acid), Serum: FOLATE, SERUM: 7.1 (02-Apr-2013 2:00PM)	02-Apr-2013
Prealbumin: 22 Range:17-34 (02-Apr-2013 10:00AM)	02-Apr-2013
Hgb A1c with eAG Estimation: Hemoglobin A1C: 5.8 (Abnormal:H) (02-Apr-2013 10:00AM)	02-Apr-2013
Hgb A1c with eAG Estimation: MEAN PLASMA GLUCOSE: 129 (02-Apr-2013 10:00AM)	02-Apr-2013
C-Reactive Protein (CRP), Quant: C-REACTIVE PROTEIN: 0.11 (02-Apr-2013 9:00AM)	02-Apr-2013
Uric Acid, Serum: URIC ACID: 3.9 Range:2.5-7.0 (02-Apr-2013 7:00AM)	02-Apr-2013
Iron and TIBC: IRON, TOTAL: 94 Range:40-175 (02-Apr-2013 7:00AM)	02-Apr-2013
Iron and TIBC: IRON BINDING CAPACITY: 362 Range:250-450 (02-Apr-2013 7:00AM)	02-Apr-2013
Iron and TIBC: % SATURATION: 26 Range:15-50 (02-Apr-2013 7:00AM)	02-Apr-2013
LIPID PANEL: Triglycerides: 77 (02-Apr-2013 7:00AM)	02-Apr-2013
LIPID PANEL: Cholesterol, Total: 171 Range:125-200 (02-Apr-2013 7:00AM)	02-Apr-2013
LIPID PANEL: HDL Cholesterol: 59 (02-Apr-2013 7:00AM)	02-Apr-2013
LIPID PANEL: LDL-CHOLESTEROL: 97 (02-Apr-2013 7:00AM)	02-Apr-2013
LIPID PANEL: CHOL/HDL-C RATIO: 2.9 (02-Apr-2013 7:00AM)	02-Apr-2013
LIPID PANEL: NON-HDL CHOLESTEROL: 112 (02-Apr-2013 7:00AM)	02-Apr-2013

Comp. Metabolic Panel (14): Glucose: 98 Fasting reference interval Range:65-99 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): BUN: 12 Range:7-25 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): Creatinine: 0.74 Range:0.50-1.10 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): Sodium: 139 Range:135-146 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): Potassium: 3.9 Range:3.5-5.3 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): Chloride: 106 Range:98-110 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): Carbon Dioxide, Total: 25 Range:19-30 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): Calcium: 9.3 Range:8.6-10.2 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): Protein, Total: 6.8 Range:6.1-8.1 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): Albumin: 4.2 Range:3.6-5.1 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): Bilirubin, Total: 0.7 Range:0.2-1.2 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): Alkaline Phosphatase: 82 Range:33-115 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): eGFR: 97 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): BUN/Creatinine Ratio: NOT APPLICABLE Range:6-22 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): Globulin, Total: 2.6 Range:1.9-3.7 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): A/G Ratio: 1.6 Range:1.0-2.5 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): AST (SGOT): 39 (Abnormal:H) Range:10-35 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): ALT (SGPT): 57 (Abnormal:H) Range:6-40 (02-Apr-2013 7:00AM)	02-Apr-2013
Comp. Metabolic Panel (14): eGFR If African Am: 113 (02-Apr-2013 7:00AM)	02-Apr-2013
Prothrombin Time (PT): INTERNATIONAL NORMALIZED RATIO (INR): 1.0 (02-Apr-2013 7:00AM)	02-Apr-2013
Prothrombin Time (PT): Prothrombin Time: 10.4 Range:9.0-11.5 (02-Apr-2013 7:00AM)	02-Apr-2013
PTT, Activated: PARTIAL THROMBOPLASTIN TIME, ACTIVATED: 26 Range:22-34 (02-Apr-2013 7:00AM)	02-Apr-2013
Thyroid Panel With TSH: TSH: 1.79 (02-Apr-2013 7:00AM)	02-Apr-2013
Thyroid Panel With TSH: T-3 UPTAKE: 26 Range:22-35 (02-Apr-2013 7:00AM)	02-Apr-2013
Thyroid Panel With TSH: T-4 (THYROXINE), TOTAL: 8.7 Range:4.5-12.0 (02-Apr-2013 7:00AM)	02-Apr-2013
Thyroid Panel With TSH: FREE T4 INDEX (T7): 2.3 Range:1.4-3.8 (02-Apr-2013 7:00AM)	02-Apr-2013
Urinalysis, Complete: Glucose: NEGATIVE (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: RBC: NONE SEEN (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: SQUAMOUS EPITHELIAL CELLS: 0-5 (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: Bacteria: FEW (Abnormal:A) (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: HYALINE CAST: NONE SEEN (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: COLOR: YELLOW (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: Appearance: CLEAR (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: Bilirubin: NEGATIVE (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: Ketones: NEGATIVE (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: Specific Gravity: 1.020 Range:1.001-1.035 (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: Occult Blood: NEGATIVE (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: pH: 5.5 Range:5.0-8.0 (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: Protein: NEGATIVE (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: NITRITE: NEGATIVE (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: LEUKOCYTE ESTERASE: NEGATIVE (02-Apr-2013 6:00AM)	02-Apr-2013
Urinalysis, Complete: WBC: NONE SEEN (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: WBC: 4.6 Range:3.8-10.8 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: RBC: 4.37 Range:3.80-5.10 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: Hemoglobin: 12.9 Range:11.7-15.5 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: Hematocrit: 40.2 Range:35.0-45.0 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: MCV: 91.9 Range:80.0-100.0 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: MCH: 29.4 Range:27.0-33.0 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: MCHC: 32.0 Range:32.0-36.0 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: RDW: 14.6 Range:11.0-15.0 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: Platelets: 258 Range:140-400 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: Neutrophils: 54.5 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: Neutrophils (Absolute): 2507 Range:1500-7800 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: Lymphs: 36.4 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: Lymphs (Absolute): 1674 Range:850-3900 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: Monocytes: 5.7 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: Monocytes(Absolute): 262 Range:200-950 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: Eos: 2.7 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: Eos (Absolute): 124 Range:15-500 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: Basos: 0.7 (02-Apr-2013 6:00AM)	02-Apr-2013
CBC w Diff w Plt: Baso (Absolute): 32 Range:0-200 (02-Apr-2013 6:00AM)	02-Apr-2013
Hgb A1c with eAG Estimation: Hemoglobin A1C: 5.5 (19-Sep-2012 12:00PM)	19-Sep-2012
Hgb A1c with eAG Estimation: MEAN PLASMA GLUCOSE: 119 (19-Sep-2012 12:00PM)	19-Sep-2012

Uric Acid, Serum: URIC ACID: 4.1 Range:2.5-7.0 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: WBC: 5.1 Range:3.8-10.8 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: RBC: 4.33 Range:3.80-5.10 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: Hemoglobin: 13.2 Range:11.7-15.5 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: Hematocrit: 39.2 Range:35.0-45.0 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: MCV: 90.4 Range:80.0-100.0 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: MCH: 30.4 Range:27.0-33.0 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: MCHC: 33.6 Range:32.0-36.0 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: RDW: 13.9 Range:11.0-15.0 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: Platelets: 306 Range:140-400 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: Neutrophils: 60.1 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: Neutrophils (Absolute): 3065 Range:1500-7800 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: Lymphs: 30.6 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: Lymphs (Absolute): 1561 Range:850-3900 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: Monocytes: 6.3 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: Monocytes(Absolute): 321 Range:200-950 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: Eos: 2.2 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: Eos (Absolute): 112 Range:15-500 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: Basos: 0.8 (19-Sep-2012 5:00AM)	19-Sep-2012
CBC w Diff w Plt: Baso (Absolute): 41 Range:0-200 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): Glucose: 100 Fasting reference interval (Abnormal:H) Range:65-99 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): BUN: 12 Range:7-25 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): Creatinine: 0.65 Range:0.50-1.10 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): Sodium: 139 Range:135-146 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): Potassium: 4.3 Range:3.5-5.3 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): Chloride: 104 Range:98-110 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): Carbon Dioxide, Total: 27 Range:21-33 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): Calcium: 9.0 Range:8.6-10.2 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): Protein, Total: 6.3 Range:6.2-8.3 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): Albumin: 4.1 Range:3.6-5.1 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): Bilirubin, Total: 0.6 Range:0.2-1.2 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): Alkaline Phosphatase: 85 Range:33-115 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): eGFR: 106 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): BUN/Creatinine Ratio: NOT APPLICABLE Range:6-22 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): Globulin, Total: 2.2 Range:2.2-3.9 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): A/G Ratio: 1.9 Range:1.0-2.1 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): AST (SGOT): 25 Range:10-35 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): ALT (SGPT): 25 Range:6-40 (19-Sep-2012 5:00AM)	19-Sep-2012
Comp. Metabolic Panel (14): eGFR If African Am: 123 (19-Sep-2012 5:00AM)	19-Sep-2012
Thyroid Panel With TSH: TSH: 1.75 (19-Sep-2012 5:00AM)	19-Sep-2012
Thyroid Panel With TSH: T-3 UPTAKE: 27 Range:22-35 (19-Sep-2012 5:00AM)	19-Sep-2012
Thyroid Panel With TSH: T-4 (THYROXINE), TOTAL: 7.8 Range:4.5-12.0 (19-Sep-2012 5:00AM)	19-Sep-2012
Thyroid Panel With TSH: FREE T4 INDEX (T7): 2.1 Range:1.4-3.8 (19-Sep-2012 5:00AM)	19-Sep-2012
LIPID PANEL: Triglycerides: 58 (19-Sep-2012 5:00AM)	19-Sep-2012
LIPID PANEL: Cholesterol, Total: 163 Range:125-200 (19-Sep-2012 5:00AM)	19-Sep-2012
LIPID PANEL: HDL Cholesterol: 53 (19-Sep-2012 5:00AM)	19-Sep-2012
LIPID PANEL: LDL-CHOLESTEROL: 98 (19-Sep-2012 5:00AM)	19-Sep-2012
LIPID PANEL: CHOL/HDLRATIO: 3.1 (19-Sep-2012 5:00AM)	19-Sep-2012
LIPID PANEL: NON-HDL CHOLESTEROL: 110 (19-Sep-2012 5:00AM)	19-Sep-2012
Pap Lb, HPV-hr: LMP: 6/6/2012 (20-Jun-2012 1:00AM)	20-Jun-2012
Pap Lb, HPV-hr: PREV. PAP: NONE GIVEN (20-Jun-2012 1:00AM)	20-Jun-2012
Pap Lb, HPV-hr: PREV. BX: NONE GIVEN (20-Jun-2012 1:00AM)	20-Jun-2012
Pap Lb, HPV-hr: Source:: SEE NOTE Cervix, Endocervix (20-Jun-2012 1:00AM)	20-Jun-2012
Pap Lb, HPV-hr: STATEMENT OF ADEQUACY: SEE NOTE Satisfactory for evaluation. Endocervical/transformation zone component present. (20-Jun-2012 1:00AM)	20-Jun-2012
Pap Lb, HPV-hr: INTERPRETATION/RESULT: SEE NOTE Negative for intraepithelial lesion or malignancy. (20-Jun-2012 1:00AM)	20-Jun-2012
Pap Lb, HPV-hr: COMMENT: SEE NOTE This Pap test has been evaluated with computer assisted technology. (20-Jun-2012 1:00AM)	20-Jun-2012
Pap Lb, HPV-hr: CYTOTECHNOLOGIST: SEE NOTE PXS, CT(ASCP) (20-Jun-2012 1:00AM)	20-Jun-2012
Pap Lb, HPV-hr: HPV DNA (HIGH RISK): NOT DETECTED Tested for high risk types 16,18,31,33,35,39,45,51,52, 56,58,59,68. The analytical performance characteristics of this assay, when used to test SurePath or vaginal specimens, have been determined by Quest Diagnostics. Methodology: Hybrid Capture with Signal Amplification. (20-Jun-2012 1:00AM)	20-Jun-2012
Pap Lb, HPV-hr: CLINICAL INFORMATION:: SEE NOTE Normal exam (20-Jun-2012 1:00AM)	20-Jun-2012
Thyroid Panel With TSH: TSH: 1.44 (26-Oct-2011 4:00AM)	26-Oct-2011

Thyroid Panel With TSH: T-3 UPTAKE: 26 Range:22-35 (26-Oct-2011 4:00AM)	26-Oct-2011
Thyroid Panel With TSH: T-4 (THYROXINE), TOTAL: 9.2 Range:4.5-12.0 (26-Oct-2011 4:00AM)	26-Oct-2011
Thyroid Panel With TSH: FREE T4 INDEX (T7): 2.4 Range:1.4-3.8 (26-Oct-2011 4:00AM)	26-Oct-2011
LIPID PANEL: Triglycerides: 54 (26-Oct-2011 4:00AM)	26-Oct-2011
LIPID PANEL: Cholesterol, Total: 153 Range:125-200 (26-Oct-2011 4:00AM)	26-Oct-2011
LIPID PANEL: HDL Cholesterol: 58 (26-Oct-2011 4:00AM)	26-Oct-2011
LIPID PANEL: LDL-CHOLESTEROL: 84 (26-Oct-2011 4:00AM)	26-Oct-2011
LIPID PANEL: CHOL/HDLRATIO: 2.6 (26-Oct-2011 4:00AM)	26-Oct-2011
CBC w Diff w Plt: WBC: 6.4 Range:3.8-10.8 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: RBC: 4.26 Range:3.80-5.10 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: Hemoglobin: 13.6 Range:11.7-15.5 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: Hematocrit: 38.4 Range:35.0-45.0 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: MCV: 90.0 Range:80.0-100.0 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: MCH: 31.8 Range:27.0-33.0 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: MCHC: 35.4 Range:32.0-36.0 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: RDW: 13.6 Range:11.0-15.0 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: Platelets: 328 Range:140-400 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: Neutrophils: 65.8 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: Neutrophils (Absolute): 4211 Range:1500-7800 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: Lymphs: 27.5 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: Lymphs (Absolute): 1760 Range:850-3900 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: Monocytes: 4.5 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: Monocytes(Absolute): 288 Range:200-950 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: Eos: 1.5 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: Eos (Absolute): 96 Range:15-500 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: Basos: 0.7 (26-Oct-2011 1:00AM)	26-Oct-2011
CBC w Diff w Plt: Baso (Absolute): 45 Range:0-200 (26-Oct-2011 1:00AM)	26-Oct-2011
Hgb A1c with eAG Estimation: MEAN PLASMA GLUCOSE: 133 (10-Sep-2010 9:00AM)	10-Sep-2010
Hgb A1c with eAG Estimation: Hemoglobin A1C: 5.9 (Abnormal:H) (10-Sep-2010 9:00AM)	10-Sep-2010
Urinalysis, Complete: RBC: 0-3 (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: Specific Gravity: 1.033 Range:1.001-1.035 (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: Bacteria: MANY (Abnormal:A) (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: Bilirubin: NEGATIVE (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: Glucose: NEGATIVE (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: pH: 6.0 Range:5.0-8.0 (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: NITRITE: NEGATIVE (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: HYALINE CAST: NONE SEEN (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: LEUKOCYTE ESTERASE: TRACE (Abnormal:A) (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: WBC: 6-10 (Abnormal:A) (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: COMMENTS: FEW MUCOUS THREADS (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: Occult Blood: NEGATIVE (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: Appearance: TURBID (Abnormal:A) (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: COLOR: ORANGE (Abnormal:A) (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: Protein: TRACE (Abnormal:A) (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: SQUAMOUS EPITHELIAL CELLS: > OR = 28 (Abnormal:A) (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: Ketones: 2+ (Abnormal:A) (10-Sep-2010 7:00AM)	10-Sep-2010
Urinalysis, Complete: READ ONLY MESSAGE: SEE NOTE This urine was examined microscopically for the presence of WBC, RBC, bacteria, casts and other formed elements. Only those elements seen were reported. (10-Sep-2010 7:00AM)	10-Sep-2010
Sedimentation Rate-Westergren: SED RATE BY MODIFIEDSWESTERGR*: 11 (10-Sep-2010 7:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): BUN/Creatinine Ratio: NOT APPLICABLE Bun/Creatinine ratio is not reported when the BUN and creatinine values are within normal limits. Range:6-22 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): Albumin: 4.5 Range:3.6-5.1 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): Alkaline Phosphatase: 99 Range:33-115 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): Potassium: 4.2 Range:3.5-5.3 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): AST (SGOT): 49 (Abnormal:H) Range:10-30 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): BUN: 15 Range:7-25 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): Bilirubin, Total: 0.7 Range:0.2-1.2 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): Creatinine: 0.75 Range:0.59-1.07 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): Glucose: 99 Fasting reference interval Range:65-99 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): Sodium: 142 Range:135-146 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): Carbon Dioxide, Total: 24 Range:21-33 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): eGFR If African Am: >60 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): A/G Ratio: 1.6 Range:1.0-2.1 (10-Sep-2010 6:00AM)	10-Sep-2010

Comp. Metabolic Panel (14): eGFR: >60 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): Globulin, Total: 2.8 Range:2.2-3.9 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): Chloride: 102 Range:98-110 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): Protein, Total: 7.3 Range:6.2-8.3 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): Calcium: 9.4 Range:8.6-10.2 (10-Sep-2010 6:00AM)	10-Sep-2010
Comp. Metabolic Panel (14): ALT (SGPT): 68 (Abnormal:H) Range:6-40 (10-Sep-2010 6:00AM)	10-Sep-2010
CBC w Diff w Plt: Neutrophils: 63.9 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: Basos: 0.4 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: Monocytes(Absolute): 370 Range:200-950 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: RDW: 12.8 Range:11.0-15.0 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: Eos: 2.8 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: Hemoglobin: 14.8 Range:11.7-15.5 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: MCV: 91.1 Range:80.0-100.0 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: Lymphs: 24.5 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: Baso (Absolute): 18 Range:0-200 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: WBC: 4.4 Range:3.8-10.8 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: Platelets: 310 Range:140-400 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: Hematocrit: 44.3 Range:35.0-45.0 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: MCHC: 33.5 Range:32.0-36.0 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: Neutrophils (Absolute): 2812 Range:1500-7800 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: Monocytes: 8.4 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: MCH: 30.6 Range:27.0-33.0 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: Eos (Absolute): 123 Range:15-500 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: RBC: 4.86 Range:3.80-5.10 (10-Sep-2010 5:00AM)	10-Sep-2010
CBC w Diff w Plt: Lymphs (Absolute): 1078 Range:850-3900 (10-Sep-2010 5:00AM)	10-Sep-2010
PAP RFLX,LIQUID-BASED HIGH HPV: CLINICAL INFORMATION: SEE NOTE Routine exam (08-Aug-2007 12:00PM)	08-Aug-2007
PAP RFLX,LIQUID-BASED HIGH HPV: INFECTION: SEE NOTE Shift in vaginal flora suggestive of bacterial vaginosis. (08-Aug-2007 12:00PM)	08-Aug-2007
PAP RFLX,LIQUID-BASED HIGH HPV: CYTOTECHNOLOGIST: SEE NOTE EP, CT(ASCP) (08-Aug-2007 12:00PM)	08-Aug-2007
PAP RFLX,LIQUID-BASED HIGH HPV: STATEMENT OF ADEQUACY: SEE NOTE Satisfactory for evaluation. Endocervical/transformation zone component present. (08-Aug-2007 12:00PM)	08-Aug-2007
PAP RFLX,LIQUID-BASED HIGH HPV: INTERPRETATION/RESULT: SEE NOTE Negative for intraepithelial lesion or malignancy. (08-Aug-2007 12:00PM)	08-Aug-2007
PAP RFLX,LIQUID-BASED HIGH HPV: REVIEW CYTOTECHNOLOGIST: SEE NOTE AXP, CT(ASCP) (08-Aug-2007 12:00PM)	08-Aug-2007
PAP RFLX,LIQUID-BASED HIGH HPV: Source: SEE NOTE Cervix, Endocervix (08-Aug-2007 12:00PM)	08-Aug-2007
PAP RFLX,LIQUID-BASED HIGH HPV: PREV. PAP: - (08-Aug-2007 12:00PM)	08-Aug-2007
PAP RFLX,LIQUID-BASED HIGH HPV: LMP: 07/25/07 (08-Aug-2007 12:00PM)	08-Aug-2007
PAP RFLX,LIQUID-BASED HIGH HPV: COMMENT: SEE NOTE This case was successfully processed by the Tripath FocalPoint (TM) slide profiler. Based on the cytology result, reflex High/Int Risk HPV DNA Probe testing is not performed. (08-Aug-2007 12:00PM)	08-Aug-2007
PAP RFLX,LIQUID-BASED HIGH HPV: PREV. BX: - (08-Aug-2007 12:00PM)	08-Aug-2007
PAP RFLX,LIQUID-BASED HIGH HPV: REPORT STATUS: FINAL (08-Aug-2007 12:00PM)	08-Aug-2007