02/25/2022 - Orthopedic Office Visit in ORTHOPEDICS (continued)

Visit Information (continued)

Los Angeles CA 90034-1702

| Level of Service | |
|--|--|
| | |
| LOS NOT REQUIRED | |
| Reason for Visit | |
| Chief Complaint | |
| MISSED APPOINTMENT, onset date 2/25/2022 | |
| Visit Diagnosis | |
| NO SHOW [ADMIN CODE] | |
| | |
| Clinical Notes | |
| Progress Notes | |

| Richard, Curtis L Jr (P.A.), P.A. at 2/25/2022 1307 | | | | |
|---|---|---|--|--|
| Author: Richard, Curtis L Jr (P.A.), P.A | Service: — | Author Type: PHYSICIAN ASSISTANT (P.A.) | | |
| Filed: 2/25/2022 1:09 PM Status: Signed | Encounter Date: 2/25/2022 Editor: Richard, Curtis L Jr (P.A.), | Creation Time: 2/25/2022 1:07 PM P.A. (PHYSICIAN ASSISTANT (P.A.)) | | |

MISSED APPOINTMENT NOTE

Pepper Smith is a 50 year old female who did not keep appointment on this encounter date. Since there was no face to face visit, Medication Reconciliation/Review was not done. The Reviewed button was clicked solely to fulfill workflow requirements to close the chart.

Electronically signed by Richard, Curtis L Jr (P.A.), P.A. at 2/25/2022 1:09 PM

END OF ENCOUNTER

04/13/2022 - Call Center Telephone Encounter in INTERNAL MEDICINE GREEN1

Visit Information

Provider Information

Encounter Provider

Stahl, Jerusha Emily (M.D.), M.D.

Department

| Name | Address | Phone | |
|--------------------------|---------------------------|--------------|--|
| INTERNAL MEDICINE GREEN1 | 6041 CADILLAC AVE | 833-574-2273 | |
| | Los Angeles CA 90034-1702 | | |

Reason for Visit

Chief Complaint

Reason for Visit (continued)

IMMUNIZATION

Visit Diagnosis

• SCREENING [Z13.9]

Clinical Notes

| Telephone Encounter | |
|-------------------------|--|
| Filed on 4/13/2022 1156 | |

Message Type: Immunization, Message Priority: Normal - Message sent: 04/13/2022 11:56:38 AM To: STAHL, JERUSHA EMILY (M.D.), Facility: WLA, Department: MED

Adult

Reason for Request:

needs Hep b immunization - per member

Remind member to register on KP.ORG:

CONTACT INFORMATION: Contact Name, Relationship to Member: Pepper Smith, Self Contact Instructions: cb anytime Phone Today/Tomorrow: 323-445-2714 Preferred Language: English

CALLBACK PERMISSION: Permission to leave voice mail message If active on KP.ORG, do you authorize a response to this message via secured email

Wed Apr 13 11:56:39 PDT 2022 AGENT (AGENT) : Veronica Caldera W597622 Contact Center: Woodland Hills

Vera, Evelyn Hexemany (L.V.N.), L.V.N. at 4/15/2022 1434

| Author: Vera, Evelyn Hexemany (L.V.N.), | Service: — | Author Type: LICENSED VOCATIONAL |
|---|---|----------------------------------|
| L.V.N. | | NURSE |
| Filed: 4/15/2022 2:40 PM | Encounter Date: 4/13/2022 | Creation Time: 4/15/2022 2:34 PM |
| Status: Signed | Editor: Vera, Evelyn Hexemany (L.V.N.), L | V.N. (LICENSED VOCATIONAL NURSE) |

Reason for Message: Lab Request

Reason for **lab request**: Monitoring lab levels for Hep b immunity.

Clinical Notes (continued)

Action:

Pended for Physician/Provider review and signature.

Date of Last Appointment with JERUSHA EMILY STAHL MD, M.D.: Last Appointment With PCP

Appointment Date: 9/7/21 Visit Type: Office Visit Specialty: Internal Medicine Department: INTWLWLA MEDU AQUA2 Provider: STAHL, JERUSHA EMILY (M.D.)

EVELYN HEXEMANY VERA LVN 4/15/2022 2:39 PM

Electronically signed by Vera, Evelyn Hexemany (L.V.N.), L.V.N. at 4/15/2022 2:40 PM

Stahl, Jerusha Emily (M.D.), M.D. at 4/15/2022 1500

| Author: Stahl, Jerusha Emily (M.D.), M.D. | Service: — | Author Type: Physician |
|---|--------------------------------------|----------------------------------|
| Filed: 4/15/2022 3:00 PM | Encounter Date: 4/13/2022 | Creation Time: 4/15/2022 3:00 PM |
| Status: Signed | Editor: Stahl, Jerusha Emily (M.D.), | M.D. (Physician) |

approved

Electronically signed by Stahl, Jerusha Emily (M.D.), M.D. at 4/15/2022 3:00 PM

Acuna, Marcela (R.N.), R.N. at 4/19/2022 1200

| Author: Acuna, Marcela (R.N.), R.N. | Service: — | Author Type: REGISTERED NURSE |
|-------------------------------------|------------------------------------|-----------------------------------|
| Filed: 4/19/2022 12:00 PM | Encounter Date: 4/13/2022 | Creation Time: 4/19/2022 12:00 PM |
| Status: Signed | Editor: Acuna, Marcela (R.N.), R.N | . (REGISTERED NURSE) |

see email encounter 04/15/2022

Electronically signed by Acuna, Marcela (R.N.), R.N. at 4/19/2022 12:00 PM

Labs

| HEPATITIS B VIRUS SURFACE ANTIBODY (HBSAB), QUANTITA | ATIVE [1554007146] (Final result) | |
|--|---|-------------------|
| Electronically signed by: Stahl, Jerusha Emily (M.D.), M.D. on 04. | /15/22 1500 | Status: Completed |
| This order may be acted on in another encounter. | | |
| Ordering user: Stahl, Jerusha Emily (M.D.), M.D. 04/15/22 1500 | Authorized by: Stahl, Jerusha Emily (M.D.), M | .D. |
| Ordering mode: Standard | | |
| Frequency: Routine 04/15/22 - | Class: Normal | |
| Quantity: 1 | Lab status: Final result | |
| Released by: Stahl, Jerusha Emily (M.D.), M.D. 04/15/22 1500 | | |
| Diagnoses | | |
| SCREENING [Z13.9] | | |
| Provider Details | | |
| Provider | NPI | |
| Stahl, Jerusha Emily (M.D.), M.D. | 1083894638 | |

Labs (continued)

| Question | | | Answer | | |
|--|--|--|---|------------------------------------|--------------------------------------|
| Result Release to patient | ? | | Immediate | | |
| Specimen Information | | | | | |
| ID Type | | Source | | Collected | l Bv |
| C0000220221110 — | | BLOOD | | | 04/21/22 1704 |
| 73415 | | | | | |
| HEPATITIS B SURFACE | AB , QUANT [155400] | 7146] | Res | sulted: 04/2 | 2/22 0158, Result status: Final resi |
| Order status: Completed | | | Filed on: 09/29/22 | 1038 | |
| Collected by: E852088 04 | 1/21/22 1704 | | Resulting lab: SHE | RMAN WA | Y REGIONAL LABORATORY |
| Narrative: | | | | | |
| RMS ACCN: 720481170 | | | | | |
| Acknowledged by: Stahl, | Jerusha Emily (M.D.), | M.D. on 04/22/22 | 0729 | | |
| Components | | | | | |
| Component | | Value | Reference Range | Flag | Lab |
| HEP B SURFACE AB | | 15.03 | >=12.00 mIU/mL | _ | 956 |
| Comment: | | | | | |
| | or interpretive criteria: | | | | |
| | 8.00 mIU/mL Individua | al is considered no | ot immune to HBV | | |
| infection. | | | | | |
| GRAYZONE: >= 8 (| 10 to < 12 00 mILI/mL = | The immune statu | | | |
| | | | s of the individual sho | buld | |
| | d by considering other | | | Duid | |
| be further assessed | | factors such as cli | inical status, | buld | |
| be further assessed | d by considering other sociated risk factors, a | factors such as cli | inical status, | buid | |
| be further assessed follow-up testing, as diagnostic informati | d by considering other sociated risk factors, a | factors such as cli and the use of add | inical status, itional | | |
| be further assessed follow-up testing, as diagnostic informati | d by considering other sociated risk factors, a on. | factors such as cli and the use of add | inical status, itional | | |
| be further assessed follow-up testing, as diagnostic informati | d by considering other sociated risk factors, a on. | factors such as cli and the use of add | inical status, itional | | |
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| be further assessed follow-up testing, as diagnostic informati REACTIVE: >= 12.0 | d by considering other sociated risk factors, a on. | factors such as cli and the use of add | inical status, itional | | |
| be further assessed follow-up testing, as diagnostic informati | d by considering other sociated risk factors, a on. | factors such as cli and the use of add | inical status, itional | | Valid Date Range |
| be further assessed follow-up testing, as diagnostic informati REACTIVE: >= 12.0 Testing Performed By Lab - Abbreviation | d by considering other sociated risk factors, a on. 00 mIU/mL Individual i Name | factors such as cli and the use of add s considered imm Director | inical status, itional une to HBV infection. Address | , | Valid Date Range |
| be further assessed follow-up testing, as diagnostic informati REACTIVE: >= 12.0 | d by considering other sociated risk factors, a on. 00 mIU/mL Individual i 00 mIU/mL SING Mame SHERMAN WAY | factors such as cli and the use of add s considered imm <u>Director</u> Steven McLar | inical status, itional une to HBV infection. <u>Address</u> en, 11668 Sherr | man Way | 03/28/19 2317 - Present |
| be further assessed follow-up testing, as diagnostic informati REACTIVE: >= 12.0 Testing Performed By Lab - Abbreviation | d by considering other sociated risk factors, a on. 00 mIU/mL Individual is Name SHERMAN WAY REGIONAL | factors such as cli and the use of add s considered imm Director | inical status, itional une to HBV infection. <u>Address</u> en, 11668 Sherr NORTH HOI | man Way | 03/28/19 2317 - Present |
| be further assessed follow-up testing, as diagnostic informati REACTIVE: >= 12.0 Testing Performed By Lab - Abbreviation | d by considering other sociated risk factors, a on. 00 mIU/mL Individual i 00 mIU/mL SING Mame SHERMAN WAY | factors such as cli and the use of add s considered imm <u>Director</u> Steven McLar | inical status, itional une to HBV infection. <u>Address</u> en, 11668 Sherr | man Way | 03/28/19 2317 - Present |
| be further assessed follow-up testing, as diagnostic informati REACTIVE: >= 12.0 Testing Performed By Lab - Abbreviation | d by considering other sociated risk factors, a on. 00 mIU/mL Individual is Name SHERMAN WAY REGIONAL LABORATORY | factors such as cli and the use of add s considered imm <u>Director</u> Steven McLar DO | inical status, itional une to HBV infection. <u>Address</u> en, 11668 Sherr NORTH HOI CA 91605 | man Way LLYWOOD | 03/28/19 2317 - Present |
| be further assessed follow-up testing, as diagnostic informati REACTIVE: >= 12.0 Testing Performed By Lab - Abbreviation 240 - 956 | d by considering other sociated risk factors, a on. 00 mIU/mL Individual is Name SHERMAN WAY REGIONAL LABORATORY | factors such as cli and the use of add s considered imm <u>Director</u> Steven McLar DO | inical status, itional une to HBV infection. <u>Address</u> en, 11668 Sherr NORTH HOI CA 91605 | man Way LLYWOOD sulted: 04/2 | 03/28/19 2317 - Present |
| be further assessed follow-up testing, as diagnostic informati REACTIVE: >= 12.0 Testing Performed By Lab - Abbreviation 240 - 956 | d by considering other sociated risk factors, a on. 00 mIU/mL Individual i SHERMAN WAY REGIONAL LABORATORY AB , QUANT [155400] | factors such as cli and the use of add s considered imm <u>Director</u> Steven McLar DO | inical status, itional une to HBV infection. <u>Address</u> en, 11668 Sherr NORTH HOI CA 91605 Re: | man Way LLYWOOD sulted: 04/2 | 03/28/19 2317 - Present |
| be further assessed follow-up testing, as diagnostic informati REACTIVE: >= 12.0 Testing Performed By Lab - Abbreviation 240 - 956 HEPATITIS B SURFACE Order status: Completed | d by considering other sociated risk factors, a on. 00 mIU/mL Individual i SHERMAN WAY REGIONAL LABORATORY AB , QUANT [155400] | factors such as cli and the use of add s considered imm <u>Director</u> Steven McLar DO | inical status, itional une to HBV infection. <u>Address</u> en, 11668 Sherr NORTH HOI CA 91605 Re: | man Way LLYWOOD sulted: 04/2 | 03/28/19 2317 - Present |
| be further assessed follow-up testing, as diagnostic informati REACTIVE: >= 12.0 Testing Performed By Lab - Abbreviation 240 - 956 HEPATITIS B SURFACE Order status: Completed Collected by: E852088 04 | d by considering other sociated risk factors, a on. 00 mIU/mL Individual i SHERMAN WAY REGIONAL LABORATORY AB , QUANT [155400] | factors such as cli and the use of add s considered imm <u>Director</u> Steven McLar DO | inical status, itional une to HBV infection. <u>Address</u> en, 11668 Sherr NORTH HOI CA 91605 Re: | man Way LLYWOOD sulted: 04/2 | 03/28/19 2317 - Present |
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| be further assessed follow-up testing, as diagnostic informati REACTIVE: >= 12.0 Testing Performed By Lab - Abbreviation 240 - 956 HEPATITIS B SURFACE Order status: Completed Collected by: E852088 04 Narrative: RMS ACCN: 720481170 Reviewed by | d by considering other sociated risk factors, a on. 00 mIU/mL Individual is SHERMAN WAY REGIONAL LABORATORY AB , QUANT [155400] | factors such as cli and the use of add s considered imm Director Steven McLar DO 7146] | inical status, itional une to HBV infection. <u>Address</u> en, 11668 Sherr NORTH HOI CA 91605 Re: | man Way LLYWOOD sulted: 04/2 | 03/28/19 2317 - Present |
| be further assessed follow-up testing, as diagnostic informati REACTIVE: >= 12.0 Testing Performed By Lab - Abbreviation 240 - 956 HEPATITIS B SURFACE Order status: Completed Collected by: E852088 04 Narrative: RMS ACCN: 720481170 <u>Reviewed by</u> Stahl, Jerusha Emi | d by considering other sociated risk factors, a on. 00 mIU/mL Individual is Name SHERMAN WAY REGIONAL LABORATORY AB , QUANT [155400] | factors such as cli and the use of add s considered imm Director Steven McLar DO 7146] | inical status, itional une to HBV infection. <u>Address</u> en, 11668 Sherr NORTH HOI CA 91605 Re: | man Way LLYWOOD sulted: 04/2 | 03/28/19 2317 - Present |
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AFTER VISIT SUMMARY

Pepper Smith MRN: 000004779300

KAISER PERMANENTE ☐ 4/13/2022 ♀ INTERNAL MEDICINE GREEN1

Today's Visit

You spoke with JERUSHA EMILY STAHL MD, M.D. on Wednesday April 13, 2022. The following issues were addressed: SCREENING

What's Next OCCUPATIONAL THERAPY ^{APR} 21 Office Visit with STACY YOENHEE CHUN OT, O.T. Thursday April 21 4:30 PM 6041 CADILLAC AVE LOS ANGELES CA 90034-1702 2022 323-857-2476

Medications

New Orders Normal Orders This Visit HEPATITIS B VIRUS SURFACE ANTIBODY (HBSAB), QUANTITATIVE [86317 CPT(R)]

Common Medication Direction Abbreviations PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 4/13/2022

No Known Drug Allergies

Severity Not Specified Noted 06/01/2005

Reviewed by Azatyan, Harut (L.V.N.), L.V.N. on 2/23/2022 Reaction Type Reactions

kp.org

View your After Visit Summary and more online at https://healthy.kaiserpermanente.org/hconline/ie/.

General Information

SKIP THE TRIP. Have our pharmacy come to you! New and refill prescriptions mailed to your home.

WHEN USING THE MAIL ORDER OPTION FOR OBTAINING PRESCRIPTIONS:

Pepper Smith (MRN: 000004779300) • Printed at 4/19/2022 12:00 PM Page 1 of 3 Epic This is confidential information. Do not throw away in a Kaiser Permanente trash can.

- You must be able to wait 7 days before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a *credit card* on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail you can obtain a 3month supply for just 2 months of copay!

4 WAYS TO RECEIVE PRESCRIPTIONS BY MAIL:

- If *checking-in at the Pharmacy*, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- Go to kp.org/Rxrefill. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the *Kaiser Permanente app* for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- Call (866) 206-2983 and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

You must be registered on KP.ORG to order prescriptions online or through the KP app. Not registered yet? Go to KP.ORG/REGISTERNOW to get started.

| For questions, call member services at | Hour |
|--|-------|
| 800-464-4000 or TTY 711 | Oper |
| <u>800-788-0616</u> (Spanish) | 24 ho |
| 800-757-7585 (Chinese dialects) | Close |
| | |

Medicare members 800-443-0815 or TTY 711 Open 7 days a week 24 hours a day Closed holidays

Hours Open 7 days a week from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Pepper Smith (MRN: 000004779300) • Printed at 4/19/2022 12:00 PM Page 2 of 3 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

KAISER PERMANENTE

04/13/2022 - Call Center Telephone Encounter in INTERNAL MEDICINE GREEN1 (continued)

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <u>http://www.everybodywalk.org</u>. THRIVE!

Thrive Local

Find help in your community

We're here to support you however we can. If you need help with essentials like housing, childcare, or food, Thrive Local Connections can help connect you to resources in your community. Call 1-800-443-6328 (TTY 711), Monday through Friday between 8 a.m. and 5 p.m.

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Pepper Smith (MRN: 000004779300) • Printed at 4/19/2022 12:00 PM Page 3 of 3 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

END OF ENCOUNTER

04/15/2022 - Patient Message in INTERNAL MEDICINE AQUA2

Visit Information

Provider Information

04/15/2022 - Patient Message in INTERNAL MEDICINE AQUA2 (continued)

Visit Information (continued)

Encounter Provider Stahl, Jerusha Emily (M.D.), M.D.

Department

| Name | Address | Phone | |
|-------------------------|---------------------------|--------------|--|
| INTERNAL MEDICINE AQUA2 | 6041 CADILLAC AVE | 833-574-2273 | |
| | Los Angeles CA 90034-1702 | | |

Clinical Notes

| Telephone Encounter Acuna, Marcela (R.N.), R.N. at 4/19/2022 1201 | | |
|--|--|--|
| Author: Acuna, Marcela (R.N.), R.N. Filed: 4/19/2022 12:09 PM Status: Signed | Service: — Encounter Date: 4/15/2022 Editor: Acuna, Marcela (R.N.), R.N. | Author Type: REGISTERED NURSE Creation Time: 4/19/2022 12:01 PM (REGISTERED NURSE) |
| Bariatrics team, Kindly assist with f/u appointment requ Fhank you | est. | |

Electronically signed by Acuna, Marcela (R.N.), R.N. at 4/19/2022 12:09 PM

Hidalgo, Jasmine at 4/19/2022 1221

| Author: Hidalgo, Jasmine | Service: — | Author Type: — |
|---------------------------|---------------------------|-----------------------------------|
| Filed: 4/19/2022 12:21 PM | Encounter Date: 4/15/2022 | Creation Time: 4/19/2022 12:21 PM |
| Status: Signed | Editor: Hidalgo, Jasmine | |

1st Attempt to reach Pt to help schedule wt loss f/u appt . L/M with contact information and instructions to schedule f/u appt.

Jasmine Hidalgo **Bariatric Medicine Department** Administrative Specialist II

Electronically signed by Hidalgo, Jasmine at 4/19/2022 12:21 PM

Hidalgo, Jasmine at 4/20/2022 1640

Author: Hidalgo, Jasmine Filed: 4/20/2022 4:41 PM Status: Signed

Service: -Encounter Date: 4/15/2022 Editor: Hidalgo, Jasmine

Author Type: ---Creation Time: 4/20/2022 4:40 PM

2nd Attempt to reach patient to schedule wt loss f/u appt. L/M with contact information to schedule follow up appointment.

Jasmine Hidalgo **Bariatric Medicine Department** Administrative Specialist II

04/15/2022 - Patient Message in INTERNAL MEDICINE AQUA2 (continued)

Clinical Notes (continued)

Electronically signed by Hidalgo, Jasmine at 4/20/2022 4:41 PM

Messages

| Follow-up from past visit/message | | | |
|--|--------------------|--|--|
| From Marcela (R.N.) Acuna, R.N. Last Read in kp.org 4/19/2022 1:15 PM by Pepper Smith | To Pepper Smith | Sent and Delivered 4/19/2022 12:09 PM | |

Hello Ms. Smith,

My name is MARCELA ACUNA RN and I work with your Personal Doctor, Dr. Stahl. Before ordering the Hep B vaccine, a titer is needed to determine whether you still have immunity. This test has been ordered for you. You can walk-in to any Kaiser Permanente lab to have this testing completed -- you do not need an appointment.

No fasting or other preparation is required.

For your convenience, the laboratory locations and hours for the West Los Angeles service area are listed below.

I have also sent a request to our weight management department to contact you for a follow up appointment.

Sincerely, MARCELA ACUNA RN on behalf of your Personal Doctor

West Los Angeles Laboratory Locations and Hours Location Address Hours West Los Angeles 6041 Cadillac Ave Los Angeles, CA 90034 Mon-Fri: 6:30 am-7:00 pm Sat: 6:30 am-2:00 pm Sun: 6:30 am-12:30 pm Culver Marina 12001 W. Washington Blvd Los Angeles, CA 90066 Mon-Fri: 7:30 am-5:00 pm Inglewood 110 N. La Brea Ave Inglewood, CA 90302 Mon-Fri: 8:00 am-6:00 pm Playa Vista 5300 McConnell Ave, Los Angeles, CA 90066

04/15/2022 - Patient Message in INTERNAL MEDICINE AQUA2 (continued)

Messages (continued)

Mon-Fri: 7:30 am- 5:00 pm

South Los Angeles 1550 W. Manchester Ave Los Angeles, CA 90047 Mon-Fri:7:30 am-5:00 pm Venice 5971 Venice Blvd Los Angeles, CA 90034 Mon-Fri: 8:30 am-5:00 pm Santa Monica 10Th Street Medical Bldg. 1450 10th St, 2nd floor, Santa Monica, CA 90401 Mon-Fri: 7:30 am – 4:30 pm Baldwin Hills Crenshaw 3782 W .Martin Luther King Jr. Blvd. Los Angeles, CA 90008 Mon – Fri:7:00 am-5:00 pm

If you have any questions please call the Laboratory mainline at 323-857-2792

| Follow-up from past visit/message | | |
|-----------------------------------|----------------------------------|--------------------|
| From | To | Sent |
| Pepper Smith | Jerusha Emily (M.D.) Stahl, M.D. | 4/15/2022 11:34 AM |

Hello,

I'm trying to get in to get a Hep B vaccination. You had no appts and they sent your office a message for me. The Hep B is for a training I'm taking on 4/24/2022

I also wanted to know what happened to the weight program. After the Zoom call I never heard anything.

Thank you Pepper Smith (323)445-2714 Pepper360@gmail.com

END OF ENCOUNTER

04/21/2022 - Non Nursing - Allied Health in OCCUPATIONAL THERAPY

Visit Information

Provider Information

Encounter Provider

Chun, Stacy Yoenhee (O.T.), O.T.

Department

Visit Information (continued)

| Name | Address | Phone | |
|----------------------|---------------------------|--------------|--|
| OCCUPATIONAL THERAPY | 6041 CADILLAC AVE | 323-857-2476 | |
| | Los Angeles CA 90034-1702 | | |

Reason for Visit

Chief Complaint

HAND PAIN

Visit Diagnoses

- LEFT LITTLE FINGER MIDDLE PHALANX FX, NDISPL ROUT SUBSEQ [S62.657D]
- LEFT MIDDLE FINGER MIDDLE PHALANX FX, DISPL ROUT SUBSEQ [S62.623D]
- ORTHOPEDIC AFTERCARE [Z47.89]

Clinical Notes

| Progress Notes | | | |
|--|---|---|--|
| Chun, Stacy Yoenhee (O.T.), O.T. at 4/21/2 | Chun, Stacy Yoenhee (O.T.), O.T. at 4/21/2022 1635 | | |
| Author: Chun, Stacy Yoenhee (O.T.), O.T. | Service: — | Author Type: THERAPIST, OCCUPATIONAL | |
| Filed: 4/21/2022 5:18 PM Status: Signed | Encounter Date: 4/21/2022 Editor: Chun, Stacy Yoenhee (O.T.) | Creation Time: 4/21/2022 4:35 PM), O.T. (THERAPIST, OCCUPATIONAL) | |

Patient was discharged from OT on 4/12/2022 due to patient did not return to therapy for more than 30 days. However, patient called, made a follow up appointment, and came to OT clinic today for continue OT services.

Chart review was performed. Patient seen for continued skilled OT services. Patient verified with two patient identifier, patient repeated name back to therapist and verified birth date. Patient provided consent for all aspects of the physical exam and treatment including exposure of associated body regions and palpation of relevant body structures. Patient was informed they can request to stop the exam/treatment at any time.

Number of visits: 2 Initial evaluation date: 2/1/2022

THERAPY PROGRESS REPORT + RECERTIFICATION

REHABILITATION PLAN OF CARE 4/21/2022

Referring Provider: Buranday, Jason Aquino P.A.

Referring Diagnosis:

Diagnosis S62.657D (ICD-10-CM) - LEFT LITTLE FINGER MIDDLE PHALANX FX, NDISPL ROUT SUBSEQ S62.623D (ICD-10-CM) - LEFT MIDDLE FINGER MIDDLE PHALANX FX, DISPL ROUT SUBSEQ

Z47.89 (ICD-10-CM) - ORTHOPEDIC AFTERCARE

Reason: OT for Left middle and small finger ROM, ADLs, strengthening S/P fracture

Treating Impairment/Dysfunction: Pain, swelling and loss of ROM of left middle finger **DOI: 12/29/2021**

Long-Term Goals:

1. AROM of left middle finger will increase to WFL in 12 weeks (NOT MET)

2. Pain not to exceed 0/10 with all daily activities in 12 weeks (NOT MET)

Rehab Potential: good

Plan of care: splint physical agent modalities: as needed Paraffin heat Electrical stimulation ice taping

KAISER PERMANENTE

04/21/2022 - Non Nursing - Allied Health in OCCUPATIONAL THERAPY (continued)

Clinical Notes (continued)

ultrasound edema management home exercise program soft tissue treatments: soft tissue massage therapeutic exercises

Frequency: once per 3 weeks Duration: 12 weeks Recertification due: 7/14/22 Re-evaluation to be completed at end of plan of care, unless indicated sooner otherwise.

Progress report interval: 4/21/2022 to 4/21/2022

Subjective: Patient stated "The finger is much better but still tender at the fingertip. In the evening while sleeping, the three fingers [MF/RF/SF] are numb and sore. I'll wake up with my fingers numb. I was doing a typing test and the hand was very painful afterwards."

Objective:

Pain level @ left hand: 0/10 with rest, 4/10 with activity

Significant points of tenderness: Mild tenderness at left middle finger terminal tendon

Tinel's at left cubital tunnel: (+)ve Tinel's at left guyon's canal: (-)ve

AROM of left SF is WNL

| Middle finger | Left | Right |
|---------------|---------|---------|
| MP | 0/80 | 85 |
| PIP | +10/95 | +15/105 |
| DIP | *-15/50 | 75 |

*active DIP extension lag

Patient seen for:

Applied hot pack for 5 minutes to left hand. No adverse reaction to heat application.

Continue donning mallet splint or oval 8 splint to prevent DIP flexion (Don at all times, no exceptions). Educated patient on etiology of cubital tunnel syndrome. Patient educated to avoid these risk factors: 1. Positioning your elbow in a flexed position during sleep and during functional activity 2. Leaning on the elbow. Provided patient with heelbo elbow pad to reduce compression of ulnar nerve at the elbow. Initiated ergonomic education, in regards to computering. Recommended patient bring in workstation photos for ergonomic assessment.

Clinical Notes (continued)

Manual therapy: myofascial release left MF terminal tendon. Educated patient on how to perform myofascial release with lotion for 1-3 minutes x1-2/day.

Reviewed and reinforced home exercise program: forearm flexor stretch Holding 10 sec x3-4 reps/hour, passive left MF MP flexion stretch Hold 10 sec x10 reps x2-3/day, passive left MF PIP flexion stretch Hold 10 sec x10 reps x2-3/day.

Assessment : (including progress towards goals): --. Response to treatment- --

4 months s/p left SF and MF middle phalanx fractures. Patient returns to therapy with persisting swan neck deformity of left MF. Recommended patient continue with DIP extension splinting for as long as possible to tighten extensor tendon. Patient also complaints of persisting tingling/numbness at left MF, RF and SF, with positive tinel's at left cubital tunnel. Patient has not yet met long-term goals for occupational therapy. Patient will benefit from additional therapy to facilitate increased ROM and improved painfree functional use of left hand.

Plan: (see plan of care above) Add strengthening exercises

Total Timed Code Treatment Minutes: 20 minutes Hot pack: 5 minutes Orthotic management: 10 minutes Manual therapy: 5 minutes Therapeutic exercises: 10 minutes Total Treatment Time Minutes: 30 minutes

Electronically signed by: STACY YOENHEE CHUN OTR/L, CHT 4/21/2022 5:05 PM

Electronically signed by Chun, Stacy Yoenhee (O.T.), O.T. at 4/21/2022 5:18 PM

AFTER VISIT SUMMARY

KAISER PERMANENTE

Pepper Smith MRN: 000004779300

☐ 4/21/2022 4:30 PM Q OCCUPATIONAL THERAPY

Today's Visit

You saw STACY YOENHEE CHUN OT, O.T. on Thursday April 21, 2022. The following issues were addressed:

- FINGER FRACTURE
- FINGER FRACTURE
- ORTHOPEDIC AFTERCARE

What's Next May Office Visit with STACY YOENHEE CHUN OT, O.T. OCCUPATIONAL THERAPY 16 Monday May 16 10:00 AM 16

6041 CADILLAC AVE LOS ANGELES CA 90034-1702 323-857-2476

Medications

Common Medication Direction Abbreviations PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 4/21/2022

No Known Drug Allergies

Severity Not Specified

Reviewed by Azatyan, Harut (L.V.N.), L.V.N. on 2/23/2022 Noted Reaction Type Reactions 06/01/2005

kp.org

View your After Visit Summary and more online at https://healthy.kaiserpermanente.org/hconline/ie/.

General Information

SKIP THE TRIP. Have our pharmacy come to you! New and refill prescriptions mailed to your home.

WHEN USING THE MAIL ORDER OPTION FOR OBTAINING PRESCRIPTIONS:

Pepper Smith (MRN: 000004779300) • Printed at 4/21/2022 5:18 PM Page 1 of 3 Epic This is confidential information. Do not throw away in a Kaiser Permanente trash can.

- · You must be able to wait 7 days before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a credit card on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- · For most medications that are meant to be refilled every 30 days, filling the prescription by mail you can obtain a 3month supply for just 2 months of copay!

4 WAYS TO RECEIVE PRESCRIPTIONS BY MAIL:

- If checking-in at the Pharmacy, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- · Go to kp.org/Rxrefill. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the Kaiser Permanente app for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- Call (866) 206-2983 and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

You must be registered on KP.ORG to order prescriptions online or through the KP app. Not registered yet? Go to KP.ORG/REGISTERNOW to get started.

| For questions, call member services at | Hou |
|--|------|
| 800-464-4000 or TTY 711 | Ope |
| 800-788-0616 (Spanish) | 24 h |
| 800-757-7585 (Chinese dialects) | Clos |
| | |

Medicare members 800-443-0815 or TTY 711 urs en 7 days a week nours a day sed holidays

Hours Open 7 days a week from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Pepper Smith (MRN: 000004779300) • Printed at 4/21/2022 5:18 PM Page 2 of 3 Epic This is confidential information. Do not throw away in a Kaiser Permanente trash can.

KAISER PERMANENTE

04/21/2022 - Non Nursing - Allied Health in OCCUPATIONAL THERAPY (continued)

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <u>http://www.everybodywalk.org</u>. THRIVE!

Thrive Local

Find help in your community

We're here to support you however we can. If you need help with essentials like housing, childcare, or food, Thrive Local Connections can help connect you to resources in your community. Call 1-800-443-6328 (TTY 711), Monday through Friday between 8 a.m. and 5 p.m.

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Pepper Smith (MRN: 000004779300) • Printed at 4/21/2022 5:18 PM Page 3 of 3 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

END OF ENCOUNTER

05/26/2022 - Orders Only in SCAL ML E-VISITS ADMIN DEPT

Visit Information

Provider Information

05/26/2022 - Orders Only in SCAL ML E-VISITS ADMIN DEPT (continued)

Visit Information (continued)

| Encounter Provider | | | |
|---------------------------------------|--|---|----------------|
| Scal E-Visit, Provider (M.D.), M.D. | | | |
| Department | | | |
| Name | Address | Phone | |
| SCAL ML E-VISITS ADMIN DEPT | 6041 CADILLAC AVE Los Angeles CA 90034-1702 | 323-857-2000 | |
| ason for Visit | | | |
| Visit Diagnosis | | | |
| VACCINATION FOR SARS-COV-2 | 2 [Z23] | | |
| | | | |
| | | | |
| ner Orders | | | |
| Immunization/Injection | | | |
| VACC COVID-19, BOOSTER DOSE | APPT [1554007147] (Active) | | |
| Electronically signed by: Scal E-Visi | | 5/22 1650 | Status: Active |
| Ordering user: Scal E-Visit, Provider | | uthorized by: Scal E-Visit, Provider (M.D.), M.D. | |
| Ordering mode: Standard | (,,, | ······································ | |
| Frequency: Routine 05/26/22 - | Cl | ass: Back Office | |
| Quantity: 1 | | | |
| Diagnoses | | | |
| VACCINATION FOR SARS-COV-2 | Z23] | | |
| Provider Details | | | |
| Provider | 1 | NPI | |
| Scal E-Visit, Provider (M.D.), M.I | | _ | |
| | | | |
| Questionnaire | | | |
| Question | | Answer | |
| Result Release to patient? | I | mmediate | |
| Indications | | | |
| | OV-2 [Z23 (ICD-10-CM)] | | |

END OF ENCOUNTER

06/03/2022 - Office Visit in OCCUPATIONAL HEALTH SERVICE

Visit Information

| Provider Information | r Information | |
|-------------------------------|-------------------------------|--|
| Encounter Provider | Authorizing Provider | |
| Markosian, Aliss (D.O.), D.O. | Markosian, Aliss (D.O.), D.O. | |

Department

| Name | Address | Phone | Fax |
|-----------------------------|---|--------------|--------------|
| OCCUPATIONAL HEALTH SERVICE | 1526 N EDGEMONT ST Los Angeles CA 90027-5260 | 323-783-6621 | 877-515-8038 |
| vel of Service | | | |

OUTPT NEW LEVEL 4

Visit Information (continued)

| Chief Complaints | | | |
|--|------------------------------|---|---|
| HEAD INJURY (DeSTRESS | OI:6/02/22) | | |
| Visit Diagnoses | | | |
| Name | | Code | Chronic? |
| OCCUPATIONAL PROE CIRCUMSTANCES | BLEMS OR WORK | Z56.9 | No |
| MYOFASCIAL PAIN SY | NDROME | M79.18 | Yes |
| tals | | | |
| Vital Signs | | | Most recent update: 6/3/2022 3:56 P |
| BP 138/76 | Pulse 75 | | Гетр 97.5 °F (36.4 °C) (Tympanic) |
| Pain Information (Last I | Filed) | | |
| Score | Location | Comments | Edu? |
| 8 (scale 0-10) | HEAD - headache | None | None |
| linical Notes | | | |
| Nursing Note | | | |
| Trujillo, Ines A.A (L. | V.N.), L.V.N. at 6/3/2022 | 1551 | |
| , | nes A.A (L.V.N.), L.V.N. | Service: — | Author Type: LICENSED VOCATIONAL NURSE |
| Filed: 6/3/2022 3 Status: Signed | :51 PM | Encounter Date: 6/3/2 Editor: Trujillo, Ines A | D22 Creation Time: 6/3/2022 3:51 PM A (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE) |
| ROACTIVE CARE A | CTIONS | | |
| roactive Office Enco | unter Actions: | | |
| are Gaps | | | |
| Blood Pressure Net | eded mokeless Tobacco, or | E-Cigarette/Vaping L | se |
| -,, | | | |

Immunization Care Gaps

- Covid-19 Immunization Booster Dose Due
- Shingrix First Dose Immunization Due

Electronically signed by Trujillo, Ines A.A (L.V.N.), L.V.N. at 6/3/2022 3:51 PM

Progress Notes

| Markosian | Aliss | (D O) | D O a | t 6/3/2022 1607 | |
|------------|-------|----------------|--------|-----------------|--|
| markoolan, | 71100 | νο .ο., | D.O. 4 | CONCILCER 1001 | |

| Author: Markosian | Aliss (D.O.), D.O. | Service: — | |
|-------------------|--------------------|------------|--|
| | | | |

Author Type: PHYSICIAN (D.O.)

Clinical Notes (continued)

Filed: 6/6/2022 11:07 AM Status: Signed Encounter Date: 6/3/2022 Creation Time: 6/3/2022 4:07 PM Editor: Markosian, Aliss (D.O.), D.O. (PHYSICIAN (D.O.))

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

--- This document is for State Form (DFR) ---Pepper Smith is a 51 year old right handed female <u>MECHANISM OF INJURY:</u> Sprain/strain

Origin of Injury: Pepper Smith is a 51 year old female who works as MANAGER

MOI: customer yelling and screaming threats to patinet in lobby taking pictures, no mgmt assistance. Patient felt tense and stressed and got an instant heaache. Patient reports pre existing neck, left shoulder and arm pain flared up as a result

Date of Injury: Activity Rx/Forms Injury Date: 6/2/22

Work status: Activity RX/Forms: Only available in RTF version.

Translation required: No

SUBJECTIVE COMPLAINTS:

Treatment History for This Injury:

Pepper Smith states her symptoms started immediately.

The patient was initially seen for the injury by this provider.

X-rays performed relative to this visit: none

Diagnostic tests: none

Chief Complaint: HEAD INJURY and STRESS Nursing notes reviewed by ALISS MARKOSIAN DO.

Current Complaints Today:

Patient Complaints:

Pepper Smith is a 51 year old female who works as MANAGER comes in 6/3/2022 complaining of work stress.

1. Duration: since doi

2. Location: same as above

Clinical Notes (continued)

- 3. Quality: anxious, depressed, difficulty sleeping, headache
- 4. Severity: severe
- 5. Timing: constant
- 6. Context: Injured at work: Yes
- 7. Modifying factors:
- Aggravated by: none
- Relieved by: none
- 8. Associated signs and symptoms: no fever, chills, or weight loss

The patient is reporting a stress claim

Reports stress from work as a result of above.

The patient is reporting the following symptoms as above.

The patient denies any suicidal ideation. They deny any attempts to hurt themselves or others. They deny any plans. The patient reports family/friend support at home. They deny having any firearms at home.

No numbness or tingling, b/b changes, saddle anesthesia

Reporting pre existing claim for head, neck, left shoulder and arm under 2020 claim. Was doing well until stressed and all sx flared up.

REVIEW OF SYSTEMS:

The patient completed the Regional Review of Systems Questionnaire and I reviewed.

General: No fever, chills, or sweats Eyes: No eye pain, blurry vision, double vision, or visual disturbances Ears, Nose, Throat, and Mouth: No pain, hearing loss, or ear ringing Cardiovascular: No chest pain or palpitations Respiratory: No wheezing, cough, or shortness of breath Gastrointestinal: No nausea, vomiting, or abdominal pain and No rectal bleeding or black stools Genitourinary: No painful urination Skin: No rash, redness, or swelling Neurologic: No numbness or tingling of extremities Endocrine: No unexplained weight loss, excessive thirst or excessive urination Hematology: No easy bruising or bleeding Allergy: No known environmental allergies Past Medical, Family, and Surgical History: Reviewed Electronic Medical Records: Yes PRIOR NON-WORK RELATED?: hx of anxiety attack due to stress, never needed to seek tx for it. Family History Reviewed: Reviewed but does not apply to this Workers' Compensation injury or illness. Past Surgical History Reviewed: Reviewed but does not apply to this Workers' Compensation injury or illness.

Clinical Notes (continued)

SOCIAL HISTORY:

Work Status before this visit: Full Duty

Claim Information: pending.

OBJECTIVE FINDINGS:

<u>Vital Signs:</u> BP 138/76 | Pulse 75 | Temp 97.5 °F (36.4 °C) (Tympanic) | LMP 06/05/2017

I confirm that I have performed the following examination(s):

<u>Constitutional:</u> Well developed and well nourished and Alert and conversant <u>Ears, Nose, Throat, and Mouth:</u> No signs of trauma, or deformity <u>Eyes:</u> Conjunctivae and EOMs are normal <u>Respiratory:</u> No respiratory distress <u>Neurological:</u> No muscle wasting, tremor, or coordination deficits <u>Skin:</u> Clear warm and dry <u>Psychiatric:</u> Pleasant, alert, no distress, mood and affect normal

PHYSICAL EXAMINATION:

BP 138/76 | Pulse 75 | Temp 97.5 °F (36.4 °C) (Tympanic) | LMP 06/05/2017 spurling negative Neck rom full No c spine midline tenderness to palpation Tenderness to palpation c spine ps, trap and peri scap muscles

Full left shoulder rom

X-ray and laboratory ordered today:

no

DIAGNOSIS: Z56.9 OCCUPATIONAL PROBLEMS OR WORK CIRCUMSTANCES

There is no evidence of chemical or toxic compounds being involved.

Diagnosis: ASSESSMENT @ID@ who works as MANAGER comes in 6/3/2022 complaining of work stress.

(Z56.9) OCCUPATIONAL PROBLEMS OR WORK CIRCUMSTANCES

Plan:

Clinical Notes (continued)

- RFA Psych

- Activity Rx: TTD

- return to care prn

ARE YOUR FINDINGS AND DIAGNOSIS CONSISTENT WITH PATIENT'S ACCOUNT OF INJURY OR ONSET OF ILLNESS?

Yes

IS THERE ANY OTHER CURRENT CONDITON THAT WILL IMPEDE OR DELAY PATIENT'S RECOVERY?

No

TREATMENT RENDERED:

Pepper Smith has been advised to continue the following previous medication(s):

The medication(s)/supplies/radiological studies ordered this visit:

Orders Placed This Encounter

REFERRAL PSYCHIATRY

Order Comments:

I would like this patient to be referred for psychology consult . I will defer causation and would request the psychologist to address causation and provide further treatment as well as address work status on an ongoing basis. I would also like the psychologist to refer the patient to psychiatry if they feel the patient needs medications for treatment of their psychological injury.

Referral Priority:Routine Referral Type:Outpatient Service Referral Reason:Specialty Services Required Referral Location:*LOS ANGELES (LAMC)

Treatment and Supplies:

Assessment

Pepper Smith is a 51 year old female who works as MANAGER who comes into occupational medicine clinic 06/03/22 complaining of below. After reviewing patient's chart and the history and physical completed today, his/her symptoms are likely related to below.

Defer psych causation and tx

Regarding neck, shoulder and arm pain relating to flare up of 2020 claim, Will sched follow up for patient to be seen under fm

Diagnosis: (Z56.9) OCCUPATIONAL PROBLEMS OR WORK CIRCUMSTANCES (M79.18) MYOFASCIAL PAIN SYNDROME

Plan

- follow up with Dr Pandya under 2020 claim for flare up of sx

KAISER PERMANENTE

06/03/2022 - Office Visit in OCCUPATIONAL HEALTH SERVICE (continued)

Clinical Notes (continued)

- ref psych

- off work due to stress per patient report

- return to care prn

FACTORS OF CARE:

Treatment Plans and Integration: Discussion with patient regarding return to work (full, modified or off work)

IF FURTHER TREATMENT REQUIRED, SPECIFY TREATMENT PLAN/ESTIMATED DURATION: More than likely the patient's condition is expected to improve or reach maximum medical improvement or full recovery in .

IF HOSPITALIZED AS INPATIENT, GIVE HOSPITAL NAME, LOCATION, AND DATE ADMITTED:

WORK STATUS:

See Below

---End of FORM----

Review of Systems

Physical Exam

ALISS MARKOSIAN DO 6/3/2022, 4:11 PM

Contact Information:

Electronically signed by Markosian, Aliss (D.O.), D.O. at 6/6/2022 11:07 AM

| Orders | | | | |
|--|---|--------------------------------------|-----------------------------|--|
| DUCATIONAL ONLINE | | | | |
| OCCUPATIONAL MEDICINE ONLINE EDUCATION | I PROGRAMS | [1554007148] (F | inal result) | |
| Electronically signed by: Markosian, Aliss (D.O.), D Ordering user: Markosian, Aliss (D.O.), D.O. 06/03/2 Ordering mode: Standard | 22 1600 | Authorized by: N | /larkosian, Aliss (| Status: Complete D.O.), D.O. |
| Frequency: Routine 06/03/22 - Quantity: 1 | | Class: Normal Lab status: Fina | Lrocult | |
| Released by: Markosian, Aliss (D.O.), D.O. 06/03/22 | 2 1600 | Lab status. Fina | riesuit | |
| Diagnoses | 2 1000 | | | |
| OCCUPATIONAL PROBLEMS OR WORK CIRCUN | ISTANCES [Z5 | 6.9] | | |
| Provider Details | - | • | | |
| Provider | | NPI | | |
| Markosian, Aliss (D.O.), D.O. | | 1922446921 | | |
| Questionnaire | | | | |
| Question | | Answer | | |
| Which Occupational Medicine Program? | | Patient Satisfa | ction: Medical Of | fice Visit (English and Spanish |
| View by Date (Maximum 1 year): | | 9/1/2022 | | |
| Result Release to patient? | | Immediate | | |
| Specimen Information | | | | |
| ID Туре | Source | | Collected E | Зу |
| ES20220603190 — | _ | | 06/03/22 16 | |
| Order status: Completed Collected by: 06/03/22 1600 | | Filed on: 09/29 Resulting lab: \$ | 0/22 1038 SCAL CVIS INTE | RFACE |
| Components | | | | |
| Component | Value | Reference Range | Flag | Lab |
| ONLINE EDUCATION PROGRAM | PATIENT | _ | | 1640 |
| | SATISFACTI ON: MEDICAL OFFICE VISIT | | | |
| ONLINE EDUCATION URL | https://www. my- emmi.com/E mmiServer/F lashDetectA utoStart.jsp? message_id =000000∾ cess_code= 1519427819 6&dobd=22 &dobm=05& doby=1971 | | _ | 1640 |
| ONLINE EDUCATION ACCESS CODE | 1519427819 6 | _ | _ | 1640 |
| ONLINE EDUCATION ISSUE DATE | Jun 03, 2022 | | — | 1640 |
| ONLINE EDUCATION START DATE | Jun 06, 2022 | | _ | 1640 |
| ONLINE EDUCATION COMPLETION DATE | Jun 06, 2022 | _ | — | 1640 |
| ONLINE EDUCATION EXPIRATION DATE | Sep 01, 2022 | _ | _ | 1640 |

Other Orders (continued)

ONLINE EDUCATION PROGRAM STATUS Completed

_

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|-----------------------|----------|---------|-------------------------|
| 1246 - Unknown | SCAL CVIS | Unknown | Unknown | 09/03/09 0810 - Present |
| 1640 - Unknown | EDUCATIONAL ONLINE | Unknown | Unknown | 10/15/14 1134 - Present |

OCCUPATIONAL MEDICINE ONLINE EDUCATION PROGRAMS [1554007148]

Order status: Completed Collected by: 06/03/22 1600 Resulted: 06/03/22 1600, Result status: In process

1640

Filed on: 09/29/22 1038 Resulting lab: SCAL CVIS INTERFACE

Components

| Component | Value | Reference Range | Flag | Lab | |
|-------------------------------------|---|--------------------|------|------|--|
| ONLINE EDUCATION PROGRAM | PATIENT SATISFACTI ON: MEDICAL OFFICE VISIT | _ | _ | 1640 | |
| ONLINE EDUCATION URL | https://www. my- emmi.com/E mmiServer/F lashDetectA utoStart.jsp? message_id =000000∾ cess_code= 1519427819 6&dobd=22 &dobm=05& doby=1971 | | _ | 1640 | |
| ONLINE EDUCATION ACCESS CODE | 1519427819 6 | _ | | 1640 | |
| ONLINE EDUCATION ISSUE DATE | Jun 03, 2022 | _ | _ | 1640 | |
| ONLINE EDUCATION START DATE | _ | _ | _ | 1640 | |
| ONLINE EDUCATION COMPLETION DATE | _ | _ | — | 1640 | |
| ONLINE EDUCATION EXPIRATION DATE | Sep 01, 2022 | _ | — | 1640 | |
| ONLINE EDUCATION PROGRAM STATUS | Scheduled | — | — | 1640 | |

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|-----------------------|----------|---------|-------------------------|
| 1246 - Unknown | SCAL CVIS | Unknown | Unknown | 09/03/09 0810 - Present |
| 1640 - Unknown | EDUCATIONAL ONLINE | Unknown | Unknown | 10/15/14 1134 - Present |

Indications

OCCUPATIONAL PROBLEMS OR WORK CIRCUMSTANCES [Z56.9 (ICD-10-CM)]

Other Orders (continued)

Referral

| REFERRAL PSYCHIATRY [155 | 4007149] (Active) | | | |
|---|---|--------------------------------|--------------------|--------------------|
| Electronically signed by: Markos | sian, Aliss (D.O.), D.O. on 06/03/ | 22 1600 | | Status: Active |
| Ordering user: Markosian, Aliss | | Authorized by: Markosian, A | liss (D.O.), D.O. | |
| Ordering mode: Standard | | | × , | |
| Frequency: Routine 06/03/22 - | | Class: Internal referral | | |
| Quantity: 1 | | | | |
| Diagnoses | | | | |
| OCCUPATIONAL PROBLEMS | OR WORK CIRCUMSTANCES [Z | 56.9] | | |
| Provider Details | | | | |
| Provider | | NPI | | |
| Markosian, Aliss (D.O.), D.O | | 1922446921 | | |
| Questionnaire Question | | Answer | | |
| Reason: | | *Consult/Referral | | |
| | - this deventure of the book of | Yes | | |
| For consults, do you authoriz telephone or video visit if ava | | res | | |
| psychologist to address causat | s patient to be referred for psycho ion and provide further treatment patient to psychiatry if they feel th | as well as address work status | s on an ongoing ba | isis. I would also |
| Referred By | | Referred To | Туре | Priority |
| Markosian, Aliss (D.O.), | Diagnoses: OCCUPATIONAL | *LOS ANGELES | Outpatient | Routine |
| D.O. | PROBLEMS OR WORK | (LAMC) | Service | |
| 1526 N EDGEMONT ST | CIRCUMSTANCES | FOR RÉFERRALS | | |

| 1526 N EDGEMONT ST | CIRCUMSTANCES | FOR REFERRALS |
|-----------------------|---|---|
| LOS ANGELES CA | Order: Referral Psychiatry | ONLY |
| 90027-5260 | Reason: Specialty Services | LOS ANGELES CA |
| Phone: 833-574-2273 | Required | 90027-5969 |
| Fax: 833-574-2273 | | Specialty: Psychology |
| psychologist to addr | ress causation and provide further treasychologist to refer the patient to psyc | blogy consult . I will defer causation and would request the atment as well as address work status on an ongoing basis. I hiatry if they feel the patient needs medications for treatment |
| Question | | Answer |
| Reason:: | | *Consult/Referral |
| For consults, do you | authorize this department to book a | Yes |
| telephone or video vi | sit if available?: | |

Indications

OCCUPATIONAL PROBLEMS OR WORK CIRCUMSTANCES [Z56.9 (ICD-10-CM)]

Patient Instructions

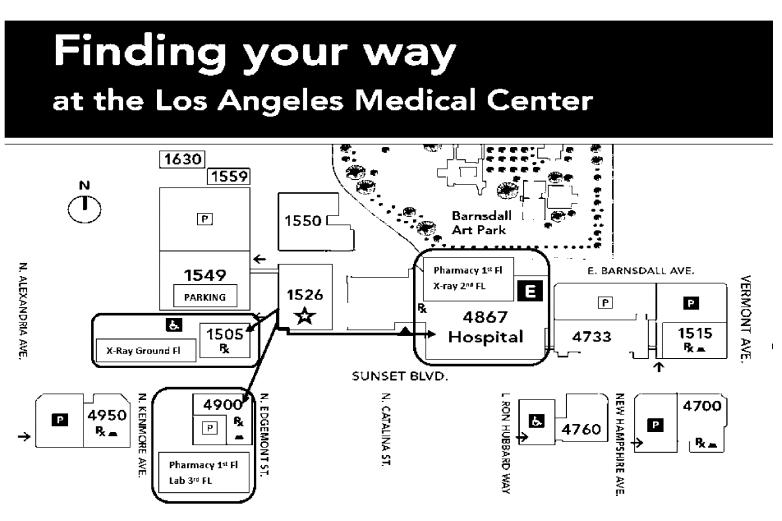
Thank you for visiting the Occupational Medicine department. We hope you had an excellent visit and we encourage you to share your experience with us. To share your experience, please contact Imran Rana, Department Administrator for Occupational Medicine. Available weekdays at (323)783-4385 or via email at Imran.Rana@kp.org. <u>To book future appointments please call (323)783-6621</u>.

Thank you for choosing Kaiser Permanente.

Patient Instructions (continued)

If you have not received a call to schedule any specialty consultation, physical therapy, occupational therapy or any other treatment or medical equipment ordered by your doctor, please call our Regional Business Unit at **(844)789-0172**.

| Specialty Appointment (323)783-2583 | One Call Therapy (866)389-0211 | Radiology (323)783-2662 |
|-------------------------------------|--------------------------------|--------------------------------------|
| MRI Scheduling (323)783-5384 | Medrisk (877)389-4580 | Pharmacy Call In Order (866)206-2982 |



Messages

| From | То | Sent and Delivered | |
|----------------------------------|--------------|--------------------|--|
| Aliss (D.O.) Markosian, D.O. | Pepper Smith | 6/3/2022 4:00 PM | |
| Last Read in kp.org | | | |
| 6/6/2022 4:28 PM by Pepper Smith | | | |

Dear Pepper Smith

Messages (continued)

Your healthcare team has prescribed an online education program for you.

PROGRAM: Click on this link to begin your education program: https://www.myemmi.com/EmmiServer/FlashDetectAutoStart.jsp?message_id=000000&access_code=15194278196&dobd=22&dobm=05 &doby=1971 Access code: 15194278196 Expiration date: Sep 01, 2022 PLEASE VIEW BY: Sep 01, 2022

This program gives you accurate, easy-to-understand information about your condition or upcoming procedure. You can watch it as many times as you want and it's easy to share with family and friends. Online education programs may be available in languages other than English. You can select alternate languages (if available) prior to viewing your program.

Need help accessing your online education program? Contact us at support@my-emmi.com or 866-294-3664.

For questions and further information concerning the program content, please contact your provider's office.

AFTER VISIT SUMMARY

Pepper Smith MRN: 000004779300

KAISER PERMANENTE

☐ 6/3/2022 4:40 PM ♀ OCCUPATIONAL HEALTH SERVICE

Instructions from ALISS MARKOSIAN DO, D.O. Your personalized instructions can be found at the end of this document.

What's Next You currently have no upcoming appointments scheduled.

Medications

New Orders Normal Orders This Visit OCCUPATIONAL MEDICINE ONLINE EDUCATION PROGRAMS [252577 Custom] REFERRAL PSYCHIATRY [200392 Custom]

Common Medication Direction Abbreviations PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/ day, PRN = as needed QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 6/3/2022

| Re | viewed by Tr | ujillo, Ines A.A | (L.V.N.), L.V.I | N. on 6/3/2022 |
|---------------|--------------|------------------|-----------------|----------------|
| | | | Reaction | |
| | Severity | Noted | Туре | Reactions |
| No Known Drug | Not | 06/01/2005 | | |
| Allergies | Specified | | | |

Today's Visit You saw ALISS MARKOSIAN DO, D.O. on Friday June 3, 2022. The following issues were addressed:

 OCCUPATIONAL PROBLEMS OR WORK CIRCUMSTANCES

Temperature

(Tympanic) 97.5 °F

MYOFASCIAL PAIN SYNDROME

 Blood Pressure 138/76
 Pulse 75

kp.org

View your After Visit Summary and more online at https:// healthy.kaiserpermanente.org/hconline/ ie/.

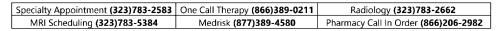
Pepper Smith (MRN: 000004779300) • Printed at 6/3/2022 4:25 PM Page 1 of 5 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

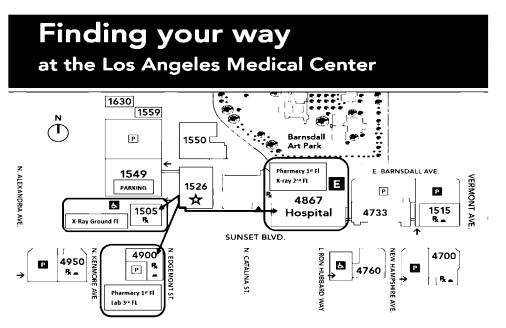
Instructions from ALISS MARKOSIAN DO, D.O.

Thank you for visiting the Occupational Medicine department. We hope you had an excellent visit and we encourage you to share your experience with us. To share your experience, please contact Imran Rana, Department Administrator for Occupational Medicine. Available weekdays at (323)783-4385 or via email at Imran.Rana@kp.org. **To book future appointments please call (323)783-6621**.

Thank you for choosing Kaiser Permanente.

If you have not received a call to schedule any specialty consultation, physical therapy, occupational therapy or any other treatment or medical equipment ordered by your doctor, please call our Regional Business Unit at **(844)789-0172**.





Pepper Smith (MRN: 000004779300) • Printed at 6/3/2022 4:25 PM Page 2 of 5 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

General Information

SKIP THE TRIP. Have our pharmacy come to you!

New and refill prescriptions mailed to your home.

WHEN USING THE MAIL ORDER OPTION FOR OBTAINING PRESCRIPTIONS:

- You must be able to wait 7 days before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a *credit card* on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

4 WAYS TO RECEIVE PRESCRIPTIONS BY MAIL:

- If *checking-in at the Pharmacy*, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- Go to kp.org/Rxrefill. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the *Kaiser Permanente app* for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- Call (866) 206-2983 and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

You must be registered on KP.ORG to order prescriptions online or through the KP app. Not registered yet? Go to KP.ORG/REGISTERNOW to get started.

For questions, call member services at <u>800-464-4000</u> or TTY <u>711</u> <u>800-788-0616</u> (Spanish) <u>800-757-7585</u> (Chinese dialects)

Medicare members 800-443-0815 or TTY 711 Hours Open 7 days a week 24 hours a day Closed holidays

Hours Open 7 days a week from 8 a.m. to 8 p.m.

Pepper Smith (MRN: 000004779300) • Printed at 6/3/2022 4:25 PM Page 3 of 5 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <u>http://www.everybodywalk.org</u>. THRIVE!

Thrive Local

Find help in your community

We're here to support you however we can. If you need help with essentials like housing, childcare, or food, Thrive Local Connections can help connect you to resources in your community. Call 1-800-443-6328 (TTY 711), Monday through Friday between 8 a.m. and 5 p.m.

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Additional Information Your healthcare team has prescribed an online education program for you.

Pepper Smith (MRN: 000004779300) • Printed at 6/3/2022 4:25 PM Page 4 of 5 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

Additional Information (continued) PROGRAM: PATIENT SATISFACTION: MEDICAL OFFICE VISIT PLEASE VIEW BY:Sep 01, 2022

This program gives you accurate, easy to understand information about your condition or upcoming procedure. You will receive a kp.org message with a link to directly view this program for ease of access. You can watch it as many times as you want and it's easy to share with family and friends. Online education programs may be available in languages other than English. You can select alternate languages (if available) prior to viewing your program.

Pepper Smith (MRN: 000004779300) • Printed at 6/3/2022 4:25 PM Page 5 of 5 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

END OF ENCOUNTER

06/18/2022 - Patient Self-Triage in SCAL ML E-VISITS ADMIN DEPT

Visit Information

Self Triage Sore Throat Dt Scal

06/18/2022 - Patient Self-Triage in SCAL ML E-VISITS ADMIN DEPT (continued)

Visit Information (continued)

Last updated: 9/29/2022 10:40 AM PDT

06/18/2022 - Patient Self-Triage in SCAL ML E-VISITS ADMIN DEPT (continued)

Visit Information (continued)

Your answers to the following questions are part of your medical record and should reflect your current symptoms. Treatment decisions are based on your answers and can be harmful if you are not answering the questions accurately. Changing answers to questions and submitting multiple E-visits may result in the inability to treat you online.

Are you pregnant or possibly pregnant?

No

Have you had a baby in the past 6 weeks?

No

Do you have any of the following conditions?

No, I do not have any of the above conditions.

We provide a detailed clinical evaluation via this E-visit with a series of questions to direct you to the appropriate care based on your careful answers.

I would like to go through the more detailed assessment.

Do you currently have any of the following symptoms?

| Fever | |
|------------------|--|
| No | |
| | n or worsening of a long-standing cough |
| No | |
| | of taste or smell (Anosmia) |
| No | |
| Nausea or | Vomiting |
| No | |
| Headache | that is different from past typical headache |
| No | |
| | shaking chills |
| No | J J J J J J J J J J J J J J J J J J J |
| Diarrhea (f | requent loose or watery stool) |
| No | |
| Sore throa | t |
| Yes | |
| Muscle act | hes/pain over entire body |
| No | |
| Nasal cong | gestion or runny nose |
| No | |
| Is your sore the | roat: |
| Moderate/Sev | |
| | symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you |
| have any of the | e following? |
| | |
| | nat is getting worse |
| No | |
| • | f face, neck, lips, tongue or throat that is rapidly getting worse |
| No | |
| | symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you |
| have any of the | e following? |
| | |
| Abdominal | pain |
| No Now read | with small red/purple spots or patches |
| New rash v | min small reu/purple spots or patches |
| | aknows that makes walking or standing difficult |
| Severe we | akness that makes walking or standing difficult |
| |)? er greeter |
| No | 03 or greater |
| | atart having these aurorations? |

When did you start having these symptoms?

6/17/2022

Check all of the following that apply to you:

65 years or older

--

Have dementia

06/18/2022 - Patient Self-Triage in SCAL ML E-VISITS ADMIN DEPT (continued)

Visit Information (continued)

| Diabetes (Ty | be 1 or 2) |
|-----------------------|---|
| | |
| Native Alaska | an heritage |
| | |
| Native Ameri | can heritage |
| Extremely ob | ese (100 lbs or more overweight) |
| | |
| None of the a | bove |
| Yes | |
| How difficult is it f | o swallow? |
| More difficulty s | wallowing solids and a little difficulty swallowing liquids |
| | that best represents or closest to the way your mouth, throat, and tonsils look. If none of the pictures best |
| | ay your mouth, throat, and tonsils look, then select "None". |
| Intense, deep re | d throat or tonsils with or without red spots on palate. No pus. |
| Do you have any | of the following? |
| Swollen gland | ds in the front of my neck |
| No | |
| | ds in the back of my neck |
| No | |
| Heartburn, ad | id taste burning up into the throat |
| No | |
| Have you been e | xposed to any of the following within the past week? |
| Somoono wit | h a sore throat |
| No | Ta sole throat |
| | o has recently been treated for strep throat |
| No | |
| | en exposed to someone with mononucleosis within the past week? |
| No | ····· |
| Have you had on | e or more documented strep infections within the last two years? |
| No | |
| Are you taking an | antibiotic for your sore throat now? |
| No | · |
| Have you had A I | POSITIVE COVID-19 test in the past 2 months? |
| No | · |
| I have reviewed a | nd understand the instructions above. Please select from one of the following options: |
| I would rather ta | lk with a provider. |

Patient Instructions

Selftriage Alert Reuse Appt_Ctr_C19 Adult Regn Peq_Scal

Pepper Smith,

It is important that you monitor your symptoms closely and call the Appointment Center at <u>1-833-574-</u> <u>2273</u> (TTY 711) to schedule a telephone or video visit. Inform them you have completed an E-visit.

As your trusted partner in health, please click on this link: <u>kp.org webpage for more information on</u> <u>COVID-19</u>. Check this webpage often for updated information as COVID-19 is constantly evolving and changing.

PLEASE DO NOT WALK IN TO ANY MEDICAL FACILITY WITHOUT SPEAKING TO A MEDICAL

PROFESSIONAL FIRST to avoid putting you, your loved ones, or others around you at risk.

06/18/2022 - Patient Self-Triage in SCAL ML E-VISITS ADMIN DEPT (continued)

Visit Information (continued)

END OF ENCOUNTER

06/18/2022 - Telephone Appointment Visit in URGENT CARE - WEST LA

Visit Information

| Ρ | Provider Information | | | | |
|---|-------------------------------|-------------------------------|--|--|--|
| | Encounter Provider | Authorizing Provider | | | |
| | Arshakyan, Armen (M.D.), M.D. | Arshakyan, Armen (M.D.), M.D. | | | |

Department

| Name | Address | Phone | |
|-----------------------|---------------------------|--------------|--|
| URGENT CARE - WEST LA | 6041 CADILLAC AVE | 833-574-2273 | |
| | Los Angeles CA 90034-1702 | | |

Level of Service

Level of Service **OUTPT EST LEVEL 3**

Reason for Visit

Chief Complaint

• PHONE CONSULT (Sore throat x1 day, bilateral ear pain)

Visit Diagnoses

- THROAT PAIN (primary) [R07.0] •
- LEFT OTALGIA [H92.02] .

Vitals

| Vital Signs | | | Most recent update: 6/18/2022 10:21 AM |
|--|-------------|--------------------------------------|--|
| BP 135/83 (BP Location: LA- LEFT ARM, BP Patient Position: STANDING, Cuff Size: Large Adult) | Pulse 83 | Temp 98.1 °F (36.7 °C) (Temporal) | SpO2 99% |

Clinical Notes

| Busher, Brooke R (L.V.N.), L.V.N. at 6/18/2022 1018 | | | | |
|---|---------------------------------------|---|--|--|
| Author: Busher, Brooke R (L.V.N.), L.V.N. | Service: — | Author Type: LICENSED VOCATIONAI NURSE | | |
| Filed: 6/18/2022 10:21 AM | Encounter Date: 6/18/2022 | Creation Time: 6/18/2022 10:18 AM | | |
| Status: Signed | Editor: Busher, Brooke R (L.V.N.), L. | V.N. (LICENSED VOCATIONAL NURSE) | | |

Pepper Smith is a 51 year old female

Chief Complaint

Patient presents with PHONE CONSULT Sore throat x1 day, bilateral ear pain

Clinical Notes (continued)

Verified using two patient identifications , 1) patient states own name 2) patient states DOB

Electronically signed by: BROOKE R BUSHER LVN 6/18/2022 10:18 AM

BP: 135/83 BP Patient Position: STANDING Cuff Size: Large Adult BP Location: LA-LEFT ARM Pulse: 83 Temp: 98.1 °F (36.7 °C) Temp src: Temporal SpO2: 99 %

Electronically signed by Busher, Brooke R (L.V.N.), L.V.N. at 6/18/2022 10:21 AM

Lopez Herrera, Juan A (L.V.N.), L.V.N. at 6/18/2022 1318

| Author: Lopez Herrera, Juan A (L.V.N.), | Service: — | Author Type: LICENSED VOCATIONAL |
|---|---|-----------------------------------|
| Filed: 6/18/2022 1:19 PM | Encounter Date: 6/18/2022 | Creation Time: 6/18/2022 1:18 PM |
| Status: Signed | Editor: Lopez Herrera, Juan A (L.V.N.), L | .V.N. (LICENSED VOCATIONAL NURSE) |

RAPID STREP SCREEN, POCT

RAPID STREP SCREEN: Negative

Reference Range: Negative

INTERNAL CONTROLS ACCEPTABLE?: Yes

Date/Time: 6/18/2022 1:18 PM Performed by: JUAN A LOPEZ HERRERA LVN

WEST LA MEDICAL CENTER U URGENT CARE CLINIC 6041 CADILLAC AVE LOS ANGELES CA 90034-1702 833-574-2273 323-857-2000

LAB DIRECTOR: WEST LOS ANGELES - Medical Center - Neena Singh, MD

Electronically signed by Lopez Herrera, Juan A (L.V.N.), L.V.N. at 6/18/2022 1:19 PM

Clinical Notes (continued)

Lopez Herrera, Juan A (L.V.N.), L.V.N. at 6/18/2022 1319

| Author: Lopez Herrera, Juan A (L.V.N.), | Service: — | Author Type: LICENSED VOCATIONAL |
|---|---|----------------------------------|
| L.V.N. | | NURSE |
| Filed: 6/18/2022 1:19 PM | Encounter Date: 6/18/2022 | Creation Time: 6/18/2022 1:19 PM |
| Status: Signed | Editor: Lopez Herrera, Juan A (L.V.N.), L.V | V.N. (LICENSED VOCATIONAL NURSE) |

An After Visit Summary was printed and given to the patient.

I have reviewed the provider's instructions with the patient, answering all questions to there satisfaction. Patient verbalized understanding.

Patient instructed to go to pharmacy window 1.

Electronically signed by Lopez Herrera, Juan A (L.V.N.), L.V.N. at 6/18/2022 1:19 PM

Progress Notes

| Filed: 6 | Arshakyan, Armen (M.D.), M.D. /19/2022 12:19 PM Signed | Service: — Encounter Date: 6/18/2022 Editor: Arshakyan, Armen (M.D.), | Author Type: Physician Creation Time: 6/18/2022 12:37 PM M.D. (Physician) |
|-------------------------|--|---|---|
| • | s here with c/o throat and | ear ache | |
| Left sided | | | |
| No fever, not f | - | | |
| No other com Vitals: | Diaints. | | |
| ¥ 16013. | 06/18/22 1018 | 06/18/22 1019 | |
| BP: | (!) 160/83 | 135/83 | |
| BP Patient | SITTING | STANDING | <u>}</u> |
| Position: | | | |
| BP Location: | LA-LEFT ARM | LA-LEFT A | RM |
| Cuff Size: | Large Adult | Large Adul | t |
| Pulse: | 79 | 83 | |
| Temp: | 98.1 °F (36.7 °C) | | |
| TempSrc: | Temporal | | |
| SpO2: | 99% | | |
| GE: NAD | | | |
| B/I ear wnl | | | |
| No e/o infectio | n | | |
| CTA-B | | | |
| RRR | | | |
| Normal oroph | arynx, no e/o abscess | | |

A/P: THROAT PAIN (primary encounter diagnosis) No indication for initiation of antibiotic therapy at this point Plan: GROUP A STREPTOCOCCUS SCREEN, POCT, IMMUNOASSAY W VISUAL READ

Clinical Notes (continued)

Ibuprofen (MOTRIN) 600 mg Oral Tab SARS-COV-2, QUALITATIVE, NAA (COVID-19), KP LAB FLONASE ALLERGY RELIEF 50 mcg/actuation Nasl SpSn

LEFT OTALGIA

Plan: Ibuprofen (MOTRIN) 600 mg Oral Tab

ER precautions provided if worsening sxs or other medical concerns Pt agreed to the plan Medications' side effects, risks and benefits discussed with pt who expressed understanding

Electronically signed by Arshakyan, Armen (M.D.), M.D. at 6/19/2022 12:19 PM

Labs

| ectronically signed by: Arshakyan, Armen (M.D.), M.D. on 06/18/22 1239 | | | | |
|---|---|--|--|--|
| rdering user: Arshakyan, Armen (M.D.), M.D. 06/18/22 1239 | Authorized by: Arshakyan, Armen (M.D.), M.D. | | | |
| rdering mode: Standard | | | | |
| requency: Routine 06/18/22 - | Class: Clinic Collected | | | |
| uantity: 1 | Lab status: Final result | | | |
| | | | | |
| HROAT PAIN [R07.0] | | | | |
| Provider Details | | | | |
| Provider | NPI | | | |
| | 1700150000 | | | |
| Arshakyan, Armen (M.D.), M.D. Questionnaire | 1700158060 | | | |
| | Answer | | | |
| Questionnaire | | | | |
| Questionnaire Question | Answer | | | |
| Questionnaire Question First COVID test? | Answer No | | | |
| Questionnaire Question First COVID test? Patient symptomatic? | Answer No Yes | | | |
| Questionnaire Question First COVID test? Patient symptomatic? Date of symptom onset: | Answer No Yes 6/18/2022 | | | |
| Questionnaire Question First COVID test? Patient symptomatic? Date of symptom onset: Patient hospitalized? | Answer No Yes 6/18/2022 No | | | |
| Questionnaire Question First COVID test? Patient symptomatic? Date of symptom onset: Patient hospitalized? Patient in ICU? | Answer No Yes 6/18/2022 No No | | | |
| Questionnaire Question First COVID test? Patient symptomatic? Date of symptom onset: Patient hospitalized? Patient in ICU? Patient employed in Health Care? | Answer No Yes 6/18/2022 No No Unknown | | | |

ANTERIOR NARES. If not possible, following instructions below: NASAL SWAB: Observe Enhanced Droplet Precautions. Use the same swab for both oropharyngeal and nasopharyngeal sites: (1) swab back of throat, avoiding tongue, and then (2) place same swab into a nostril parallel to palate for a few seconds to absorb secretions; place swab into a sterile container with viral transport media. Store/transport refrigerated or on ice.

Specimen Information

| ID | Туре | Source | Collected By | |
|-----------|----------|------------|-------------------|--|
| C00002202 | 221690 — | NASAL SWAB | RNC 06/18/22 1300 | |
| 30135 | | | | |

COVID-19 (SARS-COV-2), Nasal Swab [1554007151]

Resulted: 06/19/22 1430, Result status: Final result

Labs (continued)

| ler status: Completed lected by: RNC 06/18/22 1300 | | Filed on: 09/29/22 10 Resulting lab: SCPM LABORATORIES, C | G REGIONA | L REFERENCE THOLOGY - CHINO HILLS |
|--|---|---|-----------|--------------------------------------|
| rative: S ACCN: 723944702 nowledged by: Moshiri, Hossein (R.N.), R.N. o | n 06/19/22 1436 | | | |
| Components | | | | |
| Component | Value | Reference Range | Flag | Lab |
| SARS-COV-2 (COVID-19), QUALITATIVE, NAA | Not Detected | Not Detected | _ | SCPMG |
| Comment: NAA (Nucleic Acid Amplification) assays are method for SARS-CoV-2 viral RNA detectio | | | | |
| This test is only for use under the Food and Use Authorization (EUA). | Drug Administra | tion's Emergency | | |
| Test results are for the identification of SAR detectable in samples submitted during the | | | | |
| Positive / Detected. SARS-CoV-2 RNA press Negative / Not Detected results for SARS-C infection and should not be used as the sole Negative / Not Detected results must be cor as patient history, clinical observations and clinically indicated. | CoV-2 do not rule e basis for patien mbined with othe | t management. r information such | | |
| Presumptive Positive. Not all COVID-19 targ POSITIVE if there was a high pre-test proba Consider repeat testing if clinically indicated | ability of COVID- | | | |
| Inconclusive . Not all COVID-19 targets detected. Consic clinically indicated. | ler repeat testing | if | | |
| For "Invalid" results a new specimen needs | to be obtained fo | or retesting. | | |
| This test is only authorized for the duration circumstances exist justifying the authorizat vitro diagnostic tests for detection of SARS- COVID-19 infection. | ion of the emerge | ency use of in | | |
| | | | | |

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|--|-----------------------|--|-------------------------|
| 1753 - SCPMG | SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS | Steven McLaren, DO | 13000 Peyton Drive Chino Hills CA 91709 | 03/28/19 2201 - Present |

COVID-19 (SARS-COV-2), Nasal Swab [1554007151]

Order status: Completed Collected by: RNC 06/18/22 1300 Narrative: RMS ACCN: 723944702 Resulted: 06/19/22 0757, Result status: In process

Filed on: 09/29/22 0336

d) Lab =

| Reviewed by | |
|---|---|
| Moshiri, Hossein (R.N.), R.N. on 06/19/22 1436 Moshiri, Hossein (R.N.), R.N. on 06/19/22 1436 | |
| Indications | |
| THROAT PAIN [R07.0 (ICD-10-CM)] | |
| All Reviewers List | |
| Moshiri, Hossein (R.N.), R.N. on 6/19/2022 14:36 Moshiri, Hossein (R.N.), R.N. on 6/19/2022 14:36 | |
| OUP A STREPTOCOCCUS SCREEN, POCT, IMMUNOASS | AY W VISUAL READ [1554007150] (Final result) |
| ectronically signed by: Arshakyan, Armen (M.D.), M.D. on 06 rdering user: Arshakyan, Armen (M.D.), M.D. 06/18/22 1238 rdering mode: Standard | 5/18/22 1238 Status: Complete Authorized by: Arshakyan, Armen (M.D.), M.D. |
| equency: Routine 06/18/22 - uantity: 1 | Class: Point of Care Test Lab status: Final result |
| agnoses IROAT PAIN [R07.0] Provider Details | |
| Provider | NPI |
| Arshakyan, Armen (M.D.), M.D. | 1700158060 |
| Questionnaire | |
| Question | Answer |
| Result Release to patient? | Immediate |
| GROUP A STREPTOCOCCUS SCREEN, POCT, IMMUNOA READ [1554007150] | SSAY W VISUAL Resulted: 06/18/22 1318, Result status: Final resu |
| Order status: Completed | Filed on: 09/29/22 1038 |
| Narrative: RAPID STREP SCREEN, POCT | |
| RAPID STREP SCREEN: Negative | |
| Reference Range: Negative | |
| INTERNAL CONTROLS ACCEPTABLE?: Yes | |
| Date/Time: 6/18/2022 1:18 PM Performed by: JUAN A LOPEZ HERRERA LVN | |
| WEST LA MEDICAL CENTER U URGENT CARE CLINIC 6041 CADILLAC AVE LOS ANGELES CA 90034-1702 833-574-2273 323-857-2000 | |
| | |
| LAB DIRECTOR: WEST LOS ANGELES - Medical Center - | Neena Singh, MD |

Indications

THROAT PAIN [R07.0 (ICD-10-CM)]

Labs (continued)

| All Reviewers List | |
|---|--|
| Moshiri, Hossein (R.N.), R.N. on 6/19/2022 14:36 Moshiri, Hossein (R.N.), R.N. on 6/19/2022 14:36 Moshiri, Hossein (R.N.), R.N. on 6/18/2022 14:18 | |
| Moshiri, Hossein (R.N.), R.N. on 6/18/2022 14:18 | |
| Drders | |
| lications | |
| FLONASE ALLERGY RELIEF 50 mcg/actuation Nasl SpSn [155 | 4000600] (Active) |
| Electronically signed by: Arshakyan, Armen (M.D.), M.D. on 06 /1 Ordering user: Arshakyan, Armen (M.D.), M.D. 06/18/22 1239 Ordering mode: Standard | 8/22 1239 Statu Authorized by: Arshakyan, Armen (M.D.), M.D. |
| Frequency: Routine 06/18/22 - 06/17/26 2359 | Class: Fill Now |
| Diagnoses THROAT PAIN [R07.0] | |
| Provider Details | |
| Provider | NPI |
| Arshakyan, Armen (M.D.), M.D. | 1700158060 |
| Questionnaire | |
| Question | Answer |
| Indications THROAT PAIN [R07.0 (ICD-10-CM)] | No |
| THROAT PAIN [R07.0 (ICD-10-CM)] | |
| | |
| THROAT PAIN [R07.0 (ICD-10-CM)] Ibuprofen (MOTRIN) 600 mg Oral Tab [1554000599] (Discontinu Electronically signed by: Arshakyan, Armen (M.D.), M.D. on 06/1 Ordering user: Arshakyan, Armen (M.D.), M.D. 06/18/22 1238 Ordering mode: Standard | ued) |
| THROAT PAIN [R07.0 (ICD-10-CM)] Ibuprofen (MOTRIN) 600 mg Oral Tab [1554000599] (Discontinu Electronically signed by: Arshakyan, Armen (M.D.), M.D. on 06/1 Ordering user: Arshakyan, Armen (M.D.), M.D. 06/18/22 1238 Ordering mode: Standard PRN reasons: pain Frequency: Routine Q8H PRN 06/18/22 - 07/21/22 Discontinued by: Stahl, Jerusha Emily (M.D.), M.D. 07/21/22 0741 | ued) 8/22 1238 Status: Disc |
| THROAT PAIN [R07.0 (ICD-10-CM)] Ibuprofen (MOTRIN) 600 mg Oral Tab [1554000599] (Discontinu Electronically signed by: Arshakyan, Armen (M.D.), M.D. on 06/1 Ordering user: Arshakyan, Armen (M.D.), M.D. 06/18/22 1238 Ordering mode: Standard PRN reasons: pain Frequency: Routine Q8H PRN 06/18/22 - 07/21/22 | ied) 8/22 1238 Status: Disc Authorized by: Arshakyan, Armen (M.D.), M.D. |
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| THROAT PAIN [R07.0 (ICD-10-CM)] Ibuprofen (MOTRIN) 600 mg Oral Tab [1554000599] (Discontinu Electronically signed by: Arshakyan, Armen (M.D.), M.D. on 06/1 Ordering user: Arshakyan, Armen (M.D.), M.D. 06/18/22 1238 Ordering mode: Standard PRN reasons: pain Frequency: Routine Q8H PRN 06/18/22 - 07/21/22 Discontinued by: Stahl, Jerusha Emily (M.D.), M.D. 07/21/22 0741 Diagnoses THROAT PAIN [R07.0] LEFT OTALGIA [H92.02] Provider Details | ied) 8/22 1238 Status: Disc Authorized by: Arshakyan, Armen (M.D.), M.D. Class: Fill Now |
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Patient Instructions

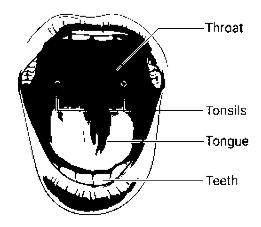
Patient Instructions (continued)

Patient Education

Your Kaiser Permanente Care Instructions

Sore Throat: Care Instructions

Your Care Instructions



Infection by bacteria or a virus causes most sore throats. Cigarette smoke, dry air, air pollution, allergies, and yelling can also cause a sore throat. Sore throats can be painful and annoying. Fortunately, most sore throats go away on their own. If you have a bacterial infection, your doctor may prescribe antibiotics.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- If your doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.
- Gargle with warm salt water once an hour to help reduce swelling and relieve discomfort. Use 1 teaspoon of salt mixed in 1 cup of warm water.
- Take an over-the-counter pain medicine, such as acetaminophen (Tylenol), ibuprofen (Advil, Motrin), or naproxen (Aleve). Read and follow all instructions on the label.
- Be careful when taking over-the-counter cold or flu medicines and Tylenol at the same time. Many of these medicines have acetaminophen, which is Tylenol. Read the labels to make sure that you are not taking more than the recommended dose. Too much acetaminophen (Tylenol) can be harmful.
- Drink plenty of fluids. Fluids may help soothe an irritated throat. Hot fluids, such as tea or soup, may help decrease throat pain.
- Use over-the-counter throat lozenges to soothe pain. Regular cough drops or hard candy may also help. These should not be given to young children because of the risk of choking.
- Do not smoke or allow others to smoke around you. If you need help quitting, talk to your doctor about stop-smoking programs and medicines. These can increase your chances of quitting for good.
- Use a vaporizer or humidifier to add moisture to your bedroom. Follow the directions for cleaning the machine.

Patient Instructions (continued)

When should you call for help?



Call your doctor now or seek immediate medical care if:

- You have new or worse trouble
- swallowing.
- Your sore throat gets much worse on
- one side.

Watch closely for changes in your health, and be sure to contact your doctor if you do not get better as expected.

Where can you learn more?

Go to https://kp.org/health

Enter U420 in the search box to learn more about "Sore Throat: Care Instructions."

Current as of: December 2, 2020 Content Version: 12.8

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Care instructions adapted under license by your healthcare professional. If you have questions about a medical condition or this instruction, always ask your healthcare professional. Healthwise, Incorporated disclaims any warranty or liability for your use of this information.

🕍 Kaiser Permanente.

6/18/2022

Name: Pepper Smith Address: 2822 7th Ave Los Angeles CA 90018

Re: Pepper Smith

To Whom It May Concern:

Based upon recommendations from the Georgia Department of Public Health, **Pepper should self-isolate** until COVID-19 diagnostic testing can be performed and results returned.

If the follow-up diagnostic test is <u>positive</u>, self-isolation should continue based upon recommendations from Georgia Department of Public Health (see link below).

If Pepper has or had COVID-19 symptoms, self-isolation should continue until:

Patient Instructions (continued)

- It has been at least 5 days since symptoms started,
- There are no fevers,
- Other symptoms have improved,
- AND
- A negative diagnostic test was collected 5 days or more after symptoms began.
- If fevers persist, isolation should continue until fevers resolve.
- If other symptoms are not resolving, isolation should continue until symptoms are resolving or until after day 10 since the symptoms started.
- Alternatively, if retesting on or after day 5 does not occur, Pepper may end isolation after day 10 (since symptoms started), provided there are no fevers and other symptoms are improving.

If Pepper never had COVID-19 symptoms, self-isolation should continue until:

- It has been at least 5 days since Pepper first tested positive,
 AND
- A negative diagnostic test was collected 5 days or more since Pepper first tested positive.
- Alternatively, if retesting on or after day 5 does not occur, Pepper may end isolation on day 10 (since the initial positive result).

After day 10, a negative COVID-19 antigen or PCR test result is <u>NOT required</u> for discontinuing selfisolation, based upon recommendations from Georgia Department of Public Health.

Healthcare workers should contact their employers for further guidance as the isolation requirements may differ from above.

NOTE: This document may be printed and shared with your employer or school. You do not need to contact your doctor for an off-work, off-school or caregiver note.

Detailed recommendations are available at <u>https://dph.georgia.gov/isolation-contact</u>.

Sincerely, Kaiser Permanente 6/18/2022 12:40 PM

AFTER VISIT SUMMARY

Pepper Smith MRN: 000004779300

Instructions from ARMEN ARSHAKYAN MD, M.D. Your personalized instructions can be found at the end of this document.

> Read the attached information Additional instructions from ARMEN ARSHAKYAN MD, M.D.

What's Next You currently have no upcoming appointments scheduled.

Medications

Ś

NEW Medications Ibuprofen (MOTRIN) 600 mg Oral Tab FLONASE ALLERGY RELIEF 50 mcg/actuation Nasl SpSn

Visit Medication List

Patient reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

Ibuprofen (MOTRIN) 600 mg Oral Tab (**Taking**) FLONASE ALLERGY RELIEF 50 mcg/actuation Nasl SpSn (**Taking**)

Dosage Take 1 tablet by mouth every 8 hours as needed for pain . Take with food F Use 2 sprays in each nostril daily. Reduce to 1 spray in each nostril daily when symptoms improve

New Orders Normal Orders This Visit GROUP A STREPTOCOCCUS SCREEN, POCT, IMMUNOASSAY W VISUAL READ [87880 CPT(R)] SARS-COV-2, QUALITATIVE, NAA (COVID-19), KP LAB [87635 CPT(R)]

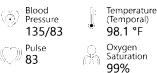
Common Medication Direction Abbreviations PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed

kp.org View your After Visit Summary and more online at https://

healthy.kaiserpermanente.org/hconline/ ie/.

Pepper Smith (MRN: 000004779300) • Printed at 6/18/2022 12:40 PM Page 1 of 8 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

Today's Visit You saw ARMEN ARSHAKYAN MD, M.D. on Saturday June 18, 2022. The following issues were addressed: • THROAT PAIN • LEFT OTALGIA



06/18/2022 - Telephone Appointment Visit in URGENT CARE - WEST LA (continued)

 QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 6/18/2022

No Known Drug Allergies

Severity Not Specified
 Reviewed by Markosian, Aliss (D.O.), D.O. on 6/3/2022

 Noted
 Reaction Type
 Reactions

 06/01/2005
 Control of the section of the secti

Pepper Smith (MRN: 000004779300) • Printed at 6/18/2022 12:40 PM Page 2 of 8 Friction Page 2 of 8 Frictional Page 2 of 8 Frictional Page 2 of 8 Page 2 of 8 Frictional Page 2 of 8 Frictional Page 2 of 8 Page 2 o

Instructions from ARMEN ARSHAKYAN MD, M.D.

KAISER PERMANENTE

6/18/2022

| Name: | Pepper Smith | |
|----------|----------------------|--|
| Address: | 2822 7th Ave | |
| | Los Angeles CA 90018 | |

Re: Pepper Smith

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Pepper Smith (MRN: 000004779300) • Printed at 6/18/2022 12:40 PM Page 3 of 8 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

NOTE: This document may be printed and shared with your employer or school. You do not need to contact your doctor for an off-work, off-school or caregiver note.

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Sincerely, Kaiser Permanente 6/18/2022 12:40 PM

Pepper Smith (MRN: 000004779300) • Printed at 6/18/2022 12:40 PM Page 4 of 8 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

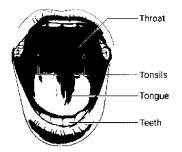
Sttached Information

Additional instructions from ARMEN ARSHAKYAN MD, M.D.

Your Kaiser Permanente Care Instructions

Sore Throat: Care Instructions

Your Care Instructions



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- Use over-the-counter throat lozenges to soothe pain. Regular cough drops or hard candy may also help. These should not be given to young children because of the risk of choking.
- Do not smoke or allow others to smoke around you. If you need help quitting, talk to your doctor about stopsmoking programs and medicines. These can increase your chances of quitting for good.
- · Use a vaporizer or humidifier to add moisture to your bedroom. Follow the directions for cleaning the machine.

Pepper Smith (MRN: 000004779300) • Printed at 6/18/2022 12:40 PM This is confidential information. Do not throw away in a Kaiser Permanente trash can.

Page 5 of 8 Epic

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- Your sore throat gets much worse on one side.

Watch closely for changes in your health, and be sure to contact your doctor if you do not get better as expected.

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Enter U420 in the search box to learn more about "Sore Throat: Care Instructions."

Current as of: December 2, 2020 Content Version: 12.8

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General Information

SKIP THE TRIP. Have our pharmacy come to you!

New and refill prescriptions mailed to your home.

WHEN USING THE MAIL ORDER OPTION FOR OBTAINING PRESCRIPTIONS:

- You must be able to wait 7 days before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a *credit card* on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

4 WAYS TO RECEIVE PRESCRIPTIONS BY MAIL:

- If *checking-in at the Pharmacy*, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- Go to kp.org/Rxrefill. After signing into kp.org, you will be brought to the Pharmacy Center.

 Pepper Smith (MRN: 000004779300) • Printed at 6/18/2022 12:40 PM
 Page 6 of 8
 Epic

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- Use the *Kaiser Permanente app* for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- Call (866) 206-2983 and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

You must be registered on KP.ORG to order prescriptions online or through the KP app. Not registered yet? Go to KP.ORG/REGISTERNOW to get started.

| For questions, call member services at |
|--|
| <u>800-464-4000</u> or TTY <u>711</u> |
| <u>800-788-0616</u> (Spanish) |
| 800-757-7585 (Chinese dialects) |
| |

Hours Open 7 days a week 24 hours a day Closed holidays

Medicare members 800-443-0815 or TTY 711 Hours Open 7 days a week from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

- Flu shot clinics open in September. No appointment is necessary.
- Flu shots are available at no charge to members at Kaiser Permanente medical facilities.
- For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <u>http://www.everybodywalk.org</u>. THRIVE!

Thrive Local

Pepper Smith (MRN: 000004779300) • Printed at 6/18/2022 12:40 PM Page 7 of 8 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

Thrive Local (continued)

Find help in your community

We're here to support you however we can. If you need help with essentials like housing, childcare, or food, Thrive Local Connections can help connect you to resources in your community. Call 1-800-443-6328 (TTY 711), Monday through Friday between 8 a.m. and 5 p.m.

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Pepper Smith (MRN: 000004779300) • Printed at 6/18/2022 12:40 PM Page 8 of 8 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

END OF ENCOUNTER

06/28/2022 - Office Visit in URGENT CARE - WEST LA

Visit Information

Provider Information

Printed on 10/10/22 10:33 AM

Visit Information (continued)

| Encounter Provider | Authorizing Provider |
|--------------------------|--------------------------|
| Lin, Daniel (D.O.), D.O. | Lin, Daniel (D.O.), D.O. |

Department

| Name | Address | Phone | |
|-----------------------|--|--------------|--|
| URGENT CARE - WEST LA | 6041 CADILLAC AVE Los Angeles CA 90034-1702 | 833-574-2273 | |

Level of Service

| Level of Service | | |
|-------------------|--|--|
| OUTPT EST LEVEL 4 | | |

Reason for Visit

Chief Complaint

• ABDOMINAL OR STOMACH BLOATING (X1day- pt with stomach cramping- denies diarrhea)

Visit Diagnosis

• LUQ ABDOMINAL PAIN (primary) [R10.12]

Vitals

| Vital Signs | | | | Most recent update: 6/28/2022 8:06 PM |
|------------------|-------|----------------------------|-------------|---------------------------------------|
| BP | Pulse | Temp | Resp | Ht |
| 137/83 | 73 | 98 °F (36.7 °C) (Temporal) | 16 | 5' 3" (1.6 m) |
| Wt | SpO2 | Breastfeeding | BMI | |
| 220 lb (99.8 kg) | 99% | No | 38.97 kg/m² | |

Pain Information (Last Filed)

| Score | Location | Comments | Edu? |
|----------------|----------|----------|------|
| 8 (scale 0-10) | ABDOMEN | None | None |

Clinical Notes

| Author: Lopez, Giovani Dejesus (L.V.N.), L.V.N. | Service: — | Author Type: LICENSED VOCATIONAL NURSE |
|--|--|---|
| Filed: 6/28/2022 8:17 PM | Encounter Date: 6/28/2022 | Creation Time: 6/28/2022 8:06 PM |
| Status: Signed | Editor: Lopez, Giovani Dejesus (L.V.N. |), L.V.N. (LICENSED VOCATIONAL NURSE) |
| epper Smith is a 51 year old female, here hief Complaint atient presents with • ABDOMINAL OR STOMACH BLOAT X1day- pt with stomach cramping- denies | ING | |
| | | |

Clinical Notes (continued)

Reviewed with pt: chief complaint, allergies and history taken and reviewed with pt.; documented verified patient's phone number and address.

Patient's vital signs, medication, pharmacy of choice, smoking history,

Proactive Care reviewed with patient.

Care Gaps

• Blood Pressure Needed

Immunization Care Gaps

- Covid-19 Immunization Booster Dose Due
- Shingrix First Dose Immunization Due

PROACTIVE CARE ACTIONS

Proactive Office Encounter Actions: ---LABS, IMMUNIZATIONS, PROCEDURES, MEDICATIONS, OTHER---Patient declined vaccine. Reminded doctor to provide Covid Vaccine information shingrix immunization declined

Electronically signed by Lopez, Giovani Dejesus (L.V.N.), L.V.N. at 6/28/2022 8:17 PM

Borromeo, Yolanda O (R.N.), R.N. at 6/28/2022 2218

| Author: Borromeo, Yolanda O (R.N.), R N | Service: — | Author Type: REGISTERED NURSE |
|---|---|--|
| Filed: 6/28/2022 10:24 PM Status: Addendum | Encounter Date: 6/28/2022 Editor: Borromeo, Yolanda O (R.N.), R.N. | Creation Time: 6/28/2022 10:18 PM (REGISTERED NURSE) |

Informed Lisa, CT Tech, to take pt to ED to follow up. Verbalized understanding. Celine, Unit Secretary, answered CN's phone-CN busy Report given and will inform CN

Electronically signed by: YOLANDA O. BORROMEO, RN

Electronically signed by Borromeo, Yolanda O (R.N.), R.N. at 6/28/2022 10:24 PM

Procedures

| Filed on 6/29/2022 0819 | |
|-------------------------|--|
| Procedure Orders | |

1. CT ABD AND PELVIS NO CONTRAST [1554007163] ordered by Lin, Daniel (D.O.), D.O. at 06/28/22 2137

CLINICAL HISTORY: Acute left upper abdominal pain

06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued) Clinical Notes (continued) COMPARISON: 9/10/2020 TECHNIQUE: Study performed per protocol. CT Dose: As required by California law, the CTDIvol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific patient. Type / CTDIvol / DLP / Phantom Helical / 23.37 / 1208.13 / B Total Exam DLP: 1208.13 CTDIvol = mGv DLP = mGy-cmPhantom: B=Body32, H=Head16 CONTRAST: FINDINGS: Abdomen and pelvic CT ABDOMEN: Lung: Lung bases are unremarkable. Liver: Liver is unremarkable. Gallbladder: Gallbladder is unremarkable. Spleen: Spleen is unremarkable. Pancreas: Pancreas is unremarkable. Adrenal: Adrenal glands are unremarkable. kidneys are unremarkable. No hydronephrosis. No kidney Kidneys: stone is seen. Bowel: There are a few colonic diverticula without inflammatory changes. Appendix appears normal. There is no pneumoperitoneum. Aorta: Unremarkable. Lymph node: No abnormal lymphadenopathy. Pelvis: No obvious pelvic mass is seen. Hysterectomy changes are seen. 3.2

cm right ovarian cyst is seen.

06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

Clinical Notes (continued)

IMPRESSION: Colonic diverticulosis without acute diverticulitis.

No CT evidence of acute appendicitis.

3.2 cm right ovarian cyst.

This report electronically signed by Joon Dokko, MD on 6/29/2022 8:13 AM

Electronically signed by Dokko, Joon (M.D.), M.D. at 6/29/2022 8:19 AM

Filed on 6/29/2022 1345

Procedure Orders 1. US ABD LTD [1554007161] ordered by Lin, Daniel (D.O.), D.O. at 06/28/22 2015

EXAM INFORMATION

History: Reason: Acute left upper abdominal painPlease evaluate hepatobiliary tract and pancreas Exam Quality: Difficult Exam. Comparison: Ultrasound, 09/19/2020

FINDINGS:

Exam Information -----This was a difficult exam due to overlying bowel gas.

Liver

The cranio-caudal diameter of the liver measures: 13.96 cm.

The surface of the liver appears smooth.

The main portal vein appears patent and demonstrates hepatopetal flow.

Gallbladder

The gallbladder has been removed.

Biliary Tree

06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued) Clinical Notes (continued) The common bile duct measures 0.71 cm. The common bile duct appears normal. The intrahepatic ducts appear normal. Pancreas _____ The visualized portions of the pancreas appear normal. Aorta ____ The visualized portion of the aorta appears normal. Inferior Vena Cava _____ The visualized portion of the inferior vena cava appears normal. Right Kidney _____ The right kidney appears normal in size and echogenicity. No evidence of hydronephrosis seen. No masses or calcifications are identified. The right kidney measures 10.7 cm in length. **IMPRESSION:** * UNREMARKABLE EXAM. * S/P cholecystectomy. Preliminary prepared by Tanya M. Warhop, US Tech on 6/28/2022 9:14:17 PM. Sonographer: Tanya M. Warhop, US Tech JOON DOKKO, M.D. WLA Electronically signed and authenticated by: RAD on 6/29/2022 1:45:13 PM

Electronically signed by Dokko, Joon (M.D.), M.D. at 6/29/2022 1:45 PM

Progress Notes

| - | | |
|--|------------|-------------------------------|
| Lin, Daniel (D.O.), D.O. at 6/28/2022 2010 | | |
| Author: Lin, Daniel (D.O.), D.O. | Service: — | Author Type: PHYSICIAN (D.O.) |

Printed on 10/10/22 10:33 AM

Clinical Notes (continued)

Filed: 6/28/2022 10:22 PM Status: Addendum Encounter Date: 6/28/2022 Creation Time: 6/28/2022 8:10 PM Editor: Lin, Daniel (D.O.), D.O. (PHYSICIAN (D.O.))

6/28/2022 PCP: Stahl, Jerusha Emily (M.D.)

SUBJECTIVE

Chief Complaint Patient presents with

• ABDOMINAL OR STOMACH BLOATING X1day- pt with stomach cramping- denies diarrhea

Pepper Smith is a 51 year old female here for one day of acute left upper abdominal pain and cramping Pain is constant She state she had similar episode a month ago which lasted a day.

No fevers No nausea and vomiting + history of cholecystectomy in 2020 No fevers or chills No constipation or diarrhea

CREAT 0.74 06/28/2022

- ALT 21 06/28/2022
- HGBA1C 5.5 08/12/2020

Patient Active Problem List: VITAMIN D DEFICIENCY HX OF TOTAL HYSTERECTOMY, NO VAGINAL PAP SMEAR REQUIRED VARICOSE VEINS OBESITY, BMI 39-39.9, ADULT

Current Outpatient Medications

| Medication | Sig | Dispense | Refill |
|----------------------------------|----------------------|-----------|--------|
| • Ibuprofen (MOTRIN) 800 mg | , | 24 tablet | 0 |
| Oral Tab | mouth every 8 | | |
| | hours as needed | | |
| | for pain . Take with | | |
| | food | | |
| HYDROcodone- | Take 1 tablet by | 12 tablet | 0 |
| Acetaminophen (NORCO) 5- | mouth every 6 | | |
| 325 mg Oral Tab | hours as needed | | |
| - | for pain . Do not | | |

Clinical Notes (continued)

| | exceed 4 tablets in 24 hours | | |
|---|--|-----------|---|
| Ibuprofen (MOTRIN) 600 mg Oral Tab | Take 1 tablet by mouth every 8 hours as needed for pain . Take with food | 50 tablet | 0 |
| FLONASE ALLERGY RELIEF 50 mcg/actuation Nasl SpSn | Use 2 sprays in each nostril daily. Reduce to 1 spray in each nostril daily when symptoms improve | 15.8 | 0 |
| Triamcinolone Acetonide (KENALOG) 0.1 % Top Crea | Apply to affected | 80 g | 0 |

No current facility-administered medications for this visit.

Social History

| Never Smoker |
|--------------|
| Never Used |
| |
| Never used |
| |
| No |
| 0.0 oz |
| |
| No |
| |

Review of Systems

Constitutional: Positive for activity change. Negative for appetite change, fatigue and fever.

HENT: Negative.

Respiratory: Negative for cough and shortness of breath.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Positive for abdominal pain. Negative for abdominal distention, constipation, diarrhea, nausea and vomiting.

Neurological: Negative for dizziness.

Allergies

Allergen

No Known Drug Allergies

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Clinical Notes (continued)

OBJECTIVE

BP 137/83 | Pulse 73 | Temp 98 °F (36.7 °C) (Temporal) | Resp 16 | Ht 5' 3" (1.6 m) | Wt 220 lb (99.8 kg) | LMP 06/05/2017 (LMP Unknown) | SpO2 99% | Breastfeeding No | BMI 38.97 kg/m²

BP Readings from Last 3 Encounters:

06/28/22 137/83 06/18/22 135/83 06/03/22 138/76

Estimated body mass index is 38.97 kg/m² as calculated from the following:

Height as of this encounter: 5' 3" (1.6 m).

Weight as of this encounter: 220 lb (99.8 kg).

<u>Physical Exam</u>

Vitals and nursing note reviewed.

Constitutional:

General: She is not in acute distress.

Appearance: Normal appearance. She is obese. She is not ill-appearing.

HENT:

Head: Normocephalic and atraumatic.

<u>Eyes</u>:

Conjunctiva/sclera: Conjunctivae normal.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

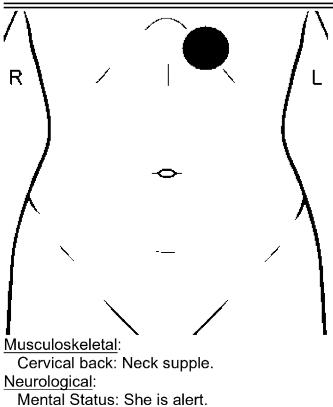
Abdominal:

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Tenderness: There is abdominal tenderness in the left upper quadrant. There is no right CVA tenderness, left CVA tenderness, guarding or rebound. Negative signs include Murphy's sign and McBurney's sign.

Clinical Notes (continued)



| Results for orders placed or performed | in visit on 06/28/22 | |
|--|----------------------|----------------------|
| CBC W AUTOMATED DIFFERENTIAL | | |
| Result | Value | Ref Range |
| WBC'S AUTO | 5.7 | 4.0 - 11.0 x1000/mcL |
| RBC, AUTO | 4.70 | 3.70 - 5.20 Mill/mcL |
| HGB | 14.3 | 11.5 - 16.0 g/dL |
| HCT, AUTO | 42.1 | 35.0 - 47.0 % |
| MCV | 89.6 | 81.0 - 99.0 fL |
| MCH | 30.4 | 25.0 - 35.0 pg/cell |
| MCHC | 34.0 | 30.0 - 35.0 g/dL |
| RDW, BLOOD | 12.0 | 11.5 - 16.0 % |
| PLATELETS, AUTOMATED COUNT | 278 | 130 - 400 x1000/mcL |
| ELECTROLYTE PANEL (NA, K, CL, CO2 | , ANION GAP) | |
| Result | Value | Ref Range |
| SODIUM | 137 | 135 - 145 mEq/L |
| POTASSIUM | 3.9 | 3.5 - 5.0 mEq/L |
| CHLORIDE | 104 | 101 - 111 mEq/L |
| CO2 | 27 | 21 - 31 mEq/L |
| ANION GAP (NA - (CL + CO2)) | 6 | 3 - 11 mEq/L |
| CREATININE | | |
| Result | Value | Ref Range |
| CREATININE | 0.74 | <=1.10 mg/dL |
| Printed on 10/10/22 10:33 AM | | |

Printed on 10/10/22 10:33 AM

<u>Labs</u>

Clinical Notes (continued) EGFR, CREATININE-BASED FORMULA 98 >=60 mL/min/BSA (CKD-EPI 2021) LIVER FUNCTION PANEL (TBILI, ALT, ALKP) Result Value **Ref Range** ALT 21 <=54 U/L <=125 U/L ALKALINE PHOSPHATASE 46 **BILIRUBIN, TOTAL** <=1.0 mg/dL 0.7 LIPASE Value Result Ref Range LIPASE <=58 U/L 32 WBC AUTO DIFF Value Ref Range Result **NEUTROPHILS %, AUTOMATED** 44.8 COUNT LYMPHOCYTES %, AUTOMATED 45.1 COUNT MONOS %, AUTO 8.3 EOSINOPHILS %, AUTOMATED 1.2 COUNT **BASOPHILS %, AUTOMATED COUNT** 0.4 IMMATURE GRANULOCYTES %, 0 AUTOMATED COUNT **RBC NUCLEATED AUTO COUNT, BLD** 0 <=0 % 2.54 NEUTROPHILS. ABSOLUTE. 1.80 - 7.70 x1000/mcL AUTOMATED COUNT LYMPHOCYTES, AUTOMATED COUNT 2.55 1.00 - 3.60 x1000/mcL MONOCYTES, AUTOMATED COUNT 0.47 0.10 - 1.00 x1000/mcL EOSINOPHILS, AUTOMATED COUNT 0.07 0.00 - 0.70 x1000/mcL BASOPHILS, AUTOMATED COUNT 0.02 0.00 - 0.20 x1000/mcL IMMATURE GRANULOCYTES, 0.01 - 0.09 x1000/mcL 0.01 AUTOMATED COUNT

06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

Imaging

Abdominal US:

Absent gallbladder. Otherwise normal RUQ US.

Read by: Somnath Basu, MD Teleradiologist

Findings: CT abdominal /pelvis

Teleradiology Urgent Preliminary Report. Final report will be provided within 24 hours by your

Clinical Notes (continued)

local medical center:

Colonic diverticulosis. Normal appendix. Normal small bowel loops. No acute findings.

Read by:

Somnath Basu, MD Teleradiologist

ASSESSMENT

Encounter Diagnoses

Code Name • R10.12 LUQ ABDOMINAL PAIN

<u>PLAN</u>

Orders Placed This Encounter

- US ABD LTD
- CT ABD AND PELVIS NO CONTRAST
- CBC W AUTOMATED DIFFERENTIAL
- ELECTROLYTE PANEL (NA, K, CL, CO2, ANION GAP)
- CREATININE
- LIVER FUNCTION PANEL (TBILI, ALT, ALKP)
- LIPASE
- WBC AUTO DIFF
- Ibuprofen (MOTRIN) 800 mg Oral Tab
- HYDROcodone-Acetaminophen (NORCO) 5-325 mg Oral Tab

Labs and US results discussed with patient.

Low suspicion for acute abdomen. suspect abdominal wall pain vs gastric pain.

Treatment plan and follow-up discussed and understood by patient. Handout provided.

Patient unhappy with US results And is requesting further imaging

Will order CT abdomen / pelvis for further imaging

Patient to follow up in ED For results as UC is closing at 10 pm Report given to Dr. HONG Primary? Yes

06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

Clinical Notes (continued)

Recommend: Rest, warm packs to abdomen

START :NSAIDs for pain Add norco for acute pain

Side effects of prescribed narcotic medications (drowsiness, constipation, habituation) were reviewed.

Patient understands diagnosis and agrees with plan. Understands to return if symptoms fail to improve in expected time frame or sooner if worsens.

Follow up with primary care physician for chronic medical conditions.

Electronically signed by: DANIEL LIN DO 6/28/2022 10:15 PM

Electronically signed by Lin, Daniel (D.O.), D.O. at 6/28/2022 10:22 PM

Labs

| CBC W AUTOMATE | D DIFFERENTIAL [155400 | 7152] (Final result) | | |
|------------------------|-------------------------------|----------------------|---|-----------------------------|
| | d by: Lin, Daniel (D.O.), D.O | | | Status: Completed |
| | acted on in another encounte | | | |
| | Daniel (D.O.), D.O. 06/28/22 | 2 2015 | Authorized by: Lin, Daniel (D.O.), D.O. | |
| Ordering mode: Sta | | | | |
| Frequency: STAT (|)6/28/22 - | | Class: Normal | |
| Quantity: 1 | | | Lab status: Final result | |
| Diagnoses | | | | |
| LUQ ABDOMINAL I | | | | |
| Provider Details | • | | | |
| Provider | | | NPI | |
| Lin, Daniel (D.O |), D.O. | | 1689771842 | |
| Questionnaire | | | | |
| Question | | | Answer | |
| Result Release | to patient? | | Immediate | |
| Specimen Inform | mation | | | |
| ID | Туре | Source | Collected By | |
| C000022022179 86307 | 90 — | BLOOD | Perez, Esperanza 06, | /28/22 2039 |
| CBC W AUTOM | ATED DIFFERENTIAL [155 | 4007152] | Resulted: 06/28/22 2110, F | Result status: Final result |
| Order status: Co | ompleted | | Filed on: 09/29/22 1038 | |
| Collected by: Pe | erez, Esperanza 06/28/22 20 |)39 | Resulting lab: KFH WEST LA LABORATO | DRY |
| Narrative: | | | | |
| RMS ACCN: 72 | 4537387 | | | |
| Acknowledged k | by: Wissa, Mark N (R.N.), R. | N. on 07/01/22 0925 | | |
| | | | | |

Labs (continued)

| Components | | | | |
|----------------------------|-------|-------------------------|------|-----|
| Component | Value | Reference Range | Flag | Lab |
| WBC'S AUTO | 5.7 | 4.0 - 11.0 x1000/mcL | _ | 305 |
| RBC, AUTO | 4.70 | 3.70 - 5.20 Mill/mcL | — | 305 |
| HGB | 14.3 | 11.5 - 16.0 g/dL | _ | 305 |
| HCT, AUTO | 42.1 | 35.0 - 47.0 % | _ | 305 |
| MCV | 89.6 | 81.0 - 99.0 fL | _ | 305 |
| МСН | 30.4 | 25.0 - 35.0 pg/cell | _ | 305 |
| MCHC | 34.0 | 30.0 - 35.0 g/dL | _ | 305 |
| RDW, BLOOD | 12.0 | 11.5 - 16.0 % | _ | 305 |
| PLATELETS, AUTOMATED COUNT | 278 | 130 - 400 x1000/mcL | — | 305 |

Testing Performed By

| | Name | Director | Address | Valid Date Range |
|---|---|---|--|---------------------------------------|
| 321 - 305 | KFH WEST LA LABORATORY | Neena Singh, MD | 6041 Cadillac Ave. LOS ANGELES CA 90034 | 05/23/17 0009 - Present |
| CBC W AUTOMATED DI | FFERENTIAL [155400 | 07152] | Resulted: 06/ | /28/22 2039, Result status: In proces |
| Order status: Completed | | | ed on: 09/29/22 0336 | |
| Collected by: Perez, Esp Narrative: | eranza 06/28/22 2039 | | | |
| RMS ACCN: 724537387 | | | | |
| NNS ACON. 724337307 | | | | |
| Reviewed by | | | | |
| Wissa, Mark N (R. | N.), R.N. on 07/01/22 | 0925 | | |
| Indiantiona | | | | |
| Indications | | | | |
| LUQ ABDOMINAL PA | NN [R10.12 (ICD-10-C | M)] | | |
| | | | | |
| All Reviewers List | | | | |
| Wissa, Mark N (R.N.), | R.N. on 7/1/2022 09:2 | 25 | | |
| | | | | |
| | | | | |
| | | | | |
| LECTROLYTE PANEL (NA | | GAP) [1554007154] (Fi | nal result) | |
| lectronically signed by: Lin | , Daniel (D.O.), D.O. c | GAP) [1554007154] (Fi | nal result) | Status: Complet |
| lectronically signed by: Lin his order may be acted on i | , Daniel (D.O.), D.O. c in another encounter. | GAP) [1554007154] (Fi on 06/28/22 2015 | | |
| lectronically signed by: Lin his order may be acted on i Ordering user: Lin, Daniel (D | , Daniel (D.O.), D.O. c in another encounter. | GAP) [1554007154] (Fi on 06/28/22 2015 | nal result) orized by: Lin, Daniel (D.C | |
| lectronically signed by: Lin his order may be acted on i ordering user: Lin, Daniel (D ordering mode: Standard | , Daniel (D.O.), D.O. c in another encounter. 0.O.), D.O. 06/28/22 20 | GAP) [1554007154] (Fi on 06/28/22 2015 D15 Auth | | |
| lectronically signed by: Lin his order may be acted on i ordering user: Lin, Daniel (D ordering mode: Standard requency: STAT 06/28/22 | , Daniel (D.O.), D.O. c in another encounter. 0.O.), D.O. 06/28/22 20 | GAP) [1554007154] (Fi on 06/28/22 2015 015 Auth Clas | orized by: Lin, Daniel (D.C | |
| lectronically signed by: Lin his order may be acted on i ordering user: Lin, Daniel (D ordering mode: Standard | , Daniel (D.O.), D.O. c in another encounter. 0.O.), D.O. 06/28/22 20 | GAP) [1554007154] (Fi on 06/28/22 2015 015 Auth Clas | orized by: Lin, Daniel (D.C s: Normal | |
| lectronically signed by: Lin his order may be acted on i Ordering user: Lin, Daniel (D Ordering mode: Standard requency: STAT 06/28/22 Quantity: 1 | , Daniel (D.O.), D.O. c in another encounter.).O.), D.O. 06/28/22 20 - | GAP) [1554007154] (Fi on 06/28/22 2015 015 Auth Clas | orized by: Lin, Daniel (D.C s: Normal | |
| lectronically signed by: Lin his order may be acted on i Ordering user: Lin, Daniel (D Ordering mode: Standard requency: STAT 06/28/22 Quantity: 1 Diagnoses | , Daniel (D.O.), D.O. c in another encounter.).O.), D.O. 06/28/22 20 - | GAP) [1554007154] (Fi on 06/28/22 2015 015 Auth Clas | orized by: Lin, Daniel (D.C s: Normal | |
| Electronically signed by: Lin his order may be acted on i Ordering user: Lin, Daniel (D Ordering mode: Standard requency: STAT 06/28/22 Quantity: 1 Diagnoses UQ ABDOMINAL PAIN [R1 | , Daniel (D.O.), D.O. c in another encounter.).O.), D.O. 06/28/22 20 - | GAP) [1554007154] (Fi on 06/28/22 2015 015 Auth Clas | orized by: Lin, Daniel (D.C s: Normal status: Final result | |
| Electronically signed by: Lin his order may be acted on i Ordering user: Lin, Daniel (D Ordering mode: Standard requency: STAT 06/28/22 Quantity: 1 Diagnoses UQ ABDOMINAL PAIN [R1 Provider Details | , Daniel (D.O.), D.O. c in another encounter.).O.), D.O. 06/28/22 20 - | GAP) [1554007154] (Fi on 06/28/22 2015)15 Auth Clas Lab | orized by: Lin, Daniel (D.C s: Normal status: Final result | - |
| lectronically signed by: Lin his order may be acted on i ordering user: Lin, Daniel (D ordering mode: Standard requency: STAT 06/28/22 Quantity: 1 Diagnoses UQ ABDOMINAL PAIN [R1 Provider Details Provider | , Daniel (D.O.), D.O. c in another encounter.).O.), D.O. 06/28/22 20 - | GAP) [1554007154] (Fi on 06/28/22 2015)15 Auth Clas Lab | orized by: Lin, Daniel (D.C s: Normal status: Final result I | - |
| Electronically signed by: Lin, his order may be acted on i ordering user: Lin, Daniel (D ordering mode: Standard requency: STAT 06/28/22 Quantity: 1 Diagnoses UQ ABDOMINAL PAIN [R1 Provider Details Provider Lin, Daniel (D.O.), D.O. Questionnaire Question | , Daniel (D.O.), D.O. c in another encounter. 0.O.), D.O. 06/28/22 20 - 0.12] | GAP) [1554007154] (Fi on 06/28/22 2015)15 Auth Clas Lab <u>NP</u> | orized by: Lin, Daniel (D.C s: Normal status: Final result I | Status: Complete D.), D.O. |
| Electronically signed by: Lin, his order may be acted on i ordering user: Lin, Daniel (D ordering mode: Standard requency: STAT 06/28/22 Quantity: 1 Diagnoses UQ ABDOMINAL PAIN [R1 Provider Details Provider Lin, Daniel (D.O.), D.O. Questionnaire | , Daniel (D.O.), D.O. c in another encounter. 0.O.), D.O. 06/28/22 20 - 0.12] | GAP) [1554007154] (Fi on 06/28/22 2015)15 Auth Clas Lab NP 164 An | orized by: Lin, Daniel (D.C s: Normal status: Final result I 39771842 | - |
| Electronically signed by: Lin, his order may be acted on i ordering user: Lin, Daniel (D ordering mode: Standard requency: STAT 06/28/22 Quantity: 1 Diagnoses UQ ABDOMINAL PAIN [R1 Provider Details Provider Lin, Daniel (D.O.), D.O. Questionnaire Question | , Daniel (D.O.), D.O. c in another encounter. 0.O.), D.O. 06/28/22 20 - 0.12] | GAP) [1554007154] (Fi on 06/28/22 2015)15 Auth Clas Lab NP 164 An | orized by: Lin, Daniel (D.C s: Normal status: Final result I 39771842 swer | |
| Electronically signed by: Lin, his order may be acted on i ordering user: Lin, Daniel (D ordering mode: Standard requency: STAT 06/28/22 Quantity: 1 Diagnoses UQ ABDOMINAL PAIN [R1 Provider Details Provider Details <u>Provider</u> Lin, Daniel (D.O.), D.O. Questionnaire Question Result Release to patien | , Daniel (D.O.), D.O. c in another encounter. 0.0.), D.O. 06/28/22 20 - 0.12] | GAP) [1554007154] (Fi on 06/28/22 2015)15 Auth Clas Lab NP 164 An | orized by: Lin, Daniel (D.C s: Normal status: Final result I 39771842 swer | - |

Labs (continued)

| | Гуре | Source | | ted By |
|--|--|---------------------|--|--|
| C0000220221790 - | _ | BLOOD | Perez, | Esperanza 06/28/22 2039 |
| 86307 | | | | |
| | NEL (NA, K, CL, CO2, ANIO | N GAP) [155400 | - | 06/28/22 2123, Result status: Final resu |
| Order status: Compl | | | Filed on: 09/29/22 1038 | |
| Collected by: Perez, Narrative: | , Esperanza 06/28/22 2039 | | Resulting lab: KFH WEST | LA LABORATORY |
| RMS ACCN: 72453 | 7207 | | | |
| | Vissa, Mark N (R.N.), R.N. or | 07/01/22 0925 | | |
| Nekilowicagea by. v | | 101101122 0020 | | |
| Components | | | | |
| Component | | Value | Reference Range Flag | Lab |
| SODIUM | | 137 | 135 - 145 mEq/L — | 305 |
| POTASSIUM | | 3.9 | 3.5 - 5.0 mEq/L — | 305 |
| CHLORIDE | | 104 | 101 - 111 mEq/L 🛛 — | 305 |
| CO2 | | 27 | 21 - 31 mEq/L 🛛 — | 305 |
| ANION GAP (NA | A - (CL + CO2)) | 6 | 3 - 11 mEq/L 🛛 — | 305 |
| | | | | |
| | D | | | |
| Testing Performed I | - | Director | Address | Valid Date Range |
| 321 - 305 | KFH WEST LA | Neena Singh | | 05/23/17 0009 - Present |
| 521-505 | LABORATORY | Neena Oligii | LOS ANGELES CA | |
| | | | 90034 | |
| | | | | |
| ELECTROLYTE PAN | NEL (NA, K, CL, CO2, ANIO | N GAP) [155400 | 07154] Resulted: | 06/28/22 2039, Result status: In proces |
| Order status: Compl | latad | | Filed on: 09/29/22 0336 | |
| | , Esperanza 06/28/22 2039 | | Filed 011. 09/29/22 0330 | |
| | , Esperanza 00/20/22 2039 | | | |
| Narrative: | | | | |
| DNAO AOONI, ZOACO | 7007 | | | |
| RMS ACCN: 72453 | 7387 | | | |
| RMS ACCN: 72453 | 7387 | | | |
| Reviewed by | | 205 | | |
| Reviewed by | 7387 N (R.N.), R.N. on 07/01/22 09 | 925 | | |
| Reviewed by | | 925 | | |
| Reviewed by Wissa, Mark N | N (R.N.), R.N. on 07/01/22 05 | | | |
| Reviewed by Wissa, Mark M Indications LUQ ABDOMINA | | | | |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM |)] | | |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List | N (R.N.), R.N. on 07/01/22 05 |)] | | |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 |)] | | |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R REATININE [15540071 | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 |)] | | |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R REATININE [15540071 lectronically signed by | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 I58] (Final result) : Lin, Daniel (D.O.), D.O. on |)] | | Status: Complete |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R REATININE [15540071 lectronically signed by his order may be acted | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 I58] (Final result) : Lin, Daniel (D.O.), D.O. on d on in another encounter. |)] 06/28/22 2015 | | |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R REATININE [15540071 lectronically signed by his order may be acted brdering user: Lin, Dani | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 I58] (Final result) : Lin, Daniel (D.O.), D.O. on d on in another encounter. iel (D.O.), D.O. 06/28/22 201 |)] 06/28/22 2015 | Authorized by: Lin, Daniel (| |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R REATININE [15540071 lectronically signed by his order may be acted ordering user: Lin, Dani ordering mode: Standa | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 I58] (Final result) : Lin, Daniel (D.O.), D.O. on d on in another encounter. iel (D.O.), D.O. 06/28/22 201 rd |)] 06/28/22 2015 | | |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R REATININE [15540071 lectronically signed by his order may be acted ordering user: Lin, Dani ordering mode: Standal requency: STAT 06/28 | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 I58] (Final result) : Lin, Daniel (D.O.), D.O. on d on in another encounter. iel (D.O.), D.O. 06/28/22 201 rd |)] 06/28/22 2015 | Class: Normal | |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R REATININE [15540071 lectronically signed by his order may be acted ordering user: Lin, Dani ordering mode: Standar requency: STAT_06/28 patiently: 1 | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 I58] (Final result) : Lin, Daniel (D.O.), D.O. on d on in another encounter. iel (D.O.), D.O. 06/28/22 201 rd |)] 06/28/22 2015 | | |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R REATININE [15540071 lectronically signed by his order may be acted ordering user: Lin, Dani ordering mode: Standal requency: STAT_06/28 tuantity: 1 iagnoses | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 I58] (Final result) : Lin, Daniel (D.O.), D.O. on d on in another encounter. iel (D.O.), D.O. 06/28/22 201 rd 8/22 - |)] 06/28/22 2015 | Class: Normal | |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R REATININE [15540071 lectronically signed by his order may be acted rdering user: Lin, Dani rdering mode: Standar requency: STAT 06/28 uantity: 1 iagnoses JQ ABDOMINAL PAIN | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 I58] (Final result) : Lin, Daniel (D.O.), D.O. on d on in another encounter. iel (D.O.), D.O. 06/28/22 201 rd 8/22 - |)] 06/28/22 2015 | Class: Normal | |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R REATININE [15540071] lectronically signed by his order may be acted rdering user: Lin, Dani rdering mode: Standal requency: STAT 06/28 uantity: 1 iagnoses JQ ABDOMINAL PAIN Provider Details | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 I58] (Final result) : Lin, Daniel (D.O.), D.O. on d on in another encounter. iel (D.O.), D.O. 06/28/22 201 rd 8/22 - |)] 06/28/22 2015 | Class: Normal Lab status: Final result | Status: Complete D.O.), D.O. |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R REATININE [15540071 lectronically signed by his order may be acted by his order may be | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 158] (Final result) : Lin, Daniel (D.O.), D.O. on d on in another encounter. iel (D.O.), D.O. 06/28/22 201 rd 8/22 - |)] 06/28/22 2015 | Class: Normal | |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R REATININE [15540071] lectronically signed by his order may be acted ordering user: Lin, Danie ordering mode: Standar requency: STAT_06/28 uantity: 1 iagnoses UQ ABDOMINAL PAIN Provider Details Provider Lin, Daniel (D.O.), D | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 158] (Final result) : Lin, Daniel (D.O.), D.O. on d on in another encounter. iel (D.O.), D.O. 06/28/22 201 rd 8/22 - |)] 06/28/22 2015 | Class: Normal Lab status: Final result NPI | |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R REATININE [15540071 lectronically signed by his order may be acted rdering user: Lin, Dani rdering mode: Standar requency: STAT 06/26 uantity: 1 iagnoses JQ ABDOMINAL PAIN Provider Details Provider Details Provider Lin, Daniel (D.O.), D Questionnaire | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 I58] (Final result) : Lin, Daniel (D.O.), D.O. on d on in another encounter. iel (D.O.), D.O. 06/28/22 201 rd 8/22 - N [R10.12] |)] 06/28/22 2015 | Class: Normal Lab status: Final result NPI | D.O.), D.O. |
| Reviewed by Wissa, Mark N Indications LUQ ABDOMINA All Reviewers List Wissa, Mark N (R REATININE [15540071] lectronically signed by his order may be acted ordering user: Lin, Danie ordering mode: Standar requency: STAT_06/28 uantity: 1 iagnoses UQ ABDOMINAL PAIN Provider Details Provider Lin, Daniel (D.O.), D | N (R.N.), R.N. on 07/01/22 09 L PAIN [R10.12 (ICD-10-CM R.N.), R.N. on 7/1/2022 09:25 I58] (Final result) : Lin, Daniel (D.O.), D.O. on d on in another encounter. iel (D.O.), D.O. 06/28/22 201 rd 8/22 - N [R10.12] |)] 06/28/22 2015 | Class: Normal Lab status: Final result NPI | |

| • | | | | | | | | |
|--|---|---|-----------------------------|--|--|-------------|----------------------|------------------------|
| Question | | | | Answ | | | | |
| Result Release to patier | nt? | | | Imme | diate | | | |
| Specimen Information | | | | | | | | |
| ID Ty | ре | Source | | | | d By | | |
| C0000220221790 — 86307 | | | BLC | OD | | Perez, E | speranza 06/28/22 | 2039 |
| CREATININE [1554007 | 158] | | | | Res | ulted: 06/2 | 28/22 2123, Result : | status: Final re |
| Order status: Complete Collected by: Perez, Es Narrative: RMS ACCN: 72453738 Acknowledged by: Wiss | speranza 06/28/: 37 | | 07/01/22 | Resi | on: 09/29/22 [/] Ilting lab: KFH | | LABORATORY | |
| Components | | | | | | | | |
| Component | | | Value | | rence Range | Flag | Lab | |
| CREATININE EGFR, CREATININ (CKD-EPI 2021) Comment: | IE-BASED FOR | MULA | 0.74 98 | | 10 mg/dL) mL/min/BSA | _ | 305 305 | |
| injury. Additional Assessment belo CKD Categorizati microalbumin/cre | w. on by GFR & A(atinine) | CR (urine A | \lbumin/ | Creatinine Rat | o = | | | |
| GFR >3 months ========== | • • • | ACR 30-< | • • • | ACR 300+(A: | , | | | |
| 30-<45 15-<30 | CKD3a A1 or * CKD3b A1 CKD4 A1 CKD5 A1 | CKD1 A2 CKD2 A2 CKD3a CKD3b CKD4 A CKD5 A2 | 2 or * a A2 6 A2 2 | CKD1 A3 CKD2 A3 CKD3 A3 CKD3 A3 CKD4 A3 CKD5 A3 | | | | |
| * or may label 'ab s appropriate. Testing Performed By | | unction' or | | | | | | |
| Lab - Abbreviation | Name | - I A | Direct | | Address | o Avia | Valid Date Ran | - |
| 321 - 305 | KFH WEST LABORATO | | Neena | ı Singh, MD | 6041 Cadilla LOS ANGEL 90034 | | 05/23/17 0009 | - Present |
| CREATININE [1554007 | 158] | | | | Res | ulted: 06/2 | 28/22 2123, Result s | status: Prelimin re |
| Order status: Complete Collected by: Perez, Es Narrative: RMS ACCN: 72453738 | speranza 06/28/: | 22 2039 | | | on: 09/29/22 ´ Ilting lab: KFH | | LABORATORY | |
| Components | | | | | | | | |
| Component CREATININE | | | Value 0.74 | | rence Range 10 mg/dL | Flag — | Lab 305 | |
| | | | | | | | | |
| d on 10/10/22 10:33 Al | \ <i>I</i> | | | | | | | Page |

Labs (continued)

Reviewed by

Wissa, Mark N (R.N.), R.N. on 07/01/22 0925

Testing Performed By Lab - Abbreviation Name Director Address Valid Date Range 321 - 305 KFH WEST LA Neena Singh, MD 6041 Cadillac Ave. 05/23/17 0009 - Present LABORATORY LOS ANGELES CA 90034 **CREATININE [1554007158]** Resulted: 06/28/22 2039, Result status: In process Order status: Completed Filed on: 09/29/22 0336 Collected by: Perez, Esperanza 06/28/22 2039 Narrative: RMS ACCN: 724537387 Reviewed by Wissa, Mark N (R.N.), R.N. on 07/01/22 0925 Indications LUQ ABDOMINAL PAIN [R10.12 (ICD-10-CM)] All Reviewers List Wissa, Mark N (R.N.), R.N. on 7/1/2022 09:25 LIVER FUNCTION PANEL (TBILI, ALT, ALKP) [1554007159] (Final result) Electronically signed by: Lin, Daniel (D.O.), D.O. on 06/28/22 2015 Status: Completed This order may be acted on in another encounter. Authorized by: Lin, Daniel (D.O.), D.O. Ordering user: Lin, Daniel (D.O.), D.O. 06/28/22 2015 Ordering mode: Standard Frequency: STAT 06/28/22 -Class: Normal Quantity: 1 Lab status: Final result Diagnoses LUQ ABDOMINAL PAIN [R10.12] **Provider Details** Provider NPI Lin, Daniel (D.O.), D.O. 1689771842 Questionnaire Question Answer **Result Release to patient?** Immediate **Specimen Information** ID Collected By Type Source C0000220221790 BLOOD Perez, Esperanza 06/28/22 2039 _ 86307 LIVER FUNCTION PANEL (TBILI, ALT, ALKP) [1554007159] Resulted: 06/28/22 2130, Result status: Final result Filed on: 09/29/22 1038 Order status: Completed Collected by: Perez, Esperanza 06/28/22 2039 Resulting lab: KFH WEST LA LABORATORY Narrative:

RMS ACCN: 724537387

Acknowledged by: Wissa, Mark N (R.N.), R.N. on 07/01/22 0925

Labs (continued)

| Component | Value | Reference Range | Flag | Lab |
|------------------------|----------|-----------------|------|------------------|
| NLT | 21 | <=54 U/L | _ | 305 |
| ALKALINE PHOSPHATASE | 46 | <=125 U/L | | 305 |
| BILIRUBIN, TOTAL | 0.7 | <=1.0 mg/dL | _ | 305 |
| ing Performed By | | | | |
| ab - Abbreviation Name | Director | Address | | Valid Date Range |

| 321 - 305 | KFH WEST LA LABORATORY | Neena Singh | | 041 Cadillac Ave. | 05/23/17 0009 - Present |
|--|---------------------------|--------------|-----------|--|--|
| | | | | OS ANGELES CA 0034 | |
| LIVER FUNCTION PANEL | (TBILI, ALT, ALKP) [1 | 554007159] | | Resulted: 06 | 6/28/22 2039, Result status: In proces |
| Order status: Completed Collected by: Perez, Esper Narrative: RMS ACCN: 724537387 | ranza 06/28/22 2039 | | Filed or | n: 09/29/22 0336 | |
| Reviewed by | | | | | |
| Wissa, Mark N (R.N | .), R.N. on 07/01/22 092 | 5 | | | |
| Indications | | | | | |
| LUQ ABDOMINAL PAIN | N [R10.12 (ICD-10-CM)] | | | | |
| All Reviewers List | | | | | |
| Wissa, Mark N (R.N.), F | R.N. on 7/1/2022 09:25 | | | | |
| ASE [1554007160] (Final r | ocult) | | | | |
| ectronically signed by: Lin, I | • | 6/28/22 2015 | | | Status: Complete |
| is order may be acted on in dering user: Lin, Daniel (D.0 dering mode: Standard | another encounter. | | Authorize | ed by: Lin, Daniel (D. | - |
| equency: STAT 06/28/22 - | | | Class: No | | |
| uantity: 1 agnoses | | | Lab statu | is: Final result | |
| IQ ABDOMINAL PAIN [R10 Provider Details | .12] | | | | |
| Provider | | | NPI | | |
| Lin, Daniel (D.O.), D.O. | | | 168977 | 1842 | |
| Questionnaire | | | | | |
| Question | | | Answe | r | |
| Result Release to patient? | | | Immedi | ate | |
| Specimen Information | | | | | |
| ID Type | | Source | | Collect | |
| C0000220221790 — 86307 | | BLOOD | | Perez, I | Esperanza 06/28/22 2039 |
| LIPASE [1554007160] | | | | Resulted: 06 | /28/22 2130, Result status: Final resu |
| Order status: Completed Collected by: Perez, Esper Narrative: | ranza 06/28/22 2039 | | | n: 09/29/22 1038 ng lab: KFH WES⊺ L | A LABORATORY |
| on 10/10/22 10:33 AM | | | | | Page 14 |

Labs (continued)

| RMS ACCN: 724537387 | | |
|-------------------------|--------------------------------------|--|
| Acknowledged by: Wissa. | Mark N (R.N.), R.N. on 07/01/22 0925 | |

Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| LIPASE | 32 | <=58 U/L | — | 305 |

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--|--|------------------------------|---|--|
| 321 - 305 | KFH WEST LA LABORATORY | Neena Singh, N | 1D 6041 Cadillac Ave. LOS ANGELES CA 90034 | 05/23/17 0009 - Present |
| LIPASE [1554007160] | | | Resulted: 06/ | /28/22 2039, Result status: In proce |
| Order status: Completed | | | Filed on: 09/29/22 0336 | |
| Collected by: Perez, Espe | eranza 06/28/22 2039 | | | |
| Narrative: | | | | |
| RMS ACCN: 724537387 | | | | |
| Reviewed by | | | | |
| Wissa, Mark N (R.N | l.), R.N. on 07/01/22 (| 0925 | | |
| • • <i>•</i> | | | | |
| Indications | | <u>\</u> | | |
| | | (1)] | | |
| All Reviewers List | | | | |
| Wissa, Mark N (R.N.), | R.N. on 7/1/2022 09:2 | 25 | | |
| 3C AUTO DIFF [155400716 | 21 (Final result) | | | |
| 3C AUTO DIFF [155400716 | | | ared on 06/28/22 at 2015 | Status: Complete |
| rder placed as a reflex to Cl rdering user: Interface, Scal | BC W AUTOMATED I | | ered on 06/28/22 at 2015 authorized by: Lin, Daniel (D.C | |
| rder placed as a reflex to Cl rdering user: Interface, Scal rdering mode: Standard | BC W AUTOMATED [Lab_Cerner 06/28/2 | 2 2032 A | uthorized by: Lin, Daniel (D.C | |
| rder placed as a reflex to Cl rdering user: Interface, Scal rdering mode: Standard requency: STAT_06/28/22.2 | BC W AUTOMATED [Lab_Cerner 06/28/2 | 2 2032 A | uthorized by: Lin, Daniel (D.C Class: Normal | |
| rder placed as a reflex to Cl rdering user: Interface, Scal rdering mode: Standard equency: STAT 06/28/22 2 uantity: 1 | BC W AUTOMATED [Lab_Cerner 06/28/2 | 2 2032 A | uthorized by: Lin, Daniel (D.C | |
| rder placed as a reflex to Cl rdering user: Interface, Scal rdering mode: Standard requency: STAT_06/28/22.2 | BC W AUTOMATED I Lab_Cerner 06/28/2 | 2 2032 A | uthorized by: Lin, Daniel (D.C Class: Normal | |
| rder placed as a reflex to Cl rdering user: Interface, Scal rdering mode: Standard equency: STAT 06/28/22 2 uantity: 1 agnoses | BC W AUTOMATED I Lab_Cerner 06/28/2 | 2 2032 A | uthorized by: Lin, Daniel (D.C Class: Normal | |
| rder placed as a reflex to Cl rdering user: Interface, Scal rdering mode: Standard equency: STAT 06/28/22 2 uantity: 1 agnoses JQ ABDOMINAL PAIN [R10 Provider Details | BC W AUTOMATED I Lab_Cerner 06/28/2 | 2 2032 A C L | uthorized by: Lin, Daniel (D.C Class: Normal ab status: Final result NPI | Status: Complet e |
| rder placed as a reflex to Cl rdering user: Interface, Scal rdering mode: Standard equency: STAT 06/28/22 2 uantity: 1 agnoses JQ ABDOMINAL PAIN [R10 Provider Details Provider Lin, Daniel (D.O.), D.O. | BC W AUTOMATED I Lab_Cerner 06/28/2 | 2 2032 A C L | uthorized by: Lin, Daniel (D.C Class: Normal ab status: Final result | |
| rder placed as a reflex to Cl rdering user: Interface, Scal rdering mode: Standard requency: STAT 06/28/22 2 uantity: 1 agnoses JQ ABDOMINAL PAIN [R10 Provider Details Provider Lin, Daniel (D.O.), D.O. Specimen Information | 3C W AUTOMATED [_Lab_Cerner 06/28/2 2032 - 0.12] | 2 2032 A C | uthorized by: Lin, Daniel (D.C Class: Normal ab status: Final result NPI 1689771842 | D.), D.O. |
| rder placed as a reflex to Cl rdering user: Interface, Scal rdering mode: Standard equency: STAT 06/28/22 2 uantity: 1 agnoses JQ ABDOMINAL PAIN [R10 Provider Details Provider Lin, Daniel (D.O.), D.O. Specimen Information ID Type | 3C W AUTOMATED [_Lab_Cerner 06/28/2 2032 - 0.12] | 2 2032 A C L Source | uthorized by: Lin, Daniel (D.C Class: Normal ab status: Final result NPI 1689771842 Collecte | D.), D.O. |
| rder placed as a reflex to Cl rdering user: Interface, Scal rdering mode: Standard requency: STAT 06/28/22 2 uantity: 1 agnoses JQ ABDOMINAL PAIN [R10 Provider Details Provider Lin, Daniel (D.O.), D.O. Specimen Information | 3C W AUTOMATED [_Lab_Cerner 06/28/2 2032 - 0.12] | 2 2032 A C | uthorized by: Lin, Daniel (D.C Class: Normal ab status: Final result NPI 1689771842 Collecte | D.), D.O. |
| rder placed as a reflex to Cl rdering user: Interface, Scal rdering mode: Standard requency: STAT 06/28/22 2 uantity: 1 agnoses JQ ABDOMINAL PAIN [R10 Provider Details Provider Lin, Daniel (D.O.), D.O. Specimen Information <u>ID Type</u> C0000220221790 — | 3C W AUTOMATED [_Lab_Cerner 06/28/2 2032 - 0.12] | 2 2032 A C L Source | uthorized by: Lin, Daniel (D.C Class: Normal ab status: Final result NPI 1689771842 Collecte Perez, E | D.), D.O. d By speranza 06/28/22 2039 |
| rder placed as a reflex to Cl rdering user: Interface, Scal rdering mode: Standard equency: STAT 06/28/22 2 uantity: 1 agnoses JQ ABDOMINAL PAIN [R10 Provider Details Provider Lin, Daniel (D.O.), D.O. Specimen Information <u>ID Type</u> C0000220221790 — 86307 | 3C W AUTOMATED [_Lab_Cerner 06/28/2 2032 - 0.12] | 2 2032 A C L Source | uthorized by: Lin, Daniel (D.C Class: Normal ab status: Final result NPI 1689771842 Collecte Perez, E | D.), D.O. d By speranza 06/28/22 2039 |
| rder placed as a reflex to Cl rdering user: Interface, Scal rdering mode: Standard equency: STAT 06/28/22 2 uantity: 1 agnoses JQ ABDOMINAL PAIN [R10 Provider Details Provider Lin, Daniel (D.O.), D.O. Specimen Information ID Type C0000220221790 — 86307 WBC AUTO DIFF [155400 | 3C W AUTOMATED [_Lab_Cerner 06/28/2 2032 - 0.12] | 2 2032 A C L Source | uthorized by: Lin, Daniel (D.C Class: Normal ab status: Final result NPI 1689771842 Collecte Perez, E Resulted: 06/2 | D.), D.O. d By speranza 06/28/22 2039 28/22 2110, Result status: Final res |
| rder placed as a reflex to Cl rdering user: Interface, Scal rdering mode: Standard equency: STAT 06/28/22 2 uantity: 1 agnoses JQ ABDOMINAL PAIN [R10 Provider Details Provider Lin, Daniel (D.O.), D.O. Specimen Information ID Type C0000220221790 — 86307 WBC AUTO DIFF [155400 Order status: Completed | 3C W AUTOMATED [_Lab_Cerner 06/28/2 2032 - 0.12] | 2 2032 A C L Source | Nuthorized by: Lin, Daniel (D.C Class: Normal ab status: Final result NPI 1689771842 Collecte Perez, E Resulted: 06/2 Filed on: 09/29/22 1038 | D.), D.O. d By speranza 06/28/22 2039 28/22 2110, Result status: Final res |

Components

Labs (continued)

| Value | Reference Range | Flag | Lab |
|-------|--|--|--|
| 44.8 | — | _ | 305 |
| 45.1 | _ | _ | 305 |
| 8.3 | _ | _ | 305 |
| 1.2 | _ | _ | 305 |
| 0.4 | _ | _ | 305 |
| 0 | _ | _ | 305 |
| | | | |
| 0 | <=0 % | _ | 305 |
| 2.54 | 1.80 - 7.70 | _ | 305 |
| | x1000/mcL | | |
| 2.55 | 1.00 - 3.60 | — | 305 |
| | x1000/mcL | | |
| 0.47 | 0.10 - 1.00 | — | 305 |
| | x1000/mcL | | |
| 0.07 | 0.00 - 0.70 | — | 305 |
| | x1000/mcL | | |
| 0.02 | 0.00 - 0.20 | — | 305 |
| | | | |
| 0.01 | 0.01 - 0.09 | — | 305 |
| | x1000/mcL | | |
| | 44.8 45.1 8.3 1.2 0.4 0 2.54 2.55 0.47 0.07 0.02 | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ |

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|---------------------------|-----------------|---|-------------------------|
| 321 - 305 | KFH WEST LA LABORATORY | Neena Singh, MD | 6041 Cadillac Ave. LOS ANGELES CA 90034 | 05/23/17 0009 - Present |

WBC AUTO DIFF [1554007162]

Order status: Completed Collected by: Perez, Esperanza 06/28/22 2039 Narrative: RMS ACCN: 724537387

Reviewed by

Wissa, Mark N (R.N.), R.N. on 07/01/22 0925

Indications

LUQ ABDOMINAL PAIN [R10.12 (ICD-10-CM)]

All Reviewers List

Wissa, Mark N (R.N.), R.N. on 7/1/2022 09:25

Imaging

Imaging

US ABD LTD [1554007161] (Final result)

Electronically signed by: Lin, Daniel (D.O.), D.O. on 06/28/22 2015 This order may be acted on in another encounter. Ordering user: Lin, Daniel (D.O.), D.O. 06/28/22 2015 Ordering mode: Standard Frequency: STAT 06/28/22 -Quantity: 1 Diagnoses

Status: Completed

Resulted: 06/28/22 2039, Result status: In process

Authorized by: Lin, Daniel (D.O.), D.O.

Class: Normal Lab status: Final result

Filed on: 09/29/22 0336

Printed on 10/10/22 10:33 AM

aging (continued) I

| Imaging (continued) | | |
|---|-------------------------|---|
| LUQ ABDOMINAL PAIN [R10.12] Provider Details | | |
| Provider | NPI | |
| Lin, Daniel (D.O.), D.O. | 1689771842 | |
| Questionnaire | | |
| Question | Answer | |
| Result Release to patient? | Immediate | |
| Do you authorize order modification to better answer the clinical question and relevant laboratory tests per radiology department directives? | Yes | |
| Order comments: Reason: Acute left upper abdominal pain Pleas US ABD LTD [1554007161] | | ind pancreas 28/22 2105, Result status: Final resu |
| Order status: Completed | Filed on: 09/29/22 1038 | |
| Accession number: 108375624 Narrative: | Resulting lab: SCAL RAD | OLOGY INTERFACE |
| Result Release to patient?->Immediate Do you authorize ord laboratory tests per radiology department directives?->Yes Acknowledged by: Wissa, Mark N (R.N.), R.N. on 07/01/22 10 Transcription | | r the clinical question and relevant |
| Type ID | Date and Time | Dictating Provider |
| Diagnostic imaging 108375624 | 6/29/2022 1:45 PM | Dokko, Joon (M.D.), M.D. |
| hepatobiliary tract and pancre Exam Quality: Difficult Exam. Comparison: Ultrasound, 09/19/2020 | | |
| FINDINGS: | | |
| Exam Information | | |
| This was a difficult exam due to overlyir | ng bowel gas. | |
| Liver | | |
| The cranio-caudal diameter of the liver m | neasures: 13.96 cr | n. |
| The surface of the liver appears smooth. | | |
| The main portal vein appears patent and of flow. | lemonstrates hepat | copetal |
| Gallbladder | | |

06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued) Imaging (continued) The gallbladder has been removed. Biliary Tree The common bile duct measures 0.71 cm. The common bile duct appears normal. The intrahepatic ducts appear normal. Pancreas ____ The visualized portions of the pancreas appear normal. Aorta ____ The visualized portion of the aorta appears normal. Inferior Vena Cava ------The visualized portion of the inferior vena cava appears normal. Right Kidney _____ The right kidney appears normal in size and echogenicity. No evidence of hydronephrosis seen. No masses or calcifications are identified. The right kidney measures 10.7 cm in length. _____ IMPRESSION: * UNREMARKABLE EXAM. * S/P cholecystectomy. Preliminary prepared by Tanya M. Warhop, US Tech on 6/28/2022 9:14:17 PM. Sonographer: Tanya M. Warhop, US Tech Electronically signed and authenticated by: JOON DOKKO, M.D. WLA RAD on 6/29/2022 1:45:13 PM

Testing Performed By

Imaging (continued) =

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|---|-----------------------------------|------------------|--------------------------------------|---|
| 120 - SCA | SCAL RADIOLOGY | Unknown | Unknown | 02/13/04 0000 - Present |
| US ABD LTD [1554007 | 161] | | Resulted | d: 06/28/22 2105, Result status: In process |
| Order status: Complete Accession number: 10 Narrative: Result Release to patie | | u authorize orde | - | 38 RADIOLOGY INTERFACE |
| | cal question and relevar | | | |
| Transcription | | | | |
| Type Discussed in a single | ID 100075604 | | Date and Time | Dictating Provider |
| Diagnostic imaging Signed by Dokko, | 108375624 Joon (M.D.), MEDICAL | | 6/29/2022 1:45 PM 6/29/22 at 1345 | Dokko, Joon (M.D.), M.D. |
| EXAM INFORMATION | | | | |
| History: Reason: | | | minal painPlea | se evaluate |
| - | liary tract a icult Exam. | nd pancre | as | |
| Comparison: | ICUIC EXAM. | | | |
| Ultrasound, 09/1 | 9/2020 | | | |
| | | | | |
| FINDINGS: | | | | |
| Exam Information | | | | |
| This was a difficul | t exam due to | overlyin | g bowel gas. | |
| Liver | | | | |
| The cranio-caudal d | iameter of th | e liver m | easures: 13.96 | cm. |
| The surface of the . | liver appears | smooth. | | |
| The main portal vein flow. | n appears pat | ent and d | lemonstrates he | patopetal |
| Gallbladder | | | | |
| The gallbladder has | been removed | | | |
| Biliary Tree | | | | |
| The common bile duc | t measures 0. | 71 cm. | | |
| The common bile duc | t appears nor | mal. | | |

Imaging (continued)

The intrahepatic ducts appear normal. Pancreas _____ The visualized portions of the pancreas appear normal. Aorta ____ The visualized portion of the aorta appears normal. Inferior Vena Cava _____ The visualized portion of the inferior vena cava appears normal. Right Kidney _____ The right kidney appears normal in size and echogenicity. No evidence of hydronephrosis seen. No masses or calcifications are identified. The right kidney measures 10.7 cm in length. IMPRESSION: * UNREMARKABLE EXAM. * S/P cholecystectomy. Preliminary prepared by Tanya M. Warhop, US Tech on 6/28/2022 9:14:17 PM. Sonographer: Tanya M. Warhop, US Tech Electronically signed and authenticated by: JOON DOKKO, M.D. WLA RAD on 6/29/2022 1:45:13 PM

Reviewed by

Wissa, Mark N (R.N.), R.N. on 07/01/22 1054 Wissa, Mark N (R.N.), R.N. on 07/01/22 1054

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|----------------|----------|---------|-------------------------|
| 120 - SCA | SCAL RADIOLOGY | Unknown | Unknown | 02/13/04 0000 - Present |

US ABD LTD [1554007161]

Resulted: 06/28/22 2051, Result status: In process

Printed on 10/10/22 10:33 AM

Imaging (continued)

Order status: Completed Accession number: 108375624 Narrative:

Filed on: 09/29/22 0336 Resulting lab: SCAL RADIOLOGY INTERFACE

Transcription

| | Туре | ID | Date and Time | Dictating Provider |
|-----------------|----------------------------|--|---|--------------------------|
| | Diagnostic in Signed by | naging 108375624 Dokko, Joon (M.D.), MEDICAL DOCT | 6/29/2022 1:45 PM OR on 06/29/22 at 1345 | Dokko, Joon (M.D.), M.D. |
| | 5, | | | |
| | INFORMATIC | | | |
| Histoi | - | on: Acute left upper tobiliary tract and p | - | e evaluate |
| Exam (| _ | Difficult Exam. | | |
| Compai | | | | |
| Ultı | casound, | 09/19/2020 | | |
| | | | | |
| FINDI | NGS: | | | |
| Exam 1 | Informatic | n | | |
| This v | vas a diff | icult exam due to ove | rlying bowel gas. | |
| Liver | | | | |
| The ci | ranio-caud | lal diameter of the li | ver measures: 13.96 c | cm. |
| | | | | |
| The su | irface of | the liver appears smo | ooth. | |
| The ma flow. | ain portal | vein appears patent | and demonstrates hepa | atopetal |
| Gallb | Ladder | | | |
| The ga | allbladder | has been removed. | | |
| Bilia | ry Tree | | | |
| The co | ommon bile | e duct measures 0.71 c | em. | |
| The co | ommon bile | e duct appears normal. | | |
| The in | ntrahepati | c ducts appear normal | | |
| Pancre | eas | | | |
| The v | isualized | portions of the pancr | eas appear normal. | |

Imaging (continued)

| Aorta |
|---|
| The visualized portion of the aorta appears normal. |
| Inferior Vena Cava |
| The visualized portion of the inferior vena cava appears normal. |
| Right Kidney |
| The right kidney appears normal in size and echogenicity. No evidence of hydronephrosis seen. No masses or calcifications are identified. |
| The right kidney measures 10.7 cm in length. |
| |
| |
| |
| IMPRESSION: * UNREMARKABLE EXAM. |
| <pre>IMPRESSION: * UNREMARKABLE EXAM. * S/P cholecystectomy. Preliminary prepared by Tanya M. Warhop, US Tech on 6/28/2022</pre> |

Reviewed by

Wissa, Mark N (R.N.), R.N. on 07/01/22 1054 Wissa, Mark N (R.N.), R.N. on 07/01/22 1054

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|----------------|----------|---------|-------------------------|
| 120 - SCA | SCAL RADIOLOGY | Unknown | Unknown | 02/13/04 0000 - Present |

Indications

LUQ ABDOMINAL PAIN [R10.12 (ICD-10-CM)]

All Reviewers List

Wissa, Mark N (R.N.), R.N. on 7/1/2022 10:54 Wissa, Mark N (R.N.), R.N. on 7/1/2022 10:54

CT ABD AND PELVIS NO CONTRAST [1554007163] (Final result)

Imaging (continued)

| | aniel (D.O.), D.O. on 06/28/2 | | Status: Completed |
|---|---|---|--|
| This order may be acted on in a | | Authorized by Lin Deniel (D | |
| Ordering user: Lin, Daniel (D.O Ordering mode: Standard | .), D.O. 00/28/22 2137 | Authorized by: Lin, Daniel (D. | .0.), D.O. |
| Frequency: STAT 06/28/22 - | | Class: Normal | |
| Quantity: 1 | | Lab status: Final result | |
| Diagnoses | | | |
| UQ ABDOMINAL PAIN [R10.1 | [2] | | |
| Provider Details | | | |
| Provider | | NPI | |
| Lin, Daniel (D.O.), D.O. | | 1689771842 | |
| Questionnaire | | | |
| Question | | Answer | |
| Is the Patient Pregnant? | | No | |
| | dification to better answer the nt laboratory tests per radiolog | Yes Iy | |
| department directives? | | | |
| | | | |
| Result Release to patient? Scheduling instructions f the patient is not NPO, may h Contact Radiology Department | for required prep instructions. | Immediate can. | |
| Result Release to patient? Scheduling instructions f the patient is not NPO, may h | for required prep instructions. pounds and be cooperative per abdominal pain | can. | 28/22 2209, Result status: Final res |
| Result Release to patient? Scheduling instructions f the patient is not NPO, may h Contact Radiology Department Notify staff if patient is over 300 Patient must be able to lie flat a Drder comments: Acute left upp CT ABD AND PELVIS NO Order status: Completed | for required prep instructions.) pounds. and be cooperative. per abdominal pain CONTRAST [1554007163] | can. Resulted: 06/2 Filed on: 09/29/22 1038 | |
| Result Release to patient? Scheduling instructions f the patient is not NPO, may h Contact Radiology Department Notify staff if patient is over 300 Patient must be able to lie flat a Order comments: Acute left upp CT ABD AND PELVIS NO Order status: Completed Accession number: 108375 | for required prep instructions.) pounds. and be cooperative. per abdominal pain CONTRAST [1554007163] | can. Resulted: 06/2 | |
| Result Release to patient? Scheduling instructions f the patient is not NPO, may h Contact Radiology Department Notify staff if patient is over 300 Patient must be able to lie flat a Order comments: Acute left upp CT ABD AND PELVIS NO Order status: Completed Accession number: 108379 Narrative: URGENTCARE TOLD PA PATIENT DECIDED TO G answer the clinical questio | for required prep instructions.) pounds. and be cooperative. Der abdominal pain CONTRAST [1554007163] 5891 TIENT TO FOLLOW UP IN E. O HOME. 10:10PM Is the Pat | can. Resulted: 06/2 Filed on: 09/29/22 1038 Resulting lab: SCAL RADIO R. AFTER THE EXAM. PATIENT D ient Pregnant?->No Do you authoriz | DLOGY INTERFACE ND NOT WANT TO DO THAT. ze order modification to better |
| Result Release to patient? Scheduling instructions f the patient is not NPO, may h Contact Radiology Department Notify staff if patient is over 300 Patient must be able to lie flat a Order comments: Acute left upp CT ABD AND PELVIS NO Order status: Completed Accession number: 108379 Narrative: URGENTCARE TOLD PA PATIENT DECIDED TO G | for required prep instructions.) pounds. and be cooperative. Der abdominal pain CONTRAST [1554007163] 5891 TIENT TO FOLLOW UP IN E. O HOME. 10:10PM Is the Pat | can. Resulted: 06/2 Filed on: 09/29/22 1038 Resulting lab: SCAL RADIO R. AFTER THE EXAM. PATIENT D ient Pregnant?->No Do you authoriz | DLOGY INTERFACE ND NOT WANT TO DO THAT. ze order modification to better |
| Result Release to patient? Scheduling instructions f the patient is not NPO, may h Contact Radiology Department Notify staff if patient is over 300 Patient must be able to lie flat a Order comments: Acute left upp CT ABD AND PELVIS NO Order status: Completed Accession number: 108379 Narrative: URGENTCARE TOLD PA PATIENT DECIDED TO G answer the clinical questio >Immediate | for required prep instructions. pounds. per abdominal pain CONTRAST [1554007163] 5891 TIENT TO FOLLOW UP IN E. O HOME. 10:10PM Is the Pat n and relevant laboratory tests . on 07/01/22 1137 | can. Resulted: 06/2 Filed on: 09/29/22 1038 Resulting lab: SCAL RADIO R. AFTER THE EXAM. PATIENT D ient Pregnant?->No Do you authoriz | DID NOT WANT TO DO THAT. |
| Result Release to patient? Scheduling instructions f the patient is not NPO, may h Contact Radiology Department Notify staff if patient is over 300 Patient must be able to lie flat a Order comments: Acute left upp CT ABD AND PELVIS NO Order status: Completed Accession number: 108379 Narrative: URGENTCARE TOLD PAT PATIENT DECIDED TO G answer the clinical questio >Immediate Acknowledged by Wissa, Mark N (R.N.), R.N Moshiri, Hossein (R.N.), R | for required prep instructions. pounds. per abdominal pain CONTRAST [1554007163] 5891 TIENT TO FOLLOW UP IN E. O HOME. 10:10PM Is the Pat n and relevant laboratory tests . on 07/01/22 1137 | can. Resulted: 06/2 Filed on: 09/29/22 1038 Resulting lab: SCAL RADIO R. AFTER THE EXAM. PATIENT D ient Pregnant?->No Do you authoriz | DLOGY INTERFACE ND NOT WANT TO DO THAT. ze order modification to better |
| Result Release to patient? Scheduling instructions f the patient is not NPO, may h Contact Radiology Department Notify staff if patient is over 300 Patient must be able to lie flat a Order comments: Acute left upp CT ABD AND PELVIS NO Order status: Completed Accession number: 108379 Narrative: URGENTCARE TOLD PAT PATIENT DECIDED TO G answer the clinical questio >Immediate Acknowledged by Wissa, Mark N (R.N.), R.N Moshiri, Hossein (R.N.), R | for required prep instructions. pounds. per abdominal pain CONTRAST [1554007163] 5891 TIENT TO FOLLOW UP IN E. O HOME. 10:10PM Is the Pat n and relevant laboratory tests . on 07/01/22 1137 .N. on 07/02/22 1026 | Resulted: 06/2 Filed on: 09/29/22 1038 Resulting lab: SCAL RADIO R. AFTER THE EXAM. PATIENT D ient Pregnant?->No Do you authoriz s per radiology department directives | DLOGY INTERFACE DID NOT WANT TO DO THAT. ce order modification to better s?->Yes Result Release to patient? |
| Result Release to patient? Scheduling instructions f the patient is not NPO, may h Contact Radiology Department Notify staff if patient is over 300 Patient must be able to lie flat a Order comments: Acute left upp CT ABD AND PELVIS NO Order status: Completed Accession number: 108379 Narrative: URGENTCARE TOLD PAT PATIENT DECIDED TO G answer the clinical questio >Immediate Acknowledged by Wissa, Mark N (R.N.), R.N Moshiri, Hossein (R.N.), R | for required prep instructions. pounds. per abdominal pain CONTRAST [1554007163] 5891 TIENT TO FOLLOW UP IN E. O HOME. 10:10PM Is the Pat n and relevant laboratory tests . on 07/01/22 1137 | can. Resulted: 06/2 Filed on: 09/29/22 1038 Resulting lab: SCAL RADIO R. AFTER THE EXAM. PATIENT D ient Pregnant?->No Do you authoriz | DLOGY INTERFACE ND NOT WANT TO DO THAT. ze order modification to better |

COMPARISON: 9/10/2020

TECHNIQUE: Study performed per protocol.

CT Dose:

As required by California law, the CTDIvol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific patient.

06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

| Imaging (continued) |
|---|
| Type / CTDIvol / DLP / Phantom Helical / 23.37 / 1208.13 / B Total Exam DLP: 1208.13 CTDIvol = mGy DLP = mGy-cm Phantom: B=Body32, H=Head16 |
| CONTRAST: |
| FINDINGS: Abdomen and pelvic CT |
| ABDOMEN: Lung: Lung bases are unremarkable. |
| Liver: Liver is unremarkable. |
| Gallbladder: Gallbladder is unremarkable. |
| Spleen: Spleen is unremarkable. |
| Pancreas: Pancreas is unremarkable. |
| Adrenal: Adrenal glands are unremarkable. |
| Kidneys: kidneys are unremarkable. No hydronephrosis. No kidney stone is seen. |
| Bowel: There are a few colonic diverticula without inflammatory changes. Appendix appears normal. There is no pneumoperitoneum. |
| Aorta: Unremarkable. |
| Lymph node: No abnormal lymphadenopathy. |
| Pelvis: No obvious pelvic mass is seen. Hysterectomy changes are seen. 3.2 cm right ovarian cyst is seen. |
| IMPRESSION: Colonic diverticulosis without acute diverticulitis. |
| No CT evidence of acute appendicitis. |
| 3.2 cm right ovarian cyst. |
| This report electronically signed by Joon Dokko, MD on 6/29/2022 8:13 |

Imaging (continued)

AM

| Testing Performed By Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|---|---|-----------------------------------|--|--|
| 120 - SCA | SCAL RADIOLOGY | | Unknown | 02/13/04 0000 - Present |
| CT ABD AND PELVIS N | O CONTRAST [155400 | 7163] | Resulted: 0 | 6/28/22 2209, Result status: In proce |
| Order status: Completed Accession number: 1083 Narrative: Is the Patient Pregnant? answer the clinical ques department directives?-> | 375891 ->No Do you authorize (tion and relevant laborat | tory tests per ra | diology | DIOLOGY INTERFACE |
| Transcription | | | | |
| Type Diagnostic imaging Signed by Dokko, J | ID 108375891 oon (M.D.), MEDICAL D | OCTOR on 06 | Date and Time 6/29/2022 8:18 AM /29/22 at 0819 | Dictating Provider Dokko, Joon (M.D.), M.D. |
| LINICAL HISTORY: Ac | ute left uppe: | r abdomir | al pain | |
| OMPARISON: 9/10/20 | 20 | | | |
| ECHNIQUE: Study per | formed per pro | ptocol. | | |
| T Dose: s required by California ssociated with this stimated dose to a echnique used for the atient. ype / CTDIvol / DLP elical / 23.37 / 12 otal Exam DLP: 1208 TDIvol = mGy hantom: B=Body32, He | CT study are standard lucit his study, but / Phantom 08.13 / B .13 DLP = m(| listed k te phanto t is not | pelow. This repr om resulting fro | resents the om the |
| ONTRAST: | | | | |
| INDINGS: Abdomen and | d pelvic CT | | | |
| BDOMEN: ung: Lung bases ar | e unremarkable | e . | | |
| iver: Liver is unr | emarkable. | | | |

06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

Imaging (continued) Gallbladder is unremarkable. Gallbladder: Spleen is unremarkable. Spleen: Pancreas: Pancreas is unremarkable. Adrenal: Adrenal glands are unremarkable. kidneys are unremarkable. No hydronephrosis. No kidney Kidneys: stone is seen. Bowel: There are a few colonic diverticula without inflammatory changes. Appendix appears normal. There is no pneumoperitoneum. Aorta: Unremarkable. Lymph node: No abnormal lymphadenopathy. Pelvis: No obvious pelvic mass is seen. Hysterectomy changes are seen. 3.2 cm right ovarian cyst is seen. IMPRESSION: Colonic diverticulosis without acute diverticulitis. No CT evidence of acute appendicitis. 3.2 cm right ovarian cyst. This report electronically signed by Joon Dokko, MD on 6/29/2022 8:13 AΜ

Reviewed by

Moshiri, Hossein (R.N.), R.N. on 07/02/22 1026 Wissa, Mark N (R.N.), R.N. on 07/01/22 1137 Wissa, Mark N (R.N.), R.N. on 07/01/22 1137 Wissa, Mark N (R.N.), R.N. on 07/01/22 1137

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|-------------------------|--------------------|----------|-------------------------|--|
| 120 - SCA | SCAL RADIOLOGY | Unknown | Unknown | 02/13/04 0000 - Present |
| CT ABD AND PELVIS NO | O CONTRAST [155400 | 7163] | Resulted: | 06/28/22 2201, Result status: In process |
| Order status: Completed | | | Filed on: 09/29/22 0336 | |
| Accession number: 1083 | 375891 | | Resulting lab: SCAL RA | DIOLOGY INTERFACE |
| 40/40/00 40:00 AM | | | | Dava 44 |

Printed on 10/10/22 10:33 AM

Imaging (continued)

Narrative:

| Туре | ID | Date and Time | Dictating Provider |
|--|---|---|-------------------------|
| Diagnostic imaging Signed by Dokko, Joc | 108375891 on (M.D.), MEDICAL DOCTOR c | 6/29/2022 8:18 AM on 06/29/22 at 0819 | Dokko, Joon (M.D.), M.D |
| INICAL HISTORY: Acu | te left upper abdo | ominal pain | |
| OMPARISON: 9/10/202 | 0 | | |
| ECHNIQUE: Study perf | formed per protocol | 1. | |
| T Dose: As required by Califor associated with this estimated dose to a s technique used for the batient. Type / CTDIvol / DLP Helical / 23.37 / 120 Total Exam DLP: 1208. CTDIvol = mGy Phantom: B=Body32, H= | CT study are liste standard lucite pha is study, but is n / Phantom 08.13 / B 13 DLP = mGy-cm | ed below. This repr antom resulting from | esents the m the |
| CONTRAST: | | | |
| 'INDINGS: Abdomen and | l pelvic CT | | |
| ABDOMEN: Lung: Lung bases are | unremarkable. | | |
| Liver: Liver is unre | emarkable. | | |
| Gallbladder: Gallbla | dder is unremarkal | ole. | |
| Spleen: Spleen is un | remarkable. | | |
| Pancreas: Pancreas i | s unremarkable. | | |
| Adrenal: Adrenal gla | inds are unremarkal | ole. | |
| Kidneys: kidneys are stone is seen. | e unremarkable. No | o hydronephrosis. | No kidney |
| | iou colonia divorti | iqula without infla | |

06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

Imaging (continued)

changes. Appendix appears normal. There is no pneumoperitoneum.

Aorta: Unremarkable.

Lymph node: No abnormal lymphadenopathy.

Pelvis:

No obvious pelvic mass is seen. Hysterectomy changes are seen. 3.2 cm right ovarian cyst is seen.

IMPRESSION: Colonic diverticulosis without acute diverticulitis.

No CT evidence of acute appendicitis.

3.2 cm right ovarian cyst.

This report electronically signed by Joon Dokko, MD on 6/29/2022 8:13 AM

Reviewed by

Moshiri, Hossein (R.N.), R.N. on 07/02/22 1026 Wissa, Mark N (R.N.), R.N. on 07/01/22 1137 Wissa, Mark N (R.N.), R.N. on 07/01/22 1137 Wissa, Mark N (R.N.), R.N. on 07/01/22 1137

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|----------------|----------|---------|-------------------------|
| 120 - SCA | SCAL RADIOLOGY | Unknown | Unknown | 02/13/04 0000 - Present |

Indications

LUQ ABDOMINAL PAIN [R10.12 (ICD-10-CM)]

All Reviewers List

Moshiri, Hossein (R.N.), R.N. on 7/2/2022 10:26 Wissa, Mark N (R.N.), R.N. on 7/1/2022 11:37 Wissa, Mark N (R.N.), R.N. on 7/1/2022 11:37 Wissa, Mark N (R.N.), R.N. on 7/1/2022 11:37

Other Orders

Medications

Ibuprofen (MOTRIN) 800 mg Oral Tab [1554000601] (Discontinued)

 Electronically signed by: Lin, Daniel (D.O.), D.O. on 06/28/22 2131
 Statu

 Ordering user: Lin, Daniel (D.O.), D.O. 06/28/22 2131
 Authorized by: Lin, Daniel (D.O.), D.O.

 Ordering mode: Standard
 Statu

Other Orders (continued)

| Frequency: Routine Q8H PRN 06/28/22 - 07/08/22 Discontinued by: Lin, Daniel (D.O.), D.O. 07/08/22 2131 [Disconti | Class: Fill Now | |
|---|--|---------------------------|
| Diagnoses | | |
| LUQ ABDOMINAL PAIN [R10.12] | | |
| Provider Details | | |
| Provider | NPI | |
| Lin, Daniel (D.O.), D.O. | 1689771842 | |
| Questionnaire | | |
| Question | Answer | |
| Is this medication for a workers' compensation condition? | No | |
| Admin instructions: . Take with food Indications | | |
| LUQ ABDOMINAL PAIN [R10.12 (ICD-10-CM)] | | |
| | | |
| | 15540006021 (Discontinued) | |
| HYDROcodone-Acetaminophen (NORCO) 5-325 mg Oral Tab Electronically signed by: Lin, Daniel (D.O.), D.O. on 06/28/22 2 Ordering user: Lin, Daniel (D.O.), D.O. 06/28/22 2143 | | Status: Discontinu |
| HYDROcodone-Acetaminophen (NORCO) 5-325 mg Oral Tab Electronically signed by: Lin, Daniel (D.O.), D.O. on 06/28/22 2 Ordering user: Lin, Daniel (D.O.), D.O. 06/28/22 2143 Ordering mode: Standard | 43 | Status: Discontinu |
| HYDROcodone-Acetaminophen (NORCO) 5-325 mg Oral Tab Electronically signed by: Lin, Daniel (D.O.), D.O. on 06/28/22 2 Ordering user: Lin, Daniel (D.O.), D.O. 06/28/22 2143 Ordering mode: Standard PRN reasons: pain | 43 | Status: Discontinu |
| HYDROcodone-Acetaminophen (NORCO) 5-325 mg Oral Tab Electronically signed by: Lin, Daniel (D.O.), D.O. on 06/28/22 2 Ordering user: Lin, Daniel (D.O.), D.O. 06/28/22 2143 Ordering mode: Standard PRN reasons: pain Frequency: Routine Q6H PRN 06/28/22 - 07/08/22 Discontinued by: Stahl, Jerusha Emily (M.D.), M.D. 07/08/22 220 | 43 Authorized by: Lin, Daniel (D.O.), D.O. Class: Fill Now | Status: Discontinu |
| HYDROcodone-Acetaminophen (NORCO) 5-325 mg Oral Tab Electronically signed by: Lin, Daniel (D.O.), D.O. on 06/28/22 2 Ordering user: Lin, Daniel (D.O.), D.O. 06/28/22 2143 Ordering mode: Standard PRN reasons: pain Frequency: Routine Q6H PRN 06/28/22 - 07/08/22 Discontinued by: Stahl, Jerusha Emily (M.D.), M.D. 07/08/22 220 Diagnoses | 43 Authorized by: Lin, Daniel (D.O.), D.O. Class: Fill Now | Status: Discontinu |
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| HYDROcodone-Acetaminophen (NORCO) 5-325 mg Oral Tab Electronically signed by: Lin, Daniel (D.O.), D.O. on 06/28/22 21 Ordering user: Lin, Daniel (D.O.), D.O. 06/28/22 2143 Ordering mode: Standard PRN reasons: pain Frequency: Routine Q6H PRN 06/28/22 - 07/08/22 Discontinued by: Stahl, Jerusha Emily (M.D.), M.D. 07/08/22 220 Diagnoses LUQ ABDOMINAL PAIN [R10.12] Provider Details In, Daniel (D.O.), D.O. Questionnaire | 43 Authorized by: Lin, Daniel (D.O.), D.O. Class: Fill Now 5 <u>NPI</u> 1689771842 | Status: Discontinu |

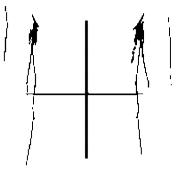
Patient Instructions

Patient Education

Your Kaiser Permanente Care Instructions

Abdominal Pain: Care Instructions Your Care Instructions

Patient Instructions (continued)



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Abdominal pain has many possible causes. Some aren't serious and get better on their own in a few days. Others need more testing and treatment. If your pain continues or gets worse, you need to be rechecked and may need more tests to find out what is wrong. You may need surgery to correct the problem.

Don't ignore new symptoms, such as fever, nausea and vomiting, urination problems, pain that gets worse, and dizziness. These may be signs of a more serious problem.

Your doctor may have recommended a follow-up visit in the next 8 to 12 hours. If you are not getting better, you may need more tests or treatment.

The doctor has checked you carefully, but problems can develop later. If you notice any problems or new symptoms, **get medical treatment right away**.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Rest until you feel better.
- To prevent dehydration, drink plenty of fluids. Choose water and other caffeine-free clear liquids until you feel better. If you have kidney, heart, or liver disease and have to limit fluids, talk with your doctor before you increase the amount of fluids you drink.
- If your stomach is upset, eat mild foods, such as rice, dry toast or crackers, bananas, and applesauce. Try eating several small meals instead of two or three large ones.
- Wait until 48 hours after all symptoms have gone away before you have spicy foods, alcohol, and drinks that contain caffeine.
- Do not eat foods that are high in fat.
- Avoid anti-inflammatory medicines such as aspirin, ibuprofen (Advil, Motrin), and naproxen (Aleve). These can cause stomach upset. Talk to your doctor if you take daily aspirin for another health problem.

When should you call for help?



Call 911 anytime you think you may need emergency care. For example, call if:

Patient Instructions (continued)

- You passed out (lost consciousness).
- You pass maroon or very bloody stools.
- You vomit blood or what looks like coffee

grounds.

• You have new, severe belly pain.

Call your doctor now or seek immediate medical care if:

- Your pain gets worse, especially if it becomes focused in one area of your belly.
- You have a new or higher fever.
- Your stools are black and look like tar, or they have streaks of blood.
- You have unexpected vaginal bleeding.
- You have symptoms of a urinary tract infection. These may include:
 - Pain when you urinate.
 - Urinating more often than usual.
 - Blood in your urine.
- You are dizzy or lightheaded, or you feel like you may faint.

Watch closely for changes in your health, and be sure to contact your doctor if:

You are not getting better after 1 day (24

hours).

Where can you learn more?

Go to https://kp.org/health

Enter E907 in the search box to learn more about "Abdominal Pain: Care Instructions."

Current as of: February 26, 2020 Content Version: 12.8

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AFTER VISIT SUMMARY

Pepper Smith MRN: 000004779300

Instructions from DANIEL LIN DO, D.O.

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|---|--|
| | |

Read the attached information Additional instructions from DANIEL LIN DO, D.O.

What's Next You currently have no upcoming appointments scheduled.

Medications

NEW Medications Ibuprofen (MOTRIN) 800 mg Oral Tab HYDROcodone-Acetaminophen (NORCO) 5-325 mg Oral Tab

Visit Medication List

Patient reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

lbuprofen (MOTRIN) 800 mg Oral Tab (Taking) HYDROcodone-Acetaminophen (NORCO) 5-325 mg Oral Tab (Taking) Dosage Take 1 tablet by mouth every 8 hours as needed for pain . Take with food Take 1 tablet by mouth every 6 hours as needed for pain . Do not exceed 4 tablets in 24 hours

This is confidential information. Do not throw away in a Kaiser Permanente trash can.

New Orders Normal Orders This Visit CBC W AUTOMATED DIFFERENTIAL [85025 CPT(R)] CREATININE [82565 CPT(R)] CT ABD AND PELVIS NO CONTRAST [74176 CPT(R)] ELECTROLYTE PANEL (NA, K, CL, CO2, ANION GAP) [80051 CPT(R)] LIPASE [83690 CPT(R)] LIVER FUNCTION PANEL (TBILI, ALT, ALKP) [213120 Custom] US ABD LTD [76705 CPT(R)] WBC AUTO DIFF [85004 CPT(R)]

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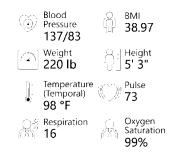
Common Medication Direction Abbreviations

Page 1 of 6 Epic

6/28/2022 9:00 PM ♀ URGENT CARE CLINIC

KAISER

Today's Visit You saw DANIEL LIN DO, D.O. on Tuesday June 28, 2022. The following issues were addressed: • ABDOMINAL PAIN, LEFT UPPER



06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/ day, PRN = as needed QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

 Allergies as of 6/28/2022
 Reviewed by Lin, Daniel (D.O.), D.O. on 6/28/2022

 Severity
 Noted
 Reaction Type
 Reactions

 No Known Drug Allergies
 Not Specified
 06/01/2005
 Reaction Type
 Reactions

Pepper Smith (MRN: 000004779300) • Printed at 6/28/2022 10:24 PM Page 2 of 6 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

Sttached Information

Additional instructions from DANIEL LIN DO, D.O.

Your Kaiser Permanente Care Instructions

Abdominal Pain: Care Instructions

Your Care Instructions



 $\widehat{\mathbf{s}}$ Healthwise. Incorporated

Abdominal pain has many possible causes. Some aren't serious and get better on their own in a few days. Others need more testing and treatment. If your pain continues or gets worse, you need to be rechecked and may need more tests to find out what is wrong. You may need surgery to correct the problem.

Don't ignore new symptoms, such as fever, nausea and vomiting, urination problems, pain that gets worse, and dizziness. These may be signs of a more serious problem.

Your doctor may have recommended a follow-up visit in the next 8 to 12 hours. If you are not getting better, you may need more tests or treatment.

The doctor has checked you carefully, but problems can develop later. If you notice any problems or new symptoms, **get** medical treatment right away.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Rest until you feel better.
- To prevent dehydration, drink plenty of fluids. Choose water and other caffeine-free clear liquids until you feel better. If you have kidney, heart, or liver disease and have to limit fluids, talk with your doctor before you increase the amount of fluids you drink.
- If your stomach is upset, eat mild foods, such as rice, dry toast or crackers, bananas, and applesauce. Try eating several small meals instead of two or three large ones.
- Wait until 48 hours after all symptoms have gone away before you have spicy foods, alcohol, and drinks that contain caffeine.
- Do not eat foods that are high in fat.

Pepper Smith (MRN: 000004779300) • Printed at 6/28/2022 10:24 PM Page 3 of 6 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

• Avoid anti-inflammatory medicines such as aspirin, ibuprofen (Advil, Motrin), and naproxen (Aleve). These can cause stomach upset. Talk to your doctor if you take daily aspirin for another health problem.

When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You pass maroon or very bloody stools.
- You vomit blood or what looks like coffee grounds.
- You have new, severe belly pain.

Call your doctor now or seek immediate medical care if:

- · Your pain gets worse, especially if it becomes focused in one area of your belly.
- You have a new or higher fever.
- Your stools are black and look like tar, or they have streaks of blood.
- · You have unexpected vaginal bleeding.
- You have symptoms of a urinary tract infection. These may include:
- Pain when you urinate.
- Urinating more often than usual.
- Blood in your urine.
- You are dizzy or lightheaded, or you feel like you may faint.
- Watch closely for changes in your health, and be sure to contact your doctor if:
- You are not getting better after 1 day (24 hours).

Where can you learn more?

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Enter E907 in the search box to learn more about "Abdominal Pain: Care Instructions."

Current as of: February 26, 2020 Content Version: 12.8

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Care instructions adapted under license by your healthcare professional. If you have questions about a medical condition or this instruction, always ask your healthcare professional. Healthwise, Incorporated disclaims any warranty or liability for your use of this information.

General Information

SKIP THE TRIP. Have our pharmacy come to you!

New and refill prescriptions mailed to your home.

WHEN USING THE MAIL ORDER OPTION FOR OBTAINING PRESCRIPTIONS:

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06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

- You must be able to wait 7 days before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a *credit card* on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

4 WAYS TO RECEIVE PRESCRIPTIONS BY MAIL:

- If *checking-in at the Pharmacy*, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- Go to kp.org/Rxrefill. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the *Kaiser Permanente app* for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- Call (866) 206-2983 and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

You must be registered on KP.ORG to order prescriptions online or through the KP app. Not registered yet? Go to KP.ORG/REGISTERNOW to get started.

| For questions, call member services at | Hours |
|--|----------|
| <u>800-464-4000</u> or TTY <u>711</u> | Open 7 |
| <u>800-788-0616</u> (Spanish) | 24 hours |
| 800-757-7585 (Chinese dialects) | Closed h |
| | |

Medicare members 800-443-0815 or TTY 711 Open 7 days a week 24 hours a day Closed holidays

Hours Open 7 days a week from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

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06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <u>http://www.everybodywalk.org</u>. THRIVE!

Thrive Local

Find help in your community

We're here to support you however we can. If you need help with essentials like housing, childcare, or food, Thrive Local Connections can help connect you to resources in your community. Call 1-800-443-6328 (TTY 711), Monday through Friday between 8 a.m. and 5 p.m.

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Pepper Smith (MRN: 000004779300) • Printed at 6/28/2022 10:24 PM Page 6 of 6 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

AFTER VISIT SUMMARY

Pepper Smith MRN: 000004779300

Instructions from DANIEL LIN DO, D.O.

| Ċ | |
|---|--|
| | |

Read the attached information Additional instructions from DANIEL LIN DO, D.O.

What's Next You currently have no upcoming appointments scheduled.

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NEW Medications Ibuprofen (MOTRIN) 800 mg Oral Tab HYDROcodone-Acetaminophen (NORCO) 5-325 mg Oral Tab

Visit Medication List

Patient reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

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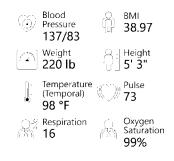
Common Medication Direction Abbreviations

Page 1 of 6 Epic This is confidential information. Do not throw away in a Kaiser Permanente trash can.



☐ 6/28/2022 9:00 PM **Q** URGENT CARE CLINIC

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06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

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 Allergies as of 6/28/2022
 Reviewed by Lin, Daniel (D.O.), D.O. on 6/28/2022

 Severity
 Noted
 Reaction Type
 Reactions

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 Not Specified
 06/01/2005
 Reaction Type
 Reactions

Pepper Smith (MRN: 000004779300) • Printed at 6/28/2022 10:23 PM Page 2 of 6 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

S Attached Information

Additional instructions from DANIEL LIN DO, D.O.

Your Kaiser Permanente Care Instructions

Abdominal Pain: Care Instructions

Your Care Instructions



 $\widehat{\mathbf{s}}$ Healthwise. Incorporated

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- Wait until 48 hours after all symptoms have gone away before you have spicy foods, alcohol, and drinks that contain caffeine.
- Do not eat foods that are high in fat.

Pepper Smith (MRN: 000004779300) • Printed at 6/28/2022 10:23 PM Page 3 of 6 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

• Avoid anti-inflammatory medicines such as aspirin, ibuprofen (Advil, Motrin), and naproxen (Aleve). These can cause stomach upset. Talk to your doctor if you take daily aspirin for another health problem.

When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You pass maroon or very bloody stools.
- You vomit blood or what looks like coffee grounds.
- You have new, severe belly pain.

Call your doctor now or seek immediate medical care if:

- · Your pain gets worse, especially if it becomes focused in one area of your belly.
- You have a new or higher fever.
- Your stools are black and look like tar, or they have streaks of blood.
- You have unexpected vaginal bleeding.
- You have symptoms of a urinary tract infection. These may include:
- Pain when you urinate.
- Urinating more often than usual.
- Blood in your urine.
- You are dizzy or lightheaded, or you feel like you may faint.
- Watch closely for changes in your health, and be sure to contact your doctor if:
- You are not getting better after 1 day (24 hours).

Where can you learn more?

Go to https://kp.org/health

Enter E907 in the search box to learn more about "Abdominal Pain: Care Instructions."

Current as of: February 26, 2020 Content Version: 12.8

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Care instructions adapted under license by your healthcare professional. If you have questions about a medical condition or this instruction, always ask your healthcare professional. Healthwise, Incorporated disclaims any warranty or liability for your use of this information.

General Information

SKIP THE TRIP. Have our pharmacy come to you!

New and refill prescriptions mailed to your home.

WHEN USING THE MAIL ORDER OPTION FOR OBTAINING PRESCRIPTIONS:

 Pepper Smith (MRN: 000004779300) • Printed at 6/28/2022 10:23 PM
 Page 4 of 6
 Epic

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 Epic

06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

- You must be able to wait 7 days before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a *credit card* on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

4 WAYS TO RECEIVE PRESCRIPTIONS BY MAIL:

- If *checking-in at the Pharmacy*, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- Go to kp.org/Rxrefill. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the *Kaiser Permanente app* for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- Call (866) 206-2983 and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

You must be registered on KP.ORG to order prescriptions online or through the KP app. Not registered yet? Go to KP.ORG/REGISTERNOW to get started.

| For questions, call member services at | Hours |
|--|----------|
| <u>800-464-4000</u> or TTY <u>711</u> | Open 7 |
| <u>800-788-0616</u> (Spanish) | 24 hours |
| 800-757-7585 (Chinese dialects) | Closed h |
| | |

Medicare members 800-443-0815 or TTY 711 Open 7 days a week 24 hours a day Closed holidays

Hours Open 7 days a week from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Pepper Smith (MRN: 000004779300) • Printed at 6/28/2022 10:23 PM Page 5 of 6 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <u>http://www.everybodywalk.org</u>. THRIVE!

Thrive Local

Find help in your community

We're here to support you however we can. If you need help with essentials like housing, childcare, or food, Thrive Local Connections can help connect you to resources in your community. Call 1-800-443-6328 (TTY 711), Monday through Friday between 8 a.m. and 5 p.m.

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Pepper Smith (MRN: 000004779300) • Printed at 6/28/2022 10:23 PM Page 6 of 6 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

AFTER VISIT SUMMARY

Pepper Smith MRN: 000004779300

Instructions from DANIEL LIN DO, D.O.

| Ċ | |
|---|--|
| | |

Read the attached information Additional instructions from DANIEL LIN DO, D.O.

What's Next You currently have no upcoming appointments scheduled.

Medications

NEW Medications Ibuprofen (MOTRIN) 800 mg Oral Tab HYDROcodone-Acetaminophen (NORCO) 5-325 mg Oral Tab

Visit Medication List

Patient reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

lbuprofen (MOTRIN) 800 mg Oral Tab (Taking) HYDROcodone-Acetaminophen (NORCO) 5-325 mg Oral Tab (Taking) Dosage Take 1 tablet by mouth every 8 hours as needed for pain . Take with food Take 1 tablet by mouth every 6 hours as needed for pain . Do not exceed 4 tablets in 24 hours

New Orders Normal Orders This Visit CBC W AUTOMATED DIFFERENTIAL [85025 CPT(R)] CREATININE [82565 CPT(R)] CT ABD AND PELVIS NO CONTRAST [74176 CPT(R)] ELECTROLYTE PANEL (NA, K, CL, CO2, ANION GAP) [80051 CPT(R)] LIPASE [83690 CPT(R)] LIVER FUNCTION PANEL (TBILI, ALT, ALKP) [213120 Custom] US ABD LTD [76705 CPT(R)] WBC AUTO DIFF [85004 CPT(R)]

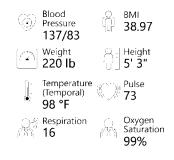
kp.org View your After Visit Summary and more online at https:// healthy.kaiserpermanente.org/hconline/ ie/.

Common Medication Direction Abbreviations

Pepper Smith (MRN: 000004779300) • Printed at 6/28/2022 9:53 PM Page 1 of 6 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

☐ 6/28/2022 9:00 PM ♀ URGENT CARE CLINIC

Today's Visit You saw DANIEL LIN DO, D.O. on Tuesday June 28, 2022. The following issues were addressed: • ABDOMINAL PAIN, LEFT UPPER



06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/ day, PRN = as needed QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

 Allergies as of 6/28/2022
 Reviewed by Lin, Daniel (D.O.), D.O. on 6/28/2022

 Severity
 Noted
 Reaction Type
 Reactions

 No Known Drug Allergies
 Not Specified
 06/01/2005
 Reaction Type
 Reactions

Pepper Smith (MRN: 000004779300) • Printed at 6/28/2022 9:53 PM Page 2 of 6 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

S Attached Information

Additional instructions from DANIEL LIN DO, D.O.

Your Kaiser Permanente Care Instructions

Abdominal Pain: Care Instructions

Your Care Instructions



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Abdominal pain has many possible causes. Some aren't serious and get better on their own in a few days. Others need more testing and treatment. If your pain continues or gets worse, you need to be rechecked and may need more tests to find out what is wrong. You may need surgery to correct the problem.

Don't ignore new symptoms, such as fever, nausea and vomiting, urination problems, pain that gets worse, and dizziness. These may be signs of a more serious problem.

Your doctor may have recommended a follow-up visit in the next 8 to 12 hours. If you are not getting better, you may need more tests or treatment.

The doctor has checked you carefully, but problems can develop later. If you notice any problems or new symptoms, get medical treatment right away.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Rest until you feel better.
- To prevent dehydration, drink plenty of fluids. Choose water and other caffeine-free clear liquids until you feel better. If you have kidney, heart, or liver disease and have to limit fluids, talk with your doctor before you increase the amount of fluids you drink.
- If your stomach is upset, eat mild foods, such as rice, dry toast or crackers, bananas, and applesauce. Try eating several small meals instead of two or three large ones.
- Wait until 48 hours after all symptoms have gone away before you have spicy foods, alcohol, and drinks that contain caffeine.
- Do not eat foods that are high in fat.

Pepper Smith (MRN: 000004779300) • Printed at 6/28/2022 9:53 PM Page 3 of 6 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

• Avoid anti-inflammatory medicines such as aspirin, ibuprofen (Advil, Motrin), and naproxen (Aleve). These can cause stomach upset. Talk to your doctor if you take daily aspirin for another health problem.

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General Information

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06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

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Hours Open 7 days a week from 8 a.m. to 8 p.m.

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Pepper Smith (MRN: 000004779300) • Printed at 6/28/2022 9:53 PM Page 5 of 6 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

06/28/2022 - Office Visit in URGENT CARE - WEST LA (continued)

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Find help in your community

We're here to support you however we can. If you need help with essentials like housing, childcare, or food, Thrive Local Connections can help connect you to resources in your community. Call 1-800-443-6328 (TTY 711), Monday through Friday between 8 a.m. and 5 p.m.

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Pepper Smith (MRN: 000004779300) • Printed at 6/28/2022 9:53 PM Page 6 of 6 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

END OF ENCOUNTER

06/29/2022 - Patient Message in INTERNAL MEDICINE AQUA2

Visit Information

Provider Information

Printed on 10/10/22 10:33 AM

06/29/2022 - Patient Message in INTERNAL MEDICINE AQUA2 (continued)

Visit Information (continued)

Encounter Provider Stahl, Jerusha Emily (M.D.), M.D.

Department

| Name | Address | Phone |
|-------------------------|--|--------------|
| INTERNAL MEDICINE AQUA2 | 6041 CADILLAC AVE Los Angeles CA 90034-1702 | 833-574-2273 |

Reason for Visit

Chief Complaint

PATIENT REPORTED INFORMATION

Clinical Notes

| elephone Encounter Glinoga, Helen M (R.N.), R.N. at 7/7/2022 1321 | | | | |
|--|--|---------------------------------|--|--|
| | | | | |
| Filed: 7/7/2022 1:21 PM | Encounter Date: 6/29/2022 | Creation Time: 7/7/2022 1:21 PM | | |
| Status: Signed | Editor: Glinoga, Helen M (R.N.), R.N. (REGISTERED NURSE) | | | |
| From: Pepper Smith | | · · | | |
| To: JERUSHA EMILY STAHL MD, M.D. | | | | |
| Sent: 6/29/2022 8:07 AM PDT | | | | |
| Subject: Test result/guestion | | | | |

Hi Dr. Stahl

Last night I went to Kaiser cause I'm cramping bad in my upper left abdomen area. You'll see all the test they said were normal. They did and ultrasound however I asked the technician why was she on my right side cause it's the left. She replied she's only doing what they ordered. I'm looking at the liver. She spent about 10 minutes on the right and only went to the left for a minute and only cause I said something.

When I got back to UC he told me everything was normal and I explained what she did in ultrasound and he just shrugged it off and as usual offers me Ibuprofen. Really that's it's. We don't even know what's going on and I'm still in pain and discomfort.

After fussing about it he offers me a cat scan then tells me to check in to ER. I took the scan but I was not checking in to ER for them to charge me to read some results to me.

I explained to him my family stomach history Is a concern for me. My moms gallbladder and pancreas cancer. My daughters Crohns.

Electronically signed by Glinoga, Helen M (R.N.), R.N. at 7/7/2022 1:21 PM

Glinoga, Helen M (R.N.), R.N. at 7/7/2022 1323

| Author: Glinoga, Helen M (R.N.), R.N. | Service: — | Author Type: REGISTERED NURSE |
|---------------------------------------|--|---------------------------------|
| Filed: 7/7/2022 1:31 PM | Encounter Date: 6/29/2022 | Creation Time: 7/7/2022 1:23 PM |
| Status: Signed | Editor: Glinoga, Helen M (R.N.), R.N. (REGISTERED NURSE) | |

Pt seen at ED 6/30/22 and discussed CT abd. Results.

Helen Glinoga Rn

Central Message Management Kaiser Permanente - West Los Angeles

06/29/2022 - Patient Message in INTERNAL MEDICINE AQUA2 (continued)

Clinical Notes (continued)

Electronically signed by Glinoga, Helen M (R.N.), R.N. at 7/7/2022 1:31 PM

Messages

| Fest result/question | | | | |
|---|--------------------|--|--|--|
| From Helen M (R.N.) Glinoga, R.N. Last Read in kp.org 7/8/2022 5:00 PM by Pepper Smith | To Pepper Smith | Sent and Delivered 7/7/2022 1:31 PM | | |

Dear Pepper Smith,

Thank you for your e-mail. My name is Helen and I work with your Personal Doctor, Dr. Stahl, Jerusha Emily (M.D.).

We apologize for any inconvenience or delay in response, as we are experiencing a tremendous volume of messages.

We noticed you were seen at Emergency dept. On 6/30/22. Please follow the Dr's Advised. If you still want to discuss further please make a follow up appointment at 833-574-2273. Thank you.

Sincerely,

HELEN M GLINOGA RN on behalf of your Personal Doctor

| Test result/question | | | |
|----------------------|----------------------------------|-------------------|--|
| From | To | Sent | |
| Pepper Smith | Jerusha Emily (M.D.) Stahl, M.D. | 6/29/2022 8:07 AM | |

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KAISER PERMANENTE

06/29/2022 - Patient Message in INTERNAL MEDICINE AQUA2 (continued)

Messages (continued)

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I explained to him my family stomach history Is a concern for me. My moms gallbladder and pancreas cancer. My daughters Crohns.

END OF ENCOUNTER

06/29/2022 - Patient Message in INTERNAL MEDICINE AQUA2 Visit Information **Provider Information Encounter Provider** Stahl, Jerusha Emily (M.D.), M.D. Department Address Name Phone INTERNAL MEDICINE AQUA2 6041 CADILLAC AVE 833-574-2273 Los Angeles CA 90034-1702 **Reason for Visit Chief Complaint** PATIENT REPORTED INFORMATION

Clinical Notes

Telephone Encounter

| Huebner, Maryann Macapagal (R.N.), R.N. at 7/7/2022 1342 | | | |
|--|---|---------------------------------|--|
| Author: Huebner, Maryann Macapagal (R.N.), R.N. | Service: — | Author Type: REGISTERED NURSE | |
| Filed: 7/7/2022 1:42 PM | Encounter Date: 6/29/2022 | Creation Time: 7/7/2022 1:42 PM | |
| Status: Signed | Editor: Huebner, Maryann Macapagal (R.) | N.), R.N. (REGISTERED NURSE) | |
| From: Pepper Smith | | | |
| To: JERUSHA EMILY STAHL MD, M.D. | | | |
| Sent: 6/29/2022 8:16 AM PDT | | | |
| Subject: Test result/question | | | |

I'm still in pain this morning. Sitting is when I have my most discomfort. Please let me know what those results are and what steps I should take from here please.

Pepper Smith (323)445-2714 Pepper360@gmail.com

06/29/2022 - Patient Message in INTERNAL MEDICINE AQUA2 (continued)

Clinical Notes (continued)

Electronically signed by Huebner, Maryann Macapagal (R.N.), R.N. at 7/7/2022 1:42 PM

Huebner, Maryann Macapagal (R.N.), R.N. at 7/7/2022 1342

| Author: Huebner, Maryann Macapagal (R.N.), R.N. | Service: — | Author Type: REGISTERED NURSE |
|--|---------------------------------|-------------------------------------|
| Filed: 7/7/2022 1:42 PM | Encounter Date: 6/29/2022 | Creation Time: 7/7/2022 1:42 PM |
| Status: Signed | Editor: Huebner, Maryann Macapa | gal (R.N.), R.N. (REGISTERED NURSE) |

Patient seen in ER

MARYANN MACAPAGAL HUEBNER RN

Electronically signed by Huebner, Maryann Macapagal (R.N.), R.N. at 7/7/2022 1:42 PM

Messages

| Test result/question | | | _ |
|----------------------|----------------------------------|-------------------|---|
| From | То | Sent | - |
| Pepper Smith | Jerusha Emily (M.D.) Stahl, M.D. | 6/29/2022 8:16 AM | |

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Pepper Smith (323)445-2714 Pepper360@gmail.com

END OF ENCOUNTER

07/08/2022 - Orders Only in URGENT CARE - WEST LA

Visit Information

Provider Information

Encounter Provider

Lin, Daniel (D.O.), D.O.

Department

| Name | Address | Phone | |
|-----------------------|---------------------------|--------------|--|
| URGENT CARE - WEST LA | 6041 CADILLAC AVE | 833-574-2273 | |
| | Los Angeles CA 90034-1702 | | |

07/08/2022 - Orders Only in URGENT CARE - WEST LA (continued)

END OF ENCOUNTER

07/08/2022 - Patient Message in INTERNAL MEDICINE AQUA2

Visit Information

Provider Information

Encounter Provider

Stahl, Jerusha Emily (M.D.), M.D.

Department

| Name | Address | Phone |
|-------------------------|--|--------------|
| INTERNAL MEDICINE AQUA2 | 6041 CADILLAC AVE Los Angeles CA 90034-1702 | 833-574-2273 |

Messages

| follow up | | | |
|--------------|----------------------------------|-------------------|--|
| From | То | Sent | |
| Pepper Smith | Jerusha Emily (M.D.) Stahl, M.D. | 7/29/2022 7:41 AM | |

Hi Dr.

I'm sorry I started a response and never completed it. It's been touch and go but yesterday it started up again. Yesterday was different, I had to take the pain meds 3 times. At this point I don't know what else to do.

My colonoscopy prep and post went well for me. However I haven't heard anything regarding the results.

Please advise Thank you, Pepper Smith

follow up

| From | То | Sent and Delivered | |
|-----------------------------------|--------------|--------------------|--|
| Jerusha Emily (M.D.) Stahl, M.D. | Pepper Smith | 7/8/2022 10:04 PM | |
| Last Read in kp.org | | | |
| 7/29/2022 9:59 AM by Pepper Smith | | | |

Hi Pepper, I got the refill request for the pain medication and am seeing your visits to urgent care and the ER. How is your pain at this point? Are you taking the pepcid, and does it help at all? Any help with changes in diet? I am refilling the norco, but hopefully your appointment with GI this week will help figure out what is

I am refilling the norco, but hopefully your appointment with GI this week will help figure out what is going on.

Take care, Jerusha Stahl, MD

07/08/2022 - Patient Message in INTERNAL MEDICINE AQUA2 (continued)

Messages (continued)

END OF ENCOUNTER

07/12/2022 - Office Visit in GASTROENTEROLOGY 2FGAS Visit Information **Provider Information Encounter Provider Authorizing Provider Referring Provider** Ekanej, Amir Taymoor (M.D.), M.D. Ekanej, Amir Taymoor (M.D.), M.D. Jain, Sushil Kumar (M.D.), M.D. Department Phone Name Address GASTROENTEROLOGY 2FGAS 6041 CADILLAC AVE 833-574-2273 Los Angeles CA 90034-1702 Level of Service Level of Service **OUTPT EST LEVEL 4 Reason for Visit Chief Complaint** CONSULTATION • **Visit Diagnoses** Name Code Chronic? GERD (GASTROESOPHAGEAL REFLUX DISEASE) No K21.9 IRRITABLE BOWEL SYNDROME K58.9 Yes SCREENING FOR COLON CANCER Z12.11 No PREOP SCREENING FOR COVID-19 DISEASE Z01.812, Z20.822 No Vitals Vital Signs Most recent update: 7/12/2022 7:29 AM Wt BMI 216 lb 0.8 oz (98 kg) 38.27 kg/m² **Clinical Notes Nursing Note** Avanes, Talin (R.N.), R.N. at 7/12/2022 0730 Author: Avanes, Talin (R.N.), R.N. Service: -Author Type: REGISTERED NURSE Filed: 7/12/2022 7:31 AM Encounter Date: 7/12/2022 Creation Time: 7/12/2022 7:30 AM Editor: Avanes, Talin (R.N.), R.N. (REGISTERED NURSE) Status: Signed Immunization Care Gaps Patient reminded to go to nurse clinic and complete the vaccines. Covid-19 Immunization Booster Dose Due Shingrix First Dose Immunization Due

Clinical Notes (continued)

Electronically signed by Avanes, Talin (R.N.), R.N. at 7/12/2022 7:31 AM

Everage, Connie A. (L.V.N.), L.V.N. at 7/12/2022 0819

| | inne A. (L.V.N.), L.V.N. at 7 | 12/2022 0019 | | |
|---|--|---|---------------------------|---|
| | verage, Connie A. (L.V.N.), | Service: — | | Author Type: LICENSED VOCATIONAL |
| L.V.N. Filed: 7/1 Status: S | 2/2022 8:20 AM igned | Encounter Date: 7/1 Editor: Everage, Co | | NURSE Creation Time: 7/12/2022 8:19 AM V.N. (LICENSED VOCATIONAL NURSE) |
| Patient schedul Future Appointr | | | | |
| Date 7/25/2022 | Time 7:45 AM | Provider Ekanej, Amir Taymoor (M.D.), M.D. | Department WLGI | Center WLAU |
| | | | swering all que | stions to her satisfaction. |
| Electronic | ally signed by Everage, Conr | nie A. (L.V.N.), L.V.N. at 7/ | 12/2022 8:20 AM | |
| Progress Notes | | 14212022 0740 | | |
| | r Taymoor (M.D.), M.D. at 7 kanej, Amir Taymoor (M.D.), | | | Author Type: Physician |
| M.D. | 2/2022 8:34 AM | Encounter Date: 7/1 Editor: Ekanej, Amir | | Creation Time: 7/12/2022 7:49 AM |
| Pepper Smith | 00 | 0004779300 | 7/1 | 2/2022 |
| Chief Complaint Patient presents with CONSULTA Referring Provid Pepper Smith is Location: left up Duration: one m Pattern: episod Bowel habits: in No hematochez | TION der: Stahl, Jerusha Er a 51 year old female v oper quadrant nonth ic regular. Stools both s | who is referred to th | e GI clinic for a | evaluation of the above. |
| Past Medical Histor Diagnosis | y: BESITY, BMI 40-44.9, DEFICIENCY | ADULT | | ^{Date} 4/11/2006 3/30/2011 8/25/2016 |

Printed on 10/10/22 10:33 AM

Clinical Notes (continued)

| Clinical Notes (continued) | | | | |
|--|--|------------------|------------------------|-----------------|
| IRON DEFICIENCY ANEMIA | 4 | | | 10/13/2016 |
| Past Surgical History: Procedure | | | Laterality | Date |
| LAPAROSCOPIC HYSTERE | ECTOMY | | N/A | 8/17/2017 |
| Procedure: ABDOMINAL HYSTEF | RECTOMY LAPAROSCO | PIC; Laterali | ty: N/A; Surgeon: La | insdowne, Elisa |
| Danielle (M.D.), M.D. | | | 1 - 4 | 0/47/0047 |
| LAPAROSCOPIC SALPING <i>Procedure: SALPINGECTOMY LA</i> | | tur Loft: Sura | Left | 8/17/2017 |
| (M.D.), M.D. | TPAROSCOPIC, Laterail | ly. Len, Surg | eon. Lansuowne, Eli- | sa Danielle |
| CYSTOSCOPY PROCEDUF | RES | | N/A | 8/17/2017 |
| Procedure: CYSTOSCOPY; Later | | sdowne, Elisa | a Danielle (M.D.), M.I | |
| LAPAROSCOPIC LYSIS OF | ^I INTRA-ABDOMINAL | L | N/A | 8/17/2017 |
| ADHESION | | | | |
| Procedure: INTRA ABDOMINAL L | | APAROSCOF | PIC; Laterality: N/A; | Surgeon: |
| Lansdowne, Elisa Danielle (M.D.), CHOLECYSTECTOMY LAP | | | N/A | 11/2/2020 |
| Procedure: CHOLECYSTECTOMY LAP | | orality: NI/A· < | | 11/3/2020 |
| (M.D.), M.D. | T LAI ANOSOOI IO, Laid | stanty. IWA, C | Surgeon. Thenni, Onal | |
| • FALLOPIAN TUBE(S), LIGA | TION OR TRANSEC | TION, | | |
| ABDOMINAL OR VAGINAL | APPROACH, UNILA | TOR | | |
| BILAT | | | | |
| SALPINGECTOMY COMPLI | ETE | | Right | |
| two ectopic pregnancies after BTL | | | | |
| | | | 0 14 | |
| Outpatient Medications Marked as Taki Ekanej, Amir Taymoor (M.D.), M.D. | ng for the //12/22 encount | er (Office visi | t) with | |
| Medication | Sig | Dispense | Refill | |
| HYDROcodone-Acetaminophen | Take 1 tablet by mouth | 12 tablet | 0 | |
| (NORCO) 5-325 mg Oral Tab | every 6 hours as needed for pain . Do | | | |
| | not exceed 4 tablets in | | | |
| | 24 hours | | | |
| Famotidine (PEPCID) 20 mg Oral | Take 1 tablet by mouth | 60 tablet | 0 | |
| Tab | 2 times a day | | | |
| : | | | | |
| | | | | |
| | | | | |
| SH: no tobacco use, occasional | | ngs | | |
| FH: daughter with Crohn's dise | ase | | | |
| | | | | |
| | | | | |
| Physical Exam | | | | |
| Constitutional: He is well-develo | and well neurished | and in no c | distross | |
| Head: Normocephalic and atrau | - | | 100000 | |
| Eyes: EOM are normal. No scle | | | | |
| Nock: Normal range of motion | | hool doviati | ion procont | |

Neck: Normal range of motion. Neck supple. No tracheal deviation present.

Abdominal: He exhibits no distension. There is no tenderness. There is no rebound and no guarding. Skin: No rash noted. No erythema. No pallor.

Labs: WBC'S AUTO 5.4 06/30/2022

Clinical Notes (continued)

| HGB | 14 | l.1 06 | 6/30/2022 | |
|---------|----------|---------|----------------|-----|
| HCT A | UTO | 41.9 | 06/30/2022 | |
| PLT'S / | AUTO | 279 | 06/30/2022 | |
| ALT | 21 | 06/3 | 0/2022 | |
| AST | 19 | 06/30/ | 2022 | |
| ALKP | 48 | 06/30 |)/2022 | |
| TBILI | 0.5 | 06/30/ | 2022 | |
| K | 3.5 | 06/30/2 | 2022 | |
| NA 1 | 34 (L) | 06/30 | /2022 | |
| CL 98 | 8 (L) | 06/30/2 | 2022 | |
| CO2 | 29 | 06/30/2 | 2022 | |
| CREA | AT 0.7 | 77 06 | 6/30/2022 | |
| No re | sults fo | und for | this basename: | INR |
| | | | | |

LIPASE 37 06/30/2022

Impression:

- Irritable bowel syndrome
- GERD- symptoms infrequent. On Pepcid

Plan:

- colonoscopy
- Citrucel daily
- IBgard (peppermint oil) twice daily
- Identify food triggers
- Above recommendations were discussed with patient/family who is/are in agreement with the above

Clinical Notes (continued)

Labs

SARS-COV-2, QUALITATIVE, NAA (COVID-19), EXPEDITED, KP LAB [1554007182] (Final result)

| Electronically signed by: Everage, Connie A. (L.V.N.), L.V.N. on 07 | /12/22 0812 | Status: Completed |
|--|---|-------------------|
| Ordering user: Everage, Connie A. (L.V.N.), L.V.N. 07/12/22 0812 | Authorized by: Peterson, Angela Gayle (P.A.), | P.A. |
| Ordering mode: Standard | | |
| Cosigning events | | |
| Electronically cosigned by Peterson, Angela Gayle (P.A.), P.A. 07/12 | - | |
| Frequency: STAT 07/12/22 - | Class: Clinic Collected | |
| Quantity: 1 | Lab status: Final result | |
| Diagnoses | | |
| PREOP SCREENING FOR COVID-19 DISEASE [Z01.812, Z20.822] | | |
| Provider Details | | |
| Provider | NPI | |
| Everage, Connie A. (L.V.N.), L.V.N. | | |

| Peterson, Angela Gayle (P.A.), P.A. 1689733305 | Everage, Connie A. (L.V.N.), L.V.N. | — | |
|--|-------------------------------------|------------|--|
| | Peterson, Angela Gayle (P.A.), P.A. | 1689733305 | |

Questionnaire

| Question | Answer |
|---------------------------------------|-----------|
| First COVID test? | No |
| Patient symptomatic? | No |
| Patient hospitalized? | No |
| Patient in ICU? | No |
| Patient employed in Health Care? | Unknown |
| Patient living in congregate setting? | Unknown |
| Patient pregnant? | No |
| Result Release to patient? | Immediate |

Order comments: SALIVA SPECIMEN COLLECTION: Use only the saliva container provided in the kit. Instruct the patient to self-collect the sample: (1) through funnel, fill container with saliva to the wavy black line; (2) remove funnel and replace with cap; (3) tighten to seal and release solution; (4) shake for 5 seconds. Inform patient that a SALIVA sample will be required. Advise patient to NOT eat, drink, chew gum, or smoke for at least 30 minutes before providing the saliva sample. NASAL SWAB: Instruct Patient to self-collect or Parent/Guardian/Caregiver to help with specimen collection from ANTERIOR NARES. If not possible, following instructions below: THICKER NASAL/OROPHARNYGEAL SWAB: Observe Enhanced Droplet Precautions. Use the same swab for both nasal and oropharyngeal sites: (1) swab back of throat, avoiding tongue, and then (2) place same swab into first nostril until resistance is met at the level of turbinates, rotating the swab a few times against the nasal wall and then insert the same swab into the second nostril, repeating the same steps; place swab into a sterile container with viral transport media. Store/transport refrigerated or on ice. THIN/MINI-TIPPED NASOPHARYNGEAL SWAB: Observe Enhanced Droplet Precautions. Use the same swab for both oropharyngeal and nasopharyngeal sites: (1) swab back of throat, avoiding tongue, and then (2) place same swab for both oropharyngeal and nasopharyngeal sites: (1) swab back of throat, avoiding tongue, and then (2) place same swab for both oropharyngeal and nasopharyngeal sites: (1) swab back of throat, avoiding tongue, and then (2) place same swab for both oropharyngeal and nasopharyngeal sites: (1) swab back of throat, avoiding tongue, and then (2) place same swab for both oropharyngeal and nasopharyngeal sites: (1) swab back of throat, avoiding tongue, and then (2) place same swab into a nostril parallel to palate for a few seconds to absorb secretions; place swab into a sterile container with viral transport media. Store/transport refrigerated or on ice.

Specimen Information

| RNC 07/22/22 1032 Resulted: 07/23/22 0921, Result status: Final re 29/22 1038 b: SHERMAN WAY REGIONAL LABORATORY |
|---|
| 29/22 1038 |
| |
| : SHERMAN WAY REGIONAL LABORATORY |
| |
| |
| |
| |
| |
| Range Flag Lab |
| d <u> </u> |
| |

Printed on 10/10/22 10:33 AM

Labs (continued)

| Comment: |
|--|
| NAA (Nucleic Acid Amplification) assays are the primary molecular diagnostic |
| method for SARS-CoV-2 viral RNA detection (also known as RT-PCR or TMA). |

This test is only for use under the Food and Drug Administration's Emergency Use Authorization (EUA).

Test results are for the identification of SARS-CoV-2 RNA, which may be detectable in samples submitted during the acute phase of infection.

Positive / Detected. SARS-CoV-2 RNA present. Negative / Not Detected results for SARS-CoV-2 do not rule out COVID-19 infection and should not be used as the sole basis for patient management. Negative / Not Detected results must be combined with other information such as patient history, clinical observations and epidemiology. Resubmit if clinically indicated.

Presumptive Positive. Not all COVID-19 targets detected. Consider the test POSITIVE if there was a high pre-test probability of COVID-19 infection. Consider repeat testing if clinically indicated.

Inconclusive

. Not all COVID-19 targets detected. Consider repeat testing if clinically indicated.

For "Invalid" results a new specimen needs to be obtained for retesting.

This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 and/or diagnosis of COVID-19 infection.

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956 | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

COVID-19 Asymptomatic Screening: Pre-Procedure or Admission [1554007182]

Order status: Completed Collected by: RNC 07/22/22 1032 Narrative: RMS ACCN: 725980954

Reviewed by

Peterson, Angela Gayle (P.A.), P.A. on 07/24/22 2032 Peterson, Angela Gayle (P.A.), P.A. on 07/24/22 2032

Indications

PREOP SCREENING FOR COVID-19 DISEASE [Z01.812, Z20.822 (ICD-10-CM)]

All Reviewers List

Peterson, Angela Gayle (P.A.), P.A. on 7/24/2022 20:32 Peterson, Angela Gayle (P.A.), P.A. on 7/24/2022 20:32 Filed on: 09/29/22 0336

Resulted: 07/23/22 0306, Result status: In process

Labs (continued)

Other Orders

| Simethicone (MYLICON) 80 mg Oral Chew Tab [1554007181 | |
|---|---|
| Electronically signed by: Everage, Connie A. (L.V.N.), L.V.N. o Ordering user: Everage, Connie A. (L.V.N.), L.V.N. 07/12/22 0812 Ordering mode: Standard Cosigning events Electronically cosigned by Peterson, Angela Gayle (P.A.), P.A. Frequency: Routine 07/12/22 - 08/10/22 Discontinued by: Mayorquin, Patricia (M.D.), M.D. 08/10/22 130 Diagnoses SCREENING FOR COLON CANCER [Z12.11] Provider Details | Authorized by: Peterson, Angela Gayle (P.A.), P.A. 07/12/22 2336 for Ordering Class: Fill Now |
| Provider | NPI |
| Everage, Connie A. (L.V.N.), L.V.N. | |
| Peterson, Angela Gayle (P.A.), P.A. | 1689733305 |
| Questionnaire | |
| Question | Answer |
| Is this medication for a workers' compensation condition? | No |
| Indications SCREENING FOR COLON CANCER [Z12.11 (ICD-10-0 | CM)] |
| Indications SCREENING FOR COLON CANCER [Z12.11 (ICD-10-C PEG 3350 - Electrolytes (GAVILYTE-C) 240-22.72-6.72 -5.84 Electronically signed by: Everage, Connie A. (L.V.N.), L.V.N. | gram Oral Recon Soln [1554007179] (Discontinued) on 07/12/22 0812 Status: Discontinue |
| Indications SCREENING FOR COLON CANCER [Z12.11 (ICD-10-C PEG 3350 - Electrolytes (GAVILYTE-C) 240-22.72-6.72 -5.84 Electronically signed by: Everage, Connie A. (L.V.N.), L.V.N. 07/12/22 Ordering user: Everage, Connie A. (L.V.N.), L.V.N. 07/12/22 0812 Ordering mode: Standard | gram Oral Recon Soln [1554007179] (Discontinued) |
| Indications SCREENING FOR COLON CANCER [Z12.11 (ICD-10-C PEG 3350 - Electrolytes (GAVILYTE-C) 240-22.72-6.72 -5.84 Electronically signed by: Everage, Connie A. (L.V.N.), L.V.N. 07/12/22 0812 Ordering mode: Standard Cosigning events Electronically cosigned by Peterson, Angela Gayle (P.A.), P.A. Frequency: Routine 07/12/22 - 08/10/22 Discontinued by: Mayorquin, Patricia (M.D.), M.D. 08/10/22 130 Diagnoses | gram Oral Recon Soln [1554007179] (Discontinued) on 07/12/22 0812 Status: Discontinue Authorized by: Peterson, Angela Gayle (P.A.), P.A. 07/12/22 2335 for Ordering Class: Fill Now |
| Indications SCREENING FOR COLON CANCER [Z12.11 (ICD-10-C PEG 3350 - Electrolytes (GAVILYTE-C) 240-22.72-6.72 -5.84 (Electronically signed by: Everage, Connie A. (L.V.N.), L.V.N. (Ordering user: Everage, Connie A. (L.V.N.), L.V.N. 07/12/22 0812 Ordering mode: Standard Cosigning events Electronically cosigned by Peterson, Angela Gayle (P.A.), P.A. Frequency: Routine 07/12/22 - 08/10/22 Discontinued by: Mayorquin, Patricia (M.D.), M.D. 08/10/22 130 Diagnoses SCREENING FOR COLON CANCER [Z12.11] Provider Details Provider | gram Oral Recon Soln [1554007179] (Discontinued) on 07/12/22 0812 Status: Discontinue Authorized by: Peterson, Angela Gayle (P.A.), P.A. 07/12/22 2335 for Ordering Class: Fill Now |
| Indications SCREENING FOR COLON CANCER [Z12.11 (ICD-10-C PEG 3350 - Electrolytes (GAVILYTE-C) 240-22.72-6.72 -5.84 Electronically signed by: Everage, Connie A. (L.V.N.), L.V.N. 07 Ordering user: Everage, Connie A. (L.V.N.), L.V.N. 07/12/22 0812 Ordering mode: Standard Cosigning events Electronically cosigned by Peterson, Angela Gayle (P.A.), P.A. Frequency: Routine 07/12/22 - 08/10/22 Discontinued by: Mayorquin, Patricia (M.D.), M.D. 08/10/22 130 Diagnoses SCREENING FOR COLON CANCER [Z12.11] Provider Details Provider Everage, Connie A. (L.V.N.), L.V.N. | gram Oral Recon Soln [1554007179] (Discontinued) on 07/12/22 0812 Status: Discontinue Authorized by: Peterson, Angela Gayle (P.A.), P.A. 07/12/22 2335 for Ordering Class: Fill Now 06 |
| Indications SCREENING FOR COLON CANCER [Z12.11 (ICD-10-C PEG 3350 - Electrolytes (GAVILYTE-C) 240-22.72-6.72 -5.84 (Electronically signed by: Everage, Connie A. (L.V.N.), L.V.N. (Ordering user: Everage, Connie A. (L.V.N.), L.V.N. 07/12/22 0812 Ordering mode: Standard Cosigning events Electronically cosigned by Peterson, Angela Gayle (P.A.), P.A. Frequency: Routine 07/12/22 - 08/10/22 Discontinued by: Mayorquin, Patricia (M.D.), M.D. 08/10/22 130 Diagnoses SCREENING FOR COLON CANCER [Z12.11] Provider Details Provider | gram Oral Recon Soln [1554007179] (Discontinued) on 07/12/22 0812 Status: Discontinue Authorized by: Peterson, Angela Gayle (P.A.), P.A. 07/12/22 2335 for Ordering Class: Fill Now 06 |
| Indications SCREENING FOR COLON CANCER [Z12.11 (ICD-10-C PEG 3350 - Electrolytes (GAVILYTE-C) 240-22.72-6.72 -5.84 Electronically signed by: Everage, Connie A. (L.V.N.), L.V.N. 07 Ordering user: Everage, Connie A. (L.V.N.), L.V.N. 07/12/22 0812 Ordering mode: Standard Cosigning events Electronically cosigned by Peterson, Angela Gayle (P.A.), P.A. Frequency: Routine 07/12/22 - 08/10/22 Discontinued by: Mayorquin, Patricia (M.D.), M.D. 08/10/22 130 Diagnoses SCREENING FOR COLON CANCER [Z12.11] Provider Details Provider Everage, Connie A. (L.V.N.), L.V.N. | gram Oral Recon Soln [1554007179] (Discontinued) on 07/12/22 0812 Status: Discontinue Authorized by: Peterson, Angela Gayle (P.A.), P.A. 07/12/22 2335 for Ordering Class: Fill Now 06 |
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| SCREENING FOR COLON CANCER [Z12.11 (ICD-10-C PEG 3350 - Electrolytes (GAVILYTE-C) 240-22.72-6.72 -5.84 y Electronically signed by: Everage, Connie A. (L.V.N.), L.V.N. 07/12/22 0812 Ordering mode: Standard Cosigning events Electronically cosigned by Peterson, Angela Gayle (P.A.), P.A. Frequency: Routine 07/12/22 - 08/10/22 Discontinued by: Mayorquin, Patricia (M.D.), M.D. 08/10/22 130 Diagnoses SCREENING FOR COLON CANCER [Z12.11] Provider Details Provider Everage, Connie A. (L.V.N.), L.V.N. Peterson, Angela Gayle (P.A.), P.A. Questionnaire | gram Oral Recon Soln [1554007179] (Discontinued) on 07/12/22 0812 Status: Discontinue Authorized by: Peterson, Angela Gayle (P.A.), P.A. 07/12/22 2335 for Ordering Class: Fill Now 06 <u>NPI</u> 1689733305 |

KAISER PERMANENTE

07/12/2022 - Office Visit in GASTROENTEROLOGY 2FGAS (continued)

Patient Instructions

- Citrucel (fiber supplement), one scoop in 8 ounces of water or juice, daily after breakfast, with plenty of fluids. May increase to twice daily after one week if once daily dose is not effective.

- IBgard (peppermint oil) twice daily

- Identify triggers (diet, stress, etc)

Letters

Letter by Ekanej, Amir Taymoor (M.D.), M.D. on 7/12/2022

Status: Sent Letter body:

i Kaiser Permanente.

DEPARTMENT OF GASTROENTEROLOGY 2nd Flr. Module 220 - 230 6041 Cadillac Ave., Los Angeles Ca 90034 Tel. No. 323 - 857 - 2067

7/12/2022

MRN: 000004779300

Pepper Smith 2822 7th Ave Los Angeles CA 90018

Dear Pepper Smith,

You have been scheduled for a colonoscopy. A colonoscopy lets your doctor look inside your large intestine (rectum and colon). The doctor uses a thin, flexible tube to look for problems. These include small growths (called polyps), cancer, or bleeding.

During the test, the doctor may use small tools to take tissue samples that can be checked for problems. This is called a biopsy. The doctor can also take out polyps. For more information, see the answers to questions #1-3 of the attached Colonoscopy Frequently Asked Questions (FAQ).

Preparing for the test includes cleaning out your colon with a laxative (CoLyte) so your doctor can see inside. If you are registered on KP.org, a helpful video describing the colonoscopy is available for you to watch. Please **pick up your colonoscopy bowel prep medication** from the pharmacy **7 days** before your appointment.

Self Collected Nasal Swab on 07/22/2022

Please see additional instruction on the next page.

Letters (continued)

| Colonoscopy Appointment Information | |
|--|---------------|
| Appointment Date: 07/25/2022 | |
| Appointment Time: 7:45AM | Alth thire |
| Check in: 1st Floor, 30 minutes before procedure | the |
| Address: 6041 Cadillac Ave. | Cura |
| 2 nd Floor, Room # 230 | |
| Los Angeles, CA 90034 | |

Although colon cancer is the third most common cancer in the United States, it is 90% curable when detected early.

<u>Covid Test</u> will be performed at any Kaiser West LA **MOB** Lab locations below.

Regardless of whether you have received one or two doses of the COVID-19 vaccine, you will still need to obtain a COVID-19 screening test 3 days before your GI procedure. This screening test has already been ordered for you by our department. The test will be conducted at any Kaiser Laboratory listed below and should take around 10-15 minutes to complete. Be sure to bring your medical record number and a photo ID.

If you have any questions or need an alternate arrangement for COVID-19 testing, please contact the GI scheduling department at: (323) 857-2067, option 2.

| WLA LAB MC | SANTA MONICA MOB |
|---|---|
| 6041 CADILLAC AVE | 1450 10TH ST |
| LOS ANGELES, CA 90034 Monday – Friday 8:00 AM – 4:00 PM Saturday – Sunday 8:00 AM – 1:00 PM | SANTA MONICA, CA 90401 Monday – Friday 8:00 AM – 4:00 PM |
| | |
| BALDWIN HILLS / CRENSHAW MOB | INGLEWOOD MOB |
| BALDWIN HILLS / CRENSHAW MOB 3782 W. MARTIN LUTHER KING, JR. BLVD. | INGLEWOOD MOB 110 N. LA BREA AVE. |
| | |

PLAYA VISTA (NEW) MOB CULVER-MARINA MOB

| Monday – Friday 8:00 AM – 4:00 PM | Monday – Friday 8:00 AM – 4:00 PM |
|-----------------------------------|-----------------------------------|
| LOS ANGELES, CA 90066 | LOS ANGELES, CA 90066 |
| 5300 MCCONNELL AVE | 12001 W. WASHINGTON BLVD. |
| ers (continued) | |

Important: Please read the information below and all the attached instructions

- Please arrive 30 minutes before your appointment. Plan on staying 2 to 4 hours.
- You will be receiving medicine that may make you sleepy so you cannot drive or return to work that day. You may return to normal activity the next day.
- You must have a responsible adult (at least 18 years of age with a valid driver's license) to take you home. If you do not have a responsible adult to take you home, your procedure will be rescheduled. For more information, see the answer to question #4 of the attached Colonoscopy FAQ.
 - This procedure requires informed consent. If you make your own health care decisions, you do not need to bring anyone with you to sign the form.
- If you have someone who helps you make health care decisions (health care proxy or durable power of attorney), please bring this person with you so they can sign the informed consent form. If they are not your driver, they can leave after signing the consent as long as you have someone else to drive you home.
- Please bring your Kaiser Permanente member card and a photo ID. Leave jewelry and valuables at home.
- You will receive an email through KP.org to review an instructional video called EMMI with important information about your colonoscopy that we recommend you watch.

Phone Numbers

- If you are taking Warfarin (Coumadin), call the Anti-Coagulation Clinic at 323-857-2144 so you know how to take the medication.
- If you need to cancel or reschedule, call 323-857-2067 at least **4 days** before your appointment.
- If you have had surgery in the past month or you have seen your doctor for heart (e.g., heart attack), stroke, or breathing issues in the past 6 months, or if you are pregnant, please contact your Primary Care Physician for more instructions.
- Some colonoscopies will require a co-payment. Please call 1-800-464-4000 for copay questions. For any other questions or concerns, call 323-857-4430, M-F, 8:30 a.m. - 4:30 p.m. or call 1-888-KP-ON-CALL (1-888-576-6225), M-F, 7 p.m. - 7 a.m. and all day on weekends and holidays.

Preparing for your Colonoscopy

Letters (continued)

Important:

Please read all the instructions below and check off completed items as appropriate.

Good preparation (prep) is important.

If your doctor cannot see inside your colon they may reschedule your procedure. Please carefully follow the prep instructions or you may need to repeat the procedure, and possibly have a second co-payment. Refer to Colonoscopy FAQ #8 for what is considered a good prep.

7 Days Before Appointment

□ If you are taking Clopidogrel (Plavix®), Dabigatran (Pradaxa®), Rivaroxaban (Xarelto®) Apixaban (Eliquis®), Ticlopidine (Ticlid®), Prasugrel (Effient®), Edoxaban (Savaysa®) Heparin, Lovenox, Ticagrelor (Brilinta®), or any other blood thinners or anticoagulants, call your doctor immediately to determine when to stop these medications and if it is safe for you to do so. The doctor who prescribed the medication has their contact information on the label of your medication. It is also located at **kp.org** under the medication section. Also, if you had a stent placed or suffered a stroke within the last year, call your doctor for instructions.

□ If you are taking Warfarin (Coumadin), please refer to the cover letter for further information.

□ **STOP** taking Weight Loss prescribe medication (**Phentermine**).

Do not stop taking aspirin if you have a prescription.

□ If you have diabetes, see FAQ #10 for more information.

□ Continue taking all other medications unless your doctor tells you something different.

5 Days Before Appointment

□ Pick up your colonoscopy bowel prep medication (CoLyte, Gavilyte-C, GoLYTELY, etc.) from the pharmacy.

□ **Do not** eat foods that are hard to digest—such as nuts, seeds, corn, fruits with seeds, or fiber supplements. Peel the skin off all fruits and vegetables before eating. These types of foods can potentially interfere with the colonoscopy.

□ **Do NOT** take iron supplements for **5 days in a row** before your appointment (continue taking after the procedure or as instructed by your doctor).

1 Day Before Appointment

□ No solid food the whole day! You will be drinking/eating a clear liquid diet only (nothing **red**, **blue**, or **purple** in color). Basically, if you can see through it, you can have it. Refer to Colonoscopy FAQ #9 for examples of a clear liquid diet.

□ When preparing your colonoscopy bowel prep medication, add water to the fill line. You can add flavoring with a clear liquid such as Sprite® or a low-calorie beverage powder such as lemonade or peach, but don't use flavors that are **red**, **blue**, or **purple** in color. You may find it easier to drink if chilled in the

Letters (continued)

refrigerator or if you use a straw with the end at the back of your throat. Refer to FAQ #7 for further details.

□ Start drinking your colonoscopy bowel prep medication at 6 PM. the day before your appointment. You will want to stay home because it will make you go to the bathroom often. Drink one 8 oz. glass every 15 minutes until you have completed ³/₄ of the jug.

Day of the Appointment

□ Start drinking the rest of the colonoscopy bowel prep medication **at least 4 hours before your appointment AND take 2 pills of simethicone as you start drinking**. Again, drink one 8 oz. Glass every 10-15 minutes until you have finished the jug. **After you have finished the jug, take the last 2 pills of simethicone.** It is important that you finish this part of the bowel prep.

□ No solid food today. Finish your prep 3 hours before your appointment and do not drink anything, chew gum, or smoke/vape after you finish your prep. Keep taking your medications as instructed with a small sip of water up to 3 hours before your appointment (unless your doctor gives you other instructions).

FOR **MORNING** APPOINTMENTS

| 7 AM | 8 AM | 9 AM | 10 AM | 11 AM |
|------|------|------|-------|-------|
| 3 AM | 4 AM | 5 AM | 6 AM | 7 AM |
| | | | | |
| 4 AM | 5 AM | 6 AM | 7 AM | 8 AM |
| | | | | |

FOR AFTERNOON APPOINTMENTS

| 12 PM | 1 PM | 2 PM | 3 PM | 4 PM |
|--------|-------|-------|-------|-------|
| | | | | |
| 8 AM | 9 AM | 10 AM | 11 AM | 12 PM |
| | | | | |
| 9 AM | 10 AM | 11 AM | 10 DM | 1 PM |
| 9 AIVI | | | | |
| | | | | |

Colonoscopy Frequently Asked Questions (FAQ)

Q1. What should I expect during my colonoscopy appointment?

- You will be asked to change your clothes and wear a gown. You will also have an IV catheter placed in your arm and medicine will be given to you.
- You will be asked to lie on your left side to start. You may also be asked to lie on your back or right side.
- The procedure may take 30 to 60 minutes. You will be carefully watched by our team of nurses and doctors to make sure you have a complete recovery.
- You may experience some gas/cramping, which is normal and will go away in a couple hours. You will be asked to pass the "air" or "gas" to relieve your cramping in order to go home.

Q2. What is polypectomy?

Letters (continued)

• During the exam, a polyp may be found. Polyps are unusual growths of tissue, which can differ in size from a tiny dot to several inches. If your doctor thinks the polyps should be removed, they will pass a wire loop or snare through a thin, flexible tube and cut it from the intestinal wall. If more polyps are found, they may be removed as well. You shouldn't feel any pain. Polyps are usually removed because they can cause bleeding or contain cancer. Removal of polyps is an important way to prevent colon cancer.

Q3. Are there complications from a colonoscopy or polypectomy?

Colonoscopy and polypectomy are very safe and low-risk procedures when performed by doctors who
have been specially trained and are experienced. One possible complication is a tear through the wall
of the bowel, which may allow leakage of intestinal fluid. This complication usually requires surgery but
may be managed with antibiotics and IV fluids in certain cases. Bleeding may occur from where the
polyp was removed. It is usually minor and stops on its own or can be controlled by applying electrical
current through the colonoscope. Rarely, transfusions or surgery may be required. Other risks include
drug reactions and complications from unrelated diseases such as heart attack or stroke. Death is
extremely rare, but remains a possibility.

Q4. Can I drive or take a taxi, shared ride van, Uber, etc. by myself to the appointment?

- No. You cannot drive for the entire day after your procedure is done. It is unlawful to drive after sedation as it considered driving under the influence.
- If you take a taxi, Uber, etc., you will need to have a responsible adult with you to help you get home. We must speak with your driver/responsible adult chaperone before the procedure. Without a driver/another adult with you, your procedure will be rescheduled.
- If you are unable to make arrangements for a driver, please call the number on the cover letter to reschedule your procedure.

Q5. Are there reasons to delay the procedure?

• Yes. If you have had surgery in the past month or you have seen your doctor for heart (e.g. heart attack), stroke, or breathing issues in the past 6 months, or if you are pregnant, please call the number on the cover letter for more instructions.

Q6. If I weigh under 100 pounds do I need to take all of the colonoscopy bowel prep medication (CoLyte, Gavilyte-C, GoLytely, etc.)?

• The liquid amount is not weight dependent. It is important to finish the entire colonoscopy bowel prep medication for a successful colonoscopy.

Q7. How can I make the colonoscopy bowel prep medication (e.g. CoLyte) taste better?

- Colonoscopy bowel prep medication (e.g. CoLyte) tastes better if you refrigerate it, add flavoring with a low-calorie beverage powder such as lemonade or peach (not red, blue, or purple colored), or suck on a lemon wedge.
- You may find it easier to drink if you use a straw with the end at the back of the throat.
- It is ok to chill in refrigerator or leave at room temperature. If it is chilled it might make you feel cold so you need to wear something warm.

Q8. What is considered good bowel prep?

• After you complete the bowel prep, your bowel movements should be clear to yellow in color and a watery consistency. If they are not clear, call the Gastroenterology Department. You may want to use

Letters (continued)

your smart phone camera to take a picture of your last bowel movement before leaving the house, so that you can show the nurses when you arrive.

Start your bowel prep -----> Finish!

| Not OK | Not OK | Not OK | Almost there | You're ready! |
|----------------|-----------------|-----------------|------------------|-------------------|
| Dark and murky | Brown and murky | Dark orange and | Light orange and | Yellow and clear, |
| | | semi-clear | mostly clear | like urine |

Q9. What is a clear liquid diet?

• If you can see through it, you can have it. However, nothing with **red**, **blue**, or **purple** coloring, since these may look like blood during the procedure.

| | ОК | NOT OK |
|--------|---|---|
| Drinks | Water, Clear Fruit Juices (e.g., apple, | Milk or Cream, Juice with Pulp, |
| | white grape), Sports Drinks, Black Tea or | Cocoa, Alcohol, Nectars, Red, Blue, |
| | Black Coffee, Clear Soft Drinks/Soda | or Purple Colored Beverages |
| | Pop or Ginger Ale | |
| | Clear, Fat-free Broths (chicken, beef), Jell-O* (stop eating 8 hours before procedure), Frozen Popsicles*, Plain Hard Candy*, Sugar, Honey, Sugar Substitutes | Creamy or Chunky Soups, Solid Foods, Pudding, Any Other Sweets |
| | *Nothing with Red , Blue , or Purple coloring | |

Q10. What should I do if I have diabetes?

- It is important that you test your blood sugar every 4 hours the day before and the day of your procedure. If you have questions, call your doctor.
- If your blood sugar is low (<80mg/dl): drink 4 oz. (1/2 cup) of clear juice (apple, white grape, white cranberry, etc.). Re-check your blood sugar in 15 minutes. Your sugar needs to be >100mg/dL.
- If your blood sugar is high (>240mg/dl): follow your normal instructions.
- Your target glucose range before the procedure should be 80-180 mg/dl.

• Make sure to contact your endocrinologist if you are on an insulin pump, on concentrated

Letters (continued)

insulin, or have Diabetes Type 1 for more instructions. If the person who helps you manage your diabetes (primary care doctor, nurse care manager, diabetes pharmacist, endocrinologist, etc.) has given you instructions for your medications that are different from the instructions shown in the tables below, please follow those instructions.

• Your instructions may be different if your procedure is scheduled in the afternoon or if you have Diabetes Type 1.

Oral diabetes medications:

Glucophage® (Metformin), Glipizide, Metaglip, Glyset® (Miglitol), Prandin® (Repaglinide), Precose® (Acarbose), Starlix® (Nategilinide), Actos® (Pioglitazone), Tradjenta® (Linagliptin), Jardiance® (Empagliflozin), or Diabeta® (glyburide)

| • | Take diabetes tablets as normal at breakfast time. Stop all tablets after the morning doses and only start taking them after the procedure once you start eating regular food. Remember, clear liquid diet. | Do not take any tablets. | Start taking tablets again as usual once you eat regular food. |
|---|---|---------------------------------|--|

*If the person who helps you manage your diabetes (primary care doctor, nurse care manager, diabetes pharmacist, endocrinologist, etc.) has given you instructions for your medications that are different from the instructions shown in the tables below, please follow those instructions.

Remember, do not eat, drink, smoke, or chew gum 3 hours before your appointment. Take medications with small sip of water only.

1 injection per day insulin

Long-acting insulin pre-bed such as Lantus® (glargine), NPH (+/- tablets during the day)

| Before bedtime: inject half of your usual long-acting | After the procedure have a snack. Resume your oral |
|---|--|
| insulin dose. • Remember, clear liquid | tablets with meals and inject |

Letters (continued)

| diet. | your usual insulin dose before bedtime. |
|-------|---|
| | |

2 injection per day insulin

Twice daily pre-mixed insulin such as 70/30 or NPH/Lantus® (glargine) with Regular/Humalog (Novolog)

| | At breakfast time: Inject half of your usual insulin dose. | Inject half of your NPH/Lantus® (glargine) dose in the morning. | After the procedure inject half of your normal insulin dose with a snack. Inject your |
|---|---|---|---|
| 1 | At dinner time and bed time: do not inject Regular, Humolog/Novolog. If you are on 70/30 insulin you may be switched to NPH or Lantus. Inject half of your NPH or Lantus dose. Check with your doctor for specific instructions. At bedtime: Inject half of NPH/Lantus dose. | Do not inject 70/30, Regular insulin or Humalog/Novolog. | with a shack. Inject your normal evening insulin dose with evening meal. |
| | Remember, clear liquid diet. | | |
| | For Type 1 diabetics: inject 80% of your long acting insulin does unless instructed to inject usual dose. | | |

*If the person who helps you manage your diabetes (primary care doctor, nurse care manager, diabetes pharmacist, endocrinologist, etc.) has given you instructions for your medications that are different from the instructions shown in the tables below, please follow those instructions.

Letters (continued)

Remember, do not eat, drink, smoke, or chew gum 3 hours before your appointment. Take medications with small sip of water only.

4 injection per day insulin

Short-acting at meal time with long-acting before bedtime-Short-acting: Humalog®, Novolin R®; Long-acting: NPH/Lantus® (glargine)

| • | | Do not inject insulin until after the procedure. | Inject half of your short-acting insulin with a snack and |
|---|---|---|---|
| • | At lunchtime: Inject half of your short-acting insulin | | return to usual insulin doses once you start eating your |
| • | dose. At dinnertime: do not inject short-acting insulin. | | regular meal. |
| • | Before bedtime: Inject half of your long-acting insulin dose. | | |
| • | Remember, clear liquid diet. | | |
| • | Type 1 diabetics inject 80% of your long acting insulin dose unless | | |
| | instructed to inject usual dose. | | |

Non-insulin injectables

Exenatide (Bydureon® or Byetta®), Liraglutide (Victoza®), Pramlintide (Symlin®)

| Inject your usual dose. Remember, clear liquid diet. | Do not take any non-insulin injectables. | Start taking your non-insulin injectables again as usual. |
|---|---|--|

Letters (continued)

*If the person who helps you manage your diabetes (primary care doctor, nurse care manager, diabetes pharmacist, endocrinologist, etc.) has given you instructions for your medications that are different from the instructions shown in the tables below, please follow those instructions.

Remember, do not eat, drink, smoke, or chew gum 3 hours before your appointment. Take medications with small sip of water only.

Referrals

| tpatient Service #21629000 | 781 | | |
|------------------------------|--------------------------|----------------------------|----------------|
| eason: Specialty Services Re | quired | Priority: Routine | |
| lass: Internal | | Status: Closed | |
| tatus updated on: 6/30/2022 | | Valid dates: From 6/30/202 | 2 to 6/30/2023 |
| Referred From | | | |
| Location: WEST LA MED | ICAL CENTER L | Department: WLA EDW | L EAIP |
| Provider: Jain, Sushil Ku | mar (M.D.), M.D. | Provider phone: 833-57 | 4-2273 |
| Provider address: 6041 (| CADILLAC AVE LOS ANGELES | S CA 90034-1702 | |
| Referred To | | | |
| Location: *WEST LOS A | NGELES (WLA) | Specialty: Gastroentero | logy |
| Visits | | | |
| Requested: 1 | Authorized: 1 | Completed: 2 | Scheduled: 0 |
| Procedures | | | |
| REFERRAL GI | | | |
| Number requested: 1 | | Number approved: 1 | |
| | | | |
| Diagnoses | | | |
| • R10.13 (ICD-10-CM) | - EPIGASTRIC ABDOMINAL P | PAIN | |
| , , , | | | |
| | | | |
| Referral Notes | | | |

Reason: possible gastritis vs PUD

For Hepatology, GI Transplant Evals, and Fibroscan, please select the correct reason from the list above to ensure it routes correctly. Do NOT use Consult/Referral if you are trying to route to one of these hubs.

| uestionnaire | | |
|--|---------|--|
| Question | Answer | |
| RUC Starts the Denial Process | _ | |
| Select Reason for Medical Necessity Denial | _ | |
| RUC Denial Letter and Appeals Section | _ | |
| Select Member's Preferred Written Language | English | |
| Select Notification Address | _ | |

Referrals (continued)

| Select Reason for Benefit Denial | |
|---|---|
| Select EPO Letter | _ |
| Select the Department Providing Supporting Documentation | |
| Select Denial Subtype | |
| Select Service Type | |
| Select Service Category | |
| Select Commercial Letter | |
| Select Federal (FEHBP) Letter | |
| Select Medi-Cal Letter | |
| Select Medicare Letter | |
| Select Self-Funding (SF) Letter | _ |
| Select Coverage Type | |
| Was a Semi-Translation Sent to Member? | _ |
| Enter Date Semi-Translation Sent to Member | _ |
| Was a Full Translation Letter Requested? | |
| Enter Date Full Translation Requested by Member | _ |
| Enter Date Full Translation Requested by Member | |
| Enter Date Full Translation Received by Kaiser from Vendor | |
| Enter Date Full Translation Sent to Member | |
| Select Authorized Representative - Relationship | |
| Enter Authorized Representative's Name | _ |
| Enter Authorized Representative's Phone Number | |
| Enter Alternate Street Address | _ |
| Enter Alternate City | _ |
| Enter Alternate State | _ |
| Enter Alternate Zip Code | _ |
| Was Additional Information Needed to Complete Denial Letter? | _ |
| Enter Date Additional Information was Requested | _ |
| Enter Time Additional Information was Requested | |
| Enter Date Additional Information was Received | _ |
| Enter Time Additional Information was Received | _ |
| Select Physician Decision Maker's Name | |
| Enter Physician Decision Maker's Phone | |
| Select Denial Letter Type | _ |
| Member Requires an Authorized Representative? | |
| Did Member Request Dx/Px Information? | _ |
| Enter Date Member Request to MSCC | |
| Enter Date UM Mailed Information to Member | _ |
| Enter Date UM Received Request | |
| Select Change for Appointment Type | _ |
| Select the Specialty Visit Type? | _ |
| Enter Relevant Dx/Px Related UM Denial | _ |
| | |
| Select KPIC Letter Select Level of Service | _ |
| Was an Extension Letter Issued? | |
| | _ |
| Enter Date Extension Letter Sent to Physician | _ |
| Enter Time Extension Letter Sent to Physician Enter Date Extension Letter Sent to Member | _ |
| | _ |
| Was Requested Information Received? | _ |
| Enter Date Requested Information was Received | _ |
| Was this letter Retracted? Enter Time Extension Letter Sent to Member | _ |
| Enter Time Requested Information was Received | |
| Enter time requested information was received | _ |
| | |

Order

REFERRAL GI [1554007178]

Electronically signed by: Jain, Sushil Kumar (M.D.), M.D. on 06/30/22 2120

Ordering user: Jain, Sushil Kumar (M.D.), M.D. 06/30/22 2120 Ordering provider: Jain, Sushil Kumar (M.D.), M.D. Authorized by: Jain, Sushil Kumar (M.D.), M.D. Diagnoses EPIGASTRIC ABDOMINAL PAIN [R10.13]

Ordered during: ED on 06/30/2022

Status: Active

Order comments: Reason: possible gastritis vs PUD For Hepatology, GI Transplant Evals, and Fibroscan, please select the correct reason from the list above to ensure it routes correctly. Do NOT use Consult/Referral if you are trying to route to one of

Referrals (continued)

these hubs.

Triage

| Triage Information |
|------------------------|
| |

Decision: None

Schedule by date: 7/14/2022

Coverages

| State Co | mp Insu | rance Fund |
|----------|---------|------------|
|----------|---------|------------|

| Plan: State Comp Ins Fund, Fresno - 65005 | Covered: Covered | From: 6/2/2022 | To: 7/6/2022 | |
|--|------------------|----------------|--------------|--|
| Member #: xxx-xx-8475 | | | | |

AFTER VISIT SUMMARY

Pepper Smith MRN: 000004779300

Instructions from AMIR TAYMOOR EKANEJ MD, M.D. Your personalized instructions can be found at the end of this document.

What's Next

- Procedure with AMIR TAYMOOR EKANEJ MD, M.D. JUL 25
- 2022

Monday July 25 7:45 AM

2FGAS 6041 CADILLAC AVE LOS ANGELES CA 90034-1702 833-574-2273

GASTROENTEROLOGY

Medications

NEW Medications PEG 3350 - Electrolytes (COLYTE/GAVILYTE-C) 240-22.72-6.72 -5.84 gram Oral Recon Soln Simethicone (MYLICON) 80 mg Oral Chew Tab

Visit Medication List

Patient reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

| | Dosage | |
|-----------------------------|---|-----------------------------------|
| PEG 3350 - Electrolytes | Follow gastroenterology department | |
| (COLYTE/GAVILYTE-C) | colonoscopy bowel preparation | |
| 240-22.72-6.72 -5.84 gram | instructions | |
| Oral Recon Soln (Taking) | | |
| Simethicone (MYLICON) | Chew and swallow 2 tablets by mouth 4 | |
| 80 mg Oral Chew Tab | hours before appointment and 2 tablets 3 | |
| (Taking) | hours before appointment according to | |
| | Gastroenterology Department | |
| | Colonoscopy Bowel Preparation | |
| | instructions. Take with the liquid bowel | |
| | prep. Discard unused portion | |
| HYDROcodone- | Take 1 tablet by mouth every 6 hours as | |
| Acetaminophen (NORCO) | needed for pain . Do not exceed 4 tablets | |
| 5-325 mg Oral Tab | in 24 hours | |
| (Taking) | | kp.org |
| Famotidine (PEPCID) 20 | Take 1 tablet by mouth 2 times a day | View your After Visit Summary and |
| mg Oral Tab (Taking) | | online at https:// |
| | | healthy.kaiserpermanente.org/hcc |
| | | |

id more :online/ ie/.

Pepper Smith (MRN: 000004779300) • Printed at 7/12/2022 8:14 AM This is confidential information. Do not throw away in a Kaiser Permanente trash can.

Page 1 of 5 Epic



☐ 7/12/2022 7:20 AM ♀ GASTROENTEROLOGY 2FGAS

Today's Visit

You saw AMIR TAYMOOR EKANEJ MD, M.D. on Tuesday July 12, 2022. The following issues were addressed: GERD (GASTRO-ESOPHAGEAL REFLUX DISEASE) (HEARTBURN)

- IRRITABLE BOWEL SYNDROME
- SCREENING FOR COLON CANCER
- PREOP SCREENING FOR CORONAVIRUS COVID-19 DISEASE

| | вмі 38.27 | Weight 216 lb 0.8 oz |
|--|---------------------|----------------------------|
|--|---------------------|----------------------------|

New Orders Normal Orders This Visit SARS-COV-2, QUALITATIVE, NAA (COVID-19), EXPEDITED, KP LAB [87635 CPT(R)]

Common Medication Direction Abbreviations PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

| Allergies as of 7/12/2022 | | | Reviewed by Avanes, Talir | n (R.N.), R.N. on 7/12/2022 |
|---------------------------|---------------|------------|---------------------------|-----------------------------|
| | Severity | Noted | Reaction Type | Reactions |
| No Known Drug Allergies | Not Specified | 06/01/2005 | | |

Pepper Smith (MRN: 000004779300) • Printed at 7/12/2022 8:14 AM Page 2 of 5 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

Instructions from AMIR TAYMOOR EKANEJ MD, M.D.

- Citrucel (fiber supplement), one scoop in 8 ounces of water or juice, daily after breakfast, with plenty of fluids. May

increase to twice daily after one week if once daily dose is not effective.

- IBgard (peppermint oil) twice daily

- Identify triggers (diet, stress, etc)

General Information

SKIP THE TRIP. Have our pharmacy come to you! New and refill prescriptions mailed to your home.

WHEN USING THE MAIL ORDER OPTION FOR OBTAINING PRESCRIPTIONS:

- You must be able to wait 7 days before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a *credit card* on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

4 WAYS TO RECEIVE PRESCRIPTIONS BY MAIL:

- If *checking-in at the Pharmacy*, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- Go to kp.org/Rxrefill. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the *Kaiser Permanente app* for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- Call (866) 206-2983 and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

You must be registered on KP.ORG to order prescriptions online or through the KP app. Not registered yet? Go to KP.ORG/REGISTERNOW to get started.

| For questions, call member services at |
|--|
| 800-464-4000 or TTY 711 |
| 800-788-0616 (Spanish) |
| 800-757-7585 (Chinese dialects) |

Hours Open 7 days a week 24 hours a day Closed holidays

Pepper Smith (MRN: 000004779300) • Printed at 7/12/2022 8:14 AM Page 3 of 5 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

Medicare members 800-443-0815 or TTY 711 Hours Open 7 days a week from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <u>http://www.everybodywalk.org</u>. THRIVE!

Thrive Local

Find help in your community

We're here to support you however we can. If you need help with essentials like housing, childcare, or food, Thrive Local Connections can help connect you to resources in your community. Call 1-800-443-6328 (TTY 711), Monday through Friday between 8 a.m. and 5 p.m.

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Pepper Smith (MRN: 000004779300) • Printed at 7/12/2022 8:14 AM Page 4 of 5 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

Save money and time! Get your refills for home delivery at www.kp.org/refill

Pepper Smith (MRN: 000004779300) • Printed at 7/12/2022 8:14 AM Page 5 of 5 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

END OF ENCOUNTER

07/14/2022 - Message in IP MEDICAL RECORDS DEFAULT

Visit Information

Provider Information

Printed on 10/10/22 10:33 AM

07/14/2022 - Message in IP MEDICAL RECORDS DEFAULT (continued)

Visit Information (continued)

Encounter Provider Ekanej, Amir Taymoor (M.D.), M.D.

Department

| Name | Address | Phone | |
|----------------------------|--|--------------|--|
| IP MEDICAL RECORDS DEFAULT | 6041 CADILLAC AVE Los Angeles CA 90034-1702 | 323-857-2695 | |

Reason for Visit

Chief Complaint

```
• FMLA REQUEST (FMLA FOR INTERMITTENT LEAVE 7/12/22 - 1/12/23 FOR GERD / RID: 75758672), onset date 7/14/2022
```

Visit Diagnosis

• GERD (GASTROESOPHAGEAL REFLUX DISEASE) [K21.9]

END OF ENCOUNTER

07/25/2022 - Procedure Only in GASTROENTEROLOGY 2FGAS

Visit Information

Provider Information

Encounter Provider

Ekanej, Amir Taymoor (M.D.), M.D.

Department

| Name | Address | Phone | |
|------------------------|--|--------------|--|
| GASTROENTEROLOGY 2FGAS | 6041 CADILLAC AVE Los Angeles CA 90034-1702 | 833-574-2273 | |

Reason for Visit

| Chief Complaint | |
|-----------------|--|
| COLONOSCOPY | |

Visit Diagnosis

COLONOSCOPY [Z01.89]

Vitals

| ital Signs | | | | Most recent update: 7 | /25/2022 9:57 AN |
|----------------------|--------------------|-------------------------|------------|------------------------|------------------|
| BP 143/81 | Pulse 60 | Temp 97 °F (36.1 °C) | Resp 16 | Wt 215 lb (97.5 kg) | |
| SpO2 98% | BMI 38.09 kg/m² | | | | |
| ain Information (Las | st Filed) | | | | |
| Score | Location | Comments | | | Edu? |
| 0 (scale 0-10) | None | None | | | None |

07/25/2022 - Procedure Only in GASTROENTEROLOGY 2FGAS (continued)

Clinical Notes

Nursing Note

| Author: Martinez, Robert (R.N.), R.N. | Service: — | Author Type: REGISTERED NURSE |
|---------------------------------------|---------------------------------------|----------------------------------|
| Filed: 7/25/2022 8:04 AM | Encounter Date: 7/25/2022 | Creation Time: 7/25/2022 8:03 AM |
| Status: Signed | Editor: Martinez, Robert (R.N.), R.N. | . (REGISTERED NURSE) |

Gastroenterology Pre-Procedure Nursing Assessment

Current Medication:

ASA: no Anticoagulant: no Antihypertensive: no NSAID: no Pain: no Herbals: no

Medical History:

Seizures/ Brain Injury: no Sleep Apnea or Snoring: no Anesthesia/ Sedation Problems: no Heart Disease: no Lung Disease: no Liver Disease: no Kidney Disease: no Diabetes: no Cancer: no Bleeding Disorder: no Pregnant or Breast-Feeding: No

Physical Assessment:

Ambulatory (age appropriate with or without the use of assistive device): yes Teeth Intact (no loose teeth, dentures or implants): yes Neurologic (awake, alert, and oriented to person, place, time and purpose): yes Heart Rate and Rhythm Regular: yes Peripheral Pulses Strong & Equal: yes Lungs Clear Bilaterally: yes Pertinent Labs/ Diagnostic Tests Reviewed: Yes Comments:

Abuse Assessment:

Evidence of abuse or neglect: no Abuse reported by patient: no

07/25/2022 - Procedure Only in GASTROENTEROLOGY 2FGAS (continued)

Clinical Notes (continued)

Mandatory abuse reporting completed: No

Fall Risk Assessment:

Difficulty ambulating, use of assistive device, or unsteady gait: no Confusion: no Frequency, diarrhea, incontinence, or assistance needed with toileting: no History of falls: {no Fall-risk medications such as anti-convulsant or tranquilizers: no

If "YES" to any of the above, patient is a pre-procedure fall risk:

- Apply yellow Fall Risk wristband
- Assist patient with all pre-procedure ambulation and transfers

Fall Prevention Measures In Place For All Patients:

- Oriented to the unit, advised of safety precautions, and instructed to ask for assistance with bathroom needs
- Call light in-reach when nurse not present
- Both side-rails elevated and gurney in low and locked position
- Non-slip socks provided for ambulation
- Post anesthesia/sedation assistance provided for all ambulation and transfers until discharged to the care of family or representative

Pre-procedure Education:

Sedation teaching completed?: yes Procedure teaching completed?: yes Discharge teaching completed?: yes

Electronically signed by Martinez, Robert (R.N.), R.N. at 7/25/2022 8:04 AM

Garcia, Yadira E (R.N.), R.N. at 7/25/2022 1007

Author: Garcia, Yadira E (R.N.), R.N. Filed: 7/25/2022 10:08 AM Status: Signed Service: — Author Type: REGISTERED NURSE Encounter Date: 7/25/2022 Creation Time: 7/25/2022 10:07 AM Editor: Garcia, Yadira E (R.N.), R.N. (REGISTERED NURSE)

Discharged per discharge criteria. In stable condition. No complaints of distress. Provided written and verbal discharge instruction including the After Visit Summary and applicable handouts . Patient / Family

KAISER PERMANENTE

07/25/2022 - Procedure Only in GASTROENTEROLOGY 2FGAS (continued)

Clinical Notes (continued)

verbalized understanding of after procedure care. Discharged with designated driver. Pt. Recovered from procedural sedation without any complications. Pt. Offered wheelchair, pt. Refused and opted to walk out of the dept. Accompanied by her daughter Taylor. Pt. Walked out with a strong steady gait, no AMU noted.

Electronically signed by Garcia, Yadira E (R.N.), R.N. at 7/25/2022 10:08 AM

Procedures

| Author: Ekanej, Amir Taymoor (M.D.), M.D. | Service: — | Author Type: Physician |
|---|--------------------------------------|----------------------------------|
| Filed: 7/29/2022 3:45 PM | Encounter Date: 7/25/2022 | Creation Time: 7/25/2022 9:22 AM |
| Status: Signed Procedure Orders | Editor: Ekanej, Amir Taymoor (M.D | .), M.D. (Physician) |
| 1. COLONOSCOPY [1554007184] or | dered by Ekanej, Amir Taymoor (M.D.) |), M.D. at 07/25/22 0922 |
| Pre-procedure Diagnoses 1. COLONOSCOPY [Z01.89] | | |
| Post-procedure Diagnoses 1. ABDOMINAL PAIN [R10.9] | | |
| Procedures 1. COLONOSCOPY, DIAGNOSTIC F | I FXIBI F [45378 (CPT®)] | |

Gastroenterologist: Amir Ekanej, MD

Pepper Smith is a 51 year old female who presents today for a colonoscopy. Patient indication for the procedure is: Abdominal pain

Anesthesia: per anesthesiologist Extent of exam: Cecum Quality of prep: good Withdrawal time: approximately 6 min

Number of spec. bottles: none Estimated blood loss: less than 5 cc

Description of Procedure:

Briefing and Time out process occurred immediately before the procedure by verifying correct patient, allergies, procedure, plan and appropriate equipment available.

The patient was placed in the left lateral decubitus position. The was monitored with intermittent blood pressure, cardiac monitoring, capnography and continuous pulse oximetry which remained within the normal range throughout the course of the procedure.

KAISER PERMANENTE

07/25/2022 - Procedure Only in GASTROENTEROLOGY 2FGAS (continued)

Clinical Notes (continued)

Rectal exam: A digital rectal exam was performed which revealed no rectal masses

Following this the Olympus videocolonoscope was passed under direct visualization to the cecum. Ileocecal valve and appediceal orifice were identified. The scope was slowly withdrawn as all mucosal surfaces were inspected including a retroflex view of the rectum.

FINDINGS:

- Rectum: internal hemorrhoids.

- Sigmoid colon through cecum: normal

Impression:

- Internal hemorrhoids
- Otherwise nl colonoscopy
- Irritable bowel syndrome

PLAN

- High fiber diet
- A repeat colonsocopy is recommended in 10 years

Electronically signed by Amir T. Ekanej, MD Dept of Gastroenterology West LA 9:23 AM

Electronically signed by Ekanej, Amir Taymoor (M.D.), M.D. at 7/29/2022 3:45 PM

Progress Notes

| anej, Amir Taymoor (M.D.), M.D. at 7/25/2022 0906 | | | | | |
|---|--|--|--|--|--|
| Author: Ekanej, Amir Taymoor (M.D.), M.D. | Service: — | Author Type: Physician | | | |
| Filed: 7/29/2022 3:45 PM Status: Signed | Encounter Date: 7/25/2022 Editor: Ekanej, Amir Taymoor (M.D | Creation Time: 7/25/2022 9:06 AM .), M.D. (Physician) | | | |

GI Pre-procedure Brief History and Physical

Primary Care Physician: Stahl, Jerusha Emily (M.D.) Procedure: Colonoscopy

07/25/2022 - Procedure Only in GASTROENTEROLOGY 2FGAS (continued)

Clinical Notes (continued)

Patient seen, examined and chart reviewed.

Indication: Pepper Smith is a 51 year old female here for colonoscopy.

Past Medical History:

Past Surgical History:

| Diagnosis | Date |
|--|------------|
| SEVERE OBESITY, BMI 40-44.9, ADULT | 4/11/2006 |
| VITAMIN D DEFICIENCY | 3/30/2011 |
| UTERINE FIBROIDS | 8/25/2016 |
| IRON DEFICIENCY ANEMIA | 10/13/2016 |

| Procedure | Laterality | Date | | |
|---|---------------------|------------|--|--|
| LAPAROSCOPIC HYSTERECTOMY | N/A | 8/17/2017 | | |
| Procedure: ABDOMINAL HYSTERECTOMY LAPAROSCOPIC; Laterality: N/A; Surgeon: | | | | |
| Lansdowne, Elisa Danielle (M.D.), M.D. | | | | |
| LAPAROSCOPIC SALPINGECTOMY | Left | 8/17/2017 | | |
| Procedure: SALPINGECTOMY LAPAROSCOPIC; Lateral | ity: Left; Surgeon: | Lansdowne, | | |
| Elisa Danielle (M.D.), M.D. | | | | |

- CYSTOSCOPY PROCEDURES N/A 8/17/2017 Procedure: CYSTOSCOPY; Laterality: N/A; Surgeon: Lansdowne, Elisa Danielle (M.D.), M.D.
- LAPAROSCOPIC LYSIS OF INTRA-ABDOMINAL N/A 8/17/2017
 ADHESION

Procedure: INTRA ABDOMINAL LYSIS OF ADHESIONS LAPAROSCOPIC; Laterality: N/A; Surgeon: Lansdowne, Elisa Danielle (M.D.), M.D.

- CHOLECYSTECTOMY LAPAROSCOPIC N/A 11/3/2020 Procedure: CHOLECYSTECTOMY LAPAROSCOPIC; Laterality: N/A; Surgeon: Plehn, Charles Ronald (M.D.), M.D.
- FALLOPIAN TUBE(S), LIGATION OR TRANSECTION, ABDOMINAL OR VAGINAL APPROACH, UNILAT OR BILAT
- SALPINGECTOMY COMPLETE two ectopic pregnancies after BTL

Patient Active Problem List: VITAMIN D DEFICIENCY HX OF TOTAL HYSTERECTOMY, NO VAGINAL PAP SMEAR REQUIRED VARICOSE VEINS OBESITY, BMI 39-39.9, ADULT IRRITABLE BOWEL SYNDROME GERD (GASTROESOPHAGEAL REFLUX DISEASE)

Allergies: Allergies Right

07/25/2022 - Procedure Only in GASTROENTEROLOGY 2FGAS (continued)

Clinical Notes (continued)

Allergen

Reactions

No Known Drug Allergies

MEDICATIONS: Reviewed in electronic record.

Social and Family History were reviewed/ confirmed in the electronic record.

Review of Systems was performed and is negative unless otherwise noted above.

Physical Exam:

BP 137/81 | Pulse 78 | Temp 97 °F (36.1 °C) | Resp 17 | Wt 97.5 kg (215 lb) | LMP 06/05/2017 (LMP Unknown) | SpO2 98% | BMI 38.09 kg/m² WD, WN, NAD HEENT: anicteric, OP clear; airway assessment of tonsilar area, uvula and soft palate completed. LUNGS: clear to auscultation bilaterally CV: normal heart sounds ABD: +bowel sounds, soft, nontender, nondistended EXTR: no edema NEURO: alert and oriented

LABS:

| Lab Results | | |
|-------------------------------|---------|------------|
| Basename | Value | Date |
| WBC | 5.4 | 06/30/2022 |
| HGB | 14.1 | 06/30/2022 |
| HCT | 41.9 | 06/30/2022 |
| PLT | 279 | 06/30/2022 |
| No results found for: PT, INR | | |
| Lab Results | | |
| Basename | Value | Date |
| NA | 134 (L) | 06/30/2022 |
| K | 3.5 | 06/30/2022 |
| CL | 98 (L) | 06/30/2022 |
| CO2 | 29 | 06/30/2022 |
| BUN | 14 | 06/30/2022 |
| CR | 0.77 | 06/30/2022 |
| Lab Results | | |
| Basename | Value | Date |
| ALT | 21 | 06/30/2022 |
| AST | 19 | 06/30/2022 |
| TBILI | 0.5 | 06/30/2022 |
| ALKP | 48 | 06/30/2022 |
| | | |

Clinical Notes (continued)

PLAN:

Proceed with procedure as described above. All risks (including but not limited to bleeding, perforation, splenic injury, medication reaction, aspiration, infection, and missed lesions--and the sequelae of the above), benefits and alternatives have been discussed. The patient wishes to proceed. Written informed consent was obtained and signed prior to start of the procedure and sent to the patient's medical record.

INFORMED CONSENT FOR PROCEDURE:

The benefits, risks (including bleeding, infection, perforation, pain, bleeding, missing a neoplasm), and alternatives to the procedure were discussed and informed consent was obtained from the patient and / or legal guardian. Written informed consent was obtained and signed prior to start of the procedure.

INFORMED CONSENT FOR ANESTHESIA: See Anesthesiologist report

Please see the Procedure tab/ section of the patient's electronic medical record for the procedure note/ findings.

Electronically signed by: AMIR TAYMOOR EKANEJ MD Department of Gastroenterology 7/25/2022 9:07 AM

Electronically signed by Ekanej, Amir Taymoor (M.D.), M.D. at 7/29/2022 3:45 PM

Baldwin, Mari Krisa (M.D.), M.D. at 7/25/2022 0907

| Author: Baldwin, Mari Krisa (M.D.), M.D. | Service: — | Author Type: Physician |
|--|--|----------------------------------|
| Filed: 7/25/2022 9:07 AM | Encounter Date: 7/25/2022 | Creation Time: 7/25/2022 9:07 AM |
| Status: Signed | Editor: Baldwin, Mari Krisa (M.D.), M.D. | (Physician) |

Anesthesiology Pre-Procedure Assessment

Patient scheduled for Colonoscopy under Monitored Anesthesia Care.

| Past Medical History: Diagnosis • SEVERE OBESITY, BMI 40-44.9, ADULT • VITAMIN D DEFICIENCY • UTERINE FIBROIDS • IRON DEFICIENCY ANEMIA | | Date 4/11/2006 3/30/2011 8/25/2016 10/13/2016 |
|--|------|---|
| Past Surgical History: Procedure LAPAROSCOPIC HYSTERECTOMY Procedure: ABDOMINAL HYSTERECTOMY LAPAROSCOPIC; Danielle (M.D.), M.D. LAPAROSCOPIC SALPINGECTOMY Procedure: SALPINGECTOMY LAPAROSCOPIC; Laterality: Let | Left | 8/17/2017 |

| U1/25/2022 - Pr Clinical Notes (continued) | ocedure Only in GAS | | RULUGI ZFG | AS (continued) | |
|--|--|---------------|--------------------------|------------------------------|--|
| (M.D.), M.D. • CYSTOSCOPY PROCEDUF Procedure: CYSTOSCOPY; Later | | sdowne, Elis | N/A sa Danielle (M.D. | 8/17/2017), <i>M.D</i> . | |
| LAPAROSCOPIC LYSIS OF ADHESION | INTRA-ABDOMINA | L | N/A | 8/17/2017 | |
| Procedure: INTRA ABDOMINAL L Lansdowne, Elisa Danielle (M.D.), | M.D. | APAROSCC | | - | |
| CHOLECYSTECTOMY LAP Procedure: CHOLECYSTECTOM (M.D.), M.D. | | erality: N/A; | N/A Surgeon: Plehn, | 11/3/2020 Charles Ronald | |
| FALLOPIAN TUBE(S), LIGA ABDOMINAL OR VAGINAL BILAT | | | | | |
| SALPINGECTOMY COMPLI two ectopic pregnancies after BTL | | | Right | | |
| | | | | | |
| Current Outpatient Medications on File Medication | Prior to Visit Sig | Dispense | Refill | | |
| HYDROcodone-Acetaminophen (NORCO) 5-325 mg Oral Tab | Take 1 tablet by mouth every 6 hours as needed for pain . Do not exceed 4 tablets in 24 hours | 12 tablet | 0 | | |
| • Ibuprofen (MOTRIN) 600 mg Oral Tab | Take 1 tablet by mouth every 8 hours as needed for pain . Take with food | 50 tablet | 0 | | |
| PEG 3350 - Electrolytes (GAVILYTE-C) 240-22.72-6.72 - 5.84 gram Oral Recon Soln | Follow gastroenterology department colonoscopy bowel preparation instructions | 4,000 mL | 0 | | |
| Simethicone (MYLICON) 80 mg Oral Chew Tab | Chew and swallow 2 tablets by mouth 4 hours before appointment and 2 tablets 3 hours before appointment according to Gastroenterology Department Colonoscopy Bowel Preparation instructions. Take with the liquid bowel prep. Discard unused portion | 8 tablet | 0 | | |
| Alum-Mag Hydrox-Simeth (GERI- MOX ANTACID-ANTIGAS) 200- 200-20 mg/5 mL Oral Susp | Take 30 mL by mouth 4 times a day between meals and at bedtime | 355 mL | 0 | | |
| Famotidine (PEPCID) 20 mg Oral Tab | Take 1 tablet by mouth 2 times a day | | 0 | | |
| FLONASE ALLERGY RELIEF 50 mcg/actuation Nasl SpSn | Use 2 sprays in each nostril daily. Reduce to 1 spray in each nostril | 15.8 | 0 | | |

Clinical Notes (continued)

| • | Triamcinolone Acetonide |
|---|--------------------------|
| | (KENALOG) 0.1 % Top Crea |

daily when symptoms improve Apply to affected 80 g 0 area(s) 2 times a day

No current facility-administered medications on file prior to visit.

ALLERGIES:

Allergies Allergen • No Known Drug Allergies

Reactions

VITALS:

BP 137/81 | Pulse 78 | Temp 36.1 °C (97 °F) | Resp 17 | Wt 97.5 kg (215 lb) | LMP 06/05/2017 (LMP Unknown) | SpO2 98% | BMI 38.09 kg/m²

INTENDED LEVEL OF SEDATION: Level 3: Deep Sedation

ASA SCORE: Class 2

MALLAMPATI AIRWAY ASSESSMENT: Class 2

HEART EXAM: Regular rate and rhythm.

LUNG EXAM: Clear to auscultation bilaterally.

PREVIOUS REACTIONS TO ANESTHESIA: none

| Basename | Value | Specimen Type | Date/Time |
|-----------|--------------|---------------|------------|
| COVID19 | Not Detected | NASAL SWAB | 07/22/2022 |
| COVID19 | Not Detected | NASAL SWAB | 06/18/2022 |
| COVID19 | Not Detected | NASAL SWAB | 12/15/2020 |
| · COVID19 | Negative | NASAL SWAB | 10/31/2020 |

Patient medical and anesthetic history reviewed and verified.

Informed consent obtained. Risks, benefits and alternatives were discussed with patient. Questions solicited and answered. Patient understands and agrees with plan.

MARI KRISA BALDWIN MD 7/25/2022 9:07 AM

Clinical Notes (continued)

Electronically signed by Baldwin, Mari Krisa (M.D.), M.D. at 7/25/2022 9:07 AM

Baldwin, Mari Krisa (M.D.), M.D. at 7/25/2022 1214

| Author: Baldwin, Mari Krisa (M.D.), M.D. | Service: — | Author Type: Physician |
|--|---|-----------------------------------|
| Filed: 7/25/2022 12:14 PM | Encounter Date: 7/25/2022 | Creation Time: 7/25/2022 12:14 PM |
| Status: Signed | Editor: Baldwin, Mari Krisa (M.D.), M.I | D. (Physician) |

Anesthesiology Post Sedation Note

Patient status post procedure under Monitored Anesthesia Care. Tolerated procedure well. Patient awake, alert, spontaneously ventilating with stable vital signs.

No apparent anesthetic complications.

BP (!) 143/81 | Pulse 60 | Temp 36.1 °C (97 °F) | Resp 16 | Wt 97.5 kg (215 lb) | LMP 06/05/2017 (LMP Unknown) | SpO2 98% | BMI 38.09 kg/m²

MD Post Sedation Assessment

I assessed the patient for the following and have determined that the patient is stable for discharge/admission

- Respiratory function, including respiratory rate, airway patency and oxygen saturation
- Cardiovascular function, including pulse and blood pressure
- Mental status
- Temperature
- Pain
- Nausea, vomiting and hydration status.

MARI KRISA BALDWIN MD 7/25/2022 12:14 PM

Electronically signed by Baldwin, Mari Krisa (M.D.), M.D. at 7/25/2022 12:14 PM

Filed on 8/1/2022 0754

Scan on 8/1/2022 5:16 AM: ANESTHESIA

Electronically signed by Interface, Scal_Scanning at 8/1/2022 7:54 AM

Procedures

COLONOSCOPY [1554007184] (Final result)

1

Procedures (continued)

| ectronically signed by: Ekanej, Amir Taymoor (M.D.), M.D. on 07 / dering user: Ekanej, Amir Taymoor (M.D.), M.D. 07/25/22 0922 | /25/22 0922 Status: Complete Authorized by: Ekanej, Amir Taymoor (M.D.), M.D. |
|---|--|
| dering mode: Standard | |
| equency: Routine 07/25/22 - | Class: Normal Lab status: Final result |
| antity: 1 ignoses | Lab status: Final result |
| LONOSCOPY [Z01.89] | |
| Provider Details | |
| Provider | NPI |
| Ekanej, Amir Taymoor (M.D.), M.D. | 1639221096 |
| Questionnaire | |
| Question | Answer |
| Select one indication for colonoscopy Result Release to patient? | Symptomatic, Any Risk Level (Abd pain, LGI bleeding, etc.) Immediate |
| COLONOSCOPY [1554007184] | Resulted: 07/25/22 0922, Result status: Final resu |
| Order status: Completed Narrative: | Filed on: 09/29/22 1038 |
| Narrative: Ekanej, Amir Taymoor (M.D.), M.D. 7/29/2022 3:45 PM | |
| Gastroenterologist: Amir Ekanej, MD | |
| Pepper Smith is a 51 year old female who presents today for a | |
| colonoscopy. | |
| Patient indication for the procedure is: Abdominal pain | |
| Anesthesia: per anesthesiologist Extent of exam: Cecum Quality of prep: good | |
| Withdrawal time: approximately 6 min | |
| Number of spec. bottles: none Estimated blood loss: less than 5 cc | |
| Description of Procedure: Briefing and Time out process occurred immediately before the procedure by verifying correct patient, allergies, procedure, plan and appropriate equipment available. The patient was placed in the left lateral decubitus position. The was monitored with intermittent blood pressure, cardiac monitoring, capnography and continuous pulse oximetry which remained within the normal range throughout the course of the procedure. | |
| Rectal exam: A digital rectal exam was performed which revealed no rectal masses | |
| Following this the Olympus videocolonoscope was passed under direct visualization to the cecum. Ileocecal valve and appediceal orifice were identified. The scope was slowly withdrawn as all mucosal surfaces were inspected including a retroflex view of the rectum. | |
| FINDINGS: - Rectum: internal hemorrhoids. - Sigmoid colon through cecum: normal | |

Procedures (continued)

Impression:

- Internal hemorrhoids
- Otherwise nl colonoscopy
- Irritable bowel syndrome

PLAN

- High fiber diet

- A repeat colonsocopy is recommended in 10 years

Electronically signed by Amir T. Ekanej, MD Dept of Gastroenterology West LA 9:23 AM Pre-procedure diagnoses: COLONOSCOPY Post-procedure diagnoses: ABDOMINAL PAIN Acknowledged by: Ekanej, Amir Taymoor (M.D.), M.D. on 07/29/22 1552

Procedures Performed

Chargeables

All Reviewers List

Ekanej, Amir Taymoor (M.D.), M.D. on 7/29/2022 15:52 Ekanej, Amir Taymoor (M.D.), M.D. on 7/29/2022 15:52

COLONOSCOPY, DIAGNOSTIC FLEXIBLE [45378A]

Anesthesia on 07/25/22

| Anesthesia Summary - Smith, Pepper [000004779300] Fema old | le 51 year | Current as of 10/10/22 103 |
|---|------------------------------|----------------------------|
| Height: Not recorded | | |
| Weight: 215 lb (97.5 kg) (07/25/22) | | |
| BMI: Not recorded | | |
| NPO Status: Not recorded | | |
| Allergies: NO KNOWN DRUG ALLERGIES | | |
| Procedure Summary | | |
| Date: 07/25/22 | Room / Location: GASTROENTER | OLOGY 2FGAS |
| Anesthesia Start: | Anesthesia Stop: | |
| Procedure: SYMPTOMATIC COLO 50 MIN | Diagnosis: | |
| Scheduled Providers: Ekanej, Amir Taymoor (M.D.), M.D. | Responsible Provider: | |
| Anesthesia Type: Not recorded | ASA Status: Not recorded | |
| Responsible Staff | | |
| No responsible staff documented. | | |
| No anesthesia events filed Medications | | |
| None | | |
| | | |
| Preprocedure Signoff | | |
| Preprocedure Signoff Not yet signed. | | |
| - | | |
| Not yet signed. | | |
| Not yet signed. Signoff Status None | | |
| Not yet signed. Signoff Status None sthesia Graph | a available | |
| Not yet signed. Signoff Status None sthesia Graph | a available | |

Patient Instructions

Your Kaiser Permanente Care Instructions

Colonoscopy: What to Expect at Home

Your Recovery

After a colonoscopy, you'll stay at the clinic while the medicines wear off. Then you can go home with a responsible adult. Your doctor will tell you when you can eat and do your other usual activities.

Your doctor will talk to you about when you'll need your next colonoscopy. Your doctor can help you decide how often you need to be checked. This will depend on the results of your test and your risk for colorectal cancer.

After the test, you may be bloated or have gas pains. You may need to pass gas. If a biopsy was done or a polyp was removed, you may have streaks of blood in your stool (feces) for a few days. Problems such as heavy rectal bleeding may not occur until several weeks after the test. This isn't common. But it can happen after polyps are removed.

This care sheet gives you a general idea about how long it will take for you to recover. But each person recovers at a different pace. Follow the steps below to get better as quickly as possible.

How can you care for yourself at home?



- Rest when you feel tired.
- You can do your normal activities when it feels okay to do so.



- Follow your doctor's directions for eating.
- Unless your doctor has told you not to, drink plenty of fluids. This helps to replace the fluids that were lost during the colon prep.
- Do not drink alcohol.



- Your doctor will tell you if and when you can restart your medicines. He or she will also give you instructions about taking any new medicines.
- If you take aspirin or some other blood thinner, ask your doctor if and when to start taking it again. Make sure that you understand exactly what your doctor wants you to do.
- If polyps were removed or a biopsy was done during the test, your

Patient Instructions (continued)

doctor may tell you not to take aspirin or other anti-inflammatory medicines for a few days. These include ibuprofen (Advil, Motrin) and naproxen (Aleve).



Other instructions

- For your safety, do not drive or operate machinery until the medicine wears off and you can think clearly. Your doctor may tell you not to drive or operate machinery until the day after your test.
- Do not sign legal documents or make major decisions until the medicine wears off and you can think clearly. The anesthesia can make it hard for you to fully understand what you are agreeing to.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

When should you call for help?



Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You pass maroon or bloody stools.
- You have trouble breathing.

Call the advice and appointments line at 800-954-8000 or seek immediate medical care if:

- You have pain that does not get better after you take pain medicine.
- You are sick to your stomach or cannot drink fluids.
- You have new or worse belly pain.
- You have blood in your stools.
- You have a fever.
- You cannot pass stools or gas.

For routine questions about your care or to request a follow-up appointment, contact the advice and appointments line at 800-954-8000.

Watch closely for changes in your health, and be sure to contact your doctor if you have any problems.

Where can you learn more?

Go to https://kp.org/health

Enter E264 in the search box to learn more about "Colonoscopy: What to Expect at Home."

Patient Instructions (continued)

Current as of: December 17, 2020 Content Version: 12.8

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Care instructions adapted under license by your healthcare professional. If you have questions about a medical condition or this instruction, always ask your healthcare professional. Healthwise, Incorporated disclaims any warranty or liability for your use of this information.

Documents

Colonoscopy Consent - Electronic signature on 7/25/2022 9:06 AM (effective from 7/25/2022) - E-signed



Kaiser Foundation Hospitals Southern California Permanente Medical Group Name: Smith,Pepper MRN: 000004779300 DOB: 5/22/1971

CONSENT FOR COLONOSCOPY PLEASE READ CAREFULLY

I authorize **EKANEJ**, **AMIR TAYMOOR (M.D.)**, and/or his/her associates, assistants of his/her choice, and personnel assigned by the hospital or medical group to perform the following operation or procedure (medical and common names).

You have been referred for a colonoscopy which is one of the most valuable and informative examinations that can be made concerning the condition of your colon. As with all medical procedures however, it may be associated with some risks.

Colonoscopy is performed using a special instrument called a colonoscope. It is inserted into the rectum and advanced throughout the entire length of the lower intestine, also known as the "colon". This examination allows us to directly visualize all or part of the colon and allows us to obtain samples of the tissue. Abnormal growth called "polyps" may be removed.

Patients often worry about the discomfort and complications that may occur from this procedure. Colonoscopy may be associated with some discomfort, but sedative medication will be given to minimize your discomfort during the examination.

In rare cases, there may be serious complications of colonoscopy.

Whenever an instrument is passed into your body, there may be a risk of puncturing the intestine or injury to the spleen. If this should occur, the treatment would depend on the location and extent of the injury. Some injuries may require a hospitalization with several days of observation; others may require immediate operation and longer hospitalization.

If biopsies are performed, or polyps are removed, bleeding may occur from the site. Usually, bleeding is managed in a non-surgical manner, but in rare cases, it may require surgery.

The sedative medications that are given to you may cause an allergic or other undesirable reaction such as aspiration pneumonia.

Although colonoscopy is widely accepted as one of the best tests for colon cancer screening, it is not a guarantee against future development of colon cancer. In addition, significant polyps, or rarely, a small cancer may not be detected during the procedure due to various reasons such as but not limited to the inherent nature of the instrument, limitation of medical technology, the anatomy of your colon, co-existing medical conditions, and cleanliness of the bowel preparation.

Finally, although complications occuring with colonoscopy are quite low, very rarely the more serious complications have resulted in death.

The colonoscopy and alternative diagnostic procedures have been explained to me. I give my consent to have colonoscopy, with possible biopsy, with possible polypectomy, with **na** performed.

Signed: Signature captured with Topaz at 7/25/2022 09:06

Signed by: Smith,Pepper Relationship: Self

KAISER PERMANENTE

07/25/2022 - Procedure Only in GASTROENTEROLOGY 2FGAS (continued)

Documents (continued)

A Witness: Signature captured with Topaz at 7/25/2022 09:06 AM Witness Name: REYES, RYAN

Sight Translated by (if applicable): **N/A**

Interpreter's Name and Identification Number:

Document Read to Patient due to (if applicable): **N/A** Read by Name and Identification Number:

NS-6370 (1-15) SPANISH -- NS-6406

Page [pageNum] of [pageCount]

Documents (continued)

Anesthesia-SCAN - Scan on 8/1/2022 5:16 AM: ANESTHESIA

Scan (below)

Description: ANESTHESIA Scan Date: 8/1/2022 Index Date: 8/1/2022

| | KAISER PERMANENTE. | RD. | | | | Smith, Pepper II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII |
|--------------------|--|----------|----------|--|--|---|
| | Date: 7 / 25 / 2 Time: | | | | Loca | ation: |
| | Practitioner performing procedure: | | | | Diag | anosis / Procedure: |
| | Armband in place and patient identified I | | ntifiers | <u>ــــــــــــــــــــــــــــــــــــ</u> | - × | Site / Side verified with patient / surrogate Marked |
| | | | | NA | | · · · · · · |
| | Procedure verified with signed consent f | | | | <u> </u> | |
| | Primary language: Primary lang | | Oth | | - 7 | Interpreter name: |
| | Transportation arranged with (Name / Rela | | | | iyle | m. 323-501.5724 |
| SS I | Belongings: Jewelry Glasses | Contacts | | Pentures / | | |
| Ш. | Date / Time of last solid intake: | erp | as | XU , | Date | e / Time of last fluid intake: 4.15cm prop |
| AS | ALLERGIES: (medications / food / latex): | | | r L | 2_ | |
| 19 | Current Medications: None ASA | Antico | agula | nt 🔲 Ca | rdiac | Anti-hypertensive NSAID Pain Herbals |
| NURSING ASSESSMENT | List Medications: See attached list | | | | | |
| Z | YES NO MEDICAL HISTORY | YES NO | PH | YSICAL | ASSE | ESSMENT (If "NO," describe) |
| 12 | Seizures / Brain Injury | | | | | ppropriate) |
| PRE-SEDATION | Sleep Apnea or Snoring | | | th Intact (| | |
| ų ۳ | Anesthesia / Sedation Problems | 모므 | Neu | rologic: A | lert, a | ge appropriate |
| ١Å | Heart Disease Lung Disease / Smoker | XH | Hea | irt Rate R | egular | r Strong & Equal |
| 1 | | | | gs Clear I | | |
| | C Kidney Disease | | | (pounds + | | |
| | Diabetes | | | s / Diagn | | Tests: (51) |
| | Cancer | Comme | ents: | | | |
| | Bleeding Disorder Pregnant or Breast-Feeding | RN Sig | | \sim | <u>}_</u> | |
| IT & PLAN | PHYSICAL EXAM - Normal Findings Deart Jungs Airgay* Abnormal Findings: | | | l Healt II Mild s III Seve IV Incap E Emer | hy pat system re syst acitati gent | nic disease, no functional limitation stemic disease that limits activity but is not incapacitating ing systemic disease that is a threat to life |
| ASSESSMENT | measures of the procedure and sedation w | ere exp | lained | to / unde | rstood | dation. Risks, benefits, alternatives and resuscitation to by the patient / surrogate, who agrees to proceed. |
| S | 1. IV:2020.9% NS □ D5W □ LR | | CUA | | | No plan for sedation at this time Prior to discharge, discontinue IV and provide discharge |
| | 1 | r | n | l/hour | | instructions. |
| 臣 | | per minu | | | 6. | After procedure, but no sooner than 30 minutes after la sedation dose, patient may be discharged if criteria me |
| PRACTITIONER | 3. Chloral hydrate mg PC | | | oute) | 7. | |
| | Titrate IV medication for sedation. May Midazolam (Versed) m | |) to: | | | |
| ă | Fentanyl (Sublimaze) m | - | ms IV | | | |
| N / PF | Meperidine (Demerol) m | | | | | Deep Sedation Privileges Only |
| | Morphine Sulfate | | | | | Ketamine** mg IV |
| | | | | | | Methohexital (Brevital)** mg PR/IV (circle m |
| | | | | | | Etomidate mg IV Terpopofol (Diprivan) mg IV |
| | | | | | | |
| PHYSICIAN | PROGRESS NOTE / COMMENTS: | | | | | 1 |
| | | | | | | Ra O |
| PHYSICIA | PROGRESS NOTE / COMMENTS: | | ame: | | | |
| PHYSICIAL | PROGRESS NOTE / COMMENTS: | | ame: | | | |
| PHYSICIA | PROGRESS NOTE / COMMENTS: | <u>m</u> | | | | Physician / Practice Signature: CRNA Signature: Anesthesia Supervisor Physician Signature: |

| | | | | | | | | | | | | | | | | 1 |
|------------|-----------------------------------|-------------------------------|-----------|-----------|-----------|-----------|------------|------------------|---------------|--------------|-----------|----------|----------|-----------|-----------|-----------|
| TRANSPORT | To: For: | | | | | | | | | | | | | _ Initial | s: | |
| ISN | To: For: | | | | | | | | | | | | | | ls: | |
| RA I | To: For: | Tim | ie: | Co | ndition | : | | | _ Repo | ort to: _ | | | | _ Initial | ls: | |
| | TIME OUT IMMEDIATELY PRIOR TO | PROCEDUR | : VERIFI | ED PATI | ent, pr | OCEDUR | E AND F | 'LAN. | | APPROF | RIATE R | ESUSCIT | ATIVE | QUIPMI | ENT AVA | ILABLE. |
| | IV: NONE EXISTING SITE: | | START | | | sit | e: | gaug | le: | initia | | | | infusing | g well, r | no edema |
| 1 | | ctrosurgica | I Unit N | umber | / Settin | gs: | | | | | Ground | Pad Sil | te: | | | |
| | See Monitor Strips / Graphic | Pre- Sedation | -16 | í av | | 0120 | - | | | 1 | <u> </u> | | | | - | Discharge |
| CNIDIO | TIME | | 0NV | 01 | on . | | | | <u> </u> | <u> </u> | | | | <u> </u> | - | |
| 3 | Supplemental O ₂ | all | 42 | 4r | 41 | 4 | | | | | | | | | | |
| | O ₂ Saturation | 906 (p. | 100 | 100 | 100 | | · | | ├ | \vdash | | | | | _→ | |
| | Blood Pressure | 12 81 | 29 | 296 | 240 | \leq | \leq | | \checkmark | \checkmark | \sim | \leq | \angle | \sim | \vdash | \leq |
| | Heart Rate | 78 | 74 | 73 | <u>h3</u> | L | | | | | | | | | | |
| | Respiratory Rate | 17 | 20 | 21 | 17 | | | | | | | | | | | |
| | Temperature | a7. | 1.0 | . 12 | | | | | <u> </u> | | | | _ | | | |
| _ | | | 42 | 40 | ЧŚ | | | | | | | | | | | |
| | Consciousness | 2 | | | | | | | | | | | | | | |
| | Activity | 2 | | | | | | | | | | | | | | |
| | Circulation | _ 7 | | | | | | | | | | | | | | |
| | Respiration | 3 | | | | | | | | | | | | | | |
| | Oxygen Saturation | <u>7</u> | | | | | | | | | | | | | | |
| | Pain Assessment | . 7 | | | | | | | | | | | | | | |
| | Emetic Symptoms | Ž | | | | | | | | | | | | | | |
| | TOTAL | <u>(4</u> | | | | | | | | | | | | | | |
| | Dose, Route, IV Fluid - 🗋 See MAR | All medic | ations, n | nedicatio | ons cont | ainers, c | or solutio | ons on/o | off the st | erile fiel | d are lab | eled. | | | | TOTAL |
| | TIME / INITIALS | | | | | | | | | | | | | | | |
| 5 | Med Dropma | | 100. | 25 | 67 | 20 | Ung | $\left[\right]$ | | | | | | | | |
| | Med / | | | | | | 2 | | | | | | | | | |
| 5 | Med | | | | | | | | | | | | | | | |
| | Med | ~ | - | | | | 6 | | | | | | | | | |
| ļ | N NS U | \sim | \sim | 30 | bm | l. | | | | | | | | | | |
| Ċ | IV | | | | | | | | | | | | | | | |
| | IV | | | | | | – | | | | | | | | | |
| | PO | | | | | | | | | | | | | | | |
| | Output | | | | | | | | | | | | | | | |
| | PROCEDURE START TIM | E: 09 | 08 | | | E | ND TI | ME: | 091 | 9 | | | | | | |
| | YES NO NA Discharge / F | Recovery | Criter | ia (All | patier | nts) | YES | NO | NA | Discha | urge in | format | tion (C | Dutpat | tients | Only) |
| | PASS Score of | of 13 or pr | e-seda | tion se | core | | | | | Discha | rge wit | h desig | nated | l, resp | onsible | e adult |
| | Bleeding cont | rolled | | | | | | | | Discha | rged w | ith belo | onging | s | | |
| | Ambulates at | pre-proce | dure le | evel | | | | | | lome | care / f | ollow-u | up inst | ruction | ns give | in 🔤 |
| Š | D D Pain at accep | table leve | | | | | | | | | | | | | | |
| | | | | | | A | Time | : | Vi | a: | | With: | | | By (F | RN): |
| 5 | Comments: | | | | 1 | YH | U. | U_{z} | \mathcal{M} | | | | | | | |
| 222 | | | | | | | | | | | | | | | | |
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| | | | | _ | | | | | _ | _ | | _ | _ | _ | | |
| RES | Department Signature / Title | Initials | | Printed | Name | | Depart | ment | Si | gnature | / Title | Initia | Its | Pri | inted Na | me |
| SIGNATURES | Department Signature / Title | Initials | | Printed | l Name | | Depart | ment | Si | gnature | / Title | Initia | its | Pri | inted Na | me |

NS-9864 (12-11) Page 2 of 4

AFTER VISIT SUMMARY

Pepper Smith MRN: 000004779300

Instructions from AMIR TAYMOOR EKANEJ MD, M.D. Your personalized instructions can be found at the end of this document.

What's Next You currently have no upcoming appointments scheduled.

Medications

Visit Medication List

Patient reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

HYDROcodone-Acetaminophen (NORCO) 5-325 mg Oral Tab (Taking) Ibuprofen (MOTRIN) 600 mg Oral Tab (Taking) Famotidine (PEPCID) 20 mg Oral Tab (Taking) Triamcinolone Acetonide (KENALOG) 0.1 % Top Crea (Taking) Dosage Take 1 tablet by mouth every 6 hours as needed for pain . Do not exceed 4 tablets in 24 hours

needed for pain . Take with food Take 1 tablet by mouth 2 times a day Apply to affected area(s) 2 times a day

Take 1 tablet by mouth every 8 hours as

New Orders Normal Orders This Visit COLONOSCOPY [204456 Custom]

Common Medication Direction Abbreviations PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/ day, PRN = as needed QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

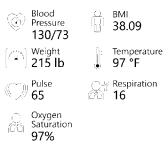
kp.org View your After Visit Summary and more online at https://

healthy.kaiserpermanente.org/hconline/ ie/.

Pepper Smith (MRN: 000004779300) • Printed at 7/25/2022 9:34 AM Page 1 of 7 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

☐ 7/25/2022 7:45 AM ♀ GASTROENTEROLOGY 2FGAS

Today's Visit You saw AMIR TAYMOOR EKANEJ MD, M.D. on Monday July 25, 2022. The following issues were addressed: • COLONOSCOPY



Allergies as of 7/25/2022

No Known Drug Allergies

Noted Not Specified 06/01/2005

Severity

Reviewed by Martinez, Robert (R.N.), R.N. on 7/25/2022 Reaction Type Reactions

Pepper Smith (MRN: 000004779300) • Printed at 7/25/2022 9:34 AM Page 2 of 7 Epic This is confidential information. Do not throw away in a Kaiser Permanente trash can.

Instructions from AMIR TAYMOOR EKANEJ MD, M.D.

Your Kaiser Permanente Care Instructions

Colonoscopy: What to Expect at Home

Your Recovery

After a colonoscopy, you'll stay at the clinic while the medicines wear off. Then you can go home with a responsible adult. Your doctor will tell you when you can eat and do your other usual activities.

Your doctor will talk to you about when you'll need your next colonoscopy. Your doctor can help you decide how often you need to be checked. This will depend on the results of your test and your risk for colorectal cancer.

After the test, you may be bloated or have gas pains. You may need to pass gas. If a biopsy was done or a polyp was removed, you may have streaks of blood in your stool (feces) for a few days. Problems such as heavy rectal bleeding may not occur until several weeks after the test. This isn't common. But it can happen after polyps are removed.

This care sheet gives you a general idea about how long it will take for you to recover. But each person recovers at a different pace. Follow the steps below to get better as quickly as possible.

How can you care for yourself at home?

Activity

- · Rest when you feel tired.
- · You can do your normal activities when it feels okay to do so.



- Follow your doctor's directions for eating.
- · Unless your doctor has told you not to, drink plenty of fluids. This helps to replace
- the fluids that were lost during the colon prep.
- Do not drink alcohol.

Medicines

- Your doctor will tell you if and when you can restart your medicines. He or she will also give you instructions about taking any new medicines.
- If you take aspirin or some other blood thinner, ask your doctor if and when to start taking it again. Make sure that you understand exactly what your doctor wants you to do.
- If polyps were removed or a biopsy was done during the test, your doctor may tell you not to take aspirin or other anti-inflammatory medicines for a few days. These include ibuprofen (Advil, Motrin) and naproxen (Aleve).

Pepper Smith (MRN: 000004779300) • Printed at 7/25/2022 9:34 AM Page 3 of 7 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.



Other instructions

- For your safety, do not drive or operate machinery until the medicine wears off and you can think clearly. Your doctor may tell you not to drive or operate machinery until the day after your test.
- Do not sign legal documents or make major decisions until the medicine wears off and you can think clearly. The anesthesia can make it hard for you to fully understand what you are agreeing to.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

When should you call for help?



Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You pass maroon or bloody stools.
- You have trouble breathing.

Call the advice and appointments line at 800-954-8000 or seek immediate medical care if:

- You have pain that does not get better after you take pain medicine.
- You are sick to your stomach or cannot drink fluids.
- You have new or worse belly pain.
- You have blood in your stools.
- You have a fever.
- · You cannot pass stools or gas.

For routine questions about your care or to request a follow-up appointment, contact the advice and appointments line at 800-954-8000.

Watch closely for changes in your health, and be sure to contact your doctor if you have any problems.

Where can you learn more?

Go to https://kp.org/health

Enter E264 in the search box to learn more about "Colonoscopy: What to Expect at Home."

Current as of: December 17, 2020 Content Version: 12.8

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Care instructions adapted under license by your healthcare professional. If you have questions about a medical condition or this instruction, always ask your healthcare professional. Healthwise, Incorporated disclaims any warranty or liability for your use of this information.

 Pepper Smith (MRN: 000004779300) • Printed at 7/25/2022
 9:34 AM
 Page 4 of 7
 Epic

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General Information

SKIP THE TRIP. Have our pharmacy come to you!

New and refill prescriptions mailed to your home.

WHEN USING THE MAIL ORDER OPTION FOR OBTAINING PRESCRIPTIONS:

- You must be able to wait 7 days before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a *credit card* on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

4 WAYS TO RECEIVE PRESCRIPTIONS BY MAIL:

- If *checking-in at the Pharmacy*, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- Go to kp.org/Rxrefill. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the *Kaiser Permanente app* for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- Call (866) 206-2983 and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

You must be registered on KP.ORG to order prescriptions online or through the KP app. Not registered yet? Go to KP.ORG/REGISTERNOW to get started.

For questions, call member services at 800-464-4000 or TTY 711 800-788-0616 (Spanish) 800-757-7585 (Chinese dialects)

Medicare members 800-443-0815 or TTY 711 Hours Open 7 days a week 24 hours a day Closed holidays

Hours Open 7 days a week from 8 a.m. to 8 p.m.

Pepper Smith (MRN: 000004779300) • Printed at 7/25/2022 9:34 AM Page 5 of 7 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <u>http://www.everybodywalk.org</u>. THRIVE!

Thrive Local

Find help in your community

We're here to support you however we can. If you need help with essentials like housing, childcare, or food, Thrive Local Connections can help connect you to resources in your community. Call 1-800-443-6328 (TTY 711), Monday through Friday between 8 a.m. and 5 p.m.

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Pepper Smith (MRN: 000004779300) • Printed at 7/25/2022 9:34 AM Page 6 of 7 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

Pepper Smith (MRN: 000004779300) • Printed at 7/25/2022 9:34 AM Page 7 of 7 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

END OF ENCOUNTER

08/01/2022 - Patient Message in INTERNAL MEDICINE AQUA2

Visit Information

Printed on 10/10/22 10:33 AM

08/01/2022 - Patient Message in INTERNAL MEDICINE AQUA2 (continued)

Visit Information (continued)

Provider Information

Encounter Provider

Stahl, Jerusha Emily (M.D.), M.D.

Department

| Name | Address | Phone |
|-------------------------|---------------------------|--------------|
| INTERNAL MEDICINE AQUA2 | 6041 CADILLAC AVE | 833-574-2273 |
| | Los Angeles CA 90034-1702 | |

Reason for Visit

Chief Complaint

PATIENT REPORTED INFORMATION

Clinical Notes

| Author: Hardison, Latrice Nicole (L.V.N.), L.V.N. | Service: — | Author Type: LICENSED VOCATIONAL NURSE |
|--|--|---|
| Filed: 8/8/2022 3:18 PM Status: Signed From: Pepper Smith To: JERUSHA EMILY STAHL MD, M.D. Sent: 8/1/2022 1:11 PM PDT Subject: Test result/question | Encounter Date: 8/1/2022 Editor: Hardison, Latrice Nicole (L.V. | Creation Time: 8/8/2022 3:18 PM N.), L.V.N. (LICENSED VOCATIONAL NURSE |
| Hi Dr. Stahl | | |

What can I do about these hemorrhoids , they are out majority of the time. I knew they were there but it's never been a real problem.

Also I still never heard from the weight program, I'm down to 211.

Please advise

Thank you, Pep (323)445-2714

Electronically signed by Hardison, Latrice Nicole (L.V.N.), L.V.N. at 8/8/2022 3:18 PM

Messages

| Test result/question | | | | |
|---|--------------------|--|--|--|
| From Latrice Nicole (L.V.N.) Hardison, L.V.N. Last Read in kp.org 8/8/2022 7:17 PM by Pepper Smith | To Pepper Smith | Sent and Delivered 8/8/2022 3:34 PM | | |

Dear Ms. Smith,

08/01/2022 - Patient Message in INTERNAL MEDICINE AQUA2 (continued)

Messages (continued)

My name is Latrice I'm assisting Stahl, Jerusha Emily (M.D.) with messages for the day. I apologize for the delay in responding to your e-mail as we are receiving an unusually high volume of e-mail messages during this time. We appreciate your patience and understanding. I have scheduled you an telephone appointment with an available provider to discuss your questions and concerns.if unable to keep, please call the appointment center a 833-574-2273 or us Kp app to cancel and or reschedule with your provider or any available provider.

Future Appointments 8/10/2022 11:30 AM Mayorquin, Patricia (M.D.* CZMED1 CWMU)

Thank you for using kp.org!

Sincerely,

Latrice, H. LVN on behalf of Stahl, Jerusha Emily (M.D.)

| Test result/question | | | |
|----------------------|--|--------------------------|--|
| From Pepper Smith | To Jerusha Emily (M.D.) Stahl, M.D. | Sent 8/1/2022 1:11 PM | |
| | Jerusna Enny (m.D.) Stan, m.D. | 0/1/2022 1.1 1 1 10 | |

Hi Dr. Stahl

I got the results but I'm still confused because I'm still in pain. I've been taking the Pepcid and fiber. IDK what else to do. It's always there and eases at times and sitting makes it worse. Please let me know what options I have.

What can I do about these hemorrhoids , they are out majority of the time. I knew they were there but it's never been a real problem.

Also I still never heard from the weight program, I'm down to 211.

Please advise

Thank you, Pep (323)445-2714

08/01/2022 - Patient Message in INTERNAL MEDICINE AQUA2 (continued)

Messages (continued)

END OF ENCOUNTER

08/03/2022 - Patient Self-Triage in SCAL ML E-VISITS ADMIN DEPT

Visit Information

Self Triage Covid-19 Group Dt Scal

Last updated: 9/29/2022 10:40 AM PDT

Visit Information (continued)

| | owing COVID-19 concerns is your reason for visit? |
|---------------------------------------|---|
| | ptoms & Testing, Cold, Cough, Sore Throat |
| | the following questions are part of your medical record and should reflect your current symptoms. Treatment |
| | sed on your answers and can be harmful if you are not answering the questions accurately. Changing answers t |
| questions and si | ubmitting multiple E-visits may result in the inability to treat you online. |
| | |
| | nt or possibly pregnant? |
| No | |
| - | baby in the past 6 weeks? |
| Νο | |
| | y of the following conditions? |
| | ve any of the above conditions. |
| | tailed clinical evaluation via this E-visit with a series of questions to direct you to the appropriate care based on |
| your careful ans | |
| l would like to g | go through the more detailed assessment. |
| Do you currently | have any of the following symptoms? |
| | |
| Fever | |
| No | |
| - | or worsening of a long-standing cough |
| Yes | |
| New loss of | taste or smell (Anosmia) |
| No | |
| Nausea or V | 'omiting |
| No | |
| Headache th | nat is different from past typical headache |
| No | |
| Repeated sh | naking chills |
| No | |
| Diarrhea (fre | equent loose or watery stool) |
| No | |
| Sore throat | |
| Yes | |
| Muscle ache | es/pain over entire body |
| No | |
| Nasal conge | estion or runny nose |
| Yes | |
| Do you have any | y of the following? |
| | |
| Phlegm that | is mostly blood |
| No | |
| NEW or wor | sening shortness of breath where you are struggling to breathe while sitting still. |
| No | |
| Taking a nev | w blood pressure medication AND developed a dry cough that continued for more than 3 days |
| No | |
| Cough so m | uch that it keeps you from being able to sleep for more than 1-2 hours at a time |
| No | |
| Do you have wh | eezing (high pitched whistling or musical sound) coming from your chest NOT your nose? |
| No | |
| Is your sore thro | at |
| Moderate/Seve | re |
| The following sy have any of the t | mptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do yo following? |
| | |
| - | t is getting worse |
| No | ace, neck, lips, tongue or throat that is rapidly getting worse |
| | ace neck line tonglie or throat that is rapidly defind worse |
| | ace, neek, nps, tongue of throat that is rapidly getting worse |

Visit Information (continued)

| Yes | | | |
|---|--------------------|--|--|
| New rash with small red/purple spots or | patches | | |
| No | | | |
| Severe weakness that makes walking o | standing difficult | | |
| No | - | | |
| Fever of 103 or greater | | | |
| No | | | |

Patient Instructions

Selftriage Alert Reuse Appt_Ctr_C19 Adult Regn Peq_Scal

Pepper Smith,

It is important that you monitor your symptoms closely and call the Appointment Center at <u>1-833-574-</u> **2273** (TTY 711) to schedule a telephone or video visit. Inform them you have completed an E-visit.

As your trusted partner in health, please click on this link: <u>kp.org webpage for more information on</u> <u>COVID-19</u>. Check this webpage often for updated information as COVID-19 is constantly evolving and changing.

PLEASE DO NOT WALK IN TO ANY MEDICAL FACILITY WITHOUT SPEAKING TO A MEDICAL PROFESSIONAL FIRST to avoid putting you, your loved ones, or others around you at risk.

END OF ENCOUNTER

08/03/2022 - Orders Only in SCAL ML E-VISITS ADMIN DEPT

Visit Information

Provider Information

Encounter Provider

Scal E-Visit, Provider (M.D.), M.D.

Department

| Name | Address | Phone |
|-----------------------------|---------------------------|--------------|
| SCAL ML E-VISITS ADMIN DEPT | 6041 CADILLAC AVE | 323-857-2000 |
| | Los Angeles CA 90034-1702 | |

Reason for Visit

Visit Diagnosis

COVID-19 DISEASE, PERSON UNDER INVESTIGATION [Z20.822]

Labs

| SARS-COV-2, NAA (COVID-19), SURVEILLANCE [1554007185] (| Final result) |
|---|---|
| Electronically signed by: Scal E-Visit, Provider (M.D.), M.D. on 08 | /03/22 1309 Status: Completed |
| Ordering user: Scal E-Visit, Provider (M.D.), M.D. 08/03/22 1309 Ordering mode: Standard | Authorized by: Scal E-Visit, Provider (M.D.), M.D. |
| Frequency: Routine 08/03/22 - Quantity: 1 | Class: Clinic Collected Lab status: Final result |

Printed on 10/10/22 10:33 AM

Labs (continued)

Diagnoses

| COVID-19 DISEASE, PERSON UNDER INVESTIGAT | ION [Z20.822] |
|---|---------------|
| Provider Details | |

| Provider | NPI |
|-------------------------------------|-----|
| Scal E-Visit, Provider (M.D.), M.D. | _ |

Questionnaire

| Question | Answer |
|---|-------------|
| Patient symptomatic? | Yes |
| What symptoms does the patient have that are suspicious for COVID-19? | Other |
| What other symptoms does the patient have that are suspicious for COVID-19? | See E-visit |
| Result Release to patient? | Immediate |
| Date of symptom onset: | 8/2/2022 |

Order comments: SALIVA SPECIMEN COLLECTION: Use only the saliva container provided in the kit. Instruct the patient to self-collect the sample: (1) through funnel, fill container with saliva to the wavy black line; (2) remove funnel and replace with cap; (3) tighten to seal and release solution; (4) shake for 5 seconds. Inform patient that a SALIVA sample will be required. Advise patient to NOT eat, drink, chew gum, or smoke for at least 30 minutes before providing the saliva sample.

Specimen Information

| ID Type | Source | Collected By |
|-----------------|--------|--------------------------------|
| C000022022250 — | SALIVA | Patient, Collect 08/13/22 1313 |
| 38015 | | |

COVID-19 (SARS-COV-2), PCR KP LAB SALIVA FOR SYMPTOMATIC TESTING [1554007185]

Resulted: 08/15/22 0115, Result status: Final result

Order status: Completed Collected by: Patient, Collect 08/13/22 1313 Filed on: 09/29/22 1038 Resulting lab: SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS

Narrative:

RMS ACCN: 727295528 Acknowledged by: Yamashiro, Andrea (L.V.N.), L.V.N. on 08/15/22 0853

Components

| Component | Value | Reference Range | Flag | Lab |
|--|--------------------|------------------|------|-------|
| SARS-COV-2 (COVID-19), QUALITATIVE, | Not Detected | Not Detected | _ | SCPMG |
| NAA | | | | |
| Comment: | | | | |
| NAA (Nucleic Acid Amplification) assays are method for SARS-CoV-2 viral RNA detection | | 0 | | |
| | | | | |
| This test is only for use under the Food and | Drug Administra | tion's Emergency | | |
| Use Authorization (EUA). | | | | |
| Test results are for the identification of SAR | S-CoV-2 RNA, w | hich may be | | |
| detectable in samples submitted during the | | | | |
| Positive / Detected. SARS-CoV-2 RNA pres | ent | | | |
| Negative / Not Detected results for SARS-C | | out COVID-19 | | |
| infection and should not be used as the sole | | | | |
| Negative / Not Detected results must be cor | mbined with other | information such | | |
| as patient history, clinical observations and | epidemiology. Re | esubmit if | | |
| clinically indicated. | | | | |
| Presumptive Positive. Not all COVID-19 targ | gets detected. Co | nsider the test | | |
| POSITIVE if there was a high pre-test proba | ability of COVID-1 | 9 infection. | | |
| Consider repeat testing if clinically indicated | | | | |
| Inconclusive | | | | |
| . Not all COVID-19 targets detected. Consid | ler repeat testing | if | | |

Labs (continued)

clinically indicated.

For "Invalid" results a new specimen needs to be obtained for retesting.

This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 and/or diagnosis of COVID-19 infection.

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|--|-----------------------|--|-------------------------|
| 1753 - SCPMG | SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS | Steven McLaren, DO | 13000 Peyton Drive Chino Hills CA 91709 | 03/28/19 2201 - Present |

Filed on: 09/29/22 1038

COVID-19 (SARS-COV-2), PCR KP LAB SALIVA FOR SYMPTOMATIC TESTING [1554007185]

Order status: Completed Collected by: Patient, Collect 08/13/22 1313 Narrative: RMS ACCN: 727295528 Resulted: 08/14/22 0754, Result status: In process

Reviewed by

Yamashiro, Andrea (L.V.N.), L.V.N. on 08/15/22 0853

Indications

COVID-19 DISEASE, PERSON UNDER INVESTIGATION [Z20.822 (ICD-10-CM)]

All Reviewers List

Yamashiro, Andrea (L.V.N.), L.V.N. on 8/15/2022 08:53

Letters

COVID-19 Test Guidance for Isolation by Scal E-Visit, Provider (M.D.), M.D. on 8/3/2022

Status: Sent Letter body:

🕍 Kaiser Permanente .

8/3/2022

| Name: | Pepper Smith |
|----------|----------------------|
| Address: | 2822 7th Ave |
| | Los Angeles CA 90018 |

Letters (continued)

Re: Pepper Smith

To Whom It May Concern:

Based upon recommendations from the California Department of Public Health (CDPH), **Pepper should self-isolate** until COVID-19 diagnostic testing can be performed and results returned.

If the follow-up diagnostic test is <u>positive</u>, self-isolation should continue based upon recommendations from CDPH (see link below).

If Pepper has or had COVID-19 symptoms, self-isolation should continue until:

- It has been at least 5 days since symptoms started,
- There are no fevers,
- Other symptoms have improved, AND
- A negative diagnostic test was collected 5 days or more after symptoms began.
- If fevers persist, isolation should continue until fevers resolve.
- If other symptoms are not resolving, isolation should continue until symptoms are resolving or until after day 10 since the symptoms started.
- Alternatively, if retesting on or after day 5 does not occur, Pepper may end isolation after day 10 (since symptoms started), provided there are no fevers and other symptoms are improving.

If Pepper never had COVID-19 symptoms, self-isolation should continue until:

- It has been at least 5 days since Pepper first tested positive,
 - AND
- A negative diagnostic test was collected 5 days or more since Pepper first tested positive.
- Alternatively, if retesting on or after day 5 does not occur, Pepper may end isolation on day 10 (since the initial positive result).

After day 10, a negative COVID-19 antigen or PCR test result is <u>NOT required</u> for discontinuing self-isolation, based upon recommendations from CDPH.

Healthcare workers should contact their employers for further guidance as the isolation requirements may differ from above.

NOTE: This document may be printed and shared with your employer or school. You do not need to contact your doctor for an off-work, off-school or caregiver note.

Detailed recommendations are available at <u>https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx</u>

Sincerely, Kaiser Permanente 8/3/2022 1:09 PM

END OF ENCOUNTER

08/03/2022 - Patient Self-Triage in SCAL ML E-VISITS ADMIN DEPT

Visit Information

Self Triage Covid-19 Group Dt Scal

Last updated: 9/29/2022 10:40 AM PDT

Which of the following COVID-19 concerns is your reason for visit?

COVID-19 Symptoms & Testing, Cold, Cough, Sore Throat

Your answers to the following questions are part of your medical record and should reflect your current symptoms. Treatment decisions are based on your answers and can be harmful if you are not answering the questions accurately. Changing answers to questions and submitting multiple E-visits may result in the inability to treat you online.

Are you pregnant or possibly pregnant?

No

Have you had a baby in the past 6 weeks?

No

Do you have any of the following conditions?

No, I do not have any of the above conditions.

We provide a detailed clinical evaluation via this E-visit with a series of questions to direct you to the appropriate care based on your careful answers.

I do not feel too sick and do not have the above condition and would like to be tested.

Do you currently have any COVID-19 symptoms?

Yes

When did you start having these symptoms?

8/2/2022

Have you had A POSITIVE COVID-19 test in the past 2 months?

No

I have reviewed and understand the instructions above. Please select from one of the following options:

My symptoms are manageable. I would like to take the test for COVID-19 infection.

Which method would you prefer?

Saliva – Go to KP Facility for Saliva Test

Provider Instructions

Selftriage Provider Sore_Throat Centor_Score_-1 Adult Regn_Ga Peq_Scal

Patient's Total Centor Score = -1

Selftriage Nonspecific C19_Fluvid Provider_Note_10_12 Adult Regn_Ga Peq_Scal

COVID Test in 3 Months = No Work/School Note = Auto ARx Centor Score = Less than 3

RECOMMEND = None

Patient Instructions

Selftriage Order Reuse C19_Sx_Asx_Saliva_Pcr_Test_Appt Adult_Peds Regn Peq_Scal

VERY IMPORTANT: READ THE FIRST 3 BULLET POINTS

Visit Information (continued)

| A COVID-19 PCR SALIVA-based test has been ordered for you on 10/10/2022. No need to contact your healthcare team. A SALIVA sample will be collected at the testing location. To ensure accuracy of the results, do NOT eat, drink, chew gum or smoke for at least 30 minutes before giving your. |
|---|
| gum, or smoke for at least 30 minutes before giving your saliva sample. You may drive into any of the Covid Drive Thru locations accepting walk-ins. Click on the button to access a list of |

locations along with the hours of operations. Take a screenshot or photo of this list for your reference.

Testing Locations

Results are available within **1-2 days** of specimen collection. Plan your testing accordingly. If you do not receive a notification **after 3 days** from the test date, please call the Appointment Center at **<u>1-833-574-2273</u>** (TTY 711) or notify your provider.

You will receive an automatic notification with a link to a letter providing guidance on self-isolation. The letter can be found for:

- Age 18 or older under Medical Records > Letters section.
- Age under 18 under **Message Center > Inbox** section.

You can always click on the E-visit History located at the bottom of the E-visit menu for a copy of these instructions.

Note: To manage your health and find many useful resources including your customized Personal Action Plan, visit <u>kp.org/actionplan</u> to see what you can take control of today!

Thank you for completing this E-visit. Hope you stay safe.

Selftriage Selfcare Cold_Flu Na Adult Regn_Ga Peq_Scal

Your Care Plan 🅍 KAISER PERMANENTE®

What is it?

Colds and influenza (the flu) are both caused by viruses. Although they share many of the same symptoms, there are some key differences. Colds can occur throughout the year. The flu generally infects people from late fall through early spring



Potential Symptoms

The symptoms of a cold include a stuffy or runny nose, sneezing, sore throat, mild fatigue, headache, and a cough. Flu symptoms are usually more severe than cold symptoms and tend to come on suddenly. They can include fever (100.4 degrees F or higher), fatigue (very tired),

Visit Information (continued)

muscle or body aches, headache, chills, sore throat, cough, and a stuffy or runny nose. Some people may have vomiting and diarrhea, but this is more common in children than adults

Instructions to Prevent the Spread of COVID-19

COVID-19 is most often spread in communities, so protect yourself and those around you with <u>the following practices</u> whenever possible. We recommend that you self-quarantine for 10 days or get a COVID-19 test (Antigen/PCR) on day 5 or later. If test returns negative, you can stop self-quarantine.

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
 - Throw used tissues in a lined trash can.
 - o Immediately wash your hands.
- Avoid close contact with people who are sick if possible.
- Keep a 6-foot distance between yourself and other people and wear a mask.
- <u>Clean AND disinfect frequently touched surfaces</u> at least daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

Recommendations for Self-Quarantine

We recommend that you self-quarantine:

- Self-quarantine for 10 days or get a COVID-19 test (Antigen/PCR) on day 5 or later. If test returns negative, you can stop self-quarantine.
- Watch for symptoms such as shortness of breath, fever, chills, muscle aches, loss of smell and taste.
- Stay home. Do not go to work, school, or public areas.
- Do not allow visitors.
- Separate yourself from others in your home (unless they are also in quarantine).

To view this self-care instruction as a video, click on the <u>Self-Quarantine</u> link. For more information about how to self-quarantine, go to <u>kp.org/covid19guide</u>.

Testing Outside of Kaiser Permanente

Currently, Kaiser Permanente is prioritizing testing for patients with active symptoms consistent with COVID-19 while we work to further expand our testing capacity. We are working quickly to expand our testing capacity to meet member needs. In the meanwhile, you can get tested at an

Visit Information (continued)

external, licensed, independent facility (for example, CVS, Walgreens, Walmart, other retail locations, or a private lab).

Many of these facilities bill Kaiser Permanente directly, so you may not have to pay anything out of pocket. If you are charged, Kaiser Permanente will provide reimbursement for the cost of the test as long as it is conducted by a licensed facility. Please visit **kp.org/coverageandcosts** to learn how to submit a claim for reimbursement.

If you get tested outside of Kaiser Permanente, your results aren't automatically shared with your doctor's office. Please email a photo or a scanned copy of your test results to your doctor's office so we can update your medical record:

- 1. Go to kp.org and create a new message.
- 2. Use "COV19 outside lab report" as your subject line.
- 3. Click on the "Attach an image" link at the bottom of the message to add a photo or scan of your report. The report should include your name and at least one other personal identifier, like your date of birth.

SYMPTOMS OF COLD & FLU

Timeline

Your E-visit responses indicate that you may have a virus causing a cold or flu-like illness. You may also have the actual flu, but beyond the time period for which flu medication is effective. Flu and other viruses do not respond to typical antibiotics, but you can use self-treatment steps to feel better.



Tips and directions for taking over-the-counter medications

- If you have nasal congestion or dripping secretions in the back of the throat, use an over-the-counter nasal saline spray, oral decongestion and/or cortisone nasal spray.
 - You can choose from several nasal saline sprays; a pharmacist may help you determine the best one for you.
 - Nasal saline sprays loosen and clear nose secretions. You may use these as often as needed.
 - The cortisone type nasal sprays (fluticasone and triamcinolone) are very helpful. You may use these nasal sprays long-term as needed.
 - Do not use a decongestion nasal spray for more than three days. The oral decongestant pills or liquid are better if you need them for more than three days.
- Some over-the counter cough medications come mixed with decongestions, so be careful not to buy separate medications for congestion and cough that would interact. A pharmacist may help you decide.
- Allergies can cause some flu-like symptoms, although these occur without a fever. You can choose from many over-the-counter anti-allergy medications. Again, some over-the-counter allergy medications are also in decongestant and cough medications, so be careful not to buy separate medications for congestion and cough that would interact. A

Visit Information (continued)

pharmacist may help you decide.

- For muscle aches, throat pain, or sinus pain, try acetaminophen as directed on the label or bottle. If this does not work, try ibuprofen or naproxen, but be sure to read the package insert for the conditions that could prevent you from using these medications. For example, do not use acetaminophen if you have liver disease and do not use ibuprofen or naproxen if you are pregnant, have stomach ulcers, or liver or kidney disease.
- Do not drink alcohol if you're using any pain medication.
- For fever, use over-the counter acetaminophen and follow the directions on the label or bottle. For adults with flu-like symptoms, see a doctor if you have a fever of 103 degrees or higher.
- Do not take the over-the-counter medications suggested if you have any of the medical conditions listed in the packaging information which could prevent you from using that medication.
- Do not take any suggested medication if you have an allergy to it or if you had side effects when taking it in the past.
- Be sure to consult a pharmacist before taking any OTC medications that may interact or interfere with other medications you are taking.
- Do not use aspirin if you are under age 20 and have a viral illness, such as a cold, cough, or flu-like illness.
- For any medication-related questions, contact the pharmacist at the drug store or your doctor.

Your Self-Care Instructions

Suggestions and tips to help alleviate your symptoms:

- If you are pregnant, could be pregnant, are breastfeeding, or have ongoing medical conditions:
 - Consult your doctor immediately if you still feel you have the flu that the E-visit did not defect.
 - Consult a pharmacist, obstetric provider, or primary care doctor prior to taking any medication.
 - Be sure the over-the counter medication is safe to use (if needed, consult a pharmacist). This information can be found in the medication's packaging inserts.
- For a sore throat, gargle with warm salt water. Gargle at least once each hour while awake with one teaspoon (5 g) of salt dissolved in eight fluid ounces (240 mL) of warm water or a mouth wash. Do NOT swallow the salt water or mouth wash. Throat lozenges may also help.
- Prevent dehydration by drinking plenty of fluids. If you have congestive heart failure or have been instructed to restrict your fluid intake, check with your doctor to determine how to best manage your fluid intake.
- Always follow the directions on the label and do not take more than the recommended dose.
- Do not smoke or use other tobacco products and avoid secondhand smoke.
- If your home's air is very dry, which can occur in the wintertime, you may try a cool mist humidifier.
 - If it makes your cough worse, stop the humidification.
 - Do not over-humidify as this can promote mold and bacterial growth.
 - Clean your humidifier often.
 - Do not use a steam humidifier, only one that creates a cool mist.

When You Should See a Doctor

Seek help from a doctor if you have any of the following:

Visit Information (continued)

- Fever that is increasing or if your temperature is 103 degrees or higher.
- Confusion or disorientation.
- Your voice becomes low, weak, or muffled and is now hard to hear or understand.
- Difficulty breathing or have high pitched wheezing noises that do not clear with coughing.
- · Asthma or another lung disease that is not controlled.-
- A new rash since becoming ill.
- Inability to swallow liquids, foods, or your saliva.
- Swelling of the tongue or the tissues of the neck, not just your neck glands.
- Difficulty opening your mouth or have a stiff neck.
- Weakened immune system due to a medical condition, chemotherapy, a medication you are taking (your doctor likely would have mentioned this to you), or if you had an organ transplant.
- Symptoms are getting worse or lasting more than 10 days.

Returning to Work or School

- For a viral illness, you may return to work or school when you begin to feel better. Until then, you are contagious. Allergy-related symptoms are not contagious.
- Wash your hands often and avoid close contact with others to prevent the spread of the infection.

Other Health Care Recommendations for you

Personal Action Plan

END OF ENCOUNTER

08/04/2022 - Orders Only in NURSE CLINIC FAM

Visit Information

Provider Information

Encounter Provider

Avina, Laura (R.N.), R.N.

Department

| Name | Address | Phone |
|------------------|---|--------------|
| NURSE CLINIC FAM | 3782 W MARTIN LUTHER KING JR Los Angeles CA 90008-1703 | 833-574-2273 |

Reason for Visit

Visit Diagnosis

• SCREENING FOR COVID-19 DISEASE [Z20.822]

Labs

SARS-COV-2, QUALITATIVE, NAA (COVID-19), KP LAB [1554007186] (Final result)

Electronically signed by: Avina, Laura (R.N.), R.N. on 08/04/22 1109

Status: Completed

08/04/2022 - Orders Only in NURSE CLINIC FAM (continued)

Labs (continued)

| Ordering user: Avina, Laura (R.N.), R.N. 08/04/22 1109 Ordering mode: Standard Cosigning events | Authorized by: Stahl, Jerusha Emily (M.D.), M.D. |
|---|--|
| Electronically cosigned by Stahl, Jerusha Emily (M.D.), M.D. 08/04/2 | 2 1133 for Ordering |
| Frequency: Routine 08/04/22 - | Class: Clinic Collected |
| Quantity: 1 | Lab status: Final result |
| Diagnoses | |
| SCREENING FOR COVID-19 DISEASE [Z20.822] | |
| Provider Details | |
| Provider | NPI |
| Avina, Laura (R.N.), R.N. | _ |
| Stahl, Jerusha Emily (M.D.), M.D. | 1083894638 |
| Questionnaire | |

| Question | Answer |
|---------------------------------------|-----------|
| First COVID test? | No |
| Patient symptomatic? | No |
| Patient hospitalized? | No |
| Patient in ICU? | No |
| Patient employed in Health Care? | Unknown |
| Patient living in congregate setting? | Unknown |
| Patient pregnant? | Unknown |
| Result Release to patient? | Immediate |

Order comments: NASAL SWAB: Instruct Patient to self-collect or Parent/Guardian/Caregiver to help with specimen collection from ANTERIOR NARES. If not possible, following instructions below: NASAL SWAB: Observe Enhanced Droplet Precautions. Use the same swab for both oropharyngeal and nasopharyngeal sites: (1) swab back of throat, avoiding tongue, and then (2) place same swab into a nostril parallel to palate for a few seconds to absorb secretions; place swab into a sterile container with viral transport media. Store/transport refrigerated or on ice.

Specimen Information

| ID | Туре | Source | | Collected B | y | |
|--|--|--------------------|--|-------------------|------------------------------------|--|
| C0000220222160 55772 |) | NASAL SWAB | | RNC 08/04/22 1106 | | |
| | tomatic Screening: Exposure, [1554007186] (Abnormal) | Travel, Educatio | on, or Res | sulted: 08/05/2 | 22 1146, Result status: Final resu | |
| Order status: Cor Collected by: RN0 | • | | Filed on: 09/29/22 1038 Resulting lab: SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS | | | |
| Narrative: RMS ACCN: 726 | | | | | | |
| Acknowledged by | r: Stahl, Jerusha Emily (M.D.), M | I.D. on 08/05/22 1 | 159 | | | |
| Components | | | | | | |
| Component | | Value | Reference Range | Flag | Lab | |
| SARS-COV-2 NAA | (COVID-19), QUALITATIVE, | Positive | Not Detected | Α! | SCPMG | |
| Comment: | | | | | | |
| | ic Acid Amplification) assays are SARS-CoV-2 viral RNA detectio | | | | | |
| | only for use under the Food and zation (EUA). | Drug Administrat | ion's Emergency | | | |
| | are for the identification of SAR n samples submitted during the | | | | | |
| Negative / N | etected. SARS-CoV-2 RNA pres lot Detected results for SARS-C | oV-2 do not rule o | | | | |
| | d should not be used as the sole lot Detected results must be cor | | | | | |

Labs (continued)

as patient history, clinical observations and epidemiology. Resubmit if clinically indicated.

Presumptive Positive. Not all COVID-19 targets detected. Consider the test POSITIVE if there was a high pre-test probability of COVID-19 infection. Consider repeat testing if clinically indicated.

Inconclusive

. Not all COVID-19 targets detected. Consider repeat testing if clinically indicated.

For "Invalid" results a new specimen needs to be obtained for retesting.

This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 and/or diagnosis of COVID-19 infection.

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|--|-----------------------|--|-------------------------|
| 1753 - SCPMG | SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS | Steven McLaren, DO | 13000 Peyton Drive Chino Hills CA 91709 | 03/28/19 2201 - Present |

Filed on: 09/29/22 0336

COVID-19 Asymptomatic Screening: Exposure, Travel, Education, or Another Reason [1554007186]

Resulted: 08/05/22 0550, Result status: In process

Order status: Completed Collected by: RNC 08/04/22 1106 Narrative: RMS ACCN: 726752344

Reviewed by

Stahl, Jerusha Emily (M.D.), M.D. on 08/05/22 1159 Stahl, Jerusha Emily (M.D.), M.D. on 08/05/22 1159 Stahl, Jerusha Emily (M.D.), M.D. on 08/05/22 1159

Indications

SCREENING FOR COVID-19 DISEASE [Z20.822 (ICD-10-CM)]

All Reviewers List

Stahl, Jerusha Emily (M.D.), M.D. on 8/5/2022 11:59 Stahl, Jerusha Emily (M.D.), M.D. on 8/5/2022 11:59 Stahl, Jerusha Emily (M.D.), M.D. on 8/5/2022 11:59

Letters

COVID-19 Test Guidance for Isolation by Scal E-Visit, Provider (M.D.), M.D. on 8/5/2022

Status: Sent Letter body:



Letters (continued)

8/5/2022

| Name: | Pepper Smith |
|----------|----------------------|
| Address: | 2822 7th Ave |
| | Los Angeles CA 90018 |

Re: Pepper Smith

To Whom It May Concern:

Based upon guidelines from the California Department of Public Health (CDPH), **Pepper should self-isolate given a POSITIVE COVID-19 result until the following criteria are met**.

If Pepper has or had COVID-19 symptoms, self-isolation should continue until:

- It has been at least 5 days since symptoms started,
- There are no fevers,
- Other symptoms have improved, **AND**
- A negative diagnostic test was collected 5 days or more after symptoms began.
- If fevers persist, isolation should continue until fevers resolve.
- If other symptoms are not resolving, isolation should continue until symptoms are resolving or until after day 10 since the symptoms started.
- Alternatively, if retesting on or after day 5 does not occur, Pepper may end isolation after day 10 (since symptoms started), provided there are no fevers and other symptoms are improving.

If Pepper never had COVID-19 symptoms, self-isolation should continue until:

- After it has been at least 5 days since Pepper first tested positive, **AND**
- A negative diagnostic test was collected 5 days or more since Pepper first tested positive.
- Alternatively, if retesting on or after day 5 does not occur, Pepper may end isolation on day 10 (since the initial positive result).

After day 10, a negative COVID-19 antigen or PCR test result is <u>NOT required</u> for discontinuing selfisolation, based upon recommendations from CDPH.

Healthcare workers should contact their employers for further guidance as the isolation requirements may differ from above.

NOTE: Kaiser Permanente physicians and clinicians will NOT issue off-work or off-school notes based upon self-reported positive COVID-19 test results. Home antigen testing is approved by CDPH for confirmation of COVID-19 infection and does not require health care provider confirmatory testing, nor does this type of testing require further notes or documentation from a doctor's office.

Detailed recommendations are available at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-

Letters (continued)

19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx

Sincerely, Kaiser Permanente 8/5/2022 1:16 PM

AFTER VISIT SUMMARY

Pepper Smith MRN: 000004779300

KAISER PERMANENTE . 8/4/2022 Q NURSE CLINIC FAM

Today's Visit

You saw LAURA AVINA RN, R.N. on Thursday August 4, 2022. The following issues were addressed:

SCREENING FOR CORONAVIRUS DISEASE (COVID-19)

What's Next You currently have no upcoming appointments scheduled.

Medications

New Orders Normal Orders This Visit SARS-COV-2, QUALITATIVE, NAA (COVID-19), KP LAB [87635 CPT(R)]

Common Medication Direction Abbreviations PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 8/4/2022

No Known Drug Allergies

Severity Not Specified
 Reviewed by Martinez, Robert (R.N.), R.N. on 7/25/2022

 Noted
 Reaction Type
 Reactions

 06/01/2005
 Reaction Type
 Reactions

kp.org

View your After Visit Summary and more online at https://healthy.kaiserpermanente.org/hconline/ie/.

General Information

SKIP THE TRIP. Have our pharmacy come to you! New and refill prescriptions mailed to your home.

WHEN USING THE MAIL ORDER OPTION FOR OBTAINING PRESCRIPTIONS:

Pepper Smith (MRN: 000004779300) • Printed at 8/4/2022 11:09 AM Page 1 of 3 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

KAISER PERMANENTE

08/04/2022 - Orders Only in NURSE CLINIC FAM (continued)

- · You must be able to wait 7 days before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a credit card on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- · For most medications that are meant to be refilled every 30 days, filling the prescription by mail you can obtain a 3month supply for just 2 months of copay!

4 WAYS TO RECEIVE PRESCRIPTIONS BY MAIL:

- If checking-in at the Pharmacy, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- · Go to kp.org/Rxrefill. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the Kaiser Permanente app for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- Call (866) 206-2983 and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

You must be registered on KP.ORG to order prescriptions online or through the KP app. Not registered yet? Go to KP.ORG/REGISTERNOW to get started.

| For questions, call member services at | Hou |
|--|-------|
| 800-464-4000 or TTY 711 | Opei |
| 800-788-0616 (Spanish) | 24 h |
| 800-757-7585 (Chinese dialects) | Close |
| | |

Medicare members 800-443-0815 or TTY 711 en 7 days a week nours a day ed holidays

Hours Open 7 days a week from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Pepper Smith (MRN: 000004779300) • Printed at 8/4/2022 11:09 AM Page 2 of 3 Epic This is confidential information. Do not throw away in a Kaiser Permanente trash can.

KAISER PERMANENTE

08/04/2022 - Orders Only in NURSE CLINIC FAM (continued)

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <u>http://www.everybodywalk.org</u>. THRIVE!

Thrive Local

Find help in your community

We're here to support you however we can. If you need help with essentials like housing, childcare, or food, Thrive Local Connections can help connect you to resources in your community. Call 1-800-443-6328 (TTY 711), Monday through Friday between 8 a.m. and 5 p.m.

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Pepper Smith (MRN: 000004779300) • Printed at 8/4/2022 11:09 AM Page 3 of 3 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.

END OF ENCOUNTER

08/06/2022 - Message in CARE MANAGEMENT PROGRAM

Visit Information

Provider Information

Printed on 10/10/22 10:34 AM

08/06/2022 - Message in CARE MANAGEMENT PROGRAM (continued)

Visit Information (continued)

| Encounter Provider |
|--------------------------|
| Phan, Jesse (R.N.), R.N. |

Department

| Name | Address | Phone |
|-------------------------|--|--------------|
| CARE MANAGEMENT PROGRAM | 6041 CADILLAC AVE Los Angeles CA 90034-1702 | 323-857-3273 |

Reason for Visit

Chief Complaints

- COVID-19 RESULTS REVIEW
- COVID-19 DIAGNOSIS CONFIRMED

Clinical Notes

| Telephone Encounter | | |
|--|-------------------------------------|---------------------------------|
| Phan, Jesse (R.N.), R.N. at 8/6/2022 071 | 7 | |
| Author: Phan, Jesse (R.N.), R.N. | Service: — | Author Type: REGISTERED NURSE |
| Filed: 8/6/2022 7:18 AM | Encounter Date: 8/6/2022 | Creation Time: 8/6/2022 7:17 AM |
| Status: Signed | Editor: Phan, Jesse (R.N.), R.N. (R | REGISTERED NURSE) |

WLA COVID CLOSED LOOP TEAM

| Basename | Value | Specimen | Date/Time |
|----------|--------------|------------|------------|
| | | Туре | |
| COVID19 | Positive (A) | NASAL SWAB | 08/04/2022 |
| COVID19 | Not Detected | NASAL SWAB | 07/22/2022 |
| COVID19 | Not Detected | NASAL SWAB | 06/18/2022 |
| COVID19 | Not Detected | NASAL SWAB | 12/15/2020 |
| COVID19 | Negative | NASAL SWAB | 10/31/2020 |

Chart reviewed, patient identified as a potential candidate for antiviral or monoclonal antibody treatment based on NIH tier system, Tier 4

Patient messaged with COVID-19 test management information via kp.org, advised to call COVID team at (323) 857-3909 if interested.

JESSE PHAN RN Kaiser Permanente, Kaiser WLA 7:17 AM 8/6/2022

Electronically signed by Phan, Jesse (R.N.), R.N. at 8/6/2022 7:18 AM

08/06/2022 - Message in CARE MANAGEMENT PROGRAM (continued)

END OF ENCOUNTER

08/06/2022 - Patient Message in CARE MANAGEMENT PROGRAM

Visit Information

Provider Information

Encounter Provider

Phan, Jesse (R.N.), R.N.

Department

| Name | Address | Phone | |
|-------------------------|--|--------------|--|
| CARE MANAGEMENT PROGRAM | 6041 CADILLAC AVE Los Angeles CA 90034-1702 | 323-857-3273 | |

Messages

| Covid Test Information | | | |
|---|--------------------|--|--|
| From Jesse (R.N.) Phan, R.N. | To Pepper Smith | Sent and Delivered 8/6/2022 7:18 AM | |
| Last Read in kp.org 8/6/2022 1:56 PM by Pepper Smith | | | |

Dear Ms. Smith,

I am contacting you to inform you that your recent COVID-19 test is POSITIVE.

| Basename | Value | Specimen Type | Date/Time |
|----------|--------------|------------------|------------|
| COVID19 | Positive (A) | NASAL SWAB | 08/04/2022 |
| COVID19 | Not Detected | NASAL SWAB | 07/22/2022 |
| COVID19 | Not Detected | NASAL SWAB | 06/18/2022 |
| COVID19 | Not Detected | NASAL SWAB | 12/15/2020 |
| COVID19 | Negative | NASAL SWAB | 10/31/2020 |

You have been identified as a potential candidate for treatment with one of the medications approved for COVID-19 treatment under the Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA). Be aware that this is NOT a guarantee of eligibility; you must undergo a phone evaluation with one of our providers to determine if you are a candidate. If you are interested in treatment, please call (323) 857-3909 at your earliest convenience. EUA medications must be given within a specific window of time from the onset of your symptoms. Please leave your name, medical record number, and best contact number to reach you.

Please note, if you already received specific follow-up instructions from your doctor or employer, please follow the instructions of your doctor or employer.

The good news is that this virus usually causes typical cold and flu-like symptoms that typically resolve in about 2 weeks.

Home Isolation & Self Care Instructions

08/06/2022 - Patient Message in CARE MANAGEMENT PROGRAM (continued)

Messages (continued)

Stay home. Do not leave your home, except to get medical care, until your healthcare provider says it's ok. Do not go to work, school, or public areas, and do not use public transportation or taxis.

Separate yourself from other people and animals in your home. As much as possible, stay in a different room from other people in your home and if possible, use a separate bathroom, and have a separate sleeping space. If you must be in the same room as other people, wear a facemask to prevent spreading germs to others.

Cover coughs and sneezes. To prevent spreading germs to others, when coughing or sneezing, cover your mouth and nose with a tissue or your sleeve. Throw used tissues in a lined trash can, and immediately wash hands with soap and water.

Keep hands clean. Wash hands often and thoroughly, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food. Use soap and water for at least 20 seconds. Use hand sanitizer with at least 60% alcohol if soap and water are not available and if hands are not visibly dirty.

Avoid sharing household items. Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people or pets in the home. These items should be washed thoroughly after use with soap and warm water.

Clean all "high-touch" surfaces every day.

Self-care at home includes getting rest, drinking plenty of fluids, and if needed, taking over-the-counter (OTC) medications for pain and symptoms relief.

Whom Can I Call With Questions?

If symptoms worsen, additional concerns arise, questions about your symptoms, or for Off-Work Order concerns/extensions, please call (833) 574-2273 to book a same/next-day appointment with a provider.

When Do I End My Home Isolation?

Kaiser Permanente uses the Symptoms- and Time-based Methods for determining clearance from isolation from COVID-19, based on recommendations from the Centers for Disease Control (CDC).

You will be cleared to come out of isolation if:

1) You have not had a fever for at least 24 hours (without the use of fever-reducing medications) AND

2) Your symptoms have improved.

3) It has been *at least* 10 days since the onset of your symptoms, OR you have taken a negative rapid antigen COVID test (home test) on Day 5 or later.

-If you are still having active symptoms at Day 5, repeat testing is not recommended, and you should isolate for the full 10 days.

08/06/2022 - Patient Message in CARE MANAGEMENT PROGRAM (continued)

Messages (continued)

If you meet the guidelines above, you are no longer considered infectious and have been cleared by Kaiser Permanente, your Healthcare Provider.

Please note that it is NOT NECESSARY to re-test if you have isolated a full 10 days. If your symptoms are improved, you have no fever, and have isolated a full 10 days, you are no longer considered to be contagious.

For more information regarding isolation and quarantine, visit: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx

According to current CDC guidelines, Employers should not require a COVID-19 test result to return to work. According to the CDPH, Employers should not use testing to impermissibly discriminate against employees who have previously tested positive for COVID-19 by preventing their Return To Work in a manner consistent with public health recommendations.

When Can I Get the COVID-19 Vaccine/Booster?

Even though you have the COVID-19 illness, it is still recommended that you get the vaccine, or if fully vaccinated, the booster shot. You are able to receive the COVID-19 vaccine/booster as soon as you have completed your home isolation period, and have recovered from your illness. You may go online to make an appointment at https://healthy.kaiserpermanente.org/southern-california/health-wellness/coronavirus-information/vaccine-appointments, or call the appointment line to make an appointment.

When to Seek Prompt Medical Attention

If your symptoms are severe such as... Trouble breathing that gets worse Pain or pressure in chest that gets worse Blue tint to lips or face Fast or irregular heartbeat Confusion or trouble waking Fainting or loss of consciousness Lethargy Coughing up blood

Or if you think you are having a medical or mental health emergency, go to the closest Emergency Room or call 911 if needed. Do not wait for our call back. If possible, when you arrive at the Emergency Room, stay in the car and wear a mask and have your driver or family member go inside and let the ER staff know that you have COVID-19 and need help. When calling 911, please inform them you are positive for COVID-19 and wear a mask.

Thank you for allowing Kaiser Permanente to be part of your care.

JESSE PHAN RN Kaiser Permanente, Kaiser WLA

08/06/2022 - Patient Message in CARE MANAGEMENT PROGRAM (continued)

Messages (continued)

7:18 AM 8/6/2022

END OF ENCOUNTER

08/10/2022 - Telephone Appointment Visit in INTERNAL MEDICINE

Visit Information

| Encounter Provider | Encounter Provider Authorizing Provider | | |
|--|---|-----------------|--|
| Mayorquin, Patricia (M.D.), M.D. | Mayorquin, Patricia (M.D.), M.D. | | |
| Department | | | |
| Name | Address | Phone | |
| | 3782 W MARTIN LUTHER KING JR Los Angeles CA 90008-1703 | 833-574-2273 | |
| _evel of Service | | | |
| | | | |
| Level of Service | | | |
| Level of Service PHYS TAV, EST PAT, 5-10 MIN OF MEI | DICAL DISCUSSION | | |
| Level of Service PHYS TAV, EST PAT, 5-10 MIN OF MEI son for Visit | DICAL DISCUSSION | | |
| Level of Service PHYS TAV, EST PAT, 5-10 MIN OF MEI son for Visit Chief Complaints | DICAL DISCUSSION | | |
| Level of Service PHYS TAV, EST PAT, 5-10 MIN OF MEI son for Visit | | | |
| Level of Service PHYS TAV, EST PAT, 5-10 MIN OF MEI son for Visit Chief Complaints • HEMORRHOIDS • PROACTIVE CALL - PRE-VISIT PREF | | | |
| Level of Service PHYS TAV, EST PAT, 5-10 MIN OF MEI son for Visit Chief Complaints • HEMORRHOIDS • PROACTIVE CALL - PRE-VISIT PREF | | Chronic? | |
| Level of Service PHYS TAV, EST PAT, 5-10 MIN OF MEI ason for Visit Chief Complaints • HEMORRHOIDS • PROACTIVE CALL - PRE-VISIT PREF | ⊃ (shingrix) Code | Chronic? Yes | |

Clinical Notes

Progress Notes

Mayorquin, Patricia (M.D.), M.D. at 8/10/2022 1303

Author: Mayorquin, Patricia (M.D.), M.D.Service: —Author Type: PhysicianFiled: 8/10/2022 1:06 PMEncounter Date: 8/10/2022Creation Time: 8/10/2022 1:03 PMStatus: SignedEditor: Mayorquin, Patricia (M.D.), M.D. (Physician)

TELEPHONE APPOINTMENT VISIT (TAV) -- 1:03 PM

Pepper Smith is a 51 year old female

TELEHEALTH ADVISORY

Prior to rendering the telehealth services:

1. I explained that there is available a face-to-face appointment with a provider to render the same health care services as this telehealth encounter.

2. The patient agreed to receive health care services via telehealth for this encounter.

08/10/2022 - Telephone Appointment Visit in INTERNAL MEDICINE (continued)

Clinical Notes (continued)

| Reason for TAV | : HEMORRHOIDS and PROACTIVE C | ALL - PRE-VISIT PREP | |
|---|---|----------------------------------|-----------------|
| Health Mainten Topic • IMM ZOSTE | ance Due R (50 YRS AND OLDER) (1 of 2) | Date Due Never done | |
| Having intermitt | - | stools/constipation for a few mo | |
| Nutrition consult | gnoses Name IRRITABLE BOWEL SYNDROME GERD (GASTROESOPHAGEAL REI daily fiber supplement, hydration | FLUX DISEASE) | Primary? Yes |
| | This Encounter NUTRITION COUNSELING | | |
| Time spent wit | h patient or guardian over the phone | e was 10 minutes. | |
| Electronically sig PATRICIA MAY 8/10/2022 | | | |

Other Orders

1:03 PM

Referral

| REFERRAL NUTRITION COUNSELING [1554007189] (Active) | |
|--|---|
| Electronically signed by: Mayorquin, Patricia (M.D.), M.D. on 08 | 3/10/22 1303 Status: Active |
| Ordering user: Mayorquin, Patricia (M.D.), M.D. 08/10/22 1303 | Authorized by: Mayorquin, Patricia (M.D.), M.D. |
| Ordering mode: Standard | |
| Frequency: Routine 08/10/22 - | Class: Internal referral |
| Quantity: 1 | Released by: Mayorquin, Patricia (M.D.), M.D. 08/10/22 1303 |
| Diagnoses | |

Electronically signed by Mayorquin, Patricia (M.D.), M.D. at 8/10/2022 1:06 PM

08/10/2022 - Telephone Appointment Visit in INTERNAL MEDICINE (continued)

Other Orders (continued)

| rovider | | NPI | | |
|--|--|--|-------------------------------|---------------------|
| layorquin, Patricia (M.D.), | M.D. | 1235429416 | | |
| Jestionnaire | | | | |
| uestion | | Answer | | |
| elephone or video visit if av r comments: Reason: IBS | | | | |
| | | | | |
| eferral Details Referred By | | Referred To | Туре | Priority |
| ferral Details | Diagnoses: IRRITABLE BOWEL SYNDROME GERD (GASTROESOPHAGEAL REFLUX DISEASE) Order: Referral Nutrition Counseling Reason: Specialty Services Required | Referred To WEST LA MEDICAL CENTER U 6041 CADILLAC AVE LOS ANGELES CA 90034-1702 Phone: 323-857-2000 Specialty: Nutritional Services | Type Outpatient Service | Priority Routine |

Indications

IRRITABLE BOWEL SYNDROME [K58.9 (ICD-10-CM)] GERD (GASTROESOPHAGEAL REFLUX DISEASE) [K21.9 (ICD-10-CM)]

END OF ENCOUNTER

08/16/2022 - Patient Self-Triage in SCAL ML E-VISITS ADMIN DEPT

Visit Information

Self Triage Covid-19 Group Dt Scal

Last updated: 9/29/2022 10:40 AM PDT

08/16/2022 - Patient Self-Triage in SCAL ML E-VISITS ADMIN DEPT (continued)

Visit Information (continued)

| | 0-19 concerns is your reason for visit? |
|--|---|
| | ting, Cold, Cough, Sore Throat |
| decisions are based on your | g questions are part of your medical record and should reflect your current symptoms. Treatment answers and can be harmful if you are not answering the questions accurately. Changing answers t |
| questions and submitting mul | Itiple E-visits may result in the inability to treat you online. |
| Are you pregnant or possibly | pregnant? |
| No | |
| Have you had a baby in the p No | ast 6 weeks? |
| Do you have any of the follow No, I do not have any of th e | |
| | l evaluation via this E-visit with a series of questions to direct you to the appropriate care based on |
| your careful answers. I would like to go through t | he more detailed assessment. |
| Do you currently have any of | |
| Fever | |
| No | |
| New cough or worsening Yes | of a long-standing cough |
| New loss of taste or smel | II (Anosmia) |
| No | · · · · · · · · · · · · · · · · · · · |
| Nausea or Vomiting | |
| No Hoodoobo that is differen | t from past typical headache |
| Headache that is differen Yes | t irom past typical neadache |
| Repeated shaking chills | |
| No | |
| Diarrhea (frequent loose No | or watery stool) |
| Sore throat | |
| Yes | |
| Muscle aches/pain over e Yes | antire body |
| Nasal congestion or runn | v nose |
| Yes | |
| Do you have any of the follow | /ing? |
| Phlegm that is mostly blo | od |
| No | |
| NEW or worsening shortr No | ness of breath where you are struggling to breathe while sitting still. |
| Taking a new blood press | sure medication AND developed a dry cough that continued for more than 3 days |
| - | eps you from being able to sleep for more than 1-2 hours at a time |
| Yes ' | pitched whistling or musical sound) coming from your chest NOT your nose? |
| No | |
| The following symptoms indic have any of the following with | cate potential serious or concerning condition that WILL require an assessment by a clinician. Do yo n your headache? |
| NEW weakness on one s No | ide of the body or face |
| NEW vision changes suc No | h as not able to see through one eye. |
| Confused thinking or spe No | ech |
| Light causes unbearable | pain |
| No | |

No Printed on 10/10/22 10:34 AM

08/16/2022 - Patient Self-Triage in SCAL ML E-VISITS ADMIN DEPT (continued)

Visit Information (continued)

| Very sudden onset, severe headache with vomiting. No Are your muscle aches: Mild Is your sore throat: Mild The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Drooling that is getting worse No Swelling of face, neck, lips, tongue or throat that is rapidly getting worse No The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Abdominal pain No New rash with small red/purple spots or patches No Severe weakness that makes walking or standing difficult No Fever of 103 or greater | Very sudden onset, severe headache with vomiting. No Are your muscle aches: Mild Is your sore throat: Mild The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Drooling that is getting worse No Swelling of face, neck, lips, tongue or throat that is rapidly getting worse No The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Mo The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Abdominal pain No Severe weakness that makes walking or standing difficult No Fever of 103 or greater No When did you start having these symptoms? | Fal No | ing to one side when walking since symptoms begin and lasting more than a few minutes and not due to injury |
|--|---|------------------|---|
| No Are your muscle aches: Mild Is your sore throat: Mild The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Drooling that is getting worse No Swelling of face, neck, lips, tongue or throat that is rapidly getting worse No The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Abdominal pain No New rash with small red/purple spots or patches No Severe weakness that makes walking or standing difficult No Fever of 103 or greater | No Are your muscle aches: Mild Is your sore throat: Mild The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Drooling that is getting worse No Swelling of face, neck, lips, tongue or throat that is rapidly getting worse No The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Abdominal pain No Severe weakness that makes walking or standing difficult No Severe for 103 or greater No When did you start having these symptoms? | Ve | v sudden onset, severe headache with vomiting. |
| Mild Is your sore throat: Mild The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Drooling that is getting worse No Swelling of face, neck, lips, tongue or throat that is rapidly getting worse No The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Abdominal pain No New rash with small red/purple spots or patches No Severe weakness that makes walking or standing difficult No Fever of 103 or greater | No Swelling of face, neck, lips, tongue or throat that is rapidly getting worse No The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Abdominal pain No New rash with small red/purple spots or patches No Severe weakness that makes walking or standing difficult No Fever of 103 or greater | | , , |
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| have any of the following? Drooling that is getting worse No Swelling of face, neck, lips, tongue or throat that is rapidly getting worse No The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Abdominal pain No New rash with small red/purple spots or patches No Severe weakness that makes walking or standing difficult No Fever of 103 or greater | have any of the following? Drooling that is getting worse No Swelling of face, neck, lips, tongue or throat that is rapidly getting worse No The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Abdominal pain No New rash with small red/purple spots or patches No Severe weakness that makes walking or standing difficult No Fever of 103 or greater No When did you start having these symptoms? | - | sore throat: |
| No Swelling of face, neck, lips, tongue or throat that is rapidly getting worse No The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Abdominal pain No New rash with small red/purple spots or patches No Severe weakness that makes walking or standing difficult No Fever of 103 or greater | No Swelling of face, neck, lips, tongue or throat that is rapidly getting worse No The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Abdominal pain No New rash with small red/purple spots or patches No Severe weakness that makes walking or standing difficult No Fever of 103 or greater No When did you start having these symptoms? | | |
| No The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Abdominal pain No New rash with small red/purple spots or patches No Severe weakness that makes walking or standing difficult No Fever of 103 or greater | No The following symptoms indicate potential serious or concerning condition that WILL require an assessment by a clinician. Do you have any of the following? Abdominal pain No New rash with small red/purple spots or patches No Severe weakness that makes walking or standing difficult No Fever of 103 or greater No When did you start having these symptoms? | | oling that is getting worse |
| have any of the following? Abdominal pain No New rash with small red/purple spots or patches No Severe weakness that makes walking or standing difficult No Fever of 103 or greater | have any of the following? Abdominal pain No New rash with small red/purple spots or patches No Severe weakness that makes walking or standing difficult No Fever of 103 or greater No When did you start having these symptoms? | | elling of face, neck, lips, tongue or throat that is rapidly getting worse |
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| No Severe weakness that makes walking or standing difficult No Fever of 103 or greater | No Severe weakness that makes walking or standing difficult No Fever of 103 or greater No When did you start having these symptoms? | No | |
| Severe weakness that makes walking or standing difficult No Fever of 103 or greater | Severe weakness that makes walking or standing difficult No Fever of 103 or greater No When did you start having these symptoms? | | v rash with small red/purple spots or patches |
| No Fever of 103 or greater | No Fever of 103 or greater No When did you start having these symptoms? | | |
| Fever of 103 or greater | Fever of 103 or greater No When did you start having these symptoms? | | rere weakness that makes walking or standing difficult |
| | No When did you start having these symptoms? | | |
| | When did you start having these symptoms? | | ver of 103 or greater |
| NO | | No | |

Patient Instructions

Selftriage Alert Reuse Appt_Ctr_C19 Adult Regn Peq_Scal

Pepper Smith,

It is important that you monitor your symptoms closely and call the Appointment Center at <u>1-833-574-</u> <u>2273</u> (TTY 711) to schedule a telephone or video visit. Inform them you have completed an E-visit.

As your trusted partner in health, please click on this link: <u>kp.org webpage for more information on</u> <u>COVID-19</u>. Check this webpage often for updated information as COVID-19 is constantly evolving and changing.

PLEASE DO NOT WALK IN TO ANY MEDICAL FACILITY WITHOUT SPEAKING TO A MEDICAL PROFESSIONAL FIRST to avoid putting you, your loved ones, or others around you at risk.

END OF ENCOUNTER

08/16/2022 - Ancillary Orders in EDWL

| Visit In | formation | | |
|----------|-----------|--------------------|--------------|
| De | partment | | |
| | Name | Address | Phone |
| | EDWL | 6041 Cadillac Ave. | 323-857-2000 |

Printed on 10/10/22 10:34 AM

08/16/2022 - Ancillary Orders in EDWL (continued)

Visit Information (continued)

Los Angeles CA 90034

Reason for Visit

Visit Diagnosis

• EPIGASTRIC ABDOMINAL PAIN [R10.13]

Other Orders

Medications

| amotidine (PEPCID) 20 mg Oral Tab [1554000613] (Active) | | |
|--|--|------------------------------|
| Electronically signed by: Interface, Scal_ Pharmacy on 08/16/22 (| 0000 | Status: Active |
| Ordering user: Interface, Scal_ Pharmacy 08/16/22 0000 Ordering mode: Standard | Authorized by: Stahl, Jerusha Emily (M.D.), M.D. | |
| Frequency: BID 08/16/22 - 08/15/24 | Class: Fill Later | |
| Diagnoses | | |
| EPIGASTRIC ABDOMINAL PAIN [R10.13] | | |
| Provider Details | | |
| Provider | NPI | |
| PHARMACY INTERFACE | — | |
| Stahl, Jerusha Emily (M.D.), M.D. | 1083894638 | |
| Reordered from: Famotidine (PEPCID) 20 mg Oral Tab Indications | | |
| EPIGASTRIC ABDOMINAL PAIN [R10.13 (ICD-10-CM)] | | |
| EPIGASTRIC ABDOMINAL PAIN [R10.13 (ICD-10-CM)] | | - |
| EPIGASTRIC ABDOMINAL PAIN [R10.13 (ICD-10-CM)] Ium-Mag Hydrox-Simeth (GERI-MOX ANTACID-ANTIGAS) 200- Electronically signed by: Interface, Scal_ Pharmacy on 08/16/22 (Ordering user: Interface, Scal_ Pharmacy 08/16/22 0000 | | - |
| EPIGASTRIC ABDOMINAL PAIN [R10.13 (ICD-10-CM)] Ium-Mag Hydrox-Simeth (GERI-MOX ANTACID-ANTIGAS) 200- Electronically signed by: Interface, Scal_ Pharmacy on 08/16/22 (Ordering user: Interface, Scal_ Pharmacy 08/16/22 0000 Ordering mode: Standard | 0000 Status | - |
| EPIGASTRIC ABDOMINAL PAIN [R10.13 (ICD-10-CM)] Jum-Mag Hydrox-Simeth (GERI-MOX ANTACID-ANTIGAS) 200- Electronically signed by: Interface, Scal_ Pharmacy on 08/16/22 (Ordering user: Interface, Scal_ Pharmacy 08/16/22 0000) | O000 Status Authorized by: Stahl, Jerusha Emily (M.D.), M.D. | - |
| EPIGASTRIC ABDOMINAL PAIN [R10.13 (ICD-10-CM)] Jum-Mag Hydrox-Simeth (GERI-MOX ANTACID-ANTIGAS) 200- Electronically signed by: Interface, Scal_ Pharmacy on 08/16/22 (Ordering user: Interface, Scal_ Pharmacy 08/16/22 0000 Ordering mode: Standard Frequency: QID 08/16/22 - 09/02/22 | O000 Status Authorized by: Stahl, Jerusha Emily (M.D.), M.D. | - |
| EPIGASTRIC ABDOMINAL PAIN [R10.13 (ICD-10-CM)] Jum-Mag Hydrox-Simeth (GERI-MOX ANTACID-ANTIGAS) 200- Electronically signed by: Interface, Scal_ Pharmacy on 08/16/22 (Ordering user: Interface, Scal_ Pharmacy 08/16/22 0000 Ordering mode: Standard Frequency: QID 08/16/22 - 09/02/22 Discontinued by: Stahl, Jerusha Emily (M.D.), M.D. 09/02/22 1602 | O000 Status Authorized by: Stahl, Jerusha Emily (M.D.), M.D. | - |
| EPIGASTRIC ABDOMINAL PAIN [R10.13 (ICD-10-CM)] Alum-Mag Hydrox-Simeth (GERI-MOX ANTACID-ANTIGAS) 200- Electronically signed by: Interface, Scal_ Pharmacy on 08/16/22 (Ordering user: Interface, Scal_ Pharmacy 08/16/22 0000 Ordering mode: Standard Frequency: QID 08/16/22 - 09/02/22 Discontinued by: Stahl, Jerusha Emily (M.D.), M.D. 09/02/22 1602 Diagnoses | O000 Status Authorized by: Stahl, Jerusha Emily (M.D.), M.D. | - |
| EPIGASTRIC ABDOMINAL PAIN [R10.13 (ICD-10-CM)] Ium-Mag Hydrox-Simeth (GERI-MOX ANTACID-ANTIGAS) 200- Electronically signed by: Interface, Scal_ Pharmacy on 08/16/22 (Ordering user: Interface, Scal_ Pharmacy 08/16/22 0000 Ordering mode: Standard Frequency: QID 08/16/22 - 09/02/22 Discontinued by: Stahl, Jerusha Emily (M.D.), M.D. 09/02/22 1602 Diagnoses EPIGASTRIC ABDOMINAL PAIN [R10.13] Provider Details Provider | O000 Status Authorized by: Stahl, Jerusha Emily (M.D.), M.D. | ontinued) s: Discontinued |
| EPIGASTRIC ABDOMINAL PAIN [R10.13 (ICD-10-CM)] Ium-Mag Hydrox-Simeth (GERI-MOX ANTACID-ANTIGAS) 200- Electronically signed by: Interface, Scal_ Pharmacy on 08/16/22 (Ordering user: Interface, Scal_ Pharmacy 08/16/22 0000 Ordering mode: Standard Frequency: QID 08/16/22 - 09/02/22 Discontinued by: Stahl, Jerusha Emily (M.D.), M.D. 09/02/22 1602 Diagnoses EPIGASTRIC ABDOMINAL PAIN [R10.13] Provider Details | O000 Status Authorized by: Stahl, Jerusha Emily (M.D.), M.D. Class: Fill Later | - |

Reordered from: Alum-Mag Hydrox-Simeth (GERI-MOX ANTACID-ANTIGAS) 200-200-20 mg/5 mL Oral Susp

Indications

EPIGASTRIC ABDOMINAL PAIN [R10.13 (ICD-10-CM)]

END OF ENCOUNTER

08/17/2022 - Telephone Appointment Visit in FAMILY MEDICINE KP CARE NOW

Visit Information

| Provider | Information | |
|----------|-------------|--|
| | | |

| | Encounter Provider | Authorizing Provider |
|---|-----------------------------------|-----------------------------------|
| - | Katsura, Christopher (M.D.), M.D. | Katsura, Christopher (M.D.), M.D. |

Printed on 10/10/22 10:34 AM

Visit Information (continued)

Department

| Name | Address | Phone |
|-----------------------------|--|--------------|
| FAMILY MEDICINE KP CARE NOW | 6041 CADILLAC AVE Los Angeles CA 90034-1702 | 833-574-2273 |
| wel of Service | | |

Level of Service

Level of Service PHYS TAV, EST PAT, 5-10 MIN OF MEDICAL DISCUSSION

Reason for Visit

Chief Complaint

COUGH •

Visit Diagnosis

COUGH, UNSPECIFIED [R05.9] •

Clinical Notes

Progress Notes

Katsura, Christopher (M.D.), M.D. at 8/17/2022 1115

| Author: Katsura, Christopher (M.D.), M.D. | | Author Type: Physician |
|---|----------------------------------|-----------------------------------|
| Filed: 8/17/2022 11:18 AM | Encounter Date: 8/17/2022 | Creation Time: 8/17/2022 11:15 AM |
| Status: Signed | Editor: Katsura, Christopher (M. | .D.), M.D. (Physician) |

APPOINTMENT VISIT (AV) -- 11:16 AM

Pepper Smith is a 51 year old female

Reason for TAV: COUGH

Health Maintenance Due

Topic

Date Due IMM ZOSTER (50 YRS AND OLDER) (1 of 2) Never done • IMM COVID-19 (6 MO AND OLDER) (3 - Booster for Moderna 10/09/2021 series)

TELEHEALTH CONSENT

Prior to rendering the telehealth services:

1. I explained that there is available a face-to-face appointment with a provider to render the same health care services as this telehealth encounter.

2. The patient consented to receive health care services via telehealth for this encounter.

PHONE VISIT DOCUMENTATION: 2 weeks since covid Still having dry cough But soemtiems gets brown phlegm like today

Clinical Notes (continued)

| Encounter | Diagnoses |
|-----------|-----------|
| Codo | Namo |

Code Name • R05.9 COUGH, UNSPECIFIED Primary?

PLAN:

Orders Placed This Encounter

- Azithromycin (ZITHROMAX) 250 mg Oral Tab
- Fluticasone (FLOVENT HFA) 44 mcg/actuation Inhl HFAA

Post covid though? Trial flovent but given mucus trial azithro

Strict return precautions. If worsening of symptoms to call KP Now or Kaiser or go to the closest urgent care or emergency department for evaluation as this could represent a life threatening emergency that should be promptly re-evaluated

Electronically signed by: CHRISTOPHER KATSURA MD 8/17/2022 11:18 AM

- Patient aware of the limitations of the virtual visit due to the lack of visual in-person examination.

Electronically signed by Katsura, Christopher (M.D.), M.D. at 8/17/2022 11:18 AM

Other Orders

| Electronically signed by: Katsura, Christopher (M.D.), M.D. on 08 | 3/17/22 1118 | Status: Activ |
|--|--|---------------|
| Ordering user: Katsura, Christopher (M.D.), M.D. 08/17/22 1118 | Authorized by: Katsura, Christopher (M.D.), M.D. | |
| Ordering mode: Standard | | |
| Frequency: Routine BID 08/17/22 - 08/16/24 | Class: Fill Later | |
| Diagnoses COUGH, UNSPECIFIED [R05.9] | | |
| Provider Details | | |
| Provider | NPI | |
| Katsura, Christopher (M.D.), M.D. | 1568704914 | |
| Question | Answer | |
| Is this medication for a workers' compensation condition? | No | |
| | | |
| Admin instructions: Rinse mouth well after use. Shake well before | euse | |
| Admin instructions: . Rinse mouth well after use. Shake well before Indications | e use | |
| | e use | |
| Indications | e use | |
| | | |

Other Orders (continued)

| Class: Fill Later | |
|-------------------|-----|
| | |
| | |
| NPI | |
| 1568704914 | |
| | |
| Answer | |
| | |
| - | NPI |

Patient Instructions

Please go to the emergency department if you have worsening of your current symptoms, vomiting blood or green stuff, severe headache/neck pain, chest pain, fever > 101, loss of conciousness, paralysis, confusion or change in your mental status, trouble breathing, bloody diarrhea, worsening weakness or trouble walking, or any other worrisome symptoms as this could represent a life threatening emergency that should be promptly evaluated.

Thank you for choosing to use Kaiser Permanente KP NOW After Hours phone services. Remember virtual telephone visits are brief and does not constitute a complete medical evaluation of your current condition. It is important for you to follow up with your primary care doctor. If you need to make an appointment you can call 1-800-954-8000 Monday — Friday 7am to 7pm.

If you are taking ANTIBIOTICS

- Please be aware of antibiotic resistance and the importance of appropriate antibiotic use. PLEASE take them exactly as instructed. Do not skip, share or stop early without checking with your healthcare professional. Not taking antibiotics in the way it was prescribed can lead to treatment failure and development of resistance. This means the antibiotic doesn't work on these bacteria anymore. Contact your healthcare team if you develop side effects of the antibiotic per the phamarcy education.



Pepper Smith (MRN: 000004779300) • Printed at 8/17/2022 11:18 AM Page 1 of 5 **Epic** This is confidential information. Do not throw away in a Kaiser Permanente trash can.