

# After Visit Summary

DOB: [REDACTED]

Visit date: [REDACTED]

Date generated: [REDACTED]

NORTHERN ARIZONA HCS

## Today's Visit

Clinic Visits	[REDACTED] 13:00 - PRE WHITE MD / NUTT,ROGER W / ERICKSON,LINDA J	
Providers	<ul style="list-style-type: none"><li>NUTT,ROGER W - PHYSICIAN</li><li>ERICKSON,LINDA J - LPN</li></ul>	
Reason For Visit	<ul style="list-style-type: none"><li>Hypertension</li></ul>	
You Were Diagnosed With	<ul style="list-style-type: none"><li>Hypertension</li><li>Hyperlipidemia</li><li>Chronic pain</li><li>Tobacco user</li><li>Vitamin D Deficiency, unspecified</li><li>Posttraumatic stress disorder</li></ul>	
Vitals as of This Visit	<u>July [REDACTED], 2021</u> <ul style="list-style-type: none"><li>Blood Pressure: 178/94</li><li>Pulse: 92 (Sitting,Doppler)</li><li>Pulse Oximetry: 96 (Room Air)</li><li>Respirations: 20 (Spontaneous,Sitting)</li><li>Temperature: 36.4 C (Oral)</li><li>Height: 175.26 cm (Actual)</li><li>Weight: 87.54 kg (Actual,Standing Weight)</li><li>Body Mass Index: 28.56</li><li>Pain: 3</li></ul>	
Procedures	None	

## My Treatment Plan

New Orders From This Visit	<p><b><u>Lab Tests: Patients no longer need to fast for most lab draws. Check with your provider whether fasting is required before completing your Laboratory draws.</u></b></p> <p>Please report to the lab for the following blood tests on the date listed for each test:</p> <p><u>January [REDACTED], 2022</u></p> <ul style="list-style-type: none"><li>Chem 8 Gold Top Serum Routine(Today)</li><li>Lipid Profile Gold Top Serum Routine(Today)</li><li>Vitamin D Total, 25-Oh Gold Top Serum Routine(Today)</li></ul> <p><b><u>Medications &amp; Supplies</u></b></p> <p>Note: This section <b>only</b> lists <b>changes</b> to your medication regimen. Please see your complete medication list under <b>My Ongoing Care</b> below.</p> <p><u>Renewed</u></p> <ul style="list-style-type: none"><li>Tamsulosin Cap,Oral 0.4mg</li><li>Omeprazole Cap,Ec 20mg</li><li>Lisinopril Tab 40mg</li><li>Trazodone Tab 100mg</li></ul>
Other Instructions	None

## My Ongoing Care

Smoking Status	Tobacco user (Updated: May 24, 2016)																						
Primary Care Provider	Nutt,R W PRE WHITE TEAMLET																						
Primary Care Team	<ul style="list-style-type: none"><li>• ANDERSON,MEAGAN S - REGISTERED NURSE (RN)</li><li>• ERICKSON,LINDA J - LICENSED PRACTICAL NURSE (LPN)</li><li>• UNDERWOOD,AMY E - REGISTERED NURSE (RN)</li><li>• NUTT,ROGER W - PHYSICIAN</li></ul>																						
Upcoming Appointments	<u>Scheduled Appointments</u> Appointments in the next 13 months:  Thursday, [REDACTED] [REDACTED] - PRE WHITE MD () Clinic Location: Building 117 White Team																						
Immunizations	<ul style="list-style-type: none"><li>• Pneumonia (Pneumovax 23) (Date: Aug 31, 2014)</li><li>• Influenza (Date: Aug 31, 2014)</li><li>• Influenza (Date: Mar 31, 2016)</li><li>• Influenza (Date: Sep 30, 2016)</li><li>• Pneumonia (Pneumovax 13) (Date: May 30, 2017)</li><li>• Influenza (Date: Oct 31, 2017)</li><li>• Influenza (Date: Sep 30, 2019)</li><li>• Pneumonia (Pneumovax 23) (Date: Jan 06, 2020)</li><li>• Influenza (Date: Aug 21, 2020)</li><li>• COVID-19 (MODERNA), MRNA, LNP-S,*, Series 1 (Date: Jan 27, 2021)</li><li>• COVID-19 (MODERNA), MRNA, LNP-S,*, Series 2 (Date: Feb 26, 2021)</li></ul>																						
Allergies and Adverse Drug Reactions (Signs / Symptoms)	<ul style="list-style-type: none"><li>• Hydrochlorothiazide [hctz Hydrochlorothiazide] (Pruritus)</li><li>• Morphine (Rash) Verified: May 04, 2015</li></ul>																						
Recent Lab Results	<table><tr><th colspan="2">Specimen: WHOLE BLOOD</th><th colspan="4">Collection Date/Time: July [REDACTED] 2021 12:56</th></tr><tr><th>Test</th><th>Result</th><th>Units</th><th>Reference Range</th><th colspan="2">Flag</th></tr><tr><td>HEMOGLOBIN A1C</td><td>5.2</td><td>%</td><td>4.0 - 5.6</td><td colspan="2"></td></tr></table>					Specimen: WHOLE BLOOD		Collection Date/Time: July [REDACTED] 2021 12:56				Test	Result	Units	Reference Range	Flag		HEMOGLOBIN A1C	5.2	%	4.0 - 5.6		
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Test	Result	Units	Reference Range	Flag																			
HEMOGLOBIN A1C	5.2	%	4.0 - 5.6																				

**Specimen: SERUM      Collection Date/Time: July 07 2021 12:56**

Test	Result	Units	Reference Range	Flag
<b>SODIUM</b>	<b>135</b>	<b>mEq/L</b>	<b>137 - 145</b>	<b>Abnormal Low</b>
POTASSIUM	4.3	mEq/L	3.5 - 5.1	
CHLORIDE	100	mEq/L	98 - 108	
CARBON DIOXIDE	25	mmoL/L	22 - 30	
ANION GAP	10	mEq/L	3 - 14	<b>Abnormal High</b>
<b>GLUCOSE</b>	<b>112</b>	<b>mg/dL</b>	<b>74 - 106</b>	
UREA NITROGEN	13	mg/dL	7 - 20	
CREATININE	0.98	mg/dL	0.52 - 1.25	
EGFR	>60	mL/min	Ref: >=60	<b>Abnormal Low</b>
CALCIUM	9.3	mg/dL	8.4 - 10.2	
PHOSPHOROUS	3.1	mg/dL	2.5 - 4.5	
<b>MAGNESIUM</b>	<b>1.2</b>	<b>mg/dL</b>	<b>1.6 - 2.3</b>	
TOTAL PROTEIN	7.3	g/dL	6.3 - 8.2	
ALBUMIN	4.4	g/dL	3.5 - 5.0	
BILIRUBIN, TOTAL	0.6	mg/dL	0.2 - 1.3	
ALKALINE PHOSPHATASE	87	U/L	38 - 126	
ALANINE AMINOTRANSFERASE	21	U/L	Ref: <=50	
ASPARTATE AMINOTRANSFERASE	33	U/L	15 - 46	
<b>CHOLESTEROL</b>	<b>249</b>	<b>mg/dL</b>	<b>Ref: &lt;=200</b>	
<b>TRIGLYCERIDE</b>	<b>220</b>	<b>mg/dL</b>	<b>Ref: &lt;=150</b>	
<b>DIRECT HDL</b>	<b>64</b>	<b>mg/dL</b>	<b>30 - 60</b>	<b>Abnormal High</b>
<b>LDL CALCULATION</b>	<b>142</b>	<b>mg/dL</b>	<b>Ref: &lt;=130</b>	<b>Abnormal High</b>
PROSTATIC SPECIFIC ANTIGEN	1.5	ng/mL	Ref: <=4.0	<b>Abnormal Low</b>
TSH	1.37	uIU/mL	0.46 - 4.68	
<b>VITAMIN D TOTAL, 25-OH</b>	<b>19.6</b>	<b>ng/mL</b>	<b>30.0 - 100.0</b>	
VITAMIN B12	926	pg/mL	239 - 931	

**Specimen: BLOOD Collection Date/Time: July 07 2021 12:56**

Test	Result	Units	Reference Range	Flag
WBC	8.1	K/cmm	4.0 - 11.0	
RBC	4.72	M/cmm	4.70 - 6.10	
HGB	15.2	g/dL	14.0 - 18.0	
HCT	44.5	%	42.0 - 52.0	
MCV	94.2	fL	80 - 100	
MCH	32.2	pg	26 - 34	
MCHC	34.2	g/dL	33 - 37	
<b>RDW</b>	<b>16.3</b>	<b>%</b>	<b>11 - 15</b>	<b>Abnormal High</b>
<b>PLATELET</b>	<b>146</b>	<b>K/cmm</b>	<b>150 - 440</b>	<b>Abnormal Low</b>
MPV	7.7	fL	7.4 - 10.4	
<b>NEUT %</b>	<b>73.5</b>	<b>%</b>	<b>40.0 - 70.0</b>	<b>Abnormal High</b>
<b>LYMPH %</b>	<b>15.0</b>	<b>%</b>	<b>20.0 - 40.0</b>	<b>Abnormal Low</b>
MONO %	8.8	%	2.0 - 10.0	
EOS %	2.2	%	Ref: <=5.0	
BASO %	0.5	%	Ref: <=2.0	
NEUT #	6.0	K/cmm	2.0 - 7.0	
LYMPH #	1.2	K/cmm	1.0 - 3.0	
MONO #	0.7	K/cmm	0.2 - 1.0	
EOS #	0.2	K/cmm	Ref: <=0.7	
BASO #	0.0	K/cmm	Ref: <=0.2	

**My Medications**

The medications listed below were reviewed with you by your provider and is provided to you as an updated list of medications. Please remember to inform your provider of any medication changes or discrepancies that you note. Otherwise, please continue these medications as prescribed.

Medication	Facility	Prescription Status
<b>Amlodipine Besylate 5mg Tab</b> TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE Description: round, white, imprinted with IG, 238 Rx #: [REDACTED] Notes:	PRESCOTT PHARMACY 800-949-1005 X 1 Ordering Provider: BRETZ,LANA K	ACTIVE Quantity: 30 for 30 days Refills Remaining: 3 Expires: Jan 5, 2022 Last Filled: Jan 4, 2021
<b>Cholecalcif 25mcg (D3-1,000unit) Tab</b> TAKE ONE TABLET BY MOUTH EVERY DAY Description: round, white Rx #: [REDACTED] Notes:	PRESCOTT PHARMACY 800-949-1005 X 1 Ordering Provider: NUTT,ROGER W	ACTIVE Quantity: 100 for 90 days Refills Remaining: 3 Expires: Jul 9, 2022 Last Filled: Requested on Jul 9, 2021 but not yet released.
<b>Fluticasone Prop 50mcg 120d Nasal Inhl</b> USE 2 SPRAYS IN EACH NOSTRIL EVERY DAY FOR ALLERGIES Rx #: 3145176D Notes:	PRESCOTT PHARMACY 800-949-1005 X 1 Ordering Provider: NUTT,ROGER W	ACTIVE Quantity: 1 for 30 days Refills Remaining: 9 Expires: Mar 4, 2022 Last Filled: May 19, 2021

**Lisinopril 40mg Tab**

TAKE ONE TABLET BY MOUTH  
EVERY DAY FOR BLOOD PRESSURE  
Description: round, yellow, imprinted  
with IG, 422

Rx #: [REDACTED]

Notes:

PRESCOTT  
PHARMACY  
800-949-1005 X 1  
Ordering Provider:  
NUTT,ROGER W

ACTIVE

Quantity: 90 for 90  
days  
Refills Remaining: 3  
Expires: Jul 9, 2022  
Last Filled: Requested  
on Jul 9, 2021 but not  
yet released.

**Melatonin 3mg, Cap/Tab**

TAKE TWO TABLET OR CAPSULE  
BY MOUTH AT BEDTIME

Rx #: [REDACTED]

Notes:

PRESCOTT  
PHARMACY  
800-949-1005 X 1  
Ordering Provider:  
BRETZ,LANA K

ACTIVE

Quantity: 180 for 90  
days  
Refills Remaining: 1  
Expires: Jan 5, 2022  
Last Filled: Jun 23,  
2021

**Metoprolol Tartrate 25mg Tab**

TAKE ONE TABLET BY MOUTH  
TWICE A DAY FOR HEART AND  
BLOOD PRESSURE  
Description: round, white, imprinted  
with C,73

Rx #: [REDACTED]

Notes:

PRESCOTT  
PHARMACY  
800-949-1005 X 1  
Ordering Provider:  
BRETZ,LANA K

ACTIVE

Quantity: 180 for 90  
days  
Refills Remaining: 1  
Expires: Jan 5, 2022  
Last Filled: Jun 25,  
2021

**Omeprazole 20mg Ec Cap**

TAKE ONE CAPSULE BY MOUTH  
TWICE A DAY BEFORE BREAKFAST  
AND SUPPER

Rx #: [REDACTED]

Notes:

PRESCOTT  
PHARMACY  
800-949-1005 X 1  
Ordering Provider:  
NUTT,ROGER W

ACTIVE

Quantity: 180 for 90  
days  
Refills Remaining: 3  
Expires: Jul 9, 2022  
Last Filled: Requested  
on Jul 28, 2021 but not  
yet released.

**Sildenafil Citrate 100mg Tab**

TAKE ONE-HALF TABLET BY  
MOUTH ONCE AS DIRECTED 1  
HOUR BEFORE SEXUAL ACTIVITY,  
FOR ERECTILE DYSFUNCTION

Rx #: [REDACTED]

Notes:

PRESCOTT  
PHARMACY  
800-949-1005 X 1  
Ordering Provider:  
NUTT,ROGER W

ACTIVE

Quantity: 2 for 30 days  
Refills Remaining: 11  
Expires: Mar 4, 2022  
Last Filled: Mar 4, 2021

**Tamsulosin Hcl 0.4mg Cap**

TAKE TWO CAPSULES BY MOUTH  
AT BEDTIME FOR PROSTATE

Rx #: [REDACTED]

Notes:

PRESCOTT  
PHARMACY  
800-949-1005 X 1  
Ordering Provider:  
NUTT,ROGER W

ACTIVE

Quantity: 180 for 90  
days  
Refills Remaining: 3  
Expires: Jul 9, 2022  
Last Filled: Requested  
on Jul 9, 2021 but not  
yet released.

**Trazodone Hcl 100mg Tab**

TAKE ONE TABLET BY MOUTH AT  
BEDTIME \*\* DO NOT TAKE WITH  
GRAPEFRUIT JUICE \*\*

Rx #: [REDACTED]

Notes:

PRESCOTT  
PHARMACY  
800-949-1005 X 1  
Ordering Provider:  
NUTT,ROGER W

ACTIVE

Quantity: 30 for 30  
days  
Refills Remaining: 5  
Expires: Jul 9, 2022  
Last Filled: Requested  
on Jul 9, 2021 but not  
yet released.

**Medications You Are Not Taking**

You have stated that you are no longer taking the following medications. Please remember to discuss each of these medications with your providers.

**Spironolactone Tab**

TAKE BY MOUTH

Comment: Medication prescribed by Non-VA provider

Notes:

NON-VA

ACTIVE

Documenting

Facility &amp; Provider:

PHOENIX VAMC

LACEVIC,AIDA

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**Clinical Charts**

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**Additional Information****Glossary of VA  
Pharmacy Terms****VA Pharmacy  
Term****Explanation and Possible Actions****ACTIVE**"Prescription  
Status: Active"

A prescription that can be filled at the local VA pharmacy.  
If you have refills, you may request a refill of this prescription from your VA pharmacy.

**NON-VA**

A medication that came from someplace other than a VA pharmacy. This may be a prescription from either the VA or other providers that was filled outside the VA. Or, it may be an over the counter (OTC), herbal, dietary supplement or sample medication. If this medication information is incorrect or out of date, please tell your VA healthcare team.

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**More Help and  
Information**

This information is meant to provide a summary of your appointment with your health care provider. If you have any questions about your care including test results, medications, diagnoses or other concerns, please contact your health care provider.  
**Please bring this form to your next visit as a record of your medications and alert your provider to any changes in your medications.**

- To contact your primary care provider, please call (928) 445-4860 .
- To refill a prescription, please call the pharmacy automated refill line at (928) 445-4860 ext 6143 or visit [www.myhealth.va.gov](http://www.myhealth.va.gov).
- To speak with a nurse after normal business hours, weekends or on holidays, please call the nurse advice line at (928) 445-4860 ext 7486

Access health resources. Track your health. Refill VA prescriptions. Visit **[www.myhealth.va.gov](http://www.myhealth.va.gov)** ! Ask your health care team about in-person authentication and begin ordering medications and viewing appointments through MyHealtheVet. After completing in-person authentication, click on "Secure Messaging" in MyHealtheVet and select "I would like to opt in to secure messaging" in order to send email messages to your providers.

Want to be healthier? Take the HealtheLiving Assessment on My Health e Vet at **[www.myhealth.va.gov](http://www.myhealth.va.gov)** . Answer the questions about your health history. You will get a list of ways to improve your health. Please bring your report to your next primary care appointment. Talk about it with your PACT-they will connect you with tools to help you succeed with your health goals. Live healthier!