Michael Dershem

Patient Identifiers

81545862900a81d65c1f3c94 OID: 1.3.6.1.4.1.52618.1.1 DOCS1393815124518198513 OID: 1.3.6.1.4.1.52618.1.1

ABOUT

Date of Birth

07/5/1963

Sex

Male

CONTACT

Home 22 Oak Ridge Drive 22 Oak Ridge Dr Voorhees, NJ 8043, US

CONTACT

INSURANCE PROVIDERS

Payer	Plan	Claims Address	Claims Phone	Policy Number	Group Number	Relation	Employer	Guaranto r Name	Guaranto r DoB	Guaranto r Address	Guaranto r Phone
	TRAVELER S AUTO INSURAN CE	P.O. BOX 430, BUFFALO, NY 14240	tel:+1-800- 842-2475	80001301	80001301	Self		Michael Dershem	07/05/1963	22 Oak Ridge Drive, Voorhees, NJ 8043	
	PROGRESS IVE AUTO INSURAN CE MOTOR VEHICLE	PO BOX 2930, CLINTON, IA 52733	tel:+1-855- 243-1331	80001101	80001101	Self		Michael Dershem	07/05/1963	22 Oak Ridge Drive, Voorhees, NJ 8043	
	HORIZON BLUE CROSS	P.O Box 1609, Newark, NJ 07101	tel:+1-800- 624-1110	50000204	50000204	Self		Michael Dershem	07/05/1963	22 Oak Ridge Drive, Voorhees, NJ 8043	

PROBLEMS

Unknown Problems

RESULTS

PXN

Test	Value / Unit Interpretation		Reference Range				
CT Head or Brain without ContrastCollected: 10/11/2019 12:38 AM							
IMP	See note	Normal					
Unremarkable CT of the brain.							
NAR	See note	Normal					
HISTORY: Minor head trauma COMPARISON: There are no prior relevant studies available at this time. TECHNIQUE: Helical CT scans from the skull base through the vertex. Images reformatted coronal. Automated dose control measures were utilized. FINDINGS: Brain and dura: There is no evident mass, hemorrhage, recent infarct or extra-axial collection. There is no acute or significant focal intracranial abnormality. Skull: There is no significant skull or scalp abnormality identified. Sinuses and Orbits: The paranasal sinuses and mastoid air cells are clear. Minimal left preorbital soft tissue swelling is suggested. There is no orbit lesion appreciated.							

Normal

See note

Test	Value / Unit	Interpretation	Reference Range			
Roberts, David A, MD - 10/10/2019, Formatting of this note might be different from the original. HISTORY: Minor head trauma COMPARISON: There are no prior relevant studies available at this time. TECHNIQUE: Helical CT scans from the skull base through the vertex., Images reformatted coronal. Automated dose control measures were utilized. FINDINGS: Brain and dura: There is no evident mass, hemorrhage, recent infarct or extra-axial collection. There is no acute or significant focal, intracranial abnormality. Skull: There is no significant skull or scalp abnormality identified. Sinuses and Orbits: The paranasal sinuses and mastoid air cells are, clear. Minimal left preorbital soft tissue swelling is suggested. There is no, orbit lesion appreciated. IMPRESSION: Unremarkable CT of the brain.						
n/a	a 7 Normal					
CT Facial Bones without ContrastCollect	ed: 10/11/2019 12:47 AM					
IMP	See note	Normal				
Left nasal fracture.						
NAR	See note	Normal				
performed with coronal images reformatted fracture of the left nasal bone resulting in co	dache COMPARISON: There are no prior relev I from the axial data set. Automated dose con ortical offset measuring 1 mm. No other facial f 'hage. No sinus air-fluid level or hemorrhage	trol measures were utilized. FINDINGS: There racture is seen. There is mild left preorbital so	is a minimally displaced/depressed ft tissue swelling. The globes and orbits are			
PXN	See note	Normal				
prior relevant studies available TECHNIQU dose, control measures were utilized. FINDI facial fracture is, seen. There is mild left pred	ng of this note might be different from the ori IE: Helically acquired thin section axial CT scan NGS: There is a minimally displaced/depresse orbital soft tissue swelling. The globes and orbi osal thickening in the inferior, right maxillary	s were performed, with coronal images reforn d fracture of the left nasal bone resulting in co its, are within normal limits; no retrobulbar he	natted from the axial data set. Automated ortical offset measuring 1 mm. No other morrhage. No sinus air-fluid level, or			
n/a	7	Normal				
CT Cervical Spine without ContrastColle	cted: 10/11/2019 12:49 AM					
IMP	See note	Normal				
No cervical fracture or dislocation. Degener	ative changes, most prominent at C5-6.					
NAR	See note	Normal				
HISTORY: Trauma COMPARISON: There are no prior relevant studies available. TECHNIQUE: Axial images were obtained from the skull base to the thoracic inlet. Sagittal and coronal reformatted images were generated and reviewed. Automated dose control measures were utilized. FINDINGS: The vertebral bodies are normally aligned. The vertebral body heights are preserved. There is no evidence of acute fracture. No focal suspicious osseous lesion is identified. Evaluation of the spinal canal and spinal cord is intrinsically limited on this modality. Disc space levels: There is severe discogenic narrowing and moderate reactive endplate spurring at C5-6. There is milder discogenic narrowing/spurring at C4-5. There is prominent right-sided uncovertebral disease at C3-4 resulting in bony foraminal stenosis. Areas of mild bilateral diffuse facet arthrosis are present. The paravertebral soft tissues are unremarkable. Visualized portions of the brain and calvarium are unremarkable. The visualized lung apices are clear.						
PXN	See note	Normal				
Roberts, David A, MD - 10/10/2019, Formatting of this note might be different from the original. HISTORY: Trauma COMPARISON: There are no prior relevant studies available. TECHNIQUE: Axial images were obtained from the skull base to the, thoracic inlet. Sagittal and coronal reformatted images were generated and, reviewed. Automated dose control measures were utilized. FINDINGS: The vertebral bodies are normally aligned. The vertebral body heights, are preserved. There is no evidence of acute fracture. No focal suspicious osseous, lesion is identified. Evaluation of the spinal canal and spinal cord is intrinsically limited on, this modality. Disc space levels: There is severe discogenic narrowing and moderate, reactive endplate spurring at C5-6. There is milder discogenic narrowing/spurring, at C4-5. There is prominent right-sided uncovertebral disease at C3-4, resulting in bony foraminal stenosis. Areas of mild bilateral diffuse facet arthrosis, are present. The paravertebral soft tissues are unremarkable. Visualized portions of the brain and calvarium are unremarkable. The visualized lung apices are clear. IMPRESSION: No cervical fracture or dislocation. Degenerative changes, most prominent at C5-6.						
n/a	7	Normal				

ALLERGIES, ADVERSE REACTIONS, ALERTS

No known allergies and adverse reactions

MEDICATIONS

No administered medications reported

VITAL SIGNS

Date	Vital	Result	Comment
10/10/2019 10:59 PM	Temperature	36.5 Cel	
10/10/2019 11:00 PM	Body Weight	77.111 kg	
10/11/2019 12:50 AM	Oxygen Saturation	99 %	
	Respiratory Rate	16 /min	
	Heart Rate	63 /min	
	Blood Preasure Systolic	148 mm[Hg]	
	Blood Preasure Diastolic	84 mm[Hg]	

PROCEDURES

Procedure	Date	Note	Body Site	Specimen	Indications	Status
HC CT CERVICAL SPINE W/O CONTRAST	10/11/2019 12:38 AM					Completed
HC CT FACIAL BONES W/O CONTRAST	10/11/2019 12:38 AM					Completed
HC CT HEAD OR BRAIN W/O CONTRAST	10/11/2019 12:38 AM					Completed

SOCIAL HISTORY

Element	Description	Date	Comment
Tobacco smoking status NHIS	Never smoked tobacco	10/10/2019	
Tobacco use and exposure	Smokeless tobacco non-user	10/10/2019	
Alcohol intake	Current drinker of alcohol (finding)	10/10/2019	
History SDOH Alcohol Comment	socially	10/10/2019	
Sex Assigned At Birth	Not on file	07/05/1963	
Tobacco smoking status NHIS	Tobacco smoking consumption unknown		

ENCOUNTERS

Туре	CPT Code	Date	Location	Provider	Indications		
Emergency		10/10/2019 07:01 PM - 10/10/2019 09:11 PM	Voorhees Emergency Department 100 Bowman Drive, Voorhees, NJ 08043	Douglas Stranges	81639003 : null		
Closed fracture of nasal bone, initial encounter (Primary Dx)							

Туре	CPT Code	Date	Location	Provider	Indications		
Office Visit	MG1030	10/14/2019 07:45 AM - 10/14/2019 08:42 AM	Otorhinolaryngology - PMWS 800 Walnut Street, Floor 18, Philadelphia, PA 19107	James Kearney	81639003 : null		
Closed fracture of nasal bone, initial encounter (Primary Dx)							

PLAN OF CARE

- 1.07/05/1974 TDAP Vaccine
- 2. 07/05/1981 Annual BMI Assessment
- 3.07/05/1981 Hepatitis C Screening
- 4. 07/05/1981 Provide Tobacco Cessation Counseling
- 5. 07/05/1981 Td Vaccine
- 6. 07/05/1981 Tobacco Screening
- 7.07/05/2013 Colon Cancer Screening
- 8. 07/05/2013 Zoster Vaccines (1 of 2)
- 9. 09/01/2022 Influenza Vaccine (Season Ended)
- 10. 07/05/2028 Pneumococcal PPSV23 Low Risk Adult (1 of 2 PCV13)
- 1.07/05/1963 COLONOSCOPY
- 2. 07/05/1963 COMBO COLO Topic NEW
- 3. 07/05/1963 CT COLONOGRAPHY Q 5 years
- 4. 07/05/1963 FIT/FOBT Q 1 Year
- 5. 07/05/1963 FLEXIBLE SIGMOIDOSCOPY Q 5 years
- 6. 07/05/1963 HEPATITIS C SCREENING
- 7. 07/05/1978 HIV SCREENING ONCE
- 8.07/05/1981 COLOGUARD Q 3 YEARS
- 9.07/05/1981 LIPIDS
- 10. 07/05/1982 DTAP/TDAP/TD (1 Tdap)
- 11. 07/05/2008 Diabetes Screening
- 12.07/05/2013 PSA COUNSELING
- 13. 07/05/2013 ZOSTER VACCINES (1 of 2 RZV, Shingrix)
- 14. 09/01/2021 INFLUENZA (#1)

DOCUMENT INFORMATION

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