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Patient	Emilio Ortiz, III	Preferred Language	en
Date of birth	June 22, 1992	Sex	Male
Race	White	Ethnicity	Hispanic or Latino
Contact info	Primary Home: 554 Davis Lane Victoria,TX77905 Tel (Mobile): +1 (361)-433-1365 Mail: emilioortiz4@yahoo. com Mail: emilioortiz4@yahoo. com	Patient IDs	4664276 2.16.840.1.113883.3.3710.999.33.88800104946.7770000101 638321694 2.16.840.1.113883.4.1 EMA4664276 2.16.840.1.113883.3.3710.3 Eyefinity 2.16.840.1.113883.3.3710.200.501 138699118 2.16.840.1.113883.3.3710.200.500
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Performer	Valerie Baker, OD		
Author	Valerie Baker, OD, Advanced Vision Care, P.A.		
Contact info	Work Place: 2710 E. Airline Rd Victoria,TX779017396,US Tel (Work Place): 3614859421		
Encounter Id	48408848 2.16.840.1.113883.3.3710.999.33.88800104946.7770000111		
Encounter Date	FromSeptember 27, 2024		
Encounter Participant	Valerie Baker, OD		
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Encounter Participant	Amanda Zorn		
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Legal authenticator	Valerie Baker, OD signed at September 27, 2024, 15:31:35 +0000		
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Document maintained by	Advanced Vision Care, P.A.		
Contact info	Work Place: 2710 E. Airline Rd Victoria,TX779017396,US Tel (Work Place): 3614859421		

Table of Contents

Social History

Code	Activity	Start Date	End Date
266919005 (SNOMED)	Never smoker		
Birth Sex	male		

Problems

Problem	Code	Type	Status	Date of Diagnosis	Date of Resolution
Myopia of bilateral eyes (disorder)	345061000119109 (SNOMED)	Diagnosis	active	09/27 /2024	
Disorder of lacrimal gland (disorder)	95766002 (SNOMED)	Diagnosis	active	09/27 /2024	
Vitreous opacity of bilateral eyes (disorder)	349061000119107 (SNOMED)	Diagnosis	active	09/27 /2024	
Meibomian gland dysfunction of right upper eyelid (disorder)	16909481000119106 (SNOMED)	Diagnosis	active	09/27 /2024	
Meibomian gland dysfunction of right lower eyelid (disorder)	16909681000119109 (SNOMED)	Diagnosis	active	09/27 /2024	
Meibomian gland dysfunction of left upper eyelid (disorder)	16909561000119101 (SNOMED)	Diagnosis	active	09/27 /2024	
Meibomian gland dysfunction of left lower eyelid (disorder)	16909641000119104 (SNOMED)	Diagnosis	active	09/27 /2024	
Myopia of bilateral eyes (disorder)	345061000119109 (SNOMED)	Diagnosis	active	06/05 /2023	
Disorder of lacrimal gland (disorder)	95766002 (SNOMED)	Diagnosis	active	06/05 /2023	
Hypertensive retinopathy (disorder)	6962006(SNOMED)	Diagnosis	active	06/05 /2023	
Chronic follicular conjunctivitis of bilateral eyes (disorder)	346821000119102 (SNOMED)	Diagnosis	active	06/05 /2023	
Vitreous opacity of bilateral eyes	349061000119107 (SNOMED)	Diagnosis	active	06/05 /2023	

(disorder)					
Headache (finding)	25064002 (SNOMED)	Diagnosis	active	06/05 /2023	
Myopia of bilateral eyes (disorder)	345061000119109 (SNOMED)	Diagnosis	active	08/27 /2021	
Disorder of lacrimal gland (disorder)	95766002 (SNOMED)	Diagnosis	active	08/27 /2021	
Myopia of bilateral eyes (disorder)	345061000119109 (SNOMED)	Diagnosis	active	04/15 /2021	
Open angle with borderline findings, low risk, bilateral	H40.013(ICD-10)	Diagnosis	active	04/15 /2021	
Disorder of lacrimal gland (disorder)	95766002 (SNOMED)	Diagnosis	active	04/15 /2021	
Chronic follicular conjunctivitis of bilateral eyes (disorder)	346821000119102 (SNOMED)	Diagnosis	active	04/15 /2021	
Headache (finding)	25064002 (SNOMED)	Diagnosis	active	04/15 /2021	
Vitreous opacity of bilateral eyes (disorder)	349061000119107 (SNOMED)	Diagnosis	active	04/15 /2021	
Regular astigmatism, right eye	H52.221(ICD-10)	Diagnosis	active	02/26 /2016	
Myopia	367.1(ICD-9)	Diagnosis	active	04/18 /2014	
Regular astigmatism	367.21(ICD-9)	Diagnosis	active	04/18 /2014	
Wears glasses (finding)	225582009 (SNOMED)	Problem	active		
Anxiety disorder (disorder)	197480006 (SNOMED)	Problem	active		
Depressive disorder (disorder)	35489007 (SNOMED)	Problem	active		
Contact lenses, device (physical object)	57368009 (SNOMED)	Problem	active		
History of hypertension (situation)	161501007 (SNOMED)	Problem	active		
Vitreous floaters of left eye (disorder)	679761000119104 (SNOMED)	Problem	active		

Allergies

Substance	RxNorm	Reaction(s)	Severity	Status	Start Date

No Known Allergies	N/A	N/A	N/A	N/A	N/A
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Medications

Medication	Generic Name	RxNorm	Strength	Strength Unit	Route	Dose	Dose Form	Frequency	Date Started	Date Ended	Status
neomycin-polymyxin B-dexameth	neomycin-polymyxin B-dexameth	309680	3.5mg /mL-10,000	unit /mL-0.1 %	Ophthalmic (eye)		drops, suspension	Four times daily	06/11 /2024		active
prednisolone acetate			1	%	Ophthalmic (eye)		drops, suspension				suspender
Ferrex 150			150	mg iron	Oral		capsule				suspender
hydrocodone-acetaminophen			5-325	mg	Oral		tablet				suspender
lisinopril			20	mg	Oral		tablet				suspender
methocarbamol		197944	750	mg	Oral		tablet				suspender
ondansetron			4	mg	Oral		tablet, disintegrating				suspender
ondansetron			4	mg	Oral		tablet, disintegrating				suspender
ondansetron			8	mg	Oral		tablet, disintegrating				suspender
pantoprazole			40	mg	Oral		tablet, delayed release (DR /EC)				suspender
paroxetine HCl			20	mg	Oral		tablet				suspender
Paxlovid (EUA)			300 mg (150 mg	x 2) -100 mg	Oral		tablets,dose pack				suspender
promethazine-DM			6.25-15	mg/5 mL	Oral		syrup				suspender
sertraline			50	mg	Oral		tablet				active
sucralfate			1	gram	Oral		tablet				suspender
sucralfate			1	gram	Oral		tablet				suspender
tramadol			50	mg	Oral		tablet				suspender
tramadol			50	mg	Oral		tablet				suspender

Instructions

- I counseled the patient regarding the following: Astigmatism can be corrected with eyeglasses or contact lenses. Refractive laser surgery approaches include PRK (photorefractive keratectomy), and LASIK (laser in situ keratomileusis) and LASEK. Astigmatism causes blurred vision due to either an irregularly shaped cornea or the curvature of the lens. Small amounts of astigmatism do not need to be treated, but larger amounts can cause visual distortion, blurred vision, eye strain and headaches. Myopia can be managed with corrective eye wear, such as eyeglasses or contacts to correct the vision. Refractive laser surgery approaches include RK

(radial keratotomy), PRK (photorefractive keratectomy), and LASIK (laser in situ keratomileusis). Lens based options to correct myopia include RLE (refractive lens exchange), ICL (intraocular contact lens). Corneal based surgery includes corneal inlays and Intacs (intracorneal plastic segments). Myopia or nearsightedness develops during school age and is a result of the eyeball being too long, or the cornea having too much curvature. Patients usually complain of not being able to see or read distant objects, such as chalkboard writing, TV screens or movies. Myopia often progresses until patients reach their late twenties or early thirties. I discussed the following contact lens options with the patient: Soft Contact Lenses, Daily Wear : Soft contact lenses are disposable and more comfortable when inserted into the eye. However, they may also tear easily, and can attract pollutants from the environment thus irritating the eyes. Soft Contact Lenses, Colored : Colored contact lenses can have light-filtering tints which filter some wavelengths of light, color tints which change the eye color, enhancement tints which can enhance the natural eye color, and visibility tints which help locate the contact if it is dropped. Rigid Gas Permeable Lenses : Rigid gas permeable lenses are less fragile than soft contact lenses, and are made from silicone polymers. They may be worn overnight. Bifocal Contact Lenses : These lenses help with presbyopia for patients who need vision correction for both near and far as they age. Toric Contact Lenses : Toric contact lenses help with patients who have astigmatism and can correct both the astigmatism and the near or farsightedness. I discussed the following surgical options with the patient: LASIK : Rationale- LASIK is the most popular refractive surgery being performed around the world. It can very effectively reduce or eliminate one's myopia (nearsightedness), hyperopia (farsightedness), and astigmatism. It is primarily intended to give someone excellent distance vision without the need for glasses or contact lenses. If you are at the stage in life where you need reading glasses or bifocals to see up close, you will probably continue to need glasses for reading after LASIK. Monovision is a variation on refractive surgery in which one eye is treated to give good distance vision, while the other eye is treated to have good near or reading vision. This particular technique may take some time to adapt or get used to, if you have not worn monovision contact lenses in the past. Risks- The risks of LASIK include infection, problems creating the LASIK flap, epithelial ingrowth underneath the LASIK flap, inflammation under the flap, a dislocated flap, irregular astigmatism, under- or over-correction, continued need for glasses or contact lenses, inability to wear glasses or contact lenses after the procedure, dry eye syndrome, glare, halos, night vision complaints, difficulty selecting the correct lens implant power for cataract surgery, and corneal ectasia or instability. LASIK also requires placement of a suction ring on the eye to create the flap and this step may cause optic nerve damage in patients with pre-existing optic nerve disease like glaucoma. Benefits- The benefits of LASIK are it is a quick and painless procedure, the visual recovery is rapid (usually in a day or two), retreatment can usually be accomplished by lifting the existing flap, and the results are reliable and reproducible. PRK : Rationale- PRK was the original format for using the excimer laser to treat myopia and hyperopia. It is a form of surface ablation. The ultimate visual outcome with PRK and LASIK are identical, however the visual recovery is slower than with LASIK. It does not require creating a flap. Risks- PRK involves removing the surface epithelium on the cornea and treating the ocular surface with the excimer laser. PRK may be associated with slower healing, infection, corneal scarring, corneal melting, corneal haze, slower healing than LASIK, and more discomfort than LASIK for the first few days after surgery. Benefits- PRK does not require flap formation so all the risks inherent in creating a flap are eliminated, there is less weakening of the corneal structure, it is less likely to cause corneal ectasia or keratoconus, it can easily be retreated or enhanced without any need to lift a flap, it can be used to enhance previous LASIK surgery, it is safer to use on top of a previous corneal transplant, and it is safer to utilize in patients with glaucoma or optic nerve disease because no suction is utilized which can raise the IOP and damage the optic nerve. Refractive lens exchange : Rationale- Refractive lens exchange (RLE) involves removing the natural lens from a patient's eye before a cataract has developed and replacing it with an intraocular lens implant. The lens implant that is inserted may correct underlying myopia, hyperopia, presbyopia, and astigmatism. Risks- The risks of a refractive lens exchange include all the risks of intraocular surgery such as cataract surgery. These risks include hemorrhage, infection, cystoid macular edema, a retinal detachment, corneal swelling (edema), inflammation, elevated intraocular pressure or glaucoma, a droopy eyelid, and blindness. Additional risks of RLE are related to the intraocular lens implant that may be utilized. Multifocal IOLs can cause glare, halos, and night vision complaint. Accommodating IOLs may not give enough reading power. Benefits- The benefits of RLE include the precision and predictability of lens based surgery, less risk of reduced contrast sensitivity postop because the cornea remains untouched, less risk of glare, halos, and night vision complaints. After counseling the patient, we decided on the following plan for the right eye: Contact Lenses, Eye Glasses, and Observation. After counseling the patient, we decided on the following plan for the left eye: Contact Lenses, Eye Glasses, and Observation.

- I counseled the patient regarding the following: Eye care: Dry eye syndrome will usually improve with intensive treatment with lubrication of the eye and use of topical anti-inflammatory eye drops. Use your eyedrops and lubricating ointments on a regular basis, and don't wait until your eyes get dry or start burning before using them. Expectations: Dry eye syndrome requires lubrication of the eye with artificial tears and nighttime ointments or gels. In addition, topical and oral anti-inflammatory medications are usually necessary to treat the associated ocular irritation. Contact Office if: Dry eye syndrome does not improve or worsens despite treatment or if vision gets blurry. Dry eye disease is a chronic condition that cannot be cured. It requires long term treatment, and you may still experience occasional flare ups of your symptoms. I discussed the following options with the patient:

Punctal occlusion : This procedure consists of placing small plugs in the tear drainage ducts in some or all of the upper and lower eyelids. It is a non-invasive procedure, usually performed in the exam room with topical anesthetic eye drops. We often close the lower tear drainage ducts in both lower eyelids first, and reappraise the situation, before inserting plugs in the upper eyelid drainage ducts. The plugs may be temporary and made of a dissolving material, or permanent and made of silicone. The risks of punctal occlusion include excessive tearing, irritation from the plug itself, infection, migration of the plug below the surface of the lid, loss of the plug, and scarring of the punctum (the tear duct opening on the eyelid surface). The benefits of punctal occlusion include relief of dry eye symptoms, improved appearance of the cornea, and reduced need for artificial tears and other lubricants during the day. Punctal cauterization : This procedure is usually chosen after a successful trial of punctal plugs as described above. It is a permanent closure of the lower eyelid, upper eyelid, or the punctum on all four eyelids with a hot probe. The lids are anesthetized with topical anesthetic drops and an injection of anesthetic in the vicinity of the punctum. It is meant to deliberately and permanently destroy the tear duct openings. The risks of punctal cautery are the permanent destruction of the tear drainage duct opening, increased tearing, and focal eyelid scarring. The benefits of punctal occlusion include relief of dry eye symptoms, improved appearance of the cornea, and reduced need for artificial tears and other lubricants during the day. Amniotic membrane transplant : This procedure involves sewing amniotic membrane onto the surface of the eye and covering the cornea. Amniotic membrane has anti-inflammatory effects on the ocular surface. After several weeks, the amniotic membrane will often melt away. The risks of amniotic membrane transplant are that the tissue melts away and the dry eye condition returns, the vision may be reduced, hemorrhage, and infection. The benefits of an amniotic membrane transplant are rapid improvement in the appearance of the ocular surface (including the cornea), rapid improvement in symptoms of dry eye, and the possibility of reducing the frequency of artificial tears and lubricants. After counseling the patient, we decided on the following plan RUL: No surgical treatment at this time and Observation After counseling the patient, we decided on the following plan LUL: No surgical treatment at this time and Observation After counseling the patient, we decided on the following plan RLL: No surgical treatment at this time and Observation After counseling the patient, we decided on the following plan LLL: No surgical treatment at this time and Observation
- I counseled the patient regarding the following: Eye care: Vitreous floaters usually diminish with time, but it may take several months. Expectations: Vitreous floaters are a normal aging change due to the vitreous jelly becoming liquid. They may accompany new tears or holes in the retina so a dilated retinal examination is important. Contact Office if: The vitreous floaters increase in number and intensity, or you experience flashing lights, loss of vision, or a black curtain blocking your field of vision. I discussed the following surgical options with the patient:

Observation : Observation is the typical treatment option for vitreous floaters provided there is not an underlying disease etiology that requires treatment. It is very important to notify your doctor if there is increase in floaters, flashes, symptom of black shadow or curtain, change in vision or worsening of vision. This may be the result of a retinal tear or retinal detachment. After counseling the patient, we decided on the following plan for the right eye: Observation After counseling the patient, we decided on the following plan for the left eye: Observation
- I counseled the patient regarding the following: Skin care: Meibomian gland dysfunction may improve with therapy consisting of warm compresses, lid scrubs with special preparations, topical ophthalmic antibiotic/steroid combinations, oral antibiotics, and oral anti-inflammatory agents (such as omega-3-fatty acids and fish oil) . Expectations: Meibomian gland dysfunction is inflammation of the oil glands in the eye lids, coupled with thickening of the oily secretions. It often accompanies blepharitis, the skin condition rosacea, and it makes dry eye syndrome worse. Contact Office if: Meibomian gland dysfunction does not improve or worsens despite treatment. Meibomian gland disease can cause chalazion formation Referral to a dermatologist may be helpful for treatment of rosacea. I discussed the following treatment options with the patient: Omega-3 fatty acids : Omega-3 fatty acids may help control meibomian gland dysfunction and dry eye syndrome through their anti-inflammatory properties. Flax seed oil : Flax seed oil may help control meibomian gland dysfunction and dry eye syndrome through its anti-inflammatory

properties. Lid scrubs : Lid scrubs with baby shampoo, commercial sprays, or commercially prepared pads are used to cleanse the eyelids from the crusting and bacteria that live there, and to change the lipid composition of the glands. Oral tetracyclines : Oral tetracycline pills such as tetracycline, doxycycline, and minocycline, are often very effective at controlling meibomian gland dysfunction by their anti-inflammatory effects and ability to change the composition of the meibomian gland secretions. Topical antibiotic ointments : Topical antibiotic ointments can reduce the colonization of bacteria on the eyelids and secondarily control meibomian gland dysfunction. Topical azithromycin drops : Topical azithromycin drops can reduce the bacterial colonization of the eyelids and have anti-inflammatory effects. Warm compresses : Warm compresses are applied to the closed eyelids twice a day, for five minutes per treatment. One may use a warm, wet washcloth, or one of many commercially available heat retaining pads. In-office meibomian gland treatment : Your doctor may recommend in-office warming and compression with a special FDA- approved device, such as Lipiflow or iLux After counseling the patient, we decided on the following plan: Omega-3 fatty acids, Lid scrubs, and Warm compresses

Results

No data

History of Procedures

Code	Site	Date Diagnosed	Status
Ocular fundus photography (procedure)		09/27/2024	
Refraction assessment (procedure)		09/27/2024	
Refraction assessment (procedure)		06/05/2023	
Ocular fundus photography (procedure)		06/05/2023	
Fitting of contact lens (procedure)		08/27/2021	
Refraction assessment (procedure)		08/27/2021	
Documentation of current medications (procedure)		04/15/2021	active
Refraction assessment (procedure)		04/15/2021	
Ocular fundus photography (procedure)		04/15/2021	
Computed perimetry (procedure)		04/15/2021	
Documentation of past medical history (procedure)			completed
Documentation of past medical history (procedure)			completed
Herniated structure (morphologic abnormality)			completed
Herniated structure (morphologic abnormality)			completed
Documentation of past medical history (procedure)			completed
Herniated structure (morphologic abnormality)			completed
Documentation of past medical history (procedure)			completed
Hiatal hernia (disorder)			completed
Documentation of past medical history (procedure)			completed
Surgical procedure on eye proper (procedure)			
Documentation of past medical history (procedure)			
Hiatal hernia (disorder)			

Vital Signs

Vital Sign	Measurement	Date Recorded
Heart Rate	73 /min	Fri Sep 27 14:09:27 UTC 2024
Systolic Blood Pressure	161 mm[Hg]	Fri Sep 27 14:09:27 UTC 2024
Diastolic Blood Pressure	82 mm[Hg]	Fri Sep 27 14:09:27 UTC 2024

Body Height	71.0 in	Fri Sep 27 14:09:27 UTC 2024
Body Weight	230.0 lbs	Fri Sep 27 14:09:27 UTC 2024
Body Mass Index	32.1 kg/m2	Fri Sep 27 14:09:27 UTC 2024

Plan of Treatment

Code	Detail	Instructions
309680	neomycin-polymyxin-dexameth 3.5 mg/mL-10,000 unit/mL-0.1% eye drops	Instill 1 drop into right eye four times daily for 7 days.

History of Past Illness

Problem	Code	Type	Status	Date of Diagnosis	Date of Resolution
Wears glasses (finding)	225582009	FINDING			
Contact lenses, device (physical object)	57368009	FINDING			
Vitreous floaters of left eye (disorder)	679761000119104	FINDING			
History of hypertension (situation)	161501007	FINDING			
Anxiety disorder (disorder)	197480006	FINDING			
Depressive disorder (disorder)	35489007	FINDING			

General Status

No data

Assessments

1. Myopia OU. Refraction:. After counseling the patient, we decided on Contact Lenses, Eye Glasses, and Observation for the right eye and Contact Lenses, Eye Glasses, and Observation for the left eye. 2. Dry Eye Syndrome OU. After counseling the patient, we decided on No surgical treatment at this time and Observation. OTC OU: Artificial Tears : apply one drop of artificial tears (ie: Theratears or optiv sensitive persevative free) in each eye three times per day Lubricant Gels : apply lubricant gel to affected eyes at bedtime. Prescription: 3. Vitreous Floaters OU. After counseling the patient, we decided on Observation for the right eye and Observation for the left eye. 4. Meibomian Gland Dysfunction OU. After counseling the patient, we decided on Omega-3 fatty acids, Lid scrubs, and Warm compresses.

Immunizations

No data

Functional Status

No data

Mental Status

No data

Encounters

Service provided at Advanced Vision Care, P.A., 2710 E. Airline Rd, Victoria, TX 779017396. Office phone number is 3614859421. Office fax number is 3614859422.

Encounter Diagnosis	Location	Date / Time	Type
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Myopia OU (H52.13) Dry Eye Syndrome OU (H04.123) Vitreous Floaters OU (H43.393) Meibomian Gland Dysfunction OU (H02.881,H02.882,H02.884,H02.885)	Advanced Vision Care, P.A.	09/27 /2024 12:35: 45 UTC	
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Reason for Referral

No data

Goals

No data

Medical Equipment

No data

Health Concerns

No data

Consultation Notes

No data

Laboratory Narrative

No data

Pathology Narrative

No data

Imaging Narrative

No data

Procedure Notes

No data

Progress Notes

No data

Care Team

Care Team Member Name	Role	Identifier	location	Telecom
Amanda Zorn	Ophthalmic Technician		2710 E. Airline Rd, Victoria, TX 779017396, US	3614859421
Valerie Baker, OD	Doctor	1700040268	2710 E. Airline Rd, Victoria, TX 779017396, US	3614859421

History And Physical Notes

No data