

Medical Records - CONFIDENTIAL

FROM: NM - RMCHCS
520 NM HWY 564, GALLUP, NM 87301-4873
Phone: (505) 863-2273
Fax: (505) 722-3594

TO:

Name: ACOSTA AZUMENDI, PEDRO A

DOB: 01/21/2007

Date Range: to

This document contains the following records of the patient:

- Admin Documents
- Allergy List
- Care Plan Audit
- Encounters and Procedures
- Denied Medications
- Facesheet
- Growth Charts
- Lab Results
- Letters
- Medical Record Documents
- Medication List
- Order Groups
- Other Orders
- Patient Photo ID
- Patient Primary Insurance Card
- Prescription Documents
- Vaccination History

This fax may contain sensitive and confidential personal health information that is being sent for the sole use of the intended recipient. Unintended recipients are directed to securely destroy any materials received. You are hereby notified that the unauthorized disclosure or other unlawful use of this fax or any personal health information is prohibited. To the extent patient information contained in this fax is subject to 42 CFR Part 2, this regulation prohibits unauthorized disclosure of these records.

If you received this fax in error, please visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. Thank you for your attention and cooperation. [ID:45380-A-11999]

Admin Documents

05-26-17 03:35PM

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4 / 18

RMCHCS URGENT CARE LLC - 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

02/21/2011 10:14 5050537329

RMCH OCCUPT HLTH

PAGE 83/87

RMCHCS URGENT CARE LLC - 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Admin Documents

05-26-17 03:35PM

; 505+722+3594

4 / 18

RMCHCS URGENT CARE LLC - 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

ACOSTA-AZUMENDI, PEDRO 01/21/07 #45380



828718191999 A-FormLink

Please review and update the information below to the best of your ability.

Patient Registration

CURRENT PATIENT INFORMATION - PLEASE PRINT

Last Name: ACOSTA-AZUMENDI

Name: CLAUDIA AZUMENDI

First Name: PEDRO

Address: 1801 W AZTEC AVE/SPACE 35

Middle Name: A

GALLUP, NM 87301

Address: 1801 W AZTEC AVE/SPACE 35

Relationship to patient: MOTHER

City: GALLUP, NM

Date of Birth:

Zip: 87301

Social Security No.: 618541231

Home Phone: (505) 870-4367

Phone: 851-80-9861

Work Phone:

Emergency Contact Information

Mobile Phone:

Name:

Sex: M

Relationship:

Date of Birth: 01/21/2007

Phone:

Social Security No.: 6184928773

Home Phone:

Patient email:

Phone:

Required by government mandate (though you may refuse):

Employer:

Language: English

Address:

Race: Other Race:

Phone:

Ethnicity: Mexican

Employer Name:

Marital Status: S

Address:

Patient's gender:

Phone:

Other:

Phone:

Patient's gender:

Phone:

Primary Care Provider:

Phone:

Contact Preference: Home Phone / Work Phone / Mobile Phone /

Phone:

Portal / Email:

Phone:

Primary Insurance Information

Secondary Insurance Information

Insurance Plan Name: Mutual Healthcare of NM - SLU C-100

Insurance Plan Name: SELF PAY

Last Name: ACOSTA-AZUMENDI

Last Name:

First Name: PEDRO

First Name:

Middle Name: A

Middle Name:

Address: 1801 W AZTEC AVE

Address:

City: GALLUP, NM Zip: 87301

City/State/Zip:

Date of Birth: 01/21/2007 Sex: (please circle) M or F

Date of Birth Sex: (please circle) M or F

Employer Name:

Employer Name:

Patient's relationship to policy holder:

Patient's relationship to policy holder:

To the best of my knowledge, the above information is complete and accurate.

Signed: Pedro A. AcostaDate: 02/21/2011

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

02/21/2011 10:14 5059637329

RMCH OCCUPT HLTH

PAGE 04/07

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

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RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

ACOSTA-AZUMENDI, PEDRO 01/21/07 45380



67671bw11969 A-FormLab

Please sign and date each item below

ACKNOWLEDGEMENT AND AUTHORIZATION:

- I have read and understand the HIPAA Privacy Policy for RMCHCS URGENT CARE LLC.

Signed: Pedro J. Azumendi Date: 5/13/17

- I hereby assign my insurance benefits to be paid directly to the healthcare provider.

Signed: Pedro J. Azumendi Date: 5/13/17

- I authorize RMCHCS URGENT CARE LLC to release medical information required to process my claim.

Signed: Pedro J. Azumendi Date: 5/13/17

- I have read and understood the Financial Policy to RMCHCS URGENT CARE LLC.

Signed: Pedro J. Azumendi Date: 5/13/17

- I authorize RMCHCS URGENT CARE LLC to obtain/have access to my medication history.

Signed: Pedro J. Azumendi Date: 5/13/17

- I authorize my provider's office to contact me by mobile phone.

Signed: Pedro J. Azumendi Date: 5/13/17

RMCHCS URGENT CARE LLC - 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

05-14-17; 01:30PM

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2 / 3

RMCHCS URGENT CARE LLC - 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

ACOSTA-AZUMENDI, PEDRO 01/21/07 #45380



* 679718W11999 A-FormLeft

Please review and update the information below to the best of your ability.

Patient Registration

CURRENT PATIENT INFORMATION - PLEASE PRINT

Guarantor Information (to whom statements are sent)

Last Name: ACOSTA-AZUMENDI
 First Name: PEDRO
 Middle Name: A
 Address: 1501 W AZTEC AVE/SPACE 36
 City: GALLUP State: NM
 Zip: 87301
 Home Phone: (505) 870-9361
 Work Phone:
 Mobile Phone:
 Sex: M
 Date of Birth: 01/21/2007
 Social Security No.: 649428773
 Patient email:
 Required by government mandate [although you may refuse]:
 Language: English
 Race: Other Race
 Ethnicity: Mexican
 Marital Status: S

Emergency Contact Information

Name:
 Relationship:
 Phone:
 Mobile Phone: () _____

Employer Information

Employer:
 Address:
 Phone:

Pharmacy Information:

Name: WALGREENS
 Crossroads:
 Phone:

Patient Referred by: Other

Primary Care Provider:

Contact Preference: Home Phone / Work Phone / Mobile Phone /
 Portal / Email

Secondary Insurance Information

Insurance Plan Name: Molina Healthcare of NM BLUE C. BLUE SILVER Insurance Plan Name: "SELF PAY"
 Last Name: ACOSTA-AZUMENDI
 First Name: PEDRO
 Middle Name: A
 Address: 1501 W AZTEC AVE
 City: GALLUP State: NM Zip: 87301
 Date of Birth: 01/21/2007 Sex (please circle): M or F
 Employer Name:
 Patient's relationship to policy holder:

To the best of my knowledge the above information is complete and accurate.

Signed:

Date:

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

05-14-17; 01:39PM

; 505+722+3594

3 / 3

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

ACOSTA-AZUMENDI, PEDRO 01/21/07 #45380



679719w11999 A-FormLett

Please sign and date each item below

ACKNOWLEDGEMENT AND AUTHORIZATION:

- I have read and understand the HIPAA/Privacy Policy for RMCHCS URGENT CARE LLC

Signed Pedro A. Acosta Date: 5/13/17

- I hereby assign my insurance benefits to be paid directly to the healthcare provider.

Signed Pedro A. Acosta Date: 5/13/17

- I authorize RMCHCS URGENT CARE LLC to release medical information required to process my claim

Signed Pedro A. Acosta Date: 5/13/17

- I have read and understand the Financial Policy for RMCHCS URGENT CARE LLC

Signed Pedro A. Acosta Date: 5/13/17

- I authorize RMCHCS URGENT CARE LLC to obtain/have access to my medication history

Signed Pedro A. Acosta Date: 5/13/17

- I authorize my provider's office to contact me by mobile phone.

Signed Pedro A. Acosta Date: 5/13/17

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/26/17 03:53pm	Classify document - Admin - Signed Forms & Letters	BARCODE	CLOSED			

RMCHCS URGENT CARE LLC - 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Admin Documents

02/21/2011 10:14 5058637329

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PAGE 86/87

RMCHCS URGENT CARE LLC - 520 NM HWY 564, GALLUP NM 87301-4873

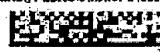
ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

05-26-17; 03:35PM

505+722+3594

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ACOSTA-AZUMENDI, PEDRO-01/21/07-844380



1779710w1199-A-Consent

Robert McElroy
Clinical Health Care Services**Patient Consent for Use and Disclosure of Protected Health Information:**

I hereby give consent for the physician to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO).

(The Notice of Privacy Practices provided by the physician describes each use and disclosure more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. The physician retains the right to revise its Notice of Privacy Practice at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the physician.

With this consent, the physician may call my home or other alternative location and leave a message on voicemail or to person in reference to my items that assist the practice in carrying out TPO such as appointment reminders, laboratory items and any calls pertaining to my clinical care, including emergency notifications among others.

With this consent, the physician may visit my home or other alternative location and assist the physician in carrying out TPO such as payment reminders, coordination of benefits statements or long as they are marked "Personal and Confidential".

With this consent, the physician may call to my home any items that assist the physician in carrying out TPO such as appointment reminders and any calls among others. I have the right to request the physician restrict how it uses or discloses my PHI to carry out TPO. The physician is not required to agree to my requested restriction, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow the physician to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, the physician may decline to provide treatment to me.

Please consider the following information:

Primary Phone:

Cell phone:

(505) 820-9361

Email Address:

angela@cloudonthego.com

Please indicate any people that you giving permission to have your health information while:

Name: CECILIA A. ACOSTA

Relation: SISTER

Name: PEDRO A. ACOSTA

Relation: BROTHER

Name: MELANIE ESTER

Relation: AUNT

NOTE: We cannot assume disclosure will be confidential due to the nature of this type of communication.

S/AB/17

Physician Initials/Physician Signature Date:

N/A

Witness Initials/Witness Signature Date:

N/A

Witness Initials/Witness Signature Date:

N/A

Witness Initials/Witness Signature Date:

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

05-14-17; 01:33PM

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ACOSTA-AZUMENDI, PEDRO 01/21/07 #45380



The mission of RMCHCS is to serve God by making a positive and lasting difference in the health and quality of life for all people in the community.



+ 779718w11999 A-Consent

Patient Consent for Use and Disclosure of Protected Health Information

I hereby give consent for the physicians to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO).

(The Notice of Privacy Practices provided by the physicians describes such uses and disclosure more completely).

I have the right to review the Notice of Privacy Practices prior to signing this consent. The physicians reserve the right to revise its Notice of Privacy Practice at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the physicians.

With this consent, the physicians may call my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, the physicians may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements so long as they are marked "Personal and Confidential".

With this consent, the physicians may email to my home any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements. I have the right to request the physicians restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow the physicians to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, the physicians may decline to provide treatment to me.

Please complete the following information:

Primary Phone: _____ Cell Phone: (505) 870-9361

E-Mail Address: angelosclaudia@yahoo.com

Please indicate any people that you give us permission to leave your health information with:

Name: CECILIA A. ACOSTA Relation: MOM

Name: PEDRO A. ACOSTA Relation: DAD

Name: ALEXANDRA OTERO Relation: AUNT

*NOTE: We cannot guarantee that cell phone calls are confidential due to the nature of this type of communication.

[Signature] 5/13/17

Date

Patient or Legally Authorized Representative Signature

[Signature]

Relationship to Patient if Signed by Anyone Other than Patient

1901 Red Rock Drive • Gallup, NM 87301 • 505-863-7200 • www.rmch.org

Rehoboth McKinley Christian Hospital College Clinic Red Rock Clinic Home Health and Hospice Behavioral Health Services 3

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/26/17 03:53pm	Classify document - Admin - Consent	BARCODE	CLOSED			

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

05-14-17 10:13 (38PM)

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17 13

Rebecca McKinley
Children Health Care Services

The mission of RMCHCS is to serve God by making a positive
and lasting difference in the health and quality of life
for all people in the community.



5779718w11999 A-Consent

ACOSTA-AZUMENDI, PEDRO 01/21/07 #45380

Patient Consent for Use and Disclosure of Protected Health Information

I hereby give consent for the physicians to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO).

(The Notice of Privacy Practices provided by the physician describes such uses and disclosure more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. The physicians reserve the right to revise its Notice of Privacy Practice at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the physician.

With this consent, the physician may call my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, the physician may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements so long as they are marked "Personal and Confidential".

With this consent, the physician may email to my home any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements. I have the right to request the physician restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow the physician to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, the physician may decline to provide treatment to me.

Please complete the following information:

Primary Phone: _____ Cell Phone: _____ (505) 870-9361

E-Mail Address: angela@redrockchcs.com

Please indicate any people that you give us permission to leave your health information with:

Name: CAROL A ACOSTA Relation: MOMName: PEDRO A ACOSTA Relation: DADName: ALEXANDRA OTERO Relation: ADMN

*NOTE: We cannot guarantee that we can make calls or confidential faxes to the names of this type of communication.

Signature 5/13/17
 Patient or Legally Authorized Representative Signature Date

NOTICE

Relationship to Patient or Signed by Anyone Other than Patient

1501 Red Rock Drive #1, Gallup, NM 87301 • 505-863-7200 • www.rmch.org

Rebecca McKinley Children Hospital College Clinic Red Rock Clinic Home Health and Hospice Behavioral Health Services

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/25/17 08:39pm	Classify document - Admin - Consent	BARCODE	CLOSED			

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Admin Documents

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1505+72243394

2 / 3

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

ACOSTA-AZUMENDI, PEDRO 01/21/07 #45380



* 679719v1990 A-Form.Let

"Please review and update the information below to the best of your ability."

Patient Registration

CURRENT PATIENT INFORMATION - PLEASE PRINT

Guarantor Information (to whom statements are sent)

Last Name: ACOSTA-AZUMENDI

Name: CLAUDIA AZUMENDI

First Name: PEDRO

Address: 1501 W AZTEC AVE/SPACE 36

Middle Name: A

GALLUP, NM 87301

Address: 1501 W AZTEC AVE/SPACE 36

Relationship to patient: ANDREW JR.

City: GALLUP State: NM

Date of Birth:

Zip: 87301

Social Security No.: 618541231

Home Phone: (505) 870-8361

Phone: 651-870-9361

Work Phone:

Emergency Contact Information

Mobile Phone:

Name:

Sex: M

Relationship:

Date of Birth: 01/21/2007

Phone:

Social Security No.: 649426773

Mobile Phone: ()

Patient Email:

Employer Information

Required by government mandate (although you may refuse):

Employer:

Language: English

Address:

Race: Other Race

Phone:

Ethnicity: Mexican

Pharmacy Information

Martial Status: S

Name:

Patient Referred by:

WALGREENS

Primary Care Provider:

Crossroads:

Contact Preference: Home Phone / Work Phone / Mobile Phone /

Phone:

Portal / Email:

Primary Insurance Information

Secondary Insurance Information

Insurance Plan Name: Molina Healthcare of NM Blue C + Blue Cross

Insurance Plan Name: "SELF PAY"

Last Name: ACOSTA-AZUMENDI

Last Name:

First Name: PEDRO

First Name:

Middle Name: A

Middle Name:

Address: 1501 W AZTEC AVE

Address:

City: GALLUP State: NM Zip: 87301

City: State: Zip:

Date of Birth: 01/21/2007 Sex (please circle): M or F

Date of Birth: Sex (please circle): M or F

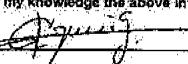
Employer Name:

Employer Name:

Patient's relationship to policy holder:

Patient's relationship to policy holder:

To the best of my knowledge the above information is complete and accurate.

Signed: 

Date: _____

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

05-14-17 11:38PM

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RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

ACOSTA-AZUMENDI, PEDRO 01/21/07 #45380



678719w11998 A-FormLett

Please sign and date each item below

ACKNOWLEDGEMENT AND AUTHORIZATION:

- I have read and understand the HIPAA/Privacy Policy for RMCHCS URGENT CARE LLC.

Signed:

Date:

5/13/17

- I hereby assign my Insurance benefits to be paid directly to the healthcare provider.

Signed:

Date:

5/13/17

- I authorize RMCHCS URGENT CARE LLC to release medical information required to process my claim.

Signed:

Date:

5/13/17

- I have read and understand the Financial Policy for RMCHCS URGENT CARE LLC.

Signed:

Date:

5/13/17

- I authorize RMCHCS URGENT CARE LLC to obtain/have access to my medication history.

Signed:

Date:

5/13/17

- I authorize my provider's office to contact me by mobile phone.

Signed:

Date:

5/13/17

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/25/17 08:39pm	Classify document - Admin - Signed Forms & Letters	BARCODE	CLOSED			

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

ACOSTA-AZUMENDI, PEDRO 01/21/07 #45380



* 679719w11999 A-FormLett

Please review and update the information below to the best of your ability.

Patient Registration

CURRENT PATIENT INFORMATION -- PLEASE PRINT

Guarantor Information (to whom statements are sent)

Last Name: ACOSTA-AZUMENDI

Name: CLAUDIA AZUMENDI

First Name: PEDRO

Address: 1501 W AZTEC AVE/SPACE 36

Middle Name: A

GALLUP, NM 87301

Address: 1501 W AZTEC AVE/SPACE 36

Relationship to patient: MOTHER

City: GALLUP State: NM

Date of Birth:

Zip: 87301

Social Security No.: 618541231

Home Phone: (505) 870-9361

Phone: (505) 870-9361

Work Phone:

Emergency Contact Information

Mobile Phone:

Name:

Sex: M

Relationship:

Date of Birth: 01/21/2007

Phone:

Social Security No.: 649428773

Mobile Phone: () _____ - _____

Patient email:

Employer Information

Required by government mandate [although you may refuse]:

Employer:

Language: English

Address:

Race: Other Race

Phone:

Ethnicity: Mexican

Marital Status: S

Pharmacy Information:
Name: WALTER REYES
Crossroads:
Phone:

Other

Patient Referred by:

Primary Care Provider:

Contact Preference: Home Phone / Work Phone / Mobile Phone /
Portal / Email

Secondary Insurance Information

Primary Insurance Information

Insurance Plan Name: Molina Healthcare of NM BLUE C. BLUE SHIELD

Insurance Plan Name: *SELF PAY*

Last Name: ACOSTA-AZUMENDI

Last Name:

First Name: PEDRO

First Name:

Middle Name: A

Middle Name:

Address: 1501 W AZTEC AVE

Address:

City: GALLUP State: NM Zip: 87301

City: State: Zip:

Date of Birth: 01/21/2007 Sex (please circle): M or F

Date of Birth: Sex (please circle): M or F

Employer Name:

Employer Name:

Patient's relationship to policy holder:

Patient's relationship to policy holder:

To the best of my knowledge the above information is complete and accurate.

Signed

Date:

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

ACOSTA-AZUMENDI, PEDRO 01/21/07 #45380



* 679719w11999 A-FormLett

Please sign and date each item below**ACKNOWLEDGEMENT AND AUTHORIZATION:**

- I have read and understand the HIPAA/Privacy Policy for RMCHCS URGENT CARE LLC

Signed *[Signature]*Date: 5/13/17

- I hereby assign my insurance benefits to be paid directly to the healthcare provider

Signed *[Signature]*Date: 5/13/17

- I authorize RMCHCS URGENT CARE LLC to release medical information required to process my claim

Signed *[Signature]*Date: 5/13/17

- I have read and understand the Financial Policy for RMCHCS URGENT CARE LLC

Signed *[Signature]*Date: 5/13/17

- I authorize RMCHCS URGENT CARE LLC to obtain/have access to my medication history

Signed *[Signature]*Date: 5/13/17

- I authorize my provider's office to contact me by mobile phone

Signed *[Signature]*Date: 5/13/17**Document History**

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/14/17 01:38pm	Classify document - Admin - Signed Forms & Letters	BARCODE	CLOSED			

ACOSTA-AZUMENDI, PEDRO 01/21/07 #45380



Rehoboth McKinley
Christian Health Care Services

The mission of RMCHCS is to serve God by making a profound and lasting difference in the health and quality of life for all people in the community.



* 779718w11999 A-Consent

Patient Consent for Use and Disclosure of Protected Health Information

I hereby give consent for the physicians to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO).

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I have the right to review the Notice of Privacy Practices prior to signing this consent. The physicians reserve the right to revise its Notice of Privacy Practice at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the physicians.

With this consent, the physicians may call my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, the physicians may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements so long as they are marked "Personal and Confidential".

With this consent, the physicians may email to my home any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements. I have the right to request the physicians restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow the physicians to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, the physicians may decline to provide treatment to me.

Please complete the following information:

Primary Phone: _____ Cell Phone: (505) 870-9361

E-Mail Address: cangelogclaudia@yahoo.com

Please indicate any people that you give us permission to leave your health information with:

Name: CAROLINA A- ACOSTA Relation: MOM

Name: PEDRO A. ACOSTA Relation: Dad

Name: ALEXANDRA OTERO Relation: Aunt

*NOTE: We cannot guarantee that cell phone calls are confidential due to the nature of this type of communication.

Signature

5/13/17

Date

Patient or Legally Authorized Representative Signature

Mother

Relationship to Patient if Signed by Anyone Other than Patient

1901 Red Rock Drive • Gallup, NM 87301 • 505-863-7200 • www.rmch.org

Rehoboth McKinley Christian Hospital College Clinic Red Rock Clinic Home Health and Hospice Behavioral Health Services 3

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/14/17 01:38pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
05/14/17 01:38pm	Classify document - Admin - Consent	BARCODE	CLOSED			



PATIENT REGISTRATION INFORMATION

RMCHCS URGENT CARETIME: 1258DATE: 5/13/17**PATIENT INFORMATION**

Patient Name: PEDRO A ACOSTA AZUMENDI Birthdate 1/21/2007 Age: 10
 Patient Social Security #: 649428773 Phone: (505) 870-9361 SEX: M F
 Address: 1501 ur. AZTEC #36 City: CORONADO State: NM ZIP: 87330
 Email Address: angelaclaudia@yahoo.com Marital Status: _____ Ethnicity/Race: _____
 Emergency Contact: Carmen A. Acosta Phone: (505) 870-9361

INSURANCE INFORMATION:

INSURANCE: _____ Member ID: _____
 Insurance Address: _____ City: _____ State: _____ ZIP: _____
 Insurance Phone: _____

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/14/17 02:02pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
05/14/17 02:02pm	Classify document - Admin	BARCODE	CLOSED			

Allergy List

NKDA

Care Plan Audit

Care Management Events

None recorded

Health Concerns

None recorded

Goals

None recorded

Patient Tasks

None recorded

Care Team Tasks

None recorded

Health Status

None recorded

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 05/14/2017

Patient

Name ACOSTA-AZUMENDI, PEDRO (10yo, M) **Appt. Date/Time** 05/14/2017 12:40PM
ID# 45380

DOB 01/21/2007 **Service Dept.** URGENT CARE CENTER

Provider SHOBHA JAGANNATH, NP

Insurance Med Primary: MOLINA HEALTHCARE OF NM

Insurance #: 3712961680

Policy/Group #: QMXEM01838

Med Secondary: *SELF PAY*

Prescription: PRIMNM - Member is eligible. details

Chief Complaint

Left red eye

Symptoms started friday, patient concerns no pain more of a discomfort 1/10.

Patient's Pharmacies

WALGREENS DRUG STORE 09007 (ERX): 1870 E HISTORIC HIGHWAY 66, GALLUP NM 87301, Ph (505) 722-9499, Fax (505) 722-7988

Vitals

05/14/2017 12:49 pm

Ht: 4 ft (<1st %)

Wt: 110.8 lbs (97th %)

BMI: 33.8 (>99th %)

BP: 102/74 sitting L arm (75th % / 92nd %)

Pulse: 104 bpm regular

RR: 24

O2Sat: 96% Room Air at Rest

T: 99.1 F° temporal artery

Pain Scale: 1

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops Instill 1 drop(s) every 3 hours by ophthalmic route as directed for 7 days. 05/14/17 prescribed

triamcinolone acetonide 0.1 % topical cream 01/12/17 filled

Vaccines

None recorded.

Problems

Reviewed Problems

HPI**Eye Pain**

Reported by patient.

Notes: c/o left eye redness , pain since friday. discharge from the left eye since yesterday
he

ROS

Patient reports **eye pain, eye redness, eye itchiness, and eye discharge** but reports no blurry vision, no eye swelling, and normal movement; **left eye redness, itching pain since friday. discharge from the left eye since yesterday**. He reports no significant weight change, good appetite, no fever, happy/content, normal activity level, and no fatigue. He reports no ear pain, no ear discharge, no hearing loss, no sinus pressure, no drooling, no facial swelling, no congestion, no sore throat, no hoarseness, and no mouth lesions. He reports no chest pain and normal heart rate. He reports no lumps, no tenderness, and no discharge. He reports no cough, no wheezing, no chest tightness, no pain with respiration, and normal respiration. He reports no difficulty swallowing, no abdominal pain, no nausea, no vomiting, no diarrhea, no constipation, no blood in stools, and no mucous in stool. He reports no soft tissue swelling, no joint swelling, no myalgia, moves all extremities well, no previous injuries, and no trauma. He reports no pain, no itchiness, no skin dryness, no flaking, no redness, no rash, no hives, no skin lesions, no skin growths, no skin lumps, no swelling, no bruising, and no insect bites. He reports no numbness, no weakness, no tingling, no burning, no shooting pain, no headache, no dizziness, and no loss of consciousness. He reports no depression, no anxiety, no insomnia, no stress, and no loss of interest. He reports normal drinking and no temperature intolerance. He reports no sneezing and no runny nose.

Physical Exam

Patient is a 10-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed.

Eyes: Lids: no erythema, swelling, or lesions. Conjunctivae: **injected: generalized left, clear discharge: left, purulent discharge;** and **mucoid discharge: left.** Pupils: PERRLA. Corneas: no abrasion, opacity, ulceration, or foreign body and grossly intact and fluorescein stain--normal. EOM: EOMI. Lens: clear. Vision: peripheral vision grossly intact and acuity grossly intact.

Assessment / Plan

1. Acute conjunctivitis - Left

H10.32: Unspecified acute conjunctivitis, left eye

- polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops - Instill 1 drop(s) every 3 hours by ophthalmic route as directed for 7 days. Qty: 1 10 mL drop btl(s) Refills: 0 Pharmacy: WALGREENS DRUG STORE 09007

Patient Goals

should be symptoms free in 2 days.

Patient Instructions

apply eye drops as instructed. wash hands before and after touching eyes. change pillow cover and wash towels every day. if not getting better in 2 days follow up pcp.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by SHOBHA JAGANNATH, NP, 05/14/2017.

Encounter performed and documented by SHOBHA JAGANNATH, NP

Encounter reviewed & signed by SHOBHA JAGANNATH, NP on 05/14/2017 at 02:22 PM

Denied Medications

Name

Denied Date

Fluarix Quad 2018-2019 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe

triamcinolone acetonide 0.1 % topical cream

tacrolimus 0.03 % topical ointment

azelastine 0.05 % eye drops

Fluvirin 2017-2018 (PF) 45 mcg(15 mcg x3)/0.5 mL intramuscular syringe

azithromycin 200 mg/5 mL oral suspension

amoxicillin 250 mg/5 mL oral suspension

polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops

Facesheet

Demographics

Patient Name	ACOSTA AZUMENDI, PEDRO A
Sex	M
DOB	01/21/2007
Address	1501 W AZTEC AVE / SPACE 36
City/State/Zip	GALLUP, NM 87301
Home Phone	(505) 870-9361
Mobile Phone	(505) 870-9361
Insurance	Med Primary: BCBS-NM - COMMUNITY CENTENNIAL CARE (MEDICAID REPLACEMENT - HMO) Insurance # : YIF905209516 Policy/Group # : N72100
Default Pharmacy	WALGREENS DRUG STORE #09007 (ERX) 1870 E HISTORIC HIGHWAY 66 GALLUP NM 873014955 Ph (505) 722-9499 Fax (505) 722-7988
Preferred Lab	RMCH LAB DEPT 1901 RED ROCK DR GALLUP Ph (505) 863-1886 Fax (505) 726-6714
Preferred Imaging Facility	RMCH RADIOLOGY DEPT 1901 RED ROCK DR GALLUP Ph (505) 863-7015 Fax (505) 863-7324

Height / Weight / BMI / BP

Height 48 in 05/14/2017
 Weight 110 lbs 12.8 oz 05/14/2017
 BMI 33.8 05/14/2017
 Blood Pressure 102 / 74 05/14/2017

Problems

None recorded.

Surgical & Procedure History

None recorded.

Medications

amoxicillin 250 mg/5 mL oral suspension	03/13/18 filled
azelastine 0.05 % eye drops	12/27/17 filled
Fluarix Quad 2018-2019 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	11/24/18 filled
Fluvarin 2017-2018 (PF) 45 mcg(15 mcg x3)/0.5 mL intramuscular syringe	11/07/17 filled
polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops Instill 1 drop(s) every 3 hours by ophthalmic route as directed for 7 days.	05/14/17 filled
tacrolimus 0.03 % topical ointment	08/22/18 filled
triamcinolone acetonide 0.1 % topical cream	09/22/18 filled

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

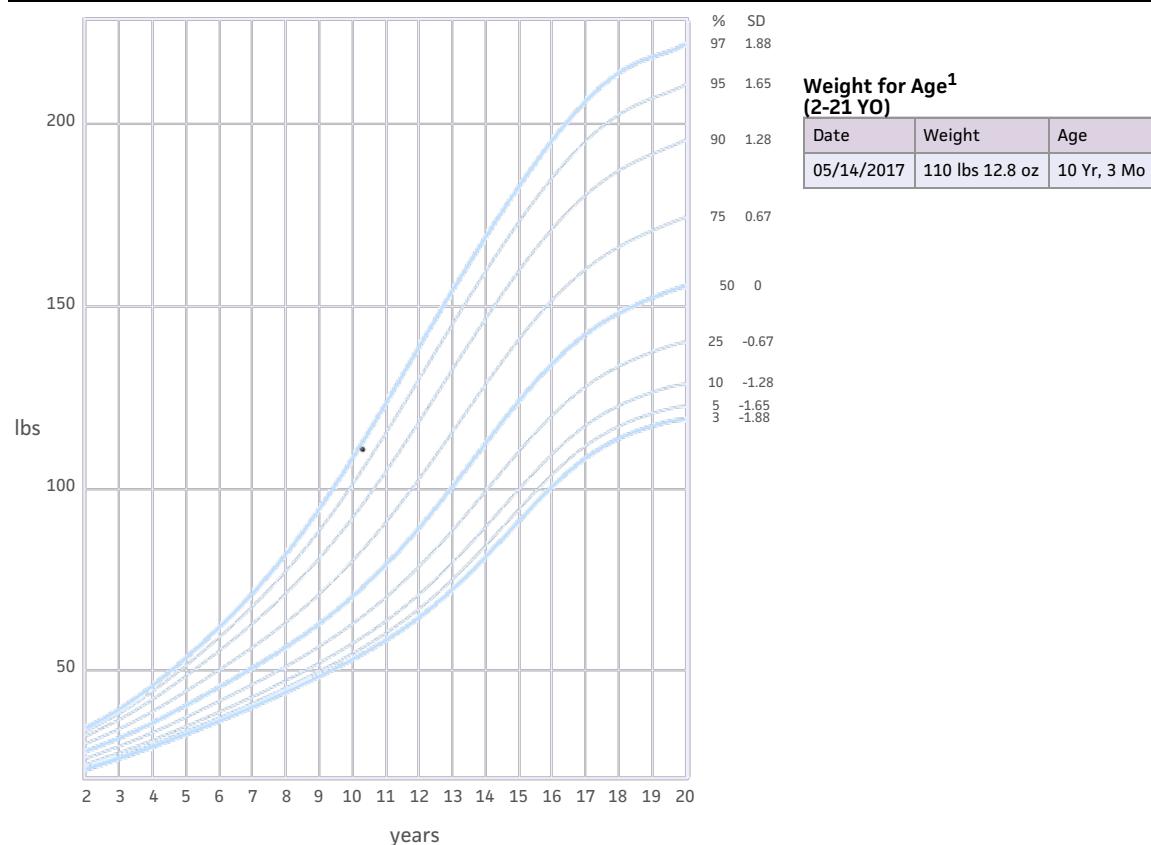
None recorded.

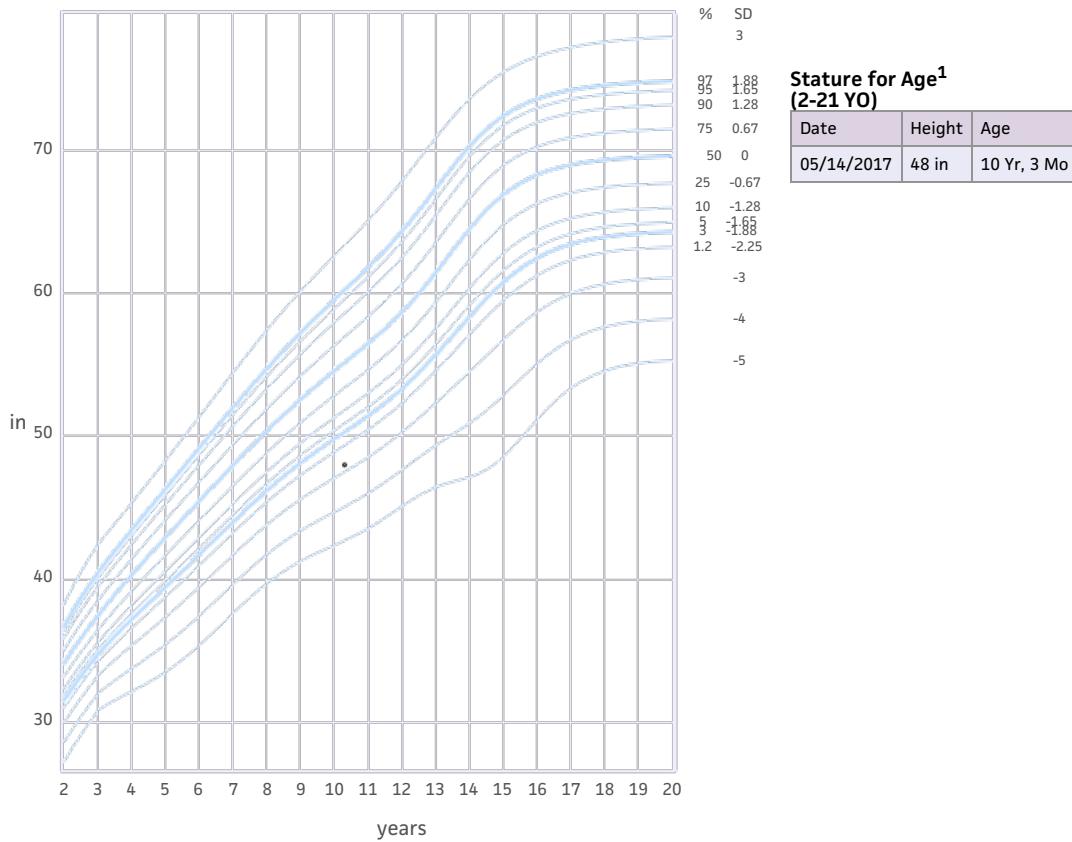
Patient History - Other

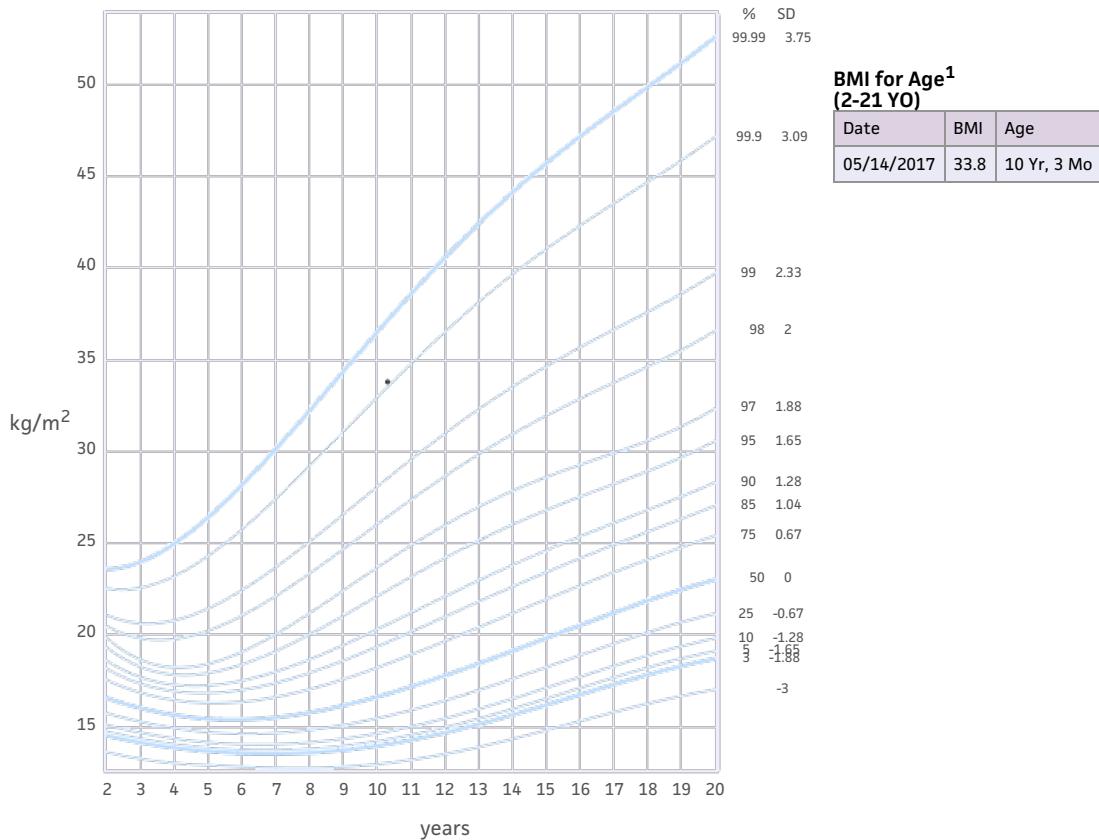
None recorded.

Screening

None recorded.

Growth Charts





¹ Percentiles from Centers for Disease Control and Prevention, National Center for Health Statistics. CDC growth charts: United States. <http://www.cdc.gov/growthcharts/>. May 30, 2000.

Lab Results**VISUAL ACUITY* 05/14/2017**

(#[#866515])

Report	Result	Ref. Range	Units	⚠ Status	Lab	Date
R Eye Uncorrected	20/50					
L Eye Uncorrected	20/30					
R Eye Corrected	N/A					
L Eye Corrected	N/A					
Result Note	Both eye uncorrected 20/30					

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/14/17 12:50pm	New in-house result requires data entry	ekee1	DATAENTRY		URGENT CARE CENTER STAFF	
05/14/17 12:51pm	Close - Discussed result in Document Review	ekee1	CLOSED			

Letters

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)



Urgent Care Center
 520 NM HWY 564
 GALLUP, NM 87301-4873
 Phone: (505) 863-2273, Fax: (505) 722-3594

Date: 05/14/2017

Dear Pedro Acosta-Azumendi,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: SHOBHA JAGANNATH, NP

A handwritten signature in black ink, appearing to read "Shobha Jagannath".

Patient Care Summary for Pedro A Acosta-Azumendi**Most Recent Encounter**

05/14/2017 Shobha Jagannath: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. tel:+1-505-8632273

Reason for Visit

Left red eye

Symptoms started friday, patient concerns no pain more of a discomfort 1/10.

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Acute conjunctivitis

- polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops

Discussion Note: None recorded.

Patient educational handouts: No information available.

Plan of Care**Patient Goals**

should be symptoms free in 2 days.

Patient Instructions

apply eye drops as instructed. wash hands before and after touching eyes. change pillow cover and wash towels every day.if not getting better in 2 days follow up pcp.

Reminders	Provider
Appointments	None recorded.
Lab	None recorded.
Referral	None recorded.
Procedures	None recorded.
Surgeries	None recorded.
Imaging	None recorded.

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops Instill 1 drop every 3 hours by ophthalmic route as directed for 7 days.	05/14/2017	

triamcinolone acetonide 0.1 % topical cream

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate	Pain Scale Type	Pain Scale
4 ft (<1st %)	110.8 lbs (97th %)	33.8 (>99th %)	102/74	104 bpm regular	96% Room Air at Rest	99.1 F° temporal artery	24	Numeric	1

Lab Results

Date	Name	Specimen	Result	Interpretation	Description	Value	Range	Status	Address
	Visual Acuity		R Eye	20/50					Rehoboth McKinley Christian Health Care Services (Rmchcs Labs): 1909 Red Rock Dr, Gallup
			Uncorrected						
			L Eye	20/30					Rehoboth McKinley Christian Health Care Services (Rmchcs Labs): 1909 Red Rock Dr, Gallup
			Uncorrected						
			R Eye	N/A					Rehoboth McKinley Christian Health Care Services (Rmchcs Labs): 1909 Red Rock Dr, Gallup
			Corrected						
			L Eye	N/A					Rehoboth McKinley Christian Health Care Services (Rmchcs Labs): 1909 Red Rock Dr, Gallup
			Corrected						

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

Problems

None recorded.

Procedures

None recorded.

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/14/2017

Acute Conjunctivitis

Shobha Jagannath, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

Demographics

Sex:	Male	Ethnicity:	Hispanic or Latino/Spanish
DOB:	01/21/2007	Race:	Information not available
Preferred language:	English	Marital status:	Never Married

Contact: 1501 W Aztec Ave, Space 36, Gallup, NM 87301, Ph. tel:+1-505-8709361

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/14/17 01:00pm	Create	sjagannath	REVIEW		sjagannath	
05/14/17 02:22pm	Approve - Notify by Portal	sjagannath	NOTIFY		PORTAL	
05/14/17 03:12pm	Notification Completed - By Portal	ATHENA	CLOSED			

Medical Record Documents

05-26-17; 03:35PM;

; 505+722+3594

9 / 18

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

05-14-17 01:56PM

; 505+722+3594

2 / 3

**PATIENT REGISTRATION INFORMATION****RMCHCS URGENT CARE**TIME: 1288DATE: 5/13/17

PATIENT INFORMATION						
Patient Name:	Pedro A. Acosta Azumendi	Birthday:	1/21/2007	Age:	10	
Patient Social Security #:	649428773	Phone:	(505) 870-9361	SEX:	M	F
Address:	1501 ur. Aztec #36	City:	Gallup	State:	NM	ZIP: 87301
Email Address:	angelaazumendi@yahoo.com					
Emergency Contact:	Carson A. Acosta	Phone:	(505) 870-9361			

INSURANCE INFORMATION:						
INSURANCE:	Member ID:					
Insurance Address:	City:	State:	ZIP:			
Insurance Phone:						

Encounters and Procedures

RMCHCS URGENT CARE LLC - 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Clinical Encounter Summaries

Encounter Date: 05/14/2017

Patient

Name	ACOSTA-AZUMENDI, PEDRO (10yo, M) ID# 45380	Appt. Date/Time	05/14/2017 12:40PM
DOB	01/21/2007	Service Dept.	URGENT CARE CENTER
Provider	SHOBHA JAGANNATH, NP		
Insurance	Med Primary: MOLINA HEALTHCARE OF NM Insurance # : 3712961680 Policy/Group # : QMXEM01838 Med Secondary: *SELF PAY* Prescription: PRIMNM - Member is eligible. details		

Chief Complaint

Left red eye

Symptoms started friday, patient concerns no pain more of a discomfort 1/10.

Patient's Pharmacies

WALGREENS DRUG STORE 09007 (ERX): 1870 E HISTORIC HIGHWAY 66, GALLUP NM 87301, Ph (505) 722-9499, Fax (505) 722-7988

Vitals

05/14/2017 12:49 pm

Ht: 4 ft (<1st %)	Wt: 110.8 lbs (97th %)	BMI: 33.8 (>99th %)
BP: 102/74 sitting L arm (75th % / 92nd %)	Pulse: 104 bpm regular	RR: 24
O2Sat: 96% Room Air at Rest	T: 99.1 F° temporal artery	Pain Scale: 1

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops Instill 1 drop(s) every 3 hours by ophthalmic route as directed for 7 days.	05/14/17 prescribed
---	---------------------

triamcinolone acetonide 0.1 % topical cream	01/12/17 filled
---	-----------------

Vaccines

None recorded.

Problems

Reviewed Problems

HPI

Eye Pain

Reported by patient.

Notes: c/o left eye redness , pain since friday. discharge from the left eye since yesterday
he

ROS

Patient reports eye pain, eye redness, eye itchiness, and eye discharge but reports no blurry vision, no eye swelling, and normal weight change, good appetite, no fever, happy/content, normal activity level, and no fatigue. He reports no ear pain, no ear discharge, no hearing loss, no sinus pressure, no drooling, no facial swelling, no congestion, no sore throat, no hoarseness, and no mouth lesions. He reports no chest pain and normal heart rate. He reports no lumps, no tenderness, and no discharge. He reports no cough, no wheezing, no chest tightness, no pain with respiration, and normal respiration. He reports no difficulty swallowing, no abdominal pain, no nausea, no vomiting, no diarrhea, no constipation, no blood in stools, and no mucous in stool. He reports no soft tissue swelling, no joint swelling, no myalgia, moves all extremities well, no previous injuries, and no trauma. He reports no pain, no

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ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Itchiness, no skin dryness, no flaking, no redness, no rash, no hives, no skin lesions, no skin growths, no skin lumps, no swelling, no bruising, and no insect bites. He reports no numbness, no weakness, no tingling, no burning, no shooting pain, no headache, no dizziness, and no loss of consciousness. He reports no depression, no anxiety, no insomnia, no stress, and no loss of interest. He reports normal drinking and no temperature intolerance. He reports no sneezing and no runny nose.

Physical Exam

Patient is a 10-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed.

Eyes: Lids: no erythema, swelling, or lesions. Conjunctivae: injected: generalized left, clear discharge: left, purulent discharge:, and mucoid discharge: left. Pupils: PERRLA. Corneas: no abrasion, opacity, ulceration, or foreign body and grossly intact and fluorescein stain-normal. EOM: EOMI. Lens: clear. Vision: peripheral vision grossly intact and acuity grossly intact.

Assessment / Plan**1. Acute conjunctivitis - Left**

- H10.32: Unspecified acute conjunctivitis, left eye
- polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops - Instill 1 drop(s) every 3 hours by ophthalmic route as directed for 7 days. Qty: 1 10 mL drop bl(s) Refills: 0 Pharmacy: WALGREENS DRUG STORE 09007

Patient Goals

should be symptoms free in 2 days.

Patient Instructions

apply eye drops as instructed. wash hands before and after touching eyes. change pillow cover and wash towels every day.if not getting better in 2 days follow up pcp.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by SHOBHA JAGANNATH, NP, 05/14/2017.

Encounter performed and documented by SHOBHA JAGANNATH, NP
Encounter reviewed & signed by SHOBHA JAGANNATH, NP on 05/14/2017 at 2:22pm

Lab Results**VISUAL ACUITY 05/14/2017 (#866515)**

Report	Result	Ref. Range	Units	⚠	Status	Lab
R Eye Uncorrected	20/60					
L Eye Uncorrected	20/30					
R Eye Corrected	N/A					
L Eye Corrected	N/A					
Result Note	Both eye uncorrected 20/30					

Letters

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873**ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)**

520 NM HWY 564

GALLUP, NM 87301-4873

Phone: (505) 863-2273, Fax: (505) 722-3594

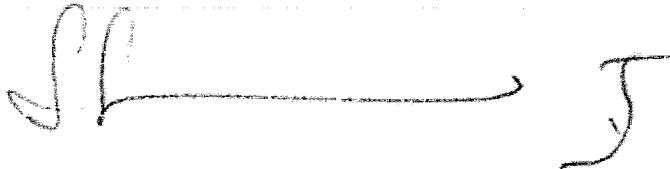
Date: 05/14/2017

Dear Pedro Acosta-Azumendi,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: SHOBHA JAGANNATH, NP

**Patient Care Summary for Pedro A Acosta-Azumendi****Most Recent Encounter**

05/14/2017 Shobha Jagannath: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. tel:+1-505-8632273

Reason for Visit

Left red eye

Symptoms started friday, patient concerns no pain more of a discomfort 1/10.

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Acute conjunctivitis

- polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops

Discussion Note: None recorded.

Patient educational handouts: No information available.

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ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Plan of Care

Patient Goals
should be symptoms free in 2 days.

Patient Instructions

apply eye drops as instructed. wash hands before and after touching eyes. change pillow cover and wash towels every day.if not getting better in 2 days follow up pcp.

Reminders	Provider
Appointments	None recorded.
Lab	None recorded.
Referral	None recorded.
Procedures	None recorded.
Surgeries	None recorded.
Imaging	None recorded.

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops Instill 1 drop every 3 hours by ophthalmic route as directed for 7 days.	05/14/2017	

triamcinolone acetonide 0.1 % topical cream

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate	Pain Type	Pain Scale Numeric	Pain Scale
4 ft (4 ft (<1st percentile))	110.8 lbs (97th percentile)	33.8 (>99th percentile)	102/74	104 bpm regular	96% Room Air at Rest	99.1 F° temporal artery	24		1	

Lab Results

Date	Name	Specimen	Result	Interpretation	Description	Value	Range	Status	Address
	Visual Acuity	R Eye	20/50	Uncorrected	Rehoboth McKinley Christian Health Care Services (Rmchcs Labs): 1909 Red Rock Dr, Gallup				
		L Eye	20/30	Uncorrected	Rehoboth McKinley Christian Health Care Services (Rmchcs Labs): 1909 Red Rock Dr, Gallup				
		R Eye	N/A	Corrected	Rehoboth McKinley Christian Health Care Services (Rmchcs Labs): 1909 Red Rock Dr, Gallup				
		L Eye	N/A	Corrected	Rehoboth McKinley Christian Health Care Services (Rmchcs Labs): 1909 Red Rock Dr, Gallup				

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ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

Problems

None recorded.

Procedures

None recorded.

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/14/2017

Acute Conjunctivitis

Shobha Jagannath, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

Demographics

Sex:	Male	Ethnicity:	Hispanic or Latino/Spanish
DOB:	01/21/2007	Race:	Information not available
Preferred language:	English	Marital status:	Never Married

Contact: 1501 W Aztec Ave, Space 36, Gallup, NM 87301, Ph. tel:+1-505-8709361

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Order Groups

Order Group Summaries

Order Group on 05/14/2017 by JAGANNATH_SHOBA

Problems

Reviewed Problems

Medications

Medications not reviewed (last reviewed 05/14/2017)

polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops
Instill 1 drop(s) every 3 hours by ophthalmic route as directed for 7 days.

05/14/17 prescribed

triamcinolone acetonide 0.1 % topical cream

01/12/17 filled

Allergies

Allergies not reviewed (last reviewed 05/14/2017)

NKDA

Results / Interpretations**VISUAL ACUITY**

• Results:

- R Eye Uncorrected: 20/50
- L Eye Corrected: N/A
- R Eye Corrected: N/A
- L Eye Uncorrected: 20/30
- Result Note: Both eye uncorrected 20/30

Assessment / Plan**1. Red eye**

H11.432: Conjunctival hyperemia, left eye
 • VISUAL ACUITY

VISUAL ACUITY

• Results:

- R Eye Uncorrected: 20/50
- L Eye Corrected: N/A
- R Eye Corrected: N/A
- L Eye Uncorrected: 20/30
- Result Note: Both eye uncorrected 20/30

Return to Office

None recorded.

Other Orders

05/14/2017

From Provider	To Provider
SHOBHA JAGANNATH, NP RMCHCS URGENT CARE LLC 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594	REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES (RMCHCS LABS) 1909 RED ROCK DR GALLUP, NM 87301 Phone: (505) 863-7133 Fax: (505) 726-6714

Order Information

Order
Orders included: 1
Red eye ICD-10: H11.432: Conjunctival hyperemia, left eye • VISUAL ACUITY

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Patient Information

Patient Name	ACOSTA-AZUMENDI, PEDRO A
DOB	01/21/2007
Primary Insurance	Molina Healthcare of NM ID: 3712961680 Group: QMXEM01838 Policy Holder: ACOSTA-AZUMENDI, PEDRO A
Secondary Insurance	*SELF PAY*

Electronically Signed by: SHOBHA JAGANNATH, NP


SHOBHA JAGANNATH, NP
Approved Date: 05/18/2017 5:17am

Prescription Documents

Approved Prescription

Date Ordered: 05/14/2017

Pharmacy	Prescriber
WALGREENS DRUG STORE 09007 1870 E HISTORIC HIGHWAY 66 GALLUP, NM 873014955 Phone: (505) 722-9499 Fax: (505) 722-7988	SHOBHA JAGANNATH, NP Urgent Care Center 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

Prescription Information

Medication	polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops
Quantity	1 (one) 10 mL drop btl(s)
SIG	Instill 1 drop(s) every 3 hours by ophthalmic route as directed for 7 days.
Refills Allowed	No Refills
DAW?	N
Note to Pharmacy	

Patient Information

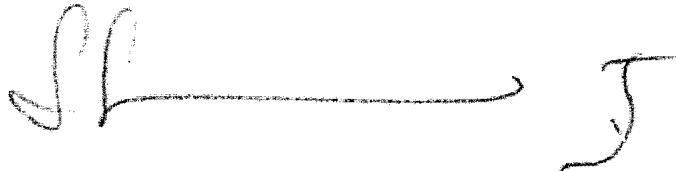
Patient Name	ACOSTA-AZUMENDI, PEDRO A
Sex - DOB - Age	M 01/21/2007 10yo
Address	1501 W AZTEC AVE/SPACE 36 GALLUP, NM 87301
Phone	H: (505) 870-9361
Primary Insurance	None recorded.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

[Secondary Insurance] [*SELF PAY*]

Electronically Signed by: SHOBHA JAGANNATH, NP



Issue Date: 05/14/2017 Approved Date: 05/14/2017 1:05pm
DEA # MJ4280765
NPI #1871036202

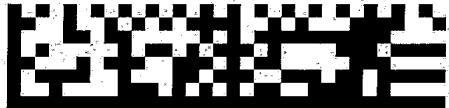
Prescription is void if more than one (1) prescription is written per blank.

Please place this one-time use coversheet at the END of the document detailed below when faxing to athenahealth.

Document Information:

Patient Name	ACOSTA-AZUMENDI, PEDRO A
DOB	01/21/2007
Patient ID	45380
Document Class	Medical Record Document - Historical Medical Record
Fax to:	(855) 860-0541
First and Last Page Coversheets Printed:	05/26/2017
Information related to this document was added to athenaNet on	05/26/2017
The information was added by user	syoung133
# of pages (not including coversheet)	

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* 781649y11999

Urgent Care Center
520 NM HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

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[ID:45380-A-11999]

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Document Information:

Patient Name	ACOSTA-AZUMENDI, PEDRO A
DOB	01/21/2007
Patient ID	45380
Document Class	Medical Record Document - Historical Medical Record
Fax to:	(855) 860-0541
First and Last Page Coversheets Printed:	05/26/2017
Information related to this document was added to athenaNet on	05/26/2017
The information was added by user	syoung133
# of pages (not including coversheet)	

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520 NM HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

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Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/26/17 03:53pm	Automatically classified by barcode - Classify and HOLD: only one barcode identified	BARCODE	HOLD		URGENT CARE CENTER STAFF	We are unable to locate a barcode on the first page of this document, so it has been classified based on the barcode found on the last page and put into HOLD. Please verify that the document has been classified correctly and includes the correct pages before sending it to REVIEW or CLOSED. If the document has extra pages at the beginning, please use the Process Document workflow to separate and process these pages.
05/29/17 10:18am	Close - No more actions necessary	Igrayhat1	CLOSED			

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Medical Records - CONFIDENTIAL**From:** NM - RMCHCS**To:** Urgent care clinic chart**Name:** ACOSTA-AZUMENDI, PEDRO A**DOB:** 01/21/2007**Date Range:** 01/01/2017 to 05/26/2017

This document contains the following records of the patient:

- Admin Documents
- Encounters and Procedures
- Lab Results
- Letters
- Order Groups
- Other Orders
- Prescription Documents

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Document History

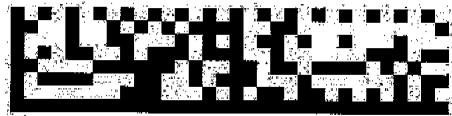
Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/26/17 03:52pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
05/26/17 03:53pm	Automatically classified by barcode - Classify and HOLD: only one barcode identified	BARCODE	HOLD		URGENT CARE CENTER STAFF	We are unable to locate a barcode on the last page of this document, so it has been classified based on the barcode found on the first page and put into HOLD. Please verify that the document has been classified correctly and includes the correct pages before sending it to REVIEW or CLOSED. If the document has extra pages at the end, please use the Process Document workflow to separate and process these pages.
05/29/17 10:18am	Close - No more actions necessary	lgrayhat1	CLOSED			

Please place this one-time use coversheet at the BEGINNING of the document detailed below when faxing to athenahealth.

Document Information:

Patient Name	ACOSTA-AZUMENDI, PEDRO A
DOB	01/21/2007
Patient ID	13689
Document Class	Medical Record Document - Historical Medical Record
Fax to:	
First and Last Page Coversheets Printed:	05/25/2017
Information related to this document was added to athenaNet on	05/25/2017
The information was added by user	ekee1
# of pages (not including coversheet)	

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520 NM HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

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RACHCS URGENT CARE LLC • 520 NM HWY 561, GALLUP NM 87301-4873**ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)**
Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Acute conjunctivitis
- polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops

Discussion Note: None recorded.

Patient educational handouts: No information available.

Plan of Care**Patient Goals**

should be symptoms free in 2 days.

Patient Instructions

apply eye drops as instructed. wash hands before and after touching eyes. change pillow cover and wash towels every day. If not getting better in 2 days follow up pcp.

Reminders**Appointments**

None recorded.

Provider**Lab**

None recorded.

Referral

None recorded.

Procedures

None recorded.

Surgeries

None recorded.

Imaging

None recorded.

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name: polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops Prescribed Date: 05/14/2017 Start Date: 05/14/2017
Instill 1 drop every 3 hours by ophthalmic route as directed for 7 days.

triamcinolone acetonide 0.1 % topical cream

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate	Pain Scale Type	Pain Scale
4 ft (<1st 110.8 lbs %) (97th %)	33.8 (>99th %)	102/74	104 bpm regular	96% Room Air at Rest	99.1 F° temporal artery	24	Numeric	1	

RMCHCS URGENT CARE LLC - 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Lab Results

DateName	Specimen	Result	Interpretation	Description	Value	Range	Status	Address
	Visual Acuity	R Eye Uncorrected	20/50	Rehoboth McKinley Christian Health Care Services (Rmchcs Labs): 1909 Red Rock Dr, Gallup				
		L Eye Uncorrected	20/30	Rehoboth McKinley Christian Health Care Services (Rmchcs Labs): 1909 Red Rock Dr, Gallup				
		R Eye Corrected	N/A	Rehoboth McKinley Christian Health Care Services (Rmchcs Labs): 1909 Red Rock Dr, Gallup				
		L Eye Corrected	N/A	Rehoboth McKinley Christian Health Care Services (Rmchcs Labs): 1909 Red Rock Dr, Gallup				

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code: **Code System:** Name: Reaction: Severity: Onset:

NKDA

Problems

None recorded.

Procedures

None recorded.

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/14/2017

Acute Conjunctivitis

Shobha Jagannath, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

Demographics

Sex:	Male	Ethnicity:	Hispanic or Latino/Spanish
DOB:	01/21/2007	Race:	Information not available
Preferred language:	English	Marital status:	Never Married

Contact: 1501 W Aztec Ave, Space 36, Gallup, NM 87301, Ph. tel:+1-505-8709361

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Document History

Date/Time	Action	Entered By	Action By	Status	Priority	Assigned To	Action Notes
05/14/17 01:00pm	Create	sjgannath		REVIEW		sjgannath	
05/14/17 02:22pm	Approve - Notify by Portal	sjgannath		NOTIFY		PORTAL	
05/14/17 03:12pm	Notification Completed - By Portal	ATHENA		CLOSED			

Order Groups

Order Group Summaries

Order Group on 05/14/2017 by JAGANNATH_SHOBA

Problems

Reviewed Problems

Medications

Medications not reviewed (last reviewed 05/14/2017)

polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops 05/14/17 prescribed
Instill 1 drop(s) every 3 hours by ophthalmic route as directed for 7 days.

triamcinolone acetonide 0.1 % topical cream 01/12/17 filled

Allergies

Allergies not reviewed (last reviewed 05/14/2017)

NKDA

Results / Interpretations**VISUAL ACUITY**

- Results:
 - R Eye Uncorrected: 20/50
 - L Eye Corrected: N/A
 - R Eye Corrected: N/A
 - L Eye Uncorrected: 20/30
 - Result Note: Both eye uncorrected 20/30

Assessment / Plan**1. Red eye**

- H11.432: Conjunctival hyperemia, left eye
 - VISUAL ACUITY

VISUAL ACUITY

- Results:
 - R Eye Uncorrected: 20/50
 - L Eye Corrected: N/A
 - R Eye Corrected: N/A
 - L Eye Uncorrected: 20/30
 - Result Note: Both eye uncorrected 20/30

Return to Office

None recorded.

Other Orders

05/14/2017

From Provider	To Provider
SHOBHA JAGANNATH, NP RMCHCS URGENT CARE LLC 520 NM HWY 564 GALLUP, NM 87301-4873	REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES (RMCHCS LABS) 1909 RED ROCK DR GALLUP, NM 87301

RMCHC3 URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Phone: (505) 863-2273	Phone: (505) 863-7133
Fax: (505) 722-3594	Fax: (505) 726-6714

Order Information

Order
Orders included: 1
Red eye ICD-10: H11.432: Conjunctival hyperemia, left eye • VISUAL ACUITY

Patient Information

Patient Name	ACOSTA-AZUMENDI, PEDRO A
DOB	01/21/2007
Primary Insurance	Molina Healthcare of NM ID: 3712961680 Group: QMXEM01838 Policy Holder: ACOSTA-AZUMENDI, PEDRO A
Secondary Insurance	*SELF PAY*

Electronically Signed by: SHOBHA JAGANNATH, NP

SHOBHA JAGANNATH, NP
Approved Date: 05/18/2017 5:17am**Document History**

Date/Time	Action	Action By	Status	Right Now	Assigned Owner	Action Note
05/14/17 12:50pm	Create	skew	REVIEW		sjagannath	
05/18/17 09:17am	Approve	Sjagannath	CLOSED			
05/18/17 09:17am	Result Received	ATHENA	CLOSED			Result received as document 866515.

Prescription Documents**Approved Prescription**

Date Ordered: 05/14/2017

Pharmacy	Prescriber
WALGREENS DRUG STORE 09007 1870 E HISTORIC HIGHWAY 66 GALLUP, NM 873014955 Phone: (505) 722-9499	SHOBHA JAGANNATH, NP Urgent Care Center 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Fax: (505) 722-7988

Prescription Information

Medication	polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops
Quantity	1 (one) 10 mL drop btl(s)
SIG	Instill 1 drop(s) every 3 hours by ophthalmic route as directed for 7 days.
Refills Allowed	No Refills
DAW?	N
Note to Pharmacy	

Patient Information

Patient Name	ACOSTA-AZUMENDI, PEDRO A
Sex - DOB - Age	M 01/21/2007 10yo
Address	1501 W AZTEC AVE/SPACE 36 GALLUP, NM 87301
Phone	H: (505) 870-9361
Primary Insurance	None recorded.
Secondary Insurance	*SELF PAY*

Electronically Signed by: SHOBHA JAGANNATH, NP

Issue Date: 05/14/2017 Approved Date: 05/14/2017 1:05pm
 DEA # MJ4280765
 NPI #1871036202

Prescription is void if more than one (1) prescription is written per blank.

Document History

Date / Time	Action	Action By	Status	Priority	Assignment	Action Notes
05/14/17 01:02pm	Create	sjagannath	REVIEW		sjagannath	
05/14/17 01:02pm		ATHENA	REVIEW		sjagannath	Task Assignment Override #24 Applied
05/14/17 01:05pm	Approve	sjagannath	SUBMIT		URGENT CARE CENTER STAFF	Order Signed
05/14/17 01:05pm	Prescription Submission - Submitted	INTERFACE	SUBMITTED			Notified SURESCRIPTS of NewRx submission pending. Waiting on response from pharmacy.
05/14/17 01:05pm	Prescription Submission - Reroute to Interface	ATHENA	SUBMIT		INTERFACE	This prescription will be submitted electronically via SURESCRIPTS.
05/14/17 01:05pm	Prescription Submission - Verified	INTERFACE	CLOSED			Surescript has verified that the prescription was received by the pharmacy.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

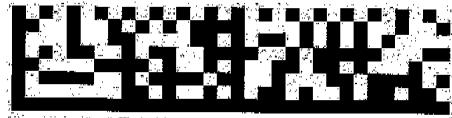
ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

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Document Information:

Patient Name	ACOSTA-AZUMENDI, PEDRO A
DOB	01/21/2007
Patient ID	13689
Document Class	Medical Record Document - Historical Medical Record
Fax to:	
First and Last Page Coversheets Printed:	05/25/2017
Information related to this document was added to athenaNet on	05/25/2017
The information was added by user	ekee1
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GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

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Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/25/17 08:46pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
05/25/17 08:46pm	Automatically classified by barcode - Classify and HOLD: only one barcode identified	BARCODE	HOLD		URGENT CARE CENTER STAFF	We are unable to locate a barcode on the last page of this document, so it has been classified based on the barcode found on the first page and put into HOLD. Please verify that the document has been classified correctly and includes the correct pages before sending it to REVIEW or CLOSED. If the document has extra pages at the end, please use the Process Document workflow to separate and process these pages.
05/29/17 12:26pm		lgrayhat1	HOLD		ekee1	
07/15/17 04:44pm	Close - No more actions necessary	ekee1	CLOSED			

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Document Information:

Patient Name	ACOSTA-AZUMENDI, PEDRO A
DOB	01/21/2007
Patient ID	13689
Document Class	Medical Record Document - Historical Medical Record
Fax to:	
First and Last Page Coversheets Printed:	05/25/2017
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RMCHCS URGENT CARE LLC - 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)**Document History**

Date/Time	Action	Action By	Status	Priority	Assigned To	Action Notes
05/14/17 01:36pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
05/14/17 01:36pm	Classify document - Admin Consent	BARCODE	CLOSED			

RMCHCS URGENT CARE LLC - 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

06-14-19167156PM

1205472246594

e 27 3



PATIENT REGISTRATION INFORMATION

RMCHCS URGENT CARE

TIME: 12:38DATE: 5/13/12

PATIENT INFORMATION

Patient Name:	Pedro A. Acosta Azumendi	Birthdate:	1/21/2007	Age:	10
Patient Social Security #:	649428773	Phone:	(505) 870-9361	SEX:	<input checked="" type="radio"/> M <input type="radio"/> F
Address:	1501 W. AZTEC #36	City:	Gallup	State:	NM ZIP: 87301
Email Address:	pedroazumendi@yahoo.com	Marital Status:		Ethnicity/Race:	
Emergency Contact:	Carmen A. Acosta	Phone:	(505) 870-9361		

INSURANCE INFORMATION:

INSURANCE:	Member ID:		
Insurance Address:	City:	State:	ZIP:
Insurance Phone:			

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)
Document History

Date/Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/14/17 02:02pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
05/14/17 02:02pm	Classify document - Admin	BARCODE	CLOSED			

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 05/14/2017

Patient

Name: ACOSTA-AZUMENDI, PEDRO (10yo, M) Appt. Date/Time: 05/14/2017 12:40PM
 ID# 45380

DOB: 01/21/2007 Service Dept.: URGENT CARE CENTER

Provider: SHOBHA JAGANNATH, NP

Insurance: Med Primary: MOLINA HEALTHCARE OF NM
 Insurance #: 3712961680
 Policy/Group #: QMXEM01838
 Med Secondary: "SELF PAY"
 Prescription: PRIMNM - Member is eligible. details

Chief Complaint

Left red eye

Symptoms started friday, patient concerns no pain more of a discomfort 1/10.

Patient's Pharmacies

WALGREENS DRUG STORE 09007 (ERX): 1870 E HISTORIC HIGHWAY 66, GALLUP NM 87301, Ph (505) 722-9499, Fax (505) 722-7988

Vitals

05/14/2017 12:49 pm

Ht: 4 ft (<1st %)	Wt: 110.8 lbs (97th %)	BMI: 33.8 (>99th %)
BP: 102/74 sitting L arm (75th % / 92nd %)	Pulse: 104 bpm regular	RR: 24
O2Sat: 96% Room Air at Rest	T: 99.1 F° temporal artery	Pain Scale: 1

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops
Instill 1 drop(s) every 3 hours by ophthalmic route as directed for 7 days. 05/14/17 prescribed

triamcinolone acetonide 0.1 % topical cream 01/12/17 filled

Vaccines

None recorded.

Problems

Reviewed Problems

HPI

Eye Pain

Reported by patient.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Notes: c/o left eye redness , pain since friday. discharge from the left eye since yesterday
he

ROS

Patient reports **eye pain, eye redness, eye itchiness, and eye discharge** but reports no blurry vision, no eye swelling, and normal movement; **left eye redness, itching pain since friday, discharge from the left eye since yesterday** He reports no significant weight change, good appetite, no fever, happy/content, normal activity level, and no fatigue. He reports no ear pain, no ear discharge, no hearing loss, no sinus pressure, no drooling, no facial swelling, no congestion, no sore throat, no hoarseness, and no mouth lesions. He reports no chest pain and normal heart rate. He reports no lumps, no tenderness, and no discharge. He reports no cough, no wheezing, no chest tightness, no pain with respiration, and normal respiration. He reports no difficulty swallowing, no abdominal pain, no nausea, no vomiting, no diarrhea, no constipation, no blood in stools, and no mucus in stool. He reports no soft tissue swelling, no joint swelling, no myalgia, moves all extremities well, no previous injuries, and no trauma. He reports no pain, no itchiness, no skin dryness, no flaking, no redness, no rash, no hives, no skin lesions, no skin growths, no skin lumps, no swelling, no bruising, and no insect bites. He reports no numbness, no weakness, no tingling, no burning, no shooting pain, no headache, no dizziness, and no loss of consciousness. He reports no depression, no anxiety, no insomnia, no stress, and no loss of interest. He reports normal drinking and no temperature intolerance. He reports no sneezing and no runny nose.

Physical Exam

Patient is a 10-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed.

Eyes: Lids: no erythema, swelling, or lesions. Conjunctivae: injected: generalized left, clear discharge: left, purulent discharge:, and mucoid discharge: left. Pupils: PERRLA. Corneas: no abrasion, opacity, ulceration, or foreign body and grossly intact and fluorescein stain--normal. EOM: EOMI. Lens: clear. Vision: peripheral vision grossly intact and acuity grossly intact.

Assessment / Plan**1. Acute conjunctivitis - Left**

H10.32: Unspecified acute conjunctivitis, left eye
 • polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops - Instill 1 drop(s) every 3 hours by ophthalmic route as directed for 7 days. Qty: 1 10 mL drop bl(s) Refills: 0 Pharmacy: WALGREENS DRUG STORE 09007

Patient Goals

should be symptoms free in 2 days.

Patient Instructions

apply eye drops as instructed. wash hands before and after touching eyes. change pillow cover and wash towels every day.if not getting better in 2 days follow up pc.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by SHOBHA JAGANNATH, NP, 05/14/2017.

Encounter performed and documented by SHOBHA JAGANNATH, NP
 Encounter reviewed & signed by SHOBHA JAGANNATH, NP on 05/14/2017 at 2:22pm

Lab Results**VISUAL ACUITY 05/14/2017 (#866515)**

Report	Result	Ref Range	Units	Delta	Status	Type
R Eye Uncorrected	20/50					
L Eye Uncorrected	20/30					
R Eye Corrected	N/A					
L Eye Corrected	N/A					
ResutlNotes	Both eye uncorrected 20/30					

Document History

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Date/Time	Action	Entered By	Action By	Status	Priority	Assigned To	Action Notes
05/14/17 12:50pm	New in-house result requires data entry.	ekeet1	DATAENTRY	Pending		URGENT CARE CENTER STAFF	
05/14/17 12:51pm	Close - Discussed result in Document Review.	ekeet1	CLOSED				

Letters



Urgent Care Center
520 NM HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

Date: 05/14/2017

Dear Pedro Acosta-Azumendi,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: SHOBHA JAGANNATH, NP

A handwritten signature in black ink, appearing to read "Shobha Jagannath".

Patient Care Summary for Pedro A Acosta-Azumendi

Most Recent Encounter

05/14/2017 Shobha Jagannath: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. tel:+1-505-8632273

Reason for Visit

Left red eye

Symptoms started friday, patient concerns no pain more of a discomfort 1/10.

Please place this one-time use coversheet at the END of the document detailed below when faxing to athenahealth.

Document Information:

Patient Name	ACOSTA-AZUMENDI, PEDRO A
DOB	01/21/2007
Patient ID	13689
Document Class	Medical Record Document - Historical Medical Record
Fax to:	
First and Last Page Coversheets Printed:	05/25/2017
Information related to this document was added to athenaNet on	05/25/2017
The information was added by user	ekee1
# of pages (not including coversheet)	

LAST PAGE



* 481477y11999

520 NM HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

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If you received this fax in error visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. [ID:13689-A-11999]

Document History

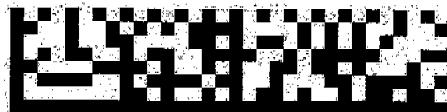
Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/25/17 08:42pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
05/25/17 08:42pm	Automatically classified by barcode - Classify and HOLD: only one barcode identified	BARCODE	HOLD		URGENT CARE CENTER STAFF	We are unable to locate a barcode on the last page of this document, so it has been classified based on the barcode found on the first page and put into HOLD. Please verify that the document has been classified correctly and includes the correct pages before sending it to REVIEW or CLOSED. If the document has extra pages at the end, please use the Process Document workflow to separate and process these pages.
05/29/17 12:26pm		lgrayhat1	HOLD		ekee1	
07/15/17 04:44pm	Close - No more actions necessary	ekee1	CLOSED			

Please place this one-time use coversheet at the END of the document detailed below when faxing to athenahealth.

Document Information:

Patient Name	ACOSTA-AZUMENDI, PEDRO A
DOB	01/21/2007
Patient ID	13689
Document Class	Medical Record Document - Historical Medical Record
Fax to:	
First and Last Page Coversheets Printed:	05/25/2017
Information related to this document was added to athenaNet on	05/25/2017
The information was added by user	ekee1
# of pages (not including coversheet)	

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520 NM HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

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Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/25/17 08:39pm	Automatically classified by barcode - Classify and HOLD: only one barcode identified	BARCODE	HOLD		URGENT CARE CENTER STAFF	We are unable to locate a barcode on the first page of this document, so it has been classified based on the barcode found on the last page and put into HOLD. Please verify that the document has been classified correctly and includes the correct pages before sending it to REVIEW or CLOSED. If the document has extra pages at the beginning, please use the Process Document workflow to separate and process these pages.
05/29/17 12:27pm		Igrayhat1	HOLD		ekee1	
07/15/17 04:45pm	Close - No more actions necessary	ekee1	CLOSED			

RMCHCS URGENT CARE LLC - 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/14/17 01:38pm	Classify document - Admin - Signed Forms & Letters	BARCODE	CLOSED			

Document History

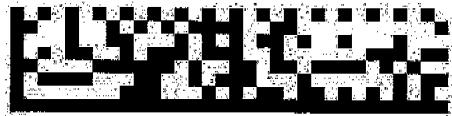
Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/25/17 08:39pm	Process document	BARCODE	UNPROCESSED		URGENT CARE CENTER STAFF	
05/27/17 01:08pm	Reclassify document - Medical Record Document	jpeterson80	UNPROCESSED		URGENT CARE CENTER STAFF	
05/27/17 01:08pm	Close - No more actions - file away	jpeterson80	CLOSED			

Please place this one-time use coversheet at the BEGINNING of the document detailed below when faxing to athenahealth.

Document Information:

Patient Name	ACOSTA-AZUMENDI, PEDRO A
DOB	01/21/2007
Patient ID	13689
Document Class	Medical Record Document - Historical Medical Record
Fax to:	
First and Last Page Coversheets Printed:	05/25/2017
Information related to this document was added to athenaNet on	05/25/2017
The information was added by user	ekee1
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* 481477x11999

520 NM HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

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[ID:13689-A-11999]

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ACOSTA-AZUMENDI, PEDRO A (id #45380, dob: 01/21/2007)

Medical Records - CONFIDENTIAL**From: NM - RMCHCS****To: URGENT CARE CLINIC CHART****Name: ACOSTA-AZUMENDI, PEDRO A****DOB: 01/21/2007****Date Range: 01/01/2017 to 05/25/2017****This document contains the following records of the patient:**

- Admin Documents
- Encounters and Procedures
- Lab Results
- Letters
- Order Groups
- Other Orders
- Prescription Documents

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Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/25/17 08:39pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
05/25/17 08:39pm	Automatically classified by barcode - Classify and HOLD; only one barcode identified	BARCODE	HOLD		URGENT CARE CENTER STAFF	This document was faxed to department URGENT CARE CENTER with an invalid barcode for patient #13689. You may manually assign this document to the correct patient, but you might need to first register this patient in this department. Otherwise, you may delete this document.
05/29/17 12:27pm		lgrayhat1	HOLD		ekee1	
07/15/17 04:45pm	Close - No more actions necessary	ekee1	CLOSED			

Medication List

amoxicillin 250 mg/5 mL oral suspension	03/13/18 filled
azelastine 0.05 % eye drops	12/27/17 filled
Fluarix Quad 2018-2019 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	11/24/18 filled
Fluvirin 2017-2018 (PF) 45 mcg(15 mcg x3)/0.5 mL intramuscular syringe	11/07/17 filled
polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops Instill 1 drop(s) every 3 hours by ophthalmic route as directed for 7 days.	05/14/17 filled
tacrolimus 0.03 % topical ointment	08/22/18 filled
triamcinolone acetonide 0.1 % topical cream	09/22/18 filled

Order Groups

Order Group Summaries

Order Group on 05/14/2017 by JAGANNATH_SHOBA

Problems

Reviewed Problems

Medications

Medications not reviewed (last reviewed 05/14/2017)

amoxicillin 250 mg/5 mL oral suspension	03/13/18 filled
azelastine 0.05 % eye drops	12/27/17 filled
Fluarix Quad 2018-2019 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	11/24/18 filled
Fluvirin 2017-2018 (PF) 45 mcg(15 mcg x3)/0.5 mL intramuscular syringe	11/07/17 filled
polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops Instill 1 drop(s) every 3 hours by ophthalmic route as directed for 7 days.	05/14/17 filled
tacrolimus 0.03 % topical ointment	08/22/18 filled
triamcinolone acetonide 0.1 % topical cream	09/22/18 filled

Allergies

Allergies not reviewed (last reviewed 05/14/2017)

NKDA

Results / Interpretations

VISUAL ACUITY*

- Results:
 - R Eye Uncorrected: 20/50
 - L Eye Corrected: N/A
 - R Eye Corrected: N/A
 - L Eye Uncorrected: 20/30
- Result Note: Both eye uncorrected 20/30

Assessment / Plan

1. Red eye

H11.432: Conjunctival hyperemia, left eye

- VISUAL ACUITY*

VISUAL ACUITY*

- Results:
 - R Eye Uncorrected: 20/50
 - L Eye Corrected: N/A
 - R Eye Corrected: N/A
 - L Eye Uncorrected: 20/30
- Result Note: Both eye uncorrected 20/30

Return to Office

Patient will return to the office as needed.

Other Orders

05/14/2017

From Provider	To Provider
SHOBHA JAGANNATH, NP RMCHCS URGENT CARE LLC 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594	URGENT CARE CENTER 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

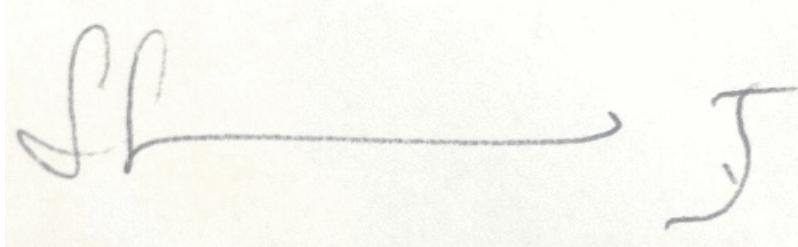
Order Information

Order
Orders included: 1
Red eye ICD-10: H11.432: Conjunctival hyperemia, left eye
• VISUAL ACUITY*

Patient Information

Patient Name	ACOSTA AZUMENDI, PEDRO A
DOB	01/21/2007
Primary Insurance	BCBS-NM - Community Centennial Care (Medicaid Replacement - HMO) ID: YIF905209516 Group: N72100 Policy Holder: ACOSTA AZUMENDI, PEDRO A
Secondary Insurance	None recorded.

Electronically Signed by: SHOBHA JAGANNATH, NP



SHOBHA JAGANNATH, NP
Approved Date: 05/18/2017 5:17am

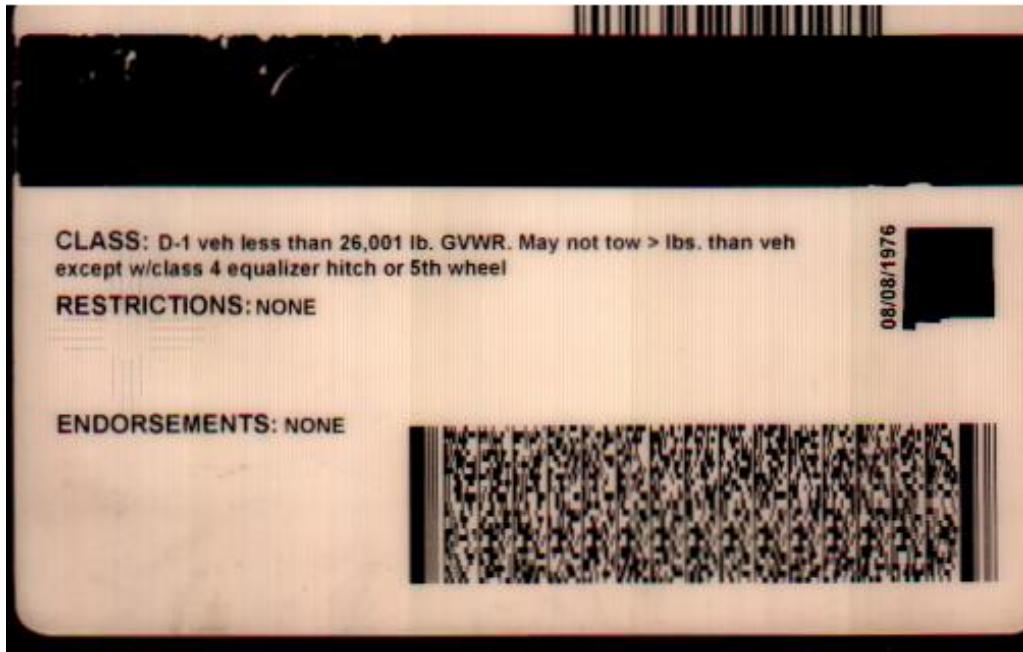
Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/14/17 12:50pm	Create	ekee1	REVIEW		sjagannath	
05/18/17 09:17am	Approve	sjagannath	CLOSED			
05/18/17 09:17am	Result Received	ATHENA	CLOSED			Result received as document 866515

Patient Photo ID

Upload Date

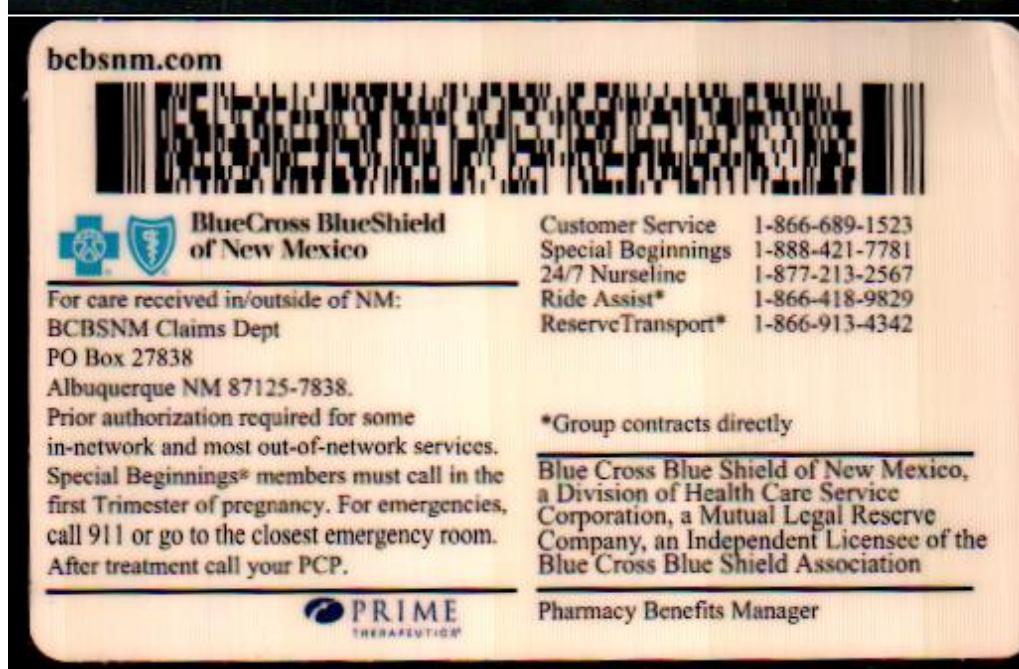
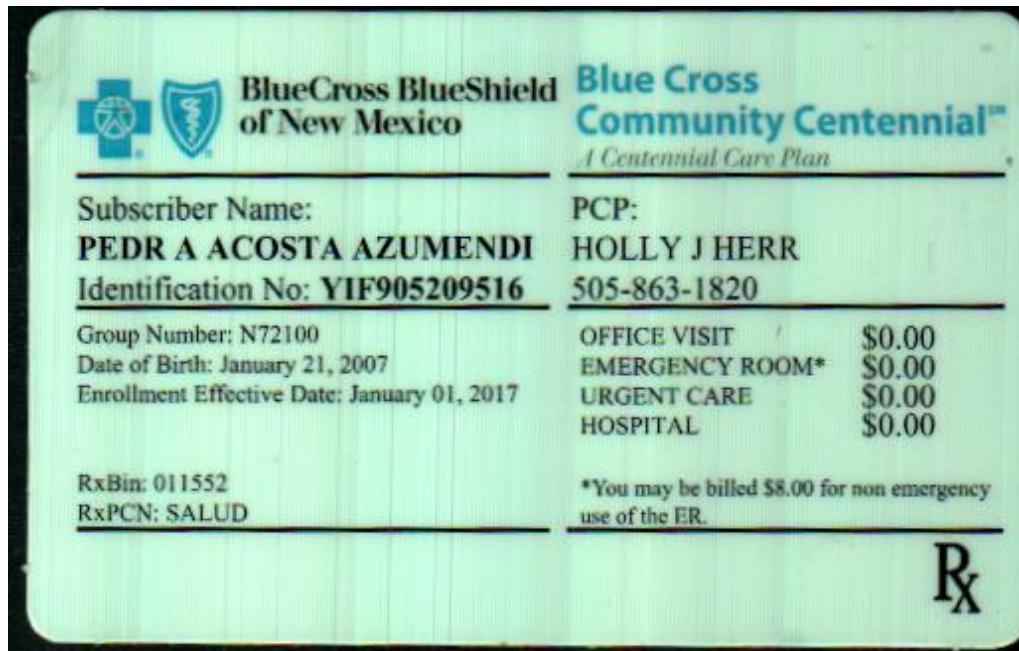
03-22-2018



Patient Primary Insurance Card

Upload Date

03-22-2018



Approved Prescription

Date Ordered: 05/14/2017

Pharmacy	Prescriber
<p>WALGREENS DRUG STORE #09007 1870 E HISTORIC HIGHWAY 66 GALLUP, NM 873014955 Phone: (505) 722-9499 Fax: (505) 722-7988</p>	<p>SHOBHA JAGANNATH, NP Urgent Care Center 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594</p>

Prescription Information

Medication	polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops
Quantity	1 (one) 10 mL drop btl(s)
SIG	Instill 1 drop(s) every 3 hours by ophthalmic route as directed for 7 days.
Refills Allowed	No Refills
DAW?	N
Note to Pharmacy	

Patient Information

Patient Name	ACOSTA AZUMENDI, PEDRO A
Sex - DOB - Age	M 01/21/2007 18yo
Address	1501 W AZTEC AVE/SPACE 36 GALLUP, NM 87301
Phone	H: (505) 870-9361 M: (505) 870-9361
Primary Insurance	None recorded.
Secondary Insurance	*SELF PAY*

Electronically Signed by: SHOBHA JAGANNATH, NP

Issue Date: 05/14/2017 Approved Date: 05/14/2017 1:05pm
 DEA # MJ4280765
 NPI #1871036202

Prescription is void if more than one (1) prescription is written per blank.

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/14/17 01:02pm	Create	sjagannath	REVIEW		sjagannath	
05/14/17 01:02pm		ATHENA	REVIEW		sjagannath	Task Assignment Override #24 Applied
05/14/17 01:05pm	Approve	sjagannath	SUBMIT		URGENT CARE CENTER STAFF	Order Signed
05/14/17 01:05pm	Prescription Submission - Submitted	INTERFACE	SUBMITTED			Notified SURESCRIPTS of NewRx, submission pending. Waiting on response from pharmacy.
05/14/17 01:05pm	Prescription Submission - Reroute to Interface	ATHENA	SUBMIT		INTERFACE	This prescription will be submitted electronically via SURESCRIPTS.
05/14/17 01:05pm	Prescription Submission - Verified	INTERFACE	CLOSED			Surescripts has verified that the prescription was received by the pharmacy.

Vaccination History

None recorded.