



75 Crystal Run Road
Building B, Suite 220
Middletown, NY 10941
Office: 845-467-6998
Fax: 845-692-0675

Mark S. Driver, M.D.
Virginia E. Feldman, M.D.
Sergey Koyfman, D.O.
Phillip I. Massengill, M.D., F.A.C.S.
Joon H. Park, M.D., F.A.A.A.I.
Louis G. Petcu, M.S., M.D., F.A.C.S.
Karen Paul, RPA-C

FAX COVER SHEET

TO: ORMC

FROM: Jenn or Erika

DATE: 1/31/2020

PHONE: 845-333-7900

FAX: 845-333-9030

D.O.B: 6/26/1952

REGARDING: Anita Tighe

TOTAL # OF PAGES

10

COMMENTS: MRI TAC w/o Contrast

CONFIDENTIAL: THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY COPYING DISSEMINATION OR DISTRIBUTION OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY AT 888-350-1368 AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.



75 Crystal Run Road
Building B, Suite 220
Middletown, NY 10941
Office: 845-467-6998
Fax: 845-692-0675

Mark S. Driver, M.D.
Virginia E. Feldman, M.D.
Sergey Koyfman, D.O.
Phillip I. Massengill, M.D., F.A.C.S.
Joon H. Park, M.D., F.A.A.A.I.
Louis G. Petcu, M.S., M.D., F.A.C.S.
Karen Paul, R.P.A.-C

Anita Tighe
DOB: 06/26/1952
January 31, 2020

Diagnosis

H93.19 Tinnitus, unspecified ear

Imaging Requisition

Order	Score	Location	Comments	Timing
MRI IAC w/o Contrast				

Louis G. Petcu MD

Bring this form with you to your appointment.

Your doctor has requested that you schedule an appointment for the above test(s) at the site listed above. When you schedule your appointment, please make sure the facility listed participates with your insurance plan.



ENT And Allergy Associates, LLP

P.O. Box 5001

White Plains, NY 10602-5001

USA

(914) 333-5900

PATIENT INFORMATION

NAME (Last, First Middle) Tighe, Anita		MRN 2309214	SSN#	BIRTHDATE 06/26/1952	LANGUAGE English	SEX F
LOCAL ADDRESS 94 Jasmin Drive		CITY, STATE ZIP Middletown, NY 10940		REFERRING PHYSICIAN	SECONDARY/BILLING ADDRESS	ETHNICITY Unknown
HOME PHONE (845) 281-0223	DAY PHONE (516) 837-9027	EMAIL ADDRESS euston51@verizon.net		PRIMARY CARE PROVIDER	CITY, STATE ZIP	RACE Unknown
MARITAL STATUS	STUDENT STATUS <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	SMOKER (Y/N)? N	VETERAN (Y/N)? N	EMERGENCY CONTACT NAME	CONTACT PHONE	HOME PHONE
SEXUAL ORIENTATION	PREFERRED PRONOUN	GENDER IDENTITY		CURRENT GENDER Female		
PRIMARY EMPLOYER			SECONDARY EMPLOYER (if Applicable)			
ADDRESS			ADDRESS			
CITY, STATE ZIP			CITY, STATE ZIP			
WORK PHONE			WORK PHONE			

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)		SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS		CITY, STATE ZIP		SECONDARY/BILLING ADDRESS (if Applicable)	
HOME PHONE	DAY PHONE	EMAIL ADDRESS		CITY, STATE ZIP	
MARITAL STATUS	STUDENT STATUS <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SMOKER (Y/N)?	VETERAN (Y/N)?	PRIMARY CARE PROVIDER	HOME PHONE
RELATIONSHIP TO PATIENT					

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY Medicare NY		POLICY# 2XK9E37JP47	
NAME OF INSURED Tighe, Anita		GROUP#	
ADDRESS OF INSURANCE COMPANY PO Box 6178		COPAY AMT 0.00	
CITY, STATE ZIP Indianapolis, IN 46206-6178	PHONE (877) 869-6504	DEDUCTIBLE	
RELATIONSHIP TO PATIENT SELF		EFFECTIVE DATE	EXPIRATION DATE

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY		POLICY#	
NAME OF INSURED	SSN#	BIRTHDATE	GROUP#
ADDRESS OF INSURANCE COMPANY		COPAY AMT	
CITY, STATE ZIP	PHONE	DEDUCTIBLE	
RELATIONSHIP TO PATIENT		EFFECTIVE DATE	EXPIRATION DATE

Private Insurance Authorization for Assignment of Benefits/Information Release: I, the undersigned authorize payment of medical benefits to ENT and Allergy Associates for any services furnished me by the physician. I understand that I am financially responsible for any amount not covered by my contract. I also authorize you to release to my insurance company or their agent information concerning health care, advice, treatment or supplies provided to me. This information will be used for the purpose of evaluating and administering claims of benefits. If I am a Medicare beneficiary, I request that payment of authorized Medicare benefits be made on my behalf to ENT and Allergy Associates for any services furnished me by the physician.

SIGNATURE OF PATIENT/GUARDIAN

DATE

Insurance Card - Tighe, Anita

Front:

**MEDICARE HEALTH INSURANCE**

Name/Nombre

ANITA S TIGHE

Medicare Number/Número de Medicare

2XK9-E37-JP47

Entitled to/Con derecho a

Coverage starts/Cobertura empieza

HOSPITAL (PART A)**06-01-2017****MEDICAL (PART B)****06-01-2017**

Back:

You may be asked to show this card when you get health care services. Only give your personal Medicare information to health care providers, your insurers, or people you trust who work with Medicare on your behalf. **WARNING:** Intentionally misusing this card may be considered fraud and/or other violation of federal law and is punishable by law.

Es posible que le pidan que muestre esta tarjeta cuando reciba servicios de cuidado médico. Solamente dé su información personal de Medicare a los proveedores de salud, sus aseguradores o personas de su confianza que trabajan con Medicare en su nombre. **¡ADVERTENCIA!** El mal uso intencional de esta tarjeta puede ser considerado como fraude y/u otra violación de la ley federal y es sancionada por la ley.

1-800-MEDICARE (1-800-633-4227 /
TTY: 1-877-486-2048); Medicare.gov





75 Crystal Run Road
Building B, Suite 220
Middletown, NY 10941
Office: 845-467-6998
Fax: 845-692-0675

Mark S. Driver, M.D.
Virginia E. Feldman, M.D.
Sergey Koyfman, D.O.
Phillip I. Massengill, M.D., F.A.C.S.
Joon H. Park, M.D., F.A.A.A.I.
Louis G. Petcu, M.S., M.D., F.A.C.S.
Karen Paul, R.P.A.-C

Anita Tighe

DOB: 06/26/1952 AGE: 67 year old Gender: F
Date: 1/31/2020
Visit Type: Office Visit
Patient Type: New patient
Historian: self

Provider Information:

Rendering: Louis G. Petcu MD
PCP:
Referring:

Vital Signs: Reviewed

Height In	Weight Lb	Height Cm	Weight Kg	BMI	Temp F	Site	Context
64.00	225.00	162.56	102.058	38.62			dressed with shoes

Pulse	Pattern	Resp Rate	Pulse Ox Rest	Pulse Ox Amb	Timing
			97		

This 67 year old female had spinning dizziness.

History of Present Illness:

1. dizziness

Onset was sudden. Severity is moderate. The patient describes it as (an) spinning. Symptom is aggravated by turning head to right. Associated symptoms include hearing loss and tinnitus.

PROBLEM LIST:

No active problems being tracked

Diagnostics

Status	Study	Ordered	Completed	Interpretation	Result/Report
ordered	MRI IAC w/o Contrast	01/31/2020			

PAST MEDICAL/SURGICAL HISTORY (Detailed document reviewed)

Tighe, Anita 000002309214 06/26/1952 01/31/2020 11:00 AM 1/4

Disease/disorder	Onset Date	Management	Date	Comments
		2 x section Right nephrectomy parotid cyst removal left ankle screws Appendectomy		
Hypertension				
Vertigo				

Allergies: No reported allergies. **Reviewed**

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Family History (Detailed document reviewed)

Patient reports there is no relevant family history.

Social History: (Detailed document reviewed)

Tobacco use reviewed.

Preferred language is English.

The patient does not need an interpreter.

Smoking status: Never smoker.

SMOKING STATUS

Type	Smoking Status	Usage Per Day	Years Used	Pack Years	Total Pack Years
	Never smoker				

TOBACCO/VAPING EXPOSURE

No passive smoke exposure.

ALCOHOL

There is a history of alcohol use.

CAFFEINE

The patient uses caffeine.

Review of Systems

System	Neg/Pos	Details
ENMT	Positive	Hearing loss, Tinnitus.

Physical Exam:

Exam	Findings	Details
Constitutional	Normal	Well developed. Communication - Normal.
Head/Face	Normal	TMJ - Normal. Tenderness - None. Overall Face - Normal. House Brackman Grade - Right: Normal, Left: Normal. Submandibular Glands - Normal. Parotid Glands - Normal.
Eyes	Normal	Extraocular Muscles - Right: normal ocular movements including primary gaze, Left: normal ocular movements including primary gaze.

Ears	Normal	Conjunctiva - Right: Normal, Left: Normal. Auricle - Right: Normal, Left: Normal. Ear Canal - Right: Normal, Left: Normal. Skin - Right: Normal, Left: Normal. TM Nature - Right: Normal, Left: Normal. Middle Ear - Right: No Fluid, Left: No Fluid.
Nose/Mouth/Throat	Normal	Dorsum - Normal. Septum - Straight. Mucosa - Right: Normal, Left: Normal. Inferior Turbinate - Right: Normal, Left: Normal. Bleeding - Right: None, Left: None.
Oral Cavity	Normal	Hard Palate - Normal. Soft Palate - Normal. Tongue - Normal. Mucosa - Normal. Lips - Normal. Teeth/Gums - Normal. Oropharynx - Normal.
Neck	Normal	Neck Overall - Normal. Adenopathy - No nodes palpated. Thyroid - No thyroid nodules palpated. Mass - None.
Hearing/Neuro	*	Tuning Fork 512 - Right: AC > BC, Left: AC > BC. Weber 512 - midline.
Hearing/Neuro	Normal	Conversational - Normal. Tuning Fork 512 - Right: Normal, Left: Normal.
Cardiovascular	*	Cardiovascular - CVS observation.
Psychiatric	Normal	Alert & Oriented - Normal. Mood & Affect - Normal.
Respiratory	Normal	Inspection/Effort - Normal.

Procedures Performed

Consent was obtained. Questions were answered. Procedure/Risks were explained.

Audiologist: Debra Dziedzic

This patient's physician has verbally ordered a full audiometric evaluation.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Benign paroxysmal vertigo, unspecified ear (H81.10)
2.	Assessment	Unspecified sensorineural hearing loss (H90.5)
3.	Assessment	Tinnitus, unspecified ear (H93.19)
	Plan Orders	Imaging ordered today include(s) MRI IAC w/o Contrast to be performed.
4.	Assessment	Aural vertigo, unspecified ear (H81.319)
	Plan Orders	She will be scheduled for VNG.. Today's instructions / counseling include(s) ENG- pt ed. and Patient Education Material Provided: VNG

Instruction(s)/Education:

ENG- pt ed

Patient Education Material Provided: VNG

Current Medications: Reviewed.

Medication Name		Prescribed Else	PRN	Reason
Lotrel 5 mg-20 mg capsule	take 1 capsule by oral route every day	Y	N	
Aspir-Low	take 1 tablet by oral route every day	Y	N	
Toprol XL	take 1 tablet by oral route every day	Y	N	
Ambien	take 1 tablet by oral route every day at bedtime	Y	N	

Risks and side effects of medications were discussed with patient.

Counseling Details:

Tighe, Anita 000002309214 06/26/1952 01/31/2020 11:00 AM 3/4

Counseling / educational factors reviewed.

The patient was counseled today by Louis G. Petcu MD on nutrition/diet.

The educational material provided includes: a link to https://www.cdc.gov/healthyweight/healthy_eating/index.html.

Orders

Imaging	Location	Timing	Comments
MRI IAC w/o Contrast			

Procedure	Mod1	Mod2	Location	Timing	Comments
VNG				As Per Physician	

Audio Compliance

ENG/VNG - Dix-Hallpike negative and has been documented in the physical exam.

Risks, benefits and alternatives explained. All questions asked have been answered.

Patient Education Materials Printed

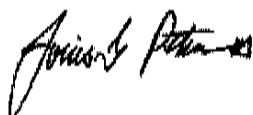
ENG

Follow-Up

Follow-up for hearing test and then physician in 10 days.

Services Rendered Today:

CPT	Units	Dx Code	Dx 2	Dx 3	Dx 4	Mod
99203 Office Visit	1	H81.10	H90.5	H93.19	H81.319	



electronically generated

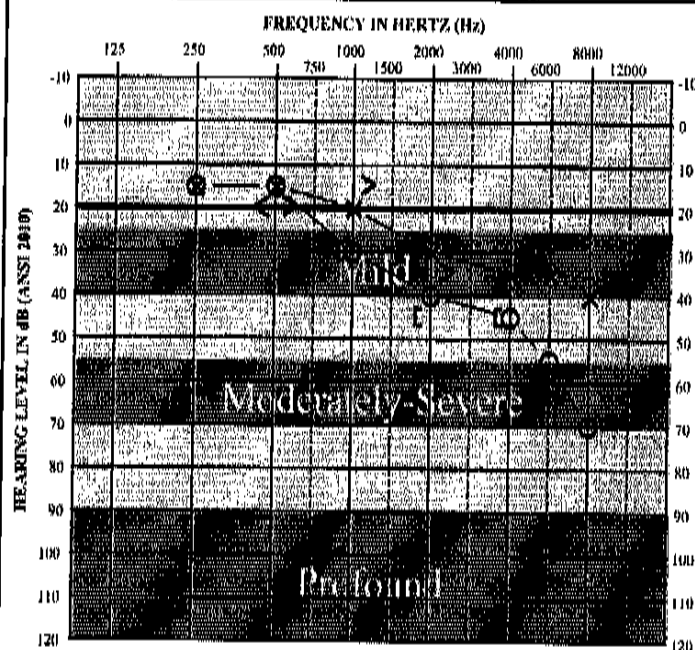
Provider: Louis G. Petcu MD 01/31/2020 12:39 PM

01/31/2020 12:39 PM

Document generated by: Louis Petcu 1/31/2020

Patient Identifier **5640689**NAME **Tighe, Anita**D.O.B. **06/26/1952**

ENT & Allergy - Middletown
75 Crystal Run Rd., Suite 220
Middletown, NY 10941
845-467-6998



Effective Masking Levels To Non-Test Ear

Test Ear	125	250	500	750	1000	1500	2000	3000	4000	6000	8000
AC L											
R											
BC L											
R					60		55		60		

	Right	Left
Air Conduction		
Unmasked	○	×
Masked	△	□
Bone Conduction		
Unmasked	<	>
Masked	□	□
Sound Field		
Unaided - Aided	S	A
Comfort Level		
Maximum	MC	MC
Uncomfortable	UC	UC
Reflexes		
Contra	←	→
Ipsi	↑	↑
Commented	C/P/V N/PM/M	

Examiner/Assistant:

Debra Dziedzic, AuD,
CCC-A, F-AAA

Audiometer:

GS1 AudioStar

Transducer:

ER-3A Inserts

Method: Conventional

Reliability: Good

		Acoustic Reflexes				Reflex Decay	
		500	1000	2000	4000	500	1000
Right	Contra						
	Ipsi		105	105			
Left	Contra						
	Ipsi		95	95			

Abs- Absent CNT- Could Not Test UdB- Undefined decibel level

Pure Tone Average (PTA)

Monaural		
RIGHT	LEFT	
Air 28 dBHL [3a]	Air 22 dBHL [3a]	
Bone 32 dBHL [3a]	Bone 23 dBHL [3a]	
UNAIDED	Soundfield	AIDED

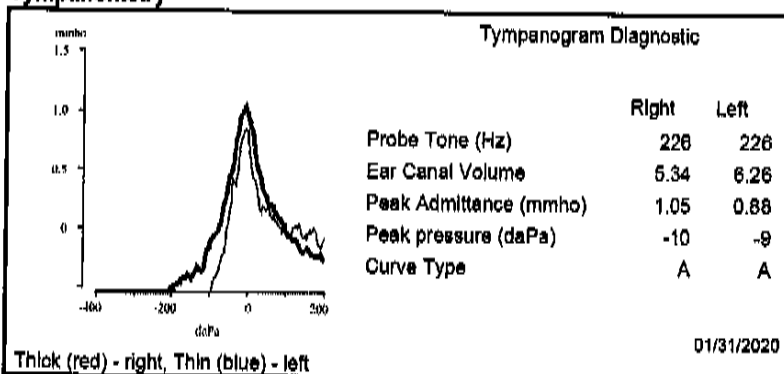
Speech Reception/Awareness Threshold

RIGHT	LEFT
Air 25 dB [SRT]	Air 15 dB [SRT]

Word Recognition

RIGHT	LEFT
*100% at 60 dB	*100% at 55 dB

PTA codes: 2a-500/1000, 2b-500/2000, 2c-1000/2000,
3-500/1000/2000 4-500/1000/2000/3000. *. masked values

Tympanometry**Notes**

Patient reports her hearing is good but notes tinnitus AU. Balance was an issue but reportedly has improved.

RT: Hrg WNL sloping to moderately severe SNHL

LT: Hrg WNL sloping to mild-moderate SNHL

Asymmetry noted

SRT=PTAs

WDS=100% Excellent AU

Type A Tymps AU-large ear canal volumes noted, repeatable

EXAMINER SIGNATURE

Debra Dziedzic

Date

01/31/2020

Patient
Identifier **5640689**NAME **Tighe, Anita**D.O.B. **06/26/1952**ENT & Allergy - Middletown
75 Crystal Run Rd., Suite 220
Middletown, NY 10941
845-467-6998

CONTINUED NOTES

RECOMMENDATIONS:

1. Medical review with doctor
2. Annual audiologic re-evaluation/per request
3. Preferential seating large groups
4. Noise management ie: custom ear molds, ear muffs
5. Communication Strategies as discussed. Good eye contact, proper lighting
6. Hearing aid evaluation once medically cleared.
7. Assistive and alerting technology as needed -ie: telephone amplifier, smoke detector

EXAMINER SIGNATURE

Date

01/31/2020