



155 Crystal Run Road
Middletown, NY 10941

845•703•6999
www.crystalrunhealthcare.com

FAX COVER SHEET

To: MS-Lessner-10-29

From: Susan Lindner

Company:

To Fax Number: 3339410

Fax Reference ID: SLI5DB2E54B8AE5

Date: 10/25/2019 12:06:28 PM

of pages [incl. cover]: 11

Notes/Comments:

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Lessner 10/29

PROCEDURAL - Consult/Order Form

ORMC Cardiac Catheterization Laboratory


PROCEDURAL - Consult/Order Form
Cardiac Catheterization Laboratory

Scheduling Office

Phone: 845-333-7900

Fax: **845-333-9410****Patient Information: Date:** 10/25Name: Sulzer, Michelle

Last

First

DOB: 3/7/67Gender: MPhone: Preferred# 985-3173

Cell Phone #

Home Address:

43 Slater Rd, Neversink NY 12765

Preferred language:

Insurance Company:

United Healthcare Medicare

Insurance ID#

933561204

Auth #:

Date for Procedure 10/29**Diagnosis:** Cryptogenic Stroke **CPT Code** _____**Indications for Procedure** _____**Order:** ☒ **Electrophysiology****Order:** ☐ **Catheterization**

- ☐ Diagnostic Cardiac Catheterization
(Left Heart Cath) LHC 93458
- ☐ Left Heart Cath w/possible PCI 93458/92928
- ☐ Right Heart Catheterization 93456
- ☐ Right and Left Heart Catheterization 93460
- ☐ Staged Interventional Procedure 92928

Order: ☐ **Peripheral Angiography**☐ Unilateral 75710 ☐ Bilateral 75716

Ordering MD (PRINT)

PROCEDURE PHYSICIAN (Print)

Anesthesia Required? ☐ YES ☒ NO**Date called:** _____**DEVICE REP needed?** ☐ YES ☐ NO**Who was called:** Medtronic **Date:** _____**Ordering Physician Signature****Office phone****Completed by**6056538Sudam

Crystal Run Healthcare Physicians LLP

155 Crystal Run Road
Middletown, NY 10941-4028
USA
(845) 703-6999

PATIENT INFORMATION

NAME (Last, First Middle) Sulzer, Michelle			MRN 606231	SSN#	BIRTHDATE 03/07/1967	LANGUAGE English	SEX F
LOCAL ADDRESS: 43 Slater Road		CITY, STATE, ZIP Neversink, NY 12765		REFERRING PHYSICIAN Amchentsev MD, Alexey		SECONDARY BILLING ADDRESS:	
HOME PHONE (845) 985-3173		DAY PHONE		EMAIL ADDRESS		ETHNICITY Hispanic Or Latino	
PRIMARY CARE PROVIDER McLaughlin MSN, FNP...		CITY, STATE, ZIP		RACE Multi-racial			
MARITAL STATUS Married	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:			
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 United Healthcare Medicare PPO			POLICY# 933561204		
NAME OF INSURED Sulzer, Michelle			GROUP#		
ADDRESS OF INSURANCE COMPANY PO Box 31362			COPAY AMT \$0.00		
CITY, STATE, ZIP Salt Lake City, UT 84131-0362			PHONE (877) 842-3210		
RELATIONSHIP TO PATIENT SELF			EFFECTIVE DATE 07/01/2017		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

*All returned checks are subject to a \$25.00 check fee.

I authorize the release of any medical or other information necessary to process claims. I also authorize government benefits to the provider who accepts assignment and authorize payment to the physician/supplier for services provided. I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information on this sheet and have completed the above answers. I certify that this information is true and correct to the best of my knowledge. I will notify you of any changes in the above information.

SIGNATURE OF PATIENT/GUARDIAN

DATE

.....DO NOT USE FOR MEDICATION.....

Crystal Run Healthcare LLP

155 Crystal Run Rd / Middletown, NY 10941 845-703-6999

Lic : 256917

Seth Lessner MD

NPI : 1972761591

.....

Patient Name :	Michelle Sulzer	DOB: 03/07/1967
	43 Slater Road	
	Neversink, NY 12765	Sex: Female

ILR Implnat-33285

Dx: Cryptogenic Stroke

ORMC

10/29/19

Physician Signature:

.....

Date: 10/25/2019

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS
PRESCRIBER WRITES 'daw' IN THE BOX BELOW.

Dispense As Written

.....



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Middletown, NY 10941

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PATIENT: Michelle Sulzer
DATE OF BIRTH: 03/07/1967
DATE: 10/25/2019 08:30 AM
VISIT TYPE: Consult
REFERRING PROVIDER: Maria Kristin Mercado MD

This 52 year old patient was referred by Maria Kristin Mercado MD for consultation of cryptogenic stroke.

This 52 year old female presents for palpitations.

History of Present Illness:

1. palpitations
EP CONSULT
52 year old woman
complex med hx
cad prior pci
diagnosed TIA
ctr, mri, tee neg
ecg sinus
echo no structural hrt dz
4 week monitor no af
here to discuss options

PROBLEM LIST: Problem List reviewed.

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Coronary artery disease involving native coronary artery of native heart with angina pectoris	09/20/2018	N		
Essential hypertension	07/18/2018	N		
Mixed hyperlipidemia	07/18/2018	N		
Coronary artery disease involving native coronary artery of native heart without angina pectoris	07/18/2018	N		

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Obesity, unspecified	07/18/2018	N
Edema	07/18/2018	N
OSA on CPAP	07/18/2018	N
Diabetes mellitus type 2 in obese	07/18/2018	N

Family History (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Father				No history of Cancer, bone		N
Mother				Cardiovascular disease		N
Mother				Coronary artery disease		N
Mother				Obesity		N
Mother				Diabetes mellitus		N

Social History: (Detailed)

Preferred language is English.

MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Currently married.

Medications (active prior to today)

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
EpiPen 0.3 mg/0.3 mL injection, auto-injector	inject 0.3 milliliter by intramuscular route once as needed for anaphylaxis	//			Y
Vitamin D3 2,000 unit tablet		//			Y
aspirin 81 mg tablet, delayed release	take 1 tablet by oral route every day	11/08/2018		11/08/2018	N
nitroglycerin 0.4 mg sublingual tablet	place 1 tablet by Sublingual route for chest pain, may rpt every 5 min up to 3x, then call MD	01/09/2019			N
senna 8.8 mg/5 mL syrup		//			Y
prednisolone acetate 1 % eye drops, suspension	instill 1 drop by ophthalmic route 6 times every day into both eyes	05/22/2019		05/22/2019	N
Maxitrol 3.5 mg/g 10,000 unit/g 0.1 % eye ointment	apply by ophthalmic route 1 times every day a small amount into the conjunctival sac(s) both eyes	05/22/2019		05/22/2019	N

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dorzolamide 2 % eye drops	instill 1 drop by ophthalmic route 3 times every day into both eyes	05/22/2019		05/22/2019	N
Cyclogyl 1 % eye drops	instill 1 drop by ophthalmic route 3 times every day into both eyes	05/22/2019		05/22/2019	N
cyclobenzaprine 10 mg tablet	take 1 tablet by oral route 3 times every day as needed	06/07/2019		06/07/2019	N
pramipexole 0.25 mg tablet	take 1 tablet by oral route 3 times every day	06/07/2019		06/07/2019	N
pioglitazone 30 mg tablet	take 1 tablet by oral route every day	06/11/2019		06/11/2019	N
Pen Needle 32 gauge x 5/32"	take 1 Pen Needle by Subcutaneous route 2 times every day	06/11/2019		06/11/2019	N
cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	inject 1/2 Milliliter (500mcg) by INTRAMUSCULAR route every month	06/17/2019			N
thiamine HCl (vitamin B1) 100 mg tablet	take 1 Tablet by Oral route every day	//			Y
omeprazole 40 mg capsule, delayed release	take 1 tablet by oral route 2 times every day	09/13/2019	10/25/2019	10/25/2019	N
Levemir FlexTouch U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen	Inject SQ 30 units bid	09/17/2019		09/17/2019	N
Humulin R Regular U-100 Insulin 100 unit/mL injection solution	inject SQ Qac 40 units + 5 units/100mg/dL over 100 (max 250 units qd)	09/17/2019		09/17/2019	N
insulin syringe U-100 with needle 1 mL 31 gauge x 5/16"	use 3 daily with humulin R	09/17/2019		09/17/2019	N
gabapentin 800 mg tablet	take 2 tablet by oral route 3 times every day	09/17/2019		09/17/2019	N
magnesium 30 mg tablet	//				Y
atorvastatin 80 mg tablet	take 1 tablet by oral route every day	10/03/2019		10/03/2019	N
enalapril maleate 10 mg tablet	take 1 tablet by oral route every day	10/11/2019		10/11/2019	N
metoprolol succinate ER 50 mg tablet, extended release 24 hr	take 1 tablet by oral route every day	10/11/2019		10/11/2019	N
fenofibrate micronized 134 mg capsule	take 1 capsule by oral route every day with food	10/17/2019		10/17/2019	N
meclizine 25 mg tablet	take 2 tablets once daily for vertigo	10/17/2019		10/17/2019	N
Repatha SureClick 140 mg/mL subcutaneous pen injector	inject 1 milliliter by subcutaneous route every 2 weeks in the abdomen, thigh, or outer area of	10/17/2019		10/17/2019	N

	upper arm (rotate sites)		
omeprazole 40 mg	take 1 tablet by oral route	//	10/25/2019 Y
capsule, delayed release	every day		

Medication Reconciliation

Medications reconciled today.

Allergies

Ingredient	Reaction (Severity)	Medication Name	Comment
CODINE			
MEPERIDINE HCL		Demerol	
MORPHINE			
PENICILLIN			

Reviewed, no changes.

Review of Systems

System	Neg/Pos	Details
Constitutional	Positive	Fatigue.
Constitutional	Negative	Chills and Fever.
ENMT	Negative	Sinus pressure.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain and Irregular heartbeat/palpitations.
GI	Negative	Abdominal pain.
GU	Negative	Hematuria.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Dizziness and Numbness in extremity.
Psych	Positive	Anxiety.
Psych	Negative	Depression.
Integumentary	Negative	Hair loss.
MS	Positive	Joint pain.
MS	Negative	Joint swelling.
Hema/Lymph	Negative	Easy bleeding.
Reproductive	Negative	Penile discharge.

Vital Signs

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt kg	BMI kg/m2	BSA m2	O2 Sat%
8:39 AM	100/60	88	16	60.0				298.00	135.171			

Measured By

Time	Measured by
8:39 AM	Kim Mendez

Physical Exam

Exam	Findings	Details
General Exam	Comments	obese
Constitutional	Normal	Well developed.

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Neck Exam	Normal	Inspection - Normal.
Respiratory	Normal	Auscultation - Normal.
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Vascular	Normal	Pulses - Dorsalis pedis: Normal.
Abdomen	Normal	Inspection - Normal. No abdominal tenderness.
Musculoskeletal	Normal	Visual overview of all four extremities is normal.
Extremity	Normal	No edema.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect. Normal insight. Normal judgment.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Cryptogenic stroke (I63.9).
	Impression	concerning history negative noninvasive workup definitive rule out of afib indicated, as if AF diagnosed will need systemic anticoagulation pt elects t proceed loop recorder implant will schedule informed consent obtained.

Medications *(Added, Continued or Stopped today)*

Started	Medication	Directions	Instruction	Stopped
11/08/2018	aspirin 81 mg tablet, delayed release	take 1 tablet by oral route every day		
10/03/2019	atorvastatin 80 mg tablet	take 1 tablet by oral route every day		
06/17/2019	cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	inject 1/2 Milliliter (500mcg) by INTRAMUSCULAR route every month	Nursing appt order: monthly to f/u in 4 months.	
06/07/2019	cyclobenzaprine 10 mg tablet	take 1 tablet by oral route 3 times every day as needed		
05/22/2019	Cyclogyl 1 % eye drops	instill 1 drop by ophthalmic route 3 times every day into both eyes.	if cyclogyl is not formulary may substitute with: Atropine 1% 1 drop bid affected eye or Homatropine 5% 1 drop bid affected eye	
05/22/2019	dorzolamide 2 % eye drops	instill 1 drop by ophthalmic route 3 times every day into both eyes	90 day supply- if not formulary may substitute azopt 1 drop ou tid.	

10/11/2019	enalapril maleate 10 mg tablet	take 1 tablet by oral route every day	
	EpiPen 0.3 mg/0.3 mL injection, auto-injector	inject 0.3 milliliter by intramuscular route once as needed for anaphylaxis	
10/17/2019	fenofibrate micronized 134 mg capsule	take 1 capsule by oral route every day with food	
09/17/2019	gabapentin 800 mg tablet	take 2 tablet by oral route 3 times every day	
09/17/2019	Humulin R Regular U-100 Insulin 100 unit/mL injection solution	inject SQ Qac 40 units + 5 units/100mg/dL over 100 (max 250 units qd)	
09/17/2019	insulin syringe U-100 with needle 1 mL 31 gauge x 5/16"	use 3 daily with humulin R	
09/17/2019	Levemir FlexTouch U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen magnesium 30 mg tablet	Inject SQ 30 units bid	30 day
05/22/2019	Maxitrol 3.5 mg/g-10,000 unit/g-0.1 % eye ointment	apply by ophthalmic route 1 times every day a small amount into the conjunctival sac(s) both eyes	if not formulary may substitute neo-poly-bacitraci n-HC instead dispense 1 tube
10/17/2019	meclizine 25 mg tablet	take 2 tablets once daily for vertigo	
10/11/2019	metoprolol succinate ER 50 mg tablet,extended release 24 hr	take 1 tablet by oral route every day	
01/09/2019	nitroglycerin 0.4 mg sublingual tablet	place 1 tablet by Sublingual route for chest pain, may rpt every 5 min up to 3x, then call MD	
09/13/2019	omeprazole 40 mg capsule,delayed release	take 1 tablet by oral route 2 times every day	10/25/2019
	omeprazole 40 mg capsule,delayed release	take 1 tablet by oral route every day	
06/11/2019	Pen Needle 32 gauge x 5/32"	take 1 Pen Needle by Subcutaneous route 2 times every day	per pt. BD nano pen needles 32Gx 4mm- please disp.
06/11/2019	pioglitazone 30 mg tablet	take 1 tablet by oral route every day	
06/07/2019	pramipexole 0.25 mg tablet	take 1 tablet by oral route 3 times every day	

05/22/2019	prednisolone acetate 1 % eye drops,suspension	instill 1 drop by ophthalmic route 6 times every day into both eyes	if not available may use durezol or fml instead, same sig
10/17/2019	Repatha SureClick 140 mg/mL subcutaneous pen injector	inject 1 milliliter by subcutaneous route every 2 weeks in the abdomen, thigh, or outer area of upper arm (rotate sites)	
	senna 8.8 mg/5 mL syrup		
	thiamine HCl (vitamin B1) 100 mg tablet	take 1 Tablet by Oral route every day	
	Vitamin D3 2,000 unit tablet		

Provider:

Lessner MD, Seth 10/25/2019 8:52 AM

Document generated by: Seth Lessner MD 10/25/2019 08:52 AM**CC Providers:**

Maria Kristin Mercado MD
155 Crystal Run Road
Middletown, NY 10941-4028

Crystal Run Healthcare, LLP

Electronically signed by Seth Lessner MD on 10/25/2019 08:53 AM