CR. 1. 29. 2020 12:20PM 6/22/2020 1:49:55 PM PAGE 3/009 Fax No. 6504r P. 1 Created with a trial version of Syncrusion Essential PDF



155 Crystal Run Road Middletown, NY 16941 Asim California especia sour

Patient:

Elizabeth Sparks

Date of Birth:

09/24/1966

Oate

06/15/2020 2:00 PM

Encounter Type:

Telehealth-A/V

This 53 year old patient was referred by Ronen Harel DO for consultation. This 53 year old female presents for Metastatic Bladder Ca.

History of Present Illness:

1, Metastatic Bladder Ca

Patient being seen for initial visit for Metastatic Bladder Ca, was being followed by Dr. Marballi (CRHC) and Dr. Modi (ORMC), was getting 2nd line Keytruda Q 3 weeks, she was recently admitted to ORMC for UTI, now feeling better, she continues to have diffuse pain, not controlled well with Oxycodone 10mg IR, not on long acting pain meds. She hasn't followed up 2/2 insurance reasons but now wants to reestablish care here at CRHC

PROBLEM LIST: Problem List reviewed.

	IEUT FIST LEAGANT	
Problem Description	Onset Date	Chronic Clinical Status Notes
Bladder cancer	07/31/2015	Y
Renal failure	07/31/2015	Υ
Left leg pain	01/25/2019	N
Shortness of breath	01/25/2019	N
Medical marijuana use	03/19/2020	N
Chronic low back pain	03/19/2020	N
without sciatica,		
unspecified back pain		
laterality		
Polyneuropathy,	03/19/2020	N
unspecified		
Peripheral	03/19/2020	N
polyneuropathy		
Bladder cancer	03/19/2020	N
metastasized to		
intra-abdominal lymph		
nodes		
Encounter for palliative	11/21/2019	N
care		
Cancer associated pain	08/08/2019	N
Chronic, continuous	08/08/2019	N
use of opiaids		

Allergies: Ingredient	Reaction (Seventy) Medication Name	Comment
ACETAMINOPHEN IODINATED CONTRAST	GI upset (moderate) Hives (moderate)	IV contrast
SULFA (SULFONAMIDE ANTIBIOTICS)	Anaphylaxis (moderate); Congestion of throat (moderate)	pt states "I felt like I was going to die"

Review of Systems

Review of Systems		
System	Neg/Pos	Details
Constitutional	Negative	Chills, Fatigue, Fever, Malaise, Night sweats and Welght loss.
Eyes	Negative	Vision changes
Respiratory	Negative	Cough, Dyspnea and Wheezing.
	Megative	Chest pain, Edema and Irregular heartbeat/palpitations.
GI	Negative	Abdominal pain, Blood in stool, Constipation, Decreased appetite,
	•	Diarrhea, Heartburn, Nausea and Vomiting.
GU	Negative	Dysuria and Hematuria
Endocrine	Positive	No night sweats.
Neuro	Negative	Dizziness, Extremity weakness, Gait disturbance, Headache and
		Numbness in extremity:
Psych	Negative	Depression and Insomnía.
Integumentary	Negative	Hair loss and Rash
MS	Positive	Back pain, Bone/joint symptoms,
MS	Negative	Joint pain and Muscle weakness.
Hema/Lymph	Negative	Easy bleeding, Easy bruising and Lymphadenopathy.

Medical/Surgical/Interim History

Reviewed, no change.

Last detailed document date:06/06/2020.

Family History

Reviewed, no changes. Last detailed document date:06/06/2020.

Social History:

Reviewed, no changes. Last detailed document date: 06/96/2020.

Medications (active prior to today)

rrent in the standard of	en e	and a second control of the second control o
Sig Description	Start Date Stop	Date Refilled Rx Elsewhere
take 1 tablet by oral route	01/24/2 019	N
every 8 hours as needed for		
nausea/vomiting		
take 1 tablet by oral route	01/24/2019	N.
every 6 hours as needed for		
nausea/vomiting		
take 1 tablet by oral route 3	11/21/2019	N
times a day as needed for		
back pain/back spasm		
apply:1 patch by	01/24/2020 06/15	/2020 Ni
transdermal route every da	у:	
TAReng vonesce took feb. 3 Districted X		
	sig Pescription take 1 tablet by oral route every 8 hours as needed for nausea/vomiting take 1 tablet by oral route every 6 hours as needed for nausea/vomiting take 1 tablet by oral route 3 times a day as needed for back pain/back spasm apply 1 patch by	Sig Description Start Date Stop take 1 tablet by oral route 01/24/2019 every 8 hours as needed for nausea/vomiting take 1 tablet by oral route 01/24/2019 every 6 hours as needed for nausea/vomiting take 1 tablet by oral route 3 11/21/2019 times a day as needed for back pain/back spasm

	take 1 tablet by oral route	//	Y
zolpidem 5 mg tablet		•	
magnesium 400 mg (as	take 1 tablet by oral route	03/17/2020	N
	every day	03/19/2020 06/23/2020	03/19/2020 N
cyanocobalamin (vit	take 1 tablet by oral route	V3/13/2020 00/23/2020	0,000
B-12) 1,000 mcg tablet	every day inject 1 milliter by	A525625A5A10673522020	· · · · · · · · · · · · · · · · · · ·
cyanocobalamin (Vit		DOVENTORY CONTRACTOR	
B-12) 1.000 mcg/mL	subcutaneous route, every		
injection solution	day for 7 days	0240000	N
BD Eclipse Luer-Lok 3 mL	to be used with	03/19/2020	,•
25 x 5/8" syringe	cyanocobalamin injection	25 25 25 35 45 56	N
Medical Marijuana	Dispense as per pharmacist	03/19/2020	
MISCECL	at medical marijuana		
	dispensary	04/07/2020 06/15/2020	06/15/2020 N
fentanyl 25 mcg/hr	apply 1 patch by	04/0//2020 06/13/2020	00/15/2020 14
transderma! patch	transdermal route every 72		
	hours MDD=1/3 patch		04/07/2020 N
ELIQUIS 5 MG TABLET	TAKE 1 TABLET BY MOUTH	04/07/2020	047.077;2020
	TWICE A DAY		04/27/2020 N
oxycodone 10 mg tablet	take 1 tablet by oral route	04/27/2020	04/27/2020 N
-	every 4 hours as needed for		
	pain		

Dhysical Evans

Physicai exam.		1939/16/16/16/16/16/16/16/16/16/16/16/16/16/
020050000000000000000000000000000000000	The Items	
EXPITE	124 ID 4195	Details
	Normal	No acute distress. Well developed.
Constitutional	NOTHE	140 acces digitation and an analysis
e1.4	Comments	No rashes
Skin	COMMINERIA	ING - MOITE

The patient's functional status score is at 0 and is fully active, able to carry on all pre-disease performance without restriction

Telehealth Services

This visit was conducted with the use of interactive audio and video telecommunications system that permits real time communication between the patient and provider. Patient consent for virtual visit was obtained on data 06/15/2020

Originating Site: Crystal Run Healthcare

Distant Site: Patient's Home

Total time of encounter 30 minutes.

Assessment/Plan

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# Detail Type De	isch hit on war in the contract of the contrac	######################################
	:	
	adder cancer metastasized to intra-	bdomical lymph nodes (C6/.9).
1. Assessment Bia	1006) CSUCEL Metažrazisko in mina	
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		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4,1	Lonsupation	

Sparks, Elizabeth 000000413887 09/24/1966 06/15/2020 02:00 PM 3/6

Treatment/Imaging/Pathology

- Dx squamous cell carcinoma of bladder with moscle invasion, left hydronephrosis and para-aortic adenopathy 6/14/2015, received necadjuvant carboplatin genicitablne and then radical cystectomy on 11/3/2015 pTZN2 (4/15 LN positive for metastatic urothelial ca), last note from Dr. Fanucci states no evidence of recurrent disease 9/28/ 2016 and advised pm follow up
- 12/2018; CT for abdominal pain: enlarged lymph nodes in the retroperitoneum with largest located to the left side of the aorta measuring approximately 2.73 cm. Others are approximately 2 cm. Around the bifurcation, lymphadehopathy is also noted more prominent on the left side measuring up to 1.28 cm
- 179/19: Retropentorieal LN biopsy: metastatic poorly differentiated carcinoma consistent with high grade prothelial carcinoma. PDL-1 - TPS 20%
- 1/31-3/14/19: C1-3 Keytruda
- 83/27/19: CT CAP: mixed response
- 4/4-9/5/19: C4-11 Keytruda
- 7/2019: PET CT: Retroperitoneal mets decreased in size, possible new left supraclavicular
- 9/17-10/4/19: palliative RT to RPLN
- 10/10-12/12/19: C12-15 Keytruda
- 12/2019: PET:CT: PD in supraciavicular LN and right Inguinal LN upto 2.9cm; resolution of parazortic LN
- 1/2/20: C16 Keytruda
- 2/24/20: C17 Keytruda
- *** Lost to follow up 2/2 Insurance Reasons***
- 5/25/20 CT C/A/P Left Parathyroid mass 3.6 x 2.5
- 5/28/20: Left Parathyroid biopsy Squamous Cell

Provider Plan

- 1. Recurrent prothelial carcinoma stage IV
- Was on palliative keytruda hasn't received therapy since Feb 2020 (insurance reasons)
- Reviewed Imaging from ORMC? new parathyroid mass, unlikely new primary as the original biopsy also had squamous component
- Discussed with path, minimal tissue only cytology not enough for a cell block
- Will get PET/CT stat to reevaluate for POD
- If POD will plan for Enfortumeb Vendotin
- 2. VTE
- c/w Eliquis
- Cancer Pain
- On Oxycodone 10mg Q 6hr pm
- Needs long acting pain meds sent Fentanyl 25mcg dose
- scheduled consult Dr. Abadir to discuss procedure for pain control, necrotic nodal mass right in front of her L4 vertebral body, consideration for RFA
- 4. Constipation
- Opioid induced, Senna, Colace, Mirilax
- If doesn't improve will start Movantik

I have spent > 31 minutes of indirect patient care time reviewing the patients chart from Dr. Marbali and Dr. Modi, discussing the case with other providers and coordinating care Further diagnostic evaluations ordered today include(s) PET Scan w/CTskull base to mid-thigh to be performed.

Płan Orders

Assessment:

3. Assessment VTE (venous thromboembolism) (182.90).
4. Assessment Constination due to opioid therapy (K59.03):
5. Assessment Adverse effect of other opicids, initial encounter (T40.2X5A).

tarteri	Medication	Directions	Instruction	Stopped
3/19/2020	BD Eclipse Luer-Lok			
	3 mL 25 x 5/8"	cyanocobalamin injection		
2 /10/2020	syringe cyanocobalamin	take 1 tablet by oral route		06/23/2020
3/19/2020	(vit B-12) 1,000	every day		,
	mcg tablet	CVCIY Way		
3/19/2020	cyanocobalamin	inject 1 milliliter by		06/15/2020
-,,	(vit B-12) 1.000	subcutaneous route every day		
	mcg/mL injection	for 7 days		
	solution			
1/21/2019	cyclobenzaprine 5	take 1 tablet by oral route 3		
	mg tablet	times a day as needed for back		
		pain/back spasm		
4/07/2020	ELIQUIS 5 MG	TAKE 1 TABLET BY MOUTH		
	TABLET	TWICE A DAY	Bladder cancer	06/15/202
4/07/2020	fentanyl 25 mcg/hr	apply 1 patch by transdermal route every 72 hours	metastasized to	QQ/13/202
	transdermal patch	MDD=1/3 patch	intra-abdominal	
•		MDD -13 paten	tymph nodes	
			(C67.9). MDD=1/3	
			patch ISTOP ref#-	
			121951326	
5/ 15/20 20	fentanyl 25 mcg/hr	apply I patch by transdermal	Bladder cancer	08/23/202
	transdermal patch	route every 72 hours	metastasized to	
	,	MDD=1/3 patch	intra-abdominal	
.,			lymph nodes	
			(C67.9). MDD=1/3	
			patch_ISTOP ref#-	
			121951126	05/15/003
1/24/2020	Lidoderm 5 %	apply 1 patch by transdermal		06/15/202
	topical patch	route every day (May wear up		
2 /2 ZÝ2020		to 12hours.) take 1 tablet by oral route		
3/17/2020	magnesium 400 mg (as magnesium	• • • • • • • • • • • • • • • • • • •		
	oxide) tablet	every day		
3/19/2020	Medical Marijuana	Dispense as per pharmacist at		
J/ 13/ 2020	MISCELL	medical manjuana dispensary		
1/24/2019	endansetron HCI 8	•		
_,,	mg tablet	every 8 hours as needed for		

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04/27/2020

oxycodone 10 mg take 1 tablet by oral route

ISTOP #:

122814612 MDD=

tablet

every 4 hours as needed for

01/24/2019

prochlorperazine

take 1 tablet by oral route every

maleate 10 mg tablet

6 hours as needed for nausea/vomiting

zolpidem 5 mg

take 1 tablet by oral route

tablet

every day at bedtime

Orders:

Diagnostic Procedures:

Assessment

PET Scan w/CTskull base to mid-thigh

pein

Prolonged non-face to face services: 31, minutes.

Start time for prolonged care was 2:00PM. Stop time for prolonged care was 2:31PM.

Provider:

Harel DO, Ronen 06/15/2020 2:35 PM

Document generated by: Ronen Harel DO 06/15/2020 02:35 PM

CC Providers:

Ronen Hare! DO

155 Crystal Run Road

Middletown, NY 10941-4028

Crystal Run Healthcare, LLP

Electronically signed by Ronen Harel DO on 06/15/2020 09:05 PM

PAGE

Crystal Run Healthcare Physicians LLP

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

PATIENT INFORMATION											
MAME (Last, First Middle) Sparks, Elizabeth				MRN 413887		59N# ###-##-77		nthoate 9/24/1966		SUADE Inlieh	ŞEX
LOCAL ADDRESS SEC			CONDARY/8/LLING AD				English ETHNICATY		ı.		
PO Box 1000			59	9 Groove \$t					Not	Hispanic or	Latino
Greenwood Lake, NY 10925 (845) 595-1650			650	Greenwood Lake, N			SECONDARY HOME PH				
FREMARY CARE PHYSICIAN	1	REFERRING PHYSI		CONTACT NAME						Caucasian	
Nicoll MD, Laura A	ľ	Harel DO, R		п	ľ	CITIFICATION TO THE SECOND				I Q ON 1ACT HOS	WE PRORE
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HOME PHONE				SECONDARY HOME:	PHÇN	1 ₫					
RELATIONSHIP TO PATIENT											
PRIMARY INSURANCE										_	
NAME OF INSURA4C≐ COMPANY NYSDOH						POLICY BM46	⁄# 0228Y				
NAME OF INSURED Sparks, Elizabeth						GROUF	14				
ADDRESS OF INSURANCE COMPANY P O Box 4601			_			COPAY	AMT				\$0.00
City, State ZIP Renaselaer, NY 12144-4602					_	DECLIC	TIBLE		_		
RELATIONSHIP TO PATIENT					_	I	Γί∨Ξ 0ΑΤ! /2017	<u> </u>	EXPIR	ATION DATE	
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name of insurance company						POLICY	" #				
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RELATIONSHIP TO PATIENT						<u>E</u> FFE¢1	TAD BY:	·	PIR	ATION DATÉ	

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 utilimately 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.

DATE

^{*}All returned checks are subject to a \$25.00 check fee,



155 Crystal Run Road Middletown, NY 1094

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FAX COVER SHEET

To: Garnet Infusion

From: Kim Hoeffner

Company:

To Fax Number: 3339400

Fax Reference ID: KHO5EF0A18D6470

Date: 6/22/2020 1:49:30 PM

of pages [incl. cover]: 9

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Middletown, NY 10941

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