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FAX COVER SHEET

TO: ORMC

FROM: Jenn or Erika

DATE: 11/1/19

PHONE: 845-333-7900

FAX: 845-333-9030

D.O.B: 5/4/1980

REGARDING: Martin Cody

TOTAL # OF PAGES

9

COMMENTS: MRI Neck with and w/o Contrast

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Martin Cody

DOB: 05/04/1980

November 1, 2019

Diagnosis

J38.01 Paralysis of vocal cords and
larynx, unilateral

Imaging Requisition

Order	location	Comments	Timing
MRI Neck with and w/o Contrast		right vocal cord paralysis. Please evaluate course of right recurrent laryngeal nerve. Give images to patient on CD.	

Mark S. Driver 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) Cody, Martin			MRN 2253969	SSN# 070-64-0260	BIRTHDATE 05/04/1980	LANGUAGE English	SEX M
LOCAL ADDRESS 10 Amchir Avenue		CITY, STATE ZIP Middletown, NY 10940		REFERRING PHYSICIAN	SECONDARY/BILLING ADDRESS		ETHNICITY Unknown
HOME PHONE (845) 775-7366	DAY PHONE (845) 775-7366	EMAIL ADDRESS nomad3707@gmail.com		PRIMARY CARE PROVIDER		CITY, STATE ZIP	RACE White
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 Male			
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 Met Empire - The Empire Plan		POLICY# 890695732	
NAME OF INSURED Cody, Martin		GROUP#	
ADDRESS OF INSURANCE COMPANY PO Box 1600		COPAY AMT 25.00	
CITY, STATE ZIP Kingston, NY 12402	PHONE (877) 769-7447	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 - Cody, Martin

Front:



Back:

For enrollment services,
identification &
provider relations,
please call:

1-877-7-NYSHIP
(1-877-769-7447)

Providers: This card represents but does not guarantee enrollment in the New York State Health Insurance Program (NYSHIP) for Government Employees.

Submit hospital, skilled nursing facility and hospice claims to your local Blue Cross and/or Blue Shield Plan. Hospital and related services provided by Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



BLUE CROSS
PLAN 303

Blue Cross Prefix: YLS

Submit medical provider claims in accordance with your participating provider agreement.

UnitedHealthcare



All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.

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Martin Cody

DOB: 05/04/1980 AGE: 39 year old Gender: M
 Date: 11/1/2019
 Visit Type: Office Visit
 Patient Type: New patient
 Historian: self

Provider Information:

Rendering: Mark S. Driver MD
 PCP:
 Referring:

Vital Signs: Reviewed

Height In	Weight Lb	Height Cm	Weight Kg	BMI	Temp F	Site	Context
72.00	239.00	182.88	108.409	32.41			

This 39 year old male presents for ear pain, nasal congestion and sore throat.

History of Present Illness:

1. ear pain
2. nasal congestion

Associated symptoms include facial pain, headache, nasal congestion and nasal drainage (posterior). Pertinent negatives include food allergies. Additional information: R>L nasal congestion facial pressure, sore throat, PND, starting about 3 weeks ago. some nasal discharge. Voice and swallowing are fine. Another sinus infection ~ 2 mos ago treated with abx.

3. sore throat

Associated symptoms include headache, nasal congestion and post-nasal drainage. Pertinent negatives include fever, hoarseness, otalgia and vomiting. Additional information: has lifelong R>L tonsil asymmetry unchanged. Smoked for 20 years. asymmetry has improved since quitting smoking ~ 3 years ago. snores

PROBLEM LIST:

No active problems being tracked

PAST MEDICAL/SURGICAL HISTORY (Detailed document reviewed)

Disease/disorder	Onset Date	Management	Date	Comments
------------------	------------	------------	------	----------

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Basal cell, above left eye
GERD

BMT
surgery on arm
surgery

Allergies: No reported allergies. **Reviewed**

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Family History (Detailed document reviewed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Father				Hypertension		N
Father				Cancer, pancreas		N
Father				Diabetes mellitus		N
Father				high cholesterol		N
Mother				Cardiovascular disease		N
Mother				Diabetes mellitus		N

Social History: (Detailed document reviewed)

Tobacco use reviewed.

Preferred language is English.

The patient does not need an interpreter.

Tobacco use status: Ex-smoker.

Smoking status: Former smoker.

SMOKING STATUS

Type	Smoking Status	Usage Per Day	Years Used	Pack Years	Total Pack Years
Cigarette	Former smoker	1 Packs	20.00	20.00	20.00

HISTORY

Type	Date Quit	Longest Tobacco Free	Cessation Method	Relapse Reason
Cigarette	2016			

TOBACCO/VAPING EXPOSURE

No passive smoke exposure.

ALCOHOL

There is a history of alcohol use.

consumed rarely.

CAFFEINE

The patient uses caffeine and coffee..

Review of Systems Reviewed

System	Neg/Pos	Details
Constitutional	Negative	Fever.

ENMT	Positive	Facial pain, Nasal congestion, Post-nasal drainage, Snoring, Sore throat.
ENMT	Negative	Dizziness, Dysphagia, Ear drainage, Hoarseness, Itchy ears, Otagia, Rhinorrhea, Sneezing and Tinnitus.
Respiratory	Negative	Cough.
GI	Positive	Heartburn.
GI	Negative	Nausea and Vomiting.
Neuro	Positive	Headache.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

Physical Exam:

Exam	Findings	Details
Constitutional	Normal	Well developed. Communication - Normal.
Ears	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	*	Septum - deviated to the left. Mucosa - Right: is edematous, Left: is edematous, Inferior Turbinate - Right: congested, Left: congested.
Nose/Mouth/Throat	Normal	Dorsum - Normal.
Oral Cavity	Normal	Hard Palate - Normal. Soft Palate - Normal. Oropharynx - Normal.
Neck	Normal	Neck Overall - Normal. Adenopathy - No nodes palpated. Thyroid - No thyroid nodules palpated. Mass - None.
Hearing/Neuro	Normal	Conversational - Normal. Gait - Normal.

Procedures Performed

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

Nasal Endoscopy. Diagnostic**Pre-Operative Indications:**

J31.0 Chronic rhinitis

Post-Operative Diagnoses:

J31.0 Chronic rhinitis

Verbal and/or written consent obtained from patient.

Anterior Rhinoscopy Insufficient to account for symptoms

Details of Procedure: The scope was introduced into the nasal passage between the middle and inferior turbinates to examine the inferior portion of the middle meatus and the fontanelles, as well as the maxillary ostia. Next, the scope was passed medially and posteriorly to the middle turbinates to examine the sphenoethmoid recess and the superior turbinate region.

Upon visualization the findings are as follows: The septum was deviated to the left.

Right side:

mucosa: edematous
 mucous: clear
 polyp: none
 inferior turbinate: edematous
 middle turbinate: edematous
 superior turbinate: edematous
 middle meatus: edematous, accessory ostium.
 superior meatus: Edema

sphenoethmoidal recess; Edema

Left side:

mucosa: edematous

mucous: clear

polyp: none

inferior turbinate: edematous

middle turbinate: edematous

superior turbinate: edematous

middle meatus: edematous

superior meatus: Edema

sphenoethmoidal recess; Edema

prominent bilateral palatine and lingual tonsils filling vallecula. mod-severe PC edema and arytenoid erythema, cords mobile no masses. Right vocal cord forshortened and immobile.

The patient tolerated the procedure well without any complications.

Assessment/Plan

#	Detail Type	Description
1.	Assessment Patient Plan	Paralysis of vocal cords and larynx, unilateral (J38.01) Get MRI, return with images on CD.
2.	Assessment Patient Plan Plan Orders	Gastro-esophageal reflux disease without esophagitis (K21.9) No eating within 3 hours of bed, no soft drinks, limit tomatoes, chocolate, onions, mint, caffeine. Add OTC Pepcid 20mg before bed. Today's instructions / counseling include(s) Laryngopharyngeal Reflux.
3.	Assessment Patient Plan Plan Orders	Chronic rhinitis (J31.0) Start OTC Flonase Sensimist. The patient had the following procedure(s) completed today: Nasal Endoscopy 11/01/2019.
4.	Assessment	Deviated nasal septum (J34.2)
5.	Assessment Patient Plan Plan Orders	Snoring (R06.83) consider sleep study after MRI. Today's instructions / counseling include(s) *** See Patient Plan Instructions.

Instruction(s)/Education:

*** See Patient Plan Instructions

Laryngopharyngeal Reflux

Current Medications: Reviewed.

Medication Name		Prescribed Else	PRN	Reason
Claritin 10 mg tablet	take 1 tablet by oral route every day	Y	N	
minocycline	take 1 capsule by oral route every 12 hours	Y	N	
omeprazole	take 1 capsule by oral route 2 times every day before a meal	Y	N	

Counseling Details:

Counseling / educational factors reviewed.

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The patient was counseled today by Mark S. Driver MD on nutrition/diet.

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

Patient Education Materials Printed

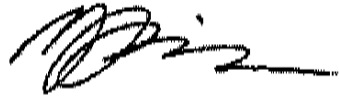
Laryngopharyngeal Reflux

Follow-Up

Follow-up after completing requested studies/consultations in 1 week.

Services Rendered Today:

CPT		Units	Dx Code	Dx 2	Dx 3	Dx 4	Mod.
99203	Office Visit	1	J38.01	K21.9	J31.0	J34.2	25
31231	Diagnostic Nasal Endoscopy	1	J31.0				



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Provider: Mark S. Driver MD 11/01/2019 9:26 AM

11/01/2019 09:25 AM

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