

75 Crystal Run Road
Building B, Suite 220
Middletown, NY 10941

Office: 888-350-1368
Fax: 845-692-0675

Mark S. Driver, MD
Virginia E. Feldman, MD

Sergey Koyfman, DO
Phillip I. Massengill, MD, FACS
Joon H. Park, M.D.
Karen Paul, RPA-C

FAX COVER SHEET

TO: ORMC

FROM: Jenn or Erika

DATE: 11/1/2019

PHONE: 845-333-7900

FAX: 845-333-9030

D.O.B: 1/3/1980

REGARDING: Vanessa Zambrano

TOTAL # OF PAGES

8

COMMENTS:

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75 Crystal Run Road
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Office: 845-467-6998
Fax: 845-692-0675

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

Vanessa Zambrano

DOB: 01/03/1980

November 1, 2019

Diagnosis

R94.118 Abnormal videonystagmogram
(VNG)

Imaging Requisition

Order	Location	Comments	Timing
MRI Brain/IAC w/ and 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) Zambrano, Vanessa		MRN 1891047	SSN# 058-74-7892	BIRTHDATE 01/03/1980	LANGUAGE English	SEX F
LOCAL ADDRESS 1 Garden Terrace		CITY, STATE ZIP Goshen, NY 10924	REFERRING PHYSICIAN		SECONDARY/BILLING ADDRESS	ETHNICITY Unknown
HOME PHONE (917) 250-6042	DAY PHONE (917) 250-6042	EMAIL ADDRESS v.torres95@gmail.com	PRIMARY CARE PROVIDER Hirsch, Andrew		CITY, STATE ZIP	RACE White
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 (555) 555-5555
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	
RELATIONSHIP TO PATIENT		HOME PHONE			

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY United HealthCare PPO PAR		POLICY# 932379236	
NAME OF INSURED Zambrano, Ernesto D		GROUP# 1W2814	
ADDRESS OF INSURANCE COMPANY PO Box 740800		COPAY AMT 30.00	
CITY, STATE ZIP Atlanta, GA 30374-0800	PHONE (877) 842-3210	DEDUCTIBLE \$0.00	
RELATIONSHIP TO PATIENT Spouse		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 - Zambrano, Ernesto D

Front:



Health Plan (80840) 911-87726-04

Member ID: 932379236

Group Number:


1W2814

Member:
ERNESTO D ZAMBRANO

QLRBCTK184S ADP TOTALSOURCE

Dependents:
VANESSA ZAMBRANO
BELLA ZAMBRANO
LILLY ZAMBRANO

Payer ID 87726

Office: \$15 ER: \$125
UrgCare: \$75 Spec: \$30 OPTUMRx
Rx Bin: 610279
Rx PCN: 9999
Rx Grp: UHC

UnitedHealthcare Choice

DOI - 0501

Underwritten by UnitedHealthcare Insurance Company

Back:

Printed: 05/18/17

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Phone: 800-782-3740

Mental Health: 800-582-8220

Call anytime to speak
with a Nurse**Providers:** 877-842-3210 or www.UnitedHealthcareOnline.com
Medical Claims: P.O. BOX 740800 ATLANTA GA 303740800UnitedHealthcare
Choice Plus Network**Pharmacists:** 888-290-5416**Pharmacy Claims:** OptumRx PO Box 29044 Hot Springs, AR 71903



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Vanessa Zambrano

DOB: 01/03/1980 AGE: 39 year old Gender: F
Date: 11/1/2019
Visit Type: Office Visit
Patient Type: Established patient
Historian: self

Provider Information:

Rendering: Louis G. Petcu MD
PCP: Andrew Hirsch
Referring:

Vital Signs:

Height In	Weight Lb	Height Cm	Weight Kg	BMI	Temp F	Site	Context
61.00	110.00	154.94	49.895	20.78			

This 39 year old female presents for follow up.

History of Present Illness:

1. Follow Up

11/1/19: She has had intractable headaches she says for many years. An MRI done 18 months ago showed a C6-T1 syrinx which was not considered clinically significant. She is here today to review the results of her VNG which was abnormal due to asymmetric OKT and abnormal pursuit times, suggesting a CNS lesion. This was discussed with her in detail. I have also reviewed Dr. Napchan's clinical notes.

PREVIOUS HPI: (09/26/2019) FOLLOW UP - PREVIOUS HPI: (05/02/2018) RHINITIS (COMMENTS) - nasal breathing is good. no runny nose. had one sinus infection at New Years but rarely gets them. gets sporadic runny and stuffy nose, treats with claritin and Nasacort, unsure what triggers are.

PREVIOUS HPI: (05/02/2018) RHINITIS - The patient is also experiencing headache. The patient denies cough, ear pain, hoarseness, nasal congestion, nausea, post nasal drainage and sneezing. Additional information: has MRI for migraine showing left max sinus polyp. gets midface pain and TMJ in addition to migraine.

PROBLEM LIST:

No active problems being tracked

Diagnostics

Status	Study	Ordered	Completed	Interpretation	Result/Report
ordered	MRI Brain/IAC w/ and	11/01/2019			

Zambrano, Vanessa 000001891047 01/03/1980 11/01/2019 11:00 AM 1/4

w/o Contrast

PAST MEDICAL/SURGICAL HISTORY (Detailed document reviewed)

Disease/disorder	Onset Date	Management	Date	Comments
Anemia				
GERD				
Headaches				
Migraines				

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
				Family history of Diabetes mellitus		N

Social History: (Detailed document reviewed)

Tobacco use reviewed.

Preferred language is English.

MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Marital status: Married

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	0 Packs	0.00		0.00

HISTORY

Type	Date Quit	Longest Tobacco Free	Cessation Method	Relapse Reason
Cigarette	2000			

TOBACCO/VAPING EXPOSURE

No passive smoke exposure.

ALCOHOLThere is a history of alcohol use.
consumed occasionally.**CAFFEINE**

The patient uses caffeine: coffee.

Review of Systems Reviewed

System	Neg/Pos	Details
Constitutional	Negative	Fever.
ENMT	Positive	Dizziness, Nasal congestion, Otagia, Post-nasal drainage, Rhinorrhea, Sneezing, Tinnitus.
ENMT	Negative	Ear drainage, Hoarseness, Itchy ears and Sore throat.
Respiratory	Negative	Cough.
GI	Negative	Heartburn, Nausea and Vomiting.
Neuro	Positive	Headache.

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. Conjunctiva - Right: Normal, Left: 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	Normal	Dorsum - Normal. Septum - Straight. Mucosa - Right: Normal, Left: Normal. Inferior Turbinate - Right: Normal, Left: Normal. Bleeding - Right: None, Left: None.
Oral Cavity	*	Tonsils/Tonsil Fossae - the left > right.
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	Normal	Conversational - Normal.
Psychiatric	Normal	Alert & Oriented - Normal. Mood & Affect - Normal.
Respiratory	Normal	Inspection/Effort - Normal.

Reviewed:**Audiology**

Complete Audiometric Evaluation was normal.

VNG was abnormal.

OAE was normal.

Imaging

MRI was abnormal.

Other

Reviewed patients old records.

Reviewed patient's records from another physician.

Independent visualization of image, tracing or specimen itself.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Dizziness and giddiness (R42)

2. Assessment Vertigo of central origin (H81.4)
 Patient Plan She requires an MRI scan.
 Ddx includes: Chiari 1 malformation, demyelinating process, increased ICP, cerebellar lesion or tumor. These were discussed with patient.
 Plan Orders Today's instructions / counseling include(s) *** See Patient Plan Instructions.
3. Assessment Abnormal videonystagmogram (VNG) (R94.118)
 Plan Orders Imaging ordered today include(s) MRI Brain/IAC w/ and w/o Contrast to be performed.
4. Assessment Abnormal optokinetic response (H55.81)
5. Assessment Migraine, unsp, not intractable, without status migrainosus (G43.909)

Instruction(s)/Education:

*** See Patient Plan Instructions

Current Medications: Reviewed.

Medication Name	Prescribed Else	PRN	Reason
rizatriptan benzoate	Y	N	take 1 tablet by oral route once, may repeat at 2 hour intervals; do not exceed 30 mg in 24 hours

Risks and side effects of medications were discussed with patient.

Orders

Imaging	Location	Timing	Comments
MRI Brain/IAC w/ and w/o Contrast			

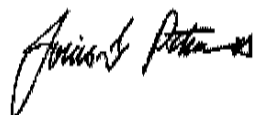
Risks, benefits and alternatives explained. All questions asked have been answered.

Follow-Up

Follow-up after completing requested studies/consultations in 2 weeks.

Services Rendered Today:

CPT	Units	Dx Code	Dx 2	Dx 3	Dx 4	Mod.
99214 Office Visit	1	R42	H81.4	R94.118	H55.81	



electronically generated

Provider: Louis G. Petcu MD 11/01/2019 11:59 AM

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