



155 Crystal Run Road
Middletown, NY 10941

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www.crystalrunhealthcare.com

FAX COVER SHEET

To: ORMC-Endo

From: Aimee Medina

Company:

To Fax Number: 8453331041

Fax Reference ID: AME5E4D2829C54E

Date: 2/19/2020 12:20:46 PM


of pages [incl. cover]: 14

Notes/Comments:

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 ORANGE REGIONAL MEDICAL CENTER SURGICAL BOOKING AND PERIOPERATIVE ORDERS SHEET		Completed form must be faxed to the ORMC Scheduling Office Inbound 845-333-1041		Patient Label	
PATIENT NAME: <u>Linda Rykowski</u>		DOB: <u>5/25/49</u>		SEX: <u>F</u>	
ADDRESS: <u>24 Union School Road</u>		Surgeon: <u>Cirillo</u>		Diagnosis: <u>Dysphagia, unspecified type</u> <u>Chronic GERD - Screening for colon cancer w/ adenomatous polyps</u> Assistant: <u>of colon / anemia</u>	
<u>Montgomery, N.Y. 12549</u>		CPT CODE: <u>45378/43235</u>		ICD 10 CODE: <u>R13.10/K21.9/Z12.11/Z86.01/D50.9</u>	
HOME NUMBER: <u>(845) 361-4522</u>		CELL NUMBER: <u>(845) 361-4522</u>		INSURANCE CO.: <u>Mcare/Emblem</u>	
INSURANCE ID NUMBER: <u>3Y214804P31/890590953</u>		PROCEDURE DATE: <u>3/3/20</u>		PROCEDURE LENGTH: _____	
PROCEDURE ORDER FOR CONSENT: <u>Colon/EGD</u>		<input type="checkbox"/> LEFT		<input type="checkbox"/> RIGHT	
<input type="checkbox"/> BILATERAL		<input type="checkbox"/> TRIAL PRODUCT		PRE-CERT #: _____	

IS PATIENT BEING SCHEDULED FOR BLOODLESS SURGERY ☐ YES ☒ NO

PATIENT IS ERAS ☐ YES ☒ NO

TYPE OF ADMISSION: ☒ ORMC ☐ POB ☐ OBS ☐ SDS ☐ 23hr. ☐ INPATIENT ☒ ENDO

PATIENT SPECIFIC NEEDS: ☐ FACILITY/GROUP HOME ☐ FORENSIC PATIENT ☐ LANGUAGE LINE ☐ SPECIAL NEEDS / should not be first case

PATIENT OR FAMILY MEMBER HAS HISTORY OF MALIGNANT HYPERTHERMIA ☐ YES ☒ NO

ANESTHESIA COMPLICATIONS / DIFFICULT INTUBATION ☐ YES ☒ NO

☐ PACEMAKER ☐ AICD VENDOR _____ SPECIAL EQUIPMENT _____

☐ Cell Saver ☐ C-Arm ☐ Oxygen ☐ IMPLANT / EQUIPMENT FORM ☐ IMPLANT RECALL (Specify) _____

PRE-SURGICAL TESTING APPOINTMENT May we leave a message? ☐ Yes ☒ No PRIMARY DOCTOR _____

☐ PST MEPS being done at ☐ ORMC ☐ CRHC ☐ MEPS Consultation by Dr. _____ Diagnosis _____

☐ PST Nurse only - patient NOT on insulin or anticoagulant

☐ PST Phone Assessment only - (does not stratify - NOT on insulin or anticoagulant)

DIABETIC ☐ Yes ☒ No ON INSULIN ☐ Yes ☒ NO ON ANTICOAGULANT ☐ Yes ☒ No Type _____ HISTORY SLEEP APNEA ☐ Yes ☒ No

PRE-SURGICAL MEDICAL EVALUATION

Surgical Risk: ☐ Minimal ☐ Low ☐ Intermediate or High Health Risk: ☐ A ☐ B ☐ C ☐ D

☐ Medical /Cardiac Consultation by Dr. _____ Anesthesia Consultation Requested ☐ Yes ☒ No

PRE-SURGICAL TESTING ORDERS ☐ OTHER _____

☐ T & S # OF UNITS _____ ☐ CBC ☐ BMP/CMP ☐ PT/INR ☐ PTT ☐ MSSA/MRSA screen culture ☐ U/A ☐ EKG ☐ CXRAY ☐ C-SPINE

☐ KNEE X-RAY (circle one) LEFT RIGHT ☐ HIP X-RAY (circle one) LEFT RIGHT FOR ERAS Patients ☒ follow ERAS protocol & Prehab as indicated

PERI-OPERATIVE ORDERS FOR ERAS PATIENTS ☒ follow ERAS protocol FOR PATIENTS WITH DIABETES ☒ follow Perioperative Insulin Protocol Order Set

☐ Blood Glucose Monitoring Test Upon Arrival to Pre-Op ☒ Urine Pregnancy Test Upon Arrival to Pre-Op age 12-55 unless H/O TAH or BTL

☐ LR at 100ml/hr ☐ NS at 100ml/hr ☐ LR at KVO ☐ Other IV fluid _____ ☒ Saline lock with NS flush

☐ KUB X-Ray upon arrival to Pre-Op ☐ Intraop Venodyne ☐ Intraop Foley ☐ Additional Orders _____

ALLERGIES ☐ None Known ☐ LATEX ☐ METAL ☐ OTHER See List

ALLERGIC REACTION _____

MEDICATIONS PREOPERATIVELY FOR ERAS Patients ☒ follow ERAS medication order protocol

☒ FOR TOTAL JOINT Patients follow Total Joint Protocol ☐ Cefazolin (Ancef) _____ gm IV ☐ Surgeon reviewed PCN allergy-benefit outweighs risk

☐ Vancomycin _____ mg IV ☐ Gentamicin _____ mg IV ☐ Clindamycin _____ mg IV ☐ Metronidazole _____ mg IV or PO (CIRCLE ONE)

☐ Levofloxacin _____ mg IV or PO (CIRCLE ONE) **PEDIATRIC DOSING ONLY** _____ mg/kg IV

Additional Pre-operative orders _____

PHYSICIAN SIGNATURE /PRINTED NAME: Dr. Cirillo TIME: 12:15 PM DATE: 2/19/20

STAFF SIGNATURE/PRINTED NAME: James Medina / Aimee Medina TIME: 12:15 PM DATE: 2/19/20



Crystal Run Healthcare Physicians LLP

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

PATIENT INFORMATION

NAME (Last, First Middle) Rykowski, Linda		MRN 35238	SSN# ###-##-6239	BIRTHDATE 05/25/1949	LANGUAGE English	SEX F
LOCAL ADDRESS 24 Union School Road		SECONDARY/BILLING ADDRESS (if Applicable)			ETHNICITY Not Hispanic or Latino	
CITY, STATE ZIP Montgomery, NY 12549	HOME PHONE (845) 361-4522	CITY, STATE ZIP	SECONDARY HOME PHONE		RACE Caucasian	
PRIMARY CARE PHYSICIAN Mathew MD, Liby	REFERRING PHYSICIAN Cirillo MD, Rosa J	CONTACT NAME			CONTACT HOME PHONE	
SEXUAL ORIENTATION	PREFERRED PRONOUN	GENDER IDENTITY				
PRIMARY EMPLOYER Unemployed		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		SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP		CITY, STATE ZIP			
HOME PHONE		SECONDARY HOME PHONE			
RELATIONSHIP TO PATIENT					

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY Medicare Part B		POLICY# 3Y21UGOMP31	
NAME OF INSURED Rykowski, Linda		GROUP#	
ADDRESS OF INSURANCE COMPANY PO Box 100		COPAY AMT \$0.00	
CITY, STATE ZIP Yorktown Heights, NY 10598-0100		DEDUCTIBLE	
RELATIONSHIP TO PATIENT SELF		EFFECTIVE DATE	EXPIRATION DATE

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY Empire Plan United Healthcare		POLICY# 890590953	
NAME OF INSURED Rykowski, Edward		SSN# ###-##-8212	BIRTHDATE 12/24/1949
ADDRESS OF INSURANCE COMPANY PO Box 1600		COPAY AMT \$20.00	
CITY, STATE ZIP Kingston, NY 12402		DEDUCTIBLE \$0.00	
RELATIONSHIP TO PATIENT Spouse		EFFECTIVE DATE 01/01/2015	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



155 Crystal Run Road
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Patient: Linda Rykowski
Date of Birth: 05/25/1949
Date: 02/17/2020 7:30 AM
Visit Type: Office Visit

This 70 year old female presents for iron-deficiency anemia and screening for colon cancer.

History of Present Illness:

1. iron-deficiency anemia
2. screening for colon cancer

Patient still receives iron treatment with Dr. Marballi. S/p flare of myasthenia gravis two weeks ago, but still with dysphagia. She has lost weight, from 194 pounds to 165 pounds. S/p 2 CVA's, once in August, and a second 12/31/2019. Not taking Coumadin due to severe bruising.

Chronic Conditions Addressed Today:

Diagnosis Description	Code	Status	HPI Comments
Essential (primary) hypertension	I10		
Mixed hyperlipidemia	E78.2		

PROBLEM LIST: Problem List reviewed.

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Family History:	10/01/2007	Y		
Diabetes Mellitus				
Hypercholesterolemia	04/23/2007	Y		
Hematuria	10/20/2006	Y		
Hypothyroidism	04/23/2007	Y		
Myasthenia Gravis	09/11/2009	Y		
Asthma, intrinsic	04/23/2007	Y		
Chronic pain disorder	02/08/2016	Y		
Primary insomnia	12/11/2019	N		
Hypertension	01/15/2018	Y		

PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
atypical ductal hyperplasia	07/2014	excision		

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barrett esophagus
 bladder sling with
 removal
 Chron's disease.
 High cholesterol
 Hypothyroidism, Primary
 Keratosis
 I4-5 laminectomy
 left foot heal spurs removed
 left knee arthroscopy X 3 partial meniscectomy
 Myasthenia
 Myasthenia Gravis
 neck again
 Plate in neck c2 /3
 Pregnancy x3 NSVDx2-CDx1
 mediport insertion

GYNECOLOGIC HISTORY:

Patient is postmenopausal.

Postmenopausal age: 32. Menopause occurred in 1991. Type of menopause is natural .

OBSTETRIC HISTORY:

Not currently pregnant.

Family History (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
				Family history of Coronary artery disease, premature		N
Father		Y				N
Father		Y		Myocardial infarction		Y
Mother		Y		Myocardial infarction		Y
Mother		Y				N
Mother				Cancer, breast		N
Mother & siblings		N		Diabetes mellitus		N
Sister				Cancer, breast		N

Social History: (Detailed)

Preferred language is English.

The patient does not need an interpreter. Born in Middletown, NY.

EDUCATION/EMPLOYMENT/OCCUPATION

The patient has a(n) high school education.

Employment	History	Status	Retired	Restrictions
	Stay At Home Mom			

MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Currently married.

CHILDREN

Rykowski, Linda 000000035238 05/25/1949 02/17/2020 07:30 AM 2/8

Has children: 2 daughter(s).
Tobacco use status: Current non-smoker.
Smoking status: Never smoker.

TOBACCO/VAPING EXPOSURE

No passive smoke exposure.

ALCOHOL

There is no history of alcohol use.

LIFESTYLE

Sedentary activity level. Exercises daily.

RELIGIOUS/SPIRITUAL

Patient agrees to transfusion.

Medications (active prior to today)

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
nebulizer & compressor	inhale by Oral route Use as directed	02/17/2012			N
CellCept 500 mg tablet	take one tablet once daily	01/24/2015		01/26/2015	N
Vitamin D3 1,000 unit tablet	take one tablet by mouth daily	//			Y
potassium chloride ER 20 mEq tablet,extended release(part/cryst)	take 1 tablet by oral route every day with food	01/15/2018			N
MS Contin 30 mg tablet,extended release	take 1 tablet (30MG) by oral route every 12 hours	07/06/2018		07/06/2018	N
Synthroid 88 mcg tablet	TAKE 1 TABLET BY ORAL ROUTE EVERY DAY	07/23/2018		07/23/2018	N
magnesium 250 mg tablet	take 1 Capsule by oral route once a day	12/26/2018		12/26/2018	N
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	inhale 3 milliliter by nebulization route 3 times every day	12/27/2018		12/27/2018	N
Zinc-220 220 mg (50 mg) capsule		//			Y
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	inhale 1 puff by inhalation route 2 times every day in the morning and evening approximately 12 hours apart	06/25/2019		06/25/2019	N
Lidocaine Viscous 2 % mucosal solution	take 15 milliliter by oral route every 3 hours and swish and spit out as needed	//		07/15/2019	Y
prednisone 5 mg tablet	take 1 Tablet by oral route every day	//		07/15/2019	Y
Aspirin-81 81 mg tablet,delayed release	take 1 tablet by oral route every day	//			Y
Ambien 10 mg tablet	take 1 tablet by oral route every evening PRN	08/02/2019			Y
hydroxyzine HCl 10 mg tablet	take 2 tabs po Q6hrs prn	08/02/2019			Y
Lasix 20 mg tablet	take 1 tablet by oral route PRN w/ infusion	08/02/2019			Y

omeprazole 40 mg capsule, delayed release	take 1 capsule by oral route 2 times every day before a meal	08/23/2019	08/23/2019	N
Phos-NaK 280 mg-160 mg-250 mg oral powder packet	take 1 tab once daily for 2 days	08/29/2019		N
folic acid 1 mg tablet	take 1 tablet by oral route every day	10/25/2019		N
cyanocobalamin (vit B-12) 1,000 mcg tablet	take 1 tablet by oral route every day	10/25/2019		N
prednisone 20 mg tablet	take 1 tablet by oral route every day	11/13/2019		N
Lyrica 50 mg capsule	take 1 tablet by oral route in the morning and 3 tabs at bedtime MDD 4	11/13/2019	11/13/2019	N
baclofen 10 mg tablet	take 1 by Oral route 3 times every day as needed	11/15/2019	11/15/2019	N
Klonopin 0.5 mg tablet	take 1 tablet by oral route 1 time daily	11/15/2019	11/15/2019	N
ropinirole 4 mg tablet	take 1 tablet by oral route every bedtime	11/18/2019		N
Eliquis 5 mg tablet	take 1 tablet by oral route 2 times every day	12/04/2019		N
atorvastatin 20 mg tablet	take 1 tablet by oral route every day	12/11/2019	12/11/2019	N
hydrocodone 5 mg-acetaminophen 325 mg tablet	take 1 tablet by oral route every 6 hours as needed for pain	12/31/2019		N
Percocet 10 mg-325 mg tablet	take 1 tablet by oral route every 6 hours as needed	01/07/2020	01/07/2020	N
tramadol 50 mg tablet	take 1 tablet by ORAL route every 12 hours as needed	01/13/2020	01/13/2020	N
Flonase Allergy Relief 50 mcg/actuation nasal spray, suspension	inhale 2 spray by intranasal route every day in each nostril	02/13/2020	02/13/2020	N

Medication Reconciliation

Medications reconciled today.

Medications (Added, Continued or Stopped today)

Started	Medication	Directions	Instruction	Stopped
06/25/2019	Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	inhale 1 puff by inhalation route 2 times every day in the morning and evening approximately 12 hours apart		
12/27/2018	albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	inhale 3 milliliter by nebulization route 3 times every day	Dx:J44.9	
08/02/2019	Ambien 10 mg tablet	take 1 tablet by oral route every evening PRN		
	Aspirin 81 mg tablet, delayed release	take 1 tablet by oral route every day		

12/11/2019	atorvastatin 20 mg tablet	take 1 tablet by oral route every day	
11/15/2019	baclofen 10 mg tablet	take 1 by Oral route 3 times every day as needed	
01/24/2015	CellCept 500 mg tablet	take one tablet once daily	
10/25/2019	cyanocobalamin (vit B-12) 1,000 mcg tablet	take 1 tablet by oral route every day	
12/04/2019	Eliquis 5 mg tablet	take 1 tablet by oral route 2 times every day	
02/13/2020	Flonase Allergy Relief 50 mcg/actuation nasal spray,suspension	inhale 2 spray by intranasal route every day in each nostril	
10/25/2019	folic acid 1 mg tablet	take 1 tablet by oral route every day	
12/31/2019	hydrocodone 5 mg-acetaminophen 325 mg tablet	take 1 tablet by oral route every 6 hours as needed for pain	mdd 4
08/02/2019	hydroxyzine HCl 10 mg tablet	take 2 tabs po Q6hrs prn	
11/15/2019	Klonopin 0.5 mg tablet	take 1 tablet by oral route 1 time daily	MDD 2Reference #: 114401316 Dr. Gorelov covering for Dr. Ma
08/02/2019	Lasix 20 mg tablet	take 1 tablet by oral route PRN w/ infusion	
	Lidocaine Viscous 2 % mucosal solution	take 15 milliliter by oral route every 3 hours and swish and spit out as needed	
11/13/2019	Lyrica 50 mg capsule	take 1 tablet by oral route in the morning and 3 tabs at bedtime MDD 4	3 Month Supply Code C Reference #: 114268759
12/26/2018	magnesium 250 mg tablet	take 1 Capsule by oral route once a day	
07/06/2018	MS Contin 30 mg tablet,extended release	take 1 tablet (30MG) by oral route every 12 hours	mdd- 2 Reference #: 87952538
02/17/2012	nebulizer & compressor	inhale by Oral route Use as directed	Dx asthma
08/23/2019	omeprazole 40 mg capsule,delayed release	take 1 capsule by oral route 2 times every day before a meal	
01/07/2020	Percocet 10 mg-325 mg tablet	take 1 tablet by oral route every 6 hours as needed	MDD = 4 tabs Reference #: 117088365
08/29/2019	Phos-NaK 280 mg-160 mg-250 mg oral powder packet	take 1 tab once daily for 2 days	
01/15/2018	potassium chloride ER 20 mEq	take 1 tablet by oral route every day with food	

	tablet,extended release(part/cryst)		
11/13/2019	prednisone 20 mg tablet	take 1 tablet by oral route every day	
	prednisone 5 mg tablet	take 1 Tablet by oral route every day	
11/18/2019	ropinirole 4 mg tablet	take 1 tablet by oral route every bedtime	
07/23/2018	Synthroid 88 mcg tablet	TAKE 1 TABLET BY ORAL ROUTE EVERY DAY	
01/13/2020	tramadol 50 mg tablet	take 1 tablet by ORAL route every 12 hours as needed	Reference #: 117388048 MDD 2 Dr. Faskowitz covering for Dr. Ma
	Vitamin D3 1,000 unit tablet	take one tablet by mouth daily	
	Zinc-220 220 mg (50 mg) capsule		

Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
AMLODIPINE	Feels Poorly (moderate)		
BENZALKONIUM CHLORIDE	skin irritation, burning		BENZALKONIUM CHLORIDE
CIPROFLOXACIN	tablets only, vomiting, headache		CIPRO
CIPROFLOXACIN HCL	tablets only, vomiting, headache		CIPRO
CLINDAMYCIN			
HYDROCHLOROTHIAZI DE	Worsens Myasthenia (moderate)	Aldactazide	
IODINE			
LISINAPRIL	Hives (mild to moderate)		
NITROFURANTOIN	bad reaction (moderate)		vomiting/ Macrobid
MACROCRYSTALLINE OTHER	MYASTHENIA GRAVIS - NO DIURETICS (severe)		MYASTHENIA GRAVIS - CANNOT TAKE DIURETICS OF ANY KIND, NO VITAMINS OR SUPPLEMENTS
POVIDONE-IODINE	skin staining (mild)	Betadine	
SOAP	skin staining (mild)	Betadine	
SPIRONOLACTONE	Worsens Myasthenia (moderate)	Aldactazide	
SULFAMETHOXAZOLE	vomiting, rash, headache		BACTRIM DS
TRIMETHOPRIM	vomiting, rash, headache		BACTRIM DS

Reviewed, no changes.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills, Fever.
Respiratory	Negative	Chronic cough and Dyspnea.
Cardio	Negative	Chest pain and Irregular heartbeat/palpitations.
GU	Negative	Dysuria and Hematuria.
Neuro	Negative	Dizziness and Headache.
Psych	Positive	Increased stress.

Integumentary	Negative	Pruritus and Rash.
MS	Negative	Back pain and Joint pain.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.

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%
7:33 AM	110/68	88	14	97.7	5.0	4.00	162.56	165.00	74.843	28.32		

Measured By

Time	Measured by
7:33 AM	Amy Ligenzowski MA

PHYSICAL EXAM:

Exam	Findings	Details
Eyes	Normal	Sclera - Right: Normal, Left: Normal.
Nasopharynx	Normal	Lips/teeth/gums - Normal.
Neck Exam	Normal	Inspection - Normal.
Respiratory	Normal	Inspection - Normal.
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. Anterior palpation - Normal. Umbilicus - Normal.
Skin	Normal	Inspection - Normal.
Extremity	Normal	No edema.
Neurological	Normal	Fine motor skills - Normal.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Dysphagia, unspecified type (R13.10). proceed with EGD to r/o ulcerative esophagitis, PUD
2.	Assessment	Chronic GERD (K21.9). anti-reflux precautions
3.	Assessment	Iron deficiency anemia, unspecified iron deficiency anemia type (D50.9). take iron supplementation Dr. Marballi
4.	Assessment	Screening for colon cancer (Z12.11). schedule colonoscopy with magnesium citrate prep
5.	Assessment	H/O adenomatous polyp of colon (Z86.010). encourage hi-fiber diet
6.	Assessment	Cerebrovascular accident (CVA) due to embolism of right middle cerebral artery (I63.411). fu Dr. Mathew
7.	Assessment	Essential (primary) hypertension (I10), chronic. fu Dr. Mathew
8.	Assessment	Mixed hyperlipidemia (E78.2), chronic. fu Dr. Mathew
9.	Assessment	MG (myasthenia gravis) (G70.00). fu Dr. Mathew

Assessment Depression with anxiety (F41.8).
fu Dr. Mathew

fu ov in 6 months

Provider:

Cirillo MD, Rosa J 02/17/2020 7:33 PM

Document generated by: **Rosa Cirillo MD 02/17/2020**

Crystal Run Healthcare, LLP



155 Crystal Run Road
Middletown, NY 10941

845-703-6999
www.crystalrunhealthcare.com

PATIENT NAME: Linda Rykowski
DOB: 05/25/1949

VISIT DATE: 02/17/2020 7:30 AM

Active Medication List as provided by patient to Crystal Run:

Start Date	Generic Name	Brand Name	Dose	Drug Usage	Refills	Quant	Prescribed Else
06/25/2019	fluticasone propion/salmeterol	ADVAIR DISKUS	500 mcg-50 mcg/dose	inhale 1 puff by inhalation route 2 times every day in the morning and evening approximately 12 hours apart	3	3	N
12/27/2018	albuterol sulfate	ALBUTEROL SULFATE	2.5 mg/3 mL (0.083 %)	inhale 3 milliliter by nebulization route 3 times every day	2	90	N
08/02/2019	zolpidem tartrate	AMBIEN	10 mg	take 1 tablet by oral route every evening PRN	0	0	Y
	aspirin	ASPIR 81	81 mg	take 1 tablet by oral route every day	0	0	Y
12/11/2019	atorvastatin calcium	ATORVASTATIN CALCIUM	20 mg	take 1 tablet by oral route every day	1	90	N
11/15/2019	baclofen	BACLOFEN	10 mg	take 1 by Oral route 3 times every day as needed	3	270	N
01/24/2015	mycophenolate mofetil	CELLCEPT	500 mg	take one tablet once daily	3	90	N
02/17/2012	NEBULIZER/COMPRESSOR	COMPRESSOR NEBULIZER		inhale by Oral route Use as directed	0	1	N
12/04/2019	apixaban	ELIQUIS	5 mg	take 1 tablet by oral route 2 times every day	2	60	N
02/13/2020	fluticasone propionate	FLONASE ALLERGY RELIEF	50 mcg/actuation	inhale 2 spray by intranasal route every day in each nostril	1	3	N
10/25/2019	folic acid	FOLIC ACID	1 mg	take 1 tablet by oral route every day	2	90	N
12/31/2019	hydrocodone/acetaminophen	HYDROCODONE-ACETAMINOPHEN	5 mg-325 mg	take 1 tablet by oral route every 6 hours as needed for pain	0	5	N
08/02/2019	hydroxyzine HCl	HYDROXYZINE HCL	10 mg	take 2 tabs po Q6hrs pm	0	0	Y
11/15/2019	clonazepam	KLONOPIN	0.5 mg	take 1 tablet by oral route 1 time daily	0	30	N
08/02/2019	furosemide	LASIX	20 mg	take 1 tablet by oral route PRN w/ infusion	0	0	Y
	lidocaine HCl	LIDOCAINE HCL VISCOUS	2 %	take 15 milliliter by oral route every 3 hours and	0	300	Y

Patient Name: Linda Rykowski DOB: 05/25/1949
Encounter Date: 02/17/2020 7:30 AM

11/13/2019	pregabalin	LYRICA	50 mg	swish and spit out as needed take 1 tablet by oral route in the morning and 3 tabs at bedtime MDD 4	0	360	N
12/26/2018	magnesium	MAGNESIUM	250 mg	take 1 Capsule by oral route once a day	0	30	N
07/06/2018	morphine sulfate	MS CONTIN	30 mg	take 1 tablet (30MG) by oral route every 12 hours	0	60	N
08/23/2019	omeprazole	OMEPRAZOLE	40 mg	take 1 capsule by oral route 2 times every day before a meal	2	180	N
01/07/2020	oxycodone HCl/acetaminophen	PERCOCET	10 mg-325 mg	take 1 tablet by oral route every 6 hours as needed	0	120	N
08/29/2019	sodium,potassium phosphates	PHOS-NAK	280 mg-160 mg-250 mg	take 1 tab once daily for 2 days	0	2	N
01/15/2018	potassium chloride	POTASSIUM CHLORIDE	20 mEq	take 1 tablet by oral route every day with food	1	90	N
	prednisone	PREDNISONE	5 mg	take 1 Tablet by oral route every day	5	60	Y
11/13/2019	prednisone	PREDNISONE	20 mg	take 1 tablet by oral route every day	1	90	N
11/18/2019	ropinirole HCl	ROPINIROLE HCL	4 mg	take 1 tablet by oral route every bedtime	1	90	N
07/23/2018	levothyroxine sodium	SYNTHROID	88 mcg	TAKE 1 TABLET BY ORAL ROUTE EVERY DAY	1	90	N
01/13/2020	tramadol HCl	TRAMADOL HCL	50 mg	take 1 tablet by ORAL route every 12 hours as needed	0	60	N
10/25/2019	cyanocobalamin (vitamin B-12)	VITAMIN B-12	1,000 mcg	take 1 tablet by oral route every day	1	90	N
	cholecalciferol (vitamin D3)	VITAMIN D3	1,000 unit (25 mcg)	take one tablet by mouth daily	0	0	Y
	zinc sulfate	ZINC-220	220 mg (50 mg zinc)		0	0	Y

All Unresolved Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
AMLODIPINE	Feels Poorly (moderate)		
BENZALKONIUM CHLORIDE	skin irritation, burning		BENZALKONIUM CHLORIDE
CIPROFLOXACIN	tablets only, vomiting, headache		CIPRO
CIPROFLOXACIN HCL	tablets only, vomiting, headache		CIPRO
CLINDAMYCIN			
HYDROCHLOROTHIAZIDE	Worsens Myasthenia (moderate)	Aldactazide	
IODINE			
LISINAPRIL	Hives (mild to moderate)		
NITROFURANTOIN	bad reaction (moderate)		vomiting/ Macrobid
MACROCRYSTALLINE OTHER	MYASTHENIA GRAVIS - NO DIURETICS (severe)		MYASTHENIA GRAVIS - CANNOT TAKE DIURETICS OF

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		ANY KIND, NO VITAMINS OR SUPPLEMENTS
POVIDONE-IODINE SOAP	skin staining (mild)	Betadine
SPIRONOLACTONE	skin staining (mild)	Betadine
SULFAMETHOXAZOLE	Worsens Myasthenia (moderate)	Aldactazide
TRIMETHOPRIM	vomiting, rash, headache	BACTRIM DS
	vomiting, rash, headache	BACTRIM DS

Allergies needing to be re-entered in the Allergy Module:

Description	Allergy Id	Rxn Desc	Comment
OTHER	OTHER	MYASTHENIA GRAVIS - NO DIURETICS (severe)	MYASTHENIA GRAVIS - CANNOT TAKE DIURETICS OF ANY KIND, NO VITAMINS OR SUPPLEMENTS
Iodine (includes radiopaque agents containing iodine)	DAC29		
Codeine	DAC04		

We keep track of when your health maintenance tests were done. On a review, it looks like you may be due for the following tests/exams:

<u>Test/Exam</u>	<u>Date Due</u>
LIPID	06/12/2017
MAMMO	01/08/2014
FLU SHOT	09/25/2014
PNEUMOVAX	11/20/2019
TETANUS	04/21/2014
COLONOSCOPY	06/09/2012

Future Appointments

Date	Time	Appt Event	Provider	Location
02/19/2020	9:45 AM	Follow Up Appointment	Marballi MD, Abhishek	Middletown 155
02/24/2020	10:30 AM	Chemo Appointment	Sethi MD, Gurvinder	Middletown 155
02/24/2020	10:30 AM	Infusion Appointment	Sethi MD, Gurvinder	Middletown 155
03/09/2020	10:45 AM	Follow Up Appointment	Mathew MD, Liby	Middletown 155
05/06/2020	9:30 AM	Follow Up Appointment	Ma MD PhD, Kaiyu	Middletown 155
07/23/2020	7:15 AM	LAB Appointment	Smithem DNP-ANP-C, Denise	Middletown 155
07/30/2020	8:00 AM	Follow Up Appointment	Smithem DNP-ANP-C, Denise	Middletown 155

Date Run: 02/18/2020
Created by: Aimee Medina

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