



155 Crystal Run Road
Middletown, NY 10941

845•703•6999
www.crystalrunhealthcare.com

FAX COVER SHEET

To: ORMC-Endo

From: Aimee Medina

Company:

To Fax Number: 8453331041

Fax Reference ID: AME5E6123322325

Date: 3/5/2020 4:05:00 PM

of pages [incl. cover]: 8

Notes/Comments:

From Fax Number:

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Middletown, NY 10941

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**PHYSICIAN ADMISSION ORDERS FOR
SURGICAL SERVICES**

 BON SECOURS CHARITY HEALTH SYSTEM

Surgical Date: 3/10/20 Dx Code (ICD-10): K21.9
 Surgeon: Civillo Procedure Code (CPT): 43235
 Asst: _____ Admitting Diagnosis: GERD without esophagitis
 Admit. Physician: _____ Procedure Description: EGD

Estimated Time: _____

Patient Name: Mariano Santiago III DOB: 10/20/83 M: ☒ F: ☐ S.S. #: _____
 Patient Phone #: Day: (845) 343-6225 Evening: _____ Cell: (914) 705-3834
 Home Address: 30 Walnut Lane, Middletown, NY 10940
 Insurance Carrier: MVP medicare Policy holder's name/DOB: Self
 ID#: 82084086300 Ins. Pre-Certification Info: _____
 Admit type: ☒ SDS-out patient ☐ A.M. Admit-in-patient ☒ Endo ☐ Minor ☐ Pain ☐ ASC
 Special Equip.: _____

Implants Needed: _____

AICD Defibrillator: ☐ Yes ☐ No (send copy of front/back of card at the time booking is faxed) Diabetic ☐ Yes ☐ NoRadiology: ☐ C-Arm ☐ Ultrasound ☐ X-Ray Other: _____Anesthesia ☐ General ☐ Local & MAC ☐ MAC ☐ Local ☐ Spinal/Epidural ☐ Nerve BlockOrders Attached: ☐ Yes ☐ No Consent Attached: ☐ Yes ☐ No History & Physical: ☐ Attached Dictation # _____Allergies: ☐ No ☒ Yes see list Pathologist Needed ☐ Yes ☐ NoPhysical Therapy: _____ ☐ Home ☐ Rehab ☐ SNF

Clearance Physician: _____ Phone: _____ Fax: _____

☐ PAT Visit/ ☐ Phone Assessment Date: _____ Time: _____☐ Cataract Surgery, Endoscopy, or Pain Clinic Procedures not requiring General Anesthesia needs no testing requirements.

Patients with complex medical conditions may require further workup as per PMD.

Please check box indicating patient's status. If additional tests other than those indicated below are required place a check in the appropriate box:

☐ Healthy Status

- ☐ Hgb/Hct (< 6 months or menstruating females)
- ☐ Pregnancy (all menstruating females)
- ☐ EKG (if female >65YO or male >60YO)
- ☐ Type & Screen (if EBL >500mL)
- ☐ Type & Cross # Units: _____
- ☐ CBC w/o Differential
- ☐ Basic Metabolic Panel (Chem 7)
- ☐ PT/INR, APTT
- ☐ Urinalysis
- ☐ Chest X-ray
- ☐ X-ray, other: _____
- ☐ Fasting Glucose
- ☐ Hepatic Function Panel

☐ Mild/Moderate Disease/Controlled

- ☒ CBC w/o Differential
- ☒ Basic Metabolic Panel (Chem 7)
- ☐ Pregnancy (all menstruating females)
- ☐ EKG (if female >65YO or male >60YO)
- ☐ Type & Screen (if EBL >500mL)
- ☐ Type & Cross # Units: _____
- ☐ PT/INR, APTT
- ☐ Urinalysis
- ☐ Chest X-ray
- ☐ X-ray, other: _____
- ☐ Fasting Glucose
- ☐ Hepatic Function Panel

☐ Severe Systemic Disease/Poorly Controlled

- ☒ CBC w/o Differential
- ☒ Basic Metabolic Panel (Chem 7)
- ☒ PT/INR, APTT
- ☒ EKG
- ☒ Chest X-ray
- ☐ X-ray, other: _____
- ☐ Pregnancy (all menstruating females)
- ☐ Type & Screen (if EBL >500mL)
- ☐ Type & Cross # Units: _____
- ☐ Fasting Glucose
- ☐ Hepatic Function Panel
- ☐ Urinalysis

Additional Test Orders: _____

☐ MRSA Nasal SwabPhysician Signature: _____ Date: 3/5/20 Fax Time: 4:03 pmNurse Signature: Amel Medine / Aimee Medina Date: 3/5/20 Time: 4:03 pm☐ Bon Secours Community Hospital

Fax: (845) 858-7424

Phone: (845) 858-7219

☐ Good Samaritan Hospital

Fax: (845) 368-5315 Phone: (845) 368-5028

☐ Good Samaritan Hospital-ASC

Fax: (845) 368-5315 Phone: (845) 368-5028

☒ Saint Anthony Community Hospital

Fax: (845) 987-5322

Phone: (845) 987-5129

Crystal Run Healthcare Physicians LLP

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

PATIENT INFORMATION							
NAME (Last, First Middle) Santiago III, Mariano		MRN 162441	SSN# ### ## 4284	BIRTHDATE 10/20/1983	LANGUAGE English	SEX M	
LOCAL ADDRESS 30 Walnut Lane		SECONDARY/BILLING ADDRESS (if Applicable)			ETHNICITY Hispanic Or Latino		
CITY, STATE ZIP Middletown, NY 10940		HOME PHONE (845) 343-6225	CITY, STATE ZIP		SECONDARY HOME PHONE	RACE Hispanic	
PRIMARY CARE PHYSICIAN Carter DNP, FNP-C, Christine		REFERRING PHYSICIAN Rizzo ANP-BC, Renee		CONTACT NAME		CONTACT 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			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 MVP Medicaid/CHP/Essentials Specialist				POLICY# 82084096300			
NAME OF INSURED Santiago III, Mariano				GROUP# 241160			
ADDRESS OF INSURANCE COMPANY PO Box 2207				COPAY AMT \$0.00			
CITY, STATE ZIP Schenectedy, NY 12301-2207				DEDUCTIBLE \$0.00			
RELATIONSHIP TO PATIENT SELF				EFFECTIVE DATE 01/01/2016		EXPIRATION DATE 12/31/2099	
SECONDARY INSURANCE (if Applicable)							
NAME OF INSURANCE COMPANY				POLICY#			
NAME OF INSURED		SSN#	BIRTHDATE	GROUP#			
ADDRESS OF INSURANCE COMPANY				COPAY AMT			
CITY, STATE ZIP				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



155 Crystal Run Road
Middletown, NY 10941

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Patient: Mariano Santiago III
Date of Birth: 10/20/1983
Date: 02/25/2020 10:14 AM
Visit Type: Consult
Document Type: Consult Note

Renee Rizzo ANP-BC
155 Crystal Run Road
Crystal Run Healthcare
Middletown, NY 10941-4028

Re: Mariano Santiago III
DOB: 10/20/1983
Age: 36 years
Gender: Male

I had the pleasure of participating in the care of your patient at request for a consultation.

This 36 year old male presents for GERD.

History of Present Illness:

Mr. Santiago is a 36-year-old male who presents for evaluation of GERD. Reports worsening symptoms for the past several months. He saw his PCP and was recommended to take omeprazole so far has only tried taking Tums. He reports heartburn as well as regurgitation after eating. In addition, complains of sore throat in the morning. He denies cough. There is occasional difficulty with swallowing. His bowel movements are regular without diarrhea or constipation. He denies rectal bleeding or melena. There is no nausea or vomiting. His weight has been stable. He has tried to modify his diet without success.

PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
Asthma-mild intermittent no surgery	1988	Drug therapy	1988	Childhood only

Medications (*Started, Stopped or Renewed this visit*)

Started	Medication	Directions	Instruction	Stopped
07/10/2015	ALBUTEROL 0.083% INHAL SOLN	USE 1 VIAL VIA NEBULIZER BY MOUTH EVERY 4 HOURS AS NEEDED		
	Claritin 10 mg tablet	take 1 tablet by oral route every day		
04/08/2019	fluticasone 50 mcg/actuation nasal spray,suspension	spray 2 sprays by intranasal route every night in each nostril as needed		
04/08/2019	Ventolin HFA 90 mcg/actuation aerosol inhaler	inhale 2 puff by inhalation route every 4 - 6 hours as needed		

Allergies

Ingredient	Reaction (Severity)	Medication Name	Comment
IODINATED CONTRAST (mild) MEDIA POLLEN EXTRACTS			
Reviewed, no changes.			

Family History (Detailed)

Mother was born on 05/30/1961. Mother is 58 Years old.

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
				No family history of Hyperlipidemia		N
				No family history of Cancer -colon		N
				No family history of Coronary artery disease		N
				No family history of Stroke		N
				No family history of Hypertension		N
				Family history of Cancer -prostate		N
				No family history of Diabetes mellitus		N
Father		N		Alive and well		
Maternal grandmother		N		cad angina		N
Mother	Evelyn			Asthma		N
Mother		N		Alive and well		
Mother		N		Asthma		N
Paternal		N		Cancer, prostate		N

grandfather				
Paternal			Cancer -	N
grandmother				
Sister	Annette	N	Alive and well	
Sister	Erica	N	Alive and well	
Sister	Melissa	N	Alive and well	
Sister	Erica	N	Asthma	N

Social History: (Detailed)

Preferred language is English.

MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Currently single.

CHILDREN

Does not have children.

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

TOBACCO/VAPING EXPOSURE

There is passive smoke exposure.

ALCOHOL

There is a history of alcohol use.

Type: Beer and liquor. consumed socially.

CAFFEINE

The patient uses caffeine: soda - 8 oz a day.

LIFESTYLE

Moderate activity level.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fever and Weight loss.
ENMT	Negative	Sore throat.
Respiratory	Negative	Chronic cough and Dyspnea.
Cardio	Negative	Chest pain, Edema and Irregular heartbeat/palpitations.
GI	Positive	Heartburn, Reflux.
GI	Negative	Abdominal pain, Bloating, Change in bowel habits, Constipation, Diarrhea, Dysphagia, Hematochezia, Jaundice, Melena, Nausea, Odynophagia, Rectal bleeding and Vomiting.
GU	Negative	Dysuria.
Neuro	Negative	Headache.
Integumentary	Negative	Rash.
MS	Negative	Back 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%
9:40 AM	123/77	70	16	97.7	5.0	9.00	175.26	164.00	74.389	24.22		

Measured By

Time	Measured by
9:40 AM	Beverlee Woolcock

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Well developed.
Nasopharynx	Normal	Buccal mucosa - Normal.
Neck Exam	Normal	Inspection - Normal.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal.
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. Percussion - Normal. Anterior palpation - Normal, No guarding. No abdominal tenderness. No hepatic enlargement.
Skin	Normal	Inspection - Normal.
Extremity	Normal	No edema.
Psychiatric	Normal	Oriented to time, place, person, and situation. Appropriate mood and effect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Gastroesophageal reflux disease without esophagitis (K21.9).
	Provider Plan	This is a 36-year-old male who presents for evaluation of GERD. He has not tried any medication regularly to this point. Recommend trial of omeprazole 20 mg once daily. Given his symptoms will plan for an upper endoscopy as well for further evaluation. The procedure including the risks (infection, bleeding, perforation, reaction to anesthesia and missed lesion), benefits and alternatives were explained to the patient in detail and they agree to proceed. The prep for the procedure was also reviewed. I also explained that a ride home with an adult over the age of 18 would be required if the patient is to receive anesthesia for the procedure. Based on my assessment today, patient is suitable for a procedure in the ambulatory surgery setting.

Thank you for the opportunity to evaluate this interesting patient. Please feel free to contact our office with any questions.

Provider:

Kleinman DO, Bryan 02/25/2020 10:14 AM

Crystal Run Healthcare, LLP

Electronically signed by Bryan Kleinman DO on 02/25/2020 02:30 PM