2/12/2020 4:19:00 PM PAGE 1/010 Fax Server Created with a trial version of Syncfusion Essential PDF

ORANGE REGIONAL SURGICAL BOOKING AND PERIOPERATIVE ORDERS SHEET	Completed for faxed to the C Scheduling C 845-333-1041	OKMC Mice Inbound	Pat	ient Label
PATIENT NAME:	DOB:	SEX	Diagnosis:	e de la companya de La companya de la companya
Abramson, Luis	6/25/79	M	prostate cancer	an Cantana da
22 Wowayanda Road	Surgeon: Han, Christo	ioher	Assistant: Antonio Colaco	
	CPT CODE (ICD 10 CODE	PRE-CERF#:
Warusick, MY 10990 HOME NUMBER CELL NUMBER	5866, 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C G1	
	416	; CO.	K1013541	
- Substitute to the top to the contract of the				
PROCEDURE DATE 03/02/20 PROCEDURE LENGTH QUO MI A PROCEDURE ORDER FOR CONSENT:	OLEFI C	RIGHT V	BILATERAL	TRIAL PRODUCT
robot-assisted laparoscopic radical prostatectomy with bilate	eral pelvic lymp	h node dissect	ion; possible open	procedure
IS PATIENT BEING SCHEDULED FOR BLOODLESS SURGE			PATIENT IS E	ras (1 yes (1 no
PATIENT SPECIFIC NEEDS: DIFACILITY/GROUP HOME DEFORENS PATIENT OR FAMILY MEMBER HAS HISTO ANESTHESIA COMPLICATIONS / DIFFICULT INTUBATION DI PACEMAKER DI AICD VENDOR SPECIFIC DI CAIRLE DI CAYGEN DI MPLANT / EQUIPMENT FORI	ORY OF MALIGI CTYES & I AL EQUIPMENT	vant hyperti vo	HERMIA EYES	o xo
				KNOCCA
PRE-SURGICAL TESTING APPOINTMENT May we leave a message? IN PST MEPS being done at 11 ORMC N CRHC 11 MEPS Consulted		RIMART DUCTO	ri <u>24 VAXX ISXX</u> Diagnosis	adadadada ada ada aga aga aga aga aga ag
☐ PST Nurse only - patient NOT on insulin or anticoagulant ☐ PST Phone Assessment only - (does not stratify - NOT on insulin or anti-	iccagulast)	o Type		FEP APNEA 21 Yes 80 V
PRE-SURGICAL MEDICAL EVALUATION Surgical Risk: IT Minimal IT Low 81 Intermediate or High Health Ris M Medical /Cardiac Consultation by Dr. Show Kot mossift	sk DA 816	пс пр		
PRE-SURGICAL TESTING ORDERS MOTHER CBC	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
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PERI-OPERATIVE ORDERS FOR ERAS PATIENTS Project	occi FOR PATIEN	TS WITH DIABET	E S ⊠ follow Perioperati	ve Insulin Protocol Order Se
CT Blood Glucose Monitoring Test Upon Arrivel to Pre	mancy Test Upon a	Virival to Pre-Op a	ge 12-55 unless H/O T/	NH or BTL
☐ LR at 100mi/hr 图 NS at 100mi/hr ☐ LR at KVO ☐ Other IV fluid_				
☐ KUB X-Ray upon arrival to Pre-Op 图 infraop Vencoyne ☐ Intraop F				
ALLERGIES & Nane Known C LATEX C METAL COTHER			nasaalasii a maanaa sa sa sa sa sa sa sa sa sa farafara a chantara dha dha chanta dha chanta dha chanta dha ch	
MEDICATIONS PREOPERATIVELY FOR ERAS Pat	tients ⊠folicov ⊭i	RAS medication (rder protocol	
☐FOR TOTAL JOINT Patients follow Total Joint Protocol 图 Celazol		T. T		ergy – benefit autweighs ri
☐ Vancomycinmg IV ☐ Gentamicinmg IV ☐				
	C DOSING ONLY		100 (0 Care)	maka IV
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Additional Pre-operative orders PHYSICIAN SIGNATURE / PRINTED NAME: 1 (Christoph	er How	alulz) pare li	
STAFF SIGNATURE PRINTED NAME CHECKED VECK	10 L.	TIME:24/	SUZO DATE: LI	ОПРМ



CRH

Crystal Run Healthcare Physicians LLP

155 Crystal Run Road Middletown, NY 10941-4028 USA

(845) 703-6999

PATIENT INFORMATION									
NAME (Last, First Middes) Abramson, Luis			MPN 233709	35N# ########	##-9281	BIRTHDATE 06/25/1979		SUAGE glish	SEX M
LOCAL ADDRESS 22 Wawayanda Road		SEC	ONDARY/BILLING AT	DDRESS (if Appli	usble)		His:	vicity panic Or Latin	i o
GRY, STATE, ZIP Warwick, NY 10990-3	HOME PHONE (845): 248		CITY STATE ZIP		SEC	CONEARY HOME PH	ÓNÉ.	RACE Declined to 8	speci
PRIMARY CARE PHYSICIAN Massin MD, Shawkat	REFERRING PHY Han MD, C		pher S	CONTACT	LAME:		:	CONTACT HOM	E PHONE
SEXUAL OHIENTATION P	REFERNED PRONOUN	GEN	DER DENITY		·				
PRIMARY EMPLOYER NYPD Central Office			SECONDARY EMPL	OYEH (# Asphia	hie)				
ADDRESS 1 Police Plaza			ADORESS			ann làig điện mỹ thật giữ muy lài nh đinh đinh đinh đinh đinh đinh đinh	••••••		
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WORK PHONE			WORKPHONE						
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FICIME PHONE			SECONDARY HOME	E PHONE.		***************************************			enverse nitriti
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PRIMARY INSURANCE									
NAME OF INSURANCE COMPANY HIP		************			FOLICY# K10135	11901			
NAME OF INSURED Abramson, Luis					GROUP#			annanamananamananahodilna hidokhid 60° 000 be	
ADDRESS OF INSURANCE COMPANY P.O. Box 2845					COPAYAM	T		\$	0.00
CITY, STATE ZIP New York, NY 10116-2845		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DEDUCTIO				
RELATIONSHIP TO PATIENT. SELF					EFFECTIVE	FDATE	EXPI	RATION DATE	
SECONDARY INSURANCE NAME OF INSURANCE COMPANY.					POLICY#				
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ADDRESS OF INSURANCE COMPANY					COPAY AM		iciciolele.e.	anatan antan antique en	
CITY STATE ZIP	an Cardina Cardina (an Cardina de				DEDOCUS			:	
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*All returned checks are subject to a \$25.00 check fee:

Lauthorize the release of any medical or other information necessary to process claims. Lalso 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, Lam ultimately responsible for the balance on my account for any professional services rendered. Thave read all the information on this sheet and have complete the above answers. I certify that this information is true and correct to the best of my knowledge:

Insurance Card - Abramson, Luis

Front:



THE CITY OF NEW YORK EmblemHealth HIP HMO BENEFITS PROGRAM

MEMBER: Luis G Abramson

ID NUMBER: K1013541901 Customer Service: 833-CNY-Gol

Network: Prime

PCP Name: Dr. Shawkat G Massih

PCF Phons: 845-703-8999

Copay PCP \$10 SPEC \$10 Urgent Care: \$50 ER \$150 Rx NA/NA

RX BIN#: 400023

Connect[†]Care



Back:

Go Paperiess - Visit emblemhealth.com/GOLD

MEMBERS

Customer Service: 833-CNY-GOLD (833-269-4653)

Behavioral Health Services: 888-447-2526

PROVIDERS

Provider Services: 866-447-9717

Behavioral Health claims: EmblemHealth Behavioral Health Services

PO Box 1850. Hicksville, NY 11802 All other claims: emblemhealth.com

For TTY 711



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155 Crystal Run Road Middletown, NY 10941 845-703-6999 www.crystalrunhealthcare.com

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PATIENT NAME: Luis Abramson

DOB: 06/25/1979

CRH

VISIT DATE: 02/12/2020 4:12 PM

Active Medication List as provided by patient to Crystal Run:

Start Date	Generic Name	Brand Name	Dose	Drug Usage	Refills	Quant	Presc ribed Else
04/25/2016	fexofenadine/pseudo ephedrine	ALLEGRA-D 24 HOUR	180 mg-240 mg	take I tablet by oral route every day on an empty stomach with a glass of water	5	30	N
09/13/2019	clotrimazole/betamet hasone dip	CLOTRIMAZOLE- BETAMETHASON E	1 %-0:05 %	apply by topical route 2 times every day for 4 weeks to the affected and surrounding areas of skin in the morning and evening	2	60	N
	pregabalin	LYRICA	100 mg	take I capsule (100MG) by oral route 3 times every day	0	: :	Y
	naproxen	NAPROXEN	UNKNOWN	take I tablet by oral route 2 times every day with food	0		Υ
09/13/2019	esomeprazole magnesium	NEXIUM	40 mg	take I capsule by oral route every day	5	30	N
09/13/2019		SINGULAIR	10 mg	take I tablet by oral route every day in the evening	5	30	N
09/13/2019	triamcinolone acetonide	TRIAMCINOLONE ACETONIDE	0.1 %	apply by topical route 2 times every day a thin layer to the back	0	60	N

All Unresolved Allergies:

Ingredient	Reaction (Seve	ity)	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Medic Name	ation Comme	int
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AVENDAM: LIZANIEV: DEE						
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					and the second s	

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:

Patient Name: Luis Abramson DOB: 06/25/1979

Encounter Date: 02/12/2020 4:12 PM

2/12/2020 4:19:00 PM PAGE 5/010 Fax Server

Test/Exam Date Due FLU SHOT 10/31/2013 **Future Appointments** Provider Location Date Time Appt Event Massih MD, Shawkat Middletown 155 02/14/2020 3:30 PM Medical Clearance (Pre-Op) New Pt Pomykala DO, Matthew Middletown 155 03/06/2020 3:45 PM

Date Run: 02/12/2020 Created by: Verna L Heureux

CRH

Patient Name: Luis Abramson DOB: 06/25/1979

Encounter Date: 02/12/2020 4:12 PM



155 Crystal Run Road Middletown, NV 10941 845-703-6999 www.crystalronhealthcare.com

Patient: Date of Birth:

Date: Visit Type: Document Type: Luis Abramson 06/25/1979 02/11/2020 11:37 AM

Consult Note

Emmanuel Schenkman MD 155 Crystal Run Road Crystal Run Healthcare Middletown, NY 10941-4028

Re: DOB: Luis Abramson 06/25/1979

Age:

40 years

Gender

Male

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

This 40 year old male presents for Prostate cancer.

History of Present Illness:

1. Prostate cancer

The patient is here today for an initial visit. He was initially seen on 02/11/2020. The patient's status is stable. The patient's recent Gleason score was 3+4. His highest Gleason score was 3+4. The patient denies abdominal pain, chills, dysuria, a fever, headache, hematuria, nausea, nocturia, suprapubic pain, urinary frequency, urinary incontinence, urinary retention, urinary urgency or vomiting. Pertinent history includes a family history of prostate cancer.

Chronic Conditions Addressed Today:

Diagnosis Description

Code

tus HPI Commen

Malignant neoplasm of

C61

prostate

Abramson, Luís 000000233709 06/25/1979 02/11/2020 10:30 AM Page: 1/5

CRH

Disease/disorder Onset Dat	e Management	Date Co	imments
Lasik 2011			
MVA 11/2009		. :	
Sp mva , torn ligament	arthroscopy X 2		:
and meniscal tear left			
knee			:

Medications (Started, Stopped or Renewed this visit)

Started	Medication	Directions	Instruction	Stopped
04/25/2016	Allegra-D 24 Hour	take 1 tablet by oral route		
	180 mg-240 mg	every day on an empty stomach		
	tablet,extended	with a glass of water		
	release		:	
09/13/2019	clotrimazole-betam	apply by topical route 2 times		•
	ethasone 1 %-0.05	every day for 4 weeks to the		
	% topical cream	affected and surrounding areas		
		of skin in the morning and	- !!	
		evening	= = =	
	Lyrica 100 mg	take I capsule (100MG) by oral		
	capsule	route 3 times every day	•	
	naproxen	take 1 tablet by oral route 2		
		times every day with food		
09/13/2019	Nexium 40 mg	take 1 capsule by oral route	::	
	capsule delayed	every day		
	release			
09/13/2019	Singulair 10 mg	take 1 tablet by oral route	:	
	tablet	every day in the evening		
09/13/2019	triamcinolone	apply by topical route 2 times		
	acetonide 0.1 %	every day a thin layer to the		
	topical cream	back		

Allergies

Ingredient	Reaction (Severi		Medication Commen	
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Family History (Reviewed, no changes)

Relationship														
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	M.I	Т

Father		Hypertension	1-N:
Maternal		Coronary artery	N
grandmother		disease	
Maternal		Stroke	N.
grandmother			
Mother		Hypertension	N.
Mother	: ···N ::::	Sickle cell disease	
Paternal		Cancer, colon	. Nei
uncle	• •		

Social History:

Reviewed, no changes. Last detailed document date: 02/05/2020.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills and Fever,
Respiratory	Negative	Dyspnea.
Cardio	Negative	Chest pain and Irregular heartbeat/palpitations
GI	Negative	Abdominal pain, Nausea and Vomiting.
GU	Negative	Dysuria, Hematuria, Nocturia, Suprapubic pain, Urgency, Urinary
		frequency, Urinary incontinence and Urinary retention.
Neuro	Negative	Headache.
Psych	Negative	Psychiatric symptoms.
Integumentary	Negative	Rash.
MS	Negative	Back pain.
Allergic/Immuno	Negative	Food allergies.
Reproductive	Negative	Penile discharge.

Vital Signs

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10:34		 	5.0	0.00	107.04	SZO'ÓO	22.720	33.31	!!

Measured By

Time Measured by 10:34 AM Stacey Baldock LPN

Physical Exam

	Findings Details	
Constitutional	Normal No acute distress	
Head/Face	Normal Facial features - Normal	

Abramson, Luis 000000233709 06/25/1979 02/11/2020 10:30 AM Page: 3/5

rding, No
nal: No CVA
·
lance & gait -
:

Ass	essment/Plan	
#	Detail Type	Description
1,	Assessment	Malignant neoplasm of prostate (C61), chronic
	Impression	cT1c
		PSA: 9.6
		PBx: G3+4 in 4 of 12 cores; GG2; up to 50% core, +PNI
		Volume: gm on TRUS
		AUAss: n/a but no voiding complaints
		SHIM: n/a but no ED MSKCC Normogram: ECE 56%, LN 3%, SV 4%
		Staging w/u: none indicated per NCCN guideline
		PSH: no intraabdominal surgery
		r Src ne madacadimiar sargery
		favorable intermediate risk group PCa
		I discussed the treatment options including active surveillance, radiation therapy with/without ADT, and robotic radical prostatectomy with bilateral pelvic lymph node dissection. The risks and benefits of each procedure were discussed in detail. Pt understands and wishes to proceed with RALP with b/l PLND, pt discussed about his social situation at home/work (autistic son, being involved with autistic organizations, etc.) as well for his decision making rationale.
		The risks of infection, bleeding, injury to surrounding structures (including bowel, bladder, ureter, blood vessels, or rectum which may require colostomy); urinary incontinence requiring pads/diapers or surgery, erectile dysfunction, lymphedema, and need for adjuvant XRT and/or ADT were discussed. We also discussed the potential adjuvant therapy either immediately or following local/systemic recurrences were discussed.
		I offered him to see a radiation oncologist to be fully informed of his alternative options. Pt declined:
		- medical clearance - PAT/CXR

		.:.
- will schedule for RALP with b/l PLND.		
Counseling / Educational Factors: Counseling / educational factors reviewed. The patient was counseled today by Christopher Han MD on dx/tx	. The state of the	
Greater than 50% of the time was spent counseling the patient and/or coo This is a visit of 80 minutes. 60 minutes were spent counseling.	rdinating care	
Thank you for the opportunity to evaluate this interesting patient. Please fe	eel free to contact	our office with any questio
Provider: Han MD, Christopher S 02/11/2020 11:37 AM		
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Crystal Run Healthcare, LLP	and to the control of	ALL WARD A DIE P STEIN WAR
Electronically signed by Christopher S. Han MD on 02/11/2020 03:57 PM		