



Fax Cover Sheet

To: ORMC SCHEDULING

From: GEORGE PROTOPAPAS, MD

Fax Number: (845)-333-1041

Recipient Phone #:

Recipient Email:

Date: 01/24/2020

of pages [incl: cover]: 10


Comments:

Return telephone # for sender: Mdt: 845. 703. 6999 | RH: 845. 794. 6999

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Address for sender:	155 Crystal Run Road Middletown, NY 10941	61 Emerald Place Rock Hill, NY 12775
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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: WAYNE M. DeGROAT		DOB: 07/17/50	SEX: M	Diagnosis: HX OF ADENOMATOUS COLONIC POLYPS	
ADDRESS: 102 RIDGEWOOD AVE, MIDDLETOWN, NY 10940		Surgeon: Protopapas		Assistant:	
HOME NUMBER 845-467-4485		CELL NUMBER 845-381-6806		CPT CODE 45378	ICD 10 CODE Z86.010
INSURANCE CO. MEDICARE PART B		INSURANCE ID NUMBER 4R54Y78AD90			
PROCEDURE DATE 01/29		PROCEDURE LENGTH		<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL <input type="checkbox"/> TRIAL PRODUCT	
PROCEDURE ORDER FOR CONSENT: COLONOSCOPY					

IS PATIENT BEING SCHEDULED FOR BLOODLESS SURGERY ☐ YES ☐ NO PATIENT IS ERAS ☐ YES ☐ NO

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

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 PENICILLINS

ALLERGIC REACTION ANAPHYLAXIS

MEDICATIONS PREOPERATIVELYFOR 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: George Protopapas TIME: _____ DATE: _____

STAFF SIGNATURE/PRINTED NAME: _____ TIME: _____ DATE: _____



Crystal Run Healthcare Physicians LLP

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

PATIENT INFORMATION

NAME (Last, First Middle) DeGroat, Wayne M		MRN 78492	SSN# ###-##-1709	BIRTHDATE 07/17/1950	LANGUAGE English	SEX M
LOCAL ADDRESS 102 Ridgewood Ave		SECONDARY/BILLING ADDRESS (if Applicable)			ETHNICITY Not Hispanic or Latino	
CITY, STATE ZIP Middletown, NY 10940-3452	HOME PHONE (845) 467-4485	CITY, STATE ZIP	SECONDARY HOME PHONE		RACE Caucasian	
PRIMARY CARE PHYSICIAN Kang MD, David S		REFERRING PHYSICIAN Protopapas MD, George		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 Medicare Part B		POLICY# 4RJ4Y78AD90	
NAME OF INSURED DeGroat, Wayne M		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 NYSDOH		POLICY# AH16909S	
NAME OF INSURED DeGroat, Wayne M		SSN#	BIRTHDATE
ADDRESS OF INSURANCE COMPANY P O Box 4601		COPAY AMT \$0.00	
CITY, STATE ZIP Rensselaer, NY 12144-4602		DEDUCTIBLE \$0.00	
RELATIONSHIP TO PATIENT SELF		EFFECTIVE DATE	EXPIRATION DATE 12/31/2099

*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

845-703-6999
www.crystalrunhealthcare.com

Patient: Wayne DeGroat
Date of Birth: 07/17/1950
Date: 01/24/2020 3:30 PM
Visit Type: Office Visit

This 69 year old male presents for Colon cancer screening.

History of Present Illness:

1. Colon cancer screening

69yo man with COPD, on home O2, here for evaluation of dilated pancreatic duct on noncontrast MRI abdomen dated 9/11/2019. also noted to have GB adenomyomatosis. Pt denies abd pain, back pain, weight loss, nausea, vomiting or post-prandial symptoms. BM are normal without steatorrhea. 2015 colonoscopy with Dr Croen with diverticulosis, sig adenoma, fair prep. States he is getting evaluated for lung transplant.

PROBLEM LIST: Problem List reviewed.

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Neck pain	05/31/2012	Y		
Depression	01/13/2010	Y		
COPD	07/19/2007	Y		
Abnormal ECG	01/26/2011	Y		
Depression/Anxiety	04/28/2008	Y		
Cervical post-laminectomy syndrome	06/13/2013	Y		
OA (osteoarthritis)	02/25/2014	Y		
Cervical radiculopathy	05/31/2012	Y		
Allergic Rhinitis Pollen	07/19/2007	Y		
Hyperlipidemia	07/19/2007	Y		

PROBLEM LIST (not yet mapped to SNOMED-CT®):

Problem Description	Onset Date	Notes
Lung Cancer Oth Spec Site	07/19/2007	6/04 5.5 cm, PD sq cell ca. Med neg. s/p lobectomy. s/p taxotere/cisplat X 2 (didn't tolerate) 11/05 chest CT stable disease.

Pain, back Backache	07/19/2007
Lung cancer screening	07/19/2007
Hyperthyroid NOS	02/22/2010
Pain, back - low	06/13/2013
Pain-Hip Joint	06/13/2013
Degenerative Disc Dis, L-S Sp.	06/13/2013
Sciatica (L-S Radiculopathy)	06/13/2013
Spond dsrd lumbo w/o myelop	06/13/2013
Fibromyalgia/myositis	10/28/2013

PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
cervical degenerative disc disease with spondylosis				
cervical post laminectomy syndrome				
lumbar radiculopathy				
Lumbar spondylosis and degenerative disc disease				
Lumbar stenosis				
Lung CA		RML Lobectomy		
mild OA bilateral hips				
myofascial pain				
neck pain				
nerve damage, ? etiology		cervical spine surgery		

GYNECOLOGIC HISTORY:

Date of last mammogram: 07/18/2013.

Family History (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
				No family history of HTN		N
				No family history of Asthma		N
				No family history of Stroke		N
				No family history of Seizure disorder		N
				No family history of hyperlipidemia		N
				No family history of development delay		N
				No family history of hearing loss		N
				No family history of		N

		Cancer, colon	
		No family history of ovarian cancer	N
		No family history of Cancer, breast	N
		No family history of blood disease	N
		No family history of prostate cancer	N
		No family history of Coronary artery disease	N
		No family history of diabetes mellitus	N
Father	N	COPD	N
Mother		Hypertension	N

Social History: (Reviewed, updated)

Tobacco use reviewed.

Preferred language is English.

EDUCATION/EMPLOYMENT/OCCUPATION

Employment	History	Status	Retired	Restrictions
		disabled		
		disabled		
		disabled		
		disabled		
		disabled		
		disabled		
		disabled		
		disabled		
		disabled		
		disabled		
		disabled		
		disabled		
		disabled		
		disabled		
		disabled		

MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Currently divorced.

CHILDREN

Has children:

Tobacco use status: Ex-cigarette smoker.

Smoking status: Former smoker.

SMOKING STATUS

Type	Smoking Status	Usage Per Day	Years Used	Total Pack Years
Cigarette	Former smoker	2 Packs	39.00	78.00

TOBACCO/VAPING EXPOSURE

There is passive smoke exposure.

ALCOHOL

There is a history of alcohol use.

Type: Beer and wine, 4 glasses consumed daily.

Last alcoholic drink was one year ago.

CAFFEINE

The patient does not use caffeine.

LIFESTYLE

Sedentary activity level.

RELIGIOUS/SPIRITUAL

The patient has Protestant religious affiliation.

COMMENTS Quit smoking 1/2004

Medications (active prior to today)

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
Artificial Tears (PF) drops in a dropperette	instill 1 Drop by Ophthalmic route 6 times every day both eyes.	04/21/2017			N
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	inhale 1 Ampoule by NEBULIZATION route 4 times every day prn	05/01/2018		05/01/2018	N
Multivitamin 50 Plus tablet	take 1 tablet by oral route every day	07/16/2018		07/16/2018	N
omeprazole 20 mg capsule, delayed release	take 1 capsule by oral route every day before a meal	10/05/2018	01/24/2020	01/24/2020	N
fluticasone 50 mcg/actuation nasal spray, suspension	inhale 2 spray by Intranasal route every day in each nostril	05/29/2019		05/29/2019	N
Systane Nighttime 94 %-3 % eye ointment	instill 1 Drop by Ophthalmic route every bedtime both eyes	05/30/2019			N
Systane Gel 0.4 %-0.3 % eye drops	1 drop both eyes 4-6 times daily	05/30/2019			N
Brovana 15 mcg/2 mL solution for nebulization	inhale 2 milliliter by inhalation route 2 times every day	08/28/2019		08/28/2019	N
budesonide 0.5 mg/2 mL suspension for nebulization	inhale by Inhalation route 2 times every day	08/29/2019		08/29/2019	N
Paxil 40 mg tablet	take 1 tablet by oral route every day	10/03/2019		10/03/2019	N
prednisone 10 mg tablet	take 1 tablet by oral route every other day	11/07/2019		11/07/2019	N
Spiriva with HandiHaler 18 mcg and inhalation capsules	inhale 1 capsule (18MCG) by inhalation route every day	11/07/2019		11/07/2019	N
Neurontin 300 mg capsule	Take one capsule by mouth twice per day,	11/14/2019		11/14/2019	N
cetirizine 10 mg tablet	take 1 tablet by oral route every day	12/06/2019			N
diltiazem ER 180 mg capsule, 24 hr, extended release	take 1 capsule by oral route every day MUST F/U WITH MD FOR FUTURE REFILLS	12/11/2019		12/11/2019	N

Norco 10 mg-325 mg tablet	take 1 by Oral route every 6 hours as needed for pain as needed MDD 4	01/14/2020	01/14/2020	N
mirtazapine 7.5 mg tablet	take 1 Tablet by oral route every day at bedtime	01/15/2020	01/15/2020	N

Medication Reconciliation

Medications reconciled today.

Medications (*Added, Continued or Stopped today*)

Started	Medication	Directions	Instruction	Stopped
05/01/2018	albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	inhale 1 Ampoule by NEBULIZATION route 4 times every day prn	J44.9	
04/21/2017	Artificial Tears (PF) drops in a dropperette	instill 1 Drop by Ophthalmic route 6 times every day both eyes.		
08/28/2019	Brovana 15 mcg/2 mL solution for nebulization	inhale 2 milliliter by inhalation route 2 times every day	DX J44.1	
08/29/2019	budesonide 0.5 mg/2 mL suspension for nebulization	inhale by Inhalation route 2 times every day	DX J44.1	
12/06/2019	cetirizine 10 mg tablet	take 1 tablet by oral route every day		
12/11/2019	diltiazem ER 180 mg capsule, 24 hr, extended release	take 1 capsule by oral route every day MUST F/U WITH MD FOR FUTURE REFILLS	MUST F/U WITH MD FOR FUTURE REFILLS	
05/29/2019	fluticasone 50 mcg/actuation nasal spray, suspension	inhale 2 spray by Intranasal route every day in each nostril		
01/15/2020	mirtazapine 7.5 mg tablet	take 1 Tablet by oral route every day at bedtime		
07/16/2018	Multivitamin 50 Plus tablet	take 1 tablet by oral route every day		
11/14/2019	Neurontin 300 mg capsule	Take one capsule by mouth twice per day,		
01/14/2020	Norco 10 mg-325 mg tablet	take 1 by Oral route every 6 hours as needed for pain as needed MDD 4		
01/24/2020	omeprazole 20 mg capsule, delayed release	take 1 capsule by oral route every day before a meal		
10/05/2018	omeprazole 20 mg capsule, delayed release	take 1 capsule by oral route every day before a meal		01/24/2020
01/24/2020	OsmoPrep 1.5 gram (1.102-0.398) tablet	take as directed for colonoscopy bowel prep		
10/03/2019	Paxil 40 mg tablet	take 1 tablet by oral route every day		

11/07/2019	prednisone 10 mg tablet	take 1 tablet by oral route every other day
11/07/2019	Spiriva with HandiHaler 18 mcg capsules	inhale 1 capsule (18MCG) by inhalation route every day
05/30/2019	Systane Gel 0.4 % -0.3 % eye drops	1 drop both eyes 4-6 times daily
05/30/2019	Systane Nighttime 94 % -3 % eye ointment	instill 1 Drop by Ophthalmic route every bedtime both eyes

Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
PENICILLINS	Anaphylaxis		

Reviewed, no changes.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills, Fever and Malaise.
ENMT	Negative	Ear infections, Sinus Infection and Sore throat.
Respiratory	Negative	Chronic cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis, Edema and Irregular heartbeat/palpitations.
GI	Comments	See HPI.
GU	Negative	Dysuria and Hematuria.
Neuro	Negative	Dizziness, Headache and Numbness.
Psych	Negative	Psychiatric symptoms.
Integumentary	Negative	Erythema, Pruritus, Rash and Skin lesion.
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%
3:26 PM	138/60	108	22	98.6	5.0	6.00	167.64	134.00	60.781	21.63		

Measured By

Time	Measured by
3:26 PM	Sonia Carlos RN

Screening Summary:

Pain is described as 0/10. Evaluated pain score with Numeric Pain Intensity Scale.
The following were reviewed: tobacco use and date of last psa

PHYSICAL EXAM:

Exam	Findings	Details
Constitutional	Normal	Well developed.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Sclera - Right: Normal, Left: Normal.
Nasopharynx	Normal	Lips/teeth/gums - Normal. Buccal mucosa - Normal.
Neck Exam	Normal	Inspection - Normal.

DeGroat, Wayne M. 000000078492 07/17/1950 01/24/2020 03:30 PM 6/7

Respiratory	Normal	Inspection - Normal. Auscultation - Normal.
Cardiovascular	Comments	no murmurs or rubs
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. Anterior palpation - Normal, No guarding. Umbilicus - Normal. No abdominal tenderness. No Ascites.
Skin	Normal	Inspection - Normal.
Musculoskeletal	Normal	Hands/Wrist - Right: Normal, Left: Normal.
Extremity	Normal	No edema.
Neurological	Normal	Fine motor skills - Normal.
Psychiatric	Normal	Oriented to time, place, person, and situation. Appropriate mood and effect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment Provider Plan	Gastroesophageal reflux disease, esophagitis presence not specified (K21.9). - start omeprazole 20mg daily
2.	Assessment Provider Plan	Hx of adenomatous colonic polyps (Z86.010). - Plan for colonoscopy under deep sedation with Osmoprep at ORMC given comorbidities - Prep and instructions provided and explained to patient - Patient will need a friend or family member to escort them home on day of procedure - Any future colonoscopy will be based on patient's risk factors, quality of bowel preparation at time of exam, endoscopic findings, and polyp histology
3.	Assessment	Chronic obstructive pulmonary disease, unspecified (J44.9).
4.	Assessment	Chronic hypoxemic respiratory failure (J96.11).



Counseling / Educational Factors:

Counseling / educational factors reviewed.

Provider:

Protopapas MD, George 01/24/2020 3:44 PM

Document generated by: **George Protopapas MD 01/24/2020**

Crystal Run Healthcare, LLP