



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: AME5E612620EB70

Date: 3/5/2020 4:17:28 PM


of pages [incl. cover]: 10

Notes/Comments:

From Fax Number:

Sender Mailing Address: 155 Crystal Run Road
Middletown, NY 10941

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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: Christopher Rosales		DOB: 2-15-90	SEX: M	Diagnosis: esophageal mass	
ADDRESS: 7 Cobb Lane Apt 1 Middletown NY 10840		Surgeon: Mahmood		Assistant:	
		CPT CODE: 43242	ICD 10 CODE: 1422.2		PRE-CERT #:
HOME NUMBER: 845-283-6303	CELL NUMBER:	INSURANCE CO.: VA TriWest		INSURANCE ID NUMBER:	
PROCEDURE DATE: 4-3-20		PROCEDURE LENGTH: 1 hour		<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL <input type="checkbox"/> TRIAL PRODUCT	
PROCEDURE ORDER FOR CONSENT:					
EGD/EUS with FNA					

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:

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: SYED MAHMOOD TIME: 12:34 DATE: 3-5-2020

STAFF SIGNATURE/PRINTED NAME: K. Brestenbach / K. Brestenbach TIME: 12:34 DATE: 3-5-2020



Crystal Run Healthcare Physicians LLP

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

PATIENT INFORMATION

NAME (Last, First Middle) Rosales, Christopher		MRN 371560	SSN# ###-##-8235	BIRTHDATE 02/15/1990	LANGUAGE English	SEX M
LOCAL ADDRESS 7 Cobb Lane Apt 1		SECONDARY/BILLING ADDRESS (if Applicable)			ETHNICITY Hispanic Or Latino	
CITY, STATE ZIP Middletown, NY 10940	HOME PHONE (845) 978-9067	CITY, STATE ZIP		SECONDARY HOME PHONE	RACE Declined to speci...	
PRIMARY CARE PHYSICIAN Rehmani, MD, Mohammed	REFERRING PHYSICIAN Marano MD, Benjamin J	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		POLICY#	
NAME OF INSURED		GROUP#	
ADDRESS OF INSURANCE COMPANY		COPAY AMT	
CITY, STATE ZIP		DEDUCTIBLE	
RELATIONSHIP TO PATIENT		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		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

8458387636

15:10:24 02-05-2020

5/11

MEDICAL RECORDProgress Notes

NOTE DATED: 01/15/2020 15:45

LOCAL TITLE: ONCOLOGY-HEMATOLOGY

STANDARD TITLE: HEMATOLOGY AND ONCOLOGY NOTE

VISIT: 01/15/2020 15:00 CPH HEMATOLOGY 2

CHIEF COMPLAINTS:

ffup esophageal mass

HPI:

29 yo presented with microscopic hematuria. Saw urology referred for cystoscopy at crystal run. Also CT of abd done shows 5.1 cm soft tissue mass near lower end of esophagus.

Dec. 13 had EGD no mass seen but distal esophageal biopsy was done did not show malignancy. I saw him for consult, CT chest wa ordered, no other mass

SOCIAL HISTORY 7 beers in weekend, smokes

FAMILY HISTORY: grandmother had lung cancer

Medications reviewed with patient

Active Outpatient Medications (excluding Supplies):

Active Non-VA Medications	Status
1) Non-VA LORATADINE 10MG TAB 10MG BY MOUTH EVERY DAY	ACTIVE
2) Non-VA NAPROXEN 500MG TAB 500MG BY MOUTH EVERY DAY	ACTIVE

REVIEW OF SYSTEMS

CONSTITUTIONAL: no fever no B sx

RESPIRATORY: no SOB, no DOE, no cough

CARDIAC: no chest pain, no palpitation

GI: no hematemesis, no pain, no hematochezia no melena

HEMATOLOGIC: no bleeding or bruising

PHYSICAL EXAM:

VITAL SIGNS: reviewed

Date	Vital	Measurement	Qualifiers
01/15/2020 15:05	Temp F (C)	97.8 (36.6)	
"	Pulse	90	
"	Respir	18	
"	BP	104/62	
"	Pain	0	

** THIS NOTE CONTINUED ON NEXT PAGE **

ROSALES, CHRISTOPHER A HUDSON VALLEY HEALTH CARE Printed: 02/05/2020 14:39
129-76-8235 DOB: 02/15/1990 Pt Loc: OUTPATIENT Vice SF 509

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15:10:43 02-05-2020

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MEDICAL RECORDProgress Notes

01/15/2020 15:45 ** CONTINUED FROM PREVIOUS PAGE **

" " POx (L/Min) (%) 98
12/16/2019 14:48 Wt lbs (kg) (BMI) 152.4 (69.13) [22]
02/04/2015 18:01 Ht in (cm) 70 (177.80)

HEENT: no icterus, no conjunctival hemorrhage
LYMPH NODES: no enlargement of peripheral LN, no tenderness
CHEST: clear to auscultation, no wheezing, no crackles
HEART: regular rate and rhythm, no sternal tenderness
ABDOMEN: soft, non tender, no rebound
EXTREMITIES: no cyanosis no edema.no bruises

LABS:

There is a valid CREATININE result within 30 days

METFORMIN 2 YR RPT

Information:

There are no active METFORMIN orders in the medical record.

eGFR: Collection DT	Specimen	Test Name	Result
Units	Ref Range 11/19/2019 08:13	SERUM !! CREATININE	
EGFR	>60	Ref: >=60 10/15/2019 16:55	SERUM !!
CREATININE EGFR	>60	Ref: >=60 12/27/2018	
11:20 SERUM !! CREATININE EGFR	>60	Ref:	
>=60 !! Indicates COMMENTS AVAILABLE...Refer to Interim Lab Report.			

ALLERGY TO CONTRAST MEDIA

Information:

Records do not indicate ALLERGY/ADR to contrast media.

Report Status: Verified Date Reported: JAN 10, 2020
Date Verified: JAN 10, 2020

Verifier E-Sig:

Report:

CT scan of chest with IV contrast.

** THIS NOTE CONTINUED ON NEXT PAGE **

ROSALES, CHRISTOPHER A HUDSON VALLEY HEALTH CARE Printed: 02/05/2020 14:39
129-76-8235 DOB: 02/15/1990 Pt Loc: OUTPATIENT Vice SF 509

8458387636

15:11:02 02-05-2020

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MEDICAL RECORDProgress Notes

01/15/2020 15:45 ** CONTINUED FROM PREVIOUS PAGE **

Technique: CT scan of chest post injection of 90 mL IV Visipaque.

Total DLP mGycm : 357.

Discussion: Correlation made to CT scan from 11/19/2019.

The visualized thyroid is unremarkable.

There is no significant axillary or hilar lymphadenopathy by size criteria. Again noted is a mass measuring 2.7 cm x 4.8 cm in the oblique axial plane in relation to anterior aspect and left lateral aspect of the lower esophagus. Overall no significant change in size. The anterior aspect of the mass is probably in contact with the pericardium. No other mediastinal masses.

The thoracic aorta is normal in caliber. The proximal pulmonary arteries are patent. No pericardial fluid.

There is no endobronchial lesion involving the major airways. There is no lung infiltrate or nodule or mass. There is no pleural fluid or pulmonary vascular congestion. There is no pleural plaque.

There is mild splenomegaly. The spleen measures 14 cm AP by 12 cm transverse.

There is mild levoscoliosis of the thoracic spine.

Impression:

Overall no significant change in relation to the solid mass measuring 4.8 cm in maximal axial dimension in contact with the lower esophagus and the posterior aspect of the pericardium since 11/19/2019.

No lung nodule or mass.

Primary Interpreting Staff:

BALA CHANDER, MD

** THIS NOTE CONTINUED ON NEXT PAGE **

ROSALES, CHRISTOPHER A HUDSON VALLEY HEALTH CARE Printed: 02/05/2020 14:39
129-76-8235 DOB: 02/15/1990 Pt Loc: OUTPATIENT Vice SF 509

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15:11:24 02-05-2020

8/11

MEDICAL RECORDProgress Notes

01/15/2020 15:45 ** CONTINUED FROM PREVIOUS PAGE **

(Verifier, no e-sig)

/BC

ASSESSMENT AND PLAN:

Persistent paraesophageal solid mass, DW DR Morano, would need EUS biopsy. He is going to put in for community consult

Signed by: /sa/ PONCIANO REYES
ONCOLOGIST
01/15/2020 15:50

ROSALES, CHRISTOPHER A HUDSON VALLEY HEALTH CARE Printed: 02/05/2020 14:39
129-76-8235 DOB: 02/15/1990 Pt Loc: OUTPATIENT Vice SF 509

8458387636

15:11:36 02-05-2020

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Report from: CASTLE POINT Station #620A4

Imaging (local only)

Page 1

ROSALES, CHRISTOPHER A 129-76-8235

FEB 15, 1990 (29)

*** WORK COPY ONLY ***

Printed: 02/05/2020 14:40

CT ABDOMEN+PELVIS W+O CONTRAST

Exm Date: NOV 19, 2019@10:01

Req Phys: FAGELAGAN, ELLIOT

Pat Loc: CPH UROLOGY1 (Req'g Loc)

Img Loc: CAT SCAN

Service: Unknown

(Case 126 COMPLETE) CT ABDOMEN+PELVIS W+O CONTRAST (CT Detailed) CPT:74178

Contrast Media : Non-ionic Iodinated

Reason for Study: Hematuria

Clinical History:

History of Microscopic hematuria and tobacco use.

CT scan hematuria protocol (CT urogram). No oral contrast

Female patients: Any possibility of pregnancy? No

CREATININE RESULTS LAST 30 DAYS: Collection DT Specimen
Test Name Result Units Ref Range 10/15/2019
16:55 SERUM || CREATININE 1.0 mg/dL 0.6

1.3 10/15/2019 16:55 SERUM || CREATININE EGFR >60

Ref: >=60 || Indicates COMMENTS AVAILABLE...Refer to
Interim Lab Report.-----
There is a valid CREATININE result within 30 days

METFORMIN 2 YR RPT

Information:

There are no active METFORMIN orders in the medical record.

eGFR: Collection DT Specimen Test Name Result
Units Ref Range 10/15/2019 16:55 SERUM || CREATININE
EGFR >60 Ref: >=60 12/27/2018 11:20 SERUM ||
CREATININE EGFR >60 Ref: >=60 || Indicates
COMMENTS AVAILABLE...Refer to Interim Lab Report.

*** WORK COPY ONLY *** (continued...)

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15:11:54 02-05-2020

10/11

Report from: CASTLE POINT Station #620A4

Page 2

Imaging (local only)

ROSALES, CHRISTOPHER A 129-76-8235

FEB 15, 1990 (29)

*** WORK COPY ONLY ***

Printed: 02/05/2020 14:40

(...continued)

ALLERGY TO CONTRAST MEDIA

Information:

Records do not indicate ALLERGY/ADR to contrast media.

Report Status: Verified

Date Reported: NOV 19, 2019

Date Verified: NOV 19, 2019

Verifier E-Sig:

Report:

CT scan of abdomen and pelvis without and with IV contrast.

Technique: CT scan of abdomen and pelvis without and with IV contrast. 110 mL IV Visipaque and 750 mL of oral contrast containing 30 mL of Gastroview administered. Hematuria protocol.

Total DLP mGycm :1489

Discussion: No comparison.

The lung bases are clear.

There is a approximate 2.7 x 5.1 cm soft tissue mass in contact with the lower esophagus and the posterior aspect of the base of the heart. The mass is indeterminate. Differential possibilities include lymphadenopathy less likely mass related to the esophagus.

The liver measures 15 cm craniocaudal and the spleen 9 cm craniocaudal by 13.5 cm AP.

No focal liver lesion. The hepatic and portal veins are patent. The main portal vein measures 1.4 cm in diameter.

There is a small 2-3 mm round density in relation to gallbladder wall probably a small noncalcified gallstone or polyp. Otherwise no gallbladder distention. No biliary duct dilatation.

No focal abnormality of the spleen. The pancreas is unremarkable.

No adrenal nodule or mass.

There is no urinary calculus or hydronephrosis or renal mass. There is a small angulation at the right ureteropelvic junction. No other filling defect in the opacified portions of the collecting systems. Incomplete opacification of the ureters in

*** WORK COPY ONLY *** (continued...)

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15:12:15 02-05-2020

11/11

Report from: CASTLE POINT Station #620A4

Imaging (local only)

Page 3

ROSALES, CHRISTOPHER A 129-76-8235

FEB 15, 1990 (29)

*** WORK COPY ONLY ***

Printed: 02/05/2020 14:40

(...continued)

the urographic phase somewhat limits evaluation. There is mild bladder wall thickening. No bladder calculus or polypoidal mass. The prostate measures 3.0 cm AP by 5.5 cm transverse.

The abdominal aorta is normal in caliber.

There is no significant retroperitoneal or pelvic lymphadenopathy by size criteria. No significant mesenteric lymphadenopathy.

Evaluation of bowel is limited. No evidence of bowel obstruction or diverticulitis.

No free fluid or free air.

There are multiple punctate sclerotic foci right femoral head and a single sclerotic focus left femoral head likely representing bone islands. Bones otherwise unremarkable.

Impression:

Soft tissue mass in relation to lower esophagus as described. Further evaluation with endoscopy, PET CT scan advised.

No urinary calculus or hydronephrosis or renal mass.

Mildly thickened bladder wall without evidence of bladder calculus or polypoid mass. Cystoscopy correlation advised.

Possible small gallbladder polyp versus non-calcified gallstone.

Primary Interpreting Staff:

BALA CHANDER, MD

(Verifier, no e-sig)

/BC

*** WORK COPY ONLY ***