



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: AME5E7E0521D6A6

Date: 3/27/2020 1:52:26 PM

of pages [incl. cover]: 9


Notes/Comments:

From Fax Number:

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

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* Needs PST/MEPS at ORMC with EKG labs

 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: Kathleen M. Colly		DOB: 1-19-48		SEX: F	
ADDRESS: 2 J Kenter Rd		Surgeon: Mahmood		Diagnosis: gastric fundal lesion and pancreatic cyst	
Campbell Hall, NY 10816		CPT CODE: 43242 43254		ICD 10 CODE: K31.89 K86.2	
HOME NUMBER: 845-496-3428		CELL NUMBER: 845-781-3992		INSURANCE ID NUMBER	
INSURANCE CO: Medicare		PROCEDURE DATE: 5-27-20		PROCEDURE LENGTH: 1 hour	
PROCEDURE ORDER FOR CONSENT:		<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL <input type="checkbox"/> TRIAL PRODUCT			
EGD/EUS with possible FNA vs. EMR with general anesthesia					

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: Bonnie Muller DO

☒ PST MEPS being done at ☒ ORMC ☐ CRHC ☐ MEPS Consultation by Dr. Diagnosis: wtn, CAD

☐ 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: 12:20 DATE: 3-20-2020

STAFF SIGNATURE/PRINTED NAME: Brentenbach, J. Brentenbach TIME: 12:20 DATE: 3-20-2020



Crystal Run Healthcare Physicians LLP

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

PATIENT INFORMATION							
NAME (Last, First Middle) Cully, Kathleen M		MRN 38936	SSN# ###-##-1734	BIRTHDATE 01/19/1948	LANGUAGE English	SEX F	
LOCAL ADDRESS 2 J Kenter Road		SECONDARY/BILLING ADDRESS (if Applicable)			ETHNICITY Not Hispanic or Latino		
CITY, STATE ZIP Campbell Hall, NY 10916		HOME PHONE (845) 496-3428	CITY, STATE ZIP		SECONDARY HOME PHONE	RACE Caucasian	
PRIMARY CARE PHYSICIAN Muller DO, Bonnie A		REFERRING PHYSICIAN Cirillo MD, Rosa J		CONTACT NAME		CONTACT HOME PHONE	
SEXUAL ORIENTATION	PREFERRED PRONOUN	GENDER IDENTITY					
PRIMARY EMPLOYER Burke Catholic High School		SECONDARY EMPLOYER (if Applicable)					
ADDRESS		ADDRESS					
CITY, STATE ZIP Goshen, NY		CITY, STATE ZIP					
WORK PHONE (845) 294-5481		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# 4AK6YY1YH63				
NAME OF INSURED Cully, Kathleen M			GROUP#				
ADDRESS OF INSURANCE COMPANY PO Box 100			COPAY AMT \$0.00				
CITY, STATE ZIP Yorktown Heights, NY 10598-0100			DEDUCTIBLE \$0.00				
RELATIONSHIP TO PATIENT SELF			EFFECTIVE DATE		EXPIRATION DATE		
SECONDARY INSURANCE (if Applicable)							
NAME OF INSURANCE COMPANY AARP			POLICY# 03855838211				
NAME OF INSURED Cully, Kathleen M		SSN#	BIRTHDATE	GROUP#			
ADDRESS OF INSURANCE COMPANY PO Box 740819			COPAY AMT				
CITY, STATE ZIP Atlanta, GA 30374-0819			DEDUCTIBLE \$0.00				
RELATIONSHIP TO PATIENT SELF			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



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Patient: Kathleen Cully
Date of Birth: 01/19/1948
Date: 09/06/2019 10:00 AM
Visit Type: Consult

71 F referred by Dr. Cirillo for management of gastric stromal lesion and cyst of the pancreas.

History of Present Illness:

EGD/EUS (Dr. Gupta; 3/22/18): The esophagus appeared to be normal. A broad tongue of salmon colored mucosa was seen extending from the regular Z-line was seen at 36 cm from entry. Biopsy was obtained (no metaplasia). Retroflexion in the fundus showed a 1 cm subepithelial nodule with normal appearing overlying mucosa. Gentle prodding with a biopsy forceps revealed a "mobile" submucosal appearing nodule. Biopsy was obtained from the overlying mucosa (Bx showed fundic gland polyp). Mucosal edema and erythema was seen in the gastric antrum and body. Duodenum: The examined duodenum appeared to be normal. Biopsy was obtained from the duodenum.

EUS: A linear echoendoscope was used to perform the procedure. A 6 mm x 4 mm oval, well demarcated, hypoechoic, homogeneous lesion was seen in the gastric submucosa at the site of the fundic nodule. FNA was not attempted due to small size of the lesion. The pancreas was imaged from the head to the tail of the gland. The pancreatic parenchyma appeared homogeneous throughout with no mass lesions. The main pancreatic duct was normal in caliber and contour throughout the gland. It measured 1.4 mm in the head, 1.1 mm in the body and 0.8 mm in the tail of the gland. In the body of the pancreas, a round 7.5 mm x 6.2 mm anechoic, thin-walled, unilocular cystic lesion was seen, with no alarm features like thickened septum, enhancing walls, cyst debris or mural nodule. The cyst was communicating with the main PD. No peripancreatic lymphadenopathy was seen. The intrapancreatic portion of the common bile duct was normal with no hyperechoic shadowing foci (stones), sludge or wall enhancement. The maximal diameter of the CBD was 6.5 mm. The left lobe of the liver was unremarkable. FNA was not attempted due to small size of the pancreatic cyst.

Today she reports new heartburn x 3 months. No dysphagia, hematemesis, fevers/unintentional wt loss.

PROBLEM LIST: Problem List reviewed.

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Osteoporosis, Senile	06/22/2011	Y		
Rectal spasm	08/29/2019	N		
Hemorrhoids, unspecified hemorrhoid type	08/29/2019	N		
Elevated blood pressure reading in office without diagnosis of hypertension	08/29/2019	N		
Diverticulosis	08/29/2019	N		

Fibromyalgia	08/29/2019	N
Epigastric pain	08/29/2019	N
Failed back surgical syndrome	06/19/2018	N

PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
colonoscopy	2009	Dr. Ellis		
Disc displacement		cervical spine fusion	2009	
Disc displacement		lumbar spine fusion	2009	
inguinal hernia		bilateral repair		
cervical disk				
arthritis		arthroscopy		
Dry Eye				
Tonsillitis		tonsillectomy		
vaginal atrophy				
Osteoarthritis		left hip replacement	8/2010	
Fibroids		TAH/BSO		
Macular degeneration				
Cataract				
Deviated nasal septum		nasal septoplasty		
insomnia				
Breast lump(atypical hyperplasia)		biopsy of breast		

GYNECOLOGIC HISTORY:

Patient is postmenopausal.

Postmenopausal age: 38. Menopause occurred in 1987. Type of menopause is surgical .

Family History (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Father				Macular Degeneration		N
Mother				Diabetes mellitus		N
Mother		N		Osteoporosis		N

Social History: (Detailed)

Preferred language is English.

EDUCATION/EMPLOYMENT/OCCUPATION

Employment	History	Status	Retired	Restrictions
		retired	06/30/2010	

MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Currently married.

CHILDREN

Cully, Kathleen M. 000000038936 01/19/1948 09/06/2019 10:00 AM 2/6

Has children:

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

TOBACCO/VAPING EXPOSURE

No passive vaping exposure.

No passive smoke exposure.

ALCOHOL

There is a history of alcohol use.

consumed socially.

CAFFEINE

The patient uses caffeine: tea.

RELIGIOUS/SPIRITUAL

The patient has a Catholic religious affiliation.

Medications (active prior to today)

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
calcium 500 mg Tab		//			Y
Thera Tears 0.25 % Dropperette		//			Y
Co Q-10 75 mg capsule		//			Y
PreserVision Lutein 226 mg-200 unit-5 mg-0.8 mg capsule		//			Y
melatonin 3 mg tablet	takes 4 tablet = 12mgs.	//			Y
Estrace 0.01% (0.1 mg/gram) vaginal cream	place 0.25 Applicator full by Vaginal route 2 times every week	11/27/2018		11/27/2018	N
tramadol 50 mg tablet	take 1 tablet by oral route every 12 hours as needed	04/09/2019		04/09/2019	N
Ambien 5 mg tablet	take 1 tablet by oral route every day at bedtime	04/09/2019		04/09/2019	N
multivitamin tablet		//			Y
olopatadine 0.1 % eye drops	instill 1 drop by ophthalmic route 2 times every day OU	05/30/2019			N
VERAPAMIL ER 180 MG CAPSULE	TAKE 1 CAPSULE BY MOUTH EVERY DAY	07/09/2019		07/09/2019	N
ROSUVASTATIN CALCIUM 10 MG TAB	TAKE 1 TABLET BY MOUTH EVERY DAY	08/13/2019		08/13/2019	N
simvastatin 10 mg tablet	take 1 tablet by oral route every day in the evening	//			Y

Medication Reconciliation

Medications reconciled today.

Medications (Added, Continued or Stopped today)

Started	Medication	Directions	Instruction	Stopped
04/09/2019	Ambien 5 mg tablet calcium 500 mg	take 1 tablet by oral route every day at bedtime	MDD 1	

Cully, Kathleen M. 000000038936 01/19/1948 09/06/2019 10:00 AM 3/6

	Tab		
	Co Q-10 75 mg capsule		
11/27/2018	Estrace 0.01% (0.1 mg/gram) vaginal cream	place 0.25 Applicator full by Vaginal route 2 times every week	
	melatonin 3 mg tablet	takes 4 tablet = 12mgs.	
	multivitamin tablet		
05/30/2019	olopatadine 0.1 % eye drops	instill 1 drop by ophthalmic route 2 times every day OU	if not formulary may substitute patanol, azestaline or zaditor 1 drop ou bid; also pataday/pazeo 1 drop ou qd is an acceptable alternative
	PreserVision Lutein 226 mg-200 unit-5 mg-0.8 mg capsule		
08/13/2019	ROSUVASTATIN	TAKE 1 TABLET BY MOUTH	
	CALCIUM 10 MG	EVERY DAY	
	TAB		
	simvastatin 10 mg tablet	take 1 tablet by oral route every day in the evening	
	Thera Tears 0.25 % Dropperette		
04/09/2019	tramadol 50 mg tablet	take 1 tablet by oral route every 12 hours as needed	MDD 2
07/09/2019	VERAPAMIL ER 180 MG CAPSULE	TAKE 1 CAPSULE BY MOUTH EVERY DAY	

Allergies:**Ingredient****Reaction (Severity)****Medication****Comment**

ADHESIVE

Rash (moderate to severe)

Beestings

Shellfish

Reviewed, no changes.

Review of Systems**System****Neg/Pos****Details**

Constitutional

Negative

Fever and Weight loss.

ENMT

Negative

Ear infections.

Eyes

Negative

Double vision.

Respiratory

Negative

Dyspnea and Pleuritic pain.

Cardio

Negative

Chest pain and Irregular heartbeat/palpitations.

GI

Negative

Change in bowel habits, Hematemesis, Hematochezia, Melena and Vomiting.

GU

Negative

Dysuria and Hematuria.

Endocrine

Negative

Cold intolerance and Heat intolerance.

Neuro

Negative

Dizziness and Numbness.

Integumentary

Negative

Pruritus and Rash.

Cully, Kathleen M. 000000038936 01/19/1948 09/06/2019 10:00 AM 4/6

MS Negative Back pain.

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%
10:38 AM	120/78	71	14	98.1	5.0	4.00	162.56	138.00	62.596	23.69		

Measured By

Time Measured by
10:38 AM Brianni Johnson

PHYSICAL EXAM:

Exam	Findings	Details
Constitutional	Normal	Well developed.
Nasopharynx	Normal	Buccal mucosa - Normal.
Neck Exam	Normal	Inspection - Normal.
Respiratory	Normal	Auscultation - Normal.
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Abdomen	Normal	Anterior palpation - No guarding. No abdominal tenderness. No hepatic enlargement. No spleen enlargement.
Musculoskeletal	Comments	No lower extremity edema
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Submucosal lesion of stomach (K31.89). Per prior EUS report, lesion most likely stromal in origin. - Proceed with repeat EUS for surveillance.
2.	Assessment	Pancreas cyst (K86.2). Small cyst with no high risk features. - Will re-evaluate during EUS.
3.	Assessment	GERD without esophagitis (K21.9). - Start PPI 20 mg daily x 2 weeks. - She will f/u with Dr. Cirillo.

Provider:

Mahmood MD, Syed Kashif 09/06/2019 11:14 AM
Document generated by: **Syed Kashif Mahmood MD 09/06/2019**

CC Providers:

Rosa Cirillo MD
155 Crystal Run Road
Middletown, NY 10941-4028

Crystal Run Healthcare, LLP

Cully, Kathleen M. 000000038936 01/19/1948 09/06/2019 10:00 AM 5/6

Electronically signed by Syed K. Mahmood MD on 09/06/2019 11:16 AM