



155 Crystal Run Road  
Middletown, NY 10941

845•703•6999  
[www.crystalrunhealthcare.com](http://www.crystalrunhealthcare.com)

## FAX COVER SHEET

To: ORMC-Endo

From: Aimee Medina

Company:

To Fax Number: 8453331041

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 <b>ORANGE REGIONAL</b> 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: <u>John Shoeman</u>		DOB: <u>2/22/62</u>	SEX: <u>M</u>	Diagnosis: <u>GERD with Esophageal-Adenomatous duodenal Polyps</u>	
ADDRESS: <u>8 Beers Drive</u> <u>Middletown, N.Y. 10940</u>		Surgeon: <u>Croen</u>		Assistant:	
HOME NUMBER: <u>845 551-7689</u>		CELL NUMBER: <u>845 551-7689</u>		CPT CODE: <u>432.35</u>	ICD 10 CODE: <u>K21.0/D13.2</u>
INSURANCE CO.: <u>Blue Cross Empire/MCARE</u>		INSURANCE ID NUMBER: <u>EXL 80382258/3409049032</u>		PRE-CERT #:	
PROCEDURE DATE: <u>11/27/19</u>		PROCEDURE LENGTH: _____		<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL <input checked="" type="checkbox"/> TRIAL PRODUCT	
PROCEDURE ORDER FOR CONSENT: <u>EGD</u>					

IS PATIENT BEING SCHEDULED FOR BLOODLESS SURGERY ☐ YES ☒ NOPATIENT IS ERAS ☐ YES ☒ NOTYPE OF ADMISSION: ☒ ORMC ☐ POB ☐ OBS ☐ SDS ☐ 23hr. ☐ INPATIENT ☒ ENDOPATIENT SPECIFIC NEEDS: ☐ FACILITY/GROUP HOME ☐ FORENSIC PATIENT ☐ LANGUAGE LINE ☐ SPECIAL NEEDS / should not be first casePATIENT OR FAMILY MEMBER HAS HISTORY OF MALIGNANT HYPERTHERMIA ☐ YES ☒ NOANESTHESIA 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 ☒ NoPRE-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 indicatedPERI-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 Penicillin, codeine

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: Edward Croen TIME: 2:44pm DATE: 11/01/19STAFF SIGNATURE /PRINTED NAME: Aimee Medina TIME: 2:44pm DATE: 11/01/19

**Crystal Run Healthcare Physicians LLP**

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

**PATIENT INFORMATION**

NAME (Last, First Middle) Shoeman, John W		MRN 10919	SSN# ###-##-0627	BIRTHDATE 02/22/1962	LANGUAGE English	SEX M
LOCAL ADDRESS 8 Beers Drive		SECONDARY/BILLING ADDRESS (if Applicable)			ETHNICITY Not Hispanic or Latino	
CITY, STATE ZIP Middletown, NY 10940-4240		HOME PHONE (845) 551-7689	CITY, STATE ZIP	SECONDARY HOME PHONE	RACE Declined to speci...	
PRIMARY CARE PHYSICIAN Tolis MD, Arthur		REFERRING PHYSICIAN Croen MD, Edward		CONTACT NAME		CONTACT HOME PHONE
SEXUAL ORIENTATION	PREFERRED PRONOUN	GENDER IDENTITY				
PRIMARY EMPLOYER Local 1281		SECONDARY EMPLOYER (if Applicable)				
ADDRESS 45 W. 14th Street		ADDRESS				
CITY, STATE ZIP New York, NY 10011		CITY, STATE ZIP				
WORK PHONE (845) 551-7689		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 Blue Choice EMPIRE PPO EPO		POLICY# EXL80382258	
NAME OF INSURED Shoeman, Karolin		GROUP# 721256ea	
ADDRESS OF INSURANCE COMPANY PO Box 1407, Church Street Station		COPAY AMT \$0.00	
CITY, STATE ZIP New York, NY 10008-1407		DEDUCTIBLE \$0.00	
RELATIONSHIP TO PATIENT Spouse		EFFECTIVE DATE	EXPIRATION DATE

**SECONDARY INSURANCE (if Applicable)**

NAME OF INSURANCE COMPANY Medicare Secondary		POLICY# 3UD9GH9VC32	
NAME OF INSURED Shoeman, John W		SSN#	BIRTHDATE
ADDRESS OF INSURANCE COMPANY P O Box 6178		COPAY AMT \$0.00	
CITY, STATE ZIP Indianapolis, IN 46206-6178		DEDUCTIBLE	
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



155 Crystal Run Road  
Middletown, NY 10941

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Patient: John Shoeman  
Date of Birth: 02/22/1962  
Date: 11/01/2019 7:30 AM  
Visit Type: Office Visit

This 57 year old male presents for Esophagitis and Duodenal polyp.

History of Present Illness:

1. Esophagitis

Pt presents for follow-up. He has been swallowing much better since the treatment. He has been having intermittent nausea and there is no vomiting.

2. Duodenal polyp

His last EGD did show a 1 cm duodenal polyp, bx of which did return with adenoma. He understands that this will need to be removed

PROBLEM LIST: Problem List reviewed.

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Rosacea	03/12/2007	Y		
lower back pain	03/12/2007	Y		
Pain, shoulder	03/12/2007	Y		

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

Problem Description	Onset Date	Notes
OTH/unsp Alc dpnd synd ac epis	03/12/2007	
Arthritis Osteoarthritis knee	03/08/2014	

PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
Popliteal DVT	04/28/2016	IVC filter, anti-coagulation	2016	

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pulmonary embolism	2016	IVC filter	
	2016	vein stripping	
Colonic polyps		colonoscopy with	2010
		polypectomy	
fractured kneecap		surgical repair	
		RIGHT total knee	
		arthroplasty	

**Family History (Detailed)**

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
				No family history of prostate cancer		N
				No family history of diabetes mellitus		N
				No family history of Cancer, breast		N
				No family history of Cancer, colon		N
Father		N		hyperlipidemia		N
Father		N		at 55y,coronary artery disease		N
Mother				Healthy		N
Sister				Healthy		N

**Social History: (Detailed)**

Preferred language is English.

**EDUCATION/EMPLOYMENT/OCCUPATION**

<b>Employment</b>	<b>History</b>	<b>Status</b>	<b>Retired</b>	<b>Restrictions</b>
	Construction worker			

**MARITAL STATUS/FAMILY/SOCIAL SUPPORT**

Currently married.

**CHILDREN**

Has children:

Tobacco use status: Occasional cigarette smoker.

Smoking status: Former smoker.

**TOBACCO CESSATION INFORMATION**

Date	Counseled By	Order	Status	Description Code	Tobacco Cessation Information
04/23/2018					Smoking cessation education

**TOBACCO/VAPING EXPOSURE**

There is passive smoke exposure.

**ALCOHOL**

There is a history of alcohol use.

Type: Beer. 6 pk of beer consumed daily.

**CAFFEINE**

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The patient does not use caffeine.

#### LIFESTYLE

average activity level.

#### Medications (active prior to today)

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
CREON DR 12,000 UNITS CAPSULE	take 1 capsule by mouth three times a day WITH MEALS AND 1 CAPSULE WITH EACH SNACK	06/13/2017	11/01/2019	11/01/2019	N
cyclobenzaprine 10 mg tablet	take 1 tablet by oral route 3 times every day	04/11/2019		04/11/2019	N
Zantac 150 mg tablet	take 1 tablet by oral route 2 times every day	04/26/2019		04/26/2019	N
OneTouch Verio strips	take by Intradermal route check Blood Sugar 2x/day	05/22/2019			N
OneTouch Delica Lancets 33 gauge	inject by Intradermal route 2 times every day	05/22/2019			N
metformin ER 500 mg tablet,extended release 24 hr	take 2 tablet by oral route 2 times every day with breakfast and dinner	05/22/2019		05/22/2019	N
cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	inject 1 milliliter by intramuscular route 1x/week	05/22/2019		05/22/2019	N
OneTouch Verio System	uad by SUBcutaneous route 2x/day	05/22/2019			N
Syringe 3 mL 25 gauge x 1"	use as directed with Vit B12 weekly	05/22/2019		05/22/2019	N
repaglinide 2 mg tablet	take 2 tablet by oral route 3 times every day 15 to 30 minutes before meals	05/22/2019		05/22/2019	N
Cialis 20 mg tablet	take 1 tablet by oral route every day as needed	05/22/2019			N
Voltaren 1 % topical gel	apply (2G) by topical route 4 times every day to the affected area(s)	08/08/2019			N
XARELTO 10 MG TABLET	TAKE 1 TABLET BY ORAL ROUTE EVERY DAY	08/28/2019		08/28/2019	N
omeprazole 20 mg capsule,delayed release	take 1 capsule by oral route every day before a meal	09/19/2019			N
Crestor 20 mg tablet	TAKE 1 TABLET BY MOUTH ONCE DAILY	09/20/2019		09/20/2019	N
DICLOFENAC 1% GEL 100GM	APPLY 2 GRAMS TO AFFECTED AREA FOUR TIMES A DAY TO KNEES AS NEEDED FOR PAIN	09/20/2019		09/20/2019	N
amoxicillin 875 mg tablet	take 1 tablet by oral route every 12 hours	09/27/2019			N
lidocaine 5 % topical ointment	apply 2G by topical route 2 times every day to the	10/21/2019		10/21/2019	N

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affected area(s)  
 Percocet 10 mg-325 mg tablet take 1 by Oral route every 6 hours prn pain 10/23/2019 N

### Medication Reconciliation

Medications reconciled today.

### Medications (Added, Continued or Stopped today)

Started	Medication	Directions	Instruction	Stopped
09/27/2019	amoxicillin 875 mg tablet	take 1 tablet by oral route every 12 hours		
05/22/2019	Cialis 20 mg tablet	take 1 tablet by oral route every day as needed		
11/01/2019	Creon 12,000-38,000-60,000 unit capsule, delayed release	take 1 capsule by mouth three times a day WITH MEALS AND 1 CAPSULE WITH EACH SNACK		11/01/2019
11/01/2019	Creon 12,000-38,000-60,000 unit capsule, delayed release	take 1 capsule by mouth three times a day WITH MEALS AND 1 CAPSULE WITH EACH SNACK		
06/13/2017	CREON DR 12,000 UNITS CAPSULE	take 1 capsule by mouth three times a day WITH MEALS AND 1 CAPSULE WITH EACH SNACK		11/01/2019
09/20/2019	Crestor 20 mg tablet	TAKE 1 TABLET BY MOUTH ONCE DAILY		
05/22/2019	cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	inject 1 milliliter by intramuscular route 1x/week		
04/11/2019	cyclobenzaprine 10 mg tablet	take 1 tablet by oral route 3 times every day		
09/20/2019	DICLOFENAC 1% GEL 100GM	APPLY 2 GRAMS TO AFFECTED AREA FOUR TIMES A DAY TO KNEES AS NEEDED FOR PAIN		
10/21/2019	lidocaine 5 % topical ointment	apply 2G by topical route 2 times every day to the affected area(s)	not to exceed greater than 10% total body surface	
05/22/2019	metformin ER 500 mg tablet, extended release 24 hr	take 2 tablet by oral route 2 times every day with breakfast and dinner		
09/19/2019	omeprazole 20 mg capsule, delayed release	take 1 capsule by oral route every day before a meal		
11/01/2019	ondansetron 4 mg disintegrating tablet	take 1 (4MG) by oral route every 8 hours for 1 month and place on top of the tongue where it will dissolve, then swallow		11/30/2019
05/22/2019	OneTouch Delica Lancets 33 gauge	inject by Intradermal route 2 times every day	Dx E11.9	
05/22/2019	OneTouch Verio	take by Intradermal route check	DX E11.9	

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05/22/2019	strips OneTouch Verio System	Blood Sugar 2x/day uad by SUBcutaneous route 2x/day	
10/23/2019	Percocet 10 mg-325 mg tablet	take 1 by Oral route every 6 hours prn pain	MDD 4. G89.4, Chronic Pain Syndrome M46.1.
05/22/2019	repaglinide 2 mg tablet	take 2 tablet by oral route 3 times every day 15 to 30 minutes before meals	
05/22/2019	Syringe 3 mL 25 gauge x 1"	use as directed with Vit B12 weekly	
08/08/2019	Voltaren 1 % topical gel	apply (2G) by topical route 4 times every day to the affected area(s)	not to exceed greater than 10% total body surface
08/28/2019	XARELTO 10 MG TABLET	TAKE 1 TABLET BY ORAL ROUTE EVERY DAY	
04/26/2019	Zantac 150 mg tablet	take 1 tablet by oral route 2 times every day	

## Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
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Beestings facial swelling  
Codeine

Reviewed, no changes.

## Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Change in appetite, Fatigue, Fever, Weight gain and Weight loss.
ENMT	Negative	Dysphagia and Odynophagia.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain and Irregular heartbeat/palpitations.
GI	Negative	Decreased appetite.
GU	Negative	Change in urine color and Dysuria.
Neuro	Negative	Dizziness, Headache and Lightheadedness.
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%
7:36 AM	128/70	72	16	98.1	6.0		182.88	242.00	109.769	32.82	2.36	

## Measured By

Time	Measured by
7:36 AM	Colby Gonzalez RN BSN

## PHYSICAL EXAM:

Exam	Findings	Details
Constitutional	Normal	No acute distress.
Eyes	Normal	Sclera - Right: Normal, Left: Normal.
Nasopharynx	Normal	Buccal mucosa - Normal.
Shoeman, John W. 000000010919 02/22/1962 11/01/2019 07:30 AM 5/6		



Neck Exam	Normal	Inspection - Normal. Palpation - Normal. Submandibular lymph nodes - Normal. Cervical lymph nodes - Normal.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Murmurs - None.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. Anterior palpation - Normal, No guarding, No rebound. CVA tenderness - None. Umbilicus - Normal. No hepatic enlargement. No splenic enlargement. No ascites. No palpable mass.
Extremity	Normal	No Cyanosis. No Edema. Clubbing - Absent.

### Assessment/Plan

#	Detail Type	Description
1.	Assessment Provider Plan	Gastroesophageal reflux disease with esophagitis (K21.0). He has been feeling better with the treatment of Candidiasis. He will have a repeat study to remove the duodenal polyp and check his esophagus for healing. Continue PPI for now.
2.	Assessment Provider Plan	Adenomatous duodenal polyp (D13.2). Will plan to remove this. Hold Xarelto for 2 days prior to this.
3.	Assessment Provider Plan	Pancreatic insufficiency (K86.89). Continue current care and will renew the Creon.

### Provider:

Croen MD, Edward 11/01/2019 7:52 AM

Document generated by: **Edward Croen MD 11/01/2019**

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Crystal Run Healthcare, LLP

Electronically signed by Edward Croen MD on 11/01/2019 07:52 AM



155 Crystal Run Road  
Middletown, NY 10941

845-703-6999  
www.crystalrunhealthcare.com

**PATIENT NAME:** John W Shoeman  
**DOB:** 02/22/1962

**VISIT DATE:** 11/01/2019 1:38 PM

**Active Medication List as provided by patient to Crystal Run:**

DATE	DRUG	BRAND	STRENGTH	DOSE	QTY	UNIT	STATUS
09/27/2019	amoxicillin	AMOXICILLIN	875 mg	take 1 tablet by oral route every 12 hours	0	10	N
05/22/2019	tadalafil	CIALIS	20 mg	take 1 tablet by oral route every day as needed	6	6	N
11/01/2019	lipase/protease/amylase	CREON	12,000 unit-38,000 unit-60,000 unit	take 1 capsule by mouth three times a day WITH MEALS AND 1 CAPSULE WITH EACH SNACK	5	180	N
09/20/2019	rosuvastatin calcium	CRESTOR	20 mg	TAKE 1 TABLET BY MOUTH ONCE DAILY	2	90	N
05/22/2019	cyanocobalamin (vitamin B-12)	CYANOCOBALAMIN INJECTION	1,000 mcg/mL	inject 1 milliliter by intramuscular route 1x/week	5	4	N
04/11/2019	cyclobenzaprine HCl	CYCLOBENZAPRINE HCL	10 mg	take 1 tablet by oral route 3 times every day	2	90	N
09/20/2019	diclofenac sodium	DICLOFENAC SODIUM	1 %	APPLY 2 GRAMS TO AFFECTED AREA FOUR TIMES A DAY TO KNEES AS NEEDED FOR PAIN	0	200	N
05/22/2019	syringe w-needle, disposable, 3 mL	EXEL SYRINGE	25 gauge X 1"	use as directed with Vit B12 weekly	3	12	N
10/21/2019	lidocaine	LIDOCAINE	5 %	apply 2G by topical route 2 times every day to the affected area(s)	4	2	N
05/22/2019	metformin HCl	METFORMIN HCL ER	500 mg	take 2 tablet by oral route 2 times every day with breakfast and dinner	6	120	N
09/19/2019	omeprazole	OMEPRAZOLE	20 mg	take 1 capsule by oral route every day before a meal	1	90	N
11/01/2019	ondansetron	ONDANSETRON ODT	4 mg	take 1 (4MG) by oral route every 8 hours for 1 month and place on top of the tongue where it will dissolve, then swallow	1	90	N
05/22/2019	lancets	ONETOUCH	33 gauge	inject by Intradermal	3	200	N

**Patient Name:** John W Shoeman **DOB:** 02/22/1962  
**Encounter Date:** 11/01/2019 1:38 PM

05/22/2019	blood sugar diagnostic	DELICA ONETOUCH VERIO		route 2 times every day take by Intradermal route check Blood Sugar 2x/day	3	200	N
05/22/2019	blood-glucose meter	ONETOUCH VERIO		uad by SUBcutaneous route 2x/day	0	1	N
10/23/2019	oxycodone HCl/acetaminophen	PERCOCET	10 mg-325 mg	take 1 by Oral route every 6 hours prn pain	0	120	N
05/22/2019	repaglinide	REPAGLINIDE	2 mg	take 2 tablet by oral route 3 times every day 15 to 30 minutes before meals	6	180	N
08/08/2019	diclofenac sodium	VOLTAREN	1 %	apply (2G) by topical route 4 times every day to the affected area(s)	4	2	N
08/28/2019	rivaroxaban	XARELTO	10 mg	TAKE 1 TABLET BY ORAL ROUTE EVERY DAY	1	90	N
04/26/2019	ranitidine HCl	ZANTAC	150 mg	take 1 tablet by oral route 2 times every day	5	60	N

**All Unresolved Allergies:**

Ingredient	Reaction (Severity)	Medication Name	Comment
Beestings	facial swelling		
Codeine			

**Allergies needing to be re-entered in the Allergy Module:**

Description	Allergy Id	Rxn Desc	Comment
Codeine	DAC04		
Beestings	crh10	facial swelling	

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:

<u>Test/Exam</u>	<u>Date Due</u>			
LIPID	11/12/2018			
<u>Future Appointments</u>				
Date	Time	Appt Event	Provider	Location
11/12/2019	9:45 AM	Follow Up Appointment	Rudnick DO, Jonathan	Middletown 95
11/19/2019	8:15 AM	LAB Appointment	Lombardo FNP-BC, Melissa	Middletown 95
11/26/2019	9:30 AM	Follow Up Appointment	Lombardo FNP-BC, Melissa	Goshen 7 Hatfield
12/13/2019	8:15 AM	Follow Up Appointment	Gorelov DO, Dmitri	Middletown 155
03/20/2020	8:45 AM	Follow Up Appointment	Silverman MD, Gary	Middletown 155
03/25/2020	10:15 AM	Annual Physical	Tolis MD, Arthur	Middletown 155

Date Run: 11/01/2019  
Created by: Aimee Medina