CANCER CARE CENTER

707 East Main Street
Middletown NY 10940

Encounter Date: 1/5/2017
Hospital Account: 5000738197
MRN: 227668
Site: EHS MODEL
Contact Serial #: 8052324

ENCOUNTER

Department:	CC INFUSION CENTER	Appt Time:	1:30 PM EST
Appointment Provider:	CC INF CHAIR 6	Visit Type:	PROCEDURE
Attending Provider:		Referring Physician:	Devincenzo, Salvatore, MD
Diagnosis:	Nonfamilial hypogammaglo* D80.1 Z45.2		

PATIENT

Name:	BAKONYI,LINDA A	Age:	65 y.o. DOB: 10/30/1951
Address:	403 SHERWOOD NORTH	Sex:	Female
City:	MIDDLETOWN, NY 10941	Language:	English [22]
PCP:	Devincenzo, Salvatore, "	Primary Phone:	845-239-2723

EMERGENCY CONTACT

Contact Name	Legal Guardian?	Relationship to Patient	Home Phone	Work
1. Kumpf,Eric		Significant other	(845)239-2723	
2. Bakonyi,Jenny		Daughter	(845)649-7032	

GUARANTOR

Guarantor:	BAKONYI,LINDA A	DOB:	10/30/1951
Address:	403 SHERWOOD NORTH MIDDLETOWN, NY 10941	Sex:	Female
Relation to Patient:	Self	Home Phone:	845-239-2723
Guarantor ID:	2127	Work Phone:	

GUARANTOR EMPLOYER

Employer:		Status:	DISABLED

COVERAGE

PRIMARY INSURANCE

Payor:	MEDICARE A/B > 10/1/16	Plan:	MEDICARE PART A & B
Group Number:		Insurance Type:	INDEMNITY
Subscriber Name:	BAKONYI,LINDA A	Subscriber DOB:	10/30/1951
Subscriber ID:	140462098D6	Verification Status:	
Pat. Rel. to Subscriber:	Self		

SECONDARY INSURANCE 1/1/17 (F)

Payor:	AARP	Plan:	AARP COMM
Group Number:		Insurance Type:	INDEMNITY
Subscriber Name:	BAKONYI,LINDA A	Subscriber DOB:	10/30/1951
Subscriber ID:	33571520311	Verification Status:	
Pat. Rel. to Subscriber:	SELF	#3 M/A 1/1/17	

381358 - DUIG
441398 - Venofer
Dont flush DUIG

GRAND REGIONAL MEDICAL CENTER
Physician Order Form

Bakonyi Linda
10-30-51

Patient Label

DO NOT USE ABBREVIATIONS

U	MS	SC	QOD	QD	µg
IU	MSO4	MgSO4	SQ	SL	

Date & Time	
5-12-17	1. Administer Venofer 100 mg IV x5 more doses (Pt received Venofer 100 mg IV first dose at GRMC) Administer per protocol
	2. 7-10 days after completing: CBC/diff Iron and TIBC, Ferritin, Vit B12, Folate and Retic results faxed to ### 294 8441

Bakonyi,Linda A
Sex:F DOB:10/30/1951 65 y.o.
MRN:227068 DOS:5/10/17
Acct: 6000613029
CSN: 2472388

Medications will be dispensed in accordance with the hospital formulary system

Prescriber Signature Lesley W Stead MD Print Name: ______ Date/Time: ______

Nurse Signature ______ Print Name: ______ Date/Time: ______

☐ T.O RBV Fax to Pharmacy ☐ Time Faxed: ______

Physician Orders /

7 'J EXPI 'ON

ORANGE REGIONAL MEDICAL CENTER
Physician Order Form

Linda Bakonyi
DOB: 10/30/1951

Patient Label

DO NOT USE ABBREVIATIONS

U	MS	SC	QOD	QD	µg
IU	MSO_4	$MgSO_4$	SQ	SL	

Date & Time	
5/22/17	B12 1mg once per month - intramuscular - Q1 (RN)

"Medications will be dispensed in accordance with the hospital formulary system"

Prescriber Signature: S de Ulmey Print Name: Salvatore Delmonte Date/Time: 5/22/17

Nurse Signature: _____ Print Name: _____ Date/Time: _____

☐ T.O. RSV Fax to Pharmacy ☐ Time Faxed: _____

Physician Orders /

Bakonyi, Linda

MRN: 816020179
Description: 65 year old female

Telephone Encounter Encounter Date: 5/10/2017

Lesley A Stead, MD
Hematology

Pt needs Venofer 100mg IV weekly x 6 doses
Electronically signed by Lesley A Stead, MD at 05/10/17 1336

Telephone on 5/10/2017

Note Details

Author	Lesley A Stead, MD	File Time	05/10/17 1336
Author Type	Physician	Status	Signed
Last Editor	Lesley A Stead, MD	Specialty	Medical Oncology

Bakonyi, Linda

MRN: 816020179
Description: 66 year old female

Progress Notes Encounter Date: 4/13/2017

Lesley A Stead, MD
Hematology

4/13/2017

Linda Bakonyi
816020179
10/30/1951

CHIEF COMPLAINT: anemia

HISTORY OF PRESENT ILLNESS: 66 y.o. female with PMH as below referred by Dr. Ober for evaluation and management of anemia. She complains of mild fatigue. She has frequent dizziness which she attributes to her history of stroke. She has dyspnea on exertion which she attributes to her history of asthma. Recently started Topamax. She has been on Carbatrol for years. Dose of Carbatrol was recently decreased in December 2016. She denies melena or bright red blood per rectum.

Past Medical History:

Past Medical History:

Diagnosis	Date

- Asthma
- Epilepay (HCC)
- GERD (gastroesophageal reflux disease)
- Hydrocephalus
- Hypertension
- S/P VP shunt

Past Surgical History:

Past Surgical History:

Procedure	Laterality	Date

- HX CESAREAN SECTION
- HX CHOLECYSTECTOMY
- HX CSF SHUNT
- HX KNEE REPLACEMENT

FAMILY HISTORY: No family history on file.
SOCIAL HISTORY:

Social History

Social History

- Marital status: DIVORCED
  Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Social History/Risk Topics

* Smoking status:	Former Smoker
Packs/day:	0.50
Years:	10.00
Types:	Cigarettes
Quit date:	7/15/1994
* Smokeless tobacco:	Never Used
* Alcohol use	No
* Drug use:	No
* Sexual activity:	Not on file

Other Topics

* Not on file

Social History Narrative

CURRENT MEDICATIONS:

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
* metroNIDAZOLE (METROCREAM) 0.75 % topical cream	Apply to affected area two (2) times a day. Use a thin layer to affected areas after washing	45 g	5
* topiramate (TOPAMAX) 25 mg tablet	Take 2 Tabs by mouth two (2) times a day. Indications: MIGRAINE PREVENTION	120 Tab	5
* lisinopril (PRINIVIL, ZESTRIL) 40 mg tablet	Take 1 Tab by mouth daily.	90 Tab	3
* loratadine (CLARITIN) 10 mg tablet	Take 10 mg by mouth.		
* famotidine (PEPCID) 20 mg tablet	Take 20 mg by mouth two (2) times a day.		
* diclofenac EC (VOLTAREN) 50 mg EC tablet	Take 1 Tab by mouth two (2) times daily as needed.	60 Tab	3
* diltiAZem CD (CARDIZEM CD) 240 mg ER capsule	Take by mouth daily.		
* latanoprost (XALATAN) 0.005 % ophthalmic solution	Administer 1 Drop to both eyes nightly.		
* carBAMazepine ER (CARBATROL) 200 mg capsule	Take 1 Cap by mouth two (2) times a day.	180 Cap	1
* montelukast (SINGULAIR) 10 mg tablet	Take 1 Tab by mouth every evening.	90 Tab	2
* albuterol (PROVENTIL) 4 mg tablet	Take 1 Tab by mouth two (2) times a day.	60 Tab	5
* theophylline ER 12 hour, (THEOCHRON) 300 mg tablet	Take 1 Tab by mouth two (2) times a day.	60 Tab	5
* atorvastatin (LIPITOR) 40 mg tablet	Take 1 Tab by mouth daily.	90 Tab	3
* cloNIDine HCl (CATAPRES) 0.2 mg tablet	Take by mouth two (2) times a day.		
* torsemide (DEMADEX) 5 mg tablet	Take by mouth daily.		
* albuterol-ipratropium (DUONEB) 2.5 mg-0.5 mg/3 ml nebulizer solution	3 mL by Nebulization route four (4) times daily. 4 times a day	120 vial	5
* naproxen (NAPROSYN) 250 mg tablet	1 tab daily		

- lamotrigine (LAMICTAL) 100 mg tablet — Take 200 mg by mouth two (2) times a day.

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
• cyanocobalamin (VITAMIN B12) injection 1,000 mcg	1,000 mcg	IntraMUSCular	Q30D	Salvatore J Devincenzo, MD		1,000 mcg at 01/20/17 1547

ALLERGIES: Codeine; Talwin [pentazocine lactate]; and Tape [adhesive]

REVIEW OF SYSTEMS:
A detailed 10 organ review of systems is obtained with pertinent positives as listed in the History of Present Illness and Past Medical History. All others are negative.

PHYSICAL EXAMINATION:

Visit Vitals

• BP	116/78
• Ht	5' 3" (1.6 m)
• Wt	209 lb (94.8 kg)
• BMI	37.02 kg/m2

No acute distress.
HEENT: NC/AT, PERRLA, oropharynx clear
Neck: supple, no lymphadenopathy, no JVD
Lungs: CTA bilaterally, no rhonchi, no wheezes, no rales
CV: RRR, no murmurs, rubs or gallops
Abd: soft, nontender, nondistended, normoactive bowel sounds, no masses, no hepatosplenomegaly
Ext: no cyanosis, clubbing or edema

LABS:

Results for orders placed or performed during the hospital encounter of 02/15/17

CBC WITH AUTOMATED DIFF

Result	Value	Ref Range
WBC	4.7 (L)	4.8 - 10.8 K/uL
RBC	3.70 (L)	4.20 - 5.40 M/uL
HGB	10.5 (L)	12.0 - 16.0 g/dL
HCT	32.1 (L)	37.0 - 47.0 %
MCV	86.8	81.0 - 100.0 FL
MCH	28.4	27.0 - 31.0 PG
MCHC	32.7	30.5 - 36.0 g/dL
RDW	13.3	11.4 - 14.6 %
PLATELET	353	122 - 400 K/uL
MPV	8.1 (L)	10.2 - 12.7 FL
NEUTROPHILS	66	42.2 - 75.2 %
LYMPHOCYTES	21	20.5 - 51.1 %
MONOCYTES	10	1.7 - 10.0 %
EOSINOPHILS	2	0.0 - 2.0 %
BASOPHILS	1	0.0 - 1.0 %

ABS. NEUTROPHILS	3.1	2.0 - 8.1 K/UL
ABS. LYMPHOCYTES	1.0	1.0 - 5.5 K/UL
ABS. MONOCYTES	0.5	0.1 - 1.0 K/UL
ABS. EOSINOPHILS	0.1	0.0 - 0.2 K/UL
ABS. BASOPHILS	0.0	0.0 - 0.1 K/UL
DF	AUTOMATED	

METABOLIC PANEL, COMPREHENSIVE

Result	Value	Ref Range
Sodium	135 (L)	136 - 145 mmol/L
Potassium	4.0	3.5 - 5.1 mmol/L
Chloride	99	98 - 107 mmol/L
CO2	30	21 - 32 mmol/L
Anion gap	6 (L)	8 - 20 mmol/L
Glucose	98	74 - 106 mg/dL
BUN	15	7 - 18 mg/dL
Creatinine	0.86	0.55 - 1.02 mg/dL
GFR est AA	>60	>60 ml/min/1.73m2
GFR est non-AA	>60	>60 ml/min/1.73m2
Calcium	9.4	8.5 - 10.1 mg/dL
Bilirubin, total	0.2	0.2 - 1.0 mg/dL
ALT (SGPT)	25	12 - 78 U/L
AST (SGOT)	13 (L)	15 - 37 U/L
Alk. phosphatase	200 (H)	46 - 116 U/L
Protein, total	6.7	6.4 - 8.2 g/dL
Albumin	3.9	3.4 - 5.0 g/dL
Globulin	2.8	2.5 - 5.0 g/dL
A-G Ratio	1.4	1.0 - 1.5

PROTHROMBIN TIME + INR

Result	Value	Ref Range
Prothrombin time	10.2	9.6 - 11.0 sec
INR	1.0	0.8 - 1.2

TROPONIN I

Result	Value	Ref Range
Troponin-I, Qt.	<0.04	0.00 - 0.09 NG/ML

EKG, 12 LEAD, INITIAL

Result	Value	Ref Range
Ventricular Rate	69	BPM
Atrial Rate	69	BPM
P-R Interval	164	ms
QRS Duration	90	ms
Q-T Interval	380	ms
QTC Calculation (Bezet)	385	ms
Calculated P Axis	69	degrees
Calculated R Axis	4	degrees
Calculated T Axis	107	degrees

Diagnosis

Normal sinus rhythm
Voltage criteria for left ventricular hypertrophy
ST & T wave abnormality, consider lateral ischemia
Abnormal ECG
No previous ECGs available
Confirmed by Hurwitz MD, Seth (7107) on 2/16/2017 8:22:39 AM

ASSESSMENT AND PLAN:

Anemia -initial workup as below. Use of Topamax and carbamazepine have been associated with anemia and bone marrow suppression and may be contributing factors to patient's anemia.

Orders Placed This Encounter
- CBC WITH AUTOMATED DIFF
- Iron and TIBC
- FERRITIN
- VITAMIN B12
- Folate
- ERYTHROPOIETIN

		[illegible]	[illegible]	
1.	**Anemia, unspecified type**	**D64.9**	**285.9**	**CBC WITH AUTOMATED DIFF IRON PROFILE FERRITIN VITAMIN B12 FOLATE ERYTHROPOIETIN**
2.	Cerebrovascular accident (CVA), unspecified mechanism (HCC)	I63.9	434.91	
3.	Chronic low back pain with sciatica, sciatica laterality unspecified, unspecified back pain laterality	M54.40	724.2	
		G89.29	724.3 338.29	
4.	Essential hypertension	I10	401.9	
5.	Mild intermittent asthma without complication	J45.20	493.90	

Follow-up Disposition: Not on File
Lesley A Stead, MD

Electronically signed by Lesley A Stead, MD at 04/13/17 1522

Office Visit on 4/13/2017

Note Details

Author	Lesley A Stead, MD	File Time	04/13/17 1522
Author Type	Physician	Status	Signed
Last Editor	Lesley A Stead, MD	Specialty	Medical Oncology

ORANGE REGIONAL MEDICAL CENTER
Physician Order Form

DO NOT USE ABBREVIATIONS

U	MS	SC	QOD	QD	μg
IU	MSO4	MgSO4	SQ	SL	

Bakonyi, Linda
10/30/1951
Dr. Sal DeVincenzo

Patient Label

Date & Time

Hypogammaglobulinemia D50.1

Administer IVIG 40gms Q28 days
per protocol x 6 months

Premeds: Tylenol 650mg PO
Benadryl 25mg IV

May administer Cath Flo 2mg IV prn
for occluded CVC, and repeat once if
needed

Medications will be dispensed in accordance with the hospital formulary system

Prescriber Signature: [signature] Print Name: Dr. S DeVincenzo Date/Time: 5/2/17 1000

Nurse Signature _____ Print Name: _____ Date/Time: _____

D.T.O. RBV Fax to Pharmacy ☐ Time Faxed: _____

Physician Orders /

Bakonyi, Linda

MRN: 816020179
Description: 85 year old female

Progress Notes Encounter Date: 3/6/2017

Salvatore J. Devincenzo, MD
Pulmonary Disease

PULMONARY/SLEEP MEDICINE

3/6/2017

CHIEF COMPLAINT: had concerns including Asthma.

HISTORY OF PRESENT ILLNESS: Linda Bakonyi presents for had concerns including Asthma.
+ Onset of right arm and right leg weakness started around 10:00 this morning noticed no aphesia expressive aphasia dyslexia or trouble swallowing

10/18/2016 update
Tenderness to the following is very unsteady
Patient has many revisions of her cerebral shunt and may not be functioning
Went to the emergency room on that day and had a CT of the brain all labs CT of the brain microvascular disease
No chest pains may have blurred vision

11/22/2016 update
Continues to fall to the right side with no specific etiology diagnosis
Followed by neurology with no specific diagnosis
The patient does have a history of seizure disorder

1/20/2017
Recently was hospitalized in physical rehab at Orange Regional Medical Center and did very well she was in rehab for unsteady gait
Encephalomalacia
Feeling much better
No cough congestion and sputum no chills fevers and sweats

3/6/2070
Falling occasionally probably has ataxia

Past Medical History:

Diagnosis	Date
* Asthma	
* Epilepsy (HCC)	
* GERD (gastroesophageal reflux disease)	
* Hydrocephalus	
* Hypertension	
* S/P VP shunt	

Past Surgical History:

Procedure	Laterality	Date
* HX CESAREAN SECTION		
* HX CHOLECYSTECTOMY		
* HX CSF SHUNT		

* HX KNEE REPLACEMENT

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
* lisinopril (PRINIVIL, ZESTRIL) 40 mg tablet	Take 1 Tab by mouth daily.	90 Tab	3
* loratadine (CLARITIN) 10 mg tablet	Take 10 mg by mouth.		
* famotidine (PEPCID) 20 mg tablet	Take 20 mg by mouth two (2) times a day.		
* diclofenac EC (VOLTAREN) 50 mg EC tablet	Take 1 Tab by mouth two (2) times daily as needed.	60 Tab	3
* diltiAZem CD (CARDIZEM CD) 240 mg ER capsule	Take by mouth daily.		
* latanoprost (XALATAN) 0.005 % ophthalmic solution	Administer 1 Drop to both eyes nightly.		
* carBAMazepine ER (CARBATROL) 200 mg capsule	Take 1 Cap by mouth two (2) times a day.	180 Cap	1
* montelukast (SINGULAIR) 10 mg tablet	Take 1 Tab by mouth every evening.	90 Tab	2
* albuterol (PROVENTIL) 4 mg tablet	Take 1 Tab by mouth two (2) times a day.	60 Tab	5
* theophylline ER,12 hour, (THEOCHRON) 300 mg tablet	Take 1 Tab by mouth two (2) times a day.	60 Tab	5
* atorvastatin (LIPITOR) 40 mg tablet	Take 1 Tab by mouth daily.	90 Tab	3
* cloNIDine HCl (CATAPRES) 0.2 mg tablet	Take by mouth two (2) times a day.		
* riboflavin, vitamin B2, (VITAMIN B-2) 100 mg tablet	Take by mouth four (4) times daily.		
* cyanocobalamin (VITAMIN B-12) 1,000 mcg/mL injection	1,000 mcg by intraMUSCular route once.		
* torsemide (DEMADEX) 5 mg tablet	Take by mouth daily.		
* albuterol-ipratropium (DUONEB) 2.5 mg-0.5 mg/3 ml nebulizer solution	3 mL by Nebulization route four (4) times daily. 4 times a day	120 vial	5
* naproxen (NAPROSYN) 250 mg tablet	1 tab daily		
* lamotrigine (LAMICTAL) 100 mg tablet	Take 200 mg by mouth two (2) times a day.		

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
* cyanocobalamin (VITAMIN B12) injection 1,000 mcg	1,000 mcg	intraMUSCular	Q30D	Salvatore J. Devincenzo, MD		1,000 mcg at 01/20/17 1547

I attest that current medications are reviewed and are accurate.

Allergies

Allergen	Reactions
* Codeine *With high doses*	Anaphylaxis
* Talwin [Pentazocine Lactate] *Effects nerves*	Other (comments)
* Tape [Adhesive]	Rash

Social History

Social History

• Marital status:	DIVORCED
Spouse name:	N/A
• Number of children:	N/A
• Years of education:	

Social History Main Topics

• Smoking status:	Former Smoker
Packs/day:	0.50
Years:	10.00
Types:	Cigarettes
Quit date:	7/15/1994
• Smokeless tobacco:	Never Used
• Alcohol use	No
• Drug use:	No
• Sexual activity:	Not Asked

Other Topics Concern

- None

Social History Narrative

No family history on file.

REVIEW OF SYSTEMS:

no dyspnea, no hemoptysis, no cough, no orthopnea, no wheeze, no sputum production, no fever, sweats, or chills, no unusual fatigue, no loss of appetite, no weight loss more than 5 lbs, no headaches, no ear aches, no eye irritation, no blurred or double vision, no nose or sinus problems, including hay fever, no dry eyes or dry mouth, no snoring, no breast discomfort, no chest pain, no irregular or rapid heart beats, no heartburn or indigestion, no difficulty swallowing or regurgitation, no nausea or vomiting, no abdominl pain, no diarrhea, no constipation, no difficult or painful urination, no frequent urination, no swelling at the ankles, no joint pains or muscle aches, no fingers turn white and painful in the cold, no back pain or neck pain, no automobile accident or other serios injury, no unusual dizziness, faintness or loss of consciousness, yes numbness or weakness of part of your body, no anxiety, no depression.

PHYSICAL EXAM:

Visit Vitals

• BP	130/80
• Pulse	73

* Ht	5' 3" (1.6 m)
* Wt	84.7 kg (206 lb 11.2 oz)
* SpO2	99%
* BMI	36.97 kg/m2

General Appearance: NAD, pleasant, well built and nourished
HEENT: no thrush, no mucositis, TM's normal, turbinates normal, oropharynx normal
Oral Cavity: normal teeth, no lesions
Neck, Thyroid: supple, no lymphadenopathy, trachea at midline, no thyromegaly, JVP flat
Heart: regular rate and rhythm, S1, S2 without murmur.
Lungs: clear to auscultation, good air entry bilaterally.
Chest: normal shape and expansion, no use of accessory muscles, clear to percussion, normal fremitus
Abdomen: soft, NT/ND, BS present, no masses palpated, no hepatosplenomegaly
Extremities: no cyanosis, no clubbing, no edema.
Peripheral pulses: normal (2+) bilaterally
Neurologic: no focal signs, awake and alert, oriented x 3, normal cranial nerves II-XII sensory and motor wnl, DTR 2 plus, gait normal, normal sensation and strength
Lymph nodes not palpable
Skin: warm, dry, normal, no rash
Back: no midline or CVA tenderness
Lymphatics: lymphoedema absent
Neuro right arm right leg weakness can barely lift

LABS AND TESTING:

Results for orders placed or performed during the hospital encounter of 02/15/17

CBC WITH AUTOMATED DIFF

Result	Value	Ref Range
WBC	4.7 (L)	4.8 - 10.8 K/uL
RBC	3.70 (L)	4.20 - 5.40 M/uL
HGB	10.6 (L)	12.0 - 16.0 g/dL
HCT	32.1 (L)	37.0 - 47.0 %
MCV	86.8	81.0 - 100.0 FL
MCH	28.4	27.0 - 31.0 PG
MCHC	32.7	30.5 - 36.0 g/dL
RDW	13.3	11.4 - 14.8 %
PLATELET	353	122 - 400 K/uL
MPV	8.1 (L)	10.2 - 12.7 FL
NEUTROPHILS	66	42.2 - 75.2 %
LYMPHOCYTES	21	20.5 - 51.1 %
MONOCYTES	10	1.7 - 10.0 %
EOSINOPHILS	2	0.0 - 2.0 %
BASOPHILS	1	0.0 - 1.0 %
ABS. NEUTROPHILS	3.1	2.0 - 8.1 K/UL
ABS. LYMPHOCYTES	1.0	1.0 - 5.5 K/UL
ABS. MONOCYTES	0.5	0.1 - 1.0 K/UL
ABS. EOSINOPHILS	0.1	0.0 - 0.2 K/UL
ABS. BASOPHILS	0.0	0.0 - 0.1 K/UL
DF	AUTOMATED	

METABOLIC PANEL, COMPREHENSIVE

Result	Value	Ref Range
Sodium	135 (L)	136 - 145 mmol/L
Potassium	4.0	3.5 - 5.1 mmol/L
Chloride	99	98 - 107 mmol/L
CO2	30	21 - 32 mmol/L

Anion gap	6 (L)	8 - 20 mmol/L
Glucose	96	74 - 106 mg/dL
BUN	15	7 - 18 mg/dL
Creatinine	0.96	0.55 - 1.02 mg/dL
GFR est AA	>60	>60 ml/min/1.73m2
GFR est non-AA	>60	>60 ml/min/1.73m2
Celcium	9.4	8.5 - 10.1 mg/dL
Bilirubin, total	0.2	0.2 - 1.0 mg/dL
ALT (SGPT)	25	12 - 78 U/L
AST (SGOT)	13 (L)	15 - 37 U/L
Alk. phosphatase	200 (H)	46 - 116 U/L
Protein, total	6.7	6.4 - 8.2 g/dL
Albumin	3.9	3.4 - 5.0 g/dL
Globulin	2.8	2.5 - 5.0 g/dL
A-G Ratio	1.4	1.0 - 1.5

PROTHROMBIN TIME + INR

Result	Value	Ref Range
Prothrombin time	10.2	9.6 - 11.0 sec
INR	1.0	0.8 - 1.2

TROPONIN I

Result	Value	Ref Range
Troponin-I, Qt.	<0.04	0.00 - 0.09 NG/ML

EKG, 12 LEAD, INITIAL

Result	Value	Ref Range
Ventricular Rate	69	BPM
Atrial Rate	69	BPM
P-R Interval	184	ms
QRS Duration	90	ms
Q-T Interval	360	ms
QTC Calculation (Bezet)	385	ms
Calculated P Axis	69	degrees
Calculated R Axis	4	degrees
Calculated T Axis	107	degrees

Diagnosis

Normal sinus rhythm
Voltage criteria for left ventricular hypertrophy
ST & T wave abnormality, consider lateral ischemia
Abnormal ECG
No previous ECGs available
Confirmed by Hurwitz MD, Seth (7107) on 2/16/2017 8:22:39 AM

ASSESSMENT

Encounter Diagnoses	ICD-10-CM	ICD-9-CM
1. **Mild intermittent asthma without complication**	J45.20	493.90

PLAN

To Orange Regional Medical Center ER immediately

10/18/2016 update

She is to follow-up with neurology Dr kaznetcheeva
Referred to Dr. Vincent gullo for rehab evaluation
If no better she will need to go to the emergency room where she should be admitted

11/22/2016
Appointment to see neurology Dr. David Ober
MRI of the brain
MRA of the brain

1/20/2017
Vitamin B12 1 mg IM monthly start today
Taper Flexeril over 3 weeks
Appointment to see neurology Dr. Ober
6 weeks

3/6/2017

Follow-up Disposition:
Return in about 3 months (around 6/6/2017).
Salvatore J. Devincenzo, MD

Electronically signed by Salvatore J. Devincenzo, MD at 03/06/17 1412

Office Visit on 3/6/2017

Note Details

Author	Salvatore J. Devincenzo, MD	File Time	03/06/17 1412
Author Type	Physician	Status	Signed
Last Editor	Salvatore J. Devincenzo, MD	Specialty	Pulmonary Disease

ORANGE REGIONAL MEDICAL CENTER
Physician Order Form

Bakonyi, Linda
DOB: 10/30/1951
Dr. Salvatore DeVincenzo
Patient Label

DO NOT USE ABBREVIATIONS

U MS SC QOD QD µg
IU MSO_4 $MgSO_4$ SQ SL

Date & Time

4/18/2017 Mediport flush per protocol Q 4-6 weeks x 6 months

"Medications will be dispensed in accordance with the hospital formulary system"

Prescriber Signature: S DeVincenzo Name: Salvatore DeVincenzo Date/Time: 4/18/17

Nurse Signature _____ Print Name: _____ Date/Time: _____

☐ T.O. RBV Fax to Pharmacy ☐ Time Faxed: _____

Physician Orders/ /

ORANGE REGIONAL MEDICAL CENTER
Physician Order Form

Linda Bakonyi
10/30/1951
Dr. Sal DeVincenzo
Allergies: Codeine, Tobacco, Tape
Patient Label

DO NOT USE ABBREVIATIONS

U	MS	SC	QOD	QD	µg
IU	MSO_4	$MgSO_4$	SQ	SL	

Date & Time

Hypogammaglobulinemia. 278.00

Administer IVIG 40 gm x Q 28 days per protocol x 6 months

Premed: Tylenol 650mg PO
Benadryl 25mg IV

May administer Atrovent 2mg IV prn for hooded CVC, and repeat once if needed.

"Medications will be dispensed in accordance with the hospital formulary system"

Prescriber Signature: S. DeV Print Name: Dr. Sal DeVincenzo Date/Time: 2/10/17 1044

Nurse Signature: _____ Print Name: _____ Date/Time: _____

D.T.O. RBV Fax to Pharmacy ☐ Time Faxed: _____

Bakonyi, Linda

MRN: 816020179
Description: 85 year old female

Progress Notes Encounter Date: 1/20/2017

Salvatore J. Devincenzo, MD
Pulmonary Disease

PULMONARY/SLEEP MEDICINE

1/20/2017

CHIEF COMPLAINT: had concerns including Hospital Follow Up.

HISTORY OF PRESENT ILLNESS: Linda Bakonyi presents for had concerns including Hospital Follow Up.
+ Onset of right arm and right leg weakness started around 10:00 this morning noticed no aphasia expressive aphasia dyslexia or trouble swallowing

10/18/2016 update
Tenderness to the following is very unsteady
Patient has many revisions of her cerebral shunt and may not be functioning
Went to the emergency room on that day and had a CT of the brain all labs CT of the brain microvascular disease
No chest pains may have blurred vision

11/22/2016 update
Continues to fall to the right side with no specific etiology diagnosis
Followed by neurology with no specific diagnosis
The patient does have a history of seizure disorder

1/20/2017
Recently was hospitalized in physical rehab at Orange Regional Medical Center and did very well she was in rehab for unsteady gait
Encephalomalacia
Feeling much better
No cough congestion and sputum no chills fevers and sweats

Past Medical History Diagnosis	Date
• Asthma	
• Hydrocephalus	
• S/P VP shunt	

No past surgical history on file.

Current Outpatient Prescriptions Medication	Sig	Dispense	Refill
• montelukast (SINGULAIR) 10 mg tablet	Take 1 Tab by mouth every evening.	90 Tab	2
• albuterol (PROVENTIL) 4 mg tablet	Take 1 Tab by mouth two (2) times a day.	60 Tab	5
• theophylline ER,12 hour. (THEOCHRON) 300 mg tablet	Take 1 Tab by mouth two (2) times a day.	60 Tab	5
• atorvastatin (LIPITOR) 40 mg tablet	Take 1 Tab by mouth daily.	90 Tab	3

* cyclobenzaprine (FLEXERIL) 5 mg tablet	Take 1 Tab by mouth three (3) times daily.	90 Tab	1
* lisinopril (PRINIVIL, ZESTRIL) 40 mg tablet	Take 1 Tab by mouth daily.	30 Tab	5
* clonIDine HCl (CATAPRES) 0.2 mg tablet	Take by mouth two (2) times a day.		
* lidocaine-prilocaine (EMLA) topical cream	Apply to affected area as needed for Pain.	30 g	0
* riboflavin, vitamin B2, (VITAMIN B-2) 100 mg tablet	Take by mouth four (4) times daily.		
* cyanocobalamin (VITAMIN B-12) 1,000 mcg/mL injection	1,000 mcg by IntraMUSCular route once.		
* diltiazem XR (DILACOR XR) 180 mg XR capsule	Take 240 mg by mouth daily.		
* torsemide (DEMADEX) 5 mg tablet	Take by mouth daily.		
* albuterol-ipratropium (DUONEB) 2.5 mg-0.5 mg/3 ml nebulizer solution	3 mL by Nebulization route four (4) times daily. 4 times a day	120 vial	5
* naproxen (NAPROSYN) 250 mg tablet	1 tab daily		
* carBAMazepine ER (CARBATROL) 200 mg capsule	1 cap three times a day		
* lamotrigine (LAMICTAL) 100 mg tablet	Take 200 mg by mouth two (2) times a day.		

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
* cyanocobalamin (VITAMIN B12) injection 1,000 mcg	1,000 mcg	IntraMUSCular	Q30D	Salvatore J. Devincenzo, MD		

I attest that current medications are reviewed and are accurate.

Allergies

Allergen	Reactions
* Codeine *With high doses*	Anaphylaxis
* Talwin [Pentazocine Lactate] *Effects nerves*	Other (comments)
* Tape [Adhesive]	Rash

Social History

Social History

* Marital status:	DIVORCED
Spouse name:	N/A
* Number of children:	N/A
* Years of education:	N/A

Social History Main Topics

* Smoking status:	Former Smoker
Packs/day:	0.50
Years:	10.00

Types:	Cigarettes
Quit date:	7/15/1994
• Smokeless tobacco:	Never Used
• Alcohol use	No
• Drug use:	Not on file
• Sexual activity:	Not on file

Other Topics	Concern
• Not on file	

Social History Narrative

No family history on file.

REVIEW OF SYSTEMS:

no dyspnea. no hemoptysis. no cough. no orthopnea. no wheeze. no sputum production. no fever, sweats, or chills. no unusual fatigue. no loss of appetite. no weight loss more than 5 lbs. no headaches. no ear aches. no eye irritation. no blurred or double vision. no nose or sinus problems, including hay fever. no dry eyes or dry mouth. no snoring. no breast discomfort. no chest pain. no irregular or rapid heart beats. no heartburn or indigestion. no difficulty swallowing or regurgitation. no nausea or vomiting. no abdominal pain. no diarrhea. no constipation. no difficult or painful urination. no frequent urination. no swelling at the ankles. no joint pains or muscle aches. no fingers turn white and painful in the cold. no back pain or neck pain. no automobile accident or other serios injury. no unusual dizziness, faintness or loss of consciousness. yes numbness or weakness of part of your body. no anxiety. no depression.

PHYSICAL EXAM:

Visit Vitals

• BP	144/72
• Pulse	78
• Ht	5' 2" (1.575 m)
• Wt	93.9 kg (207 lb)
• SpO2	98%
• BMI	37.86 kg/m2

General Appearance: NAD, pleasant, well built and nourished
HEENT: no thrush, no mucositis, TM's normal, turbinates normal, oropharynx normal
Oral Cavity: normal teeth, no lesions
Neck, Thyroid: supple, no lymphadenopathy, trachea at midline, no thyromegaly, JVP flat
Heart: regular rate and rhythm, S1, S2 without murmur.
Lungs: clear to auscultation, good air entry bilaterally.
Chest: normal shape and expansion, no use of accessory muscles, clear to percussion, normal fremitus
Abdomen: soft, NT/ND, BS present, no masses palpated, no hepatosplenomegaly
Extremities: no cyanosis, no clubbing, no edema.

Peripheral pulses: normal (2+) bilaterally
Neurologic: no focal signs, awake and alert, oriented x 3, normal cranial nerves II-XII sensory and motor wnl, DTR 2 plus, gait normal, normal sensation and strength
Lymph nodes not palpable
Skin: warm, dry, normal, no rash
Back: no midline or CVA tenderness
Lymphatics: lymphoedema absent
Neuro right arm right leg weakness can barely lift

LABS AND TESTING:

Results for orders placed or performed during the hospital encounter of 10/31/12

CBC WITH AUTOMATED DIFF

Result	Value	Ref Range
WBC	4.8	4.8 - 11.0 K/uL
RBC	4.25	4.20 - 5.40 M/uL
HGB	12.3	12.0 - 16.0 g/dL
HCT	36.5	36.0 - 48.0 %
MCV	85.9	80.0 - 100.0 FL
MCH	28.9	27.0 - 31.0 PG
MCHC	33.7	31.0 - 37.0 g/dL
RDW	13.2	11.5 - 14.0 %
PLATELET	397	130 - 400 K/uL
MPV	8.2	6.5 - 9.5 FL
NEUTROPHILS	69	42.2 - 75.2 %
LYMPHOCYTES	18 (L)	20.5 - 51.1 %
MONOCYTES	8	0.0 - 12.0 %
EOSINOPHILS	4	0.0 - 7.0 %
BASOPHILS	1	0.0 - 2.5 %
ABS. NEUTROPHILS	3.4	2.0 - 8.1 K/UL
ABS. LYMPHOCYTES	0.8 (L)	1.3 - 3.4 K/UL
ABS. MONOCYTES	0.4	0.1 - 1.0 K/UL
ABS. EOSINOPHILS	0.2	0.0 - 0.2 K/UL
ABS. BASOPHILS	0.0	0.0 - 0.1 K/UL
DF	AUTOMATED	
IMMATURE GRANULOCYTES	0.2	0 - 2 %
ABS. IMM. GRANS.	0.0	0 K/UL

METABOLIC PANEL, COMPREHENSIVE

Result	Value	Ref Range
Sodium	136	136 - 145 mmol/L
Potassium	4.8	3.5 - 5.1 mmol/L
Chloride	99	98 - 107 mmol/L
CO2	34 (H)	21 - 32 mmol/L
Anion gap	3 (L)	10 - 20 mmol/L
Glucose	110 (H)	74 - 106 mg/dL
BUN	19 (H)	7 - 18 mg/dL
Creatinine	0.8	0.5 - 1.0 mg/dL
GFR est AA	>60	>60 ml/min/1.73m2
GFR est non-AA	>60	>60 ml/min/1.73m2
Calcium	9.7	8.5 - 10.1 mg/dL
Bilirubin, total	0.3	0.2 - 1.0 mg/dL
ALT	25	12 - 78 U/L
AST	20	15 - 37 U/L
Alk. phosphatase	172 (H)	50 - 136 U/L
Protein, total	7.8	6.4 - 8.2 g/dL
Albumin	4.1	3.4 - 5.0 g/dL

Globulin	3.7	2.8 - 3.9 g/dL
A-G Ratio	1.1	1.0 - 1.5

ASSESSMENT

Encounter Diagnoses

	ICD-10-CM	ICD-9-CM
1. **Mild intermittent asthma without complication**	**J45.20**	**493.90**

PLAN

To Orange Regional Medical Center ER immediately

10/18/2016 update
She is to follow-up with neurology Dr kaznelcheeva
Referred to Dr. Vincent gulfo for rehab evaluation
If no better she will need to go to the emergency room where she should be admitted

11/22/2016
Appointment to see neurology Dr. David Ober
MRI of the brain
MRA of the brain

1/20/2017
Vitamin B12 1 mg IM monthly start today
Taper Flexeril over 3 weeks
Appointment to see neurology Dr. Ober
6 weeks

Follow-up Disposition:
Return in about 6 weeks (around 3/3/2017).
Salvatore J. Devincenzo, MD

Electronically signed by Salvatore J. Devincenzo, MD at 01/24/17 1857

Office Visit on 1/20/2017

Note Details

Author	Salvatore J. Devincenzo, MD	File Time	01/24/17 1857
Author Type	Physician	Status	Signed
Last Editor	Salvatore J. Devincenzo, MD	Specialty	Pulmonary Disease