

DO NOT USE FOR MEDICATION

**Crystal Run Healthcare LLP**

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NPI : 1326242868

**Dmitri Gorelov DO**

Patient Name :

Joseph Bucci

DOB: 11/28/1942

128 Howell Street

Pine Bush, NY 125666504 Sex: Male

IVIG 2grams/kg in 5 divided

daily doses. Pre medicate with

Benadryl 25mg po and Tylenol

650mg po.

Post Infusion 250ml NS IV

**DX CDDP (661.81)**

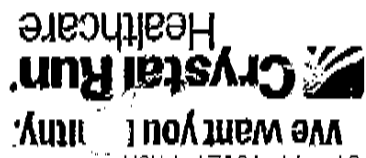
Physician Signature:



Date: 09/20/2017

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS  
PRESCRIBER WRITES "day" IN THE BOX BELOW.

Dispense As Written



155 Crystal Run Road  
Middletown, NY 10941

845-703-6999  
www.crystalrunhealthcare.com

This 74 year old male presents for PN.

**History of Present Illness:**

1. PN  
Had LP on 02/17/2017.  
Tolerated well.  
Status unchanged.  
Is here for the test results.

**Labs:**  
02/17/2017: Lyme, MMA, SPEP, RPR, ESR, TSH, B1, B12, B6 - WNL, HgA1c - 6.2, CSF: RBC - 0, WBC - 2, Glu - 67, TP - 101, OCB - none, IgG index/synthesis - WNL.

**Medical/Surgical/Interim History**

Reviewed, no change.  
Last detailed document date: 01/25/2017.

**Family History:**

Reviewed, no changes. Last detailed document date: 03/07/2017.  
**Social History:**  
Reviewed, no changes. Last detailed document date: 01/25/2017.

**Medication Reconciliation**  
Medications reconciled today.

**Allergies:**

Ingredient: Reaction: Medication Name: Comment:  
NO KNOWN  
ALLERGIES  
Reviewed, no changes.

**REVIEW OF SYSTEMS**

System: Neg/Pos Details  
Psych Negative Anxiety and depression.  
Allergic/Immuno Negative Environmental allergies and food allergies.  
Integumentary Negative Pruritus and rash.  
GI Negative Abdominal pain, constipation, diarrhea and vomiting.  
Eyes Negative Eye discharge, vision changes and vision loss.  
Cardio Negative Chest pain, claudication and irregular heartbeat/palpitations.

Constitutional	negative	Fatigue, fever and night sweat
ENMT	negative	Ear drainage, hearing loss and nasal drainage.
Endocrine	Negative	Cold intolerance, heat intolerance, polydipsia and polyphagia.
MS	Negative	Joint swelling and muscle weakness.
Reproductive	Negative	Penile discharge.
Neuro	+	Gait disturbance.
Respiratory	Negative	Cough, dyspnea and wheezing.
GU	Negative	Dysuria, hematuria and polyuria.
Hema/Lymph	Negative	Easy bleeding and easy bruising.

#### VITAL SIGNS

Time	BP	Pulse	Resp	Temp	Ht ft	Ht in	Wt lb	Wt kg	BMI	BSA	O2 Sat%
9:16 AM	142/84	109		6.0	0.00		227.00	102.966	30.78		

MEASURED BY

9:16 AM Keshawanda Bracey

1. General Exam: Head is normocephalic and atraumatic. Oropharynx is hydrated. Neck is supple. Lungs are clear to auscultation bilaterally. Heart sounds are appreciated. Abdomen is obese, soft.

2. Mental Status: The patient is awake, alert and oriented in person, place and time. Speech is fluent and coherent.

3. Cranial nerve exam: Visual fields are full. Pupils are equally round and reactive to light and accommodation. There is no afferent pupillary defect. There is full range of motion of the extraocular muscles. There is no nystagmus. Facial sensation is normal bilaterally. Face is symmetric. Uvula is in midline. Palate elevates symmetrically. Tongue is in midline without atrophy or fasciculations. Swallowing and phonation are grossly normal. Shoulder shrug and SCM strength are 5/5 bilaterally.

4. Motor examination: strength is 5/5 in all muscle groups. Deep tendon reflexes are absent throughout. Plantar responses are downgoing. There are normal muscle tone and bulk.

5. Sensory examination: decreased perception of light touch, pinprick, temperature and vibration over toes > feet.

6. Coordination: Finger-to-nose and heel-to-shin tests are within normal limits. Gait is steady, somewhat wide-based. Posture is upright. The patient is able to toe and heel walk. Tandem and Romberg test - borderline.

#### Assessment and Plan

Sensory PN.  
Rapid progression and total areflexia are suspicious for CIDP. High CSF protein is confirmatory. MGUS likely is a contributor.  
Borderline elevated HgA1c raises suspicion for DM. Will d/w PCP.  
IVIg 2 gm/kg in 5 divided daily doses as an outpt. SCS discussed.  
Follow-up 4 weeks after the IVIG.

Order	Details	Reason	Side	Interpretation	Result	Initial	Region
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Initial	Treatment	Date
Region		

#	Detail Type	Description
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- |    |             |  |
|----|-------------|--|
| 1. | Assessment  | Obesity, unspecified (E66.9).  |
|    | Plan Orders | Today's instructions / counseling include(s) Giving encouragement to exercise. |
| 2. | Assessment  | Elevated blood-pressure reading, w/o diagnosis of htn (R03.0).                 |
|    | Plan Orders | Refer to Hirsch DO, Andrew timeframe: 4 Weeks.                                 |
| 3. | Assessment  | CIDP (chronic inflammatory demyelinating polyneuropathy) (G61.81).             |
| 4. | Assessment  | Sensory ataxia (R27.8).  |
| 5. | Assessment  | MGUS (monoclonal gammopathy of unknown significance) (D47.2).                  |

## Pain Scale: 0/10.

Method: Numeric Pain Intensity Scale.

Medications (added, continued or stopped this visit):

Started	Medication	Directions	Instruction	Stopped
	Prozac 40 mg capsule	take 1 capsule by oral route every day in the morning		
	Xanax 0.25 mg tablet	take 1 by Oral route every 12 hours as needed for anxiety and panic attack		

To Be Scheduled / Ordered:	Status	Order	Reason	Assessment	Timeframe Appointment	Timeframe: 4 Weeks
	ordered	Refer to Hirsch DO, Andrew		R03.0	4 Weeks	timeframe: 4 Weeks.

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