

## Patient

### Demographics

Name: Galen Topper "Galen"  
 Address: 535 Buena Vista Ave Redwood City CA 94061-4209  
 Date of birth: 6/21/2002  
 Language: English  
 Mobile: 650-817-5633

Legal sex: Male  
 Email: galen.topper@gmail.com

Gender identity: Male  
 Home phone: 650-913-5633

### Relationships

Name	Relation to Patient	Phone Number
freitas,kimberley	Mother	Home: 650-906-8595 Mobile: 650-906-8595
TOPPER,MICHAEL	Father	Home: 650-906-1056 Work: 650-906-1056 Mobile: 650-906-1056

### Active Coverages as of 5/3/2025

#### AETNA

Plan: AETNA CARDINAL CARE  
 Effective from: 2/2/2025

Group: 019883903500101  
 Subscriber: TOPPER,GALEN

Member: W282408416  
 Subscriber ID: W282408416

### Care Team as of 5/3/2025

#### Active

Name	Identifier	Relationship	Specialty	Phone	Duration
FREDERICSON, MICHAEL	1760538110	—	Physical Medicine And Rehabilitation	(650)498-7555	05/06/2024 - Present
KUO, KEVIN FONG- WEI	1427411206	PCP - General	Internal Medicine	(650)498-6500	07/11/2022 - Present

### Problem List as of 5/3/2025

Problem	Noted On	Resolved On
Acute nonintractable headache	06/29/2018	—
Anaphylactic syndrome	10/15/2024	—
Bradycardia	07/02/2018	01/08/2020
Breathing difficulty	01/08/2020	—
Concern about growth	07/02/2015	08/17/2018
Dermographism	10/31/2013	—
Keratosis pilaris	—	—
Lactose intolerance	08/17/2018	—
Multiple allergies	02/13/2014	—
Right foot pain	01/14/2024	—
Sacroiliitis (CMS-HCC)	10/04/2022	—
Vasovagal syncope	06/29/2018	—
Viral warts	08/16/2017	08/17/2018

### Allergies as of 5/3/2025

Allergy	Reactions
SHELLFISH CONTAINING PRODUCTS	Hives/urticaria, Lightheadedness
UNKNOWN MEDICATION (SPECIFY IN COMMENTS)	Anaphylaxis

### Immunizations as of 5/3/2025

Immunization	Date
DTaP	08/13/2002, 10/30/2002, 01/13/2003, 08/24/2007
DTaP-Hib (TriHIBit)	12/19/2003
Flu vaccine (IIV4), preservative-free	11/15/2017, 11/09/2020
Flu vaccine (cIIV4) (FLUCELVAX), preservative-free	10/17/2019

### Patient (continued)

#### Immunizations (continued) as of 5/3/2025

Immunization	Date
Flu vaccine 6-35 months TRI (PF)	10/29/2003, 12/19/2003
Flu vaccine, unspecified formulation	11/11/2016, 10/04/2021, 10/05/2022
HPV, 9-valent (Gardasil 9)	08/16/2017, 11/15/2017, 08/30/2019
Hep A, pediatric/adolescent	07/22/2004, 08/31/2005
Hep B, pediatric/adolescent	06/22/2002, 07/19/2002, 03/28/2003
Hib (PRP-T) (ActHib, Hiberix)	08/13/2002, 10/30/2002, 01/13/2003
MMR	10/29/2003
MMRV (ProQuad)	09/01/2006
Meningococcal MenACWY-D (Menactra)	07/13/2016, 09/10/2020
Moderna (PRE FALL 2023) monovalent COVID-19 vaccine (LIGHT BLUE LABEL)	12/24/2021
PPD	08/24/2007
Pfizer (PRE FALL 2023) monovalent COVID-19 vaccine (PURPLE CAP)	04/21/2021, 05/12/2021
Pneumococcal conjugate (PCV7) (Prevnar 7)	08/13/2002, 10/30/2002, 01/13/2003, 12/19/2003
Polio, inactivated (IPV) (Ipol)	08/13/2002, 10/30/2002, 01/13/2003, 08/24/2007
Tdap (> 7 yrs)	10/31/2013
Varicella (Varivax)	10/29/2003
<del>Mederna (PRE FALL 2023) monovalent COVID-19 vaccine (LIGHT BLUE LABEL)</del>	12/24/2021

#### Current Medications

##### Medications

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

##### Current Medications

###### **azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
 Authorized by: Tirumalasetty, Jyothi Iswarya, MD  
 Start date: 4/29/2024  
 Quantity: 30 mL

Ordered on: 4/29/2024  
 Action: Patient not taking  
 Refill: 3 refills remaining

###### **cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily  
 Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD  
 Start date: 5/6/2024  
 Quantity: 30 Tablet

Ordered on: 5/6/2024  
 End date: 5/6/2025  
 Refill: No refills remaining

###### **EPINEPHrine (EpiPen) 0.3 mg/0.3 mL AtIn**

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.  
 Keep trainer pen separate so not confused with real pen during an emergency.  
 Authorized by: Roh, Eugene Yousik, MD  
 Start date: 4/22/2024  
 Refill: No refills remaining

Ordered on: 4/22/2024  
 Quantity: 1 Each

###### **fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler**

Instructions: 1 Puff by Inhalation route every day  
 Authorized by: Dykowski, Sara Elizabeth, MD  
 Start date: 5/13/2024  
 Refill: 3 refills remaining

Ordered on: 5/13/2024  
 Quantity: 1 Each

###### **fluticasone propionate (Flonase) 50 mcg/actuation SpSn spray**

Instructions: 2 sprays by Nasal route 2 times a day  
 Authorized by: Anderson, Mitchell Paul, MD  
 Start date: 1/10/2025

Ordered on: 1/10/2025  
 Action: Patient not taking

## Patient (continued)

### Current Medications (continued)

Quantity: 16 g Refill: No refills remaining

#### guaiFENesin-dextromethorphan (ROBITUSSIN-DM) 10-100 mg/5 mL oral syrup

Instructions: Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)  
 Authorized by: Anderson, Mitchell Paul, MD  
 Start date: 1/10/2025  
 Quantity: 89 mL

Ordered on: 1/10/2025

Action: Patient not taking  
 Refill: No refills remaining

#### loratadine (Claritin) 10 mg tablet

Instructions: Take 1 tablet (10 mg total) by mouth daily as needed  
 Authorized by: Mooth, Audriana, DO  
 Start date: 10/15/2024  
 Quantity: 30 tablet

Ordered on: 10/15/2024

Action: Patient not taking  
 Refill: No refills remaining

#### oxymetazoline (Afrin) 0.05 % nasal spray

Instructions: 2 sprays by Nasal route 2 times a day as needed ONLY for 3 days  
 Authorized by: Anderson, Mitchell Paul, MD  
 Start date: 1/10/2025  
 Quantity: 15 mL

Ordered on: 1/10/2025

Action: Patient not taking  
 Refill: No refills remaining

#### Vitamin D3 125 mcg (5,000 unit) TABS

Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
 Authorized by: Anderson, Mitchell Paul, MD  
 Start date: 9/6/2024  
 Refill: No refills remaining

Ordered on: 9/6/2024

Quantity: 100 tablet

### Medication Comment

#### Tran, Amy, MA on 11/8/2024 1424

Medication Reconciliation Complete. Amy Tran, MA 11/08/24 2:24 PM

11-2-22 Medications were reviewed with the patient. NN

Medication Reconciliation Complete. Amy Tran, MA 07/27/23 3:28 PM

### Vitals

#### Vital Signs

Most recent update: 3/20/2025 3:58 PM

BP 137/70 (Patient site: Right arm, Patient Position: Sitting)	Pulse 58	Temp 36.4 °C (97.5 °F) (Oral)	Resp 16	Ht 1.728 m (5' 8.03")
Wt 61 kg (134 lb 8 oz)	SpO2 98%	BMI 20.43 kg/m <sup>2</sup>		

### History as of 5/3/2025

#### Medical History as of 5/3/2025

#### Past Medical History

Diagnosis	Date	Comments	Source
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### Patient (continued)

#### History (continued) as of 5/3/2025

Acute nonintractable headache	6/29/2018	Episodes of tunnel vision with headache and once LOC after work out , four times within the last year with two last episodes occurring on June 14 and 15, 2018. Sx started in 9-2017. FH negative for migraine or cardiac issus.	Provider
Concern about growth	7/2/2015	Labs in 7-2015. T 111 at 13yo.	Provider
Dermographism	10/31/2013	Pronounced during the WCC 10-31-13. Possible allergy to sea food- to allergist.	Provider
Development delay	1/04	—	Provider
Heart murmur	7/04,8/05	—	Provider
Keratosis pilaris	—	—	Provider
Lactose intolerance	8/17/2018	—	Provider
Language delay	—	—	Provider
Multiple allergies	2/13/2014	Saw Allergist 2-2014: IMPRESSION: Galen is an 11 year old with possible shellfish allergy, dermatographism, chronic rhinitis, and history of positive RAST to peanut and dust mite, who presents for initial consultation. For possible shellfish allergy, send seafood allergy screen. Will avoid skin testing due to dermatographism. Avoid shellfish and use EpiPen as needed. For large local reaction to	Provider
Nevus sebaceous	—	on scalp, saw Derm	Provider
Syncope	6/29/2018	In September of 2017 after strenuous long run syncope with tunnel vision with loss of vision that lasted for hours. FH negative for migraine or cardiac issues- see visit 6-29-2018.	Provider
Twin birth, mate liveborn	—	—	Provider
Viral warts	8/16/2017	2017 on R thumb- will use OTC.	Provider

#### Family History as of 5/3/2025

##### Family History as of 5/3/2025

###### Brother

Relationship: Brother  
 Name: —  
 Status: Alive  
 Age: —  
 Genetic Sex: Male  
 Gender Identity: Male  
 Father: Patient's Father  
 Mother: Patient's Mother  
 Linked with: —  
 Comment: —  
 Fertility Status: —  
 Fertility Comment: —

Condition	Age of Onset	Comment
No Known Problems		

###### Father

Relationship: Father  
 Name: —  
 Status: Alive  
 Age: —  
 Genetic Sex: Male  
 Gender Identity: Male  
 Father: Patient's Paternal Grandfather  
 Mother: —

### Patient (continued)

#### History (continued) as of 5/3/2025

Linked with: —  
 Comment: —  
 Fertility Status: —  
 Fertility Comment: —

Condition	Age of Onset	Comment
Allergies		pollen
Elevated Lipids		

#### Mother

Relationship: Mother  
 Name: —  
 Status: Other  
 Age: —  
 Genetic Sex: Female  
 Gender Identity: Female  
 Father: —  
 Mother: —  
 Linked with: —  
 Comment: pt is ivf, he says that he does not know details of genetic mom  
 Fertility Status: —  
 Fertility Comment: —

#### Paternal Grandfather

Relationship: Paternal Grandfather  
 Name: —  
 Status: Deceased  
 Death Age: —  
 Genetic Sex: Male  
 Gender Identity: Male  
 Father: —  
 Mother: —  
 Linked with: —  
 Comment: —  
 Fertility Status: —  
 Fertility Comment: —

Condition	Age of Onset	Comment
CAD, Late Onset		79 yo, had MI

#### Sister

Relationship: Sister  
 Name: —  
 Status: Alive  
 Age: —  
 Genetic Sex: Female  
 Gender Identity: Female  
 Father: Patient's Father  
 Mother: Patient's Mother  
 Linked with: —  
 Comment: —  
 Fertility Status: —  
 Fertility Comment: —

Condition	Age of Onset	Comment
No Known Problems		

### Patient (continued)

#### History (continued) as of 5/3/2025

##### Substance & Sexuality History as of 5/3/2025

###### Tobacco Use as of 5/3/2025

Tobacco Use last reviewed by Mlakar, Rachel on 3/20/2025

Smoking Status	Smoking Start Date	Quit Date	Current Packs/Day	Average Packs/Day			
Never	—	—	—	—			
Smokeless Status	Smokeless Type	Smokeless Quit Date					
Never	—	—					
Source							
Provider							

##### Alcohol Use as of 5/3/2025

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Not Currently	—	—	—	Provider

##### Drug Use as of 5/3/2025

Drug Use	Types	Frequency	Comments	Source
Not Currently	—	—	—	Provider

##### Sexual Activity as of 5/3/2025

Sexually Active	Birth Control	Partners	Comments	Source
Not Asked	—	—	—	Provider

##### Socioeconomic History as of 5/3/2025

###### Socioeconomic as of 5/3/2025

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Single	—	—	—	—	English	Non-Hispanic/No Latino	White	—

##### Social Documentation History as of 5/3/2025

Going to stanford undergrad is on cross country team.lives on campus in a dorm. Things going overall well. Went to bellarmine in san jose

Exercise: runs frequently with CC team.  
 Source: Provider

##### Advance Care Planning

###### Plan

###### Patient Capacity

The patient has full capacity. There is no history of patient status change.

### Patient (continued)

#### Advance Care Planning (continued)

##### Current Code Status

Date Active	Code Status	Order ID	Comments	User	Context
Not on file					

##### Active Health Care Agents

There are no active Health Care Agents on file.

03/20/2025 - Office Visit in Arrillaga Sports Medicine Center

## Reason for Visit

Chief complaint: Follow Up Visit  
Visit diagnosis: Sports physical

## Medication List

## Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

## Active at the End of Visit

## **EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln**

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      End date: 4/29/2025  
Quantity: 18 g      Refill: 1 refill remaining

## **azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      Action: Patient not taking  
Quantity: 30 mL      Refill: 3 refills remaining

## **cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily  
Authorized by: Song, Leina'Ala Yee Lan Kanahale, MD  
Start date: 5/6/2024  
Quantity: 30 Tablet  
Ordered on: 5/6/2024  
End date: 5/6/2025  
Refill: No refills remaining

## fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler

Instructions: 1 Puff by Inhalation route every day  
Authorized by: Dykowski, Sara Elizabeth, MD  
Start date: 5/13/2024  
Refill: 3 refills remaining  
Ordered on: 5/13/2024  
Quantity: 1 Each

## **Vitamin D3 125 mcg (5,000 unit) TABS**

Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Anderson, Mitchell Paul, MD      Ordered on: 9/6/2024  
Start date: 9/6/2024      Quantity: 100 tablet  
Refill: No refills remaining

## **Ioratadine (Claritin) 10 mg tablet**

Instructions: Take 1 tablet (10 mg total) by mouth daily as needed  
Authorized by: Mooth, Audriana, DO      Ordered on: 10/15/2024  
Start date: 10/15/2024      Action: Patient not taking  
Quantity: 30 tablet      Refill: No refills remaining

**fluticasone propionate (Flonase) 50 mcg/actuation SpSn spray**

Instructions: 2 sprays by Nasal route 2 times a day  
Authorized by: Anderson, Mitchell Paul, MD  
Start date: 1/10/2025  
Quantity: 16 g  
Ordered on: 1/10/2025  
Action: Patient not taking  
Refill: No refills remaining

**03/20/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**
**Medication List (continued)**
**oxymetazoline (Afrin) 0.05 % nasal spray**

Instructions: 2 sprays by Nasal route 2 times a day as needed ONLY for 3 days

Authorized by: Anderson, Mitchell Paul, MD

Ordered on: 1/10/2025

Start date: 1/10/2025

Action: Patient not taking

Quantity: 15 mL

Refill: No refills remaining

**guaiFENesin-dextromethorphan (ROBITUSSIN-DM) 10-100 mg/5 mL oral syrup**

Instructions: Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)

Authorized by: Anderson, Mitchell Paul, MD

Ordered on: 1/10/2025

Start date: 1/10/2025

Action: Patient not taking

Quantity: 89 mL

Refill: No refills remaining

**Stopped in Visit**

None

**Medication Comment**
**Tran, Amy, MA on 11/8/2024 1424**

Medication Reconciliation Complete. Amy Tran, MA 11/08/24 2:24 PM

11-2-22 Medications were reviewed with the patient. NN

Medication Reconciliation Complete. Amy Tran, MA 07/27/23 3:28 PM

**Clinical Notes**
**Progress Notes**
**Fredericson, Michael, MD at 3/20/2025 1545**

Please see scanned exit physical under Media tab for clinic visit information.

**Current issues:**

R posterior ankle pain, suspected gastroc/soleus strain 3/2025 - now also having lateral ankle pain, achilles pain. Currently limits his ability to run. Does not plan to continue competing after graduation and does not desire further workup/treatment at this time. Instructed him to let us know if things do not improve, and we would be happy to see him to further address this issue.

**While at Stanford:**

R ankle sprain 1/2025 - resolved

R ankle sprain/peroneal tendon injury 1/2024 - resolved

Post-viral fatigue 12/2023 - resolved

R SI joint pain 9/2022 - resolved

Stephanie Raye Douglas, MD 3/20/2025 3:45 PM

Michael Fredericson, MD

Professor, Sports Medicine

I was present and directly participated in the care of this patient. I have reviewed the resident/fellow note, made edits

**03/20/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

as indicated, and agree with the documented findings, assessment, and plan.

Electronically signed by Fredericson, Michael, MD at 3/24/2025 11:55 AM

**Flowsheets**

**Custom Formula Data**

Row Name	03/20/25 1558
<b>Hemodynamics</b>	
Mean Arterial Pressure (Calculated)	92 mmHg -RM
Pressure	

**Encounter Vitals**

Row Name	03/20/25 1558
Encounter Vitals	
BP	137/70 -RM
Patient site	Right arm -RM
Patient Position	Sitting -RM
Pulse	58 -RM
SpO2	98 % -RM

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
RM	Mlakar, Rachel	—	—	03/20/2025

**After Visit Summary**

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

## 03/20/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)

### After Visit Summary (continued)

## AFTER VISIT SUMMARY



**Galen Topper** MRN: 62437256

 3/20/2025 3:45 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Michael Fredericson, MD on Thursday March 20, 2025.

### What's Next

**MAR 20 2025** Exit Physical Exam with Michael Fredericson, MD  
Thursday March 20 3:45 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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**03/20/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**Your Medication List** as of March 19, 2025 5:05 PM

**ⓘ** Always use your most recent med list.

<b>albuterol</b> 90 mcg/actuation HFA inhaler Commonly known as: Proventil	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing
<b>azelastine</b> 137 mcg (0.1 %) nasal spray Commonly known as: Astelin	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.
<b>cetirizine</b> 10 mg tablet Commonly known as: ZyrTEC	take 1 Tablet (10 mg total) by mouth daily
<b>EpiPen</b> 0.3 mg/0.3 mL injector Generic drug: EPINEPHrine	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.
<b>fluticasone furoate-vilanterol</b> 100-25 mcg/dose inhaler Commonly known as: Breo Ellipta	1 Puff by Inhalation route every day
<b>fluticasone propionate</b> 50 mcg/actuation Spsn spray Commonly known as: Flonase	2 sprays by Nasal route 2 times a day
<b>guaiFENesin-dextromethorphan</b> 100-10 mg/5 mL oral syrup Commonly known as: Robitussin-DM	Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)
<b>loratadine</b> 10 mg tablet Commonly known as: Claritin	Take 1 tablet (10 mg total) by mouth daily as needed
<b>oxymetazoline</b> 0.05 % nasal spray Commonly known as: Afrin	2 sprays by Nasal route 2 times a day as needed ONLY for 3 days
<b>Vitamin D3</b> 125 mcg (5,000 unit) Tabs Generic drug: Cholecalciferol (Vitamin D3)	Take 1 tablet by mouth every weekday (none on weekends)

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

## 03/20/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents

#### After Visit Summary - Document on 3/19/2025 5:05 PM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 3/20/2025 3:45 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Michael Fredericson, MD on Thursday March 20, 2025.

### What's Next

MAR 20 2025 Exit Physical Exam with Michael Fredericson, MD  
Thursday March 20 3:45 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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**03/20/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

**Your Medication List** as of March 19, 2025 5:05 PM

 Always use your most recent med list.

<b>albuterol</b> 90 mcg/actuation HFA inhaler  Commonly known as: Proventil	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing
<b>azelastine</b> 137 mcg (0.1 %) nasal spray  Commonly known as: Astelin	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.
<b>cetirizine</b> 10 mg tablet  Commonly known as: ZyrTEC	take 1 Tablet (10 mg total) by mouth daily
<b>EpiPen</b> 0.3 mg/0.3 mL injector  Generic drug: EPINEPHrine	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.
<b>fluticasone furoate-vilanterol</b> 100-25 mcg/dose Inhaler  Commonly known as: Breo Ellipta	1 Puff by Inhalation route every day
<b>fluticasone propionate</b> 50 mcg/actuation Spns spray  Commonly known as: Flonase	2 sprays by Nasal route 2 times a day
<b>guaiFENesin-dextromethorphan</b> 100-10 mg/5 mL oral syrup  Commonly known as: Robitussin-DM	Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)
<b>loratadine</b> 10 mg tablet  Commonly known as: Claritin	Take 1 tablet (10 mg total) by mouth daily as needed
<b>oxymetazoline</b> 0.05 % nasal spray  Commonly known as: Afrin	2 sprays by Nasal route 2 times a day as needed ONLY for 3 days
<b>Vitamin D3</b> 125 mcg (5,000 unit) Tabs  Generic drug: Cholecalciferol (Vitamin D3)	Take 1 tablet by mouth every weekday (none on weekends)

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**03/20/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

**Clinic Documentation Sports Medicine - Scan on 3/24/2025 8:56 AM: Sports Medicine**

Scan (below)

Name: TOPPER, GALEN MRN: 62437256

ENC# 42845976 HAR# 50016207604  
 Topper, Galen  
 DOB: 6/21/2002 M MRN:62437256  
 SPORTS MEDICINE CENTER  
 FREDERICSON, MICHAEL  
 3/20/25 3:45 PM CSN:131398107633



LAST NAME, FIRST	Topper, Galen
DATE OF BIRTH	06/21/2002
SPORT	Mens Cross Country
DATE OF EXIT EXAM	03/20/2025
TEAM PHYSICIAN	Dr Fred
ATHLETIC TRAINER	Erica Nelson

**STANFORD UNIVERSITY SPORTS MEDICINE EXIT PHYSICAL**

Have you had any surgery during your time at Stanford?

YES

Explain:

NO

Have you been hospitalized or experience any major illnesses during your time at Stanford?

YES

Explain:

NO

Have you had any head injuries, concussions, accidents and/or fractures during your time at Stanford?

YES

Explain:

NO

Have you had any other medical conditions/treatment during your time at Stanford not listed above?

YES

Explain: Chronic Ankle/achilles issues including multiple sprains and other injuries.

NO

Are there any other medical conditions or health issues which you would like addressed?

YES

Explain:

NO

The undersigned certifies that the answers to the questions above are correct and true.

**X** Signed by:

3/20/2025

Student Athlete Signature and Date

**X**

Physician Signature and Date

To be completed by physician only

SPORTS RELATED INJURY/ILLNESS	DATE OF INJURY	RESOLVED	EXIT VS
R ankle sprain	1/2025	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
R ankle sprain	1/2024	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
R SI joint pain	9/2022	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
R posterior/lateral ankle pain	3/2025	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

Exit Physical Modified 4.12.23

03/04/2025 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Ankle Pain  
Visit diagnosis: Pain in joint involving right ankle and foot

## Medication List

## Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

### Active at the End of Visit

## EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.  
Keep trainer pen separate so not confused with real pen during an emergency.  
Authorized by: Roh, Eugene Yousik, MD      Ordered on: 4/22/2024  
Start date: 4/22/2024      Quantity: 1 Each  
Refill: No refills remaining

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      End date: 4/29/2025  
Quantity: 18 g      Refill: 1 refill remaining

## **azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      Action: Patient not taking  
Quantity: 30 mL      Refill: 3 refills remaining

## **cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily  
Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD  
Start date: 5/6/2024  
Quantity: 30 Tablet  
Ordered on: 5/6/2024  
End date: 5/6/2025  
Refill: No refills remaining

## fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler

Instructions: 1 Puff by Inhalation route every day  
Authorized by: Dykowski, Sara Elizabeth, MD  
Start date: 5/13/2024  
Refill: 3 refills remaining  
Ordered on: 5/13/2024  
Quantity: 1 Each

## **Vitamin D3 125 mcg (5,000 unit) TABS**

Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Anderson, Mitchell Paul, MD      Ordered on: 9/6/2024  
Start date: 9/6/2024      Quantity: 100 tablet  
Refill: No refills remaining

## **Ioratadine (Claritin) 10 mg tablet**

Instructions: Take 1 tablet (10 mg total) by mouth daily as needed  
Authorized by: Mooth, Audriana, DO      Ordered on: 10/15/2024  
Start date: 10/15/2024      Action: Patient not taking  
Quantity: 30 tablet      Refill: No refills remaining

## **fluticasone propionate (Flonase) 50 mcg/actuation SpSn spray**

Instructions: 2 sprays by Nasal route 2 times a day  
Authorized by: Anderson, Mitchell Paul, MD  
Start date: 1/10/2025  
Quantity: 16 g  
Ordered on: 1/10/2025  
Action: Patient not taking  
Refill: No refills remaining

**03/04/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Medication List (continued)**

**oxymetazoline (Afrin) 0.05 % nasal spray**

Instructions: 2 sprays by Nasal route 2 times a day as needed ONLY for 3 days

Authorized by: Anderson, Mitchell Paul, MD

Ordered on: 1/10/2025

Start date: 1/10/2025

Action: Patient not taking

Quantity: 15 mL

Refill: No refills remaining

**guaiFENesin-dextromethorphan (ROBITUSSIN-DM) 10-100 mg/5 mL oral syrup**

Instructions: Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)

Authorized by: Anderson, Mitchell Paul, MD

Ordered on: 1/10/2025

Start date: 1/10/2025

Action: Patient not taking

Quantity: 89 mL

Refill: No refills remaining

**Stopped in Visit**

None

**Medication Comment**

**Tran, Amy, MA on 11/8/2024 1424**

Medication Reconciliation Complete. Amy Tran, MA 11/08/24 2:24 PM

11-2-22 Medications were reviewed with the patient. NN

Medication Reconciliation Complete. Amy Tran, MA 07/27/23 3:28 PM

**Clinical Notes**

**Progress Notes**

**Hwang, Calvin Eric, MD at 3/4/2025 1415**

**Stanford Sports Medicine Clinic Note**

**Sport:** Track and Field

**Chief complaint:**

**Chief Complaint**

Patient presents with

- Ankle Pain

**History of Present Illness:**

Galen Topper is a 22 Y male who presents to Sports Medicine Clinic for evaluation of R ankle pain.

Reports severe sharp pain in myotendinous junction of R calf this past Friday. States the pain felt as if he had been kicked and started while he was moving at a steady pace w/o any fall, mis-step, or other injury. Denies weakness, numbness, bruising, skin changes. Has not taken meds but has been wearing a boot since Friday. Reports sharp bursts of pain when ~ 3 steps in when attempting to run and thus has not run again. States walking feels mostly fine. Reports prior ankle inversion injury in that same extremity is improving.

**03/04/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

**Review of Systems:**

Pertinent positives are noted in the HPI, otherwise ROS was negative.

**Physical Exam:**

**Vital Signs:**

**Visit Vitals:**

03/04/25 1420

BP: 123/75  
Pulse: 75  
SpO2: 96%

**General:** Normal appearance, no acute distress. Vital signs as noted above.

**HEENT:** Atraumatic, pupils equal

**Cardiovascular:** Skin warm and well-perfused

**Respiratory:** No respiratory distress appreciated

**Abdominal:** Non-distended

**Skin:** No visible rashes, skin lesions, or ulcerations

**Extremities:** No obvious extremity deformities

**Psych:** Provides an organized and detailed history, responds to questions appropriately

**Neuro:** Alert, awake, conversant and interactive.

**Musculoskeletal:** Mild ttp at the calcaneous-achilles junction, negative thompson, symmetric strength and sensation bilat, no skin changes

**Imaging:**

POCUS w/o evidence of achilles tear. Gastroc w/o evidence of tear.

**Assessment:**

Galen Topper is a 22 Y male who presents to Sports Medicine Clinic for evaluation of R posterior ankle pain w negative thompson test. Suspect low grade strain of Soleus>Gastroc.

**Plan:**

- Imaging: Shared decision making to defer MRI for now and consider next if not improving/worsening
- Meds: NSAIDs
- Supportive Care: RICE
- Assistive Devices: Dc walking boot
- Follow-up: As needed

**Return to Play Guidelines:** Limit to walking while monitoring improvement

The plan of care was discussed with the patient and Dr. Hwang, and all questions were answered.

Diego X. Torres MD  
EM PGY3

I was present and directly participated in the care of this patient. I have reviewed the resident/fellow note, and agree with the documented findings, assessment, and plan.

Calvin Eric Hwang, MD 11:02 AM

**03/04/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

**Flowsheets**

**Custom Formula Data**

Row Name	03/04/25 1420
<b>Hemodynamics</b>	
Mean Arterial Pressure (Calculated)	91 mmHg -RM
Pressure	

**Encounter Vitals**

Row Name	03/04/25 1420
<b>Encounter Vitals</b>	
BP	123/75 -RM
Patient site	Right arm -RM
Patient Position	Sitting -RM
Pulse	75 -RM
SpO2	96 % -RM

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
RM	Mlakar, Rachel	—	—	03/04/2025

**After Visit Summary**

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

## 03/04/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)

### After Visit Summary (continued)

## AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 3/4/2025 2:15 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Calvin Eric Hwang, MD on Tuesday March 4, 2025.

### What's Next

MAR 4 2025 Follow Up Visit with Calvin Eric Hwang, MD  
Tuesday March 4 2:15 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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**03/04/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**Your Medication List** as of March 4, 2025 12:59 PM

**ⓘ** Always use your most recent med list.

<b>albuterol</b> 90 mcg/actuation HFA inhaler Commonly known as: Proventil	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing
<b>azelastine</b> 137 mcg (0.1 %) nasal spray Commonly known as: Astelin	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.
<b>cetirizine</b> 10 mg tablet Commonly known as: ZyrTEC	take 1 Tablet (10 mg total) by mouth daily
<b>EpiPen</b> 0.3 mg/0.3 mL injector Generic drug: EPINEPHrine	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.
<b>fluticasone furoate-vilanterol</b> 100-25 mcg/dose inhaler Commonly known as: Breo Ellipta	1 Puff by Inhalation route every day
<b>fluticasone propionate</b> 50 mcg/actuation Spsn spray Commonly known as: Flonase	2 sprays by Nasal route 2 times a day
<b>guaiFENesin-dextromethorphan</b> 100-10 mg/5 mL oral syrup Commonly known as: Robitussin-DM	Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)
<b>loratadine</b> 10 mg tablet Commonly known as: Claritin	Take 1 tablet (10 mg total) by mouth daily as needed
<b>oxymetazoline</b> 0.05 % nasal spray Commonly known as: Afrin	2 sprays by Nasal route 2 times a day as needed ONLY for 3 days
<b>Vitamin D3</b> 125 mcg (5,000 unit) Tabs Generic drug: Cholecalciferol (Vitamin D3)	Take 1 tablet by mouth every weekday (none on weekends)

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

## 03/04/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents

#### After Visit Summary - Document on 3/4/2025 12:59 PM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 3/4/2025 2:15 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Calvin Eric Hwang, MD on Tuesday March 4, 2025.

### What's Next

MAR 4 2025 Follow Up Visit with Calvin Eric Hwang, MD  
Tuesday March 4 2:15 PM

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**03/04/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

**Your Medication List** as of March 4, 2025 12:59 PM

 Always use your most recent med list.

<b>albuterol</b> 90 mcg/actuation HFA inhaler  Commonly known as: Proventil	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing
<b>azelastine</b> 137 mcg (0.1 %) nasal spray  Commonly known as: Astelin	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.
<b>cetirizine</b> 10 mg tablet  Commonly known as: ZyrTEC	take 1 Tablet (10 mg total) by mouth daily
<b>EpiPen</b> 0.3 mg/0.3 mL injector  Generic drug: EPINEPHrine	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.
<b>fluticasone furoate-vilanterol</b> 100-25 mcg/dose Inhaler  Commonly known as: Breo Ellipta	1 Puff by Inhalation route every day
<b>fluticasone propionate</b> 50 mcg/actuation Spns spray  Commonly known as: Flonase	2 sprays by Nasal route 2 times a day
<b>guaiFENesin-dextromethorphan</b> 100-10 mg/5 mL oral syrup  Commonly known as: Robitussin-DM	Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)
<b>loratadine</b> 10 mg tablet  Commonly known as: Claritin	Take 1 tablet (10 mg total) by mouth daily as needed
<b>oxymetazoline</b> 0.05 % nasal spray  Commonly known as: Afrin	2 sprays by Nasal route 2 times a day as needed ONLY for 3 days
<b>Vitamin D3</b> 125 mcg (5,000 unit) Tabs  Generic drug: Cholecalciferol (Vitamin D3)	Take 1 tablet by mouth every weekday (none on weekends)

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**03/03/2025 - Appointment in Arrillaga Sports Medicine Center**

**Medication List**

**Medication List**

ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

**Active at the End of Visit**

**EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln**

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.  
Keep trainer pen separate so not confused with real pen during an emergency.

Authorized by: Roh, Eugene Yousik, MD

Ordered on: 4/22/2024

Start date: 4/22/2024

Quantity: 1 Each

Refill: No refills remaining

**azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.

Authorized by: Tirumalasetty, Jyothi Iswarya, MD

Ordered on: 4/29/2024

Start date: 4/29/2024

Action: Patient not taking

Quantity: 30 mL

Refill: 3 refills remaining

**cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily

Ordered on: 5/6/2024

Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD

End date: 5/6/2025

Start date: 5/6/2024

Refill: No refills remaining

Quantity: 30 Tablet

**fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler**

Instructions: 1 Puff by Inhalation route every day

Ordered on: 5/13/2024

Authorized by: Dykowski, Sara Elizabeth, MD

Quantity: 1 Each

Start date: 5/13/2024

Refill: 3 refills remaining

**Vitamin D3 125 mcg (5,000 unit) TABS**

Instructions: Take 1 tablet by mouth every weekday (none on weekends)

Ordered on: 9/6/2024

Authorized by: Anderson, Mitchell Paul, MD

Quantity: 100 tablet

Start date: 9/6/2024

Refill: No refills remaining

**loratadine (Claritin) 10 mg tablet**

Instructions: Take 1 tablet (10 mg total) by mouth daily as needed

Ordered on: 10/15/2024

Authorized by: Mooth, Audriana, DO

Action: Patient not taking

Start date: 10/15/2024

Refill: No refills remaining

Quantity: 30 tablet

**fluticasone propionate (Flonase) 50 mcg/actuation SpSn spray**

Instructions: 2 sprays by Nasal route 2 times a day

Ordered on: 1/10/2025

Authorized by: Anderson, Mitchell Paul, MD

Action: Patient not taking

Start date: 1/10/2025

Refill: No refills remaining

Quantity: 16 g

**oxymetazoline (Afrin) 0.05 % nasal spray**

Instructions: 2 sprays by Nasal route 2 times a day as needed ONLY for 3 days

Ordered on: 1/10/2025

Authorized by: Anderson, Mitchell Paul, MD

Action: Patient not taking

Start date: 1/10/2025

Refill: No refills remaining

Quantity: 15 mL

**guIFENesin-dextromethorphan (ROBITUSSIN-DM) 10-100 mg/5 mL oral syrup**

Instructions: Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)

Ordered on: 1/10/2025

Authorized by: Anderson, Mitchell Paul, MD

### 03/03/2025 - Appointment in Arrillaga Sports Medicine Center (continued)

#### Medication List (continued)

Start date: 1/10/2025  
Quantity: 89 mL

Action: Patient not taking  
Refill: No refills remaining

#### Stopped in Visit

None

#### Medication Comment

##### Tran, Amy, MA on 11/8/2024 1424

Medication Reconciliation Complete. Amy Tran, MA 11/08/24 2:24 PM

11-2-22 Medications were reviewed with the patient. NN

Medication Reconciliation Complete. Amy Tran, MA 07/27/23 3:28 PM

#### After Visit Summary

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After Visit Summary (below)

## 03/03/2025 - Appointment in Arrillaga Sports Medicine Center (continued)

### After Visit Summary (continued)

## AFTER VISIT SUMMARY



**Galen Topper** MRN: 62437256

 3/3/2025 1:00 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Leina'Ala Yee Lan Kanahele Song, MD on Monday March 3, 2025.

### What's Next

MAR 3 2025 Follow Up Visit with Leina'Ala Yee Lan Kanahele Song, MD  
Monday March 3 1:00 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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**03/03/2025 - Appointment in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**Your Medication List** as of March 3, 2025 8:15 AM

**(i)** Always use your most recent med list.

<b>albuterol</b> 90 mcg/actuation HFA inhaler Commonly known as: Proventil	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing
<b>azelastine</b> 137 mcg (0.1 %) nasal spray Commonly known as: Astelin	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.
<b>cetirizine</b> 10 mg tablet Commonly known as: ZyrTEC	take 1 Tablet (10 mg total) by mouth daily
<b>EpiPen</b> 0.3 mg/0.3 mL injector Generic drug: EPINEPHrine	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.
<b>fluticasone furoate-vilanterol</b> 100-25 mcg/dose inhaler Commonly known as: Breo Ellipta	1 Puff by Inhalation route every day
<b>fluticasone propionate</b> 50 mcg/actuation Spsn spray Commonly known as: Flonase	2 sprays by Nasal route 2 times a day
<b>guaiFENesin-dextromethorphan</b> 100-10 mg/5 mL oral syrup Commonly known as: Robitussin-DM	Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)
<b>loratadine</b> 10 mg tablet Commonly known as: Claritin	Take 1 tablet (10 mg total) by mouth daily as needed
<b>oxymetazoline</b> 0.05 % nasal spray Commonly known as: Afrin	2 sprays by Nasal route 2 times a day as needed ONLY for 3 days
<b>Vitamin D3</b> 125 mcg (5,000 unit) Tabs Generic drug: Cholecalciferol (Vitamin D3)	Take 1 tablet by mouth every weekday (none on weekends)

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## 03/03/2025 - Clinical Documentation Only in Arrillaga Sports Medicine Center

### Documents

#### After Visit Summary - Document on 3/3/2025 8:15 AM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 3/3/2025 1:00 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Leina'Ala Yee Lan Kanahele Song, MD on Monday March 3, 2025.

### What's Next

MAR 3 2025 Follow Up Visit with Leina'Ala Yee Lan Kanahele  
Song, MD  
Monday March 3 1:00 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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**03/03/2025 - Clinical Documentation Only in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

**Your Medication List** as of March 3, 2025 8:15 AM

 Always use your most recent med list.

<b>albuterol</b> 90 mcg/actuation HFA inhaler  Commonly known as: Proventil	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing
<b>azelastine</b> 137 mcg (0.1 %) nasal spray  Commonly known as: Astelin	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.
<b>cetirizine</b> 10 mg tablet  Commonly known as: ZyrTEC	take 1 Tablet (10 mg total) by mouth daily
<b>EpiPen</b> 0.3 mg/0.3 mL injector  Generic drug: EPINEPHrine	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.
<b>fluticasone furoate-vilanterol</b> 100-25 mcg/dose Inhaler  Commonly known as: Breo Ellipta	1 Puff by Inhalation route every day
<b>fluticasone propionate</b> 50 mcg/actuation Spsn spray  Commonly known as: Flonase	2 sprays by Nasal route 2 times a day
<b>guaiFENesin-dextromethorphan</b> 100-10 mg/5 mL oral syrup  Commonly known as: Robitussin-DM	Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)
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<b>oxymetazoline</b> 0.05 % nasal spray  Commonly known as: Afrin	2 sprays by Nasal route 2 times a day as needed ONLY for 3 days
<b>Vitamin D3</b> 125 mcg (5,000 unit) Tabs  Generic drug: Cholecalciferol (Vitamin D3)	Take 1 tablet by mouth every weekday (none on weekends)

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02/10/2025 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Ankle Pain  
Visit diagnosis: Sprain of right ankle, unspecified ligament, initial encounter

## Medication List

## Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

## Active at the End of Visit

## **EPINEPHErIne (EpiPen) 0.3 mg/0.3 mL Atln**

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      End date: 4/29/2025  
Quantity: 18 g      Refill: 1 refill remaining

## **azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      Action: Patient not taking  
Quantity: 30 mL      Refill: 3 refills remaining

## **cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily  
Authorized by: Song, Leina'Ala Yee Lan Kanahale, MD  
Start date: 5/6/2024  
Quantity: 30 Tablet  
Ordered on: 5/6/2024  
End date: 5/6/2025  
Refill: No refills remaining

## fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler

Instructions: 1 Puff by Inhalation route every day  
Authorized by: Dykowski, Sara Elizabeth, MD  
Start date: 5/13/2024  
Refill: 3 refills remaining  
Ordered on: 5/13/2024  
Quantity: 1 Each

## **Vitamin D3 125 mcg (5,000 unit) TABS**

Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Anderson, Mitchell Paul, MD      Ordered on: 9/6/2024  
Start date: 9/6/2024      Quantity: 100 tablet  
Refill: No refills remaining

## **Ioratadine (Claritin) 10 mg tablet**

Instructions: Take 1 tablet (10 mg total) by mouth daily as needed  
Authorized by: Mooth, Audriana, DO      Ordered on: 10/15/2024  
Start date: 10/15/2024      Action: Patient not taking  
Quantity: 30 tablet      Refill: No refills remaining

**fluticasone propionate (Flonase) 50 mcg/actuation SpSn spray**

Instructions: 2 sprays by Nasal route 2 times a day  
Authorized by: Anderson, Mitchell Paul, MD  
Start date: 1/10/2025  
Quantity: 16 g  
Ordered on: 1/10/2025  
Action: Patient not taking  
Refill: No refills remaining

**02/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Medication List (continued)**

**oxymetazoline (Afrin) 0.05 % nasal spray**

Instructions: 2 sprays by Nasal route 2 times a day as needed ONLY for 3 days

Authorized by: Anderson, Mitchell Paul, MD

Ordered on: 1/10/2025

Start date: 1/10/2025

Action: Patient not taking

Quantity: 15 mL

Refill: No refills remaining

**guaiFENesin-dextromethorphan (ROBITUSSIN-DM) 10-100 mg/5 mL oral syrup**

Instructions: Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)

Authorized by: Anderson, Mitchell Paul, MD

Ordered on: 1/10/2025

Start date: 1/10/2025

Action: Patient not taking

Quantity: 89 mL

Refill: No refills remaining

**Stopped in Visit**

None

**Medication Comment**

**Tran, Amy, MA on 11/8/2024 1424**

Medication Reconciliation Complete. Amy Tran, MA 11/08/24 2:24 PM

11-2-22 Medications were reviewed with the patient. NN

Medication Reconciliation Complete. Amy Tran, MA 07/27/23 3:28 PM

**Clinical Notes**

**Progress Notes**

**Song, Leina'Ala Yee Lan Kanahele, MD at 2/10/2025 1400**

**Stanford Sports Medicine Health Center Visit for: Galen Topper**

**DOB: 6/21/2002 MRN: 62437256**

**Sport: Track and Field**

**History of Present Illness**

The patient presents for a right ankle sprain. He sustained the injury while playing basketball yesterday, resulting in an inversion injury. Despite the discomfort, he attempted to maintain mobility in the affected ankle and has been able to weight bear. He is currently using a boot. He has not taken any medications for the pain. He reports minimal swelling and bruising, even with the initial injury. He expresses concern about the potential for recurrent sprains. This is not his first experience with such an injury, as he has a history of chronic ankle sprains. Despite undergoing physical therapy, he reports a lack of strength in the ankle, which he believes contributes to recurrent sprains.

**Meds:**

**Current Outpatient Medications:**

- albuterol 90 mcg/actuation HFA inhaler
- azelastine (Astelin) 137 mcg (0.1 %) nasal spray
- cetirizine (ZyrTEC) 10 mg tablet
- EPINEPPhrine (EpiPen) 0.3 mg/0.3 mL AtIn

**02/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

- fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler
- fluticasone propionate (Flonase) 50 mcg/actuation SpSn spray
- guaiFENesin-dextromethorphan (ROBITUSSIN-DM) 10-100 mg/5 mL oral syrup
- loratadine (Claritin) 10 mg tablet
- oxymetazoline (Afrin) 0.05 % nasal spray
- Vitamin D3 125 mcg (5,000 unit) TABS

ROS: Negative except as noted in HPI.

Past medical history:

**Past Medical History:**

**Diagnosis**

Diagnosis	Date
• Acute nonintractable headache <i>Episodes of tunnel vision with headache and once LOC after work out, four times within the last year with two last episodes occurring on June 14 and 15, 2018. Sx started in 9-2017. Fh negative for migraine or cardiac issus.</i>	6/29/2018
• Concern about growth <i>Labs in 7-2015. T 111 at 13yo.</i>	7/2/2015
• Dermographism <i>Pronounced during the WCC 10-31-13. Possible allergy to sea food- to allergist.</i>	10/31/2013
• Development delay	1/04
• Heart murmur	7/04,8/05
• Keratosis pilaris	
• Lactose intolerance	8/17/2018
• Language delay	
• Multiple allergies <i>Saw Allergist 2-2014: IMPRESSION: Galen is an 11 year old with possible shellfish allergy, dermatographism, chronic rhinitis, and history of positive RAST to peanut and dust mite, who presents for initial consultation. For possible shellfish allergy, send seafood allergy screen. Will avoid skin testing due to dermatographism. Avoid shellfish and use EpiPen as needed. For large local reaction to</i>	2/13/2014
• Nevus sebaceous <i>on scalp, saw Derm</i>	
• Syncope <i>In September of 2017 after strenuous long run syncope with tunnel vision with loss of vision that lasted for hours. FH negative for migraine or cardiac issues- see visit 6-29-2018.</i>	6/29/2018
• Twin birth, mate liveborn	
• Viral warts <i>2017 on R thumb- will use OTC.</i>	8/16/2017

**Patient Active Problem List**

Diagnosis	Code
• Keratosis pilaris	L85.8
• Dermographism	L50.3
• Multiple allergies	Z88.9
• Acute nonintractable headache	R51.9
• Vasovagal syncope	R55
• Lactose intolerance	E73.9
• Breathing difficulty	R06.89
• Sacroiliitis (CMS-HCC)	M46.1
• Right foot pain	M79.671

**02/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

- Anaphylactic syndrome T78.2XXA

**Visit Vitals**

BP 124/76 (Patient site: Left Arm,  
Patient Position: Sitting)  
Pulse 63  
SpO2 98%

**Physical Exam**

Right ankle was examined.

**Ankle Exam (Right)**

- Inspection: trace effusion noted. no ecchymosis.
- Palpation: TTP over the ATFL. No TTP over the lateral malleolus, medial malleolus, base of the 5th metatarsal, navicular, or talus. No deltoid ligament tenderness. No TTP over the peroneal tendons.
- ROM: Passive eversion & inversion of the subtalar joint normal but painful .
- Strength: Strength full and symmetric throughout..}.
- Resisted external rotation of the foot in plantar flexion does not reproduce pain in the base of the 5th metatarsal.
- Syndesmosis: Tibiofibular squeeze test (-). (-) Fibular translation.
- Ligament stress testing: Anterior drawer (ATFL) negative for laxity. Talar tilt (CFL) (-) for laxity or pain.
- Dorsiflexion-eversion against resistance (deltoid ligament) (-) for pain.
- Neuro: Sensation is intact to light touch throughout.
- Vascular: Distal pulses are intact

**Results**

MRI ANKLE: 1/11/2024 17:20

**IMPRESSION:**

1. Sequelae of prior Chopart injury with minimally displaced avulsion injury of the dorsal talar head and associated moderate dorsal talonavicular ligament sprain.
2. Mildly increased signal within the peroneus brevis insertion, compatible with tendinopathy or low-grade strain, with mild peritendinitis. Mild tendinopathy of the inframalleolar peroneus longus with peritendinitis edema subjacent to the cuboid. Mild peroneal tenosynovitis.
3. Chondral fissuring/delamination along the superomedial tibial plafond and chondral fraying of the adjacent medial talar dome.

**Assessment & Plan**

Patient has findings consistent with low grade ankle sprain. No e/o syndesmotic injury or laxity. Pain primarily over the ATFL. Discussed importance of maintaining ROM, weaning from boot, as well as adherence to physical therapy / maintenance PT to prevent recurrent ankle sprains. RTC if patient plateaus or symptoms fail to improve.

Leinā'ala Song, MD  
2/10/2025

*Galen Topper has been informed that audio recording tools aided in the generation of this note.*

 Contains text generated by DAX Copilot

Electronically signed by Song, Leina'Ala Yee Lan Kanahele, MD at 2/10/2025 2:54 PM

**02/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

**Flowsheets**

**Custom Formula Data**

Row Name	02/10/25 1403
Hemodynamics	
Mean Arterial	92 mmHg -JH
Pressure (Calculated)	

**Encounter Extended Vitals**

Row Name	02/10/25 1403
Pain Related to this Visit? No pain = 0	
Pain Level - 1st	0 -JH
Site	
Fall Risk	
Have you fallen in the last 30 days?	No -JH
Additional Blood Pressure Information	
BP	124/76 -JH
Additional Pulse Information	
Pulse	63 -JH
Additional Respiratory Information	
SpO2	98 % -JH

**Encounter Vitals**

Row Name	02/10/25 1403
Encounter Vitals	
BP	124/76 -JH
Patient site	Left Arm -JH
Patient Position	Sitting -JH
Pulse	63 -JH
SpO2	98 % -JH

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
JH	Hernandez, Jesse, MA	Medical Assistant	—	02/10/2025

**After Visit Summary**

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

## 02/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)

### After Visit Summary (continued)

## AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 2/10/2025 2:00 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Leina'Ala Yee Lan Kanahele Song, MD on Monday February 10, 2025.

### What's Next

**FEB 10 2025** Follow Up Visit with Leina'Ala Yee Lan Kanahele Song, MD  
Monday February 10 2:00 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

### Stay Connected with MyHealth

View your After Visit Summary online, manage your prescriptions, make appointments, communicate with your care team. To access your account visit [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

**02/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**Your Medication List** as of February 10, 2025 1:25 PM

**ⓘ** Always use your most recent med list.

<b>albuterol</b> 90 mcg/actuation HFA inhaler Commonly known as: Proventil	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing
<b>azelastine</b> 137 mcg (0.1 %) nasal spray Commonly known as: Astelin	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.
<b>cetirizine</b> 10 mg tablet Commonly known as: ZyrTEC	take 1 Tablet (10 mg total) by mouth daily
<b>EpiPen</b> 0.3 mg/0.3 mL injector Generic drug: EPINEPHrine	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.
<b>fluticasone furoate-vilanterol</b> 100-25 mcg/dose inhaler Commonly known as: Breo Ellipta	1 Puff by Inhalation route every day
<b>fluticasone propionate</b> 50 mcg/actuation Spsn spray Commonly known as: Flonase	2 sprays by Nasal route 2 times a day
<b>guaiFENesin-dextromethorphan</b> 100-10 mg/5 mL oral syrup Commonly known as: Robitussin-DM	Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)
<b>loratadine</b> 10 mg tablet Commonly known as: Claritin	Take 1 tablet (10 mg total) by mouth daily as needed
<b>oxymetazoline</b> 0.05 % nasal spray Commonly known as: Afrin	2 sprays by Nasal route 2 times a day as needed ONLY for 3 days
<b>Vitamin D3</b> 125 mcg (5,000 unit) Tabs Generic drug: Cholecalciferol (Vitamin D3)	Take 1 tablet by mouth every weekday (none on weekends)

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

## 02/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents

#### After Visit Summary - Document on 2/10/2025 1:25 PM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 2/10/2025 2:00 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Leina'Ala Yee Lan Kanahele Song, MD on Monday February 10, 2025.

### What's Next

**FEB 10 2025** Follow Up Visit with Leina'Ala Yee Lan Kanahele Song, MD  
Monday February 10 2:00 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
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650-723-5256

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**02/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

**Your Medication List** as of February 10, 2025 1:25 PM

 Always use your most recent med list.

<b>albuterol</b> 90 mcg/actuation HFA inhaler  Commonly known as: Proventil	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing
<b>azelastine</b> 137 mcg (0.1 %) nasal spray  Commonly known as: Astelin	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.
<b>cetirizine</b> 10 mg tablet  Commonly known as: ZyrTEC	take 1 Tablet (10 mg total) by mouth daily
<b>EpiPen</b> 0.3 mg/0.3 mL injector  Generic drug: EPINEPHrine	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.
<b>fluticasone furoate-vilanterol</b> 100-25 mcg/dose Inhaler  Commonly known as: Breo Ellipta	1 Puff by Inhalation route every day
<b>fluticasone propionate</b> 50 mcg/actuation Spsn spray  Commonly known as: Flonase	2 sprays by Nasal route 2 times a day
<b>guaiFENesin-dextromethorphan</b> 100-10 mg/5 mL oral syrup  Commonly known as: Robitussin-DM	Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)
<b>loratadine</b> 10 mg tablet  Commonly known as: Claritin	Take 1 tablet (10 mg total) by mouth daily as needed
<b>oxymetazoline</b> 0.05 % nasal spray  Commonly known as: Afrin	2 sprays by Nasal route 2 times a day as needed ONLY for 3 days
<b>Vitamin D3</b> 125 mcg (5,000 unit) Tabs  Generic drug: Cholecalciferol (Vitamin D3)	Take 1 tablet by mouth every weekday (none on weekends)

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

01/10/2025 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Follow Up Visit  
Visit diagnosis: Viral upper respiratory tract infection

## Medication List

## Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

## Active at the End of Visit

## **EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln**

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      End date: 4/29/2025  
Quantity: 18 g      Refill: 1 refill remaining

## **azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      Action: Patient not taking  
Quantity: 30 mL      Refill: 3 refills remaining

## **cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily  
Authorized by: Song, Leina'Ala Yee Lan Kanahale, MD  
Start date: 5/6/2024  
Quantity: 30 Tablet  
Ordered on: 5/6/2024  
End date: 5/6/2025  
Refill: No refills remaining

## fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler

Instructions: 1 Puff by Inhalation route every day  
Authorized by: Dykowski, Sara Elizabeth, MD  
Start date: 5/13/2024  
Refill: 3 refills remaining  
Ordered on: 5/13/2024  
Quantity: 1 Each

## **Vitamin D3 125 mcg (5,000 unit) TABS**

Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Anderson, Mitchell Paul, MD      Ordered on: 9/6/2024  
Start date: 9/6/2024      Quantity: 100 tablet  
Refill: No refills remaining

## **Ioratadine (Claritin) 10 mg tablet**

Instructions: Take 1 tablet (10 mg total) by mouth daily as needed  
Authorized by: Mooth, Audriana, DO      Ordered on: 10/15/2024  
Start date: 10/15/2024      Action: Patient not taking  
Quantity: 30 tablet      Refill: No refills remaining

**fluticasone propionate (Flonase) 50 mcg/actuation SpSn spray**

Instructions: 2 sprays by Nasal route 2 times a day  
Authorized by: Anderson, Mitchell Paul, MD  
Start date: 1/10/2025  
Quantity: 16 g  
Ordered on: 1/10/2025  
Action: Patient not taking  
Refill: No refills remaining

**01/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**
**Medication List (continued)**
**oxymetazoline (Afrin) 0.05 % nasal spray**

Instructions: 2 sprays by Nasal route 2 times a day as needed ONLY for 3 days

Authorized by: Anderson, Mitchell Paul, MD

Ordered on: 1/10/2025

Start date: 1/10/2025

Action: Patient not taking

Quantity: 15 mL

Refill: No refills remaining

**guaiFENesin-dextromethorphan (ROBITUSSIN-DM) 10-100 mg/5 mL oral syrup**

Instructions: Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)

Authorized by: Anderson, Mitchell Paul, MD

Ordered on: 1/10/2025

Start date: 1/10/2025

Action: Patient not taking

Quantity: 89 mL

Refill: No refills remaining

**Stopped in Visit**

None

**Medication Comment**
**Tran, Amy, MA on 11/8/2024 1424**

Medication Reconciliation Complete. Amy Tran, MA 11/08/24 2:24 PM

11-2-22 Medications were reviewed with the patient. NN

Medication Reconciliation Complete. Amy Tran, MA 07/27/23 3:28 PM

**Clinical Notes**
**Progress Notes**
**Song, Leina'Ala Yee Lan Kanahele, MD at 1/10/2025 0945**

I saw and examined the patient, and discussed their management with the resident/fellow. I have reviewed the resident/fellow note, and agree with the documented findings, assessment, and plan.

Leinā'ala Song, MD

Sport: Track

CC: URI symptoms

HPI: Galen Topper is a 22 Y male who complains of URI symptoms for 6 days.

- Symptoms started with sore throat.
- Now has weak cough that is productive, chest congestion, sinus congestion that is yellow in morning and clear in afternoon, fatigue, sneezing
- Denies night sweats, body aches, fever, chills.
- Denies a history of asthma.
- Main symptom bothering the patient: cough
- Overall feels since onset the symptoms are improving slowly.
- Treatments tried: tylenol, medicine D pack

Per appointment notes:

**01/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**
**Clinical Notes (continued)**

URI- track

Meds:

Current Outpatient Medications:

- albuterol 90 mcg/actuation HFA inhaler
- azelastine (Astelin) 137 mcg (0.1 %) nasal spray
- cetirizine (ZyrTEC) 10 mg tablet
- EPINEPPhrine (EpiPen) 0.3 mg/0.3 mL Atln
- fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler
- fluticasone propionate (Flonase) 50 mcg/actuation SpSn spray
- guaiFENesin-dextromethorphan (ROBITUSSIN-DM) 10-100 mg/5 mL oral syrup
- loratadine (Claritin) 10 mg tablet
- oxymetazoline (Afrin) 0.05 % nasal spray
- Vitamin D3 125 mcg (5,000 unit) TABS

ROS: Negative except as noted in HPI.

Past medical history:

Past Medical History:

Diagnosis

	Date
• Acute nonintractable headache <i>Episodes of tunnel vision with headache and once LOC after work out, four times within the last year with two last episodes occurring on June 14 and 15, 2018. Sx started in 9-2017. Fh negative for migraine or cardiac issues.</i>	6/29/2018
• Concern about growth <i>Labs in 7-2015. T 111 at 13yo.</i>	7/2/2015
• Dermographism <i>Pronounced during the WCC 10-31-13. Possible allergy to sea food- to allergist.</i>	10/31/2013
• Development delay	1/04
• Heart murmur	7/04,8/05
• Keratosis pilaris	8/17/2018
• Lactose intolerance	8/17/2018
• Language delay	2/13/2014
• Multiple allergies <i>Saw Allergist 2-2014: IMPRESSION: Galen is an 11 year old with possible shellfish allergy, dermatographism, chronic rhinitis, and history of positive RAST to peanut and dust mite, who presents for initial consultation. For possible shellfish allergy, send seafood allergy screen. Will avoid skin testing due to dermatographism. Avoid shellfish and use EpiPen as needed. For large local reaction to</i>	2/13/2014
• Nevus sebaceous <i>on scalp, saw Derm</i>	6/29/2018
• Syncope <i>In September of 2017 after strenuous long run syncope with tunnel vision with loss of vision that lasted for hours. FH negative for migraine or cardiac issues- see visit 6-29-2018.</i>	6/29/2018
• Twin birth, mate liveborn	8/16/2017
• Viral warts <i>2017 on R thumb- will use OTC.</i>	8/16/2017

**Patient Active Problem List**

Diagnosis

Code

- Keratosis pilaris L85.8
- Dermographism L50.3
- Multiple allergies Z88.9
- Acute nonintractable headache R51.9

**01/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

- Vasovagal syncope R55
- Lactose intolerance E73.9
- Breathing difficulty R06.89
- Sacroiliitis (CMS-HCC) M46.1
- Right foot pain M79.671
- Anaphylactic syndrome T78.2XXA

Exam:

**Visit Vitals**

BP 124/73 (Patient site: Left Arm,  
 Patient Position: Sitting)  
 Pulse 68  
 Temp 36.4 °C (97.5 °F) (Oral)  
 SpO2 96%

GEN: NAD, A/O x 4, able to answer q's appropriately

HEAD: AT/NC, sinuses non-tender

EYES: PERRL, EOMI, sclera clear, no erythema, conjunctiva pink

EARS: R TM wnl, L TM wnl, no bulging noted

THROAT: no tonsillar adenopathy, exudates or erythema seen

NECK: no posterior or anterior adenopathy noted, FROM

CV: normal rate, regular rhythm, no m/r/g

LUNGS: Mild diffuse coarse breath sounds, (+) cough with exhalation, no wheezing

ABD: soft, nt, nd +BS throughout, no HSM palpated

A/P: URI

- Likely viral URI
- Unlikely strep throat with +cough, no tonsillar exudates, anterior cervical adenopathy or high fevers
- Unlikely mono as no tonsillar exudates, posterior cervical adenopathy or high fevers
- Rx: guaifenesin-dextromethorphan, fluticasone nasal spray, Afrin
- Supportive care with tylenol / motrin prn

Discussed plan with patient and answered all questions.

Limitations: Not to practice or exercise if has a fever or feels too tired/ill to participate.

Physician Follow-Up: PRN

Patient to call clinic with any questions / concerns or if sx worsen.

Patient seen and plan of care discussed with Dr. Song.

**Mitchell Anderson, MD**

Primary Care Sports Medicine Fellow, PGY-5  
 Stanford Medicine Department of Orthopaedic Surgery  
 Division of Physical Medicine and Rehabilitation

Electronically signed by Song, Leina'Ala Yee Lan Kanahele, MD at 1/10/2025 1:50 PM

**01/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**MAR**

**Medications**

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Department
01/10/25	(none)	Routine	Anderson, Mitchell Paul, MD	SPORTS MEDICINE CENTER

**Provider Information**

Authorizing Provider	Encounter Provider
Anderson, Mitchell Paul, MD	Song, Leina'Ala Yee Lan Kanahele, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
fluticasone propionate (Flonase) 50 mcg/actuation SpSn spray	16 g	0	1/10/2025	—

Sig: 2 sprays by Nasal route 2 times a day  
 Patient not taking: Reported on 2/10/2025  
 Route: Nasal  
 Class: In Clinic  
 Order #: 1017994694

**Outpatient Medication Detail**

	Disp	Refills	Start	End
fluticasone propionate (Flonase) 50 mcg/actuation SpSn spray	16 g	0	1/10/2025	—

Sig - Route: 2 sprays by Nasal route 2 times a day - Nasal  
 Patient not taking: Reported on 2/10/2025  
 Class: In Clinic

**fluticasone propionate (Flonase) 50 mcg/actuation SpSn spray [1017994694]**

Electronically signed by: **Anderson, Mitchell Paul, MD on 01/10/25 1037**

Status: **Active**

Ordering user: Anderson, Mitchell Paul, MD 01/10/25 1037

Authorized by: Anderson, Mitchell Paul, MD

Ordering mode: Standard

Frequency: BID 01/10/25 - Until Discontinued

**Proportion of Days Covered**



**Unknown Adherence**

Adherence cannot be calculated for over-the-counter drugs.

**Low Confidence**

Fill data for this medication may be incomplete.

**About this Score**

**Summary**

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

**Calculating the Score**

The score is calculated following these steps:

- Find the number of days the patient was prescribed the medication from the list of orders.
- Find the number of days the patient could not have been taking the medication due to being admitted.
- Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
- Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.

**01/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**MAR (continued)**

5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

**Confidence**

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

**Limitations**

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

**Medication Order Report**

**Order Information**

Ordered	Status	Priority	Ordering User	Department
01/10/25	(none)	Routine	Anderson, Mitchell Paul, MD	SPORTS MEDICINE CENTER

**Provider Information**

Authorizing Provider	Encounter Provider
Anderson, Mitchell Paul, MD	Song, Leina'Ala Yee Lan Kanahele, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
oxymetazoline (Afrin) 0.05 % nasal spray	15 mL	0	1/10/2025	—

Sig: 2 sprays by Nasal route 2 times a day as needed ONLY for 3 days  
 Patient not taking: Reported on 2/10/2025  
 Route: Nasal  
 Class: In Clinic  
 Order #: 1017994695

**Outpatient Medication Detail**

	Disp	Refills	Start	End
oxymetazoline (Afrin) 0.05 % nasal spray	15 mL	0	1/10/2025	—

Sig - Route: 2 sprays by Nasal route 2 times a day as needed ONLY for 3 days - Nasal  
 Patient not taking: Reported on 2/10/2025  
 Class: In Clinic

**Medication Administration Instructions**

ONLY for 3 days

**oxymetazoline (Afrin) 0.05 % nasal spray [1017994695]**

**01/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**MAR (continued)**

Electronically signed by: **Anderson, Mitchell Paul, MD on 01/10/25 1037**

Status: **Active**

Ordering user: Anderson, Mitchell Paul, MD 01/10/25 1037

Authorized by: Anderson, Mitchell Paul, MD

Ordering mode: Standard

Frequency: BID PRN 01/10/25 - Until Discontinued

**Proportion of Days Covered**

 **Unknown Adherence**

Adherence cannot be calculated for over-the-counter drugs.

**Low Confidence**

Fill data for this medication may be incomplete.

**About this Score**

**Summary**

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

**Calculating the Score**

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

**Confidence**

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

**Limitations**

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

**Medication Order Report**

**Order Information**

Ordered	Status	Priority	Ordering User	Department
01/10/25	(none)	Routine	Anderson, Mitchell Paul, MD	SPORTS MEDICINE CENTER

**Provider Information**

**01/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**
**MAR (continued)**
**Authorizing Provider**

Anderson, Mitchell Paul, MD

**Encounter Provider**

Song, Leina'Ala Yee Lan Kanahele, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
guaiFENesin-dextromethorphan (ROBITUSSIN-DM) 10-100 mg/5 mL oral syrup	89 mL	0	1/10/2025	—
Sig: Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)				
Patient not taking: Reported on 2/10/2025				
Route: Oral				
PRN Comment: not to exceed 20 mL per 24 hours				
Class: In Clinic				
Order #: 1017994696				

**Outpatient Medication Detail**

	Disp	Refills	Start	End
guaiFENesin-dextromethorphan (ROBITUSSIN-DM) 10-100 mg/5 mL oral syrup	89 mL	0	1/10/2025	—
Sig - Route: Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours) - Oral				
Patient not taking: Reported on 2/10/2025				
Class: In Clinic				

**guaiFENesin-dextromethorphan (ROBITUSSIN-DM) 10-100 mg/5 mL oral syrup [1017994696]**
Electronically signed by: **Anderson, Mitchell Paul, MD on 01/10/25 1037**Status: **Active**

Ordering user: Anderson, Mitchell Paul, MD 01/10/25 1037      Authorized by: Anderson, Mitchell Paul, MD

Ordering mode: Standard

PRN Comment: not to exceed 20 mL per 24 hours

Frequency: Q12H PRN 01/10/25 - Until Discontinued

**Proportion of Days Covered**

**Unknown Adherence**

Adherence cannot be calculated for over-the-counter drugs.

**Low Confidence**

Fill data for this medication may be incomplete.

**About this Score**
**Summary**

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

**Calculating the Score**

The score is calculated following these steps:

- Find the number of days the patient was prescribed the medication from the list of orders.
- Find the number of days the patient could not have been taking the medication due to being admitted.
- Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
- Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
- Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

**Confidence**

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.

**01/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**MAR (continued)**

- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

**Limitations**

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

**Flowsheets**

**Custom Formula Data**

Row Name	01/10/25 0954
Hemodynamics	
Mean Arterial Pressure (Calculated)	90 mmHg -JH
Relevant Labs and Vitals	
Temp (in Celsius)	36.4 -JH

**Encounter Extended Vitals**

Row Name	01/10/25 0954
Pain Related to this Visit? No pain = 0	
Pain Level - 1st Site	0 -JH
Fall Risk	
Have you fallen in the last 30 days?	No -JH
Additional Blood Pressure Information	
BP	124/73 -JH
Additional Pulse Information	
Pulse	68 -JH
Additional Respiratory Information	
SpO2	96 % -JH

**Encounter Vitals**

Row Name	01/10/25 0954
Encounter Vitals	
BP	124/73 -JH
Patient site	Left Arm -JH
Patient Position	Sitting -JH
Pulse	68 -JH

**01/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**
**Flowsheets (continued)**

Temp	36.4 °C (97.5 °F) - JH
Temp src	Oral -JH
SpO2	96 % -JH

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
JH	Hernandez, Jesse, MA	Medical Assistant	—	01/10/2025

**After Visit Summary**

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

## 01/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)

### After Visit Summary (continued)

## AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 1/10/2025 9:45 AM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Leina'Ala Yee Lan Kanahele Song, MD on Friday January 10, 2025.

### What's Next

JAN 10 2025 Follow Up Visit with Leina'Ala Yee Lan Kanahele Song, MD  
Friday January 10 9:45 AM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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**01/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**Your Medication List** as of January 10, 2025 7:33 AM

**i** Always use your most recent med list.

<b>albuterol</b> 90 mcg/actuation HFA inhaler Commonly known as: Proventil	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing
<b>azelastine</b> 137 mcg (0.1 %) nasal spray Commonly known as: Astelin	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.
<b>cetirizine</b> 10 mg tablet Commonly known as: ZyrTEC	take 1 Tablet (10 mg total) by mouth daily
<b>EpiPen</b> 0.3 mg/0.3 mL injector Generic drug: EPINEPHrine	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.
<b>fluticasone furoate-vilanterol</b> 100-25 mcg/dose inhaler Commonly known as: Breo Ellipta	1 Puff by Inhalation route every day
<b>loratadine</b> 10 mg tablet Commonly known as: Claritin	Take 1 tablet (10 mg total) by mouth daily as needed
<b>Vitamin D3</b> 125 mcg (5,000 unit) Tabs Generic drug: Cholecalciferol (Vitamin D3)	Take 1 tablet by mouth every weekday (none on weekends)

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

## 01/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents

#### After Visit Summary - Document on 1/10/2025 7:33 AM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 1/10/2025 9:45 AM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Leina'Ala Yee Lan Kanahele Song, MD on Friday January 10, 2025.

### What's Next

JAN 10 Follow Up Visit with Leina'Ala Yee Lan Kanahele  
2025 Song, MD

Friday January 10 9:45 AM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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**01/10/2025 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

**Your Medication List** as of January 10, 2025 7:33 AM

 Always use your most recent med list.

<b>albuterol</b> 90 mcg/actuation HFA inhaler  Commonly known as: Proventil	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing
<b>azelastine</b> 137 mcg (0.1 %) nasal spray  Commonly known as: Astelin	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.
<b>cetirizine</b> 10 mg tablet  Commonly known as: ZyrTEC	take 1 Tablet (10 mg total) by mouth daily
<b>EpiPen</b> 0.3 mg/0.3 mL injector  Generic drug: EPINEPHrine	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.
<b>fluticasone furoate-vilanterol</b> 100-25 mcg/dose Inhaler  Commonly known as: Breo Ellipta	1 Puff by Inhalation route every day
<b>loratadine</b> 10 mg tablet  Commonly known as: Claritin	Take 1 tablet (10 mg total) by mouth daily as needed
<b>Vitamin D3</b> 125 mcg (5,000 unit) Tabs  Generic drug: Cholecalciferol (Vitamin D3)	Take 1 tablet by mouth every weekday (none on weekends)

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

## 12/06/2024 - Orders Only in Arrillaga Sports Medicine Center

### Reason for Visit

Visit diagnoses:

- (primary)
- Sports physical

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### EPINEPPhrine (EpiPen) 0.3 mg/0.3 mL Atln

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.

Keep trainer pen separate so not confused with real pen during an emergency.

Authorized by: Roh, Eugene Yousik, MD

Ordered on: 4/22/2024

Start date: 4/22/2024

Quantity: 1 Each

Refill: No refills remaining

##### albuterol 90 mcg/actuation HFA inhaler

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing

Authorized by: Tirumalasetty, Jyothi Iswarya, MD

Ordered on: 4/29/2024

Start date: 4/29/2024

End date: 4/29/2025

Quantity: 18 g

Refill: 1 refill remaining

##### azelastine (Astelin) 137 mcg (0.1 %) nasal spray

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.

Authorized by: Tirumalasetty, Jyothi Iswarya, MD

Ordered on: 4/29/2024

Start date: 4/29/2024

Action: Patient not taking

Quantity: 30 mL

Refill: 3 refills remaining

##### cetirizine (ZyrTEC) 10 mg tablet

Instructions: take 1 Tablet (10 mg total) by mouth daily

Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD

Ordered on: 5/6/2024

Start date: 5/6/2024

End date: 5/6/2025

Quantity: 30 Tablet

Refill: No refills remaining

##### fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler

Instructions: 1 Puff by Inhalation route every day

Authorized by: Dykowski, Sara Elizabeth, MD

Ordered on: 5/13/2024

Start date: 5/13/2024

Quantity: 1 Each

Refill: 3 refills remaining

##### Vitamin D3 125 mcg (5,000 unit) TABS

Instructions: Take 1 tablet by mouth every weekday (none on weekends)

Authorized by: Anderson, Mitchell Paul, MD

Ordered on: 9/6/2024

Start date: 9/6/2024

Quantity: 100 tablet

Refill: No refills remaining

##### loratadine (Claritin) 10 mg tablet

Instructions: Take 1 tablet (10 mg total) by mouth daily as needed

Authorized by: Mooth, Audriana, DO

Ordered on: 10/15/2024

Start date: 10/15/2024

Action: Patient not taking

Quantity: 30 tablet

Refill: No refills remaining

### Stopped in Visit

None

**12/06/2024 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Medication List (continued)**

**Medication Comment**

**Tran, Amy, MA on 11/8/2024 1424**

Medication Reconciliation Complete. Amy Tran, MA 11/08/24 2:24 PM

11-2-22 Medications were reviewed with the patient. NN

Medication Reconciliation Complete. Amy Tran, MA 07/27/23 3:28 PM

11/19/2024 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Follow Up Visit  
Visit diagnosis: Acute cough

## Medication List

## Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

## Active at the End of Visit

## **EPINEPHErIne (EpiPen) 0.3 mg/0.3 mL Atln**

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      End date: 4/29/2025  
Quantity: 18 g      Refill: 1 refill remaining

## **azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      Action: Patient not taking  
Quantity: 30 mL      Refill: 3 refills remaining

## **cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily  
Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD  
Start date: 5/6/2024  
Quantity: 30 Tablet  
Ordered on: 5/6/2024  
End date: 5/6/2025  
Refill: No refills remaining

**fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler**

Instructions: 1 Puff by Inhalation route every day  
Authorized by: Dykowski, Sara Elizabeth, MD  
Start date: 5/13/2024  
Refill: 3 refills remaining  
Ordered on: 5/13/2024  
Quantity: 1 Each

## **Vitamin D3 125 mcg (5,000 unit) TABS**

Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Anderson, Mitchell Paul, MD      Ordered on: 9/6/2024  
Start date: 9/6/2024      Quantity: 100 tablet  
Refill: No refills remaining

## **Ioratadine (Claritin) 10 mg tablet**

Instructions: Take 1 tablet (10 mg total) by mouth daily as needed  
Authorized by: Mooth, Audriana, DO      Ordered on: 10/15/2024  
Start date: 10/15/2024      Action: Patient not taking  
Quantity: 30 tablet      Refill: No refills remaining

### Stopped in Visit

None

**11/19/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**
**Medication List (continued)**
**Medication Comment**
**Tran, Amy, MA on 11/8/2024 1424**

Medication Reconciliation Complete. Amy Tran, MA 11/08/24 2:24 PM

11-2-22 Medications were reviewed with the patient. NN

Medication Reconciliation Complete. Amy Tran, MA 07/27/23 3:28 PM

**Clinical Notes**
**Progress Notes**
**Hwang, Calvin Eric, MD at 11/19/2024 1015**
**Stanford Sports Medicine Clinic Note**
**Sport:** Track and Field

**Chief complaint:**
**Chief Complaint**

Patient presents with

- Follow Up Visit

**History of Present Illness:**

Galen Topper is a 22 Y male who presents to Sports Medicine Clinic for evaluation of cough. 2wk ago he started having symptoms including cough, sore throat, tender anterior cervical lymphadenopathy, malaise/fatigue, nasal/sinus congestion. His symptoms have significantly improved but he continues to have a cough, the cough is transition from initially being productive to now being nonproductive, cough is exacerbated by training. No wheezing, shortness of breath, dizziness/lightheadedness, or nausea/vomiting. He has not been taking any medications for this. He has a history of anaphylaxis in the past but is not consistently taking his antihistamine. Has not needed his albuterol inhaler/has not tried using this with the cough. Has not noticed any wheezing.

**Review of Systems:**

Pertinent positives are noted in the HPI, otherwise ROS was negative.

**Physical Exam:**
**Vital Signs:**
**Visit Vitals:**

11/19/24 1028

BP: 125/71

Pulse: 59

Temp: 36.6 °C (97.8 °F)

TempSrc: Oral

SpO2: 96%

Gen: awake and alert, not in acute distress

HEENT: normocephalic, atraumatic, moist mucous membranes, nares patent, no nasal discharge, oropharyngeal mucosa pink/moist without lesions, no tonsillar enlargement/erythema/exudates, external auditory canals patent bilaterally, tympanic membranes intact bilaterally without bulging/erythema

**11/19/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

Neck: Very mild anterior cervical lymphadenopathy with minimal tenderness

CV: Extremities warm and well perfused, regular rate and rhythm, no murmurs, gallops, or rubs

Resp: breathing comfortably, speaking in full sentences, no acute respiratory distress, clear to auscultation bilaterally

Abd: non-distended

MSK: no edema

Neuro: No obvious focal neuro deficits

Skin: no rashes or lesions

Psych: pleasant, cooperative, appropriate mood and affect

**Imaging:**

No results found.

**Assessment/Plan:**

Galen Topper is a 22 Y male who presents to Sports Medicine Clinic for evaluation of cough consistent with postviral cough that is improving.

- Continue supportive care, if cough persist/worsens could consider corticosteroid inhaler and/or Flonase
- Encouraged him to take his antihistamine daily as instructed by his allergist
- Follow-up: As needed if symptoms persist/worsen

Patient precepted with supervising physician, Dr. Hwang, who agrees with the plan.

Audriana Mooth, DO, PGY-4

Stanford Non-Operative Sports Medicine Fellow

I was present and directly participated in the care of this patient. I have reviewed the resident/fellow note, and agree with the documented findings, assessment, and plan.

Calvin Eric Hwang, MD 2:10 PM

Electronically signed by Hwang, Calvin Eric, MD at 11/20/2024 2:10 PM

**Flowsheets**

**Custom Formula Data**

Row Name	11/19/24 1028
Hemodynamics	
Mean Arterial Pressure (Calculated)	89 mmHg -JH
Relevant Labs and Vitals	
Temp (in Celsius)	36.6 -JH

**Encounter Extended Vitals**

Row Name	11/19/24 1029	11/19/24 1028
Pain Related to this Visit? No pain = 0		
Pain Level - 1st Site	0 -JH	—
Fall Risk		
Have you fallen	No -JH	—

**11/19/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Flowsheets (continued)**

in the last 30  
days?

**Additional Blood Pressure Information**

BP — 125/71 -JH

**Additional Pulse Information**

Pulse — 59 -JH

**Additional Respiratory Information**

SpO2 — 96 % -JH

**Encounter Vitals**

<b>Row Name</b>	<b>11/19/24 1028</b>
-----------------	----------------------

**Encounter Vitals**

BP	125/71 -JH
Patient site	Left Arm -JH
Patient Position	Sitting -JH
Pulse	59 -JH
Temp	36.6 °C (97.8 °F) - JH
Temp src	Oral -JH
SpO2	96 % -JH

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

<b>Initials</b>	<b>Name</b>	<b>Provider Type</b>	<b>Discipline</b>	<b>Dates Documented</b>
JH	Hernandez, Jesse, MA	Medical Assistant	—	11/19/2024

**After Visit Summary**

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

## 11/19/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### After Visit Summary (continued)

## AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 11/19/2024 10:15 AM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Calvin Eric Hwang, MD on Tuesday November 19, 2024.

### What's Next

NOV 19 2024 Follow Up Visit with Calvin Eric Hwang, MD  
Tuesday November 19 10:15 AM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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11/19/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

After Visit Summary (continued)

Your Medication List as of November 19, 2024 8:05 AM

 Always use your most recent med list.

<b>albuterol</b> 90 mcg/actuation HFA inhaler Commonly known as: Proventil	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing
<b>azelastine</b> 137 mcg (0.1 %) nasal spray Commonly known as: Astelin	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.
<b>cetirizine</b> 10 mg tablet Commonly known as: ZyrTEC	take 1 Tablet (10 mg total) by mouth daily
<b>EpiPen</b> 0.3 mg/0.3 mL injector Generic drug: EPINEPHrine	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.
<b>fluticasone furoate-vilanterol</b> 100-25 mcg/dose inhaler Commonly known as: Breo Ellipta	1 Puff by Inhalation route every day
<b>loratadine</b> 10 mg tablet Commonly known as: Claritin	Take 1 tablet (10 mg total) by mouth daily as needed
<b>Vitamin D3</b> 125 mcg (5,000 unit) Tabs Generic drug: Cholecalciferol (Vitamin D3)	Take 1 tablet by mouth every weekday (none on weekends)

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## 11/19/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents

#### After Visit Summary - Document on 11/19/2024 8:05 AM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 11/19/2024 10:15 AM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Calvin Eric Hwang, MD on Tuesday November 19, 2024.

### What's Next

NOV 19 Follow Up Visit with Calvin Eric Hwang, MD Arrillaga Sports Medicine Center  
2024 Tuesday November 19 10:15 AM 341 Galvez Street  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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11/19/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

Documents (continued)

Your Medication List as of November 19, 2024 8:05 AM

 Always use your most recent med list.

<b>albuterol</b> 90 mcg/actuation HFA inhaler Commonly known as: Proventil	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing
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<b>cetirizine</b> 10 mg tablet Commonly known as: ZyrTEC	take 1 Tablet (10 mg total) by mouth daily
<b>EpiPen</b> 0.3 mg/0.3 mL injector Generic drug: EPINEPHrine	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.
<b>fluticasone furoate-vilanterol</b> 100-25 mcg/dose Inhaler Commonly known as: Breo Ellipta	1 Puff by Inhalation route every day
<b>loratadine</b> 10 mg tablet Commonly known as: Claritin	Take 1 tablet (10 mg total) by mouth daily as needed
<b>Vitamin D3</b> 125 mcg (5,000 unit) Tabs Generic drug: Cholecalciferol (Vitamin D3)	Take 1 tablet by mouth every weekday (none on weekends)

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

**10/30/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic**
**Reason for Visit**

Chief complaints: Asthma and Allergies

Visit diagnoses:

- Anaphylaxis due to exercise, subsequent encounter (primary)
- Seasonal allergic rhinitis due to pollen
- Anaphylaxis due to shellfish, subsequent encounter

**Medication List**
**Medication List**

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**
**EPINEPhrine (EpiPen) 0.3 mg/0.3 mL Atln**

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.

Keep trainer pen separate so not confused with real pen during an emergency.

Authorized by: Roh, Eugene Yousik, MD

Ordered on: 4/22/2024

Start date: 4/22/2024

Quantity: 1 Each

Refill: No refills remaining

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing

Authorized by: Tirumalasetty, Jyothi Iswarya, MD

Ordered on: 4/29/2024

Start date: 4/29/2024

End date: 4/29/2025

Quantity: 18 g

Refill: 1 refill remaining

**azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.

Authorized by: Tirumalasetty, Jyothi Iswarya, MD

Ordered on: 4/29/2024

Start date: 4/29/2024

Action: Patient not taking

Quantity: 30 mL

Refill: 3 refills remaining

**cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily

Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD

Ordered on: 5/6/2024

Start date: 5/6/2024

End date: 5/6/2025

Quantity: 30 Tablet

Refill: No refills remaining

**fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler**

Instructions: 1 Puff by Inhalation route every day

Authorized by: Dykowski, Sara Elizabeth, MD

Ordered on: 5/13/2024

Start date: 5/13/2024

Quantity: 1 Each

Refill: 3 refills remaining

**Vitamin D3 125 mcg (5,000 unit) TABS**

Instructions: Take 1 tablet by mouth every weekday (none on weekends)

Authorized by: Anderson, Mitchell Paul, MD

Ordered on: 9/6/2024

Start date: 9/6/2024

Quantity: 100 tablet

Refill: No refills remaining

**loratadine (Claritin) 10 mg tablet**

Instructions: Take 1 tablet (10 mg total) by mouth daily as needed

Authorized by: Mooth, Audriana, DO

Ordered on: 10/15/2024

Start date: 10/15/2024

Action: Patient not taking

Quantity: 30 tablet

Refill: No refills remaining

**Stopped in Visit**

**10/30/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Medication List (continued)**

None

**Clinical Notes**

**Progress Notes**

**Tirumalasetty, Jyothi Iswarya, MD at 10/30/2024 1520**

**Allergy, Asthma, and Immunodeficiency Clinic**  
**Follow up Visit**

NAME: Galen Topper  
MRN: 62437256  
DOB: 6/21/2002  
DATE: 10/30/24

Last allergy appointment: 5/6/24

History is obtained from the patient. I have discussed the risks, benefits, and limitations of receiving care virtually with the patient. The patient expresses understanding and is willing to move forward. The patient is currently residing in the state of California. The patient's name, date of birth, and photo ID of the patient have been verified.

**CC: allergic reaction while running**

**HPI:** Galen Topper is a 22 Y year old college athlete (track/cross country) with likely exercise induced anaphylaxis, allergic rhinitis, and food allergy here for follow up.

**S:** Since last appointment in May, had 2 episodes of hives, eyelid/throat swelling while running or warming up to run outdoors. Went to Sports Med clinic at Stanford 10/15/2024. Was running a 3 mile warm up and developed hives on arms, neck, eyelids and throat swelling. Took 2 Benadryl with improvement of symptoms. Had another episode last week. Was at Baylands and only did warm up but no running. Warm up consisted of stretching. Face got flushed/eyes felt swollen. Throat felt uncomfortable. Took Benadryl and did not run that day. Takes Zyrtec intermittently. Does not always take before running. Feels reactions happen only outdoors and while at Baylands. Feels something there in the environment such as grass pollen is triggering symptoms. Not carrying EPIPEN while running. Did not complete labs recommended at last appointment. Would like allergy testing now.

**Review of Systems -symptoms in the last few days:**

A complete, 14 point review of systems is negative except as noted in the HPI.

**Medical/Surgical History**

Past Medical History

**Past Medical History:**

Diagnosis	Date
• Acute nonintractable headache <i>Episodes of tunnel vision with headache and once LOC after work out, four times within the last year with two last episodes occurring on June 14 and 15, 2018. Sx started in 9-2017. Fh negative for migraine or cardiac</i>	6/29/2018

**10/30/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

issus.

- Concern about growth 7/2/2015

*Labs in 7-2015. T 111 at 13yo.*

- Dermographism 10/31/201  
3

*Pronounced during the WCC 10-31-13. Possible allergy to sea food- to allergist.*

- Development delay 1/04
- Heart murmur 7/04,8/05
- Keratosis pilaris
- Lactose intolerance 8/17/2018
- Language delay
- Multiple allergies 2/13/2014

*Saw Allergist 2-2014: IMPRESSION: Galen is an 11 year old with possible shellfish allergy, dermatographism, chronic rhinitis, and history of positive RAST to peanut and dust mite, who presents for initial consultation. For possible shellfish allergy, send seafood allergy screen. Will avoid skin testing due to dermatographism. Avoid shellfish and use EpiPen as needed. For large local reaction to*

- Nevus sebaceous on scalp, saw Derm
- Syncope 6/29/2018  
*In September of 2017 after strenuous long run syncope with tunnel vision with loss of vision that lasted for hours. FH negative for migraine or cardiac issues- see visit 6-29-2018.*
- Twin birth, mate liveborn
- Viral warts 8/16/2017  
*2017 on R thumb- will use OTC.*

**Social History**

Tobacco use: non-smoker

Pet Exposure: none

Work Environment: student at Stanford, no the track team

**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• albuterol 90 mcg/actuation HFA inhaler	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing (Patient not taking: Reported on 10/30/2024)	18 g	1
• azelastine (Astelin) 137 mcg (0.1 %) nasal spray	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.	30 mL	3
• cetirizine (ZyrTEC) 10 mg tablet	take 1 Tablet (10 mg total) by mouth daily	30 Tablet	0

**10/30/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

• EPINEPPhrine (EpiPen) 0.3 mg/0.3 mL Atln	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen seperate so not confused with real pen during an emergency.	1 Each	0
• fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler	1 Puff by Inhalation route every day (Patient not taking: Reported on 10/30/2024)	1 Each	3
• loratadine (Claritin) 10 mg tablet	Take 1 tablet (10 mg total) by mouth daily as needed	30 tablet	0
• Vitamin D3 125 mcg (5,000 unit) TABS	Take 1 tablet by mouth every weekday (none on weekends)	100 tablet	0

**Allergies - Table Format**

**Allergies**

Allergen	Reactions
• Shellfish Containing Products	Hives/urticaria and Lightheadedness

**Physical Examination:**

GEN: well appearing, no apparent distress

EYES: conjunctiva clear without icterus, pallor, or injection

ENT: nose without external redness or drainage; mouth with normal dentition, moist mucous membranes

RESP: breathing comfortably and speaking in full sentences without tachypnea, audible wheezing or signs of respiratory distress

SKIN: no rashes or ulcerations

HEME: no bruises or visible telangiectasias

NEURO: alert and oriented, CN grossly intact, moves upper extremities appropriately

PSYCH: appropriate affect, intact thought and speech

**Labs reviewed today:**

Component	10/15/24 1113
Ref Range & Units	
Tryptase <11.5 ng/mL	4.1

**10/30/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

Component 10/15/24 1113

Ref Range & Units

Complement C4, Serum

20.0 - 59.0 mg/dL

**5/6/24: ACT score 22**

**5/6/2024 FENO: 29 ppb**

5/6/24 Spirometry in office Pre bronchodilator: mild obstruction

FVC 6.31 (122)

FEV1 4.23 (96%)

FEV1/FVC **67.04 (78%)**

FEF 25-75 **3.05 (63%)**

**Post bronchodilator: +reversibility**

FVC 6.33 (122)

FEV1 5.00 (114) +18%

FEV1/FVC 78.95 (92%) +17%

FEF 25-75 4.41 (91%)

0 Result Notes

Component 2/6/14 1455

Ref Range & Units

Shrimp (Prawns) **11.0** High

<0.35 kU/L

Crab **6.32** High

<0.35 kU/L

Mussels **0.49** High

<0.35 kU/L

Lobster **6.12** High

<0.35 kU/L

Oyster **1.25** High

<0.35 kU/L

Clam **1.41** High

<0.35 kU/L

Octopus **3.19** High

<0.35 kU/L

Scallops **1.81** High

<0.35 kU/L

**10/30/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

Component 2/6/14 1455

Ref Range & Units

Alder Tree <0.35

<0.35 kU/L

Oak Tree <0.35

<0.35 kU/L

Olive Tree <0.35

<0.35 kU/L

Bermuda Grass <0.35

<0.35 kU/L

Rye Grass 0.75 High

<0.35 kU/L

Timothy Grass 0.80 High

<0.35 kU/L

Dock Weed 0.55 High

<0.35 kU/L

Sage Weed 0.42 High

<0.35 kU/L

Western Ragweed 0.60 High

<0.35 kU/L

Alternaria Mold <0.35

<0.35 kU/L

Aspergillus Mold <0.35

<0.35 kU/L

Cladosporium Mold <0.35

<0.35 kU/L

Cockroach 19.4 High

<0.35 kU/L

Cat Dander 5.95 High

<0.35 kU/L

Dog Dander 1.00 High

<0.35 kU/L

Dust Mite 11.8 High

<0.35 kU/L

Total IgE 592 High

<100 kU/L

Component 1/14/11 1650

Ref Range & Units

Allergen EGG

Allergen Result <0.35

<0.35 kU/L

Component 1/14/11 1650

Ref Range & Units

Allergen ALMOND

Allergen Result <0.35

<0.35 kU/L

**10/30/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

Component 1/14/11 1650

Ref Range & Units

Allergen MILK

Allergen Result <0.35

<0.35 KU/L

Component 1/14/11 1650

Ref Range & Units

Allergen PEANUT

Allergen Result **0.59 High**

<0.35 KU/L

**Impression/Plan:**

Galen Topper is a 22 Y male with the following:

- Anaphylaxis/angioedema episode:** Had episode of eyelid/throat swelling and hives 2 weeks ago and last week. Not taking Cetirizine daily. Normal tryptase and C4 on day of last episode. Recommend taking Zyrtec 10mg at bedtime as having trouble taking in morning. Discussed importance of keeping EPIPEN with him in a fanny pack while running in case of another reaction. Avoid running in remote areas alone. I recommend keeping an epinephrine auto-injector on hand at all times in case of a severe allergic reaction (anaphylaxis). Administer the injection in your outer thigh muscle (intramuscularly) and hold in place for 10 seconds to ensure the medication has been fully injected. You may experience jitteriness or increased heart rate after administering this medications. Please call 911 or go to the emergency room after using in order to be observed for a potential delayed or recurrent reaction. Please store this medication at room temperature as much as possible and check the solution for cloudiness periodically. Please make note of the expiration date as well.
- Intermittent Asthma:** Did not pick up inhalers. Recommend Albuterol rescue inhaler 1-2 puffs every 4-6 hours as needed. Carry rescue inhaler during exercise and take 2 puffs for wheezing or shortness of breath. Use caution exercising outdoors. Would recommend indoor training for the next week.
- Food allergy:** Continue strict shellfish avoidance and keep EPIPEN with you at all times. Repeat shellfish Immunocap ordered at last appointment - encouraged patient to complete.
- Allergic rhinitis:** Avoid cats/dogs. Ordered Immunocap to environmental allergens - encouraged patient to complete. Recommend Azelastine spray 2 sprays once daily. Recommend Zyrtec 10mg at bedtime.

-Return to clinic as needed. Urged patient to schedule a follow up today but he preferred not to schedule a follow up.

Counseling was provided, and all questions were answered to the patient's satisfaction.

I personally spent a total of 20 minutes with the patient and more than 50% of the time was spent on counseling and/or coordination of care. This includes face-to-face time and non-face-to-face time spent on preparing to see the patient, reviewing prior notes and tests, obtaining history from the patient, performing a medically appropriate exam, counseling and educating the patient, ordering medications/tests/procedures/referrals as clinically indicated, and documenting information in the electronic medical record.

Jyothi Tirumalasetty, MD, FAAAAI  
Allergy, Asthma, Immunodeficiency Clinic  
Division of Pulmonary, Allergy, and Critical Care Medicine

**10/30/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

Stanford Health Care

Electronically signed by Tirumalasetty, Jyothi Iswarya, MD at 10/30/2024 3:47 PM

**Flowsheets**

**Encounter Extended Vitals**

Row Name	10/30/24 1515	10/30/24 1514
<b>Pain Related to this Visit? No pain = 0</b>		
Pain Level - 1st	—	0 -RS
<b>Site</b>		
<b>Fall Risk</b>		
Have you fallen in the last 30 days?	—	No -RS
<b>Abuse Screening</b>		
Because difficult relationships can cause health problems, we are asking all of our patients the following question: Does a partner, or anyone at home, hurt, hit, or threaten you or take advantage of you financially?	—	Patient answers "No" -RS
<b>Patient Reported Blood Pressure</b>		
Other Systolic BP	118 mmHg	-RS
Other Diastolic BP	72 mmHg	-RS

**Patient Reported Values**

Row Name	10/30/24 1515
<b>Blood Pressure</b>	
Other Systolic BP	118 mmHg
Other Diastolic BP	72 mmHg
<b>Auto-combined Systolic/Diastolic</b>	
Other BP	118/72 -RS

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
RS	Sarabia, Ranjeeta, MA	Medical Assistant	—	10/30/2024

**10/30/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Patient Instructions**

Please get your blood drawn:

900 Blake Wilbur Drive  
1st Floor, Room W1083  
Palo Alto, CA 94304  
Phone: 650-724-4750

Links to other Stanford blood draw sites:

<https://stanfordhealthcare.org/medical-clinics/blood-draw-sites.html>

Electronically signed by Tirumalasetty, Jyothi Iswarya, MD at 10/30/2024 3:45 PM

10/17/2024 - Telephone in Allergy, Asthma and Immunodeficiency Clinic

## Reason for Visit

Chief complaint: Appointment/scheduling  
Visit diagnosis:

## Medication List

## Medication List

ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

## Active at the End of Visit

## **EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln**

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.  
Keep trainer pen separate so not confused with real pen during an emergency.  
Authorized by: Roh, Eugene Yousik, MD      Ordered on: 4/22/2024  
Start date: 4/22/2024      Quantity: 1 Each  
Refill: No refills remaining

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      End date: 4/29/2025  
Quantity: 18 g      Refill: 1 refill remaining

**azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      Action: Patient not taking  
Quantity: 30 mL      Refill: 3 refills remaining

## **cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily  
Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD  
Start date: 5/6/2024  
Quantity: 30 Tablet  
Ordered on: 5/6/2024  
End date: 5/6/2025  
Refill: No refills remaining

## **fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler**

Instructions: 1 Puff by Inhalation route every day  
Authorized by: Dykowski, Sara Elizabeth, MD  
Start date: 5/13/2024  
Refill: 3 refills remaining  
Ordered on: 5/13/2024  
Quantity: 1 Each

## **Vitamin D3 125 mcg (5,000 unit) TABS**

Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Anderson, Mitchell Paul, MD      Ordered on: 9/6/2024  
Start date: 9/6/2024      Quantity: 100 tablet  
Refill: No refills remaining

## **Ioratadine (Claritin) 10 mg tablet**

### Stopped in Visit

None

ATHERTON SQUARE Topper, Galen  
3351 EL CAMINO REAL SUITE MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
#225 Visit date: 10/17/2024  
ATHERTON CA 94027

**10/17/2024 - Telephone in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Medication List (continued)**

**Clinical Notes**

**Telephone Encounter**

**Sarabia, Ranjeeta, MA at 10/17/2024 1003**

Called pt on 10/17/24@10:03am. No answer, LVM for pt to call clinic back to schedule a follow up as requested.

Electronically signed by Sarabia, Ranjeeta, MA at 10/17/2024 10:04 AM

ATHERTON SQUARE Topper, Galen  
3351 EL CAMINO REAL SUITE MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
#225 Visit date: 10/17/2024  
ATHERTON CA 94027

## 10/17/2024 - Patient Message in Allergy, Asthma and Immunodeficiency Clinic

### Messages

#### follow up appointment

From Ranjeeta Sarabia, MA To Topper, Galen Sent and Delivered  
Last Read in MyHealth 10/17/2024 10:27 AM  
10/30/2024 3:11 PM by Topper, Galen

Dear Galen,

I'm reaching out to coordinate a follow up appointment with Dr.Tirumalasetty. Please feel free to reach out to me either via myhealth or a call back @ 650.723.3200 and just ask that the call be transferred over to me to schedule. Thank you.

Sincerely,

Ranjeeta Sarabia  
Patient Care Coordinator III/ Medical Assistant to-  
Dr. Anna Arroyo and Dr.Jyothi Tirumalasetty  
Stanford Health Care  
Allergy, Asthma & Immunotherapy Clinic  
3351 El Camino Real, Suite # 201  
Atherton, CA 94027  
P:650.723.3200  
F:650.503.0169

10/16/2024 - Telephone in Allergy, Asthma and Immunodeficiency Clinic

## Reason for Visit

Chief complaint: Appointment/scheduling  
Visit diagnosis:

## Medication List

## Medication List

① This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

## Active at the End of Visit

## **EPINEPHRine (EpiPen) 0.3 mg/0.3 mL Atln**

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.  
Keep trainer pen separate so not confused with real pen during an emergency.  
Authorized by: Roh, Eugene Yousik, MD      Ordered on: 4/22/2024  
Start date: 4/22/2024      Quantity: 1 Each  
Refill: No refills remaining

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      End date: 4/29/2025  
Quantity: 18 g      Refill: 1 refill remaining

## **azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      Action: Patient not taking  
Quantity: 30 mL      Refill: 3 refills remaining

## **cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily  
Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD  
Start date: 5/6/2024  
Quantity: 30 Tablet  
Ordered on: 5/6/2024  
End date: 5/6/2025  
Refill: No refills remaining

## **fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler**

Instructions: 1 Puff by Inhalation route every day  
Authorized by: Dykowski, Sara Elizabeth, MD  
Start date: 5/13/2024  
Refill: 3 refills remaining  
Ordered on: 5/13/2024  
Quantity: 1 Each

## Vitamin D3 125 mcg (5,000 unit) TABS

Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Anderson, Mitchell Paul, MD      Ordered on: 9/6/2024  
Start date: 9/6/2024      Quantity: 100 tablet  
Refill: No refills remaining

## **loratadine (Claritin) 10 mg tablet**

Instructions: Take 1 tablet (10 mg total) by mouth daily as needed  
Authorized by: Mooth, Audriana, DO      Ordered on: 10/15/2024  
Start date: 10/15/2024      Action: Patient not taking  
Quantity: 30 tablet      Refill: No refills remaining

## Stopped in Visit

None

ATHERTON SQUARE Topper, Galen  
3351 EL CAMINO REAL SUITE MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
#225 Visit date: 10/16/2024  
ATHERTON CA 94027

**10/16/2024 - Telephone in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Medication List (continued)**

**Clinical Notes**

**Telephone Encounter**

**Sarabia, Ranjeeta, MA at 10/16/2024 1504**

Called pt on 10/16/24 @3pm, No answer, LVM for pt to call clinic to schedule a follow up with Dr. Tirumalasetty.

Electronically signed by Sarabia, Ranjeeta, MA at 10/16/2024 3:07 PM

10/15/2024 - Clinical Support in Arrillaga Sports Medicine Center

## Reason for Visit

Chief complaint: Follow Up Visit  
Visit diagnosis:

## Medication List

## Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

## Active at the End of Visit

## **EPINEPHErIne (EpiPen) 0.3 mg/0.3 mL Atln**

**albuterol 90 mcg/actuation HFA inhaler**

## **azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      Action: Patient not taking  
Quantity: 30 mL      Refill: 3 refills remaining

## **cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily  
Authorized by: Song, Leina'Ala Yee Lan Kanahale, MD  
Start date: 5/6/2024  
Quantity: 30 Tablet  
Ordered on: 5/6/2024  
End date: 5/6/2025  
Refill: No refills remaining

**fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler**

Instructions: 1 Puff by Inhalation route every day  
Authorized by: Dykowski, Sara Elizabeth, MD  
Start date: 5/13/2024  
Refill: 3 refills remaining  
Ordered on: 5/13/2024  
Quantity: 1 Each

## **Vitamin D3 125 mcg (5,000 unit) TABS**

Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Anderson, Mitchell Paul, MD      Ordered on: 9/6/2024  
Start date: 9/6/2024      Quantity: 100 tablet  
Refill: No refills remaining

## **Ioratadine (Claritin) 10 mg tablet**

Instructions: Take 1 tablet (10 mg total) by mouth daily as needed  
Authorized by: Mooth, Audriana, DO      Ordered on: 10/15/2024  
Start date: 10/15/2024      Action: Patient not taking  
Quantity: 30 tablet      Refill: No refills remaining

### Stopped in Visit

None

**10/15/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**

**Medication List (continued)**

**Clinical Notes**

**Progress Notes**

Hernandez, Jesse, MA at 10/15/2024 1100

Lab draw.

Electronically signed by Hernandez, Jesse, MA at 10/15/2024 11:28 AM

**Flowsheets**

**Encounter Extended Vitals**

**Row Name** 10/15/24 1128

Pain Related to this Visit? No pain = 0

Pain Level - 1st 0 -JH  
Site

**Fall Risk**

Have you fallen No -JH  
in the last 30  
days?

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
JH	Hernandez, Jesse, MA	Medical Assistant	—	10/15/2024

10/15/2024 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Follow Up Visit  
Visit diagnosis: Anaphylaxis, subsequent encounter

## Medication List

## Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

## Active at the End of Visit

## **EPINEPHErIne (EpiPen) 0.3 mg/0.3 mL Atln**

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      End date: 4/29/2025  
Quantity: 18 g      Refill: 1 refill remaining

## **azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD      Ordered on: 4/29/2024  
Start date: 4/29/2024      Action: Patient not taking  
Quantity: 30 mL      Refill: 3 refills remaining

## **cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily  
Authorized by: Song, Leina'Ala Yee Lan Kanahale, MD  
Start date: 5/6/2024  
Quantity: 30 Tablet  
Ordered on: 5/6/2024  
End date: 5/6/2025  
Refill: No refills remaining

## fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler

Instructions: 1 Puff by Inhalation route every day  
Authorized by: Dykowski, Sara Elizabeth, MD  
Start date: 5/13/2024  
Refill: 3 refills remaining  
Ordered on: 5/13/2024  
Quantity: 1 Each

## **Vitamin D3 125 mcg (5,000 unit) TABS**

Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Anderson, Mitchell Paul, MD      Ordered on: 9/6/2024  
Start date: 9/6/2024      Quantity: 100 tablet  
Refill: No refills remaining

## **Ioratadine (Claritin) 10 mg tablet**

Instructions: Take 1 tablet (10 mg total) by mouth daily as needed  
Authorized by: Mooth, Audriana, DO      Ordered on: 10/15/2024  
Start date: 10/15/2024      Action: Patient not taking  
Quantity: 30 tablet      Refill: No refills remaining

### Stopped in Visit

None

**10/15/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**
**Medication List (continued)**
**Clinical Notes**
**Addendum Note**
**Hwang, Calvin Eric, MD at 10/15/2024 1045**

Addended by: HWANG, CALVIN on: 10/15/2024 04:27 PM

Modules accepted: Level of Service

Electronically signed by Hwang, Calvin Eric, MD at 10/15/2024 4:27 PM

**Progress Notes**
**Hwang, Calvin Eric, MD at 10/15/2024 1045**
**Stanford Sports Medicine Clinic Note**
**Sport:** Track and Field

**Chief complaint:**
**Chief Complaint**

Patient presents with

- Follow Up Visit

**History of Present Illness:**

Galen Topper is a 22 Y male who presents to Sports Medicine Clinic for evaluation of allergic reaction. Approximately 7:45 this morning he was at track practice and was doing his usual running workout when he started having hives on his arms and neck, swelling of his eyelids, and a sensation of swelling in his throat, he took 2 pills of Benadryl and has had resolution of the hives and throat sensation, still has some puffiness around the eyes that is improving. He had a very similar episode in the spring 2024 which required the administration of epinephrine and management in the emergency department, he was seen by an allergist with workup showing multiple environmental as well as shellfish allergies. He was directed to take Zyrtec daily but has not been taking this lately as he has been feeling otherwise well. No change to his normal routine or known exposures recently. Had a viral URI last week but has been improving. Currently no shortness of breath, swelling of the tongue/throat, or chest pain. He has EpiPen's at home but had not brought them to practice with him today.

**Review of Systems:**

Pertinent positives are noted in the HPI, otherwise ROS was negative.

**Physical Exam:**
**Vital Signs:**
**Visit Vitals:**

10/15/24 1056

 BP: 118/72  
 Pulse: 85  
 SpO2: 96%

**10/15/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

Gen: awake and alert though visibly fatigued, not in acute distress

HEENT: normocephalic, atraumatic, pupils equal and reactive to light and accommodation, extraocular movements intact, moist mucous membranes, no nasal discharge, oropharyngeal mucosa pink/moist without lesions, no tonsillar enlargement/ erythema/ exudates , mild edema of the bilateral eyelids, no other appreciable edema/swelling of the face, tongue, or oropharynx.

Neck: no palpable/ tender lymphadenopathy or masses

CV: Extremities warm and well perfused, regular rate and rhythm, no murmurs, gallops, or rubs

Resp: breathing comfortably, speaking in full sentences, no acute respiratory distress, clear to auscultation bilaterally

Abd: non-distended

MSK: no edema

Neuro: No obvious focal neuro deficits

Skin: Currently no rash or urticaria

Psych: pleasant, cooperative

**Imaging:**

No results found.

**Assessment/Plan:**

Galen Topper is a 22 Y male who presents to Sports Medicine Clinic for evaluation of allergic reaction, now stable s/p benadryl 50mg.

-Restart Zyrtec, provided with dose of Claritin in clinic today and states he has Zyrtec at home (also provided with Claritin in case there is an issue with finding the Zyrtec at home)

-Strongly advised him to have his EpiPen with him at all times

-Labs: C4, tryptase

-Follow-up with allergist

Patient seen with supervising physician, Dr. Hwang, who agrees with the plan.

Audriana Mooth, DO, PGY-4

Stanford Non-Operative Sports Medicine Fellow

I was present and directly participated in the care of this patient. I have reviewed the resident/fellow note, and agree with the documented findings, assessment, and plan.

Calvin Eric Hwang, MD 4:25 PM

Electronically signed by Hwang, Calvin Eric, MD at 10/15/2024 4:25 PM

**Labs**

**Complement C4, Serum [996897283] (Final result)**

Electronically signed by: **Mooth, Audriana, DO on 10/15/24 1112**

Status: **Completed**

Ordering user: Mooth, Audriana, DO 10/15/24 1112

Authorized by: Hwang, Calvin Eric, MD

Ordering mode: Standard

Frequency: Routine 10/15/24 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Instance released by: Hernandez, Jesse, MA 10/15/2024 11:13 AM

Diagnoses

Anaphylaxis, subsequent encounter [T78.2XXD]

**Specimen Information**

10/15/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

Labs (continued)

ID	Type	Source	Collected By
24S-289SC0521	Blood	Blood, from Venipuncture	Hernandez, Jesse, MA 10/15/24 1113

Complement C4, Serum [996897283] (Normal) Resulted: 10/19/24 1009, Result status: Final result

Order status: Completed  
 Collected by: Hernandez, Jesse, MA 10/15/24 1113  
 Acknowledged by  
 Hwang, Calvin Eric, MD on 10/19/24 1324  
 Hock-Hanson, Susan, RN on 12/17/24 0020

Filed by: Background, Lab 10/19/24 1009  
 Resulting lab: HILLVIEW LABORATORY

Components

Component	Value	Reference Range	Flag	Lab
Complement C4, Serum	25.0	20.0 - 59.0 mg/dL	—	Hillview

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

Indications

Anaphylaxis, subsequent encounter [T78.2XXD (ICD-10-CM)]

All Reviewers List

Hock-Hanson, Susan, RN on 12/17/2024 00:20  
 Hwang, Calvin Eric, MD on 10/19/2024 13:24

Tryptase, Serum [996897286] (Final result)

Electronically signed by: **Mooth, Audriana, DO on 10/15/24 1112** Status: **Completed**  
 Ordering user: Mooth, Audriana, DO 10/15/24 1112  
 Ordering mode: Standard  
 Frequency: Routine 10/15/24 -  
 Quantity: 1  
 Instance released by: Hernandez, Jesse, MA 10/15/2024 11:13 AM  
 Diagnoses  
 Anaphylaxis, subsequent encounter [T78.2XXD]

Authorized by: Hwang, Calvin Eric, MD  
 Class: Clinic Collect  
 Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
24S-289SC0521	Blood	Blood, from Venipuncture	Hernandez, Jesse, MA 10/15/24 1113

Tryptase, Serum [996897286] (Normal)

Resulted: 10/16/24 1344, Result status: Final result

Order status: Completed  
 Collected by: Hernandez, Jesse, MA 10/15/24 1113  
 Acknowledged by  
 Hwang, Calvin Eric, MD on 10/16/24 1411  
 Hock-Hanson, Susan, RN on 12/17/24 0020

Filed by: Miller, Paige 10/16/24 1344  
 Resulting lab: HILLVIEW LABORATORY

Components

Component	Value	Reference Range	Flag	Lab
Tryptase	4.1	<11.5 ng/mL	—	Hillview

10/15/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

Indications

Anaphylaxis, subsequent encounter [T78.2XXD (ICD-10-CM)]

All Reviewers List

Hock-Hanson, Susan, RN on 12/17/2024 00:20  
 Hwang, Calvin Eric, MD on 10/19/2024 13:24  
 Hwang, Calvin Eric, MD on 10/16/2024 14:11

MAR

Medications

Medication Order Report

Order Information

Ordered	Status	Priority	Ordering User	Department
10/15/24	(none)	Routine	Mooth, Audriana, DO	SPORTS MEDICINE CENTER

Provider Information

Authorizing Provider	Encounter Provider
Mooth, Audriana, DO	Hwang, Calvin Eric, MD

Medication Detail

Medication	Quantity	Refills	Start	End
loratadine (Claritin) 10 mg tablet	30 tablet	0	10/15/2024	—
Sig: Take 1 tablet (10 mg total) by mouth daily as needed				
Patient not taking: Reported on 3/20/2025				
Route: Oral				
Class: In Clinic				
Order #: 996895262				

Outpatient Medication Detail

	Disp	Refills	Start	End
loratadine (Claritin) 10 mg tablet	30 tablet	0	10/15/2024	—
Sig - Route: Take 1 tablet (10 mg total) by mouth daily as needed - Oral				
Patient not taking: Reported on 3/20/2025				
Class: In Clinic				

Associated Diagnoses

Anaphylaxis, subsequent encounter [T78.2XXD] - Primary

loratadine (Claritin) 10 mg tablet [996895262]

Electronically signed by: Mooth, Audriana, DO on 10/15/24 1109

Status: Active

Ordering user: Mooth, Audriana, DO 10/15/24 1109

Authorized by: Mooth, Audriana, DO

Ordering mode: Standard

Frequency: Daily PRN 10/15/24 - Until Discontinued

Proportion of Days Covered

Low Confidence

## 10/15/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### MAR (continued)



#### Unknown Adherence

Fill data for this medication may be incomplete.

Adherence cannot be calculated for over-the-counter drugs.

### About this Score

#### Summary

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

#### Calculating the Score

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

#### Confidence

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

#### Limitations

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

### Flowsheets

#### Custom Formula Data

Row Name	10/15/24 1056
Hemodynamics	
Mean Arterial Pressure (Calculated)	87 mmHg -JH

#### Encounter Extended Vitals

Row Name	10/15/24 1056	10/15/24 1055
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**10/15/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Flowsheets (continued)**

Pain Related to this Visit? No pain = 0

Pain Level - 1st — 0 -JH  
 Site

**Fall Risk**

Have you fallen — No -JH  
 in the last 30  
 days?

**Additional Blood Pressure Information**

BP 118/72 -JH —

**Additional Pulse Information**

Pulse 85 -JH —

**Additional Respiratory Information**

SpO2 96 % -JH —

**Encounter Vitals**

**Row Name** 10/15/24 1056

**Encounter Vitals**

BP 118/72 -JH

Pulse 85 -JH

SpO2 96 % -JH

**Vitals**

Patient site Left Arm -JH

Patient Position Sitting -JH

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
JH	Hernandez, Jesse, MA	Medical Assistant	—	10/15/2024

**After Visit Summary**

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

## 10/15/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### After Visit Summary (continued)

## AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 10/15/2024 10:45 AM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Calvin Eric Hwang, MD on Tuesday October 15, 2024.

### What's Next

OCT 15 Follow Up Visit with Calvin Eric Hwang, MD  
2024 Tuesday October 15 10:45 AM  
Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

### Stay Connected with MyHealth

View your After Visit Summary online, manage your prescriptions, make appointments, communicate with your care team. To access your account visit [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

10/15/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

After Visit Summary (continued)

Your Medication List as of October 15, 2024 8:17 AM

 Always use your most recent med list.

<b>albuterol</b> 90 mcg/actuation HFA inhaler Commonly known as: Proventil	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing
<b>azelastine</b> 137 mcg (0.1 %) nasal spray Commonly known as: Astelin	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.
<b>cetirizine</b> 10 mg tablet Commonly known as: ZyrTEC	take 1 Tablet (10 mg total) by mouth daily
<b>EpiPen</b> 0.3 mg/0.3 mL injector Generic drug: EPINEPHrine	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.
<b>fluticasone furoate-vilanterol</b> 100-25 mcg/dose inhaler Commonly known as: Breo Ellipta	1 Puff by Inhalation route every day
<b>loratadine</b> 10 mg tablet Commonly known as: Claritin	take 1 Tablet (10 mg total) by mouth daily Take one tablet daily
<b>Vitamin D3</b> 125 mcg (5,000 unit) Tabs Generic drug: Cholecalciferol (Vitamin D3)	Take 1 tablet by mouth every weekday (none on weekends)

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

## 10/15/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents

#### After Visit Summary - Document on 10/15/2024 8:17 AM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 10/15/2024 10:45 AM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Calvin Eric Hwang, MD on Tuesday October 15, 2024.

### What's Next

OCT 15 Follow Up Visit with Calvin Eric Hwang, MD Arrillaga Sports Medicine Center  
2024 Tuesday October 15 10:45 AM 341 Galvez Street  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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10/15/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

Documents (continued)

Your Medication List as of October 15, 2024 8:17 AM

 Always use your most recent med list.

<b>albuterol</b> 90 mcg/actuation HFA inhaler Commonly known as: Proventil	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing
<b>azelastine</b> 137 mcg (0.1 %) nasal spray Commonly known as: Astelin	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.
<b>cetirizine</b> 10 mg tablet Commonly known as: ZyrTEC	take 1 Tablet (10 mg total) by mouth daily
<b>EpiPen</b> 0.3 mg/0.3 mL injector Generic drug: EPINEPHrine	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.
<b>fluticasone furoate-vilanterol</b> 100-25 mcg/dose Inhaler Commonly known as: Breo Ellipta	1 Puff by Inhalation route every day
<b>loratadine</b> 10 mg tablet Commonly known as: Claritin	take 1 Tablet (10 mg total) by mouth daily Take one tablet daily
<b>Vitamin D3</b> 125 mcg (5,000 unit) Tabs Generic drug: Cholecalciferol (Vitamin D3)	Take 1 tablet by mouth every weekday (none on weekends)

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

**09/06/2024 - Orders Only in Arrillaga Sports Medicine Center**

**Medication List**

**Medication List**

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln**

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.  
Keep trainer pen separate so not confused with real pen during an emergency.

Authorized by: Roh, Eugene Yousik, MD

Ordered on: 4/22/2024

Start date: 4/22/2024

Quantity: 1 Each

Refill: No refills remaining

**loratadine (Claritin) 10 mg tablet**

Discontinued by: Mooth, Audriana, DO

Discontinued on: 10/15/2024

Instructions: take 1 Tablet (10 mg total) by mouth daily Take one tablet daily

Authorized by: Roh, Eugene Yousik, MD

Ordered on: 4/22/2024

Start date: 4/22/2024

End date: 10/15/2024

Quantity: 30 Tablet

Refill: No refills remaining

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing

Authorized by: Tirumalasetty, Jyothi Iswarya, MD

Ordered on: 4/29/2024

Start date: 4/29/2024

End date: 4/29/2025

Quantity: 18 g

Refill: 1 refill remaining

**azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.

Authorized by: Tirumalasetty, Jyothi Iswarya, MD

Ordered on: 4/29/2024

Start date: 4/29/2024

Action: Patient not taking

Quantity: 30 mL

Refill: 3 refills remaining

**cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily

Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD

Ordered on: 5/6/2024

Start date: 5/6/2024

End date: 5/6/2025

Quantity: 30 Tablet

Refill: No refills remaining

**fluticasone furoate-vilanteroL (Breo Ellipta) 100-25 mcg/dose inhaler**

Instructions: 1 Puff by Inhalation route every day

Authorized by: Dykowski, Sara Elizabeth, MD

Ordered on: 5/13/2024

Start date: 5/13/2024

Quantity: 1 Each

Refill: 3 refills remaining

**Vitamin D3 125 mcg (5,000 unit) TABS**

Instructions: Take 1 tablet by mouth every weekday (none on weekends)

Authorized by: Anderson, Mitchell Paul, MD

Ordered on: 9/6/2024

Start date: 9/6/2024

Quantity: 100 tablet

Refill: No refills remaining

**Stopped in Visit**

None

**09/06/2024 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**MAR (continued)**

**Medications**

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Department
09/06/24	Sent	Routine	Anderson, Mitchell Paul, MD	SPORTS MEDICINE CENTER

**Provider Information**

Authorizing Provider	Encounter Provider
Anderson, Mitchell Paul, MD	Anderson, Mitchell Paul, MD

**Order Audit Trail**

Number of times this order has been changed since signing: 1

**Medication Detail**

Medication	Quantity	Refills	Start	End
Vitamin D3 125 mcg (5,000 unit) TABS	100 tablet	0	9/6/2024	—
Sig: Take 1 tablet by mouth every weekday (none on weekends)				
Route: (none)				
DAW: Yes				
Class: In Clinic				
Order #: 987593993				

**Outpatient Medication Detail**

	Disp	Refills	Start	End
Vitamin D3 125 mcg (5,000 unit) TABS	100 tablet	0	9/6/2024	—
Sig: Take 1 tablet by mouth every weekday (none on weekends)				
Class: In Clinic				

**Order Questions**

Question	Answer
Verified that this is the correct medication and dosage.	Yes

**Medication Administration Instructions**

Take 1 tablet by mouth every weekday (none on weekends)

**Vitamin D3 125 mcg (5,000 unit) TABS [987593993]**

Electronically signed by: **Anderson, Mitchell Paul, MD on 09/06/24 1635**

Status: **Active**

Ordering user: Anderson, Mitchell Paul, MD 09/06/24 1635

Authorized by: Anderson, Mitchell Paul, MD

Ordering mode: Standard

Frequency: 09/06/24 - Until Discontinued

Reordered from: Vitamin D3 5,000 unit TABS [935890463]

**Proportion of Days Covered**

 **Unknown Adherence**

Adherence cannot be calculated for over-the-counter drugs.

**Low Confidence**

Fill data for this medication may be incomplete.

**About this Score**

**Summary**

## 09/06/2024 - Orders Only in Arrillaga Sports Medicine Center (continued)

### MAR (continued)

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

#### Calculating the Score

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

#### Confidence

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

#### Limitations

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

## 08/28/2024 - Clinical Support in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Lab Draws

Visit diagnoses:

- (primary)
- Sports physical
- Routine lab draw

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### Vitamin D3 5,000 unit TABS

Discontinued by: Anderson, Mitchell Paul, MD

Discontinued on: 9/6/2024

Reason for discontinuation: Reorder

Instructions: Take 1 tablet by mouth every weekday (none on weekends)

Authorized by: Walker, Clayton Robert, MD

Ordered on: 2/2/2024

Start date: 2/2/2024

End date: 9/6/2024

Quantity: 100 Tablet

Refill: No refills remaining

##### EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.

Keep trainer pen separate so not confused with real pen during an emergency.

Authorized by: Roh, Eugene Yousik, MD

Ordered on: 4/22/2024

Start date: 4/22/2024

Quantity: 1 Each

Refill: No refills remaining

##### loratadine (Claritin) 10 mg tablet

Discontinued by: Mooth, Audriana, DO

Discontinued on: 10/15/2024

Instructions: take 1 Tablet (10 mg total) by mouth daily Take one tablet daily

Authorized by: Roh, Eugene Yousik, MD

Ordered on: 4/22/2024

Start date: 4/22/2024

End date: 10/15/2024

Quantity: 30 Tablet

Refill: No refills remaining

##### albuterol 90 mcg/actuation HFA inhaler

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing

Authorized by: Tirumalasetty, Jyothi Iswarya, MD

Ordered on: 4/29/2024

Start date: 4/29/2024

End date: 4/29/2025

Quantity: 18 g

Refill: 1 refill remaining

##### azelastine (Astelin) 137 mcg (0.1 %) nasal spray

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.

Authorized by: Tirumalasetty, Jyothi Iswarya, MD

Ordered on: 4/29/2024

Start date: 4/29/2024

Action: Patient not taking

Quantity: 30 mL

Refill: 3 refills remaining

##### cetirizine (ZyrTEC) 10 mg tablet

Instructions: take 1 Tablet (10 mg total) by mouth daily

Ordered on: 5/6/2024

Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD

End date: 5/6/2025

Start date: 5/6/2024

Refill: No refills remaining

Quantity: 30 Tablet

##### fluticasone furoate-vilanteroL (Breo Ellipta) 100-25 mcg/dose inhaler

Instructions: 1 Puff by Inhalation route every day

Ordered on: 5/13/2024

Authorized by: Dykowski, Sara Elizabeth, MD

Quantity: 1 Each

Start date: 5/13/2024

Refill: 3 refills remaining

**08/28/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Medication List (continued)**
**Stopped in Visit**

None

**Clinical Notes**
**Progress Notes**
**Mlakar, Rachel at 8/28/2024 1300**

Performance labs.

Electronically signed by Mlakar, Rachel at 8/28/2024 3:00 PM

**Labs**
**CBC with Differential [985335566] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 08/24/24 0555** Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 08/24/24 0555  
 Ordering mode: Standard  
 Frequency: Routine 08/24/24 -  
 Quantity: 1  
 Instance released by: Mlakar, Rachel 8/28/2024 2:53 PM  
 Diagnoses  
 Sports physical [Z02.5]

Authorized by: Fredericson, Michael, MD

Class: Clinic Collect  
Lab status: Final result
**Specimen Information**

ID	Type	Source	Collected By
24S-241HE1578	Blood	Blood, from Venipuncture	08/28/24 1500

**CBC with Differential [985335566]**
**CBC with Differential [985335569]**

Resulted: 08/28/24 1809, Result status: Final result

Order status: Completed  
 Collected by: Mlakar, Rachel 08/28/24 1500  
 Acknowledged by  
 Hock-Hanson, Susan, RN on 08/28/24 2041  
 Fredericson, Michael, MD on 08/29/24 1119

Filed by: Background, Lab 08/28/24 1809

Resulting lab: SHC LAB - HOSPITAL LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	5.3	4.0 - 11.0 K/uL	—	SHC
RBC	5.23	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	14.9	13.5 - 17.7 g/dL	—	SHC
Hematocrit	44.2	40.0 - 52.0 %	—	SHC
MCV	84.5	82.0 - 98.0 fL	—	SHC
MCH	28.5	27.0 - 34.0 pg	—	SHC
MCHC	33.7	32.0 - 36.0 g/dL	—	SHC
RDW	11.8	11.5 - 14.5 %	—	SHC
Platelet count	211	150 - 400 K/uL	—	SHC

**08/28/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Neutrophil %	54.6	%	—	SHC
Lymphocyte %	34.8	%	—	SHC
Monocyte %	7.4	%	—	SHC
Eosinophil %	2.6	%	—	SHC
Basophil %	0.4	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	2.89	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.84	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.39	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.14	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.02	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**CBC with Differential [985335566]**
**CBC with Differential [985335569]**

Resulted: 08/28/24 1809, Result status: Final result

Order status: Completed

Filed by: Background, Lab 08/28/24 1809

Collected by: Mlakar, Rachel 08/28/24 1500

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by

Hock-Hanson, Susan, RN on 08/28/24 2041

Fredericson, Michael, MD on 08/29/24 1119

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	5.3	4.0 - 11.0 K/uL	—	SHC
RBC	5.23	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	14.9	13.5 - 17.7 g/dL	—	SHC
Hematocrit	44.2	40.0 - 52.0 %	—	SHC
MCV	84.5	82.0 - 98.0 fL	—	SHC
MCH	28.5	27.0 - 34.0 pg	—	SHC
MCHC	33.7	32.0 - 36.0 g/dL	—	SHC
RDW	11.8	11.5 - 14.5 %	—	SHC
Platelet count	211	150 - 400 K/uL	—	SHC
Neutrophil %	54.6	%	—	SHC
Lymphocyte %	34.8	%	—	SHC
Monocyte %	7.4	%	—	SHC
Eosinophil %	2.6	%	—	SHC
Basophil %	0.4	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	2.89	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.84	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.39	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.14	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.02	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC

**08/28/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**Vitamin D, 25-Hydroxyvitamin [985335567] (Final result)**

Electronically signed by: <b>Hock-Hanson, Susan, RN on 08/24/24 0555</b>	Status: <b>Completed</b>
Ordering user: Hock-Hanson, Susan, RN 08/24/24 0555	Authorized by: Fredericson, Michael, MD
Ordering mode: Standard	
Frequency: Routine 08/24/24 -	Class: Clinic Collect
Quantity: 1	Lab status: Final result
Instance released by: Mlakar, Rachel 8/28/2024 2:53 PM	
Diagnoses	
Sports physical [Z02.5]	

**Specimen Information**

ID	Type	Source	Collected By
24S-241SC0929	Blood	Blood, from Venipuncture	Mlakar, Rachel 08/28/24 1500

**Vitamin D, 25-Hydroxyvitamin [985335567] (Normal)**

Resulted: 08/28/24 2104, Result status: Final result

Order status: Completed	Filed by: Background, Lab 08/28/24 2104
Collected by: Mlakar, Rachel 08/28/24 1500	Resulting lab: HILLVIEW LABORATORY
Acknowledged by: Fredericson, Michael, MD on 08/29/24 1119	

**Components**

Component	Value	Reference Range	Flag	Lab
25-OH Vitamin D, Total	36	25 - 80 ng/mL	—	Hillview

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 8/29/2024 11:19

**Ferritin [985335568] (Final result)**

Electronically signed by: <b>Hock-Hanson, Susan, RN on 08/24/24 0555</b>	Status: <b>Completed</b>
Ordering user: Hock-Hanson, Susan, RN 08/24/24 0555	Authorized by: Fredericson, Michael, MD

**08/28/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Ordering mode: Standard  
 Frequency: Routine 08/24/24 -  
 Quantity: 1  
 Instance released by: Mlakar, Rachel 8/28/2024 2:53 PM  
 Diagnoses  
 Routine lab draw [Z01.89]

Class: Clinic Collect  
 Lab status: Final result

**Specimen Information**

ID	Type	Source	Collected By
24S-241CH3126	Blood	Blood, from Venipuncture	Mlakar, Rachel 08/28/24 1500

**Ferritin [985335568] (Normal)**

Resulted: 08/28/24 1828, Result status: Final result

Order status: Completed  
 Collected by: Mlakar, Rachel 08/28/24 1500  
 Acknowledged by  
 Hock-Hanson, Susan, RN on 08/28/24 2041  
 Fredericson, Michael, MD on 08/29/24 1119

**Components**

Component	Value	Reference Range	Flag	Lab
Ferritin	99.4	30 - 400 ng/mL	—	SHC

Comment:  
 Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Routine lab draw [Z01.89 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 8/29/2024 11:19  
 Hock-Hanson, Susan, RN on 8/28/2024 20:41

**CBC with Differential [985335569] (Final result)**

Status: **Completed**

Order placed as a reflex to CBC with Differential [985335566] ordered on 08/24/24 at 0555  
 Ordering user: Hock-Hanson, Susan, RN 08/24/24 0555  
 Ordering mode: Standard  
 Frequency: Routine 08/28/24 -  
 Quantity: 1  
 Diagnoses  
 Sports physical [Z02.5]

Authorized by: Fredericson, Michael, MD

Class: Clinic Collect  
 Lab status: Final result

**Specimen Information**

ID	Type	Source	Collected By
24S-241HE1578	Blood	Blood, from Venipuncture	Mlakar, Rachel 08/28/24 1500

**08/28/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

**CBC with Differential [985335569]**

Resulted: 08/28/24 1809, Result status: Final result

Order status: Completed  
 Collected by: Mlakar, Rachel 08/28/24 1500  
 Acknowledged by  
 Hock-Hanson, Susan, RN on 08/28/24 2041  
 Fredericson, Michael, MD on 08/29/24 1119

Filed by: Background, Lab 08/28/24 1809  
 Resulting lab: SHC LAB - HOSPITAL LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	5.3	4.0 - 11.0 K/uL	—	SHC
RBC	5.23	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	14.9	13.5 - 17.7 g/dL	—	SHC
Hematocrit	44.2	40.0 - 52.0 %	—	SHC
MCV	84.5	82.0 - 98.0 fL	—	SHC
MCH	28.5	27.0 - 34.0 pg	—	SHC
MCHC	33.7	32.0 - 36.0 g/dL	—	SHC
RDW	11.8	11.5 - 14.5 %	—	SHC
Platelet count	211	150 - 400 K/uL	—	SHC
Neutrophil %	54.6	%	—	SHC
Lymphocyte %	34.8	%	—	SHC
Monocyte %	7.4	%	—	SHC
Eosinophil %	2.6	%	—	SHC
Basophil %	0.4	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	2.89	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.84	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.39	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.14	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.02	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 8/29/2024 11:19  
 Hock-Hanson, Susan, RN on 8/28/2024 20:41

**08/24/2024 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Routine lab draw
- Sports physical

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**Vitamin D3 5,000 unit TABS**

Discontinued by: Anderson, Mitchell Paul, MD Discontinued on: 9/6/2024  
Reason for discontinuation: Reorder  
Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Walker, Clayton Robert, MD Ordered on: 2/2/2024  
Start date: 2/2/2024 End date: 9/6/2024  
Quantity: 100 Tablet Refill: No refills remaining

**EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln**

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.  
Keep trainer pen separate so not confused with real pen during an emergency.  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 Quantity: 1 Each  
Refill: No refills remaining

**loratadine (Claritin) 10 mg tablet**

Discontinued by: Mooth, Audriana, DO Discontinued on: 10/15/2024  
Instructions: take 1 Tablet (10 mg total) by mouth daily Take one tablet daily  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 End date: 10/15/2024  
Quantity: 30 Tablet Refill: No refills remaining

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordered on: 4/29/2024  
Start date: 4/29/2024 End date: 4/29/2025  
Quantity: 18 g Refill: 1 refill remaining

**azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordered on: 4/29/2024  
Start date: 4/29/2024 Action: Patient not taking  
Quantity: 30 mL Refill: 3 refills remaining

**cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily  
Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD Ordered on: 5/6/2024  
Start date: 5/6/2024 End date: 5/6/2025  
Quantity: 30 Tablet Refill: No refills remaining

**fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler**

Instructions: 1 Puff by Inhalation route every day  
Authorized by: Dykowski, Sara Elizabeth, MD Ordered on: 5/13/2024  
Start date: 5/13/2024 Quantity: 1 Each  
Refill: 3 refills remaining

**08/24/2024 - Orders Only in Arrillaga Sports Medicine Center (continued)**
**Medication List (continued)**
**Stopped in Visit**

None

**Labs**
**Ferritin [984339881] (Completed)**
Electronically signed by: **Hock-Hanson, Susan, RN** on **08/24/24 0555**Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 08/24/24 0555

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 08/24/24 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Routine lab draw [Z01.89]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Routine lab draw [Z01.89 (ICD-10-CM)]

**Ferritin [985335568] (Normal)**

Resulted: 08/28/24 1828, Result status: Final result

Order status: Completed

Filed by: Background, Lab 08/28/24 1828

Collected by: Mlakar, Rachel 08/28/24 1500

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by

Hock-Hanson, Susan, RN on 08/28/24 2041

Fredericson, Michael, MD on 08/29/24 1119

**Components**

Component	Value	Reference Range	Flag	Lab
Ferritin	99.4	30 - 400 ng/mL	—	SHC

Comment:  
Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Routine lab draw [Z01.89 (ICD-10-CM)]

**Vitamin D, 25-Hydroxyvitamin [984339882] (Completed)**
Electronically signed by: **Hock-Hanson, Susan, RN** on **08/24/24 0555**Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 08/24/24 0555

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 08/24/24 -

Class: Clinic Collect

**08/24/2024 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Quantity: 1

Diagnoses

Sports physical [Z02.5]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**Vitamin D, 25-Hydroxyvitamin [985335567] (Normal)**

Resulted: 08/28/24 2104, Result status: Final result

Order status: Completed

Filed by: Background, Lab 08/28/24 2104

Collected by: Mlakar, Rachel 08/28/24 1500

Resulting lab: HILLVIEW LABORATORY

Acknowledged by: Fredericson, Michael, MD on 08/29/24 1119

**Components**

Component	Value	Reference Range	Flag	Lab
25-OH Vitamin D, Total	36	25 - 80 ng/mL	—	Hillview

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**CBC with Differential [984339883] (Completed)**

Electronically signed by: Hock-Hanson, Susan, RN on 08/24/24 0555

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 08/24/24 0555

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 08/24/24 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Sports physical [Z02.5]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**CBC with Differential [985335566]**

**CBC with Differential [985335569]**

Resulted: 08/28/24 1809, Result status: Final result

Order status: Completed

Filed by: Background, Lab 08/28/24 1809

Collected by: Mlakar, Rachel 08/28/24 1500

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by

Hock-Hanson, Susan, RN on 08/28/24 2041

Fredericson, Michael, MD on 08/29/24 1119

**Components**

08/24/2024 - Orders Only in Arrillaga Sports Medicine Center (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
WBC	5.3	4.0 - 11.0 K/uL	—	SHC
RBC	5.23	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	14.9	13.5 - 17.7 g/dL	—	SHC
Hematocrit	44.2	40.0 - 52.0 %	—	SHC
MCV	84.5	82.0 - 98.0 fL	—	SHC
MCH	28.5	27.0 - 34.0 pg	—	SHC
MCHC	33.7	32.0 - 36.0 g/dL	—	SHC
RDW	11.8	11.5 - 14.5 %	—	SHC
Platelet count	211	150 - 400 K/uL	—	SHC
Neutrophil %	54.6	%	—	SHC
Lymphocyte %	34.8	%	—	SHC
Monocyte %	7.4	%	—	SHC
Eosinophil %	2.6	%	—	SHC
Basophil %	0.4	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	2.89	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.84	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.39	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.14	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.02	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

CBC with Differential [985335566]

CBC with Differential [985335569]

Resulted: 08/28/24 1809, Result status: Final result

Order status: Completed

Filed by: Background, Lab 08/28/24 1809

Collected by: Mlakar, Rachel 08/28/24 1500

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by

Hock-Hanson, Susan, RN on 08/28/24 2041

Fredericson, Michael, MD on 08/29/24 1119

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.3	4.0 - 11.0 K/uL	—	SHC
RBC	5.23	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	14.9	13.5 - 17.7 g/dL	—	SHC
Hematocrit	44.2	40.0 - 52.0 %	—	SHC
MCV	84.5	82.0 - 98.0 fL	—	SHC
MCH	28.5	27.0 - 34.0 pg	—	SHC
MCHC	33.7	32.0 - 36.0 g/dL	—	SHC
RDW	11.8	11.5 - 14.5 %	—	SHC
Platelet count	211	150 - 400 K/uL	—	SHC

**08/24/2024 - Orders Only in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Neutrophil %	54.6	%	—	SHC
Lymphocyte %	34.8	%	—	SHC
Monocyte %	7.4	%	—	SHC
Eosinophil %	2.6	%	—	SHC
Basophil %	0.4	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	2.89	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.84	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.39	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.14	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.02	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**05/13/2024 - Orders Only in Arrillaga Sports Medicine Center**

**Medication List**

**Medication List**

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**Vitamin D3 5,000 unit TABS**

Discontinued by: Anderson, Mitchell Paul, MD Discontinued on: 9/6/2024  
Reason for discontinuation: Reorder  
Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Walker, Clayton Robert, MD Ordered on: 2/2/2024  
Start date: 2/2/2024 End date: 9/6/2024  
Quantity: 100 Tablet Refill: No refills remaining

**EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln**

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.  
Keep trainer pen separate so not confused with real pen during an emergency.  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 Quantity: 1 Each  
Refill: No refills remaining

**loratadine (Claritin) 10 mg tablet**

Discontinued by: Mooth, Audriana, DO Discontinued on: 10/15/2024  
Instructions: take 1 Tablet (10 mg total) by mouth daily Take one tablet daily  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 End date: 10/15/2024  
Quantity: 30 Tablet Refill: No refills remaining

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordered on: 4/29/2024  
Start date: 4/29/2024 End date: 4/29/2025  
Quantity: 18 g Refill: 1 refill remaining

**azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordered on: 4/29/2024  
Start date: 4/29/2024 Action: Patient not taking  
Quantity: 30 mL Refill: 3 refills remaining

**cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily  
Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD Ordered on: 5/6/2024  
Start date: 5/6/2024 End date: 5/6/2025  
Quantity: 30 Tablet Refill: No refills remaining

**fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler**

Instructions: 1 Puff by Inhalation route every day  
Authorized by: Dykowski, Sara Elizabeth, MD Ordered on: 5/13/2024  
Start date: 5/13/2024 Quantity: 1 Each  
Refill: 3 refills remaining

**Stopped in Visit**

None

**05/13/2024 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes**

**Progress Notes**

Dykowski, Sara Elizabeth, MD at 5/13/2024 1748

Switched inhaler order to "in clinic" as patient is stanford athlete and SMC team helping to coordinate coverage in clinic due to high pocket cost at home pharmacy.

Electronically signed by Dykowski, Sara Elizabeth, MD at 5/13/2024 5:50 PM

**MAR**

**Medications**

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Department
05/13/24	Sent	Routine	Dykowski, Sara Elizabeth, MD	SPORTS MEDICINE CENTER

**Provider Information**

Authorizing Provider	Encounter Provider
Dykowski, Sara Elizabeth, MD	Dykowski, Sara Elizabeth, MD

**Order Audit Trail**

Number of times this order has been changed since signing: 1

**Medication Detail**

Medication	Quantity	Refills	Start	End
fluticasone furoate-vilanteroL (Breo Ellipta) 100-25 mcg/dose inhaler	1 Each	3	5/13/2024	—

Sig: 1 Puff by Inhalation route every day

Route: Inhalation

Class: In Clinic

Order #: 960163020

**Outpatient Medication Detail**

	Disp	Refills	Start	End
fluticasone furoate-vilanteroL (Breo Ellipta) 100-25 mcg/dose inhaler	1 Each	3	5/13/2024	—

Sig - Route: 1 Puff by Inhalation route every day - Inhalation

Class: In Clinic

**Order Questions**

Question	Answer
Verified that this is the correct medication and dosage.	Yes

**fluticasone furoate-vilanteroL (Breo Ellipta) 100-25 mcg/dose inhaler [960163020]**

Electronically signed by: Dykowski, Sara Elizabeth, MD on 05/13/24 1749

Status: Active

Ordering user: Dykowski, Sara Elizabeth, MD 05/13/24 1749

Authorized by: Dykowski, Sara Elizabeth, MD

Ordering mode: Standard

Frequency: Every Day 05/13/24 - Until Discontinued

## 05/13/2024 - Orders Only in Arrillaga Sports Medicine Center (continued)

### MAR (continued)

Reordered from: fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler [958423512]

#### Proportion of Days Covered

0%

of total days covered

- 0/180 days
- High: 80% or above
- Moderate: 60%-79%
- Low: below 60%

#### Low Confidence

Fill data for this medication may be incomplete.

### About this Score

#### Summary

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

#### Calculating the Score

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

#### Confidence

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

#### Limitations

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

**05/13/2024 - Appointment in Allergy, Asthma and Immunodeficiency Clinic**

**Medication List**

**Medication List**

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**EPINEPPhrine (EpiPen) 0.3 mg/0.3 mL AtIn**

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.  
Keep trainer pen separate so not confused with real pen during an emergency.

Authorized by: Roh, Eugene Yousik, MD

Ordered on: 4/22/2024

Start date: 4/22/2024

Quantity: 1 Each

Refill: No refills remaining

**azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.

Authorized by: Tirumalasetty, Jyothi Iswarya, MD

Ordered on: 4/29/2024

Start date: 4/29/2024

Action: Patient not taking

Quantity: 30 mL

Refill: 3 refills remaining

**cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily

Ordered on: 5/6/2024

Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD

End date: 5/6/2025

Start date: 5/6/2024

Refill: No refills remaining

Quantity: 30 Tablet

**fluticasone furoate-vilanteroL (Breo Ellipta) 100-25 mcg/dose inhaler**

Instructions: 1 Puff by Inhalation route every day

Ordered on: 5/13/2024

Authorized by: Dykowski, Sara Elizabeth, MD

Quantity: 1 Each

Start date: 5/13/2024

Refill: 3 refills remaining

**Vitamin D3 125 mcg (5,000 unit) TABS**

Instructions: Take 1 tablet by mouth every weekday (none on weekends)

Ordered on: 9/6/2024

Authorized by: Anderson, Mitchell Paul, MD

Quantity: 100 tablet

Start date: 9/6/2024

Refill: No refills remaining

**loratadine (Claritin) 10 mg tablet**

Instructions: Take 1 tablet (10 mg total) by mouth daily as needed

Ordered on: 10/15/2024

Authorized by: Mooth, Audriana, DO

Action: Patient not taking

Start date: 10/15/2024

Refill: No refills remaining

Quantity: 30 tablet

**fluticasone propionate (Flonase) 50 mcg/actuation SpSn spray**

Instructions: 2 sprays by Nasal route 2 times a day

Ordered on: 1/10/2025

Authorized by: Anderson, Mitchell Paul, MD

Action: Patient not taking

Start date: 1/10/2025

Refill: No refills remaining

Quantity: 16 g

**oxymetazoline (Afrin) 0.05 % nasal spray**

Instructions: 2 sprays by Nasal route 2 times a day as needed ONLY for 3 days

Ordered on: 1/10/2025

Authorized by: Anderson, Mitchell Paul, MD

Action: Patient not taking

Start date: 1/10/2025

Refill: No refills remaining

Quantity: 15 mL

**guaiFENesin-dextromethorphan (ROBITUSSIN-DM) 10-100 mg/5 mL oral syrup**

Instructions: Take 5 mL by mouth every 12 hours as needed (not to exceed 20 mL per 24 hours)

Ordered on: 1/10/2025

Authorized by: Anderson, Mitchell Paul, MD

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ATHERTON SQUARE Topper, Galen  
3351 EL CAMINO REAL SUITE MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
#225 Visit date: 5/13/2024  
ATHERTON CA 94027

**05/13/2024 - Appointment in Allergy, Asthma and Immunodeficiency Clinic (continued)****Medication List (continued)**

Start date: 1/10/2025  
Quantity: 89 mL

Action: Patient not taking  
Refill: No refills remaining

**Stopped in Visit**

None

**05/07/2024 - Refill in Allergy, Asthma and Immunodeficiency Clinic**

**Reason for Visit**

Chief complaint: Med Change Request  
Visit diagnosis:

**Medication List**

**Medication List**

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**Vitamin D3 5,000 unit TABS**

Discontinued by: Anderson, Mitchell Paul, MD Discontinued on: 9/6/2024  
Reason for discontinuation: Reorder  
Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Walker, Clayton Robert, MD Ordered on: 2/2/2024  
Start date: 2/2/2024 End date: 9/6/2024  
Quantity: 100 Tablet Refill: No refills remaining

**EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln**

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.  
Keep trainer pen separate so not confused with real pen during an emergency.  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 Quantity: 1 Each  
Refill: No refills remaining

**loratadine (Claritin) 10 mg tablet**

Discontinued by: Mooth, Audriana, DO Discontinued on: 10/15/2024  
Instructions: take 1 Tablet (10 mg total) by mouth daily Take one tablet daily  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 End date: 10/15/2024  
Quantity: 30 Tablet Refill: No refills remaining

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordered on: 4/29/2024  
Start date: 4/29/2024 End date: 4/29/2025  
Quantity: 18 g Refill: 1 refill remaining

**azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordered on: 4/29/2024  
Start date: 4/29/2024 Action: Patient not taking  
Quantity: 30 mL Refill: 3 refills remaining

**cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily  
Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD Ordered on: 5/6/2024  
Start date: 5/6/2024 End date: 5/6/2025  
Quantity: 30 Tablet Refill: No refills remaining

**fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 5/13/2024  
Reason for discontinuation: Reorder  
Instructions: 1 Puff by Inhalation route every day  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordered on: 5/6/2024  
Start date: 5/6/2024 End date: 5/13/2024  
Quantity: 1 Each Refill: 3 refills remaining

ATHERTON SQUARE Topper, Galen  
 3351 EL CAMINO REAL SUITE MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 #225 Visit date: 5/7/2024  
 ATHERTON CA 94027

**05/07/2024 - Refill in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Medication List (continued)**

**Stopped in Visit**

None

**MAR**

**Medications**

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Department
05/07/24	Pending	(none)	Ma, Vivian	ALLERGY ATHERTON

**Original Prescription Information**

Medication	Quantity	Refills	Start Date	End Date	Route	DAW
FLUTICASONE FUROATE-VILANTEROL 100-25 MCG/DOSE INH DSDV	60 Not Specified	3				No
<b>Sig :</b> INHALE 1 PUFF BY MOUTH AND INTO THE LUNGS ONCE DAILY						
<b>Comment :</b> MEDCO <BIN#610014> - RAPD: PREFERRED PRODUCT INFORMATION Preferred Product information - ID: 00378750232 , Incentive: 000000.00, Copay Incentive: 000000.00, Description: BREYNA MEDCO <BIN#610014> - RAPD: PREFE						

**Provider Information**

Authorizing Provider	Encounter Provider
Tirumalasetty, Jyothi Iswarya, MD	Tirumalasetty, Jyothi Iswarya, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
fluticasone furoate-vilanteroL (Breo Ellipta) 100-25 mcg/dose inhaler [Pharmacy Med Name: FLUTICASONE-VILANTEROL 100-25]	—	3	5/7/2024	—
<b>Sig:</b> INHALE 1 PUFF BY MOUTH AND INTO THE LUNGS ONCE DAILY				
<b>Route:</b> (none)				
<b>Class:</b> E-Prescribe				
<b>Order #:</b> 958637000				

**Outpatient Medication Detail**

	Disp	Refills	Start	End
fluticasone furoate-vilanteroL (Breo Ellipta) 100-25 mcg/dose inhaler [Pharmacy Med Name: FLUTICASONE-VILANTEROL 100-25]	—	3	5/7/2024	—

Request refused: Refill already done.

Sig: INHALE 1 PUFF BY MOUTH AND INTO THE LUNGS ONCE DAILY

Class: E-Prescribe

**Renewals**

Renewal provider: Tirumalasetty, Jyothi Iswarya, MD

**Pending Order Information**

This order is pended

**Pharmacy**

RITE AID #05892 - REDWOOD CITY, CA - 340 WOODSIDE PLAZA

ATHERTON SQUARE Topper, Galen  
3351 EL CAMINO REAL SUITE MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
#225 Visit date: 5/7/2024  
ATHERTON CA 94027

**05/07/2024 - Refill in Allergy, Asthma and Immunodeficiency Clinic (continued)****MAR (continued)**

**fluticasone furoate-vilanteroL (Breo Ellipta) 100-25 mcg/dose inhaler [Pharmacy Med Name: FLUTICASONE-VILANTEROL 100-25] [958637000]**

Electronically signed by: **Ma, Vivian on 05/07/24 1555**

Status: **Pending**

Ordering user: Ma, Vivian 05/07/24 1555

Authorized by: Tirumalasetty, Jyothi Iswarya, MD

Frequency: 05/07/24 - Until Discontinued

Pended by: Incoming Refills, Shc 05/07/24 1239

Reordered from: fluticasone furoate-vilanteroL (Breo Ellipta) 100-25 mcg/dose inhaler [958423512]

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic**

**Reason for Visit**

Chief complaint: Asthma

Visit diagnoses:

- Wheezing (primary)
- Seasonal allergic rhinitis due to pollen
- Angioedema, subsequent encounter
- Anaphylaxis due to shellfish, subsequent encounter

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**Vitamin D3 5,000 unit TABS**

Discontinued by: Anderson, Mitchell Paul, MD	Discontinued on: 9/6/2024
Reason for discontinuation: Reorder	
Instructions: Take 1 tablet by mouth every weekday (none on weekends)	
Authorized by: Walker, Clayton Robert, MD	Ordered on: 2/2/2024
Start date: 2/2/2024	End date: 9/6/2024
Quantity: 100 Tablet	Refill: No refills remaining

**EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln**

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.	
Keep trainer pen separate so not confused with real pen during an emergency.	
Authorized by: Roh, Eugene Yousik, MD	Ordered on: 4/22/2024
Start date: 4/22/2024	Quantity: 1 Each
Refill: No refills remaining	

**loratadine (Claritin) 10 mg tablet**

Discontinued by: Mooth, Audriana, DO	Discontinued on: 10/15/2024
Instructions: take 1 Tablet (10 mg total) by mouth daily Take one tablet daily	
Authorized by: Roh, Eugene Yousik, MD	Ordered on: 4/22/2024
Start date: 4/22/2024	End date: 10/15/2024
Quantity: 30 Tablet	Refill: No refills remaining

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing	
Authorized by: Tirumalasetty, Jyothi Iswarya, MD	Ordered on: 4/29/2024
Start date: 4/29/2024	End date: 4/29/2025
Quantity: 18 g	Refill: 1 refill remaining

**azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.	
Authorized by: Tirumalasetty, Jyothi Iswarya, MD	Ordered on: 4/29/2024
Start date: 4/29/2024	Action: Patient not taking
Quantity: 30 mL	Refill: 3 refills remaining

**cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily	
Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD	Ordered on: 5/6/2024
Start date: 5/6/2024	End date: 5/6/2025
Quantity: 30 Tablet	Refill: No refills remaining

**fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler**

Discontinued by: Dykowski, Sara Elizabeth, MD	Discontinued on: 5/13/2024
Reason for discontinuation: Reorder	
Instructions: 1 Puff by Inhalation route every day	

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Medication List (continued)**

Authorized by: Tirumalasetty, Jyothi Iswarya, MD  
Start date: 5/6/2024  
Quantity: 1 Each

Ordered on: 5/6/2024  
End date: 5/13/2024  
Refill: 3 refills remaining

**Stopped in Visit**

None

**Clinical Notes**

**Addendum Note**

**Tirumalasetty, Jyothi Iswarya, MD at 5/6/2024 1540**

Addended by: TIRUMALASETTY, JYOTHI on: 5/10/2024 10:01 AM

Modules accepted: Orders

Electronically signed by Tirumalasetty, Jyothi Iswarya, MD at 5/10/2024 10:01 AM

**Progress Notes**

**Tirumalasetty, Jyothi Iswarya, MD at 5/6/2024 1540**

**Allergy, Asthma, and Immunodeficiency Clinic**  
**Follow up Visit**

NAME: Galen Topper  
MRN: 62437256  
DOB: 6/21/2002  
DATE: 5/6/24

**CC: follow up with spirometry and FENO**

**HPI:** Galen Topper is a 21 Y year old college athlete (track/cross country) with new onset wheezing, one episode of eyelid swelling/throat closing (treated as presumed anaphylaxis), allergic rhinitis, and food allergy here for follow up.

**S:** Started Claritin daily. Did not yet pick up Albuterol. Has been taking nasal spray daily. Occasional itchy eyes. Has not yet completed labs. Was outside May 2 went for a 3 mile run. After he stopped running, had hives on left arm. These lasted 1.5 hours. Had taken Loratadine that morning. No throat closing. Had mild difficulty breathing. Has not had any other outdoor runs. Does 4-6 mile runs on treadmill indoors with no issues.

**Review of Systems -symptoms in the last few days:**

A complete, 14 point review of systems is negative except as noted in the HPI.

**Medical/Surgical History**

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

**Past Medical History:**

Diagnosis	Date
• Acute nonintractable headache <i>Episodes of tunnel vision with headache and once LOC after work out, four times within the last year with two last episodes occurring on June 14 and 15, 2018. Sx started in 9-2017. FH negative for migraine or cardiac issues.</i>	6/29/2018
• Concern about growth <i>Labs in 7-2015. T 111 at 13yo.</i>	7/2/2015
• Dermographism <i>Pronounced during the WCC 10-31-13. Possible allergy to sea food- to allergist.</i>	10/31/2013
• Development delay	1/04
• Heart murmur	7/04,8/05
• Keratosis pilaris	
• Lactose intolerance	8/17/2018
• Language delay	
• Multiple allergies <i>Saw Allergist 2-2014: IMPRESSION: Galen is an 11 year old with possible shellfish allergy, dermatographism, chronic rhinitis, and history of positive RAST to peanut and dust mite, who presents for initial consultation. For possible shellfish allergy, send seafood allergy screen. Will avoid skin testing due to dermatographism. Avoid shellfish and use EpiPen as needed. For large local reaction to</i>	2/13/2014
• Nevus sebaceous <i>on scalp, saw Derm</i>	
• Syncope <i>In September of 2017 after strenuous long run syncope with tunnel vision with loss of vision that lasted for hours. FH negative for migraine or cardiac issues- see visit 6-29-2018.</i>	6/29/2018
• Twin birth, mate liveborn	
• Viral warts <i>2017 on R thumb- will use OTC.</i>	8/16/2017

**Social History**

Tobacco use: non-smoker

Pet Exposure: none

Work Environment: student at Stanford, no the track team

**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• albuterol 90 mcg/actuation HFA inhaler	1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing	18 g	1
• azelastine (Astelin) 137 mcg (0.1 %) nasal spray	2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.	30 mL	3
• cetirizine (ZyrTEC) 10 mg tablet	take 1 Tablet (10 mg total) by mouth daily	30 Tablet	0
• EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd	1 Each	0

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

• loratadine (Claritin) 10 mg tablet	dose needed. Keep trainer pen separate so not confused with real pen during an emergency. take 1 Tablet (10 mg total) by mouth daily Take one tablet daily	30 Tablet	0
• Vitamin D3 5,000 unit TABS	Take 1 tablet by mouth every weekday (none on weekends)	100 Tablet	0

**Allergies**

Allergen

- Shellfish Containing Products

Reactions

- Hives/urticaria and Lightheadedness

**Physical Examination:**

**Filed Vitals:**

05/06/24 1511

BP:	119/71
Pulse:	62
Resp:	16
Temp:	36.7 °C (98.1 °F)
TempSrc:	Temporal
SpO2:	95%
Weight:	61 kg (134 lb 8 oz)
Height:	1.728 m (5' 8.03")

Constitutional: no acute distress, well appearing, pleasant, alert and oriented

Eyes: pupils equal and round, conjunctivae non-injected

ENT/mouth: mucous membranes moist, no thrush or angioedema

Respiratory: clear to auscultation bilaterally, normal respiratory effort, no wheezing

MSK: moving all extremities symmetrically

Skin: warm and dry, no rash or urticaria

**Labs reviewed today:**

5/6/24: ACT score 22

5/6/2024 FENO: 29 ppb

5/6/24 Spirometry in office Pre bronchodilator: mild obstruction

FVC 6.31 (122)

FEV1 4.23 (96%)

FEV1/FVC **67.04 (78%)**

FEF 25-75 **3.05 (63%)**

**Post bronchodilator: +reversibility**

FVC 6.33 (122)

FEV1 5.00 (114) +18%

FEV1/FVC 78.95 (92%) +17%

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

FEF 25-75 4.41 (91%)

0 Result Notes

Component	2/6/14 1455
<u>Ref Range &amp; Units</u>	
Shrimp (Prawns)	11.0 High
<0.35 kU/L	
Crab	6.32 High
<0.35 kU/L	
Mussels	0.49 High
<0.35 kU/L	
Lobster	6.12 High
<0.35 kU/L	
Oyster	1.25 High
<0.35 kU/L	
Clam	1.41 High
<0.35 kU/L	
Octopus	3.19 High
<0.35 kU/L	
Scallops	1.81 High
<0.35 kU/L	

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

Component 2/6/14 1455

Ref Range & Units

Alder Tree <0.35

<0.35 kU/L

Oak Tree <0.35

<0.35 kU/L

Olive Tree <0.35

<0.35 kU/L

Bermuda Grass <0.35

<0.35 kU/L

Rye Grass 0.75 High

<0.35 kU/L

Timothy Grass 0.80 High

<0.35 kU/L

Dock Weed 0.55 High

<0.35 kU/L

Sage Weed 0.42 High

<0.35 kU/L

Western Ragweed 0.60 High

<0.35 kU/L

Alternaria Mold <0.35

<0.35 kU/L

Aspergillus Mold <0.35

<0.35 kU/L

Cladosporium Mold <0.35

<0.35 kU/L

Cockroach 19.4 High

<0.35 kU/L

Cat Dander 5.95 High

<0.35 kU/L

Dog Dander 1.00 High

<0.35 kU/L

Dust Mite 11.8 High

<0.35 kU/L

Total IgE 592 High

<100 kU/L

Component 1/14/11 1650

Ref Range & Units

Allergen EGG

Allergen Result <0.35

<0.35 kU/L

Component 1/14/11 1650

Ref Range & Units

Allergen ALMOND

Allergen Result <0.35

<0.35 kU/L

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

Component 1/14/11 1650

Ref Range & Units

Allergen MILK

Allergen Result <0.35

<0.35 KU/L

Component 1/14/11 1650

Ref Range & Units

Allergen PEANUT

Allergen Result 0.59 High

<0.35 KU/L

**Impression/Plan:**

Galen Topper is a 21 Y male with the following:

- Anaphylaxis/angioedema episode:** Had throat closing symptoms and received Epinephrine during track practice. No previous history of exercise induced anaphylaxis. Concern for exercise induced anaphylaxis, given facial swelling, itching, and wheezing. Possibly seasonal allergies with new onset wheezing and component of paradoxical vocal fold movement. Ordered serum tryptase and C4. Consider ENT evaluation for paradoxical vocal fold movement in future if throat symptoms persist. Discussed importance of keeping EPIPEN with him in a fanny pack while running in case of another reaction. Avoid running in remote areas alone. I recommend keeping an epinephrine auto-injector on hand at all times in case of a severe allergic reaction (anaphylaxis). Administer the injection in your outer thigh muscle (intramuscularly) and hold in place for 10 seconds to ensure the medication has been fully injected. You may experience jitteriness or increased heart rate after administering this medications. Please call 911 or go to the emergency room after using in order to be observed for a potential delayed or recurrent reaction. Please store this medication at room temperature as much as possible and check the solution for cloudiness periodically. Please make note of the expiration date as well.
- Mild Persistent Asthma:** Spirometry consistent with asthma. Wheezing while running outdoors. Likely allergic given allergic history. Start Breo Ellipta 100, one puff once a day. Rinse and spit with water after use. Discussed potential side effects including thrush. Continue Albuterol rescue inhaler 1-2 puffs every 4-6 hours as needed. Carry rescue inhaler during exercise and take 2 puffs for wheezing or shortness of breath. Use caution exercising outdoors. Would recommend indoor training for the next week.
- Food allergy:** Repeat testing to shellfish ordered today. Continue strict shellfish avoidance and keep EPIPEN with you at all times.
- Allergic rhinitis:** Avoid cats/dogs. Ordered Immunocap to environmental allergens - encouraged patient to complete. Continue Azelastine spray 2 sprays once daily. Switch to Zyrtec 10mg at bedtime..

-Return to clinic in 4 weeks or sooner if needed.

Counseling was provided, and all questions were answered to the patient's satisfaction.

I personally spent a total of 20 minutes with the patient and more than 50% of the time was spent on counseling and/or coordination of care. This includes face-to-face time and non-face-to-face time spent on preparing to see the patient, reviewing prior notes and tests, obtaining history from the patient, performing a medically appropriate exam, counseling and educating the patient, ordering medications/tests/procedures/referrals as clinically indicated, and documenting information in the electronic medical record.

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

Jyothi Tirumalasetty, MD, FAAAAI  
 Allergy, Asthma, Immunodeficiency Clinic  
 Division of Pulmonary, Allergy, and Critical Care Medicine  
 Stanford Health Care

Electronically signed by Tirumalasetty, Jyothi Iswarya, MD at 5/6/2024 4:57 PM

**Medication Administrations**

**albuterol 2.5 mg/3 mL (0.083 %) nebulizer solution 2.5 mg [959490178]**

Ordering Provider: Tirumalasetty, Jyothi Iswarya, MD  
 Ordered On: 05/10/24 1001  
 Ordered Dose (Remaining/Total): 2.5 mg (1/1)  
 Frequency: ONCE

Status: Verified (Past End Date/Time)  
 Starts/Ends: 05/06/24 0000 - 05/07/24 0000  
 Route: RT Inhalation  
 Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication)

**albuterol 90 mcg/actuation HFA inhaler 2 Puff [958398205]**

Ordering Provider: Tirumalasetty, Jyothi Iswarya, MD  
 Ordered On: 05/06/24 1541  
 Ordered Dose (Remaining/Total): 2 puff (1/1)  
 Frequency: ONCE  
 Admin Instructions: Shake well before use.

Status: Discontinued (Past End Date/Time)  
 Starts/Ends: 05/06/24 1500 - 05/07/24 1500  
 Route: RT Inhalation  
 Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication)

**MAR**

**Medications**

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Unit
05/06/24	Dispensed	(none)	Shc In Omnicell Ads Dispense	ALLERGY ATHERTON

**Provider Information**

Authorizing Provider	Attending Providers
(none)	Tirumalasetty, Jyothi Iswarya, MD

**Medication Detail**

Medication	Ordered Dose	Frequency	Start	End
albuterol 2.5 mg/3 mL (0.083 %) nebulizer solution (Omnicell Override)	(none)	(none)	5/6/2024 1541	(none)

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**MAR (continued)**

Route: (none)  
 Note to Pharmacy: Sarabia, Ranjeeta: cabinet override  
 Order #: 958398455

**Clinic-Administered Medication Detail**

	Dose	Frequency	Start	End
<b>albuterol 2.5 mg/3 mL (0.083 %) nebulizer solution (Omnicell Override)</b> Admin Instructions: Sarabia, Ranjeeta: cabinet override Notes to Pharmacy: Sarabia, Ranjeeta: cabinet override			5/6/2024	—

**Medication Administration Instructions**

Sarabia, Ranjeeta: cabinet override

**Pharmacy Actions**

Date/Time	Type	User	Pharmacy
Mon May 6, 2024 1541	ADS Dispense	Shc In Omnicell Ads Dispense	ATHERTON ALLERGY OMNICELL

**Most Recent Administration**

No Administrations Recorded

**albuterol 2.5 mg/3 mL (0.083 %) nebulizer solution (Omnicell Override) [958398455]**

Electronically signed by: **Shc In Omnicell Ads Dispense on 05/06/24 1541** Status: **Active**  
 Ordering user: Shc In Omnicell Ads Dispense 05/06/24 1541 Ordering mode: Standard  
 Frequency: 05/06/24 1541 - Until Discontinued  
 Medication comments: Sarabia, Ranjeeta: cabinet override  
 Package: 0378-8270-64

**Proportion of Days Covered**



**Unknown Adherence**

Adherence cannot be accurately calculated for PRN orders.

High Confidence

Fill data for this medication is likely complete. Other factors may still affect the accuracy of the score.

**About this Score**

**Summary**

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

**Calculating the Score**

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

**Confidence**

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**MAR (continued)**

- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

**Limitations**

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Unit
05/06/24	Discontinued	(none)	Tirumalasetty, Jyothi Iswarya, MD	ALLERGY ATHERTON

**Provider Information**

Authorizing Provider	Attending Providers	Ordering Provider
Tirumalasetty, Jyothi Iswarya, MD	Tirumalasetty, Jyothi Iswarya, MD	Tirumalasetty, Jyothi Iswarya, MD

**Order Audit Trail**

Number of times this order has been changed since signing: 1

**Medication Detail**

Medication	Ordered Dose	Frequency	Start	End
albuterol 90 mcg/actuation HFA inhaler 2 Puff (Discontinued)	2 puff	ONCE	5/6/2024 1500	5/7/2024 1500

Route: RT Inhalation  
 Admin Amount: 2 puff  
 Class: In Clinic  
 Number of Expected Doses: 1  
 Order #: 958398205

**Clinic-Administered Medication Detail**

Medication	Dose	Frequency	Start	End
albuterol 90 mcg/actuation HFA inhaler 2 Puff (Discontinued)	2 puff	ONCE	5/6/2024	5/7/2024

Admin Instructions: Shake well before use.  
 Class: In Clinic  
 Route: RT Inhalation

**Medication Administration Instructions**

Shake well before use.

**Pharmacy Actions**

Date/Time	Type	User	Pharmacy

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**MAR (continued)**

Mon May 6, 2024 1541	Verify	Tirumalasetty, Jyothi Iswarya, MD	ATHERTON ALLERGY OMNICELL
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**This Order Has Been Discontinued**

Order Status	Reason	By	On
Discontinued	None	Tirumalasetty, Jyothi Iswarya, MD	5/10/24 1000

**Associated Diagnoses**

Wheezing [R06.2] - Primary

**albuterol 90 mcg/actuation HFA inhaler 2 Puff [958398205]**

Electronically signed by: **Tirumalasetty, Jyothi Iswarya, MD** on **05/06/24 1541** Status: **Discontinued**  
 Ordering user: Tirumalasetty, Jyothi Iswarya, MD 05/06/24 1541 Ordering provider: Tirumalasetty, Jyothi Iswarya, MD  
 Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordering mode: Standard  
 Frequency: Once 05/06/24 1500 - 1 occurrence Discontinued by: Tirumalasetty, Jyothi Iswarya, MD 05/10/24  
 1000  
 Package: 0173-0682-20

**Proportion of Days Covered**

 **Unknown Adherence**

Adherence cannot be accurately calculated for PRN orders.

**High Confidence**

Fill data for this medication is likely complete. Other factors may still affect the accuracy of the score.

**About this Score**

**Summary**

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

**Calculating the Score**

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

**Confidence**

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

**Limitations**

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**MAR (continued)**

- accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

**Medication Order Report**

**Order Information**

Ordered	Status	Priority	Ordering User	Department
05/06/24	Sent	Routine	Tirumalasetty, Jyothi Iswarya, MD	ALLERGY ATHERTON

**Provider Information**

Authorizing Provider	Encounter Provider
Tirumalasetty, Jyothi Iswarya, MD	Tirumalasetty, Jyothi Iswarya, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
fluticasone furoate-vilanteroL (Breo Ellipta) 200-25 mcg/dose inhaler (Discontinued)	1 Each	6	5/6/2024	5/6/2024
Sig: 1 Puff by Inhalation route every day				
Route: Inhalation				
Class: E-Prescribe				
Order #: 958421078				

**Outpatient Medication Detail**

	Disp	Refills	Start	End
fluticasone furoate-vilanteroL (Breo Ellipta) 200-25 mcg/dose inhaler (Discontinued)	1 Each	6	5/6/2024	5/6/2024
Sig - Route: 1 Puff by Inhalation route every day - Inhalation				
Sent to pharmacy as: fluticasone furoate 200 mcg-vilanteroL 25 mcg/dose inhalation powder (Breo Ellipta)				
Class: E-Prescribe				
E-Prescribing Status: <b>Receipt confirmed by pharmacy</b> (5/6/2024 4:41 PM PDT)				
E-Cancel Status: <b>Request approved by pharmacy</b> (5/6/2024 4:51 PM PDT)				
E-Cancel Status Note: <b>Written Qty:1.0,Owed Qty:7.0</b>				

**This Order Has Been Discontinued**

Order Status	Reason	By	On
Discontinued	None	Tirumalasetty, Jyothi Iswarya, MD	5/6/24 1650

**Pharmacy**

RITE AID #05892 - REDWOOD CITY, CA - 340 WOODSIDE PLAZA

**fluticasone furoate-vilanteroL (Breo Ellipta) 200-25 mcg/dose inhaler [958421078]**

Electronically signed by: **Tirumalasetty, Jyothi Iswarya, MD** on **05/06/24 1640** Status: **Discontinued**  
 Ordering user: Tirumalasetty, Jyothi Iswarya, MD 05/06/24 1640 Authorized by: Tirumalasetty, Jyothi Iswarya, MD  
 Ordering mode: Standard  
 Frequency: Every Day 05/06/24 - 05/06/24 Discontinued by: Tirumalasetty, Jyothi Iswarya, MD 05/06/24  
 1650

**Proportion of Days Covered**

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**MAR (continued)**

0%  
 of total days covered

- 0/180 days
- High: 80% or above
- Moderate: 60%-79%
- Low: below 60%

**Low Confidence**

Fill data for this medication may be incomplete.

**About this Score**

**Summary**

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

**Calculating the Score**

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

**Confidence**

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

**Limitations**

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

**Medication Order Report**

**Order Information**

Ordered	Status	Priority	Ordering User	Department
05/06/24	Sent	Routine	Tirumalasetty, Jyothi Iswarya, MD	ALLERGY ATHERTON

**Provider Information**

Authorizing Provider	Encounter Provider
Tirumalasetty, Jyothi Iswarya, MD	Tirumalasetty, Jyothi Iswarya, MD

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**MAR (continued)**

**Medication Detail**

Medication	Quantity	Refills	Start	End
fluticasone furoate-vilanteroL (Breo Ellipta) 100-25 mcg/dose inhaler (Discontinued)	1 Each	3	5/6/2024	5/13/2024

Sig: 1 Puff by Inhalation route every day

Route: Inhalation

Reason for Discontinue: Reorder

Class: E-Prescribe

Order #: 958423512

**Outpatient Medication Detail**

	Disp	Refills	Start	End
fluticasone furoate-vilanteroL (Breo Ellipta) 100-25 mcg/dose inhaler (Discontinued)	1 Each	3	5/6/2024	5/13/2024

Sig - Route: 1 Puff by Inhalation route every day - Inhalation  
 Sent to pharmacy as: fluticasone furoate 100 mcg-vilanteroL 25 mcg/dose inhalation powder (Breo Ellipta)  
 Class: E-Prescribe  
 Reason for Discontinue: Reorder  
 E-Prescribing Status: Receipt confirmed by pharmacy (5/6/2024 4:51 PM PDT)

**This Order Has Been Discontinued**

Order Status	Reason	By	On
Discontinued	Reorder	Dykowski, Sara Elizabeth, MD	5/13/24 1749

**Pharmacy**

RITE AID #05892 - REDWOOD CITY, CA - 340 WOODSIDE PLAZA

**fluticasone furoate-vilanteroL (Breo Ellipta) 100-25 mcg/dose inhaler [958423512]**

Electronically signed by: **Tirumalasetty, Jyothi Iswarya, MD** on **05/06/24 1650** Status: **Discontinued**  
 Ordering user: Tirumalasetty, Jyothi Iswarya, MD 05/06/24 1650 Authorized by: Tirumalasetty, Jyothi Iswarya, MD  
 Ordering mode: Standard  
 Frequency: Every Day 05/06/24 - 05/13/24 Discontinued by: Dykowski, Sara Elizabeth, MD 05/13/24 1749  
 [Reorder]

**Proportion of Days Covered**

0%

of total days covered

- 0/180 days
- High: 80% or above
- Moderate: 60%-79%
- Low: below 60%

**Low Confidence**

Fill data for this medication may be incomplete.

**About this Score**

**Summary**

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

**Calculating the Score**

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).

ATHERTON SQUARE Topper, Galen  
 3351 EL CAMINO REAL SUITE MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 #225 Visit date: 5/6/2024  
 ATHERTON CA 94027

## 05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)

### MAR (continued)

4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

### Confidence

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

### Limitations

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

### Medication Order Report

#### Order Information

Ordered	Status	Priority	Ordering User	Unit
05/10/24	Verified	(none)	Tirumalasetty, Jyothi Iswarya, MD	ALLERGY ATHERTON

#### Provider Information

Authorizing Provider	Attending Providers	Ordering Provider
Tirumalasetty, Jyothi Iswarya, MD	Tirumalasetty, Jyothi Iswarya, MD	Tirumalasetty, Jyothi Iswarya, MD

#### Order Audit Trail

Number of times this order has been changed since signing: 1

#### Medication Detail

Medication	Ordered Dose	Frequency	Start	End
albuterol 2.5 mg/3 mL (0.083 %) nebulizer solution 2.5 mg (Expired)	2.5 mg	ONCE	5/6/2024 0000	5/7/2024 0000

Route: RT Inhalation

Admin Amount: 3 mL = 2.5 mg of 2.5 mg/3 mL

Volume: 3 mL

Class: In Clinic

Number of Expected Doses: 1

Order #: 959490178

#### Clinic-Administered Medication Detail

	Dose	Frequency	Start	End
albuterol 2.5 mg/3 mL (0.083 %) nebulizer solution 2.5 mg Class: In Clinic	2.5 mg	ONCE	5/6/2024	5/7/2024

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**MAR (continued)**

Route: RT Inhalation

**Pharmacy Actions**

Date/Time	Type	User	Pharmacy
Fri May 10, 2024 1001	Verify	Tirumalasetty, Jyothi Iswarya, MD	ATHERTON ALLERGY OMNICELL

**Associated Diagnoses**

**Wheezing [R06.2] - Primary**

**albuterol 2.5 mg/3 mL (0.083 %) nebulizer solution 2.5 mg [959490178]**

Electronically signed by: **Tirumalasetty, Jyothi Iswarya, MD on 05/10/24 1001** Status: **Expired**  
 Ordering user: Tirumalasetty, Jyothi Iswarya, MD 05/10/24 1001 Ordering provider: Tirumalasetty, Jyothi Iswarya, MD  
 Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordering mode: Standard  
 Frequency: Once 05/06/24 - 1 occurrence Package: 0378-8270-64

**Proportion of Days Covered**



**Unknown Adherence**

Adherence cannot be accurately calculated for PRN orders.

High Confidence

Fill data for this medication is likely complete. Other factors may still affect the accuracy of the score.

**About this Score**

**Summary**

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

**Calculating the Score**

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

**Confidence**

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

**Limitations**

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**MAR (continued)**

- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

**Flowsheets**

**Custom Formula Data**

Row Name	05/06/24 1511
BMT Weight (kg) and BSA (m2)	
KGs above Ideal	-7.46 kgs -RS
Body Wt	
<b>OTHER</b>	
BMT Adjusted Wt (50%)	61.01 kg -RS
BMT Adjusted BSA (50%)	1.71 m2 -RS
BSA (DuBois formula)	1.72734 sq meters -RS
Insulin-octreotide infusion rate (8.1 x BSA)	14 mL/hr -RS
Glucose (20% dextrose) infusion rate (80xBSA)	138 mL/hr -RS
BBK 5mL/Kg	305 mL -RS
BBK 10mL/Kg	610.09 mL -RS
BBK 15mL/Kg	915.14 mL -RS
BBK 20mL/Kg	1220.18 mL -RS
BSA (Calculated - sq m)	1.71 sq meters -RS
Wt (kg) x 0.3	18.3 ml/hr -RS
Wt (kg) x 0.6	36.6 ml/hr -RS
Wt (kg) x 0.9	54.9 ml/hr -RS
Wt (kg) x 1.2	73.2 ml/hr -RS
Wt (kg) x 1.8	109.8 ml/hr -RS
Wt (kg) x 2.4	146.4 ml/hr -RS
Insulin infusion rate- low (9 x BSA)	15.5 mL/hr -RS
Glucose infusion rate- low (15 x BSA)	25.9 mL/hr -RS
Insulin infusion rate- high (48 x BSA)	82.9 mL/hr -RS
50% Dextrose bolus	37 mL -RS
Insulin Bolus	1.5 units -RS
TDD Insulin High Intake	24.4 -RS
TDD Insulin Low Intake	12.2 -RS
<b>Vitals</b>	
BMI	20.43 -RS
BMI	20.43 kg/m <sup>2</sup> -RS

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Flowsheets (continued)**

External BMI 20.43 kg/m<sup>2</sup> -RS

**Ventilation Mode**

Predicted Body Wt in kg (calc) 68.47 kgs -RS

**Hemodynamics**

Mean Arterial Pressure (Calculated) 87 mmHg -RS

**Height and Weight**

Ideal or Predicted Body Wt in kg (calc) 68.47 kgs -RS

BSA (Calculated - sq m) 1.71 sq meters -RS

BMI (Calculated) 20.4 -RS

BSA (Calculated - sq m) 1.71 sq meters -RS

**Relevant Labs and Vitals**

Temp (in Celsius) 36.7 -RS

**Weight**

BMI Normal Weight -RS

Classification

**Encounter Extended Vitals**

Row Name	05/06/24 1516	05/06/24 1511
----------	---------------	---------------

Pain Related to this Visit? No pain = 0

Pain Level - 1st 0 -RS  
 Site

**Fall Risk**

Have you fallen in the last 30 days? No -RS

**Additional Blood Pressure Information**

BP — 119/71 -RS

**Additional Pulse Information**

Pulse — 62 -RS

**Additional Respiratory Information**

SpO2 — 95 % -RS

**Abuse Screening**

Because difficult relationships can cause health problems, we are asking all of our patients the following question: Does a partner, or anyone at home, hurt, hit, or threaten you or take advantage of you financially? Patient answers "No" -RS

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Flowsheets (continued)**

**Encounter Vitals**

Row Name	05/06/24 1511
Encounter Vitals	
BP	119/71 -RS
Pulse	62 -RS
Resp	16 -RS
Temp	36.7 °C (98.1 °F) - RS
Temp src	Temporal -RS
SpO2	95 % -RS
Weight	61 kg (134 lb 8 oz) - RS
Height	1.728 m (5' 8.03") - RS
Vitals	
Patient site	Right arm -RS
Patient Position	Sitting -RS

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
RS	Sarabia, Ranjeeta, MA	Medical Assistant	—	05/06/2024

**Patient Instructions**

Start Breo Ellipta 100, one puff once a day. Rinse and spit with water after use. Continue Albuterol rescue inhaler 1-2 puffs every 4-6 hours as needed. Carry rescue inhaler during exercise and take 2 puffs for wheezing or shortness of breath. Use caution exercising outdoors. Would recommend indoor training for the next week.

I recommend keeping an epinephrine auto-injector on hand at all times in case of a severe allergic reaction (anaphylaxis). Administer the injection in your outer thigh muscle (intramuscularly) and hold in place for 10 seconds to ensure the medication has been fully injected. You may experience jitteriness or increased heart rate after administering this medications. Please call 911 or go to the emergency room after using in order to be observed for a potential delayed or recurrent reaction. Please store this medication at room temperature as much as possible and check the solution for cloudiness periodically. Please make note of the expiration date as well.

Electronically signed by Tirumalasetty, Jyothi Iswarya, MD at 5/6/2024 4:55 PM

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic**

**Reason for Visit**

Chief complaint: Asthma  
Visit diagnosis: Seasonal allergic rhinitis due to pollen

**Medication List**

**Medication List**

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**Vitamin D3 5,000 unit TABS**

Discontinued by: Anderson, Mitchell Paul, MD Discontinued on: 9/6/2024  
Reason for discontinuation: Reorder  
Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Walker, Clayton Robert, MD Ordered on: 2/2/2024  
Start date: 2/2/2024 End date: 9/6/2024  
Quantity: 100 Tablet Refill: No refills remaining

**EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln**

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.  
Keep trainer pen separate so not confused with real pen during an emergency.  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 Quantity: 1 Each  
Refill: No refills remaining

**loratadine (Claritin) 10 mg tablet**

Discontinued by: Mooth, Audriana, DO Discontinued on: 10/15/2024  
Instructions: take 1 Tablet (10 mg total) by mouth daily Take one tablet daily  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 End date: 10/15/2024  
Quantity: 30 Tablet Refill: No refills remaining

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordered on: 4/29/2024  
Start date: 4/29/2024 End date: 4/29/2025  
Quantity: 18 g Refill: 1 refill remaining

**azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordered on: 4/29/2024  
Start date: 4/29/2024 Action: Patient not taking  
Quantity: 30 mL Refill: 3 refills remaining

**cetirizine (ZyrTEC) 10 mg tablet**

Instructions: take 1 Tablet (10 mg total) by mouth daily  
Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD Ordered on: 5/6/2024  
Start date: 5/6/2024 End date: 5/6/2025  
Quantity: 30 Tablet Refill: No refills remaining

**albuterol 90 mcg/actuation HFA inhaler 2 Puff**

Discontinued by: Tirumalasetty, Jyothi Iswarya, MD Discontinued on: 5/10/2024  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordered on: 5/6/2024  
Start date: 5/6/2024 End date: 5/7/2024

**Stopped in Visit**

None

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Medication List (continued)**

**Flowsheets**

**Custom Formula Data**

**Row Name** **05/06/24 1636**

BMT Weight (kg) and BSA (m<sup>2</sup>)

KGs above Ideal -7.46 kgs -RS

Body Wt

**OTHER**

BMT Adjusted Wt 61.01 kg -RS  
 (50%)

BMT Adjusted 1.71 m<sup>2</sup> -RS  
 BSA (50%)

BSA (DuBois formula) 1.72734 sq meters -RS

Insulin-octreotide 14 mL/hr -RS  
 infusion rate (8.1 x BSA)

Glucose (20% dextrose) infusion rate (80xBSA) 138 mL/hr -RS

BBK 5mL/Kg 305 mL -RS

BBK 10mL/Kg 610.09 mL -RS

BBK 15mL/Kg 915.14 mL -RS

BBK 20mL/Kg 1220.18 mL -RS

BSA (Calculated - sq m) 1.71 sq meters -RS

Wt (kg) x 0.3 18.3 ml/hr -RS

Wt (kg) x 0.6 36.6 ml/hr -RS

Wt (kg) x 0.9 54.9 ml/hr -RS

Wt (kg) x 1.2 73.2 ml/hr -RS

Wt (kg) x 1.8 109.8 ml/hr -RS

Wt (kg) x 2.4 146.4 ml/hr -RS

Insulin infusion rate- low (9 x BSA) 15.5 mL/hr -RS

Glucose infusion rate- low (15 x BSA) 25.9 mL/hr -RS

Insulin infusion rate- high (48 x BSA) 82.9 mL/hr -RS

50% Dextrose bolus 37 mL -RS

Insulin Bolus 1.5 units -RS

TDD Insulin High Intake 24.4 -RS

TDD Insulin Low Intake 12.2 -RS

**Vitals**

BMI 20.43 -RS

BMI 20.43 kg/m<sup>2</sup> -RS

External BMI 20.43 kg/m<sup>2</sup> -RS

**Ventilation Mode**

Predicted Body 68.47 kgs -RS

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Flowsheets (continued)**

Wt in kg (calc)

**Hemodynamics**

Mean Arterial 87 mmHg -RS

Pressure

(Calculated)

**Height and Weight**

Ideal or Predicted 68.47 kgs -RS

Body Wt in kg

(calc)

BSA (Calculated 1.71 sq meters -RS  
 - sq m)

BMI (Calculated) 20.4 -RS

BSA (Calculated 1.71 sq meters -RS  
 - sq m)

**Relevant Labs and Vitals**

Temp (in Celsius) 36.7 -RS

**Weight**

BMI Normal Weight -RS  
 Classification

**Encounter Extended Vitals**

Row Name	05/06/24 1639	05/06/24 1636
<b>Pain Related to this Visit? No pain = 0</b>		
Pain Level - 1st	0 -RS	—
Site		
<b>Fall Risk</b>		
Have you fallen in the last 30 days?	No -RS	—
<b>Additional Blood Pressure Information</b>		
BP	—	119/71 -RS
<b>Additional Pulse Information</b>		
Pulse	—	62 -RS
<b>Additional Respiratory Information</b>		
SpO2	—	95 % -RS
<b>Abuse Screening</b>		
Because difficult relationships can cause health problems, we are asking all of our patients the following question: Does a partner, or anyone at home, hurt, hit, or threaten you or take advantage of you financially?	Patient answers "No" -RS	—

**Encounter Vitals**

Row Name	05/06/24 1636
Printed on 5/6/25 6:19 AM	Page 133

**05/06/2024 - Office Visit in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Flowsheets (continued)**

Encounter Vitals

BP	119/71 -RS
Pulse	62 -RS
Resp	16 -RS
Temp	36.7 °C (98.1 °F) - RS
Temp src	Temporal -RS
SpO2	95 % -RS
Weight	61 kg (134 lb 8 oz) - RS
Height	1.728 m (5' 8.03") - RS

Vitals

Patient site	Right arm -RS
Patient Position	Sitting -RS

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
RS	Sarabia, Ranjeeta, MA	Medical Assistant	—	05/06/2024

**05/03/2024 - Patient Message in Arrillaga Sports Medicine Center**

**MAR**

**Medications**

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Department
05/06/24	Sent	Routine	Song, Leina'Ala Yee Lan Kanahele, MD	SPORTS MEDICINE CENTER

**Provider Information**

Authorizing Provider	Encounter Provider
Song, Leina'Ala Yee Lan Kanahele, MD	Roh, Eugene Yousik, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
cetirizine (ZyrTEC) 10 mg tablet	30 Tablet	0	5/6/2024	5/6/2025

Sig: take 1 Tablet (10 mg total) by mouth daily  
 Route: Oral  
 Class: E-Prescribe  
 Order #: 958221449

**Outpatient Medication Detail**

	Disp	Refills	Start	End
cetirizine (ZyrTEC) 10 mg tablet	30 Tablet	0	5/6/2024	5/6/2025

Sig - Route: take 1 Tablet (10 mg total) by mouth daily - Oral  
 Sent to pharmacy as: cetirizine 10 mg tablet (ZyrTEC)  
 Class: E-Prescribe  
 E-Prescribing Status: **Receipt confirmed by pharmacy (5/6/2024 9:16 AM PDT)**

**Pharmacy**

RITE AID #05892 - REDWOOD CITY, CA - 340 WOODSIDE PLAZA

**cetirizine (ZyrTEC) 10 mg tablet [958221449]**

Electronically signed by: **Song, Leina'Ala Yee Lan Kanahele, MD on 05/06/24 0915** Status: **Active**  
 Ordering user: Song, Leina'Ala Yee Lan Kanahele, MD 05/06/24 Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD 0915  
 Ordering mode: Standard  
 Frequency: DAILY 05/06/24 - 365 days

**Proportion of Days Covered**

 **Unknown Adherence**

Adherence cannot be calculated for over-the-counter drugs.

**Low Confidence**

Fill data for this medication may be incomplete.

**About this Score**

**Summary**

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

**Calculating the Score**

The score is calculated following these steps:

- Find the number of days the patient was prescribed the medication from the list of orders.
- Find the number of days the patient could not have been taking the medication due to being admitted.
- Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).

## 05/03/2024 - Patient Message in Arrillaga Sports Medicine Center (continued)

### MAR (continued)

4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

### Confidence

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

### Limitations

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

### Messages

#### Prescription Question

From Leina'Ala Yee Lan Kanahele Song, MD  
To Topper, Galen  
Last Read in MyHealth  
Not Read  
Sent and Delivered  
5/6/2024 9:16 AM

Hi Galen,

You can try zyrtec (cetirizine), however we don't have it in clinic. I ordered it for you to pick up at the rite aid we have on file for you (Redwood City) if you would like to try it.

#### Prescription Question

From Topper, Galen  
To P Ortho Sports Myhealth Clinic Messaging  
(supporting Eugene Yousik Roh, MD)  
Sent  
5/3/2024 3:35 PM

Currently taking 10mg of Loratadine. Have not felt much better since then. Is there a stronger prescription of allergy medicine I could take.

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic**

**Reason for Visit**

Chief complaint: Allergies

Visit diagnoses:

- Wheezing (primary)
- Seasonal allergic rhinitis due to pollen
- Angioedema, subsequent encounter
- Anaphylaxis due to shellfish, subsequent encounter

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**Vitamin D3 5,000 unit TABS**

Discontinued by: Anderson, Mitchell Paul, MD Discontinued on: 9/6/2024  
Reason for discontinuation: Reorder  
Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Walker, Clayton Robert, MD Ordered on: 2/2/2024  
Start date: 2/2/2024 End date: 9/6/2024  
Quantity: 100 Tablet Refill: No refills remaining

**EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln**

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.  
Keep trainer pen separate so not confused with real pen during an emergency.  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 Quantity: 1 Each  
Refill: No refills remaining

**loratadine (Claritin) 10 mg tablet**

Discontinued by: Mooth, Audriana, DO Discontinued on: 10/15/2024  
Instructions: take 1 Tablet (10 mg total) by mouth daily Take one tablet daily  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 End date: 10/15/2024  
Quantity: 30 Tablet Refill: No refills remaining

**albuterol 90 mcg/actuation HFA inhaler**

Instructions: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordered on: 4/29/2024  
Start date: 4/29/2024 End date: 4/29/2025  
Quantity: 18 g Refill: 1 refill remaining

**azelastine (Astelin) 137 mcg (0.1 %) nasal spray**

Instructions: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordered on: 4/29/2024  
Start date: 4/29/2024 Action: Patient not taking  
Quantity: 30 mL Refill: 3 refills remaining

**Stopped in Visit**

None

**Clinical Notes**

**Addendum Note**

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

**Tirumalasetty, Jyothi Iswarya, MD at 4/29/2024 1420**

Addended by: TIRUMALASETTY, JYOTHI on: 5/6/2024 12:17 PM

Modules accepted: Orders

Electronically signed by Tirumalasetty, Jyothi Iswarya, MD at 5/6/2024 12:17 PM

**Progress Notes**

**Tirumalasetty, Jyothi Iswarya, MD at 4/29/2024 1420**

**Allergy, Asthma, and Immunodeficiency Clinic  
New Patient Telehealth Video Visit**

NAME: Galen Topper  
MRN: 62437256  
DOB: 6/21/2002  
DATE: 4/29/2024

Song, Leina'Ala Yee Lan Kanahele, MD  
341 Galvez St  
MC 6150  
Stanford, CA 94305

Dear Dr. Leina'Ala Yee Lan Kanahele Song, MD  
341 Galvez St  
MC 6150  
Stanford, CA 94305,

I had the pleasure of seeing your patient Galen Topper for a telehealth video visit with the Allergy, Asthma, and Immunodeficiency Clinic at Stanford Health Care today. History is obtained from the patient. I have discussed the risks, benefits, and limitations of receiving care virtually with the patient. The patient expresses understanding and is willing to move forward. The patient is currently residing in the state of California. The patient's name, date of birth, and photo ID of the patient have been verified.

The patient's main allergy concerns today are the following:

**CC: allergic reaction**

**HPI:** Galen Topper is a 21 Y year old with

On 4/19/24 woke and did not feel well. Eyes were a little swollen. Had track practice in a field at 3:30pm. Got and ate a blueberry muffin and Gatorade at noon at a restaurant. Wasn't feeling so great. Started warming up and felt off. After a mile, started to sneeze multiple times. Had generalized facial swelling. Felt like something was in his throat. Was coughing a lot. Didn't feel like throat totally closed. Was still able to talk and run. No lightheadedness. No N/V/D. Does not recall hoarseness. No hives. Skin was very itching to the point it was burning. Skin was a little red. Eyes were both

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

swollen and red. Left eye was more swollen than right. Right upper lid was 2x normal size. No stings or bites that were noticed. Went back campus and his trainer gave him an EPIPEN. Paramedics gave him Benadryl 50mg x one. They called 911 and was taken to ER. Did not get seen as it was busy. Left AMA because it too crowded. Avoids shellfish because he was diagnosed with shellfish allergy at age 11. Ate at the dining hall the night before. Did not eat any shellfish but worried about contamination as shellfish is served at the dining hall. Confirmed that shellfish was served that night. In past has had N/D, rash, and stomach upset from shellfish ingestion. Has avoided shellfish since age 11 and no accidental ingestion since. Has never reacted to tree nuts or peanuts.

ER vitals:

Vitals

BP	— — 131/58 Abnormal -JR
Mean Arterial Pressure (Calculated)	— — 82 mmHg -JR
BP Location	— — Right;Upper Extremity -JR
BP Patient Position	— — Sitting -JR
BP Method	— — Automatic/Non-Invasive BP -JR
Temp	— — 37.1 °C (98.8 °F) -JR
Temp src	— — Oral -JR
Pulse	— — 58 Abnormal -JR
Resp	— — 20 -JR
SpO2	— — 98 % -JR

Went home and went to bed. Felt sleepy from Benadryl. Face felt swollen again and felt wheezy later that night. Could not sleep for the rest of the night. No recurrence of symptoms since. Face took about 2 days to go back to normal. Has had difficulty running since this episode. Has had difficulty breathing with running even slowly. Ran 5 miles at 7 minute pace. Has had a little bit of coughing. Feels like he can't get a deep breath in. Hears a wheezing sound when he breathes. Feels it's coming from his throat. Has history of seasonal allergies. Did not take any medications prior. Did not take Ibuprofen or Aspirin. No new skin products. No heartburn. No history of exercise induced asthma. Denies frequent throat closing. Has sneezing fits often. Gets stuffy nose this time of year. Gets runny nose often in spring. Eyes are not as itchy but can itch occasionally. Has a track meet tomorrow.

**Review of Systems -symptoms in the last few days:**

A complete, 14 point review of systems is negative except as noted in the HPI.

**Medical/Surgical History**

**Past Medical History:**

Diagnosis	Date
• Acute nonintractable headache <i>Episodes of tunnel vision with headache and once LOC after work out, four times within the last year with two last episodes occurring on June 14 and 15, 2018. Sx started in 9-2017. Fh negative for migraine or cardiac issus.</i>	6/29/2018
• Concern about growth <i>Labs in 7-2015. T 111 at 13yo.</i>	7/2/2015
• Dermographism <i>Pronounced during the WCC 10-31-13. Possible allergy to sea food- to allergist.</i>	10/31/2013
• Development delay	1/04
• Heart murmur	7/04,8/05
• Keratosis pilaris	8/17/2018
• Lactose intolerance	
• Language delay	
• Multiple allergies	2/13/2014

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

Saw Allergist 2-2014: **IMPRESSION:** Galen is an 11 year old with possible shellfish allergy, dermatographism, chronic rhinitis, and history of positive RAST to peanut and dust mite, who presents for initial consultation. For possible shellfish allergy, send seafood allergy screen. Will avoid skin testing due to dermatographism. Avoid shellfish and use EpiPen as needed. For large local reaction to

- Nevus sebaceous on scalp, saw Derm
- Syncope 6/29/2018  
*In September of 2017 after strenuous long run syncope with tunnel vision with loss of vision that lasted for hours. FH negative for migraine or cardiac issues- see visit 6-29-2018.*
- Twin birth, mate liveborn
- Viral warts 8/16/2017  
*2017 on R thumb- will use OTC.*

**Family History**

Twin brother: shellfish allergy, pollen allergies

Father: shellfish allergy, pollen allergies

**Social History**

Tobacco use: non-smoker

Pet Exposure: none

Work Environment: student at Stanford, no the track team

**Medications:**

**Outpatient Medications Prior to Visit**

Medication	Sig	Dispense	Refill
• EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln	0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen seperate so not confused with real pen during an emergency.	1 Each	0
• loratadine (Claritin) 10 mg tablet	take 1 Tablet (10 mg total) by mouth daily Take one tablet daily	30 Tablet	0
• Vitamin D3 5,000 unit TABS	Take 1 tablet by mouth every weekday (none on weekends)	100 Tablet	0

No facility-administered medications prior to visit.

**Allergies**

**Allergen**

- Shellfish Containing Products

**Reactions**

Hives/urticaria and

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

Lightheadedness

**Physical Examination:**

GEN: well appearing, no apparent distress

EYES: conjunctiva clear without icterus, pallor, or injection

ENT: nose without external redness or drainage; mouth with normal dentition, moist mucous membranes

RESP: breathing comfortably and speaking in full sentences without tachypnea, audible wheezing or signs of respiratory distress

SKIN: no rashes or ulcerations

HEME: no bruises or visible telangiectasias

NEURO: alert and oriented, CN grossly intact, moves upper extremities appropriately

PSYCH: appropriate affect, intact thought and speech

**Labs reviewed today:**

0 Result Notes

Component	2/6/14 1455
Ref Range & Units	
Shrimp (Prawns)	11.0 High
<0.35 kU/L	
Crab	6.32 High
<0.35 kU/L	
Mussels	0.49 High
<0.35 kU/L	
Lobster	6.12 High
<0.35 kU/L	
Oyster	1.25 High
<0.35 kU/L	
Clam	1.41 High
<0.35 kU/L	
Octopus	3.19 High
<0.35 kU/L	
Scallops	1.81 High
<0.35 kU/L	

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

Component 2/6/14 1455

Ref Range & Units

Alder Tree <0.35

<0.35 kU/L

Oak Tree <0.35

<0.35 kU/L

Olive Tree <0.35

<0.35 kU/L

Bermuda Grass <0.35

<0.35 kU/L

Rye Grass 0.75 High

<0.35 kU/L

Timothy Grass 0.80 High

<0.35 kU/L

Dock Weed 0.55 High

<0.35 kU/L

Sage Weed 0.42 High

<0.35 kU/L

Western Ragweed 0.60 High

<0.35 kU/L

Alternaria Mold <0.35

<0.35 kU/L

Aspergillus Mold <0.35

<0.35 kU/L

Cladosporium Mold <0.35

<0.35 kU/L

Cockroach 19.4 High

<0.35 kU/L

Cat Dander 5.95 High

<0.35 kU/L

Dog Dander 1.00 High

<0.35 kU/L

Dust Mite 11.8 High

<0.35 kU/L

Total IgE 592 High

<100 kU/L

Component 1/14/11 1650

Ref Range & Units

Allergen EGG

Allergen Result <0.35

<0.35 kU/L

Component 1/14/11 1650

Ref Range & Units

Allergen ALMOND

Allergen Result <0.35

<0.35 kU/L

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

Component 1/14/11 1650

Ref Range & Units

Allergen MILK

Allergen Result <0.35

<0.35 KU/L

Component 1/14/11 1650

Ref Range & Units

Allergen PEANUT

Allergen Result 0.59 High

<0.35 KU/L

**Impression/Plan:**

Galen Topper is a 21 Y male with the following:

- Anaphylaxis/angioedema episode:** Had throat closing symptoms and received Epinephrine during track practice. No previous history of exercise induced anaphylaxis. Concern for exercise induced anaphylaxis, given facial swelling, itching, and wheezing. No sting or food allergen ingestion. Not consistent with medication allergy. Possibly seasonal allergies with new onset wheezing and component of paradoxical vocal fold movement. Ordered serum tryptase and C4. Consider ENT evaluation for paradoxical vocal fold movement in future if throat symptoms persist. Discussed importance of keeping EPIPEN with him in a fanny pack while running in case of another reaction. Avoid running in remote areas alone. I recommend keeping an epinephrine auto-injector on hand at all times in case of a severe allergic reaction (anaphylaxis). Administer the injection in your outer thigh muscle (intramuscularly) and hold in place for 10 seconds to ensure the medication has been fully injected. You may experience jitteriness or increased heart rate after administering this medications. Please call 911 or go to the emergency room after using in order to be observed for a potential delayed or recurrent reaction. Please store this medication at room temperature as much as possible and check the solution for cloudiness periodically. Please make note of the expiration date as well.
- Wheezing:** Recommend spirometry and FENO in office in one week. Trial of Albuterol rescue inhaler 1-2 puffs every 4-6 hours as needed and 20 minutes before exercise. If breathing problems worsen or you are needing Albuterol more than 3-4 times day, go to the ER or be seen by a doctor urgently. Given difficulty breathing with running, recommend not participating in track meet tomorrow. Being evaluated for malaise and fatigue and having sleep study. Symptoms with running currently may be multifactorial.
- Food allergy:** Repeat testing to shellfish ordered today. Continue strict shellfish avoidance and keep EPIPEN with you at all times.
- Allergic rhinitis:** Avoid cats/dogs. Ordered Immunocap to environmental allergens. Start Azelastine spray 2 sprays once daily. Start Loratadine 10mg once daily.

-Return to clinic in 1 week for follow up or sooner if needed.

Counseling was provided, and all questions were answered to the patient's satisfaction.

I personally spent a total of 60 minutes with the patient and more than 50% of the time was spent on counseling and/or coordination of care. This includes face-to-face time and non-face-to-face time spent on preparing to see the patient, reviewing prior notes and tests, obtaining history from the patient, performing a medically appropriate exam, counseling and educating the patient, ordering medications/tests/procedures/referrals as clinically indicated, and documenting information in the electronic medical record.

ATHERTON SQUARE Topper, Galen  
 3351 EL CAMINO REAL SUITE MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 #225 Visit date: 4/29/2024  
 ATHERTON CA 94027

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Clinical Notes (continued)**

Jyothi Tirumalasetty, MD, FAAAAI  
 Allergy, Asthma, Immunodeficiency Clinic  
 Division of Pulmonary, Allergy, and Critical Care Medicine  
 Stanford Health Care

Electronically signed by Tirumalasetty, Jyothi Iswarya, MD at 4/29/2024 4:29 PM

**Procedures**

**PFT SPIROMETRY WITH BRONCHODILATOR [958311649] (Final result)**

Electronically signed by: **Tirumalasetty, Jyothi Iswarya, MD on 05/06/24 1216** Status: **Completed**  
 Ordering user: Tirumalasetty, Jyothi Iswarya, MD 05/06/24 1216 Ordering provider: Tirumalasetty, Jyothi Iswarya, MD  
 Authorized by: Tirumalasetty, Jyothi Iswarya, MD Ordering mode: Standard  
 Frequency: Routine Once 05/06/24 1230 - 1 occurrence Class: Hospital Performed  
 Quantity: 1 Lab status: Final result  
 Instance released by: Tirumalasetty, Jyothi Iswarya, MD (auto-released) 5/6/2024 12:16 PM  
 Diagnoses  
 Wheezing [R06.2]

**Questionnaire**

Question	Answer
Clinical Concerns	Other

**Specimen Information**

ID	Type	Source	Collected By
958311649	—	—	05/06/24 1521

**PFT SPIROMETRY WITH BRONCHODILATOR [958311649]**

Resulted: 05/15/24 0808, Result status: Final result

Ordering provider: Tirumalasetty, Jyothi Iswarya, MD 05/06/24 1216 Order status: Completed  
 Filed by: Shc Tracemastervue Result 05/15/24 0808 Collected by: 05/06/24 1521  
 Resulting lab: IECG LAB  
 Narrative:  
 Site: SHC-Atherton Allergy, 3351 EL CAMINO REAL,SUITE 201, ATHERTON, CA 94027  
 ID: 62437256 Name: TOPPER, GALEN  
 Visit Date: 05/06/2024  
 Reviewing Doctor: TIRUMALASETTY, JYOTHI  
 Pulmonary Doctor: TIRUMALASETTY, JYOTHI  
 Technician: Sarabia, Ranjeeta  
 Age: 21 DOB: 06/21/2002 Sex: Male Race: Caucasian  
 Height: 172.80 Cms Weight: 61.00 Kgs BSA: 1.73  
 Order IDs: 958311649  
 Requested Test(s): SPIROMETRY WITH BRONCHODILATOR  
 Review Status:  
 Completed+Posted+Locked

	Pre-Bronch		Post-Bronch		
	Pred	LLN	ULN	Actual %Pred	Actual %Chng
SPIROMETRY					
FVC (L)	5.15	4.17	6.14	6.31	122 6.33

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Procedures (continued)**

FEV1 (L)	4.38	3.55	5.19	4.23	96	5.00	18
FEV1/FVC (%)		86	74	96	67	78	79
FEF 25% (L/sec)	7.71	5.12	10.30	5.38	69	6.17	14
FEF 50% (L/sec)	5.44	3.23	7.65	3.41	62	4.59	34
FEF 75% (L/sec)	2.29	1.26	3.89	1.57	68	2.90	85
FEF 25-75% (L/sec)	4.81	3.12	6.85	3.05	63	4.41	44
FEF Max (L/sec)	9.67	7.47	11.86	7.89	81	8.83	11
FIVC (L)			4.23		4.12		-2
FIF 50% (L/sec)	5.73	3.62	7.85	3.83	66	5.08	32
FIF Max (L/sec)			5.51		5.09		-7
Expiratory Time (sec)			5.40		5.48		1
Back Extrap Vol (L)			0.18		0.19		5
Time To FEFmax (sec)			0.131		0.112		-14

**Interpretation:**

The FEV1 is normal, but the FEV1/FVC ratio and FEF25-75% are reduced. The expiratory time was less than six seconds, which may underestimate the degree of obstruction. Following administration of bronchodilators, there is an excellent response.

Conclusions: mild obstructive defect with reversibility.

Pulmonary Function Diagnosis:  
 Moderate Obstructive Airways Disease

\_\_\_\_\_Jyothi Tirumalasetty\_\_\_\_\_M.D.

«This interpretation has been electronically signed: TIRUMALASETTY, JYOTHI  
 05/10/2024 04:01:58 PM»»

Acknowledged by: Tirumalasetty, Jyothi Iswarya, MD on 05/21/24 1036

**Components**

Component	Value	Reference Range	Flag	Lab
FVC Predicted	5.15	—	—	iECG
FVC	6.31	—	—	iECG
FVC %Predicted	122	—	—	iECG
FVC Post-Drug	6.33	—	—	iECG
FVC %Predicted Post-Drug	122	—	—	iECG
FEV1 Predicted	4.38	—	—	iECG
FEV1	4.23	—	—	iECG
FEV1 %Predicted	96	—	—	iECG
FEV1 Post-Drug	5.00	—	—	iECG
FEV1 %Predicted Post-Drug	114	—	—	iECG
FEV1/FVC Predicted	86	—	—	iECG
FEV1/FVC	67	—	—	iECG
FEV1/FVC %Predicted	78	—	—	iECG
FEV1/FVC Post-Drug	79	—	—	iECG
FEV1/FVC %Predicted Post-Drug	92	—	—	iECG
FEF 25-75 Predicted	4.81	—	—	iECG
FEF 25-75	3.05	—	—	iECG
FEF 25-75 %Predicted	63	—	—	iECG
FEF 25-75 Post-Drug	4.41	—	—	iECG

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Procedures (continued)**

FEF 25-75 %Predicted Post-Drug

91

—

iECG

[View Image \(below\)](#)

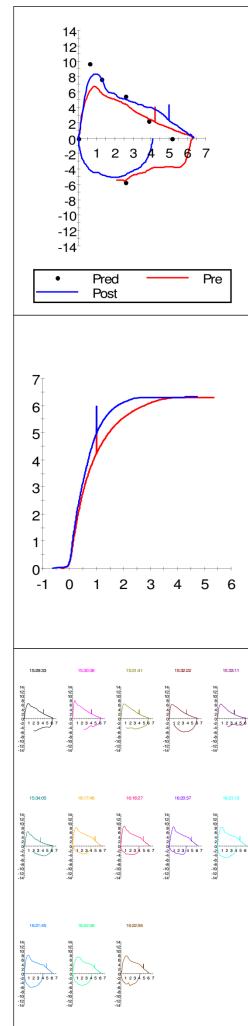
SHC-Atherton Allergy  
 3351 EL CAMINO REAL, SUITE 201  
 ATHERTON, CA 94027

Name: TOPPER, GALEN	ID: 62437256	BSA: 1.73	Date: 05/06/2024
Tech: Sarabia, Ranjeeta	Height: 172.80	Age: 21	Room:
Doctor:	Weight: 61.00	Sex: Male	Race: Caucasian

Pre Test Comments:

Post Test Comments:

	Pre-Drug			Post-Drug			
	Pred	Actual	%Pred	LLN	Actual	%Pred	%Chng
<b>---- SPIROMETRY ----</b>							
FVC (L)	5.15	6.31	122	4.17	6.33	122	+0
FEV1 (L)	4.38	4.23	96	3.55	5.00	114	+18
FEV1/FVC (%)	85.80	67.04	78	73.88	78.95	92	+17
FEF Max (L/sec)	9.67	7.89	81	7.47	8.83	91	+11
FEF 25-75% (L/sec)	4.81	3.05	63	3.12	4.41	91	+44
FEF 25% (L/sec)	7.71	5.38	69	5.12	6.17	80	+14
FEF 50% (L/sec)	5.44	3.41	62	3.23	4.59	84	+34
FEF 75% (L/sec)	2.29	1.57	68	1.26	2.90	126	+85
Expiratory Time (sec)		5.40			5.48		+1



ATHERTON SQUARE Topper, Galen  
 3351 EL CAMINO REAL SUITE MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 #225 Visit date: 4/29/2024  
 ATHERTON CA 94027

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Procedures (continued)**

SHC-Atherton Allergy  
 3351 EL CAMINO REAL, SUITE 201  
 ATHERTON, CA 94027

Name: TOPPER, GALEN	ID: 62437256	BSA: 1.73	Date: 05/06/2024
Tech: Sarabia, Ranjeeta	Height: 172.80	Age: 21	Room:
Doctor:	Weight: 61.00	Sex: Male	Race: Caucasian

The FEV1 is normal, but the FEV1/FVC ratio and FEF25-75% are reduced. The expiratory time was less than six seconds, which may underestimate the degree of obstruction. Following administration of bronchodilators, there is an excellent response.

Conclusions: mild obstructive defect with reversibility.

Pulmonary Function Diagnosis:  
 Moderate Obstructive Airways Disease

\_\_\_\_\_Jyothi Tirumalasetty\_\_\_\_\_M.D.

«This interpretation has been electronically signed: TIRUMALASETTY, JYOTHI 05/10/2024 04:01:58 PM»»

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - iECG	IECG LAB	Model Lab Director	Stanford Hospitals Palo Alto CA 94002	10/31/18 1231 - Present

**Indications**

Wheezing [R06.2 (ICD-10-CM)]

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Procedures (continued)**

**All Reviewers List**

Tirumalasetty, Jyothi Iswarya, MD on 5/21/2024 10:36

**MAR**

**Medications**

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Department
04/29/24	Sent	Routine	Tirumalasetty, Jyothi Iswarya, MD	ALLERGY ATHERTON

**Provider Information**

Authorizing Provider	Encounter Provider
Tirumalasetty, Jyothi Iswarya, MD	Tirumalasetty, Jyothi Iswarya, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
albuterol 90 mcg/actuation HFA inhaler (Expired)	18 g	1	4/29/2024	4/29/2025

Sig: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing  
 Route: Inhalation  
 PRN Reason(s): Bronchospasm/Wheezing  
 Class: E-Prescribe  
 Order #: 956681545

**Outpatient Medication Detail**

	Disp	Refills	Start	End
albuterol 90 mcg/actuation HFA inhaler	18 g	1	4/29/2024	4/29/2025

Sig - Route: 1-2 Puffs by Inhalation route every 6 hours as needed for Bronchospasm/Wheezing - Inhalation  
 Sent to pharmacy as: albuterol sulfate HFA 90 mcg/actuation aerosol inhaler  
 Class: E-Prescribe  
 E-Prescribing Status: **Receipt confirmed by pharmacy (4/29/2024 3:02 PM PDT)**

**Pharmacy**

RITE AID #05892 - REDWOOD CITY, CA - 340 WOODSIDE PLAZA

**albuterol 90 mcg/actuation HFA inhaler [956681545]**

Status: **Expired**

Electronically signed by: **Tirumalasetty, Jyothi Iswarya, MD on 04/29/24 1502**  
 Ordering user: Tirumalasetty, Jyothi Iswarya, MD 04/29/24 1502    Authorized by: Tirumalasetty, Jyothi Iswarya, MD  
 Ordering mode: Standard  
 PRN reasons: Bronchospasm/Wheezing  
 Frequency: Q6H PRN 04/29/24 - 365 days

**Proportion of Days Covered**



**Unknown Adherence**

Adherence cannot be accurately calculated for PRN orders.

High Confidence

Fill data for this medication is likely complete. Other factors may still affect the accuracy of the score.

**About this Score**

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**MAR (continued)**

**Summary**

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

**Calculating the Score**

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

**Confidence**

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

**Limitations**

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

**Medication Order Report**

**Order Information**

Ordered	Status	Priority	Ordering User	Department
04/29/24	Sent	Routine	Tirumalasetty, Jyothi Iswarya, MD	ALLERGY ATHERTON

**Provider Information**

Authorizing Provider	Encounter Provider
Tirumalasetty, Jyothi Iswarya, MD	Tirumalasetty, Jyothi Iswarya, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
azelastine (Astelin) 137 mcg (0.1 %) nasal spray	30 mL	3	4/29/2024	—

Sig: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.

Patient not taking: Reported on 3/20/2025

Route: (none)

Order #: 956681546

**Outpatient Medication Detail**

	Disp	Refills	Start	End

## 04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)

### MAR (continued)

**azelastine (Astelin) 137 mcg (0.1 %) nasal spray** 30 mL 3 4/29/2024 —  
Sig: 2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.  
Patient not taking: Reported on 3/20/2025

### Medication Administration Instructions

2 sprays/ nostril twice daily as needed for itchy nose, sneezing, nasal congestion.

### Pharmacy

RITE AID #05892 - REDWOOD CITY, CA - 340 WOODSIDE PLAZA

### azelastine (Astelin) 137 mcg (0.1 %) nasal spray [956681546]

Status: Active

Electronically signed by: **Tirumalasetty, Jyothi Iswarya, MD** on **04/29/24 1502**

Ordering user: Tirumalasetty, Jyothi Iswarya, MD 04/29/24 1502 Authorized by: Tirumalasetty, Jyothi Iswarya, MD

Ordering mode: Standard

Frequency: 04/29/24 - Until Discontinued

### Proportion of Days Covered

0%  
of total days covered

- 0/180 days
- High: 80% or above
- Moderate: 60%-79%
- Low: below 60%

High Confidence

Fill data for this medication is likely complete. Other factors may still affect the accuracy of the score.

### About this Score

#### Summary

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

#### Calculating the Score

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

#### Confidence

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

#### Limitations

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**MAR (continued)**

- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

**Flowsheets**

**Encounter Extended Vitals**

Row Name	04/29/24 1416	04/29/24 1415
----------	---------------	---------------

Pain Related to this Visit? No pain = 0

Pain Level - 1st — 0 -RS  
 Site

**Fall Risk**

Have you fallen — No -RS  
 in the last 30  
 days?

**Abuse Screening**

Because difficult  
 relationships can  
 cause health  
 problems, we are  
 asking all of our  
 patients the  
 following  
 question: Does a  
 partner, or  
 anyone at home,  
 hurt, hit, or  
 threaten you or  
 take advantage  
 of you  
 financially?

Patient answers  
 "No" -RS

**Patient Reported Blood Pressure**

Other Systolic BP —  pt doesn't check —  
 BP at home -RS

**Patient Reported Values**

Row Name	04/29/24 1416
----------	---------------

**Blood Pressure**

Other Systolic BP —  pt doesn't check —  
 BP at home -RS

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
RS	Sarabia, Ranjeeta, MA	Medical Assistant	—	04/29/2024

**Patient Instructions**

Please try the Albuterol rescue inhaler 1-2 puffs every 4-6 hours as needed and 20 minutes before exercise. If

**04/29/2024 - Telemedicine in Allergy, Asthma and Immunodeficiency Clinic (continued)**

**Patient Instructions (continued)**

breathing problems worsen or you are needing Albuterol more than 3-4 times day, go to the ER or be seen by a doctor urgently.

Start Azelastine nasal spray, 2 sprays in each nostril once a day. This spray may leave a bitter taste in your mouth temporarily.

I recommend keeping an epinephrine auto-injector on hand at all times in case of a severe allergic reaction (anaphylaxis). Administer the injection in your outer thigh muscle (intramuscularly) and hold in place for 10 seconds to ensure the medication has been fully injected. You may experience jitteriness or increased heart rate after administering this medications. Please call 911 or go to the emergency room after using in order to be observed for a potential delayed or recurrent reaction. Please store this medication at room temperature as much as possible and check the solution for cloudiness periodically. Please make note of the expiration date as well.

Electronically signed by Tirumalasetty, Jyothi Iswarya, MD at 4/29/2024 4:29 PM

## 04/24/2024 - Clinical Support in Arrillaga Sports Medicine Center

### Reason for Visit

Visit diagnoses:

- (primary)
- Sports physical

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### Vitamin D3 5,000 unit TABS

Discontinued by: Anderson, Mitchell Paul, MD Discontinued on: 9/6/2024  
Reason for discontinuation: Reorder  
Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Walker, Clayton Robert, MD Ordered on: 2/2/2024  
Start date: 2/2/2024 End date: 9/6/2024  
Quantity: 100 Tablet Refill: No refills remaining

##### EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.  
Keep trainer pen separate so not confused with real pen during an emergency.  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 Quantity: 1 Each  
Refill: No refills remaining

##### Ioratadine (Claritin) 10 mg tablet

Discontinued by: Mooth, Audriana, DO Discontinued on: 10/15/2024  
Instructions: take 1 Tablet (10 mg total) by mouth daily Take one tablet daily  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 End date: 10/15/2024  
Quantity: 30 Tablet Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Mlakar, Rachel at 4/24/2024 1045

Lab draw.

Electronically signed by Mlakar, Rachel at 4/24/2024 11:03 AM

### Labs

#### Vitamin D, 25-Hydroxyvitamin [955491272] (Final result)

Electronically signed by: Hock-Hanson, Susan, RN on 04/19/24 0039

Ordering user: Hock-Hanson, Susan, RN 04/19/24 0039

Ordering mode: Standard

Status: **Completed**

Authorized by: Fredericson, Michael, MD

**04/24/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Frequency: Routine 04/19/24 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Instance released by: Mlakar, Rachel 4/24/2024 10:52 AM  
 Diagnoses  
 Sports physical [Z02.5]

**Specimen Information**

ID	Type	Source	Collected By
24S-115SC0474	Blood	Blood, from Venipuncture	Mlakar, Rachel 04/24/24 1102

**Vitamin D, 25-Hydroxyvitamin [955491272] (Normal)**

Resulted: 04/24/24 1739, Result status: Final result

Order status: Completed Filed by: Background, Lab 04/24/24 1739  
 Collected by: Mlakar, Rachel 04/24/24 1102 Resulting lab: HILLVIEW LABORATORY  
 Acknowledged by  
 Hock-Hanson, Susan, RN on 04/25/24 0805  
 Fredericson, Michael, MD on 04/25/24 1017

**Components**

Component	Value	Reference Range	Flag	Lab
25-OH Vitamin D, Total	35	25 - 80 ng/mL	—	Hillview

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 4/25/2024 10:17  
 Hock-Hanson, Susan, RN on 4/25/2024 08:05

## 04/24/2024 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Follow Up Visit  
Visit diagnosis: Anaphylaxis, subsequent encounter

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### Vitamin D3 5,000 unit TABS

Discontinued by: Anderson, Mitchell Paul, MD Discontinued on: 9/6/2024  
Reason for discontinuation: Reorder  
Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Walker, Clayton Robert, MD Ordered on: 2/2/2024  
Start date: 2/2/2024 End date: 9/6/2024  
Quantity: 100 Tablet Refill: No refills remaining

##### EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.  
Keep trainer pen separate so not confused with real pen during an emergency.  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 Quantity: 1 Each  
Refill: No refills remaining

##### Ioratadine (Claritin) 10 mg tablet

Discontinued by: Mooth, Audriana, DO Discontinued on: 10/15/2024  
Instructions: take 1 Tablet (10 mg total) by mouth daily Take one tablet daily  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 End date: 10/15/2024  
Quantity: 30 Tablet Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Song, Leina'Ala Yee Lan Kanahele, MD at 4/24/2024 1030

Sport: Track & Field

CC: ED follow up

S:

- Stanford varsity track athlete presents for f/u after an anaphylactic episode
- Had an allergic reaction on Friday, developed into anaphylaxis. Initially eye swelling, cough, then felt like throat was closing and difficulty breathing
- Was given epipen by AT, taken to the ED via ambulance, given an IV and benadryl. He ended up leaving AMA because the ED was very full and busy
- Since then has been feeling some fatigue and difficulty sleeping but otherwise states the remaining symptoms have improved. Attributes fatigue to the benadryl and abnormal sleep schedule.
- States he feels otherwise 100%, wants to discuss competing in this weekend's meet
- History of allergies, saw allergist in 2013, told he has allergy to pollen and shellfish, but has never had difficulty

**04/24/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**
**Clinical Notes (continued)**

breathing or an anaphylactic episode

- He was given 2 epipens to take home by Dr. Roh

Meds:

Current Outpatient Medications:

- EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln
- loratadine (Claritin) 10 mg tablet
- Vitamin D3 5,000 unit TABS

ROS: Negative except as noted in HPI.

Past medical history:

**Past Medical History:**

Diagnosis	Date
• Acute nonintractable headache <i>Episodes of tunnel vision with headache and once LOC after work out, four times within the last year with two last episodes occurring on June 14 and 15, 2018. Sx started in 9-2017. Fh negative for migraine or cardiac issus.</i>	6/29/2018
• Concern about growth <i>Labs in 7-2015. T 111 at 13yo.</i>	7/2/2015
• Dermographism <i>Pronounced during the WCC 10-31-13. Possible allergy to sea food- to allergist.</i>	10/31/2013
• Development delay	1/04
• Heart murmur	7/04,8/05
• Keratosis pilaris	
• Lactose intolerance	8/17/2018
• Language delay	
• Multiple allergies <i>Saw Allergist 2-2014: IMPRESSION: Galen is an 11 year old with possible shellfish allergy, dermatographism, chronic rhinitis, and history of positive RAST to peanut and dust mite, who presents for initial consultation. For possible shellfish allergy, send seafood allergy screen. Will avoid skin testing due to dermatographism. Avoid shellfish and use EpiPen as needed. For large local reaction to</i>	2/13/2014
• Nevus sebaceous <i>on scalp, saw Derm</i>	
• Syncope <i>In September of 2017 after strenuous long run syncope with tunnel vision with loss of vision that lasted for hours. FH negative for migraine or cardiac issues- see visit 6-29-2018.</i>	6/29/2018
• Twin birth, mate liveborn	
• Viral warts <i>2017 on R thumb- will use OTC.</i>	8/16/2017

**Patient Active Problem List**

Diagnosis	Code
• Keratosis pilaris	L85.8
• Dermographism	L50.3
• Multiple allergies	Z88.9
• Acute nonintractable headache	R51.9
• Vasovagal syncope	R55
• Lactose intolerance	E73.9
• Breathing difficulty	R06.89

**04/24/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

- Sacroiliitis (CMS-HCC) M46.1
- Right foot pain M79.671

O:

**Visit Vitals**

BP 126/80 (Patient site: Right arm,  
 Patient Position: Sitting)  
 Pulse 96  
 SpO2 **(!) 65%**

GEN: NAO, cooperative with exam, slightly fatigued

HEENT: NC/AT. MMM. Anicteric sclerae. Throat clear. No eye swelling.

Neck: Supple with normal range of motion.

Lung: Normal respiratory rate and effort. Clear to auscultation throughout.

Heart: Normal rate, regular rhythm

Neurological: No gross cranial nerve or mental status deficits.

Musculoskeletal: No gross range of motion deficits

Skin: No urticaria

A/P: Anaphylactic episode; Follow up

- Recovering as expected
- Unknown true cause of anaphylactic episode, urgent allergy referral placed
- Confirmed patient has epipen at home
- Okay to trial light run today accompanied by another teammate and checking in with AT daily
- If not feeling 100% tomorrow, would recommend he not compete in the meet this weekend and slowly ramp up in anticipation for Tuesday's meet
- Patient to call clinic with any questions / concerns or if sx worsen.

Leinā'ala Song, MD

4/24/2024

Electronically signed by Song, Leina'Ala Yee Lan Kanahele, MD at 4/24/2024 11:45 AM

**Other Orders**

**Outpatient Referral**

**Ref to Allergy & Immunodeficiency [955484473] (Active)**

Electronically signed by: **Song, Leina'Ala Yee Lan Kanahele, MD on 04/24/24 1041** Status: **Active**

Ordering user: Song, Leina'Ala Yee Lan Kanahele, MD 04/24/24 Authorized by: Song, Leina'Ala Yee Lan Kanahele, MD 1041

Ordering mode: Standard

Frequency: ASAP 04/24/24 -

Class: Stanford Referral

Quantity: 1

Diagnoses

Anaphylaxis, subsequent encounter [T78.2XXD]

Order comments: Referral type: Consult, Treat, and Return to PCP When Stable. 21 Y male, referred for allergies, recent anaphylactic episode, unknown trigger. Stanford varsity track athlete.

**Referral Details**

Referred By	Referred To	Type	Priority
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**04/24/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Other Orders (continued)**

Song, Leina'Ala Yee Lan Kanahele, MD 341 Galvez St MC 6150 Stanford CA 94305 Phone: (650)725-8202 Fax: 650-725-2607	Diagnoses: Anaphylaxis, subsequent encounter Order: Ref To Allergy & Immunodeficiency Reason: Specialty Services Requested	<b>Allergy Atherton</b> 3351 El Camino Real Suite 201 ATHERTON CA 94027 Phone: 650-723-3200 Specialty: Allergy	Consult, Test and Treat	Urgent
---	---	---	----------------------------	--------

Comment: Referral type: Consult, Treat, and Return to PCP When Stable.

21 Y male, referred for allergies, recent anaphylactic episode, unknown trigger. Stanford varsity track athlete.

**Indications**

Anaphylaxis, subsequent encounter [T78.2XXD (ICD-10-CM)]

**Flowsheets**

**Custom Formula Data**

<b>Row Name</b>	<b>04/24/24 1032</b>
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**Hemodynamics**

Mean Arterial Pressure (Calculated)	95 mmHg -RM
--	-------------

**Encounter Extended Vitals**

<b>Row Name</b>	<b>04/24/24 1032</b>
-----------------	----------------------

Pain Related to this Visit? No pain = 0

Pain Level - 1st Site	0 -RM
-----------------------	-------

**Fall Risk**

Have you fallen in the last 30 days?	No -RM
--------------------------------------	--------

**Additional Blood Pressure Information**

BP	126/80 -RM
----	------------

**Additional Pulse Information**

Pulse	65 -RM
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**Additional Respiratory Information**

SpO2	96 % -RM
------	----------

**Encounter Vitals**

<b>Row Name</b>	<b>04/24/24 1032</b>
-----------------	----------------------

**Encounter Vitals**

BP	126/80 -RM
Pulse	65 -RM
SpO2	96 % -RM

**Vitals**

Patient site	Right arm -RM
Patient Position	Sitting -RM

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

<b>Initials</b>	<b>Name</b>	<b>Provider Type</b>	<b>Discipline</b>	<b>Dates Documented</b>
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## 04/24/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Flowsheets (continued)

RM

Mlakar, Rachel

—

04/24/2024

### After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

### AFTER VISIT SUMMARY



**Galen Topper** MRN: 62437256

4/24/2024 10:30 AM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Leina'Ala Yee Lan Kanahele Song, MD on Wednesday April 24, 2024.

### What's Next

APR 24 2024 Follow Up Visit with Leina'Ala Yee Lan Kanahele Song, MD  
Wednesday April 24 10:30 AM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

### Stay Connected with MyHealth

View your After Visit Summary online, manage your prescriptions, make appointments, communicate with your care team. To access your account visit [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

**04/24/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**Your Medication List** as of April 24, 2024 8:10 AM

 Always use your most recent med list.

**EpiPen** 0.3 mg injector  
Generic drug: EPINEPHrine

0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.

**loratadine** 10 mg tablet  
Commonly known as: Claritin

take 1 Tablet (10 mg total) by mouth daily  
Take one tablet daily

**Vitamin D3** 5,000 unit Tabs  
Generic drug: Cholecalciferol (Vitamin D3)

Take 1 tablet by mouth every weekday (none on weekends)

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The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

## 04/24/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents

#### After Visit Summary - Document on 4/24/2024 8:10 AM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 4/24/2024 10:30 AM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Leina'Ala Yee Lan Kanahele Song, MD on Wednesday April 24, 2024.

### What's Next

APR 24 2024 Follow Up Visit with Leina'Ala Yee Lan Kanahele  
Song, MD  
Wednesday April 24 10:30 AM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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**04/24/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

**Your Medication List** as of April 24, 2024 8:10 AM

 Always use your most recent med list.

**EpiPen** 0.3 mg injector  
Generic drug: EPINEPHrine

0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.

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Commonly known as: Claritin

take 1 Tablet (10 mg total) by mouth daily  
Take one tablet daily

**Vitamin D3** 5,000 unit Tabs  
Generic drug: Cholecalciferol (Vitamin D3)

Take 1 tablet by mouth every weekday (none on weekends)

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**04/22/2024 - Documentation Only Encounter in Arrillaga Sports Medicine Center**

**Medication List**

**Medication List**

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**Vitamin D3 5,000 unit TABS**

Discontinued by: Anderson, Mitchell Paul, MD	Discontinued on: 9/6/2024
Reason for discontinuation: Reorder	
Instructions: Take 1 tablet by mouth every weekday (none on weekends)	
Authorized by: Walker, Clayton Robert, MD	Ordered on: 2/2/2024
Start date: 2/2/2024	End date: 9/6/2024
Quantity: 100 Tablet	Refill: No refills remaining

**EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln**

Instructions: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed.	
Keep trainer pen separate so not confused with real pen during an emergency.	
Authorized by: Roh, Eugene Yousik, MD	Ordered on: 4/22/2024
Start date: 4/22/2024	Quantity: 1 Each
Refill: No refills remaining	

**loratadine (Claritin) 10 mg tablet**

Discontinued by: Mooth, Audriana, DO	Discontinued on: 10/15/2024
Instructions: take 1 Tablet (10 mg total) by mouth daily Take one tablet daily	
Authorized by: Roh, Eugene Yousik, MD	Ordered on: 4/22/2024
Start date: 4/22/2024	End date: 10/15/2024
Quantity: 30 Tablet	Refill: No refills remaining

**Stopped in Visit**

None

**Clinical Notes**

**Progress Notes**

**Mlakar, Rachel at 4/22/2024 1116**

Patient was provided an Epi-Pen in clinic today. Patient states he already knows how to use it and declined further teaching.

Electronically signed by Mlakar, Rachel at 4/22/2024 11:17 AM

## 04/22/2024 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Follow Up Visit  
Visit diagnosis: Cough, unspecified type

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### Vitamin D3 5,000 unit TABS

Discontinued by: Anderson, Mitchell Paul, MD Discontinued on: 9/6/2024  
Reason for discontinuation: Reorder  
Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
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Quantity: 100 Tablet Refill: No refills remaining

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Start date: 4/22/2024 Quantity: 1 Each  
Refill: No refills remaining

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Discontinued by: Mooth, Audriana, DO Discontinued on: 10/15/2024  
Instructions: take 1 Tablet (10 mg total) by mouth daily Take one tablet daily  
Authorized by: Roh, Eugene Yousik, MD Ordered on: 4/22/2024  
Start date: 4/22/2024 End date: 10/15/2024  
Quantity: 30 Tablet Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Roh, Eugene Yousik, MD at 4/22/2024 0920

## Stanford Hospital and Clinic Outpatient Visit Note Physical Medicine and Rehabilitation/Dept. Of Orthopedic Surgery

Dear Dr. Fredericson,

I had the pleasure of seeing Galen Topper on 4/22/2024.

#### History of Present Illness

The patient is a 21-year-old male who presents for evaluation of anaphylactic episode.

**04/22/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

The patient recently sought emergency care for an anaphylactic episode, which occurred during a workout session at a Daylands Park off-campus. Despite his condition improving post-emergency department visit, he continues to experience coughing and sneezing. He has no known history of asthma and has never experienced such an episode previously. He is not currently on any allergy medications and was discharged home without any medications. On XX/19/2023, he sought emergency care at the training room where he was administered an EpiPen. Upon arrival by paramedics, he was advised to seek immediate medical attention. His symptoms included facial swelling, throat swelling, severe coughing and sneezing, and difficulty breathing. Despite running during the episode, he was unable to run, prompting him to return to the training room. His trainer observed him of the same condition. His team drove him back to Daylands Park due to feeling unwell. His symptoms escalated to the point where he felt he should not run, causing him significant difficulty breathing and running. His coach saw him for approximately 2 seconds and advised him to visit the trainer. The paramedics were promptly called, and he was taken to Sanford Hospital. The ER doctor was full, but he was not roomed. He used an EpiPen and did not wish to remain in the hospital. His breathing has improved, but he has been unable to sleep for the past few days due to frequent sneezing and coughing until 5 or 6 in the morning. The coughing started on Friday, but he denies any sore throat or puffiness. He was feeling unwell on Saturday and spent most of his time in bed. He reported feeling unwell at 3 o'clock today.

**Patient History Information**

**Allergy:**

**Allergies**

Allergen

- Shellfish Containing Products

Reactions

- Hives/urticaria and  
Lightheadedness

**Past Medical History:**

**Past Medical History:**

Diagnosis

Date

- Acute nonintractable headache  
*Episodes of tunnel vision with headache and once LOC after work out, four times within the last year with two last episodes occurring on June 14 and 15, 2018. Sx started in 9-2017. Fh negative for migraine or cardiac issues.*  
 6/29/2018
- Concern about growth  
*Labs in 7-2015. T 111 at 13yo.*  
 7/2/2015
- Dermographism  
*Pronounced during the WCC 10-31-13. Possible allergy to sea food- to allergist.*  
 10/31/2013
- Development delay  
 1/04
- Heart murmur  
 7/04,8/05
- Keratosis pilaris  
 8/17/2018
- Lactose intolerance  
 2/13/2014
- Language delay  
*Saw Allergist 2-2014: IMPRESSION: Galen is an 11 year old with possible shellfish allergy, dermatographism, chronic rhinitis, and history of positive RAST to peanut and dust mite, who presents for initial consultation. For possible shellfish allergy, send seafood allergy screen. Will avoid skin testing due to dermatographism. Avoid shellfish and use EpiPen as needed. For large local reaction to*

**04/22/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

- Nevus sebaceous  
*on scalp, saw Derm*
- Syncope 6/29/2018  
*In September of 2017 after strenuous long run syncope with tunnel vision with loss of vision that lasted for hours. FH negative for migraine or cardiac issues- see visit 6-29-2018.*
- Twin birth, mate liveborn
- Viral warts 8/16/2017  
*2017 on R thumb- will use OTC.*

**Family History:**

**Family History**

Problem	Relation	Age of Onset
• Allergies <i>pollen</i>	Father	
• Elevated Lipids	Father	
• No Known Problems	Sister	
• No Known Problems	Brother	
• CAD, Late Onset <i>79 yo, had MI</i>	Paternal Grandfather	

**Social History:**

**Social History**

Socioeconomic History	
• Marital status:	Single
Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Vaping Use	
• Vaping Use:	Never used
Substance and Sexual Activity	
• Alcohol use:	Not Currently
• Drug use:	Not Currently

**Social History Narrative**

*Going to stanford undergrad is on cross country team.lives on campus in a dorm. Things going overall well.  
 Went to bellarmine in san jose*

*Exercise: runs frequently with CC team.*

**Physical Exam**

The patient, a well-organized man, is not in acute distress.  
 No conjunctival injection or redness noted in the eyes.  
 Upon lung auscultation, there is no wheezing.  
 The heart's S1, S2 are regular and peak flow was 350 today.  
 No edema in the musculoskeletal system.

**MSK and Neuro:**

**04/22/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

**Visit Vitals**

BP 119/67 (Patient site: Right arm,  
 Patient Position: Sitting)  
 Pulse 72  
 Temp 36.2 °C (97.2 °F) (Temporal)  
 SpO2 96%

General Appearance: alert, no acute distress, cooperative

Head: Normocephalic. No masses, lesions, tenderness or abnormalities

Eyes: EOM's intact

Ears: external ears normal to inspection and palpation

Skin: Skin color, texture, turgor normal. No rashes or lesions

Respiratory: Non labored breathing, normal respiratory rate and rhythm

CV: well perfused, no pitting edema

**RADIOLOGY:**

Results

Testing

Peak flow was 350.

No results found.

**LAB:**

No visits with results within 1 Month(s) from this visit.

Latest known visit with results is:

Clinical Support on 03/19/2024

Component	Date	Value	Ref Range	Status
• Ferritin	03/19/2024	80.4	30 - 400 ng/mL	Final
• Testosterone	03/19/2024	834	250 - 1,000 ng/dL	Final
• 25-OH Vitamin D, Total	03/19/2024	40	25 - 80 ng/mL	Final
• T3 Total	03/19/2024	120	80 - 200 ng/dL	Final
• T3, Free	03/19/2024	3.5	2.0 - 4.4 pg/mL	Final
• Free Thyroxine	03/19/2024	1.12	0.93 - 1.70 ng/dL	Final
• TSH	03/19/2024	2.64	0.27 - 4.20 uIU/mL	Final
• Sodium, Ser/Plas	03/19/2024	138	135 - 145 mmol/L	Final
• Potassium, Ser/Plas	03/19/2024	5.1	3.5 - 5.5 mmol/L	Final
• Chloride, Ser/Plas	03/19/2024	100	98 - 107 mmol/L	Final
• CO2, Ser/Plas	03/19/2024	27	22 - 29 mmol/L	Final
• Anion Gap	03/19/2024	11	5 - 15 mmol/L	Final
• Fasting	03/19/2024	Yes		Final
• Glucose, Ser/Plas	03/19/2024	89	70 - 100 mg/dL	Final
• Creatinine, Ser/Plas	03/19/2024	0.86	0.67 - 1.17 mg/dL	Final
• eGFR Refit Without Race (2021)	03/19/2024	126	>60 mL/min/1.73 m <sup>2</sup>	Final
•				

**04/22/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

BUN, Ser/Plas	03/19/2024	16	6 - 20 mg/dL	Final
• Calcium, Ser/Plas	03/19/2024	9.8	8.4 - 10.5 mg/dL	Final
• Protein, Total, Ser/Plas	03/19/2024	7.6	6.0 - 8.3 g/dL	Final
• Albumin, Ser/Plas	03/19/2024	4.7	3.5 - 5.2 g/dL	Final
• Total Bilirubin, Ser/Plas	03/19/2024	0.6	<1.2 mg/dL	Final
• Alk P'TASE, Total, Ser/Plas	03/19/2024	77	40 - 130 U/L	Final
• AST (SGOT), Ser/Plas	03/19/2024	31	10 - 50 U/L	Final
• ALT (SGPT), Ser/Plas	03/19/2024	22	10 - 50 U/L	Final
• Globulin	03/19/2024	2.9	2.0 - 5.0 g/dL	Final
• WBC	03/19/2024	4.0	4.0 - 11.0 K/uL	Final
• RBC	03/19/2024	5.49	4.40 - 5.90 MIL/uL	Final
• Hemoglobin	03/19/2024	15.4	13.5 - 17.7 g/dL	Final
• Hematocrit	03/19/2024	46.5	40.0 - 52.0 %	Final
• MCV	03/19/2024	84.7	82.0 - 98.0 fL	Final
• MCH	03/19/2024	28.1	27.0 - 34.0 pg	Final
• MCHC	03/19/2024	33.1	32.0 - 36.0 g/dL	Final
• RDW	03/19/2024	12.0	11.5 - 14.5 %	Final
• Platelet count	03/19/2024	245	150 - 400 K/uL	Final
• Neutrophil %	03/19/2024	47.2	%	Final
• Lymphocyte %	03/19/2024	40.1	%	Final
• Monocyte %	03/19/2024	7.6	%	Final
• Eosinophil %	03/19/2024	4.3	%	Final
• Basophil %	03/19/2024	0.8	%	Final
• Imm. Granulocyte, %	03/19/2024	0.0	0.0 - 0.7 %	Final
• Neutrophil, Absolute	03/19/2024	1.88	1.70 - 6.70 K/uL	Final
• Lymphocyte, Absolute	03/19/2024	1.59	1.00 - 3.00 K/uL	Final
• Monocyte, Absolute	03/19/2024	0.30	0.30 - 0.95 K/uL	Final
• Eosinophil, Absolute	03/19/2024	0.17	0.05 - 0.55 K/uL	Final
• Basophil, Absolute	03/19/2024	0.03	0.00 - 0.25 K/uL	Final
• Imm. Granulocyte, Abs	03/19/2024	0.00	0.00 - 0.06 K/uL	Final
• nRBC, Abs	03/19/2024	0.00	K/uL	Final
• nRBC, %	03/19/2024	0.0	%	Final

**Assessment & Plan**

1. Anaphylactic episode.

The patient appears to be experiencing an anaphylactic episode. However, due to the busy schedule of the ER and the AMA, no evaluation was conducted. Over the weekend, the patient did not consume any medication, with the exception of one EpiPen. He has been managing his symptoms effectively, denying any shortness of breath, wheezing, or stridor. An EpiPen was prescribed as a precautionary measure in case of recurrence of symptoms. Concurrently, loratadine was prescribed, to be taken on a daily basis. The patient expressed a desire to join a meet this weekend. Although the meeting is somewhat premature, another assessment will be conducted in 3 days by a sports medicine specialist to assess his condition before proceeding with clearance.

Galen Topper is a 21 Y male

**04/22/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

**Chief Complaint**

Patient presents with

- Follow Up Visit

No orders of the defined types were placed in this encounter.

*I have provided a concise yet comprehensive overview of the Dax solution, highlighting it will be used to record the encounter discussion and generate the visit note. The patient has granted permission for me to use DAX during our appointment today. This note was completed using an AI-powered solution and reviewed by Dr.Eugene Roh for accuracy.*

Eugene Yousik Roh, MD  
Clinical Associate Professor  
Specialized in Sports Medicine, Hand & Upper Extremity  
Physical Medicine and Rehabilitation Service  
Department of Orthopedic Surgery  
450 Broadway Street Redwood City , CA 94063  
Phone: [650-723-5643](tel:650-723-5643)

 Contains text generated by DAX Copilot  
Electronically signed by Roh, Eugene Yousik, MD at 5/7/2024 11:51 PM

**MAR**

**Medications**

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Department
04/22/24	Sent	Routine	Roh, Eugene Yousik, MD	SPORTS MEDICINE CENTER

**Provider Information**

**Authorizing Provider**

**Encounter Provider**

**04/22/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**MAR (continued)**

Roh, Eugene Yousik, MD

Roh, Eugene Yousik, MD

**Order Audit Trail**

Number of times this order has been changed since signing: 1

**Medication Detail**

Medication	Quantity	Refills	Start	End
EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln	1 Each	0	4/22/2024	—

Sig: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.

Route: Injection

Class: In Clinic

Order #: 954857184

**Outpatient Medication Detail**

	Disp	Refills	Start	End
EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln	1 Each	0	4/22/2024	—

Sig - Route: 0.3 mL (0.3 mg total) by Injection route once as needed Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency. - Injection

Class: In Clinic

**Order Questions**

Question	Answer
Verified that this is the correct medication and dosage.	Yes

**Medication Administration Instructions**

Carry both pens at same time in case 2nd dose needed. Keep trainer pen separate so not confused with real pen during an emergency.

**EPINEPHrine (EpiPen) 0.3 mg/0.3 mL Atln [954857184]**

Electronically signed by: Roh, Eugene Yousik, MD on 04/22/24 0955

Status: Active

Ordering user: Roh, Eugene Yousik, MD 04/22/24 0955

Authorized by: Roh, Eugene Yousik, MD

Ordering mode: Standard

Frequency: Once PRN 04/22/24 - Until Discontinued

**Proportion of Days Covered**



**Unknown Adherence**

Adherence cannot be accurately calculated for PRN orders.

**Low Confidence**

Fill data for this medication may be incomplete.

**About this Score**

**Summary**

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

**Calculating the Score**

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.

**04/22/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**
**MAR (continued)**

5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

**Confidence**

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

**Limitations**

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

**Medication Order Report**
**Order Information**

Ordered	Status	Priority	Ordering User	Department
04/22/24	Sent	Routine	Roh, Eugene Yousik, MD	SPORTS MEDICINE CENTER

**Provider Information**

Authorizing Provider	Encounter Provider
Roh, Eugene Yousik, MD	Roh, Eugene Yousik, MD

**Order Audit Trail**

Number of times this order has been changed since signing: 1

**Medication Detail**

Medication	Quantity	Refills	Start	End
<b>loratadine (Claritin) 10 mg tablet (Discontinued)</b>	30 Tablet	0	4/22/2024	10/15/2024
Sig: take 1 Tablet (10 mg total) by mouth daily Take one tablet daily				
Route: Oral				
Class: In Clinic				
Order #: 954857186				

**Outpatient Medication Detail**

	Disp	Refills	Start	End
<b>loratadine (Claritin) 10 mg tablet (Discontinued)</b>	30 Tablet	0	4/22/2024	10/15/2024
Sig - Route: take 1 Tablet (10 mg total) by mouth daily Take one tablet daily - Oral				
Class: In Clinic				

**Order Questions**

Question	Answer
Verified that this is the correct medication and dosage.	Yes

**04/22/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**MAR (continued)**

**Medication Administration Instructions**

Take one tablet daily

**This Order Has Been Discontinued**

Order Status	Reason	By	On
Discontinued	None	Mooth, Audriana, DO	10/15/24 1108

**loratadine (Claritin) 10 mg tablet [954857186]**

Electronically signed by: **Roh, Eugene Yousik, MD** on **04/22/24 0955** Status: **Discontinued**  
 Ordering user: Roh, Eugene Yousik, MD 04/22/24 0955 Authorized by: Roh, Eugene Yousik, MD  
 Ordering mode: Standard  
 Frequency: DAILY 04/22/24 - 10/15/24 Discontinued by: Mooth, Audriana, DO 10/15/24 1108

**Proportion of Days Covered**

 **Unknown Adherence**

Adherence cannot be calculated for over-the-counter drugs.

**Low Confidence**

Fill data for this medication may be incomplete.

**About this Score**

**Summary**

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

**Calculating the Score**

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

**Confidence**

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

**Limitations**

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

**04/22/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**MAR (continued)**

**Flowsheets**

**Custom Formula Data**

Row Name	04/22/24 0924
<b>Hemodynamics</b>	
Mean Arterial	84 mmHg -RM
Pressure (Calculated)	
<b>Relevant Labs and Vitals</b>	
Temp (in Celsius)	36.2 -RM

**Encounter Extended Vitals**

Row Name	04/22/24 0924
<b>Pain Related to this Visit? No pain = 0</b>	
Pain Level - 1st	0 -RM
Site	
<b>Fall Risk</b>	
Have you fallen in the last 30 days?	No -RM
<b>Additional Blood Pressure Information</b>	
BP	119/67 -RM
<b>Additional Pulse Information</b>	
Pulse	72 -RM
<b>Additional Respiratory Information</b>	
SpO2	96 % -RM

**Encounter Vitals**

Row Name	04/22/24 0924
<b>Encounter Vitals</b>	
BP	119/67 -RM
Pulse	72 -RM
Temp	36.2 °C (97.2 °F) - RM
Temp src	Temporal -RM
SpO2	96 % -RM
<b>Vitals</b>	
Patient site	Right arm -RM
Patient Position	Sitting -RM

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
RM	Mlakar, Rachel	—	—	04/22/2024

**After Visit Summary**

## 04/22/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### After Visit Summary (continued)

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 4/22/2024 9:20 AM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Eugene Yousik Roh, MD on Monday April 22, 2024.

### What's Next

APR 22 Follow Up Visit with Eugene Yousik Roh, MD  
2024 Monday April 22 9:20 AM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

### Stay Connected with MyHealth

View your After Visit Summary online, manage your prescriptions, make appointments, communicate with your care team. To access your account visit [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

**04/22/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**Your Medication List** as of April 22, 2024 7:37 AM

 Always use your most recent med list.

**Vitamin D3** 5,000 unit Tabs

Generic drug: Cholecalciferol (Vitamin D3)

Take 1 tablet by mouth every weekday (none on weekends)

---

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

## 04/22/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents

#### After Visit Summary - Document on 4/22/2024 7:37 AM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 4/22/2024 9:20 AM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Eugene Yousik Roh, MD on Monday April 22, 2024.

### What's Next

APR 22 2024 Follow Up Visit with Eugene Yousik Roh, MD  
Monday April 22 9:20 AM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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## 04/22/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents (continued)

#### Your Medication List as of April 22, 2024 7:37 AM

 Always use your most recent med list.

**Vitamin D3** 5,000 unit Tabs  
Generic drug: Cholecalciferol (Vitamin D3)

Take 1 tablet by mouth every weekday (none on weekends)

---

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

**04/19/2024 - ED in Adult Emergency Department**

**Reason for Visit**

Chief complaint: Allergic Reaction  
 Visit diagnosis:

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Prior To Admission**

None

**Discharge Medication List**

**Vitamin D3 5,000 unit TABS**

Discontinued by: Anderson, Mitchell Paul, MD	Discontinued on: 9/6/2024
Reason for discontinuation: Reorder	
Instructions: Take 1 tablet by mouth every weekday (none on weekends)	
Authorized by: Walker, Clayton Robert, MD	Ordered on: 2/2/2024
Start date: 2/2/2024	End date: 9/6/2024
Quantity: 100 Tablet	Refill: No refills remaining

**Stopped in Visit**

None

**ED Notes**

**ED Notes by Cawley, Eleni, RN at 4/19/2024 18:54**

Pt approached nursing station, pt stating he wants to leave. MD Carillo made aware. Patient states he wants to leave. MD, this RN and charge RN explained to patient the dangers of leaving against medical advice. Patient eyes swollen. Patient states he does not have an epi pen at home. Risk of allergic reaction reoccurring reiterated to patient, patient insisted on leaving. Patient signed AMA paperwork and this RN removed IV from patient's arm.

Electronically signed by Cawley, Eleni, RN at 4/19/2024 7:04 PM

**ED Care Timeline**

**Patient Care Timeline (4/19/2024 18:05 to 4/19/2024 19:05)**

4/19/2024	Event	Details	User
18:04:53	<b>Emergency encounter created</b>		Bautista Borge, Angel
18:04:57	<b>Chief Complaints Updated</b>	<b>Allergic Reaction</b>	Bautista Borge, Angel
18:05	<b>Patient arrived in ED</b>		Bautista Borge, Angel
18:05:09	<b>Patient arrived in first ED</b>		Bautista Borge, Angel
18:06:49	<b>Moved to ED Lobby</b>	To room EDW02	Bautista Borge, Angel

**04/19/2024 - ED in Adult Emergency Department (continued)**

**ED Care Timeline (continued)**

18:07	IIC VS	<p><b>Vitals</b>            Pulse: 58 !            Temp: 37.1 °C (98.8 °F)            Temp Source: Oral            Resp: 20</p> <p><b>Hemodynamics</b>            BP: 131/58 !            Mean Arterial Pressure (Calculated): 82 mmHg            BP Location: Right; Upper Extremity            BP Patient Position: Sitting            BP Method: Automatic/Non-Invasive BP</p> <p><b>Oxygen Therapy</b>            SpO2: 98 %            O2 Delivery: RA</p>	Rodriquez, Jeremy
18:07	Custom Formula Data	<p><b>Relevant Labs and Vitals</b>            Temp (in Celsius): 37.1</p> <p><b>Other flowsheet entries</b>            High Risk Vital Signs? HR &gt; 100, RR &gt; 20, SpO2 &lt; 92%: No</p>	Rodriquez, Jeremy
18:07:22	STEMI Admin	<p><b>STEMI Admin</b>            STEMI Score: -7.7979</p>	Epic, User
18:07:22	IBMY BPA No		Rodriquez, Jeremy
18:12	Triage Questions	<p><b>Interpreter Needed?</b>            Interpreter Needed: No</p> <p><b>Tetanus Hx/Immunizations</b>            Tetanus History/Immunizations: Up to Date</p> <p><b>Medication Pump</b>            Does patient have internal or external medication pump?: No</p> <p><b>Domestic Abuse Screening</b>            Because difficult relationships can cause health problems, we are asking all of our patients the following question: Does a partner, or anyone at home, hurt, hit, or threaten you or take advantage of you financially?: Patient answers "No"</p> <p>Does RN have reason to believe a Social Work Consult is needed to assess abuse or neglect risk?: No</p> <p><b>Suicide Screening</b>            Is the patient being evaluated or treated for behavioral health conditions as their chief complaint during this ED visit?: No</p> <p><b>Other flowsheet entries</b>            Have you had thoughts of harming anyone?: No</p>	Hurley, Danielle M, RN
18:12	Intervention(s)	<p><b>Intervention(s)</b>            Intervention(s): None</p>	Hurley, Danielle M, RN
18:12	Triage Start	<p><b>Triage Start</b>            Triage Start: STARTING TRIAGE</p>	Hurley, Danielle M, RN
18:12	Viral/Travel Screening	<p><b>Infection Screening</b>            Onset of symptoms (date): 04/19/24            COVID-19 Screening: Does the patient have the following symptoms?:  <b>Shortness of breath</b> !            Have you previously tested positive for COVID-19 in the past 90 days (3 months?): No</p>	Hurley, Danielle M, RN
18:12:36	Chief Complaints Updated	Allergic Reaction (While running. Airway swelling, eye swelling. Used team epi pen. Benadryl 50mg by PAFD. Allergies to pollen and shellfish. 18G LAC.)	Hurley, Danielle M, RN

**04/19/2024 - ED in Adult Emergency Department (continued)**

**ED Care Timeline (continued)**

18:12:39	<b>Allergies Reviewed</b>		Hurley, Danielle M, RN
18:12:56	<b>Triage Started</b>		Hurley, Danielle M, RN
18:14	<b>Triage Plan</b>	<b>ESI Level</b> Requires immediate life-saving intervention?: No High risk situation? or Confused/Lethargic/Disoriented? or Severe acute pain/distress?: No How many resources are needed?: Many Pain Scale Instruction: No Pain Level - 1st Site: 0 Does patient meet SIRS criteria? See below for SIRS criteria. : No Is there a concern that the patient will decompensate if not treated within the next hour?: No Would you take your last ED bed for this patient?: No ESI Level: 3 Appropriate to consider for Video Visit?: No, based on ESI <b>Triage Destination</b> Destination: Adult	Hurley, Danielle M, RN
18:15:04	<b>Triage Completed</b>		Hurley, Danielle M, RN
18:15:04	<b>Pain reassessment completed</b>		Hurley, Danielle M, RN
18:17:14	<b>Initial Physician Assessment</b>		Carrillo, Eli Alberto, MD
18:49:32	<b>AMA Disposition Selected</b>	ED Disposition set to Against Medical Advice.	Carrillo, Eli Alberto, MD
18:49:32	<b>Disposition Selected</b>		Carrillo, Eli Alberto, MD
18:49:32	<b>Patient Summary Extract Triggered</b>		Carrillo, Eli Alberto, MD
18:54:49	<b>ED Notes Addendum</b>	Pt approached nursing station, pt stating he wants to leave. MD Carrillo made aware. Patient states he wants to leave. MD, this RN and charge RN explained to patient the dangers of leaving against medical advice. Patient eyes swollen. Patient states he does not have an epi pen at home. Risk of allergic reaction reoccurring reiterated to patient, patient insisted on leaving. Patient signed AMA paperwork and this RN removed IV from patient's arm.	Cawley, Eleni, RN
19:04	<b>Patient Discharge</b>	<b>Patient Discharge</b> Reassessment of Chief Complaint: patient left AMA, states understanding of risk of leaving. Discharge Mode: Ambulatory Accompanied by: Self Discharge Transportation: Self Final discharge plans include: Home Discharge AMA: Yes Discharge AMA Form Signed: Yes	Cawley, Eleni, RN
19:05	<b>Patient discharged</b>		Cawley, Eleni, RN

**Flowsheets**

**Custom Formula Data**

**04/19/2024 - ED in Adult Emergency Department (continued)**
**Flowsheets (continued)**

<b>Row Name</b>	<b>04/19/24 1807</b>
-----------------	----------------------

**OTHER**

High Risk Vital Signs? HR > 100, RR > 20, SpO2 < 92%	No -JR
--	--------

**Relevant Labs and Vitals**

Temp (in Celsius)	37.1 -JR
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**ED Documentation**

<b>Row Name</b>	<b>04/19/24 1814</b>	<b>04/19/24 1812</b>	<b>04/19/24 1807</b>
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**Triage Start**

Triage Start	—	STARTING TRIAGE -DH	—
--------------	---	---------------------	---

**ESI Level**

Requires immediate life-saving intervention?	No -DH	—	—
--	--------	---	---

High risk situation? or Confused/Lethargic/Disoriented? or Severe acute pain/distress?	No -DH	—	—
--	--------	---	---

How many resources are needed?	Many -DH	—	—
--------------------------------	----------	---	---

Pain Scale Instruction	No -DH	—	—
------------------------	--------	---	---

High Risk Vital Signs? HR > 100, RR > 20, SpO2 < 92%	—	—	No -JR
--	---	---	--------

Does patient meet SIRS criteria? See below for SIRS criteria.	No -DH	—	—
---	--------	---	---

Is there a concern that the patient will decompensate if not treated within the next hour?	No -DH	—	—
--	--------	---	---

Would you take your last ED bed for this patient?	No -DH	—	—
---	--------	---	---

ESI Level	3 -DH	—	—
-----------	-------	---	---

Appropriate to consider for Video Visit?	No, based on ESI DH	—	—
--	---------------------	---	---

<b>Vitals</b>			
---------------	--	--	--

BP	—	—	131/58 † -JR
----	---	---	--------------

Mean Arterial Pressure (Calculated)	—	—	82 mmHg -JR
-------------------------------------	---	---	-------------

BP Location	—	—	Right:Upper
-------------	---	---	-------------

**04/19/2024 - ED in Adult Emergency Department (continued)**

**Flowsheets (continued)**

			Extremity -JR
BP Patient Position	—	—	Sitting -JR
BP Method	—	—	Automatic/Non-Invasive BP -JR
Temp	—	—	37.1 °C (98.8 °F) -JR
Temp src	—	—	Oral -JR
Pulse	—	—	58 ! -JR
Resp	—	—	20 -JR
SpO2	—	—	98 % -JR
O2 Delivery	—	—	Room Air -JR
<b>Triage Destination</b>			
Destination	Adult -DH	—	—
<b>Pain Scales</b>			
Pain Level - 1st Site	0 -DH	—	—
<b>Medication Pump</b>			
Does patient have internal or external medication pump?	—	No -DH	—
<b>Suicide Screening</b>			
Is the patient being evaluated or treated for behavioral health conditions as their chief complaint during this ED visit?	—	No -DH	—
<b>Interpreter Needed?</b>			
Interpreter Needed	—	No -DH	—
<b>Domestic Abuse Screening</b>			
Because difficult relationships can cause health problems, we are asking all of our patients the following question: Does a partner, or anyone at home, hurt, hit, or threaten you or take advantage of you financially?	—	Patient answers "No" -DH	—
Does RN have reason to believe a Social Work Consult is needed to assess abuse or neglect risk?	—	No -DH	—
<b>Tetanus Hx/Immunizations</b>			

**04/19/2024 - ED in Adult Emergency Department (continued)**

**Flowsheets (continued)**

Tetanus	—	Up to Date	-DH	—
History/Immunizations				
<b>Intervention(s)</b>				
Intervention(s)	—	None	-DH	—
<b>OTHER</b>				
Have you had thoughts of harming anyone?	—	No	-DH	—

**IIC VS**

Row Name	04/19/24 1814	04/19/24 1807
<b>Vitals</b>		
Pulse	—	58 ! -JR
Temp	—	37.1 °C (98.8 °F) -JR
Temp src	—	Oral -JR
Resp	—	20 -JR
<b>Hemodynamics</b>		
BP	—	131/58 ! -JR
Mean Arterial Pressure (Calculated)	—	82 mmHg -JR
BP Location	—	Right;Upper Extremity -JR
BP Patient Position	—	Sitting -JR
BP Method	—	Automatic/Non-Invasive BP -JR
<b>Oxygen Therapy</b>		
SpO2	—	98 % -JR
O2 Delivery	—	Room Air -JR
<b>Pain Assessment</b>		
Pain Scale Instruction	No -DH	—
Pain Level - 1st Site	0 -DH	—

**Pt. Disposition**

Row Name	04/19/24 1904
<b>Patient Discharge</b>	
Reassessment of Chief Complaint	patient left AMA, states understanding of risk of leaving. -EC
Discharge Mode	Ambulatory -EC
Accompanied by	Self -EC
Discharge Transportation	Self -EC
Final discharge plans include	Home -EC
Discharge AMA	Yes -EC
<b>Patient Discharge</b>	
Discharge AMA	Yes -EC

**04/19/2024 - ED in Adult Emergency Department (continued)**

**Flowsheets (continued)**

Form Signed

**STEMI Admin**

<b>Row Name</b>	<b>04/19/24 18:07:22</b>
STEMI Admin	
STEMI Score	-7.7979 -UE

**Viral/Travel Screening**

<b>Row Name</b>	<b>04/19/24 1812</b>
<b>Infection Screening</b>	
Onset of symptoms (date)	04/19/24 -DH
COVID-19 Screening: Does the patient have the following symptoms?	<b>Shortness of breath</b> † -DH
Have you previously tested positive for COVID-19 in the past 90 days (3 months)?	No -DH

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

<b>Initials</b>	<b>Name</b>	<b>Provider Type</b>	<b>Discipline</b>	<b>Dates Documented</b>
UE	Epic, User	—	—	04/19/2024
DH	Hurley, Danielle M, RN	Registered Nurse-ED	Nurse	04/19/2024
JR	Rodriquez, Jeremy	Technician	Care Coordinator	04/19/2024
EC	Cawley, Eleni, RN	Registered Nurse-ED	Nurse	04/19/2024

**04/19/2024 - ED in Adult Emergency Department (continued)**

**Documents**

**ED Ambulance Report - Scan on 4/20/2024 3:46 PM: ED**

Scan (below)

Name: TOPPER, GALEN MRN: 62437256

City of Palo Alto Fire Department



PCR 24.1

**Patient Information**

<b>Patient Name:</b> TOPPER, GALEN	<b>PCR Status:</b> Sent to CEMSIS
Age: 21 Years	
<b>Gender:</b> Male	<b>Home Address:</b> 535 BUENA VISTA AVE
<b>DOB:</b> 06/21/2002	<b>City:</b> City of Redwood City
<b>Weight in Kg:</b> Not Recorded	<b>County:</b> San Mateo
<b>Race:</b> Not Recorded	<b>ZIP Code:</b> 94061
	<b>State:</b> California
	<b>Alternate Home:</b> Not Recorded
	ePatient.22:

**PCR Number:** 24b45c143b7c4e7fa620b15701232752

**Dispatch Information**

<b>Incident Number:</b> PF241100022	<b>Service Requested:</b> Emergency Response (Primary Response Area)
<b>Other Agency's:</b> PFE2402925	<b>Dispatch Priority:</b> Emergent - Charlie / Bravo
<b>Agency:</b> City of Palo Alto Fire Department	<b>Complaint at Disp:</b> Allergic Reaction/Stings
<b>Call Sign:</b> M61	<b>EMD Card #:</b> NOEMD9
<b>Primary Role:</b> Transport - ALS	<b>Response Mode:</b> Code 3
<b>Address:</b> 641 CAMPUS DR	<b>Descriptors:</b> Lights and Sirens
<b>Cross Street:</b> Not Recorded	<b>911 Notified:</b> 04/19/2024 17:23:45
<b>City:</b> Stanford	<b>Unit Notified:</b> 04/19/2024 17:34:12
<b>State:</b> California	<b>En Route:</b> 04/19/2024 17:34:17
<b>Zip:</b> 94305	<b>On Scene:</b> 04/19/2024 17:40:01
<b>County:</b> Santa Clara	<b>At Patient:</b> 04/19/2024 17:43:00
<b>Type:</b> Recreation area	<b>To Destination:</b> 04/19/2024 17:51:17
	<b>At Destination:</b> 04/19/2024 17:59:06
	<b>Scene Transfer:</b> Not Applicable
	<b>ED Transfer:</b> 04/19/2024 18:12:10

**Name:** ARRILLAGA FAMILY SPORTS CENTER - STF

**Back in Service:** 04/19/2024 18:19:59

**Crew Members**

Agency Identifier	Name	Cert Level	Role
[Medic 61]	Fortino, Niko	Paramedic	Primary Patient Caregiver-At Scene ; Primary Patient Caregiver-Transport
[Medic 61]	Muzzi, Marc	EMT	Driver/Pilot-Response ; Driver/Pilot-Transport
[Medic 61]	Park, Norman	EMT	Other
[Medic 61]	Moon, Kevin	Paramedic	Other
[Medic 61]	DeCaires, Dyllan	EMT	Other

**Scene Information**

<b>First on Scene:</b> Not Recorded	<b># of Patients on Single scene:</b>
<b>Declared MCI:</b> Not Recorded	

**Patient's Complaint(s)**

Agency Identifier	Type	Complaint	Duration	Time Units
[Medic 61]	Chief (Primary)	Allergic Reaction	Not Recorded	Not Recorded

**Incident #:** PF241100022

**Printed:** 04/20/2024 00:22

**Patient:** TOPPER, GALEN

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04/19/2024 - ED in Adult Emergency Department (continued)

Documents (continued)

Name: TOPPER, GALEN MRN: 62437256

Alcohol/Drug Use: None Reported  
 Indicators:  
 Initial Patient Acuity: Emergent (Yellow)  
 - eSituation.13:  
 Possible Injury - No  
 eSituation.02:

City of Palo Alto Fire Department

Medical History

Medical/Surgical History: Other migraine, not intractable, without status migrainosus

Agency Identifier  
[\[Medic 61\]](#)

Current Medications  
 None Reported

Agency Identifier  
[\[Medic 61\]](#)

Medication Allergies  
 Not Recorded

Vital Signs

Agency Identifier	PTA	Time	Heart Rate	BP	Respiratory	SPO2	Temp	ETCO2	Glucose
<a href="#">[Medic 61]</a>	Yes	17:51:10	90 Cardiac Monitor	150 / 100 Cuff - Automated	18 Normal	98	Temperature in Fahrenheit Tympanic	Not Recorded	128
<a href="#">[Medic 61]</a>	No	17:59:01	88	149 / 83 Cuff - Manual Auscultated	Not Recorded	Not Recorded	Temperature in Fahrenheit	Not Recorded	Not Recorded

Agency Identifier	PTA	Time	GCS - Eye	GCS - Verbal	GCS - Motor	Score	GCS - Qualifier
<a href="#">[Medic 61]</a>	Yes	17:51:10	[4] Opens Eyes spontaneously (All Age Groups)	[5] Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts	[6] Obeys commands (>2 Years); Appropriate response to stimulation	15	Not Recorded
<a href="#">[Medic 61]</a>	No	17:59:01	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded

Agency Identifier	PTA	Date/Time	ECG Type	ECG Rhythm	Method of Interpretation
<a href="#">[Medic 61]</a>	Yes	17:51:10	Not Recorded	Not Recorded	Not Recorded
<a href="#">[Medic 61]</a>	No	17:59:01	Not Recorded	Not Recorded	Not Recorded

Agency Identifier	Date/Time	Severity
<a href="#">[Medic 61]</a>	17:51:10	0 Numeric (0-10)
<a href="#">[Medic 61]</a>	17:59:01	Not Recorded Not Recorded

Exam

Agency Identifier	Mental Status Assessment	Skin Assessment
<a href="#">[Medic 61]</a>	Oriented-Person ; Oriented-Place ; Oriented-Event ; Oriented-Time	Normal

Agency Identifier	Abdomen Exam Summary	Eye Exam Summary
<a href="#">[Medic 61]</a>		Eye - Bilateral: PERRL

Agency Identifier	Chest Exam Summary	Lung Exam Summary
<a href="#">[Medic 61]</a>		

Agency Identifier	Back and Spine Exam Summary	Extremities Exam Summary
<a href="#">[Medic 61]</a>		

Assessment Summary

Incident #: PF24110022

Printed: 04/20/2024 00:22

Patient: TOPPER, GALEN

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**04/19/2024 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

[Medic 61] 04/19/2024 17:58:01		City of Palo Alto Fire Department	
Location	Description	Detailed Findings	Details
<b>Mental Status</b>		Oriented-Person Oriented-Place Oriented-Event Oriented-Time	
<b>Eye</b> Bilateral:		PERRL	
<b>Normal Findings</b>			
Skin; Head; Face; Neck;			
<b>Not Done</b>			
Neurological; Heart; Abdomen (Generalized); Pelvis; Back/Spine (Back - General); Lung (Left, Right, Bilateral); Chest (Left - Anterior, Left - Posterior, Right - Anterior, Right - Posterior, General - Anterior, General - Posterior, Left - Side, Right - Side);			

**Impressions / Symptoms**

**Primary Impression:** Allergic Reaction

**Secondary Impression(s):** No Secondary Impression

**Primary Symptom:** Not Recorded

**Other Symptoms:** Not Applicable

**Symptom Onset:** Not Recorded

**Last Known Well:** Not Recorded

**Justification for Transfer or Encounter - eSituation.19:** Not Recorded

**Reason for Transfer/Medical Transport - eSituation.20:** Not Applicable  
Interfacility Transfer/Medical Transport -

**Injuries and Trauma**

**Cause of Injury:** Not Applicable

**Work-Related?** Not Recorded

**Safety Equipment:** Not Applicable

**Ringdown / Base**

**Ringdown**

Agency Identifier	Time of Ringdown/Activation	Type of Notification
[Medic 61]	Not Applicable	No Ringdown

**Trauma Alert**

**Trauma Triage Criteria (High Risk)** Not Applicable

**Incident #:** PF241100022

**Printed:** 04/20/2024 00:22

**Patient:** TOPPER, GALEN

04/19/2024 - ED in Adult Emergency Department (continued)

Documents (continued)

Name: TOPPER, GALEN MRN: 62437256

for Serious Injury) -  
 eInjury.03:  
 Trauma Triage Not Applicable  
 Criteria (Moderate  
 Risk for Serious  
 Injury) - eInjury.04:

City of Palo Alto Fire Department

GFAST Stroke

Agency Identifier	Stroke Scale Type	Stroke Scale Score	Time
[Medic 61]	Not Applicable	Not Applicable	17:51:10
[Medic 61]	Not Applicable	Not Applicable	17:59:01

Stroke symptoms Not Applicable resolved?:

CPR Prior to Arrival

Type of CPR: No CPR Performed  
 AED PTA: Not Applicable  
 Who First Initiated Not Applicable  
 CPR - eArrest.20:  
 Who First Applied Not Applicable  
 the AED -  
 eArrest.21:  
 Who First Not Applicable  
 Defibrillated the  
 Patient - eArrest.22:

Cardiac Arrest

Time of Arrest: Not Applicable  
 Witnessed By: Not Applicable  
 First Rhythm: No Monitor Attached  
 Arrest Etiology: Not Applicable  
 Resuscitation by Not Applicable  
 this Crew:  
 ROSC: Not Applicable  
 Resus Stopped: Not Applicable  
 Reason Not Applicable  
 Discontinued:  
 Rhythm at Not Applicable  
 Destination:  
 Outcome at End of Not Applicable  
 Call:

Medication Given

Agency Identifier	PTA	Time	Crew ID	Medication	Dosage	Units	Route	Response	Complications
[Medic 61]	Yes	Not Applicable	Not Applicable	Epinephrine 1:1,000	0.3	Milligrams (mg)	Intramuscular (IM)	Not Recorded	Not Recorded
[Medic 61]	Yes	17:42:00	Moon, Kevin	Diphenhydramine (Benadryl)	50	Milligrams (mg)	Intravenous (IV)	Not Recorded	Not Recorded

Procedures

Agency Identifier	PTA	Time	Crew ID	Procedure	Location	IV Location	Size	Attempts	Successful	Response
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Incident #: PF241100022

Printed: 04/20/2024 00:22

Patient: TOPPER, GALEN

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04/19/2024 - ED in Adult Emergency Department (continued)

Documents (continued)

Name: TOPPER, GALEN MRN: 62437256

City of Palo Alto Fire Department								
[Medic 61]	Not Recorded							

Narrative

M61 dispatched code 3 with E66 to a sport facility, for a 21 yo male, GCS 15, in mild distress, sitting on a table, c/o of an allergic reaction.

Pt states he was running with the Stanford track team when he began to feel short of breath and swelling in his eyes and airway. Sports medicine staff on scene administered an Epi Pen at approximately 17:20. Sports medicine staff called 911.

Upon arrival pt was alert and answering questions appropriately while being assessed. Pt is A0x4 GCS 15 with csmx4 and negative dcapbts. E66 paramedic states that upon their arrival pt had moderate swelling to the eyes with no further complaint of shortness of breath. E66 paramedic obtained IV access and administered Benadryl. Pt states that he was running in an area that he had ran numerous times in the past and never experienced this reaction. Pt has hx of allergies to shellfish and pollen. Primary assessment revealed the pt is warm to the touch with a patent airway, a normal rate and volume of respirations and strong bilateral upper extremity pulses. Pt denies any headache, nausea, dizziness, SOB, blurred vision, chest pain, or abdominal discomfort. Secondary assessment reveals lung sounds were clear bilaterally in all fields and negative GFAST. Pt denies any vomiting, diarrhea, or any recent illness. Pt requested to be taken to SUH for further evaluation. Pt vitals and BGL wnl.

En route pt placed in a position of comfort and vital signs monitored. Pt condition remained unchanged and vital signs remained wnl throughout transport.

At destination pt vitals stable at time of transfer. Pt care and report given to RN. No further pt care or contact.

Timeline

Agency Identifier	Time	Type	Details	Crew Member
[Medic 61]	04/19/2024 17:23:45	PSAP Call		
[Medic 61]	04/19/2024 17:23:45	Dispatch Notified		
[Medic 61]	04/19/2024 17:34:12	Unit Notified by Dispatch		
[Medic 61]	04/19/2024 17:34:17	Unit En Route		
[Medic 61]	04/19/2024 17:40:01	Unit Arrived on Scene		
[Medic 61]	04/19/2024 17:42:00	Diphenhydramine (Benadryl)	<b>Dosage:</b> 50 Milligrams (mg) <b>Route:</b> Intravenous (IV) <b>Response:</b> Not Recorded <b>PTA:</b> Yes	Moon, Kevin
[Medic 61]	04/19/2024 17:43:00	Arrived at Patient		
[Medic 61]	04/19/2024 17:51:10	Vitals	<b>BP:</b> 150/100 <b>Method of BP:</b> Cuff - Automated <b>Pulse:</b> 90 <b>Pulse Rate Method:</b> Cardiac Monitor <b>Rhythm:</b> Regular <b>Cardiac Rhythm:</b> Not Recorded <b>Resp:</b> 18 <b>Effort:</b> Normal <b>SPO2:</b> 98 <b>ETCO2:</b> Not Recorded <b>GCS Eye:</b> [4] Opens Eyes spontaneously (All Age Groups) <b>GCS Verbal:</b> [5] Oriented (>2 Years), Smiles, oriented to sounds, follows objects, interacts <b>GCS Motor:</b> [6] Obeys commands (>2 Years); Appropriate response to stimulation <b>GCS Qualifier:</b> Not Recorded <b>GCS Total:</b> 15 <b>Pain:</b> 0 <b>Stroke Sc:</b> Not Applicable <b>PTA:</b> Yes <b>ECG Type:</b> Not Recorded <b>Method of ECG Interpretation:</b> Not Recorded <b>Mean Arterial Pressure:</b> 117 <b>CO:</b> Not Recorded <b>Temperature:</b> 37°C/98.6°F <b>Temperature Method:</b> Tympanic <b>Pain Scale Type:</b> Numeric (0-10) <b>Stroke Scale Type:</b> Not Applicable <b>Reperfusion Checklist:</b> Not Applicable <b>BG:</b> 128 <b>RTS:</b> 12 <b>LOC:</b> Alert	
[Medic 61]	04/19/2024 17:51:17	Unit Left Scene		
[Medic 61]	04/19/2024 17:58:01	Exam		

Incident #: PF241100022

Printed: 04/20/2024 00:22

Patient: TOPPER, GALEN

04/19/2024 - ED in Adult Emergency Department (continued)

Documents (continued)

Name: TOPPER, GALEN MRN: 62437256

City of Palo Alto Fire Department			
[Medic 61]	04/19/2024 17:59:01	Vitals	BP: 149/83 Method of BP: Cuff - Manual Auscultated Pulse: 88 Cardiac Rhythm: Not Recorded Recorded Resp: Not Recorded SpO2: Not Recorded Recorded ETCO2: Not Recorded GCS Eye: Not Recorded Recorded GCS Verbal: Not Recorded GCS Motor: Not Recorded GCS Qualifier: Not Recorded Recorded GCS Total: Not Recorded Pain: Not Recorded Recorded Stroke Scale: Not Applicable PTA: Not Recorded ECG Type: Not Recorded Method of ECG Interpretation: Not Recorded Mean Arterial Pressure: 105 CO: Not Recorded Temperature: Not Recorded Pain Scale Type: Not Recorded Stroke Scale Type: Not Applicable Reperfusion Checklist: Not Applicable BG: Not Recorded LOC: Not Recorded
[Medic 61]	04/19/2024 17:59:06	Patient Arrived at Destination	
[Medic 61]	04/19/2024 17:59:36	Signature	Type: Patient Reason: Release for Billing; HIPAA acknowledgement/Release Status: Signed Name: TOPPER, GALEN
[Medic 61]	04/19/2024 18:06:57	Signature	Type: EMS Primary Care Provider (for this event) Reason: Other Status: Signed Name: FORTINO, NIKO
[Medic 61]	04/19/2024 18:07:03	Signature	Type: EMS Crew Member (Other) Reason: Other Status: Signed Name: MUZZI Jr, MARC
[Medic 61]	04/19/2024 18:12:10	Destination Patient Transfer of Care	
[Medic 61]	04/19/2024 18:13:00	Signature	Type: Healthcare Provider Reason: Transfer of Patient Care Status: Signed
[Medic 61]	04/19/2024 18:19:59	Unit Back in Service	
[Medic 61]	--::--	Hospital Team Activations	Pre-Arrival Alert or Activation: No Ringdown
[Medic 61]	--::--	Not Recorded	No. of Attempts: Not Recorded Response: Not Recorded Success: Not Recorded
[Medic 61]	--::--	Epinephrine 1:1,000	Dosage: 0.3 Milligrams (mg) Route: Intramuscular (IM) Response: Not Recorded PTA: Not Applicable

PCR Disposition

Unit Disposition - Patient Contact Made
eDisposition.27:
Patient Patient Evaluated and Care Provided
Evaluation/Care -
eDisposition.28:
Crew Disposition - Assumed Primary Care from Another EMS Crew
eDisposition.29:
Transport Transport by This EMS Unit (This Crew Only)
Disposition -
eDisposition.30:
Level of Care Not Recorded
Provided -
eDisposition.32:
Time of transfer of 04/19/2024 18:12:10
Care at destination:
Transport Method: Ground - Ambulance
Final Patient Acuity: Emergent (Yellow)
Destination Name: Stanford Health Care
Address: 1199 Welch Road City of Palo Alto, California 94305 Santa Clara
Type of Destination: Hospital-Emergency Department
Reason: Patient's Choice
Turn around delay: None/No Delay
Patient moved to Stretcher
ambulance via:
Patient position Semi-Fowlers during transport:
Incident #: PF241100022
Printed: 04/20/2024 00:22
Patient: TOPPER, GALEN

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**04/19/2024 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

# of Patients 1  
Transported in this  
Unit:

City of Palo Alto Fire Department

Signatures

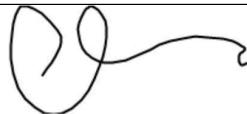
Agency Identifier: [Medic 61]

Date: 04/19/2024 17:59:36

Type: Patient

Reason: Release for Billing; HIPAA acknowledgement/Release

Signature:



Full Name: GALEN TOPPER

Agency Identifier: [Medic 61]

Date: 04/19/2024 18:06:57

Type: EMS Primary Care Provider (for this event)

Reason: Other

Signature:



Full Name: NIKO FORTINO

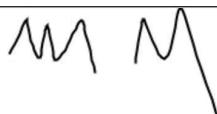
Agency Identifier: [Medic 61]

Date: 04/19/2024 18:07:03

Type: EMS Crew Member (Other)

Reason: Other

Signature:



Full Name: MARC MUZZI Jr

Agency Identifier: [Medic 61]

Date: 04/19/2024 18:13:00

Type: Healthcare Provider

Reason: Transfer of Patient Care

Signature:

Incident #: PF24110022

Printed: 04/20/2024 00:22

Patient: TOPPER, GALEN

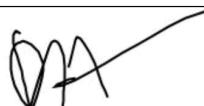
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**04/19/2024 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

City of Palo Alto Fire Department



**Exposures and PPE**

Agency Identifier	Crew Member	Suspected Exposure	Type of Exposure
[Medic 61]	Fortino, Niko	No	Not Recorded
[Medic 61]	Muzzi, Marc	No	Not Recorded
[Medic 61]	Park, Norman	No	Not Recorded
[Medic 61]	Moon, Kevin	No	Not Recorded
[Medic 61]	DeCaires, Dyllan	No	Not Recorded

---

**Billing**

Agency Identifier	Name	Policy ID #
[Medic 61]	Cigna	U8658883104
[Medic 61]	Other Insurance	62437256MTRK

**Attachments**

**Agency Identifier:**

[Medic 61]

File Name: runsheet - 24b45c14-3b7c-4e7f-a620-b15701232752

Modified By: Import - Palo Alto Fire

Modified On: 04/19/2024 20:27:52

**City of Palo Alto Fire Department**  
 Patient Care Record  
 Name: TOPPER, GALEN

Incident #: PF241100022 Date: 04/19/2024 Patient 1 of 1

Patient Information		Clinical Impression	
Last	TOPPER	Address	355 BUEBIA VISTA AVE
First	GALEN	Address 2	
Middle		City	Redwood City
Gender	Male	State	CA
DOB	06/21/2002	Zip	94061
Age	21 yrs, 9 months, 30 days	Country	US
Height		Onset Time	General/Global
Height		Onset Time	
Physician		Last Known Well	
Pedi Color		Chief Complaint	Allergic Reaction
SSN		Duration	Units
Residence		Secondary Complaint	
Advance Directives		Duration	Units
Resident Status		Patient's Level of Distress	Mild
Patient Resides in Service Area		Signs & Symptoms	Pollen allergy (Primary) Food allergy
Temporary Residence Type		Injury	---
Last Oral Intake		Additional Injury	
		Mechanism of Injury	
		Medical/Trauma	Medical
		Barriers of Care	None Noted
		Alcohol/Drugs	None Reported
		Pregnancy	
		Initial Patient Acuity	Emergency (Yellow)
		Final Patient Acuity	Emergency (Yellow)
		Patient Activity	

Medications/Allergies/History/Immunizations									
Medications	None Reported								
Allergies	Pollen allergy, Shellfish allergy								
Military	Migraine								
Immunizations									
Last Oral Intake									

Vital Signs																	
Time	AU/PU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	Bi	Temp	Pain	GCS(E+V+M)/Qualifier	RASS	BARs	RTS	PTS
17:5	Alert	L	Lay	150/100 X	90 R	18 R	98 Rm			128	98.6 F/TV	0	13+4+5=6			12	
17:5																	
9				149/83 M	88												

\*Item documented by other provider and imported via transfer

Incident #: PF241100022

Printed: 04/20/2024 00:22

Patient: TOPPER, GALEN

**04/19/2024 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

City of Palo Alto Fire Department		
Time	Treatment	Description
PTA**	Epinephrine 1:1	0.8 Milligrams (mg); Intramuscular (IM);
17:42**	Benadryl	50 Milligrams (mg); Intravenous (IV);
**Item documented by other provider and imported via transfer		

Assessments		
Category	Comments	Subcategory
Mental Status		Mental Status
Skin		Skin
HEENT		Face
		Head
		Eyes
		Neck
Chest		Chest
		Heart Sounds
		Lung Sounds

Run Number: PFE240285

Page 1 of 5

04/19/2024 17:58:01  
 PCRID: 24b45c1a-3b7c-4e7f-9e20-35771232792  
 Electronically Signed by FORTINO, NIKO  
 Template Version: PCR-EXTRACT-1.3.1  
 Data Version: AAAAAABAVVVA

City of Palo Alto Fire Department		
Patient Care Record		
Name: TOPPER, GALEN		
Incident #: PFE24100022 Date: 04/19/2024 Patient 1 of 1		
Assessments		
Category	Comments	Subcategory
Abdomen		General
Back		Not Assessed
Pelvis/GU/OI		Not Assessed
Extremities		Pelvis/GU/OI
		Left Arm
		Right Arm
		Left Leg
		Right Leg
Neurological		Neurological

**Narrative**

MEL dispatched code 3 with E64 to a sport facility, for a 21 yo male, GCS 15, in mild distress, sitting on a table, c/o of an allergic reaction. Pt states he was running with the Stanford track team when he began to feel short of breath and swelling in his eyes and airway. Sports medicine staff on scene administered an Epi Pen at approximately 17:20. Sports medicine staff called 911.

Upon arrival pt was alert and answering questions appropriately while being assessed. Pt is A/G, GCS 15 with comat and negative respir. EMS paramedic obtained IV access and administered Benadryl. Once he was running to the hospital he had no nausea or pain in the past several hours. Pt has no allergies to shellfish and pollen. Primary assessment revealed the pt is warm, has a pulse with a normal rate and volume of respiration, normal oxygen saturation, and no extremity injuries. Pt denies any headache, nausea, dizziness, SOB, blurred vision, chest pain, or abdominal discomfort. Secondary assessment reveals lung sounds over both lungs, normal in all fields and negative DASH. Pt denies any vomiting, diarrhea, or any recent illness. Pt requested to be taken to SUH for further evaluation. Pt vital signs and BSL, vitals.

En route pt placed in a position of comfort and vital signs monitored. Pt condition remained unchanged and vital signs remained vnl throughout transport.

At destination pt vitals stable at time of transfer. Pt care and report given to RN. No further pt care or contact.

Specially Patient - Outbreak Screening		
Unable to Obtain - Not Indicated		
Incident Details		
Location Type	Place of Recreation/Sport	Destination Details
Location	ARRILLAGA FAMILY SPORTS CENTER - STF	Disposition
Address	641 CAMPUS DR	Patient Contact Made
Address 2		Dispatch Notified
Mile Marker		Patient Evaluated and Care Provided
City	Stanford	Call Received
County	Santa Clara	Patient Disposition
State	CA	Assumed Primary Care from Another EMS Unit
Zip	94305	Dispatched
Country	US	Transport by This EMS Unit (This Crew Only)
Medic Unit	M61	En Route
Medic Vehicle	Medic 61	Slaged
Run Type	Emergency Response (Primary Response Area)	Reason for Refusal or Release
Response Mode	Emergency	Transport Mode Descriptors
Response Mode Descriptors	Lights and Sirens	No Lights or Sirens
Shift	A Shift	Resp on Scene
Zone		Patient's Choice
Level of Service	Advanced Life Support	On Scene
EMD Complaint	Allergic Reaction/Stings	All Patient
EMD Card Number	1N0E103	Care Transferred
Dispatch Priority	Priority 2 (Emergent)	Depart Scene
		All Destination
		17:31:17
		17:39:06
		18:12:10
		PT Transferred
		Call Closed
		18:19:59

Run Number: PFE240285

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04/19/2024 19:22:23  
 PCRID: 24b45c1a-3b7c-4e7f-9e20-35771232792  
 Electronically Signed by FORTINO, NIKO  
 Template Version: PCR-EXTRACT-1.3.1  
 Data Version: AAAAAABAVVVA

City of Palo Alto Fire Department		
Patient Care Record		
Name: TOPPER, GALEN		
Incident #: PFE24100022 Date: 04/19/2024 Patient 1 of 1		
Incident Details		
State Wristband #		Destination Details
Destination Record #	62437256	Incident Times

Incident #: PFE24100022

Printed: 04/20/2024 00:22

Patient: TOPPER, GALEN

04/19/2024 - ED in Adult Emergency Department (continued)

Documents (continued)

Name: TOPPER, GALEN MRN: 62437256

Trauma Registry ID			City of Palo Alto Fire Department		
Alternative Disposition Offered					
Personnel	Role	Crew Members			
PORTNO, NIKO	Lead	Certification Level			
MUZZI Jr, MARC	Driver	EMT-Basic - P40811; EMT-Paramedic - P40811			
PARK, NORMAN	Other	EMT-Basic - E009025			
Moon, Kevin	Other	EMT-Paramedic - P44761			
DECARIES, D'YLLAN	Other	EMT-Basic - E112478			
Insurance Details					
Insured's Name	Primary Payer	Insurance	Dispatch Nature		
Relationship	Medicaid		Non-Emergency		
Insured SSN	Medicare		Job Related Injury		
Insured DOB	Primary Insurance	Cigna	Employer		
Address1	Policy #	U8650883104	Contact		
Address2	Primary Insurance Group Name		Phone		
Address3	Group #		Mileage to Closest Hospital		
City	Secondary Ins	Other Insurance - Arillaga Student Athlete			
State	Policy #	624672561TRX			
Zip	Secondary Insurance Group Name				
Country	Group #				
Mileage					
Scene	1.0	Category	Delays	Additional Agencies	
Destination	2.4	Dispatch Delays	None/no Delay		
Loaded Miles	1.4	Response Delays	None/no Delay		
Start		Leave Delay	None/no Delay		
End		Transport Delays	None/no Delay		
Total Miles		Turn Around Delays	None/no Delay		
Patient Transport Details					
How was Patient Moved To Stretcher	How was Patient Moved To Ambulance	Stretcher			
How was Patient Moved From Ambulance	Patient Position During Transport	Semi-Fowlers			
Condition of Patient at Destination	improved				
Patient Details					
PAN	Sending Physician				
Prior Authorization Code	Sending Record #				
PCS	Receiving Physician				
Interfacility Transfer or Medical Transport Reason	Condition Code				
ABN	Condition Code Modifier				
Care Service Level					
ICD-9 Code					
Transport Assessment					
Specialty Care Transport Provider					
Transfer Reason					
Other Services					
Medical Necessity					

Run Number: PFE2402825

Page 3 of 5

04/19/2024 02:22:23  
 PCRID: 24b4b5c1a-1b7c-4e74-8e20-515712122278  
 Electronically Signed by: PORTNO, NIKO  
 Template Version: PCR-ETRHC7.1.1  
 Data Version: 614448481912

City of Palo Alto Fire Department		Patient Care Record		Incident #:		Date:		Patient 1 of 1						
Name: TOPPER, GALEN		Incident #: PF24110022		Date: 04/19/2024										
Billing Authorization														
Authorization	Patient Signature													
Section I - Patient / Parent of Minor Authorization Signature														
<p>I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by the City of Palo Alto now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies rendered to me by the City of Palo Alto, regardless of whether the services or supplies are paid for in full or in part, or in addition to that which was paid by my insurer. I agree to immediately remit to the City of Palo Alto any payments that I receive directly from insurance or any source whatever for the services provided to me and I assign all rights to such payments to the City of Palo Alto. I authorize the City of Palo Alto to appeal payment denials or other adverse decisions on my behalf. I understand and direct any holder of medical records to release my medical records to the City of Palo Alto and its agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the City of Palo Alto, now, in the past, or in the future. I also authorize the City of Palo Alto to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information.</p>														
Signature														
														
<p>Signed On: 04/19/2024 17:59:36    Notice of Privacy Practices Provided: Agreed    Billing Authorization: Agreed    HIPAA Acknowledgement: Agreed</p>														
Section II - Authorized Representative Signature														
<p>Complete this section only if the patient is physically or mentally unable to sign.    Authorized representatives include only the following (Check one):</p> <table border="1"> <tr> <td><input type="checkbox"/> Patient's Legal Guardian</td> </tr> <tr> <td><input type="checkbox"/> Patient's Medical Power of Attorney</td> </tr> <tr> <td><input type="checkbox"/> Relative or other person who receives benefits on behalf of the patient</td> </tr> <tr> <td><input type="checkbox"/> Relative or other person who arranges treatment or handles the patient's affairs</td> </tr> <tr> <td><input type="checkbox"/> Representative of an agency or institution that provided care, services or assistance to patient</td> </tr> </table>										<input type="checkbox"/> Patient's Legal Guardian	<input type="checkbox"/> Patient's Medical Power of Attorney	<input type="checkbox"/> Relative or other person who receives benefits on behalf of the patient	<input type="checkbox"/> Relative or other person who arranges treatment or handles the patient's affairs	<input type="checkbox"/> Representative of an agency or institution that provided care, services or assistance to patient
<input type="checkbox"/> Patient's Legal Guardian														
<input type="checkbox"/> Patient's Medical Power of Attorney														
<input type="checkbox"/> Relative or other person who receives benefits on behalf of the patient														
<input type="checkbox"/> Relative or other person who arranges treatment or handles the patient's affairs														
<input type="checkbox"/> Representative of an agency or institution that provided care, services or assistance to patient														

Incident #: PF24110022

Printed: 04/20/2024 00:22

Patient: TOPPER, GALEN

Page 10 of 12

**04/19/2024 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. My signature is not an acceptance of financial responsibility for the services rendered.

Signature

Signed On  
 Printed Name  
 Reason unable to sign

City of Palo Alto Fire Department

Run Number: PFE2402825

Page 4 of 5

04/19/2024 18:22:23  
 PCRID: 24b4d51a-1b7c-4e7e-9e20-a55712232782  
 Electronically Signed by: FORTINO, NIKO  
 Template Version: PCR-ETR-HCT-1.3.1  
 Data Version: AAAAABAAAA

 City of Palo Alto Fire Department  
 Name: TOPPER, GALEN

Incident #: PF241100022

Date: 04/19/2024 Patient 1 of 1

**Section III - EMS Personnel and Facility Signatures**

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (Section II) was available or willing to sign on behalf of the patient at the time of service.

**EMS Personnel Signature**

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. My signature is not an acceptance of financial responsibility for the services rendered.

Signature

Signed On  
 Printed Name  
 Reason unable to sign

**Facility Representative Signature**

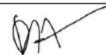
The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient.

My signature is not an acceptance of financial responsibility for the services rendered.

Signature

Signed On  
 Printed Name  
 Title of Representative

Facility Signatures



Signed On 04/19/2024 18:19:00  
 Receiving Dani, RN

Signed On  
 Paperwork Received

Signed On  
 Airway Confirmation

Run Number: PFE2402825

Page 5 of 5

04/19/2024 18:22:23  
 PCRID: 24b4d51a-1b7c-4e7e-9e20-a55712232782  
 Electronically Signed by: FORTINO, NIKO  
 Template Version: PCR-ETR-HCT-1.3.1  
 Data Version: AAAAABAAAA

Incident #: PF241100022

Printed: 04/20/2024 00:22

Patient: TOPPER, GALEN

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**04/19/2024 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

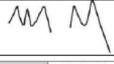
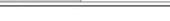
City of Palo Alto Fire Department

**City of Palo Alto Fire Department**  
Patient Care Record  
Name: TOPPER, GALEN

Incident #: PF241100022 Date: 04/19/2024 Patient 1 of 1

Provider Signatures



Lead Provider	FORTINO, NIRO	Certification Level	EMT-Paramedic - P42811, EMT-Paramedic - P45611
			
Provider	MUZZI Jr, MARC	Certification Level	EMT-Basic - E169758
			
Provider		Certification Level	
			
Provider		Certification Level	

Run Number: PF2402825

Page 6 of 6

04/19/2024 18:22:23  
PCRID: 24b454a-3b-3b-47-47-420-3-1701232752  
Electronically Signed by: NK (Topper, Galen) MNUO  
Template Version: PCR-EXTRAKCT-1.8.1  
Data Version: AAAAA-BBBBB-CCCCC

Incident #: PF241100022

Printed: 04/20/2024 00:22

Patient: TOPPER, GALEN

Page 12 of 12

**04/19/2024 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

**Consent Leaving AMA - Scan on 4/20/2024 3:46 PM**

Scan (below)

Name: TOPPER, GALEN MRN: 62437256



STANFORD HEALTH CARE  
 STANFORD, CALIFORNIA 94305



**CONSENTS • LEAVING AGAINST  
 MEDICAL ADVICE**

I, Galen Topper, the Patient

(Patient/Parent/Properly Designated Representative)

am voluntarily leaving the hospital against the medical advice of Dr. Carey, J and a representative of the hospital. I have been told by the physician about the risks and consequences involved in leaving the hospital at this time, the benefits of continued treatment and hospitalization, and the alternatives, if any, to the continued treatment and hospitalization.

I hereby release the physicians, Stanford Health Care, its employees and agents from all responsibility for any injury or ill effects which may result from this action.

Date: 4/19/24 Time: 6:49 pm

Signature:   
 (Patient/Parent/Properly Designated Representative)

If other than the patient, please indicate relationship: \_\_\_\_\_

If this document was interpreted:

Print: \_\_\_\_\_ or, \_\_\_\_\_  
 VMI or in-person interpreter name 244 Tel. interpreter ID number Date Time

Language: \_\_\_\_\_

The form was given to this Patient/Parent/Properly Designated Representative, however, s/he refused to sign.

**PROVIDER:**

I declare that I have personally explained to the patient or his/her parent or properly designated representative the risks and consequences involved in leaving the hospital at this time, the benefits of continued treatment and hospitalization, and the alternatives, if any, to continued treatment and hospitalization.

Additional Notes, if any:

See documentation in Epi.

4/19/24 1853  
 Date Time



MD

E. Carril

Print Name

Pager Number

15-10 (07/14)

Original- Medical Records COPY- Patient

04/19/2024 - ED in Adult Emergency Department (continued)

Documents (continued)

ED Ambulance Report - Scan on 4/20/2024 3:56 PM: ED

Scan (below)

Name: TOPPER, GALEN MRN: 62437256



Name: TOPPER, GALEN

Incident #: PF241100022

Date: 04/19/2024

Patient 1 of 1

Patient Information					Clinical Impression	
Last	TOPPER	Address	535 BUENA VISTA AVE	Primary Impression	Allergic Reaction	
First	GALEN	Address 2		Secondary Impression		
Middle		City	Redwood City	Protocols Used		
Gender	Male	State	CA	Local Protocol Provided		
DOB	06/21/2002	Zip	94061	Care Level		
Age	21 Yrs, 9 Months, 29 Days	Country	US	Anatomic Position	General/Global	
Weight		Tel		Onset Time		
Height		Physician		Last Known Well		
Pedi Color		Phys. Tel		Chief Complaint	Allergic Reaction	
SSN		Ethnicity	Not Hispanic or Latino	Duration		Units
Race				Secondary Complaint		
Advance Directives				Duration		Units
Resident Status				Patient's Level of Distress	Mild	
Patient Resides in Service Area				Signs & Symptoms	Pollen allergy (Primary) Food allergy	
Temporary Residence Type				Injury	--	
				Additional Injury		
				Mechanism of Injury		
				Medical/Trauma	Medical	
				Barriers of Care	None Noted	
				Alcohol/Drugs	None Reported	
				Pregnancy		
				Initial Patient Acuity	Emergent (Yellow)	
				Final Patient Acuity	Emergent (Yellow)	
				Patient Activity		

MRN: 62437256  
 CSN: 131374448640

Medications/Allergies/History/Immunizations	
Medications	None Reported
Allergies	Pollen allergy, Shellfish allergy
History	Migraine
Immunizations	
Last Oral Intake	

Vital Signs														RASS	BARS	RTS	PTS
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RASS	BARS	RTS	PTS
17:51	*Alert	L	Lay	150/100 A	90 R	18 R	98 Rm		128	98.6 F/TY	0	15= 4 + 5 + 6				12	
				149/83 M	88												

\*\*Item documented by other provider and imported via transfer

Flow Chart		
Time	Treatment	Description
PTA **	Epinephrine 1:1	0.3 Milligrams (mg); Intramuscular (IM);
17:42 **	Benadryl	50 Milligrams (mg); Intravenous (IV);

\*\*Item documented by other provider and imported via transfer

Assessments													
Assessment Time: 04/19/2024 17:58:01													
Category	Comments			Subcategory									
Mental Status				Mental Status	✓ Oriented - Event	• Oriented - Person	• Oriented - Place	• Oriented - Time					
Skin				Skin	No Abnormalities								
HEENT				Head	Head: No Abnormalities								
				Face	Face: No Abnormalities								
				Eyes	Both Eyes: PERRL								
				Neck	No Abnormalities								
Chest				Chest	Not Assessed								
				Heart Sounds	Not Assessed								
				Lung Sounds	Not Assessed								
Abdomen				General	Not Assessed								
Back				Back	Not Assessed								
Pelvis/GU/GI				Pelvis/GU/GI	Not Assessed								

Run Number: PFE2402925

Page 1 of 3

04/19/2024 19:22:23  
 Template Version: PCR-WEB-1.3.1  
 Data Version: 00098-0000000010246315

04/19/2024 - ED in Adult Emergency Department (continued)

Documents (continued)

Name: TOPPER, GALEN MRN: 62437256

City of Palo Alto Fire Department		Patient Care Record			
Name: TOPPER, GALEN		Incident #:	PF241100022		
		Date:	04/19/2024		
Assessments					
Assessment Time: 04/19/2024 17:58:01					
Category	Comments	Subcategory			
Extremities		Left Arm	Not Assessed		
		Right Arm	Not Assessed		
		Left Leg	Not Assessed		
		Right Leg	Not Assessed		
Neurological		Neurological	Not Assessed		
Narrative					
<p>M61 dispatched code 3 with E66 to a sport facility, for a 21 yo male, GCS 15, in mild distress, sitting on a table, c/o of an allergic reaction.</p> <p>Pt states he was running with the Stanford track team when he began to feel short of breath and swelling in his eyes and airway. Sports medicine staff on scene administered an Epi Pen at approximately 17:20. Sports medicine staff called 911.</p> <p>Upon arrival pt was alert and answering questions appropriately while being assessed. Pt is A0x4 GCS 15 with csmx4 and negative dcapbtl. E66 paramedic states that upon their arrival pt had moderate swelling to the eyes with no further complaint of shortness of breath. E66 paramedic obtained IV access and administered Benadryl. Pt states that he was running in an area that he had ran numerous times in the past and never experienced this reaction. Pt has hx of allergies to shellfish and pollen. Primary assessment revealed the pt is warm to the touch with a patent airway, a normal rate and volume of respirations and strong bilateral upper extremity pulses. Pt denies any headache, nausea, dizziness, SOB, blurred vision, chest pain, or abdominal discomfort. Secondary assessment reveals lung sounds were clear bilaterally in all fields and negative GFAST. Pt denies any vomiting, diarrhea, or any recent illness. Pt requested to be taken to SUH for further evaluation. Pt vitals and BGL wnl.</p> <p>En route pt placed in a position of comfort and vital signs monitored. Pt condition remained unchanged and vital signs remained wnl throughout transport.</p> <p>At destination pt vitals stable at time of transfer. Pt care and report given to RN. No further pt care or contact.</p>					
Specialty Patient - Outbreak Screening					
Unable to Obtain - Not Indicated					
Incident Details		Destination Details		Incident Times	
Location Type	Place of Recreation/Sport	Disposition		PSAP Call	17:23:45
Location	ARRILLAGA FAMILY SPORTS CENTER - STF	Unit Disposition	Patient Contact Made	Dispatch Notified	17:23:45
Address	641 CAMPUS DR	Patient Evaluation and/or Care Disposition	Patient Evaluated and Care Provided	Call Received	17:23:45
Address 2		Crew Disposition	Assumed Primary Care from Another EMS Crew	Dispatched	17:34:12
Mile Marker		Transport Disposition	Transport by This EMS Unit (This Crew Only)	En Route	17:34:17
City	Stanford	Reason for Refusal or Release		Staged	
County	Santa Clara	Transport Mode Descriptors	No Lights or Sirens	Resp on Scene	
State	CA	Transport Due To	Patient's Choice	On Scene	17:40:01
Zip	94305	Transported To	Stanford Health Care	At Patient	17:43:00
Country	US	Requested By	Bystander	Care Transferred	
Medic Unit	M61	Destination	Hospital	Depart Scene	17:51:17
Medic Vehicle	Medic 61	Department	Emergency Room	At Destination	17:59:06
Run Type	Emergency Response (Primary Response Area)	Address	1199 Welch Road	Pt. Transferred	18:12:10
Response Mode	Emergent	Address 2		Call Closed	18:19:59
Response Mode Descriptors	Lights and Sirens	City	Palo Alto	In District	
Shift	A Shift	County	Santa Clara	At Landing Area	
Zone		State	CA		
Level of Service	Advanced Life Support	Zip	94305		
EMD Complaint	Allergic Reaction/Stings	Country	US		
EMD Card Number	NOEMD9	Zone			
Dispatch Priority	Priority 2 (Emergent)	Condition at Destination	Improved		
		State Wristband #			
		Destination Record #	62437256		
		Trauma Registry ID			
		STEMI Registry ID			

Run Number: PFE2402925

Page 2 of 3

04/19/2024 19:22:23  
 Template Version: PCR-WEB-1.3.1  
 Data Version: 00098-0000000010246315

04/19/2024 - ED in Adult Emergency Department (continued)

Documents (continued)

Name: TOPPER, GALEN MRN: 62437256

City of Palo Alto Fire Department				
Patient Care Record				
Name: TOPPER, GALEN				
Incident #: PF241100022				
Date: 04/19/2024 Patient 1 of 1				
Incident Details				
Destination Details				
Stroke Registry ID				
Incident Times				
Crew Members				
Personnel	Role	Certification Level		
FORTINO, NIKO	Lead	EMT-Paramedic - P45811; EMT-Paramedic - P45811		
MUZZI Jr, MARC	Driver	EMT-Basic - E169758		
DECAIRES, DYLLEN	Other	EMT-Basic - E123478		
PARK, NORMAN	Other	EMT-Basic - E069525		
Moon, Kevin	Other	EMT-Paramedic - P44761		
Insurance Details				
Insured's Name	Primary Payer	Insurance	Dispatch Nature	
Relationship	Medicare		Response Urgency	
Insured SSN	Medicaid		Job Related Injury	
Insured DOB	Primary Insurance	Cigna	Employer	
Address1	Policy #	U8658883104	Contact	
Address2	Primary Insurance Group Name		Phone	
Address3	Group #		Mileage to Closest Hospital	
City	Secondary Ins	Other Insurance - Arrillaga Student Athlete		
State	Policy #	62437256MTRK		
Zip	Secondary Insurance Group Name			
Country	Group #			
Mileage		Delays		Additional Agencies
Scene	1.0	Category	Delays	
Destination	2.4	Dispatch Delays	None/No Delay	
Loaded Miles	1.4	Response Delays	None/No Delay	
Start		Scene Delays	None/No Delay	
End		Transport Delays	None/No Delay	
Total Miles		Turn Around Delays	None/No Delay	
Patient Transport Details				
How was Patient Moved To Stretcher	How was Patient Moved To Ambulance		Stretcher	
How was Patient Moved From Ambulance	Patient Position During Transport		Semi-Fowlers	
Condition of Patient at Destination	Improved			
Transfer Details				
PAN	Sending Physician			
Prior Authorization Code	Sending Record #			
Payer	Receiving Physician			
PCS	Condition Code			
Interfacility Transfer or Medical Transport Reason	Condition Code Modifiers			
ABN				
CMS Service Level				
>ICD-9 Code				
Transport Assessment				
Specialty Care Transport Provider				
Transfer Reason				
Other/Services				
Medical Necessity				

Run Number: PFE2402925

Page 3 of 3

04/19/2024 19:22:23  
 Template Version: PCR-WEB-1.3.1  
 Data Version: 00098-0000000010246315

**04/19/2024 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Sports physical

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**Vitamin D3 5,000 unit TABS**

Discontinued by: Anderson, Mitchell Paul, MD Discontinued on: 9/6/2024  
 Reason for discontinuation: Reorder  
 Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
 Authorized by: Walker, Clayton Robert, MD Ordered on: 2/2/2024  
 Start date: 2/2/2024 End date: 9/6/2024  
 Quantity: 100 Tablet Refill: No refills remaining

**Stopped in Visit**

None

**Labs**

**Vitamin D, 25-Hydroxyvitamin [954283557] (Completed)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 04/19/24 0039 Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 04/19/24 0039  
 Ordering mode: Standard  
 Frequency: Routine 04/19/24 -  
 Quantity: 1  
 Diagnoses  
 Sports physical [Z02.5]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**Vitamin D, 25-Hydroxyvitamin [955491272] (Normal)**

Resulted: 04/24/24 1739, Result status: Final result

Order status: Completed Filed by: Background, Lab 04/24/24 1739  
 Collected by: Mlakar, Rachel 04/24/24 1102 Resulting lab: HILLVIEW LABORATORY  
 Acknowledged by  
 Hock-Hanson, Susan, RN on 04/25/24 0805  
 Fredericson, Michael, MD on 04/25/24 1017

**Components**

Component	Value	Reference Range	Flag	Lab
25-OH Vitamin D, Total	35	25 - 80 ng/mL	—	Hillview

**Testing Performed By**

**04/19/2024 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

## 04/07/2024 - Documentation Only Encounter in Sleep Medicine Center

### Medication List

#### Medication List

 This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

#### Active at the End of Visit

##### Vitamin D3 5,000 unit TABS

Discontinued by: Anderson, Mitchell Paul, MD Discontinued on: 9/6/2024  
Reason for discontinuation: Reorder  
Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
Authorized by: Walker, Clayton Robert, MD Ordered on: 2/2/2024  
Start date: 2/2/2024 End date: 9/6/2024  
Quantity: 100 Tablet Refill: No refills remaining

#### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Madriaga, Jennifer at 4/7/2024 1351

04/07 MAILED (WATCHPAT)

Provide instruction to patient.

## INITIALIZATIONS

INITIALIZATION DATE	SERIAL #
▼ 04-07-2024 13:53:13	112454079

DEVICE TYPE	WP1
LOAD DATE	

STANFORD MEDICINE  
OUTPATIENT CENTER  
450 BROADWAY ST  
REDWOOD CITY CA 94063-  
3132

Topper, Galen  
MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
Visit date: 4/7/2024

**04/07/2024 - Documentation Only Encounter in Sleep Medicine Center (continued)**

**Clinical Notes (continued)**

DEVICE TYPE	INTERPRETING PHYSICIAN	STATUS
WP1	Stanford Scoring Techs	WP1 Registered

PIN TYPE	Pin	ASSIGNED PATIENT NAME	TOPPER GALEN
PIN	5633		<a href="#">Unregister</a>
MAX NUMBER OF PIN RETRIES	10		

Electronically signed by Madriaga, Jennifer at 4/7/2024 1:54 PM

STANFORD MEDICINE  
OUTPATIENT CENTER  
450 BROADWAY ST  
REDWOOD CITY CA 94063-  
3132

Topper, Galen  
MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
Visit date: 4/7/2024

## 04/07/2024 - Patient Message in Sleep Medicine Center

### Messages

#### RE: Home Sleep Study Order / Covered at 90% and 10% patient out of pocket expense

From Jennifer Madriaga To Topper, Galen Sent and Delivered  
Last Read in MyHealth 4/7/2024 10:32 AM  
4/7/2024 11:17 AM by Topper, Galen

Hello Galen Topper,

Here is the update for your home sleep study procedure requested by your provider. Your current insurance has either authorized or does not require authorization for this procedure, but there is an expiration date on this auth from insurance.

Below is what we have received from the authorizations team regarding your benefits for the home study:

#### No Authorization Required

Authorizing Organization: Cigna

CPT Codes: 95800

Code	Procedure Name	Procedure Type	Modifiers	Revenue Code	Requested Quantity
SLP03	SLEEP STUDY HOME TEST LEVEL 3	Custom	None	None	1

Obtained by: Phone

Contact Name: LG  
Contact Phone: 8002446224  
Call Reference # 3035

Comments:

Called Cigna. Spoke to LG. Visit is covered at 90% with a 10% co-ins OOP expense.  
NAR, Call Ref# 3035 Emailed Clinic. See Below

Cigna

Work: 8002446224

Please reply to this message once you are ready to proceed with shipment with the answers to questions below, as we will NOT ship the device without your consent (reply)

**04/07/2024 - Patient Message in Sleep Medicine Center (continued)**

**Messages (continued)**

to this message.

Please respond to these questions:

1. Do you wear a pacemaker?
2. Confirm shipping address.

If you would like to speak to your insurance company directly regarding your benefits, deductible or out to pocket expense, here is some information that might be helpful:

(This step is only if you don't know what your out of pocket expenses are)

Procedure code/cpt 95800

Tax ID# 770465765.

Additionally, if you have further concern about your benefits, you may call our Financial and Authorizations team at the following:

Patient Financial assistance: 650-498-2900 option #2

Authorization department: 650-724-4445

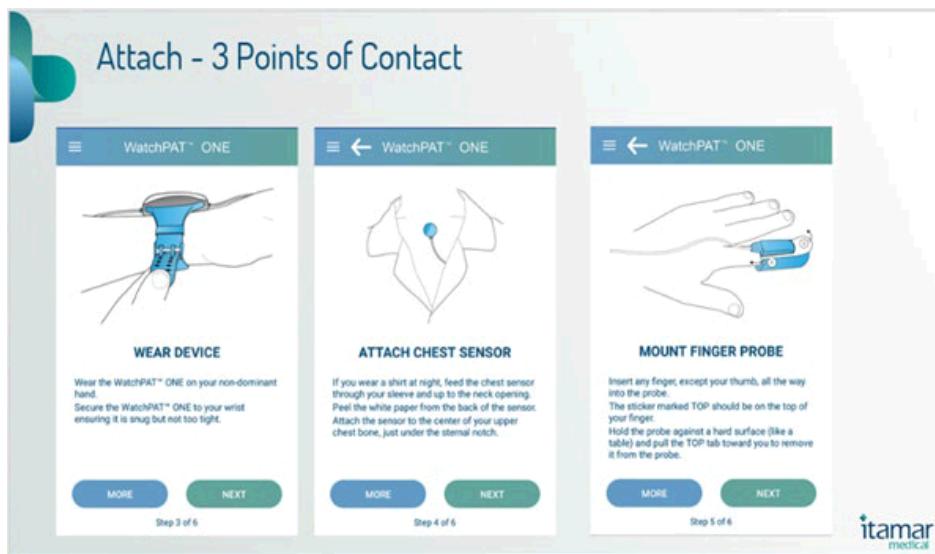
Information regarding the home study:

- You are not required to return it as all data will be transmitted through your smart phone or tablet (Cellular reception is required)
- You are required to download an APP on a smart phone or tablet (Data will transmit to your provider wirelessly)
- Step-by- Step diagram instructions, including link to videos will be included in your package <https://www.itamar-medical.com/tutorial-videos/>
- Once we mail out you will have a deadline to wear it. (Your deadline date will be included in your package and e-mail we send out when shipping the device.)
- Study is only done one night. Cannot be worn multiple nights.

**04/07/2024 - Patient Message in Sleep Medicine Center (continued)**

**Messages (continued)**

- Your activation PIN will come in the written instructions when we mail it out to you.
- Results for this study should take 3-4 weeks.



Please note, once we mail out device the system will drop a charge whether you wear the device or not. This means your insurance will get billed, even if you have changed your mind on completing your study.

Also, If we dont hear back from you within 6 months of your initial visit with your provider, you will need to start the process over and have a new visit with your provider.

STANFORD MEDICINE  
OUTPATIENT CENTER  
450 BROADWAY ST  
REDWOOD CITY CA 94063-  
3132

Topper, Galen  
MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
Visit date: 4/7/2024

**04/07/2024 - Patient Message in Sleep Medicine Center (continued)**

**Messages (continued)**

Thank you for understanding.

Stanford Sleep Medicine  
450 Broadway Street  
Redwood City  
650-723-6601

**04/01/2024 - Patient Message in Sleep Medicine Center**

**Messages**

**RE: Home Sleep Study Order / Covered at 90% and 10% patient out of pocket expense**

From Jennifer Madriaga Last Read in MyHealth 4/7/2024 1:56 PM by Topper, Galen	To Topper, Galen	Sent and Delivered 4/7/2024 1:55 PM
---	---------------------	--

Hello Galen Topper,

We have recently mailed out your sleep study device. It has been sent via USPS regular mail. Please allow 5-7 business days for it to arrive.

Please note that you are not required to return it, as all the data will be transmitted via your smart phone or tablet to us remotely (Cellular reception required)

The scoring and interpretation of the data will be billed to your insurance, once you have worn the device and completed the study.

*Please contact your insurance directly for any out-of-pocket expenses you might be responsible for. Procedure code/CPT 95800, Tax ID# 770465765*

A charge of the device will be made whether you complete the study or not. This means your insurance will get billed, even if you have changed your mind on completing your study.

If you want to speak to someone about billing, please call Stanford patient financial services 650-498-2900 option 2.

**Please wear the device on or before 4/28/2024**

Your package includes:

\*WatchPAT one check list

\*Step-by-step picture instructions, including links to videos to learn how to wear your home study: <https://www.itamar-medical.com/tutorial-videos/>

Should you have troubleshoot questions the night of your study please call the **Support line at Itamar 888-748-2627** to report the issue or our clinic at 650-723-6601.

Thank you

**04/01/2024 - Patient Message in Sleep Medicine Center (continued)**

**Messages (continued)**

Stanford Sleep Medicine  
450 Broadway Street  
Redwood City, CA 94063  
650-723-6601

\*Instructions on how to use the Home study were given to patient, including documentation and video links.

**RE: Home Sleep Study Order / Covered at 90% and 10% patient out of pocket expense**

From	To	Sent
Topper, Galen	P Sleep Myhealth Clinic Messaging (supporting Jennifer Madriaga)	4/7/2024 11:47 AM

1. No pacemaker.
2. 535 Buena Vista Ave, Redwood City, CA 94061

**RE: Home Sleep Study Order / Covered at 90% and 10% patient out of pocket expense**

From	To	Sent and Delivered
Jennifer Madriaga Last Read in MyHealth 4/7/2024 11:47 AM by Topper, Galen	Topper, Galen	4/1/2024 3:49 PM

Hello Galen Topper,

Here is the update for your home sleep study procedure requested by your provider. Your current insurance has either authorized or does not require authorization for this procedure, but there is an expiration date on this auth from insurance.

Below is what we have received from the authorizations team regarding your benefits for the home study:

**04/01/2024 - Patient Message in Sleep Medicine Center (continued)**

**Messages (continued)**

**No Authorization Required**

Authorizing Organization: Cigna

CPT Codes: 95800

Code	Procedure Name	Procedure Type	Modifiers	Revenue Code	Request ed Quantity
SLPO3	SLEEP STUDY HOME TEST LEVEL 3	Custom	None	None	1

Obtained by: Phone

Contact Name: LG  
Contact Phone: 8002446224  
Call Reference #: 3035

Comments:

Called Cigna. Spoke to LG. Visit is covered at 90% with a 10% co-ins OOP expense.  
NAR, Call Ref# 3035 Emailed Clinic. See Below

**Cigna**

Work: 8002446224

Please reply to this message once you are ready to proceed with shipment with the answers to questions below, as we will NOT ship the device without your consent (reply to this message).

Please respond to these questions:

1. Do you wear a pacemaker?
2. Confirm shipping address.

If you would like to speak to your insurance company directly regarding your benefits, deductible or out of pocket expense, here is some information that might be helpful:

(This step is only if you don't know what your out of pocket expenses are)

Procedure code/cpt 95800

**04/01/2024 - Patient Message in Sleep Medicine Center (continued)**

**Messages (continued)**

**Tax ID# 770465765.**

Additionally, if you have further concern about your benefits, you may call our Fiancial and Authorizations team at the following:

Patient Financial assistance: 650-498-2900 option #2

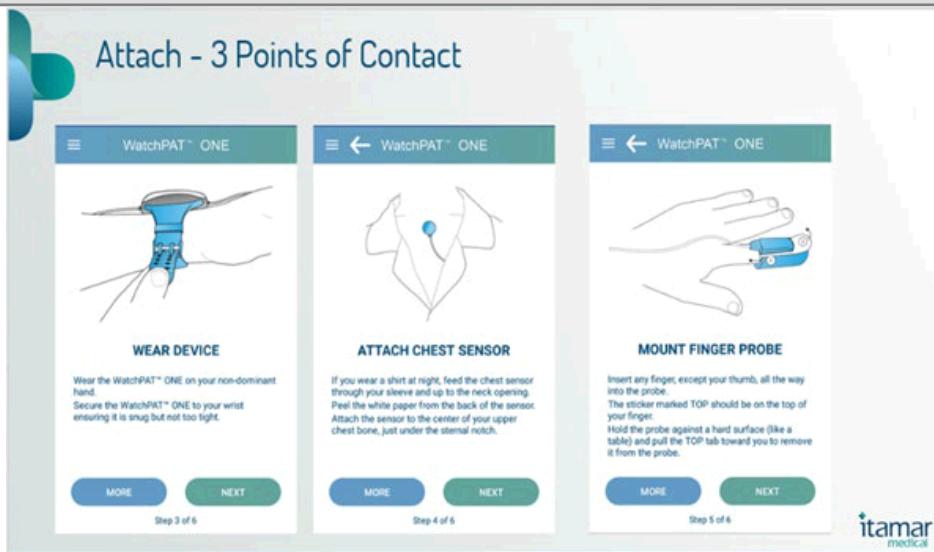
Authorization department: 650-724-4445

Information regarding the home study:

- You are not required to return it as all data will be transmitted through your smart phone or tablet (Cellular reception is required)
- You are required to download an APP on a smart phone or tablet (Data will transmit to your provider wirelessly)
- Step-by- Step diagram instructions, including link to videos will be included in your package <https://www.itamar-medical.com/tutorial-videos/>
- Once we mail out you will have a deadline to wear it. (Your deadline date will be included in your package and e-mail we send out when shipping the device.)
- Study is only done one night. Cannot be worn multiple nights.
- Your activation PIN will come in the written instructions when we mail it out to you.
- Results for this study should take 3-4 weeks.

**04/01/2024 - Patient Message in Sleep Medicine Center (continued)**

**Messages (continued)**



Please note, once we mail out device the system will drop a charge whether you wear the device or not. This means your insurance will get billed, even if you have changed your mind on completing your study.

Also, If we dont hear back from you within 6 months of your initial visit with your provider, you will need to start the process over and have a new visit with your provider.

Thank you for understanding,

Stanford Sleep Medicine  
450 Broadway Street  
Redwood City

STANFORD MEDICINE  
OUTPATIENT CENTER  
450 BROADWAY ST  
REDWOOD CITY CA 94063-  
3132

Topper, Galen  
MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
Visit date: 4/1/2024

**04/01/2024 - Patient Message in Sleep Medicine Center (continued)**

**Messages (continued)**

650-723-6601

## 03/27/2024 - Office Visit in Sleep Medicine Center

### Reason for Visit

Chief complaint: New Patient Referral

Visit diagnoses:

- Sleep apnea, unspecified type (primary)
- Insomnia, unspecified type

### Medication List

#### Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### Vitamin D3 5,000 unit TABS

Discontinued by: Anderson, Mitchell Paul, MD

Discontinued on: 9/6/2024

Reason for discontinuation: Reorder

Instructions: Take 1 tablet by mouth every weekday (none on weekends)

Authorized by: Walker, Clayton Robert, MD

Ordered on: 2/2/2024

Start date: 2/2/2024

End date: 9/6/2024

Quantity: 100 Tablet

Refill: No refills remaining

#### Stopped in Visit

None

### Clinical Notes

#### Addendum Note

**Kutscher, Scott Jason, MD at 3/27/2024 1140**

Addended by: KUTSCHER, SCOTT JASON on: 3/27/2024 03:15 PM

Modules accepted: Level of Service

Electronically signed by Kutscher, Scott Jason, MD at 3/27/2024 3:15 PM

### Progress Notes

**Kutscher, Scott Jason, MD at 3/27/2024 1140**

Subjective

## Sleep Medicine Clinic - New Patient Adult Visit Note

### Referred by:

Fredericson, Michael, MD  
450 Broadway St Rm A16  
Pavilion A 1st Fl MC 6110

**03/27/2024 - Office Visit in Sleep Medicine Center (continued)**

**Clinical Notes (continued)**

Redwood City, CA 94063

**History of Present Illness:**

Galen Topper is a 21 Y male with relevant medical history of vasovagal syncope here for initial evaluation. Patient was referred by Fredericson, Michael for "Stanford T&F athlete, 21 Y male referred for impaired ability to fall asleep, affecting sports performance. Referral to evaluate if any other treatments may be beneficial."

- Patient's main concerns are sleep onset difficulties and daytime fatigue/sleepiness. He had mono or some viral illness in October 2023 - experienced post-exercise fatigue for several months. He will sleep 8-10 hours and still feel sleepy. Feels groggy when he wakes - usually improves somewhat after exercise. He is unsure if he snores, denies teeth grinding, denies choking sensations. His sleep onset difficulties started in high school and worsened in college. Sleep is usually better when he is home though fatigue persists. Cross country practice is generally in the afternoon - 1-2x/week at 730am which is very difficult for him but he has not missed practice.

1)

**2) SLEEP & WAKE TIME:**

- 3) Average bedtime / wake time: in bed around 1-2am / 10 am
- 4) Average sleep-onset latency: generally at least 45 minutes, up to 2 hours
- 5) Average awakenings from sleep: generally none or 1-2
- 6) Difficulty falling back asleep: generally no
- 7) Preferred sleep schedule would be 1-2AM to 11AM. Has been this way since college - in high school went to sleep around 10-11.
- 8) Naps: generally no - but last few months he has been taking at least one long nap per week - naps sometimes are up to 5 hours. Naps are not necessarily refreshing.
- 9) Bedroom partner: no
- 10) Medications for sleep: No- in the past used melatonin 5-10mg which made him groggy
- 11)

**12) DAYTIME SYMPTOMS** (negative unless checked):

**13) Epworth Sleepiness Score (1-24):** ESS Total Score: 3

Subjective excessive daytime sleepiness:

Daytime fatigue/tiredness:

Low mood/depression symptoms:

Difficulty concentrating:

Memory problems:

Work/school performance issues:  Student at Stanford

Drowsiness when driving:

Caffeine or stimulant use to stay awake:  Once a month if he has an early exam

Other substance use impacting wakefulness: Denies

**SLEEP RELATED BREATHING SYMPTOMS:**

Snoring:

Witnessed apnea or gasping/choking:

Dry mouth or mouth breathing:

Excessively hot/Sweating:

Teeth grinding/biting:

Morning headaches:

**SLEEP RELATED BEHAVIORS:**

Sleep Walking:

Sleep talking:

Sleep Eating:

03/27/2024 - Office Visit in Sleep Medicine Center (continued)

### **Clinical Notes (continued)**

Nightmares:

Dream enactment:

Leg kicking:

## Restless legs:

Urge to move legs:

Worse at rest:

Gets better with movement:

Worse in evenings:

## Frequency: Denies

## **NARCOLEPSY:**

Cataplexy:

Recurring sleep paralysis:

Sleep attacks:

Hypnagogic/hypnopompic hallucinations:

## **FAMILY SLEEP HISTORY:**

RLS:

OSA:

Insomnia:

RBD:

Narcolepsy:

## Sleep Phase Disorders:

## MEDICAL HISTORY

### Past Medical History:

## Diagnosis

Diagnosis	Date
• Acute nonintractable headache	6/29/2018
<i>Episodes of tunnel vision with headache and once LOC after work out, four times within the last year with two last episodes occurring on June 14 and 15, 2018. Sx started in 9-2017. FH negative for migraine or cardiac issues.</i>	
• Concern about growth	7/2/2015
<i>Labs in 7-2015. T 111 at 13yo.</i>	
• Dermographism	10/31/2013
<i>Pronounced during the WCC 10-31-13. Possible allergy to sea food- to allergist.</i>	
• Development delay	1/04
• Heart murmur	7/04,8/05
• Keratosis pilaris	
• Lactose intolerance	8/17/2018
• Language delay	
• Multiple allergies	2/13/2014
<i>Saw Allergist 2-2014: IMPRESSION: Galen is an 11 year old with possible shellfish allergy, dermatographism, chronic rhinitis, and history of positive RAST to peanut and dust mite, who presents for initial consultation. For possible shellfish allergy, send seafood allergy screen. Will avoid skin testing due to dermatographism. Avoid shellfish and use EpiPen as needed. For large local reaction to</i>	
• Nevus sebaceous on scalp, saw Derm	
• Syncope	6/29/2018
<i>In September of 2017 after strenuous long run syncope with tunnel vision with loss of vision that lasted for hours. FH negative for migraine or cardiac issues- see visit 6-29-2018.</i>	
• Twin birth, mate liveborn	
• Viral warts	8/16/2017

**03/27/2024 - Office Visit in Sleep Medicine Center (continued)**

**Clinical Notes (continued)**

2017 on R thumb- will use OTC.

**SURGICAL HISTORY**

No past surgical history on file.

**FAMILY HISTORY**

**Family History**

Problem	Relation	Age of Onset
• Allergies pollen	Father	
• Elevated Lipids	Father	
• No Known Problems	Sister	
• No Known Problems	Brother	
• CAD, Late Onset 79 yo, had MI	Paternal Grandfather	

**SOCIAL HISTORY**

**Social History**

Socioeconomic History	
• Marital status:	Single
Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Vaping Use	
• Vaping Use:	Never used
Substance and Sexual Activity	
• Alcohol use:	Not Currently
• Drug use:	Not Currently
Social History Narrative	

*Going to stanford undergrad is on cross country team.lives on campus in a dorm. Things going overall well.  
 Went to bellarmine in san jose*

*Exercise: runs frequently with CC team.*

**CURRENT MEDICATIONS**

**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• Vitamin D3 5,000 unit TABS	Take 1 tablet by mouth every weekday (none on weekends)	100 Tablet	0

No current facility-administered medications for this visit.

**REVIEW OF SYSTEMS**

Pertinent items are noted in HPI. A complete review of systems was otherwise negative.

Objective

**PHYSICAL EXAMINATION**

**03/27/2024 - Office Visit in Sleep Medicine Center (continued)**

**Clinical Notes (continued)**

**Visit Vitals**

BP	108/62
Pulse	(!) 48
Ht	1.727 m (5' 8")
Wt	61.2 kg (135 lb)
SpO2	98%
BMI	20.53 kg/m <sup>2</sup>

**General appearance:**

Well appearing, alert.

**ENT Exam:**

Nasal valve collapse:	No
Nasal septum deviation:	No
Nasal turbinate hypertrophy:	Left: Grade 0 Right: Grade 0
Hard palate (high/narrow):	Yes
Soft palate/uvula (Mallampati score):	3
Malocclusion:	class 2
Teeth marks on oral mucosa:	No
Scalloping of tongue:	Yes
Overjet:	2 mm
Overbite:	No
Dental crowding:	No
Retrognathia:	No
Micrognathia:	No

**Cardiovascular:** normal and regular rate and rhythm

**Pulmonary:** lungs clear to auscultation, breath sounds equal and symmetric, no rhonchi, rales or wheezes

**EXT:** No clubbing, cyanosis, or edema

**Psychiatric:**

Affect: Euthymic, full range and appropriate

**Sleep Study Results:**

 No data to display

**Data from PAP device:**

 No data to display

Assessment / Plan

**ASSESSMENT**

Galen Topper is a 21 Y male here for initial evaluation. Patient was referred by Fredericson, Michael for the following: "Stanford T&F athlete, 21 Y male referred for impaired ability to fall asleep, affecting sports performance. Referral to

**03/27/2024 - Office Visit in Sleep Medicine Center (continued)**

**Clinical Notes (continued)**

evaluate if any other treatments may be beneficial." He has symptoms that indicate chronic sleep onset insomnia & delayed sleep phase may be overlapping. Symptoms do not appear to be consistent with a central hypersomnolence disorder. We will pursue a home sleep test to rule out OSA. Will also refer to CBTi for his sleep onset insomnia. We discussed interventions to advance sleep phase.

**RECOMMENDATIONS**

- Ordered HSAT
- Referred to SHIP for CBTi
- Discussed melatonin 0.25-0.5mg 4-5 hours before desired sleep time and light exposure in the AM
- Will reach out via MyHealth after sleep study to review results

14)

15) This encounter was staffed with Dr. Kutscher

Cyle Johnson, M.D.  
 Stanford Sleep Medicine Fellow

**Teaching Physician Attestation**

I saw and examined the patient and discussed management with the resident. I reviewed the resident's note and agree with the documented findings and plan of care.

I personally spent a total of 45 minutes which includes face-to-face time and non-face-to-face time spent on preparing to see the patient, reviewing prior notes and tests, obtaining history from the patient, performing a medically appropriate exam, counseling and educating the patient, ordering medications/tests/procedures/referrals as clinically indicated, and documenting information in the electronic medical record.

Scott Kutscher, M.D.

Electronically signed by Kutscher, Scott Jason, MD at 3/27/2024 3:15 PM

**Other Orders**

**Outpatient Referral**

**Referral To Psychiatry [948833447] (Active)**

Electronically signed by: **Johnson, Cyle Aaron, MD** on 03/27/24 1242

Status: **Active**

Ordering user: Johnson, Cyle Aaron, MD 03/27/24 1242

Authorized by: Kutscher, Scott Jason, MD

Ordering mode: Standard

Frequency: Routine 03/27/24 -

Class: Stanford Health Care

Quantity: 1

Diagnoses

Insomnia, unspecified type [G47.00]

**Questionnaire**

**Question**

**Answer**

Preferred Location:

SHC (Palo Alto)

Referred to Clinic:

Psychosocial

Select Clinic:

Insomnia Sleep

**03/27/2024 - Office Visit in Sleep Medicine Center (continued)**

**Other Orders (continued)**

Reason for referral, including working diagnosis or main concern	chronic sleep maintenance insomnia
Is the patient currently in treatment?	No
Does the patient have any current alcohol/substance/prescription drug use issues? If yes, please provide info in comments box	No

Scheduling instructions

Stanford student athlete

Order comments: Additional Information: 21 yo M Stanford cross country athlete with chronic sleep onset insomnia - some overlapping symptoms potentially suggestive of delayed sleep phase disorder. We are pursuing a sleep test to rule out OSA.

**Referral Details**

Referred By	Referred To	Type	Priority
Kutscher, Scott Jason, MD 450 Broadway St Pavilion C 2nd Fl MC 5704 Redwood City CA 94063 Phone: (650)723-6601 Fax: 650-721-3448	Diagnoses: Insomnia, unspecified type Order: Referral To Psychiatry Reason: Specialty Services Requested	Behavioral Health - New	Routine

Comment: Additional Information: 21 yo M Stanford cross country athlete with chronic sleep onset insomnia - some overlapping symptoms potentially suggestive of delayed sleep phase disorder. We are pursuing a sleep test to rule out OSA.

**Indications**

Insomnia, unspecified type [G47.00 (ICD-10-CM)]

**Flowsheets**

**Custom Formula Data**

Row Name	03/27/24 1124
<b>BMT Weight (kg) and BSA (m2)</b>	
KGs above Ideal -7.16 kgs -ET	
Body Wt	
<b>OTHER</b>	
BMT Adjusted Wt	61.24 kg -ET (50%)
BMT Adjusted	1.71 m2 -ET
BSA (50%)	
BSA (DuBois formula)	1.72934 sq meters - ET
Insulin-octreotide infusion rate (8.1 x BSA)	14 mL/hr -ET
Glucose (20% dextrose) infusion rate (80xBSA)	138 mL/hr -ET
BBK 5mL/Kg	306.2 mL -ET
BBK 10mL/Kg	612.36 mL -ET
BBK 15mL/Kg	918.54 mL -ET
BBK 20mL/Kg	1224.72 mL -ET
BSA (Calculated - sq m)	1.71 sq meters -ET

**03/27/2024 - Office Visit in Sleep Medicine Center (continued)**

**Flowsheets (continued)**

Wt (kg) x 0.3	18.4 mL/hr -ET
Wt (kg) x 0.6	36.7 mL/hr -ET
Wt (kg) x 0.9	55.1 mL/hr -ET
Wt (kg) x 1.2	73.5 mL/hr -ET
Wt (kg) x 1.8	110.2 mL/hr -ET
Wt (kg) x 2.4	147 mL/hr -ET
Insulin infusion rate- low (9 x BSA)	15.6 mL/hr -ET
Glucose infusion rate- low (15 x BSA)	25.9 mL/hr -ET
Insulin infusion rate- high (48 x BSA)	83 mL/hr -ET
50% Dextrose bolus	37 mL -ET
Insulin Bolus	1.5 units -ET
TDD Insulin High Intake	24.49 -ET
TDD Insulin Low Intake	12.25 -ET

**Vitals**

BMI	20.53 -ET
BMI	20.53 kg/m^2 -ET
External BMI	20.53 kg/m^2 -ET

**Ventilation Mode**

Predicted Body Wt in kg (calc)	68.4 kgs -ET
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**Height and Weight**

Ideal or Predicted Body Wt in kg (calc)	68.4 kgs -ET
BSA (Calculated - sq m)	1.71 sq meters -ET
BMI (Calculated)	20.5 -ET
BSA (Calculated - sq m)	1.71 sq meters -ET

**Weight**

BMI Classification	Normal Weight -ET
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**Hemodynamics**

Mean Arterial Pressure (Calculated)	77 mmHg -ET
---	-------------

**Encounter Vitals**

<b>Row Name</b>	<b>03/27/24 1124</b>
-----------------	----------------------

**Encounter Vitals**

BP	108/62 -ET
Pulse	48 ! -ET
SpO2	98 % -ET
Weight	61.2 kg (135 lb) -ET
Height	1.727 m (5' 8") -ET

**03/27/2024 - Office Visit in Sleep Medicine Center (continued)**

**Flowsheets (continued)**

**Epworth Sleepiness Scale**

Row Name	03/27/24 1100
<b>OTHER</b>	
1. Sitting and reading	No chance of dozing -ET
2. Watching TV	No chance of dozing -ET
3. Sitting inactive in a public place	No chance of dozing -ET
4. As a passenger in a car for an hour without a break	Slight chance of dozing -ET
5. Lying down to rest in the afternoon when circumstances permit	moderate chance of dozing -ET
6. Sitting and talking to someone	No chance of dozing -ET
7. Sitting quietly after a lunch without alcohol	No chance of dozing -ET
8. In a car, while stopped for a few minutes in traffic	No chance of dozing -ET
ESS Total Score	3 -ET

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
ET	Trinh, Eric, MA	Medical Assistant	—	03/27/2024

**Patient Instructions**

Thanks for choosing the Stanford Sleep Medicine Clinic. Here are the next steps in the evaluation of your sleep:

- 16) Schedule Sleep Study, either in-lab study (PSG) or home sleep test (HST), as ordered by your sleep provider.
- 17) Results of your sleep study will be sent to you via the Stanford MyHealth patient portal. It can take several weeks for one of our physicians to read your sleep study and generate the report. Once they have completed the report they send it to me and I will then reach out to you via MyHealth. If you have not heard from us in 5-6 weeks please send a message to me so I can make sure to keep the process moving.
- 18) If you do have obstructive sleep apnea and you elect to start CPAP then we can initiate the process. We do not need to see you back to get you started on CPAP - once you receive the machine you can schedule an *initial compliance visit*, see below. If the study does not find sleep apnea and you did a home test, then coming in for an in-lab study may be discussed. If sleep apnea is ruled out and you need to speak with a physician about other concerns you may schedule a follow-up at that time.

**03/27/2024 - Office Visit in Sleep Medicine Center (continued)**

**Patient Instructions (continued)**

Thank you for choosing Stanford Sleep Medicine. It was a pleasure to meet you during your initial visit. Your initial consultation findings suggest that you have an insomnia disorder. Please follow these instructions and recommendations to proceed with your evaluation and treatment.

**At home:**

1. Use your bed only for sleep. Do not read, watch television or use a computer or phone in bed. Electronic devices contain blue light, which mimics the sun and misaligns our circadian rhythm.
2. In the evening for at least the last 60 minutes before your planned bedtime, do something relaxing and not stimulating, preferably in a dimly lighted room. Consider taking 5 minutes to write down a "worry list" or your to-do-list for the next day.
3. Go to bed only when feeling sleepy. If you cannot fall asleep within about 20 minutes (your best estimate - do not watch the clock), get out of bed and leave the bedroom. Go do something relaxing and not stimulating. When you feel sleepy, return to bed. Repeat this as necessary.
4. Get up at the same time each morning. View sunlight in the morning if possible - this helps appropriately set our circadian rhythm.
5. Avoid daytime napping.
6. Exercise on a regular basis, as your health allows. However, it is generally best to avoid strenuous exercise in the three hours before bedtime.
7. Avoid caffeine after lunch, or do not use it at all.
8. Avoid alcohol.

**Recommended book:** *Quiet Your Mind & Get to Sleep, Solutions to Insomnia for Those with Depression, Anxiety, or Chronic Pain.* Paperback (Dec. 2009) by Colleen Carney and Rachel Manber

**CBTi, by professionals is of great benefit**

- Cognitive behavioral therapy for insomnia (CBTi) was recommended with our Stanford specialists.
- Alternatively, we suggested Dr. Britney Blair (650.465.1006 or 415.843.1523) in private practice in San Francisco (she will do Skype sessions, if this is more amenable to your schedule).
- You can find providers nationally for CBTi through the American Board of Behavioral Sleep Specialists (<http://www.behavioralsleep.org/findspecialist.aspx>)
- Also, a search site ([http://www.abctcentral.org/xFAT/index.cfm?fa=search\\_advanced](http://www.abctcentral.org/xFAT/index.cfm?fa=search_advanced)) for CBT specialists may provide information on more local providers.

**CBTi at home is also a great initial step**

- Alternate options for CBTi that you might be interested in are online programs and apps:
  - VA path to better sleep: <https://www.veterantraining.va.gov/insomnia/>
  - Go! To sleep (for about \$40, developed by the Cleveland Clinic)
  - SHUTi (I believe around \$140, developed in part by Charles Morin)
  - <http://www.sleepio.com/>
  - There is also an app with a sleep tracking device called Sleep Rate, that goes for about \$100, and was developed with the help of Rachel Manber at Stanford.
  - A free app called CBT-i coach is available on Android and iOS

**03/27/2024 - Office Visit in Sleep Medicine Center (continued)**

**Patient Instructions (continued)**

**Other, unproven therapies**

- While there is little science to support its use in insomnia, many find Autonomous Sensory Meridian Stimulation (ASMR) to be soothing. There are over 2.6 million YouTube videos from various "tingle-smiths" to choose from, one recommended one is the [3D haircut](https://www.youtube.com/watch?v=IUDTlvagjJA) (<https://www.youtube.com/watch?v=IUDTlvagjJA>)

**Additional information/options:**

Below are a variety of options for getting Cognitive Behavioral Therapy for Insomnia (CBT-I), which is the gold standard treatment for insomnia. These include self-help books and online programs, as well as providers in private practice and instructions for contesting denial of CBT-I service coverage at Stanford.

- First, there are free self-help workbooks and reasonably priced e-books based on CBT-I principles that can help you improve your sleep.

**Improve Your Sleep – A Self-Help Workbook:** This workbook is geared toward veterans but offers a strong CBT-I program: <https://www.veterantraining.va.gov/insomnia/workbook.pdf>

**The Sleep Solution: Why Your Sleep is Broken and How to Fix It:** This book by Dr. Chris Winter offers strategies for improving sleep based on CBT-I principles in a very readable format (you can purchase it on Amazon):

- Second, there are strong online CBT-I programs:

**Insomnia Solved - Brandon Peters, MD (\$89)** - <http://www.brandonpetersmd.com/fix-my-insomnia/>

A self-guided CBT-I program created by Brandon Peters, M.D., a board-certified medical doctor, who was trained at Stanford. The complete program includes multimedia content, including a 154-page eBook and online modules and audio files.

**Sleepfitness.com - Allison Siebern, PhD, CBSM (\$129)** - <https://sleepfitness.com/>

A 6-week self-guided insomnia CBT-I program that was developed by Stanford-trained psychologist Dr. Allison Siebern, who is board certified in Behavioral Sleep Medicine and was trained specifically in CBT-I. It offers a 7-day free trial.

- Third, Stanford has a Financial Counseling department that works with patients to determine what financial assistance can be provided to help defray the cost of services. Below is their telephone number.

SHC Financial Counseling  
Monday – Friday, 8:00 am – 5:00 pm  
Phone: 650-498-2900

**03/27/2024 - Office Visit in Sleep Medicine Center (continued)**

**Patient Instructions (continued)**

4. Fourth, you can request a single-case agreement from your health care plan / insurer. Effective delivery of CBT-I requires specialized training, which is very difficult to acquire, as it is not taught in psychology programs or in medical school. Your health care plan / insurer will have CBT therapists in network, but almost certainly they have not been trained in CBT-I and are not qualified to deliver treatment. By requesting a single-case agreement, you are essentially telling your health care plan / insurer that they need to prove they have a therapist in network who is qualified to provide CBT-I. If they do not, they have to cover services out of network. Below is language you can provide representatives from your health care plan / insurer to educate them about what is required to deliver CBT-I competently.

*Insomnia is widespread, as up to 30% of people in the US experience problems falling asleep or staying asleep. Cognitive Behavioral Treatment for Insomnia (CBT-I) is a brief, specialized, highly effective, multi-component, non-pharmacological treatment for insomnia. With CBT-I, up to 70%-80% of people experience either clinically significant improvement in sleep or total remission of sleep problems in just 4-6 sessions.*

*It is recommended as the first-line treatment for chronic insomnia in adults by the American College of Physicians (Management of chronic insomnia disorder in adults: A clinical practice guideline from the American College of Physicians, 2016); the American Academy of Sleep Medicine (Practice parameters for the psychological and behavioral treatment of insomnia: An update, 2006); National Institute of Mental Health (NIH State of-the-Science conference statement on manifestations and management of chronic insomnia in adults, 2005); and American Psychiatric Association (Management of insomnia, 1997).*

*Stanford Sleep Medicine Center is one of only eleven behavioral sleep medicine programs in the country that offers this treatment and is accredited by the Academy of Sleep Medicine and the Society of Behavioral Sleep Medicine. To be employed at an AASM-accredited program, behavioral sleep medicine practitioners must have completed a minimum of one year post-doctoral training in behavioral sleep medicine and either be board certified or have specialized clinical experience in the field of behavioral sleep medicine for a minimum of five years. The providers at Stanford Sleep Medicine Center to whom I was referred meet these criteria and thus are qualified to provide CBT-I competently.*

5. Fifth, although we do not endorse any specific practitioners, below are several private practitioners who trained at Stanford and are board-certified in CBT-I and Behavioral Sleep Medicine (BSM). CBT-I usually only requires 4-6 sessions to see improvement in sleep, so paying out of pocket can sometimes be cost effective. Because these practitioners are also trained in BSM, they can help you if your sleep problems include not just insomnia but additional concerns, for example, anxiety, chronic pain, delayed sleep phase, or sleep apnea.

**Dr. Daniel J. Blum, DBSM (English)**

Sleep Wise  
Address: Telehealth (only)  
Phone: 650-731-2145  
Website: <http://sleepwise.io>

**Dr. Shantha Gowda, DBSM (English)**

ThinkSleep  
Address: Telehealth (only)

**03/27/2024 - Office Visit in Sleep Medicine Center (continued)**

**Patient Instructions (continued)**

Phone: 415-766-9462  
Website: <https://www.thinksleep.org>

**Dr. Yishan Xu, DBSM (English/Mandarin)**

Mind & Body Garden Psychology Inc.  
Address: 85 N. San Antonio Rd., Suite O, Los Altos, CA 94022  
Phone: 650-434-2563 Ext. 501  
Website: [mindbodygarden.com](http://mindbodygarden.com)

**Dr. Kate Kaplan, DBSM (English)**

Sleep, Anxiety and Depression Treatment  
Address: 899 Santa Cruz Ave., Suite 200, Menlo Park, CA 94025  
Phone: 650-200-0131  
Website: <https://katekaplanphd.com>

**Dr. Britney Blair, CBSM (English)**

The Clinic  
Locations: San Francisco, East Bay, Palo Alto, San Jose  
Phone: 415-843-1523  
Website: <https://www.theclinicca.org/>

6. Sixth, the **Society of Behavioral Sleep Medicine** ([Society of Behavioral Sleep Medicine](#)), the national accrediting body for CBT-I training and board-certification in BSM, has a provider map on their website that lists providers in each state who offer CBT-I, some of whom are also certified in BSM. You can see this map at [Society of Behavioral Sleep Medicine Member Directory](#) (just click on your state to pull of the list of providers).

**You likely have delayed sleep phase disorder (DSPD).**

- Get up at the same time every morning regardless of how much sleep was obtained the night before. This is critical for anchoring your body clock (as it's the only thing that you can control).
- Maintain strict sleep-wake schedule (including weekends).
- **Take sundown brand melatonin 0.3-0.5 mg every night 5 hours before the bedtime target**
- Obtain at least 20-30 minutes of bright light via natural light or light box every morning upon awakening.
- Avoid bright light (TV, computer, smart phone, tablet) in the evenings. (see resources on light management below)
- Take a mid-day walk in the bright sun-light for at least 30 minutes, every day.
- Shift timing of bright light by 30 minutes earlier every 7 days.

**General information about light's influence on sleep**

Our eyes and brain are designed to respond to changes in the brightness of the sun throughout the day and seasons. We are most sensitive to blue light, which is emitted from the sun but declines with sunset and at night. The pattern of light to which we are exposed to over a 24 hour period keeps our body's internal clock aligned with the sun. Try to mimic nature by getting exposure to bright, blue-enriched light during the day and only dim, red-orange-tinted light at night. Consider implementing the following strategies:

## 03/27/2024 - Office Visit in Sleep Medicine Center (continued)

### Patient Instructions (continued)

1. Get exposure to sunlight or very bright light (10,000 lux lightbox) for at least 15 minutes within 15 minutes of waking up. Go for a morning walk, or have breakfast outside, even if the morning light is still relatively dim.
2. Increase your level of light exposure during the day by working near a window or installing blue-enriched, bright artificial lights (bright CFL lighting or LED lighting can work well).
3. Add additional sunlight exposure during the day by going for a brief walk around the block when possible. Your lunch break is a perfect time to do this.
4. Avoid exposure to bright lights (including from computers, smartphones, TV) for **at least 2 hours before bedtime**. Use a dimmer switch or a standing lamp with a 20 watt or less bulb. Make sure the lights have an orange-red tint (such as an incandescent lightbulb). You can use an additional book light if needed, again ensure it has a yellow-red tint bulb rather than a white-blue bulb.
5. Turn the brightness setting all the way down on all electronic devices including your computer, smartphone, TV, for at least 2 hours before bedtime. (Try "cinema mode" on your TV settings, download "f.lux" app for your computer, "TWILIGHT" app for android devices, and the new "Night Shift" feature in iOS 9.3 and above. Ask Google how to dim any technology you cannot figure out how to do so).
6. If you must use screens after sunset, you may wish to consider blue light blocking glasses. I recommend **lowbluelights.com** as these have evidence supporting their efficacy in blocking blue light.
7. Do not check your email/social media/text messages/computer, etc. during the middle of the night or right before bed. Keep your smartphone OUT of the bedroom if possible, or consider using a "do not disturb mode". Looking at your phone's bright screen will temporarily increase your level of alertness (even after you turn it off) and keep you awake for longer than if you hadn't looked at the screen.
8. You may wish to consider a sleep mask if you are not able to keep your bedroom pitch black.

Don't hesitate to contact me using MyHealth if you have any questions.

Thanks again,

Cyle Johnson, MD  
Stanford Sleep Medicine Fellow

Electronically signed by Johnson, Cyle Aaron, MD at 3/27/2024 12:39 PM

### Messages

#### Questionnaire Submission

From Topper, Galen	To P Myhealth Admin Pool (supporting Cyle Aaron Johnson, MD)	Sent 3/27/2024 10:49 AM
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#### Patient Questionnaire Submission

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Your response has been received.

### Questionnaires

**03/27/2024 - Office Visit in Sleep Medicine Center (continued)**

**Questionnaires (continued)**

**Legend:**

 **Triggered an OurPractice Advisory**  **Scoring question**

**Covid-19 Symptom Screening Questionnaire**

Question	3/27/2024 10:49 AM PDT - Filed by Patient
Have you had a positive COVID-19 test in the past 10 days?	No
<b>COVID-19 Positive Test Score (range: -1 - 1)</b>	<b>0 (Negative) !</b>

## 03/26/2024 - Patient Message in Sleep Medicine Center

### Messages

#### Sleep Medicine New Patient Questionare

From	To	Sent and Delivered
Lucero Arciniega	Topper, Galen	3/26/2024 10:58 AM
Last Read in MyHealth		
4/7/2024 11:47 AM by Topper, Galen		

Dear Galen Topper

#### Welcome to The Sleep Medicine Clinic at Stanford!

We are pleased that you have chosen to receive services in our clinic. The information detailed in this message pertains to your new patient visit to our clinic.

- **PRIOR TO YOUR APPOINTMENT IT IS VERY IMPORTANT FOR YOU TO FILL OUT THE ONLINE QUESTIONNAIRE, SO THAT YOUR VISIT IS AS EFFICIENT AS POSSIBLE.**  
Please follow this link to complete it: <https://mysleep.stanford.edu>. Note: Safari might not allow this questionnaire to open.  
Please use alternate browser if possible.
- Please allow up to an hour of your time for this appointment.

#### In person visits:

- PLEASE ARRIVE **15 minutes** EARLY TO YOUR SCHEDULED APPOINTMENT FOR REGISTRATION PURPOSES. If you arrive **more than 15 minutes** late to your appointment, the front desk staff will assist you in rescheduling your appointment. (This might be our next available) Our late policy is necessary to ensure that there is adequate time for your physician to complete your consultation.
- **If you already have a PAP device, please bring this with you to your appointment.**
- Please bring any sleep related records

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#### Video visits:

- Please log on 10-15 prior to your appointment to complete any registration requirements
- If you have a pap device please reply to this message and provide the **serial number** of your device.

STANFORD MEDICINE  
OUTPATIENT CENTER  
450 BROADWAY ST  
REDWOOD CITY CA 94063-  
3132

Topper, Galen  
MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
Visit date: 3/26/2024

**03/26/2024 - Patient Message in Sleep Medicine Center (continued)**

**Messages (continued)**

**Please note, if you elect to cancel your appointment you will be rescheduled to our next available date, which is currently 4-5 months.**

**For schedule changes please call the appointment line at 650-723-6601.**

Stanford Sleep Medicine  
450 Broadway St., Second Floor  
Redwood City, Ca 94063  
Ph. 650.723.6601  
Fax 650.721.3447

## 03/21/2024 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Follow Up Visit  
Visit diagnosis: Malaise and fatigue

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### Vitamin D3 5,000 unit TABS

Discontinued by: Anderson, Mitchell Paul, MD	Discontinued on: 9/6/2024
Reason for discontinuation: Reorder	
Instructions: Take 1 tablet by mouth every weekday (none on weekends)	
Authorized by: Walker, Clayton Robert, MD	Ordered on: 2/2/2024
Start date: 2/2/2024	End date: 9/6/2024
Quantity: 100 Tablet	Refill: No refills remaining

#### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Fredericson, Michael, MD at 3/21/2024 1500

### Stanford Sports Medicine Clinic Note

**Sport:** Distance runner

#### Chief Complaint:

##### Chief Complaint

Patient presents with

- Follow Up Visit

#### History of present illness:

Galen Topper is a 21 yom who presents with fatigue. He was last seen for a similar concern in December 2023 due to a viral illness where a referral was placed to ID clinic for post-infectious fatigue however referral could not be completed. Seen by our clinic 3/14/2024 for fatigue x a few weeks leading to decreased performance. Labs were ordered which were unremarkable.

Today, pt notes that he continues to have similar sxs as the prior visit. He notes having poor sleep. It takes him 1-2 hours to fall asleep. He sleeps at 1-2 am and wakes up at 10 am. He feels groggy throughout the day. He states that his room is cold and dark. He lives with a roommate. Prior to sleeping, he spends a lot of time in bed looking at his phone. He used to take melatonin 5-10 mg though does not like taking it as it makes him very groggy. He does not consume caffeine including coffee, tea, chocolate, coke. He drinks etoh once per month. He does not smoke or use illicit drugs. He is not on prescribed stimulants. He does not think he is over training.

#### ROS:

Pertinent positives are noted in the HPI, otherwise ROS was negative.

**03/21/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

**Physical Exam:**

**Visit Vitals:**

03/21/24 1459

BP: 129/75  
 Pulse: 53  
 SpO2: 98%

GEN: alert and oriented, all questions were answered appropriately and a organized and detailed history was provided. Pt looked fatigued and sleepy

HEAD: Normocephalic.

NECK: Trachea midline

CARDIOLOGY: distal extremities warm and well perfused

PULM: breathing comfortably on room air

PSYCH: normal mood and affect

**Assessment:**

Galen Topper is a 21 yom who presents with of fatigue. Screening labs are unremarkable though his sleep quality is impaired. Sleep consult already placed.

**Plan:**

- Will ask our team to expedite the sleep consult
- will ask Dr. Hwang to evaluate the patient for a second opinion

**Electronically Signed By:**

Hiroshi Aida, MD  
 PM&R, PGY-3  
 Stanford University

Michael Fredericson, MD  
 Professor, Sports Medicine

I was present and directly participated in the care of this patient. I have reviewed the resident/fellow note, made edits as indicated, and agree with the documented findings, assessment, and plan.

Electronically signed by Fredericson, Michael, MD at 3/22/2024 11:24 AM

**Flowsheets**

**Custom Formula Data**

Row Name	03/21/24 1459
Hemodynamics	
Mean Arterial	93 mmHg -JH

**03/21/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Flowsheets (continued)**

Pressure  
 (Calculated)

**Encounter Extended Vitals**

Row Name	03/21/24 1500	03/21/24 1459
Pain Related to this Visit? No pain = 0		
Pain Level - 1st	0 -JH	—
Site		
Fall Risk		
Have you fallen in the last 30 days?	No -JH	—
Additional Blood Pressure Information		
BP	—	129/75 -JH
Additional Pulse Information		
Pulse	—	53 -JH
Additional Respiratory Information		
SpO2	—	98 % -JH

**Encounter Vitals**

Row Name	03/21/24 1459
Encounter Vitals	
BP	129/75 -JH
Pulse	53 -JH
SpO2	98 % -JH
Vitals	
Patient site	Left Arm -JH
Patient Position	Sitting -JH

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
JH	Hernandez, Jesse, MA	Medical Assistant	—	03/21/2024

**After Visit Summary**

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

## 03/21/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### After Visit Summary (continued)

## AFTER VISIT SUMMARY



**Galen Topper** MRN: 62437256

 3/21/2024 3:00 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Michael Fredericson, MD on Thursday March 21, 2024.

### What's Next

**MAR 21 2024** Follow Up Visit with Michael Fredericson, MD  
Thursday March 21 3:00 PM  
Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

### Stay Connected with MyHealth

View your After Visit Summary online, manage your prescriptions, make appointments, communicate with your care team. To access your account visit [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

**03/21/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**Your Medication List** as of March 20, 2024 4:11 PM

 Always use your most recent med list.

**Vitamin D3** 5,000 unit Tabs

Generic drug: Cholecalciferol (Vitamin D3)

Take 1 tablet by mouth every weekday (none on weekends)

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The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

## 03/21/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents

#### After Visit Summary - Document on 3/20/2024 4:11 PM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 3/21/2024 3:00 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Michael Fredericson, MD on Thursday March 21, 2024.

### What's Next

MAR 21 2024 Follow Up Visit with Michael Fredericson, MD

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

### Stay Connected with MyHealth

View your After Visit Summary online, manage your prescriptions, make appointments, communicate with your care team. To access your account visit [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

### 03/21/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

#### Documents (continued)

#### Your Medication List as of March 20, 2024 4:11 PM

 Always use your most recent med list.

**Vitamin D3** 5,000 unit Tabs  
Generic drug: Cholecalciferol (Vitamin D3)

Take 1 tablet by mouth every weekday (none on weekends)

---

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

## 03/19/2024 - Clinical Support in Arrillaga Sports Medicine Center

### Reason for Visit

Visit diagnoses:

- (primary)
- Malaise and fatigue

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### Vitamin D3 5,000 unit TABS

Discontinued by: Anderson, Mitchell Paul, MD Discontinued on: 9/6/2024  
 Reason for discontinuation: Reorder  
 Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
 Authorized by: Walker, Clayton Robert, MD Ordered on: 2/2/2024  
 Start date: 2/2/2024 End date: 9/6/2024  
 Quantity: 100 Tablet Refill: No refills remaining

#### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

##### Mlakar, Rachel at 3/19/2024 1215

Lab draw.

Electronically signed by Mlakar, Rachel at 3/19/2024 12:47 PM

### Labs

#### Ferritin [946842428] (Final result)

Electronically signed by: **Dykowski, Sara Elizabeth, MD on 03/14/24 1131** Status: **Completed**  
 Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131 Authorized by: Fredericson, Michael, MD  
 Ordering mode: Standard  
 Frequency: Routine 03/14/24 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Instance released by: Mlakar, Rachel 3/19/2024 12:20 PM  
 Diagnoses  
 Malaise and fatigue [R53.81, R53.83]

#### Specimen Information

ID	Type	Source	Collected By
24S-079CH2812	Blood	Blood, from Venipuncture	Mlakar, Rachel 03/19/24 1236

#### Ferritin [946842428] (Normal)

Resulted: 03/19/24 2019, Result status: Final result

Order status: Completed Filed by: Background, Lab 03/19/24 2019  
 Collected by: Mlakar, Rachel 03/19/24 1236 Resulting lab: SHC LAB - HOSPITAL LABORATORY  
 Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

**03/19/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**
**Components**

Component	Value	Reference Range	Flag	Lab
Ferritin  Comment: Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.	80.4	30 - 400 ng/mL	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 3/21/2024 10:27

**Testosterone [946842429] (Final result)**

 Electronically signed by: **Dykowski, Sara Elizabeth, MD on 03/14/24 1131**

 Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/14/24 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Instance released by: Mlakar, Rachel 3/19/2024 12:20 PM

Diagnoses

Malaise and fatigue [R53.81, R53.83]

**Specimen Information**

ID	Type	Source	Collected By
24S-079SC0640	Blood	Blood, from Venipuncture	Mlakar, Rachel 03/19/24 1236

**Testosterone [946842429] (Normal)**

Resulted: 03/20/24 1217, Result status: Final result

Order status: Completed

Filed by: Constantino, Cheriline B 03/20/24 1217

Collected by: Mlakar, Rachel 03/19/24 1236

Resulting lab: HILLVIEW LABORATORY

Narrative:

New method as of April 1, 2019.

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

**Components**

Component	Value	Reference Range	Flag	Lab
Testosterone  Comment: Reference Range (ng/dL)	834	250 - 1,000 ng/dL	—	Hillview

Adult Males: 300-1000  
 Adult Females, Premenopausal: 10-60  
 Adult Females, Postmenopausal: 7-40

## 03/19/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)

## Labs (continued)

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

## Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

## All Reviewers List

Fredericson, Michael, MD on 3/21/2024 10:27

## Vitamin D, 25-Hydroxyvitamin [946842430] (Final result)

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on 03/14/24 1131Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/14/24 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Instance released by: Mlakar, Rachel 3/19/2024 12:20 PM

Diagnoses

Malaise and fatigue [R53.81, R53.83]

## Specimen Information

ID	Type	Source	Collected By
24S-079SC0641	Blood	Blood, from Venipuncture	Mlakar, Rachel 03/19/24 1236

## Vitamin D, 25-Hydroxyvitamin [946842430] (Normal)

Resulted: 03/20/24 1032, Result status: Final result

Order status: Completed

Filed by: Background, Lab 03/20/24 1032

Collected by: Mlakar, Rachel 03/19/24 1236

Resulting lab: HILLVIEW LABORATORY

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

## Components

Component	Value	Reference Range	Flag	Lab
25-OH Vitamin D, Total	40	25 - 80 ng/mL	—	Hillview

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

## Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

## All Reviewers List

Fredericson, Michael, MD on 3/21/2024 10:27

## T3, Total [946842431] (Final result)

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on 03/14/24 1131Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

**03/19/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Frequency: Routine 03/14/24 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Instance released by: Mlakar, Rachel 3/19/2024 12:20 PM  
 Diagnoses  
 Malaise and fatigue [R53.81, R53.83]

**Specimen Information**

ID	Type	Source	Collected By
24S-079CH2812	Blood	Blood, from Venipuncture	Mlakar, Rachel 03/19/24 1236

**T3, Total [946842431] (Normal)**

Resulted: 03/19/24 2019, Result status: Final result

Order status: Completed Filed by: Background, Lab 03/19/24 2019  
 Collected by: Mlakar, Rachel 03/19/24 1236 Resulting lab: SHC LAB - HOSPITAL LABORATORY  
 Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

**Components**

Component	Value	Reference Range	Flag	Lab
T3 Total	120	80 - 200 ng/dL	—	SHC

Comment:  
 Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 3/21/2024 10:27

**T3, Free [946842432] (Final result)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD on 03/14/24 1131** Status: **Completed**  
 Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131 Authorized by: Fredericson, Michael, MD  
 Ordering mode: Standard  
 Frequency: Routine 03/14/24 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Instance released by: Mlakar, Rachel 3/19/2024 12:20 PM  
 Diagnoses  
 Malaise and fatigue [R53.81, R53.83]

**Specimen Information**

ID	Type	Source	Collected By
24S-079CH2812	Blood	Blood, from Venipuncture	Mlakar, Rachel 03/19/24 1236

**T3, Free [946842432] (Normal)**

Resulted: 03/19/24 2019, Result status: Final result

Order status: Completed Filed by: Background, Lab 03/19/24 2019  
 Collected by: Mlakar, Rachel 03/19/24 1236 Resulting lab: SHC LAB - HOSPITAL LABORATORY

**03/19/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

**Components**

Component	Value	Reference Range	Flag	Lab
T3, Free Comment: This result is produced from a reformulated method that is not significantly altered with biotin concentrations up to 1200 ng/mL in blood	3.5	2.0 - 4.4 pg/mL	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 3/21/2024 10:27

**T4, Free [946842433] (Final result)**

 Electronically signed by: **Dykowski, Sara Elizabeth, MD on 03/14/24 1131**

 Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/14/24 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Instance released by: Mlakar, Rachel 3/19/2024 12:20 PM

Diagnoses

Malaise and fatigue [R53.81, R53.83]

**Specimen Information**

ID	Type	Source	Collected By
24S-079CH2812	Blood	Blood, from Venipuncture	Mlakar, Rachel 03/19/24 1236

**T4, Free [946842433] (Normal)**

Resulted: 03/19/24 2019, Result status: Final result

Order status: Completed

Filed by: Background, Lab 03/19/24 2019

Collected by: Mlakar, Rachel 03/19/24 1236

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

**Components**

Component	Value	Reference Range	Flag	Lab
Free Thyroxine Comment: Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.	1.12	0.93 - 1.70 ng/dL	—	SHC

The free thyroxine upper reference limit for patients on levothyroxine is 2.10 ng/dL  
 The free thyroxine (FT4) reference interval is NOT applicable to pregnant women.

**03/19/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**
**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 3/21/2024 10:27

**TSH [946842434] (Final result)**

 Electronically signed by: **Dykowski, Sara Elizabeth, MD on 03/14/24 1131**

 Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/14/24 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Instance released by: Mlakar, Rachel 3/19/2024 12:20 PM

Diagnoses

Malaise and fatigue [R53.81, R53.83]

**Specimen Information**

ID	Type	Source	Collected By
24S-079CH2812	Blood	Blood, from Venipuncture	Mlakar, Rachel 03/19/24 1236

**TSH [946842434] (Normal)**

Resulted: 03/19/24 2019, Result status: Final result

Order status: Completed

Filed by: Background, Lab 03/19/24 2019

Collected by: Mlakar, Rachel 03/19/24 1236

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

**Components**

Component	Value	Reference Range	Flag	Lab
TSH	2.64	0.27 - 4.20 uIU/mL	—	SHC

## Comment:

This result is produced from a reformulated method that is not significantly altered with biotin concentrations up to 1200 ng/mL in blood

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 3/21/2024 10:27

**CBC with Differential [946842435] (Final result)**

**03/19/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**
Electronically signed by: **Dykowski, Sara Elizabeth, MD on 03/14/24 1131**Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/14/24 -

Quantity: 1

Instance released by: Mlakar, Rachel 3/19/2024 12:20 PM

Diagnoses

Malaise and fatigue [R53.81, R53.83]

Class: Clinic Collect

Lab status: Final result

**Specimen Information**

ID	Type	Source	Collected By
24S-079HE1362	Blood	Blood, from Venipuncture	03/19/24 1236

**CBC with Differential [946842435]**
**CBC with Differential [946842438]**

Resulted: 03/19/24 2002, Result status: Final result

Order status: Completed

Filed by: Background, Lab 03/19/24 2002

Collected by: Mlakar, Rachel 03/19/24 1236

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	4.0	4.0 - 11.0 K/uL	—	SHC
RBC	5.49	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	15.4	13.5 - 17.7 g/dL	—	SHC
Hematocrit	46.5	40.0 - 52.0 %	—	SHC
MCV	84.7	82.0 - 98.0 fL	—	SHC
MCH	28.1	27.0 - 34.0 pg	—	SHC
MCHC	33.1	32.0 - 36.0 g/dL	—	SHC
RDW	12.0	11.5 - 14.5 %	—	SHC
Platelet count	245	150 - 400 K/uL	—	SHC
Neutrophil %	47.2	%	—	SHC
Lymphocyte %	40.1	%	—	SHC
Monocyte %	7.6	%	—	SHC
Eosinophil %	4.3	%	—	SHC
Basophil %	0.8	%	—	SHC
Imm. Granulocyte, %	0.0	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	1.88	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.59	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.30	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.17	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.03	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.00	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**CBC with Differential [946842435]**

03/19/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)

Labs (continued)

CBC with Differential [946842438]

Resulted: 03/19/24 2002, Result status: Final result

Order status: Completed

Filed by: Background, Lab 03/19/24 2002

Collected by: Mlakar, Rachel 03/19/24 1236

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

Components

Component	Value	Reference Range	Flag	Lab
WBC	4.0	4.0 - 11.0 K/uL	—	SHC
RBC	5.49	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	15.4	13.5 - 17.7 g/dL	—	SHC
Hematocrit	46.5	40.0 - 52.0 %	—	SHC
MCV	84.7	82.0 - 98.0 fL	—	SHC
MCH	28.1	27.0 - 34.0 pg	—	SHC
MCHC	33.1	32.0 - 36.0 g/dL	—	SHC
RDW	12.0	11.5 - 14.5 %	—	SHC
Platelet count	245	150 - 400 K/uL	—	SHC
Neutrophil %	47.2	%	—	SHC
Lymphocyte %	40.1	%	—	SHC
Monocyte %	7.6	%	—	SHC
Eosinophil %	4.3	%	—	SHC
Basophil %	0.8	%	—	SHC
Imm. Granulocyte, %	0.0	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	1.88	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.59	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.30	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.17	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.03	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.00	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

Metabolic Panel, Comprehensive [946842436] (Final result)

Electronically signed by: Dykowski, Sara Elizabeth, MD on 03/14/24 1131

Status: Completed

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/14/24 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Instance released by: Mlakar, Rachel 3/19/2024 12:20 PM

Diagnoses

Malaise and fatigue [R53.81, R53.83]

Specimen Information

ID	Type	Source	Collected By
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**03/19/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

24S-079CH2813	Blood	Blood, from Venipuncture	Mlakar, Rachel 03/19/24 1236
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**Metabolic Panel, Comprehensive [946842436]**

Resulted: 03/19/24 2014, Result status: Final result

Order status: Completed

Filed by: Background, Lab 03/19/24 2014

Collected by: Mlakar, Rachel 03/19/24 1236

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Narrative:

Physiological plasma concentrations of Sulfasalazine and/or Sulfapyridine drugs may lead to false results for AST and ALT. Please contact the Chemistry section of the clinical laboratory for any questions.

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

**Components**

Component	Value	Reference Range	Flag	Lab
Sodium, Ser/Plas	138	135 - 145 mmol/L	—	SHC
Potassium, Ser/Plas	5.1	3.5 - 5.5 mmol/L	—	SHC
Chloride, Ser/Plas	100	98 - 107 mmol/L	—	SHC
CO2, Ser/Plas	27	22 - 29 mmol/L	—	SHC

Comment:

Falsely low bicarbonate result will occur with triglyceride concentration greater than 1000 mg/dL, please interpret bicarbonate result with caution.

Anion Gap	11	5 - 15 mmol/L	—	SHC
Fasting	Yes	—	—	SHC
Glucose, Ser/Plas	89	70 - 100 mg/dL	—	SHC

Comment:

The reference range listed above is for a fasting patient. Non-fasting glucose values may be higher.

Creatinine, Ser/Plas	0.86	0.67 - 1.17 mg/dL	—	SHC
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Comment:

Measured by isotope dilution mass spectrometry traceable method.

Falsely low creatinine concentration might be observed in patients receiving catecholamines such as dopamine, dobutamine, epinephrine, and norepinephrine when blood specimens are collected by indwelling catheters (e.g., PICC line). The cause of the falsely low creatinine concentration from indwelling catheters is due to administering the drug and collecting blood through the same catheter, which interferes with the enzymatic creatinine method used on our chemistry platform. This phenomenon is not observed with peripheral blood draws. Extensive flushing of the indwelling catheter to remove drug remnants before blood collection is recommended. It also recommended that blood specimens be collected from peripheral veins for patients receiving these drugs from the indwelling catheter to obtain accurate creatinine results.

Result can be falsely decreased in patients with elevated levels of N-Acetylcysteine (NAC) and Metamizole.

eGFR Refit Without Race (2021)	126	>60 mL/min/1.73 m2	—	SHC
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Comment:

eGFR is consistent with normal renal function.

There is substantial imprecision in any estimate of GFR and is only applicable if the kidney function is stable. As of December 1, 2021, creatinine-based eGFR is calculated by the CKD-EPI creatinine equation refit without the race variable. Creatinine levels can be influenced by muscle mass, exercise, diet, and medications. Any clinical decisions (e.g., eligibility for procedures or administration of medications) that might be influenced by the reported value should be further informed by clinical judgment.

BUN, Ser/Plas	16	6 - 20 mg/dL	—	SHC
Calcium, Ser/Plas	9.8	8.4 - 10.5 mg/dL	—	SHC
Protein, Total, Ser/Plas	7.6	6.0 - 8.3 g/dL	—	SHC
Albumin, Ser/Plas	4.7	3.5 - 5.2 g/dL	—	SHC
Total Bilirubin, Ser/Plas	0.6	<1.2 mg/dL	—	SHC
Alk P'TASE, Total, Ser/Plas	77	40 - 130 U/L	—	SHC
AST (SGOT), Ser/Plas	31	10 - 50 U/L	—	SHC
ALT (SGPT), Ser/Plas	22	10 - 50 U/L	—	SHC
Globulin	2.9	2.0 - 5.0 g/dL	—	SHC

**Testing Performed By**

**03/19/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 3/21/2024 10:27

**CBC with Differential [946842438] (Final result)**

Status: **Completed**

Order placed as a reflex to CBC with Differential [946842435] ordered on 03/14/24 at 1131

Ordering user: Dykowsky, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/19/24 -

Quantity: 1

Diagnoses

Malaise and fatigue [R53.81, R53.83]

Class: Clinic Collect

Lab status: Final result

**Specimen Information**

ID	Type	Source	Collected By
24S-079HE1362	Blood	Blood, from Venipuncture	Mlakar, Rachel 03/19/24 1236

**CBC with Differential [946842438]**

Resulted: 03/19/24 2002, Result status: Final result

Order status: Completed

Filed by: Background, Lab 03/19/24 2002

Collected by: Mlakar, Rachel 03/19/24 1236

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	4.0	4.0 - 11.0 K/uL	—	SHC
RBC	5.49	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	15.4	13.5 - 17.7 g/dL	—	SHC
Hematocrit	46.5	40.0 - 52.0 %	—	SHC
MCV	84.7	82.0 - 98.0 fL	—	SHC
MCH	28.1	27.0 - 34.0 pg	—	SHC
MCHC	33.1	32.0 - 36.0 g/dL	—	SHC
RDW	12.0	11.5 - 14.5 %	—	SHC
Platelet count	245	150 - 400 K/uL	—	SHC
Neutrophil %	47.2	%	—	SHC
Lymphocyte %	40.1	%	—	SHC
Monocyte %	7.6	%	—	SHC
Eosinophil %	4.3	%	—	SHC
Basophil %	0.8	%	—	SHC
Imm. Granulocyte, %	0.0	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	1.88	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.59	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.30	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.17	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.03	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.00	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**03/19/2024 - Clinical Support in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 3/21/2024 10:27

## 03/14/2024 - Telemedicine in Orthopedic Rehab & Sports Med Center A16

### Reason for Visit

Chief complaint: Office Visit  
Visit diagnosis: Malaise and fatigue

### Medication List

#### Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### Vitamin D3 5,000 unit TABS

Discontinued by: Anderson, Mitchell Paul, MD	Discontinued on: 9/6/2024
Reason for discontinuation: Reorder	
Instructions: Take 1 tablet by mouth every weekday (none on weekends)	
Authorized by: Walker, Clayton Robert, MD	Ordered on: 2/2/2024
Start date: 2/2/2024	End date: 9/6/2024
Quantity: 100 Tablet	Refill: No refills remaining

#### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Fredericson, Michael, MD at 3/14/2024 1100

### Stanford Ortho Sports Medicine Clinic Video Visit

#### History of Present Illness:

ID/CC: Galen Topper is a 21 Y male who presents for follow up of fatigue. He was last seen for a similar concern in December 2023. At that time, he had been experiencing fatigue for 6 weeks after a viral illness and was treated for postviral fatigue. At that time, workup was ordered and monospot was negative, mono screen showed IgG+, -IgM. Testosterone 549, trop 0.04, thyroid wnl, ferritin wnl, Vit. D 29 and supplementation ordered, CXR negative, and ECG (normal). Referral was placed to ID clinic for post-infectious fatigue however referral could not be completed.

Today, Galen reports that he did feel he made a full recovery for a short while following prior fatigue experience earlier this academic year however over the last 1.5 weeks he has noticed significant fatigue and decreased performance described as difficulty keeping up with workouts. He does describe difficulty with maintaining feeling as eating prior to workouts makes him feel ill but also when he does not eat he experiences significant hunger post working out. He also notes that he has had impaired sleep for the past several months, he will sometimes get on average 5 to 6 hours of sleep on weekdays and then try to catch up for it on the weekends sleeping closer to 8 to 9 hours. Some nights he finds that he has difficulty falling asleep. He has not noticed any change in morning erections or overall sex drive. He has been on vitamin D 5000 units daily for the past month. Denies any systemic symptoms such as temperature intolerances or other medical changes.

### Patient Active Problem List

#### Diagnosis

- Right foot pain

#### Date Noted

01/14/2024

## 03/14/2024 - Telemedicine in Orthopedic Rehab & Sports Med Center A16 (continued)

### Clinical Notes (continued)

• Sacroiliitis (CMS-HCC)	10/04/2022
• Breathing difficulty	01/08/2020
• Lactose intolerance	08/17/2018
• Acute nonintractable headache	06/29/2018
• Vasovagal syncope	06/29/2018
• Multiple allergies	02/13/2014
• Dermographism	10/31/2013
• Keratosis pilaris	

### Current Outpatient Medications:

- Vitamin D3 5,000 unit TABS, Take 1 tablet by mouth every weekday (none on weekends)

He reports that he has never smoked. He has never used smokeless tobacco. He reports that he does not currently use alcohol. He reports that he does not currently use drugs.

His family history includes Allergies in his father; CAD, Late Onset in his paternal grandfather; Elevated Lipids in his father; No Known Problems in his brother and sister.

### Review of Systems

ROS: Pertinent positives and negatives are noted in the HPI.

Objective

### Physical Exam:

Exam limited by the nature of virtual visit. The patient is tired appearing, in no acute distress. Speech is clear, fluent. Conversation is appropriate.

### Assessment / Plan

### Assessment and Plan:

Diagnoses and associated orders for this visit:

### Malaise and fatigue

- Metabolic Panel, Comprehensive; Future
- CBC with Differential; Future
- TSH; Future
- T4, Free; Future
- T3, Free; Future
- T3, Total; Future
- Vitamin D, 25-Hydroxyvitamin; Future
- Testosterone; Future
- Ferritin; Future
- Referral To Sleep Clinic

We did discuss that acute fatigue is concerning for both low energy availability as well as impaired sleep quality, both of which can significantly influence his performance and overall energy level. We did review checking the labs as ordered noted above which we prefer that these be done fasting to get the most accurate testosterone level. Patient was agreeable to checking labs. As he has noted a significant impairment in his sleep which is likely multifactorial as

**03/14/2024 - Telemedicine in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Clinical Notes (continued)**

well, we did discuss the benefit of working with sports psychology as they may have suggestions for an approach to help with this and we did additionally place a sleep medicine referral to the general clinic for additional assistance given the impact this has had on his daily life and athletic performance. Galen was open to both meeting with sports psychology as well as sleep medicine.

Pending lab review results, we will likely also recommend follow-up with Kristen from nutrition.

All questions were answered.

Follow-up: Likely follow-up in 1 week pending lab results

The patient indicates understanding and agrees to the plan.

Sara Dykowski, MD, PGY-5  
 PM&R Sports Medicine Fellow

**Teaching Physician Attestation**

Michael Fredericson, MD  
 Professor, Sports Medicine

I was present and directly participated in the care of this patient. I have reviewed the resident/fellow note, made edits as indicated, and agree with the documented findings, assessment, and plan.

Electronically signed by Fredericson, Michael, MD at 3/15/2024 10:57 AM

**Labs**

**Ferritin [945703973] (Completed)**

Electronically signed by: <b>Dykowski, Sara Elizabeth, MD</b> on <b>03/14/24 1131</b>	Status: <b>Completed</b>
Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131	Authorized by: Fredericson, Michael, MD
Ordering mode: Standard	
Frequency: Routine 03/14/24 -	Class: Clinic Collect
Quantity: 1	
Diagnoses	
Malaise and fatigue [R53.81, R53.83]	

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**Ferritin [946842428] (Normal)**

Resulted: 03/19/24 2019, Result status: Final result

Order status: Completed	Filed by: Background, Lab 03/19/24 2019
Collected by: Mlakar, Rachel 03/19/24 1236	Resulting lab: SHC LAB - HOSPITAL LABORATORY
Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027	

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 3/14/2024

### 03/14/2024 - Telemedicine in Orthopedic Rehab & Sports Med Center A16 (continued)

#### Labs (continued)

##### Components

Component	Value	Reference Range	Flag	Lab
Ferritin  Comment: Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.	80.4	30 - 400 ng/mL	—	SHC

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

#### Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

#### Metabolic Panel, Comprehensive [945703965] (Completed)

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on 03/14/24 1131

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/14/24 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Malaise and fatigue [R53.81, R53.83]

#### Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

#### Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

#### Metabolic Panel, Comprehensive [946842436]

Resulted: 03/19/24 2014, Result status: Final result

Order status: Completed

Filed by: Background, Lab 03/19/24 2014

Collected by: Mlakar, Rachel 03/19/24 1236

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Narrative:

Physiological plasma concentrations of Sulfasalazine and/or Sulfapyridine drugs may lead to false results for AST and ALT. Please contact the Chemistry section of the clinical laboratory for any questions.

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

#### Components

Component	Value	Reference Range	Flag	Lab
Sodium, Ser/Plas	138	135 - 145 mmol/L	—	SHC
Potassium, Ser/Plas	5.1	3.5 - 5.5 mmol/L	—	SHC
Chloride, Ser/Plas	100	98 - 107 mmol/L	—	SHC
CO2, Ser/Plas	27	22 - 29 mmol/L	—	SHC
Comment: Falsely low bicarbonate result will occur with triglyceride concentration greater than 1000 mg/dL, please interpret bicarbonate result with caution.				
Anion Gap	11	5 - 15 mmol/L	—	SHC

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Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 3/14/2024

**03/14/2024 - Telemedicine in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

Fasting	Yes	—	—	SHC
Glucose, Ser/Plas	89	70 - 100 mg/dL	—	SHC
Comment: The reference range listed above is for a fasting patient. Non-fasting glucose values may be higher.				
Creatinine, Ser/Plas	0.86	0.67 - 1.17 mg/dL	—	SHC
Comment: Measured by isotope dilution mass spectrometry traceable method. Falsey low creatinine concentration might be observed in patients receiving catecholamines such as dopamine, dobutamine, epinephrine, and norepinephrine when blood specimens are collected by indwelling catheters (e.g., PICC line). The cause of the falsely low creatinine concentration from indwelling catheters is due to administering the drug and collecting blood through the same catheter, which interferes with the enzymatic creatinine method used on our chemistry platform. This phenomenon is not observed with peripheral blood draws. Extensive flushing of the indwelling catheter to remove drug remnants before blood collection is recommended. It also recommended that blood specimens be collected from peripheral veins for patients receiving these drugs from the indwelling catheter to obtain accurate creatinine results. Result can be falsely decreased in patients with elevated levels of N-Acetylcysteine (NAC) and Metamizole.				
eGFR Refit Without Race (2021)	126	>60 mL/min/1.73 m2	—	SHC
Comment: eGFR is consistent with normal renal function. There is substantial imprecision in any estimate of GFR and is only applicable if the kidney function is stable. As of December 1, 2021, creatinine-based eGFR is calculated by the CKD-EPI creatinine equation refit without the race variable. Creatinine levels can be influenced by muscle mass, exercise, diet, and medications. Any clinical decisions (e.g., eligibility for procedures or administration of medications) that might be influenced by the reported value should be further informed by clinical judgment.				
BUN, Ser/Plas	16	6 - 20 mg/dL	—	SHC
Calcium, Ser/Plas	9.8	8.4 - 10.5 mg/dL	—	SHC
Protein, Total, Ser/Plas	7.6	6.0 - 8.3 g/dL	—	SHC
Albumin, Ser/Plas	4.7	3.5 - 5.2 g/dL	—	SHC
Total Bilirubin, Ser/Plas	0.6	<1.2 mg/dL	—	SHC
Alk P'TASE, Total, Ser/Plas	77	40 - 130 U/L	—	SHC
AST (SGOT), Ser/Plas	31	10 - 50 U/L	—	SHC
ALT (SGPT), Ser/Plas	22	10 - 50 U/L	—	SHC
Globulin	2.9	2.0 - 5.0 g/dL	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**CBC with Differential [945703966] (Completed)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD on 03/14/24 1131**

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/14/24 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Malaise and fatigue [R53.81, R53.83]

**Specimen Information**

ID	Type	Source	Collected By
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Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 3/14/2024

**03/14/2024 - Telemedicine in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

—  
 Blood      Blood, from  
 Venipuncture      —

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**CBC with Differential [946842435]**

**CBC with Differential [946842438]**

Resulted: 03/19/24 2002, Result status: Final result

Order status: Completed  
 Collected by: Mlakar, Rachel 03/19/24 1236  
 Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

Filed by: Background, Lab 03/19/24 2002  
 Resulting lab: SHC LAB - HOSPITAL LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	4.0	4.0 - 11.0 K/uL	—	SHC
RBC	5.49	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	15.4	13.5 - 17.7 g/dL	—	SHC
Hematocrit	46.5	40.0 - 52.0 %	—	SHC
MCV	84.7	82.0 - 98.0 fL	—	SHC
MCH	28.1	27.0 - 34.0 pg	—	SHC
MCHC	33.1	32.0 - 36.0 g/dL	—	SHC
RDW	12.0	11.5 - 14.5 %	—	SHC
Platelet count	245	150 - 400 K/uL	—	SHC
Neutrophil %	47.2	%	—	SHC
Lymphocyte %	40.1	%	—	SHC
Monocyte %	7.6	%	—	SHC
Eosinophil %	4.3	%	—	SHC
Basophil %	0.8	%	—	SHC
Imm. Granulocyte, %	0.0	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	1.88	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.59	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.30	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.17	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.03	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.00	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**CBC with Differential [946842435]**

**CBC with Differential [946842438]**

Resulted: 03/19/24 2002, Result status: Final result

Order status: Completed  
 Collected by: Mlakar, Rachel 03/19/24 1236  
 Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

Filed by: Background, Lab 03/19/24 2002  
 Resulting lab: SHC LAB - HOSPITAL LABORATORY

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**03/14/2024 - Telemedicine in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	4.0	4.0 - 11.0 K/uL	—	SHC
RBC	5.49	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	15.4	13.5 - 17.7 g/dL	—	SHC
Hematocrit	46.5	40.0 - 52.0 %	—	SHC
MCV	84.7	82.0 - 98.0 fL	—	SHC
MCH	28.1	27.0 - 34.0 pg	—	SHC
MCHC	33.1	32.0 - 36.0 g/dL	—	SHC
RDW	12.0	11.5 - 14.5 %	—	SHC
Platelet count	245	150 - 400 K/uL	—	SHC
Neutrophil %	47.2	%	—	SHC
Lymphocyte %	40.1	%	—	SHC
Monocyte %	7.6	%	—	SHC
Eosinophil %	4.3	%	—	SHC
Basophil %	0.8	%	—	SHC
Imm. Granulocyte, %	0.0	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	1.88	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.59	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.30	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.17	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.03	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.00	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**TSH [945703967] (Completed)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on 03/14/24 1131

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/14/24 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Malaise and fatigue [R53.81, R53.83]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

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### 03/14/2024 - Telemedicine in Orthopedic Rehab & Sports Med Center A16 (continued)

#### Labs (continued)

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

##### TSH [946842434] (Normal)

Resulted: 03/19/24 2019, Result status: Final result

Order status: Completed

Filed by: Background, Lab 03/19/24 2019

Collected by: Mlakar, Rachel 03/19/24 1236

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

#### Components

Component	Value	Reference Range	Flag	Lab
TSH	2.64	0.27 - 4.20 uIU/mL	—	SHC

Comment:

This result is produced from a reformulated method that is not significantly altered with biotin concentrations up to 1200 ng/mL in blood

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

#### Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

### T4, Free [945703968] (Completed)

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on 03/14/24 1131

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/14/24 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Malaise and fatigue [R53.81, R53.83]

#### Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

#### Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

### T4, Free [946842433] (Normal)

Resulted: 03/19/24 2019, Result status: Final result

Order status: Completed

Filed by: Background, Lab 03/19/24 2019

Collected by: Mlakar, Rachel 03/19/24 1236

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

#### Components

Component	Value	Reference Range	Flag	Lab
Free Thyroxine	1.12	0.93 - 1.70 ng/dL	—	SHC

Comment:

Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.

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### 03/14/2024 - Telemedicine in Orthopedic Rehab & Sports Med Center A16 (continued)

#### Labs (continued)

The free thyroxine upper reference limit for patients on levothyroxine is 2.10 ng/dL  
 The free thyroxine (FT4) reference interval is NOT applicable to pregnant women.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

#### Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

#### T3, Free [945703969] (Completed)

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on 03/14/24 1131

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/14/24 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Malaise and fatigue [R53.81, R53.83]

#### Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

#### Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

#### T3, Free [946842432] (Normal)

Resulted: 03/19/24 2019, Result status: Final result

Order status: Completed

Filed by: Background, Lab 03/19/24 2019

Collected by: Mlakar, Rachel 03/19/24 1236

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

#### Components

Component	Value	Reference Range	Flag	Lab
T3, Free Comment: This result is produced from a reformulated method that is not significantly altered with biotin concentrations up to 1200 ng/mL in blood	3.5	2.0 - 4.4 pg/mL	—	SHC

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

#### Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

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 Visit date: 3/14/2024

### 03/14/2024 - Telemedicine in Orthopedic Rehab & Sports Med Center A16 (continued)

#### Labs (continued)

##### T3, Total [945703970] (Completed)

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on **03/14/24 1131**

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/14/24 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Malaise and fatigue [R53.81, R53.83]

#### Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

#### Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

##### T3, Total [946842431] (Normal)

Resulted: 03/19/24 2019, Result status: Final result

Order status: Completed

Filed by: Background, Lab 03/19/24 2019

Collected by: Mlakar, Rachel 03/19/24 1236

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

#### Components

Component	Value	Reference Range	Flag	Lab
T3 Total Comment: Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.	120	80 - 200 ng/dL	—	SHC

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

#### Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

##### Vitamin D, 25-Hydroxyvitamin [945703971] (Completed)

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on **03/14/24 1131**

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/14/24 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Malaise and fatigue [R53.81, R53.83]

#### Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, from	—

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 OUTPATIENT CENTER  
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 Visit date: 3/14/2024

**03/14/2024 - Telemedicine in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

Venipuncture

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**Vitamin D, 25-Hydroxyvitamin [946842430] (Normal)**

Resulted: 03/20/24 1032, Result status: Final result

Order status: Completed

Collected by: Mlakar, Rachel 03/19/24 1236

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

Filed by: Background, Lab 03/20/24 1032

Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
25-OH Vitamin D, Total	40	25 - 80 ng/mL	—	Hillview

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**Testosterone [945703972] (Completed)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD on 03/14/24 1131**

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1131

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/14/24 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Malaise and fatigue [R53.81, R53.83]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**Testosterone [946842429] (Normal)**

Resulted: 03/20/24 1217, Result status: Final result

Order status: Completed

Filed by: Constantino, Cherilene B 03/20/24 1217

Collected by: Mlakar, Rachel 03/19/24 1236

Resulting lab: HILLVIEW LABORATORY

Narrative:

New method as of April 1, 2019.

Acknowledged by: Fredericson, Michael, MD on 03/21/24 1027

**Components**

Component	Value	Reference Range	Flag	Lab
Testosterone Comment: Reference Range (ng/dL)	834	250 - 1,000 ng/dL	—	Hillview

Adult Males: 300-1000

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### 03/14/2024 - Telemedicine in Orthopedic Rehab & Sports Med Center A16 (continued)

#### Labs (continued)

Adult Females, Premenopausal: 10-60  
 Adult Females, Postmenopausal: 7-40

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

#### Other Orders

##### Outpatient Referral

###### Referral To Sleep Clinic [945705448] (Active)

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on **03/14/24 1135**

Status: **Active**

Ordering user: Dykowski, Sara Elizabeth, MD 03/14/24 1135

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Expedite 03/14/24 -

Class: Stanford Referral

Quantity: 1

Diagnoses

Malaise and fatigue [R53.81, R53.83]

Order comments: Stanford T&F athlete, 21 Y male referred for impaired ability to fall asleep, affecting sports performance. Referral to evaluate if any other treatments may be beneficial.

##### Referral Details

Referred By	Referred To	Type	Priority	
Fredericson, Michael, MD 450 Broadway St Rm A16 Pavilion A 1st Fl MC 6110 Redwood City CA 94063 Phone: (650)498-7555 Fax: 650-721-3429	Diagnoses: Malaise and fatigue Order: Referral To Sleep Clinic Reason: Specialty Services Requested	Sleep Medicine 450 Broadway Street Pavilion B, Second Floor Redwood City CA 94063-3132 Phone: 650-723-6601 Fax: 650-721-3448 Specialty: Sleep Medicine-Sleep Medicine (General)	Consult, Test and Treat	Urgent

Comment: Stanford T&F athlete, 21 Y male referred for impaired ability to fall asleep, affecting sports performance.  
 Referral to evaluate if any other treatments may be beneficial.

##### Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

#### Flowsheets

##### Encounter Extended Vitals

Row Name	03/14/24 1107
Pain Related to this Visit? No pain = 0	
Pain Level - 1st	0 -SL

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 Visit date: 3/14/2024

**03/14/2024 - Telemedicine in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Flowsheets (continued)**

Site

**Fall Risk**

Have you fallen      No -SL  
 in the last 30  
 days?

**Learning Preference**

What is your      Listening;Reading -  
 learning            SL  
 preference?

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
SL	La Rosa, Stefanie	—	—	03/14/2024

**02/02/2024 - Orders Only in Orthopedic Rehab & Sports Med Center A16**

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
 Authorized by: Kuo, Kevin Fong-Wei, MD  
 Start date: 1/25/2023  
 Action: Patient not taking  
 Refill: No refills remaining  
 Ordered on: 1/25/2023  
 End date: 3/14/2024  
 Quantity: 42 Tablet

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Choo, Hyunwoo June, MD  
 Start date: 3/30/2023  
 Action: Patient not taking  
 Refill: No refills remaining  
 Ordered on: 3/30/2023  
 End date: 3/14/2024  
 Quantity: 15 Capsule

**ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
 Authorized by: Dykowski, Sara Elizabeth, MD  
 Start date: 12/7/2023  
 Action: Patient not taking  
 Refill: No refills remaining  
 Ordered on: 12/7/2023  
 End date: 3/14/2024  
 Quantity: 30 Capsule

**Vitamin D3 5,000 unit TABS**

Discontinued by: Anderson, Mitchell Paul, MD Discontinued on: 9/6/2024  
 Reason for discontinuation: Reorder  
 Instructions: Take 1 tablet by mouth every weekday (none on weekends)  
 Authorized by: Walker, Clayton Robert, MD  
 Start date: 2/2/2024  
 Quantity: 100 Tablet  
 Ordered on: 2/2/2024  
 End date: 9/6/2024  
 Refill: No refills remaining

**Stopped in Visit**

None

**MAR**

**Medications**

**Medication Order Report**

**Order Information**

Ordered	Status	Priority	Ordering User	Department
02/02/24	Sent	Routine	Walker, Clayton Robert, MD	ORTHO PMR & SPORTS MED

**Provider Information**

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 2/2/2024

## 02/02/2024 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)

### MAR (continued)

Authorizing Provider	Encounter Provider
Walker, Clayton Robert, MD	Walker, Clayton Robert, MD

### Medication Detail

Medication	Quantity	Refills	Start	End
Vitamin D3 5,000 unit TABS (Discontinued)	100 Tablet	0	2/2/2024	9/6/2024

Sig: Take 1 tablet by mouth every weekday (none on weekends)

Route: (none)

DAW: Yes

Reason for Discontinue: Reorder

Class: In Clinic

Order #: 935890463

### Outpatient Medication Detail

	Disp	Refills	Start	End
Vitamin D3 5,000 unit TABS (Discontinued)	100 Tablet	0	2/2/2024	9/6/2024

Sig: Take 1 tablet by mouth every weekday (none on weekends)

Class: In Clinic

Reason for Discontinue: Reorder

### Medication Administration Instructions

Take 1 tablet by mouth every weekday (none on weekends)

### This Order Has Been Discontinued

Order Status	Reason	By	On
Discontinued	Reorder	Anderson, Mitchell Paul, MD	9/6/24 1635

### Vitamin D3 5,000 unit TABS [935890463]

Electronically signed by: **Walker, Clayton Robert, MD on 02/02/24 1246**

Status: **Discontinued**

Ordering user: Walker, Clayton Robert, MD 02/02/24 1246

Authorized by: Walker, Clayton Robert, MD

Ordering mode: Standard

Frequency: 02/02/24 - 09/06/24

Discontinued by: Anderson, Mitchell Paul, MD 09/06/24 1635

[Reorder]

### Proportion of Days Covered



#### Unknown Adherence

Adherence cannot be calculated for over-the-counter drugs.

#### Low Confidence

Fill data for this medication may be incomplete.

### About this Score

#### Summary

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

#### Calculating the Score

The score is calculated following these steps:

- Find the number of days the patient was prescribed the medication from the list of orders.
- Find the number of days the patient could not have been taking the medication due to being admitted.
- Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
- Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.

**02/02/2024 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**MAR (continued)**

5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

**Confidence**

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

**Limitations**

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

STANFORD MEDICINE  
OUTPATIENT CENTER  
450 BROADWAY ST  
REDWOOD CITY CA 94063-  
3132

Topper, Galen  
MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
Visit date: 2/2/2024

**02/02/2024 - Patient Message in Orthopedic Rehab & Sports Med Center A16**

**Messages**

**Labs**

From	To	Sent and Delivered
Clayton Robert Walker, MD	Topper, Galen	2/2/2024 12:57 PM
Last Read in MyHealth		
2/2/2024 12:57 PM by Topper, Galen		

Hi Galen,

Your vitamin D was low on your recent labs, but they otherwise looked good. I ordered a vitamin D supplement that you can pick up from the sports medicine clinic later this month when it is back in stock.

Clay Walker, MD

## 01/23/2024 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Physical Therapy  
Visit diagnosis: Right foot pain

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD	Discontinued on: 2/2/2024
Instructions: take 1 Capsule (1,000 Units total) by mouth every day	
Authorized by: Kuwabara, Anne M, MD	Ordered on: 2/3/2022
Start date: 2/3/2022	End date: 2/2/2024
Action: Patient not taking	Quantity: 100 Capsule
Refill: 3 refills remaining	

##### **predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD	Discontinued on: 3/14/2024
Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.	
Authorized by: Kuo, Kevin Fong-Wei, MD	Ordered on: 1/25/2023
Start date: 1/25/2023	End date: 3/14/2024
Action: Patient not taking	Quantity: 42 Tablet
Refill: No refills remaining	

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD	Discontinued on: 3/14/2024
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough	
Authorized by: Choo, Hyunwoo June, MD	Ordered on: 3/30/2023
Start date: 3/30/2023	End date: 3/14/2024
Action: Patient not taking	Quantity: 15 Capsule
Refill: No refills remaining	

##### **ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD	Discontinued on: 3/14/2024
Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days	
Authorized by: Dykowski, Sara Elizabeth, MD	Ordered on: 12/7/2023
Start date: 12/7/2023	End date: 3/14/2024
Action: Patient not taking	Quantity: 30 Capsule
Refill: No refills remaining	

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Moreno, Tamara Lynn Johann, PT at 1/23/2024 1230

## Outpatient Physical Therapy Progress Note

### SUBJECTIVE:

**01/23/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

Galen has run on ground and alterG with no foot pain. He has no pain with ADLs.

**OBJECTIVE:**

**Reassessment Performed:**

Functional Movements:

Single Leg Squat x2ea= no c/o

Single Leg Calf-Raise x2ea= no c/o

Single Leg Hop x2ea= no c/o

Palpation= 3/10 pain at proximal end of 5th metatarsal, 2/10 pain at met/cuboid joint

Passive Range of Motion Ankles:

Minimal hypomobility of ankle dorsiflexion bilaterally

**Treatment Provided:**

10 minutes Therapeutic Exercise:

Reviewed home program; single leg balance/windmill exercise with focus on foot position, calf raise with slow movement and isometric hold (with 10-15 lb dumbbell). Continue these as part of weight room program/activation, 2-3x/week. May stop the ankle theraband exercise. Advised Galen to hold off from running hills and workouts for another 2 weeks.

**ASSESSMENT:**

Galen is a men's distance runner with the Stanford Cross Country/Track & Field team. He has right lateral foot pain after an inversion moment during a run. Galen's symptoms are most consistent with peroneal tendon strain vs cuboid/5th metatarsal joint sprain. He would benefit from physical therapy to improve lateral foot stability and to develop program of strengthening and proprioception to limit recurrence.

Tender to palpation, but no significant pain with ADLs. Ok to progress back to ground as tolerated; no hills or speed work.

**PLAN:**

Work with AT weekly. Follow up in PT as needed.

**Total Treatment Time:** 20 minutes

Electronically signed by Moreno, Tamara Lynn Johann, PT at 1/25/2024 11:32 AM

## 01/19/2024 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Physical Therapy  
Visit diagnosis: Right foot pain

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

##### **predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
Start date: 1/25/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 42 Tablet  
Refill: No refills remaining

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
Start date: 3/30/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### **ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
Authorized by: Dykowski, Sara Elizabeth, MD Ordered on: 12/7/2023  
Start date: 12/7/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 30 Capsule  
Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Moreno, Tamara Lynn Johann, PT at 1/19/2024 1200

## Outpatient Physical Therapy Progress Note

### SUBJECTIVE:

**01/19/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

Ran on alterG at 90% body weight with no pain. So transitioned to ground running; 4 miles. No pain during or after in foot.

**OBJECTIVE:**

**Reassessment Performed:**

Functional Movements:

Single Leg Squat x2ea= no c/o

Single Leg Calf-Raise x2ea= mild discomfort in lateral right midfoot, left no c/o

Single Leg Hop x2ea= mild discomfort in lateral right midfoot, left no c/o

Palpation= 3/10 pain at proximal end of 5th metatarsal, 4/10 pain at met/cuboid joint

Passive Range of Motion Ankles:

Min/mod hypomobility of ankle dorsiflexion bilaterally

**Treatment Provided:**

20 minutes Manual Therapy:

Soft tissue mobilization to dorsal and plantar right foot; lateral ankle ligaments, peroneal tendons/muscles, joints of lateral midfoot, and plantar fascia/foot intrinsics.

Prone wholefoot dorsiflexion; IV++, 4x20sec right.

Prone right first toe/plantar fascia stretch; 2x20sec hold.

Prone right cuboid dorsal glide; IV++, 4x15sec.

Prone right foot plantarflexion with dorsal glides along bones of midfoot.

15 minutes Therapeutic Exercise:

Single leg windmill balance exercise; alternate hand touch to water bottle; 3x5ea leg.

Single leg calf raise x10, then hold at 1/2 range x10sec. 3 rounds ea leg with 10 lb dumbbell.

**ASSESSMENT:**

Galen is a men's distance runner with the Stanford Cross Country/Track & Field team. He has right lateral foot pain after an inversion moment during a run. Galen's symptoms are most consistent with peroneal tendon strain vs cuboid/5th metatarsal joint sprain. He would benefit from physical therapy to improve lateral foot stability and to develop program of strengthening and proprioception to limit recurrence.

Tender to palpation, but no significant pain with ADLs. Ok to progress back to ground as tolerated; no hills or speed work.

**PLAN:**

Follow up next week to reassess.

**Total Treatment Time:** 35 minutes

**01/19/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

Electronically signed by Moreno, Tamara Lynn Johann, PT at 1/21/2024 9:28 PM

## 01/16/2024 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Physical Therapy  
Visit diagnosis: Right foot pain

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

##### **predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
Start date: 1/25/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 42 Tablet  
Refill: No refills remaining

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
Start date: 3/30/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### **ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
Authorized by: Dykowski, Sara Elizabeth, MD Ordered on: 12/7/2023  
Start date: 12/7/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 30 Capsule  
Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Moreno, Tamara Lynn Johann, PT at 1/16/2024 1200

## Outpatient Physical Therapy Progress Note

### SUBJECTIVE:

**01/16/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

No significant pain with standing or walking.

**OBJECTIVE:**

**Reassessment Performed:**

Functional Movements:

Single Leg Squat x2ea= no c/o

Single Leg Calf-Raise x2ea= mild discomfort in lateral right midfoot, left no c/o

Single Leg Hop x2ea= mild discomfort in lateral right midfoot, left no c/o

Palpation= min/mod tenderness over right foot at proximal 5th metatarsal, peroneal tendon at 5th metatarsal, and metatarsal/cuboid joint

Passive Range of Motion Ankles:

Min/mod hypomobility of ankle dorsiflexion bilaterally

**Treatment Provided:**

25 minutes Manual Therapy:

Soft tissue mobilization to dorsal and plantar right foot; lateral ankle ligaments, peroneal tendons/muscles, joints of lateral midfoot, and plantar fascia/foot intrinsics.

Prone wholefoot dorsiflexion; IV++, 4x20sec right.

Prone right first toe/plantar fascia stretch; 4x20sec hold.

Prone right cuboid dorsal glide; IV++, 4x15sec.

Prone right foot plantarflexion with dorsal glides along bones of midfoot. 3min total.

**ASSESSMENT:**

Galen is a men's distance runner with the Stanford Cross Country/Track & Field team. He has right lateral foot pain after an inversion moment during a run. Galen's symptoms are most consistent with peroneal tendon strain vs cuboid/5th metatarsal joint sprain. He would benefit from physical therapy to improve lateral foot stability and to develop program of strengthening and proprioception to limit recurrence.

Improved cuboid mobility on right. No significant pain with ADLs. Ok to start alterG progression.

**PLAN:**

Tuesday, 1/16: AG 20min at 65%, working up to 75% body weight.

Thursday, 1/18: AG x20-30min at 75%, working up to 80% body weight.

Saturday, 1/20: AG x30min at 80%, working up to 90% body weight.

Monday, 1/22: Ground x30min.

Wednesday, 1/24: Ground x30min.

Thursday, 1/25: AG x30min at 80% body weight.

**Total Treatment Time:** 35 minutes

**01/16/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

Electronically signed by Moreno, Tamara Lynn Johann, PT at 1/19/2024 7:59 AM

## 01/12/2024 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Physical Therapy  
Visit diagnosis: Right foot pain

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

##### **predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowsky, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
Start date: 1/25/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 42 Tablet  
Refill: No refills remaining

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowsky, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
Start date: 3/30/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### **ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowsky, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
Authorized by: Dykowsky, Sara Elizabeth, MD Ordered on: 12/7/2023  
Start date: 12/7/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 30 Capsule  
Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Moreno, Tamara Lynn Johann, PT at 1/12/2024 1130

#### Foot and Ankle Evaluation Note

Patient Name: Galen Topper

**01/12/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

MRN: 62437256  
 Date of Birth: 6/21/2002  
 Age: 21 Y  
 Sport: Track and Field  
 Position/Event: 1500m/5K  
 Date of Visit: 1/12/2024  
 Date of Injury/Surgery: end of Winter Break 2023

Referring Physician: Michael Fredericson, MD

Encounter Diagnosis: Right foot pain

Precautions: Pending MRI with suspicion of bony injury

**SUBJECTIVE:**

**Past Medical History:**

Diagnosis	Date
• Acute nonintractable headache <i>Episodes of tunnel vision with headache and once LOC after work out, four times within the last year with two last episodes occurring on June 14 and 15, 2018. Sx started in 9-2017. FH negative for migraine or cardiac issues.</i>	6/29/2018
• Concern about growth <i>Labs in 7-2015. T 111 at 13yo.</i>	7/2/2015
• Dermographism <i>Pronounced during the WCC 10-31-13. Possible allergy to sea food- to allergist.</i>	10/31/2013
• Development delay	1/04
• Heart murmur	7/04,8/05
• Keratosis pilaris	
• Lactose intolerance	8/17/2018
• Language delay	
• Multiple allergies <i>Saw Allergist 2-2014: IMPRESSION: Galen is an 11 year old with possible shellfish allergy, dermatographism, chronic rhinitis, and history of positive RAST to peanut and dust mite, who presents for initial consultation. For possible shellfish allergy, send seafood allergy screen. Will avoid skin testing due to dermatographism. Avoid shellfish and use EpiPen as needed. For large local reaction to</i>	2/13/2014
• Nevus sebaceous <i>on scalp, saw Derm</i>	
• Syncope <i>In September of 2017 after strenuous long run syncope with tunnel vision with loss of vision that lasted for hours. FH negative for migraine or cardiac issues- see visit 6-29-2018.</i>	6/29/2018
• Twin birth, mate liveborn	
• Viral warts <i>2017 on R thumb- will use OTC.</i>	8/16/2017

**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• benzonatate (Tessalon) 100 mg capsule	take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough (Patient not taking: Reported on 12/7/2023)	15 Capsule	0
• Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS	take 1 Capsule (1,000 Units total) by mouth every day (Patient not	100 Capsule	3

**01/12/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

	taking: Reported on 3/30/2023)			
• ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule	take 1 Capsule (50,000 Units total) by mouth every 7 days (Patient not taking: Reported on 12/14/2023)	30 Capsule	0	
• predniSONE (Deltasone) 10 mg tablet	Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop. (Patient not taking: Reported on 7/27/2023)	42 Tablet	0	

No current facility-administered medications for this visit.

Mechanism of Injury: Running trails in Santa Barbara; inversion ankle moment. No significant c/o, completed the run. Pain later in the day in right left lateral midfoot (dorsal to 5th metatarsal). Able to walk and run through it, but did have pain. Without advil; 6/10 pain. Improved to 5/10 with Advil.

Became painful to stand- so would keep feet up whenever not running. Saw AT on return to campus; switched to cross training and given walking boot.

Onset of Symptoms: Acute

Primary Complaint: pain

Test

Results:

X-Ray right ankle and foot were clear (Jan 8 and 9)

MRI Right foot and ankle Jan 11; results pending.

**Pain Behavior**

Pain Description: intermittent with walking (worse barefoot). After a run; standing and all walking would be painful. Pain is a stabbing from dorsal foot through to plantar foot at 5th metatarsal. No resting pain. Today; pain only 2/10 with walking. Pain is with accepting load to the midfoot/5th metatarsal.

Easing Factors: rest

24-Hour Pain Behavior: Activity Dependent: Worse

**Special Questions:**

Unexplained Weight Loss: Negative

Bilateral Numbness/Tingling: Negative

Unexplained Limb Weakness: Negative

Major Medical Problems: Negative

Night Pain: Negative

**Participation Status**

Practice Status: Out

**01/12/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

Competition Status: Out

Strength and Conditioning Status: Limited

**OBJECTIVE:**

Observation/ Posture:

Foot position in standing: normal arch position, right slight foot turnout

Functional Movements:

Gait: Minimal femoral internal rotation in midstance bilaterally

Other Functional Movements:

Double Leg Squat x2= right more than left foot turn out, no c/o

Single Leg Squat x2ea= to 90deg with no foot pain

Single Leg Hop x5ea= no c/o, pushes off 2nd/3rd metatarsal bilaterally

Single Leg Calf Raise x5ea= weight bearing centered over 2nd/3rd metatarsal bilaterally, no c/o

Range of Motion:

Ankle PROM Within normal limits, except for dorsiflexion 2deg bilaterally

Hip PROM grossly Within normal limits bilaterally

Length Testing:

Mild hypomobility of rectus femoris bilaterally

Popliteal angle= -40deg left, -30deg right

Gastrocnemius length minimal hypomobility bilaterally

Strength Testing:

MOTION	LEFT	RIGHT
Ankle Dorsiflexion	5/5	5/5
Ankle Plantarflexion	5/5	5/5
Ankle Inversion	4+/5	4+/5
Ankle Eversion	4+/5	4+/5
Great Toe Extension	5/5	5/5
Great Toe Flexion	5/5	5/5

Passive Accessory Motion:

Minimal hypomobility of talar AP glide in dorsiflexion bilaterally.

Min/mod hypomobility of calcaneal eversion bilaterally.

Right minimal hypomobility of cuboid dorsal glide (vs left).

Girth: Not Tested

Palpation: moderate tenderness at right proximal 5th metatarsal and associated peroneus brevis tendon, moderate tenderness at right cuboid/5th metatarsal joint.

Special Test:

**01/12/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

TEST	LEFT	RIGHT
Ankle Anterior Drawer	Within normal limits, no complaints	Within normal limits, no complaints
Ankle Posterior Drawer	Within normal limits, no complaints	Within normal limits, no complaints
Talar Tilt/Inversion Stress Test	Within normal limits, no complaints	Within normal limits, no complaints

**Neurological Examination:**

Neurologic Examination: Not Tested

Other:

Biomechanical foot assessment: forefoot varus bilaterally (moderate), hindfoot neutral

Treatment Provided:

5 minutes Shock Wave Therapy; 2-2.5 bars at plantar right foot over cuboid/5th metatarsal area, 11Hz, 1000 pulses.

20 minutes Manual Therapy:

Right ankle dorsiflexion stretching; 3x20sec.

Soft tissue mobilization to right plantar foot; plantar fascia, toe flexors, and intrinsics at lateral midfoot/hindfoot

Dorsal glide at cuboid; IV++, 5x15sec.

Leukotape at right cuboid to provide dorsal glide.

Assessment: Galen is a men's distance runner with the Stanford Cross Country/Track & Field team. He has right lateral foot pain after an inversion moment during a run. Galen's symptoms are most consistent with peroneal tendon strain vs cuboid/5th metatarsal joint sprain. He would benefit from physical therapy to improve lateral foot stability and to develop program of strengthening and proprioception to limit recurrence.

Plan:

Functional: able to run 30min on ground with no pain during or afterward by 2 week(s)

Planned Interventions:

Therapeutic Exercise

Manual Therapy

Heat/Cold

Game ready

Patient/Family Education on Home Exercise Program

Total Treatment Time: 60 minutes

Electronically signed by Moreno, Tamara Lynn Johann, PT at 1/14/2024 2:25 PM

## 01/11/2024 - MR Imaging Procedure in Hoover Neuroscience Health Center MR Imaging

### Reason for Visit

Visit diagnoses:

- (primary)
- Right foot pain

### Medication List

#### Medication List

ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

#### Active at the End of Visit

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

##### **prednISONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
Start date: 1/25/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 42 Tablet  
Refill: No refills remaining

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
Start date: 3/30/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### **ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
Authorized by: Dykowski, Sara Elizabeth, MD Ordered on: 12/7/2023  
Start date: 12/7/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 30 Capsule  
Refill: No refills remaining

### Stopped in Visit

None

### Imaging

#### Imaging

##### **MR Ankle wo IV Contrast Right [930742696] (Final result)**

Electronically signed by: Lee, Sherrie, RT on 01/11/24 1550

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Lee, Sherrie, RT 01/11/24 1550

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

**01/11/2024 - MR Imaging Procedure in Hoover Neuroscience Health Center MR Imaging (continued)**

**Imaging (continued)**

Frequency: Expedite 01/11/24 1639 - 1 occurrence  
 Quantity: 1  
 Instance released by: Padilla, Stephanie 1/11/2024 4:39 PM  
 Diagnoses  
 Right foot pain [M79.671]

Class: Stanford  
 Lab status: Final result

**Questionnaire**

Question	Answer
Should the finalized results of this order be delayed up to 7 days before it is shared with the patient?	No
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	21y with ankle inversion injury, please assess peroneal tendon insertion
Does the patient have an Allergy to Gadolinium Contrast?	Unknown
Is the patient claustrophobic?	Unknown
Does the patient have any Implanted Devices?	Unknown
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes
Is this for radiation oncology treatment planning?	No

Scheduling instructions

To schedule, cancel or reschedule your appointment, please contact the Radiology Scheduling Center at (650) 723-6855.

**Screening Form**

**General Information**

Patient Name: Topper, Galen  
 Date of Birth: 6/21/02  
 Legal Sex: Male  
 MRN: 62437256  
 Home Phone: 650-913-5633  
 Mobile: **650-817-5633**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MR ANKLE WO IV CONTRAST RIGHT		Fredericson, Michael, MD (650)498-7555 13686	1/11/2024 5:20 PM SNHCPTPETMR1 RADIOLOGY SNHC HOOVER MR

**Screening Form Questions**

Question	Answer	Comment
Was this screening form filled in on paper?	Yes	
Do you have an implanted cardiac pacemaker or defibrillator?		
What type (make and model)?		
Do you have any internal metal device, wire or clip?		
Do you have a history of internal pacing wires?		
Do you have a history of an implanted drug infusion device?		
What type make and model?		
Do you have an insulin infusion pump or monitor?		
Have you undergone a colonoscopy biopsy in the past 2 months?		
Have you swallowed any medical devices, such as a PillCam Endoscopy Capsule?		
Do you have breast tissue expanders?		
Does your patient have a Swan Ganz catheter or an Epidural catheter?		
What type make and model?		
Do you have a history of having a shunt?		

**01/11/2024 - MR Imaging Procedure in Hoover Neuroscience Health Center MR Imaging (continued)**
**Imaging (continued)**

If yes, location and date of procedure?

Do you have any aneurysm or brain clips?

If yes Location and date of procedure?

Do you have a history of aortic surgical clips?

Do you have a carotid artery vascular clips?

Do you have an intravascular stents, filters, or coils?

What is the location and make/model of the stent(s), filter(s), or coil(s)?

Do you have any head or body implants?

Do you have any metallic joints pins, screws or plates?

Do you have a cochlear, otologic, or ear implant?

Do you have ear tubes?

Have you ever had an implant held in place with a magnet?

Do you have Spine hardware or Harrington rods?

Do you have any metal rods in bones or joint replacement?

Do you have wire sutures or surgical staples?

Do you have a heart valve prosthesis?

Do you have a history of metal or wire mesh implants?

Do you have a pessary or bladder ring?

Do you have any prosthesis ( Eye, Orbit, Penile)?

Do you have a history of a venous umbrella?

Do you have a history of an eye injury involving metal?

Have you worked as a machinist or metal grinder?

Do you have any metal fragments in your eye, head, ear or skin?

Do you have any shrapnel, buckshot or bullets in your body?

Do you have a history of Kidney problems?

Have you ever been told you have diabetes?

Is the patient on dialysis?

Do you have a history of seizures or motion disorders?

Do you have any body piercings?

Do you have tattooed eyeliner or eyebrows?

Do you have a wig, toupee or hair implants?

Do you wear dentures?

Do you wear a hearing aid?

Do you have a transdermal patch on?

Are you pregnant?

Do you have a history of using an IUD ?

What IUD type?

Are you claustrophobic?

Do you have an artificial limb or joint?

Do you have a neuro/spinal/bladder stimulator?

What type make and model?

Do you have a sleep apnea implant?

Is this information obtained from Patient?

**01/11/2024 - MR Imaging Procedure in Hoover Neuroscience Health Center MR Imaging (continued)**

**Imaging (continued)**

Person Information obtained from:

**Proceed with Exam**

Proceed?	User	Time
Proceed	Ballon,Ana-Alicia	01/11/2024 05:04 PM PST

**End Exam Questions**

	Answer	Comment
Is this a research study?	No	
IRB signed		
Was this exam terminated?		
Was this a repeat exam for a callback?		
Has the patient had an allergic reaction to contrast before?	No	
Did you check the patient's Lab Values before begining the exam?	No	
Does patient have a cardiac pacemaker?	No	
Is the device Conditional or Non Conditional?		

**MR Ankle wo IV Contrast Right [930742696]**

Resulted: 01/12/24 1241, Result status: Final result

Order status: Completed

Resulted by:

Stevens, Kathryn Jane, MD

Manzano, Wilfred Rubia, MD

Performed: 01/11/24 1704 - 01/11/24 1735

Filed by: Shc, In-Radiant Results Multiple Systems 01/12/24  
 1244

Resulting lab: RADIOLOGY

Accession number: 21539625

Narrative:

MRI ANKLE: 1/11/2024 17:20

CLINICAL HISTORY: 21-year-old male with ankle inversion injury. Please assess peroneal tendon insertion.

COMPARISON: Radiographs 1/9/2024 and 1/8/2024.

PROCEDURE COMMENTS: Multiplanar, multisequence imaging of the right ankle was performed at 3T without contrast.

**FINDINGS:**

Fluid: No joint effusion.

Bones, marrow, and cartilage: Cortical irregularity along the dorsal talar head with associated small bony avulsion injury, as seen on comparison radiographs and associated mild bone marrow edema. Thickening of the associated dorsal talonavicular ligament/capsule.

Likely chondral fissuring/delamination along the superomedial tibial plafond anteriorly, adjacent to the notch of Harty (8/15 and 7/21), with associated fraying along the adjacent medial talar dome (7/21). Articular cartilage otherwise appears intact.

Ligaments: Intact anterior and posterior tibiofibular ligaments. The anterior talofibular, calcaneofibular and posterior talofibular ligaments are intact. Intact deltoid and spring ligaments.

Moderate grade sprain of the dorsal talonavicular ligament. Intact dorsal calcaneocuboid ligament and bifurcate ligament.

Tendons: Mildly increased signal within the peroneus brevis with attenuation and irregularity of the inframalleolar fibers, particularly near the insertion into the fifth metatarsal base and surrounding soft tissue edema. Mild tendinopathy of the inframalleolar peroneus longus with peritendinous edema adjacent to the cuboid (7/27). Mild peroneal tenosynovial fluid. Intact superior peroneal retinaculum.

**01/11/2024 - MR Imaging Procedure in Hoover Neuroscience Health Center MR Imaging (continued)**

**Imaging (continued)**

Intact flexor and extensor tendons. Minimal Achilles tendon without retrocalcaneal bursal fluid.

Plantar fascia: Normal thickness and signal intensity without a discrete tear.

Sinus tarsi: Normal fat signal.

Impression:

**IMPRESSION:**

1. Sequelae of prior Chopart injury with minimally displaced avulsion injury of the dorsal talar head and associated moderate dorsal talonavicular ligament sprain.
2. Mildly increased signal within the peroneus brevis insertion, compatible with tendinopathy or low-grade strain, with mild peritendinitis. Mild tendinopathy of the inframalleolar peroneus longus with peritendinitis edema subjacent to the cuboid. Mild peroneal tenosynovitis.
3. Chondral fissuring/delamination along the superomedial tibial plafond and chondral fraying of the adjacent medial talar dome.

I have personally reviewed the images for this examination and agree with the report transcribed above.

Acknowledged by

Fredericson, Michael, MD on 01/16/24 0954  
 Hock-Hanson, Susan, RN on 01/17/24 1734

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**MR Ankle wo IV Contrast Right [930742696]**

Resulted: 01/11/24 1704, Result status: In process

Order status: Completed

Resulted by:

Stevens, Kathryn Jane, MD  
 Manzano, Wilfred Rubia, MD

Performed: 01/11/24 1704 - 01/11/24 1735

Filed by: Ballon, Ana-Alicia, RT 01/11/24 1704  
 Accession number: 21539625

Resulting lab: RADIOLOGY

**Reviewed by**

Hock-Hanson, Susan, RN on 01/17/24 1734  
 Fredericson, Michael, MD on 01/16/24 0954

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**Indications**

Right foot pain [M79.671 (ICD-10-CM)]

**Signed**

Electronically signed by Stevens, Kathryn Jane, MD on 1/12/24 at 1241 PST

STANFORD NEUROSCIENCE Topper, Galen  
HLT CTR MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
213 QUARRY RD Adm: 1/11/2024  
PALO ALTO CA 94304-1416

**01/11/2024 - MR Imaging Procedure in Hoover Neuroscience Health Center MR Imaging (continued)**

**Imaging (continued)**

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**All Reviewers List**

Hock-Hanson, Susan, RN on 1/17/2024 17:34

Fredericson, Michael, MD on 1/16/2024 09:54

## 01/11/2024 - Telephone in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Appointment/scheduling  
Visit diagnosis:

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

##### **predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
Start date: 1/25/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 42 Tablet  
Refill: No refills remaining

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
Start date: 3/30/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### **ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
Authorized by: Dykowski, Sara Elizabeth, MD Ordered on: 12/7/2023  
Start date: 12/7/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 30 Capsule  
Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Telephone Encounter

Mlakar, Rachel at 1/11/2024 1623

**Galen Topper  
DOB: 6/21/2002**

**01/11/2024 - Telephone in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

This email is to confirm your radiology appointment. Please see below for appointment details. **All of this information can also be found on the MyHealth app.** You may be asked to sign a form taking financial responsibility for this exam; it's okay to sign. If you receive a bill, please bring it in to the Sports Medicine Clinic.

**Student Athlete: Please keep this email to show the front desk staff when you check in for your appointment**



**Attention: Front Desk Staff**

The “guarantor account” in epic ensures the student-athlete may have the imaging test regardless of completion of the authorization process.

You may ask the student-athlete to sign the PAFR – (Patient Agreement of Financial Responsibility); however the imaging test must be completed.

If you are unsure, please speak with your manager or call the sports medicine clinic on 650.725.8202

Sports Medicine Clinic Hours: 8:00am – 6:00pm

**Appointment Date** 1/11/24

**Arrival Time** 4:50pm

**Appointment** 5:20pm

**Neuroscience Building**  
**213 Quarry Rd, Palo Alto 94304**  
**(Basement level)**  
**Tel: 650-723-6469**

**Student Athlete:**

Please contact either your athletic trainer and/or the sports medicine clinic with any questions or concerns, Additional information about the clinic and driving instructions for GPS can be found at this link;

<https://stanfordhealthcare.org/medical-clinics/stanford-neuroscience-health-center.html>

Electronically signed by Mlakar, Rachel at 1/11/2024 4:25 PM

## 01/11/2024 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Follow Up Visit  
Visit diagnosis: Right foot pain

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

##### **predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
Start date: 1/25/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 42 Tablet  
Refill: No refills remaining

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
Start date: 3/30/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### **ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
Authorized by: Dykowski, Sara Elizabeth, MD Ordered on: 12/7/2023  
Start date: 12/7/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 30 Capsule  
Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Fredericson, Michael, MD at 1/11/2024 1530

### Stanford Sports Medicine Clinic Note

#### Chief Complaint: Right foot pain

**01/11/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

**History of present illness:**

Galen Topper is a 21 Y year old male who comes in to Sports Medicine Clinic for Right foot pain after inversion injury

Symptoms began 2 weeks ago, ankle eversion injury while running, was able to continue the run without issue but a few hours after the run began having pain. Pain described as dull, 7/10 at worst, localized to the 5th metatarsal. Running makes the pain worse and walking barefoot and prolonged standing. Feels like he is slowly having improvement in pain. Continued to run through the injury. Rates at 50% better.

**ROS:**

Pertinent positives are noted in the HPI, otherwise ROS was negative.

**Past Medical History:**

Diagnosis	Date
• Acute nonintractable headache <i>Episodes of tunnel vision with headache and once LOC after work out, four times within the last year with two last episodes occurring on June 14 and 15, 2018. Sx started in 9-2017. Fh negative for migraine or cardiac issues.</i>	6/29/2018
• Concern about growth <i>Labs in 7-2015. T 111 at 13yo.</i>	7/2/2015
• Dermographism <i>Pronounced during the WCC 10-31-13. Possible allergy to sea food- to allergist.</i>	10/31/2013
• Development delay	1/04
• Heart murmur	7/04,8/05
• Keratosis pilaris	
• Lactose intolerance	8/17/2018
• Language delay	
• Multiple allergies <i>Saw Allergist 2-2014: IMPRESSION: Galen is an 11 year old with possible shellfish allergy, dermatographism, chronic rhinitis, and history of positive RAST to peanut and dust mite, who presents for initial consultation. For possible shellfish allergy, send seafood allergy screen. Will avoid skin testing due to dermatographism. Avoid shellfish and use EpiPen as needed. For large local reaction to</i>	2/13/2014
• Nevus sebaceous <i>on scalp, saw Derm</i>	
• Syncope <i>In September of 2017 after strenuous long run syncope with tunnel vision with loss of vision that lasted for hours. FH negative for migraine or cardiac issues- see visit 6-29-2018.</i>	6/29/2018
• Twin birth, mate liveborn	
• Viral warts <i>2017 on R thumb- will use OTC.</i>	8/16/2017

**Physical Exam:**

**Visit Vitals:**

01/11/24 1534

BP: 126/63  
 Pulse: 59  
 SpO2: 97%

**01/11/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

Right foot: No obvious edema or bruising. Mild TTP over ATLF and base of 5th metatarsal. No TTP over medial malleolus, navicular, lateral malleolus, achilles tendon, or tarsal bones. Negative metatarsal squeeze. Negative calcaneal squeeze. Negative anterior drawer. Negative talar tilt. 5/5 strength throughout but pain reproduced with resisted eversion. Sensation intact.

**Imaging:**

XR Right foot 1/11/24: No obvious etiology for fifth metatarsal pain

**Assessment:**

21yo M with right foot pain after an ankle inversion injury while running. XR is negative, but continues to have symptoms. Pain provoked most with resisted ankle eversion, so I suspect some degree of peroneal tendon injury. We will get an MRI to further evaluate

**Plan:**

-MRI R ankle  
 -Cross train until results are available

**Electronically Signed By:**

Clay Walker, MD PGY5  
 Sports Medicine Fellow

Michael Fredericson, MD  
 Professor, Sports Medicine

I was present and directly participated in the care of this patient. I have reviewed the resident/fellow note, made edits as indicated, and agree with the documented findings, assessment, and plan.

Electronically signed by Fredericson, Michael, MD at 1/16/2024 1:58 PM

**Imaging**

**Imaging**

**MR Ankle wo IV Contrast Right [930737882] (Completed)**

Electronically signed by: **Lee, Sherrie, RT on 01/11/24 1550**  
 Ordering user: Lee, Sherrie, RT 01/11/24 1550  
 Ordering mode: Standard  
 Frequency: Expedite 01/11/24 -  
 Quantity: 1  
 Diagnoses  
 Right foot pain [M79.671]

Status: **Completed**

Authorized by: Fredericson, Michael, MD

Class: Stanford

**Questionnaire**

Question	Answer
Should the finalized results of this order be delayed up to 7 days before it is shared with the patient?	No
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	21y with ankle inversion injury, please assess peroneal tendon insertion
Does the patient have an Allergy to Gadolinium Contrast?	Unknown
Is the patient claustrophobic?	Unknown

**01/11/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Imaging (continued)**

Does the patient have any Implanted Devices?	Unknown
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes
Is this for radiation oncology treatment planning?	No

Scheduling instructions

To schedule, cancel or reschedule your appointment, please contact the Radiology Scheduling Center at (650) 723-6855.

Modified from: MR Foot wo IV Contrast Right [930725531]

**Indications**

Right foot pain [M79.671 (ICD-10-CM)]

**MR Ankle wo IV Contrast Right [930742696]**

Resulted: 01/12/24 1241, Result status: Final result

Order status: Completed

Resulted by:

Stevens, Kathryn Jane, MD

Manzano, Wilfred Rubia, MD

Performed: 01/11/24 1704 - 01/11/24 1735

Filed by: Shc, In-Radiant Results Multiple Systems 01/12/24  
 1244

Resulting lab: RADIOLOGY

Accession number: 21539625

Narrative:

MRI ANKLE: 1/11/2024 17:20

**CLINICAL HISTORY:** 21-year-old male with ankle inversion injury. Please assess peroneal tendon insertion.

**COMPARISON:** Radiographs 1/9/2024 and 1/8/2024.

**PROCEDURE COMMENTS:** Multiplanar, multisequence imaging of the right ankle was performed at 3T without contrast.

**FINDINGS:**

Fluid: No joint effusion.

Bones, marrow, and cartilage: Cortical irregularity along the dorsal talar head with associated small bony avulsion injury, as seen on comparison radiographs and associated mild bone marrow edema. Thickening of the associated dorsal talonavicular ligament/capsule.

Likely chondral fissuring/delamination along the superomedial tibial plafond anteriorly, adjacent to the notch of Harty (8/15 and 7/21), with associated fraying along the adjacent medial talar dome (7/21). Articular cartilage otherwise appears intact.

Ligaments: Intact anterior and posterior tibiofibular ligaments. The anterior talofibular, calcaneofibular and posterior talofibular ligaments are intact. Intact deltoid and spring ligaments.

Moderate grade sprain of the dorsal talonavicular ligament. Intact dorsal calcaneocuboid ligament and bifurcate ligament.

Tendons: Mildly increased signal within the peroneus brevis with attenuation and irregularity of the inframalleolar fibers, particularly near the insertion into the fifth metatarsal base and surrounding soft tissue edema. Mild tendinopathy of the inframalleolar peroneus longus with peritendinous edema adjacent to the cuboid (7/27). Mild peroneal tenosynovial fluid. Intact superior peroneal retinaculum.

Intact flexor and extensor tendons. Minimal Achilles tendon without retrocalcaneal bursal fluid.

Plantar fascia: Normal thickness and signal intensity without a discrete tear.

Sinus tarsi: Normal fat signal.

Impression:

**IMPRESSION:**

- Sequelae of prior Chopart injury with minimally displaced avulsion injury of the dorsal talar head and associated moderate dorsal talonavicular ligament sprain.

**01/11/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Imaging (continued)**

2. Mildly increased signal within the peroneus brevis insertion, compatible with tendinopathy or low-grade strain, with mild peritendinitis. Mild tendinopathy of the inframalleolar peroneus longus with peritendinitis edema subjacent to the cuboid. Mild peroneal tenosynovitis.
3. Chondral fissuring/delamination along the superomedial tibial plafond and chondral fraying of the adjacent medial talar dome.

I have personally reviewed the images for this examination and agree with the report transcribed above.

Acknowledged by  
 Fredericson, Michael, MD on 01/16/24 0954  
 Hock-Hanson, Susan, RN on 01/17/24 1734

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**MR Ankle wo IV Contrast Right [930742696]**

Resulted: 01/11/24 1704, Result status: In process

Order status: Completed

Resulted by:  
 Stevens, Kathryn Jane, MD  
 Manzano, Wilfred Rubia, MD  
 Performed: 01/11/24 1704 - 01/11/24 1735  
 Resulting lab: RADIOLOGY

Filed by: Ballon, Ana-Alicia, RT 01/11/24 1704  
 Accession number: 21539625

**Reviewed by**

Hock-Hanson, Susan, RN on 01/17/24 1734  
 Fredericson, Michael, MD on 01/16/24 0954

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**Indications**

Right foot pain [M79.671 (ICD-10-CM)]

**Signed**

Electronically signed by Stevens, Kathryn Jane, MD on 1/12/24 at 1241 PST

**Other Orders**

**Outpatient Referral**

**Referral To Physical Therapy [930725592] (Active)**

Electronically signed by: Walker, Clayton Robert, MD on 01/11/24 1550

Status: Active

Ordering user: Walker, Clayton Robert, MD 01/11/24 1550

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

**01/11/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Other Orders (continued)**

Frequency: Routine 01/11/24 - Class: External Referral

Quantity: 1

Diagnoses

Right foot pain [M79.671]

Order comments: Reason for Referral: Evaluate and Treat right ankle sprain

**Referral Details**

Referred By	Referred To	Type	Priority
Fredericson, Michael, MD 450 Broadway St Rm A16 Pavilion A 1st Fl MC 6110 Redwood City CA 94063 Phone: (650)498-7555 Fax: 650-721-3429	Diagnoses: Right foot pain Order: Referral To Physical Therapy Reason: Specialty Services Requested	Consult, Test and Treat	Routine

Comment: Reason for Referral: Evaluate and Treat right ankle sprain

**Indications**

Right foot pain [M79.671 (ICD-10-CM)]

**Flowsheets**

**Custom Formula Data**

Row Name	01/11/24 1534
Hemodynamics	
Mean Arterial	84 mmHg -RM
Pressure (Calculated)	

**Encounter Vitals**

Row Name	01/11/24 1534
Encounter Vitals	
BP	126/63 -RM
Pulse	59 -RM
SpO2	97 % -RM
Vitals	
Patient site	Right arm -RM
Patient Position	Sitting -RM

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
RM	Mlakar, Rachel	—	—	01/11/2024

**After Visit Summary**

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

## 01/11/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### After Visit Summary (continued)

## AFTER VISIT SUMMARY



**Galen Topper** MRN: 62437256

 1/11/2024 3:30 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Michael Fredericson on Thursday January 11, 2024.

### What's Next

**JAN 11 2024** Follow Up Visit with Michael Fredericson  
Thursday January 11 3:30 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

### Stay Connected with MyHealth

View your After Visit Summary online, manage your prescriptions, make appointments, communicate with your care team. To access your account visit [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

**01/11/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**Your Medication List** as of January 11, 2024 6:45 AM

**i** Always use your most recent med list.

<b>benzonatate</b> 100 mg capsule Commonly known as: Tessalon	take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough
<b>ergocalciferol (vitamin D2)</b> 50,000 units (1.25 mg) capsule Commonly known as: Drisdol	take 1 Capsule (50,000 Units total) by mouth every 7 days
<b>predniSONE</b> 10 mg tablet Commonly known as: Deltasone	Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.
<b>Vitamin D3</b> 1,000 unit Caps Generic drug: Cholecalciferol (Vitamin D3)	take 1 Capsule (1,000 Units total) by mouth every day

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

**Messages**

**Questionnaire Submission**

From  
Topper, Galen

To  
P Myhealth Admin Pool (supporting

Sent  
1/10/2024 3:31 PM

## 01/11/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Messages (continued)

Michael Fredericson, MD)

### Patient Questionnaire Submission

---

Your response has been received.

### Questionnaires

#### Legend:

Triggered an OurPractice Advisory Scoring question

#### Covid-19 Symptom Screening Questionnaire

Question	1/10/2024 3:31 PM PDT - Filed by Patient
Have you had a positive COVID-19 test in the past 10 days?	No
COVID-19 Positive Test Score (range: -1 - 1)	0 (Negative) !

## 01/11/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents

#### After Visit Summary - Document on 1/11/2024 6:45 AM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 1/11/2024 3:30 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Michael Fredericson on Thursday January 11, 2024.

### What's Next

JAN

11

2024

Follow Up Visit with Michael Fredericson

Thursday January 11 3:30 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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01/11/2024 - Office Visit in Arrillaga Sports Medicine Center (continued)

Documents (continued)

Your Medication List as of January 11, 2024 6:45 AM

 Always use your most recent med list.

<b>benzonatate</b> 100 mg capsule Commonly known as: Tessalon	take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough
<b>ergocalciferol (vitamin D2)</b> 50,000 units (1.25 mg) capsule Commonly known as: Drisdol	take 1 Capsule (50,000 Units total) by mouth every 7 days
<b>predniSONE</b> 10 mg tablet Commonly known as: Deltasone	Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.
<b>Vitamin D3</b> 1,000 unit Caps Generic drug: Cholecalciferol (Vitamin D3)	take 1 Capsule (1,000 Units total) by mouth every day

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

**01/09/2024 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging**
**Reason for Visit**

Visit diagnoses:

- (primary)
- Acute right ankle pain

**Medication List**
**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**
**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
 Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
 Start date: 1/25/2023 End date: 3/14/2024  
 Action: Patient not taking Quantity: 42 Tablet  
 Refill: No refills remaining

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
 Start date: 3/30/2023 End date: 3/14/2024  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
 Authorized by: Dykowski, Sara Elizabeth, MD Ordered on: 12/7/2023  
 Start date: 12/7/2023 End date: 3/14/2024  
 Action: Patient not taking Quantity: 30 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Imaging**
**Imaging**
**XR Foot 3 Views Right [930135887] (Final result)**

Electronically signed by: Walker, Clayton Robert, MD on 01/09/24 1244  
 This order may be acted on in another encounter.

 Status: **Completed**

Ordering user: Walker, Clayton Robert, MD 01/09/24 1244  
 Ordering mode: Standard

Authorized by: Fredericson, Michael, MD

**01/09/2024 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging (continued)**

**Imaging (continued)**

Frequency: Expedite 01/09/24 1605 - 1 occurrence  
 Quantity: 1  
 Instance released by: Lam, Jonathan, RT 1/9/2024 4:05 PM  
 Diagnoses  
 Acute right ankle pain [M25.571]

**Questionnaire**

Question	Answer
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	21yo M with 5th metatarsal pain after ankle sprain.
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes

Scheduling instructions

This imaging study does not require an appointment and you may walk into any Stanford Imaging Center and complete this study. If you need a list of available locations and hours of operation, please check our website at <https://stanfordhealthcare.org/medical-clinics/imaging-clinic.html>

**End Exam Questions**

Answer	Comment
Was this exam terminated?	
Was this a repeat exam for a callback?	
Is this exam for research?	

**XR Foot 3 Views Right [930135887]**

Resulted: 01/09/24 1628, Result status: Final result

Order status: Completed  
 Filed by: Shc, In-Radiant Results Multiple Systems 01/09/24  
 1631  
 Accession number: 21531145  
 Narrative:

Resulting lab: RADIOLOGY

RADIOGRAPHIC EXAMINATION OF THE FOOT: 1/9/2024 16:10

CLINICAL HISTORY: 21 years of age, Male, 21yo M with 5th metatarsal pain after ankle sprain..

COMPARISON: No comparison examination of the foot. Compared ankle exam, 1/8/2024

PROCEDURE COMMENTS: 3 views right foot

**FINDINGS:**

Sequelae of avulsion fracture at the dorsal aspect of the talar head is again noted on lateral view and appears similar compared to the examination of the ankle. Otherwise, no acute displaced fracture or traumatic malalignment of the foot evident. Specifically, the fifth metatarsal is intact. Low-grade chronic appearing deformities of the toes. Joint spaces are preserved.

Impression:

IMPRESSION:

1. No obvious etiology for fifth metatarsal pain

I have personally reviewed the images for this examination and agree with the report transcribed above.

Acknowledged by

Walker, Clayton Robert, MD on 01/10/24 1253

**01/09/2024 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging (continued)**
**Imaging (continued)**

Fredericson, Michael, MD on 01/11/24 1538

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**XR Foot 3 Views Right [930135887]**

Resulted: 01/09/24 1614, Result status: In process

Order status: Completed  
 Filed by: Lam, Jonathan, RT 01/09/24 1614  
 Accession number: 21531145

Resulted by: Demartini, Joseph Rowell, MD  
 Performed: 01/09/24 1614 - 01/09/24 1614  
 Resulting lab: RADIOLOGY

**Reviewed by**

 Fredericson, Michael, MD on 01/11/24 1538  
 Walker, Clayton Robert, MD on 01/10/24 1253

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**Indications**

Acute right ankle pain [M25.571 (ICD-10-CM)]

**Signed**

Electronically signed by Demartini, Joseph Rowell, MD on 1/9/24 at 1628 PST

**All Reviewers List**

 Fredericson, Michael, MD on 1/11/2024 15:38  
 Walker, Clayton Robert, MD on 1/10/2024 12:53

**01/09/2024 - Orders Only in Orthopedic Rehab & Sports Med Center A16**

**Reason for Visit**

Visit diagnosis: Acute right ankle pain

**Medication List**

**Medication List**

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

**predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowsky, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
Start date: 1/25/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 42 Tablet  
Refill: No refills remaining

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowsky, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
Start date: 3/30/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

**ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowsky, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
Authorized by: Dykowsky, Sara Elizabeth, MD Ordered on: 12/7/2023  
Start date: 12/7/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 30 Capsule  
Refill: No refills remaining

**Stopped in Visit**

None

**Imaging**

**Imaging**

**XR Foot 3 Views Right [930059116] (Completed)**

Electronically signed by: **Walker, Clayton Robert, MD** on 01/09/24 1244  
Ordering user: Walker, Clayton Robert, MD 01/09/24 1244  
Ordering mode: Standard  
Frequency: Expedite 01/09/24 -  
Quantity: 1

Status: **Completed**  
Authorized by: Fredericson, Michael, MD  
Class: Stanford

**01/09/2024 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Imaging (continued)**

Diagnoses

Acute right ankle pain [M25.571]

**Questionnaire**

Question	Answer
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	21yo M with 5th metatarsal pain after ankle sprain.
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes

Scheduling instructions

This imaging study does not require an appointment and you may walk into any Stanford Imaging Center and complete this study. If you need a list of available locations and hours of operation, please check our website at <https://stanfordhealthcare.org/medical-clinics/imaging-clinic.html>

**Indications**

Acute right ankle pain [M25.571 (ICD-10-CM)]

**XR Foot 3 Views Right [930135887]**

Resulted: 01/09/24 1628, Result status: Final result

Order status: Completed  
 Resulted by: Demartini, Joseph Rowell, MD  
 Filed by: Shc, In-Radiant Results Multiple Systems 01/09/24  
 1631  
 Performed: 01/09/24 1614 - 01/09/24 1614  
 Accession number: 21531145  
 Resulting lab: RADIOLOGY  
 Narrative:  
 RADIOGRAPHIC EXAMINATION OF THE FOOT: 1/9/2024 16:10

CLINICAL HISTORY: 21 years of age, Male, 21yo M with 5th metatarsal pain after ankle sprain..

COMPARISON: No comparison examination of the foot. Compared ankle exam, 1/8/2024

PROCEDURE COMMENTS: 3 views right foot

**FINDINGS:**

Sequelae of avulsion fracture at the dorsal aspect of the talar head is again noted on lateral view and appears similar compared to the examination of the ankle. Otherwise, no acute displaced fracture or traumatic malalignment of the foot evident. Specifically, the fifth metatarsal is intact. Low-grade chronic appearing deformities of the toes. Joint spaces are preserved.

Impression:

**IMPRESSION:**

1. No obvious etiology for fifth metatarsal pain

I have personally reviewed the images for this examination and agree with the report transcribed above.

Acknowledged by

Walker, Clayton Robert, MD on 01/10/24 1253  
 Fredericson, Michael, MD on 01/11/24 1538

STANFORD MEDICINE  
OUTPATIENT CENTER  
450 BROADWAY ST  
REDWOOD CITY CA 94063-  
3132

Topper, Galen  
MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
Visit date: 1/9/2024

## 01/09/2024 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)

### Imaging (continued)

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

#### XR Foot 3 Views Right [930135887]

Resulted: 01/09/24 1614, Result status: In process

Order status: Completed  
Filed by: Lam, Jonathan, RT 01/09/24 1614  
Accession number: 21531145

Resulted by: Demartini, Joseph Rowell, MD  
Performed: 01/09/24 1614 - 01/09/24 1614  
Resulting lab: RADIOLOGY

#### Reviewed by

Fredericson, Michael, MD on 01/11/24 1538  
Walker, Clayton Robert, MD on 01/10/24 1253

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

#### Indications

Acute right ankle pain [M25.571 (ICD-10-CM)]

#### Signed

Electronically signed by Demartini, Joseph Rowell, MD on 1/9/24 at 1628 PST

**01/08/2024 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging**
**Reason for Visit**

Visit diagnoses:

- (primary)
- Acute right ankle pain

**Medication List**
**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**
**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
 Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
 Start date: 1/25/2023 End date: 3/14/2024  
 Action: Patient not taking Quantity: 42 Tablet  
 Refill: No refills remaining

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
 Start date: 3/30/2023 End date: 3/14/2024  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
 Authorized by: Dykowski, Sara Elizabeth, MD Ordered on: 12/7/2023  
 Start date: 12/7/2023 End date: 3/14/2024  
 Action: Patient not taking Quantity: 30 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Imaging**
**Imaging**
**XR Ankle 3 Views Right [929822442] (Final result)**

Electronically signed by: Walker, Clayton Robert, MD on 01/08/24 1424

 Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Walker, Clayton Robert, MD 01/08/24 1424

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

## 01/08/2024 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging (continued)

### Imaging (continued)

Frequency: Routine 01/08/24 1547 - 1 occurrence  
 Quantity: 1  
 Instance released by: Lam, Jonathan, RT 1/8/2024 3:47 PM  
 Diagnoses  
 Acute right ankle pain [M25.571]

#### Questionnaire

Question	Answer
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	21 yo athelte with rigth ankle sprain and pain over 5th met. Please evaluate for fx
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes

#### Scheduling instructions

This imaging study does not require an appointment and you may walk into any Stanford Imaging Center and complete this study. If you need a list of available locations and hours of operation, please check our website at <https://stanfordhealthcare.org/medical-clinics/imaging-clinic.html>

#### End Exam Questions

	Answer	Comment
Was this exam terminated?		
Was this a repeat exam for a callback?		
Is this exam for research?		

#### XR Ankle 3 Views Right [929822442]

Resulted: 01/08/24 1603, Result status: Final result

Order status: Completed  
 Filed by: Shc, In-Radiant Results Multiple Systems 01/08/24  
 1606  
 Accession number: 21527122  
 Narrative:  
 RADIOGRAPHIC EXAMINATION OF THE ANKLE: 1/8/2024 15:50

Resulted by: Willis, Marc Harold, DO  
 Performed: 01/08/24 1547 - 01/08/24 1555

Resulting lab: RADIOLOGY

CLINICAL HISTORY: 21 years of age, Male, 21 yo athelte with rigth ankle sprain and pain over 5th met. Please evaluate for fx.

COMPARISON: Right ankle November 14, 2022.

PROCEDURE COMMENTS: Right ankle 3 images

FINDINGS:

Please note, and ankle radiograph does not provide optimal evaluation of the fifth metatarsal bone. A round 3 mm ossific density projects at the dorsal aspect of the head of the talus without appreciable adjacent soft tissue swelling, favoring the late subacute to chronic sequela of a subtle avulsion injury. The ankle mortise appears symmetric.

Impression:

IMPRESSION:

1. No acute radiographic abnormality.
2. Probable late subacute to chronic sequela of a subtle avulsion injury at the dorsal aspect of the head of the talus.
3. Given the provided history, a 3 view radiographic series of the foot would better evaluate the fifth metatarsal bone.

I have personally reviewed the images for this examination and agree with the report transcribed above.

## 01/08/2024 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging (continued)

### Imaging (continued)

Acknowledged by  
 Fredericson, Michael, MD on 01/09/24 0927  
 Walker, Clayton Robert, MD on 01/09/24 1554

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

#### XR Ankle 3 Views Right [929822442]

Resulted: 01/08/24 1548, Result status: In process

Order status: Completed  
 Filed by: Lam, Jonathan, RT 01/08/24 1548  
 Accession number: 21527122

Resulted by: Willis, Marc Harold, DO  
 Performed: 01/08/24 1547 - 01/08/24 1555  
 Resulting lab: RADIOLOGY

#### Reviewed by

Walker, Clayton Robert, MD on 01/09/24 1554  
 Fredericson, Michael, MD on 01/09/24 0927

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

#### Indications

Acute right ankle pain [M25.571 (ICD-10-CM)]

#### Signed

Electronically signed by Willis, Marc Harold, DO on 1/8/24 at 1603 PST

#### All Reviewers List

Walker, Clayton Robert, MD on 1/9/2024 15:54  
 Fredericson, Michael, MD on 1/9/2024 09:27

**01/08/2024 - Orders Only in Orthopedic Rehab & Sports Med Center A16**

**Reason for Visit**

Visit diagnosis: Acute right ankle pain

**Medication List**

**Medication List**

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

**predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowsky, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
Start date: 1/25/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 42 Tablet  
Refill: No refills remaining

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowsky, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
Start date: 3/30/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

**ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowsky, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
Authorized by: Dykowsky, Sara Elizabeth, MD Ordered on: 12/7/2023  
Start date: 12/7/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 30 Capsule  
Refill: No refills remaining

**Stopped in Visit**

None

**Imaging**

**Imaging**

**XR Ankle 3 Views Right [929792080] (Completed)**

Electronically signed by: **Walker, Clayton Robert, MD** on 01/08/24 1424

Status: **Completed**

Ordering user: Walker, Clayton Robert, MD 01/08/24 1424

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 01/08/24 -

Class: Stanford

Quantity: 1

**01/08/2024 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Imaging (continued)**

Diagnoses

Acute right ankle pain [M25.571]

**Questionnaire**

Question	Answer
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	21 yo athelte with rigth ankle sprain and pain over 5th met. Please evaluate for fx
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes

Scheduling instructions

This imaging study does not require an appointment and you may walk into any Stanford Imaging Center and complete this study. If you need a list of available locations and hours of operation, please check our website at <https://stanfordhealthcare.org/medical-clinics/imaging-clinic.html>

**Indications**

Acute right ankle pain [M25.571 (ICD-10-CM)]

**XR Ankle 3 Views Right [929822442]**

Resulted: 01/08/24 1603, Result status: Final result

Order status: Completed

Resulted by: Willis, Marc Harold, DO

Filed by: Shc, In-Radiant Results Multiple Systems 01/08/24  
 1606

Performed: 01/08/24 1547 - 01/08/24 1555

Accession number: 21527122

Resulting lab: RADIOLOGY

Narrative:

RADIOGRAPHIC EXAMINATION OF THE ANKLE: 1/8/2024 15:50

CLINICAL HISTORY: 21 years of age, Male, 21 yo athelte with rigth ankle sprain and pain over 5th met. Please evaluate for fx.

COMPARISON: Right ankle November 14, 2022.

PROCEDURE COMMENTS: Right ankle 3 images

FINDINGS:

Please note, and ankle radiograph does not provide optimal evaluation of the fifth metatarsal bone.

A round 3 mm ossific density projects at the dorsal aspect of the head of the talus without appreciable adjacent soft tissue swelling, favoring the late subacute to chronic sequela of a subtle avulsion injury.

The ankle mortise appears symmetric.

Impression:

IMPRESSION:

1. No acute radiographic abnormality.
2. Probable late subacute to chronic sequela of a subtle avulsion injury at the dorsal aspect of the head of the talus.
3. Given the provided history, a 3 view radiographic series of the foot would better evaluate the fifth metatarsal bone.

I have personally reviewed the images for this examination and agree with the report transcribed above.

Acknowledged by

Fredericson, Michael, MD on 01/09/24 0927

Walker, Clayton Robert, MD on 01/09/24 1554

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 1/8/2024

**01/08/2024 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Imaging (continued)**

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**XR Ankle 3 Views Right [929822442]**

Resulted: 01/08/24 1548, Result status: In process

Order status: Completed  
 Filed by: Lam, Jonathan, RT 01/08/24 1548  
 Accession number: 21527122

Resulted by: Willis, Marc Harold, DO  
 Performed: 01/08/24 1547 - 01/08/24 1555  
 Resulting lab: RADIOLOGY

**Reviewed by**

Walker, Clayton Robert, MD on 01/09/24 1554  
 Fredericson, Michael, MD on 01/09/24 0927

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**Indications**

Acute right ankle pain [M25.571 (ICD-10-CM)]

**Signed**

Electronically signed by Willis, Marc Harold, DO on 1/8/24 at 1603 PST

## 12/14/2023 - Clinical Support in Arrillaga Sports Medicine Center

### Reason for Visit

Visit diagnoses:

- (primary)
- Malaise and fatigue

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

##### **predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
Start date: 1/25/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 42 Tablet  
Refill: No refills remaining

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
Start date: 3/30/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### **ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
Authorized by: Dykowski, Sara Elizabeth, MD Ordered on: 12/7/2023  
Start date: 12/7/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 30 Capsule  
Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Mlakar, Rachel at 12/14/2023 1430

ECG and lab draw.

Electronically signed by Mlakar, Rachel at 12/14/2023 3:06 PM

12/14/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)

Clinical Notes (continued)

Labs

**Troponin I, High Sensitivity [924770175] (Final result)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on **12/14/23 1427** Status: **Completed**  
 Ordering user: Dykowski, Sara Elizabeth, MD 12/14/23 1427  
 Ordering mode: Standard  
 Frequency: STAT 12/14/23 -  
 Quantity: 1  
 Instance released by: Hernandez, Jesse, MA 12/14/2023 2:34 PM  
 Diagnoses  
 Malaise and fatigue [R53.81, R53.83]

Authorized by: Fredericson, Michael, MD

Class: Lab Collect  
 Lab status: Final result

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
23S-348CH3337	Blood	Venipuncture	Blood, from Venipuncture	Hernandez, Jesse, MA 12/14/23 1434

**Troponin I, High Sensitivity [924770175] (Abnormal)**

Resulted: 12/14/23 1802, Result status: Final result

Order status: Completed  
 Collected by: Hernandez, Jesse, MA 12/14/23 1434  
 Narrative:  
 Warning: different methods give potentially significantly different numerical values. Do NOT compare TnI values reported in ng/mL to hs-TnI values reported in ng/L.  
 Acknowledged by  
 Fredericson, Michael, MD on 12/15/23 1028  
 Hock-Hanson, Susan, RN on 01/10/24 1206

Filed by: Background, Lab 12/14/23 1802  
 Resulting lab: SHC LAB - HOSPITAL LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
Troponin I, High Sensitivity	4	See comments ng/L	H <sup>▲</sup>	SHC

Comment:

hsTnI: < 4 ng/L = Below limit of quantitation (male: >=18 years of age and female: >=18 years of age)

hsTnI: 4-16 ng/L = Indeterminate (female: >=18 years of age)

hsTnI: 4-34 ng/L = Indeterminate (male: >=18 years of age)

hsTnI: >=17 ng/L = Critical value (female: >=18 years of age)

hsTnI: >=35 ng/L = Critical value (male: >=18 years of age)

For paired samples drawn at intervals greater than 2 hours but less than 6 hours apart, myocardial injury is unlikely if the difference between adjacent Troponin I values is < 5 ng/L, but cannot be ruled out if the difference between adjacent Troponin I values is >=5 ng/L, additional serial Troponin I testing is recommended in 2 hours.

For samples drawn 6 hours apart, myocardial injury is unlikely if both the initial Troponin I AND the 6-hour Troponin I are non-critical values (<35ng/L for male biological sex and <17 ng/L for female biological sex).

hsTnI Delta — — — SHC

Comment: Unable to calculate.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

**12/14/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 1/10/2024 12:06  
Fredericson, Michael, MD on 12/15/2023 10:28

## 12/14/2023 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Follow Up Visit  
Visit diagnosis: Malaise and fatigue

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

##### **predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
Start date: 1/25/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 42 Tablet  
Refill: No refills remaining

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
Start date: 3/30/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### **ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
Authorized by: Dykowski, Sara Elizabeth, MD Ordered on: 12/7/2023  
Start date: 12/7/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 30 Capsule  
Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Fredericson, Michael, MD at 12/14/2023 1400

### Stanford Ortho Sports Medicine Clinic Note

#### History of Present Illness:

**12/14/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

ID/CC: Galen Topper is a 21 Y male who presents for follow up of fatigue after illness. He is approximately 6 weeks out from his initial illness. Last seen 1 week ago at which time he was still experiencing significant fatigue affecting daily life as well as productive cough and plan was for continued activity modification.

Since visit earlier this week, he notes he initially felt worse Fri-Sat and then gradually started to feel better. He tried to run a few times since last visit and was able to run 1/2 mile then significant fatigue and winded feeling hit which prompted him to return to his dorm room after a mile. He overall feels he has been improving the past few days, is about 60-70% of his baseline. Notes LN continue to be inflamed.

He denies fevers, chills, sore throat, abd pain, n/v/d, chest pain, SOB, palpitations, syncope/near syncope, dizziness, lightheadedness.

Initial history from 12/4/23 visit:

~4 weeks ago he had a week of fevers, chills, malaise, sore throat, lymph node enlargement in the front and back of his neck, and productive cough in the morning upon wakening. He took a whole week off for training and then resumed running. Since then he has had significant fatigue and malaise and persistent sore throat. He notes that he can run below his regular performance level and then be tired for 2 days despite resting. He had a teammate who tested positive for mono last week and therefore he repeated a Monospot test which was negative at our sports medicine Center clinic. He denies any prior history of mono. He denies chest pain, shortness of breath, dizziness, lightheadedness, diarrhea, GI upset, nausea, vomiting.

**Patient Active Problem List**

Diagnosis	Date Noted
• Sacroiliitis (CMS-HCC)	10/04/2022
• Breathing difficulty	01/08/2020
• Lactose intolerance	08/17/2018
• Acute nonintractable headache	06/29/2018
• Vasovagal syncope	06/29/2018
• Multiple allergies	02/13/2014
• Dermographism	10/31/2013
• Keratosis pilaris	

**Current Outpatient Medications:**

- benzonatate (Tessalon) 100 mg capsule, take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough (Patient not taking: Reported on 12/7/2023)
- Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS, take 1 Capsule (1,000 Units total) by mouth every day (Patient not taking: Reported on 3/30/2023)
- ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule, take 1 Capsule (50,000 Units total) by mouth every 7 days (Patient not taking: Reported on 12/14/2023)
- predniSONE (Deltasone) 10 mg tablet, Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop. (Patient not taking: Reported on 7/27/2023)

He reports that he has never smoked. He has never used smokeless tobacco. He reports that he does not currently use alcohol. He reports that he does not currently use drugs.

His family history includes Allergies in his father; CAD, Late Onset in his paternal grandfather; Elevated Lipids in his father; No Known Problems in his brother and sister.

## 12/14/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Clinical Notes (continued)

#### Review of Systems

ROS: Pertinent positives and negatives are noted in the HPI.

Objective

#### Physical Exam:

GEN: Resting comfortably

HEENT: conjunctiva clear. Tonsils appear enlarged but are nonerythematous and without exudate. Anterior cervical lymphadenopathy present R>L. No posterior lymphadenopathy present.

RESP: Lungs are clear to auscultation bilaterally

CV: HRRR.

ABD: BS present.

NEURO: Grossly intact

SKIN: normal skin appearance

PSYCH: appropriate affect, intact thought and speech

ECG reviewed in clinic, sinus bradycardia, similar to 2021.

#### Assessment / Plan

#### Assessment and Plan:

Diagnoses and associated orders for this visit:

#### Malaise and fatigue

- Troponin I, High Sensitivity; Future
- Referral To Infectious Disease

We did discuss that patient's history and symptoms are most consistent with postviral fatigue however given the extent of the fatigue he experienced when trying to do light run (1/2-1mile) over the last week, we will obtain ECG and troponin to evaluate for myocarditis. If negative, will plan to have him see ID to assist with chronic fatigue syndrome to evaluate if there are additional ways to help him return to sport. Additionally, if troponin negative, we discussed continued recommendation for activity limitation and to not push beyond his body's current ability to perform. At this time, this is about 1/2 mile of light jogging. Therefore, we discussed trialing limited time on stationary bike with limited resistance for easier cardiovascular training.

Restrictions: limited. If troponin negative, okay to start light resistance stationary bike not to exceed energy level. Also okay to try limited 1/2 mile jog as this distance currently feels good.

Follow-up: pending labs result

The patient indicates understanding and agrees to the plan.

Sara Dykowski, MD, PGY-5  
PM&R Sports Medicine Fellow

#### Teaching Physician Attestation

Michael Fredericson, MD  
Professor, Sports Medicine

I was present and directly participated in the care of this patient. I have reviewed the resident/fellow note, made edits as indicated, and agree with the documented findings, assessment, and plan.

12/14/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)

Clinical Notes (continued)

Electronically signed by Fredericson, Michael, MD at 12/15/2023 10:31 AM

Labs

**Troponin I, High Sensitivity [924767603] (Completed)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on **12/14/23 1427** Status: **Completed**  
 Ordering user: Dykowski, Sara Elizabeth, MD 12/14/23 1427  
 Ordering mode: Standard  
 Frequency: STAT 12/14/23 -  
 Quantity: 1  
 Diagnoses  
 Malaise and fatigue [R53.81, R53.83]

Authorized by: Fredericson, Michael, MD

Class: Lab Collect

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**Troponin I, High Sensitivity [924770175] (Abnormal)**

Resulted: 12/14/23 1802, Result status: Final result

Order status: Completed Filed by: Background, Lab 12/14/23 1802  
 Collected by: Hernandez, Jesse, MA 12/14/23 1434 Resulting lab: SHC LAB - HOSPITAL LABORATORY

Narrative:

Warning: different methods give potentially significantly different numerical values. Do NOT compare TnI values reported in ng/mL to hs-TnI values reported in ng/L.

Acknowledged by

Fredericson, Michael, MD on 12/15/23 1028  
 Hock-Hanson, Susan, RN on 01/10/24 1206

**Components**

Component	Value	Reference Range	Flag	Lab
Troponin I, High Sensitivity	4	See comments ng/L	H <sup>▲</sup>	SHC

Comment:

hsTnI: < 4 ng/L = Below limit of quantitation (male: >=18 years of age and female: >=18 years of age)

hsTnI: 4-16 ng/L = Indeterminate (female: >=18 years of age)

hsTnI: 4-34 ng/L = Indeterminate (male: >=18 years of age)

hsTnI: >=17 ng/L = Critical value (female: >=18 years of age)

hsTnI: >=35 ng/L = Critical value (male: >=18 years of age)

For paired samples drawn at intervals greater than 2 hours but less than 6 hours apart, myocardial injury is unlikely if the difference between adjacent Troponin I values is < 5 ng/L, but cannot be ruled out if the difference between adjacent Troponin I values is >=5 ng/L, additional serial Troponin I testing is recommended in 2 hours.

For samples drawn 6 hours apart, myocardial injury is unlikely if both the initial Troponin I AND the 6-hour Troponin I are non-critical values (<35ng/L for male biological sex and <17 ng/L for female biological sex).

hsTnI Delta — — — SHC

Comment: Unable to calculate.

**Testing Performed By**

12/14/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

Other Orders

Outpatient Referral

Referral To Infectious Disease [924798892] (Active)

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on **12/14/23 1554** Status: **Active**  
 Ordering user: Dykowski, Sara Elizabeth, MD 12/14/23 1554 Authorized by: Fredericson, Michael, MD  
 Ordering mode: Standard  
 Frequency: Expedite 12/14/23 - Class: Stanford Referral  
 Quantity: 1  
 Diagnoses  
 Malaise and fatigue [R53.81, R53.83]

Questionnaire

Question	Answer
Referred to Sub-specialty or Division	Chronic Fatigue Syndrome

Order comments: Referral type: Consult, Treat, and Return to PCP When Stable. 21 Y male, Stanford XC and track and field athlete, referred for persistent post-viral fatigue. 6+ weeks, significant fatigue affecting daily life and athletic performance.

Referral Details

Referred By	Referred To	Type	Priority
Fredericson, Michael, MD 450 Broadway St Rm A16 Pavilion A 1st Fl MC 6110 Redwood City CA 94063 Phone: (650)498-7555 Fax: 650-721-3429	Diagnoses: Malaise and fatigue Order: Referral To Infectious Disease Reason: Specialty Services Requested  <b>Chronic Fatigue Clinic Atherton</b> 3351 El Camino Real, Suite 225 ATHERTON CA 94027 Phone: 650-736-5200 Fax: 650-497-0754 Specialty: Infectious Diseases	Consult, Test and Treat	Urgent

Comment: Referral type: Consult, Treat, and Return to PCP When Stable.

21 Y male, Stanford XC and track and field athlete, referred for persistent post-viral fatigue. 6+ weeks, significant fatigue affecting daily life and athletic performance.

Indications

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

Flowsheets

Custom Formula Data

Row Name	12/14/23 1402
Hemodynamics	Mean Arterial Pressure (Calculated) 96 mmHg -JH
Relevant Labs and Vitals	

**12/14/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Flowsheets (continued)**

Temp (in Celsius) 36.2 -JH

**Encounter Extended Vitals**

<b>Row Name</b>	<b>12/14/23 1402</b>
-----------------	----------------------

Pain Related to this Visit? No pain = 0

Pain Level - 1st 0 -JH  
 Site

Fall Risk

Have you fallen No -JH  
 in the last 30  
 days?

Additional Blood Pressure Information

BP 127/80 -JH

Additional Pulse Information

Pulse 65 -JH

Additional Respiratory Information

SpO2 98 % -JH

**Encounter Vitals**

<b>Row Name</b>	<b>12/14/23 1402</b>
-----------------	----------------------

Encounter Vitals

BP	127/80 -JH
Pulse	65 -JH
Temp	36.2 °C (97.1 °F) - JH
Temp src	Oral -JH
SpO2	98 % -JH

Vitals

Patient site	Left Arm -JH
Patient Position	Sitting -JH

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
JH	Hernandez, Jesse, MA	Medical Assistant	—	12/14/2023

**After Visit Summary**

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

## 12/14/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)

### After Visit Summary (continued)

## AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 12/14/2023 2:00 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Michael Fredericson on Thursday December 14, 2023 for: Follow Up Visit.

 Blood Pressure  
127/80

 Temperature (Oral)  
97.1 °F

 Pulse  
65

 Oxygen Saturation  
98%

### What's Next

DEC 14 Follow Up Visit  
2023 Thursday December 14 2:30 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

### Stay Connected with MyHealth

View your After Visit Summary online, manage your prescriptions, make appointments, communicate with your care team. To access your account visit [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

**12/14/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**Your Medication List** as of December 14, 2023 2:24 PM

**(i)** Always use your most recent med list.

<b>benzonatate</b> 100 mg capsule Commonly known as: Tessalon	take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough
<b>ergocalciferol (vitamin D2)</b> 50,000 units (1.25 mg) capsule Commonly known as: Drisdol	take 1 Capsule (50,000 Units total) by mouth every 7 days
<b>predniSONE</b> 10 mg tablet Commonly known as: Deltasone	Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.
<b>Vitamin D3</b> 1,000 unit Caps Generic drug: Cholecalciferol (Vitamin D3)	take 1 Capsule (1,000 Units total) by mouth every day

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

**Messages**

**Questionnaire Submission**

From  
Topper, Galen

To  
P Myhealth Admin Pool (supporting

Sent  
12/13/2023 9:10 PM

**12/14/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Messages (continued)**

Michael Fredericson, MD)

**Patient Questionnaire Submission**

---

Your response has been received.

**Questionnaires**

**Legend:**

 **Triggered an OurPractice Advisory** **Scoring question**

**Covid-19 Symptom Screening Questionnaire**

Question	12/13/2023 9:10 PM PDT - Filed by Patient
Have you had a positive COVID-19 test in the past 10 days?	No
<b>COVID-19 Positive Test Score (range: -1 - 1)</b>	<b>0 (Negative) !</b>

## 12/14/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents

#### After Visit Summary - Document on 12/13/2023 4:26 PM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 12/14/2023 2:00 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Michael Fredericson on Thursday December 14, 2023.

### What's Next

DEC 14 Follow Up Visit with Michael Fredericson  
2023 Thursday December 14 2:00 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

### Stay Connected with MyHealth

View your After Visit Summary online, manage your prescriptions, make appointments, communicate with your care team. To access your account visit [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

12/14/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)

Documents (continued)

Your Medication List as of December 13, 2023 4:26 PM

 Always use your most recent med list.

<b>benzonatate</b> 100 mg capsule Commonly known as: Tessalon	take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough
<b>ergocalciferol (vitamin D2)</b> 50,000 units (1.25 mg) capsule Commonly known as: Drisdol	take 1 Capsule (50,000 Units total) by mouth every 7 days
<b>predniSONE</b> 10 mg tablet Commonly known as: Deltasone	Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.
<b>Vitamin D3</b> 1,000 unit Caps Generic drug: Cholecalciferol (Vitamin D3)	take 1 Capsule (1,000 Units total) by mouth every day

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

## 12/14/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents (continued)

#### After Visit Summary - Document on 12/14/2023 2:24 PM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 12/14/2023 2:00 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Michael Fredericson on Thursday December 14, 2023 for: Follow Up Visit.



Blood Pressure  
127/80



Temperature (Oral)  
97.1 °F



Pulse  
65



Oxygen Saturation  
98%

### What's Next

DEC 14 Follow Up Visit  
2023 Thursday December 14 2:30 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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12/14/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)

Documents (continued)

Your Medication List as of December 14, 2023 2:24 PM

 Always use your most recent med list.

<b>benzonatate</b> 100 mg capsule Commonly known as: Tessalon	take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough
<b>ergocalciferol (vitamin D2)</b> 50,000 units (1.25 mg) capsule Commonly known as: Drisdol	take 1 Capsule (50,000 Units total) by mouth every 7 days
<b>predniSONE</b> 10 mg tablet Commonly known as: Deltasone	Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.
<b>Vitamin D3</b> 1,000 unit Caps Generic drug: Cholecalciferol (Vitamin D3)	take 1 Capsule (1,000 Units total) by mouth every day

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

**12/14/2023 - Patient Message in Orthopedic Rehab & Sports Med Center A16**

**Messages**

**lab test**

From	To	Sent and Delivered
Sara Elizabeth Dykowski, MD	Topper, Galen	12/14/2023 7:42 PM
Last Read in MyHealth		
1/12/2024 10:32 AM by Topper, Galen		

Hi Galen,

The cardiac test (troponin) that we checked today is good. No changes to our plan - please continue to listen to your body with gentle activity and not push into point of fatigue, and the Sports Medicine Center staff will reach out to the ID clinic to help facilitate an evaluation for the persistent fatigue.

Let us know if anything else comes up.

Best,  
Sara Dykowski, MD  
Sports Medicine Fellow

**12/07/2023 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging**
**Reason for Visit**

Visit diagnoses:

- (primary)
- Cough, unspecified type

**Medication List**
**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**
**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
 Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
 Start date: 1/25/2023 End date: 3/14/2024  
 Action: Patient not taking Quantity: 42 Tablet  
 Refill: No refills remaining

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
 Start date: 3/30/2023 End date: 3/14/2024  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
 Authorized by: Dykowski, Sara Elizabeth, MD Ordered on: 12/7/2023  
 Start date: 12/7/2023 End date: 3/14/2024  
 Action: Patient not taking Quantity: 30 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Imaging**
**Imaging**
**XR Chest 2 Views [923094627] (Final result)**

Electronically signed by: Dykowski, Sara Elizabeth, MD on 12/07/23 1415

 Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Dykowski, Sara Elizabeth, MD 12/07/23 1415

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

## 12/07/2023 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging (continued)

### Imaging (continued)

Frequency: Routine 12/07/23 1443 - 1 occurrence  
 Quantity: 1  
 Instance released by: Lam, Jonathan, RT 12/7/2023 2:43 PM  
 Diagnoses  
 Cough, unspecified type [R05.9]

#### Questionnaire

Question	Answer
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	persistent cough, eval for PNA
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes
Would you like this exam done as a portable?	No

#### Scheduling instructions

This imaging study does not require an appointment and you may walk into any Stanford Imaging Center and complete this study. If you need a list of available locations and hours of operation, please check our website at <https://stanfordhealthcare.org/medical-clinics/imaging-clinic.html>

#### End Exam Questions

	Answer	Comment
Was this exam terminated?		
Was this a repeat exam for a callback?		
Is this exam for research?		

#### XR Chest 2 Views [923094627]

Resulted: 12/07/23 1454, Result status: Final result

Order status: Completed  
 Filed by: Shc, In-Radiant Results Multiple Systems 12/07/23  
 1457  
 Accession number: 21443513  
 Narrative:  
 RADIOGRAPHIC EXAMINATION OF THE CHEST: 12/7/2023 14:45

Resulted by: Lin, Margaret Chin-Chin, MD  
 Performed: 12/07/23 1443 - 12/07/23 1452

Resulting lab: RADIOLOGY

CLINICAL HISTORY: 21 years of age, Male, persistent cough, eval for PNA.

COMPARISON: 3/30/2023

PROCEDURE COMMENTS: Two views of the chest.

FINDINGS:

The cardiomediastinal silhouette is normal. The lung parenchyma is clear. There are no pleural or significant bony abnormalities.

Impression:

IMPRESSION:

1. Normal radiographic examination of the chest.

I have personally reviewed the images for this examination and agree with the report transcribed above.

Acknowledged by  
 Fredericson, Michael, MD on 12/07/23 1514

## 12/07/2023 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging (continued)

### Imaging (continued)

Hock-Hanson, Susan, RN on 12/10/23 1355

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

#### XR Chest 2 Views [923094627]

Resulted: 12/07/23 1443, Result status: In process

Order status: Completed

Resulted by: Lin, Margaret Chin-Chin, MD

Filed by: Lam, Jonathan, RT 12/07/23 1443

Performed: 12/07/23 1443 - 12/07/23 1452

Accession number: 21443513

Resulting lab: RADIOLOGY

#### Reviewed by

Hock-Hanson, Susan, RN on 12/10/23 1355

Fredericson, Michael, MD on 12/07/23 1514

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

#### Indications

Cough, unspecified type [R05.9 (ICD-10-CM)]

#### Signed

Electronically signed by Lin, Margaret Chin-Chin, MD on 12/7/23 at 1454 PST

#### All Reviewers List

Hock-Hanson, Susan, RN on 12/10/2023 13:55

Fredericson, Michael, MD on 12/7/2023 15:14

## 12/07/2023 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Follow Up Visit  
Visit diagnosis: Cough, unspecified type

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

##### **predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
Start date: 1/25/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 42 Tablet  
Refill: No refills remaining

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
Start date: 3/30/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### **ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (50,000 Units total) by mouth every 7 days  
Authorized by: Dykowski, Sara Elizabeth, MD Ordered on: 12/7/2023  
Start date: 12/7/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 30 Capsule  
Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Fredericson, Michael, MD at 12/7/2023 1400

### Stanford Ortho Sports Medicine Clinic Note

#### History of Present Illness:

**12/07/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

ID/CC: Galen Topper is a 21 Y male who presents for follow up of fatigue. Since visit earlier this week, he notes he feels about the same or a little worse. No fevers, congestion. He does have cough, sore throat, and lymph node tenderness. He continues to sleep 8-12 hours a day.

Initial history from 12/4/23 visit:

~4 weeks ago he had a week of fevers, chills, malaise, sore throat, lymph node enlargement in the front and back of his neck, and productive cough in the morning upon wakening. He took a whole week off for training and then resumed running. Since then he has had significant fatigue and malaise and persistent sore throat. He notes that he can run below his regular performance level and then be tired for 2 days despite resting. He had a teammate who tested positive for mono last week and therefore he repeated a Monospot test which was negative at our sports medicine Center clinic. He denies any prior history of mono. He denies chest pain, shortness of breath, dizziness, lightheadedness, diarrhea, GI upset, nausea, vomiting.

**Patient Active Problem List**

Diagnosis	Date Noted
• Sacroiliitis (CMS-HCC)	10/04/2022
• Breathing difficulty	01/08/2020
• Lactose intolerance	08/17/2018
• Acute nonintractable headache	06/29/2018
• Vasovagal syncope	06/29/2018
• Multiple allergies	02/13/2014
• Dermographism	
• Keratosis pilaris	10/31/2013

**Current Outpatient Medications:**

- benzonatate (Tessalon) 100 mg capsule, take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough (Patient not taking: Reported on 12/7/2023)
- Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS, take 1 Capsule (1,000 Units total) by mouth every day (Patient not taking: Reported on 3/30/2023)
- ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule, take 1 Capsule (50,000 Units total) by mouth every 7 days
- predniSONE (Deltasone) 10 mg tablet, Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop. (Patient not taking: Reported on 7/27/2023)

He reports that he has never smoked. He has never used smokeless tobacco. He reports that he does not currently use alcohol. He reports that he does not currently use drugs.

His family history includes Allergies in his father; CAD, Late Onset in his paternal grandfather; Elevated Lipids in his father; No Known Problems in his brother and sister.

**Review of Systems**

ROS: Pertinent positives and negatives are noted in the HPI.

Objective

**Physical Exam:**

GEN: Resting comfortably

## 12/07/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Clinical Notes (continued)

HEENT: conjunctiva clear. Tonsils appear enlarged but are nonerythematous and without exudate. Anterior cervical lymphadenopathy present R>L. No posterior lymphadenopathy present. No sinus tenderness

RESP: Lungs are clear to auscultation bilaterally

NEURO: Grossly intact

SKIN: normal skin appearance

PSYCH: appropriate affect, intact thought and speech

Assessment / Plan

### Assessment and Plan:

Diagnoses and associated orders for this visit:

#### Cough, unspecified type

- XR Chest 2 Views; Future

#### Other orders

- ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule; take 1 Capsule (50,000 Units total) by mouth every 7 days

We did discuss that patient's history and symptoms are most consistent with postviral fatigue. We reviewed labs which are notable for vitamin D deficiency. Mono negative for acute infection. Strep screen negative. No transaminitis. Cell counts within acceptable limits. LEA labs are within appropriate ranges.

His constellation of symptoms are most consistent with post viral fatigue. However, given his persistent cough, will check CXR to evaluate for atypical pneumonia which was normal today.

Given his malaise and fatigue, recommend continued rest for another week with plan for re-evaluation.

Restrictions: Out from training and lifting at this time

Follow-up: in 1 week

The patient/family indicates understanding and agrees to the plan.

Sara Dykowski, MD, PGY-5  
PM&R Sports Medicine Fellow

### Teaching Physician Attestation

Michael Fredericson, MD  
Professor, Sports Medicine

I was present and directly participated in the care of this patient. I have reviewed the resident/fellow note, made edits as indicated, and agree with the documented findings, assessment, and plan.

Electronically signed by Fredericson, Michael, MD at 12/7/2023 3:56 PM

**12/07/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

**Imaging**

**Imaging**

**XR Chest 2 Views [923084857] (Completed)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD on 12/07/23 1415** Status: **Completed**  
 Ordering user: Dykowski, Sara Elizabeth, MD 12/07/23 1415 Authorized by: Fredericson, Michael, MD  
 Ordering mode: Standard  
 Frequency: Routine 12/07/23 - Class: Stanford  
 Quantity: 1  
 Diagnoses  
 Cough, unspecified type [R05.9]

**Questionnaire**

Question	Answer
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	persistent cough, eval for PNA
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes
Would you like this exam done as a portable?	No

**Scheduling instructions**

This imaging study does not require an appointment and you may walk into any Stanford Imaging Center and complete this study. If you need a list of available locations and hours of operation, please check our website at <https://stanfordhealthcare.org/medical-clinics/imaging-clinic.html>

**Indications**

Cough, unspecified type [R05.9 (ICD-10-CM)]

**XR Chest 2 Views [923094627]**

Resulted: 12/07/23 1454, Result status: Final result

Order status: Completed  
 Filed by: Shc, In-Radiant Results Multiple Systems 12/07/23  
 1457  
 Accession number: 21443513  
 Narrative:  
 RADIOGRAPHIC EXAMINATION OF THE CHEST: 12/7/2023 14:45

Resulted by: Lin, Margaret Chin-Chin, MD  
 Performed: 12/07/23 1443 - 12/07/23 1452

Resulting lab: RADIOLOGY

CLINICAL HISTORY: 21 years of age, Male, persistent cough, eval for PNA.

COMPARISON: 3/30/2023

PROCEDURE COMMENTS: Two views of the chest.

FINDINGS:

The cardiomedastinal silhouette is normal. The lung parenchyma is clear. There are no pleural or significant bony abnormalities.

Impression:

IMPRESSION:

1. Normal radiographic examination of the chest.

I have personally reviewed the images for this examination and agree with the report transcribed above.

**12/07/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Imaging (continued)**

Acknowledged by  
 Fredericson, Michael, MD on 12/07/23 1514  
 Hock-Hanson, Susan, RN on 12/10/23 1355

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**XR Chest 2 Views [923094627]**

Resulted: 12/07/23 1443, Result status: In process

Order status: Completed  
 Filed by: Lam, Jonathan, RT 12/07/23 1443  
 Accession number: 21443513  
 Resulted by: Lin, Margaret Chin-Chin, MD  
 Performed: 12/07/23 1443 - 12/07/23 1452  
 Resulting lab: RADIOLOGY

**Reviewed by**

Hock-Hanson, Susan, RN on 12/10/23 1355  
 Fredericson, Michael, MD on 12/07/23 1514

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**Indications**

Cough, unspecified type [R05.9 (ICD-10-CM)]

**Signed**

Electronically signed by Lin, Margaret Chin-Chin, MD on 12/7/23 at 1454 PST

**MAR**

**Medications**

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Department
12/07/23	Sent	Routine	Dykowski, Sara Elizabeth, MD	SPORTS MEDICINE CENTER

**Provider Information**

Authorizing Provider	Encounter Provider
Dykowski, Sara Elizabeth, MD	Fredericson, Michael, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule (Discontinued)	30 Capsule	0	12/7/2023	3/14/2024

**12/07/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**
**MAR (continued)**

Sig: take 1 Capsule (50,000 Units total) by mouth every 7 days

Patient not taking: Reported on 12/14/2023

Route: Oral

Class: E-Prescribe

Order #: 923084858

**Outpatient Medication Detail**

	Disp	Refills	Start	End
<b>ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule (Discontinued)</b>	30 Capsule	0	12/7/2023	3/14/2024
Sig - Route: take 1 Capsule (50,000 Units total) by mouth every 7 days - Oral				
Patient not taking: Reported on 12/14/2023				
Sent to pharmacy as: ergocalciferol (vitamin D2) 1,250 mcg (50,000 unit) capsule (Drisdol)				
Class: E-Prescribe				
E-Prescribing Status: <b>Receipt confirmed by pharmacy</b> (12/7/2023 2:15 PM PST)				
E-Cancel Status: <b>Request approved by pharmacy</b> (3/14/2024 11:15 AM PDT)				
E-Cancel Status Note: <b>Written Qty:30.0,Owed Qty:30.0</b>				

**This Order Has Been Discontinued**

Order Status	Reason	By	On
Discontinued	None	Dykowski, Sara Elizabeth, MD	3/14/24 1115

**Pharmacy**

RITE AID #05892 - REDWOOD CITY, CA - 340 WOODSIDE PLAZA

**ergocalciferol (vitamin D2) (Drisdol) 50,000 units (1.25 mg) capsule [923084858]**

 Electronically signed by: **Dykowski, Sara Elizabeth, MD** on 12/07/23 1415

 Status: **Discontinued**

Ordering user: Dykowski, Sara Elizabeth, MD 12/07/23 1415

Authorized by: Dykowski, Sara Elizabeth, MD

Ordering mode: Standard

Frequency: Q7 DAYS 12/07/23 - 365 days

Discontinued by: Dykowski, Sara Elizabeth, MD 03/14/24 1115

**Flowsheets**
**Custom Formula Data**

Row Name	12/07/23 1355
Hemodynamics	
Mean Arterial Pressure (Calculated)	93 mmHg -JH
Relevant Labs and Vitals	

Temp (in Celsius) 36.4 -JH

**Encounter Extended Vitals**

Row Name	12/07/23 1355
Pain Related to this Visit? No pain = 0	
Pain Level - 1st Site	0 -JH
Fall Risk	

Have you fallen in the last 30 days? No -JH

**12/07/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Flowsheets (continued)**

Additional Blood Pressure Information

BP 120/80 -JH

Additional Pulse Information

Pulse 55 -JH

Additional Respiratory Information

SpO2 99 % -JH

**Encounter Vitals**

<b>Row Name</b>	<b>12/07/23 1355</b>
-----------------	----------------------

Encounter Vitals

BP	120/80 -JH
Pulse	55 -JH
Temp	36.4 °C (97.5 °F) - JH
Temp src	Oral -JH
SpO2	99 % -JH

Vitals

Patient site	Left Arm -JH
Patient Position	Sitting -JH

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
JH	Hernandez, Jesse, MA	Medical Assistant	—	12/07/2023

**After Visit Summary**

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

## 12/07/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)

### After Visit Summary (continued)

## AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 12/7/2023 2:00 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Michael Fredericson on Thursday December 7, 2023.

### What's Next

**DEC 7 2023** Follow Up Visit with Michael Fredericson  
Thursday December 7 2:00 PM  
Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

### Stay Connected with MyHealth

View your After Visit Summary online, manage your prescriptions, make appointments, communicate with your care team. To access your account visit [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

**12/07/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**Your Medication List** as of December 6, 2023 4:50 PM

 Always use your most recent med list.

**benzonatate** 100 mg capsule  
Commonly known as: Tessalon

take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough

**predniSONE** 10 mg tablet  
Commonly known as: Deltasone

Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.

**Vitamin D3** 1,000 unit Caps  
Generic drug: Cholecalciferol (Vitamin D3)

take 1 Capsule (1,000 Units total) by mouth every day

---

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

## 12/07/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents

#### After Visit Summary - Document on 12/6/2023 4:50 PM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 12/7/2023 2:00 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Michael Fredericson on Thursday December 7, 2023.

### What's Next

DEC

7

Follow Up Visit with Michael Fredericson

Thursday December 7 2:00 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

### Stay Connected with MyHealth

View your After Visit Summary online, manage your prescriptions, make appointments, communicate with your care team. To access your account visit [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

**12/07/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

**Your Medication List** as of December 6, 2023 4:50 PM

 Always use your most recent med list.

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Generic drug: Cholecalciferol (Vitamin D3)

take 1 Capsule (1,000 Units total) by mouth every day

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

## 12/04/2023 - Clinical Support in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Follow Up Visit

Visit diagnoses:

- (primary)
- Post-infection fatigue

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD

Discontinued on: 2/2/2024

Instructions: take 1 Capsule (1,000 Units total) by mouth every day

Authorized by: Kuwabara, Anne M, MD

Ordered on: 2/3/2022

Start date: 2/3/2022

End date: 2/2/2024

Action: Patient not taking

Quantity: 100 Capsule

Refill: 3 refills remaining

##### **predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD

Discontinued on: 3/14/2024

Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.

Authorized by: Kuo, Kevin Fong-Wei, MD

Ordered on: 1/25/2023

Start date: 1/25/2023

End date: 3/14/2024

Action: Patient not taking

Quantity: 42 Tablet

Refill: No refills remaining

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD

Discontinued on: 3/14/2024

Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough

Authorized by: Choo, Hyunwoo June, MD

Ordered on: 3/30/2023

Start date: 3/30/2023

End date: 3/14/2024

Action: Patient not taking

Quantity: 15 Capsule

Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Clinic Support Note

Hernandez, Jesse, MA at 12/4/2023 1430

Lab draw and strep swab sent to the lab.

Electronically signed by Hernandez, Jesse, MA at 12/4/2023 2:36 PM

### Labs

12/04/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)

Labs (continued)

Testosterone [922197518] (Final result)

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on **12/04/23 1321** Status: **Completed**  
 Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321 Authorized by: Fredericson, Michael, MD  
 Ordering mode: Standard  
 Frequency: Routine 12/04/23 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Instance released by: Hernandez, Jesse, MA 12/4/2023 2:24 PM  
 Diagnoses  
 Post-infection fatigue [R53.83, B94.9]

Specimen Information

ID	Type	Source	Collected By
23S-338SC0940	Blood	Blood, from Venipuncture	Hernandez, Jesse, MA 12/04/23 1425

Testosterone [922197518] (Normal)

Resulted: 12/06/23 1331, Result status: Final result

Order status: Completed Filed by: Constantino, Cheriline B 12/06/23 1331  
 Collected by: Hernandez, Jesse, MA 12/04/23 1425 Resulting lab: HILLVIEW LABORATORY  
 Narrative:  
 New method as of April 1, 2019.  
 Acknowledged by: Fredericson, Michael, MD on 12/07/23 1017

Components

Component	Value	Reference Range	Flag	Lab
Testosterone	549	250 - 1,000 ng/dL	—	Hillview

Comment:  
 Reference Range (ng/dL)  
 Adult Males: 300-1000  
 Adult Females, Premenopausal: 10-60  
 Adult Females, Postmenopausal: 7-40

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

Indications

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

All Reviewers List

Fredericson, Michael, MD on 12/7/2023 10:17

T3, Free [922197519] (Final result)

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on **12/04/23 1321** Status: **Completed**  
 Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321 Authorized by: Fredericson, Michael, MD  
 Ordering mode: Standard  
 Frequency: Routine 12/04/23 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Instance released by: Hernandez, Jesse, MA 12/4/2023 2:24 PM  
 Diagnoses  
 Post-infection fatigue [R53.83, B94.9]

Specimen Information

**12/04/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

ID	Type	Source	Collected By
23S-338CH3497	Blood	Blood, from Venipuncture	Hernandez, Jesse, MA 12/04/23 1425

**T3, Free [922197519] (Normal)**

Resulted: 12/04/23 1853, Result status: Final result

Order status: Completed  
 Collected by: Hernandez, Jesse, MA 12/04/23 1425  
 Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

Filed by: Background, Lab 12/04/23 1853  
 Resulting lab: SHC LAB - HOSPITAL LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
T3, Free	4.0	2.0 - 4.4 pg/mL	—	SHC

Comment:  
 This result is produced from a reformulated method that is not significantly altered with biotin concentrations up to 1200 ng/mL in blood

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 12/7/2023 10:17  
 Fredericson, Michael, MD on 12/5/2023 11:23  
 Fredericson, Michael, MD on 12/5/2023 09:11

**T3, Total [922197520] (Final result)**
Status: **Completed**

Electronically signed by: **Dykowski, Sara Elizabeth, MD on 12/04/23 1321**  
 Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321  
 Ordering mode: Standard  
 Frequency: Routine 12/04/23 -  
 Quantity: 1  
 Instance released by: Hernandez, Jesse, MA 12/4/2023 2:24 PM  
 Diagnoses  
 Post-infection fatigue [R53.83, B94.9]

Authorized by: Fredericson, Michael, MD

Class: Clinic Collect  
 Lab status: Final result
**Specimen Information**

ID	Type	Source	Collected By
23S-338CH3497	Blood	Blood, from Venipuncture	Hernandez, Jesse, MA 12/04/23 1425

**T3, Total [922197520] (Normal)**

Resulted: 12/04/23 1853, Result status: Final result

Order status: Completed  
 Collected by: Hernandez, Jesse, MA 12/04/23 1425  
 Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

Filed by: Background, Lab 12/04/23 1853  
 Resulting lab: SHC LAB - HOSPITAL LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
T3 Total	134	80 - 200 ng/dL	—	SHC

Comment:

**12/04/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**All Reviewers List**

 Fredericson, Michael, MD on 12/7/2023 10:17  
 Fredericson, Michael, MD on 12/5/2023 11:23  
 Fredericson, Michael, MD on 12/5/2023 09:11

**TSH w/ Reflex FT4 [922197521] (Final result)**

 Electronically signed by: **Dykowski, Sara Elizabeth, MD on 12/04/23 1321**

 Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 12/04/23 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Instance released by: Hernandez, Jesse, MA 12/4/2023 2:24 PM

Diagnoses

Post-infection fatigue [R53.83, B94.9]

**Specimen Information**

ID	Type	Source	Collected By
23S-338CH3497	Blood	Blood, from Venipuncture	Hernandez, Jesse, MA 12/04/23 1425

**TSH w/ Reflex FT4 [922197521] (Normal)**

Resulted: 12/04/23 1853, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/04/23 1853

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

**Components**

Component	Value	Reference Range	Flag	Lab
TSH	2.28	0.27 - 4.20 uIU/mL	—	SHC

Comment:  
 This result is produced from a reformulated method that is not significantly altered with biotin concentrations up to 1200 ng/mL in blood

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**12/04/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**
**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**All Reviewers List**

 Fredericson, Michael, MD on 12/7/2023 10:17  
 Fredericson, Michael, MD on 12/5/2023 11:23  
 Fredericson, Michael, MD on 12/5/2023 09:11

**Vitamin D, 25-Hydroxyvitamin [922197522] (Final result)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD on 12/04/23 1321** Status: **Completed**  
 Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321 Authorized by: Fredericson, Michael, MD  
 Ordering mode: Standard  
 Frequency: Routine 12/04/23 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Instance released by: Hernandez, Jesse, MA 12/4/2023 2:24 PM  
 Diagnoses  
 Post-infection fatigue [R53.83, B94.9]

**Specimen Information**

ID	Type	Source	Collected By
23S-338SC0942	Blood	Blood, from Venipuncture	Hernandez, Jesse, MA 12/04/23 1425

**Vitamin D, 25-Hydroxyvitamin [922197522] (Normal)**

Resulted: 12/05/23 1024, Result status: Final result

 Order status: Completed Filed by: Background, Lab 12/05/23 1024  
 Collected by: Hernandez, Jesse, MA 12/04/23 1425 Resulting lab: HILLVIEW LABORATORY  
 Acknowledged by: Fredericson, Michael, MD on 12/05/23 1123

**Components**

Component	Value	Reference Range	Flag	Lab
25-OH Vitamin D, Total	29	25 - 80 ng/mL	—	Hillview

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**All Reviewers List**

 Fredericson, Michael, MD on 12/7/2023 10:17  
 Fredericson, Michael, MD on 12/5/2023 11:23

**Metabolic Panel, Comprehensive [922197523] (Final result)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD on 12/04/23 1321** Status: **Completed**  
 Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321 Authorized by: Fredericson, Michael, MD  
 Ordering mode: Standard  
 Frequency: Routine 12/04/23 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Instance released by: Hernandez, Jesse, MA 12/4/2023 2:24 PM  
 Diagnoses  
 Post-infection fatigue [R53.83, B94.9]

**Specimen Information**

**12/04/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

ID	Type	Source	Collected By
23S-338CH3497	Blood	Blood, from Venipuncture	Hernandez, Jesse, MA 12/04/23 1425

**Metabolic Panel, Comprehensive [922197523]**

Resulted: 12/04/23 1853, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/04/23 1853

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Narrative:

Physiological plasma concentrations of Sulfasalazine and/or Sulfapyridine drugs may lead to false results for AST and ALT. Please contact the Chemistry section of the clinical laboratory for any questions.

Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

**Components**

Component	Value	Reference Range	Flag	Lab
Sodium, Ser/Plas	142	135 - 145 mmol/L	—	SHC
Potassium, Ser/Plas	4.7	3.5 - 5.5 mmol/L	—	SHC
Chloride, Ser/Plas	105	98 - 107 mmol/L	—	SHC
CO2, Ser/Plas	27	22 - 29 mmol/L	—	SHC
Comment: Falsely low bicarbonate result will occur with triglyceride concentration greater than 1000 mg/dL, please interpret bicarbonate result with caution.				
Anion Gap	10	5 - 15 mmol/L	—	SHC
Fasting	No	—	—	SHC
Glucose, Ser/Plas	83	70 - 140 mg/dL	—	SHC
Comment: The reference range listed above is for a non-fasting patient.				
Creatinine, Ser/Plas	0.76	0.67 - 1.17 mg/dL	—	SHC
Comment: Measured by isotope dilution mass spectrometry traceable method. Falsely low creatinine concentration might be observed in patients receiving catecholamines such as dopamine, dobutamine, epinephrine, and norepinephrine when blood specimens are collected by indwelling catheters (e.g., PICC line). The cause of the falsely low creatinine concentration from indwelling catheters is due to administering the drug and collecting blood through the same catheter, which interferes with the enzymatic creatinine method used on our chemistry platform. This phenomenon is not observed with peripheral blood draws. Extensive flushing of the indwelling catheter to remove drug remnants before blood collection is recommended. It also recommended that blood specimens be collected from peripheral veins for patients receiving these drugs from the indwelling catheter to obtain accurate creatinine results. Result can be falsely decreased in patients with elevated levels of N-Acetylcysteine (NAC) and Metamizole.				
eGFR Refit Without Race (2021)	131	>60 mL/min/1.73 m2	—	SHC
Comment: eGFR is consistent with normal renal function. There is substantial imprecision in any estimate of GFR and is only applicable if the kidney function is stable. As of December 1, 2021, creatinine-based eGFR is calculated by the CKD-EPI creatinine equation refit without the race variable. Creatinine levels can be influenced by muscle mass, exercise, diet, and medications. Any clinical decisions (e.g., eligibility for procedures or administration of medications) that might be influenced by the reported value should be further informed by clinical judgment.				
BUN, Ser/Plas	15	6 - 20 mg/dL	—	SHC
Calcium, Ser/Plas	10.0	8.4 - 10.5 mg/dL	—	SHC
Protein, Total, Ser/Plas	7.3	6.0 - 8.3 g/dL	—	SHC
Albumin, Ser/Plas	4.9	3.5 - 5.2 g/dL	—	SHC
Total Bilirubin, Ser/Plas	0.4	<1.2 mg/dL	—	SHC
Alk PTASE, Total, Ser/Plas	73	40 - 130 U/L	—	SHC
AST (SGOT), Ser/Plas	25	10 - 50 U/L	—	SHC
ALT (SGPT), Ser/Plas	17	10 - 50 U/L	—	SHC
Globulin	2.4	2.0 - 5.0 g/dL	—	SHC

**Testing Performed By**

**12/04/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 12/7/2023 10:17  
 Fredericson, Michael, MD on 12/5/2023 11:23  
 Fredericson, Michael, MD on 12/5/2023 09:11

**Ferritin [922197524] (Final result)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD on 12/04/23 1321** Status: **Completed**  
 Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321 Authorized by: Fredericson, Michael, MD  
 Ordering mode: Standard  
 Frequency: Routine 12/04/23 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Instance released by: Hernandez, Jesse, MA 12/4/2023 2:24 PM  
 Diagnoses  
 Post-infection fatigue [R53.83, B94.9]

**Specimen Information**

ID	Type	Source	Collected By
23S-338CH3497	Blood	Blood, from Venipuncture	Hernandez, Jesse, MA 12/04/23 1425

**Ferritin [922197524] (Normal)**

Resulted: 12/04/23 1853, Result status: Final result

Order status: Completed Filed by: Background, Lab 12/04/23 1853  
 Collected by: Hernandez, Jesse, MA 12/04/23 1425 Resulting lab: SHC LAB - HOSPITAL LABORATORY  
 Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

**Components**

Component	Value	Reference Range	Flag	Lab
Ferritin	112	30 - 400 ng/mL	—	SHC

Comment:  
 Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 12/7/2023 10:17  
 Fredericson, Michael, MD on 12/5/2023 11:23

**12/04/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Fredericson, Michael, MD on 12/5/2023 09:11

**EPSTEIN-BARR VIRUS AB PANEL [922197525] (Final result)**

 Electronically signed by: **Dykowski, Sara Elizabeth, MD on 12/04/23 1321**

 Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 12/04/23 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Instance released by: Hernandez, Jesse, MA 12/4/2023 2:24 PM

Diagnoses

Post-infection fatigue [R53.83, B94.9]

**Specimen Information**

ID	Type	Source	Collected By
23S-338SC0942	Blood	Blood, from Venipuncture	Hernandez, Jesse, MA 12/04/23 1425

**EPSTEIN-BARR VIRUS AB PANEL [922197525] (Abnormal)**

Resulted: 12/06/23 1206, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/06/23 1206

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: HILLVIEW LABORATORY

Acknowledged by: Fredericson, Michael, MD on 12/07/23 1017

**Components**

Component	Value	Reference Range	Flag	Lab
VCA IgG Result	Positive	Negative	A !	Hillview
VCA IgM Result	Negative	Negative	—	Hillview
EA IgG Result	Negative	Negative	—	Hillview
EBNA IgG Result	Positive	Negative	A !	Hillview
EBV Interpretation	—	—	—	Hillview

Comment: Past infection with Epstein-Barr Virus (EBV).

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 12/7/2023 10:17

**CBC With Diff [922197526] (Final result)**

 Electronically signed by: **Dykowski, Sara Elizabeth, MD on 12/04/23 1321**

 Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 12/04/23 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Instance released by: Hernandez, Jesse, MA 12/4/2023 2:24 PM

Diagnoses

Post-infection fatigue [R53.83, B94.9]

**Specimen Information**

ID	Type	Source	Collected By
23S-338HE1730	Blood	Blood, from	12/04/23 1425

12/04/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)

Labs (continued)

Venipuncture

**CBC With Diff [922197526]**

**CBC with Differential [922197528]**

Resulted: 12/04/23 1807, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/04/23 1807

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	5.7	4.0 - 11.0 K/uL	—	SHC
RBC	5.51	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	15.6	13.5 - 17.7 g/dL	—	SHC
Hematocrit	45.7	40.0 - 52.0 %	—	SHC
MCV	82.9	82.0 - 98.0 fL	—	SHC
MCH	28.3	27.0 - 34.0 pg	—	SHC
MCHC	34.1	32.0 - 36.0 g/dL	—	SHC
RDW	11.9	11.5 - 14.5 %	—	SHC
Platelet count	214	150 - 400 K/uL	—	SHC
Neutrophil %	54.1	%	—	SHC
Lymphocyte %	31.7	%	—	SHC
Monocyte %	6.5	%	—	SHC
Eosinophil %	6.4	%	—	SHC
Basophil %	1.1	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	3.06	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.79	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.37	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.36	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.06	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**CBC With Diff [922197526]**

**CBC with Differential [922197528]**

Resulted: 12/04/23 1807, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/04/23 1807

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	5.7	4.0 - 11.0 K/uL	—	SHC
RBC	5.51	4.40 - 5.90 MIL/uL	—	SHC

**12/04/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Hemoglobin	15.6	13.5 - 17.7 g/dL	—	SHC
Hematocrit	45.7	40.0 - 52.0 %	—	SHC
MCV	82.9	82.0 - 98.0 fL	—	SHC
MCH	28.3	27.0 - 34.0 pg	—	SHC
MCHC	34.1	32.0 - 36.0 g/dL	—	SHC
RDW	11.9	11.5 - 14.5 %	—	SHC
Platelet count	214	150 - 400 K/uL	—	SHC
Neutrophil %	54.1	%	—	SHC
Lymphocyte %	31.7	%	—	SHC
Monocyte %	6.5	%	—	SHC
Eosinophil %	6.4	%	—	SHC
Basophil %	1.1	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	3.06	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.79	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.37	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.36	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.06	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**Throat Strep Screen By PCR [922197527] (Final result)**

 Electronically signed by: **Dykowski, Sara Elizabeth, MD** on 12/04/23 1313

 Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1313

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 12/04/23 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Instance released by: Hernandez, Jesse, MA 12/4/2023 2:24 PM

Diagnoses

Post-infection fatigue [R53.83, B94.9]

**Questionnaire**

Question	Answer
Source	Throat Swab

 Scheduling instructions  
 Swab

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
23S-338MI0326	Lavage/Wash/BA L	Collection	Throat	Hernandez, Jesse, MA 12/04/23 1425

**Throat Strep Screen By PCR [922197527] (Normal)**

Resulted: 12/05/23 1029, Result status: Final result

Order status: Completed

Filed by: Manlutac, Maricelle 12/05/23 1029

**12/04/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: HILLVIEW LABORATORY

Narrative:

Method: By selective broth enrichment procedure and by PCR/nucleic acid amplification.

This PCR test was developed and its performance characteristics determined by the Stanford Microbiology Laboratory. It was shown to be more sensitive than conventional methods and highly specific. This assay does not detect other bacterial pathogens such as Arcanobacterium haemolyticum, Neisseria gonorrhoeae and Chlamydia trachomatis. Other assays are recommended for these pathogens. This test has not been cleared or approved by the U.S. Food and Drug Administration. Such approval is not required for tests validated by the performing laboratory.

Acknowledged by: Fredericson, Michael, MD on 12/05/23 1123

**Components**

Component	Value	Reference Range	Flag	Lab
Throat Group A (S.pyogenes) PCR	Negative	Negative	—	Hillview
Throat Group C/G (S.dysgalactiae ssp. equisimilis) PCR	Negative	Negative	—	Hillview

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 12/7/2023 10:17

Fredericson, Michael, MD on 12/5/2023 11:23

**CBC with Differential [922197528] (Final result)**

Status: **Completed**

Order placed as a reflex to CBC With Diff [922197526] ordered on 12/04/23 at 1321

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 12/04/23 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Post-infection fatigue [R53.83, B94.9]

**Specimen Information**

ID	Type	Source	Collected By
23S-338HE1730	Blood	Blood, from Venipuncture	Hernandez, Jesse, MA 12/04/23 1425

**CBC with Differential [922197528]**

Resulted: 12/04/23 1807, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/04/23 1807

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	5.7	4.0 - 11.0 K/uL	—	SHC
RBC	5.51	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	15.6	13.5 - 17.7 g/dL	—	SHC
Hematocrit	45.7	40.0 - 52.0 %	—	SHC

**12/04/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

MCV	82.9	82.0 - 98.0 fL	—	SHC
MCH	28.3	27.0 - 34.0 pg	—	SHC
MCHC	34.1	32.0 - 36.0 g/dL	—	SHC
RDW	11.9	11.5 - 14.5 %	—	SHC
Platelet count	214	150 - 400 K/uL	—	SHC
Neutrophil %	54.1	%	—	SHC
Lymphocyte %	31.7	%	—	SHC
Monocyte %	6.5	%	—	SHC
Eosinophil %	6.4	%	—	SHC
Basophil %	1.1	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	3.06	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.79	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.37	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.36	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.06	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 12/7/2023 10:17  
 Fredericson, Michael, MD on 12/5/2023 11:23  
 Fredericson, Michael, MD on 12/5/2023 09:11

**Flowsheets**

**Custom Formula Data**

Row Name	12/04/23 1435
<b>Hemodynamics</b>	
Mean Arterial Pressure (Calculated)	85 mmHg -JH
Temp (in Celsius)	36.3 -JH
<b>Relevant Labs and Vitals</b>	

**Encounter Extended Vitals**

Row Name	12/04/23 1435
<b>Pain Related to this Visit? No pain = 0</b>	
Pain Level - 1st	0 -JH
<b>Site</b>	
<b>Fall Risk</b>	

**12/04/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Flowsheets (continued)**

Have you fallen No -JH  
in the last 30 days?

**Additional Blood Pressure Information**

BP 134/60 -JH

**Additional Pulse Information**

Pulse 65 -JH

**Additional Respiratory Information**

SpO2 98 % -JH

**Encounter Vitals**

Row Name	12/04/23 1435
Encounter Vitals	
BP	134/60 -JH
Pulse	65 -JH
Temp	36.3 °C (97.4 °F) - JH
Temp src	Oral -JH
SpO2	98 % -JH
Vitals	
Patient site	Left Arm -JH
Patient Position	Sitting -JH

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
JH	Hernandez, Jesse, MA	Medical Assistant	—	12/04/2023

## 12/04/2023 - Office Visit in Orthopedic Rehab & Sports Med Center A16

### Reason for Visit

Visit diagnosis: Post-infection fatigue

### Medication List

#### Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

##### predniSONE (Deltasone) 10 mg tablet

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
Start date: 1/25/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 42 Tablet  
Refill: No refills remaining

##### benzonatate (Tessalon) 100 mg capsule

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
Start date: 3/30/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Fredericson, Michael, MD at 12/4/2023 1245

### Stanford Ortho Sports Medicine Clinic Note

#### History of Present Illness:

ID/CC: Galen Topper is a 21 Y male who presents for video appointment for fatigue. He reports that about 4 weeks ago he had a week of fevers, chills, malaise, sore throat, lymph node enlargement in the front and back of his neck, and productive cough in the morning upon wakening. He took a whole week off for training and then resumed running. Since then he has had significant fatigue and malaise and persistent sore throat. He notes that he can run below his regular performance level and then be tired for 2 days despite resting. He had a teammate who tested positive for

**12/04/2023 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Clinical Notes (continued)**

mono last week and therefore he repeated a Monospot test which was negative at our sports medicine Center clinic. He denies any prior history of mono. He denies chest pain, shortness of breath, dizziness, lightheadedness, diarrhea, GI upset, nausea, vomiting.

**Patient Active Problem List**

Diagnosis	Date Noted
• Sacroiliitis (CMS-HCC)	10/04/2022
• Breathing difficulty	01/08/2020
• Lactose intolerance	08/17/2018
• Acute nonintractable headache	06/29/2018
• Vasovagal syncope	06/29/2018
• Multiple allergies	02/13/2014
• Dermographism	10/31/2013
• Keratosis pilaris	

**Current Outpatient Medications:**

- benzonatate (Tessalon) 100 mg capsule, take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough
- Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS, take 1 Capsule (1,000 Units total) by mouth every day (Patient not taking: Reported on 3/30/2023)
- prednISONE (Deltasone) 10 mg tablet, Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop. (Patient not taking: Reported on 7/27/2023)

He reports that he has never smoked. He has never used smokeless tobacco. He reports that he does not currently use alcohol. He reports that he does not currently use drugs.

His family history includes Allergies in his father; CAD, Late Onset in his paternal grandfather; Elevated Lipids in his father; No Known Problems in his brother and sister.

**Review of Systems**

ROS: Pertinent positives and negatives are noted in the HPI.

**Objective**

**Physical Exam:**

GEN: Resting comfortably

HEENT: conjunctiva clear. Tonsils appear enlarged but are nonerythematous and without exudate. Anterior cervical lymphadenopathy present. No posterior lymphadenopathy present.

RESP: Lungs are clear to auscultation bilaterally

NEURO: Grossly intact

Abdomen: Soft, nontender, nondistended

SKIN: normal skin appearance

PSYCH: appropriate affect, intact thought and speech

**Assessment / Plan**

**Assessment and Plan:**

**12/04/2023 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Clinical Notes (continued)**

Diagnoses and associated orders for this visit:

**Post-infection fatigue**

- Throat Strep Screen By PCR; Future
- CBC With Diff; Future
- EPSTEIN-BARR VIRUS AB PANEL; Future
- Ferritin; Future
- Metabolic Panel, Comprehensive; Future
- Vitamin D, 25-Hydroxyvitamin; Future
- TSH w/ Reflex FT4; Future
- T3, Total; Future
- T3, Free; Future
- Testosterone; Future

We did discuss that patient's history and symptoms are most consistent with postviral fatigue. History is most concerning for viral mononucleosis versus possible strep throat. He did not have a true prolonged rest period as we would typically rest athletes for at least 3 weeks if positive for mono. Given his present malaise and fatigue and persistent sore throat, will obtain additional labs and throat swab at this time.

Restrictions: Out from training and lifting at this time

Follow-up: On Thursday to discuss labs further. If strep screen is positive we will plan to treat with antibiotics.

The patient/family indicates understanding and agrees to the plan.

Sara Dykowski, MD, PGY-5  
PM&R Sports Medicine Fellow

**Teaching Physician Attestation**

Michael Fredericson, MD  
Professor, Sports Medicine

I was present and directly participated in the care of this patient. I have reviewed the resident/fellow note, made edits as indicated, and agree with the documented findings, assessment, and plan.

Electronically signed by Fredericson, Michael, MD at 12/5/2023 12:19 PM

**Labs**

**Throat Strep Screen By PCR [922165948] (Completed)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on 12/04/23 1313

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1313

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 12/4/2023

## 12/04/2023 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)

### Labs (continued)

Frequency: Routine 12/04/23 - Class: Clinic Collect

Quantity: 1

Diagnoses

Post-infection fatigue [R53.83, B94.9]

#### Questionnaire

Question	Answer
Source	Throat Swab

Scheduling instructions

Swab

#### Specimen Information

ID	Type	Source	Collected By
—	Lavage/Wash/BA L	Throat	—

#### Indications

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

#### Throat Strep Screen By PCR [922197527] (Normal)

Resulted: 12/05/23 1029, Result status: Final result

Order status: Completed

Filed by: Manlutac, Maricelle 12/05/23 1029

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: HILLVIEW LABORATORY

Narrative:

Method: By selective broth enrichment procedure and by PCR/nucleic acid amplification.

This PCR test was developed and its performance characteristics determined by the Stanford Microbiology Laboratory. It was shown to be more sensitive than conventional methods and highly specific. This assay does not detect other bacterial pathogens such as Arcanobacterium haemolyticum, Neisseria gonorrhoeae and Chlamydia trachomatis. Other assays are recommended for these pathogens. This test has not been cleared or approved by the U.S. Food and Drug Administration. Such approval is not required for tests validated by the performing laboratory.

Acknowledged by: Fredericson, Michael, MD on 12/05/23 1123

#### Components

Component	Value	Reference Range	Flag	Lab
Throat Group A (S.pyogenes) PCR	Negative	Negative	—	Hillview
Throat Group C/G (S.dysgalactiae ssp. equisimilis) PCR	Negative	Negative	—	Hillview

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

#### CBC With Diff [922168911] (Completed)

Electronically signed by: Dykowski, Sara Elizabeth, MD on 12/04/23 1321

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 12/04/23 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Post-infection fatigue [R53.83, B94.9]

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 12/4/2023

**12/04/2023 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**CBC With Diff [922197526]**

**CBC with Differential [922197528]**

Resulted: 12/04/23 1807, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/04/23 1807

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	5.7	4.0 - 11.0 K/uL	—	SHC
RBC	5.51	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	15.6	13.5 - 17.7 g/dL	—	SHC
Hematocrit	45.7	40.0 - 52.0 %	—	SHC
MCV	82.9	82.0 - 98.0 fL	—	SHC
MCH	28.3	27.0 - 34.0 pg	—	SHC
MCHC	34.1	32.0 - 36.0 g/dL	—	SHC
RDW	11.9	11.5 - 14.5 %	—	SHC
Platelet count	214	150 - 400 K/uL	—	SHC
Neutrophil %	54.1	%	—	SHC
Lymphocyte %	31.7	%	—	SHC
Monocyte %	6.5	%	—	SHC
Eosinophil %	6.4	%	—	SHC
Basophil %	1.1	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	3.06	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.79	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.37	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.36	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.06	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**CBC With Diff [922197526]**

**CBC with Differential [922197528]**

Resulted: 12/04/23 1807, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/04/23 1807

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 12/4/2023

**12/04/2023 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	5.7	4.0 - 11.0 K/uL	—	SHC
RBC	5.51	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	15.6	13.5 - 17.7 g/dL	—	SHC
Hematocrit	45.7	40.0 - 52.0 %	—	SHC
MCV	82.9	82.0 - 98.0 fL	—	SHC
MCH	28.3	27.0 - 34.0 pg	—	SHC
MCHC	34.1	32.0 - 36.0 g/dL	—	SHC
RDW	11.9	11.5 - 14.5 %	—	SHC
Platelet count	214	150 - 400 K/uL	—	SHC
Neutrophil %	54.1	%	—	SHC
Lymphocyte %	31.7	%	—	SHC
Monocyte %	6.5	%	—	SHC
Eosinophil %	6.4	%	—	SHC
Basophil %	1.1	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	3.06	1.70 - 6.70 K/uL	—	SHC
Lymphocyte, Absolute	1.79	1.00 - 3.00 K/uL	—	SHC
Monocyte, Absolute	0.37	0.30 - 0.95 K/uL	—	SHC
Eosinophil, Absolute	0.36	0.05 - 0.55 K/uL	—	SHC
Basophil, Absolute	0.06	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**EPSTEIN-BARR VIRUS AB PANEL [922168912] (Completed)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on 12/04/23 1321

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Class: Clinic Collect

Frequency: Routine 12/04/23 -

Quantity: 1

Diagnoses

Post-infection fatigue [R53.83, B94.9]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 12/4/2023

**12/04/2023 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**EPSTEIN-BARR VIRUS AB PANEL [922197525] (Abnormal)**

Resulted: 12/06/23 1206, Result status: Final result

Order status: Completed

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Acknowledged by: Fredericson, Michael, MD on 12/07/23 1017

Filed by: Background, Lab 12/06/23 1206

Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
VCA IgG Result	Positive	Negative	A !	Hillview
VCA IgM Result	Negative	Negative	—	Hillview
EA IgG Result	Negative	Negative	—	Hillview
EBNA IgG Result	Positive	Negative	A !	Hillview
EBV Interpretation	—	—	—	Hillview

Comment: Past infection with Epstein-Barr Virus (EBV).

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**Ferritin [922168913] (Completed)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD on 12/04/23 1321**

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 12/04/23 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Post-infection fatigue [R53.83, B94.9]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**Ferritin [922197524] (Normal)**

Resulted: 12/04/23 1853, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/04/23 1853

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

**Components**

Component	Value	Reference Range	Flag	Lab
Ferritin	112	30 - 400 ng/mL	—	SHC

Comment:

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 12/4/2023

**12/04/2023 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**Metabolic Panel, Comprehensive [922168914] (Completed)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on 12/04/23 1321

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 12/04/23 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Post-infection fatigue [R53.83, B94.9]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**Metabolic Panel, Comprehensive [922197523]**

Resulted: 12/04/23 1853, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/04/23 1853

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Narrative:

Physiological plasma concentrations of Sulfasalazine and/or Sulfapyridine drugs may lead to false results for AST and ALT. Please contact the Chemistry section of the clinical laboratory for any questions.

Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

**Components**

Component	Value	Reference Range	Flag	Lab
Sodium, Ser/Plas	142	135 - 145 mmol/L	—	SHC
Potassium, Ser/Plas	4.7	3.5 - 5.5 mmol/L	—	SHC
Chloride, Ser/Plas	105	98 - 107 mmol/L	—	SHC
CO2, Ser/Plas	27	22 - 29 mmol/L	—	SHC
Comment:				
Falsely low bicarbonate result will occur with triglyceride concentration greater than 1000 mg/dL, please interpret bicarbonate result with caution.				
Anion Gap	10	5 - 15 mmol/L	—	SHC
Fasting	No	—	—	SHC
Glucose, Ser/Plas	83	70 - 140 mg/dL	—	SHC
Comment: The reference range listed above is for a non-fasting patient.				
Creatinine, Ser/Plas	0.76	0.67 - 1.17 mg/dL	—	SHC

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 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 12/4/2023

## 12/04/2023 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)

### Labs (continued)

Comment:

Measured by isotope dilution mass spectrometry traceable method.

Falsely low creatinine concentration might be observed in patients receiving catecholamines such as dopamine, dobutamine, epinephrine, and norepinephrine when blood specimens are collected by indwelling catheters (e.g., PICC line). The cause of the falsely low creatinine concentration from indwelling catheters is due to administering the drug and collecting blood through the same catheter, which interferes with the enzymatic creatinine method used on our chemistry platform. This phenomenon is not observed with peripheral blood draws. Extensive flushing of the indwelling catheter to remove drug remnants before blood collection is recommended. It also recommended that blood specimens be collected from peripheral veins for patients receiving these drugs from the indwelling catheter to obtain accurate creatinine results.

Result can be falsely decreased in patients with elevated levels of N-Acetylcysteine (NAC) and Metamizole.

eGFR Refit Without Race (2021)	131	>60 mL/min/1.73 m <sup>2</sup>	—	SHC
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Comment:

eGFR is consistent with normal renal function.

There is substantial imprecision in any estimate of GFR and is only applicable if the kidney function is stable. As of December 1, 2021, creatinine-based eGFR is calculated by the CKD-EPI creatinine equation refit without the race variable. Creatinine levels can be influenced by muscle mass, exercise, diet, and medications. Any clinical decisions (e.g., eligibility for procedures or administration of medications) that might be influenced by the reported value should be further informed by clinical judgment.

BUN, Ser/Plas	15	6 - 20 mg/dL	—	SHC
Calcium, Ser/Plas	10.0	8.4 - 10.5 mg/dL	—	SHC
Protein, Total, Ser/Plas	7.3	6.0 - 8.3 g/dL	—	SHC
Albumin, Ser/Plas	4.9	3.5 - 5.2 g/dL	—	SHC
Total Bilirubin, Ser/Plas	0.4	<1.2 mg/dL	—	SHC
Alk P'TASE, Total, Ser/Plas	73	40 - 130 U/L	—	SHC
AST (SGOT), Ser/Plas	25	10 - 50 U/L	—	SHC
ALT (SGPT), Ser/Plas	17	10 - 50 U/L	—	SHC
Globulin	2.4	2.0 - 5.0 g/dL	—	SHC

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

### Indications

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

### Vitamin D, 25-Hydroxyvitamin [922168915] (Completed)

Electronically signed by: **Dykowski, Sara Elizabeth, MD** on 12/04/23 1321

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 12/04/23 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Post-infection fatigue [R53.83, B94.9]

### Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

### Indications

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
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 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 12/4/2023

**12/04/2023 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

**Vitamin D, 25-Hydroxyvitamin [922197522] (Normal)**

Resulted: 12/05/23 1024, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/05/23 1024

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: HILLVIEW LABORATORY

Acknowledged by: Fredericson, Michael, MD on 12/05/23 1123

**Components**

Component	Value	Reference Range	Flag	Lab
25-OH Vitamin D, Total	29	25 - 80 ng/mL	—	Hillview

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**TSH w/ Reflex FT4 [922168916] (Completed)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD on 12/04/23 1321**

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 12/04/23 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Post-infection fatigue [R53.83, B94.9]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**TSH w/ Reflex FT4 [922197521] (Normal)**

Resulted: 12/04/23 1853, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/04/23 1853

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

**Components**

Component	Value	Reference Range	Flag	Lab
TSH	2.28	0.27 - 4.20 uIU/mL	—	SHC

Comment:  
 This result is produced from a reformulated method that is not significantly altered with biotin concentrations up to 1200 ng/mL in blood

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB -	Kong, Christina	300 Pasteur Drive	09/15/21 1039 - Present

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 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 12/4/2023

**12/04/2023 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

HOSPITAL Suzan, MD STANFORD CA 94305  
 LABORATORY

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**T3, Total [922168917] (Completed)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD on 12/04/23 1321**

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 12/04/23 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Post-infection fatigue [R53.83, B94.9]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**T3, Total [922197520] (Normal)**

Resulted: 12/04/23 1853, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/04/23 1853

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

**Components**

Component	Value	Reference Range	Flag	Lab
T3 Total	134	80 - 200 ng/dL	—	SHC

Comment:  
 Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

**T3, Free [922168918] (Completed)**

Electronically signed by: **Dykowski, Sara Elizabeth, MD on 12/04/23 1321**

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 12/04/23 -

Class: Clinic Collect

Quantity: 1

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 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 12/4/2023

## 12/04/2023 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)

### Labs (continued)

#### Diagnoses

Post-infection fatigue [R53.83, B94.9]

#### Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

#### Indications

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

#### T3, Free [922197519] (Normal)

Resulted: 12/04/23 1853, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/04/23 1853

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by: Fredericson, Michael, MD on 12/05/23 0911

#### Components

Component	Value	Reference Range	Flag	Lab
T3, Free	4.0	2.0 - 4.4 pg/mL	—	SHC

Comment:  
 This result is produced from a reformulated method that is not significantly altered with biotin concentrations up to 1200 ng/mL in blood

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

#### Indications

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

#### Testosterone [922168919] (Completed)

Electronically signed by: **Dykowski, Sara Elizabeth, MD on 12/04/23 1321**

Status: **Completed**

Ordering user: Dykowski, Sara Elizabeth, MD 12/04/23 1321

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 12/04/23 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Post-infection fatigue [R53.83, B94.9]

#### Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

#### Indications

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

#### Testosterone [922197518] (Normal)

Resulted: 12/06/23 1331, Result status: Final result

Order status: Completed

Filed by: Constantino, Cheriline B 12/06/23 1331

Collected by: Hernandez, Jesse, MA 12/04/23 1425

Resulting lab: HILLVIEW LABORATORY

Narrative:

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 12/4/2023

## 12/04/2023 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)

### Labs (continued)

New method as of April 1, 2019.

Acknowledged by: Fredericson, Michael, MD on 12/07/23 1017

#### Components

Component	Value	Reference Range	Flag	Lab
Testosterone	549	250 - 1,000 ng/dL	—	Hillview
Comment:				
Reference Range (ng/dL)				
Adult Males: 300-1000				
Adult Females, Premenopausal: 10-60				
Adult Females, Postmenopausal: 7-40				

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

### Indications

Post-infection fatigue [R53.83, B94.9 (ICD-10-CM)]

### Messages

#### Questionnaire Submission

From  
 Topper, Galen  
 To  
 P Myhealth Admin Pool (supporting  
 Michael Fredericson, MD)  
 Sent  
 12/4/2023 10:46 AM

#### Patient Questionnaire Submission

-----

#### Questionnaire: COVID-19 Symptom Screening

Question: Have you had a positive COVID-19 test in the past 10 days?

Answer: No

### Questionnaires

#### Legend:

Triggered an OurPractice Advisory Scoring question

#### Covid-19 Symptom Screening Questionnaire

STANFORD MEDICINE  
OUTPATIENT CENTER  
450 BROADWAY ST  
REDWOOD CITY CA 94063-  
3132

Topper, Galen  
MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
Visit date: 12/4/2023

**12/04/2023 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)****Questionnaires (continued)****Question**

Have you had a positive COVID-19 test in the past 10 days?

**COVID-19 Positive Test Score (range: -1 - 1)**

**12/4/2023 10:46 AM PDT -**  
**Filed by Patient**

No

**0 (Negative) !**

## 11/28/2023 - Clinical Support in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Follow Up Visit

Visit diagnoses:

- (primary)
- Malaise and fatigue

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD

Discontinued on: 2/2/2024

Instructions: take 1 Capsule (1,000 Units total) by mouth every day

Authorized by: Kuwabara, Anne M, MD

Ordered on: 2/3/2022

Start date: 2/3/2022

End date: 2/2/2024

Action: Patient not taking

Quantity: 100 Capsule

Refill: 3 refills remaining

##### **predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowsky, Sara Elizabeth, MD

Discontinued on: 3/14/2024

Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.

Authorized by: Kuo, Kevin Fong-Wei, MD

Ordered on: 1/25/2023

Start date: 1/25/2023

End date: 3/14/2024

Action: Patient not taking

Quantity: 42 Tablet

Refill: No refills remaining

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowsky, Sara Elizabeth, MD

Discontinued on: 3/14/2024

Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough

Authorized by: Choo, Hyunwoo June, MD

Ordered on: 3/30/2023

Start date: 3/30/2023

End date: 3/14/2024

Action: Patient not taking

Quantity: 15 Capsule

Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

**Hernandez, Jesse, MA at 11/28/2023 1515**

Lab draw

Electronically signed by Hernandez, Jesse, MA at 11/28/2023 3:29 PM

### Labs

**11/28/2023 - Clinical Support in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

**Infectious Mono Screen [920862406] (Final result)**

Electronically signed by: **Kuo, Kevin Fong-Wei, MD on 11/28/23 1442** Status: **Completed**  
 Ordering user: Kuo, Kevin Fong-Wei, MD 11/28/23 1442  
 Ordering mode: Standard  
 Frequency: Routine 11/28/23 -  
 Quantity: 1  
 Instance released by: Hernandez, Jesse, MA 11/28/2023 3:18 PM  
 Diagnoses  
 Malaise and fatigue [R53.81, R53.83]

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
23S-332UR0389	Blood	Venipuncture	Blood, from Venipuncture	Hernandez, Jesse, MA 11/28/23 1519

**Infectious Mono Screen [920862406] (Normal)**

Resulted: 11/28/23 1957, Result status: Final result

Order status: Completed  
 Collected by: Hernandez, Jesse, MA 11/28/23 1519  
 Acknowledged by: Kuo, Kevin Fong-Wei, MD on 11/28/23 2045  
 Filed by: Maristela, Blanche Glynne 11/28/23 1957  
 Resulting lab: SHC LAB - HOSPITAL LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
Infectious Mono Screen	Negative	Negative	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Malaise and fatigue [R53.81, R53.83 (ICD-10-CM)]

**All Reviewers List**

Kuo, Kevin Fong-Wei, MD on 11/28/2023 20:45

**Flowsheets**

**Encounter Extended Vitals**

Row Name	11/28/23 1527
----------	---------------

Pain Related to this Visit? No pain = 0

Pain Level - 1st 0 -JH

Site

**Fall Risk**

Have you fallen No -JH  
in the last 30 days?

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
JH	Hernandez, Jesse, MA	Medical Assistant	—	11/28/2023

**03/30/2023 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging**
**Reason for Visit**

Visit diagnoses:

- (primary)
- Cough, unspecified type

**Medication List**
**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**
**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**meloxicam (Mobic) 7.5 mg tablet**

Instructions: take 1 Tablet (7.5 mg total) by mouth daily  
 Authorized by: Nitichaikulvatana, Prachaya, MD Ordered on: 11/3/2022  
 Start date: 11/3/2022 End date: 11/3/2023  
 Action: Patient not taking Quantity: 30 Tablet  
 Refill: 1 refill remaining

**prednISONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
 Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
 Start date: 1/25/2023 End date: 3/14/2024  
 Action: Patient not taking Quantity: 42 Tablet  
 Refill: No refills remaining

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
 Start date: 3/30/2023 End date: 3/14/2024  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**azithromycin (Zithromax Z-Pak) 250 mg TABS unit-dose pack**

Instructions: Take 2 tablets at the same time on day 1; then 1 tablet daily for 4 days.  
 Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
 Start date: 3/30/2023 End date: 4/5/2023  
 Quantity: 6 Tablet Refill: No refills remaining

**Stopped in Visit**

None

**Imaging**
**Imaging**

## 03/30/2023 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging (continued)

### Imaging (continued)

#### XR Chest 2 Views [865687114] (Final result)

Electronically signed by: **Choo, Hyunwoo June, MD** on 03/30/23 1512

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Choo, Hyunwoo June, MD 03/30/23 1512

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/30/23 1513 - 1 occurrence

Class: Stanford

Quantity: 1

Lab status: Final result

Instance released by: Anderson, Pamela, RT 3/30/2023 3:13 PM

Diagnoses

Cough, unspecified type [R05.9]

#### Questionnaire

Question	Answer
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	20yo with cough for 3 weeks eval for pneumonia
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes

#### Scheduling instructions

This imaging study does not require an appointment and you may walk into any Stanford Imaging Center and complete this study. If you need a list of available locations and hours of operation, please check our website at <https://stanfordhealthcare.org/medical-clinics/imaging-clinic.html>

#### End Exam Questions

	Answer	Comment
Was this exam terminated?		
Was this a repeat exam for a callback?		
Is this exam for research?		

#### XR Chest 2 Views [865687114]

Resulted: 03/30/23 1522, Result status: Final result

Order status: Completed

Resulted by: Leung, Ann Noi Chi, MD

Filed by: Shc, In-Radiant Results Multiple Systems 03/30/23  
 1525

Performed: 03/30/23 1513 - 03/30/23 1519

Accession number: 20721601

Resulting lab: RADIOLOGY

Narrative:

RADIOGRAPHIC EXAMINATION OF THE CHEST: 3/30/2023 15:15

CLINICAL HISTORY: 20 years of age, Male, 20yo with cough for 3 weeks eval for pneumonia.

COMPARISON: None.

PROCEDURE COMMENTS: Two views of the chest.

FINDINGS:

Cardiomedastinal silhouette unremarkable. Lung parenchyma is clear. No effusion. Bony structures unremarkable.

Impression:

IMPRESSION:

1. No acute cardiopulmonary disease.

I have personally reviewed the images for this examination and agree with the report transcribed above.

**03/30/2023 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging (continued)**

**Imaging (continued)**

Acknowledged by  
 Fredericson, Michael, MD on 03/31/23 1005  
 Hock-Hanson, Susan, RN on 03/31/23 1507

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**XR Chest 2 Views [865687114]**

Order status: Completed  
 Filed by: Anderson, Pamela, RT 03/30/23 1513  
 Accession number: 20721601

Resulted: 03/30/23 1513, Result status: In process

Resulted by: Leung, Ann Noi Chi, MD  
 Performed: 03/30/23 1513 - 03/30/23 1519  
 Resulting lab: RADIOLOGY

**Reviewed by**

Hock-Hanson, Susan, RN on 03/31/23 1507  
 Fredericson, Michael, MD on 03/31/23 1005

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**Indications**

Cough, unspecified type [R05.9 (ICD-10-CM)]

**Signed**

Electronically signed by Leung, Ann Noi Chi, MD on 3/30/23 at 1522 PDT

**All Reviewers List**

Hock-Hanson, Susan, RN on 3/31/2023 15:07  
 Fredericson, Michael, MD on 3/31/2023 10:05

## 03/30/2023 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Follow Up Visit  
Visit diagnosis: Cough, unspecified type

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

##### **meloxicam (Mobic) 7.5 mg tablet**

Instructions: take 1 Tablet (7.5 mg total) by mouth daily  
Authorized by: Nitichaikulvatana, Prachaya, MD Ordered on: 11/3/2022  
Start date: 11/3/2022 End date: 11/3/2023  
Action: Patient not taking Quantity: 30 Tablet  
Refill: 1 refill remaining

##### **predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
Start date: 1/25/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 42 Tablet  
Refill: No refills remaining

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
Start date: 3/30/2023 End date: 3/14/2024  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### **azithromycin (Zithromax Z-Pak) 250 mg TABS unit-dose pack**

Instructions: Take 2 tablets at the same time on day 1; then 1 tablet daily for 4 days.  
Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
Start date: 3/30/2023 End date: 4/5/2023  
Quantity: 6 Tablet Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Fredericson, Michael, MD at 3/30/2023 1500

**03/30/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

**Stanford Sports Medicine Clinic Note**

**Sport:** Track and Field - 15-5k and 800m

**Chief Complaint:** cough and chest pain

**History of present illness:**

Galen Topper is a 20 year old male who comes in to Sports Medicine Clinic for evaluation of cough and chest pain.

3 weeks ago started feeling ill, with swollen lymph nodes, mucus/sinus congestion and fatigue. Continued training and racing. At the race, started having worsening cough. He competed at the Cardinal Classic two weeks ago. He did okay in the first race, but second race went poorly due to coughing and chest discomfort.

Monday started to develop fever/chills. Subsequently took full week off. Wednesday started running again, did 5-6 miles. 3 miles in, started to feel difficulty breathing. Had coughing for 5 minutes and had a coughing spell where he felt his lungs to be achy and irritated.

He reports that the cough is less bothersome than the feeling of his lungs feeling inflamed, and thus limiting his performance. He expresses concern that he may not be able to participate or train sufficiently for the season. His goal is to return to sport as fast as possible.

**ROS:**

Pertinent positives are noted in the HPI, otherwise ROS was negative.

**Physical Exam:**

**Visit Vitals:**

03/30/23 1457

BP: 127/76

Pulse: 75

Temp: 36.8 °C (98.2 °F)

TempSrc: Oral

SpO2: 96%

GENERAL: Well-appearing, no apparent distress.

HEENT: Eyes sclerae anicteric, vision grossly intact.

CARDIOVASCULAR: Warm and well perfused. RRR. No MRG

RESPIRATORY: Breathing is unlabored. Lung are clear to auscultation in all lung fields.

PSYCH: Mood and affect appropriate.

NEUROLOGIC: Moving all extremities spontaneously. Gait normal.

SKIN: No rash on exposed skin.

ABDOMEN: Soft, nontender, nondistended without rebound or guarding.

**Assessment:**

20 year old track distance athlete with 3 week history of cough and pleuritic chest discomfort. XR obtained demonstrating no evidence of focal consolidation. Differential includes postviral cough, atypical pneumonia, viral pneumonia. Patient is COVID negative. Given the athlete's urgency, will treat empirically for walking pneumonia.

**Plan:**

**03/30/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

- Azithromycin (zpack) x5 days
- Tessalon PRN
- Encouraged adequate rest prior to returning to sport

**Level of Activity:**

Practice Status: Go as Tolerated

Competition Status: Go as Tolerated

Strength and Conditioning Status: Go as Tolerated

Limitations: None

The plan of care was discussed with the patient, and all questions were answered. Patient was seen and staffed with Sports Medicine Attending Dr. Fredericson.

**Electronically Signed By:**

June Choo, MD

PM&R Sports Medicine Fellow, PGY-5

Stanford University

Michael Fredericson, MD

Professor, Sports Medicine

I was present and directly participated in the care of this patient. I have reviewed the resident/fellow note, made edits as indicated, and agree with the documented findings, assessment, and plan.

Electronically signed by Fredericson, Michael, MD at 4/3/2023 3:54 PM

**Imaging**

**Imaging**

**XR Chest 2 Views [865679101] (Completed)**

Electronically signed by: **Choo, Hyunwoo June, MD on 03/30/23 1512**

Status: **Completed**

Ordering user: Choo, Hyunwoo June, MD 03/30/23 1512

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 03/30/23 -

Class: Stanford

Quantity: 1

Released by: Choo, Hyunwoo June, MD 03/30/23 1512

Diagnoses

Cough, unspecified type [R05.9]

**Questionnaire**

Question	Answer
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	20yo with cough for 3 weeks eval for pneumonia
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes

**Scheduling instructions**

This imaging study does not require an appointment and you may walk into any Stanford Imaging Center and complete this study. If you need a list of available locations and hours of operation, please check our website at <https://stanfordhealthcare.org/medical-clinics/imaging-clinic.html>

**03/30/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Imaging (continued)**

**Indications**

Cough, unspecified type [R05.9 (ICD-10-CM)]

**XR Chest 2 Views [865687114]**

Resulted: 03/30/23 1522, Result status: Final result

Order status: Completed  
 Filed by: Shc, In-Radiant Results Multiple Systems 03/30/23  
 1525  
 Accession number: 20721601  
 Narrative:  
 RADIOGRAPHIC EXAMINATION OF THE CHEST: 3/30/2023 15:15

Resulted by: Leung, Ann Noi Chi, MD  
 Performed: 03/30/23 1513 - 03/30/23 1519

CLINICAL HISTORY: 20 years of age, Male, 20yo with cough for 3 weeks eval for pneumonia.

COMPARISON: None.

PROCEDURE COMMENTS: Two views of the chest.

**FINDINGS:**

Cardiomedastinal silhouette unremarkable. Lung parenchyma is clear. No effusion. Bony structures unremarkable.

Impression:

IMPRESSION:

1. No acute cardiopulmonary disease.

I have personally reviewed the images for this examination and agree with the report transcribed above.

Acknowledged by

Fredericson, Michael, MD on 03/31/23 1005  
 Hock-Hanson, Susan, RN on 03/31/23 1507

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**XR Chest 2 Views [865687114]**

Resulted: 03/30/23 1513, Result status: In process

Order status: Completed  
 Filed by: Anderson, Pamela, RT 03/30/23 1513  
 Accession number: 20721601

Resulted by: Leung, Ann Noi Chi, MD  
 Performed: 03/30/23 1513 - 03/30/23 1519  
 Resulting lab: RADIOLOGY

**Reviewed by**

Hock-Hanson, Susan, RN on 03/31/23 1507  
 Fredericson, Michael, MD on 03/31/23 1005

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**03/30/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Imaging (continued)**

**Indications**

Cough, unspecified type [R05.9 (ICD-10-CM)]

**Signed**

Electronically signed by Leung, Ann Noi Chi, MD on 3/30/23 at 1522 PDT

**MAR**

**Medications**

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Department
03/30/23	(none)	Routine	Choo, Hyunwoo June, MD	SPORTS MEDICINE CENTER

**Provider Information**

Authorizing Provider	Encounter Provider
Choo, Hyunwoo June, MD	Fredericson, Michael, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
benzonatate (Tessalon) 100 mg capsule (Discontinued)	15 Capsule	0	3/30/2023	3/14/2024
Sig: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough				
Patient not taking: Reported on 12/7/2023				
Route: Oral				
PRN Reason(s): Cough				
Class: In Clinic				
Order #: 865692601				

**Outpatient Medication Detail**

	Disp	Refills	Start	End
benzonatate (Tessalon) 100 mg capsule (Discontinued)	15 Capsule	0	3/30/2023	3/14/2024
Sig - Route: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough - Oral				
Patient not taking: Reported on 12/7/2023				
Class: In Clinic				

**This Order Has Been Discontinued**

Order Status	Reason	By	On
Discontinued	None	Dykowski, Sara Elizabeth, MD	3/14/24 1115

**benzonatate (Tessalon) 100 mg capsule [865692601]**

Electronically signed by: **Choo, Hyunwoo June, MD on 03/30/23 1531**

Status: **Discontinued**

Ordering user: Choo, Hyunwoo June, MD 03/30/23 1531

Authorized by: Choo, Hyunwoo June, MD

Ordering mode: Standard

PRN reasons: Cough

Frequency: TID PRN 03/30/23 - 03/14/24

Discontinued by: Dykowski, Sara Elizabeth, MD 03/14/24 1115

Medication Order Report

**03/30/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**MAR (continued)**

**Order Information**

Ordered	Status	Priority	Ordering User	Department
03/30/23	(none)	Routine	Choo, Hyunwoo June, MD	SPORTS MEDICINE CENTER

**Provider Information**

Authorizing Provider	Encounter Provider
Choo, Hyunwoo June, MD	Fredericson, Michael, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
azithromycin (Zithromax Z-Pak) 250 mg TABS unit-dose pack (Expired)	6 Tablet	0	3/30/2023	4/5/2023

Sig: Take 2 tablets at the same time on day 1; then 1 tablet daily for 4 days.

Route: (none)

Class: In Clinic

Order #: 865692602

**Outpatient Medication Detail**

	Disp	Refills	Start	End
azithromycin (Zithromax Z-Pak) 250 mg TABS unit-dose pack	6 Tablet	0	3/30/2023	4/5/2023

Sig: Take 2 tablets at the same time on day 1; then 1 tablet daily for 4 days.

Class: In Clinic

**Medication Administration Instructions**

Take 2 tablets at the same time on day 1; then 1 tablet daily for 4 days.

**azithromycin (Zithromax Z-Pak) 250 mg TABS unit-dose pack [865692602]**

Electronically signed by: **Choo, Hyunwoo June, MD on 03/30/23 1531**

Status: **Expired**

Ordering user: Choo, Hyunwoo June, MD 03/30/23 1531

Authorized by: Choo, Hyunwoo June, MD

Ordering mode: Standard

Frequency: 03/30/23 - 04/05/23 2359

**Flowsheets**

**Custom Formula Data**

Row Name	03/30/23 1457
Hemodynamics	
Mean Arterial	93 mmHg -JH
Pressure	
(Calculated)	
Relevant Labs and Vitals	
Temp (in Celsius)	36.8 -JH

**Encounter Extended Vitals**

Row Name	03/30/23 1458	03/30/23 1457
Pain Related to this Visit? No pain = 0		
Pain Level - 1st	0 -JH	—
Site		
Fall Risk		

**03/30/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Flowsheets (continued)**

Have you fallen No -JH —  
 in the last 30  
 days?

**Additional Blood Pressure Information**

BP — 127/76 -JH

**Additional Pulse Information**

Pulse — 75 -JH

**Additional Respiratory Information**

SpO2 — 96 % -JH

**Encounter Vitals**

<b>Row Name</b>	<b>03/30/23 1457</b>
-----------------	----------------------

**Encounter Vitals**

BP	127/76 -JH
Pulse	75 -JH
Temp	36.8 °C (98.2 °F) - JH
Temp src	Oral -JH
SpO2	96 % -JH

**Vitals**

Patient Position	Sitting -JH
Patient site	Left Arm -JH

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
JH	Hernandez, Jesse, MA	Medical Assistant	—	03/30/2023

**After Visit Summary**

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

## 03/30/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)

### After Visit Summary (continued)

## AFTER VISIT SUMMARY



**Galen Topper** MRN: 62437256

 3/30/2023 3:00 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Michael Fredericson, MD on Thursday March 30, 2023.

### What's Next

MAR 30 2023 Follow Up Visit with Michael Fredericson, MD  
Thursday March 30 3:00 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

### Stay Connected with MyHealth

View your After Visit Summary online, manage your prescriptions, make appointments, communicate with your care team. To access your account visit [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

**03/30/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**Your Medication List** as of March 30, 2023 12:48 PM

**i** Always use your most recent med list.

**benzonatate** 100 mg capsule  
Commonly known as: Tessalon

take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough

**meloxicam** 7.5 mg tablet  
Commonly known as: Mobic

take 1 Tablet (7.5 mg total) by mouth daily

**predniSONE** 10 mg tablet  
Commonly known as: Deltasone

Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.

**Vitamin D3** 1,000 unit Caps  
Generic drug: Cholecalciferol (Vitamin D3)

take 1 Capsule (1,000 Units total) by mouth every day

---

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>

## 03/30/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents

#### After Visit Summary - Document on 3/30/2023 12:48 PM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 3/30/2023 3:00 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

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### What's Next

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2023 Thursday March 30 3:00 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

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**03/30/2023 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

**Your Medication List** as of March 30, 2023 12:48 PM

 Always use your most recent med list.

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Commonly known as: Tessalon

take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough

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take 1 Tablet (7.5 mg total) by mouth daily

**predniSONE** 10 mg tablet  
Commonly known as: Deltasone

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Generic drug: Cholecalciferol (Vitamin D3)

take 1 Capsule (1,000 Units total) by mouth every day

---

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## 12/15/2022 - Office Visit in Immunology BW 2nd Floor

### Reason for Visit

Visit diagnosis: Sacroiliitis (CMS-HCC)

### Medication List

#### Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### benzonatate (Tessalon) 100 mg capsule

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
Start date: 10/28/2021 End date: 3/30/2023  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

##### meloxicam (Mobic) 7.5 mg tablet

Instructions: take 1 Tablet (7.5 mg total) by mouth daily  
Authorized by: Nitichaikulvatana, Prachaya, MD Ordered on: 11/3/2022  
Start date: 11/3/2022 End date: 11/3/2023  
Action: Patient not taking Quantity: 30 Tablet  
Refill: 1 refill remaining

### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Nitichaikulvatana, Prachaya, MD at 12/15/2022 0930

### Stanford Immunology and Rheumatology clinic

900 Blake Wilbur Drive  
2nd floor, Room W2081  
Palo Alto, CA 94304  
Phone - (650) 723-6961 Fax (650) 723-3059

**Name:** Galen Topper

**MRN:** 62437256

**DOB:** 6/21/2002

**Gender:** male

**Encounter Date:** 12/15/2022

**Primary Provider:** Kuo, Kevin Fong-Wei

## 12/15/2022 - Office Visit in Immunology BW 2nd Floor (continued)

### Clinical Notes (continued)

**REASON FOR CONSULT, VISIT:** follow up visit.

### Assessment:

1. Chronic right lower back pain, pain started in 8/2022. X-ray and MRI showed chronic sacroiliitis in right > left SI joints. HLA B27 was negative. His pain is possible from mechanical pain related to running. He has not run much past 6 weeks because of ankle sprain and he has not had any back pain. He denied morning stiffness. His current sacroiliitis is less likely to be from ankylosing spondylitis. He started running last week and has not had flare of back pain.

### Recommendation:

1. Follow with patient clinically for back pain.
2. He can take Meloxicam 7.5 mg PRN for pain if he has back pain again. Consider injection treatment in SI joint if he has no further relief of pain. He should follow with sport medicine as well. I would like to hold off DMARD treatment since his back pain is less likely from ankylosing spondylitis at this time.

I personally spent a total of 30 minutes which includes face-to-face time and non-face-to-face time spent on preparing to see the patient, reviewing prior notes and tests, obtaining history from the patient, performing a medically appropriate exam, counseling and educating the patient, ordering medications/tests/procedures/referrals as clinically indicated, and documenting information in the electronic medical record.

RTC PRN.

### RHEUMATOLOGY PROBLEM LIST:

1. Chronic right lower back pain since 8/2022. X-ray and MRI showed chronic sacroiliitis in right > left SI joints. DDX mechanic pain with running (pain started after running, He did not have typical symptoms of inflammatory back pain (no morning pain, prolong morning stiffness), ankylosing spondylitis with bilateral sacroiliitis (he has negative HLA B27)
  - In august 2022, he was playing football with friends on grass field and strained his hamstring. He stopped his activity, and when he tried running the next day, he experienced significant low back stiffness and pain halfway through his run prompting him to stop running. The next day, he was able to complete short run (6 miles) without issues. He then developed persistent pain in right lower back. Pain usually happened after he runs 3-4 miles. He denied radiation of pain in his back. He has some stiffness in his back after he runs. He denied morning stiffness. His pain lasted for few days and got better by itself.
  - He saw Dr. Fredericosn in sport medicine clinic. He had LS spine X-ray and later MRI pelvic which showed asymmetrical sacroiliitis
  - He tried exercise, dry needling, cupping with some relief of pain.

### PRESENT ILLNESS:

Galen Topper is 20 Y who was seen 6 week ago in rheumatology clinic at Stanford Health Care. He is here for follow up visit.

We started Meloxicam 7.5 mg/day last visit. However, he did not take it because he twisted his right ankle a week after visit. He did not run much because of ankle pain. He did not have back pain past 6 weeks because he did not run. He does not have any more ankle pain. He started to run again with zero gravity treadmill and has not had any back pain. He denied morning stiffness in his back, his joint. He denied joint swelling, rash.

**12/15/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Clinical Notes (continued)**

**PAST HISTORY:**

**Active Ambulatory Problems**

Diagnosis	Date Noted
• Keratosis pilaris	10/31/2013
• Dermographism	02/13/2014
• Multiple allergies	06/29/2018
• Acute nonintractable headache	06/29/2018
• Vasovagal syncope	08/17/2018
• Lactose intolerance	01/08/2020
• Breathing difficulty	10/04/2022
• Sacroiliitis (CMS-HCC)	

**Resolved Ambulatory Problems**

Diagnosis	Date Noted
• Concern about growth	07/02/2015
• Viral warts	08/16/2017
• Bradycardia	07/02/2018

**Past Medical History:**

Diagnosis	Date
• Development delay	1/04
• Heart murmur	7/04,8/05
• Language delay	
• Nevus sebaceous	
• Syncope	6/29/2018
• Twin birth, mate liveborn	

**MEDICATIONS/ALLERGIES:**

**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• benzonatate (Tessalon) 100 mg capsule	take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough	15 Capsule	0
• Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS	take 1 Capsule (1,000 Units total) by mouth every day	100 Capsule	3
• meloxicam (Mobic) 7.5 mg tablet	take 1 Tablet (7.5 mg total) by mouth daily	30 Tablet	1

No current facility-administered medications for this visit.

**Allergies**

Allergen	Reactions
• Shellfish Containing Products	Hives/urticaria and Lightheadedness

**12/15/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Clinical Notes (continued)**

**FAMILY HISTORY:** Denied family history of rheumatoid arthritis, lupus, psoriasis, inflammatory bowel disease.

**SOCIAL HISTORY:** Major in computer science at Stanford.

**Social History**

**Tobacco Use**

- Smoking status: Never
- Smokeless tobacco: Never

**Vaping Use**

- Vaping Use: Never used

**Substance Use Topics**

- Alcohol use: Not Currently
- Drug use: Not Currently

**Review of Systems:**

Rheumatologic ROS - As outline in visit history

Constitutional: No fever

Respiratory: No shortness of breath, cough

Cardiovascular: No chest pain

Gastrointestinal: No diarrhea, abdominal pain

Genital-Urinary: Normal urination

Neurologic: No numbness, weakness.

Skin: Negative for rash, psoriasis

**General physical examination:**

Constitutional: well-developed. Active.

Cardiovascular: Normal rate and regular rhythm. No murmur, rub heard.

Pulmonary/Chest: Normal breath sounds.

Skin: No psoriasis rash noted.

Extremities: No edema

**Musculoskeletal exam:**

Shoulders: Normal range of motion (ROM). No pain on motion (POM). No tenderness to palpation. No swelling.

Elbows: Normal ROM. No POM. No tenderness to palpation. No swelling, redness.

Wrists: Normal ROM. No POM. No tenderness to palpation. No swelling, redness.

Hands: Normal ROM. No POM. No tenderness to palpation. No swelling, redness.

Hips: Normal ROM. No POM. No tenderness to palpation. FABER test negative.

Knees: Normal ROM. No POM. No tenderness to palpation. No swelling, redness, effusion.

Ankles: No tenderness to palpation. No swelling, redness.

Feet: No tenderness to palpation. No swelling, redness.

Back: **he pointed area of pain in right SI joint area. Mild pain in this area with lumbar extension. Normal**

**Schober test in lumbar spine.** No tenderness to palpation. SLRT negative.

Fibromyalgia tender points: No tenderness to palpation.

**Lab and Imaging:**

	Latest Reference	10/04/22 10:19	10/06/22 12:11
--	------------------	-------------------	-------------------

12/15/2022 - Office Visit in Immunology BW 2nd Floor (continued)

Clinical Notes (continued)

	Range & Units		
ESR, (automated)	0 - 15 mm/hr	2	
Ferritin	30 - 400 ng/mL	76.3	
25-Hydroxy D, Total	25 - 80 ng/mL	55	
C-Reactive Protein	<0.5 mg/dL		<0.3
ANA Result	Negative		Negative

	Latest Reference Range & Units	07/23/18 08:01	01/26/22 15:10	10/06/22 12:11
WBC	4.0 - 11.0 K/uL	5.1	4.3	
Hemoglobin	13.5 - 17.7 g/dL	15.4	14.7	
Hematocrit	40.0 - 52.0 %	46.8	45.0	
Platelet count	150 - 400 K/uL	228	229	
MCV	82.0 - 98.0 fL	84.6	86.4	
RDW	11.5 - 14.5 %	13.0	12.0	
RBC	4.40 - 5.90 MIL/uL	5.53	5.21	
MCH	27.0 - 34.0 pg	27.8	28.2	
MCHC	32.0 - 36.0 g/dL	32.8	32.7	
Neutrophil %	%	45.5	47.7	
Lymphocyte %	%	40.7	39.2	
Monocyte %	%	4.6	7.3	
Eosinophil %	%	8.6	4.9	
Basophil %	%	0.6	0.7	
Neutrophil, Absolute	1.80 - 8.00 K/uL	2.30	2.03	
Lymphocyte, Absolute	1.50 - 6.50 K/uL	2.06	1.67	
Monocyte, Absolute	0.00 - 0.40 K/uL	0.23	0.31	
Eosinophil, Absolute	0.00 - 0.20 K/uL	<b>0.43 (H)</b>	<b>0.21 (H)</b>	

12/15/2022 - Office Visit in Immunology BW 2nd Floor (continued)

Clinical Notes (continued)

Basophil, Absolute	0.00 - 0.25 K/uL	0.03	0.03		
Imm. Granulocyte, %	0.0 - 0.7 %		0.2		
Imm. Granulocyte, Abs	0.00 - 0.06 K/uL		0.01		
nRBC, %	%		0.0		
nRBC, Abs	K/uL		0.00		

	Latest Reference Range & Units	07/02/15 15:49	07/23/18 08:01	01/26/22 15:10	10/04/22 10:19
Sodium	135 - 145 mmol/L	137			
Potassium	3.5 - 5.5 mmol/L	4.1			
Chloride, Ser/Plas	96 - 109 mmol/L	100			
CO2, Ser/Plas	20 - 30 mmol/L	28			
Urea Nitrogen, Ser/Plas	5 - 25 mg/dL	15			
Creatinine	<1.2 mg/dL	0.6			
EGFR	mL/min/1.73 m2	See Comment			
Anion Gap	5 - 15 mmol/L	9			
Calcium	8.5 - 10.5 mg/dL	9.6			
Magnesium, Ser/Plas	1.8 - 2.4 mg/dL	2.2			
Phosphorus, Ser/Plas	2.5 - 4.5 mg/dL	<b>5.4 (H)</b>			
Bilirubin Total	<1.4 mg/dL	0.3			
Conjugated Bili	<0.4 mg/dL	0.1			
AST	<40 U/L	32	26		
ALT	<60 U/L	24	24		
Alk P'TASE, Total, Ser/Plas	40 - 200 U/L	176	193		
Albumin, Ser/Plas	3.5 - 5.0 g/dL	4.2			
Protein, Total, Ser/Plas	6.0 - 9.0 g/dL	7.6			
Globulin	2.0 - 5.0 g/dL	3.4			
Glucose, SER/PLAS (Manual	70 - 100	<b>103 (H)</b>			

12/15/2022 - Office Visit in Immunology BW 2nd Floor (continued)

Clinical Notes (continued)

Entry) See EMR for details	mg/dL				
Cholesterol, Total	<170 mg/dL	199 (H)	194 (H)		
Ferritin	30 - 400 ng/mL	25.9		58.2	76.3
Free Thyroxine	0.6 - 1.6 ng/dL	0.9			
Gamma-Glutamyl Trans (GGT)	<60 U/L	20			
TSH	0.40 - 4.00 uIU/mL	2.17			
Uric Acid, Ser/Plas	<8.0 mg/dL	3.3			
HDL Cholesterol	>40 mg/dL		68		
LDL (Calculated-Friedewald)	<130 mg/dL		118		
Triglyceride, Ser/Plas	<150 mg/dL	86	39		
Non-HDL Chol, Calc	<160 mg/dL		126		
Cholesterol/HDL Ratio	<5.0 ratio		2.9		
LDL/HDL Ratio	<3.0 ratio		1.7		
25-Hydroxy D, Total	25 - 80 ng/mL	47		34	55
25-Hydroxy D2	ng/mL	<4		<4	
25-Hydroxy D3	ng/mL	47		34	

10/6/22: HLA B27 negative.

**12/15/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Clinical Notes (continued)**

LS spine X-ray 9/16/22: 1. Findings which could be seen in the setting of asymmetric sacroiliitis, right greater than left, MRI of the pelvis with and without contrast would provide further evaluation.

MRI pelvic 9/29/2022:

Fluid: No significant joint effusion.

Bones and cartilage: The sacroiliac joints are without evidence of active inflammatory changes, including focal bony edema or erosions. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. Mildly prominent sclerosis, bony edema, and irregularity of the pubic symphysis (3/26). The bilateral hip joints are overall preserved. No displaced fracture or suspicious marrow edema in the pelvis.

Soft tissues: No significant abnormality.

Visualized pelvis: No significant abnormality.

Nerve: Visualized portions of the sciatic nerves are normal.

Additional findings: Mild facet arthropathy in the visualized lumbar spine with fluid in the facets. Mild disc desiccation and height loss at L5-S1. No acute displaced fracture in the visualized lumbar spine.

**IMPRESSION:**

1. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. These findings may reflect developmental variation versus sequela of chronic sacroiliitis. No evidence of active inflammatory change.
2. Findings at the pubic symphysis which may be seen with athletic pubalgia, in the appropriate clinical setting.
3. No acute fracture in the visualized lower lumbar spine and pelvis, as clinically queried.

Electronically signed by Nitichaikulvatana, Prachaya, MD at 12/15/2022 10:34 AM

**Letters**

**Letter by Nitichaikulvatana, Prachaya, MD on 12/15/2022**

Status: Sent  
Letter body:  
12/15/2022

Self-Referred Non Blue Shield Only, MD  
NON BLUE SHIELD ONLY

RE: Topper, Galen  
MRN: 62437256  
DOB: 6/21/2002

Dear Dr. Only,

Your patient, Galen Topper, was recently cared for by me in the Immunology and Rheumatology Clinic at Stanford Hospital and Clinics. Thank you very much for the opportunity to participate in his care.

Below please find the note from my evaluation today. If you have any questions or need any additional information, please do not hesitate to contact me at the number below.

Should you have any additional needs regarding this or other patients you have referred to Stanford, please contact the Stanford Referring Physician Resource Center at (866) 742-4811.

**12/15/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Letters (continued)**

Sincerely Yours,

Prachaya Nitichaikulvatana, MD

BLAKE WILBUR CLINICS  
IMMUNOLOGY BW 2ND FLOOR  
900 BLAKE WILBUR DRIVE, STE. W2080  
PALO ALTO CA 94305

*Referring physicians may access information about the care provided to their patients at Stanford Hospital and Clinics using PRISM, a secure web-based portal. Visit <http://prism.stanfordmedicine.org> for details and to apply for a user account.*

CC:

Kevin Fong-Wei Kuo, MD  
1300 Crane St  
Menlo Park CA 94025  
Via In Basket

**Stanford Immunology and Rheumatology clinic**

**900 Blake Wilbur Drive  
2nd floor, Room W2081  
Palo Alto, CA 94304  
Phone - (650) 723-6961 Fax (650) 723-3059**

**Name:** Galen Topper  
**MRN:** 62437256  
**DOB:** 6/21/2002  
**Gender:** male  
**Encounter Date:** 12/15/2022  
**Primary Provider:** Kuo, Kevin Fong-Wei

**REASON FOR CONSULT, VISIT:** follow up visit.

**Assessment:**

1. Chronic right lower back pain, pain started in 8/2022. X-ray and MRI showed chronic sacroiliitis in right > left SI joints. HLA B27 was negative. His pain is possible from mechanical pain related to running. He has not run much past 6 weeks because of ankle sprain and he has not had any back pain. He denied morning stiffness. His current sacroiliitis is less likely to be from ankylosing spondylitis. He started running last week and has not had flare of back pain.

**Recommendation:**

1. Follow with patient clinically for back pain.
2. He can take Meloxicam 7.5 mg PRN for pain if he has back pain again. Consider injection treatment in SI joint if he has no further relief of pain. He should follow with sport medicine as well. I would like to hold off DMARD treatment since his back pain is less likely from ankylosing spondylitis at this time.

**12/15/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Letters (continued)**

I personally spent a total of 30 minutes which includes face-to-face time and non-face-to-face time spent on preparing to see the patient, reviewing prior notes and tests, obtaining history from the patient, performing a medically appropriate exam, counseling and educating the patient, ordering medications/tests/procedures/referrals as clinically indicated, and documenting information in the electronic medical record.

RTC PRN.

**RHEUMATOLOGY PROBLEM LIST:**

1. Chronic right lower back pain since 8/2022. X-ray and MRI showed chronic sacroiliitis in right > left SI joints. DDX mechanic pain with running (pain started after running, He did not have typical symptoms of inflammatory back pain (no morning pain, prolong morning stiffness), ankylosing spondylitis with bilateral sacroiliitis (he has negative HLA B27)

- In august 2022, he was playing football with friends on grass field and strained his hamstring. He stopped his activity, and when he tried running the next day, he experienced significant low back stiffness and pain halfway through his run prompting him to stop running. The next day, he was able to complete short run (6 miles) without issues. He then developed persistent pain in right lower back. Pain usually happened after he runs 3-4 miles. He denied radiation of pain in his back. He has some stiffness in his back after he runs. He denied morning stiffness. His pain lasted for few days and got better by itself.

- He saw Dr. Fredericosn in sport medicine clinic. He had LS spine X-ray and later MRI pelvic which showed asymmetrical sacroiliitis

- He tried exercise, dry needling, cupping with some relief of pain.

**PRESENT ILLNESS:**

Galen Topper is 20 Y who was seen 6 week ago in rheumatology clinic at Stanford Health Care. He is here for follow up visit.

We started Meloxicam 7.5 mg/day last visit. However, he did not take it because he twisted his right ankle a week after visit. He did not run much because of ankle pain. He did not have back pain past 6 weeks because he did not run. He does not have any more ankle pain. He started to run again with zero gravity treadmill and has not had any back pain. He denied morning stiffness in his back, his joint. He denied joint swelling, rash.

**PAST HISTORY:**

**Active Ambulatory Problems**

Diagnosis	Date Noted
• Keratosis pilaris	10/31/2013
• Dermographism	02/13/2014
• Multiple allergies	06/29/2018
• Acute nonintractable headache	06/29/2018
• Vasovagal syncope	08/17/2018
• Lactose intolerance	01/08/2020
• Breathing difficulty	
• Sacroiliitis (CMS-HCC)	10/04/2022

**Resolved Ambulatory Problems**

Diagnosis	Date Noted

**12/15/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Letters (continued)**

- |                        |            |
|------------------------|------------|
| • Concern about growth | 07/02/2015 |
| • Viral warts          | 08/16/2017 |
| • Bradycardia          | 07/02/2018 |

**Past Medical History:**

Diagnosis	Date
• Development delay	1/04
• Heart murmur	7/04, 8/05
• Language delay	
• Nevus sebaceous	
• Syncope	6/29/2018
• Twin birth, mate liveborn	

**MEDICATIONS/ALLERGIES:**

**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• benzonatate (Tessalon) 100 mg capsule	take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough	15 Capsule	0
• Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS	take 1 Capsule (1,000 Units total) by mouth every day	100 Capsule	3
• meloxicam (Mobic) 7.5 mg tablet	take 1 Tablet (7.5 mg total) by mouth daily	30 Tablet	1

No current facility-administered medications for this visit.

**Allergies**

Allergen	Reactions
• Shellfish Containing Products	Hives/urticaria and Lightheadedness

**FAMILY HISTORY:** Denied family history of rheumatoid arthritis, lupus, psoriasis, inflammatory bowel disease.

**SOCIAL HISTORY:** Major in computer science at Stanford.

**Social History**

**Tobacco Use**

- |                      |       |
|----------------------|-------|
| • Smoking status:    | Never |
| • Smokeless tobacco: | Never |

**Vaping Use**

- |               |            |
|---------------|------------|
| • Vaping Use: | Never used |
|---------------|------------|

**Substance Use Topics**

- |                |               |
|----------------|---------------|
| • Alcohol use: | Not Currently |
| • Drug use:    | Not Currently |

**12/15/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Letters (continued)**

**Review of Systems:**

Rheumatologic ROS - As outline in visit history  
 Constitutional: No fever  
 Respiratory: No shortness of breath, cough  
 Cardiovascular: No chest pain  
 Gastrointestinal: No diarrhea, abdominal pain  
 Genital-Urinary: Normal urination  
 Neurologic: No no numbness, weakness.  
 Skin: Negative for rash, psoriasis

**General physical examination:**

Constitutional: well-developed. Active.  
 Cardiovascular: Normal rate and regular rhythm. No murmur, rub heard.  
 Pulmonary/Chest: Normal breath sounds.  
 Skin: No psoriasis rash noted.  
 Extremities: No edema

**Musculoskeletal exam:**

Shoulders: Normal range of motion (ROM). No pain on motion (POM). No tenderness to palpation. No swelling.  
 Elbows: Normal ROM. No POM. No tenderness to palpation. No swelling, redness.  
 Wrists: Normal ROM. No POM. No tenderness to palpation. No swelling, redness.  
 Hands: Normal ROM. No POM. No tenderness to palpation. No swelling, redness.  
 Hips: Normal ROM. No POM. No tenderness to palpation. FABER test negative.  
 Knees: Normal ROM. No POM. No tenderness to palpation. No swelling, redness, effusion.  
 Ankles: No tenderness to palpation. No swelling, redness.  
 Feet: No tenderness to palpation. No swelling, redness.  
 Back: **he pointed area of pain in right SI joint area. Mild pain in this area with lumbar extension. Normal Schober test in lumbar spine.** No tenderness to palpation. SLRT negative.  
 Fibromyalgia tender points: No tenderness to palpation.

**Lab and Imaging:**

	Latest Reference Range & Units	10/04/22 10:19	10/06/22 12:11
ESR, (automated)	0 - 15 mm/hr		2
Ferritin	30 - 400 ng/mL	76.3	
25-Hydroxy D, Total	25 - 80 ng/mL	55	
C-Reactive Protein	<0.5 mg/dL		<0.3
ANA Result	Negative		Negative

	Latest Reference	07/23/18 08:01	01/26/22 15:10	10/06/22 12:11

12/15/2022 - Office Visit in Immunology BW 2nd Floor (continued)

Letters (continued)

	Range & Units			
WBC	4.0 - 11.0 K/uL	5.1	4.3	
Hemoglobin	13.5 - 17.7 g/dL	15.4	14.7	
Hematocrit	40.0 - 52.0 %	46.8	45.0	
Platelet count	150 - 400 K/uL	228	229	
MCV	82.0 - 98.0 fL	84.6	86.4	
RDW	11.5 - 14.5 %	13.0	12.0	
RBC	4.40 - 5.90 MIL/uL	5.53	5.21	
MCH	27.0 - 34.0 pg	27.8	28.2	
MCHC	32.0 - 36.0 g/dL	32.8	32.7	
Neutrophil %	%	45.5	47.7	
Lymphocyte %	%	40.7	39.2	
Monocyte %	%	4.6	7.3	
Eosinophil %	%	8.6	4.9	
Basophil %	%	0.6	0.7	
Neutrophil, Absolute	1.80 - 8.00 K/uL	2.30	2.03	
Lymphocyte, Absolute	1.50 - 6.50 K/uL	2.06	1.67	
Monocyte, Absolute	0.00 - 0.40 K/uL	0.23	0.31	
Eosinophil, Absolute	0.00 - 0.20 K/uL	0.43 (H)	0.21 (H)	
Basophil, Absolute	0.00 - 0.25 K/uL	0.03	0.03	
Imm. Granulocyte, %	0.0 - 0.7 %		0.2	
Imm. Granulocyte, Abs	0.00 - 0.06 K/uL		0.01	
nRBC, %	%		0.0	
nRBC, Abs	K/uL		0.00	

	Latest Reference Range &	07/02/15 15:49	07/23/18 08:01	01/26/22 15:10	10/04/22 10:19

12/15/2022 - Office Visit in Immunology BW 2nd Floor (continued)

Letters (continued)

	Units				
Sodium	135 - 145 mmol/L	137			
Potassium	3.5 - 5.5 mmol/L	4.1			
Chloride, Ser/Plas	96 - 109 mmol/L	100			
CO2, Ser/Plas	20 - 30 mmol/L	28			
Urea Nitrogen, Ser/Plas	5 - 25 mg/dL	15			
Creatinine	<1.2 mg/dL	0.6			
EGFR	mL/min/1.73 m2	See Comment			
Anion Gap	5 - 15 mmol/L	9			
Calcium	8.5 - 10.5 mg/dL	9.6			
Magnesium, Ser/Plas	1.8 - 2.4 mg/dL	2.2			
Phosphorus, Ser/Plas	2.5 - 4.5 mg/dL	<b>5.4 (H)</b>			
Bilirubin Total	<1.4 mg/dL	0.3			
Conjugated Bili	<0.4 mg/dL	0.1			
AST	<40 U/L	32	26		
ALT	<60 U/L	24	24		
Alk P'TASE, Total, Ser/Plas	40 - 200 U/L	176	193		
Albumin, Ser/Plas	3.5 - 5.0 g/dL	4.2			
Protein, Total, Ser/Plas	6.0 - 9.0 g/dL	7.6			
Globulin	2.0 - 5.0 g/dL	3.4			
Glucose, SER/PLAS (Manual Entry) See EMR for details	70 - 100 mg/dL	<b>103 (H)</b>			
Cholesterol, Total	<170 mg/dL	<b>199 (H)</b>	<b>194 (H)</b>		
Ferritin	30 - 400 ng/mL	25.9		58.2	76.3
Free Thyroxine	0.6 - 1.6 ng/dL	0.9			
Gamma-Glutamyl Trans (GGT)	<60 U/L	20			
TSH	0.40 - 4.00 uIU/mL	2.17			

**12/15/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Letters (continued)**

Uric Acid, Ser/Plas	<8.0 mg/dL	3.3			
HDL Cholesterol	>40 mg/dL		68		
LDL (Calculated-Friedewald)	<130 mg/dL		118		
Triglyceride, Ser/Plas	<150 mg/dL	86	39		
Non-HDL Chol, Calc	<160 mg/dL		126		
Cholesterol/HDL Ratio	<5.0 ratio		2.9		
LDL/HDL Ratio	<3.0 ratio		1.7		
25-Hydroxy D, Total	25 - 80 ng/mL	47		34	55
25-Hydroxy D2	ng/mL	<4		<4	
25-Hydroxy D3	ng/mL	47		34	

10/6/22: HLA B27 negative.

LS spine X-ray 9/16/22: 1. Findings which could be seen in the setting of asymmetric sacroiliitis, right greater than left, MRI of the pelvis with and without contrast would provide further evaluation.

MRI pelvic 9/29/2022:

Fluid: No significant joint effusion.

Bones and cartilage: The sacroiliac joints are without evidence of active inflammatory changes, including focal bony edema or erosions. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. Mildly prominent sclerosis, bony edema, and irregularity of the pubic symphysis (3/26). The bilateral hip joints are overall preserved. No displaced fracture or suspicious marrow edema in the pelvis.

Soft tissues: No significant abnormality.

Visualized pelvis: No significant abnormality.

Nerve: Visualized portions of the sciatic nerves are normal.

Additional findings: Mild facet arthropathy in the visualized lumbar spine with fluid in the facets. Mild disc desiccation and height loss at L5-S1. No acute displaced fracture in the visualized lumbar spine.

**IMPRESSION:**

1. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. These findings may reflect developmental variation versus sequela of chronic sacroiliitis. No evidence of active inflammatory change.
2. Findings at the pubic symphysis which may be seen with athletic pubalgia, in the appropriate clinical setting.
3. No acute fracture in the visualized lower lumbar spine and pelvis, as clinically queried.

**11/14/2022 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging**
**Reason for Visit**

Visit diagnoses:

- (primary)
- Injury of right ankle, initial encounter

**Medication List**
**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**
**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**meloxicam (Mobic) 7.5 mg tablet**

Instructions: take 1 Tablet (7.5 mg total) by mouth daily  
 Authorized by: Nitichaikulvatana, Prachaya, MD Ordered on: 11/3/2022  
 Start date: 11/3/2022 End date: 11/3/2023  
 Action: Patient not taking Quantity: 30 Tablet  
 Refill: 1 refill remaining

**Stopped in Visit**

None

**Imaging**
**Imaging**
**XR Ankle 3 Views Right [829865064] (Final result)**

Electronically signed by: Choo, Hyunwoo June, MD on 11/14/22 1555

 Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Choo, Hyunwoo June, MD 11/14/22 1555

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Expedite 11/14/22 1612 - 1 occurrence

Class: Stanford

Quantity: 1

Lab status: Final result

Instance released by: Grgis, Laurina, RT 11/14/2022 4:12 PM

Diagnoses

Injury of right ankle, initial encounter [S99.911A]

**Questionnaire**

Question	Answer
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	right ankle inversion injury with tenderness throughout
Do you want to be contacted immediately by the radiologist	No

**11/14/2022 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging (continued)**

**Imaging (continued)**

who interpreted the study?

I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.

Yes

Scheduling instructions

This imaging study does not require an appointment and you may walk into any Stanford Imaging Center and complete this study. If you need a list of available locations and hours of operation, please check our website at <https://stanfordhealthcare.org/medical-clinics/imaging-clinic.html>

**End Exam Questions**

Answer	Comment
Was this exam terminated?	
Was this a repeat exam for a callback?	
Is this exam for research?	

**XR Ankle 3 Views Right [829865064]**

Resulted: 11/14/22 1639, Result status: Final result

Order status: Completed

Resulted by: Willis, Marc Harold, DO

Filed by: Shc, In-Radiant Results Multiple Systems 11/14/22

Performed: 11/14/22 1620 - 11/14/22 1630

1642

Accession number: 20358135

Resulting lab: RADIOLOGY

Narrative:

RADIOGRAPHIC EXAMINATION OF THE ANKLE: 11/14/2022 16:20

CLINICAL HISTORY: 20 years of age, Male, right ankle inversion injury with tenderness throughout.

COMPARISON: None available

PROCEDURE COMMENTS: Right ankle 3 images

**FINDINGS:**

Overlying artifact(s) partially limit the evaluation.

No acute displaced fracture or aggressive osseous lesion.

No malalignment or evidence of arthropathy.

Mild nonspecific soft tissue swelling.

Impression:

IMPRESSION:

1. No acute displaced fracture or malalignment.

I have personally reviewed the images for this examination and agree with the report transcribed above.

Signed"Final report"

Acknowledged by: Fredericson, Michael, MD on 11/15/22 0940

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**XR Ankle 3 Views Right [829865064]**

Resulted: 11/14/22 1620, Result status: In process

Order status: Completed

Resulted by: Willis, Marc Harold, DO

Filed by: Grgis, Laurina, RT 11/14/22 1620

Performed: 11/14/22 1620 - 11/14/22 1630

Accession number: 20358135

Resulting lab: RADIOLOGY

## 11/14/2022 - Diagnostic Imaging Procedure in Arrillaga Sports Center Imaging (continued)

### Imaging (continued)

#### Reviewed by

Fredericson, Michael, MD on 11/15/22 0940

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

#### Indications

Injury of right ankle, initial encounter [S99.911A (ICD-10-CM)]

#### Signed

Electronically signed by Willis, Marc Harold, DO on 11/14/22 at 1639 PST

#### All Reviewers List

Fredericson, Michael, MD on 11/15/2022 09:40

**11/14/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16**

**Reason for Visit**

Visit diagnosis: Injury of right ankle, initial encounter

**Medication List**

**Medication List**

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD	Discontinued on: 3/30/2023
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough	
Authorized by: Fausett, Cameron Lee, MD	Ordered on: 10/28/2021
Start date: 10/28/2021	End date: 3/30/2023
Action: Patient not taking	Quantity: 15 Capsule
Refill: No refills remaining	

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD	Discontinued on: 2/2/2024
Instructions: take 1 Capsule (1,000 Units total) by mouth every day	
Authorized by: Kuwabara, Anne M, MD	Ordered on: 2/3/2022
Start date: 2/3/2022	End date: 2/2/2024
Action: Patient not taking	Quantity: 100 Capsule
Refill: 3 refills remaining	

**meloxicam (Mobic) 7.5 mg tablet**

Instructions: take 1 Tablet (7.5 mg total) by mouth daily	
Authorized by: Nitichaikulvatana, Prachaya, MD	Ordered on: 11/3/2022
Start date: 11/3/2022	End date: 11/3/2023
Action: Patient not taking	Quantity: 30 Tablet
Refill: 1 refill remaining	

**Stopped in Visit**

None

**Imaging**

**Imaging**

**XR Ankle 3 Views Right [829859387] (Completed)**

Electronically signed by: Choo, Hyunwoo June, MD on 11/14/22 1555	Status: <b>Completed</b>
Ordering user: Choo, Hyunwoo June, MD 11/14/22 1555	Authorized by: Fredericson, Michael, MD
Ordering mode: Standard	
Frequency: Expedite 11/14/22 -	Class: Stanford
Quantity: 1	
Diagnoses	
Injury of right ankle, initial encounter [S99.911A]	

**Questionnaire**

Question	Answer
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	right ankle inversion injury with tenderness throughout
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including	Yes

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 11/14/2022

## 11/14/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)

### Imaging (continued)

whether IV contrast is administered) to address the clinical question.

#### Scheduling instructions

This imaging study does not require an appointment and you may walk into any Stanford Imaging Center and complete this study. If you need a list of available locations and hours of operation, please check our website at <https://stanfordhealthcare.org/medical-clinics/imaging-clinic.html>

#### Indications

Injury of right ankle, initial encounter [S99.911A (ICD-10-CM)]

#### XR Ankle 3 Views Right [829865064]

Resulted: 11/14/22 1639, Result status: Final result

Order status: Completed

Resulted by: Willis, Marc Harold, DO

Filed by: Shc, In-Radiant Results Multiple Systems 11/14/22

Performed: 11/14/22 1620 - 11/14/22 1630

1642

Accession number: 20358135

Resulting lab: RADIOLOGY

Narrative:

RADIOGRAPHIC EXAMINATION OF THE ANKLE: 11/14/2022 16:20

CLINICAL HISTORY: 20 years of age, Male, right ankle inversion injury with tenderness throughout.

COMPARISON: None available

PROCEDURE COMMENTS: Right ankle 3 images

#### FINDINGS:

Overlying artifact(s) partially limit the evaluation.

No acute displaced fracture or aggressive osseous lesion.

No malalignment or evidence of arthropathy.

Mild nonspecific soft tissue swelling.

Impression:

IMPRESSION:

1. No acute displaced fracture or malalignment.

I have personally reviewed the images for this examination and agree with the report transcribed above.

Signed"Final report"

Acknowledged by: Fredericson, Michael, MD on 11/15/22 0940

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

#### XR Ankle 3 Views Right [829865064]

Resulted: 11/14/22 1620, Result status: In process

Order status: Completed

Resulted by: Willis, Marc Harold, DO

Filed by: Girgis, Laurina, RT 11/14/22 1620

Performed: 11/14/22 1620 - 11/14/22 1630

Accession number: 20358135

Resulting lab: RADIOLOGY

#### Reviewed by

Fredericson, Michael, MD on 11/15/22 0940

STANFORD MEDICINE  
OUTPATIENT CENTER  
450 BROADWAY ST  
REDWOOD CITY CA 94063-  
3132

Topper, Galen  
MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
Visit date: 11/14/2022

**11/14/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)****Imaging (continued)****Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**Indications**

Injury of right ankle, initial encounter [S99.911A (ICD-10-CM)]

**Signed**

Electronically signed by Willis, Marc Harold, DO on 11/14/22 at 1639 PST

## 11/04/2022 - Patient Message in Immunology BW 2nd Floor

### Messages

#### test results

From  
Prachaya Nitichaikulvatana, MD  
Last Read in MyHealth  
11/4/2022 8:40 AM by Topper, Galen

To  
Topper, Galen

Sent and Delivered  
11/4/2022 8:40 AM

The genetic test for HLA B27 was negative. I would like to try Meloxicam 7.5 mg/day to see if this would help for your pain. If you do not have any relief of pain in 2 weeks, you can increase Meloxicam to 15 mg/day later on.

Dr. Prachaya

**11/03/2022 - Lab Draw in Laboratory Blake Wilbur**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Bilateral sacroiliitis

**Labs**

**HLA Order - Disease Association Panel [826992198] (Edited Result - FINAL)**

Electronically signed by: **Nitichaikulvatana, Prachaya, MD** on **11/03/22 1328**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nitichaikulvatana, Prachaya, MD 11/03/22 1328

Authorized by: Nitichaikulvatana, Prachaya, MD

Ordering mode: Standard

Frequency: Routine 11/03/22 -

Class: Lab Collect

Quantity: 1

Lab status: Edited Result - FINAL

Instance released by: Dancel, Annabell 11/3/2022 1:40 PM

Diagnoses

Bilateral sacroiliitis [M46.1]

**Questionnaire**

Question	Answer
Order requested?	Eye Disease HLA association (Acute Anterior Uveitis HLA-B27, Behcet's Disease HLA-B51, Birdshot Chorioretinopathy HLA-A29)
Testing requested?	HLA-A HLA-B

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
22S-307ZB0044	Blood	Butterfly	Blood, from Venipuncture	Forteza, Lilia C 11/03/22 1349

Resulted: 02/02/23 1534, Result status: Edited Result - FINAL

**HLA Order - Disease Association Panel [826992198]**

Order status: Completed

Filed by: In-Beaker, Results Clinical Lab Hla 02/02/23 1534

Collected by: Forteza, Lilia C 11/03/22 1349

Resulting lab: STANFORD BLOOD CENTER (HLA)

Acknowledged by: Nitichaikulvatana, Prachaya, MD on 02/02/23 1942

**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**HLA Order - Disease Association Panel [826992198]**

Resulted: 01/25/23 1357, Result status: Edited

Order status: Completed

Filed by: In-Beaker, Results Clinical Lab Hla 02/02/23 1534

Collected by: Forteza, Lilia C 11/03/22 1349

Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

**11/03/2022 - Lab Draw in Laboratory Blake Wilbur (continued)**

**Labs (continued)**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

**Reviewed by**

Nitichaikulvatana, Prachaya, MD on 02/02/23 1942  
 Nitichaikulvatana, Prachaya, MD on 01/25/23 1511  
 Nitichaikulvatana, Prachaya, MD on 11/07/22 1048

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

Resulted: 01/25/23 1357, Result status: Edited Result  
 - FINAL

**HLA Order - Disease Association Panel [826992198]**

Order status: Completed  
 Collected by: Forteza, Lilia C 11/03/22 1349  
 Acknowledged by: Nitichaikulvatana, Prachaya, MD on 01/25/23 1511

Filed by: In-Beaker, Results Clinical Lab Hla 01/25/23 1357  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**HLA Order - Disease Association Panel [826992198]**

Resulted: 11/05/22 1518, Result status: Edited

Order status: Completed  
 Collected by: Forteza, Lilia C 11/03/22 1349

Filed by: In-Beaker, Results Clinical Lab Hla 01/25/23 1357  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS	—	—	HLA

BLAKE WILBUR CLINICS  
 900 BLAKE WILBUR  
 STANFORD CA 94304-2201

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 11/3/2022

### 11/03/2022 - Lab Draw in Laboratory Blake Wilbur (continued)

#### Labs (continued)

ORDER,  
 RESULTS  
 WILL  
 DISPLAY  
 UNDER:  
 HLA  
 TYPING+

#### Reviewed by

Nitichaikulvata, Prachaya, MD on 02/02/23 1942  
 Nitichaikulvata, Prachaya, MD on 01/25/23 1511  
 Nitichaikulvata, Prachaya, MD on 11/07/22 1048

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

#### HLA Order - Disease Association Panel [826992198]

Resulted: 11/05/22 1518, Result status: Final result

Order status: Completed  
 Collected by: Forteza, Lilia C 11/03/22 1349  
 Acknowledged by: Nitichaikulvata, Prachaya, MD on 11/07/22 1048

Filed by: In-Beaker, Results Clinical Lab Hla 11/05/22 1518  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

#### Components

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

Resulted: 11/03/22 1446, Result status: Preliminary result

#### HLA Order - Disease Association Panel [826992198]

Order status: Completed  
 Collected by: Forteza, Lilia C 11/03/22 1349

Filed by: In-Beaker, Results Clinical Lab Hla 11/03/22 1446  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

#### Components

Component	Value	Reference Range	Flag	Lab
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER:	—	—	HLA

**11/03/2022 - Lab Draw in Laboratory Blake Wilbur (continued)**

**Labs (continued)**

HLA  
 TYPING+

**Reviewed by**

Nitichaikulvatana, Prachaya, MD on 02/02/23 1942  
 Nitichaikulvatana, Prachaya, MD on 01/25/23 1511  
 Nitichaikulvatana, Prachaya, MD on 11/07/22 1048

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**Indications**

Bilateral sacroiliitis [M46.1 (ICD-10-CM)]

**All Reviewers List**

Nitichaikulvatana, Prachaya, MD on 2/2/2023 19:42  
 Nitichaikulvatana, Prachaya, MD on 1/25/2023 15:11  
 Nitichaikulvatana, Prachaya, MD on 11/7/2022 10:48

**HLA - TYPING [827384392] (Edited Result - FINAL)**

Status: **Completed**

Order placed as a reflex to HLA Order - Disease Association Panel [826992198] ordered on 11/03/22 at 1328

Ordering user: In-Beaker, Results Clinical Lab Hla 11/05/22 1518      Authorized by: Nitichaikulvatana, Prachaya, MD

Ordering mode: Standard

Frequency: Routine 11/05/22 -

Quantity: 1

Diagnoses

Bilateral sacroiliitis [M46.1]

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
22S-307ZB0044	Blood	Butterfly	Blood, from Venipuncture	Forteza, Lilia C 11/03/22 1349

Resulted: 02/02/23 1534, Result status: Edited Result - FINAL

**HLA - TYPING [827384392]**

Order status: Completed

Filed by: In-Beaker, Results Clinical Lab Hla 02/02/23 1534

Collected by: Forteza, Lilia C 11/03/22 1349

Resulting lab: STANFORD BLOOD CENTER (HLA)

Acknowledged by: Nitichaikulvatana, Prachaya, MD on 02/02/23 1942

**Components**

Component	Value	Reference Range	Flag	Lab
Cell Date	10/06/2022	—	—	HLA
Cell Source	BLOOD	—	—	HLA
Method(s)	Results determined using one or more methods of SSO, NGS or Real-time PCR methods	—	—	HLA

**11/03/2022 - Lab Draw in Laboratory Blake Wilbur (continued)**

**Labs (continued)**

HLA-A Allele 1	A3	—	—	HLA
HLA-A Allele 2	A11	—	—	HLA
HLA-B Allele 1	B7	—	—	HLA
HLA-B Allele 2	B18	—	—	HLA
HLA-Bw Allele 1	Bw6	—	—	HLA

Interpretation/ Comments

Result:

[Eye Disease HLA Association Panel] Patient is HLA-A29 Negative. The HLA-A29 genetic marker associated with increased risk for developing Birdshot chorioretinopathy is not present.[Eye Disease HLA Association Panel] Patient is HLA-B27 Negative. The

HLA-B27 genetic marker associated with increased genetic risk for developing acute anterior uveitis is not present.[Eye Disease HLA Association Panel] Patient is HLA-B51 Negative. The HLA-B51 genetic marker associated with increased risk for developing

Behcet's Disease is not present. Download the supplemental document for additional information.

[https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920\\_Disease-Association-Panels.pdf](https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920_Disease-Association-Panels.pdf)

Disclaimer	—	—	—	HLA
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Comment:

Reviewed and Approved by: Marcelo A. Fernandez-Vina, PhD

HLA Typing, Match Grade, Chimerism Testing performed by Stanford Blood Center

HIDPL - Porter, 3155 Porter Drive, Palo Alto, CA 94304, (650) 723-5548

CLIA # 05D2099675

HLA Antibody Screening, Crossmatching, Monitoring & DSA Testing, and Deceased Donor Typing performed by Stanford Blood Center

HIDPL - Hillview, 3373 Hillview Ave. Palo Alto, CA 94304, (650) 723-5548

CLIA # 05D0718472

Director and Clinical Consultant

Marcelo Fernandez-Vina Ph.D., D(ABHI)

Result:

These tests were developed and their performance characteristics determined by the Stanford Histocompatibility and Immunogenetics Laboratory. They have not been approved by the US FDA, but such licensure is not required since this Laboratory is approved under CLIA for high complexity testing.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**HLA - TYPING [827384392]**

Resulted: 01/25/23 1357, Result status: Edited

Order status: Completed

Collected by: Forteza, Lilia C 11/03/22 1349

Filed by: In-Beaker, Results Clinical Lab Hla 02/02/23 1534

Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
Cell Date	10/06/2022	—	—	HLA
Cell Source	BLOOD	—	—	HLA
Method(s)	Results determined using one or more methods of SSO, NGS or Real-time PCR methods	—	—	HLA
HLA-A Allele 1	A3	—	—	HLA
HLA-A Allele 2	A11	—	—	HLA

**11/03/2022 - Lab Draw in Laboratory Blake Wilbur (continued)**

**Labs (continued)**

HLA-B Allele 1	B7	—	—	HLA
HLA-B Allele 2	B18	—	—	HLA
HLA-Bw Allele 1	Bw6	—	—	HLA

Interpretation/ Comments

Result:

[Eye Disease HLA Association Panel] Patient is HLA-A29 Negative. The HLA-A29 genetic marker associated with increased risk for developing Birdshot chorioretinopathy is not present.[Eye Disease HLA Association Panel] Patient is HLA-B27 Negative. The HLA-B27 genetic marker associated with increased genetic risk for developing acute anterior uveitis is not present.[Eye Disease HLA Association Panel] Patient is HLA-B51 Negative. The HLA-B51 genetic marker associated with increased risk for developing Behcet's Disease is not present. Download the supplemental document for additional information.

[https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920\\_Disease-Association-Panels.pdf](https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920_Disease-Association-Panels.pdf)

Disclaimer

—

HLA

Comment:

Reviewed and Approved by: Marcelo A. Fernandez-Vina, PhD

HLA Typing, Match Grade, Chimerism Testing performed by Stanford Blood Center

HIDPL - Porter, 3155 Porter Drive, Palo Alto, CA 94304, (650) 723-5548

CLIA # 05D2099675

HLA Antibody Screening, Crossmatching, Monitoring & DSA Testing, and Deceased Donor Typing performed by Stanford Blood Center

HIDPL - Hillview, 3373 Hillview Ave. Palo Alto, CA 94304, (650) 723-5548

CLIA # 05D0718472

Director and Clinical Consultant

Marcelo Fernandez-Vina Ph.D., D(ABHI)

Result:

These tests were developed and their performance characteristics determined by the Stanford Histocompatibility and Immunogenetics Laboratory. They have not been approved by the US FDA, but such licensure is not required since this Laboratory is approved under CLIA for high complexity testing.

**Reviewed by**

Nitichaikulvatana, Prachaya, MD on 02/02/23 1942

Nitichaikulvatana, Prachaya, MD on 01/25/23 1511

Nitichaikulvatana, Prachaya, MD on 11/07/22 1048

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

Resulted: 01/25/23 1357, Result status: Edited Result - FINAL

**HLA - TYPING [827384392]**

Order status: Completed

Filed by: In-Beaker, Results Clinical Lab Hla 01/25/23 1357

Collected by: Forteza, Lilia C 11/03/22 1349

Resulting lab: STANFORD BLOOD CENTER (HLA)

Acknowledged by: Nitichaikulvatana, Prachaya, MD on 01/25/23 1511

**Components**

Component	Value	Reference Range	Flag	Lab
Cell Date	10/06/2022	—	—	HLA
Cell Source	BLOOD	—	—	HLA
Method(s)	Results determined using one or more methods of SSO, NGS or	—	—	HLA

11/03/2022 - Lab Draw in Laboratory Blake Wilbur (continued)

Labs (continued)

	Real-time PCR methods			
HLA-A Allele 1	A3	—	—	HLA
HLA-A Allele 2	A11	—	—	HLA
HLA-B Allele 1	B7	—	—	HLA
HLA-B Allele 2	B18	—	—	HLA
HLA-Bw Allele 1	Bw6	—	—	HLA
Interpretation/ Comments	--	—	—	HLA

Result:

[Eye Disease HLA Association Panel] Patient is HLA-A29 Negative. The HLA-A29 genetic marker associated with increased risk for developing Birdshot chorioretinopathy is not present.[Eye Disease HLA Association Panel] Patient is HLA-B27 Negative. The HLA-B27 genetic marker associated with increased genetic risk for developing acute anterior uveitis is not present.[Eye Disease HLA Association Panel] Patient is HLA-B51 Negative. The HLA-B51 genetic marker associated with increased risk for developing Behcet's Disease is not present. Download the supplemental document for additional information.  
[https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920\\_Disease-Association-Panels.pdf](https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920_Disease-Association-Panels.pdf)

Disclaimer HLA

Comment:

Reviewed and Approved by: Marcelo A. Fernandez-Vina, PhD  
 HLA Typing, Match Grade, Chimerism Testing performed by Stanford Blood Center  
 HIDPL - Porter, 3155 Porter Drive, Palo Alto, CA 94304, (650) 723-5548  
 CLIA # 05D2099675  
 HLA Antibody Screening, Crossmatching, Monitoring & DSA Testing, and Deceased Donor Typing performed by Stanford Blood Center  
 HIDPL - Hillview, 3373 Hillview Ave. Palo Alto, CA 94304, (650) 723-5548  
 CLIA # 05D0718472

Director and Clinical Consultant

Marcelo Fernandez-Vina Ph.D., D(ABHI)

Result:

These tests were developed and their performance characteristics determined by the Stanford Histocompatibility and Immunogenetics Laboratory. They have not been approved by the US FDA, but such licensure is not required since this Laboratory is approved under CLIA for high complexity testing.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

HLA - TYPING [827384392]

Resulted: 11/05/22 1517, Result status: Edited

Order status: Completed

Collected by: Forteza, Lilia C 11/03/22 1349

Filed by: In-Beaker, Results Clinical Lab Hla 01/25/23 1357

Resulting lab: STANFORD BLOOD CENTER (HLA)

Components

Component	Value	Reference Range	Flag	Lab
Cell Date	10/06/2022	—	—	HLA
Cell Source	BUCCAL SWAB	—	—	HLA
Method(s)	Results determined using one or more methods of SSO, NGS or Real-time	—	—	HLA



**11/03/2022 - Lab Draw in Laboratory Blake Wilbur (continued)**

**Labs (continued)**

		using one or more methods of SSO, NGS or Real-time PCR methods		
HLA-A Allele 1	A3	—	—	HLA
HLA-A Allele 2	A11	—	—	HLA
HLA-B Allele 1	B7	—	—	HLA
HLA-B Allele 2	B18	—	—	HLA
HLA-Bw Allele 1	Bw6	—	—	HLA
Interpretation/ Comments	--	—	—	HLA

Result:  
 [Eye Disease HLA Association Panel] Patient is HLA-A29 Negative. The HLA-A29 genetic marker associated with increased risk for developing Birdshot chorioretinopathy is not present.[Eye Disease HLA Association Panel] Patient is HLA-B27 Negative. The HLA-B27 genetic marker associated with increased genetic risk for developing acute anterior uveitis is not present.[Eye Disease HLA Association Panel] Patient is HLA-B51 Negative. The HLA-B51 genetic marker associated with increased risk for developing Behcet's Disease is not present. Download the supplemental document for additional information.  
[https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920\\_Disease-Association-Panels.pdf](https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920_Disease-Association-Panels.pdf)

Disclaimer HLA

Comment:

Reviewed and Approved by: Marcelo A. Fernandez-Vina, PhD

HLA Typing, Match Grade, Chimerism Testing performed by Stanford Blood Center

HIDPL - Porter, 3155 Porter Drive, Palo Alto, CA 94304, (650) 723-5548

CLIA # 05D2099675

HLA Antibody Screening, Crossmatching, Monitoring & DSA Testing, and Deceased Donor Typing performed by Stanford Blood Center

HIDPL - Hillview, 3373 Hillview Ave. Palo Alto, CA 94304, (650) 723-5548

CLIA # 05D0718472

Director and Clinical Consultant

Marcelo Fernandez-Vina Ph.D., D(ABHI)

Result:

These tests were developed and their performance characteristics determined by the Stanford Histocompatibility and Immunogenetics Laboratory. They have not been approved by the US FDA, but such licensure is not required since this Laboratory is approved under CLIA for high complexity testing.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**HLA - TYPING [827384392]**

Result status: In process

Order status: Completed

Collected by: Forteza, Lilia C 11/03/22 1349

Filed by: In-Beaker, Results Clinical Lab Hla 11/05/22 1518

Resulting lab: STANFORD BLOOD CENTER (HLA)

**Reviewed by**

Nitichaikulvata, Prachaya, MD on 02/02/23 1942

Nitichaikulvata, Prachaya, MD on 01/25/23 1511

Nitichaikulvata, Prachaya, MD on 11/07/22 1048

**Testing Performed By**

**11/03/2022 - Lab Draw in Laboratory Blake Wilbur (continued)**

**Labs (continued)**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**Indications**

Bilateral sacroiliitis [M46.1 (ICD-10-CM)]

**All Reviewers List**

Nitichaikulvatana, Prachaya, MD on 2/2/2023 19:42  
 Nitichaikulvatana, Prachaya, MD on 1/25/2023 15:11  
 Nitichaikulvatana, Prachaya, MD on 11/7/2022 10:48

**LMX A Locus Typing [827386014] (Final result)**

Status: **Completed**

Order placed as a reflex to HLA Order - Disease Association Panel [826992198] ordered on 11/03/22 at 1328

Ordering user: In-Beaker, Results Clinical Lab Hla 11/05/22 1540      Authorized by: Nitichaikulvatana, Prachaya, MD

Ordering mode: Standard

Frequency: Routine 11/05/22 -

Quantity: 1

Diagnoses

Bilateral sacroiliitis [M46.1]

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
22S-307ZB0044	Blood	Butterfly	Blood, from Venipuncture	Forteza, Lilia C 11/03/22 1349

**LMX A Locus Typing [827386014]**

Resulted: 11/05/22 1540, Result status: Final result

Order status: Completed

Collected by: Forteza, Lilia C 11/03/22 1349

Filed by: In-Beaker, Results Clinical Lab Hla 11/05/22 1540

Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
Bill Only (HLA)	Bill Only	—	—	HLA

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**LMX A Locus Typing [827386014]**

Result status: In process

Order status: Completed

Collected by: Forteza, Lilia C 11/03/22 1349

Filed by: In-Beaker, Results Clinical Lab Hla 11/05/22 1540

Resulting lab: STANFORD BLOOD CENTER (HLA)

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**Indications**

**11/03/2022 - Lab Draw in Laboratory Blake Wilbur (continued)**

**Labs (continued)**

Bilateral sacroiliitis [M46.1 (ICD-10-CM)]

## 11/03/2022 - Office Visit in Immunology BW 2nd Floor

### Reason for Visit

Chief complaint: New Patient  
Visit diagnosis: Bilateral sacroiliitis

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
Start date: 10/28/2021 End date: 3/30/2023  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

##### **meloxicam (Mobic) 7.5 mg tablet**

Instructions: take 1 Tablet (7.5 mg total) by mouth daily  
Authorized by: Nitichaikulvatana, Prachaya, MD Ordered on: 11/3/2022  
Start date: 11/3/2022 End date: 11/3/2023  
Action: Patient not taking Quantity: 30 Tablet  
Refill: 1 refill remaining

#### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Nitichaikulvatana, Prachaya, MD at 11/3/2022 1300

### **Stanford Immunology and Rheumatology clinic**

**900 Blake Wilbur Drive  
2nd floor, Room W2081  
Palo Alto, CA 94304  
Phone - (650) 723-6961 Fax (650) 723-3059**

**Name:** Galen Topper

**MRN:** 62437256

**DOB:** 6/21/2002

**Gender:** male

**Encounter Date:** 11/3/2022

**Primary Provider:** Kuo, Kevin Fong-Wei

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Clinical Notes (continued)**

**REASON FOR CONSULT, VISIT:** back pain, sacroiliitis

**Assessment:**

1. Chronic right lower back pain since 8/2022. X-ray and MRI showed chronic sacroiliitis in right > left SI joints. I would like to rule out ankylosing spondylitis with bilateral sacroiliitis. He does not have typical symptoms of inflammatory back pain (no morning pain, prolong morning stiffness). DDx of SI joint pain would be mechanical pain with running (pain started after running). He tried exercise, dry needling, cupping with some relief of pain. He has not tried NSAID treatment.

**Recommendation:**

1. Check HLA B27,
2. Start low dose NSAID with Meloxicam 7.5 mg/day with food for 1 month. I will increase Meloxicam to 15 mg/day if he has no further relief of pain. Discussed with patient about possible side effect of Meloxicam.
3. Discussed with patient about imaging results and possible diagnosis. Gave patient written information of spondyloarthritis/ankylosing spondylitis

I personally spent a total of 60 minutes which includes face-to-face time and non-face-to-face time spent on preparing to see the patient, reviewing prior notes and tests, obtaining history from the patient, performing a medically appropriate exam, counseling and educating the patient, ordering medications/tests/procedures/referrals as clinically indicated, and documenting information in the electronic medical record.

RTC 6 weeks. We will contact patient after results.

**PRESENT ILLNESS:**

Galen Topper is 20 Y who is referred by Dr. Fredericson in consult for recommendations regarding of back pain. This is his first visit in rheumatology clinic at Stanford Health Care.

He denied any pain before this year. In august 2022, he was playing football with friends on grass field and strained his hamstring. He stopped his activity, and when he tried running the next day, he experienced significant low back stiffness and pain halfway through his run prompting him to stop running. The next day, he was able to complete short run (6 miles) without issues. His pain has been persistent since then. He has had pain in right lower back. Pain usually happened after he runs 3-4 miles. He denied radiation of pain in his back. He has some stiffness in his back after he runs. He denied morning stiffness. His pain lasted for few days and got better by itself. He has not tried any medication for his pain. He tried dry needling, cupping, heat with mild relief of pain. He usually runs for 2 days and stops for 1 day. He denied pain when he swims or bikes. He used to run 65-70 miles/week.

He saw Dr. Fredericson in sport medicine clinic. He had LS spine X-ray and later MRI pelvic which showed asymmetrical sacroiliitis

He denied other joint pain, rash.

**PAST HISTORY:**

**Active Ambulatory Problems**

Diagnosis	Date Noted
• Keratosis pilaris	10/31/2013
• Dermographism	02/13/2014
• Multiple allergies	
• Acute nonintractable headache	06/29/2018

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Clinical Notes (continued)**

• Vasovagal syncope	06/29/2018
• Lactose intolerance	08/17/2018
• Breathing difficulty	01/08/2020
• Sacroiliitis (CMS-HCC)	10/04/2022

**Resolved Ambulatory Problems**

Diagnosis	Date Noted
• Concern about growth	07/02/2015
• Viral warts	08/16/2017
• Bradycardia	07/02/2018

**Past Medical History:**

Diagnosis	Date
• Development delay	1/04
• Heart murmur	7/04, 8/05
• Language delay	
• Nevus sebaceous	
• Syncope	6/29/2018
• Twin birth, mate liveborn	

**MEDICATIONS/ALLERGIES:**

**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• benzonatate (Tessalon) 100 mg capsule	take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough	15 Capsule	0
• Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS	take 1 Capsule (1,000 Units total) by mouth every day	100 Capsule	3

No current facility-administered medications for this visit.

**Allergies**

Allergen	Reactions
• Shellfish Containing Products	Hives/urticaria and Lightheadedness

**FAMILY HISTORY:** Denied family history of rheumatoid arthritis, lupus, psoriasis, inflammatory bowel disease.

**SOCIAL HISTORY:** Major in computer science at Stanford.

**Social History**

**Tobacco Use**

• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used

**Vaping Use**

## 11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)

### Clinical Notes (continued)

- Vaping Use: Never used

#### Substance Use Topics

- Alcohol use: Not Currently
- Drug use: Not Currently

### Review of Systems:

Rheumatologic ROS - Negative for cutaneous photosensitivity, raynaud's phenomenon, oral ulceration, ocular inflammation/uveitis or sicca complex. As outline in visit history

Constitutional: No fever, fatigue, weight changed.

HEENT: No visual disturbance

Respiratory: No unexpected shortness of breath, cough

Cardiovascular: No chest pain

Gastrointestinal: No diarrhea, GERD, abdominal pain, constipation

Genital-Urinary: No dysuria, frequency, known kidney disease

Neurologic: No headaches, generalized or focal weakness, seizures

Hematology/Lymphatic: No known DVT

Endocrine: No diabetes, thyroid disease

Skin: Negative for rash, psoriasis

Psychiatry: No diagnosed disorder

### General physical examination:

#### Visit Vitals

BP 123/71 (Patient site: Left Arm,  
Patient Position: Sitting)

Pulse 62

Temp 36.2 °C (97.2 °F)

Resp 16

Ht 1.702 m (5' 7")

Wt 59.9 kg (132 lb)

BMI 20.67 kg/m<sup>2</sup>

Constitutional: well-developed. Active.

HENT: Mouth/Throat: Mucous membranes are moist. Oropharynx is clear.

Eyes: Conjunctivae normal and EOM are normal.

Cardiovascular: Normal rate and regular rhythm. No murmur, rub heard.

Pulmonary/Chest: Normal breath sounds.

Abdominal: Soft. There is no tenderness.

Neurological: normal muscle strength.

Skin: No psoriasis rash noted.

Extremities: No edema

### Musculoskeletal exam:

Shoulders: Normal range of motion (ROM). No pain on motion (POM). No tenderness to palpation. No swelling.

Elbows: Normal ROM. No POM. No tenderness to palpation. No swelling, redness.

Wrists: Normal ROM. No POM. No tenderness to palpation. No swelling, redness.

Hands: Normal ROM. No POM. No tenderness to palpation. No swelling, redness.

Hips: Normal ROM. No POM. No tenderness to palpation. FABER test negative.

Knees: Normal ROM. No POM. No tenderness to palpation. No swelling, redness, effusion.

Ankles: No tenderness to palpation. No swelling, redness.

11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)

Clinical Notes (continued)

Feet: No tenderness to palpation. No swelling, redness.

Back: **he pointed area of pain in right SI joint area. Mild pain in this area with lumbar extension. Normal Schober test in lumbar spine.** No tenderness to palpation. SLRT negative.

Fibromyalgia tender points: No tenderness to palpation.

Lab and Imaging:

	Latest Reference Range & Units	10/04/22 10:19	10/06/22 12:11
ESR, (automated)	0 - 15 mm/hr		2
Ferritin	30 - 400 ng/mL	76.3	
25-Hydroxy D, Total	25 - 80 ng/mL	55	
C-Reactive Protein	<0.5 mg/dL		<0.3
ANA Result	Negative		Negative

	Latest Reference Range & Units	07/23/18 08:01	01/26/22 15:10	10/06/22 12:11
WBC	4.0 - 11.0 K/uL	5.1	4.3	
Hemoglobin	13.5 - 17.7 g/dL	15.4	14.7	
Hematocrit	40.0 - 52.0 %	46.8	45.0	
Platelet count	150 - 400 K/uL	228	229	
MCV	82.0 - 98.0 fL	84.6	86.4	
RDW	11.5 - 14.5 %	13.0	12.0	
RBC	4.40 - 5.90 MIL/uL	5.53	5.21	
MCH	27.0 - 34.0 pg	27.8	28.2	
MCHC	32.0 - 36.0 g/dL	32.8	32.7	
Neutrophil %	%	45.5	47.7	
Lymphocyte %	%	40.7	39.2	
Monocyte %	%	4.6	7.3	
Eosinophil %	%	8.6	4.9	
Basophil %	%	0.6	0.7	
Neutrophil, Absolute	1.80 - 8.00	2.30	2.03	

11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)

Clinical Notes (continued)

	K/uL				
Lymphocyte, Absolute	1.50 - 6.50 K/uL	2.06	1.67		
Monocyte, Absolute	0.00 - 0.40 K/uL	0.23	0.31		
Eosinophil, Absolute	0.00 - 0.20 K/uL	<b>0.43 (H)</b>	<b>0.21 (H)</b>		
Basophil, Absolute	0.00 - 0.25 K/uL	0.03	0.03		
Imm. Granulocyte, %	0.0 - 0.7 %		0.2		
Imm. Granulocyte, Abs	0.00 - 0.06 K/uL		0.01		
nRBC, %	%		0.0		
nRBC, Abs	K/uL		0.00		

	Latest Reference Range & Units	07/02/15 15:49	07/23/18 08:01	01/26/22 15:10	10/04/22 10:19
Sodium	135 - 145 mmol/L	137			
Potassium	3.5 - 5.5 mmol/L	4.1			
Chloride, Ser/Plas	96 - 109 mmol/L	100			
CO2, Ser/Plas	20 - 30 mmol/L	28			
Urea Nitrogen, Ser/Plas	5 - 25 mg/dL	15			
Creatinine	<1.2 mg/dL	0.6			
EGFR	mL/min/1.73 m2	See Comment			
Anion Gap	5 - 15 mmol/L	9			
Calcium	8.5 - 10.5 mg/dL	9.6			
Magnesium, Ser/Plas	1.8 - 2.4 mg/dL	2.2			
Phosphorus, Ser/Plas	2.5 - 4.5 mg/dL	<b>5.4 (H)</b>			
Bilirubin Total	<1.4 mg/dL	0.3			
Conjugated Bili	<0.4 mg/dL	0.1			

11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)

Clinical Notes (continued)

AST	<40 U/L	32	26		
ALT	<60 U/L	24	24		
Alk P'TASE, Total, Ser/Plas	40 - 200 U/L	176	193		
Albumin, Ser/Plas	3.5 - 5.0 g/dL	4.2			
Protein, Total, Ser/Plas	6.0 - 9.0 g/dL	7.6			
Globulin	2.0 - 5.0 g/dL	3.4			
Glucose, SER/PLAS (Manual Entry) See EMR for details	70 - 100 mg/dL	103 (H)			
Cholesterol, Total	<170 mg/dL	199 (H)	194 (H)		
Ferritin	30 - 400 ng/mL	25.9		58.2	76.3
Free Thyroxine	0.6 - 1.6 ng/dL	0.9			
Gamma-Glutamyl Trans (GGT)	<60 U/L	20			
TSH	0.40 - 4.00 uIU/mL	2.17			
Uric Acid, Ser/Plas	<8.0 mg/dL	3.3			
HDL Cholesterol	>40 mg/dL		68		
LDL (Calculated-Friedewald)	<130 mg/dL		118		
Triglyceride, Ser/Plas	<150 mg/dL	86	39		
Non-HDL Chol, Calc	<160 mg/dL		126		
Cholesterol/HDL Ratio	<5.0 ratio		2.9		
LDL/HDL Ratio	<3.0 ratio		1.7		
25-Hydroxy D, Total	25 - 80 ng/mL	47		34	55
25-Hydroxy D2	ng/mL	<4		<4	
25-Hydroxy D3	ng/mL	47		34	

LS spine X-ray 9/16/22: 1. Findings which could be seen in the setting of asymmetric sacroiliitis, right greater than left, MRI of the pelvis with and without contrast would provide further evaluation.

MRI pelvic 9/29/2022:

Fluid: No significant joint effusion.

Bones and cartilage: The sacroiliac joints are without evidence of active inflammatory changes, including focal bony edema or erosions. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. Mildly prominent sclerosis, bony edema, and irregularity of the pubic symphysis (3/26). The bilateral hip joints are overall preserved. No displaced fracture or suspicious marrow edema in the pelvis.

Soft tissues: No significant abnormality.

Visualized pelvis: No significant abnormality.

Nerve: Visualized portions of the sciatic nerves are normal.

Additional findings: Mild facet arthropathy in the visualized lumbar spine with fluid in the facets. Mild disc desiccation

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Clinical Notes (continued)**

and height loss at L5-S1. No acute displaced fracture in the visualized lumbar spine.

**IMPRESSION:**

1. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. These findings may reflect developmental variation versus sequela of chronic sacroiliitis. No evidence of active inflammatory change.
2. Findings at the pubic symphysis which may be seen with athletic pubalgia, in the appropriate clinical setting.
3. No acute fracture in the visualized lower lumbar spine and pelvis, as clinically queried.

Electronically signed by Nitichaikulvatana, Prachaya, MD at 11/3/2022 1:49 PM

**Nitichaikulvatana, Prachaya, MD at 11/3/2022 1300**

10/6/22: HLA B27 negative.

I would like to see how he does with NSAID treatment. I sent results through MyHealth

Electronically signed by Nitichaikulvatana, Prachaya, MD at 11/4/2022 8:40 AM

**Labs**

**HLA Order - Disease Association Panel [826988390] (Completed)**

Electronically signed by: **Nitichaikulvatana, Prachaya, MD on 11/03/22 1328**

Status: **Completed**

Ordering user: Nitichaikulvatana, Prachaya, MD 11/03/22 1328

Authorized by: Nitichaikulvatana, Prachaya, MD

Ordering mode: Standard

Frequency: Routine 11/03/22 -

Class: Lab Collect

Quantity: 1

Diagnoses

Bilateral sacroiliitis [M46.1]

**Questionnaire**

Question	Answer
Order requested?	Eye Disease HLA association (Acute Anterior Uveitis HLA-B27, Behcet's Disease HLA-B51, Birdshot Chorioretinopathy HLA-A29)
Testing requested?	HLA-A HLA-B

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Bilateral sacroiliitis [M46.1 (ICD-10-CM)]

Resulted: 02/02/23 1534, Result status: Edited Result  
 - FINAL

**HLA Order - Disease Association Panel [826992198]**

Order status: Completed

Filed by: In-Beaker, Results Clinical Lab Hla 02/02/23 1534

Collected by: Forteza, Lilia C 11/03/22 1349

Resulting lab: STANFORD BLOOD CENTER (HLA)

Acknowledged by: Nitichaikulvatana, Prachaya, MD on 02/02/23 1942

**Components**

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Labs (continued)**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**HLA Order - Disease Association Panel [826992198]**

Resulted: 01/25/23 1357, Result status: Edited

Order status: Completed

Collected by: Forteza, Lilia C 11/03/22 1349

Filed by: In-Beaker, Results Clinical Lab Hla 02/02/23 1534

Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

**Reviewed by**

Nitichaikulvata, Prachaya, MD on 02/02/23 1942

Nitichaikulvata, Prachaya, MD on 01/25/23 1511

Nitichaikulvata, Prachaya, MD on 11/07/22 1048

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

Resulted: 01/25/23 1357, Result status: Edited Result

- FINAL

**HLA Order - Disease Association Panel [826992198]**

Order status: Completed

Collected by: Forteza, Lilia C 11/03/22 1349

Filed by: In-Beaker, Results Clinical Lab Hla 01/25/23 1357

Resulting lab: STANFORD BLOOD CENTER (HLA)

Acknowledged by: Nitichaikulvata, Prachaya, MD on 01/25/23 1511

**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS	—	—	HLA

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**
**Labs (continued)**

 ORDER,  
RESULTS  
WILL  
DISPLAY  
UNDER:  
HLA  
TYPING+

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**HLA Order - Disease Association Panel [826992198]**

Resulted: 11/05/22 1518, Result status: Edited

Order status: Completed

Collected by: Forteza, Lilia C 11/03/22 1349

Filed by: In-Beaker, Results Clinical Lab Hla 01/25/23 1357

Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:  ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	FOR THIS	—	—	HLA

**Reviewed by**

Nitichaikulvatana, Prachaya, MD on 02/02/23 1942

Nitichaikulvatana, Prachaya, MD on 01/25/23 1511

Nitichaikulvatana, Prachaya, MD on 11/07/22 1048

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**HLA Order - Disease Association Panel [826992198]**

Resulted: 11/05/22 1518, Result status: Final result

Order status: Completed

Collected by: Forteza, Lilia C 11/03/22 1349

Filed by: In-Beaker, Results Clinical Lab Hla 11/05/22 1518

Acknowledged by: Nitichaikulvatana, Prachaya, MD on 11/07/22 1048

Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:  ORDER, RESULTS WILL DISPLAY	FOR THIS	—	—	HLA

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Labs (continued)**

UNDER:  
 HLA  
 TYPING+

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

Resulted: 11/03/22 1446, Result status: Preliminary

**HLA Order - Disease Association Panel [826992198]**

Order status: Completed  
 Collected by: Forteza, Lilia C 11/03/22 1349

Filed by: In-Beaker, Results Clinical Lab Hla 11/03/22 1446  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
TO FIND RESULT:  FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	—	HLA

**Reviewed by**

Nitichaikulvatana, Prachaya, MD on 02/02/23 1942  
 Nitichaikulvatana, Prachaya, MD on 01/25/23 1511  
 Nitichaikulvatana, Prachaya, MD on 11/07/22 1048

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**Indications**

Bilateral sacroiliitis [M46.1 (ICD-10-CM)]

**MAR**

**Medications**

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Department
11/03/22	Sent	Routine	Nitichaikulvatana, Prachaya, MD	IMMUNOLOGY BW 2ND FLOOR

**Provider Information**

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**MAR (continued)**

**Authorizing Provider**

Nitichaikulvatana, Prachaya, MD

**Encounter Provider**

Nitichaikulvatana, Prachaya, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
<b>meloxicam (Mobic) 7.5 mg tablet (Expired)</b> Sig: take 1 Tablet (7.5 mg total) by mouth daily Patient not taking: Reported on 7/27/2023 Route: Oral Class: E-Prescribe Order #: 826987857	30 Tablet	1	11/3/2022	11/3/2023

**Outpatient Medication Detail**

	Disp	Refills	Start	End
<b>meloxicam (Mobic) 7.5 mg tablet</b> Sig - Route: take 1 Tablet (7.5 mg total) by mouth daily - Oral Patient not taking: Reported on 7/27/2023 Sent to pharmacy as: meloxicam 7.5 mg tablet (Mobic) Class: E-Prescribe E-Prescribing Status: <b>Receipt confirmed by pharmacy</b> (11/3/2022 1:27 PM PDT)	30 Tablet	1	11/3/2022	11/3/2023

**Pharmacy**

RITE AID #05892 - REDWOOD CITY, CA - 340 WOODSIDE PLAZA

**meloxicam (Mobic) 7.5 mg tablet [826987857]**

Electronically signed by: **Nitichaikulvatana, Prachaya, MD on 11/03/22 1327**

Status: **Expired**

Ordering user: Nitichaikulvatana, Prachaya, MD 11/03/22 1327      Authorized by: Nitichaikulvatana, Prachaya, MD

Ordering mode: Standard

Frequency: DAILY 11/03/22 - 365 days

**Flowsheets**

**Custom Formula Data**

Row Name	11/02/22 1532
BMT Weight (kg) and BSA (m2)	
KGs above Ideal	-6.23 kgs -NN
Body Wt	
OTHER	
BMT Adjusted Wt	59.87 kg -NN (50%)
BMT Adjusted	1.68 m2 -NN
BSA (50%)	
BSA (DuBois formula)	1.69489 sq meters - NN
Insulin-octreotide infusion rate (8.1 x BSA)	13.7 mL/hr -NN
Glucose (20% dextrose) infusion rate (80xBSA)	136 mL/hr -NN
BBK 5mL/Kg	299.4 mL -NN
BBK 10mL/Kg	598.75 mL -NN
BBK 15mL/Kg	898.13 mL -NN
BBK 20mL/Kg	1197.5 mL -NN
BSA (Calculated - sq m)	1.68 sq meters -NN

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Flowsheets (continued)**

Wt (kg) x 0.3	18 ml/hr -NN
Wt (kg) x 0.6	35.9 ml/hr -NN
Wt (kg) x 0.9	53.9 ml/hr -NN
Wt (kg) x 1.2	71.8 ml/hr -NN
Wt (kg) x 1.8	107.8 ml/hr -NN
Wt (kg) x 2.4	143.7 ml/hr -NN
Insulin infusion rate- low (9 x BSA)	15.3 mL/hr -NN
Glucose infusion rate- low (15 x BSA)	25.4 mL/hr -NN
Insulin infusion rate- high (48 x BSA)	81.4 mL/hr -NN
50% Dextrose bolus	36 mL -NN
Insulin Bolus	1.5 units -NN
TDD Insulin High Intake	23.95 -NN
TDD Insulin Low Intake	11.97 -NN

**Vitals**

BMI	20.67 -NN
BMI	20.67 kg/m*2 -NN
External BMI	20.67 kg/m^2 -NN

**Ventilation Mode**

Predicted Body Wt in kg (calc)	66.1 kgs -NN
--------------------------------	--------------

**Height and Weight**

Ideal or Predicted Body Wt in kg (calc)	66.1 kgs -NN
BSA (Calculated - sq m)	1.68 sq meters -NN
BMI (Calculated)	20.7 -NN
BSA (Calculated - sq m)	1.68 sq meters -NN

**Weight**

BMI Classification	Normal Weight -NN
--------------------	-------------------

**Hemodynamics**

Mean Arterial Pressure (Calculated)	88 mmHg -NN
-------------------------------------	-------------

**Encounter Extended Vitals**

<b>Row Name</b>	<b>11/02/22 1532</b>
-----------------	----------------------

Pain Related to this Visit? No pain = 0

Pain Level - 1st 0 -NN  
 Site

**Fall Risk**

Have you fallen in the last 30 days? No -NN

**Additional Blood Pressure Information**

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Flowsheets (continued)**

BP 123/71 -NN

**Additional Pulse Information**

Pulse 62 -NN

**Learning Preference**

What is your learning preference? Listening;Reading;Demonstration;Pictures/Video -NN

**Encounter Vitals**

**Row Name** 11/02/22 1532

**Encounter Vitals**

BP 123/71 -NN

Pulse 62 -NN

Resp 16 -NN

Temp 36.2 °C (97.2 °F) -NN

Weight 59.9 kg (132 lb) -NN

Height 1.702 m (5' 7") -NN

**Vitals**

Patient site Left Arm -NN

Patient Position Sitting -NN

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
NN	Nazlou, Nahrian	Medical Assistant	—	11/02/2022

**Letters**

**Letter by Nitichaikulvatana, Prachaya, MD on 11/3/2022**

Status: Sent

Letter body:

11/3/2022

Michael Fredericson, MD  
 450 Broadway St Rm A16  
 Pavilion A 1st Fl MC 6110  
 Redwood City, CA 94063

RE: Topper, Galen  
 MRN: 62437256  
 DOB: 6/21/2002

Dear Dr. Fredericson,

Your patient, Galen Topper, was recently cared for by me in the Immunology and Rheumatology Clinic at Stanford Hospital and Clinics. Thank you very much for the opportunity to participate in his care.

Below please find the note from my evaluation today. If you have any questions or need any additional information, please do not hesitate to contact me at the number below.

Should you have any additional needs regarding this or other patients you have referred to Stanford, please contact

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Letters (continued)**

the Stanford Referring Physician Resource Center at (866) 742-4811.

Sincerely Yours,

Prachaya Nitichaikulvatana, MD

BLAKE WILBUR CLINICS  
IMMUNOLOGY BW 2ND FLOOR  
900 BLAKE WILBUR DRIVE, STE. W2080  
PALO ALTO CA 94305

*Referring physicians may access information about the care provided to their patients at Stanford Hospital and Clinics using PRISM, a secure web-based portal. Visit <http://prism.stanfordmedicine.org> for details and to apply for a user account.*

CC:

Kevin Fong-Wei Kuo, MD  
1300 Crane St  
Menlo Park CA 94025  
Via In Basket

Michael Fredericson, MD  
450 Broadway St Rm A16  
Pavilion A 1st Fl Mc 6110  
Redwood City CA 94063  
Via In Basket

**Stanford Immunology and Rheumatology clinic**  
**900 Blake Wilbur Drive**  
**2nd floor, Room W2081**  
**Palo Alto, CA 94304**  
**Phone - (650) 723-6961 Fax (650) 723-3059**

**Name:** Galen Topper  
**MRN:** 62437256  
**DOB:** 6/21/2002  
**Gender:** male  
**Encounter Date:** 11/3/2022  
**Primary Provider:** Kuo, Kevin Fong-Wei

**REASON FOR CONSULT, VISIT:** back pain, sacroiliitis

**Assessment:**

1. Chronic right lower back pain since 8/2022. X-ray and MRI showed chronic sacroiliitis in right > left SI joints. I would like to rule out ankylosing spondylitis with bilateral sacroiliitis. He does not have typical symptoms of inflammatory back pain (no morning pain, prolong morning stiffness). DDx of SI joint pain would be mechanical pain with running (pain started after running). He tried exercise, dry needling, cupping with some relief of pain. He has

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Letters (continued)**

not tried NSAID treatment.

**Recommendation:**

1. Check HLA B27,
2. Start low dose NSAID with Meloxicam 7.5 mg/day with food for 1 month. I will increase Meloxicam to 15 mg/day if he has no further relief of pain. Discussed with patient about possible side effect of Meloxicam.
3. Discussed with patient about imaging results and possible diagnosis. Gave patient written information of spondyloarthritis/ankylosing spondylitis

I personally spent a total of 60 minutes which includes face-to-face time and non-face-to-face time spent on preparing to see the patient, reviewing prior notes and tests, obtaining history from the patient, performing a medically appropriate exam, counseling and educating the patient, ordering medications/tests/procedures/referrals as clinically indicated, and documenting information in the electronic medical record.

RTC 6 weeks. We will contact patient after results.

**PRESENT ILLNESS:**

Galen Topper is 20 Y who is referred by Dr. Fredericson in consult for recommendations regarding of back pain. This is his first visit in rheumatology clinic at Stanford Health Care.

He denied any pain before this year. In august 2022, he was playing football with friends on grass field and strained his hamstring. He stopped his activity, and when he tried running the next day, he experienced significant low back stiffness and pain halfway through his run prompting him to stop running. The next day, he was able to complete short run (6 miles) without issues. His pain has been persistent since then. He has had pain in right lower back. Pain usually happened after he runs 3-4 miles. He denied radiation of pain in his back. He has some stiffness in his back after he runs. He denied morning stiffness. His pain lasted for few days and got better by itself. He has not tried any medication for his pain. He tried dry needling, cupping, heat with mild relief of pain. He usually runs for 2 days and stops for 1 day. He denied pain when he swims or bikes. He used to run 65-70 miles/week.

He saw Dr. Fredericosn in sport medicine clinic. He had LS spine X-ray and later MRI pelvic which showed asymmetrical sacroiliitis

He denied other joint pain, rash.

**PAST HISTORY:**

**Active Ambulatory Problems**

Diagnosis	Date Noted
• Keratosis pilaris	10/31/2013
• Dermographism	02/13/2014
• Multiple allergies	06/29/2018
• Acute nonintractable headache	06/29/2018
• Vasovagal syncope	08/17/2018
• Lactose intolerance	01/08/2020
• Breathing difficulty	10/04/2022
• Sacroiliitis (CMS-HCC)	

**Resolved Ambulatory Problems**

Diagnosis	Date Noted
• Concern about growth	07/02/2015

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Letters (continued)**

- |               |            |
|---------------|------------|
| • Viral warts | 08/16/2017 |
| • Bradycardia | 07/02/2018 |

**Past Medical History:**

- | Diagnosis                   | Date       |
|-----------------------------|------------|
| • Development delay         | 1/04       |
| • Heart murmur              | 7/04, 8/05 |
| • Language delay            |            |
| • Nevus sebaceous           |            |
| • Syncope                   | 6/29/2018  |
| • Twin birth, mate liveborn |            |

**MEDICATIONS/ALLERGIES:**

**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• benzonatate (Tessalon) 100 mg capsule	take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough	15 Capsule	0
• Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS	take 1 Capsule (1,000 Units total) by mouth every day	100 Capsule	3

No current facility-administered medications for this visit.

**Allergies**

Allergen	Reactions
• Shellfish Containing Products	Hives/urticaria and Lightheadedness

**FAMILY HISTORY:** Denied family history of rheumatoid arthritis, lupus, psoriasis, inflammatory bowel disease.

**SOCIAL HISTORY:** Major in computer science at Stanford.

**Social History**

**Tobacco Use**

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

**Vaping Use**

- Vaping Use: Never used

**Substance Use Topics**

- Alcohol use: Not Currently
- Drug use: Not Currently

**Review of Systems:**

Rheumatologic ROS - Negative for cutaneous photosensitivity, raynaud's phenomenon, oral ulceration, ocular

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Letters (continued)**

inflammation/uveitis or sicca complex. As outline in visit history  
 Constitutional: No fever, fatigue, weight changed.  
 HEENT: No visual disturbance  
 Respiratory: No unexpected shortness of breath, cough  
 Cardiovascular: No chest pain  
 Gastrointestinal: No diarrhea, GERD, abdominal pain, constipation  
 Genital-Urinary: No dysuria, frequency, known kidney disease  
 Neurologic: No headaches, generalized or focal weakness, seizures  
 Hematology/Lymphatic: No known DVT  
 Endocrine: No diabetes, thyroid disease  
 Skin: Negative for rash, psoriasis  
 Psychiatry: No diagnosed disorder

**General physical examination:**

**Visit Vitals**

BP	123/71 (Patient site: Left Arm, Patient Position: Sitting)
Pulse	62
Temp	36.2 °C (97.2 °F)
Resp	16
Ht	1.702 m (5' 7")
Wt	59.9 kg (132 lb)
BMI	20.67 kg/m <sup>2</sup>

Constitutional: well-developed. Active.  
 HENT: Mouth/Throat: Mucous membranes are moist. Oropharynx is clear.  
 Eyes: Conjunctivae normal and EOM are normal.  
 Cardiovascular: Normal rate and regular rhythm. No murmur, rub heard.  
 Pulmonary/Chest: Normal breath sounds.  
 Abdominal: Soft. There is no tenderness.  
 Neurological: normal muscle strength.  
 Skin: No psoriasis rash noted.  
 Extremities: No edema

**Musculoskeletal exam:**

Shoulders: Normal range of motion (ROM). No pain on motion (POM). No tenderness to palpation. No swelling.  
 Elbows: Normal ROM. No POM. No tenderness to palpation. No swelling, redness.  
 Wrists: Normal ROM. No POM. No tenderness to palpation. No swelling, redness.  
 Hands: Normal ROM. No POM. No tenderness to palpation. No swelling, redness.  
 Hips: Normal ROM. No POM. No tenderness to palpation. FABER test negative.  
 Knees: Normal ROM. No POM. No tenderness to palpation. No swelling, redness, effusion.  
 Ankles: No tenderness to palpation. No swelling, redness.  
 Feet: No tenderness to palpation. No swelling, redness.  
 Back: **he pointed area of pain in right SI joint area. Mild pain in this area with lumbar extension. Normal Schober test in lumbar spine.** No tenderness to palpation. SLRT negative.  
 Fibromyalgia tender points: No tenderness to palpation.

**Lab and Imaging:**

	Latest	10/04/22	10/06/22
--	--------	----------	----------

11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)

Letters (continued)

	Reference Range & Units	10:19	12:11
ESR, (automated)	0 - 15 mm/hr		2
Ferritin	30 - 400 ng/mL	76.3	
25-Hydroxy D, Total	25 - 80 ng/mL	55	
C-Reactive Protein	<0.5 mg/dL		<0.3
ANA Result	Negative		Negative

	Latest Reference Range & Units	07/23/18 08:01	01/26/22 15:10	10/06/22 12:11
WBC	4.0 - 11.0 K/uL	5.1	4.3	
Hemoglobin	13.5 - 17.7 g/dL	15.4	14.7	
Hematocrit	40.0 - 52.0 %	46.8	45.0	
Platelet count	150 - 400 K/uL	228	229	
MCV	82.0 - 98.0 fL	84.6	86.4	
RDW	11.5 - 14.5 %	13.0	12.0	
RBC	4.40 - 5.90 MIL/uL	5.53	5.21	
MCH	27.0 - 34.0 pg	27.8	28.2	
MCHC	32.0 - 36.0 g/dL	32.8	32.7	
Neutrophil %	%	45.5	47.7	
Lymphocyte %	%	40.7	39.2	
Monocyte %	%	4.6	7.3	
Eosinophil %	%	8.6	4.9	
Basophil %	%	0.6	0.7	
Neutrophil, Absolute	1.80 - 8.00 K/uL	2.30	2.03	
Lymphocyte, Absolute	1.50 - 6.50 K/uL	2.06	1.67	
Monocyte, Absolute	0.00 - 0.40 K/uL	0.23	0.31	
Eosinophil, Absolute	0.00 - 0.20	<b>0.43 (H)</b>	<b>0.21 (H)</b>	

11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)

Letters (continued)

	K/uL				
Basophil, Absolute	0.00 - 0.25 K/uL	0.03	0.03		
Imm. Granulocyte, %	0.0 - 0.7 %		0.2		
Imm. Granulocyte, Abs	0.00 - 0.06 K/uL		0.01		
nRBC, %	%		0.0		
nRBC, Abs	K/uL		0.00		

	Latest Reference Range & Units	07/02/15 15:49	07/23/18 08:01	01/26/22 15:10	10/04/22 10:19
Sodium	135 - 145 mmol/L	137			
Potassium	3.5 - 5.5 mmol/L	4.1			
Chloride, Ser/Plas	96 - 109 mmol/L	100			
CO2, Ser/Plas	20 - 30 mmol/L	28			
Urea Nitrogen, Ser/Plas	5 - 25 mg/dL	15			
Creatinine	<1.2 mg/dL	0.6			
EGFR	mL/min/1.73 m2	See Comment			
Anion Gap	5 - 15 mmol/L	9			
Calcium	8.5 - 10.5 mg/dL	9.6			
Magnesium, Ser/Plas	1.8 - 2.4 mg/dL	2.2			
Phosphorus, Ser/Plas	2.5 - 4.5 mg/dL	5.4 (H)			
Bilirubin Total	<1.4 mg/dL	0.3			
Conjugated Bili	<0.4 mg/dL	0.1			
AST	<40 U/L	32	26		
ALT	<60 U/L	24	24		
Alk P'TASE, Total, Ser/Plas	40 - 200 U/L	176	193		
Albumin, Ser/Plas	3.5 - 5.0 g/dL	4.2			
Protein, Total, Ser/Plas	6.0 - 9.0 g/dL	7.6			

11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)

Letters (continued)

Globulin	2.0 - 5.0 g/dL	3.4			
Glucose, SER/PLAS (Manual Entry) See EMR for details	70 - 100 mg/dL	103 (H)			
Cholesterol, Total	<170 mg/dL	199 (H)	194 (H)		
Ferritin	30 - 400 ng/mL	25.9		58.2	76.3
Free Thyroxine	0.6 - 1.6 ng/dL	0.9			
Gamma-Glutamyl Trans (GGT)	<60 U/L	20			
TSH	0.40 - 4.00 uIU/mL	2.17			
Uric Acid, Ser/Plas	<8.0 mg/dL	3.3			
HDL Cholesterol	>40 mg/dL		68		
LDL (Calculated-Friedewald)	<130 mg/dL		118		
Triglyceride, Ser/Plas	<150 mg/dL	86	39		
Non-HDL Chol, Calc	<160 mg/dL		126		
Cholesterol/HDL Ratio	<5.0 ratio		2.9		
LDL/HDL Ratio	<3.0 ratio		1.7		
25-Hydroxy D, Total	25 - 80 ng/mL	47		34	55
25-Hydroxy D2	ng/mL	<4		<4	
25-Hydroxy D3	ng/mL	47		34	

LS spine X-ray 9/16/22: 1. Findings which could be seen in the setting of asymmetric sacroiliitis, right greater than left, MRI of the pelvis with and without contrast would provide further evaluation.

MRI pelvic 9/29/2022:

Fluid: No significant joint effusion.

Bones and cartilage: The sacroiliac joints are without evidence of active inflammatory changes, including focal bony edema or erosions. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. Mildly prominent sclerosis, bony edema, and irregularity of the pubic symphysis (3/26). The bilateral hip joints are overall preserved. No displaced fracture or suspicious marrow edema in the pelvis.

Soft tissues: No significant abnormality.

Visualized pelvis: No significant abnormality.

Nerve: Visualized portions of the sciatic nerves are normal.

Additional findings: Mild facet arthropathy in the visualized lumbar spine with fluid in the facets. Mild disc desiccation and height loss at L5-S1. No acute displaced fracture in the visualized lumbar spine.

IMPRESSION:

1. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. These findings may reflect developmental variation versus sequela of chronic sacroiliitis. No evidence of active inflammatory change.
2. Findings at the pubic symphysis which may be seen with athletic pubalgia, in the appropriate clinical setting.
3. No acute fracture in the visualized lower lumbar spine and pelvis, as clinically queried.

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Letters (continued)**

**Messages**

**Questionnaire Submission**

From	To	Sent
Topper, Galen	P Myhealth Admin Pool (supporting Prachaya Nitichaikulvatana, MD)	11/3/2022 12:57 PM

**Patient Questionnaire Submission**

---

**Questionnaire: COVID-19 Symptom Screening**

---

Do you have, or have you had in the past 14 days, a NEW onset of any of the following symptoms unrelated to a chronic health condition (ex: COPD, CHF, Sinusitis, etc.):

Question: Measured Temperature  $\geq$  100.0F or Feeling Feverish:

Answer: No

Question: Chills:

Answer: No

Question: Cough:

Answer: No

Question: Shortness of Breath:

Answer: No

Question: Sore Throat:

Answer: No

Question: Muscle Aches

Answer: No

Question: Fatigue:

Answer: No

Question: New loss of smell and/or taste:

Answer: No

Question: Runny nose/congestion:

Answer: No

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Messages (continued)**

Question: Headache:

Answer: No

Question: Diarrhea:

Answer: No

Question: Nausea:

Answer: No

Question: Vomiting:

Answer: No

Question: In the past 7 days, have you had an exposure to an individual who is known or suspected of having COVID-19:

Answer: No

Question: Have you had a positive COVID-19 test in the past 10 days?

Answer: No

**Prepare for your appointment**

From  
Generic Provider Mychart  
Last Read in MyHealth  
Not Read

To  
Topper, Galen

Sent and Delivered  
10/31/2022 7:35 AM

Hello,

For the appointment on Thursday November 03, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**Questionnaires**

**Legend:**

**11/03/2022 - Office Visit in Immunology BW 2nd Floor (continued)**

**Questionnaires (continued)**

**Triggered an OurPractice Advisory Scoring question**

**Covid-19 Symptom Screening Questionnaire**

**11/3/2022 12:57 PM PDT -  
 Filed by Patient**

**Question**

Do you have, or have you had in the past 14 days, a NEW onset of any of the following symptoms unrelated to a chronic health condition (ex: COPD, CHF, Sinusitis, etc.):

Measured Temperature $>= 100.0\text{F}$ or Feeling Feverish:	No
Chills:	No
Cough:	No
Shortness of Breath:	No
Sore Throat:	No
Muscle Aches	No
Fatigue:	No
New loss of smell and/or taste:	No
Runny nose/congestion:	No
Headache:	No
Diarrhea:	No
Nausea:	No
Vomiting:	No
In the past 7 days, have you had an exposure to an individual who is known or suspected of having COVID-19:	No
Have you had a positive COVID-19 test in the past 10 days?	No
<b>COVID-19 Symptom Screening Score (range: -1 - 13)</b>	<b>0 (Negative Screening) !</b>
<b>COVID-19 Positive Exposure Score (range: -1 - 1)</b>	<b>0 (Negative) !</b>
<b>COVID-19 Positive Test Score (range: -1 - 1)</b>	<b>0 (Negative) !</b>
<b>COVID-19 Screening Combined Score (range: 0 - 15)</b>	<b>0</b>

## 10/21/2022 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Physical Therapy

Visit diagnoses:

- (primary)
- Sacroiliitis (CMS-HCC)

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### benzonatate (Tessalon) 100 mg capsule

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
Start date: 10/28/2021 End date: 3/30/2023  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

#### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Moreno, Tamara Lynn Johann, PT at 10/21/2022 1100

#### Outpatient Physical Therapy Progress Note

#### SUBJECTIVE:

Playing football (pass); sprinting and felt "something go" in right low back/glute. Painful but not bad. Ran the next day 6 miles; did not notice pain. 2 days after the football; significant pain with trying to run a "pick up" Long run the next day was good. Workout at about 5 days post was very painful- unable to complete the workout. Coach had him rest for 4 days.

Returned to running for 4-5 days with min-to-no pain, return to a workout and downhill running caused significant pain. Tried to run uphill and walk downhill, but then the walk was too painful.

20-25min run daily x 5 days; 3-4/10 pain (worse by end of run). Used ground and alter-G. Primary c/o is pain with downhill running.

Specialty= 5K/10K

Typical Mileage= 65-70 miles/week

**10/21/2022 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

Current Symptoms= right low back/pelvis, feels like a pulling sensation. Starts to feel like stiffness and low back will lock up if he keeps running.

Medical History (self and family): none, no history of bone stress injuries, no digestive diseases or rheumatoid diseases

**OBJECTIVE:**

**Reassessment Performed:**

Observation:

Standing Posture= neutral

Functional Movements:

Walking Gait= Within normal limits, no c/o

Double leg Squat= Within normal limits, no c/o

Single leg squat= Within normal limits, no c/o

Single leg hop= Within normal limits, no c/o

Lumbar AROM:

Flexion= to mid-shin with report of hamstring stiffness

Extension= range Within normal limits, reports 3/10 right low back pain with return movement

Sidebend= Within normal limits bilaterally, no c/o

Rotation= Within normal limits bilaterally, no c/o

Quadrant= 3/10 right low back pain with right quadrant, left quadrant no c/o

SIJ Movement Tests:

Trendelenberg= none

March Test= minimal hypomobility bilaterally, no c/o

Inflare/Outflare= moderate hypomobility left vs right, no c/o

SIJ Provocation Tests:

Thigh Thrust= moderate stiffness left vs right, no c/o

Sacral Thrust= Within normal limits, no c/o

Running Gait, Video Assessment:

Self Selected Speed= 9.0

Cadence= 176 steps per minute

Footstrike= midfoot bilaterally

Excessive vertical displacement with running; moderate.

Mild trendelenberg in right stance phase.

Min/mod limb IR during push-off bilaterally.

**Treatment Provided:**

Patient Education (Momoe, AT, present): work on decreasing vertical displacement during runs, avoid hills until level ground running is consistently pain-free. Work with Momoe to improve low back soft tissue mobility, as appropriate.

**ASSESSMENT:**

Galen is a Freshman distance runner with right low back pain consistent with facet syndrome. His pain is worse with

**10/21/2022 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

hill running and back extension. On video analysis, Galen runs with excessive vertical displacement, which may be contributing to excessive load on the lumbar spine. He would benefit from continued sessions with his AT for low back pain, core stability training with Thomas (Performance Coach), and running form adaptation with coach to flatten vertical displacement. If he does not continue to improve as expected, he may return to PT for further assessment and care.

**PLAN:**

See above.

**Total Treatment Time:** 60 minutes

Electronically signed by Moreno, Tamara Lynn Johann, PT at 10/25/2022 7:58 AM

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart Last Read in MyHealth 10/25/2022 11:17 AM	Topper, Galen	10/21/2022 7:26 AM

Hello,

For the appointment on Friday October 21, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 10/5/2022

## 10/05/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16

### Reason for Visit

Visit diagnosis: Sacroiliitis (CMS-HCC)

### Medication List

#### Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### benzonatate (Tessalon) 100 mg capsule

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

##### Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

### Stopped in Visit

None

### Labs

#### HLA Order - Disease Association Panel [821051552] (Completed)

Electronically signed by: **Montagnino, Jami G, MD** on 10/05/22 1416 Status: **Completed**  
 Ordering user: Montagnino, Jami G, MD 10/05/22 1416  
 Ordering mode: Standard  
 Frequency: Routine 10/05/22 -  
 Quantity: 1  
 Diagnoses  
 Sacroiliitis (CMS-HCC) [M46.1]

#### Questionnaire

Question	Answer
Order requested?	Spondyloarthropathies(Ankylosing Spondylitis, Reactive Arthritis, Juvenile Arthritis) HLA-B27 association
Testing requested?	HLA-B27
Special Instructions	2 (ACD) yellow top tubes

#### Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

#### Indications

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

STANFORD MEDICINE  
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 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 10/5/2022

**10/05/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

Resulted: 02/02/23 1534, Result status: Edited Result  
 - FINAL

**HLA Order - Disease Association Panel [821238831]**

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211  
 Acknowledged by  
 Montagnino, Jami G, MD on 02/03/23 0904  
 Fredericson, Michael, MD on 02/03/23 1027

Filed by: In-Beaker, Results Clinical Lab Hla 02/02/23 1534  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**HLA Order - Disease Association Panel [821238831]**

Resulted: 01/25/23 1357, Result status: Edited

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211

Filed by: In-Beaker, Results Clinical Lab Hla 02/02/23 1534  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

**Reviewed by**

Fredericson, Michael, MD on 02/03/23 1027  
 Montagnino, Jami G, MD on 02/03/23 0904  
 Fredericson, Michael, MD on 01/26/23 1125  
 Montagnino, Jami G, MD on 11/09/22 1502  
 Fredericson, Michael, MD on 10/08/22 1526

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-	03/10/22 1535 - 03/17/23 0000

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Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 10/5/2022

**10/05/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

6350

Resulted: 01/25/23 1357, Result status: Edited Result  
 - FINAL

**HLA Order - Disease Association Panel [821238831]**

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211  
 Acknowledged by: Fredericson, Michael, MD on 01/26/23 1125

Filed by: In-Beaker, Results Clinical Lab Hla 01/25/23 1357  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**HLA Order - Disease Association Panel [821238831]**

Resulted: 10/08/22 1242, Result status: Edited

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211

Filed by: In-Beaker, Results Clinical Lab Hla 01/25/23 1357  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

**Reviewed by**

Fredericson, Michael, MD on 02/03/23 1027  
 Montagnino, Jami G, MD on 02/03/23 0904  
 Fredericson, Michael, MD on 01/26/23 1125  
 Montagnino, Jami G, MD on 11/09/22 1502  
 Fredericson, Michael, MD on 10/08/22 1526

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-	03/10/22 1535 - 03/17/23 0000

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Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 10/5/2022

**10/05/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

6350

**HLA Order - Disease Association Panel [821238831]**

Resulted: 10/08/22 1242, Result status: Final result

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211  
 Acknowledged by  
 Fredericson, Michael, MD on 10/08/22 1526  
 Montagnino, Jami G, MD on 11/09/22 1502

Filed by: In-Beaker, Results Clinical Lab Hla 10/08/22 1242  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

Resulted: 10/06/22 1434, Result status: Preliminary result

**HLA Order - Disease Association Panel [821238831]**

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211

Filed by: In-Beaker, Results Clinical Lab Hla 10/06/22 1435  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

**Reviewed by**

Fredericson, Michael, MD on 02/03/23 1027  
 Montagnino, Jami G, MD on 02/03/23 0904  
 Fredericson, Michael, MD on 01/26/23 1125  
 Montagnino, Jami G, MD on 11/09/22 1502  
 Fredericson, Michael, MD on 10/08/22 1526

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD	Fernandez-Vina,	3373 Hillview Avenue	03/10/22 1535 - 03/17/23 0000

STANFORD MEDICINE  
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3132

Topper, Galen  
MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
Visit date: 10/5/2022

**10/05/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

CENTER (HLA)

Marcelo, PhD

Palo Alto CA 94304-  
6350

**Indications**

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

## 10/05/2022 - Clinical Support in Arrillaga Sports Medicine Center

### Reason for Visit

Visit diagnoses:

- (primary)
- Sacroiliitis (CMS-HCC)

### Labs

#### HLA Order - Disease Association Panel [821238831] (Edited Result - FINAL)

Electronically signed by: **Montagnino, Jami G, MD** on 10/05/22 1416 Status: **Completed**  
 Ordering user: Montagnino, Jami G, MD 10/05/22 1416  
 Ordering mode: Standard  
 Frequency: Routine 10/05/22 -  
 Quantity: 1  
 Instance released by: Mlakar, Rachel 10/6/2022 11:11 AM  
 Diagnoses  
 Sacroiliitis (CMS-HCC) [M46.1]

#### Questionnaire

Question	Answer
Order requested?	Spondyloarthropathies(Ankylosing Spondylitis, Reactive Arthritis, Juvenile Arthritis) HLA-B27 association
Testing requested?	HLA-B27
Special Instructions	2 (ACD) yellow top tubes

#### Specimen Information

ID	Type	Source	Collected By
22S-279ZB0030	Blood	Blood, from Venipuncture	Mlakar, Rachel 10/06/22 1211

Resulted: 02/02/23 1534, Result status: Edited Result - FINAL

#### HLA Order - Disease Association Panel [821238831]

Order status: Completed Filed by: In-Beaker, Results Clinical Lab Hla 02/02/23 1534  
 Collected by: Mlakar, Rachel 10/06/22 1211 Resulting lab: STANFORD BLOOD CENTER (HLA)  
 Acknowledged by  
 Montagnino, Jami G, MD on 02/03/23 0904  
 Fredericson, Michael, MD on 02/03/23 1027

#### Components

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

#### HLA Order - Disease Association Panel [821238831]

Resulted: 01/25/23 1357, Result status: Edited

Order status: Completed Filed by: In-Beaker, Results Clinical Lab Hla 02/02/23 1534  
 Collected by: Mlakar, Rachel 10/06/22 1211 Resulting lab: STANFORD BLOOD CENTER (HLA)

**10/05/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**
**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:  FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	—	HLA

**Reviewed by**

Fredericson, Michael, MD on 02/03/23 1027  
 Montagnino, Jami G, MD on 02/03/23 0904  
 Fredericson, Michael, MD on 01/26/23 1125  
 Montagnino, Jami G, MD on 11/09/22 1502  
 Fredericson, Michael, MD on 10/08/22 1526

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

Resulted: 01/25/23 1357, Result status: Edited Result  
- FINAL

**HLA Order - Disease Association Panel [821238831]**

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211  
 Acknowledged by: Fredericson, Michael, MD on 01/26/23 1125

Filed by: In-Beaker, Results Clinical Lab Hla 01/25/23 1357  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:  FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	—	HLA

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

Resulted: 10/08/22 1242, Result status: Edited

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211

Filed by: In-Beaker, Results Clinical Lab Hla 01/25/23 1357  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

**10/05/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

**Reviewed by**

Fredericson, Michael, MD on 02/03/23 1027  
 Montagnino, Jami G, MD on 02/03/23 0904  
 Fredericson, Michael, MD on 01/26/23 1125  
 Montagnino, Jami G, MD on 11/09/22 1502  
 Fredericson, Michael, MD on 10/08/22 1526

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**HLA Order - Disease Association Panel [821238831]**

Resulted: 10/08/22 1242, Result status: Final result

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211  
 Acknowledged by  
 Fredericson, Michael, MD on 10/08/22 1526  
 Montagnino, Jami G, MD on 11/09/22 1502

Filed by: In-Beaker, Results Clinical Lab Hla 10/08/22 1242  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
HLA LAB TESTING STATUS	Completed	—	—	HLA
TO FIND RESULT:	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

Resulted: 10/06/22 1434, Result status: Preliminary result

**HLA Order - Disease Association Panel [821238831]**

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211

Filed by: In-Beaker, Results Clinical Lab Hla 10/06/22 1435  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

**10/05/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Component	Value	Reference Range	Flag	Lab
TO FIND RESULT:  TO FIND RESULT: FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	FOR THIS ORDER, RESULTS WILL DISPLAY UNDER: HLA TYPING+	—	—	HLA

**Reviewed by**

Fredericson, Michael, MD on 02/03/23 1027  
 Montagnino, Jami G, MD on 02/03/23 0904  
 Fredericson, Michael, MD on 01/26/23 1125  
 Montagnino, Jami G, MD on 11/09/22 1502  
 Fredericson, Michael, MD on 10/08/22 1526

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**Indications**

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 2/3/2023 10:27  
 Montagnino, Jami G, MD on 2/3/2023 09:04  
 Fredericson, Michael, MD on 1/26/2023 11:25  
 Montagnino, Jami G, MD on 11/9/2022 15:02  
 Fredericson, Michael, MD on 10/8/2022 15:26

**Anti-Nuclear Ab [821238832] (Final result)**

Electronically signed by: **Montagnino, Jami G, MD on 10/04/22 1238**

Status: **Completed**

Ordering user: Montagnino, Jami G, MD 10/04/22 1238

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 10/04/22 -

Class: Lab Collect

Quantity: 1

Lab status: Final result

Instance released by: Mlakar, Rachel 10/6/2022 11:11 AM

Diagnoses

Sacroiliitis (CMS-HCC) [M46.1]

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
22S-279SC0451	Blood	Venipuncture	Blood, from Venipuncture	Mlakar, Rachel 10/06/22 1211

**Anti-Nuclear Ab [821238832]**

Resulted: 10/07/22 1339, Result status: Final result

Order status: Completed

Filed by: Rieta, Ranilo R 10/07/22 1339

Collected by: Mlakar, Rachel 10/06/22 1211

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Fredericson, Michael, MD on 10/08/22 1526

Montagnino, Jami G, MD on 11/09/22 1502

**Components**

**10/05/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Component	Value	Reference Range	Flag	Lab
ANA Result	Negative	Negative	—	Hillview
ANA Interpretation	Screening for anti-nuclear antibody is performed using ELISA. This specimen was negative, consistent with a titer (by indirect immunofluorescence) of <1:80.	—	—	Hillview

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 2/3/2023 10:27  
 Montagnino, Jami G, MD on 2/3/2023 09:04  
 Fredericson, Michael, MD on 1/26/2023 11:25  
 Montagnino, Jami G, MD on 11/9/2022 15:02  
 Fredericson, Michael, MD on 10/8/2022 15:26

**C - Reactive Protein [821238833] (Final result)**

Electronically signed by: **Montagnino, Jami G, MD on 10/04/22 1238** Status: **Completed**  
 Ordering user: Montagnino, Jami G, MD 10/04/22 1238  
 Ordering mode: Standard  
 Frequency: Routine 10/04/22 -  
 Quantity: 1  
 Instance released by: Mlakar, Rachel 10/6/2022 11:11 AM  
 Diagnoses  
 Sacroiliitis (CMS-HCC) [M46.1]

Authorized by: Fredericson, Michael, MD

 Class: Lab Collect  
 Lab status: Final result

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
22S-279CH2499	Blood	Venipuncture	Blood, from Venipuncture	Mlakar, Rachel 10/06/22 1211

**C - Reactive Protein [821238833] (Normal)**

Resulted: 10/06/22 1423, Result status: Final result

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211  
 Acknowledged by  
 Fredericson, Michael, MD on 10/06/22 1429  
 Montagnino, Jami G, MD on 11/09/22 1502

Filed by: Background, Lab 10/06/22 1423

Resulting lab: SHC LAB - HOSPITAL LABORATORY

**Components**

**10/05/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Component	Value	Reference Range	Flag	Lab
C-Reactive Protein	<0.3	<0.5 mg/dL	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 2/3/2023 10:27  
 Montagnino, Jami G, MD on 2/3/2023 09:04  
 Fredericson, Michael, MD on 1/26/2023 11:25  
 Montagnino, Jami G, MD on 11/9/2022 15:02  
 Fredericson, Michael, MD on 10/8/2022 15:26  
 Fredericson, Michael, MD on 10/6/2022 14:29

**Sedimentation Rate (ESR) [821238834] (Final result)**

 Electronically signed by: **Montagnino, Jami G, MD on 10/04/22 1238**

 Status: **Completed**

Ordering user: Montagnino, Jami G, MD 10/04/22 1238

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 10/04/22 -

Class: Lab Collect

Quantity: 1

Lab status: Final result

Instance released by: Mlakar, Rachel 10/6/2022 11:11 AM

Diagnoses

Sacroiliitis (CMS-HCC) [M46.1]

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
22S-279HE1223	Blood	Venipuncture	Blood, from Venipuncture	Mlakar, Rachel 10/06/22 1211

**Sedimentation Rate (ESR) [821238834] (Normal)**

Resulted: 10/06/22 1424, Result status: Final result

Order status: Completed

Filed by: Jenkins, Sofia 10/06/22 1424

Collected by: Mlakar, Rachel 10/06/22 1211

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by

Fredericson, Michael, MD on 10/06/22 1429

Montagnino, Jami G, MD on 11/09/22 1502

**Components**

Component	Value	Reference Range	Flag	Lab
ESR, Automated	2	0 - 15 mm/hr	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

**10/05/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 2/3/2023 10:27  
 Montagnino, Jami G, MD on 2/3/2023 09:04  
 Fredericson, Michael, MD on 1/26/2023 11:25  
 Montagnino, Jami G, MD on 11/9/2022 15:02  
 Fredericson, Michael, MD on 10/8/2022 15:26  
 Fredericson, Michael, MD on 10/6/2022 14:29

**HLA - TYPING [821662149] (Edited Result - FINAL)**

 Status: **Completed**

Order placed as a reflex to HLA Order - Disease Association Panel [821238831] ordered on 10/05/22 at 1416

Ordering user: In-Beaker, Results Clinical Lab Hla 10/08/22 1242      Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 10/08/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Edited Result - FINAL

Diagnoses

Sacroiliitis (CMS-HCC) [M46.1]

**Specimen Information**

ID	Type	Source	Collected By
22S-279ZB0030	Blood	Blood, from Venipuncture	Mlakar, Rachel 10/06/22 1211

Resulted: 02/02/23 1534, Result status: Edited Result - FINAL

**HLA - TYPING [821662149]**

Order status: Completed

Filed by: In-Beaker, Results Clinical Lab Hla 02/02/23 1534

Collected by: Mlakar, Rachel 10/06/22 1211

Resulting lab: STANFORD BLOOD CENTER (HLA)

Acknowledged by

Montagnino, Jami G, MD on 02/03/23 0904

Fredericson, Michael, MD on 02/03/23 1027

**Components**

Component	Value	Reference Range	Flag	Lab
Cell Date	10/06/2022	—	—	HLA
Cell Source	BLOOD	—	—	HLA
Method(s)	Results determined using one or more methods of SSO, NGS or Real-time PCR methods	—	—	HLA
HLA-B Allele 1	B7	—	—	HLA
HLA-B Allele 2	B18	—	—	HLA
HLA-Bw Allele 1	Bw6	—	—	HLA
Interpretation/ Comments	--	—	—	HLA

Result:

[Spondyloarthropathies Panel] Patient is HLA-B27 Negative. HLA-B27 genetic marker associated with increased risk for developing spondyloarthropathies (Ankylosing Spondylitis, Reactive Arthritis, Juvenile Arthritis) is not present. Download the supplemental document for additional information.[https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920\\_Disease-Association-Panels.pdf](https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920_Disease-Association-Panels.pdf)

Disclaimer

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—

—

HLA

Comment:

Reviewed and Approved by: Marcelo A. Fernandez-Vina, PhD

HLA Typing, Match Grade, Chimerism Testing performed by Stanford Blood Center

**10/05/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

HIDPL - Porter, 3155 Porter Drive, Palo Alto, CA 94304, (650) 723-5548  
 CLIA # 05D2099675

HLA Antibody Screening, Crossmatching, Monitoring & DSA Testing, and Deceased Donor Typing performed by Stanford Blood Center

HIDPL - Hillview, 3373 Hillview Ave. Palo Alto, CA 94304, (650) 723-5548  
 CLIA # 05D0718472

Director and Clinical Consultant  
 Marcelo Fernandez-Vina Ph.D., D(ABHI)

Result:

These tests were developed and their performance characteristics determined by the Stanford Histocompatibility and Immunogenetics Laboratory. They have not been approved by the US FDA, but such licensure is not required since this Laboratory is approved under CLIA for high complexity testing.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**HLA - TYPING [821662149]**

Resulted: 01/25/23 1357, Result status: Edited

Order status: Completed

Filed by: In-Beaker, Results Clinical Lab Hla 02/02/23 1534

Collected by: Mlakar, Rachel 10/06/22 1211

Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
Cell Date	10/06/2022	—	—	HLA
Cell Source	BLOOD	—	—	HLA
Method(s)	Results determined using one or more methods of SSO, NGS or Real-time PCR methods	—	—	HLA
HLA-B Allele 1	B7	—	—	HLA
HLA-B Allele 2	B18	—	—	HLA
HLA-Bw Allele 1	Bw6	—	—	HLA

**Interpretation/ Comments**

Result:

[Spondyloarthropathies Panel] Patient is HLA-B27 Negative. HLA-B27 genetic marker associated with increased risk for developing spondyloarthropathies (Ankylosing Spondylitis, Reactive Arthritis, Juvenile Arthritis) is not present. Download the supplemental document for additional information.[https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920\\_Disease-Association-Panels.pdf](https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920_Disease-Association-Panels.pdf)

Disclaimer — — — HLA

Comment:

Reviewed and Approved by: Marcelo A. Fernandez-Vina, PhD

HLA Typing, Match Grade, Chimerism Testing performed by Stanford Blood Center

HIDPL - Porter, 3155 Porter Drive, Palo Alto, CA 94304, (650) 723-5548

CLIA # 05D2099675

HLA Antibody Screening, Crossmatching, Monitoring & DSA Testing, and Deceased Donor Typing performed by Stanford Blood Center

HIDPL - Hillview, 3373 Hillview Ave. Palo Alto, CA 94304, (650) 723-5548

CLIA # 05D0718472

Director and Clinical Consultant

Marcelo Fernandez-Vina Ph.D., D(ABHI)

**10/05/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

## Result:

These tests were developed and their performance characteristics determined by the Stanford Histocompatibility and Immunogenetics Laboratory. They have not been approved by the US FDA, but such licensure is not required since this Laboratory is approved under CLIA for high complexity testing.

**Reviewed by**

Fredericson, Michael, MD on 02/03/23 1027  
 Montagnino, Jami G, MD on 02/03/23 0904  
 Fredericson, Michael, MD on 01/26/23 1125  
 Montagnino, Jami G, MD on 11/09/22 1502  
 Fredericson, Michael, MD on 10/08/22 1526

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

Resulted: 01/25/23 1357, Result status: Edited Result  
- FINAL

**HLA - TYPING [821662149]**

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211  
 Acknowledged by: Fredericson, Michael, MD on 01/26/23 1125

Filed by: In-Beaker, Results Clinical Lab Hla 01/25/23 1357

Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
Cell Date	10/06/2022	—	—	HLA
Cell Source	BLOOD	—	—	HLA
Method(s)	Results determined using one or more methods of SSO, NGS or Real-time PCR methods	—	—	HLA
HLA-B Allele 1	B7	—	—	HLA
HLA-B Allele 2	B18	—	—	HLA
HLA-Bw Allele 1	Bw6	—	—	HLA
Interpretation/ Comments	--	—	—	HLA

## Result:

[Spondyloarthropathies Panel] Patient is HLA-B27 Negative. HLA-B27 genetic marker associated with increased risk for developing spondyloarthropathies (Ankylosing Spondylitis, Reactive Arthritis, Juvenile Arthritis) is not present. Download the supplemental document for additional information.[https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920\\_Disease-Association-Panels.pdf](https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920_Disease-Association-Panels.pdf)

Disclaimer: — — — — — HLA

## Comment:

Reviewed and Approved by: Marcelo A. Fernandez-Vina, PhD

HLA Typing, Match Grade, Chimerism Testing performed by Stanford Blood Center

HIDPL - Porter, 3155 Porter Drive, Palo Alto, CA 94304, (650) 723-5548

CLIA # 05D2099675

HLA Antibody Screening, Crossmatching, Monitoring & DSA Testing, and Deceased Donor Typing performed by Stanford Blood Center

HIDPL - Hillview, 3373 Hillview Ave. Palo Alto, CA 94304, (650) 723-5548

CLIA # 05D0718472

Director and Clinical Consultant

**10/05/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Marcelo Fernandez-Vina Ph.D., D(ABHI)

Result:

These tests were developed and their performance characteristics determined by the Stanford Histocompatibility and Immunogenetics Laboratory. They have not been approved by the US FDA, but such licensure is not required since this Laboratory is approved under CLIA for high complexity testing.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**HLA - TYPING [821662149]**

Resulted: 10/08/22 1242, Result status: Edited

Order status: Completed

Filed by: In-Beaker, Results Clinical Lab Hla 01/25/23 1357

Collected by: Mlakar, Rachel 10/06/22 1211

Resulting lab: STANFORD BLOOD CENTER (HLA)

**Components**

Component	Value	Reference Range	Flag	Lab
Cell Date	10/06/2022	—	—	HLA
Cell Source	BUCCAL SWAB	—	—	HLA
Method(s)	Results determined using one or more methods of SSO, NGS or Real-time PCR methods	—	—	HLA
HLA-B Allele 1	B7	—	—	HLA
HLA-B Allele 2	B18	—	—	HLA
HLA-Bw Allele 1	Bw6	—	—	HLA
Interpretation/ Comments	--	—	—	HLA

Result:

[Spondyloarthropathies Panel] Patient is HLA-B27 Negative. HLA-B27 genetic marker associated with increased risk for developing spondyloarthropathies (Ankylosing Spondylitis, Reactive Arthritis, Juvenile Arthritis) is not present. Download the supplemental document for additional information.[https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920\\_Disease-Association-Panels.pdf](https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920_Disease-Association-Panels.pdf)

Disclaimer

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Comment:

Reviewed and Approved by: Marcelo A. Fernandez-Vina, PhD

HLA Typing, Match Grade, Chimerism Testing performed by Stanford Blood Center

HIDPL - Porter, 3155 Porter Drive, Palo Alto, CA 94304, (650) 723-5548

CLIA # 05D2099675

HLA Antibody Screening, Crossmatching, Monitoring &amp; DSA Testing, and Deceased Donor Typing performed by Stanford Blood Center

HIDPL - Hillview, 3373 Hillview Ave. Palo Alto, CA 94304, (650) 723-5548

CLIA # 05D0718472

Director and Clinical Consultant

Marcelo Fernandez-Vina Ph.D., D(ABHI)

Result:

These tests were developed and their performance characteristics determined by the Stanford Histocompatibility and Immunogenetics Laboratory. They have not been approved by the US FDA, but such licensure is not required since this Laboratory is approved under CLIA for high complexity testing.

**10/05/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**
**Reviewed by**

Fredericson, Michael, MD on 02/03/23 1027  
 Montagnino, Jami G, MD on 02/03/23 0904  
 Fredericson, Michael, MD on 01/26/23 1125  
 Montagnino, Jami G, MD on 11/09/22 1502  
 Fredericson, Michael, MD on 10/08/22 1526

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**HLA - TYPING [821662149]**

Resulted: 10/08/22 1242, Result status: Final result

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211

Filed by: In-Beaker, Results Clinical Lab Hla 10/08/22 1242  
 Resulting lab: STANFORD BLOOD CENTER (HLA)

Acknowledged by  
 Fredericson, Michael, MD on 10/08/22 1526  
 Montagnino, Jami G, MD on 11/09/22 1502

**Components**

Component	Value	Reference Range	Flag	Lab
Cell Date	10/06/2022	—	—	HLA
Cell Source	BUCCAL SWAB	—	—	HLA
Method(s)	Results determined using one or more methods of SSO, NGS or Real-time PCR methods	—	—	HLA
HLA-B Allele 1	B7	—	—	HLA
HLA-B Allele 2	B18	—	—	HLA
HLA-Bw Allele 1	Bw6	—	—	HLA
Interpretation/ Comments	--	—	—	HLA

## Result:

[Spondyloarthropathies Panel] Patient is HLA-B27 Negative. HLA-B27 genetic marker associated with increased risk for developing spondyloarthropathies (Ankylosing Spondylitis, Reactive Arthritis, Juvenile Arthritis) is not present. Download the supplemental document for additional information.[https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920\\_Disease-Association-Panels.pdf](https://stanfordbloodcenter.org/wp-content/uploads/2020/12/111920_Disease-Association-Panels.pdf)

## Disclaimer

## Comment:

Reviewed and Approved by: Marcelo A. Fernandez-Vina, PhD

HLA Typing, Match Grade, Chimerism Testing performed by Stanford Blood Center

HIDPL - Porter, 3155 Porter Drive, Palo Alto, CA 94304, (650) 723-5548

CLIA # 05D2099675

HLA Antibody Screening, Crossmatching, Monitoring & DSA Testing, and Deceased Donor Typing performed by Stanford Blood Center

HIDPL - Hillview, 3373 Hillview Ave. Palo Alto, CA 94304, (650) 723-5548

CLIA # 05D0718472

Director and Clinical Consultant

Marcelo Fernandez-Vina Ph.D., D(ABHI)

## Result:

These tests were developed and their performance characteristics determined by the Stanford Histocompatibility and Immunogenetics Laboratory. They have not been approved by the US FDA, but such licensure is not required since this Laboratory is approved

**10/05/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

under CLIA for high complexity testing.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**HLA - TYPING [821662149]**

Result status: In process

Order status: Completed

Collected by: Mlakar, Rachel 10/06/22 1211

Filed by: In-Beaker, Results Clinical Lab Hla 10/08/22 1242

Resulting lab: SHC LAB

**Reviewed by**

Fredericson, Michael, MD on 02/03/23 1027  
 Montagnino, Jami G, MD on 02/03/23 0904  
 Fredericson, Michael, MD on 01/26/23 1125  
 Montagnino, Jami G, MD on 11/09/22 1502  
 Fredericson, Michael, MD on 10/08/22 1526

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - SHC	SHC LAB	Dr.Dan Arber	300 Pasteur Drive Palo Alto CA	07/23/14 1716 - Present

**Indications**

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 2/3/2023 10:27  
 Montagnino, Jami G, MD on 2/3/2023 09:04  
 Fredericson, Michael, MD on 1/26/2023 11:25  
 Montagnino, Jami G, MD on 11/9/2022 15:02  
 Fredericson, Michael, MD on 10/8/2022 15:26

**LMX B Locus Typing [821662954] (Final result)**

 Status: **Completed**

 Order placed as a reflex to HLA Order - Disease Association Panel [821238831] ordered on 10/05/22 at 1416  
 Ordering user: In-Beaker, Results Clinical Lab Hla 10/08/22 1250      Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 10/08/22 -

Quantity: 1

Diagnoses

Sacroiliitis (CMS-HCC) [M46.1]

Class: Clinic Collect

Lab status: Final result

**Specimen Information**

ID	Type	Source	Collected By
22S-279ZB0030	Blood	Blood, from Venipuncture	Mlakar, Rachel 10/06/22 1211

**LMX B Locus Typing [821662954]**

Resulted: 10/08/22 1250, Result status: Final result

Order status: Completed

Collected by: Mlakar, Rachel 10/06/22 1211

Filed by: In-Beaker, Results Clinical Lab Hla 10/08/22 1250

Resulting lab: STANFORD BLOOD CENTER (HLA)

**10/05/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

**Components**

Component	Value	Reference Range	Flag	Lab
Bill Only (HLA)	Bill Only	—	—	HLA

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
188 - HLA	STANFORD BLOOD CENTER (HLA)	Fernandez-Vina, Marcelo, PhD	3373 Hillview Avenue Palo Alto CA 94304-6350	03/10/22 1535 - 03/17/23 0000

**LMX B Locus Typing [821662954]**

Result status: In process

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211

Filed by: In-Beaker, Results Clinical Lab Hla 10/08/22 1250  
 Resulting lab: SHC LAB

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - SHC	SHC LAB	Dr.Dan Arber	300 Pasteur Drive Palo Alto CA	07/23/14 1716 - Present

**Indications**

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

**Messages**

**Prepare for your appointment**

From  
 Generic Provider Mychart  
 Last Read in MyHealth  
 Not Read

To  
 Topper, Galen

Sent and Delivered  
 10/5/2022 7:29 AM

Hello,

For the appointment on Wednesday October 05, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

## 10/04/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16

### Reason for Visit

Visit diagnosis: Sacroiliitis (CMS-HCC)

### Medication List

#### Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### benzonatate (Tessalon) 100 mg capsule

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
Start date: 10/28/2021 End date: 3/30/2023  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

#### Stopped in Visit

None

### Clinical Notes

#### Addendum Note

##### Montagnino, Jami G, MD at 10/4/2022 1059

Addended by: MONTAGNINO, JAMI on: 10/5/2022 07:42 AM

Modules accepted: Orders

Electronically signed by Montagnino, Jami G, MD at 10/5/2022 7:42 AM

### Labs

#### Sedimentation Rate (ESR) [820780270] (Completed)

Electronically signed by: Montagnino, Jami G, MD on 10/04/22 1238

Status: **Completed**

Ordering user: Montagnino, Jami G, MD 10/04/22 1238

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 10/04/22 -

Class: Lab Collect

Quantity: 1

Diagnoses

Released by: Montagnino, Jami G, MD 10/04/22 1238

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 10/4/2022

**10/04/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

Sacroiliitis (CMS-HCC) [M46.1]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

**Sedimentation Rate (ESR) [821238834] (Normal)**

Resulted: 10/06/22 1424, Result status: Final result

Order status: Completed  
 Collected by: Mlakar, Rachel 10/06/22 1211  
 Acknowledged by  
 Fredericson, Michael, MD on 10/06/22 1429  
 Montagnino, Jami G, MD on 11/09/22 1502

Filed by: Jenkins, Sofia 10/06/22 1424  
 Resulting lab: SHC LAB - HOSPITAL LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
ESR, Automated	2	0 - 15 mm/hr	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

**C - Reactive Protein [820780271] (Completed)**

Electronically signed by: **Montagnino, Jami G, MD on 10/04/22 1238**

Status: **Completed**

Ordering user: Montagnino, Jami G, MD 10/04/22 1238

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 10/04/22 -

Class: Lab Collect

Quantity: 1

Released by: Montagnino, Jami G, MD 10/04/22 1238

Diagnoses

Sacroiliitis (CMS-HCC) [M46.1]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

**C - Reactive Protein [821238833] (Normal)**

Resulted: 10/06/22 1423, Result status: Final result

Order status: Completed

Filed by: Background, Lab 10/06/22 1423

Collected by: Mlakar, Rachel 10/06/22 1211

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by

Fredericson, Michael, MD on 10/06/22 1429

Montagnino, Jami G, MD on 11/09/22 1502

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 10/4/2022

**10/04/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

**Components**

Component	Value	Reference Range	Flag	Lab
C-Reactive Protein	<0.3	<0.5 mg/dL	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

**Anti-Nuclear Ab [820780272] (Completed)**

Electronically signed by: **Montagnino, Jami G, MD on 10/04/22 1238**

Status: **Completed**

Ordering user: Montagnino, Jami G, MD 10/04/22 1238

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 10/04/22 -

Class: Lab Collect

Quantity: 1

Released by: Montagnino, Jami G, MD 10/04/22 1238

Diagnoses

Sacroiliitis (CMS-HCC) [M46.1]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

**Anti-Nuclear Ab [821238832]**

Resulted: 10/07/22 1339, Result status: Final result

Order status: Completed

Filed by: Rieta, Ranilo R 10/07/22 1339

Collected by: Mlakar, Rachel 10/06/22 1211

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Fredericson, Michael, MD on 10/08/22 1526

Montagnino, Jami G, MD on 11/09/22 1502

**Components**

Component	Value	Reference Range	Flag	Lab
ANA Result	Negative	Negative	—	Hillview
ANA Interpretation	Screening for anti-nuclear antibody is performed using ELISA. This specimen was negative, consistent with a titer (by indirect immunofluorescence) of	—	—	Hillview

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 10/4/2022

## 10/04/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)

### Labs (continued)

<1:80.

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

### Indications

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

### Other Orders

#### Outpatient Referral

##### Referral To Immunology/Rheumatology [820780267] (Active)

Electronically signed by: **Montagnino, Jami G, MD** on 10/04/22 1238

Status: **Active**

Ordering user: Montagnino, Jami G, MD 10/04/22 1238

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 10/04/22 -

Class: Stanford Referral

Quantity: 1

Released by: Montagnino, Jami G, MD 10/04/22 1238

Diagnoses

Sacroiliitis (CMS-HCC) [M46.1]

#### Questionnaire

Question	Answer
Referred to Sub-specialty or Division:	Rheumatology

Order comments: Referral type: Consult, Treat, and Return to PCP When Stable. 20 Y male Stanford athlete, referred for bilateral sacroiliitis c/f ankylosing spondylitis.

#### Referral Details

Referred By	Referred To	Type	Priority	
Fredericson, Michael, MD 450 Broadway St Rm A16 Pavilion A 1st Fl MC 6110 Redwood City CA 94063 Phone: (650)498-7555 Fax: 650-721-3429	Diagnoses: Sacroiliitis (CMS-HCC) Order: Referral To Immunology/Rheumatology Reason: Specialty Services Requested	Immunology 300 Pasteur Drive, A175 STANFORD CA 94305 Phone: 650-723-6961 Fax: 650-725-8418 Specialty: Immunology	Consult, Test and Treat	Routine

Comment: Referral type: Consult, Treat, and Return to PCP When Stable.

20 Y male Stanford athlete, referred for bilateral sacroiliitis c/f ankylosing spondylitis.

#### Indications

Sacroiliitis (CMS-HCC) [M46.1 (ICD-10-CM)]

## 10/04/2022 - Appointment in Arrillaga Sports Medicine Center

### Messages

#### Prepare for your appointment

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	10/4/2022 7:29 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Tuesday October 04, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

## 10/04/2022 - Billing Encounter in Stanford Hospital Laboratory

### Labs

#### Ferritin [819439880] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **09/27/22 1659**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 09/27/22 1659

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Ordered during: Orders Only on 09/27/2022

Frequency: Routine 09/27/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Routine lab draw [Z01.89]

#### Specimen Information

ID	Type	Source	Collected By
22S-270CH3486	Blood	Blood, from Venipuncture	Mlakar, Rachel 10/04/22 1019

#### Ferritin [819439880] (Normal)

Resulted: 10/04/22 1403, Result status: Final result

Order status: Completed

Filed by: Background, Lab 10/04/22 1403

Collected by: Mlakar, Rachel 10/04/22 1019

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by

Fredericson, Michael, MD on 10/06/22 1133

Hock-Hanson, Susan, RN on 10/12/22 1321

#### Components

Component	Value	Reference Range	Flag	Lab
Ferritin	76.3	30 - 400 ng/mL	—	SHC

Comment:  
 Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

#### Indications

Routine lab draw [Z01.89 (ICD-10-CM)]

#### All Reviewers List

Hock-Hanson, Susan, RN on 10/12/2022 13:21

Fredericson, Michael, MD on 10/6/2022 11:33

#### Vitamin D, 25-Hydroxyvitamin [819439881] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **09/27/22 1659**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 09/27/22 1659

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Ordered during: Orders Only on 09/27/2022

Frequency: Routine 09/27/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Sports physical [Z02.5]

#### Specimen Information

ID	Type	Source	Collected By
22S-270SC0806	Blood	Blood, from	Mlakar, Rachel 10/04/22 1019

**10/04/2022 - Billing Encounter in Stanford Hospital Laboratory (continued)**

**Labs (continued)**

Venipuncture

**Vitamin D, 25-Hydroxyvitamin [819439881] (Normal)**

Resulted: 10/04/22 1820, Result status: Final result

Order status: Completed  
 Collected by: Mlakar, Rachel 10/04/22 1019  
 Acknowledged by  
 Fredericson, Michael, MD on 10/06/22 1133  
 Hock-Hanson, Susan, RN on 10/12/22 1321

Filed by: Background, Lab 10/04/22 1820  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
25-OH Vitamin D, Total	55	25 - 80 ng/mL	—	Hillview

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 10/12/2022 13:21  
 Fredericson, Michael, MD on 10/6/2022 11:33

## 10/03/2022 - Appointment in Arrillaga Sports Medicine Center

### Messages

#### Prepare for your appointment

From Generic Provider Mychart Last Read in MyHealth Not Read	To Topper, Galen	Sent and Delivered 9/30/2022 7:29 AM
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Hello,

For the appointment on Monday October 03, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

10/01/2022 - ED in Adult Emergency Department

Reason for Visit

Chief complaint: Alcohol Intoxication  
 Visit diagnosis: Alcoholic intoxication without complication (CMS-HCC)

Treatment Team

Provider	Service	Role	Provider Team	Specialty	From	To
Fang, Andrea C, MD	Emergency Medicine	Attending	—	Emergency Medicine	10/01/22 0635	10/01/22 0914
Hao, Wei David, MD	Emergency Medicine	Attending	—	Emergency Medicine	10/01/22 0107	10/01/22 0635
Anulao, Sheila, RN	—	Registered Nurse	—	—	10/01/22 0742	—
Izuno, Samantha Arden, MD	—	Emergency Resident	—	Residency	10/01/22 0617	—
Smith, Jessica Elizabeth, MD	—	Senior Resident	—	Residency	10/01/22 0616	—
Zachariades, Georgia, RN	—	Registered Nurse	—	—	10/01/22 0301	10/01/22 0331
Cicchi, Cristen, RN	—	Registered Nurse	—	—	10/01/22 0207	10/01/22 0739
Zachariades, Georgia, RN	—	Registered Nurse	—	—	10/01/22 0112	10/01/22 0156

Medication List

Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

Prior To Admission

None

Discharge Medication List

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

Stopped in Visit

None

**10/01/2022 - ED in Adult Emergency Department (continued)**
**ED Provider Note**
**ED Provider Notes by Fang, Andrea C, MD at 10/1/2022 0119**

 Author: Fang, Andrea C, MD  
 Filed: 10/1/2022 9:40 AM  
 Status: Signed

 Service: Emergency Medicine  
 Date of Service: 10/1/2022 1:19 AM  
 Editor: Fang, Andrea C, MD (Physician)

 Author Type: Physician  
 Creation Time: 10/1/2022 1:19 AM


## Emergency Department Provider Note

**Name:** Galen Topper  
**MRN:** 62437256

**ED Arrival:** 10/1/2022 1:05 AM  
**Room #:** B06

**History & Physical**
**Triage:**
**Chief Complaint**

Patient presents with

- Alcohol Intoxication

*EMS picked pt up from dorms; according to twin brother pt had some margaritas tonight; dry heaving on arrival to ED*

**HPI**

Galen Topper is a 20 Y male p/w EtOH intoxication, BIBA, per EMS, twin brother reports pt having some margaritas tonight at the dorms, no other ingestion reported. Pt was dry heaving on presentation, no emesis.

Pt is a track athlete.

Expand/Collapse Notes

**History From Shared Lists**
**Past Medical History:**

Diagnosis

Date

 6/29/  
2018

- Acute nonintractable headache

*Episodes of tunnel vision with headache and once LOC after work out, four times within the last year with two last episodes occurring on June 14 and 15, 2018. Sx started in 9-2017. Fh negative for migraine or cardiac issues.*

- Concern about growth

 7/2/2  
015

*Labs in 7-2015. T 111 at 13yo.*

- Dermographism

 10/31  
/2013

*Pronounced during the WCC 10-31-13.  
Possible allergy to sea food- to allergist.*

**Allergies**

Allergen

- Shellfish Containing Products

**Reactions**

Hives/urticaria and  
Lightheadedness

10/01/2022 - ED in Adult Emergency Department (continued)

ED Provider Note (continued)

• Development delay	1/04	Sig: take 1 Capsule (1,000 Units total) by mouth
• Heart murmur	7/04, 8/05	
• Keratosis pilaris		
• Lactose intolerance	8/17/ 2018	
• Language delay		
• Multiple allergies	2/13/ 2014	
<p><i>Saw Allergist 2-2014: IMPRESSION: Galen is an 11 year old with possible shellfish allergy, dermatographism, chronic rhinitis, and history of positive RAST to peanut and dust mite, who presents for initial consultation. For possible shellfish allergy, send seafood allergy screen. Will avoid skin testing due to dermatographism. Avoid shellfish and use EpiPen as needed. For large local reaction to</i></p>		
• Nevus sebaceous on scalp, saw Derm		
• Syncope	6/29/ 2018	
<p><i>In September of 2017 after strenuous long run syncope with tunnel vision with loss of vision that lasted for hours. FH negative for migraine or cardiac issues- see visit 6-29-2018.</i></p>		
• Twin birth, mate liveborn		
• Viral warts	8/16/ 2017	
<p><i>2017 on R thumb- will use OTC.</i></p>		

Patient Active Problem List

Diagnosis	Code
• Keratosis pilaris	L85.8
• Dermographism	L50.3
• Multiple allergies	Z88.9
• Acute nonintractable headache	R51.9
• Vasovagal syncope	R55
• Lactose intolerance	E73.9
• Breathing difficulty	R06.89

No past surgical history on file.

Family History

Problem	Relation	Age of Onset
• Allergies pollen	Father	
• Elevated Lipids	Father	
• No Known	Sister	

10/01/2022 - ED in Adult Emergency Department (continued)

ED Provider Note (continued)

<p>Problems</p> <ul style="list-style-type: none"> <li>• No Known Problems</li> <li>• CAD, Late Onset</li> </ul> <p>79 yo, had MI</p> <p>Social History</p> <p>Occupational History</p> <ul style="list-style-type: none"> <li>• Not on file</li> </ul> <p>Tobacco Use</p> <ul style="list-style-type: none"> <li>• Smoking status: Never Smoker</li> <li>• Smokeless tobacco: Never Used</li> </ul> <p>Vaping Use</p> <ul style="list-style-type: none"> <li>• Vaping Use: Never used</li> </ul> <p>Substance and Sexual Activity</p> <ul style="list-style-type: none"> <li>• Alcohol use: Not Currently</li> <li>• Drug use: Not Currently</li> <li>• Sexual activity: Not on file</li> </ul>	<p><b>Prior to Admission Medications</b></p> <table border="1"> <thead> <tr> <th>Prescriptions</th><th>Last Dose</th><th>Infor</th><th>Patie</th><th>Taki</th><th>Repo</th><th>rted?</th></tr> </thead> <tbody> <tr> <td>Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS</td><td></td><td></td><td></td><td></td><td>No</td><td>No</td></tr> <tr> <td>benzonatate (Tessalon) 100 mg capsule</td><td></td><td></td><td></td><td></td><td>No</td><td>No</td></tr> <tr> <td colspan="7">Sig: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough</td></tr> <tr> <td colspan="7"><b>Facility-Administered Medications: None</b></td></tr> </tbody> </table>					Prescriptions	Last Dose	Infor	Patie	Taki	Repo	rted?	Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS					No	No	benzonatate (Tessalon) 100 mg capsule					No	No	Sig: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough							<b>Facility-Administered Medications: None</b>						
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<b>Facility-Administered Medications: None</b>																																								

Review of Systems

Unable to perform ROS: Mental status change

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: He is not in acute distress.

Appearance: He is well-developed. He is not diaphoretic.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Eyes:

General: No scleral icterus.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Trachea: No tracheal deviation.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds.

Pulmonary:

**10/01/2022 - ED in Adult Emergency Department (continued)**

**ED Provider Note (continued)**

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds. No stridor.

**Abdominal:**

General: There is no distension.

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

**Musculoskeletal:**

General: Normal range of motion.

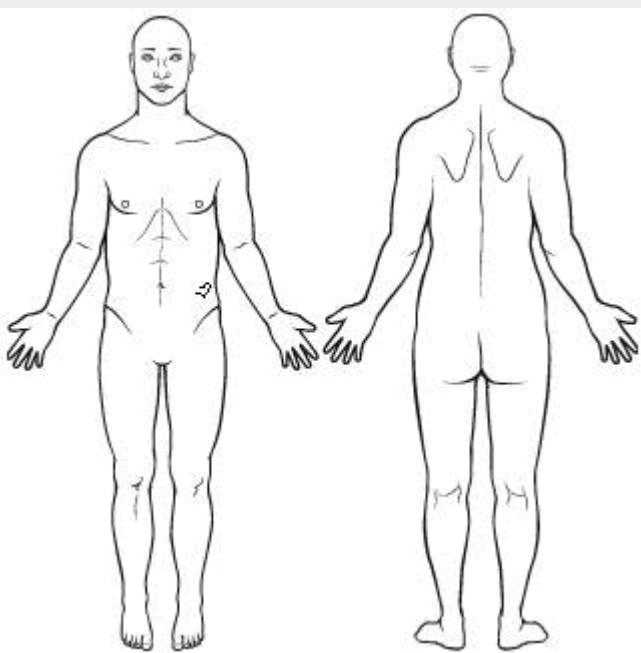
Cervical back: Normal range of motion.

**Skin:**

General: Skin is warm.

Coloration: Skin is not pale.

Findings: No erythema or rash.



Comments: **Abrasion L lower abd**

**Neurological:**

Mental Status: He is oriented to person, place, and time. He is **lethargic**.

Comments: **Intoxicated, but arousable, and full ROM all extremities, no gross motor deficits**

**Procedures**

Expand/Collapse Notes

**Labs & Imaging**

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**ED Physician and Radiology Interpretations:**

(For Limited US, complete procedure note)

No orders to display

**10/01/2022 - ED in Adult Emergency Department (continued)**

**ED Provider Note (continued)**

No orders to display

**Medical Decision Making**

**Initial Ddx, assessment and plan:**

Differential Diagnosis of potential problems in an apparently intoxicated individual would include: Other potential sedative hypnotic substances either alone or in combination with ethanol. Potential trauma. Acute alcohol poisoning (manifest by potential airway problems, respiratory arrest, hypotension, shock). Possible confusion or deliberate ingestion of other alcohols (such as isopropyl, methanol with there inherent toxicities). Considerations also need to be given to coexisting medical problems, and when it is safe/appropriate to discharge.

**No signs of head trauma.**

**L abd abrasion may be from other etiology**

**Plan: hold for sobriety**

Expand/Collapse Notes

**ED Treatment:**

Labs and Meds Ordered - No data to display

Consults ordered:

None

**Clinical Decision Rules**

**ED Course, Data Review & Interpretation:**

**Summary of assessment:**

**10/01/2022 - ED in Adult Emergency Department (continued)**

**ED Provider Note (continued)**

20 year-old male EtOH intoxication. Observed and stable for DC in AM. Discharged with supportive care and strict return precautions.

**Disposition:**

**Diagnosis**

None

Disposition: Data Unavailable

Admitting Attending: No admitting provider for patient encounter.

OR

Follow up: No follow-up provider specified.

**New Prescriptions**

No medications on file

Medical Student/Resident/Fellow: n/a

Attending: Wei David Hao, MD / Andrea Fang, MD

Expand/Collapse Notes

**Attending Attestations**

<b>Supervision:</b>	Attending Only
<b>Ultrasounds &amp; Procedures:</b>	No Procedure
<b>Sepsis, Critical Care and Other:</b>	Not Applicable

Electronically signed by Fang, Andrea C, MD at 10/1/2022 9:40 AM

**ED Notes**

**ED Notes by Blair, Jessica, RN at 10/1/2022 0105**

Bed: B06

Expected date:

Expected time:

Means of arrival:

Comments:

EMS: 64

**PREHOSPITAL NOTIFICATION REPORT**

Code: 2

Time call received: 12:46 AM 10/1/2022

ETA (min): etoh

Age: 19

Gender: Male

**10/01/2022 - ED in Adult Emergency Department (continued)**

**ED Notes (continued)**

Alert: None

Medical/Chief Complaint: etoh

Vital Signs

BP: 130/60

HR: 90

RR:

O2 Sat:

Blood Glucose:

A&O: 4

GCS: 15

Treatment

EMS Screened Positive for COVID-like Illness (cough, fever, sore throat, shortness of breath): NO

EMS Treatment: None

ED Activation: None

Electronically signed by Blair, Jessica, RN at 10/1/2022 1:05 AM

**ED Notes by Cicchi, Cristen, RN at 10/1/2022 0420**

Pt woke up and tried to get up from stretcher. Security at bedside to redirect pt to stretcher. Pt is incontinent of bowel. RN Josh assisting this RN with cleaning pt. Pt placed in hospital scrubs and a brief. Pt's undergarments and jeans placed in a biohazard bag and thrown away due to being covered in stool. Pt resting on stretcher with eyes closed and chest rise and fall noted

Electronically signed by Cicchi, Cristen, RN at 10/1/2022 4:50 AM

**ED Notes by Anulao, Sheila, RN at 10/1/2022 0808**

Care assumed. Pt asleep in gurney. No resp distress. Cont to await arousal and reassessment.

Electronically signed by Anulao, Sheila, RN at 10/1/2022 8:08 AM

**ED Care Timeline**

**Patient Care Timeline (10/1/2022 01:04 to 10/1/2022 09:14)**

**10/01/2022 - ED in Adult Emergency Department (continued)**
**ED Care Timeline (continued)**

10/01/2022	Event	Details	User
01:03:24	<b>Emergency encounter created</b>		Velazquez, Virginia
01:04	<b>Patient arrived in ED</b>		Velazquez, Virginia
01:04:33	<b>Arrival Complaint</b>	ETOH	
01:04:33	<b>Arrived - Needs Chief Complaint</b>		Velazquez, Virginia
01:04:33	<b>Patient arrived in first ED</b>		Velazquez, Virginia
01:05:51	<b>Patient roomed in ED</b>	To room B06	Zachariades, Georgia, RN
01:05:51	<b>Patient roomed in Adult ED - SMS EVENT</b>		Zachariades, Georgia, RN

**10/01/2022 - ED in Adult Emergency Department (continued)**

**ED Care Timeline (continued)**

01:05:51	<b>ED Notes</b>	Bed: B06 Expected date: Expected time: Means of arrival: Comments: EMS: 64	Blair, Jessica, RN
<b>PREHOSPITAL NOTIFICATION REPORT</b>			
Code: 2			
Time call received: 12:46 AM 10/1/2022			
ETA (min): etoh			
<p>Age: 19    Gender: Male    Alert: None</p> <p>Medical/Chief Complaint: etoh</p> <p>Vital Signs    BP: 130/60    HR: 90    RR:    O2 Sat:    Blood Glucose:    A&amp;O: 4    GCS: 15</p> <p>Treatment    EMS Screened Positive for COVID-like Illness (cough, fever, sore throat, shortness of breath): NO</p> <p>EMS Treatment: None    ED Activation: None</p>			

01:06	<b>Triage Questions</b>	<b>Interpreter Needed?</b> Interpreter Needed: No <b>Tetanus Hx/Immunizations</b> Tetanus History/Immunizations: Unknown	Zachariades, Georgia, RN
01:06	<b>Triage Start</b>	<b>Triage Start</b> Triage Start: STARTING TRIAGE	Zachariades, Georgia, RN

**10/01/2022 - ED in Adult Emergency Department (continued)**

**ED Care Timeline (continued)**

01:06:07	<b>Triage Started</b>		Zachariades, Georgia, RN
01:06:51	<b>Chief Complaints Updated</b>	Alcohol Intoxication (EMS picked pt up from dorms; according to twin brother pt had some margaritas tonight; dry heaving on arrival to ED)	Zachariades, Georgia, RN
01:07	<b>Triage Questions</b>	Treatment PTA Treatment PTA: (blood glucose :107)	Zachariades, Georgia, RN
01:07	<b>Triage Plan</b>	<b>ESI Level</b> Requires immediate life-saving intervention?: No High risk situation? or Confused/Lethargic/Disoriented? or Severe acute pain/distress?: No How many resources are needed?: One Does patient meet SIRS criteria? See below for SIRS criteria. : No ESI Level: 4 Appropriate to consider for Video Visit?: Yes, based on ESI Danger Zone Vitals? HR > 100, RR > 20, SpO2 < 92%: No <b>Triage Destination</b> Destination: Adult	Zachariades, Georgia, RN
01:07	<b>Vitals</b>	<b>Pain Assessment</b> Pain Scale Type: Non Verbal <b>Non Verbal Pain Scale</b> Face Score: 0 Restlessness Score: 0 Muscle Tone: 0 Vocalization Score: 0 Consolability: 0 Non Verbal Pain Scale Total: 0 <b>Vitals</b> BP: 122/74 Mean Arterial Pressure (Calculated): 90 mmHg BP Location: Left; Upper Extremity BP Method: Automatic/Non-Invasive BP Temp: 36.9 °C (98.4 °F) Temp Source: Oral Pulse: 44 ! Cardiac Rhythm: SB Resp: 18 SpO2: 95 % O2 Delivery: RA	Zachariades, Georgia, RN
01:07	<b>Custom Formula Data</b>	<b>Relevant Labs and Vitals</b> Temp (in Celsius): 36.9	Zachariades, Georgia, RN
01:07:27	<b>Triage Completed</b>		Zachariades, Georgia, RN
01:07:47	<b>Assign Attending</b>	Hao, Wei David, MD assigned as Attending	Hao, Wei David, MD
01:07:47	<b>Initial Physician Assessment</b>		Hao, Wei David, MD
01:07:47	<b>Assign Attending</b>		Hao, Wei David, MD
01:08	<b>[REMOVED] Peripheral IV 18 G Left;Hand Placed</b>	Removal Date/Time: 10/01/22 0420 Placement Date/Time: 10/01/22 0108 Size: 18 G Site: Left;Hand Inserted in: Present on admission to facility If insertion date/time is unknown use admission date for placement date/time Inserted/Placed By: EMS Removal Reason: Treatment Completed Line Status at Removal: Intact	Zachariades, Georgia, RN

**10/01/2022 - ED in Adult Emergency Department (continued)**

**ED Care Timeline (continued)**

01:08	<b>Peripheral IV 18 G Left;Hand Assessment</b>	Needleless Connector Valve(s): Applied/Changed Dressing Intervention: No Intervention Required Dressing Type: Transparent Line Intervention: Flushed with Saline Line Status: Patent; Positive Blood Return Dressing Assessment: Clean, Dry & Intact Phlebitis Assessment: Grade 0 – No symptoms Surrounding Skin: Within Defined Limits	Zachariades, Georgia, RN
01:08:24	<b>Pain reassessment completed</b>		Zachariades, Georgia, RN
01:12:14	<b>Assign Nurse</b>	Zachariades, Georgia, RN assigned as Registered Nurse	Zachariades, Georgia, RN
01:23	<b>[REMOVED] Peripheral IV 20 G Right;Antecubital Placed</b>	Removal Date/Time: 10/01/22 0905 Placement Date/Time: 10/01/22 0123 Size: 20 G Site: Right;Antecubital Inserted in: Emergency department Insertion Method: Palpation/visualization Number of Attempts: 1 Removal Reason: Treatment Completed Line Status at Removal: Intact	Zachariades, Georgia, RN
01:24	<b>Peripheral IV 20 G Right;Antecubital Assessment</b>	Needleless Connector Valve(s): Applied/Changed Dressing Intervention: Applied Dressing Type: Transparent Line Intervention: Flushed with Saline Line Status: Patent; Positive Blood Return Dressing Assessment: Clean, Dry & Intact Phlebitis Assessment: Grade 0 – No symptoms Surrounding Skin: Within Defined Limits	Zachariades, Georgia, RN
01:30	<b>Cognitive Computing Scores</b>	<b>Other flowsheet entries</b> Risk of Fall Score: 1.09	Reporting, Background
01:41	<b>Neuro assessment</b>	<p><b>Neurological</b></p> <p>Neuro Assessment: Exceptions Level of Consciousness: Sleeping; Moves all extremities spontaneously Orientation Level: Unable to Assess Pupil Reaction Right: Brisk Pupil Size Right (mm): 4 mm Pupil Shape Right: Round Pupil Reaction Left: Brisk Pupil Size Left (mm): 4 mm Pupil Shape Left: Round</p> <p><b>Basic Seizure</b></p> <p>Level of Consciousness: Sleeping; Moves all extremities spontaneously</p> <p><b>Glasgow Coma Scale</b></p> <p>Eye Opening: To pain Best Verbal Response: Incomprehensible speech Best Motor Response: Localizes pain Glasgow Coma Scale Score: 9</p>	Zachariades, Georgia, RN

10/01/2022 - ED in Adult Emergency Department (continued)

ED Care Timeline (continued)

01:43	<b>Sepsis Assessment</b>	<b>Sepsis Screening</b> Do you suspect this patient has a new or worsening infection?: No In last 6 hours temperature < 36 C or > 38.3 C: No In last 6 hours HR > 90 beats per minute: No In last 6 hours RR > 20 breaths per minute: No In last 24 hours WBC > 12 or < 4 K/uL or Bands > 10%: No Total of number of positive SIRS criteria : 0 Patient screening positive for sepsis: No <b>Severe Sepsis Screen</b> In last 6 hours SBP < 90 or MAP < 65: No In last 24 hours creatinine > 2: No In last 24 hours bilirubin > 2: No In last 24 hours platelet count < 100,000: No In last 24 hours INR > 1.5 or aPTT > 60: No In last 6 hours lactate level > 2: No	Zachariades, Georgia, RN
01:43	<b>Cardiac Assessment</b>	<b>Cardio</b> Cardiac: Exceptions Cardiac Rhythm: SB	Zachariades, Georgia, RN
01:43	<b>Respiratory Assessment</b>	<b>Respiratory</b> Respiratory: WDL	Zachariades, Georgia, RN
01:43	<b>EENT/Dental Assessment</b>	<b>HEENT</b> HEENT: WDL	Zachariades, Georgia, RN
01:43	<b>Gastro Assessment</b>	<b>Gastrointestinal</b> Gastrointestinal: Exceptions (dry heaving on arrival to ED)	Zachariades, Georgia, RN
01:43	<b>Skin Assessment</b>	<b>Skin</b> Skin: WDL	Zachariades, Georgia, RN
01:43	<b>Psychological Assessment</b>	<b>Psych</b> Psychological: Intoxication/detoxification	Zachariades, Georgia, RN
01:43	<b>GU Assessment</b>	<b>GU</b> Genitourinary: WDL	Zachariades, Georgia, RN
01:43	<b>Custom Formula Data</b>	<b>Sepsis Screening</b> In last 6 hours HR > 100 beats per minute: No In last 24 hours WBC > 20 or < 4 K/uL or Bands > 5%: No	Zachariades, Georgia, RN
01:43	<b>Spinal-Musculoskeletal Assessment</b>	<b>Spinal-Musculoskeletal Assessment</b> Musculoskeletal: WDL	Zachariades, Georgia, RN
01:43:08	<b>Swallow Screen Required</b>		Zachariades, Georgia, RN
01:44	<b>Infection Screening</b>	<b>Infection Screening</b> Do any of the following apply?: None apply Active diarrhea in the previous 48 hours: No or N/A Is the patient presenting with rash AND fever?: None Does the patient currently have influenza-like symptoms?: None Tuberculosis (TB) symptom(s) present: None Current or recent tuberculosis diagnosis and/ or on TB medication : No or not applicable <b>Travel Related Screening</b> Has the patient traveled to any of the following countries in the last 30 days?: No	Zachariades, Georgia, RN

**10/01/2022 - ED in Adult Emergency Department (continued)**

**ED Care Timeline (continued)**

01:44	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Fall Risk Score: 0 Yellow socks, armband: Required	Zachariades, Georgia, RN
01:44	<b>Suicidal/Homicidal Safety Assessment</b>	<b>Safety Survey</b> Patient Location Checks: Sleeping; In room	Zachariades, Georgia, RN
01:44	<b>Safety / Quality</b>	<b>Fall Risk Screening Score</b> Patient age > 65 years?: No History of falling in the last three months?: No Is the patient confused or disoriented?: Yes Is the patient intoxicated or sedated?: Yes Does the patient have an impaired gait?: Yes Does the patient use a device for mobility assistance?: No Is this patient experiencing altered elimination?: No Does this patient wear eyeglasses, contacts, or have any other visual impairments?: No Fall Risk Score: 9 Fall Risk Group: High <b>Fall Risk Interventions</b> Standard Fall Precautions for all patients:: Required Room with easy visibility and curtain open: Required Place high risk Fall Door Signage and activate Hill-Rom Fall Alert: Required Telesitter: Optional: Must Meet Below Criteria	Zachariades, Georgia, RN
01:56:43	<b>Remove Nurse</b>	Zachariades, Georgia, RN removed as Registered Nurse	Zachariades, Georgia, RN
02:00	<b>ICU VS</b>	<b>Vitals</b> Heart Rate: 49 ! (Device Time: 01:59:33) Resp: 19 (Device Time: 01:59:33) <b>Hemodynamics</b> BP: 115/63 (Device Time: 02:00:00) MAP : 77 (Device Time: 02:00:00)	Zachariades, Georgia, RN
02:00	<b>Vitals</b>	<b>Pain Assessment</b> Pain Scale Type: Non Verbal <b>Non Verbal Pain Scale</b> Face Score: 0 Restlessness Score: 0 Muscle Tone: 0 Vocalization Score: 0 Consolability: 0 Non Verbal Pain Scale Total: 0 <b>Vitals</b> BP Location: Left; Upper Extremity BP Method: Automatic/Non-Invasive BP Pulse: 55 ! Cardiac Rhythm: SB SpO2: 95 % O2 Delivery: RA	Zachariades, Georgia, RN
02:00	<b>Custom Formula Data</b>	<b>Hemodynamics</b> Mean Arterial Pressure (Calculated): 80 mmHg	Zachariades, Georgia, RN
02:07:23	<b>Assign Nurse</b>	Cicchi, Cristen, RN assigned as Registered Nurse	Cicchi, Cristen, RN

10/01/2022 - ED in Adult Emergency Department (continued)

ED Care Timeline (continued)

02:20	<b>Communications</b>	<b>Communication</b> Communication method: Phone Care team member(s) communicated with: Other (comment) (resident on call Dr Samara) Care team role: Provider on primary team Communication Reason: Condition Update Additional communication details: pt laying on stretcher with eyes closed, chest rise and fall noted	Cicchi, Cristen, RN
02:46:11	<b>Pain reassessment completed</b>		Zachariades, Georgia, RN
03:01:39	<b>Assign Nurse</b>	Zachariades, Georgia, RN assigned as Registered Nurse	Zachariades, Georgia, RN
03:31:49	<b>Remove Nurse</b>	Zachariades, Georgia, RN removed as Registered Nurse	Zachariades, Georgia, RN
04:20	<b>ED Notes</b>	Pt woke up and tried to get up from stretcher. Security at bedside to redirect pt to stretcher. Pt is incontinent of bowel. RN Josh assisting this RN with cleaning pt. Pt placed in hospital scrubs and a brief. Pt's undergarments and jeans placed in a biohazard bag and thrown away due to being covered in stool. Pt resting on stretcher with eyes closed and chest rise and fall noted	Cicchi, Cristen, RN
04:20	<b>[REMOVED] Peripheral IV 18 G Left;Hand Removed</b>	Removal Date/Time: 10/01/22 0420 Placement Date/Time: 10/01/22 0108 Size: 18 G Site: Left;Hand Inserted in: Present on admission to facility If insertion date/time is unknown use admission date for placement date/time Inserted/Placed By: EMS Removal Reason: Treatment Completed Line Status at Removal: Intact	Cicchi, Cristen, RN
04:50	<b>Vitals</b>	<b>Vitals</b> Pulse: 76 (Device Time: 04:50:30) Resp: 16 SpO2: 95 % O2 Delivery: RA	Cicchi, Cristen, RN
05:31	<b>Cognitive Computing Scores</b>	<b>Other flowsheet entries</b> Risk of Fall Score: 2.93	Reporting, Background
05:45	<b>Vitals</b>	<b>Vitals</b> BP: 103/58 † Pulse: 61 (Device Time: 05:44:29) Resp: 18 SpO2: 95 % (Device Time: 05:44:29) O2 Delivery: RA	Cicchi, Cristen, RN
05:45	<b>Custom Formula Data</b>	<b>Hemodynamics</b> Mean Arterial Pressure (Calculated): 73 mmHg	Cicchi, Cristen, RN
06:09	<b>Advance Directive and POLST</b>	<b>Advance Directive</b> Does patient have an Advance Directive?: No - Reviewed what an Advance Health Care Directive is with patient Would the patient like to establish an Advance Directive?: No	Gama, Gloria
06:16:59	<b>Assign Resident</b>	Smith, Jessica Elizabeth, MD assigned as Senior Resident	Smith, Jessica Elizabeth, MD
06:16:59	<b>Assign Resident</b>		Smith, Jessica Elizabeth, MD
06:17:18	<b>Assign Resident</b>	Izuno, Samantha Arden, MD assigned as Emergency Resident	Izuno, Samantha Arden, MD

10/01/2022 - ED in Adult Emergency Department (continued)

ED Care Timeline (continued)

06:35:45	<b>Remove Attending</b>	Hao, Wei David, MD removed as Attending	Hao, Wei David, MD
06:35:45	<b>Assign Attending</b>	Fang, Andrea C, MD assigned as Attending	Hao, Wei David, MD
07:39:33	<b>Remove Nurse</b>	Cicchi, Cristen, RN removed as Registered Nurse	Cicchi, Cristen, RN
07:42:17	<b>Assign Nurse</b>	Anulao, Sheila, RN assigned as Registered Nurse	Anulao, Sheila, RN
08:00	<b>Vitals</b>	<b>Vitals</b> BP: 93/41 † (Device Time: 08:00:00) Pulse: 61 (Device Time: 08:00:26) Resp: 16 SpO2: 95 % (Device Time: 08:00:26) O2 Delivery: RA	Anulao, Sheila, RN
08:00	<b>Custom Formula Data</b>	<b>Hemodynamics</b> Mean Arterial Pressure (Calculated): 58 mmHg †	Anulao, Sheila, RN
08:08:03	<b>ED Notes</b>	Care assumed. Pt asleep in gurney. No resp distress. Cont to await arousal and reassessment.	Anulao, Sheila, RN
08:32:17	<b>Discharge Disposition Selected</b>	ED Disposition set to Discharge	Fang, Andrea C, MD
08:32:17	<b>Disposition Selected</b>		Fang, Andrea C, MD
08:37:43	<b>Registration Completed</b>		Contreras, Theresa
09:05	<b>[REMOVED] Peripheral IV 20 G Right;Antecubital Removed</b>	Removal Date/Time: 10/01/22 0905 Placement Date/Time: 10/01/22 0123 Size: 20 G Site: Right;Antecubital Inserted in: Emergency department Insertion Method: Palpation/visualization Number of Attempts: 1 Removal Reason: Treatment Completed Line Status at Removal: Intact	Paules, John, RN
09:05:25	<b>AVS Printed</b>		Paules, John, RN
09:05:25	<b>AVS Printed</b>	ED AVS Footer ED AVS Signature ED After Visit Summary	Paules, John, RN
09:07	<b>Vitals</b>	<b>Pain Assessment</b> Pain Scale Type: Verbal 0-10 Pain Scale Instruction: Yes Pain Level - 1st Site: 0 <b>Pain - 1st Site</b> Pain Level - 1st Site: 0 <b>Vitals</b> BP: 133/66 (Device Time: 09:06:38) BP Location: Left; Upper Extremity BP Method: Automatic/Non-Invasive BP Temp: 36.7 °C (98.1 °F) Temp Source: Oral Pulse: 64 Resp: 17 SpO2: 96 % O2 Delivery: RA	Paules, John, RN

**10/01/2022 - ED in Adult Emergency Department (continued)**

**ED Care Timeline (continued)**

09:07	<b>Custom Formula Data</b>	<b>Hemodynamics</b> Mean Arterial Pressure (Calculated): 88 mmHg <b>Relevant Labs and Vitals</b> Temp (in Celsius): 36.7	Paules, John, RN
09:11:52	<b>Pain reassessment completed</b>		Paules, John, RN
09:12	<b>Patient Discharge</b>	<b>Patient Discharge</b> Reassessment of Chief Complaint: cleared for dc my MD. pt denies Si/Hi denies AVH. Pt reports no pain. vitals stable. pt tolerates po intake of water/crackers. gait steady and balance intact. no concerns reported upon discharge. pt left with brother. Patient Teaching: Discharge instructions reviewed; Follow-up care reviewed Discharge Mode: Ambulatory Accompanied by: Family Discharge Transportation: Family Transport Discharge AMA: No	Paules, John, RN
09:14	<b>Patient discharged</b>		Paules, John, RN

**Clinical Notes**

**Discharge Instructions**

**Hao, Wei David, MD at 10/1/2022 0549**

Electronically signed by Hao, Wei David, MD at 10/1/2022 5:49 AM

**Flowsheets**

**Advance Directive and POLST**

Row Name	10/01/22 0609
<b>Advance Directive</b>	
Does patient have an Advance Directive?	No - Reviewed what an Advance Health Care Directive is with patient -GG
Would the patient like to establish an Advance Directive?	No -GG

**Cardiac Assessment**

Row Name	10/01/22 0907	10/01/22 0200	10/01/22 0143	10/01/22 0107
<b>Cardio</b>				
Cardiac	—	—	Exceptions -GZ	—
Cardiac Rhythm	—	Sinus Bradycardia -GZ	Sinus Bradycardia -GZ	Sinus Bradycardia -GZ
Pain Level - 1st Site	0 -JP	—	—	—

**Cognitive Computing Scores**

**10/01/2022 - ED in Adult Emergency Department (continued)**

**Flowsheets (continued)**

Row Name	10/01/22 0531	10/01/22 0130
<b>OTHER</b>		
Risk of Fall Score	2.93 -BR	1.09 -BR

**Communications**

Row Name	10/01/22 0220
Communication	
Communication method	Phone -CC
Care team member(s) communicated with	Other (comment)  resident on call Dr Samara -CC
Care team role	Provider on primary team -CC
Communication Reason	Condition Update -CC
Additional communication details	pt laying on stretcher with eyes closed, chest rise and fall noted -CC

**Custom Formula Data**

Row Name	10/01/22 0907	10/01/22 0800	10/01/22 0545	10/01/22 0200	10/01/22 0144
Relevant Labs and Vitals					
Temp (in Celsius)	36.7 -JP	—	—	—	—
<b>OTHER</b>					
Fall Risk Score	—	—	—	—	0 -GZ
Yellow socks, armband	—	—	—	—	Required -GZ
Hemodynamics					
Mean Arterial Pressure (Calculated)	88 mmHg -JP	58 mmHg ! -SA	73 mmHg -CC	80 mmHg -GZ	—

Row Name	10/01/22 0143	10/01/22 0107
Relevant Labs and Vitals		
Temp (in Celsius)	—	36.9 -GZ
<b>Sepsis Screening</b>		
In last 6 hours HR > 100 beats per minute	No -GZ	—
In last 24 hours WBC > 20 or < 4 K/uL or Bands > 5%	No -GZ	—
Hemodynamics		
Mean Arterial Pressure (Calculated)	—	90 mmHg -GZ

**ED Documentation**

Row Name	10/01/22 0907	10/01/22 0800	10/01/22 0545	10/01/22 0450	10/01/22 0200
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10/01/2022 - ED in Adult Emergency Department (continued)

Flowsheets (continued)

ESI Level					
Pain Scale Type	Verbal 0-10 -JP	—	—	—	Non Verbal -GZ
Pain Scale Instruction	Yes -JP	—	—	—	—
Vitals					
BP	133/66 -JP	93/41 ! -SA	103/58 ! -CC	—	115/63 -GZ
Mean Arterial Pressure (Calculated)	88 mmHg -JP	58 mmHg ! -SA	73 mmHg -CC	—	80 mmHg -GZ
BP Location	Left;Upper Extremity -JP	—	—	—	Left;Upper Extremity -GZ
BP Method	Automatic/Non-Invasive BP -JP	—	—	—	Automatic/Non-Invasive BP -GZ
Temp	36.7 °C (98.1 °F) -JP	—	—	—	—
Temp src	Oral -JP	—	—	—	—
Pulse	64 -JP	61 -SA	61 -CC	76 -CC	55 ! -GZ
Cardiac Rhythm	—	—	—	—	Sinus Bradycardia -GZ
Resp	17 -JP	16 -SA	18 -CC	16 -CC	19 -GZ
SpO2	96 % -JP	95 % -SA	95 % -CC	95 % -CC	95 % -GZ
O2 Delivery	Room Air -JP	Room Air -SA	Room Air -CC	Room Air -CC	Room Air -GZ
Vitals					
Heart Rate	—	—	—	—	49 ! -GZ
Trauma Vital Signs					
MAP	—	—	—	—	77 -GZ
Pain Scales					
Pain Level - 1st Site	0 -JP	—	—	—	—
Non Verbal Pain Scale					
Face Score	—	—	—	—	Muscles relaxed -GZ
Restlessness Score	—	—	—	—	Quiet, relaxed, normal movement -GZ
Muscle Tone	—	—	—	—	Normal muscle tone, relaxed -GZ
Vocalization Score	—	—	—	—	No abnormal sounds -GZ
Consolability	—	—	—	—	Content, relaxed -GZ
Non Verbal Pain Scale Total	—	—	—	—	0 -GZ
Row Name	10/01/22 0143	10/01/22 0141	10/01/22 0107	10/01/22 0106	
Triage Start					
Triage Start	—	—	—	—	STARTING TRIAGE -GZ
ESI Level					
Requires immediate life-saving intervention?	—	—	No -GZ	—	—
High risk situation? or Confused/Lethargic/Disoriented? or Severe acute pain/distress?	—	—	No -GZ	—	—
How many	—	—	One -GZ	—	—

10/01/2022 - ED in Adult Emergency Department (continued)

Flowsheets (continued)

resources are  
needed?

Pain Scale Type	—	—	Non Verbal -GZ	—
Does patient meet SIRS criteria? See below for SIRS criteria.	—	—	No -GZ	—
ESI Level	—	—	4 -GZ	—
Appropriate to consider for Video Visit?	—	—	Yes, based on ESI - GZ	—
Danger Zone Vitals? HR > 100, RR > 20, SpO2 < 92%	—	—	No -GZ	—

Vitals

BP	—	—	122/74 -GZ	—
Mean Arterial Pressure (Calculated)	—	—	90 mmHg -GZ	—
BP Location	—	—	Left;Upper Extremity -GZ	—
BP Method	—	—	Automatic/Non-Invasive BP -GZ	—
Temp	—	—	36.9 °C (98.4 °F) - GZ	—
Temp src	—	—	Oral -GZ	—
Pulse	—	—	44 ! -GZ	—
Cardiac Rhythm	Sinus Bradycardia - GZ	—	Sinus Bradycardia - GZ	—
Resp	—	—	18 -GZ	—
SpO2	—	—	95 % -GZ	—
O2 Delivery	—	—	Room Air -GZ	—

Trauma Vital Signs

Pupil Reaction Right	—	Brisk -GZ	—	—
Pupil Size Right (mm)	—	4 mm -GZ	—	—
Pupil Reaction Left	—	Brisk -GZ	—	—
Pupil Size Left (mm)	—	4 mm -GZ	—	—

Triage Destination

Destination	—	—	Adult -GZ	—
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HEENT

HEENT	Within Defined Limits -GZ	—	—	—
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Treatment PTA

Treatment PTA	—	—	 blood glucose :107 -GZ	—
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Interpreter Needed?

Interpreter Needed	—	—	—	No -GZ
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Tetanus Hx/Immunizations

Tetanus History/Immunizations	—	—	—	Unknown -GZ
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**10/01/2022 - ED in Adult Emergency Department (continued)**

**Flowsheets (continued)**

**Neurological**

Neuro	—	Exceptions -GZ	—	—
Assessment				
Level of Consciousness	—	Sleeping; Moves all extremities spontaneously -GZ	—	—
Orientation Level	—	Unable to Assess -GZ	—	—
Pupil Shape Right	—	Round -GZ	—	—
Pupil Shape Left	—	Round -GZ	—	—

**Cardio**

Cardiac	Exceptions -GZ	—	—	—

**Respiratory**

Respiratory	Within Defined Limits -GZ	—	—	—

**Gastrointestinal**

Gastrointestinal	Exceptions  dry heaving on arrival to ED -GZ	—	—	—

**GU**

Genitourinary	Within Defined Limits -GZ	—	—	—

**Skin**

Skin	Within Defined Limits -GZ	—	—	—

**Psychosocial**

Psychological	Intoxication/detoxification -GZ	—	—	—

**Non Verbal Pain Scale**

Face Score	—	—	Muscles relaxed -GZ	—
Restlessness Score	—	—	Quiet, relaxed, normal movement -GZ	—
Muscle Tone	—	—	Normal muscle tone, relaxed -GZ	—
Vocalization Score	—	—	No abnormal sounds -GZ	—
Consolability	—	—	Content, relaxed -GZ	—
Non Verbal Pain Scale Total	—	—	0 -GZ	—

**Glasgow Coma Scale**

Eye Opening	—	To pain -GZ	—	—
Best Verbal Response	—	Incomprehensible speech -GZ	—	—
Best Motor Response	—	Localizes pain -GZ	—	—
Glasgow Coma Scale Score	—	9 -GZ	—	—

**EENT/Dental Assessment**

Row Name	10/01/22 0143
HEENT	
HEENT	Within Defined Limits -GZ

10/01/2022 - ED in Adult Emergency Department (continued)

Flowsheets (continued)

Gastro Assessment

Row Name	10/01/22 0143
Gastrointestinal	
Gastrointestinal	Exceptions  dry heaving on arrival to ED - GZ

GU Assessment

Row Name	10/01/22 0143
GU	
Genitourinary	Within Defined Limits -GZ

ICU VS

Row Name	10/01/22 0907	10/01/22 0800	10/01/22 0545	10/01/22 0450	10/01/22 0200
<b>Vitals</b>					
Pulse	64 -JP	61 -SA	61 -CC	76 -CC	55 ! -GZ
Heart Rate	—	—	—	—	49 ! -GZ
Cardiac Rhythm	—	—	—	—	Sinus Bradycardia - GZ
Temp	36.7 °C (98.1 °F) - JP	—	—	—	—
Temp src	Oral -JP	—	—	—	—
Resp	17 -JP	16 -SA	18 -CC	16 -CC	19 -GZ
SpO2	96 % -JP	95 % -SA	95 % -CC	95 % -CC	95 % -GZ
<b>Respiratory</b>					
O2 Delivery	Room Air -JP	Room Air -SA	Room Air -CC	Room Air -CC	Room Air -GZ
<b>Hemodynamics</b>					
BP	133/66 -JP	93/41 ! -SA	103/58 ! -CC	—	115/63 -GZ
Mean Arterial Pressure (Calculated)	88 mmHg -JP	58 mmHg ! -SA	73 mmHg -CC	—	80 mmHg -GZ
MAP	—	—	—	—	77 -GZ
BP Location	Left;Upper Extremity -JP	—	—	—	Left;Upper Extremity -GZ
BP Method	Automatic/Non- Invasive BP -JP	—	—	—	Automatic/Non- Invasive BP -GZ
<b>Pain Assessment</b>					
Pain Scale Type	Verbal 0-10 -JP	—	—	—	Non Verbal -GZ
Pain Scale Instruction	Yes -JP	—	—	—	—
Pain Level - 1st Site	0 -JP	—	—	—	—
<b>Non Verbal Pain Scale</b>					
Face Score	—	—	—	—	Muscles relaxed -GZ
Restlessness Score	—	—	—	—	Quiet, relaxed, normal movement - GZ
Muscle Tone	—	—	—	—	Normal muscle tone, relaxed -GZ
Vocalization Score	—	—	—	—	No abnormal sounds -GZ
Consolability	—	—	—	—	Content, relaxed -

**10/01/2022 - ED in Adult Emergency Department (continued)**

**Flowsheets (continued)**

Non Verbal Pain	—	—	—	—	GZ
Scale Total					0 -GZ
<b>Row Name</b>	<b>10/01/22 0143</b>	<b>10/01/22 0107</b>			
<b>Vitals</b>					
Pulse	—	44 <sup>†</sup>	-GZ		
Cardiac Rhythm	Sinus Bradycardia	-	Sinus Bradycardia	-	GZ
Temp	—	36.9 °C (98.4 °F)	-	GZ	
Temp src	—	Oral	-GZ		
Resp	—	18	-GZ		
SpO2	—	95 %	-GZ		
<b>Respiratory</b>					
O2 Delivery	—	Room Air	-GZ		
<b>Hemodynamics</b>					
BP	—	122/74	-GZ		
Mean Arterial Pressure (Calculated)	—	90 mmHg	-GZ		
BP Location	—	Left;Upper Extremity	-GZ		
BP Method	—	Automatic/Non-Invasive BP	-GZ		
<b>Pain Assessment</b>					
Pain Scale Type	—	Non Verbal	-GZ		
<b>Non Verbal Pain Scale</b>					
Face Score	—	Muscles relaxed	-GZ		
Restlessness Score	—	Quiet, relaxed, normal movement	-	GZ	
Muscle Tone	—	Normal muscle tone, relaxed	-GZ		
Vocalization Score	—	No abnormal sounds	-GZ		
Consolability	—	Content, relaxed	-	GZ	
Non Verbal Pain Scale Total	—	0	-GZ		

**Infection Screening**

<b>Row Name</b>	<b>10/01/22 0144</b>
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**Infection Screening**

Do any of the following apply? None apply -GZ

Active diarrhea in the previous 48 hours No or N/A -GZ

Is the patient presenting with rash AND fever? None -GZ

Does the patient currently have influenza-like symptoms? None -GZ

Tuberculosis (TB) symptom(s) None -GZ

**10/01/2022 - ED in Adult Emergency Department (continued)**

**Flowsheets (continued)**

present

Current or recent tuberculosis -GZ  
 diagnosis and/ or on TB medication

**Travel Related Screening**

Has the patient traveled to any of the following countries in the last 30 days? No -GZ

**Lines**

Row Name	10/01/22 0124	10/01/22 0108
<b>[REMOVED] Peripheral IV 18 G Left;Hand</b>		
Properties	Placement Date: 10/01/22 -GZ Placement Time: 0108 -GZ Size: 18 G -GZ Site: Left;Hand -GZ Inserted in: Present on admission to facility (If insertion date/time is unknown use admission date for placement date/time) -GZ Inserted/Placed By: EMS -GZ Removal Reason: Treatment Completed -CC Line Status at Removal: Intact -CC Removal Date: 10/01/22 -CC Removal Time: 0420 -CC	
Line Status	— Patent;Positive Blood Return -GZ	
Line Intervention	Flushed with Saline -GZ	
Needleless Connector Valve(s)	Applied/Changed - GZ	
Phlebitis Assessment	Grade 0 – No symptoms -GZ	
Surrounding Skin	Within Defined Limits -GZ	
Dressing Type	Transparent -GZ	
Dressing Assessment	Clean, Dry & Intact -GZ	
Dressing Intervention	No Intervention Required -GZ	
<b>[REMOVED] Peripheral IV 20 G Right;Antecubital</b>		
Properties	Placement Date: 10/01/22 -GZ Placement Time: 0123 -GZ Size: 20 G -GZ Site: Right;Antecubital -GZ Inserted in: Emergency department -GZ Insertion Method: Palpation/visualization -GZ Number of Attempts: 1 -GZ Removal Reason: Treatment Completed -JP Line Status at Removal: Intact -JP Removal Date: 10/01/22 -JP Removal Time: 0905 -JP	
Line Status	Patent;Positive — Blood Return -GZ	
Line Intervention	Flushed with Saline — -GZ	
Needleless Connector Valve(s)	Applied/Changed - GZ	
Phlebitis Assessment	Grade 0 – No symptoms -GZ	
Surrounding Skin	Within Defined Limits -GZ	
Dressing Type	Transparent -GZ	
Dressing Assessment	Clean, Dry & Intact -GZ	
Dressing Intervention	Applied -GZ	

**10/01/2022 - ED in Adult Emergency Department (continued)**
**Flowsheets (continued)**
**Neuro assessment**

Row Name	10/01/22 0141
<u>Neurological</u>	
Neuro Assessment	Exceptions -GZ
Level of Consciousness	Sleeping;Moves all extremities spontaneously -GZ
Orientation Level	Unable to Assess - GZ
Pupil Reaction Right	Brisk -GZ
Pupil Size Right (mm)	4 mm -GZ
Pupil Shape Right	Round -GZ
Pupil Reaction Left	Brisk -GZ
Pupil Size Left (mm)	4 mm -GZ
Pupil Shape Left	Round -GZ

**Glasgow Coma Scale**

Eye Opening	To pain -GZ
Best Verbal Response	Incomprehensible speech -GZ
Best Motor Response	Localizes pain -GZ
Glasgow Coma Scale Score	9 -GZ

**Psychological Assessment**

Row Name	10/01/22 0143
<u>Psych</u>	
Psychological	Intoxication/detoxification -GZ

**Pt. Disposition**

Row Name	10/01/22 0912
<u>Patient Discharge</u>	
Reassessment of Chief Complaint	cleared for dc my MD. pt denies Si/Hi denies AVH. Pt reports no pain. vitals stable. pt tolerates po intake of water/crackers. gait steady and balance intact. no concerns reported upon discharge. pt left with brother. -JP
Patient Teaching	Discharge instructions reviewed;Follow-up care reviewed -JP
Discharge Mode	Ambulatory -JP

**10/01/2022 - ED in Adult Emergency Department (continued)**

**Flowsheets (continued)**

Accompanied by	Family -JP
Discharge Transportation	Family Transport -JP
Discharge AMA	No -JP

**Respiratory Assessment**

<b>Row Name</b>	<b>10/01/22 0143</b>
Respiratory	Within Defined Limits -GZ
Respiratory	Within Defined Limits -GZ

**Safety / Quality**

<b>Row Name</b>	<b>10/01/22 0144</b>
<b>Fall Risk Screening Score</b>	
Patient age > 65 years?	No -GZ
History of falling in the last three months?	No -GZ
Is the patient confused or disoriented?	Yes -GZ
Is the patient intoxicated or sedated?	Yes -GZ
Does the patient have an impaired gait?	Yes -GZ
Does the patient use a device for mobility assistance?	No -GZ
Is this patient experiencing altered elimination?	No -GZ
Does this patient wear eyeglasses, contacts, or have any other visual impairments?	No -GZ
Fall Risk Score	9 -GZ
Fall Risk Group	High -GZ
Fall Risk Score	0 -GZ

**Fall Risk Interventions**

Standard Fall Precautions for all patients:	Required -GZ
Yellow socks, armband	Required -GZ
Room with easy visibility and curtain open	Required -GZ
Place high risk Fall Door Signage and	Required -GZ

**10/01/2022 - ED in Adult Emergency Department (continued)**

**Flowsheets (continued)**

activate Hill-Rom

Fall Alert

Telesitter

Optional: Must Meet  
 Below Criteria -GZ

**Sepsis Assessment**

Row Name	10/01/22 0220	10/01/22 0143
----------	---------------	---------------

**Sepsis Screening**

Do you suspect this patient has a new or worsening infection?	—	No -GZ
In last 6 hours temperature < 36 C or > 38.3 C	—	No -GZ
In last 6 hours HR > 90 beats per minute	—	No -GZ
In last 6 hours RR > 20 breaths per minute	—	No -GZ
In last 24 hours WBC > 12 or < 4 K/uL or Bands > 10%	—	No -GZ
Total of number of positive SIRS criteria	—	0 -GZ
Patient screening positive for sepsis	—	No -GZ

**Severe Sepsis Screen**

In last 6 hours SBP < 90 or MAP < 65	—	No -GZ
In last 24 hours creatinine > 2	—	No -GZ
In last 24 hours bilirubin > 2	—	No -GZ
In last 24 hours platelet count < 100,000	—	No -GZ
In last 24 hours INR > 1.5 or aPTT > 60	—	No -GZ
In last 6 hours lactate level > 2	—	No -GZ

**Communication**

Communication method	Phone -CC	—
Care team member(s) communicated with	Other (comment)  resident on call Dr Samara -CC	—
Care team role	Provider on primary team -CC	—
Communication Reason	Condition Update - CC	—

**10/01/2022 - ED in Adult Emergency Department (continued)**
**Flowsheets (continued)**

Additional communication details pt laying on stretcher with eyes closed, chest rise and fall noted -CC

**Skin Assessment**

Row Name	10/01/22 0143
Skin	
Skin	Within Defined Limits -GZ

**Spinal-Musculoskeletal Assessment**

Row Name	10/01/22 0143
Spinal-Musculoskeletal Assessment	
Musculoskeletal	Within Defined Limits -GZ

**Suicidal/Homicidal Safety Assessment**

Row Name	10/01/22 0144
Safety Survey	
Patient Location Checks	Sleeping;In room - GZ

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
GZ	Zachariades, Georgia, RN	Registered Nurse-ED	Nurse	10/01/2022
GG	Gama, Gloria	—	—	10/01/2022
JP	Paules, John, RN	Registered Nurse-ED	Nurse	10/01/2022
SA	Anulao, Sheila, RN	Registered Nurse-ED	Nurse	10/01/2022
CC	Cicchi, Cristen, RN	Registered Nurse-ED	Nurse	10/01/2022
BR	Reporting, Background	—	—	10/01/2022

**After Visit Summary**

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

ED AVS Footer (below)

**10/01/2022 - ED in Adult Emergency Department (continued)**

**After Visit Summary (continued)**

Topper, Galen (MR # 62437256) Printed at 10/1/2022 9:05 AM

**Additional Information**

Emergency Department  
300 Pasteur Drive  
Stanford CA 94305  
Phone: 650-725-4492  
Fax: 650-736-7605

**IMPORTANT:** We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions above.

**YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY:** Follow the above instructions carefully. Take your medications as prescribed. Most important, see a doctor again as discussed. If you cannot reach your doctor return to the Emergency Department.

For Copies of Your X-ray Studies or Medical Records, Please Call Phone Contacts Listed Below:

**X-Ray Film Library**

Phone number: (650) 723-6717

**Medical Records**

Phone number: (650) 723-5721

**10/01/2022 - ED in Adult Emergency Department (continued)**

**After Visit Summary (continued)**

ED AVS Signature (below)

Topper, Galen (MR # 62437256) Printed at 10/1/2022 9:05 AM



15946

ADULT EMERGENCY DEPARTMENT  
500 PASTEUR DRIVE  
STANFORD CA 94305  
Phone: 650-725-4492

**Visit Information:**

CSN: 131338911348

Name	MRN	Adm Date	DOB	Age	Sex
Galen Topper	62437256	10/1/2022 1:05 AM	6/21/2002	20 Y	male

By signing this document, I acknowledge that I have received discharge teaching and instructions as described in the After Visit Summary. I have had the chance to ask questions, and I understand these instructions.

**Patient Signature:**

10/1/2022 9:05 AM

Date	Time	Signature (Patient, or Properly Designated Representative)
------	------	--

Print Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

**Staff Signature:**

10/1/2022 9:05 AM

Date	Time	Staff with title
------	------	------------------

Print Name \_\_\_\_\_

## 10/01/2022 - ED in Adult Emergency Department (continued)

### After Visit Summary (continued)

ED After Visit Summary (below)

### AFTER VISIT SUMMARY

Galen Topper MRN: 62437256

10/1/2022 Adult Emergency Department 650-725-4492



#### Instructions



Read the attached information

Alcohol Intoxication: Acute (English)



Call Kevin Fong-Wei Kuo, MD

Why: As needed

Specialty: Internal Medicine

Contact: 1300 Crane St

Menlo Park CA 94025

(650)724-3660



Go to Adult Emergency Department

Why: If symptoms worsen

Specialty: Emergency Medicine

Contact: 500 Pasteur Drive

Stanford California 94305

650-725-4492

For Parking information, please visit: <https://stanfordmedicinetransportation.org/500P-Parking>

#### Today's Visit

You were seen by Wei David Hao, MD

#### Reason for Visit

Alcohol Intoxication

#### Diagnosis

Alcoholic intoxication without complication (CMS-HCC)

#### What's Next

OCT 3 2022 Follow Up Visit  
Monday October 3 10:05 AM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

NOV 10 2022 Physical Exam/Preventive Visit with Kevin Fong-Wei Kuo,  
MD  
Thursday November 10 9:00 AM

Internal Medicine Menlo Medical Clinic  
1300 Crane St  
Menlo Park CA 94025  
650-498-6500

#### Changes to Your Medication List

You have not been prescribed any medications.

#### MyHealth

View your After Visit Summary and more online at <https://myhealth.stanfordhealthcare.org/>.

## 10/01/2022 - ED in Adult Emergency Department (continued)

### After Visit Summary (continued)

#### Attached Information

Alcohol Intoxication: Acute (English)

#### **Acute Alcohol Intoxication: Care Instructions**

##### **Overview**



You have had treatment to help your body rid itself of alcohol. Too much alcohol upsets the body's fluid balance. Your doctor may have given you fluids and vitamins.

For some people, drinking too much alcohol is a one-time event. For others, it is an ongoing problem. In either case, it is serious. It can be life-threatening.

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

##### **How can you care for yourself at home?**

- Do not drink and drive.
- Be safe with medicines. Take your medicines exactly as prescribed. Call your doctor if you think you are having a problem with your medicine.
- If you were given medicine to prevent nausea, be sure to take it exactly as prescribed.
- Before you take any medicine, tell your doctor if:
  - You have had a bad reaction to any medicines in the past.
  - You are taking other medicines, including over-the-counter ones, or have other health problems.
  - You are or could be pregnant.
- Be prepared to have symptoms of a hangover in the next few days.
- Drink plenty of liquids in the next few days.
- Seek help if you need it to stop drinking. Getting counseling and joining a support group can help you stay sober. Try a support group such as Alcoholics Anonymous.
- Avoid alcohol when you take medicines. It can react with many medicines and cause serious problems.

##### **When should you call for help?**



Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).

## 10/01/2022 - ED in Adult Emergency Department (continued)

### After Visit Summary (continued)

- You have trouble breathing.
- You feel confused or cannot think clearly.
- You are seeing, hearing, or feeling things that are not there.
- You are thinking about killing yourself or hurting others.
- You have a seizure.
- You vomit blood or what looks like coffee grounds.

**Call your doctor now** or seek immediate medical care if:

- You can't stop vomiting.
- You have symptoms of dehydration, such as:
  - Dry eyes and a dry mouth.
  - Passing only a little urine.
  - Feeling thirstier than usual.
- You have new or worse symptoms of alcohol withdrawal such as:
  - Trembling, restlessness, or sweating.
  - Anxiety or feeling tense and edgy.
  - Headache or fast or irregular heartbeats.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You need help to stop drinking.
- You do not get better as expected.

### Where can you learn more?

Login to MyHealth at <https://myhealth.stanfordhealthcare.org>. Enter T102 in the search box to get more information about this topic.

Not on MyHealth? Go to <https://myhealth.stanfordhealthcare.org> and click the "Create New Account" link to enter the access code on the MyHealth activation letter you received during a recent visit to Stanford Health Care.

Current as of: November 8, 2021 Content Version: 13.4

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### Are you worried about food, housing, income or other concerns due to the COVID-19 pandemic?

Stanford has created a website of **community resources** to help you during these difficult times.

Scan the QR code with your phone camera:

## 10/01/2022 - ED in Adult Emergency Department (continued)

### After Visit Summary (continued)



- San Mateo, Santa Clara, Alameda, and Monterey County Covid Relief Resources
- Bay Area Schools Meals Map
- CLSEPA Eviction Moratorium Guide

or visit: <https://tinyurl.com/StanfordCommunityResource>

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If you have thoughts of suicide, please call the National  
Suicide Prevention Lifeline (1-800-273-TALK)  
available 24 hours/day, 7 days/week

### MyHealth Share Access (Proxy Sign-up)

Galen Topper (MRN: 62437256) • Printed at 10/1/2022 9:05 AM

Page 4 of 5 **Epic**

## 10/01/2022 - ED in Adult Emergency Department (continued)

### After Visit Summary (continued)

For Adult patients, please use the information provided in Share Access FAQs in the link below:

<https://stanfordhealthcare.org/for-patients-visitors/myhealth/faqs.html#sharing-access>

For Pediatric patients, please follow the instructions in the link below:

<https://stanfordhealthcare.org/content/dam/SHC/patientsandvisitors/myhealth/docs/15-2863-myhealth-child-share-access-request-form.pdf>

## 10/01/2022 - ED in Adult Emergency Department (continued)

### Documents

#### After Visit Summary - Document on 10/1/2022 9:05 AM: ED AVS Footer

Document (below)

Topper, Galen (MR # 62437256) Printed at 10/1/2022 9:05 AM

#### Additional Information

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300 Pasteur Drive  
Stanford CA 94305  
Phone: 650-725-4492  
Fax: 650-736-7605

**IMPORTANT:** We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions above.

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**10/01/2022 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

**10/01/2022 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

**After Visit Summary - Document on 10/1/2022 9:05 AM: AVS SIGNATURE**

Document (below)

Topper, Galen (MR # 62437256) Printed at 10/1/2022 9:05 AM



**Stanford**  
HEALTH CARE



15946

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500 PASTEUR DRIVE  
STANFORD CA 94305  
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Galen Topper	62437256	10/1/2022 1:05 AM	6/21/2002	20 Y	male

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**Patient Signature:**

10/1/2022 9:05 AM

Date Time Signature (Patient, or Properly Designated Representative)

Print Name

Relationship to Patient

**Staff Signature:**

10/1/2022 9:05 AM

Date Time Staff with title

Print Name

**10/01/2022 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

## 10/01/2022 - ED in Adult Emergency Department (continued)

### Documents (continued)

#### After Visit Summary - Document on 10/1/2022 9:05 AM: ED After Visit Summary

Document (below)

### AFTER VISIT SUMMARY

Galen Topper MRN: 62437256



10/1/2022 Adult Emergency Department 650-725-4492

#### Instructions



Read the attached information

Alcohol Intoxication: Acute (English)



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Why: As needed

Specialty: Internal Medicine

Contact: 1300 Crane St

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**10/01/2022 - ED in Adult Emergency Department (continued)**
**Documents (continued)**

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Current as of: November 8, 2021      Content Version: 13.4

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**10/01/2022 - ED in Adult Emergency Department (continued)**

**Documents (continued)**



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- Bay Area Schools Meals Map
- CLSEPA Eviction Moratorium Guide

or visit: <https://tinyurl.com/StanfordCommunityResource>

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con la cámara de  
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- Bay Area Schools Meals Map
- CLSEPA Eviction Moratorium Guide

o visita: <https://tinyurl.com/StanfordCommunityResource>

**NATIONAL  
SUICIDE  
PREVENTION  
LIFELINE** If you have thoughts of suicide, please call the National  
Suicide Prevention Lifeline (1-800-273-TALK)  
**available 24 hours/day, 7 days/week**  
1-800-273-TALK (8255)  
[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)

**MyHealth Share Access (Proxy Sign-up)**

Galen Topper (MRN: 62437256) • Printed at 10/1/2022 9:05 AM

Page 4 of 5 **Epic**

**10/01/2022 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

For Adult patients, please use the information provided in Share Access FAQs in the link below:

<https://stanfordhealthcare.org/for-patients-visitors/myhealth/faqs.html#sharing-access>

For Pediatric patients, please follow the instructions in the link below:

<https://stanfordhealthcare.org/content/dam/SHC/patientsandvisitors/myhealth/docs/15-2863-myhealth-child-share-access-request-form.pdf>

10/01/2022 - ED in Adult Emergency Department (continued)

Documents (continued)

ED Ambulance Report - Scan on 10/3/2022 5:00 PM: ED

Scan (below)

Name: TOPPER, GALEN MRN: 62437256

City of Palo Alto Fire Department



MR# 02437256 CS# 1338911348

Patient Information

Patient Name: TOPPER, GALEN

PCR Status: Sent to CEMSIS

----- DEMOGRAPHICS -----

Age: 20 Years  
 Gender: Male  
 DOB: 06/21/2002  
 Weight: 54.4  
 Pedi Tape: Not Recorded  
 Race: White

----- HOME ADDRESS -----

Homeless?:  
 Address: 535 buena vista ave  
 Address 2:  
 City: City of Redwood City  
 County: San Mateo  
 ZIP Code: 94061  
 State: California

PCR Number: 1de92a59038841278e29af21000726f5

Dispatch Information

Incident Number: PF222740003  
 Other Agency's: PFE2206479

Service Requested: 911 Response  
 Dispatch Priority: Bravo / Charlie

----- UNIT INFO -----

Agency: City of Palo Alto Fire Department  
 Call Sign: M64  
 Primary Role: Transport - ALS  
 Level of Care: Paramedic (ALS)

----- EMD INFORMATION -----

Complaint at Disp: Sick Person  
 EMD Card #: default  
 Response Mode: Code 3  
 Descriptors: Lights and Sirens

----- INCIDENT ADDRESS -----

Address: 658 ESCONDIDO RD  
 Cross Street: Not Recorded  
 City: Stanford  
 State: California  
 Zip: 94305  
 County: Santa Clara  
 Type: Private Residence / Apartment

----- EVENT TIMES -----

911 Notified: 10/01/2022 00:14:27  
 Unit Notified: 10/01/2022 00:21:02  
 En Route: 10/01/2022 00:21:40  
 On Scene: 10/01/2022 00:27:47  
 At Patient: 10/01/2022 00:28:00  
 To Destination: 10/01/2022 00:43:33  
 At Destination: 10/01/2022 00:54:46  
 ED Transfer: 10/01/2022 01:00:00  
 Back in Service: 10/01/2022 01:10:00

Crew Members

Agency Identifier	Name	Cert Level	Role
[Medic 64]	King, Adam	Paramedic	At Scene - Primary Caregiver ; Transport - Primary Caregiver
[Medic 64]	mosko, christopher	EMT	Driver/Pilot-Response ; Driver of Transport Unit
[Medic 64]	Villlicana, Daniel	EMT	Other
[Medic 64]	Kerezsi, Brian	Paramedic	Other
[Medic 64]	Diaz, Ray	EMT	Other

Scene Information

First on Scene: Not Recorded  
 # of Patients on Single  
 scene:  
 # of Patients in this 1  
 unit:

Declared MCI: No

Patient's Complaint(s)

Agency Identifier	Type	Complaint	Duration	Time Units
[Medic 64]	Chief (Primary)	ALOC	Not Recorded	Not Recorded
[Medic 64]	Secondary	ETOH overdose	Not Recorded	Not Recorded

Alcohol/Drug Use Alcohol Containers/Paraphernalia at Scene; Smell of Alcohol on Breath  
 Indicators:

Possible Injury: Unknown  
 Cardiac Arrest: No

Incident #: PF222740003

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Patient: TOPPER, GALEN

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**10/01/2022 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

City of Palo Alto Fire Department									
Medical History									
Medical/Surgical Unresponsive History:									
Agency Identifier		Current Medications			Comments				
[Medic 64]		Patient is Unresponsive							
Agency Identifier		Medication Allergies			Comments				
[Medic 64]		Patient is Unresponsive							
Advance Directives: Unable to Determine									
Vital Signs									
Agency Identifier	PTA	Time	Heart Rate	BP	Respiratory	SPO2	Temp	ETCO2	Glucose
[Medic 64]	No	00:30:52	81 Pulse-Oximeter	131/74 Cuff - Automated	Not Recorded	98	Temperature in Fahrenheit	Not Recorded	107
[Medic 64]	No	00:38:12	Not Recorded	Not Recorded/Not Recorded Not Recorded	9	Normal	Not Recorded	Temperature in Fahrenheit	12
[Medic 64]	No	00:38:33	Not Recorded	Not Recorded/Not Recorded Not Recorded	9	Normal	Not Recorded	Temperature in Fahrenheit	12
[Medic 64]	No	00:39:16	Not Recorded	Not Recorded/Not Recorded Not Recorded	10	Normal	Not Recorded	Temperature in Fahrenheit	14
[Medic 64]	No	00:39:23	Not Recorded	Not Recorded/Not Recorded Not Recorded	10	Normal	Not Recorded	Temperature in Fahrenheit	14
[Medic 64]	No	00:40:52	Not Recorded	Not Recorded/Not Recorded Not Recorded	8	Normal	Not Recorded	Temperature in Fahrenheit	23
[Medic 64]	No	00:41:19	Not Recorded	Not Recorded/Not Recorded Not Recorded	Not Recorded	96	Temperature in Fahrenheit	Not Recorded	Not Recorded
[Medic 64]	No	00:41:45	50 Palpated	116/62 Cuff - Automated	14	Normal	96	Temperature in Fahrenheit	44
[Medic 64]	No	00:45:46	Not Recorded	Not Recorded/Not Recorded Not Recorded	16	Normal	Not Recorded	Temperature in Fahrenheit	20
[Medic 64]	No	00:46:19	Not Recorded	Not Recorded/Not Recorded Not Recorded	10	Normal	Not Recorded	Temperature in Fahrenheit	16
[Medic 64]	No	00:46:29	Not Recorded	Not Recorded/Not Recorded Not Recorded	10	Normal	Not Recorded	Temperature in Fahrenheit	16
[Medic 64]	No	00:47:15	Not Recorded	Not Recorded/Not Recorded Not Recorded	12	Normal	Not Recorded	Temperature in Fahrenheit	33
[Medic 64]	No	00:49:11	Not Recorded	110/54 Cuff - Automated	24	Normal	Not Recorded	Temperature in Fahrenheit	44
[Medic 64]	No	00:51:13	Not Recorded	Not Recorded/Not Recorded Not Recorded	15	Normal	Not Recorded	Temperature in Fahrenheit	36

Incident #: PF222740003

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Patient: TOPPER, GALEN

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10/01/2022 - ED in Adult Emergency Department (continued)

Documents (continued)

Name: TOPPER, GALEN MRN: 62437256

City of Palo Alto Fire Department							
Agency Identifier	PTA	Time	GCS - Eye	GCS - Verbal	GCS - Motor	Score	GCS - Qualifier
[Medic 64]	No	0030:52	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded
[Medic 64]	No	0038:12	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded
[Medic 64]	No	0038:33	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded
[Medic 64]	No	0039:16	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded
[Medic 64]	No	0039:23	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded
[Medic 64]	No	0040:52	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded
[Medic 64]	No	0041:19	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded
[Medic 64]	No	0041:45	[1] No eye movement	[1] No verbal/vocal response	[5] Localizing pain	7	Not Recorded
[Medic 64]	No	0045:46	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded
[Medic 64]	No	0046:19	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded
[Medic 64]	No	0046:29	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded
[Medic 64]	No	0047:15	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded
[Medic 64]	No	0049:11	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded
[Medic 64]	No	0051:13	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded
Agency Identifier	PTA	Date/Time	ECG Type	ECG Rhythm	Method of Interpretation		
[Medic 64]	No	0030:52	Not Recorded	Not Recorded	Not Recorded		
[Medic 64]	No	0038:12	Not Recorded	Not Recorded	Not Recorded		
[Medic 64]	No	0038:33	Not Recorded	Not Recorded	Not Recorded		
[Medic 64]	No	0039:16	Not Recorded	Not Recorded	Not Recorded		
[Medic 64]	No	0039:23	Not Recorded	Not Recorded	Not Recorded		
[Medic 64]	No	0040:52	Not Recorded	Not Recorded	Not Recorded		
[Medic 64]	No	0041:19	Not Recorded	Not Recorded	Not Recorded		
[Medic 64]	No	0041:45	Not Recorded	Not Recorded	Not Recorded		
[Medic 64]	No	0045:46	Not Recorded	Not Recorded	Not Recorded		
[Medic 64]	No	0046:19	Not Recorded	Not Recorded	Not Recorded		
[Medic 64]	No	0046:29	Not Recorded	Not Recorded	Not Recorded		
[Medic 64]	No	0047:15	Not Recorded	Not Recorded	Not Recorded		
[Medic 64]	No	0049:11	Not Recorded	Not Recorded	Not Recorded		
[Medic 64]	No	0051:13	Not Recorded	Not Recorded	Not Recorded		
Agency Identifier	Date/Time	Severity					
[Medic 64]	0030:52	Not Recorded					
[Medic 64]	0038:12	Not Recorded					
[Medic 64]	0038:33	Not Recorded					
[Medic 64]	0039:16	Not Recorded					
[Medic 64]	0039:23	Not Recorded					
[Medic 64]	0040:52	Not Recorded					
[Medic 64]	0041:19	Not Recorded					
[Medic 64]	0041:45	0 Numeric (0-10)					
[Medic 64]	0045:46	Not Recorded					
[Medic 64]	0046:19	Not Recorded					
[Medic 64]	0046:29	Not Recorded					
[Medic 64]	0047:15	Not Recorded					
[Medic 64]	0049:11	Not Recorded					
[Medic 64]	0051:13	Not Recorded					

Exam

Incident #: PF222740003

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Patient: TOPPER, GALEN

**10/01/2022 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

Assessment Summary		
City of Palo Alto Fire Department		
Agency Identifier		
[Medic 64]		
10/01/2022 00:43:13		
<b>Location</b>	<b>Description</b>	<b>Detailed Findings</b>
<b>Mental Status</b>		Oriented-Person [Exam Finding Not Present] Oriented-Place [Exam Finding Not Present] Oriented-Event [Exam Finding Not Present] Oriented-Time [Exam Finding Not Present] Unresponsive Stupor
<b>Eye</b> Bilateral:		PERRL
<b>Abdomen</b>		
<b>Pelvis</b>		Abrasions
<b>Upper Leg</b>		
<b>Lower Leg</b>		
<b>Foot</b>		
<b>Upper Arm</b>		
<b>Forearm</b> Forearm - Left:		Abrasions
<b>Hand</b>		
<b>Back/Spine</b>		
<b>Normal Findings</b>		
Skin; Head; Face; Neck; Chest/Lungs; Heart; Abdomen (Generalized); Upper Leg (Leg - Upper-Left, Leg - Upper-Right); Lower Leg (Leg - Lower-Left, Leg - Lower-Right); Foot (Foot - Dorsal-Left, Foot - Dorsal-Right, Foot - Plantar-Left, Foot - Plantar-Right); Upper Arm (Arm - Upper-Right); Forearm (Forearm - Right); Hand (Hand - Dorsal-Right, Hand - Palm-Right); Back/Spine (Back - General);		
<b>Not Done</b>		
Neurological;		

**Impressions / Symptoms**

Primary Impression: ALOC - (Not Hypoglycemia or Seizure)

Incident #: PF22274003

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Patient: TOPPER, GALEN

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**10/01/2022 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

Cardiac Arrest											
Time of Arrest:	Not Applicable										
Witnessed By:	Not Applicable										
First Rhythm:	No Monitor Attached										
Arrest Etiology:	Not Applicable										
Resuscitation by:	Not Applicable										
this Crew:											
ROSC:	Not Applicable										
Resus Stopped:	Not Applicable										
Reason:	Was Not Discontinued										
Discontinued:											
Rhythm at:	Not Applicable										
Destination:											
Outcome at End of:	Not Applicable										
Call:											

Medication Given											
Agency Identifier	PTA	Time	Crew ID	Medication	Dosage	Units	Route	Response	Complications		
[Medic 64]	No	00:42:11	King, Adam	Oxygen	1	O2 Liters Per Minute (LPM)	Nasal Cannula	Unchange d	None		

Procedures											
Agency Identifier	PTA	Time	Crew ID	Procedure	Location	IV Location	Size	Attempts	Successful	Response	
[Medic 64]	No	00:42:33	King, Adam	Nasopharyngeal airway insertion	Not Recorded			1	Yes	Unchange d	
[Medic 64]	No	00:45:05	King, Adam	IV - arm/hand vein	Hand-Left		18 ga	1	Yes	Unchange d	

Ringdown / Base											
Ringdown											
Agency Identifier	Time of Ringdown/Activation			Type of Notification							
[Medic 64]	Not Recorded			No Hospital Ringdown Performed							

Narrative											
We alos to the dorms and found the pt supine in bed a.o x 0, in care of T66. Bystander report that the pt had been drinking tonight. Empty alcohol bottles were strewn across a desk in the room. Pt was unresponsive and we were unable to wake him up. Pt was moved to the gurney and secured. Pt wretched a few times but did not vomit. An NPA was placed successfully but after a minute the pt began reaching for his face and pulled it out. Pt then continued to pull the ETCO2 cannula off of his face. Pt transport was unremarkable. Pt left in care of facility staff. Report given to RN. All times approx.											

PCR Disposition											
Disposition: Patient Transported in My Ambulance, Treated During Transport											
Final Patient Acuity:	Not Applicable										
Transport Method:	Ground - Ambulance										
Destination Name:	Stanford Health Care										
Address:	1199 Welch Road City of Palo Alto, California 94305 Santa Clara										
Type of Destination:	Hospital-Emergency Department										
Hospital Capability:	Not Recorded										
Reason:	Closest Facility										
Turn around delay:	None/No Delay										
Patient moved to:	Stretcher										
ambulance via:											
Patient position:	Supine										
during transport:											
Time of transfer of:	10/01/2022 01:00:00										
care at destination:											

**Signatures**

Incident #: PF22274003

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Patient: TOPPER, GALEN

**10/01/2022 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

City of Palo Alto Fire Department

**Agency Identifier:** [Medic 64]

**Date:** 10/01/2022 01:01:36

**Type:** Healthcare Provider

**Reason:** Billing Authorization

**Agency Identifier:** [Medic 64]

**Date:** 10/01/2022 01:01:42

**Type:** Healthcare Provider

**Reason:** Transfer of Patient Care

**Agency Identifier:** [Medic 64]

**Date:** 10/01/2022 01:03:08

**Type:** EMS Primary Care Provider (for this event)

**Reason:** Billing Authorization

**Agency Identifier:** [Medic 64]

**Date:** 10/01/2022 01:04:29

**Type:** EMS Primary Care Provider (for this event)

**Reason:** Other

**Full Name:** ADAM KING

**Agency Identifier:** [Medic 64]

**Date:** 10/01/2022 01:04:37

**Type:** EMS Crew Member (Non-Primary)

**Reason:** Other

**Full Name:** DANIEL VILLICANA

**Exposures and PPE**

Agency Identifier	Crew Member	PPE Used	Suspected Exposure	Type of Exposure	Other
[Medic 64]	King, Adam		No	Not Recorded	
[Medic 64]	mosko, christopher		No	Not Recorded	
[Medic 64]	Villicana, Daniel		No	Not Recorded	
[Medic 64]	Kerezsi, Brian		No	Not Recorded	
[Medic 64]	Diaz, Ray		No	Not Recorded	

**Billing**

Agency Identifier	Name	Group ID	Policy ID #
[Medic 64]	United Health Care	919581	904065946
[Medic 64]	arrillaga student athlete		62437256mtrk

Agency Identifier	External Report ID/Number Type	External Report ID/Number
[Medic 64]	Other	MEDICAL EMERGENCY

**Attachments**

Incident #: PF22274003

Printed: 10/02/2022 01:38

Patient: TOPPER, GALEN

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**10/01/2022 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

City of Palo Alto Fire Department

**Agency Identifier:**

[Medic 64]  
Modified By: Import - Palo Alto Fire  
Modified On: 10/01/2022 02:27:21

**Agency Identifier:**

[Medic 64]  
Modified By: Import - Palo Alto Fire  
Modified On: 10/01/2022 02:27:21

**Agency Identifier:**

[Medic 64]  
Modified By: Import - Palo Alto Fire  
Modified On: 10/01/2022 02:27:21

**Agency Identifier:**

[Medic 64]  
Modified By: Import - Palo Alto Fire  
Modified On: 10/01/2022 02:27:21

**Agency Identifier:**

[Medic 64]  
Modified By: Import - Palo Alto Fire  
Modified On: 10/01/2022 02:27:21

**Agency Identifier:**

[Medic 64]  
Modified By: Import - Palo Alto Fire  
Modified On: 10/01/2022 02:27:21

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[Medic 64]  
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Modified On: 10/01/2022 02:27:21

**Agency Identifier:**

[Medic 64]  
Modified By: Import - Palo Alto Fire  
Modified On: 10/01/2022 02:27:21

**Agency Identifier:**

[Medic 64]  
Modified By: Import - Palo Alto Fire  
Modified On: 10/01/2022 02:27:21

**Agency Identifier:**

[Medic 64]  
Modified By: Import - Palo Alto Fire  
Modified On: 10/01/2022 02:27:21

**Agency Identifier:**

[Medic 64]  
Modified By: Import - Palo Alto Fire  
Modified On: 10/01/2022 02:27:21

**Agency Identifier:**

[Medic 64]  
Modified By: Import - Palo Alto Fire  
Modified On: 10/01/2022 02:27:21

Incident #: PF222740003

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Patient: TOPPER, GALEN

10/01/2022 - ED in Adult Emergency Department (continued)

Documents (continued)

ED Ambulance Report - Scan on 10/3/2022 7:22 PM: ED

Scan (below)

Name: TOPPER, GALEN MRN: 62437256

*MPH 42407204*  
 City of Palo Alto Fire Department  
 Patient Care Record  
 Name: TOPPER, GALEN *08#121338911348*

Incident #: PF222740003

Date: 10/01/2022

Patient 1 of 1

Patient Information				Clinical Impression			
Last	TOPPER	Address	535 buena vista ave	Primary Impression	Altered Mental Status		
First	GALEN	Address 2		Secondary Impression	Overdose - Unspecified		
Middle		City	Redwood City	Protocols Used	Altered Mental Status		
Gender	Male	State	CA	Local Protocol Provided			
DOB	06/21/2002	Zip	94061	Care Level			
Age	20 Yrs, 3 Months, 10 Days	Country	US	Anatomic Position	General/Global		
Weight	120.0lbs - 54.4kg	Tel		Onset Time			
Pedi Color		Physician		Last Known Well			
SSN		Ethnicity	Not Hispanic or Latino	Chief Complaint	ALOC		
Race	White			Duration		Units	
Advance Directives				Secondary Complaint	ETOH overdose		
Resident Status				Duration		Units	
Patient Resides in Service Area				Patient's Level of Distress	None		
Temporary Residence Type				Signs & Symptoms	Alcohol/Drug Exposure - Alcohol use		
					Cognitive Functions and Awareness -		
					Altered mental status		
				Injury	Falls - Fall, Unspecified - School -		
					10/01/2022		
				Additional Injury			
				Mechanism of Injury	Blunt		
				Medical/Trauma	Medical		
				Barriers of Care	Physically Impaired, Unconscious		
				Alcohol/Drugs	Smell of Alcohol on Breath, Alcohol Containers / Paraphernalia at Scene		
				Pregnancy			
				Initial Patient Acuity			
				Final Patient Acuity			
				Patient Activity			

Medications/Allergies/History/Immunizations							
Medications	Unable to Obtain - Patient Unresponsive						
Allergies	Unable to Obtain - Patient Unresponsive						
History	Unable to Obtain - Patient Unresponsive						
Immunizations							
Last Oral Intake							

Vital Signs															
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RTS	PTS
00:30	Alert	L	Lay	131/74 A	81 R		98 Rm			107					
00:38				/		9 R			12						
00:38				/		9 R			12						
00:39				/		10 R			14						
00:39				/		10 R			14						
00:40				/		8 R			23						
00:41				/			96								
00:41	Unresponsive	L	Lay	116/62 A	50 R	14 R	96 Rm	44			UTO	0	7=1+1+5	10	
00:45				/		16 R			20						
00:46				/		10 R			16						
00:46				/		10 R			16						
00:47				/		12 R			33						
00:49				110/54 A		24 R			44						
00:51				/		15 R			36						

Flow Chart										Provider
00:42 Oxygen Device: CO2 Nasal Cannula; Flow Rate: 1 lpm; Comments: Pt continuously pulled the cannula out of his nose; Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);										KING, ADAM
00:42 NPA Comments: placed successfully, later removed by pt; Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);										KING, ADAM

Run Number: PFE2206479

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 Data Version: 00286-000000000039D492

## 10/01/2022 - ED in Adult Emergency Department (continued)

## Documents (continued)

Name: TOPPER, GALEN MRN: 62437256


**City of Palo Alto Fire Department**  
 Patient Care Record

Name: TOPPER, GALEN

Incident #: PF222740003

Date: 10/01/2022

Patient 1 of 1

Flow Chart			
Time	Treatment	Description	Provider
00:45	IV Therapy	18 ga; Hand-Left; Normal Saline (.9% NaCl); Total Fluid: 10 ml; Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);	KING, ADAM

## Assessments

Assessment Time: 10/01/2022 00:43:13

Category	Comments	Subcategory	
Mental Status		Mental Status	<input checked="" type="checkbox"/> Stupor • Unresponsive <input checked="" type="checkbox"/> Oriented - Event • Oriented - Person • Oriented - Place • Oriented - Time
Skin		Skin	No Abnormalities
HEENT		Head	Head: No Abnormalities
		Face	Face: No Abnormalities
		Eyes	Both Eyes: PERRL
		Neck	No Abnormalities
Chest		Chest	General: No Abnormalities
		Heart Sounds	No Abnormalities
		Lung Sounds	LL: No Abnormalities LU: No Abnormalities RL: No Abnormalities RU: No Abnormalities
Abdomen		General	No Abnormalities
Back		Back	No Abnormalities
Pelvis/GU/GI		Pelvis/GU/GI	<input checked="" type="checkbox"/> Pelvis: Abrasion
Extremities		Left Arm	<input checked="" type="checkbox"/> Forearm: Abrasion
		Right Arm	Whole Arm and Hand: No Abnormalities
		Left Leg	Left Leg and Foot: No Abnormalities
		Right Leg	Right Leg and Foot: No Abnormalities
Neurological	unable to assess due to aloc	Neurological	Not Assessed

## Narrative

We alos to the dorms and found the pt supine in bed a.o.x0, in care of T66. Bystander report that the pt had been drinking tonight. Empty alcohol bottles were strewn across a desk in the room. Pt was unresponsive and we were unable to wake him up. Pt was moved to the gurney and secured. Pt wretched a few times but did not vomit. An NPA was placed successfully but after a minute the pt began reaching for his face and pulled it out. Pt then continued to pull the ETCO2 cannula off of his face. Pt transport was unremarkable. Pt left in care of facility staff. Report given to RN. All times approx.

## Specialty Patient - Outbreak Screening

Unable to Obtain - Other Reason

Incident Details		Destination Details		Incident Times	
Location Type	Home/Residence	Disposition	Transported No Lights/Siren	PSAP Call	00:14:27
Location		Transport Mode Descriptors	No Lights or Sirens	Dispatch Notified	00:14:27
Address	658 ESCONDIDO RD	Transport Due To	Closest Facility	Call Received	00:14:27
Address 2	116	Transported To	Stanford Health Care (Adult)	Dispatched	00:21:02
Mile Marker		Requested By	Bystander	En Route	00:21:40
City	Stanford	Destination	Hospital	Staged	
County	Santa Clara	Department	Emergency Room	Resp on Scene	
State	CA	Address	1199 Welch Road	On Scene	00:27:47
Zip	94305	Address 2		At Patient	00:28:00
Country	US	City	Palo Alto	Care Transferred	
Medic Unit	M64	County	Santa Clara	Depart Scene	00:43:33
Medic Vehicle	Medic 64	State	CA	At Destination	00:54:46
Run Type	911 Response	Zip	94305	Pt. Transferred	01:00:00
Response Mode	Emergent	Country	US	Call Closed	01:10:00
Response Mode Descriptors	Lights and Sirens	Zone		In District	
Shift	C Shift	Condition at Destination	Unchanged	At Landing Area	
Zone		Destination Record #			
Level of Service	Advanced Life Support	Trauma Registry ID			
EMD Complaint	Sick Person	STEMI Registry ID			
EMD Card Number	default	Stroke Registry ID			

Run Number: PFE2206479

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 Data Version: 00286-000000000B39D492

**10/01/2022 - ED in Adult Emergency Department (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

City of Palo Alto Fire Department			
Patient Care Record			
Name: TOPPER, GALEN			
Incident #: PF222740003			
Date: 10/01/2022 Patient 1 of 1			
Incident Details			
Destination Details			
Incident Times			
Dispatch Priority	Priority 2 (Emergent)		
Crew Members			
Personnel	Role	Certification Level	
KING, ADAM	Lead	EMT-Paramedic - P25691	
MOSKO, CHRIS	Driver	EMT-Basic - E008489	
VILLICANA, DANIEL	Other	EMT-Basic - E146390	
Kerezi, Brian	Other	EMT-Paramedic - P13693	
DIAZ, JR., RAY	Other	EMT-Basic - E069855	
Insurance Details			
Insured's Name	Primary Payer	Insurance	
Relationship	Medicare	Response Urgency	
Insured SSN	Medicaid	Job Related Injury	
Insured DOB	Primary Insurance	United Health Care	
Address1	Policy #	Employer	
Address2	Primary Insurance Group Name	Contact	
Address3	Group #	Phone	
City	Secondary Ins	Mileage to Closest Hospital	
State	Policy #		
Zip	Secondary Insurance Group Name		
Country	Group #		
Mileage	Delays		Additional Agencies
Scene	1.0	Category	Delays
Destination	2.8	Dispatch Delays	None/No Delay
Loaded Miles	1.8	Response Delays	None/No Delay
Start		Scene Delays	None/No Delay
End		Transport Delays	None/No Delay
Total Miles		Turn Around Delays	None/No Delay
Patient Transport Details			
How was Patient Moved to Ambulance	Stretcher	How was Patient Moved From Ambulance	
Patient Position During Transport	Supine	Condition of Patient at Destination	Unchanged

## 09/29/2022 - MR Imaging Procedure in Blake Wilbur MR Imaging

### Reason for Visit

Visit diagnoses:

- (primary)
- Pain in joint involving right pelvic region and thigh

### Infection Status as of 9/29/2022

Infection	Onset	Added	Added By	Resolved	Resolved By
None active					
Resolved					
Influenza	04/12/22	04/12/22 1749	Result: Influenza A/B Screen, RT-PCR [787117718]	09/29/22 0752	Michelson, Sheryl A, RN

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### benzonatate (Tessalon) 100 mg capsule

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

##### Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

#### Stopped in Visit

None

### Imaging

#### Imaging

##### MR Pelvis wo IV Contrast [819921906] (Final result)

Electronically signed by: Choo, Hyunwoo June, MD on 09/19/22 0836

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Choo, Hyunwoo June, MD 09/19/22 0836

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Expedite 09/29/22 1512 - 1 occurrence

Class: Stanford

Quantity: 1

Lab status: Final result

Indications of use: Pelvis pain, stress fracture suspected, neg xray

Indications comment: stanford cross country athlete with sudden onset of right low back pain, eval for right L5 pars fracture and right sacroillitis, seen on x ray

Instance released by: Hernandez, Esther 9/29/2022 3:12 PM

Diagnoses

Pain in joint involving right pelvic region and thigh [M25.551]

#### Questionnaire

**09/29/2022 - MR Imaging Procedure in Blake Wilbur MR Imaging (continued)**
**Imaging (continued)**

Question	Answer
Does the patient have an Allergy to Gadolinium Contrast?	Unknown
Is the patient claustrophobic?	Unknown
Does the patient have any Implanted Devices?	Unknown
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes
Does this study require special image processing?	No
Is this for radiation oncology treatment planning?	No

**Scheduling instructions**

To schedule, cancel or reschedule your appointment, please contact the Radiology Scheduling Center at (650) 723-6855.

Order comments: Please include L4 and L5 in the field of view. Please also obtain T2 weighted fat suppressed images, THIN slices through the L5 pars.

**Screening Form**
**General Information**

Patient Name: Topper, Galen	MRN: 62437256
Date of Birth: 6/21/02	Home Phone: 650-913-5633
Legal Sex: Male	Mobile: <b>650-817-5633</b>

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MR PELVIS WO IV CONTRAST		Fredericson, Michael, MD (650)498-7555 13686	9/29/2022 3:50 PM BWMR01 RADIOLOGY BLAKE WILBUR MR

**Screening Form Questions**

	Answer	Comment
Was this screening form filled in on paper?	Yes	
Have you worked as a machinist or metal grinder?		
Do you have a history of an eye injury involving metal?		
Do you have any aneurysm or brain clips?		
If yes Location and date of procedure?		
Do you have a history of aortic surgical clips?		
Do you have any metal fragments in your eye, head, ear or skin?		
Do you have an artificial limb or joint?		
Do you have any body piercings?		
Do you have any metallic joints pins, screws or plates?		
Do you have an implanted cardiac pacemaker or defibrillator?		
Do you have a carotid artery vascular clips?		
Do you have a cochlear, otologic, or ear implant?		
Do you have ear tubes?		
Do you have Spine hardware or Harrington rods?		
Do you have a heart valve prosthesis?		
Have you ever had an implant held in place with a magnet?		
Do you have breast tissue expanders?		
Do you have a history of an implanted drug infusion device?		

**09/29/2022 - MR Imaging Procedure in Blake Wilbur MR Imaging (continued)**
**Imaging (continued)**

- What type make and model?
- Do you have any head or body implants?
- Have you ever been told you have diabetes?
- Do you have an insulin infusion pump?
- Do you have an intravascular stents, filters, or coils?
- Do you have a history of using an IUD ?
- What IUD type?
- Do you have a history of metal to wire mesh implants?
- Do you have a neurostimulator?
- What type make and model?
- Do you have a cardiac pacemaker?
- What type (make and model)?
- Do you have a history of internal pacing wires?
- Do you have a pessary or bladder ring?
- Are you pregnant?
- Do you have any prosthesis ( Eye, Orbit, Penile)?
- Do you have a history of Kidney problems?
- Do you have any metal rods in bones or joint replacement?
- Do you have a history of seizures or motion disorders?
- Do you have any shrapnel, buckshot or bullets in your body?
- Do you have a history of having a shunt?
- Do you have history of a spinal stimulator?
- What type make and model?
- Do you have tattooed eyeliner or eyebrows?
- Do you have a history of a venous umbrella?
- Do you have a wig, toupee or hair implants?
- Do you have wire sutures or surgical staples?
- Do you wear dentures?
- Do you wear a hearing aid?
- Do you have a transdermal patch on?
- Are you claustrophobic?
- Will you require medication?
- Does your patient have a Swan Ganz catheter or an Epidural catheter?
- What type make and model?
- Is the patient on dialysis?
- What is the make and model of the EEG leads?
- Is this information obtained from Patient?
- Person Information obtained from:

**Proceed with Exam**

Proceed?	User	Time
Proceed	Lee, Sherrie	09/29/2022 04:46 PM PDT

**End Exam Questions**

Answer	Comment
Is this a research study?	No
IRB signed	
Was this exam terminated?	

**09/29/2022 - MR Imaging Procedure in Blake Wilbur MR Imaging (continued)**

**Imaging (continued)**

Was this a repeat exam for a callback?

Has the patient had an allergic reaction to contrast before?

Did you check the patient's Lab Values before begining the exam?

Does patient have a cardiac pacemaker?

Is the device Conditional or Non Conditional?

**MR Pelvis wo IV Contrast [819921906]**

Resulted: 09/30/22 1727, Result status: Final result

Order status: Completed

Resulted by:

Attending, Night

Parivash, Sherveen Nick, MD

Biswal, Sandip, MD

Performed: 09/29/22 1540 - 09/29/22 1640

Filed by: Shc, In-Radiant Results Multiple Systems 09/30/22  
 1730

Accession number: 20207215

Resulting lab: RADIOLOGY

Narrative:

MR Pel wo : 9/29/2022 15:50

**CLINICAL HISTORY:** 20 years of age, Male, Per EPIC: "acute right low back pain and stiffness concern for L5 pars fracture vs sacroiliitis."

**COMPARISON:** Radiograph of the lumbar spine 9/16/2022.

**PROCEDURE COMMENTS:** Multiplanar, multisequence imaging of the pelvis and sacrum was performed at 3T without contrast.

**FINDINGS:**

Fluid: No significant joint effusion.

Bones and cartilage: The sacroiliac joints are without evidence of active inflammatory changes, including focal bony edema or erosions. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. Mildly prominent sclerosis, bony edema, and irregularity of the pubic symphysis (3/26). The bilateral hip joints are overall preserved. No displaced fracture or suspicious marrow edema in the pelvis.

Soft tissues: No significant abnormality.

Visualized pelvis: No significant abnormality.

Nerve: Visualized portions of the sciatic nerves are normal.

Additional findings: Mild facet arthropathy in the visualized lumbar spine with fluid in the facets. Mild disc desiccation and height loss at L5-S1. No acute displaced fracture in the visualized lumbar spine.

Impression:

**IMPRESSION:**

1. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. These findings may reflect developmental variation versus sequela of chronic sacroiliitis. No evidence of active inflammatory change.
2. Findings at the pubic symphysis which may be seen with athletic pubalgia, in the appropriate clinical setting.
3. No acute fracture in the visualized lower lumbar spine and pelvis, as clinically queried.

**09/29/2022 - MR Imaging Procedure in Blake Wilbur MR Imaging (continued)**
**Imaging (continued)**

I have personally reviewed the images for this examination and agree with the report transcribed above.

Signed "Final report"

Acknowledged by: Fredericson, Michael, MD on 10/03/22 1331

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

Resulted: 09/30/22 1135, Result status: Preliminary  
result

**MR Pelvis wo IV Contrast [819921906]**

Order status: Completed

Resulted by:  
Attending, Night  
Parivash, Sherveen Nick, MD  
Biswal, Sandip, MD

Filed by: Shc, In-Radiant Results Multiple Systems 09/30/22  
1135

Performed: 09/29/22 1540 - 09/29/22 1640

Accession number: 20207215

Resulting lab: RADIOLOGY

Narrative:

MR Pel wo : 9/29/2022 15:50

**CLINICAL HISTORY:** 20 years of age, Male, Per EPIC: "acute right low back pain and stiffness concern for L5 pars fracture vs sacroiliitis."

**COMPARISON:** Radiograph of the lumbar spine 9/16/2022.

**PROCEDURE COMMENTS:** Multiplanar, multisequence imaging of the pelvis and sacrum was performed at 3T without contrast.

**FINDINGS:**

**Fluid:** No significant joint effusion.

**Bones and cartilage:** The sacroiliac joints are without evidence of active inflammatory changes, including focal bony edema or erosions. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. Mildly prominent sclerosis, bony edema, and irregularity of the pubic symphysis (3/26). The bilateral hip joints are overall preserved. No displaced fracture or suspicious marrow edema in the pelvis.

**Soft tissues:** No significant abnormality.

**Visualized pelvis:** No significant abnormality.

**Nerve:** Visualized portions of the sciatic nerves are normal.

**Additional findings:** Mild facet arthropathy in the visualized lumbar spine with fluid in the facets. Mild disc desiccation and height loss at L5-S1. No acute displaced fracture in the visualized lumbar spine.

**Impression:**

**IMPRESSION:**

1. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. These findings may reflect developmental variation versus sequela of chronic sacroiliitis. No evidence of active inflammatory change.
2. Findings at the pubic symphysis which may be seen with athletic pubalgia, in the appropriate clinical setting.
3. No acute fracture in the visualized lower lumbar spine and pelvis, as clinically queried.

**09/29/2022 - MR Imaging Procedure in Blake Wilbur MR Imaging (continued)**
**Imaging (continued)**

"This preliminary report has been reviewed by an attending radiologist."

**Reviewed by**

Fredericson, Michael, MD on 10/03/22 1331

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

Resulted: 09/30/22 1129, Result status: Preliminary

**MR Pelvis wo IV Contrast [819921906]**

Order status: Completed

 Resulted by:  
 Attending, Night  
 Parivash, Sherveen Nick, MD  
 Biswal, Sandip, MD

 Filed by: Shc, In-Radiant Results Multiple Systems 09/30/22  
 1129

Performed: 09/29/22 1540 - 09/29/22 1640

Accession number: 20207215

Resulting lab: RADIOLOGY

Narrative:

MR Pel wo : 9/29/2022 15:50

**CLINICAL HISTORY:** 20 years of age, Male, Per EPIC: "acute right low back pain and stiffness concern for L5 pars fracture vs sacroiliitis."

**COMPARISON:** Radiograph of the lumbar spine 9/16/2022.

**PROCEDURE COMMENTS:** Multiplanar, multisequence imaging of the pelvis and sacrum was performed at 3T without contrast.

**FINDINGS:**

Fluid: No significant joint effusion.

Bones and cartilage: The sacroiliac joints are without evidence of active inflammatory changes, including focal bony edema or erosions. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. Mildly prominent sclerosis, bony edema, and irregularity of the pubic symphysis (3/26). The bilateral hip joints are overall preserved. No displaced fracture or suspicious marrow edema in the pelvis.

Soft tissues: No significant abnormality.

Visualized pelvis: No significant abnormality.

Nerve: Visualized portions of the sciatic nerves are normal.

Additional findings: Mild facet arthropathy in the visualized lumbar spine with fluid in the facets. Mild disc desiccation and height loss at L5-S1. No acute displaced fracture in the visualized lumbar spine.

Impression:

**IMPRESSION:**

1. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. These findings

**09/29/2022 - MR Imaging Procedure in Blake Wilbur MR Imaging (continued)**
**Imaging (continued)**

may reflect developmental variation versus sequela of chronic sacroiliitis. No evidence of active inflammatory change.

2. Findings at the pubic symphysis which may be seen with athletic pubalgia, in the appropriate clinical setting.
3. No acute fracture in the visualized lower lumbar spine and pelvis, as clinically queried.

"This preliminary report has been reviewed by an attending radiologist."

**Reviewed by**

Fredericson, Michael, MD on 10/03/22 1331

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**MR Pelvis wo IV Contrast [819921906]**

Resulted: 09/29/22 1647, Result status: In process

Order status: Completed

Resulted by:  
 Attending, Night  
 Parivash, Sherveen Nick, MD  
 Biswal, Sandip, MD  
 Performed: 09/29/22 1540 - 09/29/22 1640  
 Resulting lab: RADIOLOGY

Filed by: Lee, Sherrie, RT 09/29/22 1647  
 Accession number: 20207215

**Reviewed by**

Fredericson, Michael, MD on 10/03/22 1331

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**Indications**

Pain in joint involving right pelvic region and thigh [M25.551 (ICD-10-CM)]

**Signed**

Electronically signed by Biswal, Sandip, MD on 9/30/22 at 1727 PDT

**All Reviewers List**

Fredericson, Michael, MD on 10/3/2022 13:31

**09/28/2022 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	9/28/2022 7:28 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Wednesday September 28, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**09/27/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Routine lab draw
- Sports physical

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**Stopped in Visit**

None

**Labs**

**Ferritin [819439880] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 09/27/22 1659** Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 09/27/22 1659 Authorized by: Fredericson, Michael, MD  
 Ordering mode: Standard  
 Frequency: Routine 09/27/22 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Diagnoses  
 Routine lab draw [Z01.89]

**Specimen Information**

ID	Type	Source	Collected By
22S-270CH3486	Blood	Blood, from Venipuncture	Mlakar, Rachel 10/04/22 1019

**Ferritin [819439880] (Normal)**

Resulted: 10/04/22 1403, Result status: Final result

Order status: Completed Filed by: Background, Lab 10/04/22 1403  
 Collected by: Mlakar, Rachel 10/04/22 1019 Resulting lab: SHC LAB - HOSPITAL LABORATORY  
 Acknowledged by  
 Fredericson, Michael, MD on 10/06/22 1133  
 Hock-Hanson, Susan, RN on 10/12/22 1321

**Components**

Component	Value	Reference Range	Flag	Lab

**09/27/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Ferritin	76.3	30 - 400 ng/mL	—	SHC
Comment:				
Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.				

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Routine lab draw [Z01.89 (ICD-10-CM)]

**All Reviewers List**

 Hock-Hanson, Susan, RN on 10/12/2022 13:21  
 Fredericson, Michael, MD on 10/6/2022 11:33

**Vitamin D, 25-Hydroxyvitamin [819439881] (Final result)**

Electronically signed by: <b>Hock-Hanson, Susan, RN on 09/27/22 1659</b>	Status: <b>Completed</b>
Ordering user: Hock-Hanson, Susan, RN 09/27/22 1659	Authorized by: Fredericson, Michael, MD
Ordering mode: Standard	
Frequency: Routine 09/27/22 -	Class: Clinic Collect
Quantity: 1	Lab status: Final result
Diagnoses	
Sports physical [Z02.5]	

**Specimen Information**

ID	Type	Source	Collected By
22S-270SC0806	Blood	Blood, from Venipuncture	Mlakar, Rachel 10/04/22 1019

**Vitamin D, 25-Hydroxyvitamin [819439881] (Normal)**

Resulted: 10/04/22 1820, Result status: Final result

Order status: Completed	Filed by: Background, Lab 10/04/22 1820
Collected by: Mlakar, Rachel 10/04/22 1019	Resulting lab: HILLVIEW LABORATORY
Acknowledged by	
Fredericson, Michael, MD on 10/06/22 1133	
Hock-Hanson, Susan, RN on 10/12/22 1321	

**Components**

Component	Value	Reference Range	Flag	Lab
25-OH Vitamin D, Total	55	25 - 80 ng/mL	—	Hillview

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**09/27/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 10/12/2022 13:21  
Fredericson, Michael, MD on 10/6/2022 11:33

## 09/19/2022 - Telephone in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Appointment/scheduling  
Visit diagnosis:

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
Start date: 10/28/2021 End date: 3/30/2023  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Telephone Encounter

Mlakar, Rachel at 9/19/2022 1517

**Galen:** This email is to confirm your radiology appointment. Please see below for appointment details. **All of this information can also be found on the MyHealth app. We called the radiology department to try and find you a sooner appointment, but this was the soonest they had with assistance from the escalation team.** You may be asked to sign a form taking financial responsibility for this exam; it's okay to sign. If you receive a bill, please bring it in to the Sports Medicine Clinic.

**Please do not eat or drink anything 4 hours prior to the exam. A small amount of water is ok to take daily medications.**

**Student Athlete: Please keep this email to show the front desk staff when you check in for your appointment**



**Attention: Front Desk Staff**

The "guarantor account" in epic ensures the student-

**09/19/2022 - Telephone in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

<b>Appointment Date</b>	<b>9/29/22</b>	<p>athlete may have the imaging test regardless of completion of the authorization process.</p> <p><b>Blake Wilbur Clinic</b>  <b>900 Blake Wilbur Drive</b>  <b>(across from Stanford Hospital)</b>  <b>Palo Alto 94304</b>  <b>Tel: 650.723.6855</b></p>
<b>Arrival Time</b>	<b>3:20pm</b>	
<b>Appointment</b>	<b>3:50pm</b>	

You may ask the student-athlete to sign the PAFR – (Patient Agreement of Financial Responsibility; however the imaging test must be completed.

If you are unsure, please speak with your manager or call the sports medicine clinic on 650.725.8202

Sports Medicine  
 Clinic Hours: 8:00am – 6:00pm

**Student Athlete:**

Please contact either your athletic trainer and/or the sports medicine clinic with any questions or concerns, Additional information about the clinic and driving instructions for GPS can be found at this link

<https://stanfordhealthcare.org/medical-clinics/imaging-clinic-blake-wilbur-building.html>

Electronically signed by Mlakar, Rachel at 9/19/2022 3:18 PM

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Adm: 9/16/2022

## 09/16/2022 - Diagnostic Imaging Procedure in Stanford Medicine Outpatient Center Diagnostic Imaging Pavilion A First Floor

### Reason for Visit

Visit diagnoses:

- (primary)
- Pain in joint involving right pelvic region and thigh

### Infection Status as of 9/16/2022

Infection	Onset	Added	Added By	Resolved	Resolved By
None active					
Resolved					
Influenza	04/12/22	04/12/22 1749	Result: Influenza A/B Screen, RT-PCR [787117718]	09/29/22 0752	Michelson, Sheryl A, RN

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### benzonatate (Tessalon) 100 mg capsule

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

##### Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

#### Stopped in Visit

None

### Imaging

#### Imaging

##### XR Lumbar Spine 4 Views [817309562] (Final result)

Electronically signed by: **Choo, Hyunwoo June, MD on 09/16/22 1532**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Choo, Hyunwoo June, MD 09/16/22 1532

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: STAT 09/16/22 1535 - 1 occurrence

Class: Stanford

Quantity: 1

Lab status: Final result

Instance released by: Morris, Victoria 9/16/2022 3:35 PM

Diagnoses

Pain in joint involving right pelvic region and thigh [M25.551]

#### Questionnaire

**09/16/2022 - Diagnostic Imaging Procedure in Stanford Medicine Outpatient Center Diagnostic Imaging Pavilion A First Floor (continued)**

**Imaging (continued)**

Question	Answer
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	acute right low back pain in cross country athlete, concern for spondylolysis
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes

Scheduling instructions

This imaging study does not require an appointment and you may walk into any Stanford Imaging Center and complete this study. If you need a list of available locations and hours of operation, please check our website at <https://stanfordhealthcare.org/medical-clinics/imaging-clinic.html>

**End Exam Questions**

	Answer	Comment
Was this exam terminated?		
Was this a repeat exam for a callback?		
Is this exam for research?		

**XR Lumbar Spine 4 Views [817309562]**

Resulted: 09/16/22 1601, Result status: Final result

Order status: Completed

Resulted by: Willis, Marc Harold, DO

Filed by: Shc, In-Radiant Results Multiple Systems 09/16/22  
 1604

Performed: 09/16/22 1537 - 09/16/22 1544

Accession number: 20202476

Resulting lab: RADIOLOGY

Narrative:

RADIOGRAPHIC EXAMINATION OF THE LUMBAR SPINE: 9/16/2022 15:35

CLINICAL HISTORY: 20 years of age, Male, acute right low back pain in cross country athlete, concern for spondylolysis.

COMPARISON: None available.

PROCEDURE COMMENTS: 4 image(s) of the lumbar spine including flexion and extension

**FINDINGS:**

Bones:

Stool and bowel gas partially obscure some of the bones.

Five non-rib bearing vertebral bodies.

No displaced fracture or focal compression deformity.

Normal alignment.

Discs:

Normal.

Facets:

Normal.

Soft tissues:

No radiographic abnormality.

Other:

The subchondral bone of the inferior sacroiliac joints appears ill-defined, right greater than left.

Impression:

**IMPRESSION:**

- Findings which could be seen in the setting of asymmetric sacroiliitis, right greater than left, MRI of the pelvis with and

STANFORD MEDICINE  
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 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Adm: 9/16/2022

**09/16/2022 - Diagnostic Imaging Procedure in Stanford Medicine Outpatient Center Diagnostic Imaging Pavilion A First Floor (continued)**

**Imaging (continued)**

without contrast would provide further evaluation.

I have personally reviewed the images for this examination and agree with the report transcribed above.

Signed "Final report"

Acknowledged by: Fredericson, Michael, MD on 09/19/22 1320

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**XR Lumbar Spine 4 Views [817309562]**

Resulted: 09/16/22 1537, Result status: In process

Order status: Completed  
 Filed by: Yang, Pahoua, RT 09/16/22 1537  
 Accession number: 20202476

Resulted by: Willis, Marc Harold, DO  
 Performed: 09/16/22 1537 - 09/16/22 1544  
 Resulting lab: RADIOLOGY

**Reviewed by**

Fredericson, Michael, MD on 09/19/22 1320

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**Indications**

Pain in joint involving right pelvic region and thigh [M25.551 (ICD-10-CM)]

**Signed**

Electronically signed by Willis, Marc Harold, DO on 9/16/22 at 1601 PDT

**All Reviewers List**

Fredericson, Michael, MD on 9/19/2022 13:20

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16**

**Reason for Visit**

Chief complaint: Office Visit

Visit diagnosis: Pain in joint involving right pelvic region and thigh

**Medication List**

**Medication List**

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD	Discontinued on: 3/30/2023
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough	
Authorized by: Fausett, Cameron Lee, MD	Ordered on: 10/28/2021
Start date: 10/28/2021	End date: 3/30/2023
Action: Patient not taking	Quantity: 15 Capsule
Refill: No refills remaining	

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD	Discontinued on: 2/2/2024
Instructions: take 1 Capsule (1,000 Units total) by mouth every day	
Authorized by: Kuwabara, Anne M, MD	Ordered on: 2/3/2022
Start date: 2/3/2022	End date: 2/2/2024
Action: Patient not taking	Quantity: 100 Capsule
Refill: 3 refills remaining	

**Stopped in Visit**

None

**Clinical Notes**

**Progress Notes**

**Fredericson, Michael, MD at 9/16/2022 1445**

**Dictation #1**

MRN:62437256 CSN:131337976709. Please see dictated note for details.

MRN: 62437256  
CSN 131337976709

Electronically signed by Fredericson, Michael, MD at 9/19/2022 1:52 PM

**Choo, Hyunwoo June, MD at 9/16/2022 1445**

**Stanford Sports Medicine Clinic Note**

**Sport:** Cross Country

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Clinical Notes (continued)**

**Position/Event:** 5k/10k

**Year:** Sophomore

**Chief Complaint:**

**Chief Complaint**

Patient presents with

- Office Visit

**History of present illness:**

Galen Topper is a 20 year old male who comes presents for evaluation of right low back and sacral pain.

Three weeks ago, he was playing football with friends on grass field and strained his hamstring. He stopped his activity, and when he tried running the next day, he experienced significant low back stiffness and pain halfway through his run prompting him to stop running. The next day, he was able to complete short run (6 miles) without issues. Since then, pain has been intermittent throughout running practice. Notably, last week he was going hills which flared his low back pain. Running downhill is worse than uphill. Since then, coach has the athlete do swimming and aqua jog.

Pain is located over the right SI joint, with notable stiffness in the lower right paraspinal area. Pain is dull, deep, tender to palpation, and feels that this has changed his mechanics, "my legs move differently." Worse with hip and back extension, feels with every step. No pain while sitting. He has not taken NSAIDs, has trialed heat modality and dry needling and cupping.

He notes some weight loss while traveling in Europe (7# during 3 weeks) but otherwise notes no significant changes in his diet. Notes well balanced diet.

**ROS:**

Pertinent positives are noted in the HPI, otherwise ROS was negative.

**Physical Exam:**

GENERAL: NAD

PULM: nonlabored breathing

CV: WWP

LUMBAR SPINE: Full lumbar extension with provocation of pain over the right SIJ and paraspinal area. Full lumbar flexion, sidebending and rotation without pain. Single leg hyperextension provokes lower back pain, right>left. +tenderness to palpation over right PSIS, right L4/5 paraspinal area. No TTP over lumbar spinous processes, left lumbosacral paraspinal muscles. Negative straight leg raise, negative seated slump test bilaterally.

HIPS/PELVIS:

No pain provoked with passive hip flexion, internal rotation, and external rotation. No greater trochanteric tenderness to palpation bilaterally. Negative Scour, FABER, FADIR, AP glide, log roll, resisted active straight leg raise bilaterally. 5/5 strength glut med bilaterally tested in sidelying.

POSTERIOR HIP: +Slight tenderness to palpation of the right ischial tuberosities. No pain with resisted hip extension or knee flexion bilaterally.

SI JOINT: +Gilet's test, Negative Patrick's, distraction, Gaenslen's, compression in sidelying, and sacral thrust bilaterally.

GAIT: Non-antalgic gait. Able to perform 10 single leg heel raises bilaterally without difficulty

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Clinical Notes (continued)**

Imaging:

9/16/22

IMPRESSION:

1. Findings which could be seen in the setting of asymmetric sacroiliitis, right greater than left, MRI of the pelvis with and without contrast would provide further evaluation.

**Assessment:**

20yo XC athlete p/w acute right low back pain and stiffness concern for L5 pars fracture and SI joint dysfunction.

**Plan:**

Level of Activity:

Practice Status: Limited

Competition Status: Out

Strength and Conditioning Status: Go as Tolerated

Limitations: No Impact, no loading, neutral spine

The plan of care was discussed with the patient, and all questions were answered. Patient was seen and staffed with Sports Medicine Attending Dr. Fredericson.

**Electronically Signed By:**

June Choo, MD

PM&R Sports Medicine Fellow, PGY-5

Stanford University

Fredericson, Michael, MD at 9/16/2022 1800

**Stanford Sports Medicine Clinic Note**

**Sport:** Cross Country

**Position/Event:** 5k/10k

**Year:** Sophomore

**Chief Complaint:**

Chief Complaint

Patient presents with

- Office Visit

**History of present illness:**

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Clinical Notes (continued)**

Galen Topper is a 20 year old male who comes presents for evaluation of right low back and sacral pain.

Three weeks ago, he was playing football with friends on grass field and strained his hamstring. He stopped his activity, and when he tried running the next day, he experienced significant low back stiffness and pain halfway through his run prompting him to stop running. The next day, he was able to complete short run (6 miles) without issues. Since then, pain has been intermittent throughout running practice. Notably, last week he was going hills which flared his low back pain. Running downhill is worse than uphill. Since then, coach has the athlete do swimming and aqua jog.

Pain is located over the right SI joint, with notable stiffness in the lower right paraspinal area. Pain is dull, deep, tender to palpation, and feels that this has changed his mechanics, "my legs move differently." Worse with hip and back extension, feels with every step. No pain while sitting. He has not taken NSAIDs, has trialed heat modality and dry needling and cupping.

He notes some weight loss while traveling in Europe (7# during 3 weeks) but otherwise notes no significant changes in his diet. Notes well balanced diet.

**ROS:**

Pertinent positives are noted in the HPI, otherwise ROS was negative.

**Physical Exam:**

GENERAL: NAD

PULM: nonlabored breathing

CV: WWP

LUMBAR SPINE: Full lumbar extension with provocation of pain over the right SIJ and paraspinal area. Full lumbar flexion, sidebending and rotation without pain. Single leg hyperextension provokes lower back pain, right>left. +tenderness to palpation over right PSIS, right L4/5 paraspinal area. No TTP over lumbar spinous processes, left lumbosacral paraspinal muscles. Negative straight leg raise, negative seated slump test bilaterally.

HIPS/PELVIS:

No pain provoked with passive hip flexion, internal rotation, and external rotation. No greater trochanteric tenderness to palpation bilaterally. Negative Scour, FABER, FADIR, AP glide, log roll, resisted active straight leg raise bilaterally. 5/5 strength glut med bilaterally tested in sidelying.

POSTERIOR HIP: +Slight tenderness to palpation of the right ischial tuberosities. No pain with resisted hip extension or knee flexion bilaterally.

SI JOINT: +Gilet's test, Negative Patrick's, distraction, Gaenslen's, compression in sidelying, and sacral thrust bilaterally.

GAIT: Non-antalgic gait. Able to perform 10 single leg heel raises bilaterally

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Clinical Notes (continued)**

without difficulty

Imaging:

9/16/22

IMPRESSION:

1. Findings which could be seen in the setting of asymmetric sacroiliitis, right greater than left, MRI of the pelvis with and without contrast would provide further evaluation.

**Assessment:**

20yo XC athlete p/w acute right low back pain and stiffness concern for L5 pars fracture vs sacroilitis.

**Plan:**

- MRI of the pelvis. If negative for sacroilitis, will obtain further imaging of the spine.
- Limit impact, spine loading activities, continue training in pool
- NSAIDs and ice as needed

Level of Activity:

Practice Status: Limited

Competition Status: Out

Strength and Conditioning Status: Go as Tolerated

Limitations: No Impact, no loading, neutral spine

The plan of care was discussed with the patient, and all questions were answered. Patient was seen and staffed with Sports Medicine Attending Dr. Fredericson.

**Electronically Signed By:**

June Choo, MD

PM&R Sports Medicine Fellow, PGY-5

Stanford University

Michael Fredericson, MD

I was present and directly participated in the care of this patient. I have reviewed the resident/fellow note, made edits as indicated, and agree with the documented findings, assessment, and plan.

Electronically signed by Fredericson, Michael, MD at 9/19/2022 2:00 PM

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Clinical Notes (continued)**

**Imaging**

**Imaging**

**XR Lumbar Spine 4 Views [817308913] (Completed)**

Electronically signed by: **Choo, Hyunwoo June, MD on 09/16/22 1532**

Status: **Completed**

Ordering user: Choo, Hyunwoo June, MD 09/16/22 1532

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: STAT 09/16/22 -

Class: Stanford

Quantity: 1

Diagnoses

Pain in joint involving right pelvic region and thigh [M25.551]

**Questionnaire**

Question	Answer
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	acute right low back pain in cross country athlete, concern for spondylolysis
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes

Scheduling instructions

This imaging study does not require an appointment and you may walk into any Stanford Imaging Center and complete this study. If you need a list of available locations and hours of operation, please check our website at <https://stanfordhealthcare.org/medical-clinics/imaging-clinic.html>

**Indications**

Pain in joint involving right pelvic region and thigh [M25.551 (ICD-10-CM)]

**XR Lumbar Spine 4 Views [817309562]**

Resulted: 09/16/22 1601, Result status: Final result

Order status: Completed

Resulted by: Willis, Marc Harold, DO

Filed by: Shc, In-Radiant Results Multiple Systems 09/16/22 1604

Performed: 09/16/22 1537 - 09/16/22 1544

Accession number: 20202476

Resulting lab: RADIOLOGY

Narrative:

RADIOGRAPHIC EXAMINATION OF THE LUMBAR SPINE: 9/16/2022 15:35

CLINICAL HISTORY: 20 years of age, Male, acute right low back pain in cross country athlete, concern for spondylolysis.

COMPARISON: None available.

PROCEDURE COMMENTS: 4 image(s) of the lumbar spine including flexion and extension

**FINDINGS:**

Bones:

Stool and bowel gas partially obscure some of the bones.

Five non-rib bearing vertebral bodies.

No displaced fracture or focal compression deformity.

Normal alignment.

Discs:

Normal.

Facets:

Normal.

Soft tissues:

No radiographic abnormality.

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 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 9/16/2022

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Imaging (continued)**

Other:

The subchondral bone of the inferior sacroiliac joints appears ill-defined, right greater than left.

Impression:

**IMPRESSION:**

- Findings which could be seen in the setting of asymmetric sacroiliitis, right greater than left, MRI of the pelvis with and without contrast would provide further evaluation.

I have personally reviewed the images for this examination and agree with the report transcribed above.

Signed "Final report"

Acknowledged by: Fredericson, Michael, MD on 09/19/22 1320

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**XR Lumbar Spine 4 Views [817309562]**

Resulted: 09/16/22 1537, Result status: In process

Order status: Completed  
 Filed by: Yang, Pahoua, RT 09/16/22 1537  
 Accession number: 20202476

Resulted by: Willis, Marc Harold, DO  
 Performed: 09/16/22 1537 - 09/16/22 1544  
 Resulting lab: RADIOLOGY

**Reviewed by**

Fredericson, Michael, MD on 09/19/22 1320

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**Indications**

Pain in joint involving right pelvic region and thigh [M25.551 (ICD-10-CM)]

**Signed**

Electronically signed by Willis, Marc Harold, DO on 9/16/22 at 1601 PDT

**MR Pelvis wo IV Contrast [817591195] (Completed)**

Electronically signed by: **Choo, Hyunwoo June, MD on 09/19/22 0836**

Status: **Completed**

Ordering user: Choo, Hyunwoo June, MD 09/19/22 0836

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Expedite 09/19/22 -

Class: Stanford

Quantity: 1

Indications of use: Pelvis pain, stress fracture suspected, neg xray

Indications comment: stanford cross country athlete with sudden onset of right low back pain, eval for right L5 pars fracture and right sacroiliitis, seen on x ray

Diagnoses

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Imaging (continued)**

Pain in joint involving right pelvic region and thigh [M25.551]

**Questionnaire**

Question	Answer
Does the patient have an Allergy to Gadolinium Contrast?	Unknown
Is the patient claustrophobic?	Unknown
Does the patient have any Implanted Devices?	Unknown
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes
Does this study require special image processing?	No
Is this for radiation oncology treatment planning?	No

Scheduling instructions

To schedule, cancel or reschedule your appointment, please contact the Radiology Scheduling Center at (650) 723-6855.

Order comments: Please include L4 and L5 in the field of view. Please also obtain T2 weighted fat suppressed images, THIN slices through the L5 pars.

**Indications**

Pain in joint involving right pelvic region and thigh [M25.551 (ICD-10-CM)]

**MR Pelvis wo IV Contrast [819921906]**

Resulted: 09/30/22 1727, Result status: Final result

Order status: Completed

Resulted by:  
 Attending, Night  
 Parivash, Sherveen Nick, MD  
 Biswal, Sandip, MD

Performed: 09/29/22 1540 - 09/29/22 1640

Filed by: Shc, In-Radiant Results Multiple Systems 09/30/22  
 1730

Resulting lab: RADIOLOGY

Accession number: 20207215

Narrative:

MR Pel wo : 9/29/2022 15:50

CLINICAL HISTORY: 20 years of age, Male, Per EPIC: "acute right low back pain and stiffness concern for L5 pars fracture vs sacroiliitis."

COMPARISON: Radiograph of the lumbar spine 9/16/2022.

PROCEDURE COMMENTS: Multiplanar, multisequence imaging of the pelvis and sacrum was performed at 3T without contrast.

**FINDINGS:**

Fluid: No significant joint effusion.

Bones and cartilage: The sacroiliac joints are without evidence of active inflammatory changes, including focal bony edema or erosions. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. Mildly prominent sclerosis, bony edema, and irregularity of the pubic symphysis (3/26). The bilateral hip joints are overall preserved. No displaced fracture or suspicious marrow edema in the pelvis.

Soft tissues: No significant abnormality.

Visualized pelvis: No significant abnormality.

Nerve: Visualized portions of the sciatic nerves are normal.

Additional findings: Mild facet arthropathy in the visualized lumbar spine with fluid in the facets. Mild disc desiccation and height loss at L5-S1. No acute displaced fracture in the visualized lumbar spine.

Impression:

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Imaging (continued)**

IMPRESSION:

1. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. These findings may reflect developmental variation versus sequela of chronic sacroiliitis. No evidence of active inflammatory change.
2. Findings at the pubic symphysis which may be seen with athletic pubalgia, in the appropriate clinical setting.
3. No acute fracture in the visualized lower lumbar spine and pelvis, as clinically queried.

I have personally reviewed the images for this examination and agree with the report transcribed above.

Signed "Final report"

Acknowledged by: Fredericson, Michael, MD on 10/03/22 1331

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

Resulted: 09/30/22 1135, Result status: Preliminary result

**MR Pelvis wo IV Contrast [819921906]**

Order status: Completed

Resulted by:  
 Attending, Night  
 Parivash, Sherveen Nick, MD  
 Biswal, Sandip, MD

Filed by: Shc, In-Radiant Results Multiple Systems 09/30/22 1135

Performed: 09/29/22 1540 - 09/29/22 1640

Accession number: 20207215

Resulting lab: RADIOLOGY

Narrative:

MR Pel wo : 9/29/2022 15:50

CLINICAL HISTORY: 20 years of age, Male, Per EPIC: "acute right low back pain and stiffness concern for L5 pars fracture vs sacroiliitis."

COMPARISON: Radiograph of the lumbar spine 9/16/2022.

PROCEDURE COMMENTS: Multiplanar, multisequence imaging of the pelvis and sacrum was performed at 3T without contrast.

**FINDINGS:**

Fluid: No significant joint effusion.

Bones and cartilage: The sacroiliac joints are without evidence of active inflammatory changes, including focal bony edema or erosions. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. Mildly prominent sclerosis, bony edema, and irregularity of the pubic symphysis (3/26). The bilateral hip joints are overall preserved. No displaced fracture or suspicious marrow edema in the pelvis.

Soft tissues: No significant abnormality.

Visualized pelvis: No significant abnormality.

Nerve: Visualized portions of the sciatic nerves are normal.

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Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 9/16/2022

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Imaging (continued)**

Additional findings: Mild facet arthropathy in the visualized lumbar spine with fluid in the facets. Mild disc desiccation and height loss at L5-S1. No acute displaced fracture in the visualized lumbar spine.

Impression:

**IMPRESSION:**

1. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. These findings may reflect developmental variation versus sequela of chronic sacroiliitis. No evidence of active inflammatory change.
2. Findings at the pubic symphysis which may be seen with athletic pubalgia, in the appropriate clinical setting.
3. No acute fracture in the visualized lower lumbar spine and pelvis, as clinically queried.

"This preliminary report has been reviewed by an attending radiologist."

**Reviewed by**

Fredericson, Michael, MD on 10/03/22 1331

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

Resulted: 09/30/22 1129, Result status: Preliminary result

**MR Pelvis wo IV Contrast [819921906]**

Order status: Completed

Resulted by:  
 Attending, Night  
 Parivash, Sherveen Nick, MD  
 Biswal, Sandip, MD

Performed: 09/29/22 1540 - 09/29/22 1640

Filed by: Shc, In-Radiant Results Multiple Systems 09/30/22  
 1129

Resulting lab: RADIOLOGY

Accession number: 20207215  
 Narrative:

MR Pel wo : 9/29/2022 15:50

**CLINICAL HISTORY:** 20 years of age, Male, Per EPIC: "acute right low back pain and stiffness concern for L5 pars fracture vs sacroiliitis."

**COMPARISON:** Radiograph of the lumbar spine 9/16/2022.

**PROCEDURE COMMENTS:** Multiplanar, multisequence imaging of the pelvis and sacrum was performed at 3T without contrast.

**FINDINGS:**

Fluid: No significant joint effusion.

Bones and cartilage: The sacroiliac joints are without evidence of active inflammatory changes, including focal bony edema or

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 Visit date: 9/16/2022

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Imaging (continued)**

erosions. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. Mildly prominent sclerosis, bony edema, and irregularity of the pubic symphysis (3/26). The bilateral hip joints are overall preserved. No displaced fracture or suspicious marrow edema in the pelvis.

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Additional findings: Mild facet arthropathy in the visualized lumbar spine with fluid in the facets. Mild disc desiccation and height loss at L5-S1. No acute displaced fracture in the visualized lumbar spine.

Impression:

**IMPRESSION:**

1. Mild symmetric, bilateral sacroiliac joint sclerosis and irregularity, which is more than expected for patient age. These findings may reflect developmental variation versus sequela of chronic sacroiliitis. No evidence of active inflammatory change.
2. Findings at the pubic symphysis which may be seen with athletic pubalgia, in the appropriate clinical setting.
3. No acute fracture in the visualized lower lumbar spine and pelvis, as clinically queried.

"This preliminary report has been reviewed by an attending radiologist."

**Reviewed by**

Fredericson, Michael, MD on 10/03/22 1331

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**MR Pelvis wo IV Contrast [819921906]**

Resulted: 09/29/22 1647, Result status: In process

Order status: Completed

Resulted by:  
 Attending, Night  
 Parivash, Sherven Nick, MD  
 Biswal, Sandip, MD  
 Performed: 09/29/22 1540 - 09/29/22 1640  
 Resulting lab: RADIOLOGY

Filed by: Lee, Sherrie, RT 09/29/22 1647  
 Accession number: 20207215

**Reviewed by**

Fredericson, Michael, MD on 10/03/22 1331

**Testing Performed By**

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 9/16/2022

## 09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)

### Imaging (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

### Indications

Pain in joint involving right pelvic region and thigh [M25.551 (ICD-10-CM)]

### Signed

Electronically signed by Biswal, Sandip, MD on 9/30/22 at 1727 PDT

### Flowsheets

#### Encounter Extended Vitals

Row Name	09/16/22 1442
Pain Related to this Visit? No pain = 0	
Pain Level - 1st 0 -SL	
Site	
Fall Risk	
Have you fallen No -SL in the last 30 days?	
Learning Preference	
What is your learning preference? Listening;Reading - SL	

#### User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
SL	La Rosa, Stefanie	—	—	09/16/2022

### Letters

#### Letter by Fredericson, Michael, MD on 9/16/2022

Status: Sent  
 Letter body:

Below, please find the progress note from Galen Topper's visit with Michael Fredericson, MD in ORTHOPEDIC REHAB & SPORTS MED CENTER A16 at Stanford Health Care on September 16, 2022.

Should you have any additional needs regarding this or other patients you have referred to Stanford, please contact the Stanford Referring Physician Resource Center at (866) 742-4811.

*Referring physicians may access information about the care provided to their patients at Stanford Hospital and Clinics using PRISM, a secure web-based portal. Visit <http://prism.stanfordmedicine.org> for details and to apply for a user account.*

### Stanford Sports Medicine Clinic Note

**Sport:** Cross Country

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Letters (continued)**

**Position/Event:** 5k/10k

**Year:** Sophomore

**Chief Complaint:**

**Chief Complaint**

Patient presents with

- Office Visit

**History of present illness:**

Galen Topper is a 20 year old male who comes presents for evaluation of right low back and sacral pain.

Three weeks ago, he was playing football with friends on grass field and strained his hamstring. He stopped his activity, and when he tried running the next day, he experienced significant low back stiffness and pain halfway through his run prompting him to stop running. The next day, he was able to complete short run (6 miles) without issues. Since then, pain has been intermittent throughout running practice. Notably, last week he was going hills which flared his low back pain. Running downhill is worse than uphill. Since then, coach has the athlete do swimming and aqua jog.

Pain is located over the right SI joint, with notable stiffness in the lower right paraspinal area. Pain is dull, deep, tender to palpation, and feels that this has changed his mechanics, "my legs move differently." Worse with hip and back extension, feels with every step. No pain while sitting. He has not taken NSAIDs, has trialed heat modality and dry needling and cupping.

He notes some weight loss while traveling in Europe (7# during 3 weeks) but otherwise notes no significant changes in his diet. Notes well balanced diet.

**ROS:**

Pertinent positives are noted in the HPI, otherwise ROS was negative.

**Physical Exam:**

GENERAL: NAD

PULM: nonlabored breathing

CV: WWP

LUMBAR SPINE: Full lumbar extension with provocation of pain over the right SIJ and paraspinal area. Full lumbar flexion, sidebending and rotation without pain. Single leg hyperextension provokes lower back pain, right>left.  
+tenderness to palpation over right PSIS, right L4/5 paraspinal area. No TTP

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Letters (continued)**

over lumbar spinous processes, left lumbosacral paraspinal muscles. Negative straight leg raise, negative seated slump test bilaterally.

**HIPS/PELVIS:**

No pain provoked with passive hip flexion, internal rotation, and external rotation. No greater trochanteric tenderness to palpation bilaterally. Negative Scour, FABER, FADIR, AP glide, log roll, resisted active straight leg raise bilaterally. 5/5 strength glut med bilaterally tested in sidelying. POSTERIOR HIP: +Slight tenderness to palpation of the right ischial tuberosities. No pain with resisted hip extension or knee flexion bilaterally. SI JOINT: +Gilet's test, Negative Patrick's, distraction, Gaenslen's, compression in sidelying, and sacral thrust bilaterally. GAIT: Non-antalgic gait. Able to perform 10 single leg heel raises bilaterally without difficulty

**Imaging:**

9/16/22

**IMPRESSION:**

1. Findings which could be seen in the setting of asymmetric sacroiliitis, right greater than left, MRI of the pelvis with and without contrast would provide further evaluation.

**Assessment:**

20yo XC athlete p/w acute right low back pain and stiffness concern for L5 pars fracture and SI joint dysfunction.

**Plan:**

- MRI of the lumbar spine to eval for L5 pars defect and SI joint, T1 weighted fat suppressed with thin cuts through the L5 pars
- Limit impact, spine loading activities, continue training in pool
- NSAIDs and ice as needed

**Level of Activity:**

Practice Status: Limited

Competition Status: Out

Strength and Conditioning Status: Go as Tolerated

Limitations: No Impact, no loading, neutral spine

The plan of care was discussed with the patient, and all questions were answered. Patient was seen and staffed with Sports Medicine Attending Dr. Fredericson.

**Electronically Signed By:**

STANFORD MEDICINE  
OUTPATIENT CENTER  
450 BROADWAY ST  
REDWOOD CITY CA 94063-  
3132

Topper, Galen  
MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
Visit date: 9/16/2022

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Letters (continued)**

June Choo, MD  
PM&R Sports Medicine Fellow, PGY-5  
Stanford University

**Dictation #1**

MRN:62437256 CSN:131337976709. Please see dictated note for details.

MRN: 62437256  
CSN 131337976709

**Messages**

**Questionnaire Submission**

From	To	Sent
Topper, Galen	P Myhealth Admin Pool (supporting Michael Fredericson, MD)	9/16/2022 2:09 PM

**Patient Questionnaire Submission**

---

**Questionnaire: COVID-19 Symptom Screening**

---

~~~~~  
Do you have, or have you had in the past 14 days, a NEW onset of any of the following symptoms unrelated to a chronic health condition (ex: COPD, CHF, Sinusitis, etc.):

Question: Measured Temperature  $\geq$  100.0F or Feeling Feverish:

Answer: No

Question: Chills:

Answer: No

Question: Cough:

Answer: No

Question: Shortness of Breath:

Answer: No

Question: Sore Throat:

Answer: No

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Messages (continued)**

Question: Muscle Aches

Answer: No

Question: Fatigue:

Answer: No

Question: New loss of smell and/or taste:

Answer: No

Question: Runny nose/congestion:

Answer: No

Question: Headache:

Answer: No

Question: Diarrhea:

Answer: No

Question: Nausea:

Answer: No

Question: Vomiting:

Answer: No

Question: In the past 7 days, have you had an exposure to an individual who is known or suspected of having COVID-19:

Answer: No

Question: Have you had a positive COVID-19 test in the past 10 days?

Answer: No

~~~~~  
If you must bring one (1) caregiver to your visit please acknowledge the following statements:

Question: I understand the caregiver I bring to my visit must be vaccinated against COVID-19 and have no COVID-19 symptoms OR if the caregiver is not vaccinated, they are necessary for the visit because the patient is under 18, has disabilities (physical, mental, or development), or is at the end of their life.

Answer: I understand

STANFORD MEDICINE  
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 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 9/16/2022

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Messages (continued)**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	9/16/2022 7:29 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Friday September 16, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**Questionnaires**

**Legend:**

Triggered an OurPractice Advisory Scoring question

**Covid-19 Symptom Screening Questionnaire**

9/16/2022 2:09 PM PDT -  
 Filed by Patient

**Question**

Do you have, or have you had in the past 14 days, a NEW onset of any of the following symptoms unrelated to a chronic health condition (ex: COPD, CHF, Sinusitis, etc.):

Measured Temperature >/= 100.0F or Feeling Feverish:	No
Chills:	No
Cough:	No
Shortness of Breath:	No
Sore Throat:	No
Muscle Aches	No
Fatigue:	No
New loss of smell and/or taste:	No
Runny nose/congestion:	No
Headache:	No
Diarrhea:	No
Nausea:	No
Vomiting:	No
In the past 7 days, have you had an exposure to an individual who is known or suspected of having COVID-19:	No
Have you had a positive COVID-19 test in the past 10 days?	No
If you must bring one (1) caregiver to your visit please acknowledge the following statements:	

**09/16/2022 - Office Visit in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Questionnaires (continued)**

I understand the caregiver I bring to my visit must be vaccinated against COVID-19 and have no COVID-19 symptoms OR if the caregiver is not vaccinated, they are necessary for the visit because the patient is under 18, has disabilities (physical, mental, or development), or is at the end of their life.

I understand

**0 (Negative Screening) \***

**0 (Negative) \***

**0 (Negative) \***

0

**COVID-19 Symptom Screening Score (range: -1 - 13)**

**COVID-19 Positive Exposure Score (range: -1 - 1)**

**COVID-19 Positive Test Score (range: -1 - 1)**

**COVID-19 Screening Combined Score (range: 0 - 15)**

## 05/18/2022 - ED in Pediatric Emergency Department

### Reason for Visit

Chief complaint: Eye Pain

Visit diagnoses:

- Conjunctivitis of right eye, unspecified conjunctivitis type (primary)
- Acute maxillary sinusitis, recurrence not specified

### Treatment Team

Provider	Service	Role	Provider Team	Specialty	From	To
Lee, Moon Oh, MD	Emergency Medicine	Attending	—	Emergency Medicine	05/18/22 1540	05/18/22 1807
Williams, Sarah Roberts, MD	Emergency Medicine	Attending	—	Emergency Medicine	05/18/22 1516	05/18/22 1540
Williams, Sarah Roberts, MD	Emergency Medicine	Attending	—	Emergency Medicine	05/18/22 1228	05/18/22 1505
Africk, Benjamin Nathan, MD	—	Emergency Resident	—	Residency	05/18/22 1801	—
Klingman, Lauren Elizabeth, MD	—	Senior Resident	—	Residency	05/18/22 1518	—
MacDougall, Matthew Steven, MD	—	Emergency Resident	—	Residency	05/18/22 1219	—
Tseu, Li Anne M, RN	—	Registered Nurse	—	Emergency Medicine	05/18/22 1219	—

### Infection Status as of 5/18/2022

Infection	Onset	Added	Added By	Resolved	Resolved By
None active Resolved Influenza	04/12/22	04/12/22 1749	Result: Influenza A/B Screen, RT-PCR [787117718]	09/29/22 0752	Michelson, Sheryl A, RN

### Medication List

#### Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Prior To Admission

None

#### Discharge Medication List

##### benzonatate (Tessalon) 100 mg capsule

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

##### Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Medication List (continued)**

Authorized by: Kuwabara, Anne M, MD  
 Start date: 2/3/2022  
 Action: Patient not taking  
 Refill: 3 refills remaining  
 Ordered on: 2/3/2022  
 End date: 2/2/2024  
 Quantity: 100 Capsule

**amoxicillin-clavulanate 875-125 mg tablet**

Instructions: take 1 Tablet by mouth 2 times a day for 14 days  
 Authorized by: Klingman, Lauren Elizabeth, MD  
 Start date: 5/18/2022  
 Quantity: 28 Tablet  
 Ordered on: 5/18/2022  
 End date: 6/1/2022  
 Refill: No refills remaining

**ciprofloxacin HCl 0.3 % ophthalmic solution**

Instructions: Instill 1 drop to affected eye 4 times daily for 7 days  
 Authorized by: Klingman, Lauren Elizabeth, MD  
 Start date: 5/18/2022  
 Quantity: 5 mL  
 Ordered on: 5/18/2022  
 End date: 5/25/2022  
 Refill: No refills remaining

**Stopped in Visit**

None

**ED Provider Note**

**ED Provider Notes by Lee, Moon Oh, MD at 5/18/2022 1219**

Author: Lee, Moon Oh, MD	Service: Emergency Medicine	Author Type: Physician
Filed: 5/19/2022 12:06 AM	Date of Service: 5/18/2022 12:19 PM	Creation Time: 5/18/2022 12:19 PM
Status: Addendum	Editor: Lee, Moon Oh, MD (Physician)	



**Emergency Department  
 Provider Note**

<b>Name:</b> Galen Topper <b>MRN:</b> 62437256	<b>ED Arrival:</b> 5/18/2022 12:15 PM <b>Room #:</b> P04
---	---

**History & Physical**

**Triage:**

**Chief Complaint**

Patient presents with

- Eye Pain

Pt's sports medicine doctor advised pt to come to ED for eye infection. Last night, right eye started to have some swelling and drainage. This morning, pt states his eye was swollen shut and has more yellow drainage. Also c/o blurred vision to right eye that started last night. Denies wearing contacts or glasses

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**ED Provider Note (continued)**

**HPI**

Galen Topper is a 19 Y male history of non-intractable headache and developmental delay presenting with concern for eye infection. The right eye started having yellow exudate on the right 5/17 evening. Galen has had symptoms of sinus fullness and pressure on the right versus the left for about 9 days, he is unclear exactly exactly when it started. His sports medicine doctor prescribed antibiotics today that he has not yet started for sinus infection and referred him to the ED for his right eye. He has had difficulty and pain opening his right eye. He has also had difficulty moving his right eye, but reports that it's not painful and doesn't have any double vision. He also reports that he has some blurring of vision that partially resolved with blinking. He does not wear contacts or glasses and last saw an eye doctor ~2yrs ago. He denies fever or chills, but reports cough, runny nose, and now right sided headache. Of note, he also reports that there was an outbreak of pink eye on his track team about 2 weeks ago. No history of trauma to that right eye. Is a stanford track athlete.

Expand/Collapse Notes

**History From Shared Lists**

**Past Medical History:**

Diagnosis	Date
• Acute nonintractable headache	6/29/2018
<i>Episodes of tunnel vision with headache and once LOC after work out , four times within the last year with two last episodes occurring on June 14 and 15, 2018. Sx started in 9-2017. Fh negative for migraine or cardiac issues.</i>	
• Concern about growth	7/2/2015
<i>Labs in 7-2015. T 111 at 13yo.</i>	
• Dermographism	10/31/2013
<i>Pronounced during the WCC 10-31-13. Possible allergy to sea food- to allergist.</i>	
• Development delay	1/04
• Heart murmur	7/04, 8/05
• Keratosis pilaris	
• Lactose intolerance	8/17/2018
• Language delay	
• Multiple allergies	2/13/2014

**Allergies**

Allergen

• Shellfish Containing Products
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Reactions

Hives/urticaria and Lightheadedness
-------------------------------------

**05/18/2022 - ED in Pediatric Emergency Department (continued)**
**ED Provider Note (continued)**

- Nevus sebaceous  
*on scalp, saw Derm*
- Syncope 6/29/  
2018  
*In September of 2017 after strenuous long run syncope with tunnel vision with loss of vision that lasted for hours. FH negative for migraine or cardiac issues- see visit 6-29-2018.*
- Twin birth, mate liveborn
- Viral warts 8/16/  
2017  
*2017 on R thumb- will use OTC.*

**Patient Active Problem List**

Diagnosis	Code
• Keratosis pilaris	L85.8
• Dermographism	L50.3
• Multiple allergies	Z88.9
• Acute nonintractable headache	R51.9
• Vasovagal syncope	R55
• Lactose intolerance	E73.9
• Breathing difficulty	R06.89

No past surgical history on file.

**Family History**

Problem	Relation	Age of Onset
• Allergies <i>pollen</i>	Father	
• Elevated Lipids	Father	
• No Known Problems	Sister	
• No Known Problems	Brother	
• CAD, Late Onset	Paternal Grandfather	
		79 yo, had MI

**Social History**
**Occupational History**

- Not on file

**Tobacco Use**

- Smoking Never Smoker status:
- Smokeless Never Used tobacco:

**Vaping Use**

05/18/2022 - ED in Pediatric Emergency Department (continued)

ED Provider Note (continued)

- Vaping      Never used
- Use:
- Substance and Sexual Activity
- Alcohol      Not Currently
- use:
- Drug use:    Not Currently
- Sexual        Not on file
- activity:

Prior to Admission Medications								
Prescriptions	Last Dose	Infor	Patie	Taki	ment	ng?	Repo	rted?
<b>Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS</b>						No	No	
	Sig: take 1 Capsule (1,000 Units total) by mouth every day							
<b>benzonatate (Tessalon) 100 mg capsule</b>						No	No	
	Sig: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough							
<b>Facility-Administered Medications: None</b>								

Review of Systems

Constitutional: Negative for activity change, chills and fever.

HENT: Positive for **congestion, facial swelling, rhinorrhea and sinus pressure**.

Eyes: Positive for **photophobia, pain, discharge and redness**.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative.

Neurological: Positive for **headaches**.

Physical Exam

Vitals reviewed.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: **Congestion** and **rhinorrhea** present.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear.

Eyes:

General: Gaze aligned appropriately.

Right eye: **Discharge** present.

Left eye: No discharge.

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera:

Right eye: Right conjunctiva is **injected**. **Chemosis** and **exudate** present.

Pupils: Pupils are equal, round, and reactive to light.

Right eye: **Fluorescein uptake** present.

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**ED Provider Note (continued)**

Funduscopic exam:

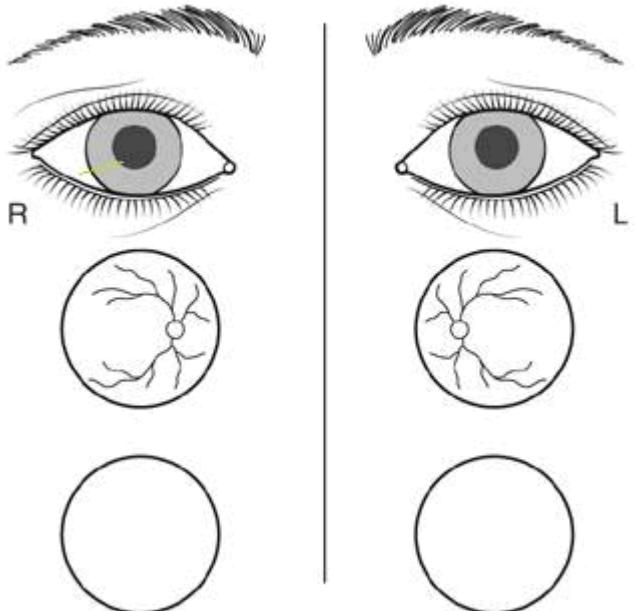
Right eye: Red reflex present.

Left eye: Red reflex present.

Slit lamp exam:

Right eye: Anterior chamber quiet. No corneal ulcer or foreign body.

Left eye: Anterior chamber quiet. No corneal ulcer or foreign body.



Comments: Lids swollen and tender to the touch

**Conjunctiva OD coarse nasally with potentially small developing pterygium**

**Green line, reproducible fluorescein uptake**

**Procedures**

Expand/Collapse Notes

**Labs & Imaging**

--	--	--

**ED Physician and Radiology Interpretations:**

(For Limited US, complete procedure note)

CT Head and Orbita wo IV Contrast

Preliminary Result

**IMPRESSION:**

1. Bilateral paranasal sinus disease, right greater than left with mucosal thickening. However no associated aggressive osseous destruction.

2. No evidence of orbital cellulitis.

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

### ED Provider Note (continued)

3. Nonspecific ill-defined asymmetric soft tissue thickening in the region of the right medial canthus/nasolacrimal sac. Correlate clinically.

"This preliminary report has NOT been reviewed by an attending radiologist."

No orders to display

### Medical Decision Making

**Initial Ddx, assessment and plan:** 19yo M previously healthy track athlete presenting for right eye pain and sinus infection for about 9 days. Concern for orbital cellulitis vs preseptal vs conjunctivitis.

Dx: CT orbit/sinus with contrast  
Woods lamp  
Tonopen

Tx: CTX 1g, Home with oral and topical antibiotics.

Expand/Collapse Notes

### ED Treatment:

Labs and Meds Ordered  
amoxicillin-clavulanate 875-125 mg per tablet 1 Tablet (has no administration in time range)  
proparacaine (OPTHAINE) 0.5 % ophthalmic solution 1 Drop (1 Drop Both Eyes Given 5/18/22 1623)  
fluorescein (FLUOR-I-STRIP) 1 mg ophthalmic strip 1 mg (1 mg Right Eye Given by Physician 5/18/22 1622)  
cefTRIAXone 1 g in NS 10 mL IV push (1 g Intravenous Given 5/18/22 1335)  
iopamidol (ISOVUE 370) 76 % injection 0-200 mL (60 mL Intravenous Contrast Given 5/18/22 1637)

Consults ordered:

None

**05/18/2022 - ED in Pediatric Emergency Department (continued)**
**ED Provider Note (continued)**
**Clinical Decision Rules**
**ED Course, Data Review & Interpretation:**

ED Course as of 05/19/22 0006

Wed May 18, 2022

 1706 **CT Head and Orbita wo IV Contrast**
**IMPRESSION:**

1. Bilateral paranasal sinus disease, right greater than left with mucosal thickening. However no associated aggressive osseous destruction.
2. No evidence of orbital cellulitis.
3. Nonspecific ill-defined asymmetric soft tissue thickening in the region of the right medial canthus/nasolacrimal sac. Correlate clinically. [\[LK\]](#)

 1758 Taking over care. Sinusitis, imaging r/o'd cellulitis. Will be going home [\[BA\]](#)
**ED Course User Index**
[\[BA\]](#) Africk, Benjamin Nathan, MD

[\[LK\]](#) Klingman, Lauren Elizabeth, MD

**ED ATTENDING NOTE:** Pt signed out to me by Dr. Williams pending head CT and tonopen measurements of eyes. Right eye pressure 17, 12. Left eye pressure 15, 16. Pt has no pain with eye movement, no double vision.

CT showed: **IMPRESSION:**

1. Bilateral paranasal sinus disease, right greater than left with mucosal thickening. However no associated aggressive osseous destruction.
2. No evidence of orbital cellulitis.
3. Nonspecific ill-defined asymmetric soft tissue thickening in the region of the right medial canthus/nasolacrimal sac. Correlate clinically.

Will treat for sinusitis with augmentin and possible conjunctivitis since right eye is injected with ciprofloxacin. Pt will f/u with physician in 2 days or return to the ED for worsening symptoms. Moon Lee MD MPH

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**ED Provider Note (continued)**

**Summary of assessment:**

**Disposition:**

**Diagnoses**

Diagnosis	Comment
Conjunctivitis of right eye, unspecified conjunctivitis type	
Acute maxillary sinusitis, recurrence not specified	

Disposition: Discharge

Admitting Attending: No admitting provider for patient encounter.

OR

Follow up: Your Primary Care Doctor

Schedule an appointment as soon as possible for a visit in 2 days

For symptom follow up

Pediatric Emergency Department

300 Pasteur Drive  
 Stanford California 94305

650-725-4492

Go to

As needed, If symptoms worsen

**New Prescriptions**

AMOXICILLIN- take 1 Tablet by mouth 2

CLAVULANATE 875-125 MG times a day for 14 days

TABLET

CIPROFLOXACIN HCL 0.3 % Instill 1 drop to affected eye

OPHTHALMIC SOLUTION 4 times daily for 7 days

Medical Student/Resident/Fellow: Matthew MacDougall MD, PhD

Pediatrics PGY-1

Attending: Williams, Moon Lee MD MPH

Expand/Collapse Notes

**Attending Attestations**

<b>Supervision:</b>	Resident Attestation: I saw and examined the patient and discussed management with the resident. I reviewed the resident note and agree with the documented findings and plan of care.
<b>Ultrasounds &amp; Procedures:</b>	No Procedure
<b>Sepsis, Critical Care and Other:</b>	Not Applicable

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

### ED Provider Note (continued)

#### ED Notes

##### ED Notes by Tseu, Li Anne M, RN at 5/18/2022 1221

Assume care of patient as primary nurse.

Electronically signed by Tseu, Li Anne M, RN at 5/18/2022 12:21 PM

##### ED Notes by Werner, Daugherty, RN at 5/18/2022 1223

Report to Lianne rn

Electronically signed by Werner, Daugherty, RN at 5/18/2022 12:23 PM

##### ED Notes by Tseu, Li Anne M, RN at 5/18/2022 1225

Physician at bedside.

Electronically signed by Tseu, Li Anne M, RN at 5/18/2022 12:25 PM

##### ED Notes by Tseu, Li Anne M, RN at 5/18/2022 1327

Visual Acuity OD: 20/100 OS: 20/20 OU: 20/20

Electronically signed by Tseu, Li Anne M, RN at 5/18/2022 1:28 PM

##### ED Notes by Womack, Sarah, RN at 5/18/2022 1654

Patient resting comfortably in no apparent distress. Bed low and call bell within reach. Patient updated on plan of care. Awaiting imaging results.

Electronically signed by Womack, Sarah, RN at 5/18/2022 4:55 PM

#### ED Care Timeline

##### Patient Care Timeline (5/18/2022 11:44 to 5/18/2022 18:07)

5/18/2022	Event	Details	User
11:44	Patient arrived in ED		Ikalina, Marilyn
11:44:43	Arrival Complaint	Expected, Blurry Vision	

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**ED Care Timeline (continued)**

11:44:43	<b>Arrived - Needs Chief Complaint</b>		Ikalina, Marilyn
11:44:43	<b>Patient arrived in first ED</b>		Ikalina, Marilyn
11:46	<b>Triage Start</b>	<b>Triage Start</b> Triage Start: STARTING TRIAGE	Kirkikis, Helen, RN
11:47	<b>Viral/Travel Screening</b>	<p><b>Travel Related Screening</b> Has the patient traveled to any of the following countries in the last 30 days?: No</p> <p><b>COVID-19 Vaccine Screening</b> Have you received at least one dose of a bivalent COVID-19 vaccine?: Fully Vaccinated + Booster (1 dose J&amp;J &amp; 2nd dose of any after 2 months OR 2 doses Moderna or Pfizer-BioNTech &amp; 3rd dose of any after 6 months)</p> <p><b>Infection Screening</b> In the last 14 days, have you been exposed to someone who has tested positive for COVID-19?: No/Don't know Are you currently in a quarantine period for exposure to COVID-19?: No Are you currently awaiting a COVID-19 test result?: No COVID-19 Screening: Does the patient have the following symptoms?: None Have you previously tested positive for COVID-19 in the past 90 days (3 months)?: No Provide the patient with a surgical mask: Yes</p>	Kirkikis, Helen, RN
11:47:58	<b>Triage Started</b>		Kirkikis, Helen, RN
11:49:56	<b>Chief Complaints Updated</b>	<b>Eye Pain</b> (Pt's sports medicine doctor advised pt to come to ED for eye infection. Last night, right eye started to have some swelling and drainage. This morning, pt states his eye was swollen shut and has more yellow drainage. Also c/o blurred vision to right eye that started last night. Denies wearing contacts or glasses)	Kirkikis, Helen, RN
11:50	<b>Triage Questions</b>	<p><b>Tetanus Hx/Immunizations</b> Tetanus History/Immunizations: Up to Date</p> <p><b>Domestic Abuse Screening</b> Because difficult relationships can cause health problems, we are asking all of our patients the following question: Does a partner, or anyone at home, hurt, hit, or threaten you or take advantage of you financially?: Patient answers "No"</p> <p>Does RN have reason to believe a Social Work Consult is needed to assess abuse or neglect risk?: No</p> <p><b>Suicide Screening</b> Is the patient being evaluated or treated for behavioral health conditions as their chief complaint during this ED visit?: No</p> <p><b>Other flowsheet entries</b> Have you had thoughts of harming anyone?: No</p>	Kirkikis, Helen, RN
11:50	<b>Intervention(s)</b>	<b>Intervention(s)</b> Intervention(s): Mask	Kirkikis, Helen, RN

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**ED Care Timeline (continued)**

11:50	<b>Triage Plan</b>	<b>ESI Level</b> Requires immediate life-saving intervention?: No High risk situation? or Confused/Lethargic/Disoriented? or Severe acute pain/distress?: No How many resources are needed?: Many Does patient meet SIRS criteria? See below for SIRS criteria. : No Is there a concern that the patient will decompensate if not treated within the next hour?: No Would you take your last ED bed for this patient?: No <b>ESI Level:</b> 3 Appropriate to consider for Video Visit?: No, based on ESI Danger Zone Vitals? HR > 100, RR > 20, SpO2 < 92%: No <b>Triage Destination</b> Destination: Child	Kirkikis, Helen, RN
11:50:57	<b>Triage Completed</b>		Kirkikis, Helen, RN
11:51	<b>Vitals</b>	<b>Vitals</b> BP: 138/74 Mean Arterial Pressure (Calculated): 95 mmHg BP Location: Left; Upper Extremity BP Method: Automatic/Non-Invasive BP Temp: 36.4 °C (97.5 °F) Temp Source: Temporal Pulse: 65 Resp: 12 SpO2: 98 % O2 Delivery: RA Weight: 59.9 kg (132 lb 0.9 oz) Weight Source: Standing Scale	Langholz, Jakob
11:51	<b>Custom Formula Data</b>	<b>Height and Weight</b> BSA (Calculated - sq m): 0 sq meters BMI (Calculated): 20.4 <b>Weight</b> BMI Classification: Normal Weight <b>Relevant Labs and Vitals</b> Temp (in Celsius): 36.4 <b>Other flowsheet entries</b> BSA (DuBois formula): 1.70457 sq meters Insulin-octreotide infusion rate (8.1 x BSA): 13.8 mL/hr Glucose (20% dextrose) infusion rate (80xBSA): 136 mL/hr BBK 5mL/Kg: 299.5 mL BBK 10mL/Kg: 599 mL BBK 15mL/Kg: 898.5 mL BBK 20mL/Kg: 1198 mL Wt (kg) x 0.3: 18 mL/hr Wt (kg) x 0.6: 35.9 mL/hr Wt (kg) x 0.9: 53.9 mL/hr Wt (kg) x 1.2: 71.9 mL/hr Wt (kg) x 1.8: 107.8 mL/hr Wt (kg) x 2.4: 143.8 mL/hr Insulin infusion rate- low (9 x BSA): 15.3 mL/hr Glucose infusion rate- low (15 x BSA): 25.6 mL/hr Insulin infusion rate- high (48 x BSA): 81.8 mL/hr TDD Insulin High Intake: 23.96 TDD Insulin Low Intake: 11.98	Langholz, Jakob
11:51:49	<b>Allergies Reviewed</b>		Kirkikis, Helen, RN

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**ED Care Timeline (continued)**

11:53	<b>Eye Procedures</b>	<b>Eye Procedures</b> Procedure(s): Acuity <b>Visual Acuity</b> OS Acuity: 20/20 OD Acuity: 20/30 OU Acuity: 20/20	Langholz, Jakob
12:15:48	<b>Patient roomed in ED</b>	To room P04	Werner, Daugherty, RN
12:15:48	<b>Patient roomed in Peds ED</b>		Werner, Daugherty, RN
12:19:26	<b>Assign Nurse</b>	Tseu, Li Anne M, RN assigned as Registered Nurse	Tseu, Li Anne M, RN
12:19:33	<b>Assign Resident</b>	MacDougall, Matthew Steven, MD assigned as Emergency Resident	MacDougall, Matthew Steven, MD
12:19:33	<b>Initial Physician Assessment</b>		MacDougall, Matthew Steven, MD
12:19:33	<b>Assign Resident</b>		MacDougall, Matthew Steven, MD
12:21	<b>Neuro assessment</b>	<b>Neurological</b> Neuro Assessment: WDL	Tseu, Li Anne M, RN
12:21:33	<b>ED Notes</b>	Assume care of patient as primary nurse.	Tseu, Li Anne M, RN
12:22	<b>Cardiac Assessment</b>	<b>Cardio</b> Cardiac: WDL	Tseu, Li Anne M, RN
12:22	<b>Respiratory Assessment</b>	<b>Respiratory</b> Respiratory: WDL	Tseu, Li Anne M, RN
12:22	<b>EENT/Dental Assessment</b>	<b>HEENT</b> HEENT: Exceptions (Simultaneous filing. User may be unaware of other data.) Eye Right: Sclera red; Conjunctiva red; Pain; Edema; Redness OD Acuity: 20/100 OS Acuity: 20/20 OU Acuity: 20/20	Werner, Daugherty, RN
12:23	<b>Gastro Assessment</b>	<b>Gastrointestinal</b> Gastrointestinal: Denies	Werner, Daugherty, RN
12:23	<b>Skin Assessment</b>	<b>Skin</b> Skin: WDL	Werner, Daugherty, RN
12:23	<b>Spinal-Musculoskeletal Assessment</b>	<b>Spinal-Musculoskeletal Assessment</b> Musculoskeletal: Denies	Werner, Daugherty, RN
12:23:47	<b>ED Notes</b>	Report to Lianne rn	Werner, Daugherty, RN
12:25:23	<b>ED Notes</b>	Physician at bedside.	Tseu, Li Anne M, RN

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**ED Care Timeline (continued)**

12:28	<b>Advance Directive and POLST</b>	<b>Advance Directive</b> Does patient have an Advance Directive?: No - Reviewed what an Advance Health Care Directive is with patient	Tran Chau, Ngoc
12:28:09	<b>Assign Attending</b>	Williams, Sarah Roberts, MD assigned as Attending	Williams, Sarah Roberts, MD
12:28:09	<b>Assign Attending</b>		Williams, Sarah Roberts, MD
13:04:56	<b>Orders Placed</b>	Nursing - Visual Acuity Medications - cefTRIAXone (ROCEPHIN) 1,000 mg in NS 25 mL (40 mg/mL) PEDIATRIC IV syringe Imaging - CT Orbita w/o IV Contrast; CT Sinus w/ IV Contrast	MacDougall, Matthew Steven, MD
13:05:34	<b>CT Ordered</b>	CT SINUS W/ IV CONTRAST, CT ORBITS W/O IV CONTRAST	MacDougall, Matthew Steven, MD
13:05:34	<b>Imaging Exam Ordered</b>		MacDougall, Matthew Steven, MD
13:05:34	<b>CT first exam ordered</b>		MacDougall, Matthew Steven, MD
13:10:23	<b>Orders Placed</b>	Medications - proparacaine (OPTHAINE) 0.5 % ophthalmic solution 1 Drop; fluorescein (FLUOR-I-STRIP) 1 mg ophthalmic strip 1 mg	MacDougall, Matthew Steven, MD
13:12:59	<b>Orders Acknowledged</b>	New - Visual Acuity; cefTRIAXone (ROCEPHIN) 1,000 mg in NS 25 mL (40 mg/mL) PEDIATRIC IV syringe; CT Orbita w/o IV Contrast; CT Sinus w/ IV Contrast; proparacaine (OPTHAINE) 0.5 % ophthalmic solution 1 Drop; fluorescein (FLUOR-I-STRIP) 1 mg ophthalmic strip 1 mg	Tseu, Li Anne M, RN
13:15	<b>Sepsis Assessment</b>	<b>Sepsis Screening</b> Do you suspect this patient has a new or worsening infection?: No In last 6 hours temperature < 36 C or > 38.3 C: No In last 6 hours HR > 90 beats per minute: No In last 6 hours RR > 20 breaths per minute: No In last 24 hours WBC > 12 or < 4 K/uL or Bands > 10%: No Total of number of positive SIRS criteria : 0 Patient screening positive for sepsis: No <b>Severe Sepsis Screen</b> In last 6 hours SBP < 90 or MAP < 65: No In last 24 hours creatinine > 2: No In last 24 hours bilirubin > 2: No In last 24 hours platelet count < 100,000: No In last 24 hours INR > 1.5 or aPTT > 60: No In last 6 hours lactate level > 2: No	Tseu, Li Anne M, RN
13:15	<b>Psychological Assessment</b>	<b>Psych</b> Psychological: WDL	Tseu, Li Anne M, RN
13:15	<b>GU Assessment</b>	<b>GU</b> Genitourinary: WDL	Tseu, Li Anne M, RN
13:15	<b>Custom Formula Data</b>	<b>Sepsis Screening</b> In last 6 hours HR > 100 beats per minute: No In last 24 hours WBC > 20 or < 4 K/uL or Bands > 5%: No	Tseu, Li Anne M, RN
13:20	<b>Rad Status</b>	<b>Radiology Status</b> Patient Rad Status: IV Access	Bucher, Zachary, RT

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**ED Care Timeline (continued)**

13:22:19	<b>Orders Discontinued</b>	cefTRIAXone (ROCEPHIN) 1,000 mg in NS 25 mL (40 mg/mL) PEDIATRIC IV syringe	Hamm, Christian, PHARMD
13:22:19	<b>Orders Placed</b>	Medications - cefTRIAXone 1 g in NS 10 mL IV push	MacDougall, Matthew Steven, MD
13:27:11	<b>ED Notes</b>	Visual Acuity OD: 20/100 OS: 20/20 OU: 20/20	Tseu, Li Anne M, RN
13:30	<b>Cognitive Computing Scores</b>	<b>Other flowsheet entries</b> Risk of Fall Score: 0.2	Srv_Batch, Report
13:34:23	<b>Orders Placed</b>	Imaging - CT Head and Orbita wo IV Contrast	Williams, Sarah Roberts, MD
13:34:25	<b>CT Ordered</b>	CT HEAD AND ORBITS WO IV CONTRAST	Williams, Sarah Roberts, MD
13:34:25	<b>Imaging Exam Ordered</b>		Williams, Sarah Roberts, MD
13:34:58	<b>Orders Discontinued</b>	CT Orbita wo IV Contrast (05/18/22 1300)	Williams, Sarah Roberts, MD
13:35	<b>Peripheral IV Left;Upper Arm Placed</b>	Removal Date/Time: 05/18/22 1806 Placement Date/Time: 05/18/22 1335 Site: Left;Upper Arm Inserted in: Emergency department Inserted/Placed By: RN tseu Insertion Method: Palpation/visualization Number of Attempts: 1	Tseu, Li Anne M, RN
13:35	<b>Medication Given</b>	cefTRIAXone 1 g in NS 10 mL IV push - Dose: <b>1 g</b> ; Route: <b>Intravenous</b> ; Line: <b>Peripheral IV Left;Upper Arm</b> ; Scheduled Time: <b>1323</b>	Tseu, Li Anne M, RN
13:37	<b>Peripheral IV Placed</b>		Tseu, Li Anne M, RN
13:37:10	<b>Registration Completed</b>		Ikalina, Marilyn
14:02:49	<b>Orders Acknowledged</b>	New - cefTRIAXone 1 g in NS 10 mL IV push; CT Head and Orbita wo IV Contrast Discontinued - cefTRIAXone (ROCEPHIN) 1,000 mg in NS 25 mL (40 mg/mL) PEDIATRIC IV syringe; CT Orbita wo IV Contrast	Tseu, Li Anne M, RN
15:05:30	<b>Remove Attending</b>	Williams, Sarah Roberts, MD removed as Attending	Williams, Sarah Roberts, MD
15:16:32	<b>Assign Attending</b>	Williams, Sarah Roberts, MD assigned as Attending	Williams, Sarah Roberts, MD
15:18:17	<b>Assign Resident</b>	Klingman, Lauren Elizabeth, MD assigned as Senior Resident	Klingman, Lauren Elizabeth, MD
15:40:43	<b>Remove Attending</b>	Williams, Sarah Roberts, MD removed as Attending	Lee, Moon Oh, MD
15:40:43	<b>Assign Attending</b>	Lee, Moon Oh, MD assigned as Attending	Lee, Moon Oh, MD
16:05:59	<b>Orders Discontinued</b>	CT Sinus w IV Contrast (05/18/22 1315)	Bucher, Zachary, RT
16:14:47	<b>Orders Acknowledged</b>	Discontinued - CT Sinus w IV Contrast	Tseu, Li Anne M, RN
16:19:17	<b>Orders Completed</b>	Visual Acuity	Tseu, Li Anne M, RN
16:19:17	<b>Visual Acuity Completed</b>	Visual Acuity	Tseu, Li Anne M, RN
16:22	<b>Medication Given by Physician</b>	fluorescein (FLUOR-I-STRIP) 1 mg ophthalmic strip 1 mg - Dose: <b>1 mg</b> ; Route: <b>Right Eye</b> ; Scheduled Time: <b>1311</b>	Tseu, Li Anne M, RN
16:23	<b>Medication Given</b>	proparacaine (OPTHAINE) 0.5 % ophthalmic solution 1 Drop - Dose: <b>1 drop</b> ; Route: <b>Both Eyes</b> ; Scheduled Time: <b>1311</b> ; Comment: <b>waited for MD</b>	Tseu, Li Anne M, RN

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**ED Care Timeline (continued)**

16:23:30	<b>First CT Started</b>	CT Head and Orbita wo IV Contrast	Madden, Thomas, RT
16:24	<b>Off Unit Trips</b>	<b>Tests/Procedures</b> Off Unit Trips: CT Head <b>Transport Equipment</b> Accompanied by: Transporter Transport Mode: Ambulatory	Tseu, Li Anne M, RN
16:37	<b>Medication Contrast Given</b>	iopamidol (ISOVUE 370) 76 % injection 0-200 mL - Dose: <b>60 mL</b> ; Route: <b>Intravenous</b> ; Line: <b>Peripheral IV Left;Upper Arm</b>	Madden, Thomas, RT
16:37:52	<b>Orders Placed</b>	Medications - iopamidol (ISOVUE 370) 76 % injection 0-200 mL	Williams, Sarah Roberts, MD
16:37:57	<b>Order Performed</b>	CT Head and Orbita wo IV Contrast - ID: <b>19900547</b>	
16:38:13	<b>CT Imaging Exam Ended</b>	CT Head and Orbita wo IV Contrast	Madden, Thomas, RT
16:49:52	<b>Orders Acknowledged</b>	New - iopamidol (ISOVUE 370) 76 % injection 0-200 mL	Womack, Sarah, RN
16:54	<b>Vitals</b>	<b>Vitals</b> BP: 120/67 (Device Time: 16:53:13) BP Location: Left; Upper Extremity BP Method: Automatic/Non-Invasive BP Temp: 36.7 °C (98 °F) Temp Source: Oral Pulse: 54 (Device Time: 16:53:13) Resp: 16 SpO2: 99 % O2 Delivery: RA	Womack, Sarah, RN
16:54	<b>Custom Formula Data</b>	<b>Hemodynamics</b> Mean Arterial Pressure (Calculated): 85 mmHg <b>Relevant Labs and Vitals</b> Temp (in Celsius): 36.7	Womack, Sarah, RN
16:54:54	<b>ED Notes</b>	Patient resting comfortably in no apparent distress. Bed low and call bell within reach. Patient updated on plan of care. Awaiting imaging results.	Womack, Sarah, RN
17:21	<b>ED Disposition - Choose ONE disposition ONLY</b>	<b>ED Disposition - Choose ONE disposition ONLY</b> ED Disposition Discharge: Yes	Klingman, Lauren Elizabeth, MD
17:21:14	<b>Discharge Orders Placed</b>	Medications - amoxicillin-clavulanate 875-125 mg tablet; ciprofloxacin HCl 0.3 % ophthalmic solution	Klingman, Lauren Elizabeth, MD
17:21:24	<b>Resident Discharge Dispo Selected</b>		Klingman, Lauren Elizabeth, MD
17:21:56	<b>Orders Placed</b>	Medications - amoxicillin-clavulanate 875-125 mg per tablet 1 Tablet	Klingman, Lauren Elizabeth, MD
17:23:19	<b>Discharge Disposition Selected</b>	ED Disposition set to Discharge	Lee, Moon Oh, MD
17:23:19	<b>Disposition Selected</b>		Lee, Moon Oh, MD
17:29:52	<b>ED Attending Note Signed</b>	ED Prov Note filed by Lee, Moon Oh, MD	Lee, Moon Oh, MD

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**ED Care Timeline (continued)**

17:29:52	<b>ED Provider Notes</b>	Note originally filed at this time	Lee, Moon Oh, MD
17:31	<b>Cognitive Computing Scores</b>	<b>Other flowsheet entries</b> Risk of Fall Score: 0.39	Srv_Batch, Report
17:40:03	<b>CT Head and Orbita wo IV Contrast Resulted</b>	Collected: 5/18/2022 16:37 Last updated: 5/18/2022 17:43 Status: Final result	Shc, In-Radiant Results Multiple Systems
17:43:12	<b>Imaging Result</b>	CT Head and Orbita wo IV Contrast	Shc, In-Radiant Results Multiple Systems
17:54:06	<b>AVS Printed</b>		Womack, Sarah, RN
17:54:06	<b>AVS Printed</b>	ED AVS Footer ED AVS Signature ED After Visit Summary	Womack, Sarah, RN
17:57	<b>Medication Given</b>	amoxicillin-clavulanate 875-125 mg per tablet 1 Tablet - Dose: 1 tablet ; Route: Oral ; Scheduled Time: 1722	Womack, Sarah, RN
18:01:45	<b>Assign Resident</b>	Africk, Benjamin Nathan, MD assigned as Emergency Resident	Africk, Benjamin Nathan, MD
18:05:54	<b>Orders Acknowledged</b>	New - amoxicillin-clavulanate 875-125 mg per tablet 1 Tablet	Womack, Sarah, RN
18:06	<b>Peripheral IV Left;Upper Arm Removed</b>	Removal Date/Time: 05/18/22 1806 Placement Date/Time: 05/18/22 1335 Site: Left;Upper Arm Inserted in: Emergency department Inserted/Placed By: RN tseu Insertion Method: Palpation/visualization Number of Attempts: 1	Womack, Sarah, RN
18:06	<b>Patient Discharge</b>	<b>Patient Discharge</b> Patient Teaching: Discharge instructions reviewed; Follow-up care reviewed; Medications discussed; Parent/Caregiver verbalized understanding; Patient verbalized understanding Discharge Mode: Ambulatory Accompanied by: Family Discharge Transportation: Family Transport Discharge AMA: No	Womack, Sarah, RN
18:06	<b>Vitals</b>	<b>Vitals</b> BP: 123/65 (Device Time: 18:05:12) BP Location: Left; Upper Extremity BP Method: Automatic/Non-Invasive BP Temp: 37.1 °C (98.7 °F) Temp Source: Oral Pulse: 62 Resp: 16 SpO2: 99 % O2 Delivery: RA	Womack, Sarah, RN
18:06	<b>Custom Formula Data</b>	<b>Hemodynamics</b> Mean Arterial Pressure (Calculated): 84 mmHg <b>Relevant Labs and Vitals</b> Temp (in Celsius): 37.1	Womack, Sarah, RN
18:07	<b>Patient discharged</b>		Womack, Sarah, RN

**Clinical Notes**

**Discharge Instructions**

Klingman, Lauren Elizabeth, MD at 5/18/2022 1720

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Clinical Notes (continued)**

You were seen in the emergency department today for eye pain and swelling. From our history, physical exam, labs, as well as imaging, you do not require any further emergency treatment in the ED. You can go home and continue with your treatment at home.

**- Follow these instructions:**

- Take your new antibiotics as prescribed.
- Please follow-up with your primary care physician in the next 2 - 3 days. This can be a telephone or video visit. You should discuss your emergency department visit, your symptoms, and if any further testing or treatment is needed.
- You can take tylenol 500 - 1000 mg or ibuprofen 600 mg every 6 hours as needed for pain control. Take the ibuprofen with food. To prevent tylenol overdose, do not take acetaminophen (tylenol) at the same time as a combination narcotic medication that contains tylenol, such as norco, lortab, vicodin, or percocet. Do not ingest more than 4 grams of tylenol per day as this will cause severe liver damage. You may alternate tylenol and ibuprofen every three hours to maximize pain control.

**- Return to the Emergency Department for:**

Please call your primary doctor or return to the nearest Emergency Department immediately if you develop temperature > 100.5, worsening difficulty breathing, new associated chest pain, passing out, blurry vision, or any other acute concern.

Electronically signed by Klingman, Lauren Elizabeth, MD at 5/18/2022 5:21 PM

**ED Temp/RAP Patient**

**Masaquel-Santiago, Divina G, RN at 5/18/2022 1128**

**INCOMING PATIENT INFORMATION**

Referring Clinician (name): Dr Kussman.  
Referring Clinician (number): Sport Medicin  
Notify

Patient: Galen Topper, 19 Y, male  
MRN# (if available/exists): 62437256

Relevant History: Right eye swelling and blurry vision. Constant eye ball ache  
Reason for Transfer: Ophthalmology consult  
Suggested Tests: Evaluation

ETA/VIA: 15 min. Bike

Other information: Refer to MD notes

**PLEASE REMIND REFERRING CLINICIAN TO CLOSE PATIENT CHART**

Divina Masaquel-Santiago, RN  
11:28 AM 5/18/2022

Electronically signed by Masaquel-Santiago, Divina G, RN at 5/18/2022 11:32 AM

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Clinical Notes (continued)**

**Imaging**

**Imaging**

**CT Head and Orbita wo IV Contrast [794022325] (Final result)**

Electronically signed by: **Williams, Sarah Roberts, MD** on 05/18/22 1334

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Williams, Sarah Roberts, MD 05/18/22 1334

Ordering provider: Williams, Sarah Roberts, MD

Authorized by: Williams, Sarah Roberts, MD

Ordering mode: Standard

Frequency: Routine Once 05/18/22 1345 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Instance released by: Williams, Sarah Roberts, MD (auto-released) 5/18/2022 1:34 PM

**Questionnaire**

Question	Answer
CLINICAL HISTORY: "what, when, where, concern for". For example, "2 days RLQ pain, concern for appendicitis"	eye pain and right sided headache starting yesterday, concern for orbital cellulitis; also concern for extension from sinusitis symptoms for over a week, CT sinus ordered separately
Does the patient have an Allergy to Iodinated Contrast?	Unknown
Do you want to be contacted immediately by the radiologist who interpreted the study?	No
I authorize the radiologist to modify this order (including whether IV contrast is administered) to address the clinical question.	Yes
Is this exam being ordered as part of a Radiology approved research study?	No

**Screening Form**

**General Information**

Patient Name: Topper, Galen  
 Date of Birth: 6/21/02  
 Legal Sex: Male

MRN: 62437256  
 Home Phone: 650-913-5633  
 Mobile: **650-817-5633**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT HEAD AND ORBITS WO IV CONTRAST	Williams, Sarah Roberts, MD 🕒 (650)723-7337 🕒 23158	Williams, Sarah Roberts, MD 🕒 (650)723-7337 🕒 23158	5/18/2022 3:45 PM SHCT02 RADIOLOGY STANFORD HOSPITAL CT

**Screening Form Questions**

No questions have been answered for this form.

**End Exam Questions**

Answer	Comment
Is this a research study?	
Was this exam terminated?	
Was this a repeat exam for a callback?	
Did you check the patient's Lab Values before beginning the exam?	Yes

**CT Head and Orbita wo IV Contrast [794022325]**

Resulted: 05/18/22 1740, Result status: Final result

Ordering provider: Williams, Sarah Roberts, MD 05/18/22 1334

Order status: Completed

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Imaging (continued)**

Resulted by:  
Dahmoush, Hisham Mahmoud, MBChB

Filed by: Shc, In-Radiant Results Multiple Systems 05/18/22  
1743

Vu, Van Hoang Thuy, MD  
Performed: 05/18/22 1623 - 05/18/22 1637

Accession number: 19900547

Resulting lab: RADIOLOGY

Narrative:  
CT HEAD, ORBITS, SINUS WITH CONTRAST: 5/18/2022 15:45

CLINICAL HISTORY: 19 years of age, Male, eye pain and right sided headache starting yesterday, concern for orbital cellulitis; also concern for extension from sinusitis symptoms for over a week.

COMPARISON: MRI brain 3/22/2011

PROCEDURE COMMENTS: CT of the head was performed without IV contrast. CT of the orbits and paranasal sinuses was performed after the uneventful administration of IV contrast.

Dose information: Based on a 16 cm phantom, the estimated radiation dose (CTDIvol [mGy]) for each series in this exam is 31.1, 29.2. The estimated cumulative dose (DLP [mGy-cm]) is 1135.6.

**FINDINGS:**

Brain parenchyma, ventricles and extra-axial spaces:

No acute hemorrhage. The brain gray-white matter differentiation is preserved.

No midline shift or extra-axial collection.

The ventricles are normal in size and configuration.

The basal cisterns are preserved.

Paranasal sinuses:

Mucosal thickening is seen throughout the paranasal sinuses, most pronounced in the right maxillary sinus and bilateral ethmoid air cells. No air-fluid level is noted.

Opacified ostiomeatal units, sphenoethmoidal recesses, and frontal recesses.

Leftward nasal septal deviation with a bony spur.

Bilateral retroantral and premaxillary fat are preserved.

Orbits:

There is nonspecific ill-defined asymmetric soft tissue thickening in the region of the right medial canthus. No intraorbital fat stranding.

Globes, extraocular muscles, and optic nerves are normal. No mass or abnormal enhancement.]

Bones: No aggressive osseous destruction or erosion.

Soft tissues: No fluid collection. .

Mastoid air cells: Clear.

Additional comment: None.

Impression:

**IMPRESSION:**

1. No intracranial abnormality.
2. Mucosal thickening throughout the paranasal sinuses without aggressive features, as detailed above.
3. Nonspecific ill-defined asymmetric soft tissue thickening in the region of the right medial canthus. No fluid collection. Correlate clinically.
4. No CT evidence of orbital (postseptal) cellulitis.

I have personally reviewed the images for this examination and agree with the report transcribed above.

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Imaging (continued)**

Signed "Final report"

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**CT Head and Orbita w/o IV Contrast [794022325]**

Resulted: 05/18/22 1702, Result status: Preliminary result

Ordering provider: Williams, Sarah Roberts, MD 05/18/22

Order status: Completed

1334

Resulted by:

Dahmoush, Hisham Mahmoud, MBChB

Filed by: Shc, In-Radiant Results Multiple Systems 05/18/22 1702

Vu, Van Hoang Thuy, MD

Performed: 05/18/22 1623 - 05/18/22 1637

Accession number: 19900547

Resulting lab: RADIOLOGY

Narrative:

CT HEAD, ORBITS, SINUS WITH CONTRAST: 5/18/2022 15:45

CLINICAL HISTORY: 19 years of age, Male, eye pain and right sided headache starting yesterday, concern for orbital cellulitis; also concern for extension from sinusitis symptoms for over a week.

COMPARISON: MRI brain 3/22/2011

PROCEDURE COMMENTS: CT of the orbits was performed after the uneventful administration of IV contrast.

Dose information: Based on a 16 cm phantom, the estimated radiation dose (CTDIvol [mGy]) for each series in this exam is 31.1, 29.2. The estimated cumulative dose (DLP [mGy-cm]) is 1135.6.

**FINDINGS:**

Brain parenchyma/ventricles and extra-axial spaces: No acute hemorrhage or evidence of infarction. No midline shift or extra-axial collection. The brain parenchyma gray-white matter differentiation is preserved.

The ventricles are normal in size and configuration. Basal cisterns are preserved.

Orbits: Globes, extraocular muscles, and optic nerves are normal appearing. No mass or abnormal enhancement.]

There is nonspecific ill-defined asymmetric soft tissue thickening in the region of the right medial canthus/nasolacrimal sac. No evidence of subperiosteal or intraorbital fat stranding.

Paranasal sinuses: Moderate and polypoid circumferential mucosal thickening of the right maxillary sinus. Mild mucosal thickening of the left maxillary sinus. No fluid level is noted. Moderate opacifications of bilateral ethmoid air cells. Additional mild mucosal thickening of the sphenoid sinuses.

Bones: No aggressive osseous destruction or erosion.

Soft tissues: No focal soft tissue collection. Bilateral retroantral fat is preserved.

Mastoid air cells: Clear.

Additional comment: None.

Impression:

IMPRESSION:

1. Bilateral paranasal sinus disease, right greater than left with mucosal thickening. However no associated aggressive osseous destruction.
2. No evidence of orbital cellulitis.

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Imaging (continued)**

3. Nonspecific ill-defined asymmetric soft tissue thickening in the region of the right medial canthus/nasolacrimal sac. Correlate clinically.

"This preliminary report has NOT been reviewed by an attending radiologist."

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**CT Head and Orbita w/o IV Contrast [794022325]**

Resulted: 05/18/22 1623, Result status: In process

Ordering provider: Williams, Sarah Roberts, MD 05/18/22  
 1334

Order status: Completed

Resulted by:  
 Dahmoush, Hisham Mahmoud, MBChB

Filed by: Madden, Thomas, RT 05/18/22 1623

Vu, Van Hoang Thuy, MD  
 Performed: 05/18/22 1623 - 05/18/22 1637  
 Resulting lab: RADIOLOGY

Accession number: 19900547

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

**Signed**

Electronically signed by Dahmoush, Hisham Mahmoud, MBChB on 5/18/22 at 1740 PDT

**Medication Administrations**

**amoxicillin-clavulanate 875-125 mg per tablet 1 Tablet [794085263]**

Ordering Provider: Klingman, Lauren Elizabeth, MD  
 Ordered On: 05/18/22 1721  
 Ordered Dose (Remaining/Total): 1 tablet (0/1)  
 Frequency: ONCE

Status: Completed (Past End Date/Time)  
 Starts/Ends: 05/18/22 1722 - 05/18/22 1757  
 Route: Oral  
 Ordered Rate/Order Duration: — / —

Question	Answer	Comment
Indication::	Definitive (documented infection)	—
Infection source::	Skin/Soft tissue infection	—
Duration (days)::	10-14	—

Timestamps	Action	Dose	Route	Other Information
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**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Medication Administrations (continued)**

Performed 05/18/22 Given 1757 Documented: 05/18/22 1757	1 tablet	Oral	Performed by: Womack, Sarah, RN Scanned Package: 65862-503-01
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**cefTRIAXone (ROCEPHIN) 1,000 mg in NS 25 mL (40 mg/mL) PEDIATRIC IV syringe [794013672]**

Ordering Provider: MacDougall, Matthew Steven, MD Ordered On: 05/18/22 1304 Ordered Dose (Remaining/Total): 1,000 mg (1/1) Frequency: ONCE	Status: Discontinued (Past End Date/Time) Starts/Ends: 05/18/22 1305 - 05/18/22 1322 Route: Intravenous Ordered Rate/Order Duration: 50 mL/hr / 30 Minutes
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Question	Answer	Comment
Indication::	Empiric	—
Infection source::	Other (please specify)	—
Duration (days)::	Other (please specify)	—

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Due 05/18/22 1305 Scheduled: 05/18/22 1305	Due	—	—	—

**cefTRIAXone 1 g in NS 10 mL IV push [794018493]**

Ordering Provider: MacDougall, Matthew Steven, MD Ordered On: 05/18/22 1322 Ordered Dose (Remaining/Total): 1 g (0/1) Frequency: ONCE Admin Instructions: Reconstitute vial with 10 mL of ordered diluent and administer as IV Push over 3 to 5 minutes.	Status: Completed (Past End Date/Time) Starts/Ends: 05/18/22 1323 - 05/18/22 1335 Route: Intravenous Ordered Rate/Order Duration: — / —
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Question	Answer	Comment
Indication::	Empiric	—
Infection source::	Other (please specify)	—
Duration (days)::	Other (please specify)	—

Line	Med Link Info	Comment
Peripheral IV Left;Upper Arm	05/18/22 1335 by Tseu, Li Anne M, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 05/18/22 1335 Documented: 05/18/22 1337	Given	1 g	Intravenous	Performed by: Tseu, Li Anne M, RN Scanned Package: 0409-7332-11

**fluorescein (FLUOR-I-STRIP) 1 mg ophthalmic strip 1 mg [794015166]**

Ordering Provider: MacDougall, Matthew Steven, MD Ordered On: 05/18/22 1310 Ordered Dose (Remaining/Total): 1 strip (0/1) Frequency: ONCE	Status: Completed (Past End Date/Time) Starts/Ends: 05/18/22 1311 - 05/18/22 1622 Route: Right Eye Ordered Rate/Order Duration: — / —
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Timestamps	Action	Dose	Route	Other Information
Performed 05/18/22 1622 Documented: 05/18/22 1623	Given by Physician	1 mg	Right Eye	Performed by: Tseu, Li Anne M, RN Scanned Package: 17238-900-99

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Medication Administrations (continued)**

**iopamidol (ISOVUE 370) 76 % injection 0-200 mL [794077003]**

Ordering Provider: Williams, Sarah Roberts, MD

Ordered On: 05/18/22 1637

Ordered Dose (Remaining/Total): 0-200 mL (0/1)

Frequency: RADIOLOGY ONCE

Admin Instructions: Computed Tomography (CT)

Body W Arterial Phase: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV

Cystogram: Isovue 370® (iopamidol injection) - 30mL contrast mixed with one liter saline, Retrograde injection through Foley Cath

Oral Contrast (only one utilized for a single exam as indicated in scan protocol): Gastroview - 30mL diluted with 1000mL water or juice, Oral; or Readi-Cat - 1-2 bottles (450mL per bottle), Oral

Pediatric: Isovue 370® (iopamidol injection) - 2mL/kg, IV

Neck, C-Spine: Isovue 300 or 370® (iopamidol injection) - 1mL/kg, IV

Parathyroid: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV

CT Perfusion: Isovue 300 or 370® (iopamidol injection) - 40 mL fixed amount, IV

Gated Chest Abdomen Pelvis: Isovue 300 or 370® (iopamidol injection) - 1.6mL/kg, IV

PE + Abdomen Pelvis (or PE Pregnancy): Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV

Deep Inferior Epigastric Perforators (DIEP): Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV

Popliteal Entrapment: Isovue 300 or 370® (iopamidol injection) - 1.2mL/kg, IV

Venography AP and Legs: Isovue 300 or 370® (iopamidol injection) - 2mL/kg, IV

MSK Extremity With Contrast: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV

Status: Completed (Past End Date/Time)

Starts/Ends: 05/18/22 1637 - 05/18/22 1637

Route: Intravenous

Ordered Rate/Order Duration: — / —

Section or Exam Type    Protocol Group    Contrast Type    Contrast Dose/Route

Body    Body Single Phase: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV

Renal Mass and Surgical Planning: Isovue 300® (iopamidol injection) - 1.5mL/kg, IV

Enterography: Breeza® - 3 bottles (450mL per bottle), Oral and Isovue® 370 (iopamidol injection) - 1.5mL/kg, IV

Chest    Chest: Isovue 300 or 370® (iopamidol injection) - 0.9mL/kg, IV

Neuro    Head: Isovue 300 or 370® (iopamidol injection) - 1mL/kg, IV

Neuro CT Angio: Isovue 300 or 370® (iopamidol injection) - 1mL/kg, IV

T&L- Spine: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV

CV    CT Angio General: Isovue 300 or 370® (iopamidol injection) - 1.2mL/kg, IV

Pulmonary Embolism (PE): Isovue 300 or 370® (iopamidol injection) - 1.3mL/kg, IV

Runoff (Peripheral Artery Disease) and Lower Extremity Angio Exams: Isovue 300 or 370® (iopamidol injection) - 1.9mL/kg, IV

Trauma CT Angio (extremity or body): Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV

Venography Chest + Upper Extremity: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV

Venography Legs: Isovue 300 or 370® (iopamidol injection) - 2mL/kg, IV

Line	Med Link Info	Comment
Peripheral IV Left;Upper Arm	05/18/22 1637 by Madden, Thomas, RT	—

Timestamps	Action	Dose	Route	Other Information
Performed 05/18/22 1637 Documented: 05/18/22 1638	Contrast Given	60 mL	Intravenous	Performed by: Madden, Thomas, RT

**proparacaine (OPTHAINE) 0.5 % ophthalmic solution 1 Drop [794015164]**

Ordering Provider: MacDougall, Matthew Steven, MD

Ordered On: 05/18/22 1310

Ordered Dose (Remaining/Total): 1 drop (0/1)

Frequency: ONCE

Admin Instructions: Store refrigerated at 2 to 8 degrees C (36 to 46 degrees F)

Status: Completed (Past End Date/Time)

Starts/Ends: 05/18/22 1311 - 05/18/22 1623

Route: Both Eyes

Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
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**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Medication Administrations (continued)**

Performed 05/18/22 Given 1623 Documented: 05/18/22 1623	1 drop	Both Eyes	Performed by: Tseu, Li Anne M, RN Comments: waited for MD Scanned Package: 24208-730-06
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**Other Orders**

**Nursing**

**Visual Acuity [794013826] (Completed)**

Electronically signed by: <b>MacDougall, Matthew Steven, MD</b> on <b>05/18/22 1304</b>	Status: <b>Completed</b>
Ordering user: MacDougall, Matthew Steven, MD 05/18/22 1304	Ordering provider: MacDougall, Matthew Steven, MD
Authorized by: Williams, Sarah Roberts, MD	Ordering mode: Standard
Frequency: Routine Once 05/18/22 1300 - 1 occurrence	Class: Hospital Performed
Quantity: 1	Instance released by: MacDougall, Matthew Steven, MD (auto-released) 5/18/2022 1:05 PM

**MAR**

**Medications**

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Unit
05/18/22	Discontinued	STAT	MacDougall, Matthew Steven, MD	PEDIATRIC EMERGENCY DEPARTMENT

**Provider Information**

Authorizing Provider	Attending Providers	Ordering Provider
MacDougall, Matthew Steven, MD	Williams, Sarah Roberts, MD	MacDougall, Matthew Steven, MD

**Medication Detail**

Medication	Dose	Frequency	Start	End
cefTRIAXone (ROCEPHIN) 1,000 mg in NS 25 mL (40 mg/mL) PEDIATRIC IV syringe (Discontinued)	1,000 mg	ONCE	5/18/2022 1305	5/18/2022 1322

Route: Intravenous

Admin Amount: 25 mL = 1,000 mg of 40 mg/mL

Rate: 50 mL/hr

Volume: 25 mL

Admin Duration: 30 Minutes

Class: E-Prescribe

Number of Expected Doses: 1

Order #: 794013672

**Dose**

Medications Components	
cefTRIAXone 1 gram	1,000 mg
Base Components	
NS	25 mL

**Hospital Medication Detail**

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**MAR (continued)**

	Dose	Frequency	Start	End
cefTRIAXone (ROCEPHIN) 1,000 mg in NS 25 mL (40 mg/mL) PEDIATRIC IV syringe (Discontinued) Class: E-Prescribe Route: Intravenous	1,000 mg	ONCE	5/18/2022	5/18/2022

**Order Questions**

Question	Answer
Indication:	Empiric
Infection source:	Other (please specify)
Duration (days):	Other (please specify)

**Pharmacy Actions**

No Pharmacy Actions Recorded

**Acknowledgement Info**

For	At	Acknowledged By	Acknowledged On
Placing Order	05/18/22 1304	Tseu, Li Anne M, RN	05/18/22 1312
D/C Order	05/18/22 1322	Tseu, Li Anne M, RN	05/18/22 1402

**Most Recent Administration**

No Administrations Recorded

**This Order Has Been Discontinued**

Order Status	Reason	Discontinued Mode	By	On
Discontinued	None	Pharmacy	Hamm, Christian, PHARMD	5/18/22 1322
<b>Authorizing Provider</b>		<b>Ordering Provider</b>		<b>Entered by</b>
MacDougall, Matthew Steven, MD		MacDougall, Matthew Steven, MD		Hamm, Christian, PHARMD

**Verbal Order Info**

Action	Created on	Order Mode	Entered by	Responsible Provider	Signed by	Signed on
Discontinuing	05/18/22 1322	Pharmacy	Hamm, Christian, PHARMD			

**cefTRIAXone (ROCEPHIN) 1,000 mg in NS 25 mL (40 mg/mL) PEDIATRIC IV syringe [794013672]**

Electronically signed by: **MacDougall, Matthew Steven, MD** on **05/18/22 1304** Status: **Discontinued**

Ordering user: **MacDougall, Matthew Steven, MD** 05/18/22 1304 Ordering provider: **MacDougall, Matthew Steven, MD**

Authorized by: **MacDougall, Matthew Steven, MD** Ordering mode: **Standard**

Frequency: Once 05/18/22 1305 - 1 occurrence Discontinued by: **Hamm, Christian, PHARMD** 05/18/22 1322

Acknowledged: **Tseu, Li Anne M, RN** 05/18/22 1312 for Placing Order **Tseu, Li Anne M, RN** 05/18/22 1402 for D/C Order

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
cefTRIAXone (ROCEPHIN)	1,000 mg	1,000 mg
NS	25 mL	25 mL

**Medication Order Report**

**Order Information**

Ordered	Status	Priority	Ordering User	Unit
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**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**MAR (continued)**

05/18/22	Completed	STAT	MacDougall, Matthew Steven, MD	PEDIATRIC EMERGENCY DEPARTMENT
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**Provider Information**

Authorizing Provider	Attending Providers	Billing Provider	Ordering Provider
MacDougall, Matthew Steven, MD	Williams, Sarah Roberts, MD	MacDougall, Matthew Steven, MD	MacDougall, Matthew Steven, MD

**Order Audit Trail**

Number of times this order has been changed since signing: 1

**Medication Detail**

Medication	Ordered Dose	Frequency	Start	End
proparacaine (OPTHAINE) 0.5 % ophthalmic solution 1 Drop (Completed)	1 drop	ONCE	5/18/2022 1311	5/18/2022 1623

Route: Both Eyes  
 Admin Amount: 1 drop  
 Volume: 15 mL  
 Class: E-Prescribe  
 Last Admin Time: 05/18/22 1623  
 Number of Expected Doses: 1  
 Order #: 794015164

**Hospital Medication Detail**

	Dose	Frequency	Start	End
proparacaine (OPTHAINE) 0.5 % ophthalmic solution 1 Drop	1 drop	ONCE	5/18/2022	5/18/2022

Admin Instructions: Store refrigerated at 2 to 8 degrees C (36 to 46 degrees F)  
 Class: E-Prescribe  
 Route: Both Eyes

**Medication Administration Instructions**

Store refrigerated at 2 to 8 degrees C (36 to 46 degrees F)

**Pharmacy Actions**

Date/Time	Type	User	Pharmacy
Wed May 18, 2022 1627	Return	Shc In Omnicell Ads Dispense	SHC 300P ED PEDS 1 OMNICELL
Wed May 18, 2022 1623	ADS Dispense	Shc In Omnicell Ads Dispense	SHC 300P ED PEDS 1 OMNICELL
Wed May 18, 2022 1329	ADS Dispense	Shc In Omnicell Ads Dispense	SHC 300P ED PEDS 1 OMNICELL
Wed May 18, 2022 1310	Verify	MacDougall, Matthew Steven, MD	SHC 300P ED PEDS 1 OMNICELL

**Acknowledgement Info**

For	At	Acknowledged By	Acknowledged On
Placing Order	05/18/22 1310	Tseu, Li Anne M, RN	05/18/22 1312

**Most Recent Administration**

User	Action Time	Recorded Time	Dose	Route	Site	Comment	Action	Reason
Tseu, Li Anne M, RN	05/18/22 1623	05/18/22 1623	1 drop	Both Eyes		waited for MD	Given	

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**MAR (continued)**

**proparacaine (OPTHAINE) 0.5 % ophthalmic solution 1 Drop [794015164]**

Electronically signed by: **MacDougall, Matthew Steven, MD** on **05/18/22 1310** Status: **Completed**  
 Ordering user: MacDougall, Matthew Steven, MD 05/18/22 1310 Ordering provider: MacDougall, Matthew Steven, MD  
 Authorized by: MacDougall, Matthew Steven, MD Ordering mode: Standard  
 Frequency: Once 05/18/22 1311 - 1 occurrence  
 Acknowledged: Tseu, Li Anne M, RN 05/18/22 1312 for Placing Order  
 Package: 24208-730-06

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Unit
05/18/22	Completed	STAT	MacDougall, Matthew Steven, MD	PEDIATRIC EMERGENCY DEPARTMENT

**Provider Information**

Authorizing Provider	Attending Providers	Billing Provider	Ordering Provider
MacDougall, Matthew Steven, MD	Williams, Sarah Roberts, MD	MacDougall, Matthew Steven, MD	MacDougall, Matthew Steven, MD

**Order Audit Trail**

Number of times this order has been changed since signing: **1**

**Medication Detail**

Medication	Ordered Dose	Frequency	Start	End
fluorescein (FLUOR-I-STRIP) 1 mg ophthalmic strip 1 mg (Completed)	1 strip	ONCE	5/18/2022 1311	5/18/2022 1622

Route: Right Eye  
 Admin Amount: 1 strip (1 x 1 mg strip)  
 Class: E-Prescribe  
 Last Admin Time: 05/18/22 1622  
 Number of Expected Doses: 1  
 Order #: 794015166

**Hospital Medication Detail**

	Dose	Frequency	Start	End
fluorescein (FLUOR-I-STRIP) 1 mg ophthalmic strip 1 mg Class: E-Prescribe Route: Right Eye	1 strip	ONCE	5/18/2022	5/18/2022

**Pharmacy Actions**

Date/Time	Type	User	Pharmacy
Wed May 18, 2022 1626	Return	Shc In Omnicell Ads Dispense	SHC 300P ED PEDS 1 OMNICELL
Wed May 18, 2022 1622	ADS Dispense	Shc In Omnicell Ads Dispense	SHC 300P ED PEDS 1 OMNICELL
Wed May 18, 2022 1329	ADS Dispense	Shc In Omnicell Ads Dispense	SHC 300P ED PEDS 1 OMNICELL
Wed May 18, 2022 1310	Verify	MacDougall, Matthew Steven, MD	SHC 300P ED PEDS 1 OMNICELL

**Acknowledgement Info**

For	At	Acknowledged By	Acknowledged On
Placing Order	05/18/22 1310	Tseu, Li Anne M, RN	05/18/22 1312

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**MAR (continued)**

**Most Recent Administration**

User	Action Time	Recorded Time	Dose	Route	Site	Comment	Action	Reason
Tseu, Li Anne M, RN	05/18/22 1622	05/18/22 1623	1 mg	Right Eye			Given by Physicia n	

**fluorescein (FLUOR-I-STRIP) 1 mg ophthalmic strip 1 mg [794015166]**

Electronically signed by: **MacDougall, Matthew Steven, MD** on **05/18/22 1310** Status: **Completed**  
 Ordering user: MacDougall, Matthew Steven, MD 05/18/22 1310 Ordering provider: MacDougall, Matthew Steven, MD  
 Authorized by: MacDougall, Matthew Steven, MD Ordering mode: Standard  
 Frequency: Once 05/18/22 1311 - 1 occurrence  
 Acknowledged: Tseu, Li Anne M, RN 05/18/22 1312 for Placing Order  
 Package: 17238-900-11

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Unit
05/18/22	Completed	STAT	Hamm, Christian, PHARMD	PEDIATRIC EMERGENCY DEPARTMENT

**Provider Information**

Authorizing Provider	Attending Providers	Billing Provider	Ordering Provider
MacDougall, Matthew Steven, MD	Williams, Sarah Roberts, MD	MacDougall, Matthew Steven, MD	MacDougall, Matthew Steven, MD

**Order Audit Trail**

Number of times this order has been changed since signing: 1

**Medication Detail**

Medication	Ordered Dose	Frequency	Start	End
cefTRIAXone 1 g in NS 10 mL IV push (Completed)	1 g	ONCE	5/18/2022 1323	5/18/2022 1335

Route: Intravenous  
 Admin Amount: 10 mL = 1 g of 1 g/10 mL  
 Volume: 10 mL  
 Class: E-Prescribe  
 Last Admin Time: 05/18/22 1335  
 Number of Expected Doses: 1  
 Order #: 794018493

**Hospital Medication Detail**

	Dose	Frequency	Start	End
cefTRIAXone 1 g in NS 10 mL IV push	1 g	ONCE	5/18/2022	5/18/2022

Admin Instructions: Reconstitute vial with 10 mL of ordered diluent and administer as IV Push over 3 to 5 minutes.  
 Class: E-Prescribe  
 Route: Intravenous  
 Cosign for Ordering: Accepted by MacDougall, Matthew Steven, MD on 5/18/2022 5:51 PM

**Order Questions**

Question	Answer
Indication:	Empiric

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**MAR (continued)**

Infection source:	Other (please specify)
Duration (days):	Other (please specify)

**Medication Administration Instructions**

Reconstitute vial with 10 mL of ordered diluent and administer as IV Push over 3 to 5 minutes.

**Pharmacy Actions**

Date/Time	Type	User	Pharmacy
Wed May 18, 2022 1329	ADS Dispense	Shc In Omnicell Ads Dispense	SHC 300P ED PEDS 1 OMNICELL
Wed May 18, 2022 1322	Verify	Hamm, Christian, PHARMD	SHC 300P ED PEDS 1 OMNICELL

**Acknowledgement Info**

For	At	Acknowledged By	Acknowledged On
Placing Order	05/18/22 1322	Tseu, Li Anne M, RN	05/18/22 1402

**Most Recent Administration**

User	Action Time	Recorded Time	Dose	Route	Site	Comment	Action	Reason
Tseu, Li Anne M, RN	05/18/22 1335	05/18/22 1337	1 g	Intravenous			Given	

**Verbal Order Info**

Action	Created on	Order Mode	Entered by	Responsible Provider	Signed by	Signed on
Ordering	05/18/22 1322	Pharmacy	Hamm, Christian, PHARMD			

**Cosign Order Info**

Action	Created on	Responsible Provider	Signed by	Signed on
Ordering	05/18/22 1322	MacDougall, Matthew Steven, MD	MacDougall, Matthew Steven, MD	05/18/22 1751

**cefTRIAXone 1 g in NS 10 mL IV push [794018493]**

Electronically signed by: Hamm, Christian, PHARMD on 05/18/22 1322

Status: Completed

Ordering user: Hamm, Christian, PHARMD 05/18/22 1322

Ordering provider: MacDougall, Matthew Steven, MD

Authorized by: MacDougall, Matthew Steven, MD

Ordering mode: Pharmacy

Frequency: Once 05/18/22 1323 - 1 occurrence

Acknowledged: Tseu, Li Anne M, RN 05/18/22 1402 for Placing Order

Package: 0409-7332-11

**Medication Order Report**

**Order Information**

Ordered	Status	Priority	Ordering User	Unit
05/18/22	Completed	STAT	Madden, Thomas, RT	PEDIATRIC EMERGENCY DEPARTMENT

**Provider Information**

Authorizing Provider	Attending Providers	Billing Provider	Ordering Provider
Williams, Sarah Roberts, MD	Lee, Moon Oh, MD	Williams, Sarah Roberts, MD	Williams, Sarah Roberts, MD

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**MAR (continued)**

**Order Audit Trail**

Number of times this order has been changed since signing: 1

**Medication Detail**

Medication	Ordered Dose	Frequency	Start	End
iopamidol (ISOVUE 370) 76 % injection 0-200 mL (Completed)	0-200 mL	RADIOLOGY ONCE	5/18/2022 1637	5/18/2022 1637

Route: Intravenous  
 Admin Amount: 0-200 mL  
 Volume: 500 mL  
 PRN Reason(s): Contrast  
 Class: E-Prescribe  
 Last Admin Time: 05/18/22 1637  
 Number of Expected Doses: 1  
 Order #: 794077003

**Hospital Medication Detail**

	Dose	Frequency	Start	End
iopamidol (ISOVUE 370) 76 % injection 0-200 mL	0-200 mL	RADIOLOGY ONCE	5/18/2022	5/18/2022
Admin Instructions: Computed Tomography (CT)				
Section or Exam Type    Protocol Group Contrast Type    Contrast Dose/Route				
Body    Body Single Phase: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV Body W Arterial Phase: Isovue 300 or 370® (iopamidol injection) - 1.5ml/kg, IV Renal Mass and Surgical Planning: Isovue 300® (iopamidol injection) - 1.5mL/kg, IV Cystogram: Isovue 370® (iopamidol injection) - 30mL contrast mixed with one liter saline, Retrograde injection through Foley Cath				
Enterography: Breeza® - 3 bottles (450mL per bottle), Oral and Isovue® 370 (iopamidol injection) - 1.5mL/kg, IV Oral Contrast (only one utilized for a single exam as indicated in scan protocol): Gastroview - 30mL diluted with 1000mL water or juice, Oral; or Readi-Cat - 1-2 bottles (450mL per bottle), Oral				
Chest    Chest: Isovue 300 or 370® (iopamidol injection) - 0.9ml/kg, IV Pediatric: Isovue 370® (iopamidol injection) - 2ml/kg, IV				
Neuro    Head: Isovue 300 or 370® (iopamidol injection) - 1mL/kg, IV Neck, C-Spine: Isovue 300 or 370® (iopamidol injection) - 1mL/kg, IV Neuro CT Angio: Isovue 300 or 370® (iopamidol injection) - 1mL/kg, IV Parathyroid: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV T&L- Spine: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV CT Perfusion: Isovue 300 or 370® (iopamidol injection) - 40 mL fixed amount, IV				
CV    CT Angio General: Isovue 300 or 370® (iopamidol injection) - 1.2mL/kg, IV Gated Chest Abdomen Pelvis: Isovue 300 or 370® (iopamidol injection) - 1.6mL/kg, IV Pulmonary Embolism (PE): Isovue 300 or 370® (iopamidol injection) - 1.3mL/kg, IV PE + Abdomen Pelvis (or PE Pregnancy): Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV Runoff (Peripheral Artery Disease) and Lower Extremity Angio Exams: Isovue 300 or 370® (iopamidol injection) - 1.9mL/kg, IV				
Deep Inferior Epigastric Perforators (DIEP): Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV Trauma CT Angio (extremity or body): Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV Popliteal Entrapment: Isovue 300 or 370® (iopamidol injection) - 1.2mL/kg, IV Venography Chest + Upper Extremity: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV Venography AP and Legs: Isovue 300 or 370® (iopamidol injection) - 2mL/kg, IV Venography Legs: Isovue 300 or 370® (iopamidol injection) - 2mL/kg, IV				
MSK    Extremity With Contrast: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV Class: E-Prescribe Route: Intravenous				

**Medication Administration Instructions**

Computed Tomography (CT)  
 Section or Exam Type    Protocol Group Contrast Type    Contrast Dose/Route

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**MAR (continued)**

Body Body Single Phase: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV  
 Body W Arterial Phase: Isovue 300 or 370® (iopamidol injection) - 1.5ml/kg, IV  
 Renal Mass and Surgical Planning: Isovue 300® (iopamidol injection) - 1.5mL/kg, IV  
 Cystogram: Isovue 370® (iopamidol inection) - 30mL contrast mixed with one liter saline, Retrograde injection through Foley Cath  
 Enterography: Breeza® - 3 bottles (450mL per bottle), Oral and Isovue® 370 (iopamidol injection) - 1.5mL/kg, IV  
 Oral Contrast (only one utilized for a single exam as indicated in scan protocol): Gastroview - 30mL diluted with 1000mL water or juice, Oral; or Readi-Cat - 1-2 bottles (450mL per bottle), Oral  
 Chest Chest: Isovue 300 or 370® (iopamidol injection) - 0.9ml/kg, IV  
 Pediatric: Isovue 370® (iopamidol inection) - 2ml/kg, IV  
 Neuro Head: Isovue 300 or 370® (iopamidol injection) - 1mL/kg, IV  
 Neck, C-Spine: Isovue 300 or 370® (iopamidol injection) - 1mL/kg, IV  
 Neuro CT Angio: Isovue 300 or 370® (iopamidol injection) - 1mL/kg, IV  
 Parathyroid: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV  
 T&L- Spine: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV  
 CT Perfusion: Isovue 300 or 370® (iopamidol injection) - 40 mL fixed amount, IV  
 CV CT Angio General: Isovue 300 or 370® (iopamidol injection) - 1.2mL/kg, IV  
 Gated Chest Abdomen Pelvis: Isovue 300 or 370® (iopamidol injection) - 1.6mL/kg, IV  
 Pulmonary Embolism (PE): Isovue 300 or 370® (iopamidol injection) - 1.3mL/kg, IV  
 PE + Abdomen Pelvis (or PE Pregnancy): Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV  
 Runoff (Peripheral Artery Disease) and Lower Extremity Angio Exams: Isovue 300 or 370® (iopamidol injection) - 1.9mL/kg, IV  
 Deep Inferior Epigastric Perforators (DIEP): Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV  
 Trauma CT Angio (extremity or body): Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV  
 Popliteal Entrapment: Isovue 300 or 370® (iopamidol injection) - 1.2mL/kg, IV  
 Venography Chest + Upper Extremity: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV  
 Venography AP and Legs: Isovue 300 or 370® (iopamidol injection) - 2mL/kg, IV  
 Venography Legs: Isovue 300 or 370® (iopamidol injection) - 2mL/kg, IV  
 MSK Extremity With Contrast: Isovue 300 or 370® (iopamidol injection) - 1.5mL/kg, IV

**Pharmacy Actions**

Date/Time	Type	User	Pharmacy
Wed May 18, 2022 1637	Verify	Madden, Thomas, RT	SHC CONTRASTS

**Acknowledgement Info**

For	At	Acknowledged By	Acknowledged On
Placing Order	05/18/22 1637	Womack, Sarah, RN	05/18/22 1649

**Most Recent Administration**

User	Action Time	Recorded Time	Dose	Route	Site	Comment	Action	Reason
Madden, Thomas, RT	05/18/22 1637	05/18/22 1638	60 mL	Intravenous			Contrast Given	

**Verbal Order Info**

Action	Created on	Order Mode	Entered by	Responsible Provider	Signed by	Signed on
Ordering	05/18/22 1637	Per protocol without co-sign	Madden, Thomas, RT			

**iopamidol (ISOVUE 370) 76 % injection 0-200 mL [794077003]**

Electronically signed by: **Madden, Thomas, RT** on **05/18/22 1637**

Status: **Completed**

Ordering user: **Madden, Thomas, RT** 05/18/22 1637

Ordering provider: **Williams, Sarah Roberts, MD**

Authorized by: **Williams, Sarah Roberts, MD**

Ordering mode: **Per protocol without co-sign**

PRN reasons: **Contrast**

Frequency: **Rad Once** 05/18/22 1637 - 1 occurrence

Acknowledged: **Womack, Sarah, RN** 05/18/22 1649 for Placing Order

Package: **0270-1316-95**

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**MAR (continued)**

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Department
05/18/22	Sent	Routine	Klingman, Lauren Elizabeth, MD	PEDIATRIC EMERGENCY DEPARTMENT

**Provider Information**

Authorizing Provider	Encounter Provider	Ordering Provider
Klingman, Lauren Elizabeth, MD	(none)	Klingman, Lauren Elizabeth, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
amoxicillin-clavulanate 875-125 mg tablet (Expired)	28 Tablet	0	5/18/2022	6/1/2022
Sig: take 1 Tablet by mouth 2 times a day for 14 days				
Route: Oral				
Class: E-Prescribe				
Order #: 794085115				

**Outpatient Medication Detail**

	Disp	Refills	Start	End
amoxicillin-clavulanate 875-125 mg tablet	28 Tablet	0	5/18/2022	6/1/2022
Sig - Route: take 1 Tablet by mouth 2 times a day for 14 days - Oral				
Sent to pharmacy as: amoxicillin 875 mg-potassium clavulanate 125 mg tablet				
Class: E-Prescribe				
E-Prescribing Status: <b>Receipt confirmed by pharmacy (5/18/2022 5:21 PM PDT)</b>				

**Renewals**

Renewal requests to authorizing provider (Klingman, Lauren Elizabeth, MD) **<sup>b</sup>prohibited**

**Pharmacy**

RITE AID #05892 - REDWOOD CITY, CA - 340 WOODSIDE PLAZA

**amoxicillin-clavulanate 875-125 mg tablet [794085115]**

Electronically signed by: **Klingman, Lauren Elizabeth, MD on 05/18/22 1721** Status: **Expired**  
 Ordering user: Klingman, Lauren Elizabeth, MD 05/18/22 1721 Ordering provider: Klingman, Lauren Elizabeth, MD  
 Authorized by: Klingman, Lauren Elizabeth, MD Ordering mode: Standard  
 Frequency: BID 05/18/22 - 14 days

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Department
05/18/22	Sent	Routine	Klingman, Lauren Elizabeth, MD	PEDIATRIC EMERGENCY DEPARTMENT

**Provider Information**

Authorizing Provider	Encounter Provider	Ordering Provider
Klingman, Lauren Elizabeth, MD	(none)	Klingman, Lauren Elizabeth, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
ciprofloxacin HCl 0.3 % ophthalmic solution (Expired)	5 mL	0	5/18/2022	5/25/2022

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**MAR (continued)**

Sig: Instill 1 drop to affected eye 4 times daily for 7 days  
 Route: (none)  
 Class: E-Prescribe  
 Order #: 794085118

**Outpatient Medication Detail**

	Disp	Refills	Start	End
<b>ciprofloxacin HCl 0.3 % ophthalmic solution</b>	5 mL	0	5/18/2022	5/25/2022

Sig: Instill 1 drop to affected eye 4 times daily for 7 days  
 Sent to pharmacy as: ciprofloxacin 0.3 % eye drops  
 Class: E-Prescribe  
 E-Prescribing Status: **Receipt confirmed by pharmacy** (5/18/2022 5:21 PM PDT)

**Renewals**

Renewal requests to authorizing provider (Klingman, Lauren Elizabeth, MD) **prohibited**

**Medication Administration Instructions**

Instill 1 drop to affected eye 4 times daily for 7 days

**Pharmacy**

RITE AID #05892 - REDWOOD CITY, CA - 340 WOODSIDE PLAZA

**ciprofloxacin HCl 0.3 % ophthalmic solution [794085118]**

Electronically signed by: **Klingman, Lauren Elizabeth, MD on 05/18/22 1721** Status: **Expired**  
 Ordering user: Klingman, Lauren Elizabeth, MD 05/18/22 1721 Ordering provider: Klingman, Lauren Elizabeth, MD  
 Authorized by: Klingman, Lauren Elizabeth, MD Ordering mode: Standard  
 Frequency: 05/18/22 - 05/25/22 2359

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Unit
05/18/22	Completed	STAT	Klingman, Lauren Elizabeth, MD	PEDIATRIC EMERGENCY DEPARTMENT

**Provider Information**

Authorizing Provider	Attending Providers	Billing Provider	Ordering Provider
Klingman, Lauren Elizabeth, MD	Lee, Moon Oh, MD	Klingman, Lauren Elizabeth, MD	Klingman, Lauren Elizabeth, MD

**Order Audit Trail**

Number of times this order has been changed since signing: 1

**Medication Detail**

Medication	Ordered Dose	Frequency	Start	End
amoxicillin-clavulanate 875-125 mg per tablet 1 Tablet (Completed)	1 tablet	ONCE	5/18/2022 1722	5/18/2022 1757

Route: Oral  
 Admin Amount: 1 tablet  
 Class: E-Prescribe  
 Last Admin Time: 05/18/22 1757  
 Number of Expected Doses: 1  
 Order #: 794085263

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**MAR (continued)**

**Hospital Medication Detail**

	Dose	Frequency	Start	End
amoxicillin-clavulanate 875-125 mg per tablet 1 Tablet Class: E-Prescribe Route: Oral	1 tablet	ONCE	5/18/2022	5/18/2022

**Order Questions**

Question	Answer
Indication:	Definitive (documented infection)
Infection source:	Skin/Soft tissue infection
Duration (days):	10-14

**Pharmacy Actions**

Date/Time	Type	User	Pharmacy
Wed May 18, 2022 1755	ADS Dispense	Shc In Omnicell Ads Dispense	SHC 300P ED PEDS 1 OMNICELL
Wed May 18, 2022 1726	Verify	Remigio, Adrienne, PHARMD	SHC 300P ED PEDS 1 OMNICELL

**Acknowledgement Info**

For	At	Acknowledged By	Acknowledged On
Placing Order	05/18/22 1721	Womack, Sarah, RN	05/18/22 1805

**Most Recent Administration**

User	Action Time	Recorded Time	Dose	Route	Site	Comment	Action	Reason
Womack, Sarah, RN	05/18/22 1757	05/18/22 1757	1 tablet	Oral				Given

**amoxicillin-clavulanate 875-125 mg per tablet 1 Tablet [794085263]**

Electronically signed by: **Klingman, Lauren Elizabeth, MD** on **05/18/22 1721** Status: **Completed**  
 Ordering user: Klingman, Lauren Elizabeth, MD 05/18/22 1721 Ordering provider: Klingman, Lauren Elizabeth, MD  
 Authorized by: Klingman, Lauren Elizabeth, MD Ordering mode: Standard  
 Frequency: Once 05/18/22 1722 - 1 occurrence  
 Acknowledged: Womack, Sarah, RN 05/18/22 1805 for Placing Order  
 Package: 65862-503-01

**Flowsheets**

**Advance Directive and POLST**

Row Name	05/18/22 1228
Advance Directive	
Does patient have an Advance Directive?	No - Reviewed what an Advance Health Care Directive is with patient -NT

**Cardiac Assessment**

Row Name	05/18/22 1222
Cardio	Within Defined
Cardiac	

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Flowsheets (continued)**

Limits -LT

**Cognitive Computing Scores**

Row Name	05/18/22 1731	05/18/22 1330
<b>OTHER</b>		
Risk of Fall Score	0.39 -RS	0.2 -RS

**Custom Formula Data**

Row Name	05/18/22 1806	05/18/22 1654	05/18/22 1315	05/18/22 1151
<b>OTHER</b>				
BSA (DuBois formula)	—	—	—	1.70457 sq meters -JL
Insulin-octreotide infusion rate (8.1 x BSA)	—	—	—	13.8 mL/hr -JL
Glucose (20% dextrose) infusion rate (80xBSA)	—	—	—	136 mL/hr -JL
BBK 5mL/Kg	—	—	—	299.5 mL -JL
BBK 10mL/Kg	—	—	—	599 mL -JL
BBK 15mL/Kg	—	—	—	898.5 mL -JL
BBK 20mL/Kg	—	—	—	1198 mL -JL
Wt (kg) x 0.3	—	—	—	18 ml/hr -JL
Wt (kg) x 0.6	—	—	—	35.9 ml/hr -JL
Wt (kg) x 0.9	—	—	—	53.9 ml/hr -JL
Wt (kg) x 1.2	—	—	—	71.9 ml/hr -JL
Wt (kg) x 1.8	—	—	—	107.8 ml/hr -JL
Wt (kg) x 2.4	—	—	—	143.8 ml/hr -JL
Insulin infusion rate- low (9 x BSA)	—	—	—	15.3 mL/hr -JL
Glucose infusion rate- low (15 x BSA)	—	—	—	25.6 mL/hr -JL
Insulin infusion rate- high (48 x BSA)	—	—	—	81.8 mL/hr -JL
TDD Insulin High Intake	—	—	—	23.96 -JL
TDD Insulin Low Intake	—	—	—	11.98 -JL

**Height and Weight**

BMI (Calculated)	—	—	—	20.4 -JL
BSA (Calculated - sq m)	—	—	—	0 sq meters -JL

**Relevant Labs and Vitals**

Temp (in Celsius)	37.1 -SW	36.7 -SW	—	36.4 -JL
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**Weight**

BMI	—	—	—	Normal Weight -JL
Classification				

**Sepsis Screening**

In last 6 hours	—	—	No -LT	—
HR > 100 beats per minute	—	—	—	—
In last 24 hours	—	—	No -LT	—

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Flowsheets (continued)**

WBC > 20 or < 4  
 K/uL or Bands >  
 5%

**Hemodynamics**

Mean Arterial Pressure (Calculated)	84 mmHg -SW	85 mmHg -SW	—	95 mmHg -JL
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**ED Documentation**

Row Name	05/18/22 1806	05/18/22 1721	05/18/22 1654	05/18/22 1624	05/18/22 1315
<b>ED Disposition - Choose ONE disposition ONLY</b>					
ED Disposition	—	Yes -LK	—	—	—
<b>Discharge</b>					
<b>Vitals</b>					
BP	123/65 -SW	—	120/67 -SW	—	—
Mean Arterial Pressure (Calculated)	84 mmHg -SW	—	85 mmHg -SW	—	—
BP Location	Left;Upper Extremity -SW	—	Left;Upper Extremity -SW	—	—
BP Method	Automatic/Non-Invasive BP -SW	—	Automatic/Non-Invasive BP -SW	—	—
Temp	37.1 °C (98.7 °F) -SW	—	36.7 °C (98 °F) -SW	—	—
Temp src	Oral -SW	—	Oral -SW	—	—
Pulse	62 -SW	—	54 -SW	—	—
Resp	16 -SW	—	16 -SW	—	—
SpO2	99 % -SW	—	99 % -SW	—	—
O2 Delivery	Room Air -SW	—	Room Air -SW	—	—
<b>Transport Equipment</b>					
Transport Mode	—	—	—	Ambulatory -LT	—
Accompanied by	—	—	—	Transporter -LT	—
<b>Off Unit Trips</b>					
Off Unit Trips	—	—	—	Computerized Tomography-Head -LT	—
<b>GU</b>					
Genitourinary	—	—	—	—	Within Defined Limits -LT
<b>Psychosocial</b>					
Psychological	—	—	—	—	Within Defined Limits -LT
Row Name	05/18/22 1223	05/18/22 1222	05/18/22 1221	05/18/22 1153	05/18/22 1151
<b>Height and Weight</b>					
BMI (Calculated)	—	—	—	—	20.4 -JL
<b>Vitals</b>					
BP	—	—	—	—	138/74 -JL
Mean Arterial Pressure (Calculated)	—	—	—	—	95 mmHg -JL
BP Location	—	—	—	—	Left;Upper Extremity -JL
BP Method	—	—	—	—	Automatic/Non-Invasive BP -JL
Temp	—	—	—	—	36.4 °C (97.5 °F) -JL

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Flowsheets (continued)**

Temp src	—	—	—	—	Temporal -JL
Pulse	—	—	—	—	65 -JL
Resp	—	—	—	—	12 -JL
SpO2	—	—	—	—	98 % -JL
O2 Delivery	—	—	—	—	Room Air -JL
Weight	—	—	—	—	59.9 kg (132 lb 0.9 oz) -JL
Weight Source	—	—	—	—	Standing Scale -JL
<b>HEENT</b>					
HEENT	—	Exceptions 	—	—	—
		Simultaneous filing. User may be unaware of other data. -DW			
Eye Right	—	Sclera red;Conjunctiva red;Pain;Edema;Redness -DW	—	—	—
OD Acuity	—	20/100 -DW	—	20/30 -JL	—
OS Acuity	—	20/20 -DW	—	20/20 -JL	—
OU Acuity	—	20/20 -DW	—	20/20 -JL	—
<b>Neurological</b>					
Neuro Assessment	—	—	Within Defined Limits -LT	—	—
<b>Cardio</b>					
Cardiac	—	Within Defined Limits -LT	—	—	—
<b>Respiratory</b>					
Respiratory	—	Within Defined Limits -LT	—	—	—
<b>Gastrointestinal</b>					
Gastrointestinal	Denies -DW	—	—	—	—
<b>Skin</b>					
Skin	Within Defined Limits -DW	—	—	—	—
<b>Row Name</b>	<b>05/18/22 1150</b>	<b>05/18/22 1146</b>			
<b>Triage Start</b>					
Triage Start	—	STARTING TRIAGE -HK			
<b>ESI Level</b>					
Requires immediate life-saving intervention?	No -HK	—			
High risk situation? or Confused/Lethargic/Disoriented? or Severe acute pain/distress?	No -HK	—			
How many resources are needed?	Many -HK	—			
Does patient meet SIRS criteria? See below for SIRS criteria.	No -HK	—			
Is there a	No -HK	—			

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Flowsheets (continued)**

concern that the patient will decompensate if not treated within the next hour?

Would you take your last ED bed for this patient?

No -HK

—

ESI Level 3 -HK

—

Appropriate to consider for Video Visit?

No, based on ESI - HK

—

Danger Zone  
 Vitals? HR > 100, RR > 20, SpO2 < 92%

No -HK

—

**Triage Destination**

Destination Child -HK

—

**Suicide Screening**

Is the patient being evaluated or treated for behavioral health conditions as their chief complaint during this ED visit?

No -HK

—

**Domestic Abuse Screening**

Because difficult relationships can cause health problems, we are asking all of our patients the following question: Does a partner, or anyone at home, hurt, hit, or threaten you or take advantage of you financially?

Patient answers "No" -HK

—

Does RN have reason to believe a Social Work Consult is needed to assess abuse or neglect risk?

No -HK

—

**Tetanus Hx/Immunizations**

Tetanus Up to Date -HK

—

**Intervention(s)**

Intervention(s) Mask -HK

—

**OTHER**

Have you had thoughts of harming anyone?

No -HK

—

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Flowsheets (continued)**

**EENT/Dental Assessment**

Row Name	05/18/22 1222	05/18/22 1153
<b>HEENT</b>		
HEENT	Exceptions 	—
	Simultaneous filing. User may be unaware of other data. -DW	
Eye Right	Sclera red;Conjunctiva red;Pain;Edema;Redness -DW	—
OD Acuity	20/100 -DW	20/30 -JL
OS Acuity	20/20 -DW	20/20 -JL
OU Acuity	20/20 -DW	20/20 -JL

**Eye Procedures**

Row Name	05/18/22 1222	05/18/22 1153
<b>Eye Procedures</b>		
Procedure(s)	—	Acuity -JL
<b>Visual Acuity</b>		
OS Acuity	20/20 -DW	20/20 -JL
OD Acuity	20/100 -DW	20/30 -JL
OU Acuity	20/20 -DW	20/20 -JL

**Gastro Assessment**

Row Name	05/18/22 1223
Gastrointestinal	Gastrointestinal Denies -DW

**GU Assessment**

Row Name	05/18/22 1315
GU	

Genitourinary Within Defined  
Limits -LT

**Neuro assessment**

Row Name	05/18/22 1222	05/18/22 1221	05/18/22 1153
<b>Neurological</b>			
Neuro Assessment	—	Within Defined Limits -LT	—
OD Acuity	20/100 -DW	—	20/30 -JL
OS Acuity	20/20 -DW	—	20/20 -JL
OU Acuity	20/20 -DW	—	20/20 -JL

**Off Unit Trips**

Row Name	05/18/22 1624
<b>Tests/Procedures</b>	

**05/18/2022 - ED in Pediatric Emergency Department (continued)**
**Flowsheets (continued)**

Off Unit Trips Computerized  
Tomography-Head  
-LT

**Transport Equipment**

Transport Mode Ambulatory -LT  
Accompanied by Transporter -LT

**Psychological Assessment**

**Row Name** 05/18/22 1315

**Psych**

Psychological Within Defined  
Limits -LT

**Pt. Disposition**

**Row Name** 05/18/22 1806 05/18/22 1624

**Transfer - Sending Unit**

Accompanied by — Transporter -LT

**Patient Discharge**

Patient Teaching Discharge  
instructions  
reviewed;Follow-up  
care  
reviewed;Medicatio  
ns  
discussed;Parent/C  
aregiver verbalized  
understanding;Patie  
nt verbalized  
understanding -SW

Discharge Mode Ambulatory -SW —

Accompanied by Family -SW —

Discharge Transportation Family Transport - SW —

Discharge AMA No -SW —

**Rad Status**

**Row Name** 05/18/22 1320

**Radiology Status**

Patient Rad IV Access -ZB  
Status

**Respiratory Assessment**

**Row Name** 05/18/22 1222

Respiratory Within Defined  
Limits -LT

**Sepsis Assessment**

**Row Name** 05/18/22 1315

Sepsis Screening

**05/18/2022 - ED in Pediatric Emergency Department (continued)**
**Flowsheets (continued)**

Do you suspect this patient has a new or worsening infection?	No -LT
In last 6 hours temperature < 36 C or > 38.3 C	No -LT
In last 6 hours HR > 90 beats per minute	No -LT
In last 6 hours RR > 20 breaths per minute	No -LT
In last 24 hours WBC > 12 or < 4 K/uL or Bands > 10%	No -LT
Total of number of positive SIRS criteria	0 -LT
Patient screening positive for sepsis	No -LT

**Severe Sepsis Screen**

In last 6 hours SBP < 90 or MAP < 65	No -LT
In last 24 hours creatinine > 2	No -LT
In last 24 hours bilirubin > 2	No -LT
In last 24 hours platelet count < 100,000	No -LT
In last 24 hours INR > 1.5 or aPTT > 60	No -LT
In last 6 hours lactate level > 2	No -LT

**Skin Assessment**

Row Name	05/18/22 1223
Skin	
Skin	Within Defined Limits -DW

**Spinal-Musculoskeletal Assessment**

Row Name	05/18/22 1223
Spinal-Musculoskeletal Assessment	
Musculoskeletal	Denies -DW

**Viral/Travel Screening**

Row Name	05/18/22 1147
Travel Related Screening	

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Flowsheets (continued)**

Has the patient traveled to any of the following countries in the last 30 days? No -HK

**Infection Screening**

COVID-19 None -HK

Screening: Does the patient have the following symptoms?

Have you previously tested positive for COVID-19 in the past 90 days (3 months)? No -HK

In the last 14 days, have you been exposed to someone who has tested positive for COVID-19? No/Don't know -HK

Are you currently in a quarantine period for exposure to COVID-19? No -HK

Are you currently awaiting a COVID-19 test result? No -HK

Provide the patient with a surgical mask Yes -HK

**COVID-19 Vaccine Screening**

Have you received at least one dose of a bivalent COVID-19 vaccine? Fully Vaccinated + Booster (1 dose J&J & 2nd dose of any after 2 months OR 2 doses Moderna or Pfizer-BioNTech & 3rd dose of any after 6 months) -HK

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
LT	Tseu, Li Anne M, RN	Registered Nurse-ED	Nurse	05/18/2022
DW	Werner, Daugherty, RN	Registered Nurse-ED	Nurse	05/18/2022
ZB	Bucher, Zachary, RT	Technologist	—	05/18/2022
LK	Klingman, Lauren Elizabeth, MD	Resident	Providers	05/18/2022
HK	Kirkikis, Helen, RN	Registered Nurse-ED	Nurse	05/18/2022
NT	Tran Chau, Ngoc	—	—	05/18/2022
SW	Womack, Sarah, RN	Registered Nurse-ED	Nurse	05/18/2022
JL	Langholz, Jakob	Technician	—	05/18/2022
RS	Srv_Batch, Report	—	—	05/18/2022

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Flowsheets (continued)**

**Care Plan**

**Active**

**Problem: Adult Inpatient Plan of Care**

Dates: Start: 05/18/22  
 Disciplines: Nurse, Interdisciplinary

**Goal: Plan of Care Review**

Dates: Start: 05/18/22  
 Disciplines: Nurse, Interdisciplinary

**Goal: Patient-Specific Goal (Individualized)**

Dates: Start: 05/18/22  
 Disciplines: Nurse, Interdisciplinary

**Goal: Absence of Hospital-Acquired Illness or Injury**

Dates: Start: 05/18/22  
 Disciplines: Nurse, Interdisciplinary

**Intervention: Identify and Manage Fall Risk**

Frequency: Per CPG  
 Dates: Start: 05/18/22  
 Description: Perform standard risk assessment on admission using a validated tool or comprehensive approach appropriate to the patient; reassess fall risk frequently, with change in status or transfer to another level of care.  
 Communicate fall injury risk to interprofessional healthcare team.  
 Determine need for increased observation, equipment and environmental modification, such as low bed, signage and supportive, nonskid footwear.  
 Adjust safety measures to individual developmental age, stage and identified risk factors.  
 Reinforce the importance of safety and physical activity with patient and family.  
 Perform regular intentional rounding to assess need for position change, pain assessment and personal needs, including assistance with toileting.

**Intervention: Prevent Skin Injury**

Frequency: Per CPG  
 Dates: Start: 05/18/22  
 Description: Perform a screening for skin injury risk, such as pressure or moisture associated skin damage on admission and at regular intervals throughout hospital stay.  
 Keep all areas of skin (especially folds) clean and dry.  
 Maintain adequate skin hydration.  
 Relieve and redistribute pressure and protect bony prominences; implement measures based on patient-specific risk factors.  
 Match turning and repositioning schedule to clinical condition.  
 Encourage weight shift frequently; assist with reposition if unable to complete independently.  
 Float heels off bed; avoid pressure on the Achilles tendon.  
 Keep skin free from extended contact with medical devices.  
 Encourage functional activity and mobility, as early as tolerated.  
 Use aids (e.g., slide boards, mechanical lift) during transfer.

**Intervention: Prevent and Manage VTE (Venous Thromboembolism) Risk**

Frequency: Per CPG  
 Dates: Start: 05/18/22  
 Description: Assess for VTE (venous thromboembolism) risk.  
 Encourage and assist with early ambulation.  
 Initiate and maintain compression or other therapy, as indicated, based on identified risk in accordance with organizational protocol and provider order.  
 Encourage both active and passive leg exercises while in bed, if unable to ambulate.

**Intervention: Prevent Infection**

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

### Care Plan (continued)

Frequency:	Per CPG
Dates:	Start: 05/18/22
Description:	Maintain skin and mucous membrane integrity; promote hand, oral and pulmonary hygiene. Optimize fluid balance, nutrition, sleep and glycemic control to maximize infection resistance. Identify potential sources of infection early to prevent or mitigate progression of infection (e.g., wound, lines, devices). Evaluate ongoing need for invasive devices; remove promptly when no longer indicated.

### Goal: Optimal Comfort and Wellbeing

Dates:	Start: 05/18/22
Disciplines:	Nurse, Interdisciplinary

### Intervention: Monitor Pain and Promote Comfort

Frequency:	Per CPG
Dates:	Start: 05/18/22
Description:	Assess pain level, treatment efficacy and patient response at regular intervals using a consistent pain scale. Consider the presence and impact of preexisting chronic pain. Encourage patient and caregiver involvement in pain assessment, interventions and safety measures.

### Intervention: Provide Person-Centered Care

Frequency:	Per CPG
Dates:	Start: 05/18/22
Description:	Use a family-focused approach to care. Develop trust and rapport by proactively providing information, encouraging questions, addressing concerns and offering reassurance. Acknowledge emotional response to hospitalization. Recognize and utilize personal coping strategies. Honor spiritual and cultural preferences.

### Goal: Readiness for Transition of Care

Dates:	Start: 05/18/22
Disciplines:	Nurse, Interdisciplinary

### Intervention: Mutually Develop Transition Plan

Frequency:	Per CPG
Dates:	Start: 05/18/22
Description:	Identify available resources for support (e.g., family, friends, community). Identify and address barriers to ongoing treatment and home management (e.g., environmental, financial). Provide opportunities to practice self-management skills. Assess and monitor emotional readiness for transition. Establish or reconnect linkage with outpatient providers or community-based services.

### After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

ED AVS Footer (below)

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

### After Visit Summary (continued)

Topper, Galen (MR # 62437256) Printed at 5/18/2022 5:54 PM

#### Additional Information

Emergency Department  
300 Pasteur Drive  
Stanford CA 94305  
Phone: 650-725-4492  
Fax: 650-736-7605

**IMPORTANT:** We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions above.

**YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY:** Follow the above instructions carefully. Take your medications as prescribed. Most important, see a doctor again as discussed. If you cannot reach your doctor return to the Emergency Department.

For Copies of Your X-ray Studies or Medical Records, Please Call Phone Contacts Listed Below:

**X-Ray Film Library**

Phone number: (650) 723-6717

**Medical Records**

Phone number: (650) 723-5721

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**After Visit Summary (continued)**

ED AVS Signature (below)

Topper, Galen (MR # 62437256) Printed at 5/18/2022 5:54 PM



15946

PEDIATRIC EMERGENCY DEPARTMENT  
300 PASTEUR DRIVE  
STANFORD CA 94305  
Phone: 650-725-4492  
Fax: 650-736-7605

**Visit Information**

CSN: 131330909490

Name	MRN	Adm Date	DOB	Age	Sex
Topper, Galen	62437256	5/18/22	6/21/02	19 Y	M

By signing this document, I acknowledge that I have received discharge teaching and instructions as described in the After Visit Summary. I have had the chance to ask questions, and I understand these instructions.

**Patient Signature:**

5/18/2022 5:54 PM

Date Time Signature (Patient, or Properly Designated Representative)

Print Name

Relationship to Patient

**Staff Signature:**

5/18/2022 5:54 PM

Date Time Staff with title

Print Name

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

### After Visit Summary (continued)

ED After Visit Summary (below)

### AFTER VISIT SUMMARY

Galen Topper MRN: 62437256

5/18/2022

Pediatric Emergency Department 650-725-4492



#### Instructions

You were seen in the emergency department today for eye pain and swelling. From our history, physical exam, labs, as well as imaging, you do not require any further emergency treatment in the ED. You can go home and continue with your treatment at home.

#### - Follow these instructions:

- Take your new antibiotics as prescribed.
- Please follow-up with your primary care physician in the next 2 - 3 days. This can be a telephone or video visit. You should discuss your emergency department visit, your symptoms, and if any further testing or treatment is needed.
- You can take tylenol 500 - 1000 mg or ibuprofen 600 mg every 6 hours as needed for pain control. Take the ibuprofen with food. To prevent tylenol overdose, do not take acetaminophen (tylenol) at the same time as a combination narcotic medication that contains tylenol, such as norco, lortab, vicodin, or percocet. Do not ingest more than 4 grams of tylenol per day as this will cause severe liver damage. You may alternate tylenol and ibuprofen every three hours to maximize pain control.

#### - Return to the Emergency Department for:

Please call your primary doctor or return to the nearest Emergency Department immediately if you develop temperature > 100.5, worsening difficulty breathing, new associated chest pain, passing out, blurry vision, or any other acute concern.



Your medications have changed

#### START taking:

- amoxicillin-clavulanate
- ciprofloxacin HCl

Review your updated medication list below.



Read the attached information

1. Sinusitis (English)
2. Conjunctivitis (English)

Galen Topper (MRN: 62437256) • Printed at 5/18/2022 5:54 PM



#### Today's Visit

You were seen by Sarah Roberts Williams, MD

Reason for Visit  
Eye Pain

#### Diagnoses

- Conjunctivitis of right eye, unspecified conjunctivitis type
- Acute maxillary sinusitis, recurrence not specified

#### .Imaging Tests

CT Head and Orbita w/o IV Contrast

#### Done Today

Visual Acuity

#### Medications Given

cefTRIAxone (ROCEPHIN) Last given at 1:35 PM

fluorescein (FLUOR-I-STRIP) Last given at 4:22 PM

iopamidol (ISOVUE 370) Last given at 4:37 PM

proparacaine (OPTHAINE) Last given at 4:23 PM



Weight  
132 lb  
0.9 oz

#### MyHealth

View your After Visit Summary and more online at <https://myhealth.stanfordhealthcare.org/>.

Page 1 of 8 **Epic**

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

### After Visit Summary (continued)

#### Instructions (continued)



Pick up these medications at RITE AID-340 WOODSIDE PLAZA - REDWOOD CITY, CA - 340 WOODSIDE PLAZA

amoxicillin-clavulanate • ciprofloxacin HCl

Address: 340 WOODSIDE PLAZA, REDWOOD CITY CA 94061-3259  
Hours: 9AM-9PM Mon-Fri, 9AM-6PM Sat, 10AM-6PM Sun  
Phone: 650-368-7008



Schedule an appointment with Your Primary Care Doctor as soon as possible for a visit in 2 days (around 5/20/2022)

Why: For symptom follow up



Go to Pediatric Emergency Department

Why: As needed, If symptoms worsen  
Specialty: Emergency Medicine  
Contact: 300 Pasteur Drive  
Stanford California 94305  
650-725-4492

For Parking information, please visit: <https://stanfordmedicinetransportation.org/300P-Parking>

#### What's Next

You currently have no upcoming appointments scheduled.

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**After Visit Summary (continued)**

## Changes to Your Medication List

START taking these medications



**amoxicillin-clavulanate** 875-125 mg tablet

take 1 Tablet by mouth 2 times a day for 14 days



**ciprofloxacin HCl** 0.3 % ophthalmic solution

Instill 1 drop to affected eye 4 times daily for 7 days

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

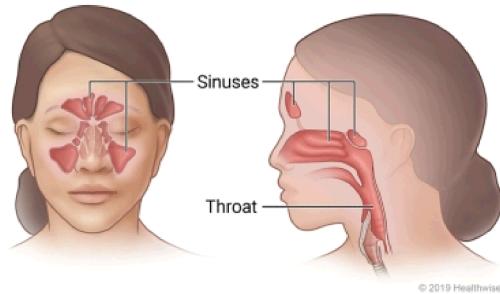
### After Visit Summary (continued)

#### Attached Information

Sinusitis (English)

#### Sinusitis: Care Instructions

##### Your Care Instructions



Sinusitis is an infection of the lining of the sinus cavities in your head. Sinusitis often follows a cold. It causes pain and pressure in your head and face.

In most cases, sinusitis gets better on its own in 1 to 2 weeks. But some mild symptoms may last for several weeks. Sometimes antibiotics are needed.

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

#### How can you care for yourself at home?

- Take an over-the-counter pain medicine, such as acetaminophen (Tylenol), ibuprofen (Advil, Motrin), or naproxen (Aleve). Read and follow all instructions on the label.
- If the doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.
- Be careful when taking over-the-counter cold or flu medicines and Tylenol at the same time. Many of these medicines have acetaminophen, which is Tylenol. Read the labels to make sure that you are not taking more than the recommended dose. Too much acetaminophen (Tylenol) can be harmful.
- Breathe warm, moist air from a steamy shower, a hot bath, or a sink filled with hot water. Avoid cold, dry air. Using a humidifier in your home may help. Follow the directions for cleaning the machine.
- Use saline (saltwater) nasal washes. This can help keep your nasal passages open and wash out mucus and bacteria. You can buy saline nose drops at a grocery store or drugstore. Or you can make your own at home by adding 1 teaspoon of salt and 1 teaspoon of baking soda to 2 cups of distilled water. If you make your own, fill a bulb syringe with the solution, insert the tip into your nostril, and squeeze gently. Blow your nose.
- Put a hot, wet towel or a warm gel pack on your face 3 or 4 times a day for 5 to 10 minutes each time.
- Try a decongestant nasal spray like oxymetazoline (Afrin). Do not use it for more than 3 days in a row. Using it for more than 3 days can make your congestion worse.

#### When should you call for help?

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

### After Visit Summary (continued)



**Call your doctor now** or seek immediate medical care if:

- You have new or worse swelling or redness in your face or around your eyes.
- You have a new or higher fever.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You have new or worse facial pain.
- The mucus from your nose becomes thicker (like pus) or has new blood in it.
- You are not getting better as expected.

### Where can you learn more?

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## 05/18/2022 - ED in Pediatric Emergency Department (continued)

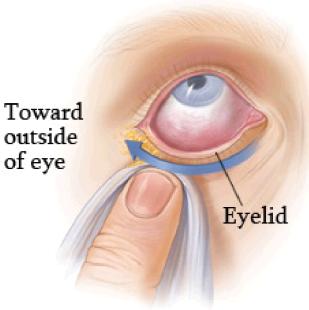
### After Visit Summary (continued)

#### Attached Information

Conjunctivitis (English)

#### **Pinkeye: Care Instructions**

##### Overview



Pinkeye is redness and swelling of the eye surface and the conjunctiva (the lining of the eyelid and the covering of the white part of the eye). Pinkeye is also called conjunctivitis. Pinkeye is often caused by infection with bacteria or a virus. Dry air, allergies, smoke, and chemicals are other common causes.

Pinkeye often gets better on its own in 7 to 10 days. Antibiotics only help if the pinkeye is caused by bacteria. Pinkeye caused by infection spreads easily. If an allergy or chemical is causing pinkeye, it will not go away unless you can avoid whatever is causing it.

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

#### **How can you care for yourself at home?**

- Wash your hands often. Always wash them before and after you treat pinkeye or touch your eyes or face.
- Use moist cotton or a clean, wet cloth to remove crust. Wipe from the inside corner of the eye to the outside. Use a clean part of the cloth for each wipe.
- Put cold or warm wet cloths on your eye a few times a day if the eye hurts.
- Do not wear contact lenses or eye makeup until the pinkeye is gone. Throw away any eye makeup you were using when you got pinkeye. Clean your contacts and storage case. If you wear disposable contacts, use a new pair when your eye has cleared and it is safe to wear contacts again.
- If the doctor gave you antibiotic ointment or eyedrops, use them as directed. Use the medicine for as long as instructed, even if your eye starts looking better soon. Keep the bottle tip clean, and do not let it touch the eye area.
- To put in eyedrops or ointment:
  - Tilt your head back, and pull your lower eyelid down with one finger.
  - Drop or squirt the medicine inside the lower lid.
  - Close your eye for 30 to 60 seconds to let the drops or ointment move around.
  - Do not touch the ointment or dropper tip to your eyelashes or any other surface.
- Do not share towels, pillows, or washcloths while you have pinkeye.

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

### After Visit Summary (continued)

#### When should you call for help?



Call your doctor now or seek immediate medical care if:

- You have pain in your eye, not just irritation on the surface.
- You have a change in vision or loss of vision.
- You have an increase in discharge from the eye.
- Your eye has not started to improve or begins to get worse within 48 hours after you start using antibiotics.
- Pinkeye lasts longer than 7 days.

Watch closely for changes in your health, and be sure to contact your doctor if you have any problems.

#### Where can you learn more?

Login to MyHealth at <https://myhealth.stanfordhealthcare.org>. Enter Y392 in the search box to get more information about this topic.

Not on MyHealth? Go to <https://myhealth.stanfordhealthcare.org> and click the "Create New Account" link to enter the access code on the MyHealth activation letter you received during a recent visit to Stanford Health Care.

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#### Are you worried about food, housing, income or other concerns due to the COVID-19 pandemic?

Stanford has created a website of **community resources** to help you during these difficult times.

Scan the QR code with your phone camera:



- San Mateo, Santa Clara, Alameda, and Monterey County ~~Covid~~ Relief Resources
- Bay Area Schools Meals Map
- CLSEPA Eviction Moratorium Guide

or visit: <https://tinyurl.com/StanfordCommunityResource>

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**After Visit Summary (continued)**

**¿Está preocupado por la comida, sus ingresos, su hogar, u otras preocupaciones debido a la pandemia de COVID-19 (corona virus)?**

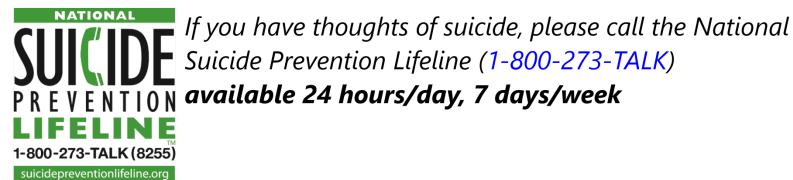
La universidad de Stanford a creado una página de web con **recursos comunitarios** para apoyarle durante estos tiempos duros.

Escanéa el código QR  
con la camera de  
su teléfono



- San Mateo, Santa Clara, Alameda, and Monterey County ~~Covid~~ Relief Resources
- Bay Area Schools Meals Map
- CLSEPA Eviction Moratorium Guide

o visita: <https://tinyurl.com/StanfordCommunityResource>



## 05/18/2022 - ED in Pediatric Emergency Department (continued)

### Documents

#### After Visit Summary - Document on 5/18/2022 5:54 PM: ED AVS Footer

Document (below)

Topper, Galen (MR # 62437256) Printed at 5/18/2022 5:54 PM

#### Additional Information

Emergency Department  
300 Pasteur Drive  
Stanford CA 94305  
Phone: 650-725-4492  
Fax: 650-736-7605

**IMPORTANT:** We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions above.

**YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY:** Follow the above instructions carefully. Take your medications as prescribed. Most important, see a doctor again as discussed. If you cannot reach your doctor return to the Emergency Department.

For Copies of Your X-ray Studies or Medical Records, Please Call Phone Contacts Listed Below:

#### X-Ray Film Library

Phone number: (650) 723-6717

#### Medical Records

Phone number: (650) 723-5721

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Documents (continued)**

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Documents (continued)**

**After Visit Summary - Document on 5/18/2022 5:54 PM: AVS SIGNATURE**

Document (below)

Topper, Galen (MR # 62437256) Printed at 5/18/2022 5:54 PM



15946

PEDIATRIC EMERGENCY DEPARTMENT  
300 PASTEUR DRIVE  
STANFORD CA 94305  
Phone: 650-725-4492  
Fax: 650-736-7605

**Visit Information**

CSN: 131330909490

Name	MRN	Adm Date	DOB	Age	Sex
Topper, Galen	62437256	5/18/22	6/21/02	19 Y	M

By signing this document, I acknowledge that I have received discharge teaching and instructions as described in the After Visit Summary. I have had the chance to ask questions, and I understand these instructions.

**Patient Signature:**

5/18/2022 5:54 PM

Date Time Signature (Patient, or Properly Designated Representative)

Print Name

Relationship to Patient

**Staff Signature:**

5/18/2022 5:54 PM

Date Time Staff with title

Print Name

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Documents (continued)**

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

### Documents (continued)

#### After Visit Summary - Document on 5/18/2022 5:54 PM: ED After Visit Summary

Document (below)

### AFTER VISIT SUMMARY

Galen Topper MRN: 62437256

5/18/2022 Pediatric Emergency Department 650-725-4492



#### Instructions

You were seen in the emergency department today for eye pain and swelling. From our history, physical exam, labs, as well as imaging, you do not require any further emergency treatment in the ED. You can go home and continue with your treatment at home.

##### - Follow these instructions:

- Take your new antibiotics as prescribed.
- Please follow-up with your primary care physician in the next 2 - 3 days. This can be a telephone or video visit. You should discuss your emergency department visit, your symptoms, and if any further testing or treatment is needed.
- You can take tylenol 500 - 1000 mg or ibuprofen 600 mg every 6 hours as needed for pain control. Take the ibuprofen with food. To prevent tylenol overdose, do not take acetaminophen (tylenol) at the same time as a combination narcotic medication that contains tylenol, such as norco, lortab, vicodin, or percocet. Do not ingest more than 4 grams of tylenol per day as this will cause severe liver damage. You may alternate tylenol and ibuprofen every three hours to maximize pain control.

##### - Return to the Emergency Department for:

Please call your primary doctor or return to the nearest Emergency Department immediately if you develop temperature > 100.5, worsening difficulty breathing, new associated chest pain, passing out, blurry vision, or any other acute concern.



Your medications have changed

- ➡ START taking:  
amoxicillin-clavulanate  
ciprofloxacin HCl

Review your updated medication list below.



Read the attached information

1. Sinusitis (English)
2. Conjunctivitis (English)

#### Today's Visit

You were seen by Sarah Roberts Williams, MD

Reason for Visit  
Eye Pain

##### Diagnoses

- Conjunctivitis of right eye, unspecified conjunctivitis type
- Acute maxillary sinusitis, recurrence not specified

#### .Imaging Tests

CT Head and Orbita wo IV Contrast

#### Done Today

Visual Acuity

#### Medications Given

cefTRIAxone (ROCEPHIN) Last given at 1:35 PM  
fluorescein (FLUOR-I-STRIP) Last given at 4:22 PM  
iopamidol (ISOVUE 370) Last given at 4:37 PM  
proparacaine (OPTHAINE) Last given at 4:23 PM



Weight  
132 lb  
0.9 oz

#### MyHealth

View your After Visit Summary and more online at <https://myhealth.stanfordhealthcare.org/>.

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

### Documents (continued)

#### Instructions (continued)



Pick up these medications at RITE AID-340 WOODSIDE PLAZA - REDWOOD CITY, CA - 340

WOODSIDE PLAZA

amoxicillin-clavulanate • ciprofloxacin HCl

Address: 340 WOODSIDE PLAZA, REDWOOD CITY CA 94061-3259  
Hours: 9AM-9PM Mon-Fri, 9AM-6PM Sat, 10AM-6PM Sun  
Phone: 650-368-7008



Schedule an appointment with Your Primary Care Doctor as soon as possible for a visit in 2 days (around 5/20/2022)

Why: For symptom follow up



Go to Pediatric Emergency Department

Why: As needed, If symptoms worsen  
Specialty: Emergency Medicine

Contact: 300 Pasteur Drive  
Stanford California 94305  
650-725-4492

For Parking information, please visit: <https://stanfordmedicinetransportation.org/300P-Parking>

#### What's Next

You currently have no upcoming appointments scheduled.

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Documents (continued)**

## Changes to Your Medication List

START taking these medications



**amoxicillin-clavulanate** 875-125 mg tablet

take 1 Tablet by mouth 2 times a day for 14 days



**ciprofloxacin HCl** 0.3 % ophthalmic solution

Instill 1 drop to affected eye 4 times daily for 7 days

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

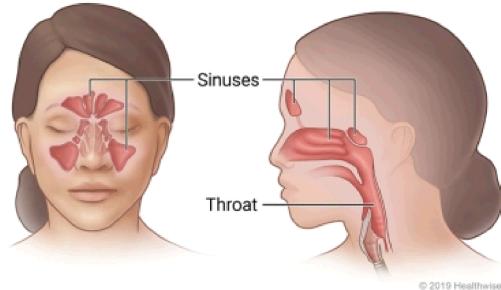
### Documents (continued)

#### Attached Information

Sinusitis (English)

#### **Sinusitis: Care Instructions**

#### **Your Care Instructions**



Sinusitis is an infection of the lining of the sinus cavities in your head. Sinusitis often follows a cold. It causes pain and pressure in your head and face.

In most cases, sinusitis gets better on its own in 1 to 2 weeks. But some mild symptoms may last for several weeks. Sometimes antibiotics are needed.

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

#### **How can you care for yourself at home?**

- Take an over-the-counter pain medicine, such as acetaminophen (Tylenol), ibuprofen (Advil, Motrin), or naproxen (Aleve). Read and follow all instructions on the label.
- If the doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.
- Be careful when taking over-the-counter cold or flu medicines and Tylenol at the same time. Many of these medicines have acetaminophen, which is Tylenol. Read the labels to make sure that you are not taking more than the recommended dose. Too much acetaminophen (Tylenol) can be harmful.
- Breathe warm, moist air from a steamy shower, a hot bath, or a sink filled with hot water. Avoid cold, dry air. Using a humidifier in your home may help. Follow the directions for cleaning the machine.
- Use saline (saltwater) nasal washes. This can help keep your nasal passages open and wash out mucus and bacteria. You can buy saline nose drops at a grocery store or drugstore. Or you can make your own at home by adding 1 teaspoon of salt and 1 teaspoon of baking soda to 2 cups of distilled water. If you make your own, fill a bulb syringe with the solution, insert the tip into your nostril, and squeeze gently. Blow your nose.
- Put a hot, wet towel or a warm gel pack on your face 3 or 4 times a day for 5 to 10 minutes each time.
- Try a decongestant nasal spray like oxymetazoline (Afrin). Do not use it for more than 3 days in a row. Using it for more than 3 days can make your congestion worse.

#### **When should you call for help?**

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

### Documents (continued)



**Call your doctor now** or seek immediate medical care if:

- You have new or worse swelling or redness in your face or around your eyes.
- You have a new or higher fever.

Watch closely for changes in your health, and be sure to contact your doctor if:

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- The mucus from your nose becomes thicker (like pus) or has new blood in it.
- You are not getting better as expected.

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## 05/18/2022 - ED in Pediatric Emergency Department (continued)

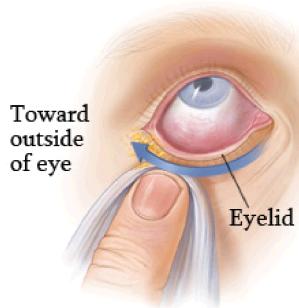
### Documents (continued)

#### Attached Information

Conjunctivitis (English)

#### **Pinkeye: Care Instructions**

##### Overview



Pinkeye is redness and swelling of the eye surface and the conjunctiva (the lining of the eyelid and the covering of the white part of the eye). Pinkeye is also called conjunctivitis. Pinkeye is often caused by infection with bacteria or a virus. Dry air, allergies, smoke, and chemicals are other common causes.

Pinkeye often gets better on its own in 7 to 10 days. Antibiotics only help if the pinkeye is caused by bacteria. Pinkeye caused by infection spreads easily. If an allergy or chemical is causing pinkeye, it will not go away unless you can avoid whatever is causing it.

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

#### How can you care for yourself at home?

- Wash your hands often. Always wash them before and after you treat pinkeye or touch your eyes or face.
- Use moist cotton or a clean, wet cloth to remove crust. Wipe from the inside corner of the eye to the outside. Use a clean part of the cloth for each wipe.
- Put cold or warm wet cloths on your eye a few times a day if the eye hurts.
- Do not wear contact lenses or eye makeup until the pinkeye is gone. Throw away any eye makeup you were using when you got pinkeye. Clean your contacts and storage case. If you wear disposable contacts, use a new pair when your eye has cleared and it is safe to wear contacts again.
- If the doctor gave you antibiotic ointment or eyedrops, use them as directed. Use the medicine for as long as instructed, even if your eye starts looking better soon. Keep the bottle tip clean, and do not let it touch the eye area.
- To put in eyedrops or ointment:
  - Tilt your head back, and pull your lower eyelid down with one finger.
  - Drop or squirt the medicine inside the lower lid.
  - Close your eye for 30 to 60 seconds to let the drops or ointment move around.
  - Do not touch the ointment or dropper tip to your eyelashes or any other surface.
- Do not share towels, pillows, or washcloths while you have pinkeye.

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

### Documents (continued)

#### When should you call for help?



Call your doctor now or seek immediate medical care if:

- You have pain in your eye, not just irritation on the surface.
- You have a change in vision or loss of vision.
- You have an increase in discharge from the eye.
- Your eye has not started to improve or begins to get worse within 48 hours after you start using antibiotics.
- Pinkeye lasts longer than 7 days.

Watch closely for changes in your health, and be sure to contact your doctor if you have any problems.

#### Where can you learn more?

Login to MyHealth at <https://myhealth.stanfordhealthcare.org>. Enter Y392 in the search box to get more information about this topic.

Not on MyHealth? Go to <https://myhealth.stanfordhealthcare.org> and click the "Create New Account" link to enter the access code on the MyHealth activation letter you received during a recent visit to Stanford Health Care.

Current as of: July 1, 2021 Content Version: 13.2

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#### Are you worried about food, housing, income or other concerns due to the COVID-19 pandemic?

Stanford has created a website of **community resources** to help you during these difficult times.

Scan the QR code with your phone camera:



- San Mateo, Santa Clara, Alameda, and Monterey County **Covid Relief Resources**
- Bay Area Schools Meals Map
- CLSEPA Eviction Moratorium Guide

or visit: <https://tinyurl.com/StanfordCommunityResource>

## 05/18/2022 - ED in Pediatric Emergency Department (continued)

### Documents (continued)

#### ¿Está preocupado por la comida, sus ingresos, su hogar, u otras preocupaciones debido a la pandemia de COVID-19 (corona virus)?

La universidad de Stanford a creado una página de web con **recursos comunitarios** para apoyarle durante estos tiempos duros.

Escanéa el código QR  
con la camera de  
su teléfono



- San Mateo, Santa Clara, Alameda, and Monterey County Covid Relief Resources
- Bay Area Schools Meals Map
- CLSEPA Eviction Moratorium Guide

o visita: <https://tinyurl.com/StanfordCommunityResource>



If you have thoughts of suicide, please call the National  
Suicide Prevention Lifeline (1-800-273-TALK)  
available 24 hours/day, 7 days/week

**05/18/2022 - ED in Pediatric Emergency Department (continued)**

**Documents (continued)**

**Education AVS Acknowledgement - Scan on 5/19/2022 9:35 PM**

Scan (below)

Name: TOPPER, GALEN MRN: 62437256

Topper, Galen (MR # 62437256) Printed at 5/18/2022 5:54 PM



15946

PEDIATRIC EMERGENCY DEPARTMENT  
 300 PASTEUR DRIVE  
 STANFORD CA 94305  
 Phone: 650-725-4492  
 Fax: 650-736-7605

**Visit Information**

CSN: 131330909490

Name	MRN	Adm Date	DOB	Age	Sex
Topper, Galen	62437256	5/18/22	6/21/02	19 Y	M

By signing this document, I acknowledge that I have received discharge teaching and instructions as described in the After Visit Summary. I have had the chance to ask questions, and I understand these instructions.

**Patient Signature:**

5/18/2022 5:54 PM

Date Time

Signature (Patient, or Properly Designated Representative)

Galen Topper

Print Name

Patient

Relationship to Patient

**Staff Signature:**

5/18/2022 5:54 PM

Date Time

Staff with title

Sarah

Print Name

## 05/18/2022 - Telemedicine in Arrillaga Sports Medicine Center

### Reason for Visit

Visit diagnoses:

- Acute right eye pain (primary)
- Eye swelling, right
- Acute non-recurrent sinusitis, unspecified location

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### benzonatate (Tessalon) 100 mg capsule

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
Start date: 10/28/2021 End date: 3/30/2023  
Action: Patient not taking Quantity: 15 Capsule  
Refill: No refills remaining

##### Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
Start date: 2/3/2022 End date: 2/2/2024  
Action: Patient not taking Quantity: 100 Capsule  
Refill: 3 refills remaining

#### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Kussman, Andrea, MD at 5/18/2022 1100

### Stanford Sports Medicine Clinic Video Visit Note

I have discussed the risks, benefits, and limitations of receiving care virtually with the patient. The patient expresses understanding and is willing to move forward.

**Sport:** Track and Field

#### Chief complaint:

Right eye pain/swelling and sinus pressure

#### History of present illness:

Galen Topper is a 19 Y male who comes in to Sports Medicine Clinic for evaluation of right eye pain/swelling and

**05/18/2022 - Telemedicine in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

sinus pressure.

Patient states that he first felt sick last Monday (about 10 days ago). Initially he had a cough which is accompanied by some shortness of breath. The cough has improved significantly, and the shortness of breath is now completely resolved. However on Tuesday through Friday of last week he developed significant sinus pressure and mucus. He felt a little bit better on Saturday, however then his symptoms worsened again considerably on Monday and Tuesday of this week (yesterday and the day before). Currently the patient has a mild sore throat this morning. His nasal drainage is clear to yellow in color, sometimes with a little bit of blood. He has a sense of pressure in his head between his eyebrows. He has very significant volume of nasal drainage.

Yesterday afternoon the patient noticed feeling like there was some grit in his right eye. Then when he woke up this morning his right eye was nearly swollen shut, and had a lot of crusted drainage on it. He reports blurry vision in the right eye. He also has photophobia. He has a constant aching/pain in the right eyeball which feels like a 4-5 out of 10 in severity. He does not wear contact lenses. He has never had symptoms like this before.

**ROS:**

Pertinent positives are noted in the HPI, otherwise ROS was negative.

**Physical exam (by video):**

Gen: NAD

HEENT: NCAT, EOM grossly intact, right eyelid is swollen, and the eye is essentially swollen shut, the patient is able to open his eyelid manually with his fingers, which reveals that the conjunctiva is very injected, no crusting appreciated at the time of this video visit, the patient reports some tenderness to palpation over his frontal sinuses, MMM

Pulmonary: Breathing comfortably on room air, speaking in complete sentences

Ext: WWP, no edema

Derm: No rashes or jaundice

Psych: Alert, reactive affect

**Assessment:**

19-year-old male who presents with URI symptoms, sinus pressure/congestion, and right eye pain/swelling/photophobia. The patient has not yet had a COVID test, so we should rule this out. His sinus symptoms are concerning for bacterial sinusitis at this point given the duration of his symptoms as well as the double sickening pattern. Although his right eye symptoms may be related to conjunctivitis, he has some unusual features with this including fairly significant pain in the eye at all times, blurry vision, and photophobia. Therefore this right eye issue warrants more thorough evaluation with ophthalmology.

**Plan:**

- I have recommended that the patient proceed to the emergency room so that he may be evaluated quickly by ophthalmology to rule out any other more sinister pathologies for the right eye. He is in agreement with this plan and plans to head there now. I have called the emergency room to let them know he is on his way, and of my current concerns.
- Recommend COVID test. Since the patient currently has URI symptoms, this will likely be performed in the ER when he presents there. If not, then we will plan to obtain a COVID test for him tomorrow.
- Depending on work-up and evaluation in the emergency room, the patient would likely benefit from antibiotics for his sinusitis. If nothing is ordered in the emergency room, then I will plan to order Augmentin for him.
- Recommended using a Nettie pot to help with sinusitis symptoms. Discussed how to do this safely including use of sterile water.
- Close follow-up after ER visit.

### 05/18/2022 - Telemedicine in Arrillaga Sports Medicine Center (continued)

#### Clinical Notes (continued)

– The patient is currently on a rest from sport, but should not return to activity at this time until he has a negative COVID test, his eye is no longer crusting and draining, and he is feeling significantly better.

The plan of care was discussed with the patient, and all questions were answered.

Andrea Kussman, MD 5/18/2022 11:36 AM

Electronically signed by Kussman, Andrea, MD at 5/18/2022 1:15 PM

## 04/12/2022 - Clinical Support in Arrillaga Sports Medicine Center

### Medication List

#### Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### benzonatate (Tessalon) 100 mg capsule

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

##### Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

#### Stopped in Visit

None

### Flowsheets

#### Custom Formula Data

Row Name	04/12/22 1514
----------	---------------

##### Hemodynamics

Mean Arterial Pressure (Calculated)	87 mmHg -RM
-------------------------------------	-------------

#### Encounter Vitals

Row Name	04/12/22 1514
----------	---------------

##### Encounter Vitals

BP	112/74 -RM
Pulse	61 -RM
Resp	18 -RM
Temp	36.1 °C (97 °F) -RM
SpO2	96 % -RM

#### User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline	Dates Documented
RM	Mlakar, Rachel	—	—	04/12/2022

### Messages

#### Prepare for your appointment

From

To

Sent and Delivered

### 04/12/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)

#### Messages (continued)

Generic Provider Mychart  
Last Read in MyHealth  
Not Read

Topper, Galen

4/12/2022 7:28 AM

Hello,

For the appointment on Tuesday April 12, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

## 04/12/2022 - Orders Only in Arrillaga Sports Medicine Center

### Reason for Visit

Visit diagnosis: Upper respiratory tract infection, unspecified type

### Medication List

#### Medication List

**(1) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### benzonatate (Tessalon) 100 mg capsule

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

##### Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

### Stopped in Visit

None

### Labs

#### Influenza A/B Screen, RT-PCR [787117718] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN on 04/12/22 0552** Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 04/12/22 0552 Authorized by: Abrams, Geoffrey David, MD  
 Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Abrams, Geoffrey David, MD 04/16/22 0558 for Ordering  
 Frequency: Routine 04/12/22 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Diagnoses  
 Upper respiratory tract infection, unspecified type [J06.9]

#### Specimen Information

ID	Type	Draw Type	Source	Collected By
22S-102UR0081	Resp, Upper	Collection	Nasopharyngeal Swab	Bora, Angela, RN 04/12/22 1332

#### Influenza A/B Screen, RT-PCR [787117718] (Abnormal)

Resulted: 04/12/22 1749, Result status: Final result

Order status: Completed Filed by: Smith, Jasmine 04/12/22 1749  
 Collected by: Bora, Angela, RN 04/12/22 1332 Resulting lab: SHC LAB - HOSPITAL LABORATORY  
 Narrative:

#### TEST PARAMETERS AND METHODOLOGY

Methodology:  
 Real-Time Reverse Transcriptase Polymerase Chain Reaction

This test was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated

**04/12/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

otherwise, it has not been cleared or approved by the USFDA, although such approval is not required for analyte-specific reagents of this type.

Acknowledged by

Abrams, Geoffrey David, MD on 04/12/22 2107  
 Hock-Hanson, Susan, RN on 04/18/22 0716

**Components**

Component	Value	Reference Range	Flag	Lab
Influenza A	Detected	Not Detected	A !	SHC
Influenza B	Not Detected	Not Detected	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Upper respiratory tract infection, unspecified type [J06.9 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 4/18/2022 07:16  
 Hock-Hanson, Susan, RN on 4/18/2022 07:16  
 Abrams, Geoffrey David, MD on 4/12/2022 21:07

## 04/12/2022 - Billing Encounter in Stanford Hospital Laboratory

### Labs

#### Influenza A/B Screen, RT-PCR [787117718] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN on 04/12/22 0552**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 04/12/22 0552

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 04/12/2022

Cosigning events

Electronically cosigned by Abrams, Geoffrey David, MD 04/16/22 0558 for Ordering

Frequency: Routine 04/12/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Upper respiratory tract infection, unspecified type [J06.9]

#### Specimen Information

ID	Type	Draw Type	Source	Collected By
22S-102UR0081	Resp, Upper	Collection	Nasopharyngeal Swab	Bora, Angela, RN 04/12/22 1332

#### Influenza A/B Screen, RT-PCR [787117718] (Abnormal)

Resulted: 04/12/22 1749, Result status: Final result

Order status: Completed

Filed by: Smith, Jasmine 04/12/22 1749

Collected by: Bora, Angela, RN 04/12/22 1332

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Narrative:

#### TEST PARAMETERS AND METHODOLOGY

##### Methodology:

Real-Time Reverse Transcriptase Polymerase Chain Reaction

This test was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the USFDA, although such approval is not required for analyte-specific reagents of this type.

##### Acknowledged by

Abrams, Geoffrey David, MD on 04/12/22 2107

Hock-Hanson, Susan, RN on 04/18/22 0716

#### Components

Component	Value	Reference Range	Flag	Lab
Influenza A	Detected	Not Detected	A !	SHC
Influenza B	Not Detected	Not Detected	—	SHC

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

#### Indications

Upper respiratory tract infection, unspecified type [J06.9 (ICD-10-CM)]

#### All Reviewers List

Hock-Hanson, Susan, RN on 4/18/2022 07:16

Hock-Hanson, Susan, RN on 4/18/2022 07:16

Abrams, Geoffrey David, MD on 4/12/2022 21:07

**04/04/2022 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	4/4/2022 7:27 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Monday April 04, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**04/04/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [785533900] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 04/04/22 0748 Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 04/04/22 0748  
 Ordering mode: Standard  
 Frequency: Routine 04/04/22 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

Is the patient symptomatic for COVID-19?

Instructions:

- 
- 

**Answer**

Asymptomatic for COVID-19 / Not PUI / Screening only

This test is for pre-procedural or pre-treatment screening.

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-094VI0282	Resp, Upper	Mid Turbinate Nasal Swab	04/04/22 0900

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [785533900]**

Resulted: 04/04/22 2239, Result status: Final result

**04/04/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Order status: Completed  
 Collected by: 04/04/22 0900  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 04/06/22 0733  
 Hock-Hanson, Susan, RN on 04/11/22 1330

Filed by: Martinez, Ingrid Elizabeth Anne 04/04/22 2239  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 4/11/2022 13:30  
 Abrams, Geoffrey David, MD on 4/6/2022 07:33

## 04/04/2022 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [785533900] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on 04/04/22 0748

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 04/04/22 0748

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 04/04/2022

Frequency: Routine 04/04/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
22S-094VI0282	Resp, Upper	Mid Turbinate Nasal Swab	04/04/22 0900

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [785533900]

Resulted: 04/04/22 2239, Result status: Final result

Order status: Completed

Filed by: Martinez, Ingrid Elizabeth Anne 04/04/22 2239

Collected by: 04/04/22 0900

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 04/06/22 0733

Hock-Hanson, Susan, RN on 04/11/22 1330

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**04/04/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 4/11/2022 13:30  
Abrams, Geoffrey David, MD on 4/6/2022 07:33

## 03/30/2022 - Appointment in Arrillaga Sports Medicine Center

### Messages

#### Prepare for your appointment

From Generic Provider Mychart Last Read in MyHealth Not Read	To Topper, Galen	Sent and Delivered 3/29/2022 7:34 AM
---	---------------------	---

Hello,

For the appointment on Wednesday March 30, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

## 03/30/2022 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [784601222] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **03/29/22 1558**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 03/29/22 1558

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 03/29/2022

Frequency: Routine 03/29/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
22S-088VI1082	Resp, Upper	Mid Turbinate Nasal Swab	03/30/22 0900

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [784601222]

Resulted: 03/30/22 1908, Result status: Final result

Order status: Completed

Filed by: Background, Lab 03/30/22 1908

Collected by: 03/30/22 0900

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Hock-Hanson, Susan, RN on 04/04/22 0429

Abrams, Geoffrey David, MD on 04/06/22 0733

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview

SARS-CoV-2 RNA

Not Detected

Not Detected

—

Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

**03/30/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Abrams, Geoffrey David, MD on 4/6/2022 07:33  
Hock-Hanson, Susan, RN on 4/4/2022 04:29

**03/29/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [784601222] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 03/29/22 1558 Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 03/29/22 1558  
 Ordering mode: Standard  
 Frequency: Routine 03/29/22 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

Is the patient symptomatic for COVID-19?

Instructions:

- 
- 

**Answer**

Asymptomatic for COVID-19 / Not PUI / Screening only

This test is for pre-procedural or pre-treatment screening.

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-088VI1082	Resp, Upper	Mid Turbinate Nasal Swab	03/30/22 0900

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [784601222]**

Resulted: 03/30/22 1908, Result status: Final result

**03/29/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Order status: Completed  
 Collected by: 03/30/22 0900

Filed by: Background, Lab 03/30/22 1908  
 Resulting lab: HILLVIEW LABORATORY

Acknowledged by  
 Hock-Hanson, Susan, RN on 04/04/22 0429  
 Abrams, Geoffrey David, MD on 04/06/22 0733

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:  
 Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay( RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Abrams, Geoffrey David, MD on 4/6/2022 07:33  
 Hock-Hanson, Susan, RN on 4/4/2022 04:29

**03/24/2022 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	3/24/2022 7:27 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Thursday March 24, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

## 03/24/2022 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [783239331] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **03/22/22 1535**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 03/22/22 1535

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 03/22/2022

Frequency: Routine 03/22/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
22S-081VI1018	Resp, Upper	Mid Turbinate Nasal Swab	03/24/22 1300

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [783239331]

Resulted: 03/24/22 2020, Result status: Final result

Order status: Completed

Filed by: Background, Lab 03/24/22 2020

Collected by: 03/24/22 1300

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 03/25/22 2153

Hock-Hanson, Susan, RN on 03/28/22 0738

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview

SARS-CoV-2 RNA

Not Detected

Not Detected

—

Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

**03/24/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 3/28/2022 07:38  
Abrams, Geoffrey David, MD on 3/25/2022 21:53

**03/23/2022 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	3/23/2022 7:27 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Wednesday March 23, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**03/22/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [783239331] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 03/22/22 1535 Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 03/22/22 1535  
 Ordering mode: Standard  
 Frequency: Routine 03/22/22 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

Is the patient symptomatic for COVID-19?

Instructions:

- 
- 

**Answer**

Asymptomatic for COVID-19 / Not PUI / Screening only

This test is for pre-procedural or pre-treatment screening.

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-081VI1018	Resp, Upper	Mid Turbinate Nasal Swab	03/24/22 1300

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [783239331]**

Resulted: 03/24/22 2020, Result status: Final result

**03/22/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

 Order status: Completed  
 Collected by: 03/24/22 1300

 Filed by: Background, Lab 03/24/22 2020  
 Resulting lab: HILLVIEW LABORATORY

 Acknowledged by  
 Abrams, Geoffrey David, MD on 03/25/22 2153  
 Hock-Hanson, Susan, RN on 03/28/22 0738

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay( RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

 Hock-Hanson, Susan, RN on 3/28/2022 07:38  
 Abrams, Geoffrey David, MD on 3/25/2022 21:53

## 03/14/2022 - Appointment in Arrillaga Sports Medicine Center

### Messages

#### Prepare for your appointment

From Generic Provider Mychart Last Read in MyHealth Not Read	To Topper, Galen	Sent and Delivered 3/12/2022 7:26 AM
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Hello,

For the appointment on Monday March 14, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**03/14/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [781512262] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 03/14/22 0743 Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 03/14/22 0743  
 Ordering mode: Standard  
 Frequency: Routine 03/14/22 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

Is the patient symptomatic for COVID-19?

Instructions:

- 
- 

**Answer**

Asymptomatic for COVID-19 / Not PUI / Screening only

This test is for pre-procedural or pre-treatment screening.

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-073VI0223	Resp, Upper	Mid Turbinate Nasal Swab	03/14/22 1000

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [781512262]**

Resulted: 03/14/22 2114, Result status: Final result

**03/14/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Order status: Completed  
 Collected by: 03/14/22 1000  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 03/15/22 2035  
 Hock-Hanson, Susan, RN on 03/20/22 0850

Filed by: Martinez, Ingrid Elizabeth Anne 03/14/22 2114  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 3/20/2022 08:50  
 Abrams, Geoffrey David, MD on 3/15/2022 20:35

HILLVIEW LABORATORY  
 300 PASTEUR DR  
 STANFORD CA 94305-2200

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 3/14/2022

## 03/14/2022 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [781512262] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **03/14/22 0743**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 03/14/22 0743

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 03/14/2022

Frequency: Routine 03/14/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
22S-073VI0223	Resp, Upper	Mid Turbinate Nasal Swab	03/14/22 1000

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [781512262]

Resulted: 03/14/22 2114, Result status: Final result

Order status: Completed

Filed by: Martinez, Ingrid Elizabeth Anne 03/14/22 2114

Collected by: 03/14/22 1000

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 03/15/22 2035

Hock-Hanson, Susan, RN on 03/20/22 0850

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**03/14/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 3/20/2022 08:50  
Abrams, Geoffrey David, MD on 3/15/2022 20:35

**03/07/2022 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	3/7/2022 7:29 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Monday March 07, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**03/07/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [780172065] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 03/07/22 0747 Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 03/07/22 0747  
 Ordering mode: Standard  
 Frequency: Routine 03/07/22 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

Is the patient symptomatic for COVID-19?

Instructions:

- 
- 

**Answer**

Asymptomatic for COVID-19 / Not PUI / Screening only

This test is for pre-procedural or pre-treatment screening.

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-066VI0265	Resp, Upper	Mid Turbinate Nasal Swab	03/07/22 1000

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [780172065]**

Resulted: 03/07/22 2227, Result status: Final result

**03/07/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Order status: Completed  
 Collected by: 03/07/22 1000  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 03/08/22 0824  
 Hock-Hanson, Susan, RN on 03/08/22 1244

Filed by: Martinez, Ingrid Elizabeth Anne 03/07/22 2227  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 3/8/2022 12:44  
 Abrams, Geoffrey David, MD on 3/8/2022 08:24

## 03/07/2022 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [780172065] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **03/07/22 0747**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 03/07/22 0747

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 03/07/2022

Frequency: Routine 03/07/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
22S-066VI0265	Resp, Upper	Mid Turbinate Nasal Swab	03/07/22 1000

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [780172065]

Resulted: 03/07/22 2227, Result status: Final result

Order status: Completed

Filed by: Martinez, Ingrid Elizabeth Anne 03/07/22 2227

Collected by: 03/07/22 1000

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 03/08/22 0824

Hock-Hanson, Susan, RN on 03/08/22 1244

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**03/07/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 3/8/2022 12:44  
Abrams, Geoffrey David, MD on 3/8/2022 08:24

**02/28/2022 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	2/26/2022 7:26 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Monday February 28, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**02/28/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [778818666] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 02/28/22 0749 Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 02/28/22 0749  
 Ordering mode: Standard  
 Frequency: Routine 02/28/22 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

Is the patient symptomatic for COVID-19?

Instructions:

- 
- 

**Answer**

Asymptomatic for COVID-19 / Not PUI / Screening only

This test is for pre-procedural or pre-treatment screening.

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-059VI0284	Resp, Upper	Mid Turbinate Nasal Swab	02/28/22 1100

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [778818666]**

Resulted: 02/28/22 2101, Result status: Final result

**02/28/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Order status: Completed  
 Collected by: 02/28/22 1100  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 03/02/22 2041  
 Hock-Hanson, Susan, RN on 03/07/22 0641

Filed by: Tam, Gordon 02/28/22 2101  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 3/7/2022 06:41  
 Abrams, Geoffrey David, MD on 3/2/2022 20:41

## 02/28/2022 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [778818666] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **02/28/22 0749**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 02/28/22 0749

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 02/28/2022

Frequency: Routine 02/28/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
22S-059VI0284	Resp, Upper	Mid Turbinate Nasal Swab	02/28/22 1100

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [778818666]

Resulted: 02/28/22 2101, Result status: Final result

Order status: Completed

Filed by: Tam, Gordon 02/28/22 2101

Collected by: 02/28/22 1100

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 03/02/22 2041

Hock-Hanson, Susan, RN on 03/07/22 0641

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**02/28/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 3/7/2022 06:41  
Abrams, Geoffrey David, MD on 3/2/2022 20:41

**02/25/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnosis: Sports physical

**Medication List**

**Medication List**

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD	Discontinued on: 3/30/2023
Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough	
Authorized by: Fausett, Cameron Lee, MD	Ordered on: 10/28/2021
Start date: 10/28/2021	End date: 3/30/2023
Action: Patient not taking	Quantity: 15 Capsule
Refill: No refills remaining	

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD	Discontinued on: 2/2/2024
Instructions: take 1 Capsule (1,000 Units total) by mouth every day	
Authorized by: Kuwabara, Anne M, MD	Ordered on: 2/3/2022
Start date: 2/3/2022	End date: 2/2/2024
Action: Patient not taking	Quantity: 100 Capsule
Refill: 3 refills remaining	

**Stopped in Visit**

None

**02/21/2022 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	2/21/2022 7:28 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Monday February 21, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**02/21/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [777595903] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 02/21/22 0750 Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 02/21/22 0750 Authorized by: Abrams, Geoffrey David, MD  
 Ordering mode: Standard  
 Frequency: Routine 02/21/22 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

Is the patient symptomatic for COVID-19?

Instructions:

- 
- 

**Answer**

Asymptomatic for COVID-19 / Not PUI / Screening only

This test is for pre-procedural or pre-treatment screening.

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-052VI0246	Resp, Upper	Mid Turbinate Nasal Swab	02/21/22 0900

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [777595903]**

Resulted: 02/21/22 2142, Result status: Final result

**02/21/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Order status: Completed  
 Collected by: 02/21/22 0900  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 02/22/22 1858  
 Hock-Hanson, Susan, RN on 02/27/22 2109

Filed by: Tam, Gordon 02/21/22 2142  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 2/27/2022 21:09  
 Abrams, Geoffrey David, MD on 2/22/2022 18:58

**02/21/2022 - Billing Encounter in Hillview Lab**

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [777595903] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on **02/21/22 0750**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 02/21/22 0750

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 02/21/2022

Frequency: Routine 02/21/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-052VI0246	Resp, Upper	Mid Turbinate Nasal Swab	02/21/22 0900

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [777595903]**

Resulted: 02/21/22 2142, Result status: Final result

Order status: Completed

Filed by: Tam, Gordon 02/21/22 2142

Collected by: 02/21/22 0900

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 02/22/22 1858

Hock-Hanson, Susan, RN on 02/27/22 2109

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**02/21/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 2/27/2022 21:09  
Abrams, Geoffrey David, MD on 2/22/2022 18:58

**02/14/2022 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	2/13/2022 7:29 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Monday February 14, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**02/14/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [776041231] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 02/14/22 0748 Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 02/14/22 0748  
 Ordering mode: Standard  
 Frequency: Routine 02/14/22 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

Is the patient symptomatic for COVID-19?

Instructions:

- 
- 

**Answer**

Asymptomatic for COVID-19 / Not PUI / Screening only

This test is for pre-procedural or pre-treatment screening.

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-045VI0262	Resp, Upper	Mid Turbinate Nasal Swab	02/14/22 1000

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [776041231]**

Resulted: 02/14/22 2218, Result status: Final result

**02/14/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Order status: Completed

Collected by: 02/14/22 1000

Acknowledged by

Abrams, Geoffrey David, MD on 02/15/22 0807

Hock-Hanson, Susan, RN on 02/21/22 0747

Filed by: Background, Lab 02/14/22 2218

Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay( RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 2/21/2022 07:47

Abrams, Geoffrey David, MD on 2/15/2022 08:07

## 02/14/2022 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [776041231] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **02/14/22 0748**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 02/14/22 0748

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 02/14/2022

Frequency: Routine 02/14/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
22S-045VI0262	Resp, Upper	Mid Turbinate Nasal Swab	02/14/22 1000

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [776041231]

Resulted: 02/14/22 2218, Result status: Final result

Order status: Completed

Filed by: Background, Lab 02/14/22 2218

Collected by: 02/14/22 1000

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 02/15/22 0807

Hock-Hanson, Susan, RN on 02/21/22 0747

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview

SARS-CoV-2 RNA

Not Detected

Not Detected

—

Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

**02/14/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 2/21/2022 07:47  
Abrams, Geoffrey David, MD on 2/15/2022 08:07

**02/07/2022 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	2/4/2022 7:30 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Monday February 07, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**02/07/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [774682963] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 02/07/22 0744 Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 02/07/22 0744  
 Ordering mode: Standard  
 Frequency: Routine 02/07/22 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

Is the patient symptomatic for COVID-19?

Instructions:

- 
- 

**Answer**

Asymptomatic for COVID-19 / Not PUI / Screening only

This test is for pre-procedural or pre-treatment screening.

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-038VI0253	Resp, Upper	Mid Turbinate Nasal Swab	02/07/22 1000

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [774682963]**

Resulted: 02/07/22 2118, Result status: Final result

**02/07/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Order status: Completed  
 Collected by: 02/07/22 1000  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 02/08/22 2200  
 Hock-Hanson, Susan, RN on 02/13/22 0402

Filed by: Tam, Gordon 02/07/22 2118  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 2/13/2022 04:02  
 Abrams, Geoffrey David, MD on 2/8/2022 22:00

## 02/07/2022 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [774682963] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **02/07/22 0744**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 02/07/22 0744

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 02/07/2022

Frequency: Routine 02/07/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
22S-038VI0253	Resp, Upper	Mid Turbinate Nasal Swab	02/07/22 1000

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [774682963]

Resulted: 02/07/22 2118, Result status: Final result

Order status: Completed

Filed by: Tam, Gordon 02/07/22 2118

Collected by: 02/07/22 1000

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 02/08/22 2200

Hock-Hanson, Susan, RN on 02/13/22 0402

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**02/07/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 2/13/2022 04:02  
Abrams, Geoffrey David, MD on 2/8/2022 22:00

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 2/3/2022

**02/03/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16**

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

**Stopped in Visit**

None

**MAR**

**Medications**

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Department
02/03/22	Sent	Routine	Kuwabara, Anne M, MD	ORTHO PMR & SPORTS MED

**Provider Information**

Authorizing Provider	Encounter Provider
Kuwabara, Anne M, MD	Kuwabara, Anne M, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS (Discontinued)	100 Capsule	3	2/3/2022	2/3/2022

Sig: take 1 Capsule (1,000 Units total) by mouth 2 times a day

Route: Oral

Class: In Clinic

Order #: 774082195

**Outpatient Medication Detail**

	Disp	Refills	Start	End
Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS (Discontinued)	100 Capsule	3	2/3/2022	2/3/2022

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 2/3/2022

## 02/03/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)

### MAR (continued)

Sig - Route: take 1 Capsule (1,000 Units total) by mouth 2 times a day - Oral  
 Class: In Clinic

#### This Order Has Been Discontinued

Order Status	Reason	By	On
Discontinued	None	Kuwabara, Anne M, MD	2/3/22 0947

### Pharmacy

RITE AID #05892 - REDWOOD CITY, CA - 340 WOODSIDE PLAZA

#### Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS [774082195]

Electronically signed by: **Kuwabara, Anne M, MD on 02/03/22 0946** Status: **Discontinued**  
 Ordering user: Kuwabara, Anne M, MD 02/03/22 0946  
 Ordering mode: Standard  
 Frequency: BID 02/03/22 - 02/03/22  
 Authorized by: Kuwabara, Anne M, MD  
 Discontinued by: Kuwabara, Anne M, MD 02/03/22 0947

### Proportion of Days Covered



#### Unknown Adherence

Adherence cannot be calculated for over-the-counter drugs.

#### Low Confidence

Fill data for this medication may be incomplete.

### About this Score

#### Summary

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

#### Calculating the Score

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

#### Confidence

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

#### Limitations

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 2/3/2022

**02/03/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**MAR (continued)**

- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

Medication Order Report

**Order Information**

Ordered	Status	Priority	Ordering User	Department
02/03/22	Sent	Routine	Kuwabara, Anne M, MD	ORTHO PMR & SPORTS MED

**Provider Information**

Authorizing Provider	Encounter Provider
Kuwabara, Anne M, MD	Kuwabara, Anne M, MD

**Medication Detail**

Medication	Quantity	Refills	Start	End
Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS (Discontinued)	100 Capsule	3	2/3/2022	2/2/2024
Sig: take 1 Capsule (1,000 Units total) by mouth every day				
Patient not taking: Reported on 3/30/2023				
Route: Oral				
Class: E-Prescribe				
Order #: 774082251				

**Outpatient Medication Detail**

	Disp	Refills	Start	End
Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS (Discontinued)	100 Capsule	3	2/3/2022	2/2/2024
Sig - Route: take 1 Capsule (1,000 Units total) by mouth every day - Oral				
Patient not taking: Reported on 3/30/2023				
Sent to pharmacy as: Vitamin D3 25 mcg (1,000 unit) capsule (Cholecalciferol (Vitamin D3))				
Class: E-Prescribe				
E-Prescribing Status: <b>Receipt confirmed by pharmacy</b> (2/3/2022 9:47 AM PST)				

**This Order Has Been Discontinued**

Order Status	Reason	By	On
Discontinued	None	Walker, Clayton Robert, MD	2/2/24 1246

**Pharmacy**

RITE AID #05892 - REDWOOD CITY, CA - 340 WOODSIDE PLAZA

**Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS [774082251]**

Electronically signed by: **Kuwabara, Anne M, MD on 02/03/22 0947**

Status: **Discontinued**

Ordering user: Kuwabara, Anne M, MD 02/03/22 0947

Authorized by: Kuwabara, Anne M, MD

Ordering mode: Standard

Frequency: Every Day 02/03/22 - 02/02/24

Discontinued by: Walker, Clayton Robert, MD 02/02/24 1246

Modified from: Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS [774082195]

**Proportion of Days Covered**

## 02/03/2022 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)

### MAR (continued)

#### Unknown Adherence

Adherence cannot be calculated for over-the-counter drugs.

#### Low Confidence

Fill data for this medication may be incomplete.

### About this Score

#### Summary

The medication adherence score approximates the percentage of the time a patient has taken a given medication as instructed.

#### Calculating the Score

The score is calculated following these steps:

1. Find the number of days the patient was prescribed the medication from the list of orders.
2. Find the number of days the patient could not have been taking the medication due to being admitted.
3. Determine the number of days the patient should have been taking the medication by subtracting (2) from (1).
4. Estimate the number of days the patient took the medication as directed based on the list of dispenses and the list of orders.
5. Calculate the percentage of the time the patient was taking the medication as directed by dividing (4) by (3).

#### Confidence

The confidence associated with the score is an estimate of how complete the system's dispense and order history is for the patient. Factors that increase the confidence are:

- The orders for the medication were sent to specific pharmacies.
- A record of dispenses for the medication has been received from external sources.
- The order pharmacy or patient-preferred pharmacies have sent fill history for medications in the past.

#### Limitations

The score is an estimate based on the information available in the system. There are a number of factors that could affect the accuracy of the score, including the following:

- Incomplete dispense or order history
- Inaccurate start and end dates for orders in the system
- Recommended dose for the medication changed mid-dispense, so the days supply from the pharmacy is not accurate
- Patient not fully using some of their dispenses
- Patient continuing to get dispenses for a previous prescription with a different dose
- Provider changed the dose but did not place a new order
- Prescription has a complex dosing regimen involving multiple strengths and frequent dose changes

**01/31/2022 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	1/31/2022 7:28 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Monday January 31, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**01/31/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [773345684] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 01/31/22 0746** Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 01/31/22 0746 Authorized by: Abrams, Geoffrey David, MD  
 Ordering mode: Standard  
 Frequency: Routine 01/31/22 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-031VI0262	Resp, Upper	Mid Turbinate Nasal Swab	01/31/22 1000

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [773345684]**

Resulted: 01/31/22 1948, Result status: Final result

Order status: Completed Filed by: Background, Lab 01/31/22 1948  
 Collected by: 01/31/22 1000 Resulting lab: HILLVIEW LABORATORY  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 02/02/22 0930  
 Hock-Hanson, Susan, RN on 02/06/22 1606

**Components**

Component	Value	Reference Range	Flag	Lab

**01/31/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

## Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

 Hock-Hanson, Susan, RN on 2/6/2022 16:06  
 Abrams, Geoffrey David, MD on 2/2/2022 09:30

**01/31/2022 - Billing Encounter in Hillview Lab**

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [773345684] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on **01/31/22 0746**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 01/31/22 0746

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 01/31/2022

Frequency: Routine 01/31/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-031VI0262	Resp, Upper	Mid Turbinate Nasal Swab	01/31/22 1000

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [773345684]**

Resulted: 01/31/22 1948, Result status: Final result

Order status: Completed

Filed by: Background, Lab 01/31/22 1948

Collected by: 01/31/22 1000

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 02/02/22 0930

Hock-Hanson, Susan, RN on 02/06/22 1606

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

**01/31/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 2/6/2022 16:06  
Abrams, Geoffrey David, MD on 2/2/2022 09:30

## 01/26/2022 - Clinical Support in Arrillaga Sports Medicine Center

### Reason for Visit

Visit diagnoses:

- (primary)
- Sports physical

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **Cholecalciferol (Vitamin D3) (Vitamin D3) 1,000 unit CAPS**

Discontinued by: Walker, Clayton Robert, MD Discontinued on: 2/2/2024  
 Instructions: take 1 Capsule (1,000 Units total) by mouth every day  
 Authorized by: Kuwabara, Anne M, MD Ordered on: 2/3/2022  
 Start date: 2/3/2022 End date: 2/2/2024  
 Action: Patient not taking Quantity: 100 Capsule  
 Refill: 3 refills remaining

##### **meloxicam (Mobic) 7.5 mg tablet**

Instructions: take 1 Tablet (7.5 mg total) by mouth daily  
 Authorized by: Nitichaikulvatana, Prachaya, MD Ordered on: 11/3/2022  
 Start date: 11/3/2022 End date: 11/3/2023  
 Action: Patient not taking Quantity: 30 Tablet  
 Refill: 1 refill remaining

##### **predniSONE (Deltasone) 10 mg tablet**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: Take 6 tabs daily on day 1-3, 4 tabs daily on day 4-6, 2 tabs daily on day 7-9, 1 tab daily on day 10-12, half tab daily on day 13-15. Then stop.  
 Authorized by: Kuo, Kevin Fong-Wei, MD Ordered on: 1/25/2023  
 Start date: 1/25/2023 End date: 3/14/2024  
 Action: Patient not taking Quantity: 42 Tablet  
 Refill: No refills remaining

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Dykowski, Sara Elizabeth, MD Discontinued on: 3/14/2024  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Choo, Hyunwoo June, MD Ordered on: 3/30/2023  
 Start date: 3/30/2023 End date: 3/14/2024  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

### Stopped in Visit

None

### Labs

#### **Vitamin D, 25-Hydroxyvitamin [772611029] (Final result)**

Electronically signed by: **Kuwabara, Anne M, MD on 09/02/21 1809** Status: **Completed**  
 Ordering user: Kuwabara, Anne M, MD 09/02/21 1809  
 Ordering mode: Standard  
 Frequency: Routine 09/02/21 -  
 Quantity: 1  
 Instance released by: Mlakar, Rachel 1/26/2022 2:30 PM  
 Diagnoses

Authorized by: Fredericson, Michael, MD  
 Class: Lab Collect  
 Lab status: Final result

**01/26/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Sports physical [Z02.5]

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
22S-026SC0585	Blood	Venipuncture	Blood, from Venipuncture	Mlakar, Rachel 01/26/22 1510

**Vitamin D, 25-Hydroxyvitamin [772611029]**

Resulted: 02/02/22 1330, Result status: Final result

Order status: Completed

Filed by: Manalac, Justin 02/02/22 1330

Collected by: Mlakar, Rachel 01/26/22 1510

Resulting lab: HILLVIEW LABORATORY

Narrative:

This test was developed and its performance characteristics determined by the Stanford Clinical Laboratory. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Acknowledged by

Kuwabara, Anne M, MD on 02/03/22 0948

Fredericson, Michael, MD on 02/03/22 1045

**Components**

Component	Value	Reference Range	Flag	Lab
25-Hydroxy D2	<4	ng/mL	—	Hillview
25-Hydroxy D3	34	ng/mL	—	Hillview
25-OH Vitamin D, Total	34	25 - 80 ng/mL	—	Hillview

Comment: Optimum levels in the normal population are 25-80

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 2/3/2022 10:45

Kuwabara, Anne M, MD on 2/3/2022 09:48

**Ferritin [772611030] (Final result)**
Electronically signed by: **Kuwabara, Anne M, MD on 09/02/21 1809**Status: **Completed**

Ordering user: Kuwabara, Anne M, MD 09/02/21 1809

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 09/02/21 -

Class: Lab Collect

Quantity: 1

Lab status: Final result

Instance released by: Mlakar, Rachel 1/26/2022 2:30 PM

Diagnoses

Sports physical [Z02.5]

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
22S-026CH2661	Blood	Venipuncture	Blood, from Venipuncture	Mlakar, Rachel 01/26/22 1510

**Ferritin [772611030] (Normal)**

Resulted: 01/26/22 1726, Result status: Final result

Order status: Completed

Filed by: Background, Lab 01/26/22 1726

Collected by: Mlakar, Rachel 01/26/22 1510

Resulting lab: SHC LAB - HOSPITAL LABORATORY

**01/26/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Acknowledged by  
 Kuwabara, Anne M, MD on 01/26/22 2119  
 Fredericson, Michael, MD on 01/27/22 1033

**Components**

Component	Value	Reference Range	Flag	Lab
Ferritin  Comment: Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.	58.2	30 - 400 ng/mL	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 2/3/2022 10:45  
 Kuwabara, Anne M, MD on 2/3/2022 09:48  
 Fredericson, Michael, MD on 1/27/2022 10:33  
 Kuwabara, Anne M, MD on 1/26/2022 21:19

**CBC With Diff [772611031] (Final result)**

Electronically signed by: **Kuwabara, Anne M, MD on 09/02/21 1809**

Status: **Completed**

Ordering user: Kuwabara, Anne M, MD 09/02/21 1809

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 09/02/21 -

Class: Lab Collect

Quantity: 1

Lab status: Final result

Instance released by: Mlakar, Rachel 1/26/2022 2:30 PM

Diagnoses

Sports physical [Z02.5]

**Specimen Information**

ID	Type	Source	Collected By
22S-026HE1373	Blood	Blood, from Venipuncture	01/26/22 1510

**CBC With Diff [772611031]**
**CBC with Differential [772611762] (Abnormal)**

Resulted: 01/26/22 1653, Result status: Final result

Order status: Completed

Filed by: Background, Lab 01/26/22 1653

Collected by: Mlakar, Rachel 01/26/22 1510

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by

Kuwabara, Anne M, MD on 01/26/22 2119

Fredericson, Michael, MD on 01/27/22 1033

**Components**

Component	Value	Reference Range	Flag	Lab
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**01/26/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

WBC	4.3	4.0 - 11.0 K/uL	—	SHC
RBC	5.21	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	14.7	13.5 - 17.7 g/dL	—	SHC
Hematocrit	45.0	40.0 - 52.0 %	—	SHC
MCV	86.4	82.0 - 98.0 fL	—	SHC
MCH	28.2	27.0 - 34.0 pg	—	SHC
MCHC	32.7	32.0 - 36.0 g/dL	—	SHC
RDW	12.0	11.5 - 14.5 %	—	SHC
Platelet count	229	150 - 400 K/uL	—	SHC
Neutrophil %	47.7	%	—	SHC
Lymphocyte %	39.2	%	—	SHC
Monocyte %	7.3	%	—	SHC
Eosinophil %	4.9	%	—	SHC
Basophil %	0.7	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	2.03	1.80 - 8.00 K/uL	—	SHC
Lymphocyte, Absolute	1.67	1.50 - 6.50 K/uL	—	SHC
Monocyte, Absolute	0.31	0.00 - 0.40 K/uL	—	SHC
Eosinophil, Absolute	0.21	0.00 - 0.20 K/uL	H <sup>▲</sup>	SHC
Basophil, Absolute	0.03	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**CBC With Diff [772611031]**
**CBC with Differential [772611762] (Abnormal)**

Resulted: 01/26/22 1653, Result status: Final result

Order status: Completed  
 Collected by: Mlakar, Rachel 01/26/22 1510  
 Acknowledged by  
 Kuwabara, Anne M, MD on 01/26/22 2119  
 Fredericson, Michael, MD on 01/27/22 1033

Filed by: Background, Lab 01/26/22 1653  
 Resulting lab: SHC LAB - HOSPITAL LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	4.3	4.0 - 11.0 K/uL	—	SHC
RBC	5.21	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	14.7	13.5 - 17.7 g/dL	—	SHC
Hematocrit	45.0	40.0 - 52.0 %	—	SHC
MCV	86.4	82.0 - 98.0 fL	—	SHC
MCH	28.2	27.0 - 34.0 pg	—	SHC
MCHC	32.7	32.0 - 36.0 g/dL	—	SHC
RDW	12.0	11.5 - 14.5 %	—	SHC
Platelet count	229	150 - 400 K/uL	—	SHC
Neutrophil %	47.7	%	—	SHC
Lymphocyte %	39.2	%	—	SHC

**01/26/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Monocyte %	7.3	%	—	SHC
Eosinophil %	4.9	%	—	SHC
Basophil %	0.7	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	2.03	1.80 - 8.00 K/uL	—	SHC
Lymphocyte, Absolute	1.67	1.50 - 6.50 K/uL	—	SHC
Monocyte, Absolute	0.31	0.00 - 0.40 K/uL	—	SHC
Eosinophil, Absolute	0.21	0.00 - 0.20 K/uL	H▲	SHC
Basophil, Absolute	0.03	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**CBC with Differential [772611762] (Final result)**

 Status: **Completed**

Order placed as a reflex to CBC With Diff [772611031] ordered on 09/02/21 at 1809

Ordering user: Kuwabara, Anne M, MD 09/02/21 1809

Ordering mode: Standard

Frequency: Routine 01/26/22 -

Quantity: 1

Diagnoses

Sports physical [Z02.5]

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
22S-026HE1373	Blood	Venipuncture	Blood, from Venipuncture	Mlakar, Rachel 01/26/22 1510

**CBC with Differential [772611762] (Abnormal)**

Resulted: 01/26/22 1653, Result status: Final result

Order status: Completed

Collected by: Mlakar, Rachel 01/26/22 1510

Acknowledged by

Kuwabara, Anne M, MD on 01/26/22 2119

Fredericson, Michael, MD on 01/27/22 1033

Filed by: Background, Lab 01/26/22 1653

Resulting lab: SHC LAB - HOSPITAL LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	4.3	4.0 - 11.0 K/uL	—	SHC
RBC	5.21	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	14.7	13.5 - 17.7 g/dL	—	SHC
Hematocrit	45.0	40.0 - 52.0 %	—	SHC
MCV	86.4	82.0 - 98.0 fL	—	SHC
MCH	28.2	27.0 - 34.0 pg	—	SHC
MCHC	32.7	32.0 - 36.0 g/dL	—	SHC
RDW	12.0	11.5 - 14.5 %	—	SHC

**01/26/2022 - Clinical Support in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

Platelet count	229	150 - 400 K/uL	—	SHC
Neutrophil %	47.7	%	—	SHC
Lymphocyte %	39.2	%	—	SHC
Monocyte %	7.3	%	—	SHC
Eosinophil %	4.9	%	—	SHC
Basophil %	0.7	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	2.03	1.80 - 8.00 K/uL	—	SHC
Lymphocyte, Absolute	1.67	1.50 - 6.50 K/uL	—	SHC
Monocyte, Absolute	0.31	0.00 - 0.40 K/uL	—	SHC
Eosinophil, Absolute	0.21	0.00 - 0.20 K/uL	H <sup>▲</sup>	SHC
Basophil, Absolute	0.03	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**All Reviewers List**

Fredericson, Michael, MD on 2/3/2022 10:45  
 Kuwabara, Anne M, MD on 2/3/2022 09:48  
 Fredericson, Michael, MD on 1/27/2022 10:33  
 Kuwabara, Anne M, MD on 1/26/2022 21:19

**01/24/2022 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	1/24/2022 7:29 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Monday January 24, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**01/24/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [771984738] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 01/24/22 0723 Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 01/24/22 0723 Authorized by: Abrams, Geoffrey David, MD  
 Ordering mode: Standard  
 Frequency: Routine 01/24/22 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-024VI0214	Resp, Upper	Mid Turbinate Nasal Swab	01/24/22 1000

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [771984738]**

Resulted: 01/24/22 2221, Result status: Final result

Order status: Completed Filed by: Tam, Gordon 01/24/22 2221  
 Collected by: 01/24/22 1000 Resulting lab: HILLVIEW LABORATORY  
 Acknowledged by  
 Hock-Hanson, Susan, RN on 01/26/22 1609  
 Abrams, Geoffrey David, MD on 01/26/22 2139

**Components**

Component	Value	Reference Range	Flag	Lab

**01/24/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

 Abrams, Geoffrey David, MD on 1/26/2022 21:39  
 Hock-Hanson, Susan, RN on 1/26/2022 16:09

## 01/24/2022 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [771984738] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **01/24/22 0723**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 01/24/22 0723

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 01/24/2022

Frequency: Routine 01/24/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
22S-024VI0214	Resp, Upper	Mid Turbinate Nasal Swab	01/24/22 1000

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [771984738]

Resulted: 01/24/22 2221, Result status: Final result

Order status: Completed

Filed by: Tam, Gordon 01/24/22 2221

Collected by: 01/24/22 1000

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Hock-Hanson, Susan, RN on 01/26/22 1609

Abrams, Geoffrey David, MD on 01/26/22 2139

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**01/24/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Abrams, Geoffrey David, MD on 1/26/2022 21:39  
Hock-Hanson, Susan, RN on 1/26/2022 16:09

## 01/19/2022 - Appointment in Arrillaga Sports Medicine Center

### Messages

#### Prepare for your appointment

From Generic Provider Mychart Last Read in MyHealth Not Read	To Topper, Galen	Sent and Delivered 1/17/2022 7:33 AM
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Hello,

For the appointment on Wednesday January 19, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**01/19/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [771090040] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 01/19/22 0711 Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 01/19/22 0711 Authorized by: Abrams, Geoffrey David, MD  
 Ordering mode: Standard  
 Frequency: Routine 01/19/22 - Class: Clinic Collect  
 Quantity: 1 Lab status: Final result  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-019VI0051	Resp, Upper	Mid Turbinate Nasal Swab	01/19/22 1100

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [771090040]**

Resulted: 01/19/22 1823, Result status: Final result

Order status: Completed Filed by: Background, Lab 01/19/22 1823  
 Collected by: 01/19/22 1100 Resulting lab: HILLVIEW LABORATORY  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 01/22/22 1142  
 Hock-Hanson, Susan, RN on 01/23/22 1834

**Components**

Component	Value	Reference Range	Flag	Lab

**01/19/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 1/23/2022 18:34  
 Abrams, Geoffrey David, MD on 1/22/2022 11:42

## 01/19/2022 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [771090040] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on 01/19/22 0711

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 01/19/22 0711

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 01/19/2022

Frequency: Routine 01/19/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
22S-019VI0051	Resp, Upper	Mid Turbinate Nasal Swab	01/19/22 1100

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [771090040]

Resulted: 01/19/22 1823, Result status: Final result

Order status: Completed

Filed by: Background, Lab 01/19/22 1823

Collected by: 01/19/22 1100

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 01/22/22 1142

Hock-Hanson, Susan, RN on 01/23/22 1834

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

**01/19/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 1/23/2022 18:34  
Abrams, Geoffrey David, MD on 1/22/2022 11:42

## 01/10/2022 - Appointment in Arrillaga Sports Medicine Center

### Messages

#### Prepare for your appointment

From Generic Provider Mychart Last Read in MyHealth 1/21/2022 6:32 PM by Topper, Galen	To Topper, Galen	Sent and Delivered 1/10/2022 7:30 AM
---	---------------------	---

Hello,

For the appointment on Monday January 10, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**01/10/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [769376684] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 01/10/22 0806** Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 01/10/22 0806  
 Ordering mode: Standard  
 Frequency: Routine 01/10/22 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-010VI0245	Resp, Upper	Mid Turbinate Nasal Swab	01/10/22 1000

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [769376684]**

Resulted: 01/10/22 2141, Result status: Final result

Order status: Completed  
 Collected by: 01/10/22 1000  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 01/11/22 2124  
 Hock-Hanson, Susan, RN on 01/13/22 0353

Filed by: Tam, Gordon 01/10/22 2141  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab

**01/10/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

 Hock-Hanson, Susan, RN on 1/13/2022 03:53  
 Abrams, Geoffrey David, MD on 1/11/2022 21:24

## 01/10/2022 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [769376684] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **01/10/22 0806**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 01/10/22 0806

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 01/10/2022

Frequency: Routine 01/10/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
22S-010VI0245	Resp, Upper	Mid Turbinate Nasal Swab	01/10/22 1000

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [769376684]

Resulted: 01/10/22 2141, Result status: Final result

Order status: Completed

Filed by: Tam, Gordon 01/10/22 2141

Collected by: 01/10/22 1000

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 01/11/22 2124

Hock-Hanson, Susan, RN on 01/13/22 0353

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**01/10/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 1/13/2022 03:53  
Abrams, Geoffrey David, MD on 1/11/2022 21:24

**01/07/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [768998866] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 01/07/22 0956** Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 01/07/22 0956  
 Ordering mode: Standard  
 Frequency: Routine 01/07/22 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-007VI0808	Resp, Upper	Mid Turbinate Nasal Swab	01/07/22 1300

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [768998866]**

Resulted: 01/08/22 0832, Result status: Final result

Order status: Completed  
 Collected by: 01/07/22 1300  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 01/08/22 1909  
 Hock-Hanson, Susan, RN on 01/10/22 0521

Filed by: Background, Lab 01/08/22 0832  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab

**01/07/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

## Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

 Hock-Hanson, Susan, RN on 1/10/2022 05:21  
 Abrams, Geoffrey David, MD on 1/8/2022 19:09

**01/07/2022 - Billing Encounter in Hillview Lab**

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [768998866] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on **01/07/22 0956**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 01/07/22 0956

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 01/07/2022

Frequency: Routine 01/07/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-007VI0808	Resp, Upper	Mid Turbinate Nasal Swab	01/07/22 1300

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [768998866]**

Resulted: 01/08/22 0832, Result status: Final result

Order status: Completed

Filed by: Background, Lab 01/08/22 0832

Collected by: 01/07/22 1300

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 01/08/22 1909

Hock-Hanson, Susan, RN on 01/10/22 0521

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

**01/07/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 1/10/2022 05:21  
Abrams, Geoffrey David, MD on 1/8/2022 19:09

**01/03/2022 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From  
Generic Provider Mychart  
Last Read in MyHealth  
Not Read

To  
Topper, Galen

Sent and Delivered  
1/2/2022 7:29 AM

Hello,

For the appointment on Monday January 03, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

## 01/03/2022 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [767919841] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **01/02/22 1541**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 01/02/22 1541

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 01/02/2022

Frequency: Routine 01/02/22 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
22S-002VI1547	Resp, Upper	Mid Turbinate Nasal Swab	01/03/22 0800

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [767919841]

Resulted: 01/04/22 0014, Result status: Final result

Order status: Completed

Filed by: Alday, Mark Anthony Aljibe 01/04/22 0014

Collected by: 01/03/22 0800

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 01/04/22 2009

Hock-Hanson, Susan, RN on 01/10/22 0522

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**01/03/2022 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 1/10/2022 05:22  
Abrams, Geoffrey David, MD on 1/4/2022 20:09

**01/02/2022 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [767919841] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 01/02/22 1541** Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 01/02/22 1541  
 Ordering mode: Standard  
 Frequency: Routine 01/02/22 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
22S-002VI1547	Resp, Upper	Mid Turbinate Nasal Swab	01/03/22 0800

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [767919841]**

Resulted: 01/04/22 0014, Result status: Final result

Order status: Completed  
 Collected by: 01/03/22 0800  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 01/04/22 2009  
 Hock-Hanson, Susan, RN on 01/10/22 0522

Filed by: Alday, Mark Anthony Aljibe 01/04/22 0014  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab

**01/02/2022 - Orders Only in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

 Hock-Hanson, Susan, RN on 1/10/2022 05:22  
 Abrams, Geoffrey David, MD on 1/4/2022 20:09

## 12/06/2021 - Appointment in Arrillaga Sports Medicine Center

### Messages

#### Prepare for your appointment

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	12/5/2021 7:28 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Monday December 06, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**12/06/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [763082951] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on **12/06/21 0715** Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 12/06/21 0715  
 Ordering mode: Standard  
 Frequency: Routine 12/06/21 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-340VI0281	Resp, Upper	Mid Turbinate Nasal Swab	12/06/21 1100

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [763082951]**

Resulted: 12/06/21 2308, Result status: Final result

Order status: Completed  
 Collected by: 12/06/21 1100  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 12/07/21 2057  
 Hock-Hanson, Susan, RN on 12/09/21 1702

Filed by: Nguyen, Phuong 12/06/21 2308  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab

**12/06/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 12/9/2021 17:02  
 Abrams, Geoffrey David, MD on 12/7/2021 20:57

## 12/06/2021 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [763082951] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on 12/06/21 0715

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 12/06/21 0715

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 12/06/2021

Frequency: Routine 12/06/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
21S-340VI0281	Resp, Upper	Mid Turbinate Nasal Swab	12/06/21 1100

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [763082951]

Resulted: 12/06/21 2308, Result status: Final result

Order status: Completed

Filed by: Nguyen, Phuong 12/06/21 2308

Collected by: 12/06/21 1100

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 12/07/21 2057

Hock-Hanson, Susan, RN on 12/09/21 1702

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**12/06/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 12/9/2021 17:02  
Abrams, Geoffrey David, MD on 12/7/2021 20:57

**12/02/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [762491334] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 12/02/21 1020** Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 12/02/21 1020  
 Ordering mode: Standard  
 Frequency: Routine 12/02/21 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-336VI0630	Resp, Upper	Mid Turbinate Nasal Swab	12/02/21 1300

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [762491334]**

Resulted: 12/03/21 0156, Result status: Final result

Order status: Completed  
 Collected by: 12/02/21 1300  
 Acknowledged by

Abrams, Geoffrey David, MD on 12/03/21 0825  
 Hock-Hanson, Susan, RN on 12/04/21 2144

Filed by: Background, Lab 12/03/21 0156  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab

**12/02/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 12/4/2021 21:44  
 Abrams, Geoffrey David, MD on 12/3/2021 08:25

## 12/02/2021 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [762491334] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **12/02/21 1020**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 12/02/21 1020

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 12/02/2021

Frequency: Routine 12/02/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
21S-336VI0630	Resp, Upper	Mid Turbinate Nasal Swab	12/02/21 1300

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [762491334]

Resulted: 12/03/21 0156, Result status: Final result

Order status: Completed

Filed by: Background, Lab 12/03/21 0156

Collected by: 12/02/21 1300

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 12/03/21 0825

Hock-Hanson, Susan, RN on 12/04/21 2144

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview

SARS-CoV-2 RNA

Not Detected

Not Detected

—

Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

**12/02/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 12/4/2021 21:44  
Abrams, Geoffrey David, MD on 12/3/2021 08:25

**11/29/2021 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	11/26/2021 7:28 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Monday November 29, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

## 11/29/2021 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [761629349] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on 11/28/21 1143

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 11/28/21 1143

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 11/28/2021

Frequency: Routine 11/28/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
21S-332VI0729	Resp, Upper	Mid Turbinate Nasal Swab	11/29/21 0900

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [761629349]

Resulted: 11/29/21 2237, Result status: Final result

Order status: Completed

Filed by: Background, Lab 11/29/21 2237

Collected by: 11/29/21 0900

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Hock-Hanson, Susan, RN on 11/30/21 1733

Abrams, Geoffrey David, MD on 12/01/21 0941

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview

SARS-CoV-2 RNA

Not Detected

Not Detected

—

Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

**11/29/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Abrams, Geoffrey David, MD on 12/1/2021 09:41  
Hock-Hanson, Susan, RN on 11/30/2021 17:33

**11/28/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [761629349] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 11/28/21 1143** Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 11/28/21 1143  
 Ordering mode: Standard  
 Frequency: Routine 11/28/21 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-332VI0729	Resp, Upper	Mid Turbinate Nasal Swab	11/29/21 0900

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [761629349]**

Resulted: 11/29/21 2237, Result status: Final result

Order status: Completed  
 Collected by: 11/29/21 0900  
 Acknowledged by  
 Hock-Hanson, Susan, RN on 11/30/21 1733  
 Abrams, Geoffrey David, MD on 12/01/21 0941

Filed by: Background, Lab 11/29/21 2237  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab

**11/28/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Abrams, Geoffrey David, MD on 12/1/2021 09:41  
 Hock-Hanson, Susan, RN on 11/30/2021 17:33

## 11/15/2021 - Appointment in Arrillaga Sports Medicine Center

### Messages

#### Prepare for your appointment

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	11/13/2021 7:27 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Monday November 15, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

## 11/15/2021 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [758957981] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on 11/12/21 1338

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 11/12/21 1338

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 11/12/2021

Frequency: Routine 11/12/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
21S-316VI0939	Resp, Upper	Mid Turbinate Nasal Swab	11/15/21 0900

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [758957981]

Resulted: 11/15/21 2106, Result status: Final result

Order status: Completed

Filed by: Background, Lab 11/15/21 2106

Collected by: 11/15/21 0900

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 11/16/21 2203

Hock-Hanson, Susan, RN on 11/26/21 0612

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

**11/15/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 11/26/2021 06:12  
Abrams, Geoffrey David, MD on 11/16/2021 22:03

**11/12/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [758957981] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 11/12/21 1338** Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 11/12/21 1338  
 Ordering mode: Standard  
 Frequency: Routine 11/12/21 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-316VI0939	Resp, Upper	Mid Turbinate Nasal Swab	11/15/21 0900

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [758957981]**

Resulted: 11/15/21 2106, Result status: Final result

Order status: Completed  
 Collected by: 11/15/21 0900  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 11/16/21 2203  
 Hock-Hanson, Susan, RN on 11/26/21 0612

Filed by: Background, Lab 11/15/21 2106  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab

**11/12/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 11/26/2021 06:12  
 Abrams, Geoffrey David, MD on 11/16/2021 22:03

## 11/08/2021 - Appointment in Arrillaga Sports Medicine Center

### Messages

#### Prepare for your appointment

From Generic Provider Mychart Last Read in MyHealth Not Read	To Topper, Galen	Sent and Delivered 11/7/2021 7:28 AM
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Hello,

For the appointment on Monday November 08, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**11/08/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [757858836] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 11/08/21 0719** Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 11/08/21 0719  
 Ordering mode: Standard  
 Frequency: Routine 11/08/21 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-312VI0212	Resp, Upper	Mid Turbinate Nasal Swab	11/08/21 1100

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [757858836]**

Resulted: 11/08/21 2132, Result status: Final result

Order status: Completed  
 Collected by: 11/08/21 1100  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 11/09/21 0922  
 Hock-Hanson, Susan, RN on 11/10/21 1715

Filed by: Tam, Gordon 11/08/21 2132  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab

**11/08/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

 Hock-Hanson, Susan, RN on 11/10/2021 17:15  
 Abrams, Geoffrey David, MD on 11/9/2021 09:22

## 11/08/2021 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [757858836] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on 11/08/21 0719

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 11/08/21 0719

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 11/08/2021

Frequency: Routine 11/08/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
21S-312VI0212	Resp, Upper	Mid Turbinate Nasal Swab	11/08/21 1100

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [757858836]

Resulted: 11/08/21 2132, Result status: Final result

Order status: Completed

Filed by: Tam, Gordon 11/08/21 2132

Collected by: 11/08/21 1100

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 11/09/21 0922

Hock-Hanson, Susan, RN on 11/10/21 1715

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**11/08/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 11/10/2021 17:15  
Abrams, Geoffrey David, MD on 11/9/2021 09:22

## 11/02/2021 - Appointment in Arrillaga Sports Medicine Center

### Messages

#### Prepare for your appointment

From Generic Provider Mychart Last Read in MyHealth Not Read	To Topper, Galen	Sent and Delivered 11/2/2021 7:30 AM
---	---------------------	---

Hello,

For the appointment on Tuesday November 02, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**11/02/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD Discontinued on: 3/30/2023  
 Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough  
 Authorized by: Fausett, Cameron Lee, MD Ordered on: 10/28/2021  
 Start date: 10/28/2021 End date: 3/30/2023  
 Action: Patient not taking Quantity: 15 Capsule  
 Refill: No refills remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [756817619] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 11/02/21 1041** Status: **Completed**  
 Ordering user: Hock-Hanson, Susan, RN 11/02/21 1041  
 Ordering mode: Standard  
 Frequency: Routine 11/02/21 -  
 Quantity: 1  
 Diagnoses  
 Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-306VI0447	Resp, Upper	Mid Turbinate Nasal Swab	11/02/21 1300

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [756817619]**

Resulted: 11/02/21 2038, Result status: Final result

Order status: Completed  
 Collected by: 11/02/21 1300  
 Acknowledged by  
 Abrams, Geoffrey David, MD on 11/03/21 1226  
 Hock-Hanson, Susan, RN on 11/04/21 1055

Filed by: Background, Lab 11/02/21 2038  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab

**11/02/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 11/4/2021 10:55  
 Abrams, Geoffrey David, MD on 11/3/2021 12:26

## 11/02/2021 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [756817619] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on 11/02/21 1041

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 11/02/21 1041

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 11/02/2021

Frequency: Routine 11/02/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
21S-306VI0447	Resp, Upper	Mid Turbinate Nasal Swab	11/02/21 1300

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [756817619]

Resulted: 11/02/21 2038, Result status: Final result

Order status: Completed

Filed by: Background, Lab 11/02/21 2038

Collected by: 11/02/21 1300

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 11/03/21 1226

Hock-Hanson, Susan, RN on 11/04/21 1055

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

**11/02/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 11/4/2021 10:55  
Abrams, Geoffrey David, MD on 11/3/2021 12:26

**11/01/2021 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	11/1/2021 7:28 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Monday November 01, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**11/01/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD

Discontinued on: 3/30/2023

Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough

Authorized by: Fausett, Cameron Lee, MD

Ordered on: 10/28/2021

Start date: 10/28/2021

End date: 3/30/2023

Action: Patient not taking

Quantity: 15 Capsule

Refill: No refills remaining

**Stopped in Visit**

None

## 10/28/2021 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Chief complaint: Follow Up Visit

Visit diagnosis: Upper respiratory tract infection, unspecified type

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### **azithromycin (Zithromax Z-Pak) 250 mg TABS unit-dose pack**

Instructions: On the first day, take 2 tabs. On days 2-5, take 1 tab daily.

Authorized by: Kuo, Kevin Fong-Wei, MD

Ordered on: 10/25/2021

Start date: 10/25/2021

End date: 10/29/2021

Quantity: 6 Tablet

Refill: No refills remaining

##### **benzonatate (Tessalon) 100 mg capsule**

Discontinued by: Choo, Hyunwoo June, MD

Discontinued on: 3/30/2023

Instructions: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough

Authorized by: Fausett, Cameron Lee, MD

Ordered on: 10/28/2021

Start date: 10/28/2021

End date: 3/30/2023

Action: Patient not taking

Quantity: 15 Capsule

Refill: No refills remaining

#### Stopped in Visit

##### **levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA**

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

### Clinical Notes

#### Progress Notes

**Fredericson, Michael, MD at 10/28/2021 1345**

Sport:Cross Country

CC: URI

HPI: Galen Topper is a 19 Y male presenting with ongoing URI symptoms.

Patient reports cough and congestion for 2 weeks. Symptoms initially were increased sinus pressure and headache but these have gradually resolved and now he has more of a cough and sore throat. Denies fever. He has been taking day quill and ibuprofen which help some. He saw his PCP on 10/25 and was prescribed a zpack and has two days left of abx. He reports he has been gradually improving since starting the abx. Cough is no longer productive of mucus and his sore throat is improving. He denies abdominal pain, nausea, vomiting. Strep and COVID testing have been negative.

Meds:

Current Outpatient Medications:

- azithromycin (Zithromax Z-Pak) 250 mg TABS unit-dose pack
- levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA

ROS: Negative except as noted in HPI.

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**
**Clinical Notes (continued)**
**Past Medical History:**

## Diagnosis

- Acute nonintractable headache Date  
6/29/2018  
*Episodes of tunnel vision with headache and once LOC after work out, four times within the last year with two last episodes occurring on June 14 and 15, 2018. Sx started in 9-2017. Fh negative for migraine or cardiac issus.*
- Concern about growth 7/2/2015  
*Labs in 7-2015. T 111 at 13yo.*
- Dermographism 10/31/2013  
*Pronounced during the WCC 10-31-13. Possible allergy to sea food- to allergist.*
- Development delay 1/04
- Heart murmur 7/04,8/05
- Keratosis pilaris
- Lactose intolerance 8/17/2018
- Language delay
- Multiple allergies 2/13/2014  
*Saw Allergist 2-2014: IMPRESSION: Galen is an 11 year old with possible shellfish allergy, dermatographism, chronic rhinitis, and history of positive RAST to peanut and dust mite, who presents for initial consultation. For possible shellfish allergy, send seafood allergy screen. Will avoid skin testing due to dermatographism. Avoid shellfish and use EpiPen as needed. For large local reaction to*
- Nevus sebaceous 6/29/2018  
*on scalp, saw Derm*
- Syncope 6/29/2018  
*In September of 2017 after strenuous long run syncope with tunnel vision with loss of vision that lasted for hours. FH negative for migraine or cardiac issues- see visit 6-29-2018.*
- Twin birth, mate liveborn
- Viral warts 8/16/2017  
*2017 on R thumb- will use OTC.*

**Patient Active Problem List**

## Diagnosis

- |                                 | Code   |
|---------------------------------|--------|
| • Keratosis pilaris             | L85.8  |
| • Dermographism                 | L50.3  |
| • Multiple allergies            | Z88.9  |
| • Acute nonintractable headache | R51.9  |
| • Vasovagal syncope             | R55    |
| • Lactose intolerance           | E73.9  |
| • Breathing difficulty          | R06.89 |

**Exam:**

There were no vitals taken for this visit.

There is no height or weight on file to calculate BMI.

Gen: NAD

HEENT: atraumatic, normocephalic. Some erythema and swelling of tonsils. Mild anterior LAD appreciated

Psych: normal affect, A+O x 3

Cardio: extremities WWP, RRR

Lungs: nonlabored breathing, CTAB, no wheeze

GI: flat, non-tender, no splenomegaly

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

Skin: no rashes or lesions noted

**Imaging:** none reviewed today

**Assessment:**

Galen Topper is a 19 Y male with two weeks of URI symptoms but now improving. Strep and COVID testing negative.

**Treatment Plan:**

**PLAN:**

- Discussed findings with patient and answered all questions
- Provided tessalon perles 100mg TID today PRN
- Provided OTC decongestant and ibuprofen today
- He will complete his course of antibiotics
- Activity limitations as below- feel he should continue to rest for a few more days to avoid prolonging his recovery even further. Anticipate return to running sometime next week.

**Level of Activity:**

Practice Status: Out

Competition Status: Out

Strength and Conditioning Status: Limited

Limitations: Once symptoms improve further and antibiotics are completed

Discussed with Dr. Fredericson

Cameron Fausett, MD

PGY-5, PM&R sports medicine fellow

**Attending Attestation:**

Michael Fredericson, MD

I was present and directly participated in the care of this patient and agree with the fellow note above. I have reviewed the fellow's note, made edits as indicated, and agree with the documented findings, assessment, and plan.

Electronically signed by Fredericson, Michael, MD at 11/16/2021 10:06 AM

**MAR**

**Medications**

Medication Order Report

10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)

MAR (continued)

Order Information

Ordered	Status	Priority	Ordering User	Department
10/28/21	(none)	Routine	Fausett, Cameron Lee, MD	SPORTS MEDICINE CENTER

Provider Information

Authorizing Provider	Encounter Provider
Fausett, Cameron Lee, MD	Fredericson, Michael, MD

Medication Detail

Medication	Quantity	Refills	Start	End
<b>benzonatate (Tessalon) 100 mg capsule (Discontinued)</b>	15 Capsule	0	10/28/2021	3/30/2023
Sig: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough				
Patient not taking: Reported on 1/25/2023				
Route: Oral				
PRN Reason(s): Cough				
Class: In Clinic				
Order #: 756015827				

Outpatient Medication Detail

	Disp	Refills	Start	End
<b>benzonatate (Tessalon) 100 mg capsule (Discontinued)</b>	15 Capsule	0	10/28/2021	3/30/2023
Sig - Route: take 1 Capsule (100 mg total) by mouth 3 times a day as needed for Cough - Oral				
Patient not taking: Reported on 1/25/2023				
Class: In Clinic				

This Order Has Been Discontinued

Order Status	Reason	By	On
Discontinued	None	Choo, Hyunwoo June, MD	3/30/23 1531

Pharmacy

RITE AID #05892 - REDWOOD CITY, CA - 340 WOODSIDE PLAZA

**benzonatate (Tessalon) 100 mg capsule [756015827]**

Electronically signed by: **Fausett, Cameron Lee, MD on 10/28/21 1405** Status: **Discontinued**  
 Ordering user: Fausett, Cameron Lee, MD 10/28/21 1405 Authorized by: Fausett, Cameron Lee, MD  
 Ordering mode: Standard  
 PRN reasons: Cough  
 Frequency: TID PRN 10/28/21 - 03/30/23 Discontinued by: Choo, Hyunwoo June, MD 03/30/23 1531

Flowsheets

Custom Formula Data

Row Name	10/28/21 1353
Hemodynamics	

Mean Arterial 74 mmHg -JH  
 Pressure  
 (Calculated)

Relevant Labs and Vitals

Temp (in Celsius) 36.7 -JH

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Flowsheets (continued)**

**Encounter Extended Vitals**

<b>Row Name</b>	<b>10/28/21 1353</b>
Pain Related to this Visit? No pain = 0	
Pain Level - 1st	0 -JH
Site	
Fall Risk	
Have you fallen in the last 30 days?	No -JH
Additional Blood Pressure Information	
BP	106/58 -JH
Additional Pulse Information	
Pulse	59 -JH
Additional Respiratory Information	
SpO2	96 % -JH

**Encounter Vitals**

<b>Row Name</b>	<b>10/28/21 1353</b>
Encounter Vitals	
BP	106/58 -JH
Pulse	59 -JH
Temp	36.7 °C (98 °F) -JH
Temp src	Oral -JH
SpO2	96 % -JH
Vitals	
Patient site	Left Arm -JH
Patient Position	Sitting -JH

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

<b>Initials</b>	<b>Name</b>	<b>Provider Type</b>	<b>Discipline</b>	<b>Dates Documented</b>
JH	Hernandez, Jesse, MA	Medical Assistant	—	10/28/2021

**After Visit Summary**

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

## 10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)

### After Visit Summary (continued)

## AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 10/28/2021 1:45 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Michael Fredericson, MD on Thursday October 28, 2021.

### What's Next

OCT 28 2021 Follow Up Visit with Michael Fredericson, MD  
Thursday October 28 1:45 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

### Stay Connected with MyHealth

View your After Visit Summary online, manage your prescriptions, make appointments, communicate with your care team. To access your account visit [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**Your Medication List** as of October 28, 2021 7:43 AM

 Always use your most recent med list.

**Xopenex HFA** 45 mcg/actuation inhaler 2 puffs 20 - 30 min before exercising.  
Generic drug: levalbuterol

**Zithromax Z-Pak** 250 mg tablet On the first day, take 2 tabs. On days 2-5, take  
Generic drug: azithromycin 1 tab daily.

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

COVID-19 SMC Health Directive (below)



Dr. Scott Morrow, Health Officer  
Cassius Lockett, PhD, Director

Public Health, Policy & Planning  
225 37th Avenue  
San Mateo, CA 94403  
smchealth.org

**SAN MATEO COUNTY HEALTH OFFICER ORDER FOR THE CONTROL OF COVID-19**  
**No. c19-6b (REVISED) DIRECTING INDIVIDUALS IN THE COUNTY DIAGNOSED WITH**  
**COVID-19 TO ISOLATE THEMSELVES**

DATE OF ORDER: May 14, 2020

Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. California Health and Saf. Code, § 120295, et seq.; Cal. Penal Code §§ 69, 148(a)(1).

**SUMMARY OF THE ORDER**

California is in a State of Emergency because of the Coronavirus Disease 2019 (“COVID-19”) pandemic. The spread of the novel coronavirus that causes COVID-19 is a substantial danger to the health of the public within the County of San Mateo (“County”). COVID-19 can easily spread between people who are in close contact with one another. This Order is issued based on scientific evidence and best practices as currently known and available to protect vulnerable members of the public from avoidable risk of serious illness or death resulting from exposure to COVID-19. The age, condition, and health of a significant portion of the population of the County places it at risk for serious health complications, including death, from COVID-19. There is growing evidence of transmission risk from infected persons before the onset of symptoms. Thus, all individuals who contract COVID-19, regardless of their level of symptoms (none, mild or severe), may place other vulnerable members of the public at significant risk. Currently, there are few specific treatments for COVID-19 and no vaccine available to protect against COVID-19 transmission.

To help slow COVID-19’s spread, protect vulnerable individuals, and prevent the healthcare system in the County from being overwhelmed, it is necessary for the Health Officer of the County of San Mateo to isolate persons with COVID-19. “Isolation” is the separation of persons who have been infected with COVID-19 from other persons. This Order addresses isolation requirements. “Quarantine” separates and restricts the movement of persons who, while not yet infected with COVID-19, have been exposed to COVID-19 and therefore may become infectious. San Mateo County Health Officer Order No. c19-7 concerns quarantine requirements. This Order was updated on May 14, 2020, to incorporate changes to the self-isolation protocol based on new guidance from the United States Centers for Disease Control and Prevention.

**UNDER THE AUTHORITY OF SECTIONS 101040; 101085; 120130; AND 120175 OF THE CALIFORNIA HEALTH AND SAFETY CODE, THE HEALTH OFFICER OF THE COUNTY OF SAN MATEO (“HEALTH OFFICER”) ORDERS:**



**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**



1. **All individuals who have COVID-19, as described in Section 2 of this Order, must isolate themselves and follow all instructions in this Order and the San Mateo County Public Health ("Public Health") guidance documents referenced in this Order. Self-isolation is required because a person with COVID-19 can easily spread the virus to others. Isolation separates these ill individuals from others to prevent the spread of COVID-19.**
2. For purposes of this Order, an individual, other than a minor child or person with special needs who requires specialized care, becomes a "Person with COVID-19" under this Order immediately upon meeting any of the following criteria:
  - a. The person is informed they have a positive lab test for the COVID-19 virus; OR
  - b. The person has signs and symptoms that are consistent with COVID-19, as set forth in guidance from the Centers for Disease Control (CDC) at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>, within 14 days of knowingly being in close proximity with another person who was known or suspected to be capable of actively transmitting COVID-19 and such symptoms are not explained by another condition that preexisted such close contact; OR
  - c. The person has been informed by a healthcare provider that they are likely to have COVID-19; OR
  - d. The person has signs and symptoms that are consistent with COVID-19 and is awaiting results of testing for COVID-19.
3. For purposes of this Order, a Person with COVID-19 who, at any time during their applicable Period of Isolation as set forth in Section 6, does not have access to a home or residence for the purpose of isolation shall not be deemed in violation of this Order if, upon notification of a positive COVID-19 test, such person promptly contacts the San Mateo County Emergency Operations Center Shelter & Care Branch by dialing 211 at any time, day or night, to inform of their COVID-19 status and request an isolation location, cooperates fully with EOC staff, and is otherwise compliant with this Order.
4. This Order is issued in accordance with, and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the March 3, 2020 Proclamation by the Director of Emergency Services Declaring the Existence of a Local Emergency in the County, the March 3, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer, the March 10, 2020 Resolution of the Board of Supervisors of the County of San Mateo Ratifying and Extending the Declaration of a Local Health Emergency, the April 7, 2020, Board of Supervisors' Resolution Further Extending the Proclamation of Local Health Emergency Until the County Takes Action to terminate the Local Emergency, the April 15, 2020 Order of the Health Officer No. c19-1b extending and revising the Order restricting visitors to skilled nursing facilities to all residential type facilities, the April 13, 2020 Order of the Health Officer No. c19-3c extending and revising the School Operations Modification Order, the March 24, 2020 Order of the Health Officer No. c19-4 directing all laboratories conducting COVID-19 diagnostic tests to report COVID-19 test information, the April 29, 2020 shelter in Place Order No. c19-5c,

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**



the April 17, 2020 Order of the Health Officer No. c19-8 requiring members of the public and workers to wear face coverings, and the May 11, 2020 Order of the Health Officer No. c19-9 permitting highly regulated vehicle-based gatherings.

5. Instructions: A Person with COVID-19 must immediately take the following actions:
  - a. Isolate themselves in their home or another residence, such as a hotel or motel, for the entirety of the applicable Isolation Period as set forth in Section 6. A Person with COVID-19 who does not have access to a home or other residence should refer to Section 3, above. They may not leave their place of isolation or enter any other public or private place, except to receive necessary medical care or during an emergency that requires evacuation to protect the health and safety of the individual. See Appendix A posted at <https://www.smchealth.org/post/health-officer-statements-and-orders> and attached to this Order, for further guidance.
  - b. Carefully review and closely follow all requirements listed in the "Home Isolation Instructions" posted at [www.smchealth.org/post/health-officer-statements-and-orders](https://www.smchealth.org/post/health-officer-statements-and-orders) and attached to this Order as Appendix B.
  - c. Promptly tell their Close Contacts that they need to self-quarantine themselves and should be tested. Close Contacts who should be notified to self-quarantine are people who were in close physical proximity with them during their infectious period. For purposes of this Order, the infectious period begins 48 hours before symptoms began (or, in the absence of symptoms, on the collection date of a positive test) and ends when the applicable Period of Isolation is over (see Section 6 below). For purposes of this order, a "Close Contact" of a Person with COVID-19 as defined in Section 2 include any person who, during the infectious period of the Person with COVID-19:
    - i. Lived in or stayed at the same residence as the Person with COVID-19 when the Person with COVID-19 was not following Home Isolation Instructions; OR
    - ii. Was an intimate sexual partner of the Person with COVID-19; OR
    - iii. Stayed within 6 feet of the Person with COVID-19 for 10 minutes or more while the Person with COVID-19 was not wearing a face covering; OR
    - iv. Had direct contact for any amount of time with the body fluids and/or secretions of the Person with COVID-19 (e.g., was coughed or sneezed on, shared utensils with, or was provided care by or provided care for them without wearing a mask, gown, and gloves).
    - v.
  - d. Refer their Close Contacts to the "Home Quarantine Instructions" posted at [www.smchealth.org/post/health-officer-statements-and-orders](https://www.smchealth.org/post/health-officer-statements-and-orders) which describe steps that Close Contacts must take to prevent spread of COVID-19. Close Contacts have likely been exposed to COVID-19 and if infected, can easily spread COVID-19 to others, even if they have no symptoms or only mild symptoms. Close Contacts need to be tested.

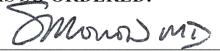
**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**



- e. Cooperate fully with Public Health concerning: i) collection, reporting and monitoring of temperature readings and other health data; ii) contact tracing and related investigations, including identification of contacts; and iii) any ongoing monitoring by Public Health, including after the Period of Isolation.
- 6. A Person with COVID-19 is required to isolate for a Period of Isolation in accordance with the following:
  - a. Individuals without symptoms must isolate for ten (10) days from the date of a positive test.
  - b. Individuals with symptoms must isolate until the later of the following:
    - i. At least three (3) days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement of respiratory symptoms, if present (e.g., cough, shortness of breath), AND
    - ii. At least ten (10) days have passed since their symptoms started. Longer isolation periods may be recommended in certain circumstances.
- 7. The Health Officer may take additional action(s), which may include civil detention or requiring one to stay at a health facility or other location, to protect the public's health if an individual who is subject to this Order fails to comply with this Order.
- 8. This Order shall become effective at 12:01 am on May 16, 2020 and will continue to be in effect until it is rescinded, superseded, or amended in writing by the Health Officer.
- 9. Copies of this Order shall promptly be: (1) made available at 400 County Center, Redwood City, CA 94063; (2) posted on the County Health Services website ([www.smchealth.org/post/health-officer-statements-and-orders](http://www.smchealth.org/post/health-officer-statements-and-orders)); and (3) provided to any member of the public requesting a copy.
- 10. If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

**IT IS SO ORDERED:**

  
Scott Morrow MD, MPH  
 Health Office of the County of San Mateo

**Dated:** May 14, 2020

**Appendix A:** "Home Quarantine Instructions"  
**Appendix B:** "Home Isolation Instructions"

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**



Dr. Scott Morrow, Health Officer  
Cassius Lockett, PhD, Director

Public Health, Policy & Planning  
225 37th Avenue  
San Mateo, CA 94403  
smchealth.org

**APPENDIX B: HOME ISOLATION INSTRUCTIONS  
FOR PEOPLE WHO HAVE BEEN DIAGNOSED WITH COVID-19**

**During your Isolation Period, please follow the instructions below:**

1. Do not leave your home or another residence except to receive necessary medical care or during an emergency that requires evacuation to protect the health and safety of the individual.
2. Stay in a specified room away from other household members and use a separate bathroom if possible. If areas need to be shared, like a kitchen or a bathroom, increase the frequency of cleaning those areas, including doorknobs, fixtures, and toilets.
3. Do not leave your place of isolation to work, even if your work is permitted under the Shelter in Place Order No. c19-5c issued on April 29, 2020, or as further amended.
4. Do not travel, even if otherwise permissible under the Shelter in Place Health Officer Order No. c19-5c issued on April 29, 2020, or as further amended, with the exception of travel to access necessary medical care.
5. Utilize delivery services, such as Amazon or Instacart.
6. Do not share dishes, eating utensils, towels, bedding, drinking glasses without first washing the items with soap and water.
7. Cooperate with directives from Public Health, including but not limited to directives to collect and report temperature readings and other health data to Public Health or its designee(s), during the entire period of your isolation.
8. Seek medical attention right away if your illness is worsening, for example, if you start to have trouble breathing.
9. If you need to call 911, notify dispatch personnel that you have been diagnosed with COVID-19.
10. Whenever possible, before seeking care, call your medical provider and inform them that you have been diagnosed with COVID-19. If you have one, put on a face covering/mask before leaving your residence to travel to a healthcare facility. If you do not have one, send someone into the facility to ask for one and to inform the staff of your arrival.
11. If you frequent, volunteer, or work in a skilled nursing facility, a nursing home, a memory care center, a correctional/detention facility, a shelter, a group home, a day program, a dialysis center, or a healthcare facility, or as a first responder, take reasonable steps to inform each such facility that you have been required to isolate.

**When does isolation end?**

1. Individuals without symptoms must isolate for ten (10) days from the date of a positive test.
2. Individuals with symptoms must isolate until:
  - At least 3 days (72 hours) have passed since recovery, defined as resolution of both fever without the use of fever-reducing medications and improvement of cough and shortness of breath if present AND
  - At least ten (10) days have passed since their symptoms started, whichever is later.



**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**



Dr. Scott Morrow, Health Officer  
Cassius Lockett, PhD, Director

Public Health, Policy & Planning  
225 37th Avenue  
San Mateo, CA 94403  
smchealth.org

**SAN MATEO COUNTY HEALTH OFFICER ORDER FOR THE CONTROL OF COVID-19**  
**NO. C19-7b (REVISED) DIRECTING INDIVIDUALS IN THE COUNTY WHO ARE CLOSE**  
**CONTACTS OF INDIVIDUALS DIAGNOSED WITH COVID-19 TO QUARANTINE**  
**THEMSELVES**

DATE OF ORDER: May 14, 2020

Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. California Health and Saf. Code, § 120295, et seq.; Cal. Penal Code §§ 69, 148(a)(1).

**SUMMARY OF THE ORDER**

California is in a State of Emergency because of the Coronavirus Disease 2019 (“COVID-19”) pandemic. The spread of the novel coronavirus that causes COVID-19 is a substantial danger to the health of the public within the County of San Mateo (“County”). COVID-19 can easily spread between people who are in close contact with one another. This Order is issued based on scientific evidence and best practices as currently known and available to protect vulnerable members of the public from avoidable risk of serious illness or death resulting from exposure to COVID-19. The age, condition, and health of a significant portion of the population of the County place it at risk for serious health complications, including death, from COVID-19. There is growing evidence of transmission risk from infected persons before the onset of symptoms. Thus, all individuals who contract COVID-19, regardless of their level of symptoms (none, mild or severe), may place other vulnerable members of the public at significant risk. Currently, there are few specific treatments for COVID-19 and no vaccine available to protect against COVID-19 transmission.

To help slow COVID-19’s spread, protect vulnerable individuals, and prevent the healthcare system in the County from being overwhelmed, it is necessary for the Health Officer of the County of San Mateo to require the quarantining of persons exposed to a person diagnosed with COVID-19. “Quarantine” separates and restricts the movement of persons who, while not yet infected with COVID-19, have been exposed to COVID-19 and therefore may become infectious. This Order addresses quarantine requirements. “Isolation” refers to the separation of persons who have been infected with COVID-19 from persons. San Mateo County Health Officer Order No. c19-6b concerns isolation requirements. This Order was updated on May 14, 2020, to incorporate changes to the self-quarantine protocol based on new guidance from the United States Centers for Disease Control and Prevention.

**UNDER THE AUTHORITY OF SECTIONS 101040; 101085; 120130; AND 120175 OF THE CALIFORNIA HEALTH AND SAFETY CODE, THE HEALTH OFFICER OF THE COUNTY OF SAN MATEO (“HEALTH OFFICER”) ORDERS:**



**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**



1. All individuals who are Close Contacts, as described in Section 2 of this Order, must quarantine themselves and follow all instructions in this Order and the San Mateo Public Health ("Public Health") guidance documents referenced in this Order. Self-quarantine is required because a person with COVID-19 can easily spread the virus to others. Quarantine separates potentially infected individuals from others to prevent the spread of COVID-19.

2. Persons must self-quarantine under this Order if they are notified, become or are made aware that they have been in close physical proximity with a person who is a Person with COVID-19, as defined in Health Officer Order c19-6b (Revised), during their infectious period, which begins 48 hours before symptoms began (or, in the absence of symptoms, on the collection date of a positive test) and ends when the Person with COVID-19 is released from Isolation pursuant to Health Officer Order c19-6b, (including as it may be further revised). For purposes of this Order, a "Close Contact" of a Person with COVID-19 includes any person who, during the Person with COVID-19's infectious period:

- a. Lived in or stayed at the same residence as the Person with COVID-19 when the Person with COVID-19 was not following Home Isolation Instructions; OR
- b. Was an intimate sexual partner of the Person with COVID-19; OR
- c. Stayed within 6 feet of the Person with COVID-19 for 10 minutes or more while the Person with COVID-19 was not wearing a face mask; OR
- d. Had direct contact for any amount of time with the body fluids and/or secretions of the Person with COVID-19 (e.g., was coughed or sneezed on, shared utensils with, or was provided care by or provided care for them without wearing a mask, gown, and gloves).

3. For purposes of this Order, a Person with COVID-19 who does not have access to a home or residence for the purpose of quarantine shall not be deemed in violation of this Order if, upon notification of the requirement to quarantine pursuant to this Order, such person promptly contacts the San Mateo County Emergency Operations Center Shelter & Care Branch by dialing 211 at any time, day or night, to inform of their Close Contact status and request a quarantine location, cooperates fully with EOC staff, and is otherwise compliant with this Order.

4. This Order is issued in accordance with, and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the March 3, 2020 Proclamation by the Director of Emergency Services Declaring the Existence of a Local Emergency in the County, the March 3, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer, the March 10, 2020 Resolution of the Board of Supervisors of the County of San Mateo Ratifying and Extending the Declaration of a Local Health Emergency, the April 7, 2020, Board of Supervisors' Resolution Further Extending the Proclamation of Local Health Emergency Until the County Takes Action to Terminate the Local Emergency, the April 15, 2020 Order of the Health Officer No. c19-1b extending and revising the Order restricting visitors to skilled nursing facilities to all residential type facilities, the April 13, 2020 Order of the Health Officer No. c19-3c extending and revising the School Operations Modification Order, the March 24, 2020 Order of the Health Officer No. c19-4 directing all laboratories conducting COVID-19 diagnostic tests to report COVID-19 test information, the April 29, 2020 Shelter in Place Order No. c19-5c, the April 17, 2020 Order of the Health Officer No. c19-8 requiring members of the public and workers to wear face

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**



coverings, and the and the May 11, 2020 Order of the Health Officer No. c19-9 permitting highly regulated vehicle-based gatherings.

5. **Instructions.** All individuals who meet the definition of a close contact of an individual diagnosed with COVID-19 must immediately take the following actions:

- a. Quarantine themselves in their home or another residence, such as a hotel or motel, for 14 days. A Person with COVID-19 who does not have access to a home or other residence should refer to Section 3, above. They may not leave their place of quarantine or enter any other public or private place, except to access necessary medical care or during an emergency that requires evacuation to protect the health and safety of the individual, including but not limited to being tested for COVID-19, and must observe Social Distancing Requirements as set forth in the current Health Officer order directing all individuals to shelter in place, including maintaining at least 6 feet of distance from others, wearing a face covering, and frequently washing hands.
- b. Obtain a diagnostic test for COVID-19. Information on how to obtain diagnostic testing is available through a person's primary health care provider, or by calling 211 for information concerning community-based testing. A Close Contact who tests positive for COVID-19 immediately becomes a Person with COVID-19 and is subject to the requirements of Health Officer Order c19-6b, (including as it may be further revised) rather than this Order.
- c. Carefully review and closely follow all requirements listed in the "Home Quarantine Instructions" posted at [www.smchealth.org/post/health-officer-statements-and-orders](http://www.smchealth.org/post/health-officer-statements-and-orders) and attached to this Order as Appendix A, and comply with all directive of the Health Officer, including but not limited to reporting health data and identifying contacts who may have been exposed to COVID-19.
- d. If a quarantined person becomes sick with fever, cough, or shortness of breath (even if their symptoms are very mild), they shall isolate themselves at home and away from other people and follow the "Home Isolation Instructions," posted at [www.smchealth.org/post/health-officer-statements-and-orders](http://www.smchealth.org/post/health-officer-statements-and-orders), and attached as Appendix B at all times while seeking and obtaining diagnostic testing under subpart b., above. This is because the person is likely to have COVID-19 and if so, can spread it to vulnerable individuals. If a medical professional examines a quarantined person and determines that their symptoms are not due to COVID-19, the person may discontinue home isolation but shall continue to follow the home quarantine order and instructions.
- e. If a quarantined person is diagnosed with COVID-19, they are to follow the County of San Mateo Health Officer Isolation Order No. c19-6b (Revised), issued on May 14, 2020, including "Home Isolation Instructions" posted at [www.smchealth.org/post/health-officer-statements-and-orders](http://www.smchealth.org/post/health-officer-statements-and-orders), and attached to this Order as Appendix B.

6. **Exception.** Notwithstanding the foregoing, health care workers and first responder agency workers who are household members, intimate partners, or caregivers of a person with COVID-19 are not subject to this Order under the following circumstances:

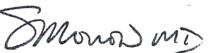
**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**



- a. The worker informs their employer that the worker is a Close Contact of a Person with COVID-19; AND
  - b. The worker is asymptomatic, and the worker's employer determines, based on staffing needs, that the worker needs to report to work; AND
  - c. The worker returns to work.
7. The Health Officer may take additional action(s), which may include civil detention or requiring one to stay at a health facility or other location, to protect the public's health if an individual who is subject to this Order fails to comply with this Order.
8. This Order shall become effective at 12:01 am on May 16, 2020 and will continue to be in effect until it is rescinded, superseded, or amended in writing by the Health Officer.
9. Copies of this Order shall promptly be: (1) made available at 400 County Center, Redwood City, CA 94063; (2) posted on the County Health Services website ([www.smchealth.org/post/health-officer-statements-and-orders](http://www.smchealth.org/post/health-officer-statements-and-orders)); and (3) provided to any member of the public requesting a copy.
10. If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

**IT IS SO ORDERED:**

  
\_\_\_\_\_  
Scott Morrow MD, MPH  
Health Office of the County of San Mateo

**Dated:** May 14, 2020

**Appendix A:** "Home Quarantine Instructions"  
**Appendix B:** "Home Isolation Instructions"

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**



Dr. Scott Morrow, Health Officer  
Cassius Lockett, PhD, Director

Public Health, Policy & Planning  
225 37th Avenue  
San Mateo, CA 94403  
smchealth.org

**APPENDIX A: HOME QUARANTINE INSTRUCTIONS**

**FOR CLOSE CONTACTS OF THOSE WHO HAVE BEEN DIAGNOSED WITH COVID-19**

You need to stay home (quarantined), even though you maybe not feel sick, since you had close contact with someone who has been diagnosed with COVID-19. Quarantine is a way to prevent the spread of COVID-19 to more people.

**During your Quarantine period, please follow the instructions below:**

1. Follow Social Distancing Requirements as described in the Shelter in Place Health Officer Order No. c19-5c issued on April 29, 2020, or as further amended, which include:
  - Maintaining at least six-foot social distancing from individuals who are not part of the same household or living unit;
  - Frequently washing hands with soap and water for at least 20 seconds, or using hand sanitizer that is recognized by the Centers for Disease Control and Prevention as effective in combatting COVID-19;
  - Covering coughs and sneezes with a tissue or fabric or, if not possible, into the sleeve or elbow (but not into hands); and
  - Avoiding all social interaction outside the household when sick with a fever or cough.
2. Follow the Shelter in Place Health Officer Order No. c19-5c issued on April 29, 2020, subject to the conditions expressly provided in this Order and these Instructions.
3. Do not leave your place of quarantine to work, even if your work is permitted under the Shelter in Place Order No. c19-5c issued on April 29, 2020, or as further amended.
4. Do not travel, even if otherwise permissible under the Shelter in Place Health Officer Order No. c19-5c issued on April 29, 2020, or as further amended, with the exception of travel to access necessary medical care.
5. Utilize delivery services, such as Amazon or Instacart, as much as possible to avoid entering essential businesses like the grocery store, pharmacy, and hardware store.
6. Do not share toothbrushes, drinks or eating utensils.
7. Monitor yourself for symptoms. The most common symptoms of COVID-19 are fever, cough, and shortness of breath.
8. If you start to feel sick contact your healthcare provider and notify your provider that you may have been exposed to COVID-19.
9. If you frequent, volunteer, or work in a skilled nursing facility, a nursing home, a memory care center, a correctional/detention facility, a shelter, a group home, a day program, a dialysis center, a healthcare facility, or as a first responder, take reasonable steps to inform each such facility that you have been required to quarantine.



**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**After Visit Summary (continued)**



**When does quarantine end?**

1. If you do not live with someone who has been diagnosed with COVID-19, your quarantine will end after 14 days as long as you have not been diagnosed with COVID-19.
2. If you live with someone who has been diagnosed with COVID-19, you will need to quarantine for 14 days after your household member no longer needs to be isolated, so long as you have not been diagnosed with COVID-19.

**Messages**

**Visit notes now available**

From  
Michael Fredericson, MD

To  
Topper, Galen

Sent and Delivered  
11/1/2021 1:10 PM

## 10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Messages (continued)

Last Read in MyHealth  
Not Read

The note from your visit with Fredericson, Michael, MD on 10/28/2021 in Arrillaga Sports Medicine Center is now available to view in your past appointment information.

Click on the APPOINTMENTS menu, access your past appointments, and then select the appropriate visit that matches the information above.

Have questions, or want more information about reading notes from your care team like this one? Check out our [Frequently Asked Questions](#).

### Questionnaire Submission

From Topper, Galen	To P Arrillaga Sports Myhealth Clinic Messaging (supporting Michael Fredericson, MD)	Sent 10/28/2021 1:18 PM
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### Patient Questionnaire Submission

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#### Questionnaire: COVID-19 Symptom Screening

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Do you have, or have you had in the past 14 days, any of the following symptoms:

Question: Measured Temperature  $\geq$  100.0F or Feeling Feverish:

Answer: Yes

Question: Chills:

Answer: Yes

Question: Cough:

Answer: Yes

Question: Shortness of Breath:

Answer: Yes

Question: Sore Throat:

Answer: Yes

Question: Muscle Aches

Answer: Yes

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Messages (continued)**

Question: Fatigue:

Answer: Yes

Question: New loss of smell and/or taste:

Answer: Yes

Question: Runny nose/congestion:

Answer: Yes

Question: Headache:

Answer: Yes

Question: Diarrhea:

Answer: Yes

Question: Nausea:

Answer: Yes

Question: Vomiting:

Answer: No

Question: Any known exposure to an individual who is known or suspected of having COVID-19:

Answer: No

Question: Have you had a COVID-19 test outside of Stanford Medicine:

Answer: No

Questionnaire: COVID-19 Reported Symptoms Questionnaire

Question: If any symptoms reported, when did the symptom(s) begin?

Answer: 10/11/2021

**Questionnaires**

**Legend:**

 Triggered an OurPractice Advisory Scoring question

**Covid-19 Symptom Screening Questionnaire**

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Questionnaires (continued)**

Question	10/28/2021 1:18 PM PDT - Filed by Patient
Do you have, or have you had in the past 14 days, any of the following symptoms:	
Measured Temperature >/= 100.0F or Feeling Feverish:	Yes
Chills:	Yes
Cough:	Yes
Shortness of Breath:	Yes
Sore Throat:	Yes
Muscle Aches	Yes
Fatigue:	Yes
New loss of smell and/or taste:	Yes
Runny nose/congestion:	Yes
Headache:	Yes
Diarrhea:	Yes
Nausea:	Yes
Vomiting:	No
Any known exposure to an individual who is known or suspected of having COVID-19:	No
Have you had a COVID-19 test outside of Stanford Medicine:	No
<b>COVID-19 SYMPTOM SCREENING SCORE (range: -1 - 14)</b>	<b>12 (Positive Screening)!!</b>
<b>COVID-19 EXTERNAL TEST SCORE (range: 0 - 1)</b>	<b>0 !</b>
If any symptoms reported, when did the symptom(s) begin?	10/11/2021

## 10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents

#### After Visit Summary - Document on 10/28/2021 7:43 AM: After Visit Summary

Document (below)

### AFTER VISIT SUMMARY



Galen Topper MRN: 62437256

 10/28/2021 1:45 PM  Arrillaga Sports Medicine Center 650-723-5256

### Today's Visit

You saw Michael Fredericson, MD on Thursday October 28, 2021.

### What's Next

OCT 28 2021 Follow Up Visit with Michael Fredericson, MD  
Thursday October 28 1:45 PM

Arrillaga Sports Medicine Center  
341 Galvez Street  
Palo Alto CA 94305  
650-723-5256

### Stay Connected with MyHealth

View your After Visit Summary online, manage your prescriptions, make appointments, communicate with your care team. To access your account visit [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

## 10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)

### Documents (continued)

#### Your Medication List as of October 28, 2021 7:43 AM

 Always use your most recent med list.

**Xopenex HFA** 45 mcg/actuation inhaler  
Generic drug: levalbuterol

2 puffs 20 - 30 min before exercising.

**Zithromax Z-Pak** 250 mg tablet  
Generic drug: azithromycin

On the first day, take 2 tabs. On days 2-5, take 1 tab daily.

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

**After Visit Summary - Document on 10/28/2021 7:43 AM: COVID-19 SMC Health Directive**

Document (below)



Dr. Scott Morrow, Health Officer  
Cassius Lockett, PhD, Director

Public Health, Policy & Planning  
225 37th Avenue  
San Mateo, CA 94403  
smchealth.org

**SAN MATEO COUNTY HEALTH OFFICER ORDER FOR THE CONTROL OF COVID-19**  
**No. c19-6b (REVISED) DIRECTING INDIVIDUALS IN THE COUNTY DIAGNOSED WITH**  
**COVID-19 TO ISOLATE THEMSELVES**

DATE OF ORDER: May 14, 2020

Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. California Health and Saf. Code, § 120295, et seq.; Cal. Penal Code §§ 69, 148(a)(1).

**SUMMARY OF THE ORDER**

California is in a State of Emergency because of the Coronavirus Disease 2019 (“COVID-19”) pandemic. The spread of the novel coronavirus that causes COVID-19 is a substantial danger to the health of the public within the County of San Mateo (“County”). COVID-19 can easily spread between people who are in close contact with one another. This Order is issued based on scientific evidence and best practices as currently known and available to protect vulnerable members of the public from avoidable risk of serious illness or death resulting from exposure to COVID-19. The age, condition, and health of a significant portion of the population of the County places it at risk for serious health complications, including death, from COVID-19. There is growing evidence of transmission risk from infected persons before the onset of symptoms. Thus, all individuals who contract COVID-19, regardless of their level of symptoms (none, mild or severe), may place other vulnerable members of the public at significant risk. Currently, there are few specific treatments for COVID-19 and no vaccine available to protect against COVID-19 transmission.

To help slow COVID-19’s spread, protect vulnerable individuals, and prevent the healthcare system in the County from being overwhelmed, it is necessary for the Health Officer of the County of San Mateo to isolate persons with COVID-19. “Isolation” is the separation of persons who have been infected with COVID-19 from other persons. This Order addresses isolation requirements. “Quarantine” separates and restricts the movement of persons who, while not yet infected with COVID-19, have been exposed to COVID-19 and therefore may become infectious. San Mateo County Health Officer Order No. c19-7 concerns quarantine requirements. This Order was updated on May 14, 2020, to incorporate changes to the self-isolation protocol based on new guidance from the United States Centers for Disease Control and Prevention.

**UNDER THE AUTHORITY OF SECTIONS 101040; 101085; 120130; AND 120175 OF THE CALIFORNIA HEALTH AND SAFETY CODE, THE HEALTH OFFICER OF THE COUNTY OF SAN MATEO (“HEALTH OFFICER”) ORDERS:**



**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**
**Documents (continued)**


1. **All individuals who have COVID-19, as described in Section 2 of this Order, must isolate themselves and follow all instructions in this Order and the San Mateo County Public Health ("Public Health") guidance documents referenced in this Order. Self-isolation is required because a person with COVID-19 can easily spread the virus to others. Isolation separates these ill individuals from others to prevent the spread of COVID-19.**

2. For purposes of this Order, an individual, other than a minor child or person with special needs who requires specialized care, becomes a "Person with COVID-19" under this Order immediately upon meeting any of the following criteria:

- a. The person is informed they have a positive lab test for the COVID-19 virus; OR
- b. The person has signs and symptoms that are consistent with COVID-19, as set forth in guidance from the Centers for Disease Control (CDC) at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>, within 14 days of knowingly being in close proximity with another person who was known or suspected to be capable of actively transmitting COVID-19 and such symptoms are not explained by another condition that preexisted such close contact; OR
- c. The person has been informed by a healthcare provider that they are likely to have COVID-19; OR
- d. The person has signs and symptoms that are consistent with COVID-19 and is awaiting results of testing for COVID-19.

3. For purposes of this Order, a Person with COVID-19 who, at any time during their applicable Period of Isolation as set forth in Section 6, does not have access to a home or residence for the purpose of isolation shall not be deemed in violation of this Order if, upon notification of a positive COVID-19 test, such person promptly contacts the San Mateo County Emergency Operations Center Shelter & Care Branch by dialing 211 at any time, day or night, to inform of their COVID-19 status and request an isolation location, cooperates fully with EOC staff, and is otherwise compliant with this Order.

4. This Order is issued in accordance with, and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the March 3, 2020 Proclamation by the Director of Emergency Services Declaring the Existence of a Local Emergency in the County, the March 3, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer, the March 10, 2020 Resolution of the Board of Supervisors of the County of San Mateo Ratifying and Extending the Declaration of a Local Health Emergency, the April 7, 2020, Board of Supervisors' Resolution Further Extending the Proclamation of Local Health Emergency Until the County Takes Action to terminate the Local Emergency, the April 15, 2020 Order of the Health Officer No. c19-1b extending and revising the Order restricting visitors to skilled nursing facilities to all residential type facilities, the April 13, 2020 Order of the Health Officer No. c19-3c extending and revising the School Operations Modification Order, the March 24, 2020 Order of the Health Officer No. c19-4 directing all laboratories conducting COVID-19 diagnostic tests to report COVID-19 test information, the April 29, 2020 shelter in Place Order No. c19-5c.

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**



the April 17, 2020 Order of the Health Officer No. c19-8 requiring members of the public and workers to wear face coverings, and the May 11, 2020 Order of the Health Officer No. c19-9 permitting highly regulated vehicle-based gatherings.

5. Instructions. A Person with COVID-19 must immediately take the following actions:
  - a. Isolate themselves in their home or another residence, such as a hotel or motel, for the entirety of the applicable Isolation Period as set forth in Section 6. A Person with COVID-19 who does not have access to a home or other residence should refer to Section 3, above. They may not leave their place of isolation or enter any other public or private place, except to receive necessary medical care or during an emergency that requires evacuation to protect the health and safety of the individual. See Appendix A posted at <https://www.smchealth.org/post/health-officer-statements-and-orders> and attached to this Order, for further guidance.
  - b. Carefully review and closely follow all requirements listed in the “Home Isolation Instructions” posted at [www.smchealth.org/post/health-officer-statements-and-orders](https://www.smchealth.org/post/health-officer-statements-and-orders) and attached to this Order as Appendix B.
  - c. Promptly tell their Close Contacts that they need to self-quarantine themselves and should be tested. Close Contacts who should be notified to self-quarantine are people who were in close physical proximity with them during their infectious period. For purposes of this Order, the infectious period begins 48 hours before symptoms began (or, in the absence of symptoms, on the collection date of a positive test) and ends when the applicable Period of Isolation is over (see Section 6 below). For purposes of this order, a “Close Contact” of a Person with COVID-19 as defined in Section 2 include any person who, during the infectious period of the Person with COVID-19:
    - i. Lived in or stayed at the same residence as the Person with COVID-19 when the Person with COVID-19 was not following Home Isolation Instructions; OR
    - ii. Was an intimate sexual partner of the Person with COVID-19; OR
    - iii. Stayed within 6 feet of the Person with COVID-19 for 10 minutes or more while the Person with COVID-19 was not wearing a face covering; OR
    - iv. Had direct contact for any amount of time with the body fluids and/or secretions of the Person with COVID-19 (e.g., was coughed or sneezed on, shared utensils with, or was provided care by or provided care for them without wearing a mask, gown, and gloves).
    - v.
  - d. Refer their Close Contacts to the “Home Quarantine Instructions” posted at [www.smchealth.org/post/health-officer-statements-and-orders](https://www.smchealth.org/post/health-officer-statements-and-orders) which describe steps that Close Contacts must take to prevent spread of COVID-19. Close Contacts have likely been exposed to COVID-19 and if infected, can easily spread COVID-19 to others, even if they have no symptoms or only mild symptoms. Close Contacts need to be tested.

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**



e. Cooperate fully with Public Health concerning: i) collection, reporting and monitoring of temperature readings and other health data; ii) contact tracing and related investigations, including identification of contacts; and iii) any ongoing monitoring by Public Health, including after the Period of Isolation.

6. A Person with COVID-19 is required to isolate for a Period of Isolation in accordance with the following:

a. Individuals without symptoms must isolate for ten (10) days from the date of a positive test.

b. Individuals with symptoms must isolate until the later of the following:

- i. At least three (3) days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement of respiratory symptoms, if present (e.g., cough, shortness of breath), AND
- ii. At least ten (10) days have passed since their symptoms started. Longer isolation periods may be recommended in certain circumstances.

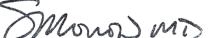
7. The Health Officer may take additional action(s), which may include civil detention or requiring one to stay at a health facility or other location, to protect the public's health if an individual who is subject to this Order fails to comply with this Order.

8. This Order shall become effective at 12:01 am on May 16, 2020 and will continue to be in effect until it is rescinded, superseded, or amended in writing by the Health Officer.

9. Copies of this Order shall promptly be: (1) made available at 400 County Center, Redwood City, CA 94063; (2) posted on the County Health Services website ([www.smchealth.org/post/health-officer-statements-and-orders](http://www.smchealth.org/post/health-officer-statements-and-orders)); and (3) provided to any member of the public requesting a copy.

10. If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

**IT IS SO ORDERED:**

  
\_\_\_\_\_  
Scott Morrow MD, MPH  
Health Office of the County of San Mateo

Dated: May 14, 2020

**Appendix A:** "Home Quarantine Instructions"

**Appendix B:** "Home Isolation Instructions"

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**



Dr. Scott Morrow, Health Officer  
Cassius Lockett, PhD, Director

Public Health, Policy & Planning  
225 37th Avenue  
San Mateo, CA 94403  
smchealth.org

**APPENDIX B: HOME ISOLATION INSTRUCTIONS  
FOR PEOPLE WHO HAVE BEEN DIAGNOSED WITH COVID-19**

**During your Isolation Period, please follow the instructions below:**

1. Do not leave your home or another residence except to receive necessary medical care or during an emergency that requires evacuation to protect the health and safety of the individual.
2. Stay in a specified room away from other household members and use a separate bathroom if possible. If areas need to be shared, like a kitchen or a bathroom, increase the frequency of cleaning those areas, including doorknobs, fixtures, and toilets.
3. Do not leave your place of isolation to work, even if your work is permitted under the Shelter in Place Order No. c19-5c issued on April 29, 2020, or as further amended.
4. Do not travel, even if otherwise permissible under the Shelter in Place Health Officer Order No. c19-5c issued on April 29, 2020, or as further amended, with the exception of travel to access necessary medical care.
5. Utilize delivery services, such as Amazon or Instacart.
6. Do not share dishes, eating utensils, towels, bedding, drinking glasses without first washing the items with soap and water.
7. Cooperate with directives from Public Health, including but not limited to directives to collect and report temperature readings and other health data to Public Health or its designee(s), during the entire period of your isolation.
8. Seek medical attention right away if your illness is worsening, for example, if you start to have trouble breathing.
9. If you need to call 911, notify dispatch personnel that you have been diagnosed with COVID-19.
10. Whenever possible, before seeking care, call your medical provider and inform them that you have been diagnosed with COVID-19. If you have one, put on a face covering/mask before leaving your residence to travel to a healthcare facility. If you do not have one, send someone into the facility to ask for one and to inform the staff of your arrival.
11. If you frequent, volunteer, or work in a skilled nursing facility, a nursing home, a memory care center, a correctional/detention facility, a shelter, a group home, a day program, a dialysis center, or a healthcare facility, or as a first responder, take reasonable steps to inform each such facility that you have been required to isolate.

**When does isolation end?**

1. Individuals without symptoms must isolate for ten (10) days from the date of a positive test.
2. Individuals with symptoms must isolate until:
  - At least 3 days (72 hours) have passed since recovery, defined as resolution of both fever without the use of fever-reducing medications and improvement of cough and shortness of breath if present AND
  - At least ten (10) days have passed since their symptoms started, whichever is later.



**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**



Dr. Scott Morrow, Health Officer  
Cassius Lockett, PhD, Director

Public Health, Policy & Planning  
225 37th Avenue  
San Mateo, CA 94403  
smchealth.org

**SAN MATEO COUNTY HEALTH OFFICER ORDER FOR THE CONTROL OF COVID-19**  
**NO. C19-7b (REVISED) DIRECTING INDIVIDUALS IN THE COUNTY WHO ARE CLOSE**  
**CONTACTS OF INDIVIDUALS DIAGNOSED WITH COVID-19 TO QUARANTINE**  
**THEMSELVES**

DATE OF ORDER: May 14, 2020

Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. California Health and Saf. Code, § 120295, et seq.; Cal. Penal Code §§ 69, 148(a)(1).

**SUMMARY OF THE ORDER**

California is in a State of Emergency because of the Coronavirus Disease 2019 (“COVID-19”) pandemic. The spread of the novel coronavirus that causes COVID-19 is a substantial danger to the health of the public within the County of San Mateo (“County”). COVID-19 can easily spread between people who are in close contact with one another. This Order is issued based on scientific evidence and best practices as currently known and available to protect vulnerable members of the public from avoidable risk of serious illness or death resulting from exposure to COVID-19. The age, condition, and health of a significant portion of the population of the County place it at risk for serious health complications, including death, from COVID-19. There is growing evidence of transmission risk from infected persons before the onset of symptoms. Thus, all individuals who contract COVID-19, regardless of their level of symptoms (none, mild or severe), may place other vulnerable members of the public at significant risk. Currently, there are few specific treatments for COVID-19 and no vaccine available to protect against COVID-19 transmission.

To help slow COVID-19's spread, protect vulnerable individuals, and prevent the healthcare system in the County from being overwhelmed, it is necessary for the Health Officer of the County of San Mateo to require the quarantine of persons exposed to a person diagnosed with COVID-19. “Quarantine” separates and restricts the movement of persons who, while not yet infected with COVID-19, have been exposed to COVID-19 and therefore may become infectious. This Order addresses quarantine requirements. “Isolation” refers to the separation of persons who have been infected with COVID-19 from persons. San Mateo County Health Officer Order No. c19-6b concerns isolation requirements. This Order was updated on May 14, 2020, to incorporate changes to the self-quarantine protocol based on new guidance from the United States Centers for Disease Control and Prevention.

**UNDER THE AUTHORITY OF SECTIONS 101040; 101085; 120130; AND 120175 OF THE CALIFORNIA HEALTH AND SAFETY CODE, THE HEALTH OFFICER OF THE COUNTY OF SAN MATEO (“HEALTH OFFICER”) ORDERS:**



**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**
**Documents (continued)**


1. **All individuals who are Close Contacts, as described in Section 2 of this Order, must quarantine themselves and follow all instructions in this Order and the San Mateo Public Health ("Public Health") guidance documents referenced in this Order. Self-quarantine is required because a person with COVID-19 can easily spread the virus to others. Quarantine separates potentially infected individuals from others to prevent the spread of COVID-19.**

2. Persons must self-quarantine under this Order if they are notified, become or are made aware that they have been in close physical proximity with a person who is a Person with COVID-19, as defined in Health Officer Order c19-6b (Revised), during their infectious period, which begins 48 hours before symptoms began (or, in the absence of symptoms, on the collection date of a positive test) and ends when the Person with COVID-19 is released from Isolation pursuant to Health Officer Order c19-6b, (including as it may be further revised). For purposes of this Order, a "Close Contact" of a Person with COVID-19 includes any person who, during the Person with COVID-19's infectious period:

- a. Lived in or stayed at the same residence as the Person with COVID-19 when the Person with COVID-19 was not following Home Isolation Instructions; OR
- b. Was an intimate sexual partner of the Person with COVID-19; OR
- c. Stayed within 6 feet of the Person with COVID-19 for 10 minutes or more while the Person with COVID-19 was not wearing a face mask; OR
- d. Had direct contact for any amount of time with the body fluids and/or secretions of the Person with COVID-19 (e.g., was coughed or sneezed on, shared utensils with, or was provided care by or provided care for them without wearing a mask, gown, and gloves).

3. For purposes of this Order, a Person with COVID-19 who does not have access to a home or residence for the purpose of quarantine shall not be deemed in violation of this Order if, upon notification of the requirement to quarantine pursuant to this Order, such person promptly contacts the San Mateo County Emergency Operations Center Shelter & Care Branch by dialing 211 at any time, day or night, to inform of their Close Contact status and request a quarantine location, cooperates fully with EOC staff, and is otherwise compliant with this Order.

4. This Order is issued in accordance with, and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the March 3, 2020 Proclamation by the Director of Emergency Services Declaring the Existence of a Local Emergency in the County, the March 3, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer, the March 10, 2020 Resolution of the Board of Supervisors of the County of San Mateo Ratifying and Extending the Declaration of a Local Health Emergency, the April 7, 2020, Board of Supervisors' Resolution Further Extending the Proclamation of Local Health Emergency Until the County Takes Action to Terminate the Local Emergency, the April 15, 2020 Order of the Health Officer No. c19-1b extending and revising the Order restricting visitors to skilled nursing facilities to all residential type facilities, the April 13, 2020 Order of the Health Officer No. c19-3c extending and revising the School Operations Modification Order, the March 24, 2020 Order of the Health Officer No. c19-4 directing all laboratories conducting COVID-19 diagnostic tests to report COVID-19 test information, the April 29, 2020 Shelter in Place Order No. c19-5c, the April 17, 2020 Order of the Health Officer No. c19-8 requiring members of the public and workers to wear face

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**



coverings, and the and the May 11, 2020 Order of the Health Officer No. c19-9 permitting highly regulated vehicle-based gatherings.

5. Instructions. All individuals who meet the definition of a close contact of an individual diagnosed with COVID-19 must immediately take the following actions:

- a. Quarantine themselves in their home or another residence, such as a hotel or motel, for 14 days. A Person with COVID-19 who does not have access to a home or other residence should refer to Section 3, above. They may not leave their place of quarantine or enter any other public or private place, except to access necessary medical care or during an emergency that requires evacuation to protect the health and safety of the individual, including but not limited to being tested for COVID-19, and must observe Social Distancing Requirements as set forth in the current Health Officer order directing all individuals to shelter in place, including maintaining at least 6 feet of distance from others, wearing a face covering, and frequently washing hands.
  - b. Obtain a diagnostic test for COVID-19. Information on how to obtain diagnostic testing is available through a person's primary health care provider, or by calling 211 for information concerning community-based testing. A Close Contact who tests positive for COVID-19 immediately becomes a Person with COVID-19 and is subject to the requirements of Health Officer Order c19-6b, (including as it may be further revised) rather than this Order.
  - c. Carefully review and closely follow all requirements listed in the "Home Quarantine Instructions" posted at [www.smchealth.org/post/health-officer-statements-and-orders](http://www.smchealth.org/post/health-officer-statements-and-orders) and attached to this Order as Appendix A, and comply with all directive of the Health Officer, including but not limited to reporting health data and identifying contacts who may have been exposed to COVID-19.
  - d. If a quarantined person becomes sick with fever, cough, or shortness of breath (even if their symptoms are very mild), they shall isolate themselves at home and away from other people and follow the "Home Isolation Instructions," posted at [www.smchealth.org/post/health-officer-statements-and-orders](http://www.smchealth.org/post/health-officer-statements-and-orders), and attached as Appendix B at all times while seeking and obtaining diagnostic testing under subpart b., above. This is because the person is likely to have COVID-19 and if so, can spread it to vulnerable individuals. If a medical professional examines a quarantined person and determines that their symptoms are not due to COVID-19, the person may discontinue home isolation but shall continue to follow the home quarantine order and instructions.
  - e. If a quarantined person is diagnosed with COVID-19, they are to follow the County of San Mateo Health Officer Isolation Order No. c19-6b (Revised), issued on May 14, 2020, including "Home Isolation Instructions" posted at [www.smchealth.org/post/health-officer-statements-and-orders](http://www.smchealth.org/post/health-officer-statements-and-orders), and attached to this Order as Appendix B.
6. Exception. Notwithstanding the foregoing, health care workers and first responder agency workers who are household members, intimate partners, or caregivers of a person with COVID-19 are not subject to this Order under the following circumstances:

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**



a. The worker informs their employer that the worker is a Close Contact of a Person with COVID-19; AND

b. The worker is asymptomatic, and the worker's employer determines, based on staffing needs, that the worker needs to report to work; AND

c. The worker returns to work.

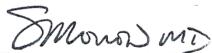
7. The Health Officer may take additional action(s), which may include civil detention or requiring one to stay at a health facility or other location, to protect the public's health if an individual who is subject to this Order fails to comply with this Order.

8. This Order shall become effective at 12:01 am on May 16, 2020 and will continue to be in effect until it is rescinded, superseded, or amended in writing by the Health Officer.

9. Copies of this Order shall promptly be: (1) made available at 400 County Center, Redwood City, CA 94063; (2) posted on the County Health Services website ([www.smchealth.org/post/health-officer-statements-and-orders](http://www.smchealth.org/post/health-officer-statements-and-orders)); and (3) provided to any member of the public requesting a copy.

10. If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

**IT IS SO ORDERED:**

  
\_\_\_\_\_  
Scott Morrow MD, MPH  
Health Office of the County of San Mateo

**Dated:** May 14, 2020

**Appendix A:** "Home Quarantine Instructions"

**Appendix B:** "Home Isolation Instructions"

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**



Dr. Scott Morrow, Health Officer  
Cassius Lockett, PhD, Director

Public Health, Policy & Planning  
225 37th Avenue  
San Mateo, CA 94403  
smchealth.org

**APPENDIX A: HOME QUARANTINE INSTRUCTIONS**

**FOR CLOSE CONTACTS OF THOSE WHO HAVE BEEN DIAGNOSED WITH COVID-19**

You need to stay home (quarantined), even though you maybe not feel sick, since you had close contact with someone who has been diagnosed with COVID-19. Quarantine is a way to prevent the spread of COVID-19 to more people.

**During your Quarantine period, please follow the instructions below:**

1. Follow Social Distancing Requirements as described in the Shelter in Place Health Officer Order No. c19-5c issued on April 29, 2020, or as further amended, which include:
  - Maintaining at least six-foot social distancing from individuals who are not part of the same household or living unit;
  - Frequently washing hands with soap and water for at least 20 seconds, or using hand sanitizer that is recognized by the Centers for Disease Control and Prevention as effective in combatting COVID-19;
  - Covering coughs and sneezes with a tissue or fabric or, if not possible, into the sleeve or elbow (but not into hands); and
  - Avoiding all social interaction outside the household when sick with a fever or cough.
2. Follow the Shelter in Place Health Officer Order No. c19-5c issued on April 29, 2020, subject to the conditions expressly provided in this Order and these Instructions.
3. Do not leave your place of quarantine to work, even if your work is permitted under the Shelter in Place Order No. c19-5c issued on April 29, 2020, or as further amended.
4. Do not travel, even if otherwise permissible under the Shelter in Place Health Officer Order No. c19-5c issued on April 29, 2020, or as further amended, with the exception of travel to access necessary medical care.
5. Utilize delivery services, such as Amazon or Instacart, as much as possible to avoid entering essential businesses like the grocery store, pharmacy, and hardware store.
6. Do not share toothbrushes, drinks or eating utensils.
7. Monitor yourself for symptoms. The most common symptoms of COVID-19 are fever, cough, and shortness of breath.
8. If you start to feel sick contact your healthcare provider and notify your provider that you may have been exposed to COVID-19.
9. If you frequent, volunteer, or work in a skilled nursing facility, a nursing home, a memory care center, a correctional/detention facility, a shelter, a group home, a day program, a dialysis center, a healthcare facility, or as a first responder, take reasonable steps to inform each such facility that you have been required to quarantine.



**10/28/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**



**When does quarantine end?**

1. If you do not live with someone who has been diagnosed with COVID-19, your quarantine will end after 14 days as long as you have not been diagnosed with COVID-19.
2. If you live with someone who has been diagnosed with COVID-19, you will need to quarantine for 14 days after your household member no longer needs to be isolated, so long as you have not been diagnosed with COVID-19.

## 10/26/2021 - Appointment in Arrillaga Sports Medicine Center

### Messages

#### Prepare for your appointment

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	10/26/2021 7:29 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Tuesday October 26, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**10/26/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA**

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

**azithromycin (Zithromax Z-Pak) 250 mg TABS unit-dose pack**

Instructions: On the first day, take 2 tabs. On days 2-5, take 1 tab daily.

Ordered on: 10/25/2021

Authorized by: Kuo, Kevin Fong-Wei, MD

End date: 10/29/2021

Start date: 10/25/2021

Refill: No refills remaining

Quantity: 6 Tablet

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [755466132] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on **10/26/21 1028**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 10/26/21 1028

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Frequency: Routine 10/26/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-299VI0517	Resp, Upper	Mid Turbinate Nasal Swab	10/26/21 1300

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [755466132]**

Resulted: 10/26/21 2130, Result status: Final result

Order status: Completed

Filed by: Shrestha, Sweta 10/26/21 2130

Collected by: 10/26/21 1300

Resulting lab: HILLVIEW LABORATORY

**10/26/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Acknowledged by  
 Abrams, Geoffrey David, MD on 10/28/21 1038  
 Hock-Hanson, Susan, RN on 11/04/21 1055

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 11/4/2021 10:55  
 Abrams, Geoffrey David, MD on 10/28/2021 10:38

## 10/26/2021 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [755466132] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **10/26/21 1028**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 10/26/21 1028

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 10/26/2021

Frequency: Routine 10/26/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
21S-299VI0517	Resp, Upper	Mid Turbinate Nasal Swab	10/26/21 1300

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [755466132]

Resulted: 10/26/21 2130, Result status: Final result

Order status: Completed

Filed by: Shrestha, Sweta 10/26/21 2130

Collected by: 10/26/21 1300

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 10/28/21 1038

Hock-Hanson, Susan, RN on 11/04/21 1055

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**10/26/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 11/4/2021 10:55  
Abrams, Geoffrey David, MD on 10/28/2021 10:38

**10/25/2021 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	10/23/2021 7:26 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Monday October 25, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**10/25/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA**

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Ordered on: 1/8/2020

Authorized by: Vukicevic, Jelena Vladislav, MD

End date: 10/28/2021

Start date: 1/8/2020

Refill: 1 refill remaining

Quantity: 1 Inhaler

**Stopped in Visit**

None

## 10/18/2021 - Telemedicine in Arrillaga Sports Medicine Center

### Reason for Visit

Visit diagnosis: Upper respiratory tract infection, unspecified type

### Medication List

#### Medication List

**(1) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

#### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

Hwang, Calvin Eric, MD at 10/18/2021 1400

#### Stanford Sports Medicine Health Center Visit for: Galen Topper

DOB: 6/21/2002 MRN: 62437256

Referring Provider: Gerald Paul Keane

PCP: Vukicevic, Jelena Vladislav Phone: (650)498-7489

Date: 10/18/2021

#### CHIEF COMPLAINT

URI symptoms

Sport:Cross Country

#### HISTORY OF PRESENT ILLNESS

Galen Topper is a 19 Y male who presents via video visit for URI symptoms. He reports his roommate has been sick for about 2.5 weeks and he has had symptoms for 5 days and does not want to be sick for the rest of the season. When he wakes up in the morning, his throat is tight and difficult to breathe. It is painful to swallow and he has a persistent cough. He also has yellow green mucus and fatigue. He has a persistent headache. He has been taking ibuprofen twice a day. He is congested but denies fevers. He has been feeling abnormally cold but not feverish. He took a couple of decongestants and ibuprofen about 4 of each. The cough keeps him awake at night. He feels short of breath when he is trying to run.

#### PAST HISTORY

- Medical: has a past medical history of Acute nonintractable headache (6/29/2018), Concern about growth (7/2/2015), Dermographism (10/31/2013), Development delay (1/04), Heart murmur (7/04,8/05), Keratosis pilaris, Lactose intolerance (8/17/2018), Language delay, Multiple allergies (2/13/2014), Nevus sebaceous, Syncope (6/29/2018), Twin birth, mate liveborn, and Viral warts (8/16/2017).
- Surgical: has no past surgical history on file.

**10/18/2021 - Telemedicine in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

**SOCIAL HISTORY**

Social history was not discussed during today's visit.

**FAMILY HISTORY**

Family history was not discussed during today's visit.

**CURRENT MEDICATIONS**

Current medications were not discussed during today's visit.

**ALLERGIES**

Allergies were not discussed during today's visit.

**REVIEW OF SYSTEMS**

- Constitutional: Negative.
- Eyes: Negative.
- Ears, Nose, Mouth, and Throat: Negative.
- Cardiovascular: Negative.
- Respiratory: Negative.
- Gastrointestinal: Negative.
- Genitourinary: Negative.
- Musculoskeletal: Negative.
- Integumentary: Negative.
- Neurological: Negative.
- Psychiatric: Negative.
- Endocrine: Negative.
- Hematologic/Lymphatic: Negative.
- Allergic/Immunologic: Negative.

**PHYSICAL EXAM**

There were no vitals taken for this visit.

There is no height or weight on file to calculate BMI.

GENERAL: Well-appearing, no apparent distress.

HEENT: There is mild anterior cervical lymphadenopathy to self palpation.

CARDIOVASCULAR: Warm and well perfused intact distal pulses.

RESPIRATORY: Breathing is unlabored.

PSYCH: Mood and affect appropriate.

NEUROLOGIC: Reflexes and sensation intact. Gait normal.

SKIN: No rash on exposed skin.

**RESULTS**

No results were obtained or interpreted today.

**ASSESSMENT**

19 Y male cross country runner with URI symptoms, likely viral URI. Unlikely flu, strep or COVID. He had tested negative for COVID.

**RECOMMENDED TREATMENT**

We will have him start over-the-counter cough and cold medications. We will do a strep swab tomorrow. He can train as tolerated as long as he is afebrile and does not have any body aches. He will follow up with me as needed.

**10/18/2021 - Telemedicine in Arrillaga Sports Medicine Center (continued)**

**Clinical Notes (continued)**

Physician Follow-Up: as needed

Patient Agreements: All questions and concerns were addressed. The patient verbalized understanding and is agreeable with the plan of care.

Level of Activity:

Practice Status: Go as tolerated

Competition Status: Go as tolerated

Strength and Conditioning Status: Go as tolerated

Limitations: Go as tolerated

ATTESTATION:

Directed by Calvin Eric Hwang, MD and produced by Jaracz Afamasaga. Powered by DAX.

Calvin Eric Hwang, MD

10/18/2021

Electronically signed by Hwang, Calvin Eric, MD at 10/19/2021 9:20 AM

**Labs**

**Beta Strep Throat Screen Rapid EIA [753947403] (Final result)**

Electronically signed by: **Hwang, Calvin Eric, MD on 10/18/21 1408**

Status: **Completed**

Ordering user: Hwang, Calvin Eric, MD 10/18/21 1408

Authorized by: Hwang, Calvin Eric, MD

Ordering mode: Standard

Frequency: STAT 10/18/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Upper respiratory tract infection, unspecified type [J06.9]

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
21S-291UR0431	Resp, Upper	Collection	Throat	Hock-Hanson, Susan, RN 10/19/21 1245

**Beta Strep Throat Screen Rapid EIA [753947403] (Normal)**

Resulted: 10/19/21 1725, Result status: Final result

Order status: Completed

Filed by: Sartin, Tanya 10/19/21 1725

Collected by: Hock-Hanson, Susan, RN 10/19/21 1245

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by

Hwang, Calvin Eric, MD on 10/19/21 1952

Hock-Hanson, Susan, RN on 10/21/21 1647

**Components**

Component	Value	Reference Range	Flag	Lab
Beta Strep Throat Screen	Negative	Negative	—	SHC

Comment: Second swab sent to microbiology.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB -	Kong, Christina	300 Pasteur Drive	09/15/21 1039 - Present

**10/18/2021 - Telemedicine in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

HOSPITAL LABORATORY	Suzan, MD	STANFORD CA 94305
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**Indications**

Upper respiratory tract infection, unspecified type [J06.9 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 10/21/2021 16:47  
 Hwang, Calvin Eric, MD on 10/20/2021 11:45  
 Hwang, Calvin Eric, MD on 10/19/2021 19:52

**Throat Strep Screen By PCR [754243527] (Final result)**

 Status: **Completed**

Order placed as a reflex to Beta Strep Throat Screen Rapid EIA [753947403] ordered on 10/18/21 at 1408  
 Ordering user: Sartin, Tanya 10/19/21 1725      Authorized by: Hwang, Calvin Eric, MD  
 Ordering mode: Standard  
 Frequency: STAT 10/19/21 -      Class: Clinic Collect  
 Quantity: 1      Lab status: Final result  
 Diagnoses  
 Upper respiratory tract infection, unspecified type [J06.9]

**Specimen Information**

ID	Type	Draw Type	Source	Collected By
21S-291UR0431	Resp, Upper	Collection	Throat	Hock-Hanson, Susan, RN 10/19/21 1245

**Throat Strep Screen By PCR [754243527] (Normal)**

Resulted: 10/20/21 1117, Result status: Final result

Order status: Completed      Filed by: Rotunno, William 10/20/21 1117  
 Collected by: Hock-Hanson, Susan, RN 10/19/21 1245      Resulting lab: HILLVIEW LABORATORY  
 Narrative:  
 Method: By selective broth enrichment procedure and by PCR/nucleic acid amplification.

This PCR test was developed and its performance characteristics determined by the Stanford Microbiology Laboratory. It was shown to be more sensitive than conventional methods and highly specific. This assay does not detect other bacterial pathogens such as Arcanobacterium haemolyticum, Neisseria gonorrhoeae and Chlamydia trachomatis. Other assays are recommended for these pathogens. This test has not been cleared or approved by the U.S. Food and Drug Administration. Such approval is not required for tests validated by the performing laboratory.

Acknowledged by

Hwang, Calvin Eric, MD on 10/20/21 1145  
 Hock-Hanson, Susan, RN on 10/21/21 1647

**Components**

Component	Value	Reference Range	Flag	Lab
Throat Group A (S.pyogenes) PCR	Negative	Negative	—	Hillview
Throat Group C/G (S.dysgalactiae ssp. equisimilis) PCR	Negative	Negative	—	Hillview

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Upper respiratory tract infection, unspecified type [J06.9 (ICD-10-CM)]

**All Reviewers List**

**10/18/2021 - Telemedicine in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

Hock-Hanson, Susan, RN on 10/21/2021 16:47  
Hwang, Calvin Eric, MD on 10/20/2021 11:45

## 10/18/2021 - Appointment in Arrillaga Sports Medicine Center

### Messages

#### Prepare for your appointment

From Generic Provider Mychart  
Last Read in MyHealth  
10/18/2021 1:17 PM by Topper, Galen

To Topper, Galen

Sent and Delivered  
10/17/2021 7:27 AM

Hello,

For the appointment on Monday October 18, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**10/18/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA**

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [753820629] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 10/18/21 0709**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 10/18/21 0709

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Frequency: Routine 10/18/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

**Answer**

Is the patient symptomatic for COVID-19?

Asymptomatic for COVID-19 / Not PUI / Screening only

Instructions:

This test is for pre-procedural or pre-treatment screening.

-

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

-

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-291VI0247	Resp, Upper	Mid Turbinate Nasal Swab	10/18/21 1100

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [753820629]**

Resulted: 10/18/21 2310, Result status: Final result

Order status: Completed

Filed by: Shrestha, Sweta 10/18/21 2310

Collected by: 10/18/21 1100

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 10/19/21 0813

Hock-Hanson, Susan, RN on 10/21/21 1649

**Components**

Component	Value	Reference Range	Flag	Lab

**10/18/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 10/21/2021 16:49  
 Abrams, Geoffrey David, MD on 10/19/2021 08:13

## 10/18/2021 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [753820629] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **10/18/21 0709**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 10/18/21 0709

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 10/18/2021

Frequency: Routine 10/18/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
21S-291VI0247	Resp, Upper	Mid Turbinate Nasal Swab	10/18/21 1100

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [753820629]

Resulted: 10/18/21 2310, Result status: Final result

Order status: Completed

Filed by: Shrestha, Sweta 10/18/21 2310

Collected by: 10/18/21 1100

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 10/19/21 0813

Hock-Hanson, Susan, RN on 10/21/21 1649

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**10/18/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 10/21/2021 16:49  
Abrams, Geoffrey David, MD on 10/19/2021 08:13

**10/11/2021 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	10/11/2021 7:27 AM
Last Read in MyHealth		
10/21/2021 4:23 PM by Topper, Galen		

Hello,

For the appointment on Monday October 11, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**10/11/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA**

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [752484182] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 10/11/21 0710**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 10/11/21 0710

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Frequency: Routine 10/11/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

Is the patient symptomatic for COVID-19?

**Answer**

Asymptomatic for COVID-19 / Not PUI / Screening only

Instructions:

This test is for pre-procedural or pre-treatment screening.

-

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

-

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-284VI0194	Resp, Upper	Mid Turbinate Nasal Swab	10/11/21 1000

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [752484182]**

Resulted: 10/12/21 0032, Result status: Final result

Order status: Completed

Filed by: Nguyen, Phuong 10/12/21 0032

Collected by: 10/11/21 1000

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 10/13/21 1054

Hock-Hanson, Susan, RN on 10/13/21 1312

**Components**

Component	Value	Reference Range	Flag	Lab

**10/11/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 10/13/2021 13:12  
 Abrams, Geoffrey David, MD on 10/13/2021 10:54

**10/11/2021 - Billing Encounter in Hillview Lab**

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [752484182] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on **10/11/21 0710**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 10/11/21 0710

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 10/11/2021

Frequency: Routine 10/11/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-284VI0194	Resp, Upper	Mid Turbinate Nasal Swab	10/11/21 1000

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [752484182]**

Resulted: 10/12/21 0032, Result status: Final result

Order status: Completed

Filed by: Nguyen, Phuong 10/12/21 0032

Collected by: 10/11/21 1000

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 10/13/21 1054

Hock-Hanson, Susan, RN on 10/13/21 1312

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**10/11/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 10/13/2021 13:12  
Abrams, Geoffrey David, MD on 10/13/2021 10:54

## 10/04/2021 - Appointment in Arrillaga Sports Medicine Center

### Messages

#### Prepare for your appointment

From Generic Provider Mychart  
Last Read in MyHealth  
10/21/2021 4:23 PM by Topper, Galen

To Topper, Galen

Sent and Delivered  
10/3/2021 7:28 AM

Hello,

For the appointment on Monday October 04, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**10/04/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA**

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [751161892] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 10/04/21 0708**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 10/04/21 0708

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Frequency: Routine 10/04/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

Is the patient symptomatic for COVID-19?

**Answer**

Asymptomatic for COVID-19 / Not PUI / Screening only

Instructions:

This test is for pre-procedural or pre-treatment screening.

-

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

-

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-277VI0198	Resp, Upper	Mid Turbinate Nasal Swab	10/04/21 1000

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [751161892]**

Resulted: 10/05/21 1229, Result status: Final result

Order status: Completed

Filed by: Iwai, Naomi 10/05/21 1229

Collected by: 10/04/21 1000

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 10/05/21 1552

Hock-Hanson, Susan, RN on 10/07/21 1838

**Components**

Component	Value	Reference Range	Flag	Lab

**10/04/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 10/7/2021 18:38  
 Abrams, Geoffrey David, MD on 10/5/2021 15:52

## 10/04/2021 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [751161892] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **10/04/21 0708**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 10/04/21 0708

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 10/04/2021

Frequency: Routine 10/04/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
21S-277VI0198	Resp, Upper	Mid Turbinate Nasal Swab	10/04/21 1000

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [751161892]

Resulted: 10/05/21 1229, Result status: Final result

Order status: Completed

Filed by: Iwai, Naomi 10/05/21 1229

Collected by: 10/04/21 1000

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 10/05/21 1552

Hock-Hanson, Susan, RN on 10/07/21 1838

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**10/04/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 10/7/2021 18:38  
Abrams, Geoffrey David, MD on 10/5/2021 15:52

**09/27/2021 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	9/25/2021 7:26 AM
Last Read in MyHealth		
9/27/2021 4:58 PM by Topper, Galen		

Hello,

For the appointment on Monday September 27, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**09/27/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA**

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [749842001] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 09/27/21 0742

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 09/27/21 0742

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Frequency: Routine 09/27/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

Is the patient symptomatic for COVID-19?

**Answer**

Asymptomatic for COVID-19 / Not PUI / Screening only

Instructions:

This test is for pre-procedural or pre-treatment screening.

-

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

-

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-270VI0199	Resp, Upper	Mid Turbinate Nasal Swab	09/27/21 0900

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [749842001]**

Resulted: 09/28/21 0045, Result status: Final result

Order status: Completed

Filed by: Nguyen, Phuong 09/28/21 0045

Collected by: 09/27/21 0900

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 09/28/21 1403

Hock-Hanson, Susan, RN on 10/04/21 0553

**Components**

Component	Value	Reference Range	Flag	Lab

**09/27/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**
**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

 Hock-Hanson, Susan, RN on 10/4/2021 05:53  
 Abrams, Geoffrey David, MD on 9/28/2021 14:03

**09/27/2021 - Billing Encounter in Hillview Lab**

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [749842001] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on **09/27/21 0742**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 09/27/21 0742

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 09/27/2021

Frequency: Routine 09/27/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-270VI0199	Resp, Upper	Mid Turbinate Nasal Swab	09/27/21 0900

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [749842001]**

Resulted: 09/28/21 0045, Result status: Final result

Order status: Completed

Filed by: Nguyen, Phuong 09/28/21 0045

Collected by: 09/27/21 0900

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 09/28/21 1403

Hock-Hanson, Susan, RN on 10/04/21 0553

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**09/27/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 10/4/2021 05:53  
Abrams, Geoffrey David, MD on 9/28/2021 14:03

**09/20/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA**

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [748503501] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 09/20/21 0719

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 09/20/21 0719

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Frequency: Routine 09/20/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

**Answer**

Is the patient symptomatic for COVID-19?

Asymptomatic for COVID-19 / Not PUI / Screening only

Instructions:

This test is for pre-procedural or pre-treatment screening.

-

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

-

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-263VI0162	Resp, Upper	Mid Turbinate Nasal Swab	09/20/21 0900

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [748503501]**

Resulted: 09/20/21 2305, Result status: Final result

Order status: Completed

Filed by: Shrestha, Sweta 09/20/21 2305

Collected by: 09/20/21 0900

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 09/21/21 0805

Hock-Hanson, Susan, RN on 10/04/21 0553

**Components**

Component	Value	Reference Range	Flag	Lab

**09/20/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 10/4/2021 05:53  
 Abrams, Geoffrey David, MD on 9/21/2021 08:05

## 09/20/2021 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [748503501] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **09/20/21 0719**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 09/20/21 0719

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 09/20/2021

Frequency: Routine 09/20/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
21S-263VI0162	Resp, Upper	Mid Turbinate Nasal Swab	09/20/21 0900

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [748503501]

Resulted: 09/20/21 2305, Result status: Final result

Order status: Completed

Filed by: Shrestha, Sweta 09/20/21 2305

Collected by: 09/20/21 0900

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 09/21/21 0805

Hock-Hanson, Susan, RN on 10/04/21 0553

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**09/20/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 10/4/2021 05:53  
Abrams, Geoffrey David, MD on 9/21/2021 08:05

## 09/14/2021 - Appointment in Arrillaga Sports Medicine Center

### Messages

#### Prepare for your appointment

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	9/14/2021 7:28 AM
Last Read in MyHealth		
Not Read		

Hello,

For the appointment on Tuesday September 14, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**09/14/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA**

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [747407209] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on 09/14/21 0715

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 09/14/21 0715

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Frequency: Routine 09/14/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

**Answer**

Is the patient symptomatic for COVID-19?

Asymptomatic for COVID-19 / Not PUI / Screening only

Instructions:

This test is for pre-procedural or pre-treatment screening.

-

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

-

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-257VI0256	Resp, Upper	Mid Turbinate Nasal Swab	09/14/21 0800

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [747407209]**

Resulted: 09/14/21 2150, Result status: Final result

Order status: Completed

Filed by: Shrestha, Sweta 09/14/21 2150

Collected by: 09/14/21 0800

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 09/15/21 0848

Hock-Hanson, Susan, RN on 09/19/21 1518

**Components**

Component	Value	Reference Range	Flag	Lab

**09/14/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 9/19/2021 15:18  
 Abrams, Geoffrey David, MD on 9/15/2021 08:48

## 09/14/2021 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [747407209] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **09/14/21 0715**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 09/14/21 0715

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 09/14/2021

Frequency: Routine 09/14/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
21S-257VI0256	Resp, Upper	Mid Turbinate Nasal Swab	09/14/21 0800

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [747407209]

Resulted: 09/14/21 2150, Result status: Final result

Order status: Completed

Filed by: Shrestha, Sweta 09/14/21 2150

Collected by: 09/14/21 0800

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 09/15/21 0848

Hock-Hanson, Susan, RN on 09/19/21 1518

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

#### TEST PARAMETERS AND METHODOLOGY

Methodology: Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**09/14/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

**All Reviewers List**

Hock-Hanson, Susan, RN on 9/19/2021 15:18  
Abrams, Geoffrey David, MD on 9/15/2021 08:48

**09/08/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA**

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [746355101] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 09/08/21 1116**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 09/08/21 1116

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Frequency: Routine 09/08/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

**Answer**

Is the patient symptomatic for COVID-19?

Asymptomatic for COVID-19 / Not PUI / Screening only

Instructions:

This test is for pre-procedural or pre-treatment screening.

-

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

-

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-251VI0736	Resp, Upper	Mid Turbinate Nasal Swab	09/08/21 1200

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [746355101]**

Resulted: 09/08/21 2005, Result status: Final result

Order status: Completed

Filed by: Background, Lab 09/08/21 2005

Collected by: 09/08/21 1200

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 09/08/21 2203

Hock-Hanson, Susan, RN on 09/09/21 1931

**Components**

Component	Value	Reference Range	Flag	Lab

**09/08/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 9/9/2021 19:31  
 Abrams, Geoffrey David, MD on 9/8/2021 22:03

## 09/08/2021 - Billing Encounter in Hillview Lab

### Labs

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [746355101] (Final result)

Electronically signed by: **Hock-Hanson, Susan, RN** on **09/08/21 1116**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 09/08/21 1116

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 09/08/2021

Frequency: Routine 09/08/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

#### Questionnaire

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

#### Specimen Information

ID	Type	Source	Collected By
21S-251VI0736	Resp, Upper	Mid Turbinate Nasal Swab	09/08/21 1200

#### Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [746355101]

Resulted: 09/08/21 2005, Result status: Final result

Order status: Completed

Filed by: Background, Lab 09/08/21 2005

Collected by: 09/08/21 1200

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 09/08/21 2203

Hock-Hanson, Susan, RN on 09/09/21 1931

#### Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview

SARS-CoV-2 RNA

Not Detected

Not Detected

—

Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

#### Indications

**09/08/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 9/9/2021 19:31  
Abrams, Geoffrey David, MD on 9/8/2021 22:03

**09/03/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA**

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [745612206] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 09/03/21 1109**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 09/03/21 1109

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Frequency: Routine 09/03/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

**Answer**

Is the patient symptomatic for COVID-19?

Asymptomatic for COVID-19 / Not PUI / Screening only

Instructions:

This test is for pre-procedural or pre-treatment screening.

-

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

-

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-246VI0521	Resp, Upper	Mid Turbinate Nasal Swab	09/03/21 1300

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [745612206]**

Resulted: 09/03/21 1918, Result status: Final result

Order status: Completed

Filed by: Background, Lab 09/03/21 1918

Collected by: 09/03/21 1300

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 09/07/21 0710

Hock-Hanson, Susan, RN on 09/07/21 1759

**Components**

Component	Value	Reference Range	Flag	Lab
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**09/03/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 9/7/2021 17:59  
 Abrams, Geoffrey David, MD on 9/7/2021 07:10

**09/03/2021 - Billing Encounter in Hillview Lab**

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [745612206] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on **09/03/21 1109**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 09/03/21 1109

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 09/03/2021

Frequency: Routine 09/03/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-246VI0521	Resp, Upper	Mid Turbinate Nasal Swab	09/03/21 1300

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [745612206]**

Resulted: 09/03/21 1918, Result status: Final result

Order status: Completed

Filed by: Background, Lab 09/03/21 1918

Collected by: 09/03/21 1300

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 09/07/21 0710

Hock-Hanson, Susan, RN on 09/07/21 1759

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview

SARS-CoV-2 RNA

Not Detected

Not Detected

—

Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

**09/03/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 9/7/2021 17:59  
Abrams, Geoffrey David, MD on 9/7/2021 07:10

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 9/2/2021

## 09/02/2021 - Orders Only in Orthopedic Rehab & Sports Med Center A16

### Reason for Visit

Visit diagnosis: Sports physical

### Medication List

#### Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

#### Stopped in Visit

None

### Labs

#### CBC With Diff [745499894] (Completed)

Electronically signed by: **Kuwabara, Anne M, MD** on 09/02/21 1809

Status: **Completed**

Ordering user: Kuwabara, Anne M, MD 09/02/21 1809

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 09/02/21 -

Class: Lab Collect

Quantity: 1

Diagnoses

Sports physical [Z02.5]

#### Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

#### Indications

Sports physical [Z02.5 (ICD-10-CM)]

#### CBC With Diff [772611031]

##### CBC with Differential [772611762] (Abnormal)

Resulted: 01/26/22 1653, Result status: Final result

Order status: Completed

Filed by: Background, Lab 01/26/22 1653

Collected by: Mlakar, Rachel 01/26/22 1510

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by

Kuwabara, Anne M, MD on 01/26/22 2119

Fredericson, Michael, MD on 01/27/22 1033

#### Components

Component	Value	Reference Range	Flag	Lab
WBC	4.3	4.0 - 11.0 K/uL	—	SHC
RBC	5.21	4.40 - 5.90 MIL/uL	—	SHC

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 9/2/2021

**09/02/2021 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

Hemoglobin	14.7	13.5 - 17.7 g/dL	—	SHC
Hematocrit	45.0	40.0 - 52.0 %	—	SHC
MCV	86.4	82.0 - 98.0 fL	—	SHC
MCH	28.2	27.0 - 34.0 pg	—	SHC
MCHC	32.7	32.0 - 36.0 g/dL	—	SHC
RDW	12.0	11.5 - 14.5 %	—	SHC
Platelet count	229	150 - 400 K/uL	—	SHC
Neutrophil %	47.7	%	—	SHC
Lymphocyte %	39.2	%	—	SHC
Monocyte %	7.3	%	—	SHC
Eosinophil %	4.9	%	—	SHC
Basophil %	0.7	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	2.03	1.80 - 8.00 K/uL	—	SHC
Lymphocyte, Absolute	1.67	1.50 - 6.50 K/uL	—	SHC
Monocyte, Absolute	0.31	0.00 - 0.40 K/uL	—	SHC
Eosinophil, Absolute	0.21	0.00 - 0.20 K/uL	H▲	SHC
Basophil, Absolute	0.03	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**CBC With Diff [772611031]**

**CBC with Differential [772611762] (Abnormal)**

Resulted: 01/26/22 1653, Result status: Final result

Order status: Completed

Filed by: Background, Lab 01/26/22 1653

Collected by: Mlakar, Rachel 01/26/22 1510

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by

Kuwabara, Anne M, MD on 01/26/22 2119

Fredericson, Michael, MD on 01/27/22 1033

**Components**

Component	Value	Reference Range	Flag	Lab
WBC	4.3	4.0 - 11.0 K/uL	—	SHC
RBC	5.21	4.40 - 5.90 MIL/uL	—	SHC
Hemoglobin	14.7	13.5 - 17.7 g/dL	—	SHC
Hematocrit	45.0	40.0 - 52.0 %	—	SHC
MCV	86.4	82.0 - 98.0 fL	—	SHC
MCH	28.2	27.0 - 34.0 pg	—	SHC
MCHC	32.7	32.0 - 36.0 g/dL	—	SHC
RDW	12.0	11.5 - 14.5 %	—	SHC
Platelet count	229	150 - 400 K/uL	—	SHC
Neutrophil %	47.7	%	—	SHC
Lymphocyte %	39.2	%	—	SHC
Monocyte %	7.3	%	—	SHC
Eosinophil %	4.9	%	—	SHC

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 9/2/2021

**09/02/2021 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

Basophil %	0.7	%	—	SHC
Imm. Granulocyte, %	0.2	0.0 - 0.7 %	—	SHC
Neutrophil, Absolute	2.03	1.80 - 8.00 K/uL	—	SHC
Lymphocyte, Absolute	1.67	1.50 - 6.50 K/uL	—	SHC
Monocyte, Absolute	0.31	0.00 - 0.40 K/uL	—	SHC
Eosinophil, Absolute	0.21	0.00 - 0.20 K/uL	H▲	SHC
Basophil, Absolute	0.03	0.00 - 0.25 K/uL	—	SHC
Imm. Granulocyte, Abs	0.01	0.00 - 0.06 K/uL	—	SHC
nRBC, Abs	0.00	K/uL	—	SHC
nRBC, %	0.0	%	—	SHC

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**Ferritin [745499895] (Completed)**

Electronically signed by: **Kuwabara, Anne M, MD on 09/02/21 1809**

Status: **Completed**

Ordering user: Kuwabara, Anne M, MD 09/02/21 1809

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 09/02/21 -

Class: Lab Collect

Quantity: 1

Diagnoses

Sports physical [Z02.5]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**Ferritin [772611030] (Normal)**

Resulted: 01/26/22 1726, Result status: Final result

Order status: Completed

Filed by: Background, Lab 01/26/22 1726

Collected by: Mlakar, Rachel 01/26/22 1510

Resulting lab: SHC LAB - HOSPITAL LABORATORY

Acknowledged by

Kuwabara, Anne M, MD on 01/26/22 2119

Fredericson, Michael, MD on 01/27/22 1033

**Components**

Component	Value	Reference Range	Flag	Lab
Ferritin	58.2	30 - 400 ng/mL	—	SHC

Comment:  
 Clinical consideration: Biotin has been identified by the manufacturer as a potential interfering substance. Higher concentrations of biotin may be found in multivitamins, hair/nail supplements, and workout supplements. If the result does not match clinical observations and patient is taking a supplement containing biotin, repeat testing after patient refrains from the use of supplements for at least 12 hours.

STANFORD MEDICINE  
 OUTPATIENT CENTER  
 450 BROADWAY ST  
 REDWOOD CITY CA 94063-  
 3132

Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 9/2/2021

**09/02/2021 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
179 - SHC	SHC LAB - HOSPITAL LABORATORY	Kong, Christina Suzan, MD	300 Pasteur Drive STANFORD CA 94305	09/15/21 1039 - Present

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**Vitamin D, 25-Hydroxyvitamin [745499896] (Completed)**

Electronically signed by: **Kuwabara, Anne M, MD** on 09/02/21 1809

Status: **Completed**

Ordering user: Kuwabara, Anne M, MD 09/02/21 1809

Authorized by: Fredericson, Michael, MD

Ordering mode: Standard

Frequency: Routine 09/02/21 -

Class: Lab Collect

Quantity: 1

Diagnoses

Sports physical [Z02.5]

**Specimen Information**

ID	Type	Source	Collected By
—	Blood	Blood, from Venipuncture	—

**Indications**

Sports physical [Z02.5 (ICD-10-CM)]

**Vitamin D, 25-Hydroxyvitamin [772611029]**

Resulted: 02/02/22 1330, Result status: Final result

Order status: Completed

Filed by: Manalac, Justin 02/02/22 1330

Collected by: Mlakar, Rachel 01/26/22 1510

Resulting lab: HILLVIEW LABORATORY

Narrative:

This test was developed and its performance characteristics determined by the Stanford Clinical Laboratory. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Acknowledged by

Kuwabara, Anne M, MD on 02/03/22 0948

Fredericson, Michael, MD on 02/03/22 1045

**Components**

Component	Value	Reference Range	Flag	Lab
25-Hydroxy D2	<4	ng/mL	—	Hillview
25-Hydroxy D3	34	ng/mL	—	Hillview
25-OH Vitamin D, Total	34	25 - 80 ng/mL	—	Hillview

Comment: Optimum levels in the normal population are 25-80

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

STANFORD MEDICINE  
OUTPATIENT CENTER  
450 BROADWAY ST  
REDWOOD CITY CA 94063-  
3132

Topper, Galen  
MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
Visit date: 9/2/2021

**09/02/2021 - Orders Only in Orthopedic Rehab & Sports Med Center A16 (continued)**

**Labs (continued)**

Sports physical [Z02.5 (ICD-10-CM)]

## 08/31/2021 - Office Visit in Arrillaga Sports Medicine Center

### Reason for Visit

Visit diagnosis: Encounter for examination for participation in sport

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

#### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

##### Tsao, Jessica, MD at 8/31/2021 1500

Please see scanned PPE under Media tab for clinic visit information.  
This patient presented today for medical clearance for participation.

Patient was cleared, with the following restrictions: none.

Had syncopal episode in the setting of migraine 4 years ago, none since. Had EKG at that time which was normal.

Jessica Marie Tsao, MD 9/1/2021 3:13 PM

Electronically signed by Tsao, Jessica, MD at 9/2/2021 2:58 PM

### Messages

#### Visit notes now available

From  
Michael Fredericson, MD  
Last Read in MyHealth  
Not Read

To  
Topper, Galen

Sent and Delivered  
9/3/2021 10:52 AM

The note from your visit with Fredericson, Michael, MD on 8/31/2021 in Arrillaga Sports Medicine Center is now available to view in your past appointment information.

Click on the APPOINTMENTS menu, access your past appointments, and then select the appropriate visit that matches the

**08/31/2021 - Office Visit in Arrillaga Sports Medicine Center (continued)**

**Messages (continued)**

information above.

Have questions, or want more information about reading notes from your care team like this one? Check out our [Frequently Asked Questions](#).

**08/31/2021 - Appointment in Arrillaga Sports Medicine Center**

**Questionnaires**

Legend:

 Triggered an OurPractice Advisory  Scoring question

**Covid-19 Symptom Screening Questionnaire**

**Question**

8/30/2021 11:11 AM PDT -  
Filed by Patient

Do you have, or have you had in the past 14 days, any of the following symptoms:

Measured Temperature  $\geq 100.0\text{F}$  or Feeling Feverish: No  
Chills: No  
Cough: No  
Shortness of Breath: No  
Sore Throat: No  
Muscle Aches: No  
Fatigue: No  
New loss of smell and/or taste: No  
Runny nose/congestion: No  
Headache: No  
Diarrhea: No  
Nausea: No  
Vomiting: No

Any known exposure to an individual who is known or suspected of having COVID-19:

Have you had a COVID-19 test outside of Stanford Medicine:

**COVID-19 SYMPTOM SCREENING SCORE (range: -1 - 14)**

**COVID-19 EXTERNAL TEST SCORE (range: 0 - 1)**

0 (Negative Screening)  
0 !

**08/31/2021 - Appointment in Arrillaga Sports Medicine Center**

**Messages**

**Questionnaire Submission**

From Topper, Galen	To P Myhealth Admin Pool (supporting NURSE RN)	Sent 8/30/2021 11:11 AM
-----------------------	--	----------------------------

**Patient Questionnaire Submission**

---

**Questionnaire: COVID-19 Symptom Screening**

---

Do you have, or have you had in the past 14 days, any of the following symptoms:

Question: Measured Temperature  $>= 100.0\text{F}$  or Feeling Feverish:

Answer: No

Question: Chills:

Answer: No

Question: Cough:

Answer: No

Question: Shortness of Breath:

Answer: No

Question: Sore Throat:

Answer: No

Question: Muscle Aches

Answer: No

Question: Fatigue:

Answer: No

Question: New loss of smell and/or taste:

Answer: No

Question: Runny nose/congestion:

Answer: No

Question: Headache:

Answer: No

Question: Diarrhea:

Answer: No

**08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)**

**Messages (continued)**

Question: Nausea:

Answer: No

Question: Vomiting:

Answer: No

Question: Any known exposure to an individual who is known or suspected of having COVID-19:

Answer: No

Question: Have you had a COVID-19 test outside of Stanford Medicine:

Answer: No

**Prepare for your appointment**

From	To	Sent and Delivered
Generic Provider Mychart	Topper, Galen	8/30/2021 7:29 AM
Last Read in MyHealth		
9/2/2021 3:01 PM by Topper, Galen		

Hello,

For the appointment on Tuesday August 31, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

**Questionnaires**

**Legend:**

**Triggered an OurPractice Advisory Scoring question**

**Covid-19 Symptom Screening Questionnaire**

**Question**

**8/30/2021 11:11 AM PDT -**

**08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)**
**Questionnaires (continued)**
**Filed by Patient**

Do you have, or have you had in the past 14 days, any of the following symptoms:

Measured Temperature >/= 100.0F or Feeling Feverish:	No
Chills:	No
Cough:	No
Shortness of Breath:	No
Sore Throat:	No
Muscle Aches	No
Fatigue:	No
New loss of smell and/or taste:	No
Runny nose/congestion:	No
Headache:	No
Diarrhea:	No
Nausea:	No
Vomiting:	No
Any known exposure to an individual who is known or suspected of having COVID-19:	No
Have you had a COVID-19 test outside of Stanford Medicine:	No
<b>COVID-19 SYMPTOM SCREENING SCORE (range: -1 - 14)</b>	<b>0 (Negative Screening) *</b>
<b>COVID-19 EXTERNAL TEST SCORE (range: 0 - 1)</b>	<b>0 *</b>

**08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)**

**Documents**

**Clinic Documentation Sports Medicine - Scan on 10/1/2021 9:18 AM: Sports Medicine**

Scan (below)

Name: TOPPER, GALEN MRN: 62437256

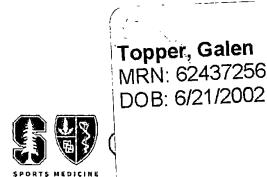
Clearance Form

Generated On: July 12, 2021

Clearance Form



152147



**STUDENT INFORMATION**

Stanford University #: Bellarmine College Prep

Student Name: Galen Topper

Date of Birth: 06/21/2002

Sex: Male

Address: 535 Buena Vista Ave

Phone: 6508175633

City, State: Redwood City, CA

Zip Code: 94061

Country: United States

Medical Insurance Company: United Healthcare

Policy No: 904065946

**STUDENT CONSENT**

I consent to participation in my sports program, including practice sessions and travel to and from athletic contests. If my medical status changes in any significant manner after I pass the physical examination, I will notify the sports program immediately. I also consent to the use of the data collected in the health questionnaire for research purposes, the results of which will be restricted to sports participation health risk assessment. Release of any information for research purposes, including published results, will not in any way identify me.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL EXAMINER CLEARANCE**

I certify that I have on this date examined this athlete and that, on the basis of the examination requested by the sport authorities and the athlete medical history as furnished to me, this athlete is::

CLEARED TO PARTICIPATE WITH:

- No restrictions  
 The following restrictions (explain below):

NOT CLEARED TO PARTICIPATE:

- Deferred - may be reconsidered after further evaluation (explain below):  
 Not fit (give reason below):

Explanations:

Examiner's Signature:

Physical Date: 8/31/21

Name: Jessica Doo

Phone: \_\_\_\_\_

Address: \_\_\_\_\_



Signed Electronically by:  
Galen Topper (2021-07-12 03:52:29 PM)

## 08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)

### Documents (continued)

Name: TOPPER, GALEN MRN: 62437256

FORM B - EMERGENCY INFORMATION

Generated On: July 12, 2021

Topper, Galen  
MRN: 62437256  
DOB: 6/21/2002



FORM B - EMERGENCY INFORMATION

#### CONTACTS

Stanford University #: Bellarmine College Prep

Student Name: Galen Topper

Address: 535 Buena Vista Ave

City, State: Redwood City, CA

Medical Insurance Company: United Healthcare

Date of Birth: 06/21/2002

Sex: Male

Phone: 6508175633

Country: United States

Zip Code: 94061

#### EMERGENCY CONTACTS:

Name: Kim Freitas

Address: 535 Buena Vista Ave

Phone (primary): 6509068595

City, State: Redwood City, CA

Relationship: Mother

Country: United States

(other): No Data

Name: Michael Topper

Address: 535 Buena Vista Ave

Phone (primary): 6509061056

City, State: Redwood City, CA

Relationship: Father

Country: United States

(other): No Data

Name: Nolan Topper

Address: 535 Buena Vista Ave

Phone (primary): 6507016892

City, State: Redwood City, CA

Relationship: Brother

Country: United States

(other): No Data

#### PRIMARY CARE PHYSICIAN:

Name: Kevin Kuo

Address: 1300 Crane St

Phone (primary): (650) 498-6500

City, State: Menlo Park, CA

Country: United States

(other): No Data

#### STUDENT CONSENT

I authorize the release of the following key medical information to authorized individuals or any other Stanford University personnel involved in the medical care of the above athlete. I give permission for a physician, nurse or other qualified healthcare professional to provide first aid to the above athlete. If emergency service involving medical care or treatment is required and emergency contact(s) cannot be contacted, I hereby consent for the athlete to be given medical care by the doctor or health care facility selected by Stanford University.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### KEY MEDICAL INFORMATION

##### HISTORY OF MEDICAL CONDITIONS:

The patient has no ongoing medical condition or illness.

##### MEDICATIONS:

The patient takes no prescription medications, non-prescription medications, supplements, or other substances

##### ALLERGIES:

The patient has no allergies.

##### IMMUNIZATIONS:

 Signed Electronically by:  
Galen Topper (2021-07-12 03:52:36 PM)

## 08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)

### Documents (continued)

Name: TOPPER, GALEN MRN: 62437256

FORM B - EMERGENCY INFORMATION

Generated On: July 12, 2021

The patient has received the following immunizations:

- Tetanus: Date of last booster was 2013
- Meningitis: Date of last booster was 2020
- Hepatitis A: Date of last booster was 2005
- Hepatitis B: Date of last booster was 2003

NOTE: The patient has not been immunized for Measles, Mumps and Rubella, Chicken Pox, Malaria

**Topper, Galen**

MRN: 62437256

DOB: 6/21/2002



Signed Electronically by:  
Galen Topper (2021-07-12 03:52:36 PM)

**08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

FORM C - PRIVIT Profile™ MEDICAL HISTORY SUMMARY

Generated On: July 12, 2021

**Topper, Galen**  
 MRN: 62437256  
 DOB: 6/21/2002

FORM C - PRIVIT Profile™ MEDICAL HISTORY SUMMARY



**STUDENT INFORMATION**

Stanford University #: Bellarmine College Prep

Student Name: Galen Topper

Date of Birth: 06/21/2002

Age: 19

Sex: Male

Education level: College / University Undergraduate

Ethnicity: White / caucasian

Address: 535 Buena Vista Ave

Phone: 6508175633

City, State: Redwood City, CA

Zip Code: 94061

Country: United States

Medical Insurance Company: United Healthcare

Policy No: 904065946

**STUDENT SIGNATURE**

I hereby certify that the information listed in the e-PPE Medical Summary on the following page(s) to best of my knowledge is accurate and complete. I do not know of any existing physical or additional health reasons that would preclude participation. I authorize the release of this medical summary information to an authorized individual. I also consent to the physical examination by a healthcare professional.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ABOUT THE PRIVIT Profile™ MEDICAL HISTORY SUMMARY**

The information contained in the e-PPE Summary has been extracted from a comprehensive branch-chain questionnaire. This e-PPE has been developed by a panel of medical experts. The e-PPE questions have been designed to address the areas of greatest concern to the health of athletes prior to participation. The e-PPE Summary includes both positive and pertinent negative responses. Its purpose is to assist the physician in focusing the physical examination and management.

**BACKGROUND INFORMATION**

Last complete physical examination was less than one year ago  
 The patient is planning to play the following school sports:

- Cross Country
  - Track And Field
- Past sports include:
- Cross Country
    - Varsity Member
    - last year trained or competed a total of 3 full seasons and a half season due to COVID-19.
  - Track And Field
    - Varsity Athlete
    - last year trained or competed a total of 3 seasons as an athlete

The patient has missed 10 days of training/competition in the past year because of illness or injury.  
 The patient has never failed a pre-participation evaluation

**MEDICAL HISTORY**

The patient has no ongoing medical condition or illness.  
 The patient reported no heart problems.  
 The patient reported no breathing problems.  
 The patient reported no heat-related problems.

 Signed Electronically by:  
 Galen Topper (2021-07-12 03:52:43 PM)

## 08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)

### Documents (continued)

Name: TOPPER, GALEN MRN: 62437256

FORM C - PRIVIT Profile™ MEDICAL HISTORY SUMMARY

Generated On: July 12, 2021

**Topper, Galen**  
MRN: 62437256  
DOB: 6/21/2002

#### FAMILY HISTORY

- High blood pressure or high blood cholesterol
- Relation: Father

#### MEDICATIONS AND SUPPLEMENTS

The patient takes no prescription medications, non-prescription medications, supplements, or other substances

#### ALLERGIES

The patient has no allergies.

#### IMMUNIZATIONS

The patient has received the following immunizations:

- Tetanus: Date of last booster was 2013
- Meningitis: Date of last booster was 2020
- Hepatitis A: Date of last booster was 2005
- Hepatitis B: Date of last booster was 2003

NOTE: The patient has not been immunized for Measles, Mumps and Rubella, Chicken Pox, Malaria

The patient has had a tuberculosis (TB) skin test that was not positive on 2020

#### GENDER - SPECIFIC HISTORY

- The patient has 2 normal testicles.

#### INJURY HISTORY

The patient answered "YES" to the following injury related questions:

- Foot, heel or toes:
  - Diagnosed as left Sever's Disease. It happened in 09/2017 participating in sport.cause.crossCountry due to Growth Injury. It was treated by Chiropractic, School Trainer with physical therapy/rehabilitation, brace. The patient is back to 100%. The patient is not experiencing any residual problems and further follow up is not required. The patient does not wear any special devices due to this injury. The patient missed a total of 90 days of training/competition.

#### NUTRITIONAL STATUS

Height: 5'8"

Weight: 123 lbs

BMI: 18.7 (BMI of 18.5 - 25 is considered normal)

- Do you worry about your weight or your body composition?: No
- Are you satisfied with your eating pattern?: Yes
- Are you a vegetarian?: No
- Do you lose weight to meet weight requirements for your sport?: No
- Does your weight affect the way that you feel about yourself?: No
- Do you worry that you have lost control over how much you eat?: No
- Do you make yourself sick when you are uncomfortably full?: No
- Do you ever eat in secret?: No
- Do you currently suffer or have you ever suffered in the past with an eating disorder?: No

#### SUMMARY

 Signed Electronically by:  
Galen Topper (2021-07-12 03:52:43 PM)

### 08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)

#### Documents (continued)

Name: TOPPER, GALEN MRN: 62437256

FORM C - PRIVIT Profile™ MEDICAL HISTORY SUMMARY

Generated On: July 12, 2021

The patient has no particular concern regarding his/her health that he/she wants to discuss with a doctor.

Topper, Galen  
MRN: 62437256  
DOB: 6/21/2002



Signed Electronically by:  
Galen Topper (2021-07-12 03:52:43 PM)

**08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

FORM D - RECOMMENDED PHYSICAL EXAMINATION

Generated On: July 12, 2021

Topper, Galen  
 MRN: 62437256  
 DOB: 6/21/2002

FORM D - RECOMMENDED PHYSICAL EXAMINATION



**INSTRUCTIONS**

- This form is a recommended physical exam form, approved by Stanford University.
- The tests / labs indicated on this form are not required, but are recommended if the medical examiner believes they are warranted for this athlete.
- A separate cleared for sports form must be signed by the physician for an athlete to be cleared to play sports.

**STUDENT INFORMATION**

Stanford University #: Bellarmine College Prep

Student Name: Galen Topper

Date of Birth: 06/21/2002

Sex: Male

**MEDICAL**

	NORMAL	ABNORMAL FINDINGS
Height	5'11	
Weight	122.6	
Blood pressure in sitting position (after 5 minutes rest)		
Right arm	122/68	
Left arm	122/68	
Appearance		
Eyes / Ears / Nose / Throat		
Hearing		
Lymph Nodes		
Lungs		
Abdomen		
Genitourinary		
Skin		
Heart		
Rhythm	62	
Heart sounds / murmurs in supine and standing		
Peripheral oedema		
Physical stigmata of Marfan's syndrome		
Heart rate (after 5 minutes rest)		
Blood vessels		
Peripheral pulses		
Delay in femoral pulses		
Vascular bruits (femoral)		
Varicose veins		
Eyes		
Visual acuity (corrected/uncorrected)	20/20	20/20



Signed Electronically by:  
 Galen Topper (2021-07-12 03:53:01 PM)

**08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

FORM D - RECOMMENDED PHYSICAL EXAMINATION

Generated On: July 12, 2021

Topper, Galen

MRN: 62437256

DOB: 6/21/2002

Equal pupils

--	--

Dental

DMF Index = Number of decayed, missing or filled teeth:

Good    Fair    Poor

Oral hygiene assessment:

Good    Fair    Poor

Visible Oral Infection:

Yes    No

Presence of Worn, Broken or Loose/Mobile teeth:

Yes    No

Dental appliances (bridge, plate, braces or orthodontic appliance):

Yes    No

Other medical findings:

--

Medical recommendation notes:

--

**MUSCULOSKELETAL**

Neck  
 Back  
 Shoulder / Arm  
 Elbow / Forearm  
 Wrist / Hand / Fingers  
 Hip / Thigh  
 Knee  
 Leg / Ankle  
 Foot / Toes

	NORMAL	ABNORMAL FINDINGS
Neck	/	
Back	/	
Shoulder / Arm	/	
Elbow / Forearm	/	
Wrist / Hand / Fingers	/	
Hip / Thigh	/	
Knee	/	
Leg / Ankle	/	
Foot / Toes	/	

Other musculoskeletal findings:

--

Musculoskeletal recommendation notes:

--

**INVESTIGATIONS**



Signed Electronically by:  
 Galen Topper (2021-07-12 03:53:01 PM)

**08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)**

## Documents (continued)

Name: TOPPER, GALEN MRN: 62437256

FORM D - RECOMMENDED PHYSICAL EXAMINATION  
12 LEAD ECG

- Normal / no changes
- Common and training-related ECG changes
- UnCommon training-unrelated ECG changes

Generated On: July 12, 2021

**Topper, Galen**  
MRN: 62437256  
DOB: 6/21/2002

## BLOOD TESTS

Haemoglobin  
Haematocrit  
Erythrocytes  
Thrombocytes  
Leukocytes  
Ferritin  
Sodium  
Potassium  
Creatinine  
Cholesterol (total)  
LDL Cholesterol  
HDL Cholesterol  
Triglycerides  
Glucose  
C-reactive Protein

**Other:**

## ECHOCARDIOGRAPHY

NORMAL	ABNORMAL FINDINGS

Other:

**A separate cleared for sports form must be signed by the physician for an athlete to be cleared to play sports.**

Examiner's Signature:

**Physical Date:**

Name: \_\_\_\_\_

Phone:

#### Address:

— 11 —



Signed Electronically by:  
Galen Topper (2021-07-12 03:53:01 PM)

**08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

Topper, Galen  
MRN: 62437256  
DOB: 6/21/2002

**Sickle Cell Screening Information**

Stanford University

**Stanford Sports Medicine Sickle Cell Screening Information and Informed Consent**

**Student/Athlete:**

**Date of Birth:**

Galen Topper

2002-06-21

In accordance with new NCAA regulations, the Stanford Sports Medicine program will implement sickle cell trait screening of all incoming student athletes. Sickle cell trait screening is done by a simple blood test during the pre-participation physical exam process.

Sickle cell trait is an inherited condition where an individual has one normal gene for hemoglobin (A) and one abnormal gene for hemoglobin (S). In general, having sickle cell trait does not affect the longevity of an individual. There are no restrictions on athletic activity for student athletes with sickle cell trait but there are some recommendations involving exercise and exercise at altitude.

The sickle cell gene is common in people who come from places where malaria is wide spread because carrying one sickle cell gene (sickle cell trait) helped decrease the risk of dying from malaria. This makes sickle cell trait much more common in people of African or Mediterranean ancestry. Sickle cell trait causes some red blood cells to change shape ("sickle") when they are stressed by low oxygen levels, dehydration, heat, and other conditions that result from exertion. This shape change can have serious consequences because sickling cells can block blood flow to important organs and muscles. Sickle cell trait has been implicated in the deaths of athletes undergoing strenuous exercise.

The intense exercise of collegiate athletics can put unknowing athletes with sickle cell trait at risk. Although the consequences can be severe, sufficient rest, hydration, and cooling can help prevent exertional sickling. Athletes who have sickle cell trait or sickle cell trait status is unknown can follow a few precautions to ensure their safety. These include:

- Building up strength and conditioning training slowly
- Being excused from timed aerobic tests
- Drinking plenty of fluids to stay well hydrated before, during and after exercise
- Adjusting exercise cycles for heat and humidity
- Acclimating to altitude prior to participation in intense exercise
- Immediately reporting any symptoms to an athletic trainer or coach

It is important that you understand the presence of sickle cell trait will **NOT** restrict you from play. A positive test will be communicated to the appropriate coaches, sports performance staff, and athletic trainers for your safety.

The NCAA requires all student athletes to be screened for sickle cell trait. There are three ways to satisfy this requirement:



Signed Electronically by:  
Galen Topper (2021-07-12 03:51:08 PM)

 PRIVIT Page 1 of 2

**08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)**
**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

 Topper, Galen  
 MRN: 62437256  
 DOB: 6/21/2002

**Sickle Cell Screening Information**

Stanford University

1. Consent to sickle cell trait testing
2. Provide documentation of sickle cell trait status
3. Sign a waiver declining confirmation of sickle cell status

**1) If you agree to sickle cell trait testing**, your blood test will be done at the time of pre-participation physicals. Results should be available within 24 hours. You WILL be permitted to participate in team activities and practice while awaiting your results under sickle cell precautions (maintain proper hydration, exercise at your current conditioning level, and report any symptoms to your athletic trainer immediately). A positive result will be communicated at a doctor follow-up visit that includes confirmatory testing and further education. A negative result will be communicated through your certified athletic trainer and no follow-up is required.

**2) If you would like to provide confirmation of prior sickle cell trait testing**, you are responsible for obtaining that documentation. In the United States, sickle cell testing is included in routine newborn screening. You may be able to obtain these results through your pediatrician or by contacting the hospital or county birth records.

**3) If you decline to provide documentation of sickle cell status and refuse screening for sickle cell trait**, you must sign this waiver to acknowledge your risk of participation with unknown sickle cell status. This policy with information on sickle cell trait, sickle cell testing, the risks of exercise with sickle cell trait, and the implications of playing with unknown status will serve as your waiver. Your sickle cell trait status will be unknown and, as such, you will be required to receive sickle cell trait training guidelines. If you refuse testing, but decide at a later time to pursue sickle cell status, contact Stanford Sports Medicine about testing.

Please let us know if you have any questions.

**Please select:**

I agree to sickle cell trait testing  **GT** 8/31/21



Signed Electronically by  
Galen Topper (2021-07-12 03:51:08 PM)

 PRIVIT Page 2 of 2

**08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

**Topper, Galen**  
MRN: 62437256  
DOB: 6/21/2002

**Stanford Sports Medicine**

**Influenza Vaccine Consent**

Would you like to receive the flu vaccine?

Yes

**Patient Questionnaire:**

Are you pregnant (female patients only)?

N/A

Are you allergic to eggs?

No

Are you allergic to thimerosal products (ingredients in lens cleaners)?

No

Have you ever had Guillain-Barre Syndrome (causing temporary paralysis)?

No

Do you currently have fever or flu-like symptoms? (Please circle one) Yes No

**Patient Consent:**

I have read the information handout about the influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and request that it be given to me or to the person named below for whom I am authorized to make this request.

DATE SIGNATURE (Patient, or Properly Designated Representative)

Galen Topper  
PRINT NAME

Self  
RELATIONSHIP TO PATIENT

**Vaccine Administration**  
Influenza Vaccine 0.5 ml, IM

Site:  (R) deltoid  (L) deltoid  Other \_\_\_\_\_

Please choose your sport: Men's Cross Country



Signed Electronically by:  
Galen Topper (2021-07-12 03:50:08 PM)

## 08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)

### Documents (continued)

Name: TOPPER, GALEN MRN: 62437256

#### CV Risk Questionnaire

Stanford University

Topper, Galen  
MRN: 62437256  
DOB: 6/21/2002

**Student/Athlete:**

**Date of Birth:**

Galen Topper

2002-06-21

#### Stanford CV Risk Questions for Collegiate Athletes

Has any of your 1st degree relatives\* less than 40 years of age experienced sudden death, unexplained death, drowning or accident or a heart problem? \*1st degree relatives include parents, brothers or sisters, or children

No

Have you ever: Fainted (passing out) or nearly fainted (passed out) DURING or AFTER exercise o Unexplained seizures

No

Have you ever had: Chest pain or discomfort DURING exercise?

No

Have you ever had: Heartbeats feel different DURING exercise?

No

Have you ever been: More tired (fatigued) than your friends DURING exercise?

No

Have you ever had: Difficulty breathing DURING or AFTER exercise?

No

Have you ever been: Restricted from playing because of a possible heart problem?

No



Signed Electronically by:  
Galen Topper (2021-07-12 03:51:55 PM)

(P)PRIVIT

**08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

**Topper, Galen**  
MRN: 62437256  
DOB: 6/21/2002

**SIRMAP Authorization**

Stanford University

**Pac-12 Student Athlete Health and Well Being Initiative  
Sports Injury Registry Management and Analytics Program (SIRMAP)  
Student-Athlete Authorization Form**

The Pac-12 Conference ("Conference") has established Pac-12 Sports Injury Registry Management and Analytics Program ("SIRMAP") in order to create and administer a registry for the storage of de-identified sports injury and illness data collected from medical and illness records of Conference student-athletes collected for the purpose of analysis and evaluation for conducting research by SIRMAP approved research groups as well as quality improvement and trend analysis on documented injuries and illnesses incurred by Conference student-athletes by SIRMAP (the "Purpose").

In addition to SIRMAP, Stanford University is also participating in larger, national research initiatives to support student-athlete health and well-being that may require sharing certain, de-identified sports injury and illness information with research collaborators at other Pac-12-member schools, the National Collegiate Athletics Association (NCAA), other NCAA Conferences, and other Public Health Service agencies ("Secondary Purpose").

I hereby authorize my school to disclose to the Conference, acting through SIRMAP, certain de-identified information taken from my personal health records and any related health information regarding any injury or illness during my training for and participation in intercollegiate athletics, dating back to September 1, 2016.

Through their participation in larger health care research initiatives, I also authorize the Pac-12 Conference to disclose certain de-identified information from my medical record to research collaborators at other Pac-12 members schools, the NCAA, other NCAA Conferences, and other Public Health Service agencies.

I understand that my personal health information will be used only by SIRMAP or SIRMAP approved research groups for the Purpose(s) provided above. I understand that, before my health information is provided to SIRMAP, my identity as well as other information that might lead to the discovery of my identity will be removed from all the information before it is provided to SIRMAP ("De-Identified Information"). This De-Identified Information will then be analyzed and evaluated for the Purpose to help better understand the effectiveness of health and safety initiatives and to study other sports medicine research questions. I understand that there are established laws that protect my health information from being provided to anyone without my authorization and consent, including the Health Information Portability and Accountability Act (HIPAA) and/or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment). I understand that giving my authorization and consent by signing this document is voluntary. My University will not withhold any health care treatment or payment of healthcare, enrollment in a health plan or receipt of any benefits (if applicable) by reason of my signing this authorization/consent. I also understand that I am not required to sign this authorization/consent in order to be eligible to participate in NCAA athletics. I have no obligation to sign this authorization/consent and it will not affect my eligibility to participate in NCAA athletics.

SIRMAP is committed to protecting my personal information. I understand that my De-Identified Information will be kept confidential to the maximum possible extent and that all requests for access to my health information will be thoroughly reviewed by SIRMAP to ensure compliance with the Purpose. I understand I will not be identified in any publication or disclosure of research results that use my personal health information.

This authorization/consent expires six (6) years from the date of my signature below or upon my graduation, whichever is later, but I have the right to revoke my authorization/consent in writing at any time by sending written notification to the person listed below who is at my school.

**University Representative Information: Anthony Pass**



Signed Electronically by:  
Galen Topper (2021-07-12 03:51:25 PM)

(P) PRIVIT Page 1 of 2

**08/31/2021 - Appointment in Arrillaga Sports Medicine Center (continued)**

**Documents (continued)**

Name: TOPPER, GALEN MRN: 62437256

**SIRMAP Authorization**

Stanford University

Topper, Galen  
MRN: 62437256  
DOB: 6/21/2002

**Title:** Director of Athletic Training  
**Address:** Arrillaga Family Sports Medicine Center, 641 East Campus Dr., Stanford, CA 94305  
**Email:** [apass@stanford.edu](mailto:apass@stanford.edu)  
**Phone:** 650-498-0261

**Do you consent and agree to the information above?**

Yes



Signed Electronically by:  
Galen Topper (2021-07-12 03:51:25 PM)

(P)PRIVIT Page 2 of 2

**08/31/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Contact with or exposure to viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA**

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

**Stopped in Visit**

None

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [744884221] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN on 08/31/21 0745**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 08/31/21 0745

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Frequency: Routine 08/31/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

**Question**

Is the patient symptomatic for COVID-19?

**Answer**

Asymptomatic for COVID-19 / Not PUI / Screening only

Instructions:

This test is for pre-procedural or pre-treatment screening.

-

Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.

-

Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-243VI0190	Resp, Upper	Mid Turbinate Nasal Swab	08/31/21 0900

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [744884221]**

Resulted: 08/31/21 1916, Result status: Final result

Order status: Completed

Filed by: Background, Lab 08/31/21 1916

Collected by: 08/31/21 0900

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 08/31/21 2114

Hock-Hanson, Susan, RN on 09/03/21 1530

**Components**

Component	Value	Reference Range	Flag	Lab

**08/31/2021 - Orders Only in Arrillaga Sports Medicine Center (continued)**

**Labs (continued)**

SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid	—	—	Hillview
	Turbinate			
	Nasal Swab			

SARS-CoV-2 RNA Not Detected Not Detected — Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 9/3/2021 15:30  
 Abrams, Geoffrey David, MD on 8/31/2021 21:14

**08/31/2021 - Billing Encounter in Hillview Lab**

**Labs**

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [744884221] (Final result)**

Electronically signed by: **Hock-Hanson, Susan, RN** on **08/31/21 0745**

Status: **Completed**

Ordering user: Hock-Hanson, Susan, RN 08/31/21 0745

Authorized by: Abrams, Geoffrey David, MD

Ordering mode: Standard

Ordered during: Orders Only on 08/31/2021

Frequency: Routine 08/31/21 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Contact with or exposure to viral disease [Z20.828]

**Questionnaire**

Question	Answer
Is the patient symptomatic for COVID-19?	Asymptomatic for COVID-19 / Not PUI / Screening only
Instructions:	This test is for pre-procedural or pre-treatment screening.
-	Please schedule on the expected date above to ensure testing complete within 72 hours of the date or procedure/treatment.
-	Place specimen in green bag to ensure proper processing.

**Specimen Information**

ID	Type	Source	Collected By
21S-243VI0190	Resp, Upper	Mid Turbinate Nasal Swab	08/31/21 0900

**Varsity Athletes COVID PCR Swab (Normal) - Resulted in ~6 hrs for SHC-PA inpatients [744884221]**

Resulted: 08/31/21 1916, Result status: Final result

Order status: Completed

Filed by: Background, Lab 08/31/21 1916

Collected by: 08/31/21 0900

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Abrams, Geoffrey David, MD on 08/31/21 2114

Hock-Hanson, Susan, RN on 09/03/21 1530

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview

SARS-CoV-2 RNA

Not Detected

Not Detected

—

Hillview

Comment:

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

The SARS-CoV-2 assay(TMA) is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

The SARS-CoV-2 assay(RT-PCR) was validated and its performance characteristics determined by Stanford Health Care Clinical Laboratory. Unless indicated otherwise, it has not been cleared or approved by the US FDA, although such approval is not required for analyte-specific reagents of this type.

Validated specimen types: Nasopharyngeal (NP), Nasal, Oropharyngeal (OP) swab and Bronchoalveolar lavage (BAL) specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

**08/31/2021 - Billing Encounter in Hillview Lab (continued)**

**Labs (continued)**

Contact with or exposure to viral disease [Z20.828 (ICD-10-CM)]

**All Reviewers List**

Hock-Hanson, Susan, RN on 9/3/2021 15:30  
Abrams, Geoffrey David, MD on 8/31/2021 21:14

**08/29/2021 - Orders Only in Arrillaga Sports Medicine Center**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Laboratory tests ordered as part of a complete physical exam (CPE)

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA**

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Ordered on: 1/8/2020

Authorized by: Vukicevic, Jelena Vladislav, MD

End date: 10/28/2021

Start date: 1/8/2020

Refill: 1 refill remaining

Quantity: 1 Inhaler

**Stopped in Visit**

None

## 10/08/2020 - Clinical Support in Stanford Express Care, Hoover

### Reason for Visit

Chief complaint: Testing  
 Visit diagnoses:  
 • (primary)  
 • Screening for viral disease

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Ordered on: 1/8/2020

Authorized by: Vukicevic, Jelena Vladislav, MD

End date: 10/28/2021

Start date: 1/8/2020

Refill: 1 refill remaining

Quantity: 1 Inhaler

#### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

##### Abunokaira, Amina at 10/8/2020 1050

Patient swabbed for COVID-19 per order. Specimen labeled, double bagged, placed in refrigerator, and sent to lab

Electronically signed by Abunokaira, Amina at 10/8/2020 10:44 AM

### Labs

#### COVID PCR Swab - Resulted in ~6 hrs for SHC-PA inpatients [Asymptomatic, Mid turbinate] [685850074] (Final result)

Electronically signed by: Cornel, Anna, RN on 10/07/20 0953

Status: **Completed**

Ordering user: Cornel, Anna, RN 10/07/20 0953

Authorized by: Khong, Thanh Minh, PA

Ordering mode: Standard

Frequency: Routine 10/07/20 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Instance released by: Abunokaira, Amina 10/8/2020 10:43 AM

Diagnoses

Screening for viral disease [Z11.59]

#### Questionnaire

##### Question

Is the patient symptomatic for COVID-19?

##### Answer

Asymptomatic for COVID-19 / Not PUI / Screening only

#### Specimen Information

ID	Type	Draw Type	Source	Collected By
20S-282VI0758	Resp, Upper	Collection	Mid Turbinate Nasal Swab	Abunokaira, Amina 10/08/20 1043

HOOVER  
 211 Quarry Rd  
 PALO ALTO CA 94304-1416

 Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 10/8/2020

**10/08/2020 - Clinical Support in Stanford Express Care, Hoover (continued)**
**Labs (continued)**
**COVID PCR Swab - Resulted in ~6 hrs for SHC-PA inpatients  
[Asymptomatic, Mid turbinate] [685850074]**

Resulted: 10/08/20 2223, Result status: Final result

 Order status: Completed  
 Collected by: Abunokaira, Amina 10/08/20 1043  
 Acknowledged by:  
 Nocon, Joegard, RN on 10/08/20 2312  
 Khong, Thanh Minh, PA on 10/30/20 1452

 Filed by: Background, Lab 10/08/20 2223  
 Resulting lab: HILLVIEW LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview
SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Screening for viral disease [Z11.59 (ICD-10-CM)]

**All Reviewers List**

 Khong, Thanh Minh, PA on 10/30/2020 14:52  
 Nocon, Joegard, RN on 10/8/2020 23:12

**Messages**
**Prepare for your appointment**

 From  
 Generic Provider Mychart  
 Last Read in MyHealth  
 11/9/2020 5:22 PM by Topper, Galen
 To  
 Topper, Galen
 Sent and Delivered  
 10/6/2020 7:51 AM

Dear Galen,

For your appointment on Thursday October 08, save time at the front desk by completing the following eCheck-in steps:

- Confirm information

HOOVER  
211 Quarry Rd  
PALO ALTO CA 94304-1416

Topper, Galen  
MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
Visit date: 10/8/2020

### 10/08/2020 - Clinical Support in Stanford Express Care, Hoover (continued)

#### Messages (continued)

- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

#### Appointment scheduled from MyHealth

From	To	Sent
Topper, Galen	P Sec Palo Alto Myhealth Pool	10/5/2020 10:12 AM

Appointment For: Galen Topper (62437256)

Visit Type: ASX COVID TESTING (1565)

10/8/2020 10:50 AM 5 mins. GALVEZ LOT TESTING STANFORD EXPRESS CARE  
HOOVER

#### Patient Comments:

Exposure from a cousin while traveling in Utah.

**10/07/2020 - Orders Only in Stanford Express Care, Hoover**

**Reason for Visit**

Visit diagnoses:

- (primary)
- Screening for viral disease

**Medication List**

**Medication List**

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Active at the End of Visit**

**levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA**

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

**Stopped in Visit**

None

**Labs**

**COVID PCR Swab - Resulted in ~6 hrs for SHC-PA inpatients [Asymptomatic, Mid turbinate] [685628397] (Completed)**

Electronically signed by: **Cornel, Anna, RN on 10/07/20 0953**

Status: **Completed**

Ordering user: Cornel, Anna, RN 10/07/20 0953

Authorized by: Khong, Thanh Minh, PA

Ordering mode: Standard

Frequency: Routine 10/07/20 -

Class: Clinic Collect

Quantity: 1

Diagnoses

Screening for viral disease [Z11.59]

**Questionnaire**

**Question**

Is the patient symptomatic for COVID-19?

**Answer**

Asymptomatic for COVID-19 / Not PUI / Screening only

**Specimen Information**

ID	Type	Source	Collected By
—	Resp, Upper	Mid Turbinate Nasal Swab	—

**Indications**

Screening for viral disease [Z11.59 (ICD-10-CM)]

**COVID PCR Swab - Resulted in ~6 hrs for SHC-PA inpatients [Asymptomatic, Mid turbinate] [685850074]**

Resulted: 10/08/20 2223, Result status: Final result

Order status: Completed

Filed by: Background, Lab 10/08/20 2223

Collected by: Abunokaira, Amina 10/08/20 1043

Resulting lab: HILLVIEW LABORATORY

Acknowledged by

Nocon, Joegard, RN on 10/08/20 2312

Khong, Thanh Minh, PA on 10/30/20 1452

**Components**

Component	Value	Reference Range	Flag	Lab
SPECIMEN TYPE	Resp, Upper	—	—	Hillview

HOOVER  
 211 Quarry Rd  
 PALO ALTO CA 94304-1416

 Topper, Galen  
 MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
 Visit date: 10/7/2020

**10/07/2020 - Orders Only in Stanford Express Care, Hoover (continued)**
**Labs (continued)**

SPECIMEN SOURCE	Mid Turbinate Nasal Swab	—	—	Hillview
SARS-CoV-2 RNA	Not Detected	Not Detected	—	Hillview

Comment:

**TEST PARAMETERS AND METHODOLOGY**

Methodology: Nucleic Acid Amplification Test (NAAT): RT-PCR or TMA;(Hologic Panther System)

This test is authorized by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests.

Validated specimen types: Nasopharyngeal (NP), Nasal and Oropharyngeal (OP) swab specimens. Sensitivity and Specificity are unknown for other specimen types and collection techniques.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
180 - Hillview	HILLVIEW LABORATORY	Kong, Christina Suzan, MD	3375 Hillview Ave PALO ALTO CA 94304	07/28/16 1608 - Present

**Indications**

Screening for viral disease [Z11.59 (ICD-10-CM)]

## 06/26/2020 - Clinical Support in Stanford Express Care, Hoover

### Reason for Visit

Chief complaint: Testing

Visit diagnoses:

- (primary)
- COVID-19

### Medication List

#### Medication List

**(i) This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### levalbuterol (XOPENEX HFA) 45 mcg/actuation HFAA

Discontinued by: Hernandez, Jesse, MA

Discontinued on: 10/28/2021

Reason for discontinuation: Therapy completed

Instructions: 2 puffs 20 - 30 min before exercising.

Authorized by: Vukicevic, Jelena Vladislav, MD

Ordered on: 1/8/2020

Start date: 1/8/2020

End date: 10/28/2021

Quantity: 1 Inhaler

Refill: 1 refill remaining

#### Stopped in Visit

None

### Clinical Notes

#### Progress Notes

##### Walton, Juliana at 6/26/2020 0855

Patient swabbed for COVID-19 per order. Specimen labeled, double bagged, placed in refrigerator, and sent to lab

Electronically signed by Walton, Juliana at 10/10/2020 12:31 PM

### Messages

#### Prepare for your appointment

From  
Generic Provider Mychart  
Last Read in MyHealth  
6/26/2020 1:29 PM by Topper, Galen

To  
Topper, Galen

Sent and Delivered  
6/26/2020 7:47 AM

Dear Galen,

For your appointment on Friday June 26, save time at the front desk by completing the following eCheck-in steps:

- Confirm information
- Verify insurance

Click on "Appointments," then select your upcoming appointment from the list.

HOOVER  
211 Quarry Rd  
PALO ALTO CA 94304-1416

Topper, Galen  
MRN: 62437256, DOB: 6/21/2002, Legal Sex: M  
Visit date: 6/26/2020

**06/26/2020 - Clinical Support in Stanford Express Care, Hoover (continued)**

**Messages (continued)**

**03/20/2020 - Patient Message in MyChart Generic**

**Messages**

**Treatment options during the COVID-19 shelter-in-place order**

From	To	Sent and Delivered
User Mychart	Topper, Galen	3/20/2020 12:29 PM
Last Read in MyHealth		
Not Read		

Hi Galen Topper,

Stanford Health Care treatment options during the COVID-19 shelter-in-place order

As seven Bay Area counties have called for shelter-in-place orders to stop the spread of COVID-19, Stanford Health Care remains open and dedicated to your health and safety. We want you to know how to access care if you need it.

Please call us if you have an influenza-like illness

If you are concerned you have influenza-like illness including cough, fever, sore throat, or shortness of breath, please call your primary care office. If you are experiencing a medical emergency, please call 911.

Consider video/telephone visits

Many, but not all, of our clinics can provide video visits using your smartphone or computer. If your clinic offers video visits, you may receive a notification that we could convert a scheduled in-person visit to a video or telephone visit. For a telephone visit, your provider will call you on your phone. Prior to your scheduled video visit, you will receive a MyHealth message describing how to conduct a video visit. If you and your provider determine that an in-person visit is needed, your care team will change the visit to in-person.

Consider delaying non-urgent in-person visits at this time

If you need routine preventive care service, we suggest you delay the visit until the COVID-19 virus risk is lower. Video visits, where available, provide an alternative without requiring an in-person meeting with your doctor. If you would like to reschedule an upcoming visit, please call us or use MyHealth.

Please follow the following infection-control steps:

If your county has issued a shelter at home order, please follow it

Practice social distancing

Avoid contact with people who are sick

**03/20/2020 - Patient Message in MyChart Generic (continued)**

**Messages (continued)**

Wash your hands with soap and water regularly (20 seconds)

Alcohol hand sanitizers are also effective

Try not to touch your eyes, nose, and mouth with unwashed hands

Stay home when you are sick

Cough or sneeze into a tissue or your elbow. If you use a tissue, wash your hands afterward

Clean and disinfect frequently touched objects and surfaces.

As always, we thank you for entrusting us with your health,

Your team at Stanford Health Care

**03/10/2020 - Patient Message in MyChart Generic**

**Messages**

**Cold, Flu, and Novel Coronavirus (COVID-19)**

From  
User Mychart  
Last Read in MyHealth  
Not Read

To  
Topper, Galen

Sent and Delivered  
3/10/2020 12:31 PM

Hi Galen Topper,

We understand that you may have questions and concerns about the Novel Coronavirus (COVID-19), how to reduce your risk of getting sick, and how to manage cold or flu-like symptoms. It is still flu season, so if you are experiencing these symptoms, you most likely have the common cold or flu.

We are sharing some guidelines to keep you informed and to help you protect yourself and those around you:

1. If you are sick, stay home. It's the best way to avoid spread of illness.
2. If you have flu-like symptoms such as a fever, cough or sore throat, please call your primary care doctor's office. At this time, our clinics are not accepting walk-ins for patients with these symptoms; you must call ahead. If you need immediate medical attention, please dial 911 or go to your nearest emergency room.
3. To help reduce the risk of exposing you and others to the flu, common cold and COVID-19, Stanford Health Care's primary care providers will be seeing patients who have flu- and cold-like symptoms in video or telephone visits whenever possible.

We recommend the following measures you can take to reduce your chance of getting sick:

- Avoid close contact with people who are sick.
- Wash your hands with soap and water regularly.
- Use alcohol hand sanitizers.
- Try not to touch your face with unwashed hands.
- Stay home when you are sick (and keep sick children home from school).
- Cough or sneeze into a tissue or your elbow and wash your hands afterwards.
- Clean and disinfect frequently touched objects and surfaces.
- Get your flu shot.

**03/10/2020 - Patient Message in MyChart Generic (continued)**

**Messages (continued)**

Your primary care team is here to help you stay healthy during this flu season. For more information about COVID-19, please visit our [website](https://stanfordhealthcare.org/stanford-health-care-now/2020/novel-coronavirus.html).

Sincerely,  
Your Stanford Health Care Team