

HAMBY, Chris (Legal name: Christopher Hamby) | (id #469110, dob: 10/04/1983)

UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY • 1110 N Blackstone Ave, FRESNO CA 93701-1016

HAMBY, Chris (Legal name: Christopher Hamby) | (id #469110, dob: 10/04/1983)

Referral Order

03/14/2025

To Provider	From Provider
HAROLD G RAINWATER MD 6113 N FRESNO STREET STE 101 FRESNO, CA 93710 Phone: Phone: (559) 438-2777 Fax: Fax: (559) 438-4117	THOMAS ADAIR, PA Fresno-Blackstone 1110 N Blackstone Ave FRESNO, CA 93701-1016 Phone: (800) 492-4227 Fax: (844) 742-3430

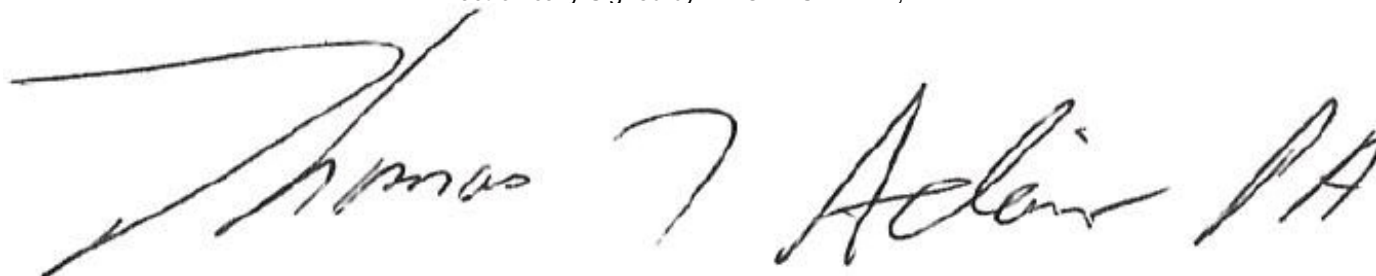
Referral Order Information

Diagnosis	<ul style="list-style-type: none">Benign prostatic hyperplasia ICD-10: N40.0: Benign prostatic hyperplasia without lower urinary tract symptoms
Order Name	Orders included: 1 Benign prostatic hyperplasia ICD-10: N40.0: Benign prostatic hyperplasia without lower urinary tract symptoms <ul style="list-style-type: none">UROLOGIST REFERRAL Schedule Within: provider's discretion Reason for Referral: needs a referral back t pDr Rainwater
Notes	

Patient Information

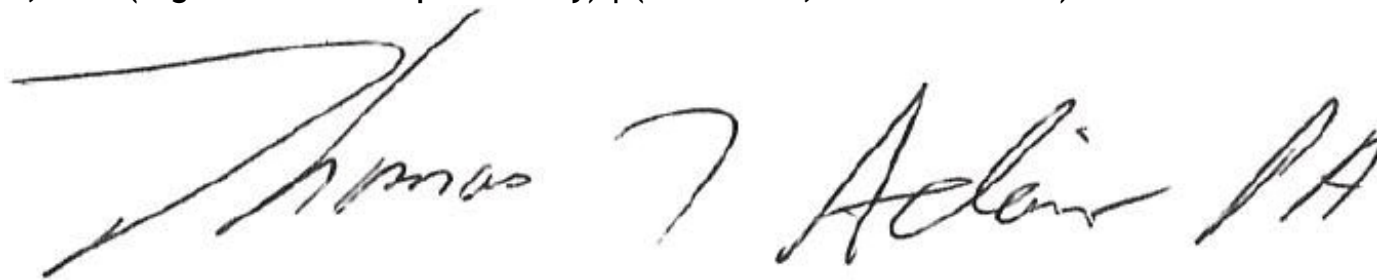
Patient Name	HAMBY, CHRISTOPHER
SSN	557770411
Sex - DOB - Age	M 10/04/1983 41yo
Address	1232 E CORNELL AVE FRESNO, CA 93704
Phone	H: (559) 260-5585 M: (559) 260-5585
Primary Insurance	NeueHealth - United Physicians Network - BCBS-CA Blue Cross of California (Medicaid Replacement - HMO) ID: XDJ91732984A Policy Holder: HAMBY, CHRISTOPHER G
Secondary Insurance	None recorded.

Electronically Signed by: THOMAS ADAIR, PA



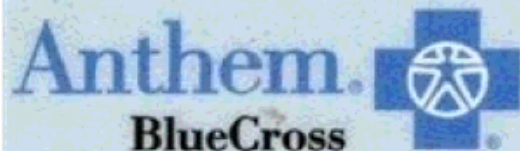
Electronically Signed by: THOMAS ADAIR, PA

HAMBY, Chris (Legal name: Christopher Hamby) | (id #469110, dob: 10/04/1983)

A handwritten signature in black ink, reading "Thomas J Adkins PA". The signature is written in a cursive, flowing style. The first name "Thomas" is followed by a middle initial "J", and the last name "Adkins" is followed by the professional designation "PA".

Admin Documents

HAMBY, Chris (Legal name: Christopher Hamby) | (id #469110, dob: 10/04/1983)



Medi-Cal Program

CHRISTOPHER G HAMBY

MEMBER ID

XDJ91732984A**UHC CLOVIS HERNDON UPN/FQHC****2497 HERNDON AVE STE 103****CLOVIS, CA 93611****(800)492-4227**

Group number **1188XA**
 Coverage code **SS53A**
 Plan code **040**

Member effective date **07/01/23**
 PCP effective date **07/01/2023**
 Primary language **ENGLISH**



Member: In an emergency, call 911 or go to the nearest hospital emergency room. You do not need to get an OK ahead of time for emergency care.

Providers outside California:

Only life-threatening emergency care is covered. Submit claims to the local Blue Cross plan. Please include the three-digit prefix that precedes the ID card number.

Emergency services rendered to the member by noncontracting providers are reimbursable by the contractor without prior authorization.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees.

[anthem.com/ca/medi-cal](https://www.anthem.com/ca/medi-cal)

Customer Care/elig/claims: **800-407-4627**
 TTY line: **711**
 24/7 NurseLine: **800-224-0336**
 TTY line: **711**
 Vision: **844-239-7644**
 Dental: **800-322-6384**
 Transportation: **877-931-4755**
 Medical drug prior auth: **866-363-4126**
 Out of area: **800-676-2583**
 24/7 doctors: **livehealthonline.com**
 Hospital admissions: **1-888-831-2246**

PMG claims: **Anthem Blue Cross**
PO Box 60007
Los Angeles, CA 90060-0007

Hosp. claims: **Anthem Blue Cross**
PO Box 60007
Los Angeles, CA 90060-0007

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 03/14/2025

HAMBY, Chris (Legal name: Christopher Hamby) | (id #469110, dob: 10/04/1983)

Patient

Name	HAMBY, CHRISTOPHER (41yo, M) ID# 469110	Appt. Date/Time	03/14/2025 03:45PM
DOB	10/04/1983	Service Dept.	Fresno-Blackstone
Provider	THOMAS ADAIR, PA		
Insurance	Med Primary: NEUEHEALTH - UNITED PHYSICIANS NETWORK - BCBS-CA BLUE CROSS OF CALIFORNIA (MEDICAID REPLACEMENT - HMO) Insurance # : XDJ91732984A Med Secondary: BCBS-CA BLUE CROSS OF CALIFORNIA (MEDICAID REPLACEMENT - HMO) Insurance # : XDJ91732984A Policy/Group # : 1188XT Med Tertiary: MEDI-CAL (MEDICAID) Insurance # : 91732984A Med : MEDI-CAL - INSTITUTIONAL - WRAP CLAIMS (MEDICAID) Insurance # : 91732984A Med Contracts: ATHENAONE DENTAL PLACEHOLDER (MOVED TO HOLD) Insurance # : 91732984A Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

41 yo m present for cough for 1 week

Patient's Pharmacies

RITE AID #05862 (ERX): 1210 NORTH BLACKSTONE AVENUE, FRESNO, CA 93703, Ph (559) 445-0694, Fax (559) 445-1480

Vitals

Ht: 5 ft 7.36 in Standing
(171.09 cm)
03/14/2025 03:47 pm

Wt: 188 lbs With clothes
(85.28 kg) 03/14/2025
03:47 pm

BMI: 29.1 03/14/2025 03:47 pm

T: 97.8 F° temporal
artery (36.56 C)
03/14/2025 03:47 pm

BP: 134/81 sitting
03/14/2025 03:49 pm

Notes: rprenez ma
03/14/2025 03:48 pm

O2Sat: 99% Room Air at
Rest 03/14/2025 03:47 pm

Pulse: 63 bpm 03/14/2025
03:48 pm

RR: 18 03/14/2025 03:48 pm

Pain Scale: 0 03/14/2025 03:48 pm

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

albuterol sulfate HFA 90 mcg/actuation aerosol inhaler 10/01/24 filled
inhale 2 puffs by mouth and INTO THE LUNGS every 6 hours if needed for wheezing

alfuzosin ER 10 mg tablet,extended release 24 hr 02/04/25 filled
take 1 tablet by mouth once daily

carvediloL 3.125 mg tablet 02/26/25 filled
take 1 tablet by mouth twice a day

nicotine (polacrilex) 2 mg buccal lozenge 07/19/23 filled
WEEKS 1 TO 6: CHEW 1 PIECE OF GUM every 1 to 2 hours (MAXIMUM: 24... (REFER TO PRESCRIPTION NOTES).

nicotine (polacrilex) 2 mg gum 07/19/23 prescribed
Weeks 1 to 6: Chew 1 piece of gum every 1 to 2 hours (maximum: 24 pieces/day); to increase chances of quitting, chew at least 9 pieces/day during the first 6 weeks. Weeks 7 to 9: Chew 1 piece of gum every 2 to 4 hours (maximum: 24 pieces/day). Weeks 10 to 12: Chew 1 piece of gum every 4 to 8 hours (maximum: 24 pieces/day).

HAMBY, Chris (Legal name: Christopher Hamby) | (id #469110, dob: 10/04/1983)**nicotine 14 mg/24 hr daily transdermal patch**

place 1 patch ONTO THE SKIN once daily

01/24/23 filled

promethazine-DM 6.25 mg-15 mg/5 mL oral syrup

Take 5 mL every 4 hours by oral route.

03/14/25 prescribed

Verquvo 2.5 mg tablet

take 1 tablet by mouth once daily

01/30/25 prescribed

Zithromax Z-Pak 250 mg tablet

TAKE 2 TABLETS (500 MG) BY ORAL ROUTE ONCE DAILY FOR 1 DAY THEN 1 TABLET (250 MG) BY ORAL ROUTE ONCE DAILY FOR 4 DAYS

03/14/25 prescribed

Vaccines**Reviewed Vaccines**

Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
COVID-19											
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	07/13/21	1	Intramuscular			053C21A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	06/15/21	1	Intramuscular			037C21A	Moderna US, Inc.				
Diphtheria, Tetanus, Pertussis											
Tdap	09/19/22	1	Intramuscular			TR292	GlaxoSmithKline				
Hepatitis B											
Hep B, adult	05/27/22	1 mL	Intramuscular	Deltoid, Left	58160082101	9AX5P	GlaxoSmithKline	11/23/23	Hepatitis B 10/15/2021	05/27/22	Lorena Ramirez, Medical Assistant
Hep B, adult	04/12/22	1 mL	Intramuscular	Deltoid, Right	58160082101	T2S4Z	GlaxoSmithKline	11/20/22	Hepatitis B 10/15/2021	04/12/22	Mirna Salas, Medical Assistant
Influenza											
influenza, injectable, quadrivalent, preservative free	09/19/22	1	Intramuscular			UJ87AA	Sanofi Pasteur				
Pneumococcal											
pneumococcal polysaccharide PPV23	04/12/22	1	Intramuscular			U010534	Merck and Co., Inc.				

Problems**Reviewed Problems**

- Chronic systolic heart failure - Onset: 04/06/2022
- Steatosis of liver - Onset: 04/06/2022
- History of acute kidney injury - Onset: 04/06/2022

Family History**Reviewed Family History**

Mother - Diabetes mellitus

Maternal Uncle - Diabetes mellitus

mother has a pacemaker.

Social History**Reviewed Social History****Substance Use**

Do you or have you ever smoked tobacco?: Current every day smoker

How many years have you smoked tobacco?: 27

At what age did you start smoking tobacco?: 10

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 03/14/2025

Has tobacco cessation counseling been provided?: Yes

On what date was tobacco cessation counseling provided?: 03/14/2025

What is your level of alcohol consumption?: Occasional

Do you use any illicit or recreational drugs?: Yes

Which illicit or recreational drugs have you used?: marijuana

How many years have you used illicit or recreational drugs?: 20

Have you used IV drugs?: No

What is your level of caffeine consumption?: Occasional

Covid-19 Questions

Cough: No

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Fatigue: No
 Fever or chills: No
 Headache: No
 Muscle or body aches: No
 Loss of taste or smell: No
 Shortness of breath: No
 Sore throat: No
 Congestion/Runny nose: No
 Diarrhea: No

Nausea or vomiting: No

Home and Environment

What type of child care do you use?: None
 Do you have any pets?: Yes
 Do you have smoke and carbon monoxide detectors in your home?: Yes
 Are you passively exposed to smoke?: No
 Are there any guns present in your home?: No
 What is the fluoride status of your home?: Unknown
 Do you use insect repellent routinely?: No
 Do you use sunscreen routinely?: No

Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night?): Not at all
 Do you participate in social media?: Yes
 Do you wear a helmet when biking?: No
 Do you use your seat belt or car seat routinely?: Yes

Marriage and Sexuality

What is your relationship status?: Single
 Are you sexually active?: Yes
 Do you use protection during sex?: No
 How many children do you have?: 2

Advance Directive

Is blood transfusion acceptable in an emergency?: Yes
 Do you have a patient advocate?: No

Public Health and Travel

Have you been to an area known to be high risk for COVID-19?: No
 In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill?: No
 In the 14 days before symptom onset, have you had close contact with a person who is under investigation for COVID-19 while that person was ill?: No
 Do you reside in or have you traveled to an area where Ebola virus transmission is active?: No
 Have you processed blood or body fluids from an Ebola virus disease patient without appropriate PPE?: No
 Have you recently or are you planning to travel to an area with Zika virus?: No
 Are you currently sexually active with anyone who has traveled (within the last 12 weeks) to a Zika-affected area?: No

Education and Occupation

What is the highest grade or level of school you have completed or the highest degree you have received?: 12th grade, no diploma
 Are you currently employed?: No

Diet and Exercise

What type of diet are you following?: Regular
 What is your exercise level?: None

Activities of Daily Living

Are you able to care for yourself?: Yes
 Are you blind or do you have difficulty seeing?: No
 Are you deaf or do you have serious difficulty hearing? : No
 Do you have difficulty concentrating, remembering or making decisions?: No
 Do you have difficulty walking or climbing stairs?: No
 Do you have difficulty dressing or bathing?: No
 Do you have difficulty doing errands alone?: No
 Are you able to walk?: Yes: walks without restrictions
 Do you have transportation difficulties?: No
 Which of your hands is dominant?: Right

Gender Identity and LGBTQ Identity

Gender identity: Identifies as Male
 Assigned sex at birth: Male
 Pronouns: he/him
 First name used: Chris
 Sexual orientation: Straight or heterosexual

Surgical History

Reviewed Surgical History
 • Ankle Surgery

Past Medical History

Reviewed Past Medical History
 Notes: pericarditis

HAMBY, Chris (Legal name: Christopher Hamby) | (id #469110, dob: 10/04/1983)

Screening

Name	Score	Notes
PHQ-2/PHQ-9	0 (for the PHQ-2), Finding: Negative	
GAD-7	0	
AUDIT-C	0	
DAST	0	

HPI

cough no fever general malaise

ROS

Additionally reports:**TB RISK ASSESSMENT****One or more signs and symptoms of TB?**Prolonged cough ____ Coughing up blood ____ Fever ____ Night sweats ____**Weight loss ____ Excessive fatigue ____****Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB.****Close contact with someone with infectious TB disease?** n**Foreign-born person? (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe)** n**Traveler to high TB-prevalence country for more than 1 month?(Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe)** n**Current or former resident or employee of correctional facility, long-term care facility, hospital or homeless shelter?** n

Physical Exam

Constitutional: General Appearance: healthy-appearing, well-nourished, well groomed, and in no acute distress. Communication: normal communication w/o aids and voice quality.**Head/Face:** Inspection: no masses, lesions, or scarring and atraumatic. Facial strength: normal strength and symmetry and no synkinesis or facial tic. Sinuses: no tenderness. Salivary glands: no tenderness of the parotid glands or the submandibular glands and no parotid masses or submandibular masses. Inspection of the TMJ: symmetric opening and no popping with motion. Palpation of the TMJ: non-tender and no crepitus.**Eyes:** Pupils: PERRLA, EOM intact, and conjunctiva non-injected.**Ears:** Right Hearing: Rinne AC>BC and Weber midline. Left Hearing: Rinne AC>BC and Weber midline. Right External ear: normally formed and free of lesions. Left External ear: normally formed and free of lesions. Right External auditory canal: no obstruction, erythema, or discharge and normal appearance. Left External auditory canal: no obstruction, erythema, or discharge and normal appearance. Right Tympanic membrane: mobile with pneumatic otoscopy, pearly grey, and landmarks clear. Left Tympanic membrane: mobile with pneumatic otoscopy, pearly grey, and landmarks clear.**Nose:** Nasal Skin: no lesions, lacerations, or scars. Nasal Dorsum: symmetric with no visible or palpable deformities. Nasal tip: normal symmetric nasal tip and nasal valves. Nasal Mucosa: normal and pink and moist. Septum: not markedly deformed. Turbinates: normal size and confrontation. Polyps: none.**Oral Cavity/Mouth:** Lips, teeth, gums: normal lips, gums, and dentition. Oral Mucosa: normal, moist, and no lesions. Palate: normal hard palate and soft palate. Tongue: no lesions or edema and normal tongue. Tonsils: normal tonsils and no lesions. Posterior pharynx: normal. Hypopharynx: normal hypopharynx, tongue base, and pyriform sinus. Larynx: normal epiglottis, false vocal cords, true vocal cords, and glottic mobility. Nasopharynx: normal adenoids and eustachian tubes and normal and choanae patent.**Neck:** Neck: symmetrical and trachea midline. Thyroid: no enlargement, tenderness, or nodules and symmetric.**Respiratory:** Inspection/Auscultation: no wheezing, rales/crackles, rhonchi, or stridor and good air movement, chest expands symmetrically, clear bilaterally, and normal breath sounds.**Cardiovascular System:** Auscultation: no murmur, rubs, or gallops and regular rate and rhythm. Observation/Palpation of peripheral vascular system: no varicosities or edema and carotid pulse normal.**Lymph Nodes:** Cervical: no palpable lymph node enlargement, submandibular adenopathy, posterior cervical adenopathy, anterior cervical adenopathy, or supraclavicular adenopathy. Axillary: no palpable lymph node enlargement.**Neurological System:** Orientation: oriented to time, place, and person. Mood and affect: normal mood and affect. Cranial Nerves: Cranial Nerves II-XII intact. Cerebellar: normal gait and finger-nose pointing and negative romberg's sign. Vestibulocular: no nystagmus or nystagmus induced from horizontal head shaking test and normal evaluation of positional nystagmus.

Assessment / Plan

HAMBY, Chris (Legal name: Christopher Hamby) | (id #469110, dob: 10/04/1983)

1. Overweight
E66.3: Overweight
 - EATING HEALTHY FOODS: CARE INSTRUCTIONS
 - CÓMO COMER ALIMENTOS SALUDABLES: INSTRUCCIONES DE CUIDADO - [EATING HEALTHY FOODS: CARE INSTRUCTIONS]
2. Acute bronchitis
J20.9: Acute bronchitis, unspecified
 - BRONCHITIS: CARE INSTRUCTIONS
 - Zithromax Z-Pak 250 mg tablet - TAKE 2 TABLETS (500 MG) BY ORAL ROUTE ONCE DAILY FOR 1 DAY THEN 1 TABLET (250 MG) BY ORAL ROUTE ONCE DAILY FOR 4 DAYS Qty: (6) tablet Refills: 0 Pharmacy: RITE AID #05862
 - promethazine-DM 6.25 mg-15 mg/5 mL oral syrup - Take 5 mL every 4 hours by oral route. Qty: (240) mL Refills: 0 Pharmacy: RITE AID #05862
3. Cigarette smoker
F17.210: Nicotine dependence, cigarettes, uncomplicated
4. Benign prostatic hyperplasia
N40.0: Benign prostatic hyperplasia without lower urinary tract symptoms
 - BENIGN PROSTATIC HYPERPLASIA: CARE INSTRUCTIONS
 - UROLOGIST REFERRAL - Schedule Within: provider's discretionReason for Referral: needs a referral back to pDr
Rainwater

Patient Instructions
rest fluids stop smoking refer back to urology recheck 1 month


- Return to Office
- John Richardson, DDS for Dental 60 at Fresno-Blackstone - Dental on 03/19/2025 at 09:00 AM
 - John Richardson, DDS for Dental 45 at Fresno-Blackstone - Dental on 03/20/2025 at 04:15 PM
 - John Richardson, DDS for Dental 60 at Fresno-Blackstone - Dental on 03/25/2025 at 03:15 PM
 - John Richardson, DDS for Dental 45 at Fresno-Blackstone - Dental on 03/26/2025 at 04:15 PM
 - John Richardson, DDS for Dental 45 at Fresno-Blackstone - Dental on 04/11/2025 at 02:00 PM
 - to see Thomas Adair, PA at Fresno-Blackstone on or around 04/14/2025
 - John Richardson, DDS for Dental 60 at Fresno-Blackstone - Dental on 05/15/2025 at 04:00 PM

Encounter Sign-Off
Encounter signed-off by Thomas Adair, PA, 03/14/2025.


Encounter performed and documented by Thomas Adair, PA
Encounter reviewed & signed by Thomas Adair, PA on 03/14/2025 at 04:23 PM

Lab Results


HEMOGLOBIN A1C, FINGERSTICK 01/24/2023 (#38006868, 01/24/2023 8:50am)

Report	Result	Ref. Range	Units		Status	Lab	Date
HEMOGLOBIN A1C	5.4%	0 - 9.0%		NORMAL			


HAMBY, Chris (Legal name: Christopher Hamby) | (id #469110, dob: 10/04/1983)**LIPID PANEL-303756-P 11/15/2022** (#35254148, Final, 11/14/2022 12:17pm)

Ordering Provider	THOMAS ADAIR, PA	Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO JENNY GALLOWAY 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04113260				
Specimen/Accession ID	8351378CE17661	Specimen Source					
Specimen Coll. Date	11/14/2022 12:17	Result Status	Final				
Specimen Rec. Date	11/14/2022 00:00	Report Status					
Specimen Reported Date	11/15/2022 11:11						
Report	Result	Ref. Range	Units		Status	Lab	Date
CHOLESTEROL, TOTAL	238	100-199	mg/dL	Above High Normal	Final	01	
TRIGLYCERIDES	162	0-149	mg/dL	Above High Normal	Final	01	
HDL CHOLESTEROL	61	>39	mg/dL		Final	01	
VLDL CHOLESTEROL CAL	29	5-40	mg/dL		Final	01	
LDL CHOL CALC (NIH)	148	0-99	mg/dL	Above High Normal	Final	01	
COMMENT:	NP				Cancelled	01	
RESULT NOTE	FASTING YES						

HAMBY, Chris (Legal name: Christopher Hamby) | (id #469110, dob: 10/04/1983)**COMP. METABOLIC PANEL (14)-322000-P 11/15/2022** (#35254142, Final, 11/14/2022 12:17pm)

Ordering Provider	THOMAS ADAIR, PA	Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO JENNY GALLOWAY 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04113260				
Specimen/Accession ID	8351378CE17661	Specimen Source					
Specimen Coll. Date	11/14/2022 12:17	Result Status	Final				
Specimen Rec. Date	11/14/2022 00:00	Report Status					
Specimen Reported Date	11/15/2022 11:11						
Report	Result	Ref. Range	Units		Status	Lab	Date
GLUCOSE	92	70-99	mg/dL		Final	01	
BUN	11	6-20	mg/dL		Final	01	
CREATININE	0.69	0.76-1.27	mg/dL	Below Low Normal	Final	01	
EGFR	121	>59	mL/min/1.73		Final	01	
BUN/CREATININE RATIO	16	9-20			Final	01	
SODIUM	143	134-144	mmol/L		Final	01	
POTASSIUM	5.0	3.5-5.2	mmol/L		Final	01	
CHLORIDE	102	96-106	mmol/L		Final	01	
CARBON DIOXIDE, TOTAL	26	20-29	mmol/L		Final	01	
CALCIUM	9.1	8.7-10.2	mg/dL		Final	01	
PROTEIN, TOTAL	6.5	6.0-8.5	g/dL		Final	01	
ALBUMIN	4.8	4.0-5.0	g/dL		Final	01	
GLOBULIN, TOTAL	1.7	1.5-4.5	g/dL		Final	01	
A/G RATIO	2.8	1.2-2.2		Above High Normal	Final	01	
BILIRUBIN, TOTAL	<0.2	0.0-1.2	mg/dL		Final	01	
ALKALINE PHOSPHATASE	73	44-121	IU/L		Final	01	
AST (SGOT)	27	0-40	IU/L		Final	01	
ALT (SGPT)	18	0-44	IU/L		Final	01	
RESULT NOTE	FASTING YES						

HAMBY, Chris (Legal name: Christopher Hamby) | (id #469110, dob: 10/04/1983)**CBC WITH DIFFERENTIAL/PLATELET 11/15/2022 (#35254132, Final, 11/14/2022 12:17pm)**

Ordering Provider	THOMAS ADAIR, PA	Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO JENNY GALLOWAY 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04113260				
Specimen/Accession ID	8351378CE17661	Specimen Source					
Specimen Coll. Date	11/14/2022 12:17	Result Status	Final				
Specimen Rec. Date	11/14/2022 00:00	Report Status					
Specimen Reported Date	11/15/2022 11:11						
Report	Result	Ref. Range	Units		Status	Lab	Date
WBC	8.9	3.4-10.8	x10E3/uL		Final	01	
RBC	4.33	4.14-5.80	x10E6/uL		Final	01	
HEMOGLOBIN	13.2	13.0-17.7	g/dL		Final	01	
HEMATOCRIT	39.4	37.5-51.0	%		Final	01	
MCV	91	79-97	fL		Final	01	
MCH	30.5	26.6-33.0	pg		Final	01	
MCHC	33.5	31.5-35.7	g/dL		Final	01	
RDW	13.9	11.6-15.4	%		Final	01	
PLATELETS	381	150-450	x10E3/uL		Final	01	
NEUTROPHILS	52	NOT ESTAB.	%		Final	01	
LYMPHS	38	NOT ESTAB.	%		Final	01	
MONOCYTES	5	NOT ESTAB.	%		Final	01	
EOS	3	NOT ESTAB.	%		Final	01	
BASOS	1	NOT ESTAB.	%		Final	01	
IMMATURE CELLS	NP				Cancelled	01	
NEUTROPHILS (ABSOLUTE)	4.6	1.4-7.0	x10E3/uL		Final	01	
LYMPHS (ABSOLUTE)	3.4	0.7-3.1	x10E3/uL	Above High Normal	Final	01	
MONOCYTES (ABSOLUTE)	0.5	0.1-0.9	x10E3/uL		Final	01	
EOS (ABSOLUTE)	0.3	0.0-0.4	x10E3/uL		Final	01	
BASO (ABSOLUTE)	0.1	0.0-0.2	x10E3/uL		Final	01	
IMMATURE GRANULOCYTES	1	NOT ESTAB.	%		Final	01	
IMMATURE GRANS (ABS)	0.1	0.0-0.1	x10E3/uL		Final	01	
NRBC	NP				Cancelled	01	
HEMATOLOGY COMMENTS:	NP				Cancelled	01	
RESULT NOTE	FASTING YES						