

FAX MESSAGE



FROM: **Columbus, Heather**
TEL: **(866)267-3771**
FAX: **866-910-0312**
DATE: **3/14/2025 2:51 PM**

TO: **UPN**
COMPANY: **UM DEPT**
FAX #: **8883203851**
PAGES (INC. COVER PAGE): **17**

SUBJECT:

HIPAA Compliant Contact Information:
Phone : (866)267-3771
Fax # 866-910-0312
Email: AuthorizationIn-Take@davita.com



FAX

Authorization Request

Date:	3/14/2025				
Request Type:	<input type="checkbox"/> Urgent	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Modified	<input type="checkbox"/> Retro	<input type="checkbox"/> Renewal
To:	UPN		Attention:	UM DEPT	
Fax #:	8883203851				
Sent by:	Columbus, Heather		# (of) Pages		

Addition Information/Comments:

PATIENT REQUIRES TREATMENT TO SUSTAIN LIFE! DOS: 3/21/2025-7/21/2025 CPT: J0887 QTY: 5 SEE ATTACHMENTS AND COMPLETE AUTHORIZATION; ONCE COMPLETED, FAX RESPONSE TO 866-910-0312 ATTN HEATHER C ACCORDING TO THE HIPAA COMPLIANCE POLICIES. THANK YOU!

THIS MESSAGE AND ANY ATTACHMENTS ARE INTENDED ONLT FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN PERSONAL AND SENSITIVE INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW.

You, the recipient, may be obligated under federal or state law to maintain the information in a safe, secure and confidential manner. Content re-disclosure or copying without additional patient permission or as otherwise permitted by law may be prohibited; failure to maintain confidentiality could subject you to penalties under Federal or state Law.

if you have recieved this communication in erro, please notify me [sender] immediately and destory or kindly return the original of this document to me.

P.O. Box 8350
La Verne, CA 91750



Phone: (888) 293-6383
Fax: (888) 320-3851

Request Date: 3/14/2025

AUTHORIZATION REQUEST FORM (ARF)

☒ ROUTINE ☐ URGENT ☐ RETRO ☐ ADMISSION Notification

FAX COMPLETED FORM TO (888) 320-3851

<p>Urgent requests based on scheduling convenience could potentially endanger other patients who meet the clinical criteria for an urgent request. Urgent referral requests are for medical care where applying the normal timeframe (5 days) is detrimental to the patient's <u>life/health</u>, or jeopardize patient's ability to regain maximum function or result is loss of Life, or Limb, or Major bodily function.</p>			
Patient Name: <u>Ramirez, Rafael</u>		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	D.O.B. <u>07/13/1966</u> Age: <u>58</u>
Mailing Address: <u>1415 Sherman Ave</u>		City: <u>Corcoran</u>	ZIP: <u>93212</u> Phone: <u>(559) 414-9794</u>
Member ID: <u>XDJ97085871D</u>		Name of Facility (if applicable): <u>TULARE DIALYSIS</u>	
Requesting Provider: <u>Tom Yang</u>		Servicing/Requested Provider (Physician, Facility, Vendor): <u>TULARE DIALYSIS</u>	
Provider NPI#: <u>1548346695</u>		Provider NPI#: <u>1104891068</u>	
Provider TTN#: <u>62-1323090</u>		Provider TTN#: <u>62-1323090</u>	
Address: <u>503 South Watson</u> Phone: <u>866-267-3771</u>		Address: _____ Phone: <u>253-382-1628</u>	
Visalia, CA 93277 Fax: <u>866-910-0312</u>		_____ Fax: <u>866-910-0312</u>	
Office Contact: <u>HEATHER C</u>		Office Contact: <u>HEATHER C</u>	
Diagnosis: <u>End Stage Renal Disease</u>		ICD-10: <u>N18.6</u>	

PROVIDER: Authorization does not guarantee payment, ELIGIBILITY must be verified at the time services are rendered.

AUTHORIZATION REQUEST

*** IN ORDER TO PROCESS YOUR REQUEST, ARF MUST BE COMPLETED AND LEGIBLE ***

<input type="checkbox"/> Inpatient Facility <input type="checkbox"/> Surgery Center/OP <input type="checkbox"/> SNF <input type="checkbox"/> Medical Services/Items <input type="checkbox"/> Part B Drugs			
Date(s) of Service: <u>3/21/2025-7/21/2025</u>		Inpatient Admission Date: _____	
List <u>ALL</u> procedures requested along with the appropriate CPT/HCPCS			
REQUESTED PROCEDURES	PERTINENT HISTORY (Submit supporting Medical Records)	CODE (CPT or HCPCS)	UNITS (REQUIRED)
MIRCERA	SEE ATTACHED CLINICALS	J0887	5
	SEE ATTACHED CLINICALS		
	SEE ATTACHED CLINICALS		
	SEE ATTACHED CLINICALS		

DO NOT WRITE BELOW THIS LINE

STATUS		Authorization Number #:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Alternative Treatment	Signature:	Date:
<input type="checkbox"/> Not a Covered Benefit	<input type="checkbox"/> Modified	Comments:	
<input type="checkbox"/> Not Medically Indicated		Phone:	

Revised 06092023

Anemia Snapshot Report 03/14/2025



Ramirez, Rafael

DOB: 07/13/1966 MPI: 2565943

Filters

Week Start Date: 03-02-2025

Nephrologist: Yang, Tom MD

Modality: In-Center Hemodialysis (ICHD)

Referenced Facility Numbers: (03298) TULARE DIALYSIS

Patient Schedule: M W F Shift 3 (03298)

Allergies: No Known Allergies

Outside labs may use a different unit of measure | Underlined: Out of Range | (H) High | (L) Low | (A) Given at Home

WEEK START DATE	08/02	08/23	09/16	09/29	10/09	10/26	11/09	11/23	12/05	12/20	12/31	01/06	01/20	01/30	02/03	02/17	02/24	02/27	03/03	03/10	03/17	03/24	03/31	04/07	04/14	04/21	04/28	05/05	05/12	05/19	05/26	06/02	06/09	06/16	06/23	06/30	07/07	07/14	07/21	07/28	08/04	08/11	08/18	08/25	09/01	09/08	09/15	09/22	09/29	10/06	10/13	10/20	10/27	11/03	11/10	11/17	11/24	12/01	12/08	12/15	12/22	12/29	01/05	01/12	01/19	01/26	02/02	02/09	02/16	02/23	02/29	03/06	03/13	03/20	03/27	04/03	04/10	04/17	04/24	05/01	05/08	05/15	05/22	05/29	06/05	06/12	06/19	06/26	07/03	07/10	07/17	07/24	07/31	08/07	08/14	08/21	08/28	09/04	09/11	09/18	09/25	10/02	10/09	10/16	10/23	10/30	11/06	11/13	11/20	11/27	12/04	12/11	12/18	12/25	01/01	01/08	01/15	01/22	01/29	02/05	02/12	02/19	02/26	03/04	03/11	03/18	03/25	04/01	04/08	04/15	04/22	04/29	05/06	05/13	05/20	05/27	06/03	06/10	06/17	06/24	07/01	07/08	07/15	07/22	07/29	08/05	08/12	08/19	08/26	09/02	09/09	09/16	09/23	09/30	10/07	10/14	10/21	10/28	11/04	11/11	11/18	11/25	12/02	12/09	12/16	12/23	12/30	01/06	01/13	01/20	01/27	02/03	02/10	02/17	02/24	03/03	03/10	03/17	03/24	03/31	04/07	04/14	04/21	04/28	05/05	05/12	05/19	05/26	06/02	06/09	06/16	06/23	06/30	07/07	07/14	07/21	07/28	08/04	08/11	08/18	08/25	09/01	09/08	09/15	09/22	09/29	10/06	10/13	10/20	10/27	11/03	11/10	11/17	11/24	12/01	12/08	12/15	12/22	12/29	01/05	01/12	01/19	01/26	02/02	02/09	02/16	02/23	02/29	03/06	03/13	03/20	03/27	04/03	04/10	04/17	04/24	05/01	05/08	05/15	05/22	05/29	06/05	06/12	06/19	06/26	07/03	07/10	07/17	07/24	07/31	08/07	08/14	08/21	08/28	09/04	09/11	09/18	09/25	10/02	10/09	10/16	10/23	10/30	11/06	11/13	11/20	11/27	12/04	12/11	12/18	12/25	01/01	01/08	01/15	01/22	01/29	02/05	02/12	02/19	02/26	03/04	03/11	03/18	03/25	04/01	04/08																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
HEMATOCRIT	%	-	38.9 L (M)	-	-	-	37.2 L (M)	-	-	36.8 L (F)	-	-	Reflow (M)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Anemia Snapshot Report 03/14/2025



Ramirez, Rafael

DOB: 07/13/1966 | MPI: 2565943

MEDICATION ORDER HISTORY (Last 15 Weeks - Anemia Related)					
MEDICATION NAME	DOSE	ROUTE	FREQUENCY	ADMINISTERED AT	FACILITY #
Heparin Pork	500 Units/Hr	Intravenous	Every Dialysis Treatment	At Dialysis Facility	03298
Heparin Pork	1600 Units	Intracatheter	Every Dialysis Treatment	At Dialysis Facility	03298
Heparin Pork	1600 Units	Intracatheter	Every Dialysis Treatment	At Dialysis Facility	03298
Heparin Pork	500 Units/Hr	Intravenous	Every Dialysis Treatment	At Dialysis Facility	03298
Heparin Pork	500 Units	Intravenous	Every Dialysis Treatment	At Dialysis Facility	03298
Micra	30 Microgram	Intravenous	ESA dosing, every two weeks	At Dialysis Facility	03298
Micra	75 Microgram	Intravenous	ESA dosing, every four weeks	At Dialysis Facility	03298
Micra	50 Microgram	Intravenous	ESA dosing, every two weeks	At Dialysis Facility	03298
Vendor	50 Milligram	Intravenous	One time a week	At Dialysis Facility	03298

PROTOCOL COMPLIANCE HISTORY (Last 13 Weeks - Anemia Related)			
PROTOCOL NAME	LAST REVIEW DATE	FACILITY #	START DATE
ICHD Iron Works (IV Iron Sucrose) Protocol, Hold for Ferritin > 800, Revision 4.1	01/24/2025	03298	07/15/2024
ICHD SHAPE IV Micra rev 4.3	03/06/2025	03298	07/15/2024

WELLBONE ANEMIA MEDICATIONS	
No Data Available.	

ACCESSORIES & EVENTS (Last 13 Weeks)			
ACTIVE	AV FISTULA - UPPER ARM LEFT	FACILITY #	EVENT DATE
EVENT TYPE	COMMENT		
Unable to achieve prescribed blood flow	patient was cannulated successfully, able to flush arterial and venous line. However in attempt to higher bfr, arterial pressure elevated, patient did not report any pain or discomfort, minor swelling occurred.	03298	03/03/2025
Infiltration	art needle pulled tx resumed via cvc	03298	01/31/2025
Infiltration	immediate arterial infiltration needle at ice pack placed	03298	01/08/2025
ACTIVE	CENTRAL VENOUS CATHETER (CVC) - CHEST (RIGHT)		
EVENT TYPE	COMMENT	FACILITY #	EVENT DATE

PHYSIOLOGY RESULTS (Last 13 Weeks)	
No Data Available.	

DISCLAIMER: Printing information from CAPSW should be limited due to regulatory compliance requirements. When printing is desired, it should only be for valid operational, clinical or treatment purposes and consistent with DaVita policies and procedures. One must promptly shred or properly dispose the printed information when the purpose for which it was printed is completed. Failure to adhere to these requirements may result in disciplinary action, up to and including termination of employment with DaVita.

Anemia Snapshot Report 03/14/2025



Ramirez, Rafael DOB: 07/13/1966 | MPI: 2565943

HOSPITALIZATIONS (last 15 weeks)
No Data Available.

PRESED TREATMENTS (last 13 weeks)
No Data Available.

TEST COMMENTS (last 13 weeks)			
LAB TEST NAME	COMMENT	FACILITY #	DRAW DATE
PTH-INTACT	This test utilizes Biotin (Vitamin B7) as one of it's reagents. Testing may be interfered with in patients consuming Biotin supplements. Please factor this when reviewing results. METHODOLOGY: SIEMENS Reference range changed as of January 1,2018.	03298	03/05/2025
PTH-INTACT	This test utilizes Biotin (Vitamin B7) as one of it's reagents. Testing may be interfered with in patients consuming Biotin supplements. Please factor this when reviewing results. METHODOLOGY: SIEMENS Reference range changed as of January 1,2018.	03298	02/05/2025
FOLIC ACID	Normal: >5.4 ng/mL - 16.0 ng/mL Indeterminate: 3.4 ng/mL - 5.4 ng/mL Low: <3.4 ng/mL This test utilizes Biotin (Vitamin B7) as one of it's reagents. Testing may be interfered with in patients consuming Biotin supplements. Please factor this when reviewing results.	03298	01/22/2025
HCT CALC HGBX3	Unable to Calculate.	03298	01/15/2025

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Anemia Snapshot Report 03/14/2025



Ramirez, Rafael

DOB: 07/13/1966 | MPI: 2565943

TEST COMMENTS (Last 13 results)				
PAT TEST NAME	COMMENT	FACILITY #	DRAW DATE	
PTH-INTACT	This test utilizes Biotin (Vitamin B7) as one of it's reagents. Testing may be interfered with in patients consuming Biotin supplements. Please factor this when reviewing results. METHODOLOGY: SIEMENS Reference range changed as of January 1, 2018.	03298	01/15/2025	
HEMOGLOBIN	RECOLLECT - OUTDATED SPECIMEN	03298	01/15/2025	
HCT CALC HGBX3	Unable to Calculate.	03298	01/09/2025	
HEMOGLOBIN	Canceled - Specimen not received 5 days past draw date	03298	01/08/2025	
PTH-INTACT	Canceled - Specimen not received 5 days past draw date	03298	01/08/2025	
HEMOGLOBIN	RECOLLECT - OUTDATED SPECIMEN	03298	12/22/2024	
HCT CALC HGBX3	Unable to Calculate.	03298	12/22/2024	
HCT CALC HGBX3	Unable to Calculate: RECOLLECT - OUTDATED SPECIMEN	03298	12/18/2024	
HEMOGLOBIN	RECOLLECT - OUTDATED SPECIMEN	03298	12/18/2024	
WBC	RECOLLECT - OUTDATED SPECIMEN	03298	12/18/2024	
ALBUMIN	Recollect - Unseen specimen	03298	12/18/2024	
HEMATOCRIT	RECOLLECT - OUTDATED SPECIMEN	03298	12/18/2024	

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TULSA CORE DULYSSS (01/2/25)
5405 E TULSA AVE, TULSA, OK 74120
© 2025 DaVita Inc.

Anemia Snapshot Report 03/14/2025



Ramirez, Rafael

DOB: 07/13/1966 | MPI: 2565943

MEDICATION ORDER HISTORY (Last 15 Weeks - Anemia External)					
MEDICATION NAME	DOSE	ROUTE	FREQUENCY	ADMINISTERED AT	FACILITY #
Heparin Pork	500 Units/Hr	Intravenous	Every Dialysis Treatment	At Dialysis Facility	03298
Heparin Pork	1600 Units	Intracatheter	Every Dialysis Treatment	At Dialysis Facility	03298
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Heparin Pork	500 Units/Hr	Intravenous	Every Dialysis Treatment	At Dialysis Facility	03298
Heparin Pork	500 Units	Intravenous	Every Dialysis Treatment	At Dialysis Facility	03298
Micra	50 Microgram	Intravenous	ESA dosing, every four weeks	At Dialysis Facility	03298
Micra	30 Microgram	Intravenous	ESA dosing, every two weeks	At Dialysis Facility	03298
Micra	75 Microgram	Intravenous	ESA dosing, every four weeks	At Dialysis Facility	03298
Venofor	50 Milligram	Intravenous	One time a week	At Dialysis Facility	03298

PROTOCOL COMPLIANCE HISTORY (Last 13 Weeks - Anemia Internal)			
PROTOCOL NAME	LAST REVIEW DATE	FACILITY #	START DATE
ICHD Iron Works (IV Iron Sucrose) Protocol, Hold for Ferritin > 800, Revision 4.1	01/24/2025	03298	07/15/2024
ICHD SHAPE IV Micra rev 4.3	03/06/2025	03298	07/15/2024

WELLBONE ANEMIA MEDICATIONS	
No Data Available.	

ACCESSORIES & EVENTS (Last 13 Weeks)			
ACTIVE	AV FISTULA - UPPER ARM LEFT	FACILITY #	EVENT DATE
EVENT TYPE	COMMENT		
Unable to achieve prescribed blood flow	patient was cannulated successfully, able to flush arterial and venous line. However in attempt to higher bfr, arterial pressure elevated, patient did not report any pain or discomfort, minor swelling occurred.	03298	03/03/2025
Infiltration	art needle pulled tx resumed via cvc	03298	01/31/2025
Infiltration	immediate arterial infiltration needle at ice pack placed	03298	01/08/2025
ACTIVE	CENTRAL VENOUS CATHETER (CVC) - CHEST (RIGHT)		
EVENT TYPE	COMMENT	FACILITY #	EVENT DATE

PHYSIOLOGY RESULTS (Last 13 Weeks)	
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Anemia Snapshot Report 03/14/2025



Ramirez, Rafael DOB: 07/13/1966 | MPI: 2565943

HOSPITALIZATIONS (last 15 weeks)
No Data Available.

PRESED TREATMENTS (last 13 weeks)
No Data Available.

TEST COMMENTS (last 13 weeks)			
LAB TEST NAME	COMMENT	FACILITY #	DRAW DATE
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HCT CALC HGBX3	Unable to Calculate.	03298	01/15/2025

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Anemia Snapshot Report 03/14/2025



Ramirez, Rafael

DOB: 07/13/1966 | MPI: 2565943

TEST COMMENTS (Last 13 results)			
PAT TEST NAME	COMMENT	FACILITY #	DRAW DATE
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HCT CALC HGBX3	Unable to Calculate.	03298	01/09/2025
HEMOGLOBIN	Canceled - Specimen not received 5 days past draw date	03298	01/08/2025
PTH-INTACT	Canceled - Specimen not received 5 days past draw date	03298	01/08/2025
HEMOGLOBIN	RECOLLECT - OUTDATED SPECIMEN	03298	12/22/2024
HCT CALC HGBX3	Unable to Calculate.	03298	12/22/2024
ALBUMIN	Recollect - Unsound specimen	03298	12/18/2024
HCT CALC HGBX3	RECOLLECT - OUTDATED SPECIMEN, Unable to Calculate.	03298	12/18/2024
HEMATOCRIT	RECOLLECT - OUTDATED SPECIMEN	03298	12/18/2024
HEMOGLOBIN	RECOLLECT - OUTDATED SPECIMEN	03298	12/18/2024
WBC	RECOLLECT - OUTDATED SPECIMEN	03298	12/18/2024

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TULSA CORE DULYSSS (01/2/25)
546 E TULSA AVE, TULSA, OK 74103-4220
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Patient Summary Report



Ramirez, Rafael.

Gender: Male | DOB: 07/13/1966 | MPI: 2565943

Primary Nephrologist: Yang, Tom MD
Office: -
Emergency Contact: De Leon Garcia, Rafael
Relationship: Child/Step-Child
MobilePhone: 559-563-4837

Patient Home: No Documented Patient's Phone Numbers
Patient Mobile: 559-414-9794
Treatment Schedule: MWF
Renal Function Status: ESRD
Actual DaVita Start Date: 06/04/2024
Regular Chronic Dialysis Began: 07/13/2024
Modality: In-Center Hemodialysis (ICHD)

Advanced Care Plan Status: Full Code
Height (as of 06/03/2024): 65.00 in (5 ft 5 in) 165.10 cm
Diabetic Status: Unknown
Serological Status: HBV Susceptible/HBsAb < 10
Ambulatory Status: Not Yet Documented
Race: White
Ethnicity: Hispanic or Latino - MEXICO
Primary Language: No Data Available
Translator Needed: No Data Available

ALLERGIES	SEVERITY	SOURCE	REACTIONS
No Known Allergies	-	Patient	-

PROBLEM LISTED:
No Data Available.

* Access(es) Used Last Treatment

ACTIVE DIALYSIS ACCESS(ES)	SITE	DATE PLACED	START USE DATE	LAST USED DATE
AV Fistula	Upper Arm (Left)	10/29/2024	-	-
*Central Venous Catheter (CVC)	Chest (Right)	05/02/2024	06/04/2024	01/22/2025

ACTIVE TREATMENT ORDER(S):					
IN-CENTER HEMODIALYSIS TREATMENT - TULARE DIALYSIS (03298)					
Justification	What is the justification? End Stage Renal Disease (ESRD) (N18.6 Z99.2);	Concurrent Access	No	Dialyzer	Nipro Elisio 15H 1264
Frequency/TX Time	Three times a week, 3hr 0min (180 min(total))	Arterial Access	Central Venous Catheter (CVC) (Chest (Right))	Additional Dialysate Bath Ordered	No
Prescribed Target Wt	74 kg	Venous Access	Central Venous Catheter (CVC) (Chest (Right))	Dialysate Bath	FMC, ACID - LIQUID, 2K - 2.5Ca, 55 GAL DRUM
Base Sodium	138 mEq/L	Sequential UF	No	Bicarbonate	36 mEq/L
Blood Flow Rate	350.0 mL/min	Max UF	13 mL/kg/hr	Dialysate Temperature	36.5°C
Dialysis Flow Rate	700 mL/min	UF Profiling	N	Provider	Caldwell, Katia M NP
				Start Date	01/03/2025

ACTIVE HEPARIN ORDER - TULARE DIALYSIS (03298)					
LOADING DOSE	LOADING DOSE ROUTE	FREQUENCY			
500 Units	Intravenous	Every Dialysis Treatment			
HOURLY DOSE	HOURLY DOSE ROUTE	FREQUENCY	STOP TIME BEFORE END OF DIALYSIS		
500 Units/Hr	Intravenous	Every Dialysis Treatment	0 minutes		
ARTERIAL PORT DOSE	ARTERIAL LUMEN VOLUME	VENOUS PORT	VENOUS LUMEN VOLUME	FREQUENCY	POST-CVC INSTILLATION ROUTE
1600 Units	1.6 mL	1600.0 Units	1.6 mL	Every Dialysis Treatment	Intracatheter

MEDICATIONS					
IN-CENTER ACTIVE MEDICATIONS					
MEDICATION	DOSE/ROUTE/FREQUENCY	FACILITY	PROVIDER	ORDER START & END DATE	DOSE LAST ADMINISTERED
Acetaminophen	650 Milligram Oral Every 4 hours as needed	TULARE DIALYSIS (03298)	Yang, Tom MD	07/30/2024 - No End Date	650 Milligram-12/29/2024
Clonidine	0.1 Milligram Oral Every 4 hours as needed	TULARE DIALYSIS (03298)	Caldwell, Katia, M.NP	07/16/2024 - No End Date	0.1 Milligram-09/03/2024

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Ramirez, Rafael. Gender: Male| DOB: 07/13/1966 | MPI: 2565943

MEDICATIONS					
IN-CENTER ACTIVE MEDICATIONS					
MEDICATION	DOSE/ROUTE/FREQUENCY	FACILITY	PROVIDER	ORDER START & END DATE	DOSE LAST ADMINISTERED
Diphenhydramine	25 Milligram Intravenous Every 4 hours as needed	TULARE DIALYSIS (03298)	Yang, Tom.MD	09/18/2024 - No End Date	25 Milligram-10/28/2024
Loperamide	2 Milligram Oral Every 4 hours as needed	TULARE DIALYSIS (03298)	Yang, Tom.MD	11/26/2024 - No End Date	2 Milligram-01/13/2025
Mircera	75 Microgram Intravenous ESA dosing, every four weeks	TULARE DIALYSIS (03298)	Yang, Tom.MD	01/05/2025 - No End Date	75 Microgram-01/08/2025
Normal Saline Solution 0.9% NaCl	(Arterial) 10mL / (Venous) 10mL Intracatheter Pre-dialysis	TULARE DIALYSIS (03298)	Caldwell, Katia, M.NP	07/16/2024 - No End Date	10 mL-01/24/2025
Normal Saline Solution 0.9% NaCl	(Arterial) 10mL / (Venous) 10mL Intracatheter Post-dialysis	TULARE DIALYSIS (03298)	Caldwell, Katia, M.NP	07/16/2024 - No End Date	Not Yet Given
Ondansetron	4 Milligram Intravenous Every 4 hours as needed	TULARE DIALYSIS (03298)	Yang, Tom.MD	11/26/2024 - No End Date	4 Milligram-11/26/2024
Oxygen	2 Liters/Minute Nasal Cannula As needed	TULARE DIALYSIS (03298)	Yang, Tom.MD	09/18/2024 - No End Date	2 Liters/Minute 10/28/2024
Venofer	50 Milligram Intravenous One time a week	TULARE DIALYSIS (03298)	Yang, Tom.MD	09/20/2024 - No End Date	50 Milligram-01/20/2025
HOME ACTIVE MEDICATIONS					
MEDICATION	DOSE/ROUTE/FREQUENCY	PROVIDER		START DATE	ORDER END DATE
Carvedilol	12.5 Milligram Oral Two times a day			01/20/2025	-
Gabapentin	100 Milligram Oral Three times a day	-		01/20/2025	-
HydroXYzine HCl	10 Milligram Oral One time a day	-		01/20/2025	-
Januvia	100 Milligram Oral One time a day	-		07/23/2024	-
Rena-Vite	1 Tablet Oral One time a day	Yang, Tom.MD		01/20/2025	-
Velporo	500 Milligram Oral Three times a day	Yang, Tom.MD		10/01/2024	-
Vitamin B1	1 Tablet Oral One time a day	-		08/17/2024	-
Vitamin B6	100 Milligram Oral One time a day	-		07/23/2024	-
Vitamin D3	125 Microgram Oral One time a day	-		07/23/2024	-

Outside labs may use a different unit of measure

VACCINATIONS			
HEPATITIS (All Types)	DOSE	SERVICE DATE/TIME	LOT#
Engerix-B	40 Microgram	09/18/2024 14:55 PDT	7352X
Engerix-B	-	09/16/2024 00:00 PDT	-
Refusal Reason: Other ; Pending 6144 Lab.			
Engerix-B	40 Microgram	08/15/2024 17:13 PDT	7352X
Engerix-B	-	08/13/2024 00:00 PDT	-
Refusal Reason: Other ; pt signed AMA unable to give vaccine/ states will get on 8/15/24 instead			

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Patient Summary Report



Ramirez, Rafael. Gender: Male| DOB: 07/13/1966 | MPI: 2565943

VACCINATIONS			
HEPATITIS (ALL Doses)	DOSE	SERVICE DATE/TIME	LOT #
Engerix-B	40 Microgram	07/11/2024 18:10 PDT	TP2F9
Engerix-B	-	07/09/2024 00:00 PDT	-
Engerix-B	-	07/06/2024 00:00 PDT	-
Engerix-B	-	07/04/2024 00:00 PDT	-
INFLUENZA (Most Recent Dose)	DOSE	SERVICE DATE/TIME	LOT #
Influenza Vaccination	-	09/27/2024 / -	-
PNEUMOCOCCAL (Last 3 Doses)	DOSE	SERVICE DATE/TIME	LOT #
Pvsnar 20	-	06/22/2024 00:00 PDT	-
Refusal Reason: Other : did not want			
Pvsnar 20	-	06/20/2024 00:00 PDT	-
Refusal Reason: Other : unable to sign consent/ vision impaired			
Pvsnar 20	-	06/18/2024 00:00 PDT	-

Outside labs may use a different unit of measure

TUBERCULOSIS TEST (Last 2 Tests)	RESULT	SERVICE DATE/TIME	RESULT READ DATE/TIME	LOT #
Tubersol	0 mm	06/06/2024 18:53 PDT	06/08/2024 17:23 PDT	3CA18C1
TB RAQ	N/A	06/06/2024 / -	-	-

COVID-19
No Data Available.

CHEST X-RAY (Latest Result)
No Data Available.

IMMUNOLOGY TEST					
HEP B (S) AG	HEP B (S) AB		HEP B CORE AB		HEP C AB REFLEX
NEG (01/22/2025)	3.0	(01/22/2025)	NEG (06/04/2024)	0.11	(06/04/2024)
NEG (12/18/2024)	3.0	(06/04/2024)			
NFG (11/20/2024)	< 3.5	(05/25/2024)			
see comments (06/04/2024)					

PROSTHETIC DEVICES
No Data Available.

AMBULATORY DEVICES
No Data Available.

Treatment Info: ICHD 03298 TULARE DIALYSIS													
TREATMENT DATE	01/24/2025	01/22/2025	01/20/2025	01/17/2025	01/15/2025	01/13/2025	01/10/2025	01/08/2025	01/06/2025	01/03/2025	12/31/2024	12/29/2024	12/27/2024
TREATMENT ORDER TYPE	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD
FACILITY	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)
Pre-Weight (kg)	76.4	76.6	77.3	75.8	75.5	75.8	76	75.8	75.5	76.2	76	76.2	75.9

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Patient Summary Report



Ramirez, Rafael.

Gender: Male | DOB: 07/13/1966 | MPI: 2565943

Treatment Info: ICHD: 03298 TULARE DIALYSIS													
TREATMENT DATE	01/24/2025	01/22/2025	01/20/2025	01/17/2025	01/15/2025	01/13/2025	01/10/2025	01/08/2025	01/06/2025	01/03/2025	12/31/2024	12/29/2024	12/27/2024
TREATMENT ORDER TYPE	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD
FACILITY	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)	(03298)
Post-Weight (kg)	-	73.8	74.6	74	74	73.9	73.9	73.8	74	74	74	74.2	74.3
Target Weight (kg)	74	74	74	74	74	74	74	74	74	74	74	74	74
Interdialytic Weight Gain (kg)	2.6	2	3.3	1.3	1.6	1.9	2.2	1.8	1.5	2.2	1.8	1.9	2
Total Volume Removed (mL)	-	3006	3100	1700	1902	2192	2400	2200	1902	2602	2402	2600	1902
Ultrafiltration Rate (mL/kg/hr)	-	12.6	12.1	5.9	6.7	8.6	9.5	9.1	6.8	9.9	9	9	7.2
Pre-BP Stand (mmHg)	151/77	202/102	186/94	154/88	117/64	160/87	146/80	160/80	159/99	149/75	155/75	151/76	145/76
Pre-BP Sit (mmHg)	153/77	190/98	159/85	175/87	116/71	157/84	151/88	157/78	167/82	162/84	164/69	136/74	147/76
Post BP Stand (mmHg)	-	115/73	127/79	110/68	108/63	141/76	98/53	117/69	128/57	110/67	115/49	112/63	130/67
Post BP Sit (mmHg)	-	141/83	160/90	138/68	114/60	165/88	135/83	146/78	150/77	124/67	118/66	119/68	151/73
Lowest BP (mmHg)	-	143/86	0/0	112/66	108/58	145/79	126/74	0/0	125/73	124/67	121/75	106/68	114/58
Pre-HR Stand (BPM)	71	74	67	82	61	81	66	72	64	72	67	67	63
Pre-HR Sit (BPM)	65	72	61	73	64	75	64	68	61	69	65	67	63
Post-HR Stand (BPM)	-	76	66	69	64	73	65	65	69	64	67	66	65
Post-HR Sit (BPM)	-	66	60	64	62	69	58	60	67	64	59	60	61
VP@200	-	-	-	-	-	-	-	-	-	-	-	-	-
Average Blood Flow Rate (mL/min)	-	331	322	350	319	350	350	317	326	325	306	325	282
Access(es) Used	Central Venous Catheter (CVC)	Central Venous Catheter (CVC)	Central Venous Catheter (CVC)	Central Venous Catheter (CVC)	Central Venous Catheter (CVC)	Central Venous Catheter (CVC)	Central Venous Catheter (CVC)	Central Venous Catheter (CVC)	Central Venous Catheter (CVC)	Central Venous Catheter (CVC)	Central Venous Catheter (CVC)	Central Venous Catheter (CVC)	Central Venous Catheter (CVC)
Actual Treatment Duration (HH:MM)	00:00	03:00	03:00	03:00	03:01	02:59	02:59	02:59	03:00	03:01	03:01	03:00	03:00

🏠 Outside labs may use a different unit of measure | Underlined: Out of Range

MONTHLY LABS (All RAU/%)							
ANEMIA	JAN 2025	DEC 2024	NOV 2024	ADEQUACY	JAN 2025	DEC 2024	NOV 2024
HEMOGLOBIN	-	-	-	STDKT/V (DIAL)	Redraw (01/08)	-	-

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Patient Summary Report



Ramirez, Rafael.

Gender: Male | DOB: 07/13/1966 | MPI: 2565943

MONTHLY LABS (All Results)															
ANEMIA		JAN 2025		DEC 2024		NOV 2024		ADEQUACY		JAN 2025		DEC 2024		NOV 2024	
HEMOGLOBIN (g/dL)	-			12	(12/31)	-		SPKT/V	1.35	(01/20)	-		1.32	(11/11)	
	12	(01/22)	Error	(12/22)	-				Redraw	(01/08)	1.29	(12/11)	<u>1.19</u>	(11/06)	
	Error	(01/15)	Redraw	(12/18)	-		STDKT/V TOTAL	Redraw	(01/08)	-		-			
	Redraw	(01/06)	12.5	(12/11)	12	(11/20)	TOTAL KT/V	1.35	(01/20)	-		1.32	(11/11)		
	11.5	(01/03)	12.5	(12/04)	11.5	(11/04)		Redraw	(01/08)	1.29	(12/11)	<u>1.19</u>	(11/06)		
IRON SATURATION (%)	24	(01/22)	-		-		BUN (mg/dL)	41	(01/20)	-		-			
FERRITIN (ng/mL)	275	(01/22)	-		-			37	(01/15)	41	(12/11)	65	(11/11)		
IRON (ug/dL)	54	(01/22)	-		-			Redraw	(01/08)	43	(12/06)	55	(11/04)		
MCV (fL)	-		99.1	(12/31)	-		BUN - POST (mg/dL)	13	(01/20)	-		-			
	97.8	(01/22)	Redraw	(12/18)	98.5	(11/20)		Redraw	(01/15)	-		21	(11/11)		
RETIC COUNT (%)	2.32	(01/22)	-		-			Redraw	(01/08)	13	(12/11)	20	(11/06)		
ABSOLUTE RETIC COUNT (x 10^6 cells/uL)	-		-		-		URR% (%)	66	(01/20)	-		66	(11/11)		
							Redraw	(01/06)	68	(12/11)	64	(11/04)			
WBC (x 10^3 cells/uL)	-		6.3	(12/31)	-		CREATININE (mg/dL)	-		6.88	(12/31)	-			
	5.8	(01/22)	Redraw	(12/18)	6.4	(11/20)		7.05	(01/22)	Redraw	(12/18)	7.25	(11/20)		
MBD		JAN 2025		DEC 2024		NOV 2024		NUTRITION		JAN 2025		DEC 2024		NOV 2024	
CA CORRECTED (mg/dL)	8.4	(01/15)	-		-		ALBUMIN (g/dL)	-		4.2	(12/31)	-			
	Redraw	(01/06)	8.7	(12/06)	8.5	(11/04)		-		4.2	(12/27)	-			
CALCIUM (mg/dL)	8.4	(01/15)	-		-			4.3	(01/22)	Redraw	(12/18)	4.4	(11/20)		
	Redraw	(01/06)	8.7	(12/06)	8.5	(11/04)	NPCR (G/KG/D)	0.68	(01/20)	-		0.97	(11/11)		
PHOSPHORUS (mg/dL)	7.1	(01/15)	-		-			Redraw	(01/08)	0.78	(12/11)	0.95	(11/06)		
	Redraw	(01/06)	4.3	(12/06)	7.5	(11/04)	POTASSIUM (mEq/L)	-		4.8	(12/31)	-			
PTH-INTACT (pg/mL)	192	(01/15)						4.5	(01/22)	Redraw	(12/18)	4.5	(11/20)		
	Redraw	(01/08)	<u>136</u>	(12/06)	235	(11/04)	SODIUM (mEq/L)	-		136	(12/31)	-			
								139	(01/22)	Redraw	(12/18)	138	(11/20)		
							CO2 (mEq/L)			30	(12/31)				
								28	(01/22)	Redraw	(12/18)	29	(11/20)		

Outside labs may use a different unit of measure | Underlined: Out of Range

ADDITIONAL LABS (To Patient Records - Results Reported)													
LAB NAME	Jan 2025	Dec 2024	Nov 2024	Oct 2024	Sep 2024	Aug 2024	Jul 2024	Jun 2024	May 2024	Apr 2024	Mar 2024	Feb 2024	Jan 2024
HGB A1C (GLYCOHEMOGLOBIN) (%A1c)	7 (01/22)	-	-	<u>9</u> (10/23)	-	-	<u>7.3</u> (07/18)	<u>7.2</u> (06/04)	-	-	-	-	-
GLUCOSE (mg/dL)	142 (01/22)	147 (12/27)	204 (11/20)	203 (10/23)	277 (09/18)	215 (08/22)	179 (07/18)	-	-	-	-	-	-
	-	Redraw (12/16)	-	-	-	-	-	-	-	-	-	-	-

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Patient Summary Report



Ramirez, Rafael .

Gender: Male | DOB: 07/13/1966 | MPI: 2565943

ADDITIONAL LABS TO MOST RECENT RESULTS (per month)												
LAB NAME	Jul 2025	Dec 2024	Nov 2024	Oct 2024	Sep 2024	Aug 2024	Jul 2024	Jun 2024	May 2024	Apr 2024	Mar 2024	Feb 2024
VITAMIN D (25-OH) (ng/mL)	R1.2 (0.1/22)	-	-	-	-	-	R5.6 (0.7/16)	101.3 (05/04)	-	-	-	-
ALUMINUM - BLOOD (ug/L)	-	-	-	-	-	-	-	10 (06/04)	-	-	-	-
FOLIC ACID (ng/mL)	24 (0.1/22)	-	-	-	-	-	-	15.4 (06/04)	-	-	-	-
VITAMIN B-12 (pg/mL)	1007 (0.1/22)	-	-	-	-	-	-	375 (06/04)	-	-	-	-

PET INFO (MOST RECENT RESULTS)
No Data Available.

MICROBIOLOGY CULTURE (Last 6 Months)
No Data Available.

(H): Hospitalization | (ER): Outpatient ER Visit

HOSPITALIZATION AND/OR ER VISITS (Last 6 months)
No Data Available.

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