

CASTILLO, Refugio (id #591450, dob: 07/19/1965)

UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY • 4038 S Mooney Blvd, VISALIA CA 93277-7358

CASTILLO, Refugio (id #591450, dob: 07/19/1965)

Referral Order

03/14/2025

To Provider	From Provider
CALIFORNIA UROLOGY 782 MEDICAL CENTER DRIVE E., SUITE 311 CLOVIS, CA 93611 Phone: Phone: (559) 472-4600 Fax: Fax: (559) 472-4601	JESSICA CAMARENA, PA-C, DMSC Visalia-Mooney 4038 S Mooney Blvd VISALIA, CA 93277-7358 Phone: (800) 492-4227 Fax: (844) 742-3430

Referral Order Information

Diagnosis	<ul style="list-style-type: none">Foreign body in penis ICD-10: T19.4XXS: Foreign body in penis, sequela
Order Name	Orders included: 1 Foreign body in penis ICD-10: T19.4XXS: Foreign body in penis, sequela <ul style="list-style-type: none">UROLOGIST REFERRAL Schedule Within: provider's discretion
Notes	

Patient Information

Patient Name	CASTILLO, REFUGIO
SSN	545291981
Sex - DOB - Age	M 07/19/1965 59yo
Address	643 E MARIPOSA DR TULARE TULARE, CA 93274
Phone	H: (559) 410-1298 M: (559) 410-1298
Primary Insurance	NeueHealth - United Physicians Network - BCBS-CA Blue Cross of California (Medicaid Replacement - HMO) ID: XDJ92616881C Group: 1292VC Policy Holder: CASTILLO, REFUGIO
Secondary Insurance	None recorded.

Electronically Signed by: JESSICA CAMARENA, PA-C, DMSC



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Admin Documents

		Medi-Cal Program	
REFUGIO CASTILLO MEMBER ID XDJ92616881C		UHC HANFORD MALL UPN/FQHC 1545 MALL DR HANFORD, CA 93230 (800)492-4227	
Group number	1292VC	Member effective date	05/01/22
Coverage code	SS55A	PCP effective date	08/10/2023
Plan code	040	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 of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

[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

CASTILLO, Refugio (id #591450, dob: 07/19/1965)

Clinical Encounter Summaries

Encounter Date: 03/14/2025

Patient

Name	CASTILLO, REFUGIO (59yo, M) ID# 591450	Appt. Date/Time	03/14/2025 10:15AM
DOB	07/19/1965	Service Dept.	Visalia-Mooney
Provider	JESSICA CAMARENA, PA-C, DMSC		
Insurance	Med Primary: NEUEHEALTH - UNITED PHYSICIANS NETWORK - BCBS-CA BLUE CROSS OF CALIFORNIA (MEDICAID REPLACEMENT - HMO) Insurance # : XDJ92616881C Policy/Group # : 1292VC Med Secondary: MEDI-CAL (MEDICAID) Insurance # : 92616881C Med : MEDI-CAL - INSTITUTIONAL - WRAP CLAIMS (MEDICAID) Insurance # : 92616881C Med Contracts: ATHENAONE DENTAL PLACEHOLDER (MOVED TO HOLD) Insurance # : 92616881C Prescription: MAGELLAN-CALIFORNIA MEDICAID - Member is eligible. details		

Chief Complaint

59 yo male here for new referral- marquinay, ma

Patient's Pharmacies

WALMART PHARMACY 2536 (ERX): 1110 EAST PROSPERITY AVE, TULARE, CA 93274, Ph (559) 684-1327, Fax (559) 684-1353
WALMART PHARMACY 5956 (ERX): 3750 S MOONEY BLVD, VISALIA, CA 93277, Ph (559) 802-4443, Fax (559) 802-4430

Vitals

Ht: 5 ft 8 in Standing (172.72 cm) 03/14/2025 10:04 am	Wt: 216 lbs With clothes (97.98 kg) 03/14/2025 10:13 am	BMI: 32.8 03/14/2025 10:13 am
T: 97.3 F° temporal artery (36.28 C) 03/14/2025 10:13 am	BP: 115/69 sitting L arm 03/14/2025 10:14 am	Notes: marquinay, ma 03/14/2025 10:04 am
O2Sat: 97% Room Air at Rest 03/14/2025 10:14 am	Pulse: 86 bpm 03/14/2025 10:14 am	RR: 18 03/14/2025 10:11 am
Pain Scale: 0 03/14/2025 10:12 am		

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications	
aspirin 81 mg tablet,delayed release TAKE 1 TABLET BY MOUTH ONCE DAILY FOR 90 DAYS	02/17/25 filled
atorvastatin 20 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY FOR 90 DAYS	02/17/25 filled
atorvastatin 40 mg tablet Internal Note: per Dr. Aziz	09/20/24 filled
cholecalciferol (vitamin D3) 125 mcg (5,000 unit) tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	02/03/25 filled
clopidogrel 75 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY FOR 90 DAYS	02/17/25 filled
Invega Hafyera 1,560 mg/5 mL intramuscular syringe	10/29/24 filled

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INJECT 1 SYRINGE I.M. BY NURSE AT SHORT DOYLE CLINIC EVERY 6 MONTHS

sertraline 150 mg capsule

03/03/25 filled

TAKE 1 CAPSULE BY MOUTH ONCE DAILY IN THE MORNING

traZODone 100 mg tablet

01/07/25 filled

TAKE 1 TABLET BY MOUTH ONCE DAILY AT BEDTIME AS NEEDED

traZODone 50 mg tablet

03/02/25 filled

TAKE 1 TABLET BY MOUTH ONCE DAILY AT BEDTIME AS NEEDED

Wegovy 0.25 mg/0.5 mL subcutaneous pen injector

03/02/25 filled

INJECT 0.25MG SUBCUTANEOUSLY EVERY WEEK

Wegovy 0.5 mg/0.5 mL subcutaneous pen injector

03/14/25 prescribed

Inject 0.5 mL every week by subcutaneous route.

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, bivalent booster, PF, 30 mcg/0.3 mL dose (Pfizer-BioNTech)	10/26/22	1	Intramuscular			FR2583	Pfizer, Inc				
COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose (Pfizer-BioNTech)	01/24/22	1	Intramuscular			FD0809	Pfizer, Inc				
COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose (Pfizer-BioNTech)	06/11/21	1	Intramuscular			EW0202	Pfizer, Inc				
Diphtheria, Tetanus, Pertussis											
Tdap	04/25/19	1	Intramuscular			C5577AA	Sanofi Pasteur				
Tdap	01/17/17	1				C5201BA	Sanofi Pasteur				
Hepatitis A											
Hep A, adult	10/26/17	1									
Influenza											
influenza, injectable, quadrivalent	09/15/23	1	Intramuscular			U8049AA	Sanofi Pasteur				
influenza, injectable, quadrivalent, preservative free	11/17/22	1	Intramuscular			UT7695KA	Sanofi Pasteur				
influenza, injectable, quadrivalent, preservative free	10/22/21	1	Intramuscular			PD237	GlaxoSmithKline				
influenza, injectable, quadrivalent, preservative free	02/28/20	1	Intramuscular			450GT	GlaxoSmithKline				
influenza, injectable, quadrivalent	10/26/17	1	Intramuscular			UI826AB	Sanofi Pasteur				
influenza, injectable, quadrivalent, preservative free	10/27/16	1	Intramuscular			UI739AA	Sanofi Pasteur				
influenza	10/02/12	1				UH731AA	Sanofi Pasteur				
influenza	09/11/08	1				88635	Novartis Pharmaceutical Corporation				
influenza	10/05/07	1									

Problems

Reviewed Problems

- Body mass index 30+ - obesity - Onset: 08/28/2024
- Induration penis plastica - Onset: 03/12/2024
- Coronary atherosclerosis - Onset: 09/29/2023
- Amphetamine dependence - Onset: 09/12/2023
- Osteochondritis of the femoral head - Onset: 09/12/2023
- Schizophrenia - Onset: 09/12/2023
- Prediabetes - Onset: 09/12/2023

Family History

Reviewed Family History

Social History

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

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?: No

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

What is your level of caffeine consumption?: Occasional

Covid-19 Questions

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Cough: No
 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

Do you have any pets?: No
 Do you have smoke and carbon monoxide detectors in your home?: No
 Are you passively exposed to smoke?: No
 Are there any guns present in your home?: No
 Do you use insect repellent routinely?: No
 Do you use sunscreen routinely?: No

Lifestyle

Do you wear a helmet when biking?: No
 Do you use your seat belt or car seat routinely?: No

Marriage and Sexuality

Are you sexually active?: No

Advance Directive

Is blood transfusion acceptable in an emergency?: No
 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

Gender Identity and LGBTQ Identity

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

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

Screening

Name	Score	Notes
PHQ-2/PHQ-9	0 (for the PHQ-9)	
AUDIT-C	0	
DAST	0	
PRAPARE	Not scored	

HPI**referrals**

1. eye dr referral for "lens problem"
 blurry vision hasn't seen optometrist yet
 "I had lens replaced 20 years ago and I need it replaced"
 "they put contacts in me while is was asleep"
2. also needs for urology for possible retained foreign x 10 yrs
 reports at KDDH they put a cath in him "tied him down" against his will
 states he still has part of the cath in his penis, reports pain w/ erection
 normal urination and no penile discharge
3. is gaining weight even w/ Wegovy, on low dose
 just started going to the gym

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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? No

Foreign-born person? (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe) No

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) No

Current or former resident or employee of correctional facility, long-term care facility, hospital or homeless shelter? No

ROS as noted in the HPI

Physical Exam

Gen: NAD, obese

Lungs: CTAB

Heart: RRR

Skin: warm and dry

Assessment / Plan

1. Blurring of visual image -

refer optometry

H53.8: Other visual disturbances

- OPTOMETRIST REFERRAL - Schedule Within: provider's discretion

2. Obesity -

healthy weight loss

increase Wegovy

E66.9: Obesity, unspecified

- EATING HEALTHY FOODS: CARE INSTRUCTIONS

CÓMO COMER ALIMENTOS SALUDABLES: INSTRUCCIONES DE CUIDADO - [EATING HEALTHY FOODS: CARE INSTRUCTIONS]

- Wegovy 0.5 mg/0.5 mL subcutaneous pen injector - Inject 0.5 mL every week by subcutaneous route. Qty: (2) mL Refills: 2 Pharmacy: WALMART PHARMACY 2536

3. Immunization due -

vaccines

Z28.39: Other underimmunization status

- SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT - INJECT 0.5 MILLILITER (50 MCG) BY INTRAMUSCULAR ROUTE ONCE Qty: (1) kit Refills: 0 Pharmacy: WALMART PHARMACY 2536

- PREVNAR 20 (PF) 0.5 ML INTRAMUSCULAR SYRINGE - INJECT 0.5 MILLILITER BY INTRAMUSCULAR ROUTE ONCE Pneumococcal conjugate PCV20, polysaccharide CRM197 conjugate, adjuvant, PF Qty: (0.5) mL Administer Perform Date: 03/14/2025

4. Screening for malignant neoplasm of colon -

lab

Z12.11: Encounter for screening for malignant neoplasm of colon

- COLOFIT, OCCULT BLOOD, FECAL, IA

5. Foreign body in penis -

refer urology

T19.4XXS: Foreign body in penis, sequela

- UROLOGIST REFERRAL - Schedule Within: provider's discretion

6. Screening for malignant neoplasm of prostate -

lab

Z12.5: Encounter for screening for malignant neoplasm of prostate

- PROSTATE-SPECIFIC AG

Return to Office


- Jessica Camarena, PA-C, DMSc for EP FOLLOW UP at Visalia-Mooney on 05/09/2025 at 10:30 AM

Encounter signed-off by Jessica Camarena, PA-C, DMSc, 03/14/2025.

Lab Results

PROSTATE-SPECIFIC AG 03/15/2025 (#67081758, Final, 03/14/2025 11:11am)

TOXASSURE FLEX 13, URINE 01/31/2025 (#65217231, Final, 01/29/2025 11:07am)

Ordering Provider	JESSICA CAMARENA, PA-C, DMSC	Performing Lab	LABCORP OTS ARIZONA (01) LABCORP OTS ARIZONA EARLE COLLUM 5005 S 40TH STREET STE 1200 PHOENIX, AZ 850402969 LABCORP CLINICAL / DIGITAL (02) LABCORP CLINICAL / DIGITAL JENNIFER ENNIS 10 MOORE DRIVE DURHAM, NC 277090009 Account ID: 04192490				
Specimen/Accession ID	60097904650	Specimen Source					
Specimen Coll. Date	01/29/2025 11:07	Result Status	Final				
Specimen Rec. Date	01/29/2025 00:00	Report Status					
Specimen Reported Date	01/31/2025 16:10						
Report	Result	Ref. Range	Units		Status	Lab	Date
SUMMARY REPORT	FINAL				Final	01	
=====							
ToxAssure Flex 13, Urine Amphetamines, MS, Ur RFX =====							
Test		Result	Flag	Units			
Drug Present							
Methamphetamine		1625		ng/mq creat			


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	Amphetamine 622 ng/mg creat Sources of methamphetamine include illicit sources, as a scheduled prescription medication, as a metabolite of some prescription drugs, or use of an l-methamphetamine inhaler. Amphetamine is an expected metabolite of methamphetamine. Amphetamine is also available as a schedule II prescription drug. =====						
	Test	Result	Flag	Units	Ref Range		
	Creatinine	72		mg/dL			
	=====						
	Declared Medications: Medication list was not provided. =====						
	For clinical consultation, please call (866) 593-0157. =====						
PDF	.				Final	02	
CREATININE	72		mg/dL		Final	01	
AMPHETAMINES IA	COMMENT	CUTOFF=300	ng/mL		Final	01	
	Further testing indicated						
AMPHETAMINES	++POSITIVE++				Final	01	
METHAMPHETAMINE	1625		ng/mg creat		Final	01	
AMPHETAMINE	622		ng/mg creat		Final	01	
MDMA (ECSTASY)	Not Detected		ng/mg creat		Final	01	
MDA (ECSTASY METABOLITE)	Not Detected		ng/mg creat		Final	01	
BENZODIAZEPINES	NEGATIVE				Final	01	
DIAZEPAM	Not Detected		ng/mg creat		Final	01	
DESMETHYLDIAZEPAM	Not Detected		ng/mg creat		Final	01	
OXAZEPAM	Not Detected		ng/mg creat		Final	01	
TEMAZEPAM	Not Detected		ng/mg creat		Final	01	
ALPRAZOLAM	Not Detected		ng/mg creat		Final	01	
ALPHA-HYDROXYALPRAZOLAM	Not Detected		ng/mg creat		Final	01	
DESALKYLFLURAZEPAM	Not Detected		ng/mg creat		Final	01	
LORAZEPAM	Not Detected		ng/mg creat		Final	01	
ALPHA-HYDROXYTRIAZOLAM	Not Detected		ng/mg creat		Final	01	
CLONAZEPAM	Not Detected		ng/mg creat		Final	01	
7-AMINOCLONAZEPAM	Not Detected		ng/mg creat		Final	01	
MIDAZOLAM	Not Detected		ng/mg creat		Final	01	
ALPHA-HYDROXYMIDAZOLAM	Not Detected		ng/mg creat		Final	01	
FLUNITRAZEPAM	Not Detected		ng/mg creat		Final	01	
DESMETHYLFLUNITRAZEPAM	Not Detected		ng/mg creat		Final	01	
COCAINE METABOLITE IA	NEGATIVE	CUTOFF=150	ng/mL		Final	01	
6-ACETYLMORPHINE IA	NEGATIVE	CUTOFF=10	ng/mL		Final	01	
OPIATE CLASS IA	NEGATIVE	CUTOFF=100	ng/mL		Final	01	
OXYCODONE CLASS IA	NEGATIVE	CUTOFF=100	ng/mL		Final	01	
METHADONE IA	NEGATIVE	CUTOFF=100	ng/mL		Final	01	
METHADONE MTB IA	NEGATIVE	CUTOFF=100	ng/mL		Final	01	
BUPRENORPHINE	NEGATIVE				Final	01	
BUPRENORPHINE	Not Detected		ng/mg creat		Final	01	


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NORBUPRENORPHINE	Not Detected		ng/mg creat		Final	01	
FENTANYL / ANALOGUES	NEGATIVE				Final	01	
FENTANYL	Not Detected		ng/mg creat		Final	01	
NORFENTANYL	Not Detected		ng/mg creat		Final	01	
TAPENTADOL IA	NEGATIVE	CUTOFF=200	ng/mL		Final	01	
TRAMADOL IA	NEGATIVE	CUTOFF=200	ng/mL		Final	01	
BARBITURATES IA	NEGATIVE	CUTOFF=200	ng/mL		Final	01	
PHENCYCLIDINE IA	NEGATIVE	CUTOFF=25	ng/mL		Final	01	
RESULT NOTE	FASTING NO POSITIVE PATIENT ID TEMPERATURE IN RANGE						


TSH RFX ON ABNORMAL TO FREE T4 01/11/2025 (#64335050, Final, 01/10/2025 11:39am)

Ordering Provider		JESSICA CAMARENA, PA-C, DMSC		Performing Lab		LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04192490	
Specimen/Accession ID		11064375CE17661		Specimen Source			
Specimen Coll. Date		01/10/2025 11:39		Result Status		Final	
Specimen Rec. Date		01/10/2025 00:00		Report Status			
Specimen Reported Date		01/11/2025 15:08					
Report	Result	Ref. Range	Units		Status	Lab	Date
TSH	2.480	0.450-4.500	uIU/mL	Normal	Final	01	
RESULT NOTE	FASTING YES						


CASTILLO, Refugio (id #591450, dob: 07/19/1965)**VITAMIN D, 25-HYDROXY-081950-P 01/11/2025** (#64335049, Final, 01/10/2025 11:39am)

Ordering Provider	JESSICA CAMARENA, PA-C, DMSC	Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04192490				
Specimen/Accession ID	11064375CE17661	Specimen Source					
Specimen Coll. Date	01/10/2025 11:39	Result Status	Final				
Specimen Rec. Date	01/10/2025 00:00	Report Status					
Specimen Reported Date	01/11/2025 15:08						
Report	Result	Ref. Range	Units		Status	Lab	Date
VITAMIN D, 25-HYDROXY	21.2	30.0-100.0	ng/mL	Below Low Normal	Final	01	
<p>Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).</p> <p>1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.</p> <p>2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.</p>							
RESULT NOTE	FASTING YES						


HEMOGLOBIN A1C-001453-P 01/11/2025 (#64335048, Final, 01/10/2025 11:39am)

Ordering Provider	JESSICA CAMARENA, PA-C, DMSC			Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04192490		
Specimen/Accession ID	11064375CE17661			Specimen Source			
Specimen Coll. Date	01/10/2025 11:39			Result Status	Final		
Specimen Rec. Date	01/10/2025 00:00			Report Status			
Specimen Reported Date	01/11/2025 15:08						
Report	Result	Ref. Range	Units		Status	Lab	Date
HEMOGLOBIN A1C	6.3	4.8-5.6	%	Above High Normal	Final	01	
	Prediabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0						
RESULT NOTE	FASTING YES						

CASTILLO, Refugio (id #591450, dob: 07/19/1965)**LIPID PANEL-303756-P 01/11/2025** (#64335047, Final, 01/10/2025 11:39am)


Ordering Provider	JESSICA CAMARENA, PA-C, DMSC	Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04192490				
Specimen/Accession ID	11064375CE17661	Specimen Source					
Specimen Coll. Date	01/10/2025 11:39	Result Status	Final				
Specimen Rec. Date	01/10/2025 00:00	Report Status					
Specimen Reported Date	01/11/2025 15:08						
Report	Result	Ref. Range	Units		Status	Lab	Date
CHOLESTEROL, TOTAL	128	100-199	mg/dL	Normal	Final	01	
TRIGLYCERIDES	81	0-149	mg/dL	Normal	Final	01	
HDL CHOLESTEROL	49	>39	mg/dL	Normal	Final	01	
VLDL CHOLESTEROL CAL	16	5-40	mg/dL		Final	01	
LDL CHOL CALC (NIH)	63	0-99	mg/dL		Final	01	
LDL CALC COMMENT:	NP				Cancelled	01	
RESULT NOTE	FASTING YES						

CASTILLO, Refugio (id #591450, dob: 07/19/1965)**COMP. METABOLIC PANEL (14)-322000-P 01/11/2025** (#64335046, Final, 01/10/2025 11:39am)


Ordering Provider	JESSICA CAMARENA, PA-C, DMSC	Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04192490				
Specimen/Accession ID	11064375CE17661	Specimen Source					
Specimen Coll. Date	01/10/2025 11:39	Result Status	Final				
Specimen Rec. Date	01/10/2025 00:00	Report Status					
Specimen Reported Date	01/11/2025 15:08						
Report	Result	Ref. Range	Units		Status	Lab	Date
GLUCOSE	94	70-99	mg/dL	Normal	Final	01	
BUN	10	6-24	mg/dL	Normal	Final	01	
CREATININE	0.87	0.76-1.27	mg/dL	Normal	Final	01	
EGFR	99	>59	mL/min/1.73	Normal	Final	01	
BUN/CREATININE RATIO	11	9-20		Normal	Final	01	
SODIUM	139	134-144	mmol/L	Normal	Final	01	
POTASSIUM	4.3	3.5-5.2	mmol/L	Normal	Final	01	
CHLORIDE	101	96-106	mmol/L	Normal	Final	01	
CARBON DIOXIDE, TOTAL	26	20-29	mmol/L	Normal	Final	01	
CALCIUM	9.6	8.7-10.2	mg/dL	Normal	Final	01	
PROTEIN, TOTAL	7.4	6.0-8.5	g/dL	Normal	Final	01	
ALBUMIN	4.7	3.8-4.9	g/dL	Normal	Final	01	
GLOBULIN, TOTAL	2.7	1.5-4.5	g/dL		Final	01	
BILIRUBIN, TOTAL	0.9	0.0-1.2	mg/dL	Normal	Final	01	
ALKALINE PHOSPHATASE	117	44-121	IU/L	Normal	Final	01	
AST (SGOT)	20	0-40	IU/L	Normal	Final	01	
ALT (SGPT)	16	0-44	IU/L	Normal	Final	01	
RESULT NOTE	FASTING YES						

CASTILLO, Refugio (id #591450, dob: 07/19/1965)

CBC WITH DIFFERENTIAL/PLATELET 01/11/2025 (#64335045, Final, 01/10/2025 11:39am)

Ordering Provider	JESSICA CAMARENA, PA-C, DMSC			Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04192490			
Specimen/Accession ID	11064375CE17661			Specimen Source				
Specimen Coll. Date	01/10/2025 11:39			Result Status	Final			
Specimen Rec. Date	01/10/2025 00:00			Report Status				
Specimen Reported Date	01/11/2025 15:08							
Report	Result	Ref. Range	Units		Status	Lab	Date	
WBC	6.4	3.4-10.8	x10E3/uL	Normal	Final	01		
RBC	4.83	4.14-5.80	x10E6/uL	Normal	Final	01		
HEMOGLOBIN	14.6	13.0-17.7	g/dL	Normal	Final	01		
HEMATOCRIT	44.0	37.5-51.0	%	Normal	Final	01		
MCV	91	79-97	fL	Normal	Final	01		
MCH	30.2	26.6-33.0	pg	Normal	Final	01		
MCHC	33.2	31.5-35.7	g/dL	Normal	Final	01		
RDW	13.1	11.6-15.4	%		Final	01		
PLATELETS	253	150-450	x10E3/uL	Normal	Final	01		
NEUTROPHILS	68	NOT ESTAB.	%	Normal	Final	01		
LYMPHS	23	NOT ESTAB.	%	Normal	Final	01		
MONOCYTES	6	NOT ESTAB.	%	Normal	Final	01		
EOS	2	NOT ESTAB.	%	Normal	Final	01		
BASOS	1	NOT ESTAB.	%	Normal	Final	01		
IMMATURE CELLS	NP				Cancelled	01		
NEUTROPHILS (ABSOLUTE)	4.3	1.4-7.0	x10E3/uL	Normal	Final	01		
LYMPHS (ABSOLUTE)	1.5	0.7-3.1	x10E3/uL	Normal	Final	01		
MONOCYTES (ABSOLUTE)	0.4	0.1-0.9	x10E3/uL	Normal	Final	01		
EOS (ABSOLUTE)	0.2	0.0-0.4	x10E3/uL	Normal	Final	01		
BASO (ABSOLUTE)	0.1	0.0-0.2	x10E3/uL	Normal	Final	01		
IMMATURE GRANULOCYTES	0	NOT ESTAB.	%		Final	01		
IMMATURE GRANS (ABS)	0.0	0.0-0.1	x10E3/uL		Final	01		
NRBC	NP				Cancelled	01		
HEMATOLOGY COMMENTS:	NP				Cancelled	01		
RESULT NOTE	FASTING YES							


HEMOGLOBIN A1C, FINGERSTICK 05/06/2024 (#54599693, 05/07/2024 8:40am)

Report	Result	Ref. Range	Units		Status	Lab	Date
HEMOGLOBIN A1C	5.8	0 - 9.0%		HIGH			

CASTILLO, Refugio (id #591450, dob: 07/19/1965)


COMPREHENSIVE DRUG ANALYSIS,UR 03/20/2024 (#52665575, Final, 03/12/2024 4:22pm)

Ordering Provider	JESSICA CAMARENA, PA-C, DMSC	Performing Lab	MEDTOX LABORATORIES INC (01) MEDTOX LABORATORIES INC KARLA WALKER 402 W COUNTY ROAD D ST PAUL, MN 551123522 Account ID: 04192490				
Specimen/Accession ID	9760798CE17661	Specimen Source					
Specimen Coll. Date	03/12/2024 16:22	Result Status	Final				
Specimen Rec. Date	03/12/2024 00:00	Report Status					
Specimen Reported Date	03/20/2024 04:08						

Report	Result	Ref. Range	Units		Status	Lab	Date
SUMMARY REPORT (SUMMARY)	FINAL				Final	01	
<div>=====</div> <div>COMPREHENSIVE DRUG ANALYSIS,UR</div> <div>=====</div> <div>TestResultFlagUnits</div> <div>Drug Present</div> <div>Methamphetamine>3704ng/mg creat</div> <div>Amphetamine2653ng/mg creat</div> <div>Sources of methamphetamine include illicit sources, as a scheduled prescription medication, as a metabolite of some prescription drugs, or use of an l-methamphetamine inhaler.</div> <div>Amphetamine is an expected metabolite of methamphetamine.</div> <div>Amphetamine is also available as a schedule II prescription drug.</div> <div>Alcohol, Ethyl0.027g/dL</div> <div>Sources of ethyl alcohol include alcoholic beverages or as a fermentation product of glucose; glucose was not detected in this specimen. Ethyl alcohol result should be interpreted in the context of all available clinical and behavioral information.</div> <div>AcetaminophenPRESENT</div> <div>=====</div> <div>TestResultFlagUnitsRef Range</div> <div>Creatinine135mg/dL>=20</div> <div>=====</div> <div>For clinical consultation, please call (866) 593-0157.</div> <div>=====</div>							
PDF	.				Final	01	
RESULT NOTE	FASTING NO POSITIVE PATIENT ID TEMPERATURE IN RANGE						

CASTILLO, Refugio (id #591450, dob: 07/19/1965)

COLOFIT,OCCULT BLOOD,FECAL,IA 02/14/2024 (#51251056, Final, 02/12/2024 8:00pm)

Ordering Provider	JESSICA CAMARENA, PA-C, DMSC	Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04192490				
Specimen/Accession ID	60097902614	Specimen Source	ST				
Specimen Coll. Date	02/12/2024 20:00	Result Status	Final				
Specimen Rec. Date	02/13/2024 00:00	Report Status					
Specimen Reported Date	02/14/2024 15:10						
Report	Result	Ref. Range	Units		Status	Lab	Date
OCCULT BLOOD, FECAL, IA	Negative	NEGATIVE			Final	01	
RESULT NOTE	FASTING NO SRC:ST						