Friday, March 14, 2025 17

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:		
SUBJECT.		

Friday, March 14, 2025 17

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:	Urgent Initial	☐ Modified ☐ Retro ☐ 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 recipeint, may be obligated under federal or state law to maintain the information in a safe, secure and confidential manner. Content re-discolsure 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. Bex 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

Urgent requests based on scheduling convenience could <u>potentially er</u> Urgent referral requests are for medical care where applying the norm patient's ability to <u>regain maximum function</u> or r	al timeframe (5 days) is d	etrimental to the patient's life.	
Patient Name: Ramirez, Rafael	≅ м [☐ F D.O.B. 07/13/1966	Age: 58
Last First		99919	(550) 111 570 1
Mailing Address: 1415 Sherman Ave City: C			Phone: (559) 414-9794
	ty (if applicable): TULAR		
Requesting Provider: Tom Yang	Servicing/Request	ied Provider (Physician, LYSIS	, Facility, Vendor):
Provider NPI# _1548346695	Provider NPI#: 1	104891068	
Provider TTN#: 62-1323090	Provider TIN#: 6	2-1323090	
Address: 503 South Watson Phone: 866-267-3771	Address:	Phone:	253-382-1628
Visalia,CA 93277 Fax: 866-910-0312			56-910- 0 312
Office Contact: HEATHER C	Office Contact: HEATHER C		
Diagnosis: End Stage Renal Disease	ICD-10: N18.6		
AUTHORIZA	TION DEGUE	O.T.	
*** IN ORDER TO PROCESS YOUR REQUES Inpatient Facility Surgery Center/OP SNF	T, ARF MUST BE (COMPLETED AND LE	GIBLE *** Part B Drugs
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Revised 06092023

DOB: 07/13/1966 | MPI: 2565943

Anemia Snapshot Report 03/14/2025

Ramirez, Rafael

Nephrologist: Yang, Tom MD Modality: In-Center Hemodialysis (ICHD) Referenced Facility Numbers: (03298) TULARE DIALYSIS

Week Start Date: 03-02-2025

Patient Schedule: M W F: Shift 3 (03298) Allergies: No Known Allergies

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Page 1, of 4 | ve., R2C,0,7,8-CW/01vt-180655

TULARE DICESS (00238) 545 ETULASE AVE TULASE. CA 92074-4220 © 2025 DaVa Inc.

February 2002/5/1/20

Anemia Snapshot Report 03/14/2025

Ramirez, Rafael			***************************************		DOB: 0	DOB: 07/13/1966 MPI: 2565943	API: 2565943
MEDICATION DROER HISTORY Last 19 Wedes, foreniz forcos	rie:Belgosd)						
BRDICATION NAME:	DOSE	ROUTE	FREQUENCY	ACKATHISTERED AT	FACUEY	START DATE	END DATE
Heparin Pork 500 Units/Hr	500 Units/Hr	Intravenous	Every Dialysis Treatment	At Dialysis Facility	03298	02/10/2025	ACTIVE
Heparin Pork	1600 Units	Intracatheter	Every Dialysis Treatment				ACTIVE
Heparin Pork 1600 Units	1600 Units	Intracatheter	Every Dialysis Treatment	At Dialysis Facility	03298		ACTIVE
Heparin Pork 500 U	500 Units/Hr	Intravenous	Every Dialysis Treatment	At Dialysis Facility	03298	06/06/2024	02/10/2025
Heparin Pork	500 Units	Intravenous	Every Dialysis Treatment	At Dialysis Facility	03298	06/06/2024	ACTIVE
Mircera 30 Microgram	30 Microgram	Intravenous	ESA dosing, every two weeks	At Diatysis Facility	03298	02/07/2025	02/22/2025
Mircera 75 Microgram	75 Microgram		ESA dosing, every four weeks				02/07/2025
Mikera	50 Microgram		ESA dasing, every two weeks				12/08/2024
Venofer	50 Milligram	Intravenous	One time a week	At Dialysis Facility	03298	09/20/2024	ACTIVE

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MKROBIOLOGY RESULTS II.ast 13 Weeks

Anemia Snapshot Report 03/14/2025

DOB: 07/13/1966 MPI: 2565943	
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MISSED TREATMENTS Line US WOOKS

No Data Available.

FEST COMMUNICATIS (Ener. 13 WHEEKS)			
PTH-INTACT	COMMENT This best utilizes Biotin (Vitarin B7) as one of it's reagents. Testing may be interfered with in patients. Onsuming Biotin supplements. Please factor this when reviewing results. METHODOLOGY: SIEMENS Reference range changed as of January, 1,2018.	62298	03/05/2025
PTH-INTACT	This best utilizes Bibtin (Vitarin B7) as one of It's reagents. Testing may be invertived with in patients. consuming Blotin supplements. Please factor this when reviewing results. METHODOLOGY: SIEMENS Revience range changed as of January 1, 2018.	03298	02/05/2025
FOLKC ACID	Normal: >5.4 ng/mt 16.0 ng/mt. indeterminate: 3.4 ng/mt 5.4 ng/mt 16.0 ng/mt 16.0 ng/mt. Indeterminate: 3.4 ng/mt. Indeterminate: 3.4 ng/mt. Indeterminate: 3.5 ng	03298	FOLKC ACID Normal: >5.4 ng/mit - 16.0 ng/mit - 03.298 01/22/2025 Indeterminate: 3.4 ng/mit - 15.4 Indeterminate: 3.4 ng/mit - 15.4 Indeterminate: 3.4 ng/mit - 15.4 Low - 3.4 ng/mit Low - 3.4 ng/mit This test utilizes Botin (Vitamin B7) as one of its season as y be interfered with in patients Constructing Botin supplements. Please factor this when reviewing results.
HCT CALC HGBX3	Unable to Calculate.	03298	01/15/2025

DECLAMPER Frinding information from CWCWW stouch be findled due to regulations, complains a requirements, When sinding is desired, it should only be for vaild operational, chickal or memorin; purposes and consistent with DaVita, posities and procedures. One must premit since in property dispose the printed information when the purpose for which it was printed is completed. Failure to address to these memorinements may result in disciplinary action, up to and including termination of employment with DaVita.

TULARE DIC (YSS (03038) 545 ETULASE AVE TULASE. CA 93274-4220 © 3025 DaVra Inc.

Page 3 of 4 | ver. R2C;0.7.0+CW/0Wr-180655

Anemia Snapshot Report 03/14/2025

Ramirez, Rafael			DOB: 07/13/1966 MPI: 2565943	1.2565943
#EST COMMENTS Last 13 Weeks				
PTH-INTACT This test: PTH-INTACT as one of be interfectively to the property of the property o		03208	01/15/2025	
HEMOGLOBIN RECOLLECT - OUTDATED SPECIMEN	RECOLLECT - CATOATED SPECIMEN	03298	01/15/2025	777777777777777777777777777777777777777
HCT CALC HGBX3	Unable to Calculate.	03298		
HEMOGLOBIN Canceled - Specimen 1 5 days past draw date	Canceled - Specimen not received 5 days past draw date	03298	G1/08/2025	
PTH-INTACT	Canceled - Specimen not received 5 days past draw date	03298	G1/08/2025	
HEMOGLOBIN	HEMOGLOBIN RECOLLECT - OUTDATED 62298 SPECIMEN	03298	HEMOGLOBIN RECOLLECT - OUTDATED 03298 12/22/2024 SPECIMEN	
HCT CALC HGBX3	Unable to Calcutate.	03298	12/22/2024	
HCT CALC HGBX3	Unable to Calculate:: RECOLLECT - OUTDATED SPECIMEN	03298	12/16/2024	
HEMOGLOBIN RECOLLI SPECIME	RECOLLECT - OUTDATED SPECIMEN	03298	12/18/2024	
₩aC	RECOLLECT - OUTDATED SPECIMEN	03298	12/18/2024	
Recolled	- -	03298	12/18/2024	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
HEMATOCRIT	RECOLLECT - OUTDATED SPECIMEN	03298		

Permed Post 25,000,000 (8,000) DECLAMIRE Printing information from CWOV4 should be finited due to regulatory complished, regulatory activity as printed is completed. Taken to these manifesting is desired. Taken to these manifesting in the printing including termination of amplications with DaVita.

TULARE DULYSE (13.258)

False 4 of 4 | ver. RECOLAB-CWOVY-SE0653

\$2.202 DaV'sa Inc.

\$2.202 DaV'sa Inc.

DOB: 07/13/1966 | MPI: 2565943

Anemia Snapshot Report 03/14/2025

Ramirez, Rafael

Week Start Date: 03-09-2025

Nephrologist: Yang, Tom MD

Modality: In-Center Hemodialysis (ICHD)

Patient Schedule: M W F: Shift 3 (03298)

Allergies: No Known Allergies Referenced Facility Numbers: (03298) TULARE DIALYSIS

WEEKSTAKT DATE	<u>8</u>	20,00	EZ/20	0 17 18	0.7709	70/20	8	925	647.119	27.776	<u>2</u>	v.	12,29	23/23	g E		PREDRIBESULTS
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VITAMIN B-12 pg/ml	<u>.</u>				1	<u>.</u>	<u> </u>		1007.0H	[Wei				7		375.0 06/04/24	75
ALBUMIN B'dł.				0.4	(Wej -			ा	E. 4	[We] -			7	(Ta) 4,2	(Fri Redraw	NV#} 4,4	
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DECLANDER Printing information from CWOW should be inclided due to regulatory complaine, enditivements, When printing is desired, a should only be for veild operational, chirical or measurement purposes and consistent with parties and procedures. One must premate property property in the purpose for which it was printed is complained. Failure to adhere to these requirements may result in disciplinary action, up to and including termination of employment with DaVita.

Page 1 of 4 | ver. R2C,0.7.0-CV/01W-180655

TULARE DICESS (00238) 545 ETULASE AVE TULASE. CA 92074-4220 © 2025 DaVa Inc.

Paintea 05,14,12026 1.043 PDT

Anemia Snapshot Report 03/14/2025

Ramirez, Rafael					DOB: (DOB: 07/13/1966 MPI: 2565943	MPI: 2565943
MEDICATION ORDER HISTORY (Last 15 Meds; Avenic Balton	riz Stelatosol						
MEDICATION NAME: DOSE	DOSS	ROUTE	FREQUENCY	ACKNORISTERED AT	FACUITY	STARTOATE	END DATE
Heparin Pork 500 Units/Hr	500 Units/Hr	Intravenous	Every Dialysis Treatment	At Dialysis Facility	03298	02/10/2025	ACTIVE
Heparin Pork	1600 Units	Intracatheter	Every Dialysis Treatment	At Dialysis Facility		07/16/2024	ACTIVE
Meparin Pork 1600 l	1600 Units	Intracatheter	Every Dialysis Treatment	At Dialysis Facility	03298	07/16/2024	ACTIVE
Heparin Pork 500 I	500 Units/Hr	Intravehous	Every Dialysis Treatment	At Dialysis Facility	03298	06/06/2024	02/10/2025
Heparit Pork	500 Units	Intravenous	Every Dialysis Treatment	At Dialysis Facility	03298	06/06/2024	ACTIVE
Mircera 50 Microgram	50 Microgram	Intravenous	ESA dosing, every four weeks	At Dialysis Facility	03298	03/08/2025	ACTIVE
Mircera 30 Microgram							02/22/3025
Mircera							02/07/2025
Venofer	50 Milligram	Intravenous	One time a week	At Dialysis Facility	03298	09/20/2024	ACTIVE

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	E	24 ACT	7.4 ACT
	TAGTEME	07/15/2024	02715/2024
	SATE FACILITY:#	03298	03298
PROTOCOL CADERIS HISTORY (Lan. 13) Weels, America Relaters	PROTOCOLNAME START BATE START DATE START DATE START DATE	ICHD fron Works (IV Iron Sucrose) Potocol. Hold for Ferritin > 800, Revision 4.1 a.C. TVVE	2000/30/60
		800, Revision 4.1	
munita Relatedi		ICHD Iran Warks (IV Iran Sucrase) Protocol, Hold for Ferritin > 800, Revision 4.1	
PROTOCOL: CIRCIENS; MISTORY: (Lant. 1.3 Aveolts, Andrille Rela		fron Sucrose) Protoc	Pro Pey 4.3
OTOCOL ORDBRISHIN	OTOCOL NAME	HD Iron Works (IV	ICHO SHAPEIV Mirrara rev 4.3

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VICTOBIDLACOP RESULTS SLAT 12 WARMS	No Data Available.
MK.ROBIOLOGO RESULTS II.481 12 Weeksii	No Data Available.

DECLANTER Finding information from SWOW should be finded due to regulatory complished. Refuse the striction of should only be forward or some striction of the finding information when the purpose for which it was printed is completed. Refuse to these maintenants may retail in disciplinary action, up to and including termination of simple may retail in disciplinary action, up to and including termination of simple may retail in the suppose the printed in the suppose for which it was printed is completed. Falline to adhere to these maintenants may retail, in disciplinary action, up to and including termination of simple more and proceedures. One must promute your process. One must process. One must process. One must promute your process. One must process. One must process the must process. One must process. One

Permed Post 25,000,000 (8,000)

Anemia Snapshot Report 03/14/2025

DOB: 07/13/1966 | MPI: 2565943 HOSPITALIZATIONS (Last 11) Meeks) Ramirez, Rafael No Data Available.

MISSED TREATMENTS LINE US VYORKS			
No Data Available.			
HEST COMMUNICATION STATES			
LABTESTNAME	COMMENT	## ## ##	DRAWBATE
PTH-INTACT	This best 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 ange changed as of January 1.2018.	03298	03/05/2025
PTH-INTACT	This best 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 Reiemence range changed as of January, 1,2018.	03298	02/05/2025
FOLK ACID	Normal: >5,4 ng/mL - 16,0 ng/mL indeterminate: 3.4 ng/mL - 5.4 ng/mL - 5.4 ng/mL - 5.4 ng/mL - 5.4 ng/mL Low- <3.4 ng/mL Low- <3.4 ng/mL some of the regents. Testing any be interferred with in patients constiming Botin supplements. Please factor this when reviewing results.	03298	01/22/2025
HCT CALC HGBX3	Unable to Calculate,	03298	0.1/15/2025

DECLANDER Printing information from CWOW should be inclided due to regulatory complaine, enditivements, When printing is desired, a should only be for veild operational, chirical or measurement purposes and consistent with parties and procedures. One must premate property property in the purpose for which it was printed is complained. Failure to adhere to these requirements may result in disciplinary action, up to and including termination of employment with DaVita.

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Page 3 of 4 | ver. R2C;0.7.0+CW/0Wr-180655

Anemia Snapshot Report 03/14/2025

Ramirez, Rafael			DOB: 07/13/1966 MPI: 2565943
TEST CONMIENTS Last 13 w msks			
DAB TESTHAME PTH-INTACT as one of it be interfer consuming Please FAC results. NA SIENEINS. NA SIENEINS. NA SIENEINS. NA SIENEINS. NA	Constition This test utilizes Botin (Victorin B7) as one of it's reagents. Testing may be inverted with in potients consuming Biotin supplements. Please factor this when reviewing results. METHODOLOGY: SIEMENS. SIEMENS.	03298	C1/15/2025
HEMOGLOBIN	i	T T T T T T T T T T T T T T T T T T T	61/15/2025
HCT CALC HGBX3		03298	01/09/2025
HEMOGLOBIN	Canceled - Specimen not received 5 days past draw date	03298	01/08/2025
PTH-INTACT Canceled - Specimen in 5 days past draw date	ot received	03298	C1/08/2025
HEMOGLOBIN	TED	03298	12/22/2024
	c Calculate.	03298	12.22.2024
ALBUMIN	Recollect - Unspun specimen	03298	
HCT CALC HGBX3 RECOLLECT - OUTDATED SPECIMEN; Unable to Calculate.			12/18/2024
HEMATOCRIT		03298	12/18/2024
HEMOGLOBIN	RECOLLECT - OUTDATED SPECIMEN	03298	HEMOGLOBIN RECOLLECT - OUTDATED 03298 12/18/2024 SPECIMEN
WBC	RECOLLECT - OUTDATED SPECIMEN	03298	12/18/2024

DECLAMIRE Printing information from CWOV4 should be finited due to regulatory complished, regulatory activity as printed is completed. Taken to these requirements and only be for valid operations, dispose the printed information when the purpose nor which it was printed is completed. Railine to adhere to these requirements may result in disciplinary action, up to and including termination of ampliturent with DaVita.

TULARE DULYSE (13.2.9.8)

False 4 of 4 | ver. RECOLAB-CWOVY-SE0653

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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: 559-563-4827

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

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		SOURCE	
No Known Allergies	-	Patient	-
PROBLEM LISTIS:			
No Data Available.			
110 Date 11 Million Co.			

* Access(es) Used Last Treatment

ACTIVE DIALYSIS ACCESSIES:		DATE PLACED	STARTUSEDATE	LASTUSED DATE
AVFistola	Upper Arm (Left)	10/29/2024	-	-
⁷ Central Venous Catheter (CVC)	Chest (Right)	05/02/2024	06/04/2024	01/22/2025

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

ACTIVE HEPARIN ORDER: TULAR	E DIALYSIS (03298) LOADING DOSE ROUTE	PREQUENCY			
500 Units	Intravenous	Every Dialysis Treatment			
HOURLY DOSE	HOURLY DOSEROUTE	FREQUENCY	STOP TIME BEFORE END OF DIALYSIS		
500 Units/Hr	Intravenous	Every Dialysis Treatment	0 minutes		
ARE IPIAL POPT DOSE	ADTERIAL HERAFKEVAN HAAF	VENOUSPORT	VENOUSEUMEN VOLUME	ERFORENCY	
1600 Units	1.6 mL	1600.0 Units	16mL	Every Dialysis Treatment	Intracatheter

<u> </u>	0.1 Milligram Oral Every				
Aceteminophon	650 Milligram F Oral Every 4 hours as needed	TULARE DIALYSIS (03298)	Yang, Tom.MD	07/30/2024 - No End Date	650 Milligram-12/29/2024
MEDICATION	DOSE/ROUTE/FREQUENCY	FACILITY			DOSE LAST ADMINUSTERED
BY CENTER: ACTIVE MEDICATI	ONS				
* A!EDICATIONS					

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

MEDICATIONS					
IN CENTER: ACTIVE MEDIC	ATIONS				
MOTACION	DOSE/ROUTE/FREQUENCY	FACHITY	PROVIDER	ORDER START G END DATE	DOSE LAST ADMINISTERED
Diphenbydramine	25 Milligram Intravenous Every 4 hours as needed	TULARE DIALYSIS (03298)	Yang, Tom.M()	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% NaCi	(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
Охущел	2 Liters/Minute Nasat 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
Carveditol	12.5 Milligram Oral Two times	a day		01/20/2025	
Gabapentin	100 Milligram Oral Three times	s a clay	-	01/20/2025	-
hydr OXYzine HCI	10 Milligram Oral One time a d	3À	-	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.iMD	01/20/2025	-
Velphoro	500 Milligram Oral Three times	a day	Yang, Tom.ME	10/01/2024	•
Vitamin B1	1 Tablet Oral One time a day		-	08/17/2024	-
Vitamin B&	100 Milligram Oral One time a	day	-	07/23/2024	•
Vitamin D3	125 Microgram Oral One time	e day	•	07/23/2024	-

Di Outside labs may use a different unit of measure

CHE GITTE OF THE	.23G; C	
DOSE	SERVICE DATE/TIME	LOT#
40 Microgram	09/18/2024 14:55 PDT	7352X
-	09/16/2024 00:00 PDT	-
14 Lab.		
40 Microgram	08/15/2024 17:13 PDT	7352X
-	06/13/2024 00:00 PDT	=
4A unable to give	vaccine/ states will get on 8/15	/24 instead
	40 Microgram - 14 Lab. 40 Microgram -	DOSE SERVICE DATE/TIME: 40

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TULARE DIALYSIS (03298) 545 ETULARE AVE. TULARE, CA 93274-4220 © 2025 DaVila Inc.



Ramirez, Rafael.

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

VACCINATIONS			
#IEPATITIS (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 (Miss) Res (r)(Disse)			LGT≢
Influenza V accination 🖺	•	09/27/2024/-	•
PNEUMOCOCCAL (Leaf 5 Doses)	DOSE		LOT#
Prevnar 20	-	06/22/2024 00:00 PDT	-
Refusal Reason: Other; did not want			
Prevnar 20	-	06/20/2024 00:00 PDT	
Refusal Reason: Other; unable to sign	consent/ visla:	impaired	
Prevnar 20	-	06/18/2024 00:00 PDT	-

ii Outside labs may use a different unit of measure

				£OT#
Tubersol	0 mm	06/06/2024 18:53 PDT	06/08/2024 17:23 PDT	3CA18C1
TB RAQ	N/A	06/06/20247-		-

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No Data Available.

[<u>.</u>	ep b (s) ag		METERS AND								
1		(01/22/2025)	3.0	(01/22/2025)	NEG	(06/04/2024)	O.11	(06/04/2024)	see comments	(06/04/2024)	
N	EG	(12/18/2024)	3.0	(06/04/2024)							
A	rig.	(11/20/2024)	< 3.5	(05/25/2024)							

PROSTHETIC DEVICES	AMBULATORY DEVICES
No Data Available.	No Data Available.

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		125 UL/22/20	25: 01720/20	125: U1/17/20:	25:03/15/20	125:: 01::13720	JZ5::U1/1U/	2025: 01/08/20	725: 03706:2	U25:U3/U3/2	UZ5: 12/31/2	027 12/29/20	720 : 1 <i>272712</i> 924
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TULARE DIALYSIS (03298) 545 ETULARE AVE. TULARE, CA 93274-4220 © 2025 DaVila Inc.



Ramirez, Rafael.

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

Treatment Info:	CHD 032987	ULAREDIALYS	iS										
TREATMENT DATE				01/17/2025	01/15/2025	01/13/2025	01/10/2025	01/08/2 0 25	01/06/2025	01/03/2025	12/31/2024	1 12/29/2024	12/27/202
TREATMENT ORDER TYPE	ICHD	ICHD:	ICHD	ICHD	ICHD	ICHD	ICHD	ICHD:	ICHD	IOID	ICHD	ICHD	ICHD
FACILITY	(03298)	(03298)	(03298)	(03298)	1032981	(03298)	(0.3298)	(03298)	(03298)	(03298)	1032981	(03298)	(03299)
Post-Weight (kg)	-	73.8	71.6	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	6.5	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	1.12/63	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	Đ/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	48	61	69	65	67	53
Post HR Stand (BPM)	-	76	65	69	64	73	65	65	69	64	67	66	65
Post HR Sit (BPM)	-	66	60	64	62	69	56	60	67	ó4	59	60	61
VP@200		-										-	-
Average Blood Flovs Rate (ml/min)	-	331	322	350	319	350	350	317	326	325	306	325	282
Access(es) Used	Central Venious Catheter (CVC)	Central Venous Cathoter (CVC)	Central Venous Catheter (CVC)	Central Venous Catheter (CVC)	Central Venous Catheter (CVC)	Central Venous Cathoter (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	63:00	03:00

Outside labs may use a different unit of measure | <u>Underlined</u>: Out of Range

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I	MON	THEYL	A): 28A	# Rabul	.								
ŀ	ANE	ηд				025	DEC 2024	NOV 2024	ADEQUACY	JAN 2025		DEC 2024	NOV 2024
	HEN	1OGL	OBIN		-		-	-	STDKT/V (DIAL)	Redraw	(01/08)	-	-

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Ramirez, Rafael.

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

ANEMIA:	JAN 2025		1DEC 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)	117	(11/06
	Error	(01/15)	Redraw	(12/18)			STDKT/V TOTAL	Redraw	(01/08)	-		-	
	Redraw	(01/09)	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	(11/06)		Redraw	(61/08)	1.29	(12/11)	117	(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)	6 5	(11/11)
IRON (ug/dL)	54	(01/22)	-		-			Redrow	(01/08)	43	(12/06)	55	(11.704
MCV(fL)	-		29.1	(12/31)			BUN - POST (mg/dL)	13	(01/20)	-		-	
	978	(01/22)	Rodraw	(12/18)	98.5	(11/20)		Redraw	(01/15)	-		21	(11/11
RETIC COUNT (%)	2.32	(04/22)	-		-			Redicaw	(01/08)	13	(12/11)	20	(11/06
ABSOLUTE RETIC	_	(0.0.00)	_		_		URR% (%)	5 8	(01/20)	-		68	(11/11
COUNT (x 10^6 cells/uL)								Redraw	(01/08)	68	(12/11)	6 4	(11/06
WBC (x 10^3 cells/uL)	-		63	(12/21)	-		CREATININE (mg/dL)			5.88	(12/31)		
	5.8	(01/22)	Redraw	(12/18)	5.4	(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	8.4	(01/15)					ALBUMIN (g/dL)	-		4.2	(12/31)	-	
(mg/dL)	Redraw	(01/08)	8.7	(12/06)	8.5	(11/06)				4.2	(13/27)	-	
CALCIUM (mg/dL)	8.4	(01/15)						4.3	(01/22)	Redraw	(12/18)	4,4	{11/20
	Redraw	(01/08)	a.?	(12706)	8.5	(11/06)	NPCR (G/KG/D)	0.68	(01/20)	-		0.97	107/13
PHOSPHORUS (mg/dL)	7.1	(01/15)	-		-			Redraw	(90,10)	0.78	(12/11)	0.95	(11/06
	Redraw	(01/08)	4.3	(12/06)	7.5	(11/06)	POTASSIUM (mEq/L)			4.8	(1.2/31)	-	
PTH-INTACT (pg/mL)	192	(01/15)						1,5	(01/22)	Redraw	(12/10)	1,5	(11/20
	Redraw	(01/08)	136	(12/06)	235	(11/06)	SODIUM (mEq/L)	-		136	(12/31)	-	
i	<u>i</u>		 					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 | <u>Underlined</u>: Out of Range

Signal Color of the Color of th	rerein oun	OI measur	e ; gradera	mai, Ode	or mange									
ADENTIONAL LABS (3 most recent is	ADDITIONAL LABS [3 main recent receits per arcent) LAB NAME Jan 20125 Dec 2024 Nov. 2024 Oct 2024 Sep 2024 Aug. 2024 (b) 2024 (b) 2024 (b) 2024 May 2024 (Apr 2024 May 2024 May 2024 Feb 2024 Jan 2024													
IAE NAME		Der 2024												
HGB A1C (GLYCOHEMOGLOBIN) (%A1c)	7 (01/22)	-	-	후 (10/23)	-	-	7.9 (07/18)	7.2 (06/04)	-	-	-	-	-	
GLUCOSE (mg/di.)	142 (01/22)	147 (\$2/27)	.204 (11/20)	203 (10/23)	277 (09/18)	215 (08/22)	179 (07/18)	-	•				•	
	-	Rodraw (12/18)	-	-	-	-	-	-	-	-	-	-	-	

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Ramirez, Rafael.

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

ADDITIONAL LABS (2 most recent LAB NAME	results per mor Jan 2025	th) Dec 2024	Nov 2024	Oct 2024	Sep 2024	Aug 200	24 Jul 2024	Jun 2024	May 2024	Apr 2024	Mar 202	Feb 2022	Jan 2024
VITAMIN D (25-OH) (ng/mL)	81 2 (01/72)	-	-	-	-	-	85.6 (07/16)	101.3 (05/04)	-	-	-	-	-
ALUMINUM - BLOOD (ug/L)	-	-	-	-	-	-	-	10 (06/174)	-	-	-	-	-
FOLIC ACID (ng/mL)	24 (01/22)	-	-	-	-	-	-	15.4 {06/04}	-	-	-	-	-
VITAMIN B-12 (pg/mL)	1007 (01/22)							375 (06/04)					

PET INFOLMOST RECENT RESULTS).

No Data Available.

MCROBIOLOGY CULTURE (Loss Montes)

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

HOSPITALIZATION AND/OREN VISITS: (Cast 5 months):

No Data Available.

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