



**FAX COVER SHEET**  
**Arrowhead Regional Medical Center**

Department or Clinic Name: **CARDIOLOGY CLINIC-MOB 1ST FL**  
Address: **400 North Pepper Avenue**  
City, state, zip code: **Colton, CA 92324**  
Telephone number: **(909)580-3139**  
Fax number: **(909)580-1117**

Date: 08/21/20 Time: 2:57pm # of pages (incl. Cover): 4

**Recipient Information**

To: PCP / Dr. Irma Lopez  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: (909)-391-3423 Fax: (909)-391-3424

**Sender Information**

Print Name:  
(Name of person  
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Authorized  
Sender:  
(e.g. name of  
physician, nurse  
authorizing fax) \_\_\_\_\_  
Telephone: 909-580-3139 Fax: 909-580-1117

**List of  
documents  
sent**

Please review attached notes from 08/05/20 Cardiology-  
clinic.  
Thanks.

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Pt Name: CORADO-CORTEZ, EMERITA

DOB: 05/31/1976

MR#: M002316601 / L#: L00000181851 / Enc.#: TL0034248443

Encounter Date: 08/05/2020

Report: Cardiac Clinic Note

### **CAC Telephonic Encounter**

#### **Telephonic Encounter Details**

##### **Details:**

This visit has been rescheduled as a phone visit to comply with patient safety concerns in accordance with CDC recommendations. I have discussed the benefits and risk of a billable telephone visit and obtained verbal consent from the patient/legal guardian/ designee and they expressed desire to proceed. Documentation of this telephone visit follows below:

#### **Time Spent on Telephone Call**

Start Time of Telephone Call: 09:00

End Time of Telephone Call: 09:15

Time spent on Call (minutes): 15

### **Cardiology-Gen HPI**

#### **History of Present Illness**

Travel in the last 14d?: No

Contact with COVID-19+ Pt?: No

### **Review of Systems**

#### **Review of Systems**

##### **Reviewed**

A 10-point review of systems negative except per HPI.

### **CARDIAC Assessment/Plan**

#### **Assessment/plan:**

Atypical chest pain - R07.89

Intermittent palpitations - R00.2

#### **AP Notes**

Reason for Follow-up: 1 year follow-up

Patient ID: 44-year-old Spanish-speaking female

#### **SUBJECTIVE & INTERVAL NOTE:**

Clinic staff Spanish translator.

This is a 44-year-old female who was seen in the clinic about a year ago and was not seen subsequently. Patient had some insurance issues because of which the initial recommended cardiac stress were not done. Patient states that now she has emergency Medi-Cal to be able to have any cardiac testing that may be needed. Her present complaint mostly consist of dull aches and pains in the chest and also has palpitations on and off. The chest pains are poorly described and are mostly nonexertional. She is able to walk 1 mile and more and there is no exertional symptoms. She is not known to have any significant past medical history except for possible diabetes which is not confirmed.

[ ]

Current Cardiac Medications:

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ROS:

A 10-point ROS was performed and is negative except per above

Constitutional- Denies fever, chills, night sweats, fatigue, or weight change

HEENT- Denies blurry vision, sore throat

Cardiovascular-atypical chest pains as described in HPI but denies any significant exertional chest pain , DOE, orthopnea, or edema. She admits to occasional palpitations.

Respiratory- Denies cough, sputum, SOB, or wheezing

Gastrointestinal- Denies abdominal pain, N/V/C/D

GU: Denies dysuria, polyuria, increased urgency or frequency

Neuro: Denies weakness, numbness/tingling, or HA

Extremities: Denies swelling, skin changes

OBJECTIVE & PHYSICAL EXAM:

CATH REPORTS:

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ECHO FINDINGS:

[]

OTHER IMAGING:

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CARDIAC ASSESSMENT:

This is 1 year follow-up for visit.

Patient complains of atypical chest discomfort which is mostly nonexertional and she also has intermittent palpitations which are poorly described.

CARDIAC PLAN:

-Twelve-lead outpatient ECG

-Echocardiogram to rule out structural heart disease and to assess LVEF

-Treadmill stress test

-Holter monitor x24 hours

-RTC 2 months to review the test results and for further recommendations

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New Diagnostics

- **Echocardiogram**, T+200 @ CAC ANCILLARY SVC (MPM)

Dx: Atypical chest pain - R07.89

- **Holter Monitor/ECG**, T+200 @ CAC ANCILLARY SVC (MPM)

Dx: Atypical chest pain - R07.89

- **Outpatient EKG**, T+200 @ CAC ANCILLARY SVC (MPM)

Dx: Atypical chest pain - R07.89

- **TST If ECG Normal**, T+200 @ CAC ANCILLARY SVC (MPM)

Dx: Atypical chest pain - R07.89

New Referrals

- **Cardiodiagnostics**

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Encounter Date: 08/05/2020

Outpatient twelve-lead ECG. Palpitations Echocardiogram. Assess LVEF and structural heart disease  
Holter monitor x24 hours. Palpitations Treadmill stress test. Atypical chest pains  
Referral Status: Routine  
Referral Type: Procedure  
Dx: Atypical chest pain - R07.89

**Return to Clinic:** 2 Months

Electronically signed by: Nowrangi, Sunil Kumar MD STF  
Report sign date and time: 08/05/20 0918

**Cosigner**

Electronically co-signed by:  
Co-sign date and time: