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Dear Dr. Jason Lo

RE: Yang, Fu Xiang DOB: Sept 14, 1962

I am seeing Mr. Yang, a 52M with chronic cough. He has been coughing intermittently for over 8 years, the cough remains intermittent and dry in nature. He does notice that during allergy season the cough is worse. He is otherwise healthy, and has no previous history of asthma, lung infection, or TB. He previously worked as an Emergency physician, but came to Canada 14 years ago. Since then, he has worked in a vascular lab as a technician doing vascular dopplers. He notices that his cough is worsened by certain scents, cold air, and cleaning agents with bleach or Lysol. He has been tested in the past, in China, with no convincing diagnosis of asthma. Despite this, he has been on various inhaled steroids for a few years, on and off, with variable response. Of the drugs he has been on, nasal steroid seemed to have been the most beneficial. He denies any reflux or previous GERD. About 15 years ago, he had nasal septal surgery to correct a deviation. This improved his breathing and rhinitis substantially. He is uncertain whether he has an allergy history, but does occasionally complain of itching eye and nose.

There is no known history of asthma or lung disease.

PAST MEDICAL HISTORY

HTN; hypercholesterolemia; septal deviation with correction by ENT

MEDICATIONS

Lipitor 40mg OD, ASA 81mg OD, perindopril 8mg

ALLERGIES

Penicillin – rash

ASSESSMENT/PLAN

Mr. Yang has not been seen for many years. He continues to have night time cough which is likely post-nasal drip. I asked that he continue the nasal spray, and start prevacid OTC as a trial. I will speak to him in 1 month for review. If this does not benefit, we can consider PFT again.

Sincerely,

Christie M. Lee, MD FRCPC