

# CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 237 | MRN: MRN-237-2025

## I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	J. Peterman
DOB:	1954-08-15
Gender:	male
Race:	Caucasian
Height:	6 ft 1 in
Weight:	195 lbs
Telecom:	212-555-1994
Address:	129 W 81st St, New York, NY 10024
Marital Status:	Divorced
Multiple Birth:	No (Order: 1)
COMMUNICATION	
Language:	English
Preferred:	Yes
EMERGENCY CONTACT	
Relationship:	Emergency Contact
Name:	Elaine Benes
Telecom:	212-555-1995
Address:	16 W 75th St, Apt 2G, New York, NY 10023
Gender:	female
Organization:	J. Peterman Company
Period Start:	2015-01-01
Period End:	ongoing
PRIMARY PROVIDER	
General Practitioner:	Dr. Leonard McCoy, MD
Managing Organization:	Starfleet Medical Group
INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Aetna
Plan Name:	Gold PPO

Plan Type:	PPO
Group ID:	JPG789
Group Name:	J. Peterman Company
Member ID:	MBR-JP-54321
Policy Number:	POL-AETNA-9876
Effective Date:	2010-01-01
Termination Date:	ongoing
Copay:	\$40
Deductible:	\$1500
SUBSCRIBER	
Subscriber ID:	MEM-JP-54321
Subscriber Name:	J. Peterman
Relationship:	Self
Subscriber DOB:	1954-08-15
Subscriber Address:	129 W 81st St, New York, NY 10024

## II. MEDICAL BIOGRAPHY & HISTORY

J. Peterman is a 70-year-old male, the charismatic and eccentric founder and CEO of the J. Peterman Company, a catalog and retail business known for its travel-inspired, romanticized products. He is a world traveler whose life is a collection of grand, often embellished, stories from his adventures abroad. His medical history is as colorful as his catalog descriptions, often linking his ailments to exotic locales and daring escapades.

The patient's chief complaint is a chronic, debilitating pain in his left knee, which he attributes to an old injury sustained during a 'rather dicey trek through the jungles of Burma.' While initially a nuisance, the pain has escalated over the past six months, transitioning from a dull ache to a sharp, mechanical pain that impedes his mobility and lifestyle. He finds it particularly difficult to navigate stairs and rises from a seated position, which is problematic given his active role in his company. His social history includes a taste for fine brandy, which he consumes 'in moderation,' and he is a lifelong non-smoker. He is divorced and relies on his trusted employee, Elaine Benes, as his primary point of contact for emergencies. Despite his adventurous spirit, he is now seeking a more definitive solution to his knee pain as it threatens his ability to continue his travels and lead his company effectively.

His medical history is otherwise notable for well-managed hypertension and hyperlipidemia, for which he takes daily medication. He has an allergy to Penicillin. The current treatment plan has focused on conservative measures, including a corticosteroid injection that provided only temporary relief and a course of physical therapy that failed to yield significant improvement. This has led his orthopedic specialist to conclude that further investigation is necessary to understand the full extent of the intra-articular damage.

## III. CLINICAL REPORTS & IMAGING

### ■ ORTHO CONSULT NOTE

Report Text:

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Facility: Uptown Orthopedics Center

**Patient:** J. Peterman (MRN: MRN-237)  
**Date of Service:** 2025-04-25  
**DOB:** 1954-08-15  
**Attending Physician:** Dr. Beverly Crusher, MD

**CHIEF COMPLAINT:** Worsening left knee pain.

**HISTORY OF PRESENT ILLNESS:**

Mr. J. Peterman is a 70-year-old gentleman with a storied personal history who presents today for evaluation of chronic and recently exacerbated left knee pain. The patient, who is the CEO of a prominent catalog company, reports that the initial onset of this pain is difficult to pinpoint, but he associates it with a

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■ **KNEE XRAY REPORT**

**Report Text:**

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**Facility:** Uptown Orthopedics Center - Radiology Department  
**Patient:** J. Peterman (MRN: MRN-237)  
**Date of Service:** 2025-04-30  
**DOB:** 1954-08-15  
**Referring Physician:** Dr. Beverly Crusher, MD  
**Radiologist:** Dr. Julian Bashir, MD

**EXAMINATION:** Radiologic Examination, Left Knee; 3 Views (AP, Lateral, Sunrise)  
**ACCESSION #:** XR-2025-91542

**CLINICAL INDICATION:** Left knee pain, chronic, rule out osteoarthritis.

**TECHNIQUE:**

Three views of the left knee were obtained: anteroposterior (AP), lateral, and sunrise. The patient was ambulatory and cooperative during the examination. Images are of good diagnostic quality.

**FINDINGS:**

**BONES:** There is moderate medial and patellofemoral compartment joint space narrowing. Small osteophytes are noted on the medial tibial plateau and femoral condyle. The lateral compartment joint space appears relatively well-preserved. There is no evidence of an acute fracture or dislocation. Bone mineralization is within normal limits for the patient's age. The fibular head is unremarkable.

**JOINT EFFUSION:** A small suprapatellar joint effusion is present.

**SOFT TISSUES:** The soft tissues surrounding the knee are grossly unremarkable. There is no significant soft tissue swelling or evidence of soft tissue calcifications beyond the articular margins.

**ALIGNMENT:** The overall alignment is neutral. The patella appears properly seated within the trochlear groove.

**IMPRESSION:**

1. Moderate degenerative joint disease (osteoarthritis) involving the medial and patellofemoral compartments of the

- left knee.
2. Small joint effusion.
  3. No evidence of acute fracture or osseous lesion.

**Recommendations:**

Clinical correlation is recommended. Findings are consistent with osteoarthritis which may be contributing to the patient's symptoms.

Electronically Signed,  
Dr. Julian Bashir, MD  
Board Certified Radiologist  
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■ **ROUTINE LAB RESULTS**

**Report Text:**

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**Facility:** Downtown Lab Corp  
**Patient:** J. Peterman (MRN: MRN-237)  
**Date of Collection:** 2025-04-10 10:40 EST  
**Date of Report:** 2025-04-10 16:30 EST  
**Ordering Physician:** Dr. Leonard McCoy, MD  
**Accession #:** LCH-2025-77341

COMPREHENSIVE METABOLIC PANEL ---

- **SODIUM:** 140 mEq/L (Ref: 136-145 mEq/L)
- **POTASSIUM:** 4.1 mEq/L (Ref: 3.5-5.1 mEq/L)
- **CHLORIDE:** 101 mEq/L (Ref: 98-107 mEq/L)
- **CARBON DIOXIDE:** 24 mEq/L (Ref: 21-31 mEq/L)
- **GLUCOSE:** 95 mg/dL (Ref: 65-99 mg/dL)
- **BUN (BLOOD UREA NITROGEN):** 18 mg/dL (Ref: 7-20 mg/dL)
- **CREATININE:** 1.0 mg/dL (Ref: 0.6-1.2 mg/dL)
- **eGFR:** >60 mL/min/1.73m<sup>2</sup> (Ref: >60)
- **CALCIUM:** 9.5 mg/dL (Ref: 8.6-10.3 mg/dL)
- **ALBUMIN:** 4.2 g/dL (Ref: 3.5-5.0 g/dL)
- **TOTAL PROTEIN:** 7.1 g/dL (Ref: 6.0-8.3 g/dL)
- **ALKALINE PHOSPHATASE:** 80 U/L (Ref: 44-147 U/L)
- **ALT (ALANINE AMINOTRANSFERASE):** 25 U/L (Ref: 0-40 U/L)
- **AST (ASPARTATE AMINOTRANSFERASE):** 22 U/L (Ref: 0-35 U/L)
- **BILIRUBIN, TOTAL:** 0.8 mg/dL (Ref: 0.1-1.2 mg/dL)

LIPID PANEL, STANDARD ---

- **TOTAL CHOLESTEROL:** 210 mg/dL (Ref: <200 mg/dL) - **HIGH**
- **TRIGLYCERIDES:** 180 mg/dL (Ref: <150 mg/dL) - **HIGH**
- **HDL CHOLESTEROL:** 45 mg/dL (Ref: >40 mg/dL)
- **LDL CHOLESTEROL (CALCULATED):** 129 mg/dL (Ref: <100 mg/dL) - **HIGH**
- **CHOL/HDL RATIO:** 4.7 (Ref: <5.0)

CBC WITH DIFFERENTIAL ---

- **WHITE BLOOD CELL COUNT:** 6.5 x10(3)/uL (Ref: 4.0-11.0)
- **RED BLOOD CELL COUNT:** 5.10 x10(6)/uL (Ref: 4.50-5.90)
- **HEMOGLOBIN:** 15.5 g/dL (Ref: 13.5-17.5)
- **HEMATOCRIT:** 46.0 % (Ref: 41.0-53.0)
- **PLATELET COUNT:** 250 x10(3)/uL (Ref: 150-450)
- **NEUTROPHILS:** 60 %
- **LYMPHOCYTES:** 30 %
- **MONOCYTES:** 7 %
- **EOSINOPHILS:** 2 %
- **BASOPHILS:** 1 %

**Comment:** Lipid panel shows elevated total cholesterol, LDL, and triglycerides, consistent with patient's known hyperlipidemia. CMP...

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■ **PHYSICAL THERAPY SUMMARY**

**Report Text:**

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**Facility:** Restore Physical Therapy

**Patient:** J. Peterman (MRN: MRN-237)

**Date of Summary:** 2025-05-30

**DOB:** 1954-08-15

**Referring Physician:** Dr. Beverly Crusher, MD

**DATES OF SERVICE:** 2025-05-02 to 2025-05-30 (Twice weekly for 4 weeks)

**DIAGNOSIS:** Left Knee Osteoarthritis (M17.12)

**SUBJECTIVE:**

Patient completed a 4-week course of physical therapy focusing on strengthening, flexibility, and pain modulation for his left knee. He reports minimal improvement in his baseline pain levels, which he continues to rate at a 6-7/10 on average. He notes some initial improvement in quadriceps activation but finds that activities like stair climbing and prolonged walking remain significantly painful. He has been compliant with his home exercise program.

**OBJECTIVE:**

- **Range of Motion (Left Knee):**

- Flexion: 115 degrees (Initial: 110, Goal: 130). Limited by pain.
- Extension: 0 degrees (Initial: -5, Goal: 0). Goal met.

- **Strength (Manual Muscle Test):**

- Quadriceps: 4/5 (Initial: 3+/5)
- Hamstrings: 4+/5 (Initial: 4/5)
- Gluteus Medius: 4/5 (Initial: 4-/5)

- **Functional Tests:**

- Timed Up and Go (TUG): 11.5 seconds (Initial: 13.0 seconds).
- 6-Minute Walk Test: Distance improved by 10%, but patient reported increased pain post-activity.

- **Pain:** Patient reports sharp pain with Lachman's test and McMurray's test, suggesting possible meniscal involvement which was equivocal on initial evaluation.

#### **INTERVENTIONS PERFORMED:**

- Therapeutic exercises: Quadriceps sets, straight leg raises, hamstring curls, glute bridges, mini-squats.
- Manual therapy: Soft tissue mobilization to quadriceps and hamstring muscles.
- Modalities: Moist heat at the beginning of sessions, cryotherapy at the end.
- Neuromuscular re-education for gait mechanics.

#### **ASSESSMENT:**

Mr. Peterman has made only modest gains in strength and function over a 4-week course of formal physical therapy. His primary co...

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### **■ ORTHO FOLLOWUP LOMN**

#### **Report Text:**

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**Facility:** Uptown Orthopedics Center

**Patient:** J. Peterman (MRN: MRN-237)

**Date of Service:** 2025-06-10

**DOB:** 1954-08-15

**Attending Physician:** Dr. Beverly Crusher, MD

#### **SUBJECTIVE:**

Mr. Peterman returns for his scheduled follow-up for left knee osteoarthritis. He reports that since his last visit on 2025-04-25, he has completed a course of physical therapy and received one corticosteroid injection. He states the injection provided approximately two weeks of partial relief (pain reduced from 8/10 to 5/10), but the symptoms have since returned to their previous intensity. He finds the pain is most pronounced with weight-bearing activities and often has a

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