CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 238 | MRN: MRN-238-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Raymond Holt
DOB:	1962-11-23
Gender:	male
Race:	Black or African American
Height:	6 ft 0 in
Weight:	180 lbs
Telecom:	(718) 555-0199
Address:	99 Precinct Way, Brooklyn, NY 11201
Marital Status:	Married
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Spouse
Name:	Kevin Cozner
Telecom:	(718) 555-0199
Address:	99 Precinct Way, Brooklyn, NY 11201
Gender:	male
Organization:	Columbia University
Period Start:	1989-05-12
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Madeline Wuntch, MD
Managing Organization:	New York-Presbyterian Brooklyn Methodist Hospital

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Empire BlueCross BlueShield
Plan Name:	NYC Gold PPO

Plan Type:	PPO
Group ID:	NYC-POL-99
Group Name:	NYC Police Department
Member ID:	HOLT9621123
Policy Number:	EMP-99-887766
Effective Date:	1987-01-01
Termination Date:	ongoing
Copay:	$25
Deductible:	$1000
SUBSCRIBER	
Subscriber ID:	HOLT9621123
Subscriber Name:	Raymond Holt
Relationship:	Self
Subscriber DOB:	1962-11-23
Subscriber Address:	99 Precinct Way, Brooklyn, NY 11201

II. MEDICAL BIOGRAPHY & HISTORY

Raymond Holt is a highly decorated Captain in the New York City Police Department, currently commanding the 99th precinct. He is known for his stoic, formal demeanor and unwavering adherence to rules and protocol. His personal life is as structured as his professional one; he is married to Professor Kevin Cozner and has a deep appreciation for classical music, fine arts, and quiet contemplation. He does not smoke and partakes in alcohol with extreme rarity. His diet is regimented and he maintains physical fitness through a disciplined routine.

Medically, Captain Holt has been in excellent health for most of his life, with only well-managed hypertension and hyperlipidemia. This changed recently following an unfortunate workplace accident where he fell from a step-stool, sustaining significant facial trauma. He was diagnosed with complex fractures of the maxilla and required extensive sutures for a deep facial laceration. The injury has resulted in a noticeable change in his facial structure and a malocclusion that impedes proper mastication, causing him considerable, albeit stoically-masked, distress. The current clinical challenge is planning for a definitive surgical reconstruction to restore both function and his prior appearance. The patient has been insistent on expediting the surgical process, even against the advice to obtain more detailed pre-operative imaging.

III. CLINICAL REPORTS & IMAGING

■ *ER DISCHARGE SUMMARY*

Report Text:
PATIENT: Holt, Raymond
MRN: MRN-B99-238
DOB: 1962-11-23
DATE OF SERVICE: 2024-12-10

CHIEF COMPLAINT: Facial injury.

HISTORY OF PRESENT ILLNESS: Mr. Raymond Holt is a 62-year-old male with a history of hypertension and hyperlipidemia who presents to the Emergency Department after a fall. The patient states he was attempting to retrieve a file from a high shelf in his office when the step-stool slipped, causing him to fall forward and strike his face on the edge of his desk. The event occurred approximately 30 minutes prior to arrival. He reports immediate, severe pain in his central face and nose, as well as a bleeding laceration over his left cheek. He denies any loss of consciousness, syncope, or seizure activity. He does report some dizziness post-fall but attributes it to the pain. He notes some blurry vision in the left eye immediately after impact, which has since mostly resolved. There is no reported neck pain, chest pain, or shortness of breath.

PAST MEDICAL HISTORY:
1. Essential Hypertension - well controlled.
2. Mixed Hyperlipidemia.

PAST SURGICAL HISTORY: None.

MEDICATIONS: Lisinopril 20mg daily, Atorvastatin 40mg daily.

ALLERGIES: No Known Drug Allergies.

SOCIAL HISTORY: Patient is a Captain in the NYPD. He is married. He denies smoking. He consumes alcohol rarely, describing it as a single glass of unflavored seltzer on special occasions. He is physically active and maintains a structured diet.

REVIEW OF SYSTEMS: As per HPI. Otherwise, negative for fever, chills, chest pain, abdominal pain, or other focal neurologic deficits.

PHYSICAL EXAMINATION:
Vitals: BP 145/92 mmHg, HR 98, RR 18, Temp 98.6 F, SpO2 99% on room air.
General: Patient is alert, oriented, and sitting upright on the stretcher in visible discomfort but no acute distress. He is well-dressed and groomed.
HEENT: Significant periorbital ecchymosis and edema, more pronounced on the left. There is a 6 cm linear laceration through the dermis over the left zygomatic arch, with moderate bl...

■ *PLASTIC SURGERY CONSULT*

Report Text:
PATIENT: Holt, Raymond
MRN: MRN-B99-238
DOB: 1962-11-23
DATE OF CONSULT: 2024-12-20

REASON FOR CONSULTATION: Follow-up for complex facial fractures.

HISTORY OF PRESENT ILLNESS: Mr. Holt is a 62-year-old male who I am seeing today for follow-up after an ED visit on 2024-12-10 for facial trauma. As per the ED records, he sustained a fall and was diagnosed with a maxillary fracture and a significant facial laceration. The laceration was repaired in the ED. He has been taking pain medication

as needed and has completed his course of antibiotics. He reports persistent pain, difficulty chewing, and a sensation that his 'bite is off'. He feels his facial structure has changed. He is, by his own report, very distressed by the aesthetic and functional changes.

REVIEW OF SYSTEMS: Denies fever or chills. Reports ongoing facial pain and swelling. No new visual changes.

PHYSICAL EXAMINATION:
Vitals: Stable, within normal limits.
General: Patient is stoic but clearly uncomfortable.
HEENT: Post-operative site on the left cheek is clean, dry, and intact with sutures in place. Significant residual edema and ecchymosis of the mid-face. Palpation reveals marked tenderness and palpable step-offs along the left maxilla and zygomaticomaxillary buttress. Intraoral examination confirms malocclusion, specifically an anterior open bite. There is no evidence of infection.

DIAGNOSTIC DATA: I have reviewed the facial X-ray report from 2024-12-10. It notes 'complex facial fractures' and suggests 'CT for better characterization.' To date, no CT has been performed.

ASSESSMENT:
1. **Healing Left Facial Laceration**: Excellent approximation. Sutures can be removed today.
2. **Malunited Maxillary Fracture**: The patient's physical exam findings of malocclusion and palpable bony deformities are highly consistent with a malunited or non-union of his maxillary fractures. The current alignment is functionally and cosmetically unacceptable.
3. **Need for Definitive Surgical Planning**: W...

■ *ER LAB REPORT*

Report Text:
PATIENT: Holt, Raymond
MRN: MRN-B99-238
DOB: 1962-11-23
DATE OF COLLECTION: 2024-12-10 15:15:00

CBC with Differential ---
White Blood Cell Count: 8.5 K/uL (Ref: 4.5-11.0)
Red Blood Cell Count: 4.9 M/uL (Ref: 4.2-5.4)
Hemoglobin: 15.1 g/dL (Ref: 13.5-17.5)
Hematocrit: 45.3 % (Ref: 41-53)
Platelet Count: 250 K/uL (Ref: 150-450)

Basic Metabolic Panel (BMP) ---
Sodium: 140 mEq/L (Ref: 136-145)
Potassium: 4.1 mEq/L (Ref: 3.5-5.1)
Chloride: 102 mEq/L (Ref: 98-107)
Carbon Dioxide: 24 mEq/L (Ref: 22-29)
BUN: 15 mg/dL (Ref: 7-20)
Creatinine: 0.9 mg/dL (Ref: 0.6-1.2)
Glucose: 98 mg/dL (Ref: 70-100)
Calcium: 9.5 mg/dL (Ref: 8.6-10.3)

END OF REPORT

■ *FACIAL XRAY REPORT*

Report Text:
PATIENT: Holt, Raymond
MRN: MRN-B99-238
DOB: 1962-11-23
DATE OF EXAM: 2024-12-10 15:45:00

EXAM: X-Ray, Facial Bones, 3 Views

CLINICAL HISTORY: 62-year-old male, facial trauma after fall.

TECHNIQUE: Waters, Caldwell, and lateral views of the facial bones were obtained.

FINDINGS:
There is evidence of complex fractures involving the left hemimaxilla. Fracture lines appear to extend through the zygomaticomaxillary buttress and the inferior orbital rim. There is associated soft tissue swelling, which is significant.

There is suggestion of comminution and displacement, particularly of the main maxillary body, but the precise degree is difficult to ascertain due to overlapping osseous structures and the inherent limitations of plain radiography.

The nasal bones appear intact.
The mandible is grossly intact without obvious fracture.
Visualized portions of the orbits are difficult to fully assess.

IMPRESSION:
1. Comminuted and displaced fracture of the left maxilla. The full extent cannot be determined.
2. Significant soft tissue swelling.
3. **Recommendation**: Given the complexity and displacement suggested on these plain films, a non-contrast maxillofacial CT scan is strongly recommended for definitive characterization of the fracture patterns, assessment of orbital floor integrity, and for pre-operative planning.

Radiologist: Dr. Charles Boyle, MD
Board Certified Radiologist

■ *SURGICAL PLAN NOTE*

Report Text:
PATIENT: Holt, Raymond
MRN: MRN-B99-238
DOB: 1962-11-23
DATE OF VISIT: 2025-01-05

SUBJECTIVE: Patient returns for pre-operative planning. He reports that he has not yet scheduled his recommended CT scan due to scheduling conflicts with his work. He expresses a desire to proceed with surgery as soon as possible, as the functional and cosmetic deficits are causing him significant professional and personal distress. He states he understands we need the scan but is 'requesting we proceed based on current information.'

OBJECTIVE: Physical exam is unchanged from the visit on 2024-12-20. Persistent malocclusion and palpable step-off at the left maxilla.

ASSESSMENT/PLAN: Patient remains a candidate for surgical repair of his malunited maxillary fracture. Despite my strong recommendation and the radiology recommendation for a pre-operative CT scan, the patient is urging to move forward with scheduling. He has been counseled again that proceeding without a CT scan significantly increases surgical risk, complicates planning, and may lead to a suboptimal outcome. It also makes obtaining insurance authorization more difficult.

Reluctantly, and at the patient's firm insistence, we will submit a prior authorization request based on the initial X-ray findings and clinical examination.

Proposed Procedure:
1. Open Reduction and Internal Fixation, Left Maxilla.
2. Autologous Bone Graft (likely Iliac Crest) for maxillary reconstruction (CPT 20902).

I have documented this extensive discussion with the patient regarding the lack of recommended imaging. He verbally acknowledged the increased risks and the potential for payer denial. The prior authorization request for the above procedures will be submitted by my office staff. We will schedule the procedure pending the insurance decision.

Provider: Dr. Adrian Pimento, MD
Plastic and Reconstructive Surgery

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