CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 233 | MRN: MRN-233-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Arizona Robbins
DOB:	1976-05-19
Gender:	female
Race:	Caucasian
Height:	5 ft 8 in
Weight:	185 lbs
Telecom:	206-555-7890
Address:	4150 E Madison St, Seattle, WA 98112
Marital Status:	Divorced
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Emergency Contact
Name:	Calliope Torres
Telecom:	206-555-7891
Address:	4150 E Madison St, Seattle, WA 98112
Gender:	female
Organization:	N/A
Period Start:	2010-01-01
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Miranda Bailey, MD
Managing Organization:	Grey Sloan Memorial Hospital

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Aetna
Plan Name:	Gold Choice PPO

Plan Type:	PPO
Group ID:	GS789MEM
Group Name:	Grey Sloan Memorial Surgeons Group
Member ID:	AET654321789
Policy Number:	PPO-987654321
Effective Date:	2009-07-01
Termination Date:	ongoing
Copay:	$40
Deductible:	$1000
SUBSCRIBER	
Subscriber ID:	AET654321789
Subscriber Name:	Arizona Robbins
Relationship:	Self
Subscriber DOB:	1976-05-19
Subscriber Address:	4150 E Madison St, Seattle, WA 98112

II. MEDICAL BIOGRAPHY & HISTORY

Arizona Robbins is a highly regarded pediatric surgeon at Grey Sloan Memorial Hospital, known for her cheerful demeanor and exceptional skill. Her medical history is dominated by the sequelae of a major plane crash in 2012, which resulted in a left below-knee amputation. She has adapted well to her prosthesis and maintains a high level of function, though the trauma remains a significant event in her life history.

Over the past few years, Ms. Robbins has been experiencing a progressive decline in her energy levels, attributing it to the rigors of her job. However, the recent onset of profound daytime somnolence and concerning reports from her ex-partner about nocturnal gasping and choking episodes prompted a formal medical evaluation. The symptoms have begun to cause her significant distress, as she fears her fatigue could compromise patient safety. Her diagnostic workup, including a consultation with ENT and a formal polysomnogram, confirmed a diagnosis of severe obstructive sleep apnea (OSA). She has a strong aversion to CPAP therapy, citing intense claustrophobia, making her non-adherent and a candidate for surgical intervention.

Socially, Arizona is a single mother living with her daughter, Sofia. She is a non-smoker and drinks alcohol only occasionally. Her demanding work schedule leaves little time for structured exercise, and her diet can be inconsistent. The current medical issue is her primary health concern, and she is highly motivated to pursue a definitive treatment to restore her energy and ensure she can continue her work without impairment.

III. CLINICAL REPORTS & IMAGING

■ *ENT CONSULTATION NOTE*

Report Text:
SERVICE DATE: 2025-06-10

PATIENT: Arizona Robbins (MRN: 233)
DOB: 1976-05-19

REASON FOR CONSULTATION: Evaluation of snoring, reported apneas, and daytime fatigue. Referral from Dr. Miranda Bailey.

HISTORY OF PRESENT ILLNESS:
Arizona Robbins is a 49-year-old female with a demanding career as a pediatric surgeon. She presents today for evaluation of progressively worsening snoring over the last 2-3 years. Her partner, Dr. Calliope Torres, has become increasingly concerned, reporting loud, disruptive snoring nightly, accompanied by frequent episodes of gasping and choking, consistent with respiratory pauses. The patient herself was largely unaware of the severity until her partner expressed significant concern.

Concurrently, Ms. Robbins reports debilitating daytime fatigue and somnolence. She feels unrefreshed upon waking, regardless of sleep duration. She admits to struggling to stay awake during afternoon departmental meetings and has had to increase her caffeine intake substantially. She denies falling asleep while driving but expresses fear that her fatigue is beginning to impact her focus and precision at work, a significant concern given her profession. She has tried over-the-counter nasal strips and sleeping on her side with minimal to no improvement. She denies any history of morning headaches, nocturia, or witnessed leg movements during sleep.

PAST MEDICAL HISTORY:
1. Acquired absence of left leg below knee, S/P traumatic motor vehicle accident (2012). Well-healed, uses a prosthesis with good functional status.
2. Essential Hypertension - diagnosed 2024, managed with Lisinopril.
3. GERD - managed with Omeprazole.

PAST SURGICAL HISTORY:
1. Left below-knee amputation (2012).
2. Various orthopedic procedures related to initial trauma.

MEDICATIONS: As per record.

ALLERGIES: No Known Drug Allergies.

SOCIAL HISTORY: Patient is divorced, lives with her daughter. She works long hours as a surgeon. She consumes alcohol socially (2-3 glasses of wine per week) ...

■ *POLYSOMNOGRAPHY REPORT*

Report Text:
PATIENT: Arizona Robbins (MRN: 233)
DOB: 1976-05-19
STUDY DATE: 2025-06-19 to 2025-06-20
REFERRING PHYSICIAN: Dr. Mark Sloan, MD

PROCEDURE: Overnight attended diagnostic polysomnography (CPT 95810).

INDICATION: High suspicion for obstructive sleep apnea (OSA); patient reports loud snoring, witnessed apneas, and excessive daytime somnolence.

TECHNIQUE: Standard overnight polysomnography was performed and attended by a registered polysomnographic technologist. The study included continuous monitoring of electroencephalogram (EEG), electrooculogram (EOG), chin and leg electromyogram (EMG), electrocardiogram (ECG), nasal/oral airflow, thoracic and abdominal respiratory effort, and pulse oximetry. Total recording time was 435 minutes.

SLEEP ARCHITECTURE:
- Total Sleep Time (TST): 350 minutes
- Sleep Efficiency: 80.5% (Normal >85%)
- Sleep Latency: 25 minutes (Normal <30 min)
- REM Latency: 110 minutes (Normal 90-120 min)
- Wake After Sleep Onset (WASO): 60 minutes
- Sleep Stages:
- N1: 15% (Elevated)
- N2: 55% (Normal)
- N3 (Slow Wave): 10% (Reduced)
- REM: 20% (Normal)

The sleep architecture is notable for sleep fragmentation, reduced sleep efficiency, and a reduction in restorative N3 sleep.

RESPIRATORY EVENTS:
- **Apnea-Hypopnea Index (AHI): 55.2 events/hour**
- Obstructive Apneas: 210
- Mixed Apneas: 15
- Hypopneas: 98
- Central Apneas: 2

The AHI is severely elevated, confirming a diagnosis of severe obstructive sleep apnea. The majority of events were obstructive apneas, most prominent during REM and supine sleep, but occurring in all stages and positions.

- **Respiratory Disturbance Index (RDI):** 58.0 events/hour (includes RERAs)
- **Longest Apnea:** 58 seconds
- **Longest Hypopnea:** 42 seconds

OXYGENATION:
- **Mean SpO2 (TST):** 93%
- **Minimum SpO2:** 79%
- **Oxygen Desaturation Index (ODI):** 52 events/hour
- **Time with SpO2 <90%:** 45 minutes (12.9% of TST)
Significant nocturnal oxygen desaturation is present,...

■ *PCP PROGRESS NOTE*

Report Text:
PATIENT: Arizona Robbins (MRN: 233)
DOB: 1976-05-19

DATE OF SERVICE: 2025-05-15

SUBJECTIVE:
Ms. Robbins, an established patient, presents to the clinic today with a chief complaint of persistent and worsening fatigue over the past year. She describes feeling 'chronically exhausted' and 'never rested'. She sleeps 7-8 hours per night but wakes feeling as if she hasn't slept at all. The fatigue is impacting her professionally, finding it hard to concentrate during long procedures and meetings. She has resorted to drinking 5-6 cups of coffee per day, up from her usual 2, with diminishing effect.

Her partner has been telling her for years that she snores loudly, but has recently reported that the snoring is now associated with long pauses in breathing, followed by loud, violent gasps. This occurs multiple times per night. The patient herself is unaware of these events but is prompted to seek evaluation due to her partner's alarm and her own severe daytime somnolence. She completed an online Epworth Sleepiness Scale questionnaire prior to her visit and scored an 18/24, indicating a very high level of daytime sleepiness.

She denies depression, morning headaches, or any recent changes in her diet or lifestyle that would account for this level of fatigue. Her mood is generally good, though she is frustrated by her physical state.

OBJECTIVE:
VITAL SIGNS:
- BP: 142/88 mmHg (Patient's baseline is usually 120/75. She is not currently on anti-hypertensives).
- HR: 80 bpm, regular
- RR: 16
- SpO2: 98% on room air
- Weight: 185 lbs
- Height: 5'8" (68 inches)
- BMI: 28.1 kg/m2 (Overweight)

PHYSICAL EXAM:
- CONSTITUTIONAL: Alert, oriented, appears tired but in no acute distress.
- HEENT: Oropharynx is somewhat crowded but no gross pathology noted on brief inspection.
- CARDIOVASCULAR: Regular rate and rhythm. S1, S2 normal. No murmurs.
- RESPIRATORY: Lungs clear to auscultation bilaterally.
- NEUROLOGIC: Grossly nonfocal. Cranial nerves II-XII intact.

ASSESSMENT:
1. **Excessiv

■ *SURGICAL RECOMMENDATION NOTE*

Report Text:
PATIENT: Arizona Robbins (MRN: 233)
DOB: 1976-05-19
DATE OF SERVICE: 2025-07-08

SUBJECTIVE:
Ms. Robbins returns to the ENT clinic for follow-up to discuss the results of her recent polysomnography, which was

performed on 2025-06-19. The patient has reviewed the report and is aware of the diagnosis.

Since our last visit, she attempted a trial of Auto-CPAP therapy as coordinated through her DME provider. She presents today stating she is unequivocally unable to tolerate the therapy. She reports severe feelings of claustrophobia and panic when wearing the mask (full face or nasal pillows, both were tried). She was only able to keep it on for approximately 20-30 minutes per night for three consecutive nights before discontinuing use. She states 'I can't breathe with it on, it feels suffocating,' and expresses that she will not be able to be compliant with this therapy modality. Her daytime somnolence and fatigue persist without change. She is highly motivated to find a definitive solution due to the impact on her quality of life and professional responsibilities.

REVIEW OF SYSTEMS: Unchanged from previous note.

OBJECTIVE:
- REVIEW OF DIAGNOSTICS: I personally reviewed the full polysomnography report from the Sleep Medicine Center of Seattle. The study confirms **severe obstructive sleep apnea with an AHI of 55.2 events/hour** and significant oxygen desaturation to a nadir of 79%. These findings are clinically and physiologically significant and warrant aggressive treatment.
- PHYSICAL EXAM: Unchanged. Oropharynx remains crowded with a Mallampati Class III airway. Tonsils 2+. Elongated soft palate and uvula are noted. Flexible fiberoptic laryngoscopy reveals a patent glottis and supraglottis with no evidence of laryngomalacia or other distinct pathology at that level. The primary site of obstruction appears to be the oropharynx/soft palate.

ASSESSMENT:
1. **Severe Obstructive Sleep Apnea (G47.33), Confirmed.**
2. **CPAP Intolerance:** Patient has had a clea...

■ *ROUTINE LAB WORK MAY 2025*

Report Text:
PATIENT: Robbins, Arizona
MRN: 233
DOB: 1976-05-19
ORDERING PHYSICIAN: Dr. Miranda Bailey, MD
DATE COLLECTED: 2025-05-16 08:30 PST
DATE REPORTED: 2025-05-16 16:00 PST

TEST NAME RESULT FLAG REFERENCE RANGE UNITS

COMPLETE BLOOD COUNT (CBC)

WBC 7.2 4.0-11.0 x10^3/uL
RBC 5.3 H 4.2-5.4 x10^6/uL
HEMOGLOBIN 16.1 H 12.0-16.0 g/dL
HEMATOCRIT 48.5 H 36.0-46.0 %
MCV 91.5 80.0-100.0 fL
MCH 30.4 27.0-33.0 pg

MCHC 33.2 32.0-36.0 g/dL
RDW 12.8 11.5-14.5 %
PLATELET COUNT 255 150-450 x10^3/uL

COMPREHENSIVE METABOLIC PANEL (CMP)

GLUCOSE, SERUM 102 H 65-99 mg/dL
UREA NITROGEN (BUN) 18 7-25 mg/dL
CREATININE 0.85 0.57-1.11 mg/dL
eGFR >90 mL/min/1.73m2
BUN/CREATININE RATIO 21 6-22
SODIUM 140 135-145 mmol/L
POTASSIUM 4.2 3.5-5.3 mmol/L
CHLORIDE 101 98-107 mmol/L
CARBON DIOXIDE, TOTAL 26 20-32 mmol/L
CALCIUM 9.5 8.6-10.3 mg/dL
PROTEIN, TOTAL 7.1 6.0-8.3 g/dL
ALBUMIN 4.4 3.5-5.0 g/dL
GLOBULIN, TOTAL 2.7 1.9-3.7 g/dL
A/G RATIO 1.6 1.0-2.2
BIL...
