CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 218 | MRN: MRN-218-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Tony Stark
DOB:	1970-05-29
Gender:	male
Race:	Caucasian
Height:	5 ft 9 in
Weight:	185 lbs
Telecom:	310-555-0101
Address:	10880 Malibu Point, Malibu, CA 90265
Marital Status:	Single
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Emergency Contact
Name:	Virginia 'Pepper' Potts
Telecom:	310-555-0102
Address:	1 Stark Tower, New York, NY 10001
Gender:	female
Organization:	Stark Industries
Period Start:	2008-05-02
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Stephen Strange, MD
Managing Organization:	Stark Medical Center

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Aetna
Plan Name:	Stark Industries Executive Plan

Plan Type:	PPO
Group ID:	STARK-IND-001
Group Name:	Stark Industries
Member ID:	MBR-STARK-001
Policy Number:	POL-987654321
Effective Date:	2008-06-01
Termination Date:	ongoing
Copay:	$25
Deductible:	$500
SUBSCRIBER	
Subscriber ID:	MEM-STARK-001
Subscriber Name:	Tony Stark
Relationship:	Self
Subscriber DOB:	1970-05-29
Subscriber Address:	10880 Malibu Point, Malibu, CA 90265

II. MEDICAL BIOGRAPHY & HISTORY

Tony Stark is a 54-year-old male, a well-known billionaire industrialist, inventor, and philanthropist. He has a complex medical history dominated by a severe chest trauma sustained in 2008, which required emergency field surgery and the temporary implantation of an electromagnetic device to prevent shrapnel from migrating to his heart. This device has since been surgically removed, and he has made a full recovery from a structural standpoint.

His social history is notable for a high-stress lifestyle as the CEO of a global technology firm. He reports social consumption of high-end spirits but denies smoking or the use of illicit substances. He is extremely physically active, engaging in high-intensity training, and reports no exertional symptoms. His diet is inconsistent, often dictated by work demands.

The patient's current presentation of chest pain appears uncorrelated with physical activity. He notes the pain is more frequent during board meetings or before public appearances. This, combined with a long-standing diagnosis of generalized anxiety disorder, suggests a non-cardiac etiology. Initial workup, including a normal EKG and negative cardiac enzymes (troponin), further supports that the pain is likely musculoskeletal or anxiety-related rather than ischemic. The request for an echocardiogram is primarily for ruling out any remote possibility of a structural issue related to his old injury, despite a low clinical suspicion.

III. CLINICAL REPORTS & IMAGING

■ *CARDIOLOGY CONSULT NOTE*

Report Text:
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FACILITY: Malibu Cardiology Associates
PATIENT: Stark, Tony
MRN: MRN-218
DOB: 1970-05-29

DATE OF SERVICE: 2024-10-25

REASON FOR CONSULTATION: Atypical Chest Pain (R07.9)

REFERRING PROVIDER: Dr. Stephen Strange, MD

HISTORY OF PRESENT ILLNESS:
Mr. Tony Stark is a 54-year-old male with a significant past medical history of chest trauma, anxiety, and hyperlipidemia, who presents for evaluation of intermittent chest pain. He was seen by his primary care physician, Dr. Strange, on 2024-10-20 for these symptoms and was subsequently referred to our clinic for further cardiac evaluation.

The patient describes the pain as a dull, vague discomfort located substernally. He denies any radiation of the pain to his arms, jaw, or back. The episodes are brief, lasting only a few minutes, and appear to have a strong correlation with periods of high stress and anxiety related to his work at Stark Industries. He explicitly denies any association with physical exertion; in fact, he notes that he recently completed a high-intensity workout with no symptoms whatsoever. The pain is not reproducible with palpation of the chest wall and is not pleuritic in nature. He has tried over-the-counter ibuprofen without significant relief. He reports no associated shortness of breath, diaphoresis, nausea, or palpitations.

His baseline is complicated by a well-documented history of a severe chest injury requiring surgical intervention and the implantation of a device, which has since been removed. He reports no recent issues related to this prior injury. The current symptoms feel distinctly different from his post-surgical pain years ago.

PAST MEDICAL HISTORY:
1. History of Chest Trauma with shrapnel injury (2008), status post surgical repair.
2. Generalized Anxiety Disorder (F41.1) - managed with therapy.
3. Hyperlipidemia (E78.5) - on Atorvastatin.

PAST SURGICAL HISTORY:
1. Exploratory thoracotomy with removal of f...

■ *PCP OFFICE VISIT NOTE*

Report Text:
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FACILITY: Stark Medical Center - Primary Care
PATIENT: Stark, Tony
MRN: MRN-218
DOB: 1970-05-29
DATE OF SERVICE: 2024-10-20

SUBJECTIVE:
Mr. Tony Stark, a 54-year-old male, presents to the clinic today as a new patient for evaluation of intermittent chest pain. He states the pain began approximately two weeks ago and occurs sporadically, perhaps 2-3 times per week. He describes it as a

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■ *LAB REPORT METABOLIC PANEL*

Report Text:
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FACILITY: Downtown Lab Corp
PATIENT: Stark, Tony
MRN: MRN-218
DOB: 1970-05-29
ACCESSION #: LABC-88765120

ORDERING PROVIDER: Dr. Stephen Strange, MD
DATE COLLECTED: 2024-10-20 09:15
DATE REPORTED: 2024-10-20 10:30

CARDIAC & METABOLIC PANEL ---

TEST NAME: Troponin I, High Sensitivity
- **RESULT:** <0.01 ng/mL
- **REFERENCE RANGE:** 0.00 - 0.04 ng/mL
- **FLAG:** N/A

TEST NAME: Complete Blood Count (CBC) with Differential
- **White Blood Cell Count:** 6.8 K/uL (Ref: 4.0 - 11.0)
- **Red Blood Cell Count:** 5.10 M/uL (Ref: 4.50 - 5.90)
- **Hemoglobin:** 15.5 g/dL (Ref: 13.5 - 17.5)
- **Hematocrit:** 46.1 % (Ref: 41.0 - 53.0)
- **Platelet Count:** 250 K/uL (Ref: 150 - 450)

TEST NAME: Comprehensive Metabolic Panel (CMP)
- **Sodium:** 140 mEq/L (Ref: 136 - 145)
- **Potassium:** 4.1 mEq/L (Ref: 3.5 - 5.1)
- **Chloride:** 101 mEq/L (Ref: 98 - 107)
- **Carbon Dioxide:** 25 mEq/L (Ref: 21 - 31)
- **Glucose:** 95 mg/dL (Ref: 70 - 99)
- **BUN:** 18 mg/dL (Ref: 7 - 20)
- **Creatinine:** 0.98 mg/dL (Ref: 0.60 - 1.30)
- **Calcium:** 9.5 mg/dL (Ref: 8.5 - 10.2)
- **Total Protein:** 7.2 g/dL (Ref: 6.0 - 8.3)
- **Albumin:** 4.5 g/dL (Ref: 3.5 - 5.2)
- **Bilirubin, Total:** 0.8 mg/dL (Ref: 0.1 - 1.2)
- **AST (SGOT):** 25 U/L (Ref: 10 - 40)
- **ALT (SGPT):** 30 U/L (Ref: 7 - 56)
- **Alkaline Phosphatase:** 80 U/L (Ref: 40 - 129)

END OF REPORT
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■ *ECG REPORT*

Report Text:

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FACILITY: Stark Medical Center
PATIENT: Stark, Tony
MRN: MRN-218
DOB: 1970-05-29
DATE OF STUDY: 2024-10-20 09:25

PROCEDURE: 12-lead Electrocardiogram (CPT 93000)
REASON FOR STUDY: R07.9 - Chest pain, unspecified

TECHNICAL DETAILS:
The study was performed with the patient in a supine position. Standard limb and precordial leads were placed. The recording is of good quality with minimal artifact.

MEASUREMENTS:
- **Heart Rate:** 78 bpm
- **PR Interval:** 164 ms
- **QRS Duration:** 90 ms
- **QT Interval:** 380 ms
- **QTc (Bazett):** 415 ms
- **P-R-T Axes:** 60, 45, 55 degrees

INTERPRETATION:
1. **Rhythm:** Normal sinus rhythm at a rate of 78 beats per minute.
2. **Conduction:** All intervals (PR, QRS, QT) are within normal limits.
3. **Axis:** Normal electrical axis.
4. **Morphology:** No significant ST segment elevation or depression is noted. T waves are upright and of normal morphology. No pathological Q waves are present.
5. **Comparison:** No prior ECG available for comparison.

IMPRESSION:
- Normal sinus rhythm.
- No electrocardiographic evidence of acute ischemia, injury, or infarction.
- Normal study.

Electronically Signed by:
Dr. Stephen Strange, MD
Stark Medical Center
Date: 2024-10-20 09:27
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■ *OPERATIVE NOTE CHEST TRAUMA*

Report Text:
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FACILITY: Ghulmira Military Hospital
PATIENT: Stark, Tony
MRN: MRN-218

DOB: 1970-05-29
DATE OF SURGERY: 2008-05-01

PREOPERATIVE DIAGNOSIS: Penetrating shrapnel wounds to the chest with retained foreign bodies and cardiac tamponade.

POSTOPERATIVE DIAGNOSIS: Same.

PROCEDURE PERFORMED:
1. Emergency exploratory thoracotomy.
2. Removal of multiple metallic foreign bodies (shrapnel).
3. Pericardiocentesis.
4. Implantation of custom electromagnet housing (Arc Reactor unit).

SURGEON: Dr. Yinsen
ANESTHESIA: Local anesthesia with sedation (improvised).

OPERATIVE FINDINGS:
Upon opening the chest through a median sternotomy, a significant hemopericardium was noted. The pericardial sac was tense. Multiple small, sharp metallic fragments were embedded in the pectoral muscles and surrounding soft tissue. Several fragments were precariously close to the myocardium and great vessels. No direct perforation of the heart muscle was noted, but a significant contusion was present on the right ventricle.

DESCRIPTION OF PROCEDURE:
The patient was brought to the improvised operating theater in critical condition. After rapid local anesthetic infiltration, a median sternotomy was performed. The pericardium was opened, and approximately 250 mL of non-clotting blood was evacuated, resulting in immediate improvement in hemodynamics.

A meticulous exploration of the mediastinum was undertaken. Using forceps and direct visualization, we removed over a dozen pieces of shrapnel from the precordial region. The most critical fragments, lodged near the superior vena cava and the aortic root, were carefully dissected away from adherent tissues and removed.

Given the high risk of migration of remaining microscopic fragments toward the heart, the decision was made to implant a custom-built electromagnetic device to prevent further injury. The device, powered by an external car battery, was seated within the...
