00264

Michael F. Richman, M.D., F.A.C.S.
Cardiothoracic, General and Vein Surgery
LIC# G74625 • DEA# BR3315567
1950 Sawtelle Boulevard, # 150
Los Angeles, CA 90025
(310)481-3939 • Fax (310)481-3949

℞ Name [illegible] D.O.B 2/7/62 ☐ Female ☒ Male

Address ______________ Phone ______________

1) treadmill stress
Quantity: ☐1-24 ☐25-49 ☐50-74 ☐75-100 ☐101-150 ☐151 and over
Units ____ Refills ____ ☐NR ☐1 ☐2 ☐3 ☐4 ☐5
☐ Do not substitute Initial ____

2) test
dx: 272.0
Quantity: ☐1-24 ☐25-49 ☐50-74 ☐75-100 ☐101-150 ☐151 and over
Units ____ Refills ____ ☐NR ☐1 ☐2 ☐3 ☐4 ☐5
☐ Do not substitute Initial ____

3)
Quantity: ☐1-24 ☐25-49 ☐50-74 ☐75-100 ☐101-150 ☐151 and over
Units ____ Refills ____ ☐NR ☐1 ☐2 ☐3 ☐4 ☐5
☐ Do not substitute Initial ____

Patent #5,636,874

Prescription is VOID if the number of drugs prescribed is not noted. ____ ☐1 ☐2 ☐3

X [signature] Date 4/19/13

H57SS4

The Center for Cholesterol Management
A Medical Corporation

PROGRESS NOTE

NAME: ABOUJAWDAH, IMAD
DOB: 12-07-1962
AGE: 50 Y/O
DATE: 04-19-2013

HISTORY OF PRESENT ILLNESS

Imad is a 50-year-old Arabic male with a history of hypercholesterolemia who comes in today for followup of his most recent blood panel done on February 12, 2013. He is been compliant with his medicines and feels very well. At his last visit, we had discussed getting a treadmill stress test as a baseline. The patient did not remember to call Pacific heart institute to schedule a treadmill stress test.

PMHX

1. Hypercholesterolemia

LABS

The patient's most current lab values from February 12, 2013, are significant for a optimal LDL particle number of 657, a normal Vitamin D level of 36, and a decreased omega-3 index of 5.1

Vital Signs:

BP SYST	BP DIAST	PULSE	RESP	WT
122	80	72	16	190

PHYSICAL EXAM

GENERAL- well-developed, well-nourished male in no apparent distress

CHEST- -- clear

HEART- -- regular rate and rhythm

ABDOMEN- -- soft, flat, nontender

EXTREMITIES- warm, well-perfused

Medications:

SIG NAME	SIG TEXT	DATE PRESC	DATE REFILLED	DATE RUNSOUT
PROZAC 10 MG CAPSULE	1 Cap(s) P.O. daily			
VITAMIN D3 5,000 UNIT TABLET	1 Tab(s) P.O. daily			
CRESTOR 10 MG TABLET	1 Tab(s) P.O. daily	11-20-2012		12-20-2013

ASSESSMENT
50-year-old Arabic male with a history of hypercholesterolemia who now has optimal LDL particle number on Crestor 10 mg by mouth daily but a decreased omega-3 index, and is at low/moderate risk of a cardiovascular event.

PLAN
1. I discussed the patient's lipid values with him. His LDL particle number is optimal. His Vitamin D level is optimal. He has not been taking omega-3 fatty acids regularly. I told him he needs to increase his fish oil intake at home.
2. I will also send him another prescription to Pacific heart institute for a treadmill stress test.
3. I will see the patient again in 4 months for followup blood work.

MFR103-S-2013-04-19_18:05:29_Digitally Signed
Michael F. Richman, MD

Imad Aboujawdah

April 19, 2013

Practice: CTR CHOLESTEROL MGMNT
1950 SAWTELLE # 150
LOS ANGELES, CA, 90025-7073

Contact: tel:(310)481-3939
fax:(310)481-3949

Patient: IMAD ABOUJAWDAH
3791 Prairie Ridge Court
Simi Valley, CA, 93063-0213
tel:+1-805-813-4840

MRN: 534

Birthdate: December 7, 1962

Sex: Male

Service Event Date: April 19, 2013 - April 19, 2013

Primary Care Provider:

Table of Contents

Medications

Drug Description	Free Text Sig	Start Date	Status
OMEGA-3 FA 720 MG (private label)	2 Cap(s) P.O. daily	04/19/2013	Active

Allergies and Adverse Reactions

Type	Medication/Agent	Reaction	Adverse Event Date
416098002 - Drug Allergy	PENICILLIN V / 834102	.	11/02/2012

Conditions or Problems

Problem Date	Problem Code	Problem Name	Comment	Status
.	.	No Problems	.	.

Results

TYPE	LOINC CODE	TEST NAME (NORMAL RANGE)	TEST RESULT	TEST DATE
No Results	.	.	.	.
.	.	.	.	.

Complaints

Date	Provinit	Complaint	Comment	Lab Spec No	Lab Report Dte
04/19/2013	MFR103	PT. HERE FOR LAB RESULTS	.	.	.

Vital Signs

Date	Provinit	Ht In	Wt Lb	Bmi	Bmi Res	Bmi Checked	Bp Syst	Bp Diast	Pulse	Resp	Comment	Co2	Smoking Status	Smoking Counsel
04/19/2013	MFR103	70.0	190.0	27.0	OV	1	122	80	72	16	.	.	4 Never smoker	Counseled

Appt Log

Date	Provinit	Appt Dte	Time	Provider Name	Type	Notes	Status
04/19/2013	1	08/19/2013	01:00 PM	MICHAEL RICHMAN, MD	BLOOD	.	Added

Health Diagnostics Labs

PATIENT INFORMATION

Aboujawdah,Imad

MR NUM	534
DOB	1962/12/07
AGE	50 Y/O
PHONE	
GENDER	M

Report Status **Final**

Ordering Physician

Michael F. Richman, MD

Client Information

CTR FOR CHOLESTEROL MGMNT
1950 SAWTELLE BLVD #150, LOS ANGELES, CA, 90025-7073

Acct#	06-90025-18-000 0383
SPECIMEN:	130212025 78
Requisition:	0
Collected:	2/12/2013 9:30 AM
Received:	2/12/2013 4:43 PM
Reported:	

TEST NAME	In Range	Out of Range	RANGE/UNIT	LAB
				HDL
Specimen Source: Serum				
APO A1	153		>131 mg/dL	
Apo B: Apo A1 Ratio	0.39			
APO B	59		<60 mg/dL	
hsCRP		1.1(H)	<1.0 mg/L	
Insulin	5		3-9 uU/mL	
TCHOL	136		<200 mg/dL	
HDL-C	59		>39 mg/dL	
LDL-Ct	65		<100 mg/dL	
TRIG	62		<150 mg/dL	
N-HDL-C	77		<130 mg/dL	
Lp-PLA2 DSX	73		1-400 ng/mL	
NTPROBNP	17		<125 pg/mL	
SDLDL	17		<21 mg/dL	
sdLDL:LDL - Ratio		26(H)	<26	
VIT D	36		30-100 ng/mL	

Health Diagnostics Labs

PATIENT INFORMATION

Aboujawdah,Imad

MR NUM	534
DOB	1962/12/07
AGE	50 Y/O
PHONE	
GENDER	M

Report Status **Final**

Ordering Physician

Michael F. Richman, MD

Client Information

CTR FOR CHOLESTEROL MGMNT
1950 SAWTELLE BLVD #150, LOS ANGELES, CA, 90025-7073

Acct#	06-90025-18-000 0383
SPECIMEN:	130212025 78
Requisition:	0
Collected:	2/12/2013 9:30 AM
Received:	2/12/2013 4:43 PM
Reported:	

TEST NAME	In Range	Out of Range	RANGE/UNIT	LAB
ALB	4.7		3.5-5.2 g/dL	
ALP	87		40-129 U/L	
ALT /GPT		53(H)	<42 U/L	
AST / GOT	30		<41 U/L	
DBILI	0.1		<0.4 mg/dL	
TBILI	0.6		<1.3 mg/dL	
TP	6.9		6.4-8.3 g/dL	
GLUC	86		70-99 mg/dL	
HDL2	18		>11 mg/dL	
LDLP	657		<1000 nmol/L	
HDL Particle Number	37.4		>= 30.5 umol/L	
Small LDL Particle Number	267		<= 527 nmol/L	
LDL Size	20.8		> 20.5 nm	
Large VLDL-P	0.8		<= 2.7 nmol/L	
VLDL Size	44.0		<= 46.6 nm	
Large HDL-P	7.4		>= 4.8 umol/L	
HDL Size	9.5		>= 9.2 nm	

Health Diagnostics Labs

PATIENT INFORMATION

Aboujawdah,Imad

MR NUM	534
DOB	1962/12/07
AGE	50 Y/O
PHONE	
GENDER	M

Report Status **Final**

Ordering Physician

Michael F. Richman, MD

Client Information

CTR FOR CHOLESTEROL MGMNT
1950 SAWTELLE BLVD #150, LOS ANGELES, CA, 90025-7073

Acct#	06-90025-18-000 0383
SPECIMEN:	130121202578
Requisition:	0
Collected:	2/12/2013 9:30 AM
Received:	2/12/2013 4:43 PM
Reported:	

TEST NAME	In Range	Out of Range	RANGE/UNIT	LAB
LP-IR SCORE	24		<= 45	

Except for LDL Particle Number run on NMR Profiler, LDL Particle Number, Small LDL-P, LDL Particle Size, Large HDL-P, Large VLDL-P, VLDL Size, HDL Size, HDL Particle, and LPIR score have been validated by LipoScience but not cleared by US FDA; the clinical utility of these test results has not been fully established

%A1C	4.8		%	
eAG	91.1		<116.9 mg/dL	
MPO	284		<400 pmol/L	
Vit B12	700		>299 pg/mL	
transol2	0.520		0.100-1.300 %	
translin2	0.106		0.100-0.500 %	
alphalin2	<0.1		0.1 - 0.4 %	
dcopentn62	0.706		0.100-1.300 %	
dcopentn32	3.383		0.600-4.100 %	
O3total	8.6		0.1-14.1	
O6total	34.8		28.6-44.5	
cismontotl	14.3		11.5-20.5	
sattotal	41.6		36.6-42.0	
transtotal	0.8		0.1-1.8	
O3Index	5.1		0.1-10.4	

Health Diagnostics Labs

PATIENT INFORMATION

Aboujawdah,Imad

MR NUM	534
DOB	1962/12/07
AGE	50 Y/O
PHONE	
GENDER	M

Report Status **Final**

Ordering Physician

Michael F. Richman, MD

Client Information

CTR FOR CHOLESTEROL MGMNT
1950 SAWTELLE BLVD #150, LOS ANGELES, CA, 90025-7073

Acct#	06-90025-18-0003
SPECIMEN:	13021202578
Requisition:	0
Collected:	2/12/2013 9:30 AM
Received:	2/12/2013 4:43 PM
Reported:	

TEST NAME	In Range	Out of Range	RANGE/UNIT	LAB
Prostate Specific Antigen (total)				HDL
Specimen Source: Serum				
PSA, total	1.2		<4.0 ng/mL	
PDF	Has attachments			

Performing Laboratory Information:

HDL Health Diagnostic Laboratory, Inc. - 49D1100708, 737 N 5th St Richmond VA 23219 Dr. Joseph P. McConnell

The Center for Cholesterol Management
A Medical Corporation

NAME: ABOUJAWDAH, IMAD
DOB: 12-07-1962
Date: 11-20-2012

CHIEF COMPLAINT:
Imad is the source of a 49-year-old Arabic male with no known history of hypercholesterolemia who is referred to me by his wife, who is an established patient, for a lipid evaluation and management.

HISTORY OF PRESENT ILLNESS:
The patient denies any chest pain, shortness of breath, or dizziness. He has no history of a prior myocardial infarction or cerebrovascular accident. He used to do routine cardiovascular exercises but has done no excessive exercise over the past 4 months. He used to be a competitive runner and plans on beginning his exercise routine in the next couple weeks. He has no real medical complaints except he's been under a lot of stress for the past couple months. He never had a treadmill stress test in the past.

PMHX:
1. Borderline hypercholesterolemia

PSHX:
Noncontributory

Medications:

SIG NAME	SIG TEXT	DATE PRESC	DATE REFILLED	DATE RUNSOUT
PROZAC 10 MG CAPSULE	1 Cap(s) P.O. daily			

Allergies:
1. Penicillin - Anaphylaxis

SOCIAL HISTORY:
The patient does not smoke and only drinks socially

FAMILY HISTORY:
Noncontributory

REVIEW OF SYSTEMS:
Noncontributory

Name: ABOUJAWDAH, IMAD Date: 11-20-2012

PHYSICAL EXAM:

Vital Signs:

BP SYST	BP DIAST	PULSE	RESP	WT
138	86	81	16	is a 30 sterol191

GENERAL: Patient is a well-developed well-nourished male in no apparent distress

HEENT: Normocephalic and atraumatic

NECK: No palpable adenopathy or bruits heard

CHEST: Clear

HEART: Regular rate and rhythm

ABDOMEN: Soft, flat, nontender

BACK: No costovertebral angle tenderness

EXTREMITIES: Warm well perfused

NEURO: Alert and oriented x3

ASSESSMENT:
49 Y/O Arabic male with an elevated LDL particle number of 1437, a decreased vitamin D level of 21, and decreased omega-3 index of 3.3 who is at low/moderate to moderate risk of a cardiovascular event.

PLAN:
1. I discussed the patient's lipid panel at length with him and explained atherogenesis and how lipoprotein particles are the vehicles that transport the cholesterol from the vessel lumen into the arterial wall causing atherosclerotic plaques to form. We discussed the fact that his LDL particle number of places him in the 60-65% in the United States. We discussed treatment options for him at this time we will start Crestor 10 mg by mouth daily.
2. We'll also start vitamin D 5000 units by mouth daily and omega-3 fatty acids so that his EPA/DHA content be approximately 1500 mg a day.
3. He will also have a nutrition consult today by my nutritionist.
4. I will schedule him for a treadmill stress test at Pacific heart institute.
5. I will see him again in 2 months for followup blood work.

Name: ABOUJAWDAH, IMAD Date: 11-20-2012

MFR103-S-2012-11-21_14:03:22_Digitally Signed
Michael F. Richman, MD

RD Initial Assessment
Nov 20, 2012
Re: HDL Health Coach Session with Imad Aboujawdah (DOB:12/7/1962)

HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

Our session included the following:

Discussion Points: Reviewed labs. Pt reports that he has been off track with healthy eating and exercise routine for past few months. Discussed the different fats and recommended increasing dietary O3FA and discussing supplementation with Dr. Richman. Explained the health benefits of 200+ minutes exercise/week.
Handouts reviewed/provided: Fats, Plate Planner

Patient-Stated Goals:
Patient goal #1: Resume exercise routine.
running
Plans for next contact (if applicable):f/u as needed.

ANTHROPOMETRICS:
Current Height is:70 inches
Most Recent Weight is:190 pounds
Desired weight is:170 pounds
Patient BMI is:27.25
Weight History:UBW 175#

PATIENT EXERCISE:
Does patient exercise:No
Other Exercise Details:used to run

MEDICAL HISTORY:
Family Medical History:DIABETES:No;HEART DISEASE:No;HIGH BLOOD PRESSURE:No;STROKE :No
Medications:Prozac
Diabetes/Monitoring:
Patient history of diabetes:No

NUTRITION:
Diet Recall:
B: cottage cheese or yogurt with fruit or egg whites
L: chicken/turkey/fish and salad
D: salad or sandwich
Drinks: water, diet Coke

Alcohol Consumption:
Kind of Alcohol Consumed: Wine
How many alcohol drinks:2
Alcohol Frequency: Daily

Elise Campbell, RD
Health Diagnostic Laboratory, Inc.

CTR CHOLESTEROL MGMNT

1950 SAWTELLE # 150
LOS ANGELES, CA 90025-7073
Phone: (310)481-3939 Fax: (310)481-3949

Date: 11/20/2012 Pt. D.O.B: 12-07-1962 Gender: M Pt. Phone: (805) 813-4840
Pt. Name: IMAD ABOUJAWDAH
Address: 3791 Peir Ridge Court
City, St Zip: Simi Valley, CA 93063

Rx

CRESTOR 10 MG TABLET
DISPENSE 30 Tab(s)
Sig: 1 Tab(s) P.O. daily
Refills: 12 Do Not Substitute - Medically Necessary

Provider Name: Michael F. Richman, MD
License: G74625 DEA: BR3315567 NPI: 1972554806
Sent Electronically By: Michael F. Richman, MD, Time: 11/20/2012 2:55:32 PM
Allergies: PENICILLIN

HealthDiagnosticLaboratoryInc.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
12 hours	Male	12/7/1962	50

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
9:30 am	13021202578

Collection Date:	Report Type:
2/12/2013	Complete

Received Date:	Report Date:
2/12/2013	2/14/2013

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

	Laboratory Test	Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results 11/5/2012
Lipids	Total Cholesterol (mg/dL)				136	≥ 240	200 - 239	< 200	200
	LDL-C Direct (mg/dL)				65	≥ 130 CHD & CHD risk eq. > 100	100 - 129 CHD & CHD risk eq. 70 - 100	< 100 CHD & CHD risk eq. < 70	129
	HDL-C (mg/dL)				59	< 40		≥ 40	68
	Triglycerides (mg/dL)				62	> 199	150 - 199	< 150	50
	Non-HDL-C (mg/dL) (calculated)				77	≥ 160	130 - 159	< 130	132
Lipoprotein Particles and Apollipoproteins	Apo B (mg/dL)				59	≥ 80	60 - 79	< 60	101
	LDL-P (nmol/L)				657	≥ 1300	1000 - 1299	< 1000	1437
	sdLDL-C (mg/dL)*				17	> 30	21 - 30	< 21	27
	% sdLDL-C (calculated)			26		> 30	26 - 30	< 26	21
	Apo A-I (mg/dL)				153	< 114	114 - 131	> 131	163
	HDL-P (µmol/L)				37.4	< 28.0	28.0 - 34.0	≥ 35.0	41.5
	HDL2-C (mg/dL)*				18	≤ 8	9 - 11	≥ 12	15
	Apo B:Apo A-I Ratio (calculated)				0.39	≥ 0.81	0.61 - 0.81	≤ 0.6	0.62
	Lp(a) Mass (mg/dL)					≥ 30		< 30	< 3
	Lp(a) Cholesterol (mg/dL)					≥ 6	3 - 5	< 3	
Inflammation/ Oxidation	Myeloperoxidase (pmol/L)				284	≥ 550	400 - 549	< 400	313
	Lp-PLA$_2$ (ng/mL)				73	> 235	200 - 235	< 200	191
	hs-CRP (mg/L)			1.1		> 2.9	1.0 - 2.9	< 1.0	1.6
	Fibrinogen (mg/dL)					< 100 or > 464	391 - 464	100 - 390	
Myocardial Stress	NT-proBNP (pg/mL)				17	> 449	125 - 449	< 125	11
	Galectin-3 (ng/mL)					> 25.9	17.9 - 25.9	< 17.9	13.1

Lab Notes:

Provider Notes:

To schedule time with a Personal Health Coach, please call 1-877-4HDLABS (1-877-443-5227) or visit us online at www.myhdl.com

Dr. Joseph P. McConnell | Laboratory Director | CLIA No. 49D1100708 | CAP No. 7224971 | NPI No. 1629209853
 | 737 N. 5th Street Suite 103 | Richmond, Virginia 23219 | Phone: 804.343.2718 | Fax: 804.343.2704

HealthDiagnosticLaboratoryInc.
beyond diagnosis

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
12 hours	Male	12/7/1962	50

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
9:30 am	13021202578

Collection Date:	Report Type:
2/12/2013	Complete

Received Date:	Report Date:
2/12/2013	2/14/2013

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

	Laboratory Test	Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results 11/5/2012
Platelets	AspirinWorks• (urine) (pg/mg of creatinine)					> 1500		≤ 1500	
Lipoprotein Genetics	Apolipoprotein E Genotype*					Estimated Genotype Frequency: 2/2 (~1-2%), 2/3 (~15%), 2/4 (~1-2%), 3/3 (~55%), 3/4 (~25%), 4/4 (~1-2%)			3/3
Platelet Genetics	CYP2C19*2*3* **POOR** metabolizers with poor antiplatelet effect of Plavix.					*1/*1 = optimal, *1/*2 or *1/*3 = intermediate, *2/*2, *2/*3 or *3/*3 = poor			*1/*1
	CYP2C19*17* **RAPID** metabolizers at increased risk for bleeding on Plavix.					*1/*1 = optimal, *1/*17 = rapid, *17/*17 = ultra rapid			*1/*1
Coagulation Genetics	Factor V Leiden*					**Optimal**=Non-carrier (Arg/Arg); **At Risk**=(Arg/Gln or Gln/Gln)			Arg/Arg
	Prothrombin Mutation*					**Optimal**=Non-carrier (G/G); **At Risk**=(G/A or A/A)			G/G
Metabolic	Insulin (µU/mL)				5	≥ 12	10 - 11	3 - 9	5
	Free Fatty Acid (mmol/L)					> 0.7	0.6 - 0.7	< 0.6	
	Glucose (mg/dL)				86	> 125	100-125	70 - 99	58
	HbA1c (%)				4.8	≥ 6.5	5.7 - 6.4	≤ 5.6	4.7
	Estimated Average Glucose (mg/dL) (calculated)				91.1	≥ 139.9	116.9 - 139.8	≤ 116.8	88.2
	25-hydroxy-Vitamin D (ng/mL)				36	≤ 14	15 - 29	30 - 100	21
	TSH (µlU/mL)					< 0.27 or > 4.20		0.27 - 4.20	1.14
	Homocysteine (µmol/L)					> 13	11 - 13	< 11	12
	Vitamin B_{12} (pg/mL)				700	< 211	211 - 299	≥ 300	692

TSH is analyzed using reagents from Roche Diagnostics by electrochemiluminescence immunoassay. These values should not be used in conjunction with values from other reagent manufacturers or methodologies.

Lab Notes:

*This test was developed and its performance characteristics determined by HDL, Inc. It has not been cleared or approved by the U.S. Food & Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under CLIA-88 as qualified to perform high complexity clinical laboratory testing. All genetic tests performed at HDL, Inc using Applied Biosystems TaqMan SNP Genotyping Assays are greater than 99% accurate. Note: Non-carrier = Wildtype.

To schedule time with a Personal Health Coach, please call 1-877-4HDLABS (1-877-443-5227) or visit us online at www.myhdl.com

HealthDiagnosticLaboratoryInc.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
12 hours	Male	12/7/1962	50

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
9:30 am	13021202578

Collection Date:	Report Type:
2/12/2013	Complete

Received Date:	Report Date:
2/12/2013	2/14/2013

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

Laboratory Test		Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results 11/5/2012
Renal	Cystatin C (mg/L)					≥ 1.04	0.96 - 1.03	≤ 0.95	0.81
	Estimated Glomerular Filtration Rate (eGFR, mL/min/1.73m2)					< 60	60 - 89	> 89	119
	Creatinine, serum (mg/dL)					> 1.2		0.7 - 1.2	1.0

Lab Notes:

*This test was developed and its performance characteristics determined by HDL, Inc. It has not been cleared or approved by the U.S. Food & Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under CLIA-88 as qualified to perform high complexity clinical laboratory testing. All genetic tests performed at HDL, Inc using Applied Biosystems TaqMan SNP Genotyping Assays are greater than 99% accurate. Note: Non-carrier = Wildtype.

To schedule time with a Personal Health Coach, please call 1-877-4HDLABS (1-877-443-5227) or visit us online at www.myhdl.com

Dr. Joseph P. McConnell | Laboratory Director | CLIA No. 49D1100708 | CAP No. 7224971 | NPI No. 1629209853

 | 737 N. 5th Street Suite 103 | Richmond, Virginia 23219 | Phone: 804.343.2718 | Fax: 804.343.2704

HealthDiagnosticLaboratoryInc.
Beyond disease diagnosis

Sterols

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
12 hours	Male	12/7/1962	50

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
9:30 am	13021202578

Collection Date:	Report Type:
2/12/2013	Complete

Received Date:	Report Date:
2/12/2013	2/14/2013

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

Laboratory Test	Notes	Hyper	Optimal	Hypo	Hyper Range	Optimal Range	Hypo Range	Previous Results 11/5/2012
Sterol Absorption Markers								
Campesterol (µg/mL)					≥ 4.44	2.11 - 4.43	≤ 2.10	2.80
Campesterol Ratio (10^2 mmol/mol Cholesterol)					≥ 241	115 - 240	≤ 114	135
Sitosterol (µg/mL)					≥ 3.18	1.43 - 3.17	≤ 1.42	2.47
Sitosterol Ratio (10^2 mmol/mol Cholesterol)					≥ 169	76 - 168	≤ 75	115
Cholestanol (µg/mL)					≥ 3.48	2.02 - 3.47	≤ 2.01	2.41
Cholestanol Ratio (10^2 mmol/mol Cholesterol)					≥ 195	117 - 194	≤ 116	120
Sterol Synthesis Markers								
Desmosterol (µg/mL)					≥ 1.28	0.50 - 1.27	≤ 0.49	1.17
Desmosterol Ratio (10^2 mmol/mol Cholesterol)					≥ 65	31 - 64	≤ 30	59

Results of the sterol analysis should be used in conjunction with atherogenic lipid and lipoprotein measurements (LDL-P, Apo B and LDL-C) to determine the most appropriate therapy for patients. If the patient has elevated atherogenic lipoproteins, regardless of the sterol concentrations, the first line therapy should be LDL lowering with a statin, or combination therapy (statin plus niacin, fibrate, ezetamibe) if appropriate. Sterol absorption markers may be used to help select the most appropriate combination therapy. It is recommend that the following changes in lipid lowering therapy based on sterol analysis be performed.

- If sterol absorption markers (campesterol and/or sitosterol) are elevated with normal or low desmosterol, sterol absorption inhibition (ezetamibe, colesevelam, plant stanols, etc.) should be considered in combination with a statin to lower atherogenic lipoproteins. For mild elevations of lipoproteins, monotherapy with a sterol absorption inhibitor could be considered if sterol absorption markers are increased.

- If desmosterol is elevated and cholesterol absorption markers are normal or decreased, statin therapy alone or combination therapy (statin plus niacin or fibrate), if appropriate, will be most effective. Sterol absorption inhibition is not recommended.

- If both sterol absorption markers and desmosterol are increased, combination therapy with statin and sterol absorption inhibition will most effectively lower atherogenic lipoproteins.

Lab Notes:

Dr. Joseph P. McConnell | Laboratory Director | CLIA No. 49D1100708 | CAP No. 7224971 | NPI No. 1629209853
 | 737 N. 5th Street Suite 103 | Richmond, Virginia 23219 | Phone: 804.343.2718 | Fax: 804.343.2704

HealthDiagnosticLaboratoryInc.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
12 hours	Male	12/7/1962	50

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
9:30 am	13021202578

Collection Date:	Report Type:
2/12/2013	Complete

Received Date:	Report Date:
2/12/2013	2/14/2013

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

Liver	Result	Flag	Reference Interval
ALT / GPT (U/L)	53	H	< 42
AST / GOT (U/L)	30		< 41
ALP (U/L)	87		40 - 129
Total Bilirubin (mg/dL)	0.6		Up to 1.2
Direct Bilirubin (mg/dL)	0.1		0.1 - 0.3

Others	Result	Flag	Reference Interval
Albumin (g/dl)	4.7		3.5 - 5.2
Total Protein (g/dL)	6.9		6.4 - 8.3

Tumor Markers	Result	Flag	Reference Interval
PSA, Total† (ng/mL)	1.2		0.1 - 3.9

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Lab Notes:

†This test was developed and its performance characteristics determined by HDL, Inc. It has not been cleared or approved by the U.S. Food & Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under CLIA-88 as qualified to perform high complexity clinical laboratory testing. All genetic tests performed at HDL, Inc using Applied Biosystems TaqMan SNP Genotyping Assays are greater than 99% accurate. Note: Non-carrier = Wildtype.

Dr. Joseph P. McConnell | Laboratory Director | CLIA No. 49D1100708 | CAP No. 7224971 | NPI No. 1629209853

 | 737 N. 5th Street Suite 103 | Richmond, Virginia 23219 | Phone: 804.343.2718 | Fax: 804.343.2704

HealthDiagnosticLaboratoryInc.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
12 hours	Male	12/7/1962	50

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
9:30 am	13021202578

Collection Date:	Report Type:
2/12/2013	Complete

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2/12/2013	2/14/2013

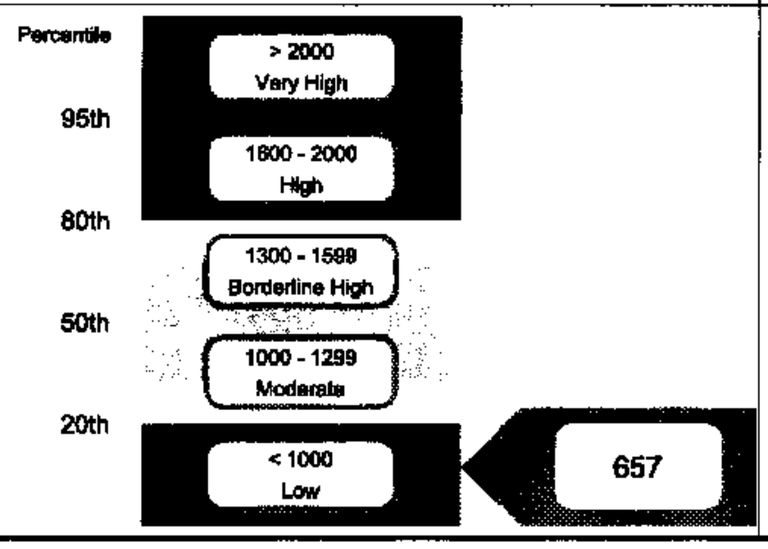
Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

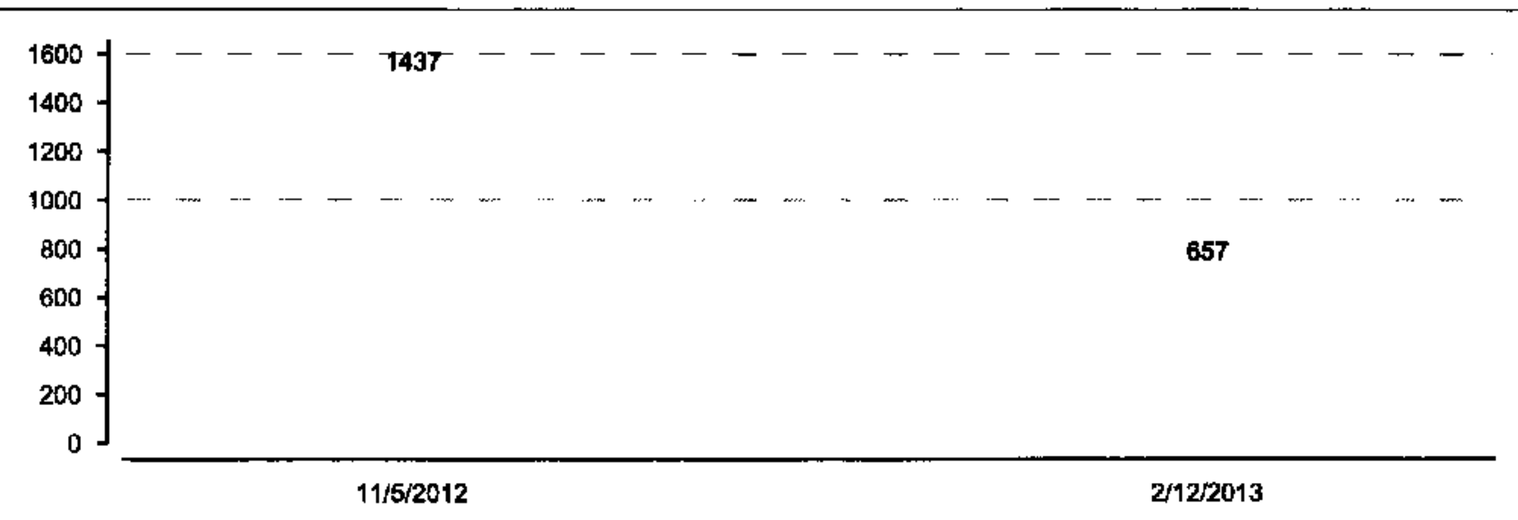
Client ID:
06-90025-18-0000383

NMR LipoProfile® Test

LDL-P Reference Range and Result[1]



LDL-P Historical Trend



Particle Concentration and Size

Laboratory Test	Result	Percentile in Reference Population[2]	Previous Results
HDL Particles		Higher CVD Risk ◄ ► Lower CVD Risk	
HDL-P (total) µmol/L	37.4	low · 25th (26.7) · 50th (30.5) · 75th (34.9) · high — 37.4	41.5
Small LDL-P and LDL Size are associated with CVD risk, but not after LDL-P is taken into account.		Insulin Resistance ◄ ► Insulin Sensitive	
Lipoprotein Markers Associated with Insulin Resistance and Diabetes Risk**			
LARGE VLDL-P nmol/L	0.8	high · 75th (6.9) · 50th (2.7) · 25th (0.9) · low — 0.8	1.8
SMALL LDL-P nmol/L	267	high · 75th (839) · 50th (527) · 25th (117) · low — 267	614
LARGE HDL-P µmol/L	7.4	low · 25th (3.1) · 50th (4.8) · 75th (7.3) · high — 7.4	5.4
VLDL SIZE nm	44.0	large · 75th (52.5) · 50th (46.6) · 25th (42.4) · small — 44	42.1
LDL SIZE nm	20.8	small · 25th (20.4) · 50th (20.8) — 20.8 · 75th (21.2) · large	21.2
HDL SIZE nm	9.5	small · 25th (8.9) · 50th (9.2) · 75th (9.6) — 9.5 · large	8.9
LP-IR SCORE* 0 - 100	24	insulin resistant · 75th (63) · 50th (45) · 25th (27) — 24 · insulin sensitive	41

LP-IR Score is inaccurate if a patient is non-fasting.
*The LP-IR Score combines the information from the 6 markers above it to give improved assessment of insulin resistance and diabetes risk.

These laboratory assays, validated by LipoScience, have not been cleared by the US Food and Drug Administration. The clinical utility of these laboratory values has not been fully established.

1. Reference population comprises '5,362' men and women not on lipid medication enrolled in the Multi-Ethnic Study of Atherosclerosis (MESA). Mora, et al. *Atherosclerosis* 2007.
2. LipoScience reference population comprises 4,588 men and women without known CVD or diabetes and not on lipid medication.
3. Garvey WT, et al. *Diabetes*. 2003; 532:453-462. 4. Goff DC et al. *Metabolism*. 2005; 54:264-270.

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HealthDiagnosticLaboratoryInc. Omega 3 and Omega 6 Fatty Acids Profile

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
12 hours	Male	12/7/1962	50

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
9:30 am	13021202578

Collection Date:	Report Type:
2/12/2013	Complete

Received Date:	Report Date:
2/12/2013	2/14/2013

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

Laboratory Test		Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results 11/5/2012
Index	HS-Omega-3 Index® (RBC EPA+DHA)[a]			5.1		< 4.0%	4.0% - 8.0%	> 8.0%	3.3

Comments:

Your HS-Omega-3 Index is below the target range of 8%.

The HS-Omega-3 Index is the EPA+DHA content of RBC membranes. Increasing the intake of EPA+DHA by 1/2 to 1 gram (500 - 1,000 mg) per day, from either oily fish or fish oil supplements, should significantly improve the index. The exact amount of EPA+DHA needed will vary person to person. A re-check should be done in 3 - 4 months.

Omega-3 Fatty Acids

Fatty Acids	Range	Current	Previous
Omega-3 Total	0.1% - 14.1%	**8.6%**	6.3%
Alpha-Linolenic (ALA)	0.1% - 0.4%	< 0.1%	0.1%
Docosapentaenoic (DPA)	0.6% - 4.1%	3.4%	2.8%
Eicosapentaenoic (EPA)	0.1% - 2.5%	0.9%	0.6%
Docosahexaenoic (DHA)	0.1% - 8.4%	4.2%	2.7%

Omega-6 Fatty Acids

Fatty Acids	Range	Current	Previous
Omega-6 Total	28.6% - 44.5%	**34.8%**	37.0%
Arachidonic (AA)	10.5% - 23.3%	17.3%	16.3%
Linoleic (LA)	4.6% - 21.3%	10.4%	12.4%

Other Fatty Acids

Fatty Acids	Range	Current	Previous
cis-Monounsaturated Total	11.5% - 20.5%	**14.3%**	14.5%
Saturated Total	36.6% - 42.0%	**41.6%**	41.6%
Trans Total	<0.1% - 1.8%	**0.8%**	0.6%

Content of EPA+DHA (mg/3 oz serving) in Common Seafoods*

Higher Omega-3	EPA+DHA	Intermediate Omega-3	EPA+DHA	Lower Omega-3	EPA+DHA
Salmon, Atlantic (farmed)	1825	Swordfish	764	Clams (cooked, moist heat)	241
Herring, Pacific	1807	Rainbow Trout (farmed)	744	Shrimp (mixed, cooked moist)	235
Herring, Atlantic	1712	Tuna, Albacore or White (canned)	733	Tuna, Light (canned)	230
Salmon, Atlantic (wild)	1684	Salmon, Sockeye	673	Catfish (wild)	201
Tuna, Bluefin	1279	Sea Bass	648	Halibut, Atlantic and Pacific	200
Herring, Atlantic (pickled)	1181	Pollock, Atlantic	460	Northern Lobster (steamed)	165
Salmon, Coho (farmed)	1087	Oysters (farmed)	374	Scallops (steamed)	149
Mackerel (canned)	1046	Crab, King	351	Haddock (steamed)	136
Salmon, Chum (canned)	999	Walleye	338	Cod, Atlantic	134
Salmon, Coho (wild)	900	Crab, Dungeness (cooked moist)	335	Cod, Pacific	134
Sardines (canned)	835	Flat Fish (Flounder/Sole)	255	Mahi-Mahi (dolphin fish)	118
Salmon, Pink (canned)	830			Tilapia	115
				Catfish (farmed)	76
				Orange Roughy	26

*From the USDA Nutrient Database values (as of 8/16/12). Values are for fish cooked with dry heat unless otherwise noted.

[a]The HS-Omega-3 Index cutpoints are based on Harris and von Shacky, Preventive Medicine 2004;39:212-220

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 | 737 N. 5th Street Suite 103 | Richmond, Virginia 23219 | Phone: 804.343.2718 | Fax: 804.343.2704

HealthDiagnosticLaboratoryInc.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
12 hours	Male	12/7/1962	50

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
9:30 am	13021202578

Collection Date:	Report Type:
2/12/2013	Complete

Received Date:	Report Date:
2/12/2013	2/14/2013

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

Comments:

%SDLDL is elevated in this sample consistent with the presence of small dense LDL particles in this sample. The clinical significance of this, in the setting of optimal values of LDL cholesterol and Apo B is not well characterized. Niacin, fibric acids, and combination therapy (statin + niacin) have been shown to increase LDL particle size.

C-reactive protein is in the intermediate range. hsCRP is an acute phase reactant. Data from prospective studies indicates that increased concentration of hsCRP is associated with an increased risk for the development of ischemic cardiovascular events. Consider repeat analysis of hsCRP in 2-4 weeks to establish baseline value. If hsCRP remains elevated, then lifestyle changes, including weight reduction, smoking cessation and regular exercise, should be the initial approach. A diet rich in soy protein, viscous fiber, and almonds has been shown to have hsCRP-lowering effects comparable to that of lovastatin 20 mg/day. Medications that may lower hsCRP include statins, fibrates, aspirin, and omega-3 fatty acids. Reducing global CHD risk by aggressive treatment of the traditional risk factors by established therapies may also be beneficial.

†Tumor markers are analyzed using reagents from Roche Diagnostics by electrochemiluminescence immunoassay. These values should not be used in conjunction with values from other reagent manufacturers or methodologies. An elevated value suggests increased risk for cancer associated with each particular tumor marker antigen. Clinical correlation is needed. Refer to guidelines for appropriate patient follow up.

LDL-P and HDL-P performed by Nuclear Magnetic Resonance (NMR) Spectroscopy at LipoScience Inc., 2500 Sumner Blvd., Raleigh, NC, 27616.

End of Report

ATTN PATIENT: Please contact HDL, Inc. at 1-877-4HDLABS (1-877-443-5227) to set an appointment with your personal health coach to discuss your diet and exercise needs at no charge. You can also visit us online at www.myhdl.com and schedule an appointment through our web portal.

HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
Fasting	Male	12/7/1962	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
12:00 am	12110602779
Collection Date:	**Report Type:**
11/5/2012	Complete
Received Date:	**Report Date:**
11/6/2012	11/8/2012

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

Laboratory Test	Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results
Lipids								
Total Cholesterol (mg/dL)			200		≥ 240	200 - 239	< 200	
LDL-C Direct (mg/dL)			129		≥ 130 CHD & CHD risk eq. > 100	100 - 129 CHD & CHD risk eq. 70 - 100	< 100 CHD & CHD risk eq. < 70	
HDL-C (mg/dL)				68	< 40		≥ 40	
Triglycerides (mg/dL)				50	> 199	150 - 199	< 150	
Non-HDL-C (mg/dL) (calculated)			132		≥ 160	130 - 159	< 130	
Lipoprotein Particles and Apolipoproteins								
Apo B (mg/dL)		101			≥ 80	60 - 79	< 60	
LDL-P (nmol/L)		1437			≥ 1300	1000 - 1299	< 1000	
sdLDL (mg/dL)*			27		> 30	21 - 30	< 21	
% sdLDL (calculated)				21	> 30	26 - 30	< 26	
Apo A-I (mg/dL)				163	< 114	114 - 131	> 131	
HDL-P (µmol/L)				41.5	< 28.0	28.0 - 34.0	≥ 35.0	
HDL2 (mg/dL)*				15	≤ 8	9 - 11	≥ 12	
Apo B:Apo A-I Ratio (calculated)			0.62		≥ 0.81	0.61 - 0.81	≤ 0.6	
Lp(a) Mass (mg/dL)				< 3	≥ 30		< 30	
Lp(a) Cholesterol (mg/dL)					≥ 6	3 - 5	< 3	
Inflammation/ Oxidation								
Myeloperoxidase (pmol/L)				313	≥ 550	400 - 549	< 400	
Lp-PLA$_2$ (ng/mL)				191	> 235	200 - 235	< 200	
hs-CRP (mg/L)			1.6		> 2.9	1.0 - 2.9	< 1.0	
Fibrinogen (mg/dL)					≥ 465	391 - 464	≤ 390	
Myocardial Stress								
NT-proBNP (pg/mL)				11	> 449	125 - 449	< 125	
Galectin-3 (ng/mL)				13.1	> 25.9	17.9 - 25.9	< 17.9	

Lab Notes: **AspirinWorks** unable to perform: No Urine was received.

Provider Notes:

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Dr. Joseph P. McConnell | Laboratory Director | CLIA No. 49D1100708 | CAP No. 7224971 | NPI No. 1629209853

HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
Fasting	Male	12/7/1962	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
12:00 am	12110602779

Collection Date:	Report Type:
11/5/2012	Complete

Received Date:	Report Date:
11/6/2012	11/8/2012

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

Laboratory Test	Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results
Platelets								
AspirinWorks• (urine) (pg/mg of creatinine)					> 1500		≤ 1500	
Lipoprotein Genetics								
Apolipoprotein E Genotype*				3/3	Estimated Genotype Frequency: 2/2 (~1-2%), 2/3 (~15%), 2/4 (~1-2%), 3/3 (~55%), 3/4 (~25%), 4/4 (~1-2%)			
Platelet Genetics								
CYP2C19*2*3* **POOR** metabolizers with poor antiplatelet effect of Plavix.				*1/*1	*1/*1 = optimal, *1/*2 or *1/*3 = intermediate, *2/*2, *2/*3 or *3/*3 = poor			
CYP2C19*17* **RAPID** metabolizers at increased risk for bleeding on Plavix.				*1/*1	*1/*1 = optimal, *1/*17 = rapid, *17/*17 = ultra rapid			
Coagulation Genetics								
Factor V Leiden*				Arg/Arg	**Optimal**=Non-carrier (Arg/Arg); **At Risk**=(Arg/Gln or Gln/Gln)			
Prothrombin Mutation*				G/G	**Optimal**=Non-carrier (G/G); **At Risk**=(G/A or A/A)			
Metabolic								
Insulin (µU/mL)				5	≥ 12	10 - 11	3 - 9	
Free Fatty Acid (mmol/L)					> 0.7	0.6 - 0.7	< 0.6	
Glucose (mg/dL)			58		> 125	100-125	70 - 99	
HbA1c (%)				4.7	≥ 6.5	5.7 - 6.4	≤ 5.6	
Estimated Average Glucose (mg/dL) (calculated)				88.2	≥ 139.9	116.9 - 139.8	≤ 116.8	
25-hydroxy-Vitamin D (ng/mL)			21		≤ 14	15 - 29	30 - 100	
TSH (µlU/mL)				1.14	< 0.27 or > 4.20		0.27 - 4.20	
Homocysteine (µmol/L)			12		> 13	11 - 13	< 11	
Vitamin B_{12} (pg/mL)				692	< 211	211 - 299	≥ 300	

Lab Notes: **AspirinWorks** unable to perform: No Urine was received.

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Dr. Joseph P. McConnell | Laboratory Director | CLIA No. 49D1100708 | CAP No. 7224971 | NPI No. 1629209853

HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
Fasting	Male	12/7/1962	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
12:00 am	12110602779

Collection Date:	Report Type:
11/5/2012	Complete

Received Date:	Report Date:
11/6/2012	11/8/2012

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

Laboratory Test		Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results
Renal	Cystatin C (mg/L)				0.81	≥ 1.04	0.96 - 1.03	≤ 0.95	
	Estimated Glomerular Filtration Rate (eGFR, mL/min/1.73m2)				119	< 60	60 - 89	> 89	
	Creatinine, serum (mg/dL)				1.0	> 1.2		0.7 - 1.2	

Lab Notes: **AspirinWorks** unable to perform: No Urine was received.

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Dr. Joseph P. McConnell | Laboratory Director | CLIA No. 49D1100708 | CAP No. 7224971 | NPI No. 1629209853

HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

Sterols

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
Fasting	Male	12/7/1962	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
12:00 am	12110602779
Collection Date:	**Report Type:**
11/5/2012	Complete
Received Date:	**Report Date:**
11/6/2012	11/8/2012

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

Laboratory Test	Notes	Hyper	Optimal	Hypo	Hyper Range	Optimal Range	Hypo Range	Previous Results
Sterol Absorption Markers								
Campesterol (µg/mL)			2.80		≥ 4.44	2.11 - 4.43	≤ 2.10	
Campesterol Ratio (10^2 mmol/mol Cholesterol)			135		≥ 241	115 - 240	≤ 114	
Sitosterol (µg/mL)			2.47		≥ 3.18	1.43 - 3.17	≤ 1.42	
Sitosterol Ratio (10^2 mmol/mol Cholesterol)			115		≥ 169	76 - 168	≤ 75	
Cholestanol (µg/mL)			2.41		≥ 3.48	2.02 - 3.47	≤ 2.01	
Cholestanol Ratio (10^2 mmol/mol Cholesterol)			120		≥ 195	117 - 194	≤ 116	
Sterol Synthesis Markers								
Desmosterol (µg/mL)			1.17		≥ 1.28	0.50 - 1.27	≤ 0.49	
Desmosterol Ratio (10^2 mmol/mol Cholesterol)			59		≥ 65	31 - 64	≤ 30	

Results of the sterol analysis should be used in conjunction with atherogenic lipid and lipoprotein measurements (LDL-P, Apo B and LDL-C) to determine the most appropriate therapy for patients. If the patient has elevated atherogenic lipoproteins, regardless of the sterol concentrations, the first line therapy should be LDL lowering with a statin, or combination therapy (statin plus niacin, fibrate, ezetamibe) if appropriate. Sterol absorption markers may be used to help select the most appropriate combination therapy. It is recommend that the following changes in lipid lowering therapy based on sterol analysis be performed.

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- If desmosterol is elevated and cholesterol absorption markers are normal or decreased, statin therapy alone or combination therapy (statin plus niacin or fibrate), if appropriate, will be most effective. Sterol absorption inhibition is not recommended.

- If both sterol absorption markers and desmosterol are increased, combination therapy with statin and sterol absorption inhibition will most effectively lower atherogenic lipoproteins.

Lab Notes: **AspirInWorks** unable to perform: No Urine was received.

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Dr. Joseph P. McConnell | Laboratory Director | CLIA No. 49D1100708 | CAP No. 7224971 | NPI No. 1629209853
 | 737 N. 5th Street Suite 103 | Richmond, Virginia 23219 | Phone: 804.343.2718 | Fax: 804.343.2704

HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
Fasting	Male	12/7/1962	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
12:00 am	12110602779

Collection Date:	Report Type:
11/5/2012	Complete

Received Date:	Report Date:
11/6/2012	11/8/2012

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

Electrolytes	Result	Flag	Reference Interval
Na+ (mmol/L)	141		133 - 145
K+ (mmol/L)	3.9		3.3 - 5.1
Cl- (mmol/L)	105		96 - 108
CO_2 (mmol/L)	27		22 - 29
Calcium (mg/dL)	9.8		8.6 - 10.2

Liver	Result	Flag	Reference Interval
ALT / GPT (U/L)	33		< 42
AST / GOT (U/L)	19		< 41
ALP (U/L)	96		40 - 129
BUN (mg/dl)	18		6 - 20
Total Bilirubin (mg/dL)	0.6		Up to 1.2

Tumor Markers	Result	Flag	Reference Interval
PSA, Total† (ng/mL)	1.6		0.1 - 3.9

Others	Result	Flag	Reference Interval
Albumin (g/dl)	4.6		3.5 - 5.2
Total Protein (g/dL)	7.2		6.4 - 8.3

Thyroid	Result	Flag	Reference Interval
TSH (µIU/mL)	1.14		0.27 - 4.20

Male and Female Hormones	Result	Flag	Reference Interval
Testosterone (ng/dL)	507		Men: 280 - 800 Boys: < 1 year 12 - 21 1 - 6 years 12 - 32 7 - 12 years 12 - 68 13 - 17 years 28 - 1110

Lab Notes: **AspirinWorks** unable to perform: No Urine was received.

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HealthDiagnosticLaboratoryInc.
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Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
Fasting	Male	12/7/1962	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

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12:00 am	12110602779
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Client ID:
06-90025-18-0000383

CBC with Differential / Platelet	Result	Flag	Reference Interval
WBC (x10³/µL)	7.6		4.0 - 10.5
RBC (x10⁶/µL)	5.1		4.1 - 5.6
Hemoglobin (g/dL)	15.2		12.5 - 17.0
Hematocrit (%)	45		36 - 50
MCV (fL)	89		80 - 98
MCH (pg)	30		27 - 34
MCHC (g/dL)	34		32 - 36
RDW (%)	13.6		11.7 - 15
Platelets (x10³/µL)	250		140 - 415
Neutrophils (%)	70		40 - 74
Lymphocytes (%)	22		14 - 46
Monocytes (%)	6		4 - 13
Eosinophils (%)	1		0 - 7
Basophils (%)	1		0 - 3
Immature Granulocytes (%)	0		0 - 1
Neutrophils (absolute) (x10³/µL)	5.3		1.8 - 7.8
Lymphocytes (absolute) (x10³/µL)	1.7		0.7 - 4.5
Monocytes (absolute) (x10³/µL)	0.5		0.1 - 1.0
Eosinophils (absolute) (x10³/µL)	0.1		0.0 - 0.4
Basophils (absolute) (x10³/µL)	0.0		0.0 - 0.2
Immature Granulocytes (absolute) (x10³/µL)	0.0		0.0 - 0.1

Lab Notes: **AspirinWorks** unable to perform: No Urine was received.

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HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
Fasting	Male	12/7/1962	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

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12:00 am	12110602779
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11/5/2012	Complete
Received Date:	**Report Date:**
11/6/2012	11/8/2012

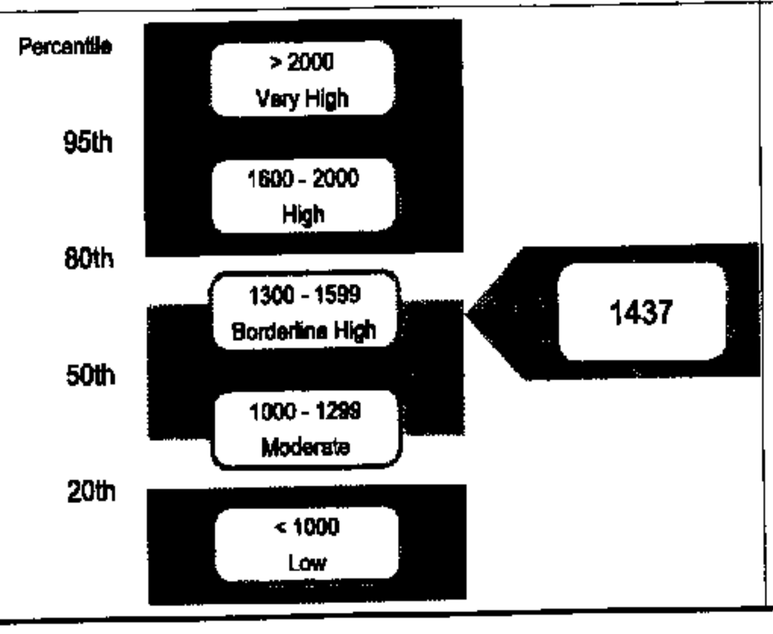
Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

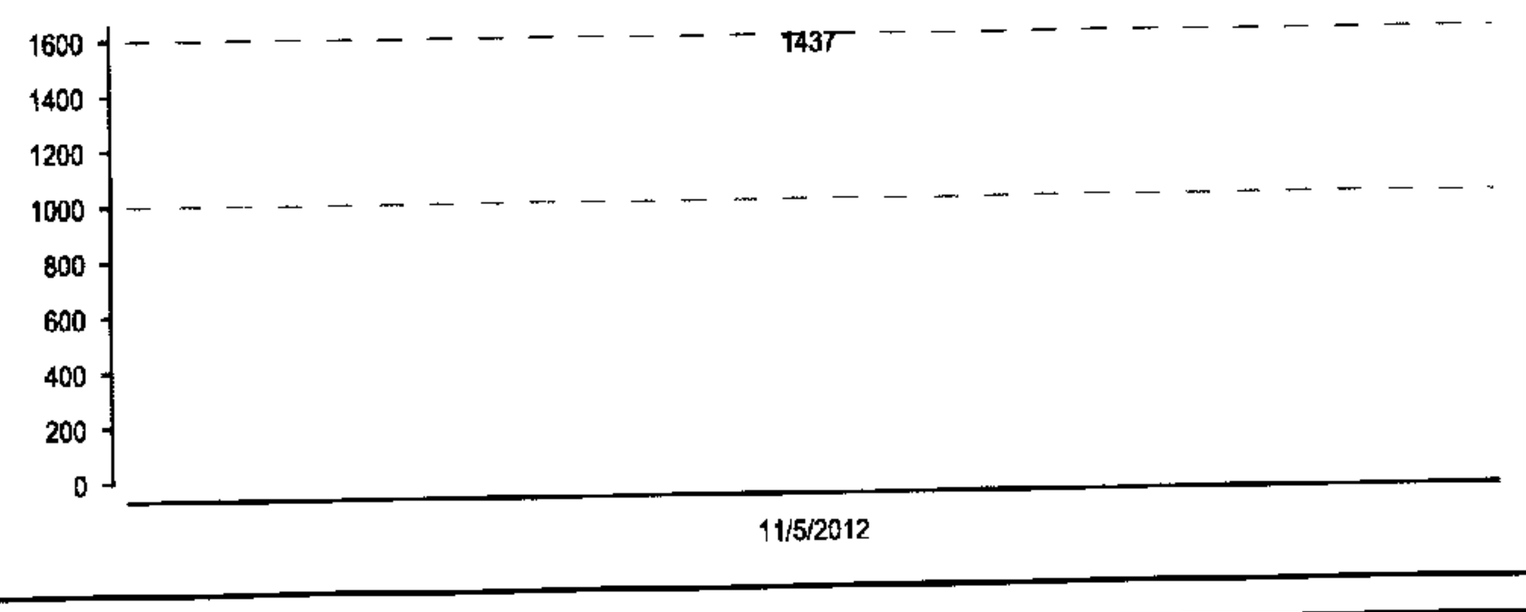
Client ID:
06-90025-18-0000383

NMR LipoProfile® Test

LDL-P Reference Range and Result[1]



LDL-P Historical Trend



Particle Concentration and Size

	Laboratory Test	Result	Percentile in Reference Population[2]	Previous Results
			Higher CVD Risk ◄ ► Lower CVD Risk	
HDL Particles	**HDL-P** (total) µmol/L	41.5	low · 25th (26.7) · 50th (30.5) · 75th (34.9) · high — 41.5	
	Small LDL-P and LDL Size are associated with CVD risk, but not after LDL-P is taken into account.		Insulin Resistance ◄ ► Insulin Sensitive	
Lipoprotein Markers Associated with Insulin Resistance and Diabetes Risk[3]	**LARGE VLDL-P** nmol/L	1.8	high · 75th (6.9) · 50th (2.7) · 25th (0.9) · low — 1.8	
	SMALL LDL-P nmol/L	614	high · 75th (839) · 50th (527) · 25th (117) · low — 614	
	LARGE HDL-P µmol/L	5.4	low · 25th (3.1) · 50th (4.8) · 75th (7.3) · high — 5.4	
	VLDL SIZE nm	42.1	large · 75th (52.5) · 50th (46.6) · 25th (42.4) · small — 42.1	
	LDL SIZE nm	21.2	small · 25th (20.4) · 50th (20.8) · 75th (21.2) · large — 21.2	
	HDL SIZE nm	8.9	small · 25th (8.9) · 50th (9.2) · 75th (9.6) · large — 8.9	
	LP-IR SCORE* 0 - 100	41	Insulin resistant · 75th (63) · 50th (45) · 25th (27) · insulin sensitive — 41	

LP-IR Score is inaccurate if a patient is non-fasting.
*The LP-IR Score combines the information from the 6 markers above it to give improved assessment of insulin resistance and diabetes risk.

These laboratory assays, validated by LipoScience, have not been cleared by the US Food and Drug Administration. The clinical utility of these laboratory values has not been fully established.

1. Reference population comprises '5,362' men and women not on lipid medication enrolled in the Multi-Ethnic Study of Atherosclerosis (MESA). Mora, et al. *Atherosclerosis* 2007.
2. LipoScience reference population comprises 4,588 men and women without known CVD or diabetes and not on lipid medication.
3. Garvey WT, et al. *Diabetes*. 2003; 532:453-462. 4. Goff DC et al. *Metabolism*. 2005; 54:264-270.

Dr. Joseph P. McConnell | Laboratory Director | CLIA No. 49D1100708 | CAP No. 7224971 | NPI No. 1629209853

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HealthDiagnosticLaboratoryInc. Omega 3 and Omega 6 Fatty Acids Profile

beyond disease diagnosis

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
Fasting	Male	12/7/1962	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
12:00 am	12110602779
Collection Date:	**Report Type:**
11/5/2012	Complete
Received Date:	**Report Date:**
11/6/2012	11/8/2012

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

Laboratory Test	Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results
Index HS-Omega-3 Index® (RBC EPA+DHA)[a]		3.3			< 4.0%	4.0% - 8.0%	> 8.0%	

Comments:

Your HS-Omega-3 Index is well below the target range of 8%.

The HS-Omega-3 Index is the EPA+DHA content of RBC membranes. Increasing the intake of EPA+DHA by 1 to 2 grams (1,000 - 2,000 mg) per day, from either oily fish or fish oil supplements, should significantly improve the index. The exact amount of EPA+DHA needed will vary person to person. A re-check should be done in 3 - 4 months.

Omega-3 Fatty Acids

Fatty Acids	Range	Current	Previous
Omega-3 Total	0.1% - 14.1%	**6.3%**	
Alpha-Linolenic (ALA)	0.1% - 0.4%	0.1%	
Docosapentaenoic (DPA)	0.6% - 4.1%	2.8%	
Eicosapentaenoic (EPA)	0.1% - 2.5%	0.6%	
Docosahexaenoic (DHA)	0.1% - 8.4%	2.7%	

Omega-6 Fatty Acids

Fatty Acids	Range	Current	Previous
Omega-6 Total	28.6% - 44.5%	**37.0%**	
Arachidonic (AA)	10.5% - 23.3%	16.3%	
Linoleic (LA)	4.6% - 21.3%	12.4%	

Other Fatty Acids

Fatty Acids	Range	Current	Previous
cis-Monounsaturated Total	11.5% - 20.5%	**14.5%**	
Saturated Total	36.6% - 42.0%	**41.6%**	
Trans Total	<0.1% - 1.8%	**0.6%**	

Content of EPA+DHA (mg/3 oz serving) in Common Seafoods*

Higher Omega-3	EPA+DHA	Intermediate Omega-3	EPA+DHA	Lower Omega-3	EPA+DHA
Salmon, Atlantic (farmed)	1825	Swordfish	764	Clams (cooked, moist heat)	241
Herring, Pacific	1807	Rainbow Trout (farmed)	744	Shrimp (mixed, cooked moist)	235
Herring, Atlantic	1712	Tuna, Albacore or White (canned)	733	Tuna, Light (canned)	230
Salmon, Atlantic (wild)	1684	Salmon, Sockeye	673	Catfish (wild)	201
Tuna, Bluefin	1279	Sea Bass	648	Halibut, Atlantic and Pacific	200
Herring, Atlantic (pickled)	1181	Pollock, Atlantic	460	Northern Lobster (steamed)	165
Salmon, Coho (farmed)	1087	Oysters (farmed)	374	Scallops (steamed)	149
Mackerel (canned)	1046	Crab, King	351	Haddock (steamed)	136
Salmon, Chum (canned)	999	Walleye	338	Cod, Atlantic	134
Salmon, Coho (wild)	900	Crab, Dungeness (cooked moist)	335	Cod, Pacific	134
Sardines (canned)	835	Flat Fish (Flounder/Sole)	255	Mahi-Mahi (dolphin fish)	118
Salmon, Pink (canned)	830			Tilapia	115
				Catfish (farmed)	76
				Orange Roughy	26

*From the USDA Nutrient Database values (as of 8/16/12). Values are for fish cooked with dry heat unless otherwise noted.

[a]The HS-Omega-3 Index cutpoints are based on Harris and von Shacky, Preventive Medicine 2004;39:212-220

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HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Imad S Aboujawdah		12-311-1368

Fasting Status:	Gender:	Birthdate:	Age:
Fasting	Male	12/7/1962	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
12:00 am	12110602779

Collection Date:	Report Type:
11/5/2012	Complete

Received Date:	Report Date:
11/6/2012	11/8/2012

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

Comments:

Total and LDL cholesterol are above optimal. Please refer to guidelines from the National Cholesterol Education Program Adult Treatment Panel (ATPIII) for treatment guidelines. Also see: Implications of recent clinical trials for the National Cholesterol Education Program Adult Treatment Panel III Guidelines; Coordinating Committee of the National Cholesterol Education Program. J Am Coll Cardiol. 2004;44:720-32.

Although LDL cholesterol is near optimal, small dense LDL cholesterol and Apo B are increased or in the intermediate range, suggesting the presence of small dense LDL particles. Studies have shown that elevated small dense LDL particle concentration is associated with increased risk for coronary heart disease even in the presence of optimal LDL cholesterol values. Small LDL particles may be observed in association with the metabolic syndrome and pre-diabetes. Statins effectively reduce the number of LDL particles, but do not generally influence the size distribution of the LDL particles. Fibrates and niacin have been shown to increase LDL particle size.

Although the LDL cholesterol is near optimal, LDL particle concentration is increased in this sample. Studies have shown that elevated LDL particle concentration is associated with increased risk for coronary heart disease even in the presence of optimal LDL cholesterol values. Small LDL particles may be observed in association with the metabolic syndrome and pre-diabetes. Statins effectively reduce the number of LDL particles, but do not generally influence the size distribution of the LDL particles. Niacin, fibrates, and combination therapy (statin +niacin) have been shown to increase LDL particle size.

The Apo B:Apo A-I ratio was increased. Recently large case control studies have demonstrated that the Apo B:Apo A-I ratio is superior to cholesterol measures and cholesterol ratios for predicting risk for myocardial infarction. In the Interheart study, comparing 12,461 myocardial infarction cases to 14,637 age and gender matched controls in 52 countries, the Apo B:Apo A-I ratio was vastly superior to any of the cholesterol parameters measured including the LDL cholesterol: HDL cholesterol ratio and the total cholesterol to HDL cholesterol ratio in all ethnic groups, in both sexes, and at all ages. Decreasing the Apo B:Apo A-I ratio can be achieved by lowering Apo B and/or by increasing Apo A-I. Statins effectively reduce Apo B as do fibrates and niacin. Combination therapy (statin + niacin) is particularly effective at reducing Apo B, especially when small dense LDL particles are present. Apo A-I concentration may be increased by exercise, fish oil, or alcohol consumption in moderation. Niacin, fibric acids, and combination therapy (statin + niacin) have also been demonstrated to increase Apo A-I.

C-reactive protein is in the intermediate range. CRP is an acute phase reactant. Data from prospective studies indicates that increased concentration of CRP is associated with an increased risk for the development of ischemic cardiovascular events. Consider repeat analysis of CRP in 2-4 weeks to establish baseline value. If CRP remains elevated, then lifestyle changes, including weight reduction, low-fat diet, smoking cessation and regular exercise, should be the initial approach. A diet rich in plant sterols, soy protein, viscous fiber, and almonds has been shown to have CRP-lowering effects comparable to that of lovastatin 20 mg/day. Medications that may lower CRP include statins, fibrates, aspirin, and fish oil. Reducing global CHD risk by aggressive treatment of the traditional risk factors by established therapies may also be beneficial.

Homocysteine is in the intermediate range. Increases in homocysteine concentration can occur with aging, menopause, hypothyroidism, low plasma levels of vitamin cofactors (B6, B12 and folate), certain drugs, and chronic renal insufficiency. Genetic variation in enzymes involved in homocysteine metabolism contributes to inter-individual differences in plasma homocysteine levels.

Vitamin D concentration is in the intermediate range. Decreased vitamin D has been associated with hypertension, inflammation, and the metabolic syndrome. More recently, low serum 25(OH)D has been associated with increased incidence of cardiovascular events and all cause mortality.

ApoE genotype is 3/3. Apolipoprotein E2 and E3 patients respond well to statin drugs, such as atorvastatin, pravastatin, or lovastatin. In general patients with the 4 allele respond less favorably to pharmacologic therapy with statins and appear to be most responsive to changes in dietary fat and cholesterol. Fish oil has been shown to benefit ApoE2 and ApoE3 patients.

HDL 20.0

HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

Laboratory Results

Patient

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Fasting	Male	12/7/1962	49

Height:	Weight:	BMI:	Prev. BMI:

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12:00 am	12110602779

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11/5/2012	Complete

Received Date:	Report Date:
11/6/2012	11/8/2012

Provider

Requesting Provider:
Michael Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID:
06-90025-18-0000383

Comments:

This patient has the normal or the wild type gene for CYP2C19. The patient would be a normal metabolizer of the drug clopidogrel and will effectively convert clopidogrel to its active metabolite.

The HDL CYP2C19 genotype test detects the non-functional alleles *2 and *3 and the ultra-rapid allele *17. Other less common alleles are not detected by this assay.

†Tumor markers are analyzed using reagents from Roche Diagnostics by electrochemiluminescence immunoassay. These values should not be used in conjunction with values from other reagent manufacturers or methodologies. An elevated value suggests increased risk for cancer associated with each particular tumor marker antigen. Clinical correlation is needed. Refer to guidelines for appropriate patient follow up.

LDL-P and HDL-P performed by Nuclear Magnetic Resonance (NMR) Spectroscopy at LipoScience Inc., 2500 Sumner Blvd., Raleigh, NC, 27616.

End of Report

ATTN PATIENT: Please contact HDL, Inc. at 1-877-4HDLABS (1-877-443-5227) to set an appointment with your personal health coach to discuss your diet and exercise needs at no charge. You can also visit us online at www.myhdl.com and schedule an appointment through our web portal.

HealthDiagnosticLaboratoryInc.

beyond disease diagnosis

Joseph P. McConnell, Laboratory Director

CLIA No. 49D1100708 | CAP No. 7224971 | NPI No. 1629209853

req# 461

MR# 534

INSTRUCTIONS

1) Please fill in all of the highlighted areas.
2) Have patient sign Release and Assignment of Benefits below.
3) Copy BOTH sides of patient's insurance card(s).
4) HDL, Inc. will accept an In-House Demographic Sheet as substitute for Patient Information, provided that it contains all required info. If ICD-9 codes are not part of your demographic sheet, please provide a copy of the patient problem sheet (all patient specific ICD-9 codes).

NOTE: Physicians (or other individuals authorized to order tests) should only order tests that are medically necessary and reasonable.

PATIENT INFORMATION

★Last Name:	First:	Middle Initial:
ABOUJAWDAH, IMAD		
Address: 3791 Peir Ridge Court		Client Patient ID #:
City: Simi Valley	State: CA	Zip Code: 93063
Home Phone:	★ Sex: M	★ Date of Birth: 12-07-1962
Work Phone:	Social Security #: - -	
★ Height: feet inches	★ Weight: pounds	

SPECIMEN INFORMATION

Drawing Lab:	Phone:
Collection Date: 11-05-2012 Time: : am/pm	Fasting: [X] Yes ____ Hrs [ ] No
Phlebotomist Initials:	Insulin: time of last dose: ____ am/pm date: / /

BILLING INFORMATION

- [ ] INSURANCE: Please attach a copy of both sides of patient's insurance card
- [ ] MEDICARE No.: _____ Is coverage secondary? [ ] Yes [ ] No
- [ ] CHECK: Please make check payable to Health Diagnostic Laboratory, Inc.
- [ ] CREDIT CARD No.: _____ Exp. Date: /

Name as it appears on card:

Total Amount: $ Card Issuer: [ ] Visa [ ] MC [ ] Amex

RELEASE AND ASSIGNMENT OF BENEFITS

As a courtesy, HDL, Inc. will make every reasonable effort to obtain reimbursement for ordered tests. I authorize HDL, Inc. to release to Medicare or its Carriers & any insurance carrier providing medical benefits to me and any health plan of which I am a member, any medical or other information needed for the claim purposes. I authorize payment of medical insurance benefits to the party who bills for this claim & accepts assignment.

Bill to my insurance: I understand that if my insurance company pays me directly for services rendered by HDL, Inc., I am responsible for forwarding such payment to HDL, Inc. I also understand, I am responsible for any deductibles/copayment, as required by my plan.

Important: Insurance regulations require HDL, Inc. to seek payment. I permit a copy of this authorization to be in place of the original.

Genetic Informed Consent: I consent to having genetic analysis performed at the request of my physician and the results of the analysis made available to my physician. My results are solely used by my physician to obtain information for therapeutic or diagnostic purposes. This signed request authorizes HDL, Inc. to perform the test and disclose the results to my medical practitioner. No tests other than those requested by my physician will be performed. I authorize HDL, Inc. to retain this specimen for future testing as requested by my providers.

11/5/12

★ Patient Signature Date

HDL, INC. USE ONLY

Received Date: / /		Time: am/pm	Initials:
# Serum SST™ 8.5mL tubes:		# Plasma PPT™ "Pearl" 5mL tubes:	
# Serum "Bumble Bee" 5mL tubes:		# Urine 8mL tubes:	
# Whole Blood EDTA 4mL tubes:		# Other tubes:	

REQUESTING PROVIDER/LAB/INSTITUTION

☐M. Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025
Client ID: 06-90025-18-0000383
Phone: (310) 481-3939
Fax: (310) 481-3948 V.4.2

Physician or Authorized Signature 11-05-2012 Date

CUSTOM PANELS

☒ Baseline Assessment

Lipid Panel
Apo A1
Apo B
LDL P
sdLDL
HDL 2 subclass
Lp(a) mass w/reflex
Apo E Genotype
Factor V Leiden
Prothrombin Mutatic
CYP2C19
Lp-PLA2
CRP-hs
Vitamin B12
Homocysteine
Thyroid Cascade
Insulin
NT pro BNP
Vitamin D
HbA1C
CMP
MPO
CBC
AspirinWorks
Sterols
Galectin 3
Cystatin C
Omega 3

☐ Follow-Up Profile

Lipid Panel
Apo A1
Apo B
LDL P
sdLDL
HDL 2 subclass
Vitamin B12
Lp-PLA2
CRP-hs
MPO
Insulin
NT pro BNP
Vitamin D
HEP
HbA1C
Omega 3
Glucose

INDIVIDUAL TESTS

Routine Panels *(see reverse side for details)*

- ☐ Basic Metabolic Panel 80048
- ☐ Comp Metabolic Panel 80053
- ☐ Electrolyte Panel 80051
- ☐ Hepatic Function Panel 80076
- ☐ Lipid Panel 80061
- ☐ Renal Panel 80069

Inflammation & Platelets

- ☐ AspirinWorks® (urine) 83520 & 82565
- ☐ F_2-Isoprostanes 83789, 82570
- ☐ Fibrinogen 85384
- ☐ hs-CRP 86141
- ☐ Lp-PLA_2 83698
- ☐ MPO 83516

Myocardial Stress

- ☐ Galectin-3 83520
- ☐ NT-proBNP 83880

(may require additional ICD-9 coding)

Hormones

- ☐ FSH 83001
- ☐ LH 83002
- ☒ Testosterone 84403

Lipoprotein Particles & Apolipoproteins

- ☐ Apolipoprotein A-I 82172
- ☐ Apolipoprotein B 82172
- ☐ HDL2 Subclass 82664
- ☐ LDL-P & HDL-P (by NMR) 83704
- ☐ Lp(a) cholesterol 82664
- ☐ Lp(a) mass 83695
- ☐ sdLDL-C 83700

Metabolic

- ☐ C-peptide 84681
- ☐ FFA/NEFA 82726
- ☐ Glucose 82947
- ☐ Hemoglobin A1c 83036
- ☐ Homocysteine 83090
- ☐ Insulin 83525
- ☐ RBC Folate 82747, 85014
- ☐ TSH 84443
- ☐ Uric Acid 84550
- ☐ Vitamin B_{12} 82607
- ☐ 25-hydroxy-Vitamin D 82652

Renal

- ☐ Creatinine (serum) 82565
- ☐ Cystatin C 82610
- ☐ Microalbumin (urine) 82043

Genetic Assays

- ☐ Apo E Genotype
- ☐ CYP2C19
- ☐ Factor V Leiden
- ☐ MTHFR
- ☐ Prothrombin Mutation
- ☐ Warfarin Sensitivity (CYP2C9 & VKORC1)

CPT Codes used for all Genetic Assays: 83891, 83892, 83896, 83903, 83908, 83912

Thyroid Function

- ☐ Thyroid Casade Panel 84443
- ☐ T4, free 84439
- ☐ T4 84436
- ☐ T3 84480
- ☐ T Uptake 84482

Additional Tests On Back

- ☒ PSA
- ☐ CK
- ☐ Omega3/Omega6 Fatty Acid Profile
- ☐ _____
- ☐ _____
- ☐ _____

DIAGNOSIS (ICD-9 CODE)

NOTE: The below ICD-9 codes are listed as a convenience. Please check all codes that apply. This is not an all inclusive list. Please write additional codes in the highlighted section to the right.

☐ Vitamin D Deficiency, Unspec.	268.9	☒ Pure Hypercholesterolemia	272.0	☐ Hypertensive Heart Disease/ Malignant W/O HF	402.00
☐ Coronary Artherosclerosis, Native Artery	414.01	☐ Pure Hyperglyceridemia	272.1	☐ Hypertensive Heart Disease/ Malignant W/ HF	402.01
☐ Shortness of Breath	786.05	☐ Mixed Hyperlipidemia	272.2	☐ Hypertensive Heart Disease/ Benign W/O HF	402.10
☐ Other Severe Protein-Calorie Malnutrition	262	☐ Unspecified Hyperlipidemia	272.4	☐ Hypertensive Heart Disease/ Benign W/ HF	402.11
☐ Malnutrition of Moderate Degree	263.0.	☐ Dysmetabolic Syndrome X	277.7	☐ Hypertensive Renal/ Malignant Stage I-V, Unspec.	403.00
☐ Unspecified Deficiency Anemia	281.9	☐ Hypertension Malignant	401.0	☐ Hypertensive Renal/ Benign Stage I-V, Unspec.	403.10
☐ Personal History Nutritional Deficiency	V12.1	☐ Hypertension Benign	401.1	☐ Diabetes Type II Not Uncontrolled	250.00
☐ Long-Term (Current) Use Medications	V58.69	☐ Hypertension Unspecified	401.9	☐ Diabetes Type II Uncontrolled	250.02
☐ Congestive Heart Failure, Unspecified	428.0	☐ Respiratory Abnormality Other	786.09	☐ Intermediate Coronary Syndrome	411.1

PLEASE WRITE IN ADDITIONAL CODES BELOW. PLEASE CODE TO THE HIGHEST LEVEL POSSIBLE USING FOURTH AND FIFTH DIGITS.

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____

THE CENTER FOR CHOLESTEROL MANAGEMENT
A Medical Corporation
1950 Sawtelle Blvd, Suite 150
Los Angeles, CA 90025

Please complete all pages of this form

NAME: ABOUJAWDAH, IMAD **DATE:** 11-05-2012

SEX: X M __F **DOB:** 12/7/62 **SSN:** 615/6/077 **DL#:** A5356811

ADDRESS: 3791 PRAIRIE RIDGE CT

CITY: SIMI VALLEY **STATE:** CA **ZIP:** 93063

FAX: _____ **EMAIL:** isa91326@yahoo **PHONE:** (805) 813-4840

EMERGENCY CONTACT: CHRISTINA CIESCA **PHONE:** 3102666302

ADDRESS: SAME AS ABOVE

CITY: _____ **STATE:** _____ **ZIP:** _____

EMPLOYER: CIVIL DESIGN & DRAFTING **PHONE:** 8055222622

ADDRESS: 3791 PRAIRIE RIDGE CA **CITY:** SIMI VALLEY **STATE:** CA **ZIP:** 93063

Please list all of your medications, include non-prescription drugs, dietary supplements, and vitamins.

NAME OF DRUG:	DOSE:	No. TIMES DAILY:
CIALIS	2.5MG	1

Have you ever been diagnosed with?

High Blood Pressure ☐ Yes ☒ No **How long ago?** _____

Diabetes ☐ Yes ☒ No **How long ago?** _____

Stroke ☐ Yes ☒ No **When did it occur?** _____

High Cholesterol ☐ Yes ☒ No **What medications do you take for this, if any?** _____

Lung Disease ☐ Yes ☒ No **What type?** _____

Heart Disease ☐ Yes ☒ No **How long ago?** _____

Other Vascular Disease ☐ Yes ☒ No **How long ago?** _____

List other medical problems you have had. These would include problems for which you have taken medications or been hospitalized. Please include the dates these problems occurred.

N/A

Are you allergic to any medications? ☒ Yes ☐ No

List those medications? PENECILLIN

Are you allergic to X-Ray dye? ☐ Yes ☒ No

List all surgeries, both major and minor, you have had:

SURGERY	DATE	HOSPITAL
N/A		

Have you ever smoked? ☐ Yes ☒ No **How many cigarettes per day?** _____

How long (have) did you smoke (d)? _____

If you quit, when did you quit? _____

How many glasses per week do you consume of? WINE 5 X **BEER** _____ **COCKTAILS** _____

Has anyone in your family had any of the following illnesses?

	WHICH FAMILY MEMBER	HOW OLD WERE THEY
Cancer	NO	
Heart Attack	NO	
Angina or clogged arteries	NO	
Sudden death	NO	
Hypertension	NO	
Other heart disease	NO	
High cholesterol	NO	

ABOUJAWDAH, IMAD

Stroke NO

Diabetes NO

Are you having or have you ever had? (check all for which the answer is "yes").

- ☐ **Increasing Breathlessness With Your Usual Activities**
- ☐ **Unexpected weight gain of more than 5 lbs in the last weeks or months**
- ☐ **Pain, pressure/discomfort in the chest**
- ☐ **Shortness of breath at rest, laying down**
- ☐ **Any neck, jaw, left arm discomfort**
- ☐ **Pain or cramps in leg(s) with walking**
- ☐ **A stroke or temporary stroke**
- ☐ **Spells of rapid irregular heartbeat**
- ☐ **Urination at night**
- ☐ **Abnormal EKG**
- ☐ **Recent Cough**
- ☐ **Passed (ing) out-fainting**
- ☐ **worsening fatigue**
- ☐ **Swelling of the ankles**
- ☐ **Dizzy spells**
- ☐ **Heart murmur**
- ☐ **Heart attack**
- ☐ **Rheumatic fever**
- ☐ **Varicose veins**
- ☐ **Have you ever been hospitalized for your heart, or what they thought was your heart?**
- ☐ **Any other cardiac diagnosis?** _____

☐ **Any tests done for your heart? What tests?** _____

When where they done? _____

Are there any problems you wish to address at this visit?

NO

Tjawdah 11/5/2012

Patient name (sign) **Date**

Witness **Date**

INSURANCE INFORMATION

Please provide us with your medical insurance information:

PRIMARY INSURANCE POLICY:

Company: AETNA **Phone:** _____

Policy #: W179355655 **Group:** 557954-010-00702

Name and SS# of Insured: IMAD ABOUJAWDAH 612-16-1072

SECONDARY INSURANCE POLICY:

Company: _____ **Phone:** _____

Policy #: _____ **Group:** _____

Name and SS# of Insured: _____

OTHER INSURANCE:

Company: _____ **Phone:** _____

Policy #: _____ **Group:** _____

Name and SS# of Insured: _____

ASSIGNMENT BENEFITS

I HEREBY ASSIGN TO MICHAEL RICHMAN M.D., MY RIGHT TO AND INTEREST IN ANY AND ALL HEALTH CARE AND /OR SURGICAL BENEFITS, OTHERWISE PAYABLE TO ME, FOR MEDICAL AND/OR SURGICAL TREATMENT RENDERED BY ANY OF THE ASSIGNEES. I HEREBY DIRECT MY INSURANCE COMPANY TO MAKE PAYMENTS DIRECTLY TO THE ASSIGNEE AT 1950 SAWTELLE BLVD # 150 LOS ANGELES, CA 90025.
I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY CHARGES NOT PAID BY MY INSURANCE COMPANY(DZS), UNLESS SUCH CHARGES ARE LIMITED BY EXISTING CONTRACT AGREEMENTS BETWEEN THE ASSIGNEE AND MY MEDICAL CARRIER, AND THAT FINANCE CHARGES WILL BE ADDED TO ANY OUTSTANDING BALANCE, STARTING THIRTY DAYS FROM THE DATE A BILL IS SUBMITTED TO MY INSURANCE COMPANY, OR FROM THE DATE OF MY FIRST STATEMENT, IF CHARGES ARE NOT COVERED BY MY INSURANCE COMPANY, I AUTHORIZE THE PHYSICIAN LISTED ABOVE TO RELEASE TO MY INSURANCE COMPANY/OR ITS REPRESENTATIVES OR AGENTS, ANY MEDICAL INFORMATION RELATIVE TO THE SERVICES RENDERED TO ME. I ACKNOWLEDGE THAT A PHOTOCOPY OR FAX OF THIS ORIGINAL IS AS VALID AS THE ORIGINAL.

Your signature (required): _____ **Date:** 11/5/12

ABOUJAWDAH, IMAD

PRIVACY OF MEDICAL RECORDS

Our physicians and staff are fully and acutely aware of the potentially sensitive nature of the information contained in your medical record. Therefore, we ask that you provide us below with a list of those individuals or parties whom you intend to have access to such information in your medical records, and those whom you do not. Unless you request otherwise, it is our policy to share such information with the following individuals or parties:

1. Your next of kin, usually identified as the emergency contact and/or the person(s) who accompanies you during your office visit(s), spouse, child (ren), and/or parent(s);
2. Your medical insurance carrier and its agents;
3. Your referring physician and his/her staff;
4. The physicians and professionals to whom we make referrals, including the pathologist, radiologist, and anesthesiologist, and their staff.

We CANNOT bill your insurance company and/or collect any money from them on your behalf unless we have your permission to disclose such information to them. Also, the quality of your medical care might be compromised if our physicians do not have your permission to consider your case fully and frankly with other physicians and professionals who are involved in your medical care.
Please acknowledge below that you permit the foregoing individuals or parties to have access to the information contained in your medical records by signing below, and list additional individuals or parties that you permit access to such information.

THE FOLLOWING IS A LIST OF ADDITIONAL INDIVIDUALS OR PARTIES WHO HAVE MY PERMISSION TO ACCESS THE INFORMATION CONTAINED IN MY MEDICAL RECORD (IF THERE ARE NONE, WRITE IN "NONE"):

Your signature (required): _____ Date: 11/5/12

Please acknowledge below any individuals or parties that you DO NOT authorize access to the information contained in your medical record by signing below.

THE FOLLOWING IS A LIST OF INDIVIDUALS OR PARTIES WHO DO NOT HAVE MY PERMISSION TO ACCESS THE INFORMATION CONTAINED IN MY MEDICAL RECORD (IF THERE ARE NONE, WRITE IN "NONE"):

Your signature (required): _____ Date: 11/5/12

ABOUJAWDAH,

THE CENTER FOR CHOLESTEROL MANAGEMENT
A Medical Corporation

BILLING POLICY

We would like to prevent any misunderstanding about our billing financial policies. Please let the office administration know of you would like to discuss any of the following policies in more detail.

If you belong to an HMO, or any other restricted insurance plan, you MUST let us know before you are treated. Some of these plans limit your choice of doctor or hospital, and some exclude particular medical conditions. If you need surgery, we will try to select the hospital and doctors from your plan, although this might not always be possible or practical, particularly with the pathologist and the radiologist. Please provide our business office with all of your insurance information before you are treated, and we will help you fulfill the terms of your policy so that you can obtain maximum and timely reimbursement.

We will send you monthly statements until your insurance company has paid, regardless of our provider status. This allows you to verify that your insurance company was billed correctly, and to see how long they take to pay. If you have more than one insurance policy and the benefits are not coordinated, each company will determine benefits separately. In this situation, it might happen that we have different agreements with different companies. We will then collect benefits from each company and reimburse you any amount above billed charges.

We accept Visa, MasterCard, and Diner's. There is a $25 charge for all checks returned by the bank. If you would like us to bill your insurance company on your behalf, please complete the Assignment of Benefits sections below. Please sign below once you have had a chance to review our billing policies.

I AUTHORIZE MICHAEL RICHMAN M.D. AND STAFF TO PROVIDE ME WITH REASONABLE AND PROPER MEDICAL CARE.
I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO ASK QUESTIONS AND TO HAVE MY QUESTIONS ANSWERED, BEFORE I DECIDE TO PROCEED.

Your signature (required): _____ Date: 11/5/12

ABOUJAWDAH,
IMAD

The Center for Cholesterol Management

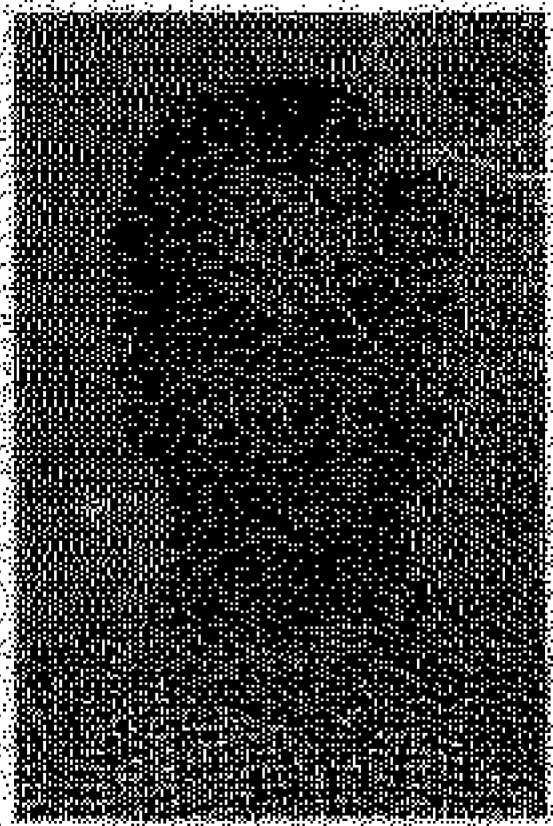
Cancellation policy

The Center for Cholesterol Management requires that a **24 hours'** notice be given for cancellation or rescheduling of appointments. Failure to properly notify this office of any changes may result in a **$25 dollar charge**.

Thank you for your cooperation!

Your signature (required): _____ **Date:** 11/5/12

CALIFORNIA USA **DRIVER LICENSE**



DL A5356811

CLASS C

EXP 12/07/2015

END NONE

LN ABOUJAWDAH

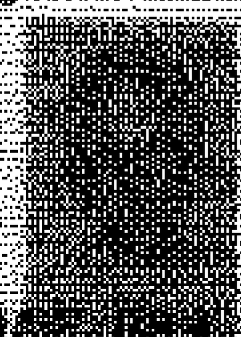
FN IMAD SLEIMAN

3734 RED HAWK CT

SIMI VALLEY, CA 93063

DOB 12/07/1962

RSTR NONE



12071962

SEX M HAIR [illegible] EYES GRN

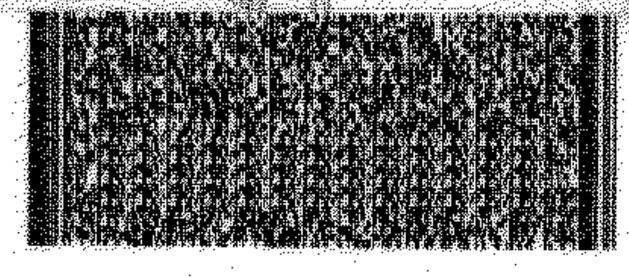
HGT 5'-10" WGT 150 lb

DD 10/17/2010663RB/AAFD/15

ISS 10/29/2010

[redacted]

CLASS: C-Yeh w/OVWR ≥26000, No MC
ENDORSEMENTS: NONE
RESTRICTIONS: NONE



This license is issued as a license to drive a motor vehicle. It does not establish eligibility for employment, voter registration or public benefits.

1207702

Rev 04/16/2018

Aetna NAP Benefit Street

CIVIL DESIGN AND DRAFTING, INC

MC

AETNA OPEN ACCESS®
REFERRALS NOT REQUIRED

ID W1793 55655 GRP:557954-010-00700 BIN# 610502 RX

01	CHRISTINA A CIESLA	PCP: NO ELECTION REQUIRED
02	IMAD S ABOUJAWDAH	PCP: NO ELECTION REQUIRED
03	NADIA M ABOUJAWDAH	PCP: NO ELECTION REQUIRED
04	AMELIA E ABOUJAWDAH	PCP: NO ELECTION REQUIRED
05	ANTHONY R ABOUJAWDAH	PCP: NO ELECTION REQUIRED

MEMBER SERVICES 1-888-802-3862
PROVIDERS CALL 1-888-632-3862

PCP $ 25.00
SPC $ 25.00

PAYOR NUMBER 00054 0322

aetna NAP Beech Street A VIANT NETWORK

MC
AETNA OPEN ACCESS®

CIVIL DESIGN AND DRAFTING,
INC

ID W1793 55655

NAME

01 CHRISTINA A CIESLA

RX BIN# 610502

Health Plan (80840) 9140860054
GRP: 557954-010-00700
PCP: NO ELECTION REQUIRED

PCP $ 25.00
SPC $ 25.00

02 IMAD S ABOUJAWDAH	PCP: NO ELECTION REQUIRED
03 NADIA M ABOUJAWDAH	PCP: NO ELECTION REQUIRED
04 AMELIA E ABOUJAWDAH	PCP: NO ELECTION REQUIRED
05 ANTHONY R ABOUJAWDAH	PCP: NO ELECTION REQUIRED

IMAD ABOUJAWDAH

www.aetna.com

PAYER NUMBER 60054 0322

Benefits are administered by Aetna Life Insurance Company or affiliates. This card does not guarantee coverage. For questions on mental health/substance abuse coverage, or to precertify, call 1-800-424-4047. You do not have to choose a primary care physician (PCP) or obtain referrals. The plan describes what you need to precertify. If you do not precertify, your benefits will be reduced.
EMERGENCY: Call 911 or go to nearest emergency facility.
Notify Member Services as soon as possible after treatment.

AETNA
PO BOX 14079
LEXINGTON KY 40512-4079

MEMBER SERVICES	1-888-802-3862
PROVIDERS CALL	1-888-632-3862
RX MEMBER SERVICES	1-888-792-3862

AT0109

April
New Ins. 2013

www.aetna.com

Benefits are administered by Aetna Life Insurance Company or affiliates. This card does not guarantee coverage. For questions on mental health/substance abuse coverage, or to precertify, call 1-800-424-4047. You do not have to choose a primary care physician (PCP) or obtain referrals. The plan describes what you need to precertify. If you do not precertify, your benefits will be reduced.
EMERGENCY: Call 911 or go to nearest emergency facility.
Notify Member Services as soon as possible after treatment.

We recommend you use a Primary Doctor to coordinate your care.

AETNA
PO BOX 14079
LEXINGTON KY 40512-4079

ATB1562