Pt Name: AARON,JONATHAN, DOB: 11/3/1961, Task Created: 2/2/2013 4:12:41 PM

Pt. Home Phone: (310)497-7693, Cell: (310)699-5435, Work:

Frances-Call Rabbi Aaron ASAP and tell him to get his butt in here-haven't seen him forever
Task was un-assigned, now assigned to Frances Mendoza-Kaden
Date/Time: 2/2/2013 4:14:29 PM Task Note Edited by Michael F. Richman, MD

Called patient message to call us and set up appointment

Date/Time: 2/13/2013 4:51:08 PM Task Note Edited by Frances Mendoza-Kaden
---

Called patient, message to call us and set up appointment.

Date/Time: 3/20/2013 1:45:57 PM Task Note Edited by Frances Mendoza-Kaden
---

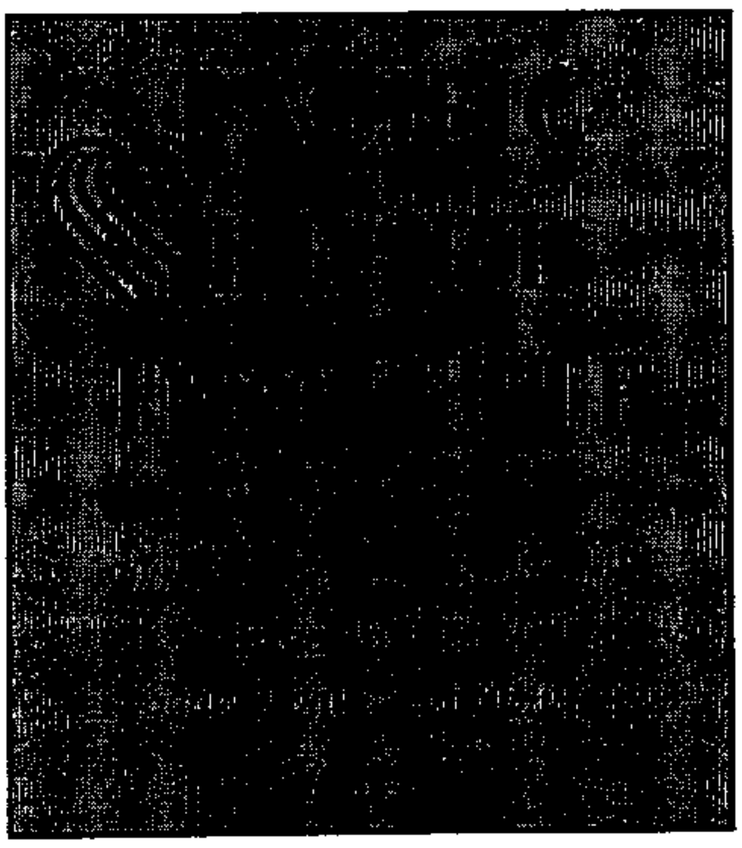
Called patient for follow up visit message on cell phone.

Date/Time: 5/22/2013 11:43:49 AM Task Note Edited by Frances Mendoza-Kaden
---

Date/Time: 8/19/2013 8:51:09 AM Task completed by Frances Mendoza-Kaden
---

TREADMILL STRESS TEST

Patient Name				Date
AARON, JONATHAN				03/31/11
Age	**Sex**	**Ht. In.**	**Wt. Lbs.**	**Referring Physician**
49	M	74	192	Richman / Roston, Warren
Cardiac Medications				**Exercise Protocol**
Crestor, Trilipix, ASA.				Bruce



Lying		
Standing	65	126/73
Hyperventilation		

85%	145
100%	171

MIN	SPEED	GRADE	HR	BP	Symptoms / Arrhythmias
1	1.7	10%	*84*		
2	1.7	10	*91*		
3	1.7	10	*90*	*132/62*	
4	2.5	12	*92*		
5	2.5	12	*101*		
6	2.5	12	*107*	*147/76*	
7	3.4	14	*120*		
8	3.4	14	*127*		
9	3.4	14	*133*	*159/80*	
10	4.2	16	*149*		
11	4.2	16	*160*		
12	4.2	16			
13	5.0	18			
14	5.0	18			
15	5.0	18			
16	5.5	20			
17	5.5	20			
18	5.5	20			

MIN	HR	BP	Symptoms / Arrhythmias
0	*161*	*159/80*	
1	*128*	*146/76*	
2	*98*	*196/76*	
3	*90*	*183/81*	
5			
7			
9			

EXERCISE DURATION	REASON STOPPED
10:19	fatigue.

PEAK HR	PEAK BP	RP PRDCT
161	159 / 80	25,599

ST SEGMENT RESPONSE
Normal

BASELINE EKG: Normal sinus rhythm, rate 89, normal resting conduction and repolarization with no arrhythmias.

INTERPRETATION:

The patient exercised a total of 10:19 achieving a heart rate of 161 , which is 94 percent of maximum predicted for age. The test was stopped due to fatigue.

1. There was a normal blood pressure response to stress.
2. The patient experienced no symptoms during stress.
3. Exercise tolerance is excellent.
4. There were no significant arrhythmias.
5. There were no significant ST segment changes.
6. This constitutes a normal electrocardiographic response to stress.

CONCLUSION: The overall likelihood of angiographically significant coronary artery disease is low.

Nicole M. Weinberg, M.D.

PRESCRIPTION HAS AN ENCRYPTED MICROPRINT MP BACKGROUND - NANOCOPY™

00247

NOTE: SECURITY BACKPRINT • NUMBERING • SAFETY PAPER

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

VOID APPEARS WHEN COPIED

Rx Name Jonathan Aaron D.O.B. ______ ☐ Female ☐ Male

Address ______ Phone ______

1) treadmill
stress test
2) dx: 272.2
277.89
3)

1)	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)	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 2/25/11

GF92FE

TouchSafe®
SP 15 ← TOUCH OR BREATHE ON TOUCHSAFE® FINGERPRINT TO VALIDATE

The Center for Cholesterol Management

PATIENT NAME: Jonathen Aaron DATE: 6/27/11

DOB: 11/3/1961

HISTORY OF PRESENT ILLNESS:

Jon comes in today for follow up. He is doing very well and has no complaints. We discussed his Lipid panel, TLC here

PMHX:

① met syndrome
② MH

METABOLIC SYNDROME CRITERION:
(Presence of 3 or more criterion define Metabolic Syndrome)

1. Waist > 40"/35" (M/F)
   Waist> 35"/32" (M/F Asian)
2. HDL-C < 40/50mg/dL (M/F)*
3. TG > 150 mg/dL*
4. FBS > 100 mg/dL or DM
5. BP >130/ >85* (* or on medication)

LIPOPROFILE RESULTS:

LDL-P - 1029
CL - 1196
6/13/11

MEDICATION:

NAME: Jonathan Aaron

Crestor 10mg qd
Zetia 10mg qd
Lovaza 5gm qd
Vit. D 50,000 IU a week
Benecol chews qd
Glucophage 1000mg qd
Baby Aspirin 81mg qd
trilipix 135mg qd

PHYSICAL EXAM:

BP: 112/79 P: 72 RR: 16 T: 98

WEIGHT: WAIST CIRCUMFERENCE:

GENERAL: WD WN o/w NAD

CHEST: clear

HEART: RRR

ABDOMEN: Soft, NT

EXTREMITIES: Warm.

ASSESSMENT:

49 y.o WC c h/o MH and metabolic syndrome but ↑CK c statin and optimal LDL. ↑CK

PLAN:

① Cont meds
② CK in 1 month

The Center for Cholesterol Management

PATIENT NAME: Jonathan Aaron DATE: 4-22-11

DOB: 11-3-1961

HISTORY OF PRESENT ILLNESS:

Jonathan comes in today for follow up
He is doing well and is taking his med.
He feels well. we discussed his lipids
① cough
treadmill stress
3/31/11 → low risk for CAD

PMHX:

① met. syndrome
② HTN

METABOLIC SYNDROME CRITERION:
(Presence of 3 or more criterion define Metabolic Syndrome)

1. Waist > 40"/35" (M/F)
   Waist> 35"/32" (M/F Asian)
2. HDL-C < 40/50mg/dL (M/F)*
3. TG > 150 mg/dL*
4. FBS > 100 mg/dL or DM
5. BP >130/ >85* (* or on medication)

LIPOPROFILE RESULTS:

LDL-P - 1390 TG - 189
ApoB - 71 HgbA1C - 5.2
HDL-C - 33 Met D - 28

4/7/11

MEDICATION: NAME: Jonathan Aaron

Crestor 10mg qd
trilipix 135 qd
Lovaza 4gm qd
Vit D 5000 IU qd
Glucophage 1000mg qd

PHYSICAL EXAM:

BP 111/74 P 68 RR 16 T 98

GENERAL: WDWN ♂ in NAD

CHEST: Clear

HEART: RRR

ABDOMEN: Soft, NT

EXTREMITIES: Ø edema

ASSESSMENT:

49 y/o WM ♂ c̄ h/o MH; ↑↑TGs; ↑↑LDL-C now improving

PLAN:

1. cont meds
2. add Benecol chews 2 qd
3. Zetia 10mg qd
4. ↑ Lovaza 5gms qd
5. Vitamin D 50,000 u q week
6. f/u 2 months

The Center for Cholesterol Management

A Medical Corporation

NAME Jonathan Aaron

DATE 2-25-11

DOB 11-3-61

HISTORY OF PRESENT ILLNESS

Jon comes in today for follow up. He ran out of meds 2 weeks ago we discussed @ length his current risk & tx plan

PMHX

① MH
② met syndrome

Metabolic Syndrome Criterion
(Presence of 3 or more criterion defines Metabolic Syndrome)

1. Waist > 40"/35" (M/F)
   Waist > 38"/32" (M/F Asian)
2. HDL-C < 40 mg/dL (M/F)*
3. TG > 150 mg/dL*
4. FBS > 100 mg/dL or DM
5. BP >130 / >85* (* or on medication)

Laboratory Results

LDL-P 1164 on 11/9/10
6 - 304
NMR 2-29

MEDS

NAME
Jonathan
Aaron

Crestor 10mg qd
Lovaza 4gm qd
trilipix 130 mg qd
Vit-D 4000 IU qd
Glucophage 1000mg qd

PHYSICAL EXAM

BP 130/79 P 72 RR 16 T 98

GENERAL WDWN ♂ in NAD

CHEST clear

HEART RRR

ABDOMEN soft, NT

EXTREMITIES warm

Assessment - 49 yo w ♂ c̄ h/o MI;
met. syndrome
non-compliant c̄ med

PLAN

① treadmill stress test
② HDL follow up panel
③ f/u 2 weeks

The Center for Cholesterol Management

A Medical Corporation

NAME Jonathan Aaron

DATE 11/9/10

DOB 11/03/1961

HISTORY OF PRESENT ILLNESS:

Jon comes in today for follow up. He is doing well but has not been taking his OSEA due to nausea when taking

PMHX:

① MH
② met. syndrome

Metabolic Syndrome Criterion
(Presence of 3 or more criterion define Metabolic Syndrome)

1. Waist > 40"/35" (M/F)
   Waist > 36"/32" (M/F Asian)

2. HDL-C < 40/50mg/dL (M/F)*

3. TG > 150 mg/dL*

4. FBS > 100 mg/dL or DM

5. BP >130 / >85* (* or on medication)

Lipoprofile Results

LDL-P: 1764 ursuki 57
APOB - 119
TG - 571
VLDL 12

8/24/10

MEDS

NAME

Crestor 10mg qd

trilipix 135mg qd

Lovaza 4grams (not taking)

Vit. D 4000 IU qd

Glucophage XR 1000mg qd

PHYSICAL EXAM

BP 128/80 P 75 RR 16 T 98

GENERAL: WDWN o/w NAD

CHEST: clear

HEART: RRR

ABDOMEN: Soft, NT

EXTREMITIES WNWN.

Assessment: 49 yo w/ c h/o MH
; met. syndrome; Uncntl

PLAN:

① HDL follow up panel
② F/u 2 weeks

5

The **Center for Cholesterol Management** *A Medical Corporation*

NAME Jonathan Aaron DATE 9/14/10

DOB 11/03/1961

HISTORY OF PRESENT ILLNESS: -

Jonathan comes in today for follow up we discussed his lipid panel & length

PMHX:

① TTG

Metabolic Syndrome Criterion

(Presence of 3 or more criterion define Metabolic Syndrome)

1. **Waist > 40"/35" (M/F)**
   Waist > 35"/32" (M/F Asian)

2. **HDL-C < 40/50mg/dL (M/F)***

3. **TG > 150 mg/dL***

4. **FBS > 100 mg/dL or DM**

5. **BP >130 / >85* (* or on medication)**

Lipoprofile Results

See results from 8/24/10

MEDS

NAME

Adam

∅

PHYSICAL EXAM

BP 118/70 P 72 RR 16 T 98

GENERAL: WDWN ♂ in NAD

CHEST: clear

HEART: RRR

ABDOMEN: soft, NT

EXTREMITIES: WNL

Assessment 48 yo w ♂ c familial combined hyperlipidemia ; IR.

PLAN:

(6) Baby ASA qd (1) Zestril 10mg qd

(7) treadmill (2) Lovaza 4 gms qd

(8) stress test (3) Trilipix 135 mg qd

(8) nutrition consult (4) Glucophage XR 1000mg qd

(9) HDL 10/7 follow up Hba1c (5) vit D 4000 u qd

5

The Center for Cholesterol Management

A Medical Corporation

NAME Jonathan Aaron

DATE 8/24/10

DOB 11/03/1961

CHIEF COMPLAINT: -

48yo w ♂ c h/o ↑TGs presents for lipid evaluation

HISTORY OF PRESENT ILLNESS:

pt has a had a fluttering feeling in his head but denies chest pressure. denies SOB. ∅ MI ∅CVA. pt does not exercise never had a stress test..

PMHX:

① osteoarthritis of ② spine c/o numbness ③ leg pt thigh and calf.

② ↑TGs

PSHX:

① 3x microdiscectomy - L_3-S,

NAME

Aaron

MEDS:

ALLERGIES: NKA

SOCIAL HISTORY: - ⑦ tobacco x 28 yrs.

FAMILY HISTORY: -

0 cancer
② MI

REVIEW OF SYSTEMS: -

see intake form

NAME

aaum

PHYSICAL EXAM

BP 112/70 P 72 RR 16 T. 98

GENERAL: WDWN ♂ in NAD

HEENT: NC/AT

NECK: ∅ [illegible]

CHEST: clear

HEART: RRR

ABDOMEN: soft, NT

BACK:

EXTREMITIES: [illegible]

NEURO:

Assessment - 48 y/o WM c̄ h/o ↑ TGs
>2000.

PLAN:

① HDL comprehensive
panel
② F/U 2 weeks

3

HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

Laboratory Results

Patient			
Name: Jonathan Aaron	Phone #:		Patient ID #: 10-237-0263
Fasting Status: Non-Fasting	Gender: Male	Birthdate: 11/3/1961	Age: 49
Height:	Weight:	BMI:	Prev. BMI:

Specimen	
Collection Time: 1:50 pm	Specimen ID: 11061400670
Collection Date: 6/13/2011	Report Type: Complete
Received Date: 6/14/2011	Report Date: 6/16/2011

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 4/7/2011
Lipids	Total Cholesterol (mg/dL)				102	≥ 240	200 - 239	< 200	126
	LDL-C Direct (mg/dL)				49	≥ 130 CHD & CHD risk eq. > 100	100 - 129 CHD & CHD risk eq. 70 - 100	< 100 CHD & CHD risk eq. < 70	63
	HDL-C (mg/dL)		38			< 40		≥ 40	33
	Triglycerides (mg/dL)				109	≥ 200	150 - 199	< 150	189
	Non-HDL-C (mg/dL) (calculated)				64	≥ 160	130 - 159	< 130	93
Lipoprotein Particles and Apolipoproteins	Apo B (mg/dL)				55	≥ 80	60 - 79	< 60	71
	LDL-P (nmol/L)			1029		≥ 1300	1000 - 1299	< 1000	1390
	sdLDL (mg/dL)*				14	≥ 31	21 - 30	≤ 20	22
	% sdLDL (calculated)		28			≥ 23	14 - 22	≤ 13	35
	Apo A-I (mg/dL)			124		< 114	114 - 131	≥ 132	117
	HDL-P (µmol/L)			31.8		< 28.0	28.0 - 34.0	≥ 35.0	29.8
	HDL2 (mg/dL)*		8			≤ 8	9 - 11	≥ 12	6
	Apo B:Apo A-I Ratio (calculated)				0.45	≥ 0.81	0.61 - 0.81	≤ 0.6	0.61
	Lp(a) Mass (mg/dL)				3	≥ 30		< 30	5
	Lp(a) Cholesterol (mg/dL)					≥ 6	3 - 5	< 3	
Inflammation/ Oxidation	Myeloperoxidase (pmol/L)					≥ 550	400 - 549	< 400	
	Lp-PLA$_2$ (ng/mL)				143	> 235	200 - 235	< 200	126
	hs-CRP (mg/L)			1.24		≥ 3.0	1.0 - 2.9	< 1.0	0.66
	Fibrinogen (mg/dL)				334	≥ 465	391 - 464	≤ 390	340
Myocardial Stress	NT-proBNP (pg/mL)				62	≥ 450	125 - 449	< 125	15
Platelets	AspirinWorks• (urine) (pg/mg of creatinine)					> 1500		≤ 1500	

Lab Notes: optimal LDL-P

Provider Notes: ↑6 ↑↑ CK

repeat CK in 1 month
repeat HDL follow up panel in 4 months

6/27/11

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.
beyond disease diagnosis

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Jonathan Aaron		10-237-0263

Fasting Status:	Gender:	Birthdate:	Age:
Non-Fasting	Male	11/3/1961	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
1:50 pm	11061400670
Collection Date:	**Report Type:**
6/13/2011	Complete
Received Date:	**Report Date:**
6/14/2011	6/16/2011

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 4/7/2011
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*					*1/*1 = optimal, *1/*2 = intermediate, *2/*2 = poor			*1/*1
	CYP2C19*3*					*1/*1 = optimal, *1/*3 = intermediate, *3/*3 = poor			*1/*1
	CYP2C19*17*					*1/*1 = optimal, *1/*17 = rapid, *17/*17 = ultra rapid			Not Tested
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)				8	≥ 12	10 - 11	3 - 9	10
	Free Fatty Acid (mmol/L)			0.66		> 0.7	0.6 - 0.7	≤ 0.59	0.27
	Glucose (mg/dL)				94	≤ 55 or > 125	56-69 or 100-125	70 - 99	84
	HbA1c (%)				5.3	≥ 6.5	5.7 - 6.4	≤ 5.6	5.2
	Estimated Average Glucose (mg/dL) (calculated)				105.9	≥ 139.9	116.9 - 139.8	≤ 116.8	102.5
	25-hydroxy-Vitamin D (ng/mL)				41	≤ 14	15 - 29	30 - 100	28
	Homocysteine (µmol/L)		14			> 13	11 - 13	≤ 10	13

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.

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

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Jonathan Aaron		10-237-0263

Fasting Status:	Gender:	Birthdate:	Age:
Non-Fasting	Male	11/3/1961	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
1:50 pm	11061400670

Collection Date:	Report Type:
6/13/2011	Complete

Received Date:	Report Date:
6/14/2011	6/16/2011

Provider

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

Client ID:
06-90025-18-0000383

Other Biomarkers	Result	Flag	Reference Interval
Albumin (g/dl)	4.9		3.5 - 5.2
ALP (U/L)	38	L	40 - 129
ALT / GPT (U/L)	32		Up to 41
AST / GOT (U/L)	46	H	Up to 40
CK (U/L)	1196	H	39 - 308
Direct Bilirubin (mg/dL)	0.2		0.1 - 0.3
Total Bilirubin (mg/dL)	0.5		Up to 1.2
Total Protein (g/dL)	6.6		6.4 - 8.3

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

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HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Jonathan Aaron		10-237-0263

Fasting Status:	Gender:	Birthdate:	Age:
Non-Fasting	Male	11/3/1961	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
1:50 pm	11061400670
Collection Date:	**Report Type:**
6/13/2011	Complete
Received Date:	**Report Date:**
6/14/2011	6/16/2011

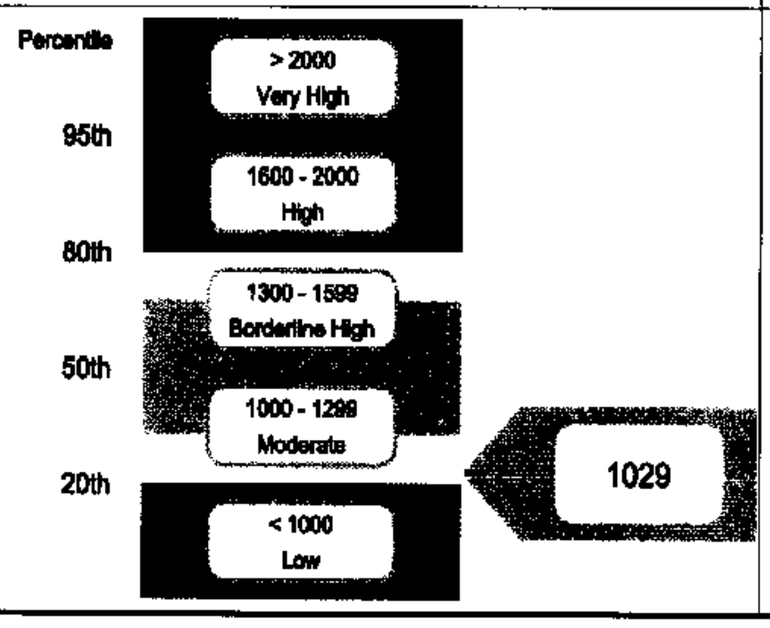
Provider

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

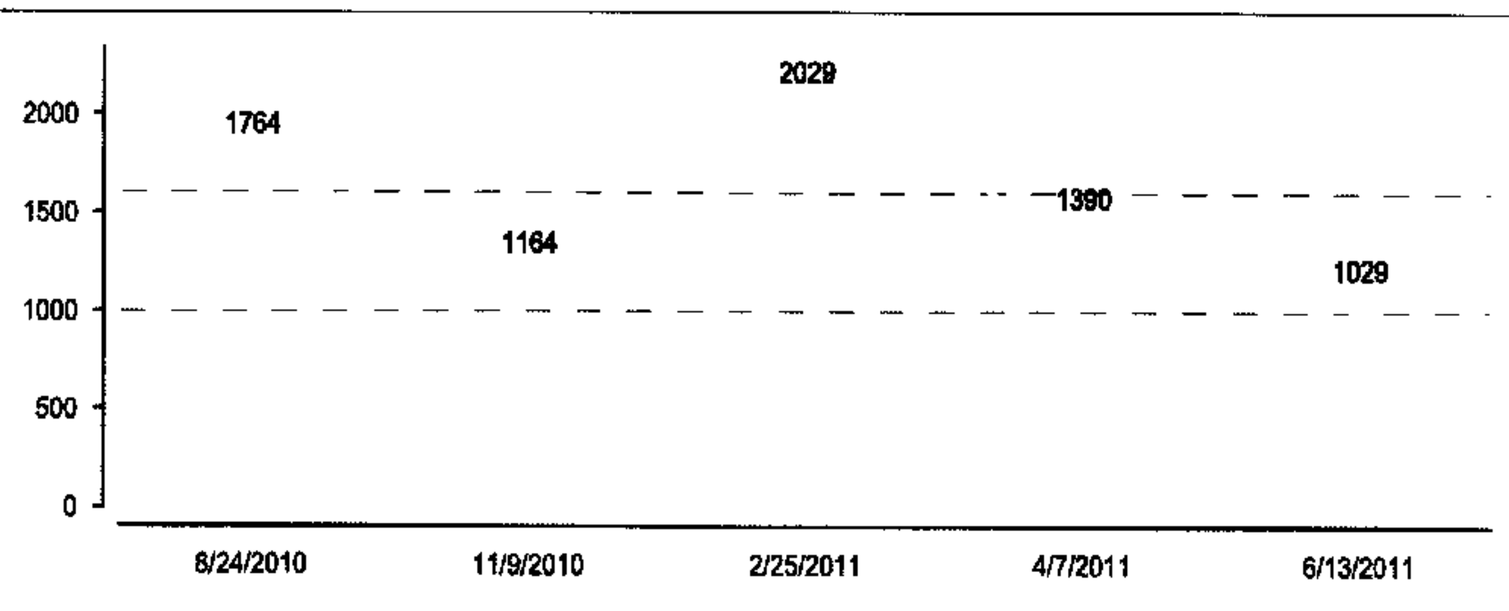
Client ID:
06-90025-18-0000383

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] (Higher CVD Risk ← → Lower CVD Risk)	Previous Results
HDL Particles	**HDL-P** (total) µmol/L	31.8	low · 25th (26.7) · 50th (30.5) · 31.8 · 75th (34.9) · high	29.8

Small LDL-P and LDL Size are associated with CVD risk, but not after LDL-P is taken into account.

Lipoprotein Markers Associated with Insulin Resistance and Diabetes Risk[3,4] (Insulin Resistance ← → Insulin Sensitive)

Laboratory Test	Result	Percentile in Reference Population[2]	Previous Results
LARGE VLDL-P nmol/L	< 0.7	high · 75th (6.9) · 50th (2.7) · 25th (0.9) · 0.7 · low	6.6
SMALL LDL-P nmol/L	937	high · 75th (839) · 937 · 50th (527) · 25th (117) · low	668
LARGE HDL-P µmol/L	< 0.7	low · 0.7 · 25th (3.1) · 50th (4.8) · 75th (7.3) · high	< 0.7
VLDL SIZE nm	42.0	large · 75th (52.5) · 50th (46.6) · 25th (42.4) · 42.0 · small	48.2
LDL SIZE nm	19.8	small · 25th (20.4) · 19.8 · 50th (20.8) · 75th (21.2) · large	20.4
HDL SIZE nm	8.4	small · 8.4 · 25th (8.9) · 50th (9.2) · 75th (9.6) · large	< 8.3
LP-IR SCORE* 0 - 100	46	insulin resistant · 75th (63) · 50th (45) · 46 · 25th (27) · insulin sensitive	73

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 woman 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

HDL 20.0

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.
beyond disease diagnosis

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Jonathan Aaron		10-237-0263

Fasting Status:	Gender:	Birthdate:	Age:
Non-Fasting	Male	11/3/1961	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
1:50 pm	11061400670

Collection Date:	Report Type:
6/13/2011	Complete

Received Date:	Report Date:
6/14/2011	6/16/2011

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:

HDL cholesterol, HDL 2 (large HDL particle) cholesterol, and apolipoprotein A-I are decreased or in the intermediate range. Low HDL cholesterol and low apolipoprotein A-I have been associated with increased risk for cardiovascular disease and events. Low amounts of large HDL particles suggest that the HDL present may not be in its most protective form. HDL cholesterol, large HDL particle, and apolipoprotein A-I concentration may be increased by exercise, fish oil, or alcohol consumption in moderation. Niacin, fibric acids, and combination therapy (statin + niacin) have been demonstrated to increase large HDL particle concentration.

%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.

Although the LDL cholesterol concentration is optimal, LDL particle concentration is borderline high 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.

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.

Increased homocysteine. Most, but not all prospective studies of homocysteine and cardiovascular risk show homocysteine to be associated with cardiovascular events. Levels >13 umol/L are considered elevated. Such increases in homocysteine levels 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.

Non-Esterified "Free" Fatty Acid concentration is in the intermediate range. Elevated free fatty acids have been associated with the metabolic syndrome and increased risk for the development of type 2 diabetes.

Total HDL particle concentration is in the intermediate range in this sample. Decreased HDL particles have been associated with increased risk for cardiovascular disease. HDL particle concentration may be increased by exercise, fish oil, or alcohol consumption in moderation. Niacin, fibric acids, and combination therapy (statin + niacin) have been demonstrated to increase HDL particle concentration.

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

0000383-0097419 0000383-0097419 0000383-0097419 0000383-0097419 0000383-0097419 0000383-0097419 0000383-0097419

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) Indicate primary and secondary diagnoses below.

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:	Client Patient ID #:

Address:		
City:	State:	Zip Code:
Home Phone:	Sex: M F	Date of Birth: / /
Work Phone:	Social Security #: - -	
*Height: feet inches	*Weight: pounds	

SPECIMEN INFORMATION

Drawing Lab:	Phone:
Collection Date: / / Time: am/pm	Fasting: ☐ Yes ____ Hrs ☐ No
Initials:	Insulin: time of last dose: ____ am/pm 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:	

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.

/ /

*Patient Signature Date

REQUESTING PROVIDER/LAB/INSTITUTION

DM. Richman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID: 05-90025-18-0000383
Phone: (310) 481-3939
Fax: (310) 481-3949 VA

*Physician or Authorized Signature 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 Mutation
CYP2C19
Lp-PLA2
CRP-hs
Fibrinogen
Homocysteine
FFA (NEFA)
Insulin
NT pro BNP
Vitamin D
HbA1C
CMP

☐ Follow-Up Profile

Lipid Panel
Apo A1
Apo B
LDL P
sdLDL
HDL 2 subclass
Lp(a) mass w/reflex
Lp-PLA2
CRP-hs
Fibrinogen
Homocysteine
FFA (NEFA)
Insulin
NT pro BNP
Vitamin D
HEP
HbA1C

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
☐ Thyroid Cascade Panel	84480, 84436, 84439

Inflammation & Platelets

☐ AspirinWorks® (urine)	83520 & 82565
☐ F_2-Isoprostanes	83789, 82570
☐ Fibrinogen	85384
☐ hs-CRP	86141
☐ Lp-PLA_2	83698
☐ MPO	83516
☐ 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	83704
☐ Lp(a) cholesterol	82664
☐ Lp(a) mass	83695
☐ sdLDL	83701

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

☐ T4	84436
☐ TSH	84443
☐ T3	84480
☐ T4, free	84439
☐ T Uptake	84482

Other

☐ CK
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

COMMENTS

DIAGNOSIS (ICD-9 CODE)

NOTE. The below ICD-9 codes are listed as a convenience. Ordering physicians should report the code that best describes the reason for ordering the tests & are not required to use the codes provided below.

Please write in Diagnosis Codes below or clearly mark to the right. PLEASE USE FOURTH & FIFTH DIGIT MODIFIERS.

Primary:

Secondary:

Other:

☐ Diabetes	250. ____
☐ Pure Hypercholesteroledemia	272.0
☐ Pure Hyperglyceridemia	272.1
☒ Mixed Hyperlipidemia	272.2
☑ Unspecified Hyperlipidemia	272.4
☐ Hypertension	401. ____
☐ Hypertensive Heart Disease	402. ____
☐ Hypertension w/Renal Disease	403. ____
☐ Hypertension w/Renal Disease & Heart Failure	404. ____
☐ Intermediate Coronary Syndrome	411.1
☐ Coronary Atherosclerosis Unspecified Vessel, Native or Graft	414.00
☐ Congestive Heart Failure	428. ____
☐ Cirrhosis of liver without mention of alcohol	571.5
☐ Other chronic non-alcoholic liver disease	571.8
☐ Unspecified chronic liver disease without mention of alcohol	571.9
☐ OTHER 277.89	

Health Diagnostic Laboratory, Inc.
737 North 5th Street, Suite 103
Richmond, VA 23219
USA

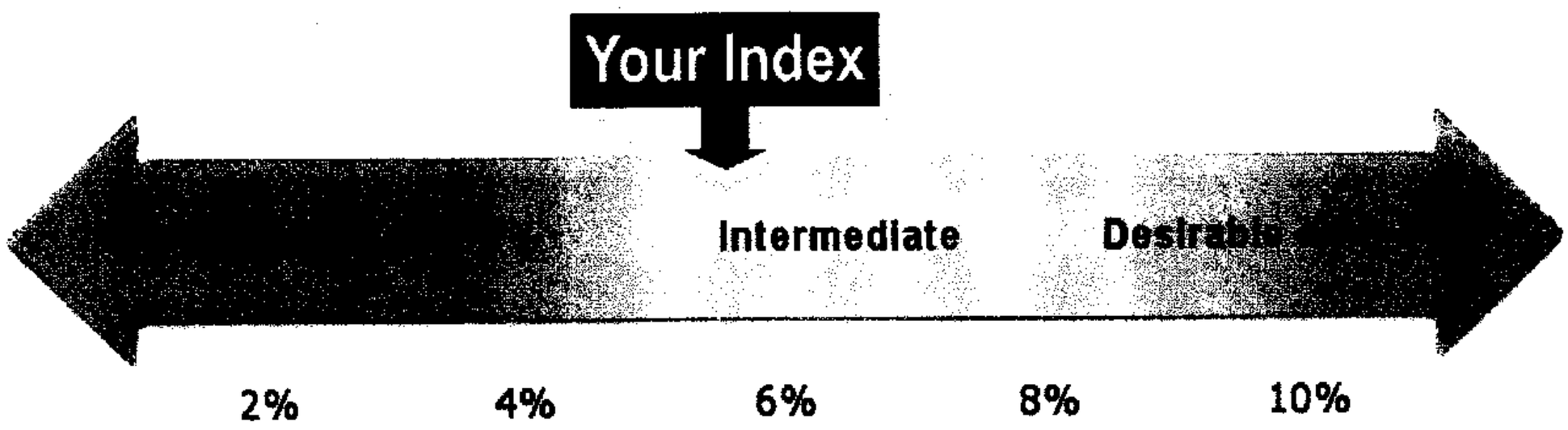
Phone: (804) 343-2718
Toll Free: 1-877-443-5227
Fax: (804) 343-2704
www.myhdl.com

Patient Name: Aaron, Jonathan
Date of Birth: 11/3/1961
Specimen ID: 10-237-0263_11040800203
Practice: The Center for Cholesterol Management

Date of Collection: 04/07/2011
Date Reported: 04/11/2011
Provider: Michael Richman

HS-Omega-3 Index® = 5.6%

Reference Range*: 0.5% - 10.6%



Dried Blood Spot Fatty Acid Profile

Omega-3 Fatty Acids		
Alpha-Linolenic	(18:3n3)	0.3 %
Eicosapentaenoic	(EPA, 20:5n3)	1.2 %
Docosapentaenoic-n3	(22:5n3)	1.6 %
Docosahexaenoic	(DHA, 22:6n3)	3.9 %
Range*: 0.0% - 12.8%		**Total: 7.0 %**

Omega-6 Fatty Acids		
Linoleic	(18:2n6)	15.7 %
Gamma-Linolenic	(18:3n6)	0.3 %
Eicosadienoic	(20:2n6)	0.4 %
Dihomo-y-linolenic	(20:3n6)	1.7 %
Arachidonic	(AA, 20:4n6)	13.0 %
Docosatetraenoic	(22:4n6)	2.1 %
Docosapentaenoic-n6	(22:5n6)	0.4 %
Range*: 26.1% - 51.2%		**Total: 33.6 %**

Fatty Acids Ratios		
Omega-6:Omega-3	(0.0 – 14.9)*	4.9
AA:EPA	(0.0 – 59.1)*	10.8

cis-Monounsaturated Fatty Acids		
Palmitoleic	(16:1n7)	0.3 %
Oleic	(18:1n9)	18.9 %
Eicosenoic	(20:1n9)	0.1 %
Nervonic	(24:1n9)	0.3 %
Range*: 11.6% - 30.3%		**Total: 19.6 %**

Saturated Fatty Acids		
Myristic	(14:0)	0.7 %
Palmitic	(16:0)	22.5 %
Stearic	(18:0)	15.1 %
Arachidic	(20:0)	0.1 %
Behenic	(22:0)	0.2 %
Lignoceric	(24:0)	0.2 %
Range*: 26.0% - 38.5%		**Total: 38.8 %**

Trans Fatty Acids		
Trans Palmitoleic	(16:1n7t)	0.1 %
Trans Oleic	(18:1t)	0.7 %
Trans Linoleic	(18:2n6t)	0.4 %
Range*: 0.0% - 4.8%		**Total: 1.2 %**

* Reference range is derived from 992 subjects (mean age 67 years).

Analysis performed at OmegaQuant LLC
2329 N. Career Ave., Suite 113, Sioux Falls, SD 57107 USA
CLIA# 43D1105229

Health Diagnostic Laboratory, Inc.
CLIA# 49D1100708
CAP# 7224971

Joseph P. McConnell, Ph.D.
Laboratory Director

HealthDiagnosticLaboratoryInc.

beyond disease diagnosis

Laboratory Results

Patient				
Name: Jonathan Aaron	Phone #:	Patient ID #: 10-237-0263		
Fasting Status: Non-Fasting	Gender: Male	Birthdate: 11/3/1961	Age: 49	
Height:	Weight:	BMI:	Prev. BMI:	

Specimen	
Collection Time: 11:30 am	Specimen ID: 11040800203
Collection Date: 4/7/2011	Report Type: Complete
Received Date: 4/8/2011	Report Date: 4/11/2011

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 2/25/2011
Lipids	Total Cholesterol (mg/dL)				126	≥ 240	200 - 239	< 200	241
Lipids	LDL-C Direct (mg/dL)				63	≥ 130 CHD & CHD risk eq. > 100	100 - 129 CHD & CHD risk eq. 70 - 100	< 100 CHD & CHD risk eq. < 70	99
Lipids	HDL-C (mg/dL)		33			< 40		≥ 40	39
Lipids	Triglycerides (mg/dL)			189		≥ 200	150 - 199	< 150	494
Lipids	Non-HDL-C (mg/dL) (calculated)				93	≥ 160	130 - 159	< 130	202
Lipoprotein Particles and Apolipoproteins	Apo B (mg/dL)			71		≥ 80	60 - 79	< 60	
Lipoprotein Particles and Apolipoproteins	LDL-P (nmol/L)		1390			≥ 1300	1000 - 1299	< 1000	2029
Lipoprotein Particles and Apolipoproteins	sdLDL (mg/dL)*			22		≥ 31	21 - 30	≤ 20	
Lipoprotein Particles and Apolipoproteins	% sdLDL (calculated)		35			≥ 23	14 - 22	≤ 13	
Lipoprotein Particles and Apolipoproteins	Apo A-I (mg/dL)			117		< 114	114 - 131	≥ 132	
Lipoprotein Particles and Apolipoproteins	HDL-P (µmol/L)			29.8		< 28.0	28.0 - 34.0	≥ 35.0	24.9
Lipoprotein Particles and Apolipoproteins	HDL2 (mg/dL)*		6			≤ 8	9 - 11	≥ 12	
Lipoprotein Particles and Apolipoproteins	Apo B:Apo A-I Ratio (calculated)			0.61		≥ 0.81	0.61 - 0.81	≤ 0.6	
Lipoprotein Particles and Apolipoproteins	Lp(a) Mass (mg/dL)				5	≥ 30		< 30	
Lipoprotein Particles and Apolipoproteins	Lp(a) Cholesterol (mg/dL)					≥ 6	3 - 5	< 3	
Inflammation/ Oxidation	Myeloperoxidase (pmol/L)					≥ 550	400 - 549	< 400	
Inflammation/ Oxidation	Lp-PLA$_2$ (ng/mL)				126	> 235	200 - 235	< 200	
Inflammation/ Oxidation	hs-CRP (mg/L)				0.66	≥ 3.0	1.0 - 2.9	< 1.0	
Inflammation/ Oxidation	Fibrinogen (mg/dL)				340	≥ 465	391 - 464	≤ 390	
Myocardial Stress	NT-proBNP (pg/mL)				15	≥ 450	125 - 449	< 125	
Platelets	AspirinWorks® (urine) (pg/mg of creatinine)					> 1500		≤ 1500	

Lab Notes: improved #s

Provider Notes:
① Benecol chews/tabs
② add Zetia 10mg
③ cont med
④ f/u 2 months

4/22/11

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.
beyond disease diagnosis

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Jonathan Aaron		10-237-0263

Fasting Status:	Gender:	Birthdate:	Age:
Non-Fasting	Male	11/3/1961	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
11:30 am	1104800203

Collection Date:	Report Type:
4/7/2011	Complete

Received Date:	Report Date:
4/8/2011	4/11/2011

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 2/25/2011
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*					Estimated Genotype Frequency: *1/*1 (~60-70%), *1/*2 (~20-30%), *2/*2 (~2-3%), *1/*3 (<1%), *2/*3 (<0.05%), *3/*3 (<0.01%)			*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)				10	≥ 12	10 - 11	3 - 9	
	Free Fatty Acid (mmol/L)				0.27	> 0.7	0.6 - 0.7	≤ 0.59	
	Glucose (mg/dL)				84	≤ 55 or > 125	56-69 or 100-125	70 - 99	
	HbA1c (%)				5.2	≥ 6.5	6.0 - 6.4	4.8 - 5.9	
	25-hydroxy-Vitamin D (ng/mL)			28		≤ 14	15 - 29	30 - 100	
	Homocysteine (µmol/L)			13		> 13	11 - 13	≤ 10	
	Vitamin B_{12} (pg/mL)				639	< 211	211 - 299	≥ 300	

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.

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HealthDiagnosticLaboratoryInc.

beyond disease diagnosis

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Jonathan Aaron		10-237-0263

Fasting Status:	Gender:	Birthdate:	Age:
Non-Fasting	Male	11/3/1961	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
11:30 am	11040800203

Collection Date:	Report Type:
4/7/2011	Complete

Received Date:	Report Date:
4/8/2011	4/11/2011

Provider

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

Client ID:
06-90025-18-0000383

Other Biomarkers	Result	Flag	Reference Interval
Albumin (g/dl)	4.5		3.5 - 5.2
ALP (U/L)	45		40 - 129
ALT / GPT (U/L)	28		Up to 41
AST / GOT (U/L)	21		Up to 40
Direct Bilirubin (mg/dL)	0.1		0.0 - 0.3
Total Bilirubin (mg/dL)	0.3		Up to 1.2
Total Protein (g/dL)	6.4		6.4 - 8.3

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Lab Notes:

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HealthDiagnosticLaboratoryInc.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Jonathan Aaron		10-237-0263

Fasting Status:	Gender:	Birthdate:	Age:
Non-Fasting	Male	11/3/1961	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
11:30 am	11040800203

Collection Date:	Report Type:
4/7/2011	Complete

Received Date:	Report Date:
4/8/2011	4/11/2011

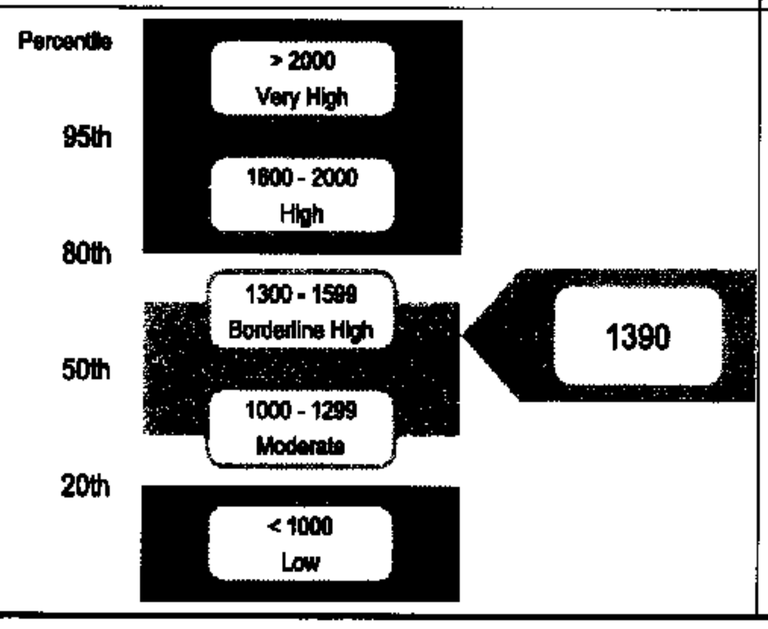
Provider

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

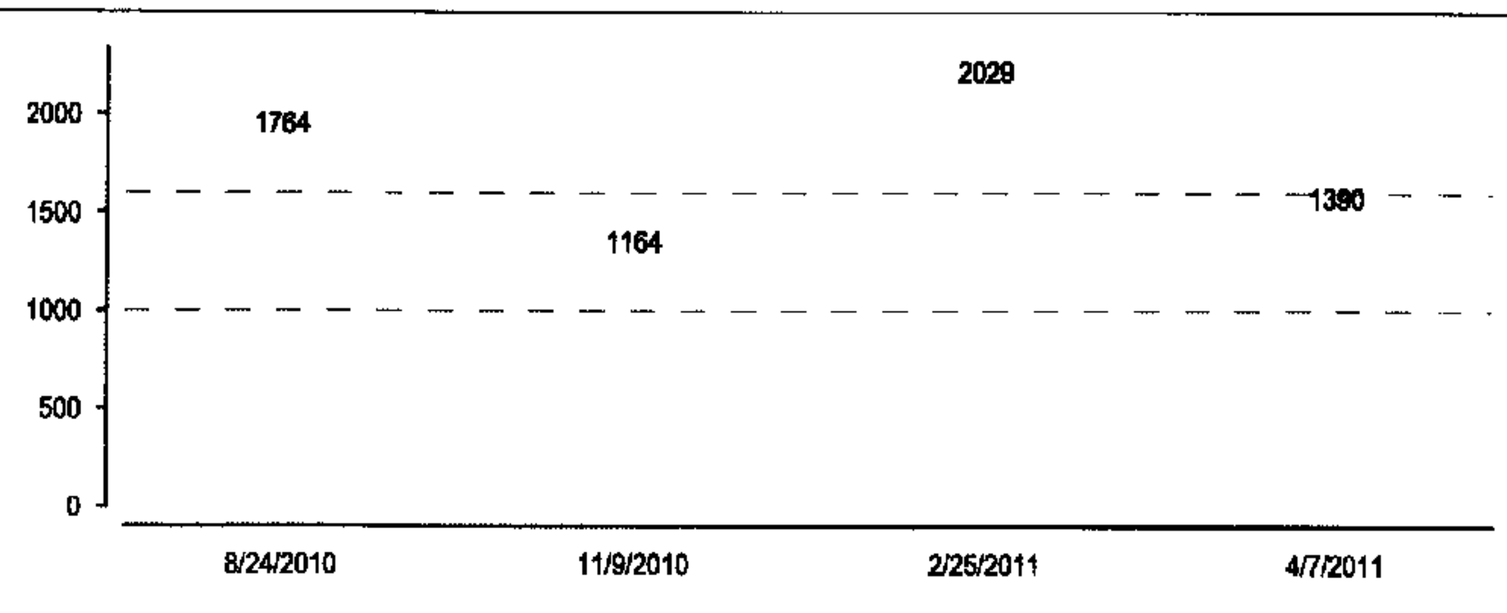
Client ID:
06-90025-18-0000383

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	29.8	low · 25th (26.7) · 50th (30.5) · 75th (34.9) · high — 29.8	24.9
	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[3,4]	**LARGE VLDL-P** nmol/L	6.6	high · 75th (6.9) · 6.6 · 50th (2.7) · 25th (0.9) · low	
	SMALL LDL-P nmol/L	668	high · 75th (839) · 668 · 50th (527) · 25th (117) · low	
	LARGE HDL-P µmol/L	< 0.7	low · 0.7 · 25th (3.1) · 50th (4.8) · 75th (7.3) · high	
	VLDL SIZE nm	48.2	large · 75th (52.5) · 50th (46.6) · 48.2 · 25th (42.4) · small	
	LDL SIZE nm	20.4	small · 25th (20.4) · 20.4 · 50th (20.8) · 75th (21.2) · large	
	HDL SIZE nm	< 8.3	small · 25th (8.9) · 8.3 · 50th (9.2) · 75th (9.6) · large	
	LP-IR SCORE* 0 - 100	73	insulin resistant · 75th (83) · 73 · 50th (45) · 25th (27) · insulin sensitive	

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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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 #:
Jonathan Aaron		10-237-0263

Fasting Status:	Gender:	Birthdate:	Age:
Non-Fasting	Male	11/3/1961	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
11:30 am	11040800203

Collection Date:	Report Type:
4/7/2011	Complete

Received Date:	Report Date:
4/8/2011	4/11/2011

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:

Decreased HDL cholesterol and increased triglyceride concentrations raise the suspicion of the presence of the metabolic syndrome. According to ATP III guidelines, a diagnosis of metabolic syndrome can be made if 3 or more of the following criteria are met: Triglycerides equal to or great than 150 mg/dl, HDL of equal to or less than 50 mg/dl for women and 40 mg/dl for men, fasting glucose equal to or greater than 110 mg/dl, systolic blood pressure greater than or equal to 130mm HG and diastolic blood pressure equal to or greater than 85 mm HG, and waist circumference for men greater than 40 inches (102 cm) and for women greater than 35 inches (88 cm).

HDL cholesterol, HDL 2 (large HDL particle) cholesterol, and apolipoprotein A-I are decreased or in the intermediate range. Low HDL cholesterol and low apolipoprotein A-I have been associated with increased risk for cardiovascular disease and events. Low amounts of large HDL particles suggest that the HDL present may not be in its most protective form. HDL cholesterol, large HDL particle, and apolipoprotein A-I concentration may be increased by exercise, fish oil, or alcohol consumption in moderation. Niacin, fibric acids, and combination therapy (statin + niacin) have been demonstrated to increase large HDL particle concentration.

Although LDL cholesterol is optimal or near optimal, small dense LDL cholesterol, %sdLDL, and Apo B are increased or in the intermediate range in this sample, consistent with 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 concentration is 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.

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.

Elevated fasting insulin. If a fasting insulin level is elevated, it reflects hyperinsulinemia but fasting levels can be normal when levels following a glucose load are elevated. Insulin is elevated postprandially in proportion to the carbohydrate content in the meal. Elevated fasting insulin levels have been related to atherosclerosis risk. The combination of elevated fasting insulin, apolipoprotein B levels, and small LDL size identifies a very high-risk group for the development of ischemic heart disease.

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.

HealthDiagnosticLaboratoryInc.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Jonathan Aaron		10-237-0263

Fasting Status:	Gender:	Birthdate:	Age:
Non-Fasting	Male	11/3/1961	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
11:30 am	11040800203

Collection Date:	Report Type:
4/7/2011	Complete

Received Date:	Report Date:
4/8/2011	4/11/2011

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 HDL particle concentration is in the intermediate range in this sample. Decreased HDL particles have been associated with increased risk for cardiovascular disease. HDL particle concentration may be increased by exercise, fish oil, or alcohol consumption in moderation. Niacin, fibric acids, and combination therapy (statin + niacin) have been demonstrated to increase HDL particle concentration.

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.

0000383-0193353

HealthDiagnosticLaboratoryInc

beyond disease diagnosis

Joseph P. McConnell, Laboratory Director

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

0000383-0193353 0000383-0193353 0000383-0193353

0000383-0193353 0000383-0193353 0000383-0193353

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) Indicate primary and secondary diagnoses below.

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:		Client Patient ID #:
Address:		
City:	State:	Zip Code:
Home Phone:	Sex: M. F	Date of Birth: / /
Work Phone:	Social Security #: - -	
*Height: feet inches	*Weight: pounds	

SPECIMEN INFORMATION

Drawing Lab:	Phone:
Collection Date: / / Time: am/pm	Fasting: ☐ Yes ____ Hrs ☐ No
Initials:	Insulin: time of last dose: ______ am/pm 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:

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.

/ /

***Patient Signature** **Date**

REQUESTING PROVIDER/LAB/INSTITUTION

CM. 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) 481-3949 V. 4

/ /

***Physician or Authorized Signature** **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 Mutation, CYP2C19, Lp-PLA2, CRP-hs, Fibrinogen, Homocysteine, FFA (NEFA), Insulin, NT pro BNP, Vitamin D, HbA1C, CMP

☒ **Follow-Up Profile**
Lipid Panel, Apo A1, Apo B, LDL P, sdLDL, HDL 2 subclass, Lp(a) mass w/reflex, Lp-PLA2, CRP-hs, Fibrinogen, Homocysteine, FFA (NEFA), Insulin, NT pro BNP, Vitamin D, HEP, HbA1C

INDIVIDUAL TESTS

Routine Panels *(see reverse side for details)*

Test	Code
☐ Basic Metabolic Panel	80048
☐ Comp Metabolic Panel	80053
☐ Electrolyte Panel	80051
☐ Hepatic Function Panel	80076
☐ Lipid Panel	80061
☐ Renal Panel	80069
☐ Thyroid Cascade Panel	84480, 84436, 84439

Inflammation & Platelets

Test	Code
☐ AspirinWorks® (urine)	83520 & 82565
☐ F_2-Isoprostanes	83789, 82570
☐ Fibrinogen	85384
☐ hs-CRP	86141
☐ Lp-PLA_2	83698
☐ MPO	83516
☐ NT-proBNP	83880

(may require additional ICD-9 coding)

Hormones

Test	Code
☐ FSH	83001
☐ LH	83002
☐ Testosterone	84403

Lipoprotein Particles & Apolipoproteins

Test	Code
☐ Apolipoprotein A-I	82172
☐ Apolipoprotein B	82172
☐ HDL2 Subclass	82664
☐ LDL-P & HDL-P	83704
☐ Lp(a) cholesterol	82664
☐ Lp(a) mass	83695
☐ sdLDL	83701

Metabolic

Test	Code
☐ 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

Test	Code
☐ 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

Test	Code
☐ T4	84436
☐ TSH	84443
☐ T3	84480
☐ T4, free	84439
☐ T Uptake	84482

Other

☐ OmegaQuant
☐ ______
☐ ______
☐ ______
☐ ______

COMMENTS

DIAGNOSIS (ICD-9 CODE)

Please write in Diagnosis Codes below or clearly mark to the right. PLEASE USE FOURTH & FIFTH DIGIT MODIFIERS.

Primary:

Secondary:

Other:

Diagnosis	Code
☐ Diabetes	250. ____
☐ Pure Hypercholesteroledemia	272.0
☐ Pure Hyperglyceridemia	272.1
☒ Mixed Hyperlipidemia	272.2
☐ Unspecified Hyperlipidemia	272.4
☐ Hypertension	401. ____
☐ Hypertensive Heart Disease	402. ____
☐ Hypertension w/Renal Disease	403. ____
☐ Hypertension w/Renal Disease & Heart Failure	404. ____
☐ Intermediate Coronary Syndrome	411.1
☐ Coronary Atherosclerosis Unspecified Vessel, Native or Graft	414.00
☐ Congestive Heart Failure	428. ____
☐ Cirrhosis of liver without mention of alcohol	571.5
☐ Other chronic non-alcoholic liver disease	571.8
☐ Unspecified chronic liver disease without mention of alcohol	571.9
☐ OTHER 277.89	

The *NMR LipoProfile* ® test may be covered by one or more issued or pending patents, including U.S. Patent Nos. 5,343,389; 6,518,069; 6,576,471; 6,653,140; and 7,243,030.
CLIA: 34D0952253

LIPOSCIENCE

LipoScience, Inc.
2500 Sumner Boulevard
Raleigh, NC 27616
877-547-6837
www.liposcience.com

Patient Name	Sex	Age
Aaron, Jonathan	M	49

Patient ID	Birth Date	Accession Number
11022600165	11/03/1961	S0372344

Clinician

Client Name and Address

HDL-Health Diagnostic Lab Inc 17730/
737 North 5th Street
Suite 103
Richmond, VA 23219
Phone: (804)343-2718 Fax: (804)343-0929

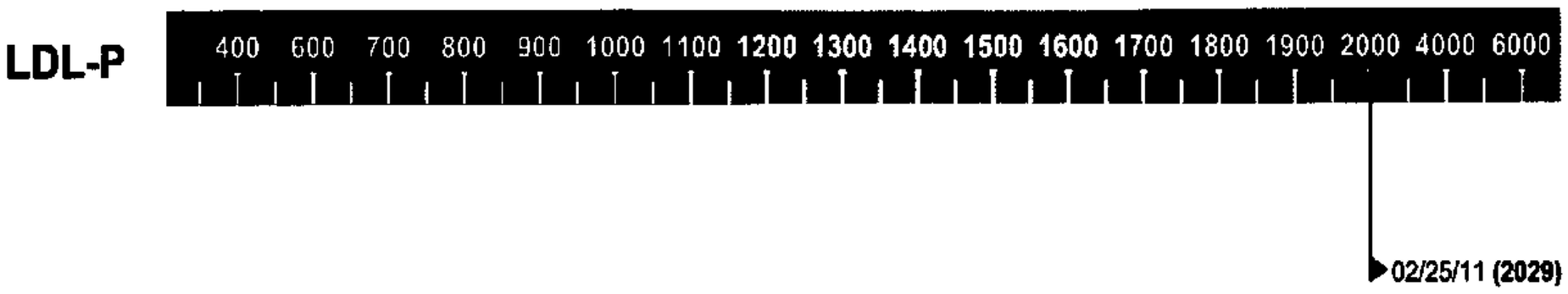
Date Collected	Date Received	Report Date and Time	Requisition Number	Fasting Status
02/25/2011	02/28/2011	02/28/2011 18:52	11022600165	Not Specified

NMR LipoProfile® test

Reference Range[1]

		Percentile[1]	20th	50th	80th	95th
	nmol/L	Low	Moderate	Borderline-High	High	Very High
LDL-P (LDL Particle Number)	**2029**	**< 1000**	**1000-1299**	**1300-1599**	**1600-2000**	**> 2000**

Historical Reporting



TTLDL-P = 2029
TG - 494
HDL-C - 39

- restart all
- meds
- F/u 2 months

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.

3/10/11

91-001-00R1.0

The *NMR LipoProfile* ® test may be covered by one or more issued or pending patents, including U.S. Patent Nos. 5,343,389; 6,518,069; 6,576,471; 6,653,140; and 7,243,030.
CLIA: 34D0952253

LIPOSCIENCE

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2500 Sumner Boulevard
Raleigh, NC 27616
877-547-6837
www.liposcience.com

Patient Name	Sex	Age
Aaron, Jonathan	M	49

Patient ID	Birth Date	Accession Number
11022600165	11/03/1961	S0372344

Clinician

Client Name and Address

HDL-Health Diagnostic Lab Inc 17730/
737 North 5th Street
Suite 103
Richmond, VA 23219
Phone: (804)343-2718 Fax: (804)343-0929

Date Collected	Date Received	Report Date and Time	Requisition Number	Fasting Status
02/25/2011	02/28/2011	02/28/2011 18:52	11022600165	Not Specified

PARTICLE CONCENTRATION AND SIZE

LDL and HDL Particles

Lower CVD Risk ← → Higher CVD Risk

Percentile in Reference Population[3]

		high	75th	50th	25th	low
HDL-P (total)	µmol/L 24.9		34.9	30.5	26.7	
SMALL LDL-P	nmol/L 1358	low	25th	50th	75th	high
			117	527	839	
LDL SIZE	nm 20.0	Large (Pattern A) 23.0 – 20.6			Small (Pattern B) 20.5 – 19.0	

Small LDL-P and LDL Size are associated with CVD risk, but not after LDL-P is taken into account.

Lipoprotein Markers Associated with Insulin Resistance and Diabetes Risk [1,2]

Insulin Sensitive ← → Insulin Resistant

Percentile in Reference Population[3]

		low	25th	50th	75th	high
LARGE VLDL-P	nmol/L 25.1		0.9	2.7	6.9	
SMALL LDL-P	nmol/L 1358	low	25th	50th	75th	high
			117	527	839	
LARGE HDL-P	µmol/L < 0.7	high	75th	50th	25th	low
			7.3	4.8	3.1	
VLDL SIZE	nm 50.9	small	25th	50th	75th	large
			42.4	46.6	52.5	
LDL SIZE	nm 20.0	large	75th	50th	25th	small
			21.2	20.8	20.4	
HDL SIZE	nm 8.4	large	75th	50th	25th	small
			9.6	9.2	8.9	

Insulin Resistance Score

		insulin sensitive	25th	50th	75th	insulin resistant
LP-IR SCORE**	0-100 79		27	45	63	

LP-IR Score is inaccurate if patient is non-fasting.
** The LP-IR Score combines the information from the above 6 markers 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. Garvey WT, et al. *Diabetes.* 2003; 532:453-462. 2. Goff DC et al.*Metabolism.* 2005; 54:264-270. 3. LipoScience reference population comprises 4,588 men and women without known CVD or diabetes and not on lipid medication.

HealthDiagnosticLaboratoryInc.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Jonathan Aaron		10-237-0263

Fasting Status:	Gender:	Birthdate:	Age:
Non-Fasting	Male	11/3/1961	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
10:30 am	11022600165
Collection Date:	**Report Type:**
2/25/2011	Complete
Received Date:	**Report Date:**
2/26/2011	2/28/2011

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 11/9/2010
Lipids	Total Cholesterol (mg/dL)		241			≥ 240	200 - 239	< 200	175
	LDL-C Direct (mg/dL)				99	≥ 130 CHD & CHD risk eq. > 100	100 - 129 CHD & CHD risk eq. 70 - 100	< 100 CHD & CHD risk eq. < 70	78
	HDL-C (mg/dL)		39			< 40		≥ 40	35
	Triglycerides (mg/dL)		494			≥ 200	150 - 199	< 150	304
	Non-HDL-C (mg/dL) (calculated)		202			≥ 160	130 - 159	< 130	140
Lipoprotein Particles and Apolipoproteins	Apo B (mg/dL)					≥ 80	60 - 79	< 60	94
	LDL-P (nmol/L)		2029			≥ 1300	1000 - 1299	< 1000	1164
	sdLDL (mg/dL)*					≥ 31	21 - 30	≤ 20	50
	% sdLDL (calculated)					≥ 23	14 - 22	≤ 13	64
	Apo A-I (mg/dL)					< 114	114 - 131	≥ 132	130
	HDL-P (µmol/L)		24.9			< 28.0	28.0 - 34.0	≥ 35.0	31.4
	HDL2 (mg/dL)*					≤ 8	9 - 11	≥ 12	6
	Apo B:Apo A-I Ratio (calculated)					≥ 0.81	0.61 - 0.81	≤ 0.6	0.73
	Lp(a) Mass (mg/dL)					≥ 30		< 30	3
	Lp(a) Cholesterol (mg/dL)					≥ 6	3 - 5	< 3	
Inflammation/ Oxidation	Myeloperoxidase (pmol/L)					≥ 550	400 - 549	< 400	
	Lp-PLA$_2$ (ng/mL)					> 235	200 - 235	< 200	163
	hs-CRP (mg/L)					≥ 3.0	1.0 - 2.9	< 1.0	1.15
	Fibrinogen (mg/dL)					≥ 465	391 - 464	≤ 390	313
Myocardial Stress	NT-proBNP (pg/mL)					≥ 450	125 - 449	< 125	54
Platelets	AspirinWorks® (urine) (pg/mg of creatinine)					> 1500		≤ 1500	

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.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Jonathan Aaron		10-237-0263

Fasting Status:	Gender:	Birthdate:	Age:
Non-Fasting	Male	11/3/1961	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
10:30 am	11022600165
Collection Date:	**Report Type:**
2/25/2011	Complete
Received Date:	**Report Date:**
2/26/2011	2/28/2011

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 11/9/2010
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*					Estimated Genotype Frequency: *1/*1 (~60-70%), *1/*2 (~20-30%), *2/*2 (~2-3%), *1/*3 (<1%), *2/*3 (<0.05%), *3/*3 (<0.01%)			*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)					≥ 12	10 - 11	3 - 9	44
	Free Fatty Acid (mmol/L)					> 0.7	0.6 - 0.7	≤ 0.59	0.45
	Glucose (mg/dL)					≤ 55 or > 125	56-69 or 100-125	70 - 99	
	HbA1c (%)					≥ 6.5	6.0 - 6.4	4.8 - 5.9	
	25-hydroxy-Vitamin D (ng/mL)					≤ 14	15 - 29	30 - 100	29
	Homocysteine (µmol/L)					> 13	11 - 13	≤ 10	12

Lab Notes:

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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.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Jonathan Aaron		10-237-0263

Fasting Status:	Gender:	Birthdate:	Age:
Non-Fasting	Male	11/3/1961	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

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10:30 am	11022600165

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Provider

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

Client ID:
06-90025-18-0000383

Other Biomarkers	Result	Flag	Reference Interval
CK (U/L)	147		20 - 200

Lab Notes:

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HealthDiagnosticLaboratoryInc.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Jonathan Aaron		10-237-0263

Fasting Status:	Gender:	Birthdate:	Age:
Non-Fasting	Male	11/3/1961	49

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
10:30 am	11022600165

Collection Date:	Report Type:
2/25/2011	Complete

Received Date:	Report Date:
2/26/2011	2/28/2011

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:

Decreased HDL cholesterol and increased triglyceride concentrations raise the suspicion of the presence of the metabolic syndrome. According to ATP III guidelines, a diagnosis of metabolic syndrome can be made if 3 or more of the following criteria are met: Triglycerides equal to or great than 150 mg/dl, HDL of equal to or less than 50 mg/dl for women and 40 mg/dl for men, fasting glucose equal to or greater than 110 mg/dl, systolic blood pressure greater than or equal to 130mm HG and diastolic blood pressure equal to or greater than 85 mm HG, and waist circumference for men greater than 40 inches (102 cm) and for women greater than 35 inches (88 cm).

Although the LDL cholesterol concentration is 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.

Total HDL particle concentration is decreased in this sample. Decreased HDL particles have been associated with increased risk for cardiovascular disease. HDL particle concentration may be increased by exercise, fish oil, or alcohol consumption in moderation. Niacin, fibric acids, and combination therapy (statin + niacin) have been demonstrated to increase HDL particle concentration.

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.

0000383-0174977

HealthDiagnosticLaboratoryInc.

beyond disease diagnosis

Joseph P. McConnell, Laboratory Director

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

0000383-0174977 0000383-0174977 0000383-0174977

0000383-0174977 0000383-0174977 0000383-0174977

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) Indicate primary and secondary diagnoses below.

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:	Client Patient ID #:

Address:

City:	State:	Zip Code:

Home Phone:	Sex: M F	Date of Birth: / /

Work Phone:	Social Security #: - -

*Height: feet inches	*Weight: pounds

SPECIMEN INFORMATION

Drawing Lab:	Phone:

Collection Date: / / Time: am/pm	Fasting: ☐ Yes ____ Hrs ☐ No

Initials:	Insulin: time of last dose: _____ am/pm date: / /

HDL, INC. USE ONLY

Collection Date: / /	Time: am/pm	Initials:
# Whole Blood EDTA 4mL tubes:	# Other tubes:	

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.

*Patient Signature / / Date

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) 481-3949

/ /

*Physician or Authorized Signature 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 Mutation
CYP2C19
Lp-PLA2
CRP-hs
Fibrinogen
Homocysteine
FFA (NEFA)
Insulin
NT pro BNP
Vitamin D
HbA1C
CMP

☑ Follow-Up Profile

Lipid Panel
Apo A1
Apo B
LDL P
sdLDL
HDL 2 subclass
Lp(a) mass w/reflex
Lp-PLA2
CRP-hs
Fibrinogen
Homocysteine
FFA (NEFA)
Insulin
NT pro BNP
Vitamin D
HEP
HbA1C

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
☐ Thyroid Cascade Panel	84480, 84436, 84439

Inflammation & Platelets

☐ AspirinWorks® (urine)	83520 & 82565
☐ F_2-Isoprostanes	83789, 82570
☐ Fibrinogen	85384
☐ hs-CRP	86141
☐ Lp-PLA_2	83698
☐ MPO	83516
☐ 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	83704
☐ Lp(a) cholesterol	82664
☐ Lp(a) mass	83695
☐ sdLDL	83701

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

☐ T4	84436
☐ TSH	84443
☐ T3	84480
☐ T4, free	84439
☐ T Uptake	84482

Other

☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

COMMENTS

DIAGNOSIS (ICD-9 CODE)

NOTE: The below ICD-9 codes are listed as a convenience. Ordering physicians should report the code that best describes the reason for ordering the tests & are not required to use the codes provided below.

Please write in Diagnosis Codes below or clearly mark to the right. PLEASE USE FOURTH & FIFTH DIGIT MODIFIERS.

Primary:

Secondary:

Other:

☐ Diabetes	250. ____	☐ Hypertension w/Renal Disease & Heart Failure	404. ____
☐ Pure Hypercholesteroledemia	272.0	☐ Intermediate Coronary Syndrome	411.1
☐ Pure Hyperglyceridemia	272.1	☐ Coronary Atherosclerosis Unspecified Vessel, Native or Graft	414.00
☐ Mixed Hyperlipidemia	272.2	☐ Congestive Heart Failure	428. ____
☐ Unspecified Hyperlipidemia	272.4	☐ Cirrhosis of liver without mention of alcohol	571.5
☐ Hypertension	401. ____	☐ Other chronic non-alcoholic liver disease	571.8
☐ Hypertensive Heart Disease	402. ____	☐ Unspecified chronic liver disease without mention of alcohol	571.9
☐ Hypertension w/Renal Disease	403. ____	☐ OTHER	

The NMR LipoProfile ® test may be covered by one or more issued or pending patents, including U.S. Patent Nos. 5,343,389; 6,518,069; 6,576,471; 6,653,140; and 7,243,030.
CLIA: 34D0952253

LIPOSCIENCE

LipoScience, Inc.
2500 Sumner Boulevard
Raleigh, NC 27616
877-547-6837
www.liposcience.com

Patient Name	Sex	Age
Aaron, Jonathan	M	49

Patient ID	Birth Date	Accession Number
10111000598	11/03/1961	W0759272

Clinician

Client Name and Address
HDL-Health Diagnostic Lab Inc 17730/
737 North 5th Street
Suite 103
Richmond, VA 23219
Phone: (804)343-2718 Fax: (804)343-0929

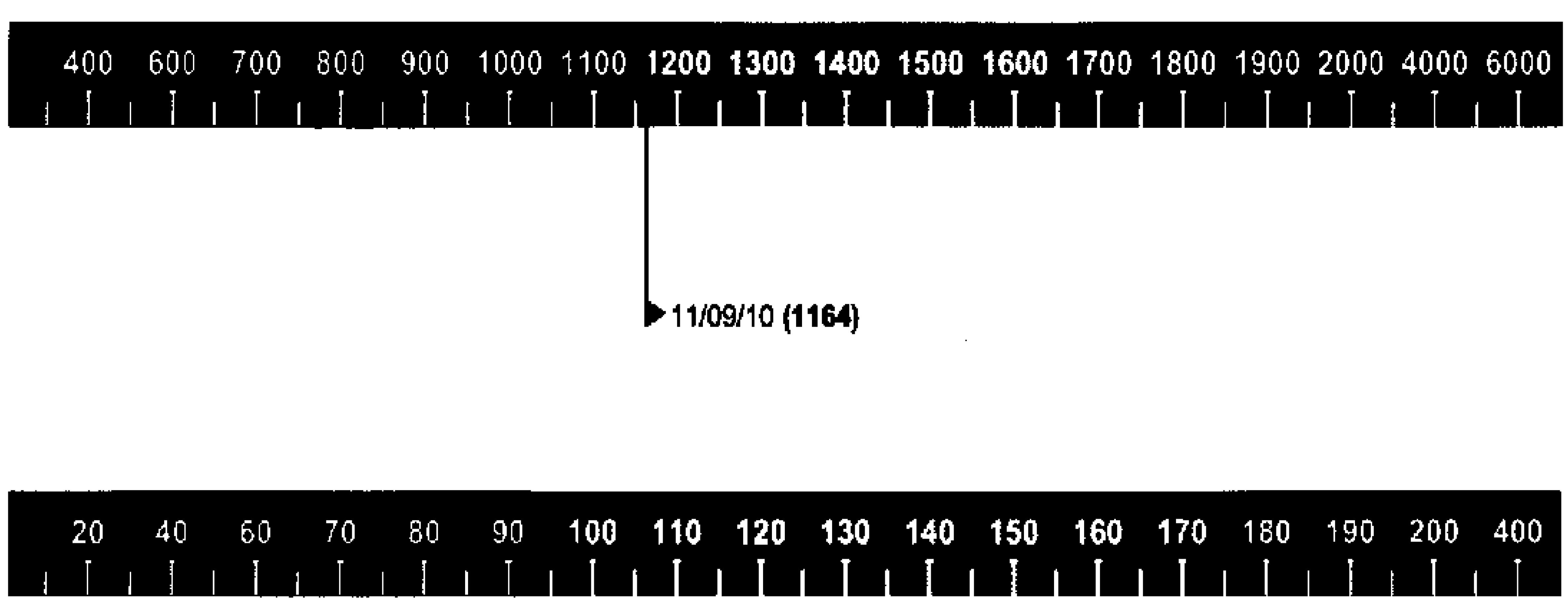
Date Collected	Date Received	Report Date and Time	Requisition Number	Fasting Status
11/09/2010	11/11/2010	11/12/2010 12:09	10111000598	Not Specified

NMR LipoProfile® test

Reference Range[1]

	nmol/L	Low	Moderate	Borderline-High	High	Very High
Percentile[1]			20th	50th	80th	95th
LDL-P (LDL Particle Number)	**1164**	**< 1000**	**1000-1299**	**1300-1599**	**1600-2000**	**> 2000**

Historical Reporting



- near optimal LDL-P
- ↑↑TG but only taking 1
① - Vit D Lovaza / Vit D level 12 → 29
- cont meds
② Lovaza 2 gms BID
③ Vit D 5000u qd
④ nutrition consult
⑤ F/u 2 months

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.

91-001-00R1.0

11/17/10

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Patient ID	Birth Date	Accession Number
10111000598	11/03/1961	W0759272

Clinician

Client Name and Address

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Phone: (804)343-2718 Fax: (804)343-0929

Date Collected	Date Received	Report Date and Time	Requisition Number	Fasting Status
11/09/2010	11/11/2010	11/12/2010 12:09	10111000598	Not Specified

PARTICLE CONCENTRATION AND SIZE

LDL and HDL Particles

Lower CVD Risk ← → Higher CVD Risk

Percentile in Reference Population[3]

HDL-P (total)	µmol/L	31.4
SMALL LDL-P	nmol/L	970
LDL SIZE	nm	19.9

HDL-P (total): high | 75th: 34.9 | 50th: 30.5 | 25th: 26.7 | low

SMALL LDL-P: low | 25th: 117 | 50th: 527 | 75th: 839 | high

LDL SIZE: Large (Pattern A) 23.0 … 20.6 | Small (Pattern B) 20.5 … 19.0

Small LDL-P and LDL Size are associated with CVD risk, but not after LDL-P is taken into account.

Lipoprotein Markers Associated with Insulin Resistance and Diabetes Risk[1,2]

Insulin Sensitive ← → Insulin Resistant

Percentile in Reference Population[3]

LARGE VLDL-P	nmol/L	14.8
SMALL LDL-P	nmol/L	970
LARGE HDL-P	µmol/L	1.5
VLDL SIZE	nm	52.0
LDL SIZE	nm	19.9
HDL SIZE	nm	8.6

LARGE VLDL-P: low | 25th: 0.9 | 50th: 2.7 | 75th: 6.9 | high

SMALL LDL-P: low | 25th: 117 | 50th: 527 | 75th: 839 | high

LARGE HDL-P: high | 75th: 7.3 | 50th: 4.8 | 25th: 3.1 | low

VLDL SIZE: small | 25th: 42.4 | 50th: 46.6 | 75th: 52.5 | large

LDL SIZE: large | 75th: 21.2 | 50th: 20.8 | 25th: 20.4 | small

HDL SIZE: large | 75th: 9.6 | 50th: 9.2 | 25th: 8.9 | small

Insulin Resistance Score

LP-IR SCORE**	0-100	80

insulin sensitive | 25th: 27 | 50th: 45 | 75th: 63 | insulin resistant

LP-IR Score is inaccurate if patient is non-fasting.

** The LP-IR Score combines the information from the above 6 markers 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. Garvey WT, et al. Diabetes. 2003; 532:453-462. 2. Goff DC et al. Metabolism. 2005; 54:264-270. 3. LipoScience reference population comprises 4,588 men and women without known CVD or diabetes and not on lipid medication.

HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

Laboratory Results

Patient			
Name: Jonathan Aaron	Gender: Male	Date of Birth: 11/3/1961
Patient ID #: 10-237-0263	Height:	Weight:
Fasting Status: Non-Fasting	Age: 49	BMI:

Specimen		
Collection Time: 10:40 am	Specimen ID: 10111000598	
Collection Date: 11/9/2010	Report Type: Complete	
Received Date: 11/10/2010	Report Date: 11/14/2010	

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)				175	≥ 240	200 - 239	< 200	263
	LDL-C Direct (mg/dL)				78	≥ 130 CHD & CHD risk eq. > 100	100 - 129 CHD & CHD risk eq. 70 - 100	< 100 CHD & CHD risk eq. < 70	92
	HDL-C (mg/dL)		35			< 40		≥ 40	32
	Triglycerides (mg/dL)		304			≥ 200	150 - 199	< 150	571
	Non-HDL-C (mg/dL) (calculated)			140		≥ 160	130 - 159	< 130	
Lipoprotein Particles and Apolipoproteins	Apo B (mg/dL)		94			≥ 80	60 - 79	< 60	119
	LDL-P (nmol/L)			1164		≥ 1300	1000 - 1299	< 1000	1764
	sdLDL (mg/dL)*		50			≥ 31	21 - 30	≤ 20	59
	% sdLDL (calculated)		64			≥ 23	14 - 22	≤ 13	65
	Apo A-I (mg/dL)			130		< 114	114 - 131	≥ 132	123
	HDL-P (µmol/L)			31.4		< 28.0	28.0 - 34.0	≥ 35.0	23.2
	HDL2 (mg/dL)*		6			≤ 8	9 - 11	≥ 12	12
	Apo B:Apo A-I Ratio (calculated)			0.73		≥ 0.81	0.61 - 0.81	≤ 0.6	0.97
	Lp(a) Mass (mg/dL)				3	≥ 30		< 30	2
	Lp(a) Cholesterol (mg/dL)					≥ 6	3 - 5	≤ 2	
Inflammation/ Oxidation	Myeloperoxidase (pmol/L)					> 350	223 - 350	< 223	
	Lp-PLA$_2$ (ng/mL)				163	> 235	200 - 235	< 200	204
	hs-CRP (mg/L)			1.15		≥ 3.0	1.0 - 2.9	< 1.0	2.06
	Fibrinogen (mg/dL)				313	≥ 465	391 - 464	≤ 390	388
Myocardial Stress	NT-proBNP (pg/mL)				54	≥ 450	125 - 449	< 125	19
Platelets	AspirinWorks® (urine) (pg/mg of creatinine)					> 1500		≤ 1500	

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 disease diagnosis

Laboratory Results

Patient

Name:	Gender:	Date of Birth:
Jonathan Aaron	Male	11/3/1961
Patient ID #:	**Height:**	**Weight:**
10-237-0263		
Fasting Status:	**Age:**	**BMI:**
Non-Fasting	49	

Specimen

Collection Time:	Specimen ID:
10:40 am	10111000598
Collection Date:	**Report Type:**
11/9/2010	Complete
Received Date:	**Report Date:**
11/10/2010	11/14/2010

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
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*					Estimated Genotype Frequency: *1*1 (~60-70%), *1/*2 (~20-30%), *2/*2 (~2-3%), *1/*3 (<1%), *2/*3 (<0.05%), *3/*3 (<0.01%)			*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)		44			≥ 12	10 - 11	3 - 9	57
C-peptide (ng/mL)					≤ 1.0 or > 4.4		1.1 - 4.4	
Free Fatty Acid (mmol/L)				0.45	> 0.7	0.6 - 0.7	≤ 0.59	0.50
Glucose (mg/dL)					≤ 55 or > 125	56-69 or 100-125	70 - 99	107
HbA1c (%)					≥ 6.5	6.0 - 6.4	4.8 - 5.9	4.0
25-hydroxy-Vitamin D (ng/mL)			29		≤ 14	15 - 29	30 - 100	12
Uric Acid (mg/dL)					≥ 8	7.0 - 7.9	3.4 - 6.9	
TSH (µlU/mL)					< 0.27 or > 4.20		0.27 - 4.20	
Homocysteine (µmol/L)			12		> 13	11 - 13	≤ 10	12
Vitamin B_{12} (pg/mL)					< 211	211 - 299	300 - 946	
Renal								
Microalbumin (urine) (mg albumin/g of creatinine)					≥ 30		< 30	
Creatinine, serum (mg/dl)					> 1.2		0.7 - 1.2	0.9

Lab 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

*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.

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:	Gender:	Date of Birth:
Jonathan Aaron	Male	11/3/1961
Patient ID #:	**Height:**	**Weight:**
10-237-0263		
Fasting Status:	**Age:**	**BMI:**
Non-Fasting	49	

Specimen

Collection Time:	Specimen ID:
10:40 am	10111000598
Collection Date:	**Report Type:**
11/9/2010	Complete
Received Date:	**Report Date:**
11/10/2010	11/14/2010

Provider

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

Client ID:
06-90025-18-0000383

Other Biomarkers	Result	Flag	Reference Range
Adiponectin (ug/mL)			2 - 20
Albumin (g/dl)	4.4		3.5 - 5.2
ALP (U/L)	53		40 - 129
ALT / GPT (U/L)	31		Up to 41
AST / GOT (U/L)	28		Up to 40
BUN (mg/dl)			6 - 20
Calcium (mg/dL)			8.4 - 10.2
CK (U/L)	338	H	20 - 200
Cl- (mmol/L)			96 - 108
CO_2 (mmol/L)			22 - 29
CREAT urine (mg/dl)			39 - 259
D-Dimer (µg/mL)			< 0.463
Direct Bilirubin (mg/dL)	0.1		0.0 - 0.3
Ferritin (ng/mL)			30 - 400
Fructosamine (µmol/L)			205 - 285
FSH (mIU/mL)			1.5 - 12.4
GGT (U/L)			8 - 61
Iron (µg/dL)			59 - 158
K+ (mmol/L)			3.3 - 5.1
LDH (U/L)			135 - 214
LH (mIU/mL)			1.7 - 8.6
PSA (ng/mL)			< 4
Magnesium (mg/dl)			1.8 - 2.5
Na+ (mmol/L)			133 - 145
Phosphorus (mg/dL)			2.7 - 4.5
Total Bilirubin (mg/dL)	0.3		Up to 1.2
Total Protein (g/dL)	6.3	L	6.4 - 8.3
T4 (µg/dL)			5.1 - 14.1
T4, free (ng/dL)			0.93 - 1.7
T uptake (TBI)			0.8 - 1.3
T3 (ng/dL)			84.6 - 201.8
Testosterone (ng/dL)			Men: 280 - 800 Boys: < 1 year 12 - 21 1 - 6 years 3 - 32 7 - 12 years 3 - 68 13 - 17 years 28 - 1110

CBC with Differential / Platelet	Result	Flag	Units	Reference Interval
WBC	7.2		x10E3/µL	4.0 - 10.5
RBC	4.72		x10E6/µL	4.1 - 5.6
Hemoglobin	14.8		g/dL	12.5 - 17.0
Hematocrit	43.9		%	36 - 50
MCV	93		fL	80 - 98
MCH	31		pg	27 - 34
MCHC	34		g/dL	32 - 36
RDW	14.1		%	11.7 - 15
Platelets	208		x10E3/µL	140 - 415
Neutrophils	57		%	40 - 74
Lymphs	34		%	14 - 46
Monocytes	7		%	4 - 13
Eos	2.0		%	0 - 7
Basos	0		%	0 - 3
Neutrophils (absolute)	4.1		x10E3/µL	1.8 - 7.8
Lymphs (absolute)	2.5		x10E3/µL	0.7 - 4.5
Monocytes (absolute)	0.5		x10E3/µL	0.1 - 1.0
Eos (absolute)	0.1		x10E3/µL	0.0 - 0.4
Basos (absolute)	0.0		x10E3/µL	0.0 - 0.2

Other				
Estradiol (pg/mL)			Men: <12 - 42.6 Boys (1-10 Years): <12 - 20	
Progesterone (ng/mL)			0.20 – 1.4	

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HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

Laboratory Results

Patient

Name:	Gender:	Date of Birth:
Jonathan Aaron	Male	11/3/1961
Patient ID #:	**Height:**	**Weight:**
10-237-0263		
Fasting Status:	**Age:**	**BMI:**
Non-Fasting	49	

Specimen

Collection Time:	Specimen ID:
10:40 am	10111000598
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11/9/2010	Complete
Received Date:	**Report Date:**
11/10/2010	11/14/2010

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:

Decreased HDL cholesterol and increased triglyceride concentrations raise the suspicion of the presence of the metabolic syndrome. According to ATP III guidelines, a diagnosis of metabolic syndrome can be made if 3 or more of the following criteria are met: Triglycerides equal to or great than 150 mg/dl, HDL of equal to or less than 50 mg/dl for women and 40 mg/dl for men, fasting glucose equal to or greater than 110 mg/dl, systolic blood pressure greater than or equal to 130mm HG and diastolic blood pressure equal to or greater than 85 mm HG, and waist circumference for men greater than 40 inches (102 cm) and for women greater than 35 inches (88 cm).

HDL cholesterol, HDL 2 (large HDL particle) cholesterol, and apolipoprotein A-I are decreased or in the intermediate range. Low HDL cholesterol and low apolipoprotein A-I have been associated with increased risk for cardiovascular disease and events. Low amounts of large HDL particles suggest that the HDL present may not be in its most protective form. HDL cholesterol, large HDL particle, and apolipoprotein A-I concentration may be increased by exercise, fish oil, or alcohol consumption in moderation. Niacin, fibric acids, and combination therapy (statin + niacin) have been demonstrated to increase large HDL particle concentration.

Although LDL cholesterol is optimal or near optimal, small dense LDL cholesterol, %sdLDL, and Apo B are increased or in the intermediate range in this sample, consistent with 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 concentration is optimal, LDL particle concentration is borderline high 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.

HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

Laboratory Results

Patient			
Name:	Gender:	Date of Birth:
Jonathan Aaron	Male	11/3/1961
Patient ID #:	Height:	Weight:
10-237-0263		
Fasting Status:	Age:	BMI:
Non-Fasting	49	

Specimen	
Collection Time:	Specimen ID:
10:40 am	10111000598
Collection Date:	Report Type:
11/9/2010	Complete
Received Date:	Report Date:
11/10/2010	11/14/2010

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:

Elevated fasting insulin. If a fasting insulin level is elevated, it reflects hyperinsulinemia but fasting levels can be normal when levels following a glucose load are elevated. Insulin is elevated postprandially in proportion to the carbohydrate content in the meal. Elevated fasting insulin levels have been related to atherosclerosis risk. The combination of elevated fasting insulin, apolipoprotein B levels, and small LDL size identifies a very high-risk group for the development of ischemic heart disease.

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.

Total HDL particle concentration is in the intermediate range in this sample. Decreased HDL particles have been associated with increased risk for cardiovascular disease. HDL particle concentration may be increased by exercise, fish oil, or alcohol consumption in moderation. Niacin, fibric acids, and combination therapy (statin + niacin) have been demonstrated to increase HDL particle concentration.

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

0000383-010053!

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0000383-010053!

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) Indicate primary and secondary diagnoses below.

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:	Client Patient ID #:

Address:

City:	State:	Zip Code:

Home Phone:	Sex: M. F	Date of Birth: / /

Work Phone:	Social Security #: - -

*Height: feet inches	*Weight: pounds

SPECIMEN INFORMATION

Drawing Lab:	Phone:

Collection Date: / / Time: am/pm Fasting: ☐ Yes ____ Hrs ☐ No

Initials: Insulin: time of last dose: ____ am/pm 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:	

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.

/ /

***Patient Signature** **Date**

REQUESTING PROVIDER/LAB/INSTITUTION

DM Fridman
The Center for Cholesterol Management
1950 Sawtelle Blvd #150
Los Angeles, CA 90025

Client ID: 06-90005-16-0000383
Phone: (310) 481-3939
Fax: (310) 481-3946

/ /

***Physician or Authorized Signature** **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 Mutation
CYP2C19
Lp-PLA2
CRP-hs
Fibrinogen
Homocysteine
FFA (NEFA)
Insulin
NT pro BNP
Vitamin D
HbA1C
CMP

☑ Follow-Up Profile

Lipid Panel
Apo A1
Apo B
LDL P
sdLDL
HDL 2 subclass
Lp(a) mass w/reflex
Lp-PLA2
CRP-hs
Fibrinogen
Homocysteine
FFA (NEFA)
Insulin
NT pro BNP
Vitamin D
HbA1C

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
☐ Thyroid Cascade Panel	84480, 84436, 84439

Inflammation & Platelets

☐ AspirinWorks® (urine)	83520 & 82565
☐ F_2-Isoprostanes	83789, 82570
☐ Fibrinogen	85384
☐ hs-CRP	86141
☐ Lp-PLA$_2$	83698
☐ MPO	83516
☐ 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	83704
☐ Lp(a) cholesterol	82664
☐ Lp(a) mass	83695
☐ sdLDL	83701

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

☐ T4	84436
☐ TSH	84443
☐ T3	84480
☐ T4, free	84439
☐ T Uptake	84482

Other

- ☐ _____
- ☐ CBC
- ☐ _____
- ☐ CK
- ☐ _____

COMMENTS

DIAGNOSIS (ICD-9 CODE)

NOTE: The below ICD-9 codes are listed as a convenience. Ordering physicians should report the code that best describes the reason for ordering the tests & are not required to use the codes provided below.

Please write in Diagnosis Codes below or clearly mark to the right. PLEASE USE FOURTH & FIFTH DIGIT MODIFIERS.

Primary:

Secondary:

Other:

☐ Diabetes	250. ____
☒ Pure Hypercholesteroledemia	272.0
☐ Pure Hyperglyceridemia	272.1
☐ Mixed Hyperlipidemia	272.2
☐ Unspecified Hyperlipidemia	272.4
☐ Hypertension	401. ____
☐ Hypertensive Heart Disease	402. ____
☐ Hypertension w/Renal Disease	403. ____
☐ Hypertension w/Renal Disease & Heart Failure	404. ____
☐ Intermediate Coronary Syndrome	411.1
☐ Coronary Atherosclerosis Unspecified Vessel, Native or Graft	414.00
☐ Congestive Heart Failure	428. ____
☐ Cirrhosis of liver without mention of alcohol	571.5
☐ Other chronic non-alcoholic liver disease	571.8
☐ Unspecified chronic liver disease without mention of alcohol	571.9
☐ OTHER	

The NMR LipoProfile ® test may be covered by one or more issued or pending patents, including U.S. Patent Nos. 5,343,389; 6,518,069; 6,576,471; 6,653,140; and 7,243,030.
CLIA: 34D0952253

LIPOSCIENCE

LipoScience, Inc.
2500 Sumner Boulevard
Raleigh, NC 27616
877-547-6837
www.liposcience.com

Patient Name	Sex	Age
Aaron, Jonathan	U	48

Patient ID	Birth Date	Accession Number
10082500324	11/03/1961	W0706502

Clinician

Client Name and Address

HDL-Health Diagnostic Lab Inc 17730/
737 North 5th Street
Suite 103
Richmond, VA 23219
Phone: (804)343-2718 Fax: (804)343-0929

Date Collected	Date Received	Report Date and Time	Requisition Number	Fasting Status
08/24/2010	08/26/2010	08/27/2010 07:14	10082500324	Not Specified

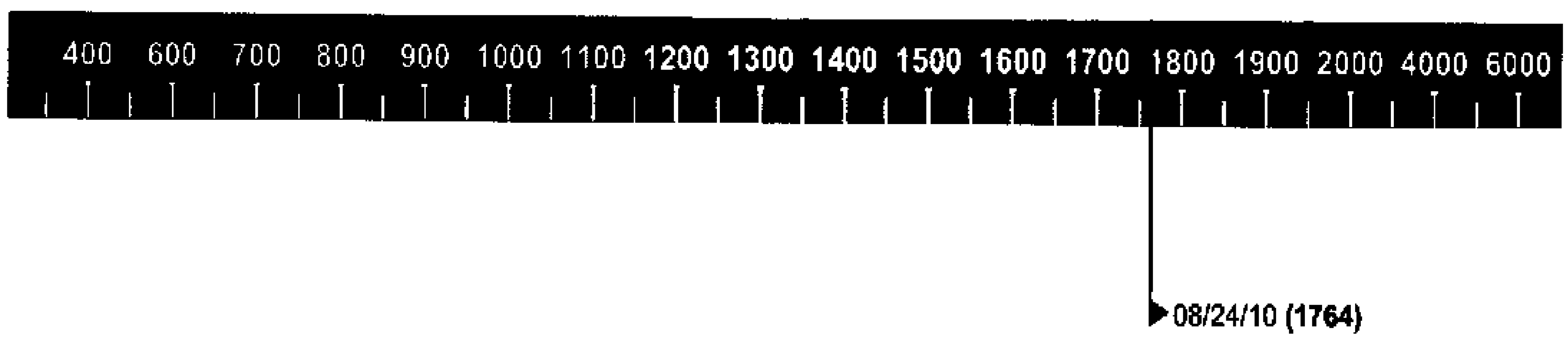
NMR LipoProfile® test

Reference Range[1]

	nmol/L	Low	Moderate	Borderline-High	High	Very High
Percentile[1]			20th	50th	80th	95th
LDL-P (LDL Particle Number)	**1764**	**< 1000**	**1000-1299**	**1300-1599**	**1600-2000**	**> 2000**

Historical Reporting

LDL-P



LDL-C

↑LDL-P ~ 1764
↑ApoB - 119
↓HDL-P ~ 23.2
↑↑ TG - 571
↑VLDL-P - 24.9
vitamin D ~ 12
insulin 57 uu/ml

④ [illegible]
⑤ [illegible]
⑥ [illegible] 2 month [illegible]
① Crestor 10 mg [illegible]
② Lovaza 4 gms/d
③ Trilipix 135 mg/d

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.

91-001-00R1.0

The NMR LipoProfile ® test m
be covered by one or more issued
or pending patents, including U.S.
Patent Nos. 5,343,389; 6,518,069;
6,576,471; 6,653,140; and 7,243,030.
CLIA: 34D0952253

LIPOSCIENCE

LipoScience, Inc.
2500 Sumner Boulevard
Raleigh, NC 27616
877-547-6837
www.liposcience.com

Patient Name	Sex	Age
Aaron, Jonathan	U	48

Patient ID	Birth Date	Accession Number
10082500324	11/03/1961	W0706502

Clinician

Client Name and Address

HDL-Health Diagnostic Lab Inc 17730/
737 North 5th Street
Suite 103
Richmond, VA 23219
Phone: (804)343-2718 Fax: (804)343-0929

Date Collected	Date Received	Report Date and Time	Requisition Number	Fasting Status
08/24/2010	08/26/2010	08/27/2010 07:14	10082500324	Not Specified

PARTICLE CONCENTRATION AND SIZE

LDL and HDL Particles

Lower CVD Risk ← → Higher CVD Risk

Percentile in Reference Population[3]

		high	75th	50th	25th	low
HDL-P (total)	µmol/L: 23.2		34.9	30.5	26.7	
SMALL LDL-P	nmol/L: 1445	low	25th	50th	75th	high
			117	527	839	
LDL SIZE	nm: 19.8	Large (Pattern A) 23.0		20.6	Small (Pattern B) 20.5	19.0

Small LDL-P and LDL Size are associated with CVD risk, but not after LDL-P is taken into account.

Lipoprotein Markers Associated with Insulin Resistance and Diabetes Risk [1,2]

Insulin Sensitive ← → Insulin Resistant

Percentile in Reference Population[3]

LARGE VLDL-P	nmol/L: 24.9	low	25th	50th	75th	high
			0.9	2.7	6.9	
SMALL LDL-P	nmol/L: 1445	low	25th	50th	75th	high
			117	527	839	
LARGE HDL-P	µmol/L: < 0.7	high	75th	50th	25th	low
			7.3	4.8	3.1	
VLDL SIZE	nm: 50.8	small	25th	50th	75th	large
			42.4	46.6	52.5	
LDL SIZE	nm: 19.8	large	75th	50th	25th	small
			21.2	20.8	20.4	
HDL SIZE	nm: 8.4	large	75th	50th	25th	small
			9.6	9.2	8.9	

Insulin Resistance Score

LP-IR SCORE**	0-100: 79	insulin sensitive	25th	50th	75th	insulin resistant
			27	45	63	

LP-IR Score is inaccurate if patient is non-fasting.
** The LP-IR Score combines the information from the above 6 markers 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. Garvey WT, et al. Diabetes. 2003; 532:453-462. 2. Goff DC et al. Metabolism. 2005; 54:264-270. 3. LipoScience reference population comprises 4,588 men and women without known CVD or diabetes and not on lipid medication.

HealthDiagnosticLaboratory Inc.

737 N. 5th Street Suite 103
Richmond, VA 23219
Phone: 804-343-2718
Fax: 804-343-2704

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

Requesting Physician:	Patient Name:		Birth Date:	Gender:	Age:	
Michael Richman	**Jonathan Aaron**		11/3/1961	**Male**	**48**	
The Center for Cholesterol	Patient ID:	Fasting Status:	Height:	BMI:	Collection Date:	Collection Time:
1950 Sawtelle Blvd #150	10-237-0263	Unknown			8/24/2010	9:25 am
Los Angeles, CA 90025	Specimen ID:	Report Type:	Weight (pounds):	Report Date:	Received Date:	
Client Number:	10082500324	Complete		8/31/2010	8/25/2010	
06-90025-18-0000383						

Laboratory Results

For descriptions of results, see reverse side of this document (or separate sheet if faxed).

NCEP ATP III Lipid Tests

	At Risk	Intermediate	Optimal	High Risk	Intermediate Risk	NCEP ATP-III Goal	Previous Result
TCHOL (mg/dL)	263			≥ 240	200 - 239	< 200	
HDL-C (mg/dL)	32			< 40		≥ 40	
LDL-C (mg/dL)			92	≥ 130 CHD & CHD risk eq. > 100	100 - 129 CHD & CHD risk eq. 70 - 100	< 100 CHD & CHD risk eq. < 70	
TRIG (mg/dL)	571			≥ 200	150 - 199	< 150	

Advanced Cardiovascular Risk

	At Risk	Intermediate	Optimal	High Risk	Intermediate Risk	Optimal Value	Previous Result
Apo B (mg/dL)	119			≥ 90 CHD & CHD risk eq. > 80	60 - 89 CHD & CHD risk eq. 55 - 79	≤ 60 CHD & CHD risk eq. < 55	
LDL-P (nmol/L)	1764			≥ 1300	1000 - 1299	< 1000	
sdLDL (mg/dl) *	59			≥ 31	21 - 30	≤ 20	
% small dense LDL	65			≥ 23	14 - 22	≤ 13	
Apo A1 (mg/dL)		123		< 114	114 - 131	≥ 132	
HDL-P (µmol/L)	23.2			< 28	28 - 34	≥ 35	
HDL2 (mg/dL) *			12	≤ 8	9 - 11	≥ 12	
Apo B:Apo A1 Ratio	0.97			≥ 0.81	0.61 - 0.81	≤ 0.6	
Lp(a) mass (mg/dL)			2	≥ 30		< 30	
Lp(a) Cholesterol (mg/dL)				≥ 6	3 - 5	< 2	
Apolipoprotein E Genotype *			3/3	Estimated Genotype Frequency in Humans: 2/2 (~1-2%), 2/3 (~15%), 2/4 (~1-2%), 3/3 (~55%), 3/4 (~25%), 4/4 (~1-2%)			
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)			
CYP2C19			*1/*1	Estimated Genotype frequency: *1*1 (~60-70%), *1/*2 (~20-30%), *2/*2 (~2-3%), *1/*3 (<1%), *2/*3 (<0.05%), *3/*3 (<0.01%)			
Lp-PLA2 (ng/mL)		204		> 235	200 - 235	< 200	
hsCRP (mg/L)		2.06		≥ 3.00	1.00 - 2.99	< 1.00	
Fibrinogen (mg/dL)			388	≥ 465	391 - 464	≤ 390	
Homocysteine (µmol/L)		12		> 13	11 - 13	≤ 10	
NTproBNP (pg/mL)			19	≥ 450	125 - 449	< 125	
Insulin (µU/mL)	57			≥ 12	10 - 11	3 - 9	
Free Fatty Acid (mmol/L)			0.50	> 0.7	0.6 - 0.7	≤ 0.59	
Vitamin D (ng/mL) (25 hydroxy)	12			≤ 14	15 - 29	30 - 100	
Aspirinworks				> 1500		≤ 1500	

To schedule time with a Personal Health Coach, please call 1-877-4HDLABS (1-877-443-5227)

Lab notes:

*This test was developed and its performance characteristics determined by HDL. 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.

Requesting Physician:	Pat[illegible] Name:		Birth Date:	[illegible]er:	Age:	
Michael Richman	**Jonathan Aaron**		11/3/1961	**Male**	**48**	
The Center for Cholesterol	Patient ID:	Fasting Status:	Height:	BMI:	Collection Date:	Collection Time:
1950 Sawtelle Blvd #150	10-237-0263	Unknown			8/24/2010	9:25 am
Los Angeles, CA 90025	Specimen ID:	Report Type:	Weight (pounds):	Report Date:	Received Date:	
Client Number:	10082500324	Complete		8/31/2010	8/25/2010	
06-90025-18-0000383						

Comments:

Decreased HDL cholesterol and increased triglyceride concentrations raise the suspicion of the presence of the metabolic syndrome. According to ATP III guidelines, a diagnosis of metabolic syndrome can be made if 3 or more of the following criteria are met: Triglycerides equal to or great than 150 mg/dl, HDL of equal to or less than 50 mg/dl for women and 40 mg/dl for men, fasting glucose equal to or greater than 110 mg/dl, systolic blood pressure greater than or equal to 130mm HG and diastolic blood pressure equal to or greater than 85 mm HG, and waist circumference for men greater than 40 inches (102 cm) and for women greater than 35 inches (88 cm).

Markedly increased Triglycerides >500 mg/dL). Secondary causes of hypertriglyceridemia (thyroid disease, diabetes, alcohol intake, drug interactions, etc) should be investigated.

Although LDL cholesterol is optimal or near optimal, small dense LDL cholesterol, %sdLDL, and Apo B are increased or in the intermediate range in this sample, consistent with 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 concentration is 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 apoB:apoA1 ratio was increased. Recently large case control studies have demonstrated that the apoB:apoA1 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 apoB:apoA1 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 apoB:apoA1 ratio can be achieved by lowering apoB and/or by increasing apoA1. Statins effectively reduce apoB as do fibrates and niacin. Combination therapy (statin + niacin) is particularly effective at reducing apoB, especially when small dense LDL particles are present. ApoAI 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 apoA1.

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.

Lp-PLA2 is increased in this sample. Lp-PLA2 is an inflammatory risk marker that, unlike hsCRP, is not an acute phase reactant. It is produced by macrophages and is a marker of vascular specific inflammation. Lp-PLA2 circulates in the plasma primarily bound to LDL particles. High plasma Lp-PLA2 is associated with increased risk for cardiovascular disease and events (myocardial infarction and stroke). Increased values have also been associated with endothelial dysfunction and peripheral arterial disease. Lp-PLA2 is the only test that is FDA approved to assess risk for stroke. Patients in the upper tertile for both CRP and Lp-PLA2 are at highest risk. In the Atherosclerosis risks in communities (ARIC) study, patients with both CRP and Lp_PLA2 in the upper tertile of the population had 5X increased risk for myocardial infarction and 11X increased risk for stroke. Statins, fibric acids, and niacin have been shown to have Lp-PLA2 lowering effects.

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.

HealthDiagnosticLaboratory, Inc.

beyond disease diag

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219
Phone: (804) 343-2718
Fax: (804) 343-2704

Joseph P. McConnell, Ph.D.
Laboratory Director
CLIA No. 49D1100708
CAP No. 7224971
NPI No. 1629209853

0000383-0050107

Last _____ First _____ 0000383-0050107

Last _____ First _____ 0000383-0050107

Last _____ First _____ 0000383-0050107

Last Name (Please Print) Aaron First Jonathon Middle Initial Client Patient ID No.

Address 7817 S. Buford St.

City LA State CA Zip Code 90035

Home Phone (310) 497-7693 Sex M F Date of Birth 11.13.61

Work Phone ( ) - SSN - -

★ Height feet inches ★ Weight pounds

Drawing Lab Phone ( )

Collection Date 8.24.10

Time 9:25 am / pm

Initials PV

- Number of hours since patient last ate ____
- Insulin – Time of last dose ____ am / pm
- HDL Phlebotomist Blood Draw

Received into Lab:

Date ____/____/____

Time ____ am / pm

Initials ____

- WB 9mL EDTA / # tubes ____
- Serum / # tubes ____
- Plasma / # tubes ____
- Urine / # tubes ____

☐ 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) 481-3949

★ Physician or Authorized Signature Date

Send Addl. Copy to: Fax: ( ) -

☒ COMPREHENSIVE CVD BASELINE ASSESSMENT

Lipid Panel
Apo A1
Apo B
LDL P
sdLDL
HDL 2 subclass
Lp(a) mass w/reflex to Lp(a)CHOL
Apo E Genotype
Factor V Leiden
Prothrombin G20210A Mutation
CYP2C19
Lp-PLA2
CRP-hs
Fibrinogen
Homocysteine
FFA (NEFA)
Insulin
NT pro BNP
Vitamin D
HbA1C
CMP

☐ CVD/METABOLIC FOLLOW-UP PROFILE

Lipid Panel
Apo A1
Apo B
LDL P
sdLDL
HDL 2 subclass
Lp(a) mass w/reflex to Lp(a)CHOL
Lp-PLA2
CRP-hs
Fibrinogen
Homocysteine
FFA (NEFA)
Insulin
HEP(Hepatic Function Panel)

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 and 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 and 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/co-payment, 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.

★ _____ 8-24-10

Patient's Signature Date

- Have patient sign Release of Benefits above & Copy BOTH sides of patient's insurance card(s).
- Indicate primary and secondary diagnoses below.

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

Does patient have Medicare coverage? ☐ YES ☐ NO

Is the Medicare coverage secondary? ☐ YES ☐ NO

Medicare No.: _____ Date of Birth: _____

☐ CHECK: Please make check payable to Health Diagnostic Laboratory, Inc.

Name as it appears on card: _____

Credit card number: _____ Exp. Date ____/____

Card holder Signature: _____

Total Amount: $_____ CREDIT CARD TYPE: ☐ Visa ☐ MC ☐ Amex

Genetic Assays

☐	Apo E Genotype 83891, 83892, 83896, 83903, 83908, 83912	
☐	Warfarin Sensitivity (CYP2C9*2,*3,& VKORC1) 83891, 83892, 83896, 83903, 83908, 83912	
☐	Factor V Leiden 83891, 83892, 83896, 83903, 83908, 83912	
☐	Prothrombin G20210A Mutation 83891, 83892, 83896, 83903, 83908, 83912	

Routine Panels (see reverse side for details)

☐	**Basic Metabolic Panel**	80048
☐	**Comp Metabolic Panel**	80053
☐	**Electrolyte Panel**	80051
☐	**Hepatic Function Panel**	80076
☐	**Renal Panel**	80069
☐	**Lipid Panel**	80061
☐	**Thyroid Cascade Panel**	84480, 84436, 84439

Miscellaneous Tests

☐	Vitamin D (25hydroxy)	82652
☐	Insulin	83525
☐	Aspirin-works (urine)	83520 & 82565
☐	Creatine Kinase	82550
☐	Cystatin C	82610
☐	γ-GT	82977
☐	D-Dimer	85362
☐	Fibrinogen	85384
☐	Micro-albumin (urine)	82043
☐	Homocysteine	83090
☐	Iron & TIBC	83540
☐	PSA, total	84153
☐	AFP	82105
☐	CEA	82378

Miscellaneous Lipids

☐	sdLDL	83701
☐	LDL-C Direct	83721
☐	Apolipoprotein B	82172
☐	CRP-hs	86141
☐	Lp(a) mass	83695
☐	Lp(a)-CHOL	82664
☐	Lp-PLA2	83698
☐	Apolipoprotein A1	82172
☐	NT pro BNP *	83880
☐	HDL2 Subclass	82664
☐	Triglycerides	84478
☐	HDL-Direct	83718
☐	FFA (NEFA)	82726
☐	LDL-P by NMR	83704

*NT pro BNP may require additional ICD-9 coding

Hormones

☐	FSH	83001
☐	Testosterone	84403
☐	LH	83002

Metabolic Syndrome

☐	Glucose	82947
☐	C-peptide	84681
☐	Insulin	83525
☐	Hemoglobin A1c	83036
☐	FFA (NEFA)	82726

Thyroid Function

☐	T4	84436
☐	TSH	84443
☐	T3	84480
☐	T4, free	84439
☐	T Uptake	84482
☐	Other	
☐	Other	

NOTE: The below ICD-9 codes are listed as a convenience. Ordering physicians should report the code that best describes the reason for ordering the test and are not required to use the codes provided below.

Please write in Diagnosis Codes below or clearly mark to the right.
PLEASE USE FOURTH & FIFTH DIGIT MODIFIERS.

PRIMARY:
SECONDARY:
OTHER:

☐	Diabetes	250.____	☐	Hypertension w/Renal Disease & Heart Failure	404.____
☐	Pure Hypercholesteroledemia	272.0	☐	Intermediate Coronary Syndrome	411.1
☒	Pure Hyperglyceridemia	272.1	☐	Coronary Atherosclerosis Unspecified Vessel, Native or Graft	414.00
☐	Mixed Hyperlipidemia	272.2	☐	Congestive Heart Failure	428.____
☐	Unspecified Hyperlipidemia	272.4	☐	Cirrhosis of liver without mention of alcohol	571.5
☐	Hypertension	401.____	☐	Other chronic non-alcoholic liver disease	571.8
☐	Hypertensive Heart Disease	402.____	☐	Unspecified chronic liver disease without mention of alcohol	571.9
☐	Hypertension w/Renal Disease	403.____	☐	OTHER	

The Center for Cholesterol Management

A Medical Corporation

Nutrition and Exercise History

Name: Jonathon AAron Verified? ✓ Physician LeClair Discussed results? ✓

Date: 10.7.10 E-mail address: jmaaron2me.com

Questions regarding labs? —

Height: 6'2" Weight: 190s now 193 Desired Weight: 180 Weight Hx ↓ 20 on Clean Diet February

Exercise? Y (N) Average # of days/week — Average # minutes/session — Type: —

BEE — ~~Calorie needs~~ — previously swimming ø now.

Circle any family history if any:

Diabetes - Heart Disease - High Blood Pressure - Stroke

What do you hope to gain from meeting with an RD: eat better/meds all new concerned.

Post Menopausal? Y / N If so, since? _____ On hormone replacement? Y / N Type: _____

Smoke: Y / N # of cigarettes a day? 1 pack/day (quit in plan - timeline? date: NYR?) Previously smoked? Y/ N

Medications/Supplements: _____

Allergies: _____ lactose intol.?

220
2001/2002
highest wt.
back
surgery x3

DIET HISTORY: "Typical Day"

8/9
1. COFFEE whole milk, sugar - Cheese danish sometimes
2. 12/2:00 Forget or Subway tuna 12", turkey mayo/lettuce, cheese vit H2O, coke (occ), baked chips * Not a snack person ~~-1/2~~ week/choc.

alc 2x/month.

Last night
3. Burrito/lettuce, Cheese, gr. beef, rice 1x/wk Souplantation
No water, NO ~~water~~ Fish 2-3x/week red meat Root beer .. ⇒
breaded chicken, Cesar sal. chicken.

THE CENTER FOR CHOLESTEROL MANAGEMENT
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1950 Sawtelle Blvd. Suite 150
Los Angeles, CA 90025

NAME Jonathon Aaron CHART NUMBER:

RD CONSULT-SEE NUTRITION
PROGRESS NOTES 10.7.10
D. ADAIR, M.S., R.D.

last

① D/C Fish oil Th./Fri. ⊖ I symptoms, but may have also been flu'
② hrt. healthy food, w/ "TREAT" Foods 2x/week (Pizza, Steak, tuna w/ mayo, pasta red cream sauce chicken, ect.)
③ Start swimming 2-3x/week, interval for 30min.
④ Smoking cess.
⑤ high fiber cereal in am.
⑥ Email sent 10.7., copy in chart.
⑦ F/U 4-6 weeks.

RD CONSULT-SEE NUTRITION
PROGRESS NOTES
D. ADAIR, M.S., R.D. 11.18.10

① Wt. 193 self report ② Not exerc as much as discussed ③ LDL ↓ ④ ins ↓↓↓ (Jan 57) counseled on importance of exercise ⊖ ins, ↓ HDL-C, ↑ improved HDL-2 ? → Trilipix ⑤ avoid eating refined carbs + any carbs alone.

Dominique Adair

From: Dominique Adair
Sent: Thursday, October 07, 2010 1:51 PM
To: 'jmaaron@me.com'
Subject: Appointment Summary
Attachments: My Guide to Heart Healthy Eating.pdf

Very nice to meet you today. You had me a little worried when you said "do you really want to know…" but in fact I believe you have a good awareness of eating for your health, and now it is a matter of fine tuning and making sure that your choices match your understanding.

Here is a brief summary of you plan.

- You have stopped taking the Omega 3 supplement because of GI upset and a generally unpleasant reaction. Would you consider taking ½ of the original dose (2), and let me know how that goes? You don't like fish, so the only other way I can increase your Omega 3s is with flax seeds, flaxseed oil, hemp – food form like hemp milk, almonds, tofu and other soy products and walnuts among a few other others, but it would be hard for you to eat the amount that you need to produce health benefits like reduce inflammation, keep your blood from clotting excessively, improve your lipids etc. So, let me know if you're willing to try ½ dose and we'll take it from there.
- I'd like you to change your breakfast – adding one cup of high fiber cereal (Total, Raisin Bran, Cheerios, oatmeal) with 1% milk and a serving of fruit. Coffee is fine, Danishes, muffins, pastries are not.
- I'd like you to try to have lunch before 2:00. That way you will spread your nutrients throughout the day which is generally better for health, and be ready to eat a healthy dinner around 5 – 7:00.
- Many of your food choices are fine (chicken Cesar, bean/beef burrito, turkey sandwich, etc.) but there are some which should be limited (pizza, tuna salad sandwich with mayo, creamy red sauce with pasta and chicken, chicken parmesan, red meats in large portions, etc.). I'd like you to try to limit these types of foods to 2x/week. If you're not sure, email me to ask.
- Limit alcohol, as per your record, 2x/month.
- Limit coke/soda to 1/week, vitamin water OK for now.
- Try to convert all complex carbohydrates to the whole, less refined version (i.e. brown rice, whole wheat bread, whole wheat pasta, etc.).
- Try to eat AT LEAST 3 servings of vegetables and 2 serving of fruit per day – Yes, I just threw this one in.
- Begin swimming for 30 minutes (interval format) 2-3 times a week. If you can't do 3/week, don't give up on the whole idea.

I looked more closely at the Clean Diet website, and while some of principles are for the most sound, I don't think you will eat this way long term. Our project is to come up with a lifestyle program that you can live with, then, if you want to do the 21 days program once a year, that's OK.

I also attached a guide to heart healthy eating which you might like to share with your wife. It is pretty straightforward, and might help answer any of the questions we didn't go over.

Please email if you have any questions. Same for your wife.

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: JONATHAN AARON **DATE:** 8.24.10

SEX: X **M** __ **F** **DOB:** 11/31/61 **SSN:** 040-54-7095 **DL#:** A1239139

ADDRESS: 1817 S. BEDFORD ST.

CITY: LA **STATE:** CA **ZIP:** 90035

FAX: _____ **EMAIL:** JMAARON@ME.COM **PHONE:** 310-497-7693

EMERGENCY CONTACT: MICHELLE AARON **PHONE:** 310-968-2726

ADDRESS: SAME

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

EMPLOYER: TEMPLE EMANUEL OF BH **PHONE:** 310-285-3742

ADDRESS: 8949 BURTON WAY **CITY:** BH **STATE:** CA **ZIP:** 90211

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

NAME OF DRUG: **DOSE:** **No. TIMES DAILY:**

_____

_____

_____

_____

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 TRIGS ☑ Yes ☐ No **What medications do you take for this, if any?** DID TAKE - DON'T REMEMBER

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.

98 - Surgery for Back - Microdiscectomy

99 - Back Surgery " "

01 - " " "

Are you allergic to any medications? ☐ Yes ☑ No

List those medications? _____

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

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

SURGERY	DATE	HOSPITAL

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

How long (have) did you smoke (d)? 28 yrs

If you quit, when did you quit? _____

How many glasses per week do you consume of? WINE ✓ BEER ✓ COCKTAILS 1/4

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

	WHICH FAMILY MEMBER	HOW OLD WERE THEY
Cancer	Grandmother	50's
Heart Attack	Grandfather	60's
Angina or clogged arteries		
Sudden death		
Hypertension		
Other heart disease		

High cholesterol ______________________

Stroke ______________________

Diabetes ______________________

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

- ☐ Increasing Breathlessness With Your Usual Activities
- ☐ Recent Cough
- ☐ Unexpected weight gain of more than 5 lbs in the last weeks or months
- ☑ Pain, pressure/discomfort in the chest
- ☐ Passed (ing) out-fainting
- ☐ Shortness of breath at rest, laying down
- ☐ worsening fatigue
- ☐ Any neck, jaw, left arm discomfort
- ☐ Swelling of the ankles
- ☐ Pain or cramps in leg(s) with walking
- ☐ Dizzy spells
- ☐ A stroke or temporary stroke
- ☐ Heart murmur
- ☐ Spells of rapid irregular heartbeat
- ☐ Heart attack
- ☐ Urination at night
- ☐ Rheumatic fever
- ☐ Abnormal EKG
- ☐ 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? ______________________

After any problems you wish to address at this visit?

____

____

____

____

____

____

____

____

____

____

____

Patient name (sign): [signature]　　Date: 8·24·10

Witness ______________________　　Date ______________________

INSURANCE INFORMATION

Please provide us with your medical insurance information:

PRIMARY INSURANCE POLICY:

Company: BLUE SHIELD OF CAL Phone: 888-852-5345

Policy #: XEGJ04204767 Group: SP2277

Name and SS# of Insured: JONATHAN KAHN 040547095

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 DDIECTLY TO THE ASSIGNEE AT 1900 SAWTELLE BLVD # 145A LOS ANGELES, CA 90025.
IN 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 AN MY MEDICAL CARRIER, AND THAT FINANCE CHARGES WDLL 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.

8/24/10

Your signature here — Today's date

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: 8-24-10

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: 8-24-10

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.

Starting January 2001, you will also need to complete a separate form, "Privacy of Medical Records," so that we have a clear understanding of those individuals and parties whom you intend to have access to information contained in your medical record, and those whom you do not.

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: 8-24-10

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

Dr. Richman is a participating provider with most major insurance plans.

Should Dr. Richman not be a provider under your plan, he will act as a provider, and accept the ALLOWED amount for any covered charges.

Your insurance may only pay a portion of the allowed amount, therefore leaving you with a balance which you will be billed for.

It is your responsibility to verify with your insurance carrier your individual coverage benefits prior to being seen for your initial consultation.

During your consultation, additional x-rays or ultra sounds may be necessary to fully determine the nature and extent of your condition, as well as determining your optimal course of treatment. These will be billed to your insurance in addition to the consultation fee.

Prior to your consultation, you can contact your carrier to determine what your financial portion will be.

I understand and agree to the terms outlined above

Patient

8.24.10
Date

Anthem. Blue Cross

Lumenos HSA 3000 (100/70)

Member Name:
Jonathan Aaron

Member ID:
XDX130A57237

Group No.: **482287**
Contract Code: **DY11**
Effective Date: **09/01/2010**
BIN: **610575**
Plan: **040**

Office Visit 0%

PPO

Anthem. Blue Cross

anthem.com/ca

Members: Possession or use of this card does not guarantee payment. If a provider does not submit your claim on your behalf, please file the claim to:

Anthem Blue Cross
PO Box 60007
Los Angeles, CA 90060

Providers: Please submit claims to local Blue plan. If Medicare is primary, file claims with Medicare.

Member Services:	**1-866-837-4595**
Provider Services	**1-800-677-6669**
Pharmacy Services:	**1-800-281-4690**
Preservice Review	**1-800-274-7767**
24/7 Nurseline:	**1-866-900-8780**
Coverage while traveling:	**1-800-810-BLUE**

℞ 09/11/10


CALIFORNIA
DRIVER LICENSE
A1239139
CLASS:C
JONATHAN A AARON
1827 S BEDFORD ST
LOS ANGELES CA 90035
SEX:M
HT:6-02
HAIR:GRY
WT:200
EXPIRES 11-03-14
DOB:11-03-61
11/02/2009 618 13 FD/14

00198

chael 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

Rx Name Jonathan Dann D.O.B. _____ ☐ Female ☐ Male

Address _____ Phone _____

1) Zetia 10mg

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

2) Fenofibrate #30

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 _____

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

NON-NEGOTIABLE

X _____ Date 4/22/11

GF92PE

00318

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

Rx Name Jonathan Aaron D.O.B. _____ ☐ Female ☐ Male

Address _____ Phone _____

1) Cartia 10 mg
Quantity: ☐1-24 ☐25-49 ☐50-74 ☐75-100 ☐101-150 ☐151 and over
Units_____ Refills 5 ☐NR ☐1 ☐2 ☐3 ☐4 ☐5
☐Do not substitute Initial _____

2) 1 tab po qd
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) # 30
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 _____

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

NON-NEGOTIABLE

X _____ Date 11/9/10

GC00RP

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

00160

Rx

Name Jonathan Aaron D.O.B. ______ ☐ Female ☐ Male

Address ______ Phone ______

1) Lovaza 1000 mg 4 tab po qd #120	Quantity: ☐1-24 ☐25-49 ☐50-74 ☐75-100 ☒101-150 ☐151 and over Units ___ Refills 5 ☐NR ☐1 ☐2 ☐3 ☐4 ☒5 ☐Do not substitute Initial ______
2) Glucophage XR 500 mg	Quantity: ☐1-24 ☐25-49 ☒50-74 ☐75-100 ☐101-150 ☐151 and over Units ___ Refills 5 ☐NR ☐1 ☐2 ☐3 ☐4 ☒5 ☐Do not substitute Initial ______
3) 2 tabs po qd #60	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 ______

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

NON-NEGOTIABLE

X [signature] Date 9/14/10

GC00RP

00159

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 Jonathan Aaron D.O.B. _____ ☐ Female ☐ Male

Address _____ Phone _____

1) Crestor 10mg #30
1 tab po qd

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) Tricor 145mg
1 tab po qd #30

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 _____

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

NON-NEGOTIABLE

X _____ Date 9/14/10

GC00RP