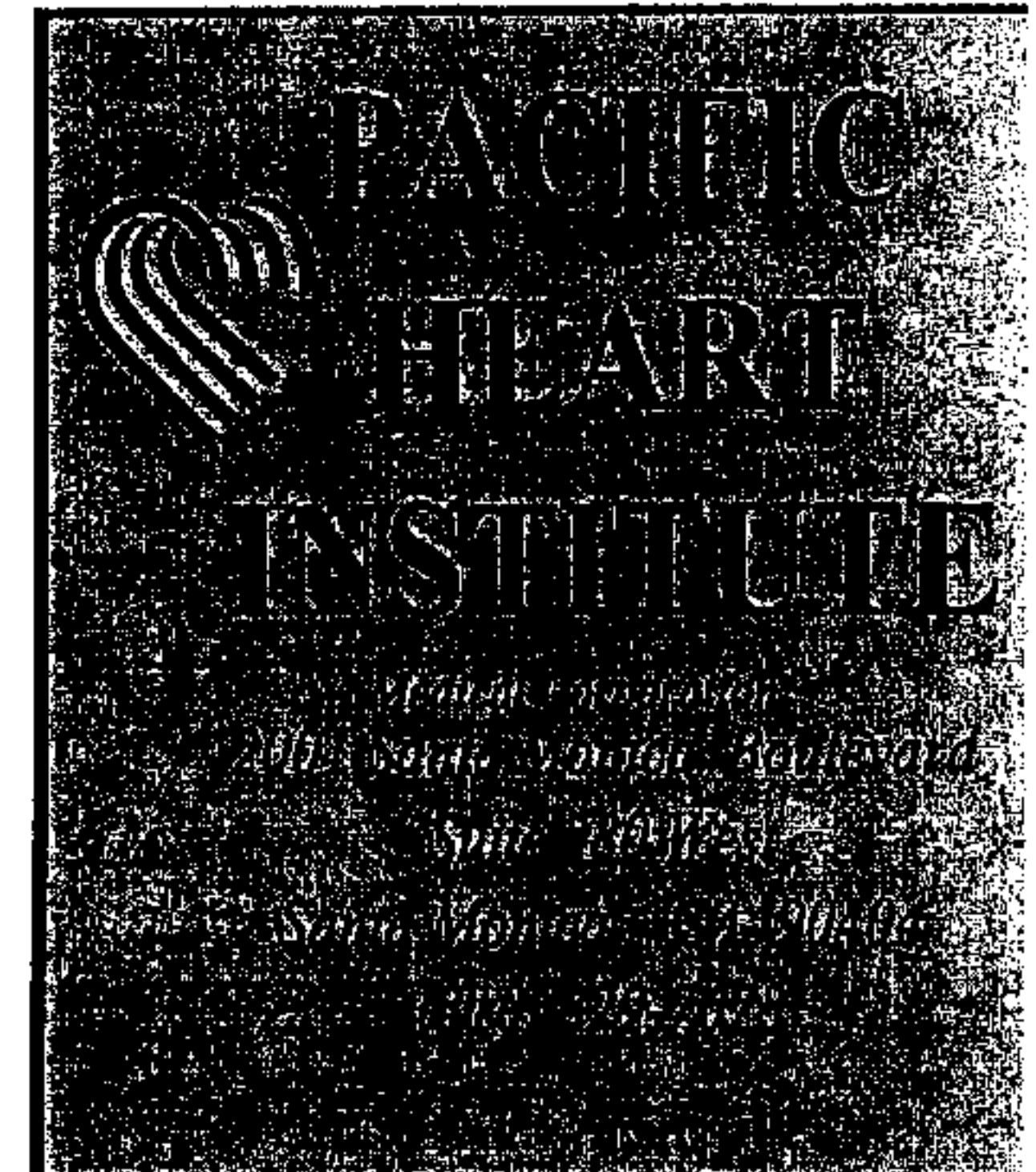


# THALLIUM TREADMILL STRESS TEST

Patient Name <b>ABEDI, AKHTAR</b>					Date <b>12/19/08</b>	
Age <b>85</b>	Sex <b>F</b>	Ht. <b>62</b>	In. <b>138</b>	Wt. <b>138</b>	Lbs. <b>138</b>	Referring Physician <b>Wright</b>
Cardiac Medications <b>Lisinopril, Metoprolol(held)</b>					Stress Protocol <b>Bruce</b>	



Pre Exercise	Heart Rate	Blood Pressure	Predicted Heart Rate
Lying			85% 115
Standing	58	152/42	100% 135
Hyperventilation			

EXERCISE				
MIN	SPEED/GRADE	HR	BP	Symptoms / Arrhythmias
1	1.7 mph / 10%	89		
2	1.7 mph / 10%	99		
3	1.7 mph / 10%	107	187/59	Thallium injected 03:45
4	2.5 mph / 12%	114		
5	2.5 mph / 12%			
6	2.5 mph / 12%			
7	3.4 mph / 14%			
8	3.4 mph / 14%			
9	3.4 mph / 14%			
10	4.2 mph / 16%			
11	4.2 mph / 16%			
12	4.2 mph / 16%			
13	5.0 mph / 18%			
14	5.0 mph / 18%			
15	5.0 mph / 18%			
16	5.5 mph / 20%			
17	5.5 mph / 20%			
18	5.5 mph / 20%			

RECOVERY			
MIN	HR	BP	Symptoms / Arrhythmias
0	120	172/58	pain in left jaw
1	102	188/67	
2	88	185/67	
3	77		jaw pain resolved
5			
7			
9			

EXERCISE DURATION <b>04:45</b>	REASON STOPPED <b>fatigue</b>	
PEAK HR <b>120</b>	PEAK BP <b>172/58</b>	RP PRDCT <b>20,640</b>
ST SEGMENT RESPONSE <b>ISCHEMIC</b>		% MAX HR <b>88.888888</b>

BASELINE EKG: Sinus bradycardia, rate 58, within normal limits. PAC's at baseline.

STRESS PROTOCOL: The patient exercised on the treadmill following the Bruce protocol as recorded on the flow sheet above. The test was stopped due to fatigue.

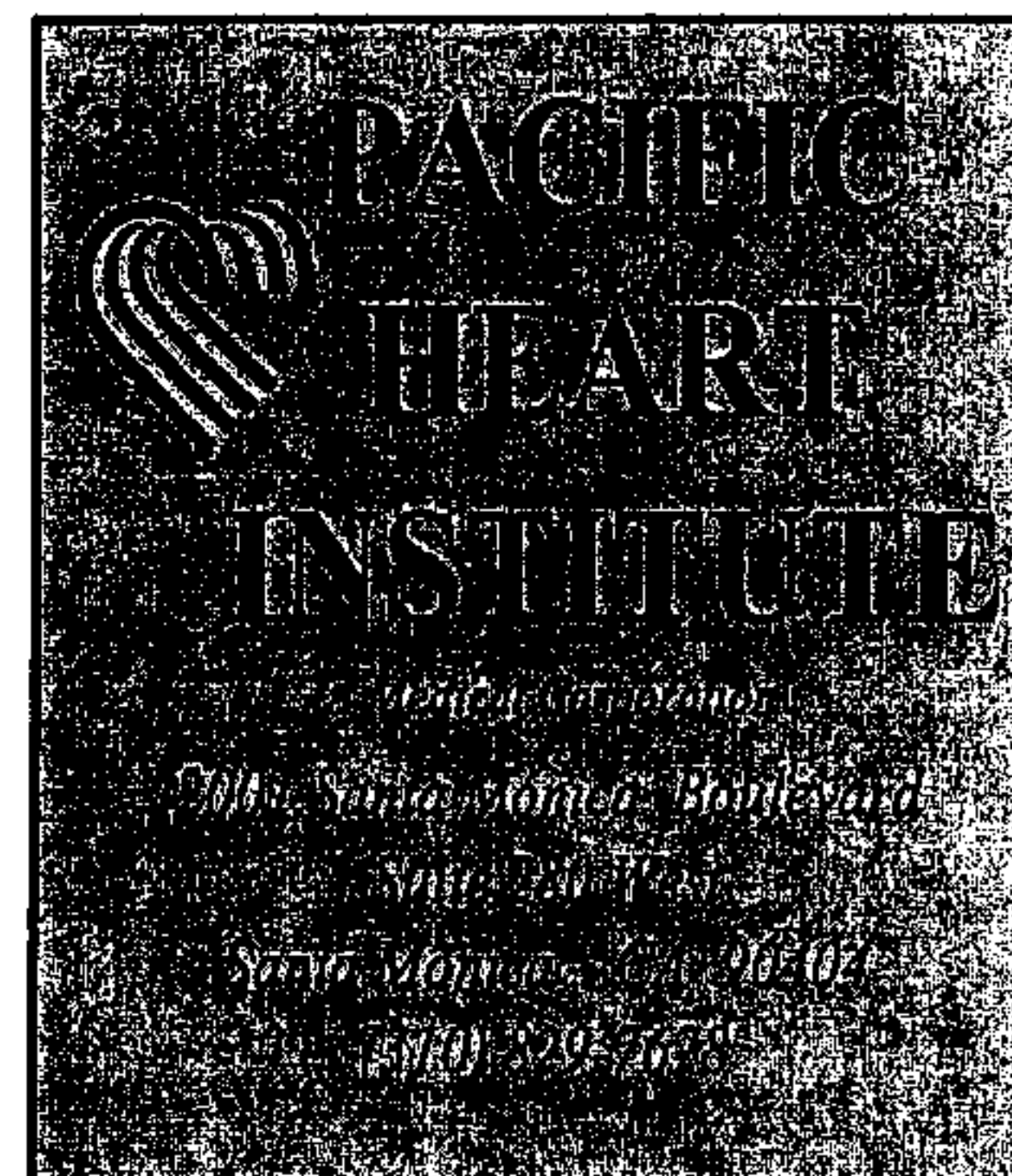
## INTERPRETATION:

1. There was a normal blood pressure response to stress.
2. The patient experienced angina with exercise.
3. Exercise tolerance is fair.
4. There were no significant arrhythmias.
5. There was a maximum of 2.5 mm horizontal ST depression in leads II, III, and AVF and in leads V5 and V6
6. This constitutes an ischemic electrocardiographic response to stress.

Peter H. Pak, M.D.

# THALLIUM STRESS TEST SUMMARY

12/19/08



RE: ABEDI, AKHTAR

CLINICAL RESPONSE: **ISCHEMIC**

EKG RESPONSE: **ISCHEMIC**

SPECT THALLIUM RESPONSE: **NORMAL stress-redistribution thallium study.**

**GATED RESTING WALL MOTION ANALYSIS:** There are no regional wall motion abnormalities.

**GATED RESTING EJECTION FRACTION:** 59%.

The overall likelihood of angiographically significant coronary artery disease is intermediate based on symptoms and ECG changes, though scintigraphy appears normal.

*12/19/08 I spoke to son*

A handwritten signature in black ink, which appears to read 'R. Merz'.

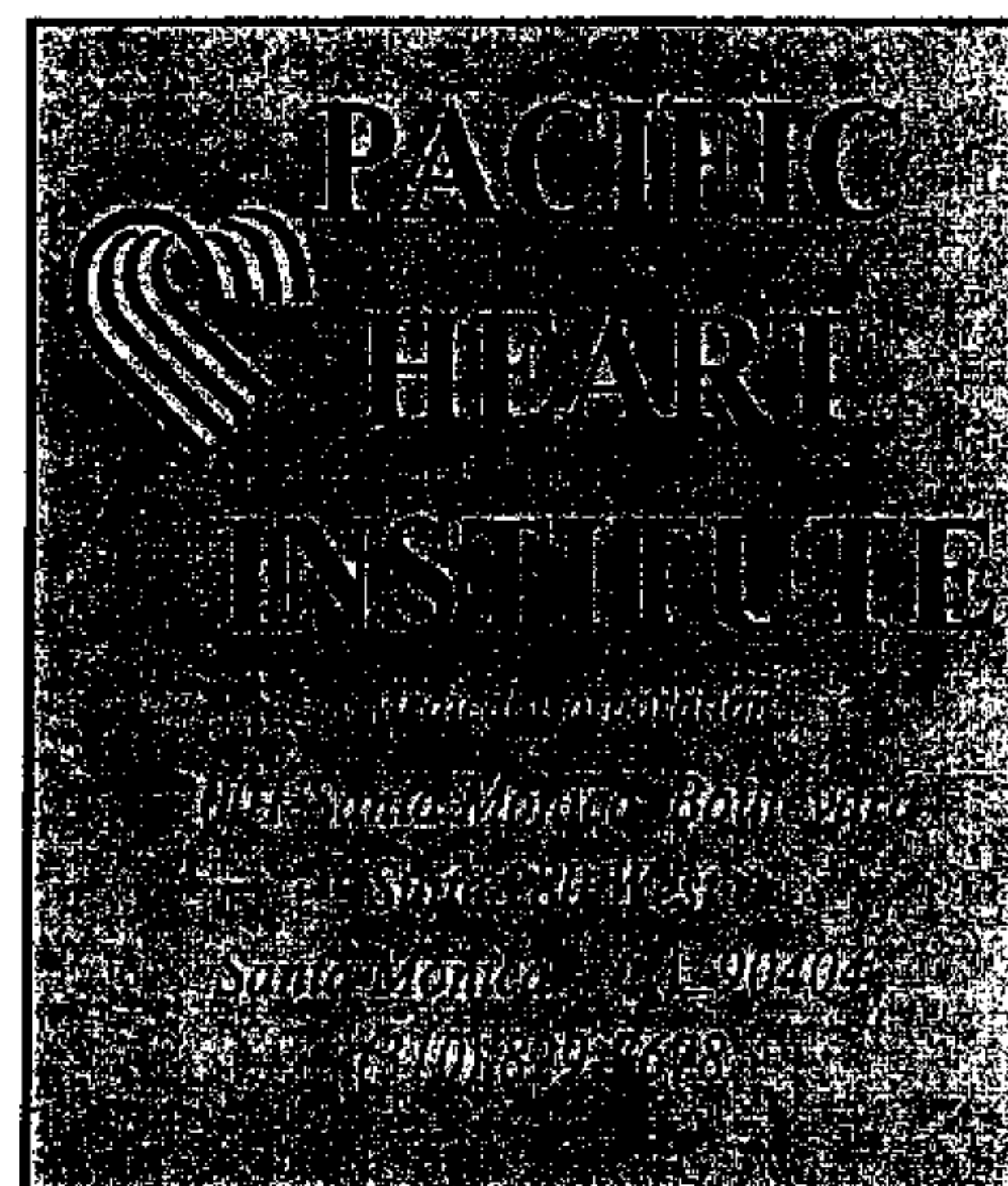
Robert H. Merz, M.D.

*Call - 11 excellent  
looked good with 11/09*



# TOMOGRAPHIC STRESS THALLIUM REPORT

Patient Name <b>ABEDI, AKHTAR</b>						Date <b>12/19/08</b>	
Age <b>85</b>	Sex <b>F</b>	Ht. <b>62</b>	In. <b>138</b>	Wt. <b>138</b>	Lbs. <b>138</b>	Referring Physician <b>Wright</b>	
Cardiac Medications <b>Lisinopril, Metoprolol(held)</b>						Exercise Protocol <b>Bruce</b>	
<p>A dose of 3.5 mCi of thallium-201 was injected intravenously one minute prior to peak stress. Computed tomography was performed ten minutes and four hours after injection, obtaining 32 projections over 180 degrees ( 45 degrees RAO to 135 degrees LAO, patient supine ). Reconstructed short axis, vertical long axis, and horizontal long axis images were subjected to visual analysis and scored as indicated below.</p>							
QUALITY CONTROL		Breast artifact <input type="checkbox"/>		Motion artifact <input type="checkbox"/>		Hot spot <input type="checkbox"/>	



## SEGMENTAL ASSESSMENT OF MYOCARDIAL PERFUSION

APICAL LEVEL				MID-VENTRICULAR LEVEL				BASAL LEVEL				VERTICAL LONG AXIS			
STRESS				STRESS				STRESS				STRESS			
(1) Anterior	0	0		(7) Anterior	0	0		(13) Anterior	0	0		(19) Anterobasal	0	0	
(2) Anteroseptal	0	0		(8) Anteroseptal	0	0		(14) Anteroseptal	0	0		(20) Distal Anterior	0	0	
(3) Inferoseptal	0	0		(9) Inferoseptal	0	0		(15) Inferoseptal	0	0		(21) Anteroapical	0	0	
(4) Inferior	0	0		(10) Inferior	0	0		(16) Inferior	0	0		(22) Inferoapical	0	0	
(5) Inferolateral	0	0		(11) Inferolateral	0	0		(17) Inferolateral	0	0		(23) Distal Inferior	0	0	
(6) High Lateral	0	0		(12) High Lateral	0	0		(18) High Lateral	0	0		(24) Inferobasal	0	0	

Defect Severity Scoring: 0 = normal, 1 = equivocal or mildly reduced, 2 = moderately reduced, 3 = severely reduced

### INDICATION:

Evaluation of myocardial ischemia

### INTERPRETATION:

Stress-redistribution SPECT thallium imaging is normal.

Stress-redistribution anterior planar thallium imaging is normal. There is no increased lung uptake or ischemic dilatation of the left ventricle.

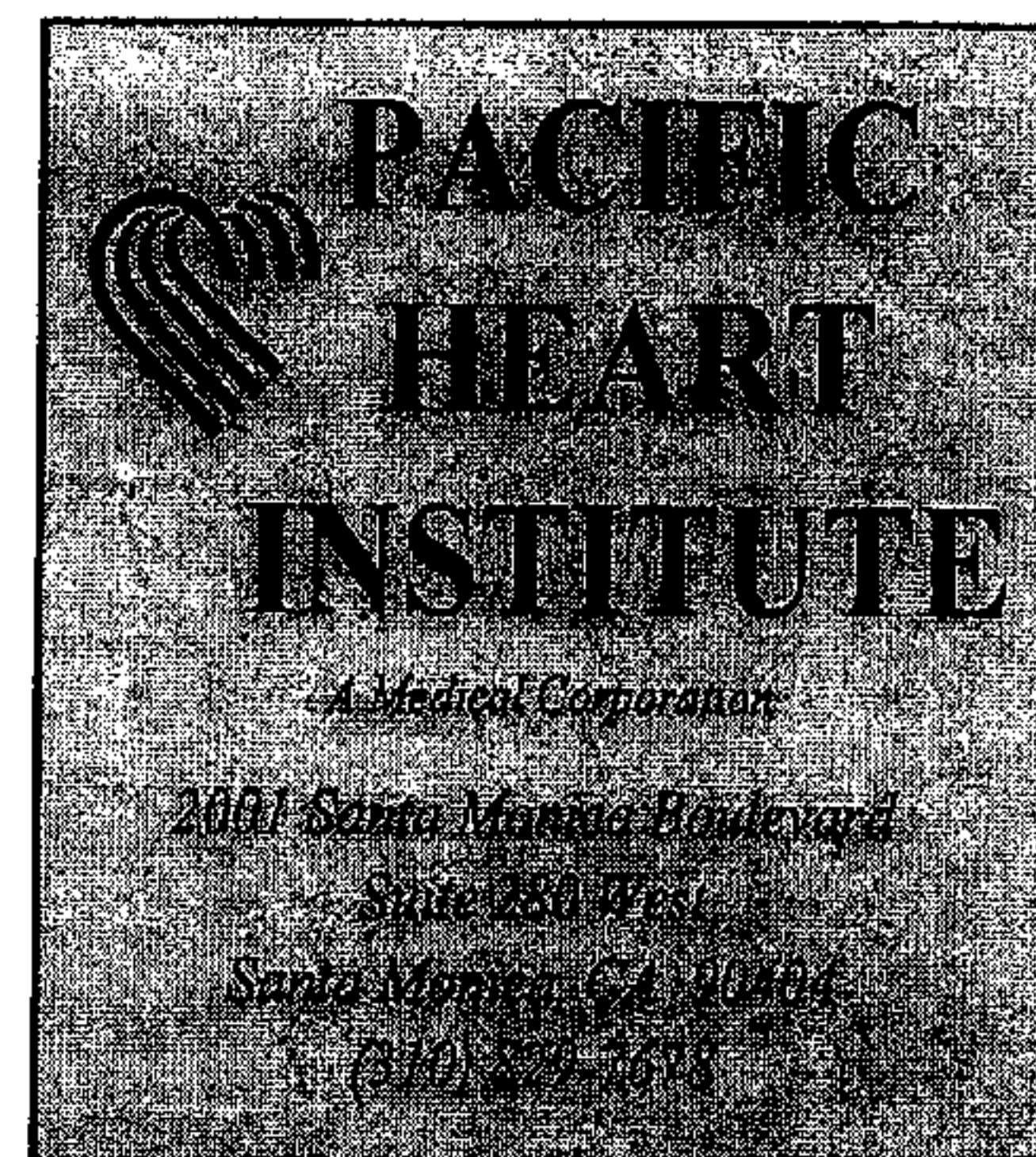
In summary, NORMAL stress-redistribution thallium study.

Robert H. Merz, M.D.



# TREADMILL STRESS TEST

Patient Name <b>ABEDI, AKHTAR</b>					Date <b>12/04/08</b>	
Age <b>85</b>	Sex <b>F</b>	Ht. <b>62</b>	In. <b>138</b>	Wt. <b>138</b>	Referring Physician <b>Wright</b>	
Cardiac Medications <b>Lisinopril, Metoprolol (held)</b>					Exercise Protocol <b>Bruce</b>	



Pre Exercise	Heart Rate	Blood Pressure	Predicted Heart Rate
Lying			85% 115
Standing	52	121/58	100% 135
Hyperventilation			

EXERCISE					
MIN	SPEED	GRADE	HR	BP	Symptoms / Arrhythmias
1	1.7	10%	83		
2	1.7	10	93		
3	1.7	10	103	165/48	
4	2.5	12	113		
5	2.5	12	119	157/48	
6	2.5	12			
7	3.4	14			
8	3.4	14			
9	3.4	14			
10	4.2	16			
11	4.2	16			
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			

RECOVERY			
MIN	HR	BP	Symptoms / Arrhythmias
0	121	184/47	
1	102	197/48	
2	90		
3	80	176/50	
5		139/49	
7			
9			

EXERCISE DURATION <b>05:16</b>	REASON STOPPED <b>fatigue.</b>
-----------------------------------	-----------------------------------

PEAK HR <b>121</b>	PEAK BP <b>184 / 47</b>	RP PRDCT <b>22,264</b>
-----------------------	----------------------------	---------------------------

ST SEGMENT RESPONSE <b>Ischemic</b>
----------------------------------------

BASELINE EKG: Sinus bradycardia, rate 52, within normal limits.

## INTERPRETATION:

The patient exercised a total of 05:16 achieving a heart rate of 121 , which is 90 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 angina.
3. Exercise tolerance is poor.
4. There were no significant arrhythmias.
5. There was a maximum of 2 mm downsloping ST segment depression in leads II, III, and AVF and in leads V5 and V6 seven minutes into recovery.
6. This constitutes an ischemic electrocardiographic response to stress.

**CONCLUSION:** The overall likelihood of significant stress-induced ischemia is high.

Richard F. Wright, M.D.

## Center for Cholesterol Management

NAME AKHTAR Abedi

DATE

DOB 01/10/1922

9/18/09

CHIEF COMPLAINT:

85yo Iranian F ± 4/0 CAD: HTN  
presents for evaluation of her lipid  
panel.

HISTORY OF PRESENT ILLNESS:

pt denies CP or MI  
but pt has exertional dyspnea.  
pt was being followed by Pacific Heart  
until 12/08 now she goes to CSMC  
she had a thallium stress on 12/19/08 → nl.  
a recent stress ECHO was abnormal. she  
is scheduled for coronary angiogram & CVA  
risk % fatigue / SOB

- ① dizziness
- ② CAD
- ③ exertional dyspnea.
- ④ cholesterol
- ⑤ HTN

PSHX:

TAAH ~

⑥ knee replacement  
appendectomy  
cholecystectomy



NAME

MEDS:

- ① metoprolol 100mg po qd
- ② amlodipine/ benazepril 5/20mg po qd
- ③ torva qd
- ④ Fosamax

ALLERGIES:

NRDA

SOCIAL HISTORY:

q tobacco

FAMILY HISTORY:

MI

HTN

REVIEW OF SYSTEMS:

see intake / exam

NAME

ahhkey

PHYSICAL EXAM

Machine BP 145/53 P = 54 RR 16 T  
Manual BP 130/56 P = 62

GENERAL: W O W N F in NAP

HEENT: NC / AT

NECK: Ø / Mts

CHEST: clear

HEART: RRR E I/IV systolic murmur

ABDOMEN: soft, NT

BACK:

EXTREMITIES: mild pedal edema

NEURO:

Assessment

85y.o. Caucasian F E known  
CAD, HTN : ↑ LDL-C  
pt 2 very high risk of  
CVD

PLAN:

- ① stat 5mg po qd
- ② pt to have a myogram  
w/ CSMC
- ③ F/u 2 months

Produced under patent licenses  
to U.S. Patent Nos. 4,933,844,  
5,343,389, 6,518,069, and  
6,576,471  
CLIA:34D0952253



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

Page 1

Patient Name		Sex	Age	Clinician	
ABEDI, AKHTAR		F	86	RICHTMAN, MICHAEL	
Patient ID		Birth Date	Accession Number	Client Name and Address	
15981091	01/01/1923	H0442079	Center for Cholesterol Mgmt 15057/ 1950 Sawtelle Blvd Suite 150 Los Angeles, CA 90025 Phone: (310)481-3939 FAX: (310)481-3949		
Date Collected	Date Received	Report Date and Time	Requisition Number	Fasting Status	
09/09/2009	09/10/2009	09/11/2009 10:52	15981091	FASTING	

## LDL PARTICLE NUMBERS

	nmol/L	Optimal	Near or above optimal	Borderline-high	High	Very High
<b>LDL-P</b> (LDL Particle Number)	<b>1008</b>	<1000	1000-1299	1300-1599	1600-2000	>2000
<b>Small LDL-P</b>	<b>157</b>	Low <600	Moderate 600-849	Borderline-high 850-1200	High >1200	

## PATIENT GOALS

## High-Risk Patients

-primary goal: LDL-P < 1000 nmol/L  
-secondary goal: small LDL-P < 850 nmol/L

## Moderately High-Risk Patients

-primary goal: LDL-P < 1300 nmol/L  
-secondary goal: small LDL-P < 850 nmol/L

## LIPIDS

	mg/dL	Optimal	Near or above optimal	Borderline-high	High	Very High
<b>LDL-C</b> (calculated)	<b>113</b>	<100	100-129	130-159	160-189	>=190
<b>HDL-C</b>	<b>58</b>					
	Desirable >=40					
<b>Triglycerides</b>	<b>111</b>					
	Desirable <150					
<b>Total Cholesterol</b>	<b>193</b>					
	Desirable <200					

## METABOLIC SYNDROME MARKERS

These markers increase the risk of developing Type 2 Diabetes Mellitus.

	nm	Large (Pattern A)	Small (Pattern B)
<b>LDL Particle Size</b>	<b>22.5</b>	23.0 - 20.6	20.5 - 18.0
<b>Large HDL-P</b>	<b>16.1</b>	Low Risk >9.0	Intermediate 4.0 - 9.0
<b>Large VLDL-P</b>	<b>0.0</b>	Low Risk <0.5	High Risk >5.0
<b>Small LDL Size</b> (≤20.5 nm)	<input type="checkbox"/>	<b>Low Large HDL-P</b> (<4.0 μmol/L)	<input type="checkbox"/>
		<b>High Large VLDL-P</b> (>5.0 nmol/L)	<input type="checkbox"/>



Produced under patent licenses  
to U.S. Patent Nos. 4,933,844,  
5,343,389, 5,518,089, and  
6,578,471  
CLIA:34D0952253

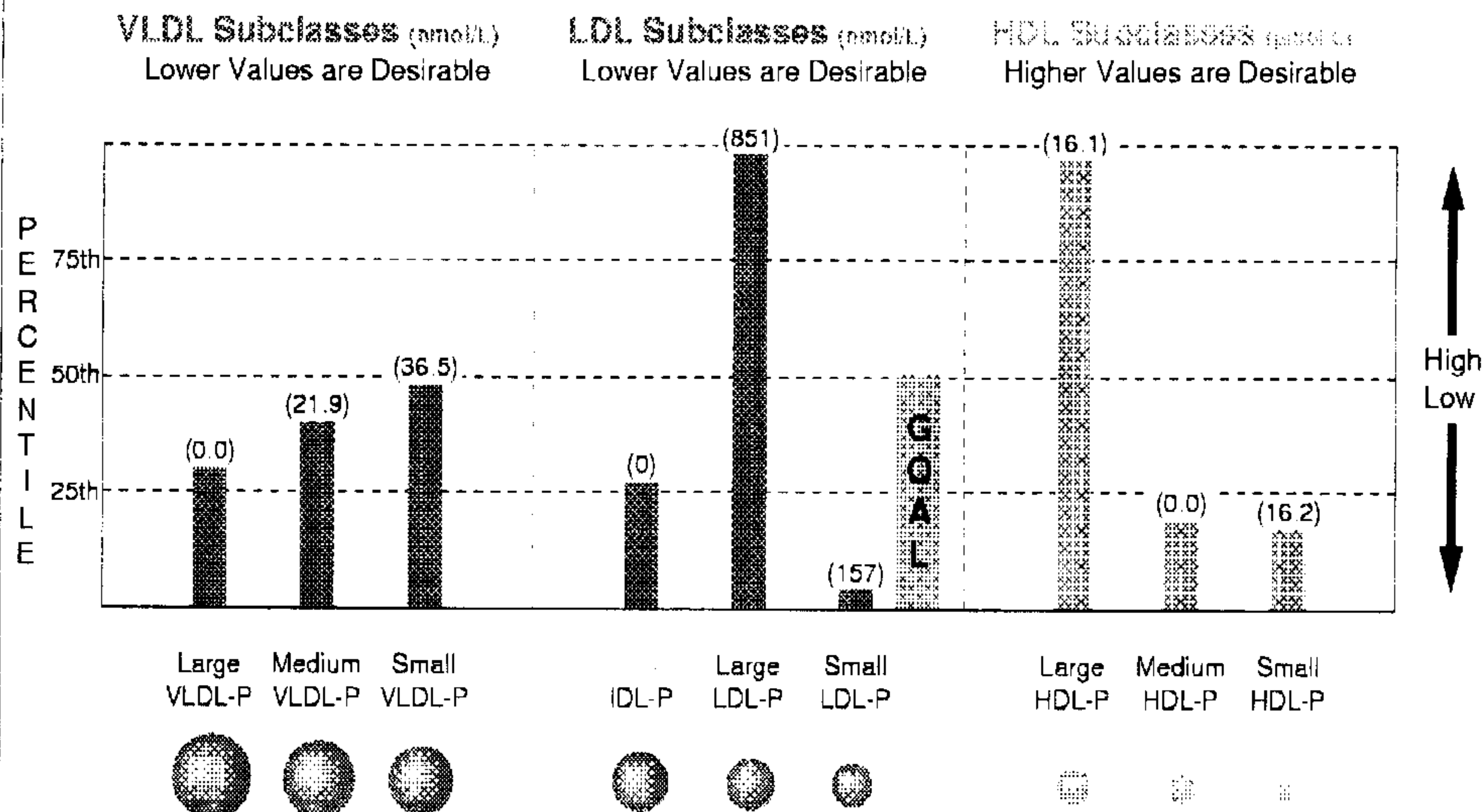


LipoScience, Inc.  
2500 Sumner Boulevard  
Raleigh, NC 27616  
877-547-6837  
www.liposcience.com

Page 2

Patient Name	Accession Number	Requisition Number	Report Date and Time
ABEDI, AKHTAR	H0442079	15981091	09/11/2009 10:52

## SUBCLASS PARTICLE NUMBERS



Lipoprotein subclass particle numbers are given in parentheses above each bar. The height of the bar is the percentile indicating if the value is "high" or "low" based on a reference population consisting of >6,900 subjects enrolled in the Multi-Ethnic Study of Atherosclerosis (MESA).

## PRACTITIONER'S NOTES

↑ LDL-P ~ 1008  
(goal < 700)

① cut to 5mg po qd  
② 7/11 2 months

*[Signature]*

9/18/09



LIPOSCIENCE

2500 Sumner Blvd. • Raleigh, NC 27616  
(919) 212-1999 • FAX: (919) 212-1954  
CLIA #34D0952253



15981091

FACILITY

Center for Cholesterol Mgmt 15057  
1950 Sawtells Blvd  
Suite 150  
Los Angeles, CA 90025  
(310) 481-3939 Fax: 13104813949

Designate Requesting Clinician

[X] 1972554806 RICHMAN, MICHAEL F  
[ ] 1073557294 UYEDA, ROBERT Y

All information must be completed for sample to be processed

[-]-[-]-[-]-[-]-[-]-[-]-

Social Security Number

Patient ID/Medical Record Number

ABedi

AKhtar

Last Name

First Name

Middle

1011

11th

St

#227

Address

Santa Monica

CA

90403

City

State

Zip

Date of Birth

01/01/23

(mm/dd/yy)

☐ Male

☒ Female

Telephone

IF PATIENT IS NONFASTING CHECK HERE ☐

Insurance (REQUIRED) Attach copy of insurance card (front & back)

☒ Medicare ☐ Insurance ☐ Client ☐ Patient

Medicare Number (including suffix)

604-26-4122-141

BCBS ID Number (including prefix)

Insurance Company Name

Akhatar Abedi

Insured Name

Employer Name/Employer#

Member/Insured ID#

Group#

Claims Address

City

State

Zip

Patient Relation to Insured

☒ Self

☐ Spouse

☐ Dependent

Signature: I hereby authorize the release of medical information to LipoScience for services as described herein and authorize payment directly to LipoScience. I agree to assume responsibility for payment of charges for laboratory services that are not covered by the healthcare insurer.

X

Onfile

9-7-09

Patient/Responsible Party Signature

Date

Additional Clinician:

NPI

Collection Date

9/10/09

Collection Time

11:55 AM

ICD-9 Code(s) (MANDATORY)

272.9

[ ] 1040 Dr. Richman's Initial Panel

PROFILES		INDIVIDUAL	
220 [X] NMR LipoProfile® (includes CPT codes 83704 + 80061)	P or S	180 <input type="checkbox"/> Cholesterol, Total	P or S
375 <input type="checkbox"/> NMR LipoProfile®+Homocysteine+CRP (includes CPT codes 83704 + 80061 + 83090 + 86141)	P or S	245 <input type="checkbox"/> Creatine Kinase (CK), Total	P or S
540 <input type="checkbox"/> Lipoprotein Quantification by NMR with TC (includes CPT codes 83704 + 82465)	P or S	125 <input type="checkbox"/> CRP-High Sensitivity	P or S
		178 <input type="checkbox"/> Glucose	OX
		179 <input type="checkbox"/> Glycohemoglobin (A1c)	L
		190 <input type="checkbox"/> HDL Cholesterol	P or S
		110 <input type="checkbox"/> Homocysteine	P or S
		160 <input type="checkbox"/> Insulin	S
		195 <input type="checkbox"/> LDL Cholesterol, Direct Method	P or S
		210 <input type="checkbox"/> Lipid Panel, Chemical Method	P or S
		301 <input type="checkbox"/> Lipoprotein Quantification by NMR	P or S
			100 <input type="checkbox"/> Lp(a)
			410 <input type="checkbox"/> TSH
			420 <input type="checkbox"/> T-4, Free
			430 <input type="checkbox"/> T-4, Total
			185 <input type="checkbox"/> Triglycerides
			P = 4 ml Plasma, Lavender Top Tube
			S = 4 ml Serum, Red Top Tube or Greiner gel tubes*
			* No other gel tubes are acceptable
			P or S = Plasma or Serum Acceptable
			L = Whole Blood, Lavender Top Tube
			OX = Whole Blood, Gray Top (oxalate/fluoride) Tube

Please see the CMS policy for specific limits regarding the frequency of lipid testing.



15981091



15981091



15981091



15981091

Collection, Storage, and  
Shipping Instructions on Back

ATTACH ABN IF NECESSARY

Specimen  
ID Labels

#1

White Copy - LipoScience  
Yellow Copy - Client



November 26, 2008

**CARDIOLOGY CONSULTATION**

**RE: AKHTAR ABEDI**

William R. Cabeen, Jr. M.D.  
F.A.C.C., F.A.C.P.

Richard F. Wright, M.D.  
F.A.C.C.

Robert H. Merz, M.D.  
F.A.C.C.

Peter C.D. Pelikan, M.D.  
F.A.C.C.

Paul D. Natterson, M.D.  
F.A.C.C.

Peter H. Pak, M.D.  
F.A.C.C.

George C. Wu, M.D.  
F.A.C.C.

Shephal K. Doshi, M.D.

Nicole M. Weinberg, M.D.

---

Joleen M. Glenney  
R.N., M.N., CNS

Chereena L. Tennis  
NP, MSN

Nancy E. Southern  
R.N.

---

Glenda Dennis  
CHIEF EXECUTIVE OFFICER

**REASON FOR CONSULTATION:** This 85-year-old patient of Dr. Manoucher Rashti comes for evaluation of hypertension and awareness of her heart beat at night.

**HISTORY OF PRESENT ILLNESS:** The history was obtained from the patient through her son, who acted as translator, since she speaks very little English (she speaks Farsi). Medical records from Dr. Rashti's office were also provided.

She has had a history of hypertension for at least the last ten years and also knows that her cholesterol is slightly elevated. She never has had diabetes. She used to smoke a few cigarettes daily, but quit more than 15 years ago. She does not drink alcohol and at present she does not exercise, although she did in years past. She follows mainly a Persian diet and has had a stable weight of 138 pounds. She stands 5'2" tall.

Her current complaints are that her blood pressure at home recently has been in the range of 150 mm. of mercury and that she will awaken several times at night, "aware of prominent heart beating." During the latter episodes of this the beating her heart has not been fast nor irregular, but rather she is aware of it and can hear her heart. It seems to pound more vigorously than normal. She also complains that she may have modest exertional dyspnea, although she admits that she is not very physically active. She has no overt tachycardia and has no lightheadedness nor syncope. She has no history of orthopnea or significant peripheral edema, although on some days she will have slight swelling of her lower extremities and for that reason she wears support stockings.

She has no previous history of a myocardial infarction, stroke or peripheral vascular event. She has had no exertional chest symptoms.

Because of these complaints she wore an extended ambulatory-monitoring device, which showed only intermittent sinus bradycardia, premature atrial beats, some of which were blocked, but no high-grade arrhythmia even during the time when she was aware of her heart's beating.



RE: AKHTAR ABEDI  
Cardiology Consultation  
November 26, 2008  
Page 2

**PAST MEDICAL HISTORY:**

1. Notable for previous hysterectomy for uterine fibroids.
2. Hemorrhoidectomy.
3. Possible Ménière's disease.
4. She had malaria as a child.
5. Bilateral total knee replacement.
6. Previous cholecystectomy.
7. Tonsillectomy.
8. She has osteoporosis, but has not suffered a fracture.

**MEDICATION:** Her current medicines include lisinopril - 10 mg. twice daily, metoprolol XL - 100 mg. daily, Fosamax -70 mg. weekly, Lovaza fish oil - twice daily, Nasacort, folate, calcium with vitamin D, glucosamine and chondroitin. She recently started taking irbesartan - 75 mg. daily.

**ALLERGIES:** She is not allergic to medication, but she does not tolerate aspirin since she has had gastrointestinal upset and perhaps gastrointestinal bleeding in the several times when she has taken it.

**FAMILY HISTORY:** Her father died at the age of 90, and her mother died of a "heart attack" at the age of 55. She had one sister, who died of Alzheimer's disease at the age of 75.

**SOCIAL HISTORY:** She was born and raised in Iran and was always a housewife. She has been widowed since 1985. She has three sons and five grandchildren, all of whom reside in southern California.

**REVIEW OF SYSTEMS:** She has had diminished balance and overt vertigo for which she actually was hospitalized in the past. This was attributed to an inner-ear problem. She has chronic arthritis, most notably of her shoulder. She has nocturia usually twice nightly. Her son says that she sleeps only moderately well and that she snores and may have apneic spells. She has undergone routine colonoscopy more than once, but no findings were made. She uses a hearing aid for gradually progressive hearing loss.

**PHYSICAL EXAMINATION:** Physical examination reveals a well-appearing woman in no distress. Her blood pressure is 156/72 in her right arm when seated. Her pulse is 59 and regular. Her weight is 134 pounds.

RE: AKHTAR ABEDI  
Cardiology Consultation  
November 26, 2008  
Page 3

The pupils are equal, round and reactive to light. There is no xanthelasma nor arcus senilis. The lids are normal, and there is no lid lag. The conjunctivae are benign. The nasopharynx is unremarkable, and there is no high arching of the palate. The jugular veins are of normal height and contour, without hepatjugular reflux. The carotids are brisk in upstroke and are free of bruits bilaterally. There is no thyromegaly nor lymphadenopathy. The chest is clear. The cardiac examination reveals normal heart tones, without clicks, rubs, murmurs nor gallops. The abdomen is benign, with no organomegaly, masses nor bruits. The abdominal girth is 34". The femoral arteries are normal bilaterally. The extremities are free of edema, and the peripheral pulses are 2+/4+ bilaterally. The neurologic examination reveals normal cranial nerves and deep-tendon reflexes. The mood and affect are normal. Genitourinary, pelvic and rectal examination is deferred.

**LABORATORY DATA:** The electrocardiogram shows sinus bradycardia, with borderline leftward axis deviation and clockwise rotation and mild, nonspecific S-T changes, which are suggestive of left ventricular hypertrophy, with strain.

Routine laboratory data were provided and show previous anemia, and the most recent hematocrit in May was 32.1 (and slightly higher in previous years). She had no significant abnormality on routine laboratory studies. I do not have her lipid profile.

**IMPRESSION:**

1. Hypertension, currently inadequately controlled despite double-drug therapy.
2. "Awareness of heart beat" at night, perhaps related to sleep apnea (with unremarkable, extended ambulatory echocardiographic monitoring).
3. Possible sleep apnea.
4. Status post hysterectomy, cholecystectomy and tonsillectomy.
5. Anemia.
6. Previous history of total replacement of both knees.
7. Remote history of malaria.

**DISCUSSION AND RECOMMENDATIONS:** I had a long talk with Mrs. Abedi's son and told him that an adjustment of her antihypertensive therapy would be warranted. I told him that it was not the best regimen to take a combination of an angiotensin-converting-enzyme inhibitor and an angiotensin-receptor blocker. Therefore I asked him to have her discontinue Avapro and lisinopril and instead to begin taking a combination of amlodipine/benazepril - 5/20 mg. daily in lieu of the lisinopril. She will continue metoprolol, Fosamax and Lovaza. I recommended that she undergo a sleep study since it is highly likely that she has sleep apnea, and this may have been contributing to her awareness of her heart beat and to her hypertension.

RE: AKHTAR ABEDI  
Cardiology Consultation  
November 26, 2008  
Page 4

After institution of the change of medication she should return in the coming weeks before her departure for Iran for a treadmill stress test in view of her exertional dyspnea.

  
Richard F. Wright, M.D.

RFW:geb





THE CENTER FOR CHOLESTEROL MANAGEMENT

A Medical Corporation  
1950 Sawtelle Blvd, Suite 150  
Los Angeles, CA 90025

\*\*\*Please complete all pages of this form\*\*\*

9-18-09

NAME: AKhtar Abedi DATE: 9-9-09

SEX: M F DOB: 01/01/1922 SSN: 604-26-4122 DL#: \_\_\_\_\_

ADDRESS: 1011 11<sup>th</sup> St. # 227

CITY: Santa Monica STATE: CA ZIP: 90403

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: (310) 699-5435

EMERGENCY CONTACT: Sean Abedi PHONE: (310) 699-5435

ADDRESS: 1011 11<sup>th</sup> St. # 227

CITY: SM STATE: CA ZIP: 90403

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

NAME OF DRUG: DOSE: No. TIMES DAILY:

Metoprolol 100 ? one  
? 5/20 one

Have you ever been diagnosed with?

High Blood Pressure ☒ Yes ☐ No How long ago? 10 years

Diabetes ☐ Yes ☐ No How long ago? \_\_\_\_\_

Stroke ☐ Yes ☐ No When did it occur? \_\_\_\_\_

High Cholesterol may be ☐ Yes ☐ No What medications do you take for this, if any? \_\_\_\_\_

Lung Disease may be ☐ 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.

Arthritis

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
---------	------	----------

<u>Seasonal</u>		
-----------------	--	--

Have you ever smoked? ☒ Yes ☐ No How many cigarettes per day? 4-5

How long (have) did you smoke (d)? 20 years

If you quit, when did you quit? 15 years ago

How many glasses per week do you consume of? WINE 0 BEER 0 COCKTAILS 0

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

	WHICH FAMILY MEMBER	HOW OLD WERE THEY
Cancer	<u>X</u>	
Heart Attack	<u>mother</u>	<u>56</u>
Angina or clogged arteries		
Sudden death		
Hypertension	<u>mother/father</u>	
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? possible ischemia

☐ Any tests done for your heart? What tests? stress test - nuclear - etc

When were they done? about 8 months ago

After any problems you wish to address at this visit?

results are attached

A Abedi

09/09/09

Patient name (sign)

Date

Witness

Date



## INSURANCE INFORMATION

Please provide us with your medical insurance information:

### PRIMARY INSURANCE POLICY:

Company: Medicare Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group: \_\_\_\_\_

Name and SS# of Insured: \_\_\_\_\_

### SECONDARY INSURANCE POLICY:

Company: Medical Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group: \_\_\_\_\_

Name and SS# of Insured: 604-26-4122

### 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 1950 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.

A A bedi

Your signature here

09/09/07

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"):**

*Shahriar (Sean) Abarlei (Son)*

Your signature (required): *A Abarlei* Date: *09/09/09*

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

*X*

**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: *09/09/09*



**The Center for Cholesterol Management**

**PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)**

With my consent, The Center for Cholesterol Management may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to The Center for Cholesterol Management's Notice of Privacy Practices (NOPP) for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices (NOPP) prior to signing this consent. The Center for Cholesterol Management reserves the right to revise its Notice of Privacy Practices (NOPP) at anytime. A revised NOPP may be obtained by forwarding a written request to The Center for Cholesterol Management at the address above.

With my consent, The Center for Cholesterol Management may call my home, office, and/or other locations and leave a message on voicemail, answering machine and/or directly reference me and/or any items that assist The Center for Cholesterol Management in carrying out TPO, such as appointment reminders, insurance items, lab reports, hospital reports, etc.. I agree that any such call or message pertaining to my clinical care, including laboratory results may reference me personally by name.

With my consent The Center for Cholesterol Management may mail to my home and/or other locations, items that assist The Center for Cholesterol Management to carry out TPO, such as appointment reminder cards, practice marketing brochures, patient statements, etc., as long as they are marked personal and/or confidential.

With my consent, The Center for Cholesterol Management may e-mail to my home and/or other locations as per the patient data sheet. I have the right to request that The Center for Cholesterol Management restrict how it uses or discloses my PHI to carry out TPO. However, The Center for Cholesterol Management is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to the aforementioned uses as well as The Center for Cholesterol Management's use and disclosure of my PHI to carry out TPO. I have received a copy of The Center for Cholesterol Management's Privacy Practices Policy (NOPP). I may revoke my consent in writing except to the extent that The Center for Cholesterol Management has already made disclosures in reliance upon my prior consent.

If I do not sign this consent, the Center for Cholesterol Management may decline to provide treatment to me

Signature of patient or legal guardian: *X A Abedi*

Date: *09/09/09*

Patient's Name: *Akatar Abedi*

Witness:





**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 if 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):

*A Abedi*

Date:

*09/09/09*



State of  
California

Benefits  
Identification  
Card

ID No. 96677550A95168

AKHTAR ABEDI

F 01 01 1923

Issue Date 06 17 05

MEDICARE



HEALTH INSURANCE

SOCIAL SECURITY ACT

NAME OF BENEFICIARY

AKHTAR ABEDI

MEDICARE CLAIM NUMBER

604-26-4122-M

SEX

FEMALE

IS ENTITLED TO

EFFECTIVE DATE

HOSPITAL (PART A) 9-1-96

MEDICAL (PART B) 2-1-96

SIGN

HERE

**CALIFORNIA**  
SENIOR CITIZEN IDENTIFICATION CARD  
EXPIRES 01-01-12 C5 127308  
AKHTAR ABEDI  
1011 11TH ST 227  
SANTA MONICA CA 90403  
SEX: F HAIR: BLK  
HT: 5-04 WT: 130 DOB: 01-01-23  
A. Abedi  
08/07/2002 514 A1 FD/12



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

00053

Rx

Name

*Updhan Wedi*

D.O.B.

☐ Female  
☐ Male

Address

Phone

1)

*10/15/11*

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)

*10/10/11 #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

Date

*9/18/10*

G454BP