



THE CENTER FOR CHOLESTEROL MANAGEMENT

1005 N. WILSON BOULEVARD, SUITE 150  
LOS ANGELES, CA 90025

APR 13 2003

NAME William ABBOT

CHART NUMBER

BLP--120/70

P=48

Mr. Abbot comes in today for follow up. Looking well in ASK. Slight planning cont. alt.

Benecor 40/  
metoprolol 25mg  
sotalol 80mg  
10/28  
cromaxin 2.5mg  
meto 40mg  
zita 10mg  
synthroid 25mg  
bmg ASA 2g

PMHx - Tachycardia  
HTN  
hypothyroidism  
DID  
BID  
a-fibrillation

Ph - WPAW in NAD  
170/70 48 IL

chest - clear  
Lungs - PPR  
abd - soft, NT

ap 64/40 w/ Tach-P, 77C  
① NMR

② ant. maint med  
③ med call & visit



THE CENTER FOR CHOLESTEROL MANAGEMENT

A Medical Corporation

1950 Sawtelle Blvd. Suite 150

Los Angeles, CA 90025

Jan  
07 2009

NAME William ABBOT

CHART NUMBER

B/P- 130/58

P- 56

Bill comes in today for follow up.  
He is doing well and has no  
complaints. He is currently on NGB  
or coxamide, lisinopril, and sotolol  
and is seeing a cardiologist

P- UPWN 8 in NAP  
130/58 56 16

meds- vasa  
zetia  
lisinopril  
sotolol  
coxamide

chest- clear

wt- 160 lb

abd- soft, NT

a/p 64 y/o ♂ c PLD-L-P; intermittent  
a-fib

- AMAR e LFTs

- will call c results



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NAME \_\_\_\_\_

CHART NUMBER \_\_\_\_\_

11-5-08.

patient Bill abbot called today  
to let us know that he is  
already seeing a Cardiologist  
and he will be treating Mr. abbot  
w/ Coumadin and Monitoring him.  
But Mr. abbot want to thank  
Dr. Richman for helping him out  
with this problem. he will be  
coming to see Dr. Richman  
for his Cholesterol only.

Ann.





OCT 27 2009

NAME William Abbot  
B/P 122/78

P-72.

CHART NUMBER \_\_\_\_\_

Mr. Abbot comes in today for hyperlipidemia follow up. Since I started him on ~~Simvastatin~~ <sup>rosuvastatin</sup> he has had no ~~adverse~~ <sup>70's-80's</sup> episodes of a-fib but feels well. The workman's comp cardiologist will not give him 3 weeks and a paper heart, does not take work's comp. It does get frequent muscle cramps.  
PMHx - see note 9/25/08  
hyperlipidemia - see results from 9/25/08

PE - WOUND 0<sup>7</sup> in NAD  
120/86 102 (102/86) 16  
did not take depressor this morn

Chest - clear

CA - RRR

Extrem - 0 varicose veins

atp 63, retired F.F. rate controlled - a-fib on Lasix  
- 100 mg 1x daily  
of hypotension

repeat V. of hypotension  
WHR - start prednis 20 mg 2x daily for 2 months - DIC HSA  
- simvastatin 5mg qd x 3d then 10 mg



THE CENTER FOR CHOLESTEROL  
MANAGEMENT

A Medical Corporation  
1950 Sawtelle Blvd, Suite 150

NAME: William ABBOTT

SEP 25 2008

CHIEF COMPLAINT:

63yo retired HBFD & a 4/10 T cholesterol  
HTN presents for

HISTORY OF PRESENT ILLNESS:

NMR LDL-P testing  
pt denies chest pain but denies SOB & c  
periods of supraventricular tachycardia.  
He is not on coumadin at that time. He  
only gets dizzy if he stands up fast.  
He has severe DDP ~ T<sub>3</sub>-T<sub>5</sub>. He can ride  
a recumbent cycle. He had a stress test last  
year - normal

PMHX:

- ① T cholesterol
- ② intermittent atrial fibrillation
- ③ HTN
- ④ DDP
- ⑤ hypothyroidism

PSHX:

- ① total knee ~ 2005
- ② knee arthroscopy
- ③ shoulder rotator cuff

MEDS:

ALLERGIES: shellfish

SOCIAL HISTORY: tobacco

FAMILY HISTORY:

cancer  
MI  
sudden death

REVIEW OF SYSTEMS:

see intake form

PHYSICAL EXAM

Machine: 11/1/95 P-102-  
manual

BP 120/86 P 102 RR 16 T

GENERAL: WNW 5' 11" WAD

HEENT: NC/AT

NECK: Ø/mts

CHEST: clear

HEART: irreg irregular

ABDOMEN: soft, NT

BACK:

EXTREMITIES: (B) LE varicose veins

NEURO: LLE > RLE

LABORATORIES:

PROBLEMS:

63yo retired FR  
E T1 risk of CV disease  
and established CV disease

PLAN:

- F/u/week - NMR  
- cardiology consult  
E Dr Weinberg  
- Lopressol - script given





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

00181

Rx

Name

*William Affelt*

D.O.B.

☐ Female  
☐ Male

Address

Phone

- 1) *Aspirin 40mg*  
*1 tab po qd #90*
- 2) *Zetia 10mg*  
*1 tab po qd #90*
- 3) *1 tab po qd*

Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over
Units _____ Refills <u>5</u> <input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5
<input type="checkbox"/> Do not substitute Initial _____

Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over
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Units _____ Refills _____ <input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Do not substitute Initial _____

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

NON-NEGOTIABLE

Date

*1/13/01*

FZ76VA



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

00310

**R<sub>x</sub>** Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ ☐ Female  
Address \_\_\_\_\_ Phone \_\_\_\_\_ ☐ Male

- |                   |  |
|-------------------|--|
| 1) <i>10/1/02</i> | Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input checked="" type="checkbox"/> 50-74<br><input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over<br>Units _____ Refills _____ <input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5<br><input type="checkbox"/> Do not substitute Initial _____ |
| 2) <i>10/1/02</i> | Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input checked="" type="checkbox"/> 50-74<br><input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over<br>Units _____ Refills _____ <input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5<br><input type="checkbox"/> Do not substitute Initial _____ |
| 3) <i>10/1/02</i> | Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input checked="" type="checkbox"/> 50-74<br><input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over<br>Units _____ Refills _____ <input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5<br><input type="checkbox"/> Do not substitute Initial _____ |

Prescription is VOID if the number of drugs prescribed is not noted: \_\_\_\_\_ ☐ 1 ☐ 2 ☐ 3

NON-NEGOTIABLE

Date \_\_\_\_\_

PX21J





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(310)481-3939 • Fax (310)481-3949

00311

R Name William Abbott D.O.B. \_\_\_\_\_ ☐ Female  
☐ Male  
Address \_\_\_\_\_ Phone \_\_\_\_\_

1) <u>Lowmader 5mg po qd</u> <u># 30</u>	Quantity: <input type="checkbox"/> 1-24 <input checked="" type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills _____ <input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Do not substitute Initial _____
2)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills _____ <input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Do not substitute Initial _____
3)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills _____ <input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Do not substitute Initial _____

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

NON-NEGOTIABLE

[Signature] Date 10/27/08  
FX231J



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Cardiothoracic, General and Vein Surgery  
LIC# G74625 • DEA# BR3315567  
1950 Sawtelle Boulevard, # 150  
Los Angeles, CA 90025  
(310)481-3939 • Fax (310)481-3949

00190

R<sub>x</sub>

Name William Abbott D.O.B. \_\_\_\_\_ ☐ Female ☐ Male

Address \_\_\_\_\_ Phone \_\_\_\_\_

1) Lopressor 25 mg

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) 1 tab po BID  
# 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 \_\_\_\_\_

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

9/25/08

FX331J