The Center for Cholesterol Management

1950 Sawtelle Blvd, # 150, Los Angeles, CA 90025
Phone: (310) 481-3939 Fax: (310) 481-3949
www.lipidcenter.com

FAXED

Date: June 5th, 2012 **Pages: (Including Cover Sheet):**

TO: Pacific Heart Institute **FAX # : (310) 829-7589**

From: Dr. Richman **ATTN: Eliza (310) 829-7678**

MESSAGE: Please, contact and schedule for the following patient /pacific heart,

Thank you,

Patient Name: Helen Abrassian

Phone Number: 818-640-4797

PRESCRIPTION HAS AN ENCRYPTED MICROPRINT™ BACKGROUND - NANOCOPY™

00092

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

NOTE: SECURITY BACKPRINT • NUMBERING • SAFETY PAPER

VOID APPEARS WHEN COPIED

Rx Name Helen Abrassian D.O.B. ☐ Female ☐ Male

Address Phone

1) treadmill stress test
dx: 786.09

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) 272.2

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

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

X Date 6/5/12

GV36US

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The Center for Cholesterol Management

PATIENT NAME: Helen Abassian DATE: 6-5-12

DOB: 4-20-62

CHIEF COMPLAINT:

50yo armenian f c a/p t cholesterol on zocor 40mg pt'd presents for lipid evaluation

HISTORY OF PRESENT ILLNESS:

pt denies chest pain but c/o SOB when walking fast. It usually lasts 5 minutes. Started 2-3 years ago, 1 episode. pt is overweight. pt walks 1hr each day. pt never had a stress test.

PMHX:

0 cholesterol / triglycerides

PSHX:

0

MEDICATION: NAME: Helen Abassian

Zocor 40mg qd
Baby Aspirin 81mg qd

ALLERGIES:

NKA

SOCIAL HISTORY:

ø tobacco

FAMILY HISTORY:

① Unknown
② MI

REVIEW OF SYSTEMS:

see intake form.

PHYSICAL EXAM: NAME: Helen Abassian

BP 130/80 P 72 RR 16 T 98

GENERAL: WDWN overweight ♀ in NAD

HEENT: NC/AT

NECK: ø bruits

CHEST: (B) exp wheezes

HEART: RRR

ABDOMEN: soft, NT

BACK:

EXTREMITIES: mild pretibial / pedal edema

NEURO:

ASSESSMENT:

50 yo armenian ♀ c̄ untreated
HTN c̄ ↑↑LDL-P / ↑↑TGs ; SOB D
need r/o of CV event

PLAN:

(1) treadmill stress test
(2) pulmonary consult
Symbicort 80/4.5 2 puffs BID
(3) [illegible] 20 mg [illegible] + Zetia 10 mg PO qd +
Lopid [illegible] 150 mg PO [illegible] [illegible]
(4) [illegible] 5000 u [illegible] [illegible] [illegible] [illegible] 4 / 8 mo
(5) nutrition consult
(6) F/u 2 months
[illegible]

HealthDiagnosticLaboratoryInc.
beyond disease diagnosis

RD Initial Assessment
Jun 21, 2012
Re: HDL Health Coach Session with Helen Abassian (DOB:4/20/1962)

Our session included the following:

Reason for contacting Health Coach?:Improve bio-markers and weight loss.
Discussion Points: Reviewed lab report. Discussed the healthy weight loss rate of 1-2#/week to prevent muscle loss. Pt is interested in taking "diet pills" and/or fad diets. Explained that these methods often lead to unhealthy weight loss that does not usually last. Discussed choosing unsaturated fats, and still monitoring overall fat intake. Stressed the importance of medication compliance due to pt stating that she wants to d/c the cholesterol medications in a few months.
Health Coach Recommendations: Recommended monitoring portion sizes using the plate planner method, and taking time to sit and eat meals. Suggested eating at least 3 meals containing carbohydrates with protein for BG control. Also, recommended increasing water intake, and eating sweets less often.
Handouts reviewed/provided: Fats, Seven Ways to Lower Triglycerides, My Guide to Heart Healthy Eating, Plate Planner

Patient-Stated Goals:
Patient goal #1: Drink at least 48oz water/day.
Patient goal #2: Monitor portion sizes.
Patient goal #3: Increase exercise to 7 days/week for 60 minutes.

Plans for next contact (if applicable):f/u scheduled in 2 months.

Intervention:
Pathophysiology of Disease:Yes
Methods for prevention/delay of complications:Yes
Nutrition Education:Weight Loss, Nutrition and Physical Activity, Portion Control and food models
Lipid Education:Limit refined carbohydrates, Increase intake of Omega 3s

ANTHROPOMETRICS:
Current Height is:66 inches
Most Recent Weight is:180 pounds
Desired weight is:160 pounds
Patient BMI is:29.04
Weight History: Gained 30# past 2 years.
Type:walking, bike; **Average days/week**:4; **Average minutes/session**:60; **Intensity level**:6

MEDICAL HISTORY:
Family Medical History:HEART DISEASE:Yes;
Patient Medical History:
Other Medical History:elevated TG, Hypercholesterolemia
Medications: Zetia, Crestor, Zocor, baby aspirin, vitamin D, fish oil

NUTRITION:
Diet Recall:
B: oatmeal or PB and J (wheat bread)

Snack: bar
L: salad
D: vegetables, fish/chicken/ lentils
Snacks: pastries/sweets
Drinks: coffee, water
Overall Interpretation of Diet: Helen often eats while she is "on the go" and busy which leads to over eating and less healthy choices.

Elise Campbell, RD
Health Diagnostic Laboratory, Inc.

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: Abassian Helen **DATE:** 5/24/2012

SEX: __M (F) **DOB:** 4/20/62 **SSN:** 549-67-0337 **DL#:** _____

ADDRESS: 2946 Greenwich Rd

CITY: Glendale **STATE:** CA **ZIP:** 91206

FAX: ——— **EMAIL:** abassianhelen5@gmail.com **PHONE:** Cell (818) 640-4797

EMERGENCY CONTACT: John **PHONE:** (818) 507-0662

ADDRESS: _____

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

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:**
Zocor	40mg.	
baby aspirin	81 mg.	

Have you ever been diagnosed with?

High Blood Pressure	☐ **Yes**	☑ **No**	**How long ago?** _____
Diabetes	☐ **Yes**	☑ **No**	**How long ago?** _____
Stroke	☐ **Yes**	☑ **No**	**When did it occur?** _____
High Cholesterol	☑ **Yes**	☐ **No**	**What medications do you take for this, if any?** Zocor.
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.

_____

_____

_____

_____

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?** —

How long (have) did you smoke (d)? —

If you quit, when did you quit? —

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

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

	WHICH FAMILY MEMBER	HOW OLD WERE THEY
Cancer	Yes mom	54
Heart Attack	Yes dad	70
Angina or clogged arteries	No	
Sudden death	No	
Hypertension	Nor	
Other heart disease	No	
High cholesterol	No	

Stroke _____

Diabetes _____

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

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

☐ Have you ever been hospitalized for your heart, or what they thought was your heart?

☐ Any other cardiac diagnosis? _____

☐ Any tests done for your heart? What tests? EKG

When where they done? 1 year ago

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

I have a high Cholesterol. I have a
t blood test for three month ago.

Helen Abassien 5/21/2012

Patient name (sign) Date

Witness Date

INSURANCE INFORMATION

Please provide us with your medical insurance information:

PRIMARY INSURANCE POLICY:

Company: _____ Phone: _____

Policy #: _____ Group: _____

Name and SS# of Insured: _____

SECONDARY INSURANCE POLICY:

Company: _____ Phone: _____

Policy #: _____ Group: _____

Name and SS# of Insured: _____

OTHER INSURANCE:

Company: _____ Phone: _____

Policy #: _____ Group: _____

Name and SS# of Insured: _____

ASSIGNMENT BENEFITS

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

Your signature (required): _____ Date: _____

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"):
Ani Abgarian. John Abgarian.
Lucy Abgarian

Your signature (required): Helen Abgarian Date: 5/24/2021

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: _____

THE CENTER FOR CHOLESTEROL MANAGEMENT
A Medical Corporation

BILLING POLICY

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

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

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

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

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

Your signature (required): _____ Date: _____

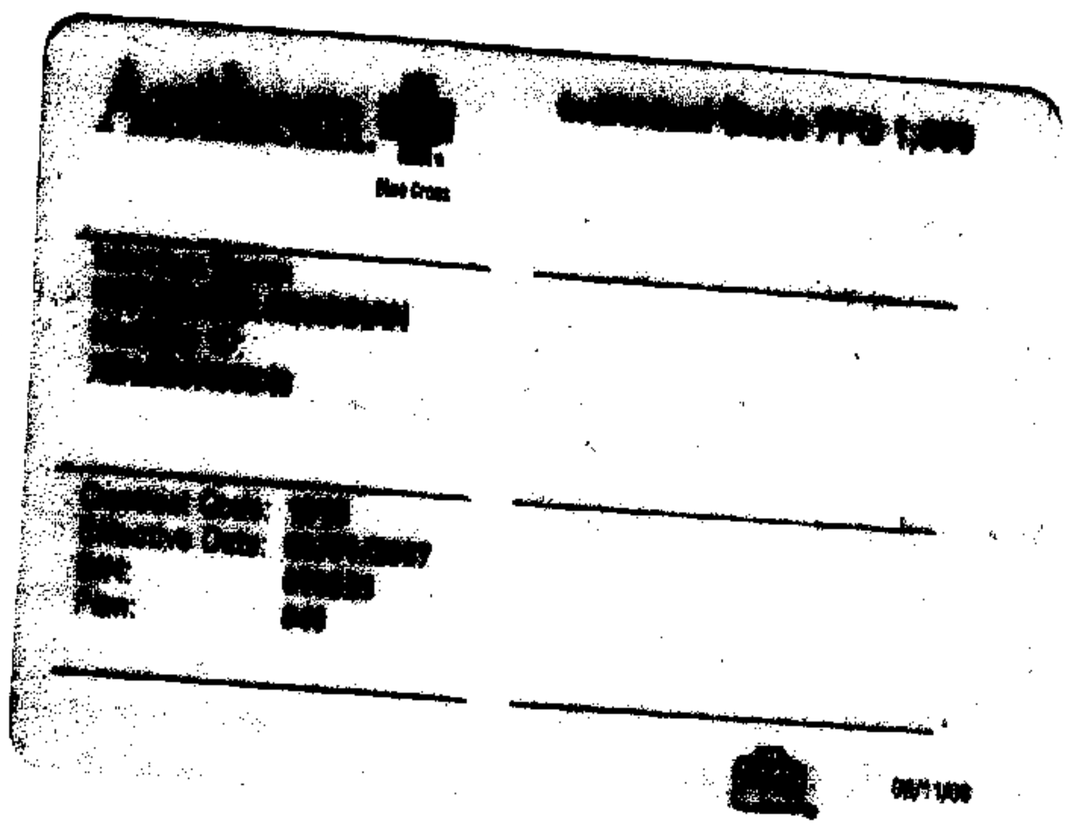
The Center for Cholesterol Management

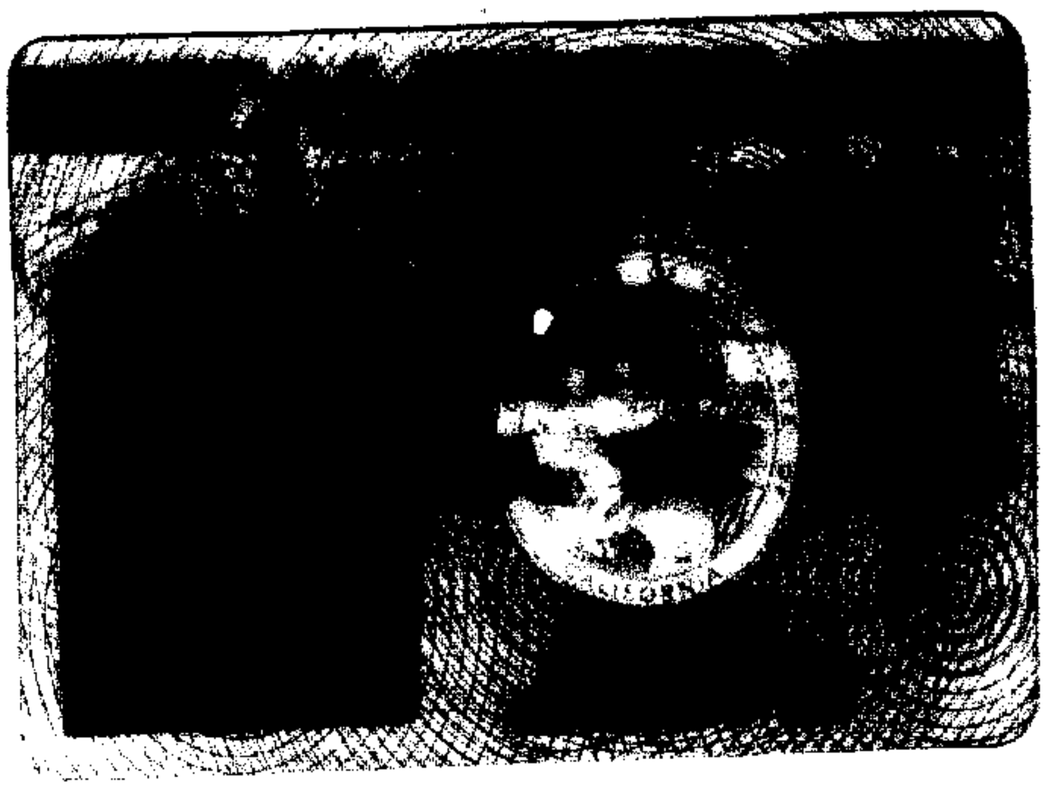
Cancellation policy

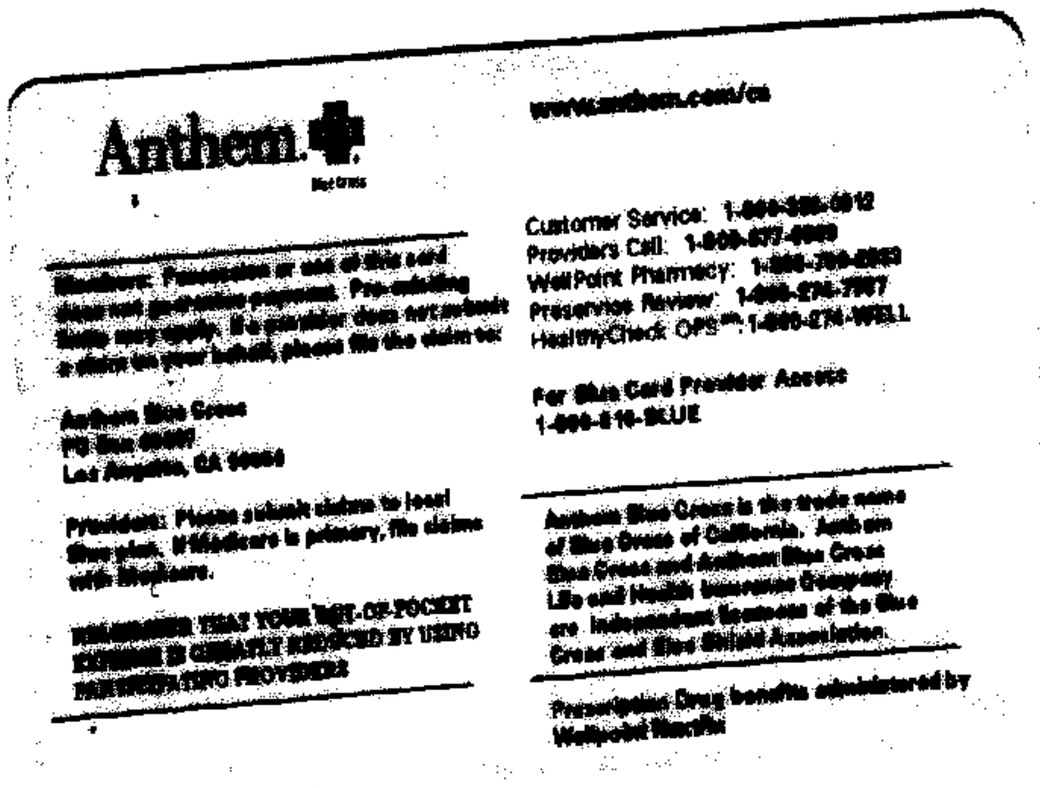
The Center for Cholesterol Management requires that a **24 hours**' notice be given for cancellation or rescheduling of appointments. Failure to properly notify this office of any changes may result in a **$25 dollar charge**.

Thank you for your cooperation!

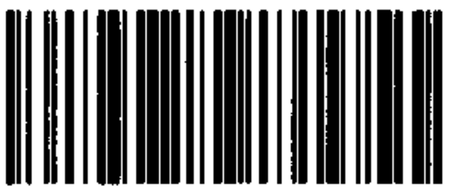
Your signature (required): _____Date:_____



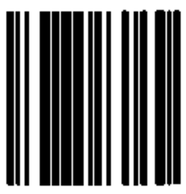



Anthem
Blue Cross
www.anthem.com/ca
Customer Service:
Providers Call:
WellPoint Pharmacy:
Preservice Review:
HealthyCheck OPS℠: 1-800-274-WELL
For Blue Card Provider Assists
1-800-810-BLUE
Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross and Blue Shield Association.
Prescription Drug benefits administered by WellPoint Health

LABS



ALL LABS



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HealthDiagnosticLaboratoryInc.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Helen Abassian		12-143-0995

Fasting Status:	Gender:	Birthdate:	Age:
12 hours	Female	4/20/1962	50

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
12:00 am	12052201737

Collection Date:	Report Type:
5/21/2012	Complete

Received Date:	Report Date:
5/22/2012	5/25/2012

Provider

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

Client ID:
06-90025-18-0000383

Laboratory Test		Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results
Lipids	Total Cholesterol (mg/dL)			236		≥ 240	200 - 239	< 200	
	LDL-C Direct (mg/dL)				94	≥ 130 CHD & CHD risk eq. > 100	100 - 129 CHD & CHD risk eq. 70 - 100	< 100 CHD & CHD risk eq. < 70	
	HDL-C (mg/dL)				42	< 40		≥ 40	
	Triglycerides (mg/dL)		554			> 199	150 - 199	< 150	
	Non-HDL-C (mg/dL) (calculated)		194			≥ 160	130 - 159	< 130	
Lipoprotein Particles and Apolipoproteins	Apo B (mg/dL)		134			≥ 80	60 - 79	< 60	
	LDL-P (nmol/L)		1793			≥ 1300	1000 - 1299	< 1000	
	sdLDL (mg/dL)*		60			> 30	21 - 30	< 21	
	% sdLDL (calculated)		63			> 30	26 - 30	< 26	
	Apo A-I (mg/dL)			135		< 130	130 - 150	> 150	
	HDL-P (µmol/L)			31.6		< 28.0	28.0 - 34.0	≥ 35.0	
	HDL2 (mg/dL)*				19	≤ 12	13 - 16	≥ 17	
	Apo B:Apo A-I Ratio (calculated)		0.99			≥ 0.81	0.61 - 0.81	≤ 0.6	
	Lp(a) Mass (mg/dL)				< 3	≥ 30		< 30	
	Lp(a) Cholesterol (mg/dL)					≥ 6	3 - 5	< 3	
Inflammation/ Oxidation	Myeloperoxidase (pmol/L)				274	≥ 550	400 - 549	< 400	
	Lp-PLA$_2$ (ng/mL)				129	≥ 235	200 - 234	< 200	
	hs-CRP (mg/L)			2.2		> 2.9	1.0 - 2.9	< 1.0	
	Fibrinogen (mg/dL)		486			≥ 465	391 - 464	≤ 390	
Myocardial Stress	NT-proBNP (pg/mL)				6	> 449	125 - 449	< 125	
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 #:
Helen Abassian		12-143-0995

Fasting Status:	Gender:	Birthdate:	Age:
12 hours	Female	4/20/1962	50

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
12:00 am	12052201737

Collection Date:	Report Type:
5/21/2012	Complete

Received Date:	Report Date:
5/22/2012	5/25/2012

Provider

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

Client ID:
06-90025-18-0000383

Laboratory Test	Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results
Lipoprotein Genetics								
Apolipoprotein E Genotype*				3/3	Estimated Genotype Frequency: 2/2 (~1-2%), 2/3 (~15%), 2/4 (~1-2%), 3/3 (~55%), 3/4 (~25%), 4/4 (~1-2%)			
Platelet Genetics								
CYP2C19*2*3* **POOR** metabolizers with poor antiplatelet effect of Plavix.				*1/*1	*1/*1 = optimal, *1/*2 or *1/*3 = intermediate, *2/*2, *2/*3 or *3/*3 = poor			
CYP2C19*17* **RAPID** metabolizers at increased risk for bleeding on Plavix.			*1/*17		*1/*1 = optimal, *1/*17 = rapid, *17/*17 = ultra rapid			
Coagulation Genetics								
Factor V Leiden*		Arg/Gln			**Optimal**=Non-carrier (Arg/Arg); **At Risk**=(Arg/Gln or Gln/Gln)			
Prothrombin Mutation*				G/G	**Optimal**=Non-carrier (G/G); **At Risk**=(G/A or A/A)			
Metabolic								
Insulin (µU/mL)		28			≥ 12	10 - 11	3 - 9	
Free Fatty Acid (mmol/L)		0.94			> 0.7	0.6 - 0.7	< 0.6	
Glucose (mg/dL)				84	≤ 55 or > 125	56-69 or 100-125	70 - 99	
HbA1c (%)				5.6	≥ 6.5	5.7 - 6.4	≤ 5.6	
Estimated Average Glucose (mg/dL) (calculated)				114.0	≥ 139.9	116.9 - 139.8	≤ 116.8	
25-hydroxy-Vitamin D (ng/mL)			17		≤ 14	15 - 29	30 - 100	
Homocysteine (µmol/L)		14			> 13	11 - 13	< 11	
Renal								
Creatinine, serum (mg/dL)				0.7	> 0.9		0.5 - 0.9	

Lab Notes:

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

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

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

HealthDiagnosticLaboratoryInc.

Laboratory Results

Patient

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12 hours	Female	4/20/1962	50

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Received Date:	Report Date:
5/22/2012	5/25/2012

Provider

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

Client ID:
06-90025-18-0000383

Other Biomarkers	Result	Flag	Reference Interval
Albumin (g/dl)	4.6		3.5 - 5.2
ALP (U/L)	120	H	35 - 104
ALT / GPT (U/L)	52	H	< 34
AST / GOT (U/L)	35	H	< 33
BUN (mg/dl)	13		6 - 20
Calcium (mg/dL)	9.7		8.6 - 10.2
CK (U/L)	97		26 - 192
Cl- (mmol/L)	100		96 - 108
CO_2 (mmol/L)	25		22 - 29
K+ (mmol/L)	4.5		3.3 - 5.1
Na+ (mmol/L)	138		133 - 145
Total Bilirubin (mg/dL)	0.2		Up to 1.2
Total Protein (g/dL)	7.5		6.4 - 8.3

CBC with Differential / Platelet	Result	Flag	Units	Reference Interval
WBC	7.7		$x10^3/\mu L$	4.0 - 10.5
RBC	4.6		$x10^6/\mu L$	3.8 - 5.1
Hemoglobin	14.3		g/dL	11.5 - 15.0
Hematocrit	42		%	34 - 44
MCV	92		fL	80 - 98
MCH	31		pg	27 - 34
MCHC	34		g/dL	32 - 36
RDW	13.8		%	11.7 - 15
Platelets	220		$x10^3/\mu L$	140 - 415
Neutrophils	47		%	40 - 74
Lymphocytes	45		%	14 - 46
Monocytes	4		%	4 - 13
Eosinophils	4		%	0 - 7
Basophils	0		%	0 - 3
Neutrophils (absolute)	3.6		$x10^3/\mu L$	1.8 - 7.8
Lymphocytes (absolute)	3.5		$x10^3/\mu L$	0.7 - 4.5
Monocytes (absolute)	0.3		$x10^3/\mu L$	0.1 - 1.0
Eosinophils (absolute)	0.3		$x10^3/\mu L$	0.0 - 0.4
Basophils (absolute)	0.0		$x10^3/\mu L$	0.0 - 0.2
Immature Granulocytes	0		%	0 - 1
Immature Granulocytes (absolute)	0.0		$x10^3/\mu L$	0.0 - 0.1

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

Lab Notes:

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

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

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

HealthDiagnosticLaboratory Inc.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Helen Abassian		12-143-0995

Fasting Status:	Gender:	Birthdate:	Age:
12 hours	Female	4/20/1962	50

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
12:00 am	12052201737

Collection Date:	Report Type:
5/21/2012	Complete

Received Date:	Report Date:
5/22/2012	5/25/2012

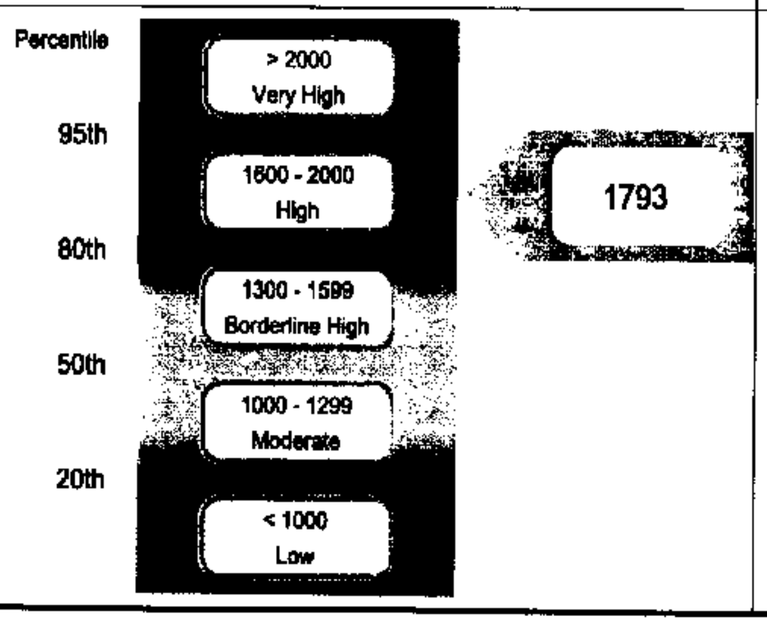
Provider

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

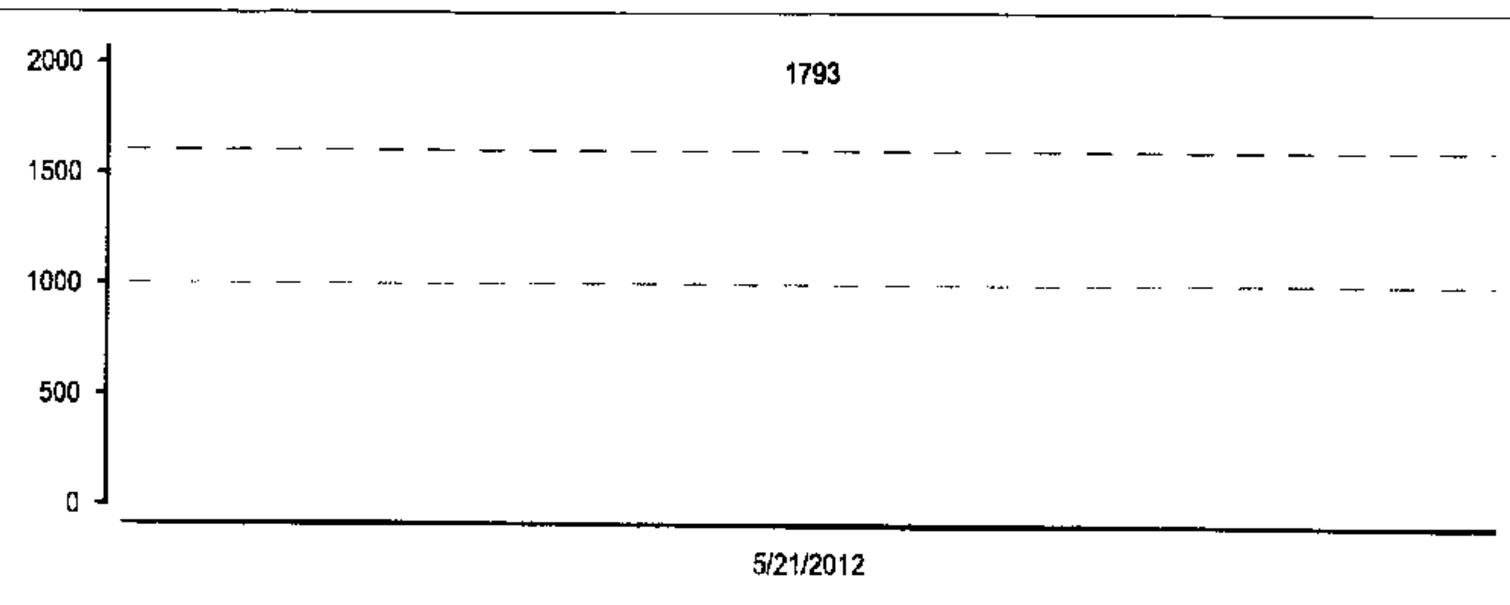
Client ID:
06-90025-18-0000383

NMR LipoProfile® Test

LDL-P Reference Range and Result[1]



LDL-P Historical Trend



Particle Concentration and Size

Laboratory Test	Result	Percentile in Reference Population[2] (Higher CVD Risk ← → Lower CVD Risk)	Previous Results
HDL-P (total) µmol/L	31.6	low · 25th (26.7) · 50th (30.5) · 75th (34.9) · high — 31.6	

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]

Laboratory Test	Result	Percentile in Reference Population[2]	Previous Results
LARGE VLDL-P nmol/L	8.6	high · 75th (6.9) · 50th (2.7) · 25th (0.9) · low — 8.6	
SMALL LDL-P nmol/L	1547	high · 75th (839) · 50th (527) · 25th (117) · low — 1547	
LARGE HDL-P µmol/L	1.4	low · 25th (3.1) · 50th (4.8) · 75th (7.3) · high — 1.4	
VLDL SIZE nm	45.7	large · 75th (52.5) · 50th (46.6) · 25th (42.4) · small — 45.7	
LDL SIZE nm	19.4	small · 25th (20.4) · 50th (20.8) · 75th (21.2) · large — 19.4	
HDL SIZE nm	8.8	small · 25th (8.9) · 50th (9.2) · 75th (9.6) · large — 8.8	
LP-IR SCORE* 0 - 100	66	insulin resistant · 75th (63) · 50th (45) · 25th (27) · insulin sensitive — 66	

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

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

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

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

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. Omega 3 and Omega 6 Fatty Acids Profile

Patient

Name:	Phone #:	Patient ID #:	
Helen Abassian		12-143-0995	
Fasting Status:	**Gender:**	**Birthdate:**	**Age:**
12 hours	Female	4/20/1962	50
Height:	**Weight:**	**BMI:**	**Prev. BMI:**

Specimen

Collection Time:	Specimen ID:
12:00 am	1205201737
Collection Date:	**Report Type:**
5/21/2012	Complete
Received Date:	**Report Date:**
5/22/2012	5/25/2012

Provider

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

Client ID:
06-90025-18-0000383

Laboratory Test		Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results
Index	HS-Omega-3 Index®[a] (RBC EPA+DHA)			6.0		< 4.0%	4.0% - 8.0%	> 8.0%	

Comments:

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

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

Omega-3 Fatty Acids

Fatty Acids	Range	Current	Previous
Omega-3 Total	0.1% - 14.1%	**8.6%**	
Alpha-Linolenic (ALA)	0.1% - 0.4%	0.2%	
Docosapentaenoic (DPA)	0.6% - 4.1%	2.4%	
Eicosapentaenoic (EPA)	0.1% - 2.5%	0.8%	
Docosahexaenoic (DHA)	0.1% - 8.4%	5.2%	

Omega-6 Fatty Acids

Fatty Acids	Range	Current	Previous
Omega-6 Total	28.6% - 44.5%	**31.2%**	
Arachidonic (AA)	10.5% - 23.3%	12.8%	
Linoleic (LA)	4.6% - 21.3%	12.6%	

Other Fatty Acids

Fatty Acids	Range	Current	Previous
cis-Monounsaturated Total	11.5% - 20.5%	**15.6%**	
Saturated Total	36.6% - 42.0%	**43.8%**	
Trans Total	<0.1% - 1.8%	**0.8%**	

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

Higher Omega-3	EPA+DHA	Intermediate Omega-3	EPA+DHA	Lower Omega-3	EPA+DHA
Salmon Atlantic, farmed	1825	Swordfish	764	Tuna, Light (canned in water)	230
Herring Atlantic	1712	Rainbow Trout, farmed	744	Halibut	200
Salmon Atlantic	1564	Tuna, Albacore or White (canned in water)	733	Northern Lobster (steamed)	165
Tuna Bluefin	1279	Sockeye Salmon	673	Clams (canned)	150
Salmon Chum	1238	Sea Bass	648	Scallops (steamed)	149
Herring Pickled	1181	Salmon Pink	524	Haddock or Cod	135
Salmon Coho, farmed	1087	Crab Dungeness	501	Mahi-Mahi (dolphin fish)	118
Mackerel (canned)	1046	Alaskan Pollock	433	Tilapia	115
Salmon Coho	900	Crab King	351	Shrimp	87
Oysters (steamed)	850	Walleye	338	Catfish, farmed	76
Sardines (canned in oil)	835	Flat fish (Flounder/sole)	255	Orange Roughy	26

*From the USDA Nutrient Database (as of 8/24/11) for fish cooked with dry heat unless otherwise noted, and wild unless indicated as farmed.

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

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HealthDiagnosticLaboratoryInc.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Helen Abassian		12-143-0995

Fasting Status:	Gender:	Birthdate:	Age:
12 hours	Female	4/20/1962	50

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
12:00 am	12052201737

Collection Date:	Report Type:
5/21/2012	Complete

Received Date:	Report Date:
5/22/2012	5/25/2012

Provider

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

Client ID:
06-90025-18-0000383

Comments:

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 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 and fibrinogen is increased. CRP and fibrinogen are acute phase reactants. Data from prospective studies indicates that increased concentration of CRP or fibrinogen 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. Fibrinogen levels may be reduced by smoking cessation, exercise, alcohol, and estrogens. The fibrates have significant fibrinogen-lowering effects but, at the present time, it is unknown whether reduction of fibrinogen levels will alter clinical outcomes.

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.

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.

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

HealthDiagnosticLaboratoryInc.

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
Helen Abassian		12-143-0995

Fasting Status:	Gender:	Birthdate:	Age:
12 hours	Female	4/20/1962	50

Height:	Weight:	BMI:	Prev. BMI:

Specimen

Collection Time:	Specimen ID:
12:00 am	12052201737

Collection Date:	Report Type:
5/21/2012	Complete

Received Date:	Report Date:
5/22/2012	5/25/2012

Provider

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

Client ID:
06-90025-18-0000383

Comments:

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

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

The Factor V Leiden genotype for this patient is Arg/Gln, heterozygous carrier. The factor V Leiden mutation has been associated with increased risk for the venous thromboembolism (VTE). Heterozygous carriers of factor V Leiden have an 8 fold increased risk for VTE and homozygous carries have 80 to 100 fold increased risk. For individuals who have previously had a VTE, factor V Leiden carriers are 3 times more likely to have a recurrent DVT than non-carriers, and homozygous carriers are 10-15X more likely to have a recurrence than non-carriers. VTE risk is compounded by concomitant prothrombin G20210A mutations, with compound heterozygotes also having 10-15 fold increased risk of recurrent VTE. More intensive, longer term oral anticoagulant therapy should be considered for factor V Leiden carriers who have previously had a VTE. Carriers who have not previously had a VTE, should take appropriate steps to avoid VTE, such as notify physicians prior to a surgical procedure, and don't sit without moving for long periods of time. Frequently get up, stretch your legs, move around, etc., when on long trips (auto, bus, plane). Women of childbearing age should consider alternative birth control measures than oral contraceptives (OC), as OC use has been associated with increased for VTE and cerebral vein thrombosis in factor V Leiden carriers.

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.

This patient is a rapid metabolizer (enhanced activator) of the drug clopidogrel. The patient has increased CYP2C19 activity and may process clopidogrel to its active form more quickly than normal metabolizers. Lower than normal doses of clopidogrel will produce an adequate platelet response in rapid metabolizers. Rapid metabolizers may be at increased risk of bleeding if normal or high doses of clopidogrel are used. Alternative antiplatelet therapy to clopidogrel (such as Effient) or decreased clopidogrel doses should be considered. Further assessment of platelet function may be required to monitor the effect of clopidogrel, if it is used in rapid metabolizers.

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

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

End of Report

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

0000383-0074450

HealthDiagnosticLaboratory,Inc.

beyond disease diagnosis

Joseph P. McConnell, Laboratory Director

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

INSTRUCTIONS

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

PATIENT INFORMATION

★Last Name: First: Middle Initial:

Address: Client Patient ID #:

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: 5/2/12 Time: : am/pm Fasting: ☒ Yes ☐ No

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

BILLING INFORMATION

☐ INSURANCE: Please attach a copy of both sides of patient's insurance card

☐ MEDICARE No.: _____ Is coverage secondary? ☐ Yes ☐ No

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

☐ CREDIT CARD No.: _____ Exp. Date: /

Name as it appears on card:

Total Amount: $ Card Issuer: ☐ Visa ☐ MC ☐ Amex

RELEASE AND ASSIGNMENT OF BENEFITS

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

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

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

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

★ Patient Signature Date

HDL, INC. USE ONLY

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

REQUESTING PROVIDER/LAB/INSTITUTION

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

Client ID: 06-90025-18-0000383
Phone: (310) 481-3939
Fax: (310) 481-3949 V.4

Jocelyn Vargas 5/2/12
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)
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
CMP

INDIVIDUAL TESTS

Routine Panels *(see reverse side for details)*

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

Inflammation & Platelets

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

Myocardial Stress

☐ Galectin-3	83520
☐ NT-proBNP	83880

(may require additional ICD-9 coding)

Hormones

☐ FSH	83001
☐ LH	83002
☐ Testosterone	84403

Lipoprotein Particles & Apolipoproteins

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

Metabolic

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

Renal

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

Genetic Assays

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

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

Thyroid Function

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

Additional Tests On Back

☐ PSA
☒ CK
☐ Omega3/Omega6 Fatty Acid Profile
☐ CBC
☐ MPO
☐
☐

DIAGNOSIS (ICD-9 CODE)

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

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

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

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

00091

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 [illegible handwriting] D.O.B. ________ ☐ Female ☐ Male

Address ________________________ Phone ________

1) Lovaza 1000 mg 4 tab po q d #120

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 ______

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

X [signature] Date 6/5/12

GY36US

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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 _____ D.O.B. _____ ☐ Female ☐ Male

Address _____ Phone _____

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 _____

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

X _____ Date _____

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