

Center For Cholesterol Management A Medical Corporation

NAME FARHAD AAbedi

DATE

6/14/10

DOB 11/02/1961

HISTORY OF PRESENT ILLNESS

Farhad comes in today for follow up.
He is driving well and has no Gx.

PHYS

S Δ

Metabolic Syndrome Criterion

(Presence of 3 or more criterion define Metabolic Syndrome)

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

LDL-C = 127.8

LDL-P₂ 1278 on 3/18/10

MEDS

Crestor 20mg qd
Zetia 10mg qd
trilipix 135mg qd
Baby Aspirin qd
O2 FA 4qaws qd

NAME

Abedi

PHYSICAL EXAM

BP 109/77 P 70 RR 16 T 98

GENERAL WDNW ♂ in NAD

CHEST Clear

HEART RMR

ABDOMEN Soft, NT

EXTREMITIES Warm

ASSESSMENT - 48 y.o. Persian ♂ c
4/6 IR: mixed hyperlipidemia

PLAN

- ① RMR
- ② will call results

Center for Cholesterol Management

NAME: Farhad
~~Farhad~~ Aabedi

DATE: 3-18-10

DOB: 11/02/1961

HISTORY OF PRESENT ILLNESS

Farhad comes in today for follow up.
He had acute cholecystitis about 6 weeks ago; needed a cholecystectomy.
no more chest discomforts

PMH-X

- ① Dubin-Johnson
- ② met. syndrome
- ③ combined hyperlipidemia

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

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

Lipoprotein Results

LDL-P2 1147 on 11/17/09

MEDS

NAME

Crestor 20mg qd
trilipix 135mg qd
Zetia 10mg qd
Baby Aspirin
O3FA 4000mg qd

arabdi

PHYSICAL EXAM

BP 110/70 P 72 RR 16 T 98

GENERAL WDNW ♂ in NAP

CHEST clear

HEART RRR

ABDOMEN - soft, NT, 5/6 cholecystectomy
(lap)

EXTREMITIES warm

ASSESSMENT

48yo Perma ♂
4/0 M.H. met. Syndrome

PLAN



① NMR
② well call c results

The ^{A Medical Corporation}
Center for Cholesterol Management

NAME FAHID AABED

DATE 11/16/09

DOB 11/02/1961

HISTORY OF PRESENT ILLNESS

Fahid comes in 9/2 day 4/6
anterior chest pain & movement.
PMHX deep inspiration, also when he
lay down. Had GERD
in part
S Δ

Metabolic Syndrome Criterion

(Presence of 3 or more criterion define Metabolic Syndrome)

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

Lipoprofile Results

MEDS

crestor 20mg 2d
Trilipix 135mg 2d
Zetia 10mg 2d
Baby Aspirin
03 Fish Oil 4mg 2d

NAME

Nabedi

PHYSICAL EXAM

BP 110/70 P 84 RR 16 T 98

GENERAL W DWN 0' in NAD

CHEST clear

HEART RRR


ABDOMEN soft, NT

EXTREMITIES warm

Assessment

48 yo Persian 0' E M.H.
met. syndrome
non-cardiac chest pain

PLAN

- 
- ① Allere
 - ② Rest.
 - ③ pt to call me in a couple of days

A Medical Corporation

Center for Cholesterol Management

NAME **Amadi FARHAD**

10-509
DATE

DOB **11/02/1961**

HISTORY OF PRESENT ILLNESS

*Farhad comes in today for follow up.
He is doing well and has no symptoms.*

PMHx *He told me he has Dubin-Johnson
disease*

- ① Dubin-Johnson
- ② met. syndrome
- ③ untreated hyperlipidemia

Metabolic Syndrome Criterion

(Presence of 3 or more criterion define Metabolic Syndrome)

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

Lipoprofile Results

*LDL - P 1286
on 7/7/00*

MEDS

NAME

- ① Crestor 20mg po qd
- ② Triplix 135mg po qd
- ③ Zetta 10mg po qd
- ④ O3FA 4gm po qd
- ⑤ Baby Aspirin.

aaheedi

PHYSICAL EXAM

BP = 112/71 P = 72 RR 16 T

GENERAL WDN 5' in NAD

CHEST clear

HEART RRR

ABDOMEN

EXTREMITIES warm

Assessment:

47yo Woman 5' 7"
met. syndrome; M/H

PLAN

- ① NMR
- ② cont meds
- ③ will call re results



A Medical Corporation

Center for Cholesterol Management

NAME AABEDI, FARHAD

DATE 7/7/2009

DOB 11/02/1961

HISTORY OF PRESENT ILLNESS

*Farhad comes in today for follow up.
He is doing very well and has no %*

PMH-X

*① combined hyperlipidemia
② metabolic syndrome*

Metabolic Syndrome Criterion

(Presence of 3 or more criterion define Metabolic Syndrome)

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

Lipoprofile Results

drawn 7/7/09

MEDS

NAME

crest 20mg po qd
Ticlipin 135mg po qd
O3FA 4gmg po qd
Baby ASA qd

PHYSICAL EXAM

BP 111/68 P 72 RR 16

GENERAL WDWAN O² in NAD

CHEST clear

HEART RPR

ABDOMEN soft, NT

EXTREMITIES warm

Assessment: 47yo Iranian O² met. syndrome & combined hyperlipidemia

PLAN

- ① cont meds
- ② RPR
- ③ wait all c results

RPR



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

NAME AA Bedi Farnad

CHART NUMBER _____

4/21/09

patient did not showed up
for his appt today.

ERMO

APR 27 2009

B/P-124/68

A 75

NMR + LHS

Farnad comes in today for hypothyroid
follow up. He is doing well.
He stopped his O₃FA 2^o GERD SA
and is taking good & difficult
path x- metabolic syndrome
combined hyperlipidemia

PE - WNL N^o in NAD

124/68 75 16

chest - clear

CV - RRR

abd - soft, NT

a/p 47yo Iranian M^e met syndrome
combined hyperlipidemia

① cont med

② NMR

③ will call re results

[Signature]



THE CENTER FOR CHOLESTEROL MANAGEMENT

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

FEB 25 2009

NAME: Farhad AAABedi

CHART NUMBER: _____

BP = 115/72

P = 80

Farhad comes in today for hypothyroid follow up. We discussed thyroid management and physiology and answered his questions.

PMHx

Hypercholesterolemia
chronic sinusitis

Hypothyroid - see results from 2/12/09

PE - WNL in NAD

115/72 80/14

Chest - clear

W. RRR

abd - soft, NT

Extrem - warm.

a/p 47yo Iranian male. Significant
myelodysplasia and
moderate risk of CV event

- ① high dose O3FA
- ② celecoxib 20mg po qd + Tylenol
- ③ Gab ASA po qd 135mg qd
- ④ Fin 8 wks



THE CENTER FOR CHOLESTEROL
MANAGEMENT

A Medical Corporation

1950 Sawtelle Blvd, Suite 150

FEB 12 2009

NAME: Farhad AAbedi

CHIEF COMPLAINT:

47yo Iranian ♂ c 1/10 ↑ cholesterol

HISTORY OF PRESENT ILLNESS:

resents for NMR.
LDL-P testing.
pt denies chest pain or SOB
φ MI φ CVA φ dizziness
He exercises 1-2x/week → Pilates
had started 2 years ago → nl
Has no medical Hx. pt took Crestor
and got to goal but he stopped it
for no reason

PMHX:

- ① ↑ cholesterol
- ② chronic sinusitis

PSHX:

- ① septoplasty

MEDS:

Baby ASA 7d

ALLERGIES:

NKDA

SOCIAL HISTORY:

φ tobacco

FAMILY HISTORY:

φ

REVIEW OF SYSTEMS:

φ

PHYSICAL EXAM

BP=125/80 P=76 RR 16 T

GENERAL: W D W N ♂ in NAD

HEENT: NC/AT

NECK: φ Joints

CHEST: clear

HEART: M

ABDOMEN: soft, NT

BACK:

EXTREMITIES: warm

NEURO:

LABORATORIES:

PROBLEMS:

47y.o. Jamaican ♂ c 4/0
↑ cholesterol

PLAN:

① NMR
② F/u / week

Dec

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



LIPOSCIENCE

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

Page 1 of 1

Clinician

Patient Name	Sex	Age
AABEDI, FARHARD	M	48

RICHMAN, MICHAEL

Client Name and Address

Patient ID	Birth Date	Accession Number
16240583	11/02/1961	T0669822

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
06/14/2010	06/15/2010	06/15/2010 23:18	16240583	FASTING

NMR LipoProfile® test		Reference Range ¹				
	Percentile ¹	20th	50th	80th	95th	
	nmol/L	Low	Moderate	Borderline-High	High	Very High
LDL-P (LDL Particle Number)	1321	< 1000	1000-1299	1300-1599	1600-2000	> 2000
Lipids						
	mg/dL	Optimal	Near or above optimal	Borderline-High	High	Very High
LDL-C (calculated)	88	< 100	100-129	130-159	160-189	≥ 190
HDL-C	46	Triglycerides		103	Total Cholesterol	
	Desirable ≥ 40			Desirable < 150	Desirable < 200	

Historical Reporting

LDL-P



06/14/10 (1321)

LDL-C



06/14/10 (88)

① using LDL-P

+ Percent Young
- cont other med
- H 3 months

Case results
to R
6/21/10

1. Reference population comprises 5,982 men and women not on lipid medication enrolled in the Multi-Ethnic Study of Atherosclerosis (MESA). Mora, et al. Atherosclerosis 2007.

The *NMR LipoProfile*® test may be covered by one or more issued or pending patents, including U.S. Patent Nos. 5,343,389; 6,518,069; 6,578,471; 6,653,140; and 7,243,030. CLIA: 34D0952253

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

Page 1 of 1

Clinician

Patient Name	Sex	Age
AABEDI, FARHARD	M	48

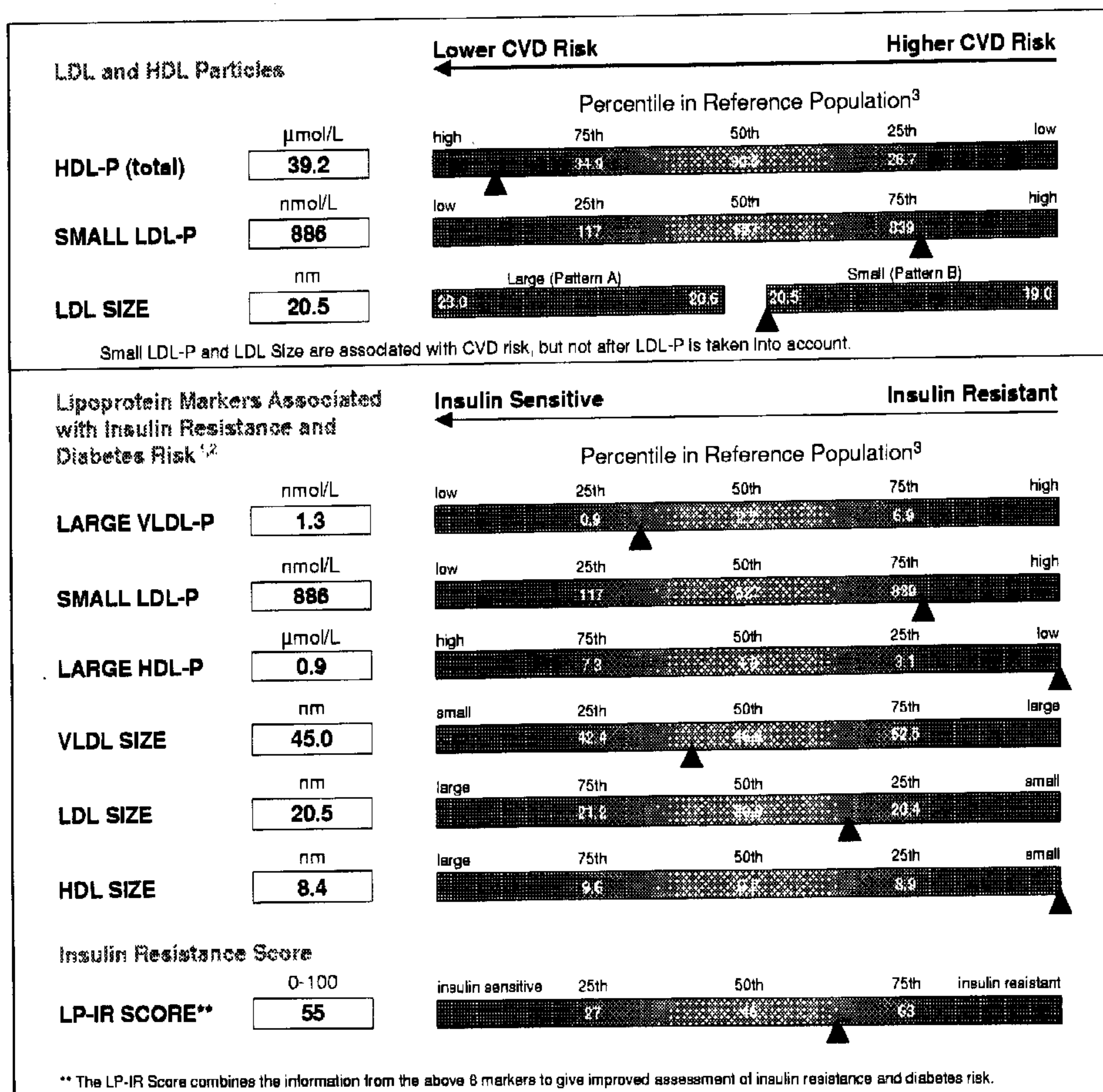
RICHMAN, MICHAEL

Client Name and Address

Patient ID	Birth Date	Accession Number
16240583	11/02/1961	T0669822

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
06/14/2010	06/15/2010	06/15/2010 23:18	16240583	FASTING

PARTICLE CONCENTRATION AND SIZE

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.



LIPOSCIENCE

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



16240583

FACILITY

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

Designate Requesting Clinician

1972554806 RICHMAN, MICHAEL F

PATIENT INFORMATION

All information must be completed
for sample to be processed

_____-_____-_____-_____-_____-_____-
Social Security Number

Patient ID/Medical Record Number

Last Name

First Name

Middle

Address

City

State

Zip

Date of Birth (mm/dd/yy)

☒ Male

☒ Fasting

Telephone

☐ Female

☐ Non-Fasting

INSURANCE : REQUIRED

Attach copy of insurance card
(front and back)

☐ Medicare

☐ Insurance

☐ Client

☐ Patient

Medicare No. (including suffix)

_____-_____-_____-_____-_____-_____-

BCBS ID No. (including prefix)

_____-_____-_____-_____-_____-_____-

Insurance Company Name

Insured Name

Employer Name/Employer #

Member/Insured ID#

Group #

Claims Address

City

State

Zip

Patient Relation to Insured:

☒ Self

☐ Spouse

☐ Dependent

Patient/Responsible Party 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.

Patient/Responsible Party Signature

Date

Additional Clinician:

NPI:

Collection Date (mm/dd/yy)

Collection Time

ICD-9 Code(s) : REQUIRED

_____-_____-_____-_____-_____-_____-

6060 620\110\125\140\150\179\245\410

CUSTOM
PROFILES

PANELS (See back for list of tests included in each panel)	INDIVIDUAL TESTS	
600 <input checked="" type="checkbox"/> NMR LipoProfile® test (LDL-P only) Chemical Lipids+Particle Concentration & Size	140 <input type="checkbox"/> ALT (CPT 84460)	P/S
610 <input type="checkbox"/> NMR LipoProfile® test (LDL-P only) Chemical Lipids+Particle Concentration & Size +Homocysteine+CRP	150 <input type="checkbox"/> AST (CPT 84450)	P/S
620 <input type="checkbox"/> NMR LipoProfile® test (LDL-P, HDL-C, TG by NMR) TC+Particle Concentration & Size	170 <input type="checkbox"/> C-Peptide (CPT 84681)	S
630 <input type="checkbox"/> NMR LipoProfile® test (LDL-P only) LDL-P+Particle Concentration & Size	180 <input type="checkbox"/> Cholesterol, Total (CPT 82465)	P/S
699 <input type="checkbox"/> Lipid Panel, Chemical Method (CPT 80061)	245 <input type="checkbox"/> Creatine Kinase (CK), Total (CPT 82550)	P/S
	125 <input type="checkbox"/> CRP-High Sensitivity (CPT 86141)	P/S
	178 <input type="checkbox"/> Glucose (CPT 82947)	OX
	179 <input type="checkbox"/> Glycohemoglobin (A1c) (CPT 83036)	L
	190 <input type="checkbox"/> HDL Cholesterol (CPT 83718)	P/S
	110 <input type="checkbox"/> Homocysteine (CPT 83090)	P/S
	160 <input type="checkbox"/> Insulin (CPT 83525)	S
	195 <input type="checkbox"/> LDL Cholesterol, Direct (CPT 83721)	P/S
	308 <input type="checkbox"/> LDL-P Only (CPT 83704)	P/S
	100 <input type="checkbox"/> Lp(a) (CPT 83695)	P/S
	545 <input type="checkbox"/> NMR LipoProfile® test (LDL-P, HDL-C, TG by NMR) (CPT 83704)	P/S
	602* <input type="checkbox"/> Particle Concentration & Size (CPT 83704)	P/S
	410 <input type="checkbox"/> TSH (CPT 84443)	S
	420 <input type="checkbox"/> T-4, Free (CPT 84439)	S
	430 <input type="checkbox"/> T-4, Total (CPT 84436)	S
	185 <input type="checkbox"/> Triglycerides (CPT 84478)	P/S

* These laboratory-developed assays have not been cleared by the US Food and
Drug Administration. Whether requested individually (602) or as part of a test panel
(see back for list of tests included in each panel), the results of these assays will be
provided in a laboratory report separate from that provided for other tests.

OPTIONAL

☐ White/Caucasian

☐ Hispanic

☐ Black/African American

☐ Asian

☐ Other: _____

☐ Decline

Label Placement : Does Not Show Backing

16240583

16240583

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



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

Page 1 of 1

Clinician

Patient Name	Sex	Age
AABEDI, FARNAD	M	48

RICHMAN, MICHAEL

Patient ID	Birth Date	Accession Number
16154152	11/02/1961	F0628812

Client Name and Address

Center for Cholesterol Mgmt 15057/
1950 Sawtoile 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
03/18/2010	03/19/2010	03/20/2010 04:56	16154152	NON-FASTING

NMR LipoProfile® test

Reference Range¹

	Percentile ¹	20th	50th	80th	95th	
	nmol/L	Low	Moderate	Borderline-High	High	Very High
LDL-P (LDL Particle Number)	1278	< 1000	1000-1299	1300-1599	1600-2000	> 2000

Lipids

LDL-C
(calculated)

mg/dL

88

Optimal

< 100

Near or above optimal

100-129

Borderline-High

130-159

High

160-189

Very High

≥ 190

HDL-C

mg/dL

42

Desirable ≥ 40

Triglycerides

mg/dL

142

Desirable < 150

Total Cholesterol

mg/dL

158

Desirable < 200

LDL-C is inaccurate if patient is non-fasting.

Historical Reporting

LDL-P



03/18/10 (1278)

*slight ↑ of LDL-P
but ↓ 96*

LDL-C



03/18/10 (88)

*have
results
to
24.
3-30-10*

*no med AS
but well
recheck in*

1. Reference population comprises 5,382 men and women not on lipid medication enrolled in the Multi-Ethnic Study of Atherosclerosis (MESA). Mora, et al. Atherosclerosis 2007.

3/25/10

The NMR LipoProfile® test may be covered by one or more issued or pending patents, including U.S. Patent Nos. 5,343,369; 6,516,069; 6,576,471; 6,653,140; and 7,243,030.
CLIA: 34D0952253



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Page 1 of 1

Clinician

Patient Name	Sex	Age
AABEDI, FARNAD	M	48

RICHMAN, MICHAEL

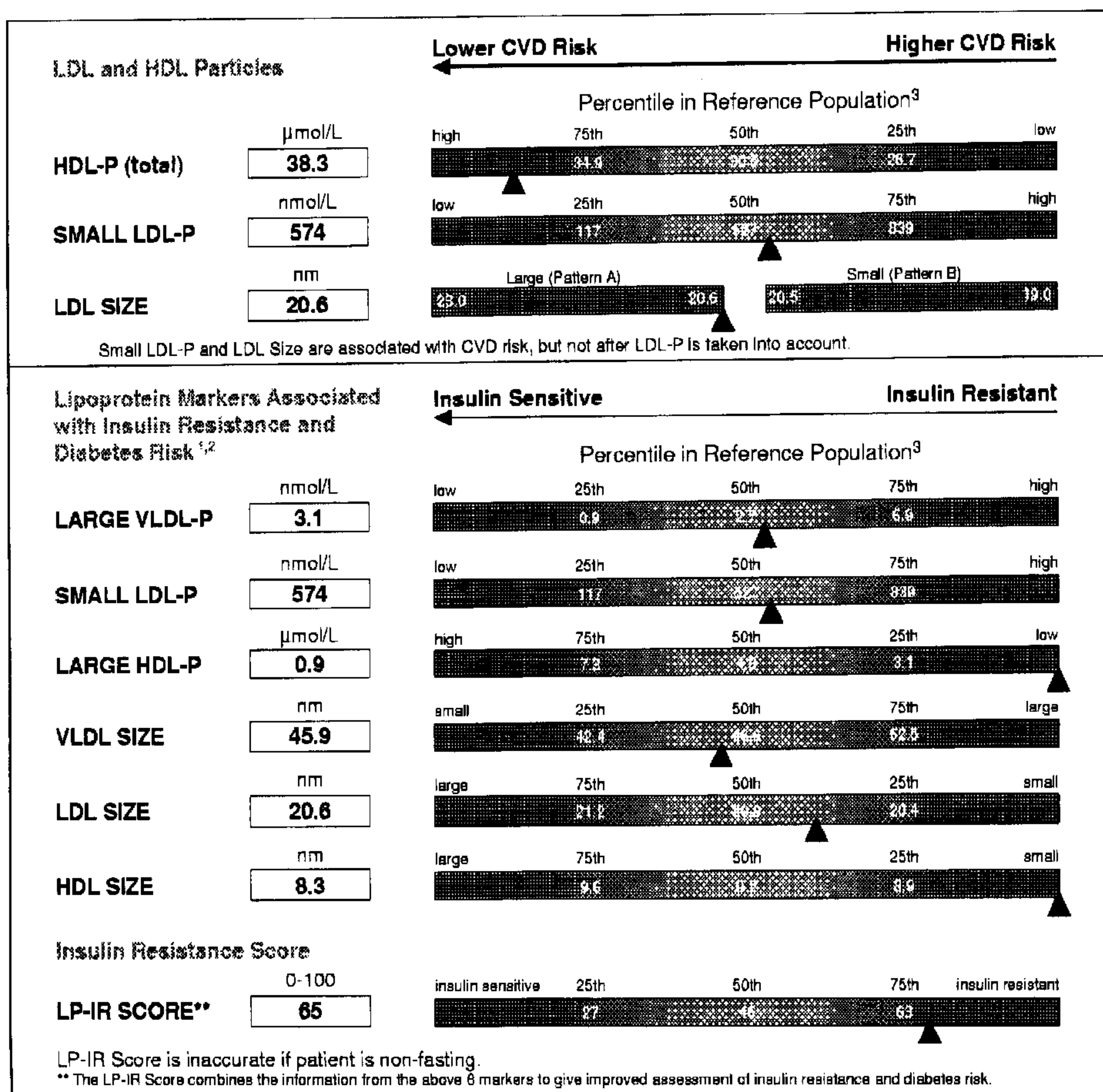
Patient ID	Birth Date	Accession Number
16154152	11/02/1961	F0628812

Client Name and Address

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
03/18/2010	03/19/2010	03/20/2010 04:56	16154152	NON-FASTING

PARTICLE CONCENTRATION AND SIZE



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.



LIPOSCIENCE

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



16154152

FACILITY

PATIENT INFORMATION

All information must be completed for sample to be processed

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

Designate Requesting Clinician

[] 197255+806 RICHMAN, MICHAEL F

_____-_____-_____-_____-_____-_____-

Social Security Number

Patient ID/Medical Record Number

Last Name First Name Middle

Address

City State Zip

Date of Birth (mm/dd/yy)

☒ Male

☐ Fasting

☐ Female

☒ Non-Fasting

Telephone

INSURANCE : REQUIRED

Attach copy of insurance card (front and back)

☐ Medicare

☒ Insurance

☐ Client

☐ Patient

Medicare No. (Including suffix)

_____-_____-_____-_____-_____-_____-

BCBS ID No. (Including prefix)

_____-_____-_____-_____-_____-_____-

Insurance Company Name

Insured Name

Employer Name/Employer #

Member/Insured ID#

Group #

Claims Address

City

State

Zip

Patient Relation to Insured:

☒ Self

☐ Spouse

☐ Dependent

Patient/Responsible Party 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.

Patient/Responsible Party Signature

Date

Additional Clinician:

NPI:

Collection Date (mm/dd/yy)

Collection Time

ICD-9 Code(s) : REQUIRED

_____-_____-_____-_____-_____-_____-

[] 6060 620\110\125\140\160\179\245\410

PANELS (See back for list of tests included in each panel)	INDIVIDUAL TESTS	160	Insulin (CPT 83525)	S
600 <input checked="" type="checkbox"/> NMR LipoProfile® test (LDL-P only) Chemical Lipids+Particle Concentration & Size P/S	140 <input type="checkbox"/> ALT (CPT 84460) P/S	195	<input type="checkbox"/> LDL Cholesterol, Direct (CPT 83721)	P/S
610 <input type="checkbox"/> NMR LipoProfile® test (LDL-P only) Chemical Lipids+Particle Concentration & Size +Homocysteine+CRP P/S	150 <input type="checkbox"/> AST (CPT 84450) P/S	308	<input type="checkbox"/> LDL-P Only (CPT 83704)	P/S
620 <input type="checkbox"/> NMR LipoProfile® test (LDL-P, HDL-C, TG by NMR) TC+Particle Concentration & Size P/S	170 <input type="checkbox"/> C-Peptide (CPT 84681) S	100	<input type="checkbox"/> Lp(a) (CPT 83695)	P/S
630 <input type="checkbox"/> NMR LipoProfile® test (LDL-P only) LDL-P+Particle Concentration & Size P/S	180 <input type="checkbox"/> Cholesterol, Total (CPT 82465) P/S	545	<input type="checkbox"/> NMR LipoProfile® test (LDL-P, HDL-C, TG by NMR) (CPT 83704)	P/S
699 <input type="checkbox"/> Lipid Panel, Chemical Method (CPT 80061) P/S	245 <input type="checkbox"/> Creatine Kinase (CK), Total (CPT 82550) P/S	602*	<input type="checkbox"/> Particle Concentration & Size (CPT 83704)	P/S
	125 <input type="checkbox"/> CRP-High Sensitivity (CPT 86141) P/S	410	<input type="checkbox"/> TSH (CPT 84443)	S
	178 <input type="checkbox"/> Glucose (CPT 82947) OX	420	<input type="checkbox"/> T-4, Free (CPT 84439)	S
	179 <input type="checkbox"/> Glycohemoglobin (A1c) (CPT 83036) L	430	<input type="checkbox"/> T-4, Total (CPT 84436)	
	190 <input type="checkbox"/> HDL Cholesterol (CPT 83718) P/S	185	<input type="checkbox"/> Triglycerides (CPT 84478)	
	110 <input type="checkbox"/> Homocysteine (CPT 83090) P/S			

* These laboratory-developed assays have not been cleared by the US Food and Drug Administration. Whether requested individually (602) or as part of a test (see back for list of tests included in each panel), the results of these assays provided in a laboratory report separate from that provided for other tests.

OPTIONAL

☐ White/Caucasian

☐ Hisp

☐ Black/African American

☐ Asi

☐ Other: _____

☐ C

White Copy - LipoScience
Yellow Copy - Client

ATTACH ABN IF NECESSARY

Collection, Storage, and Shipping Instructions on Back

Produced under patent licenses
to U.S. Patent Nos. 4,933,844,
5,343,389, 6,518,069, and
6,575,471
CLIA:34D0952253



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

Page 1

Clinician

Patient Name	Sex	Age
AABEDI, FARHAD	M	48

RICHMAN, MICHAEL

Client Name and Address

Patient ID	Birth Date	Accession Number
16007398	11/02/1961	T0542993

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
11/17/2009	11/17/2009	11/18/2009 04:21	16007398	FASTING

LDL PARTICLE NUMBERS

	nmol/L	Optimal	Near or above optimal	Borderline-high	High	Very High
LDL-P (LDL Particle Number)	1147	<1000	1000-1299	1300-1599	1600-2000	>2000
Small LDL-P	884	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
LDL-C (calculated)	60	<100	100-129	130-159	160-189	>=190
HDL-C	48					
Triglycerides	178					
Total Cholesterol	142					

Desirable >=40 Desirable <150 Desirable <200

METABOLIC SYNDROME MARKERS

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

	nm	Large (Pattern A)	Small (Pattern B)
LDL Particle Size	20.0	23.0 - 20.6	20.5 - 18.0
Large HDL-P	1.2	Low Risk >9.0	Intermediate 4.0 - 9.0
Large VLDL-P	2.1	Low Risk <0.5	Intermediate 0.5 - 5.0
Small LDL Size (≤20.5 nm)	<input checked="" type="checkbox"/>		
Low Large HDL-P (<4.0 μmol/L)	<input checked="" type="checkbox"/>		
High Large VLDL-P (>5.0 nmol/L)	<input type="checkbox"/>		

Produced under patent licenses
to U.S. Patent Nos. 4,933,844,
5,343,389, 6,516,069, and
6,576,471
CLIA:34D0952253



LipoScience, Inc.
2500 Sumner Boulevard
Raleigh, NC 27616
877-547-6837
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Page 2

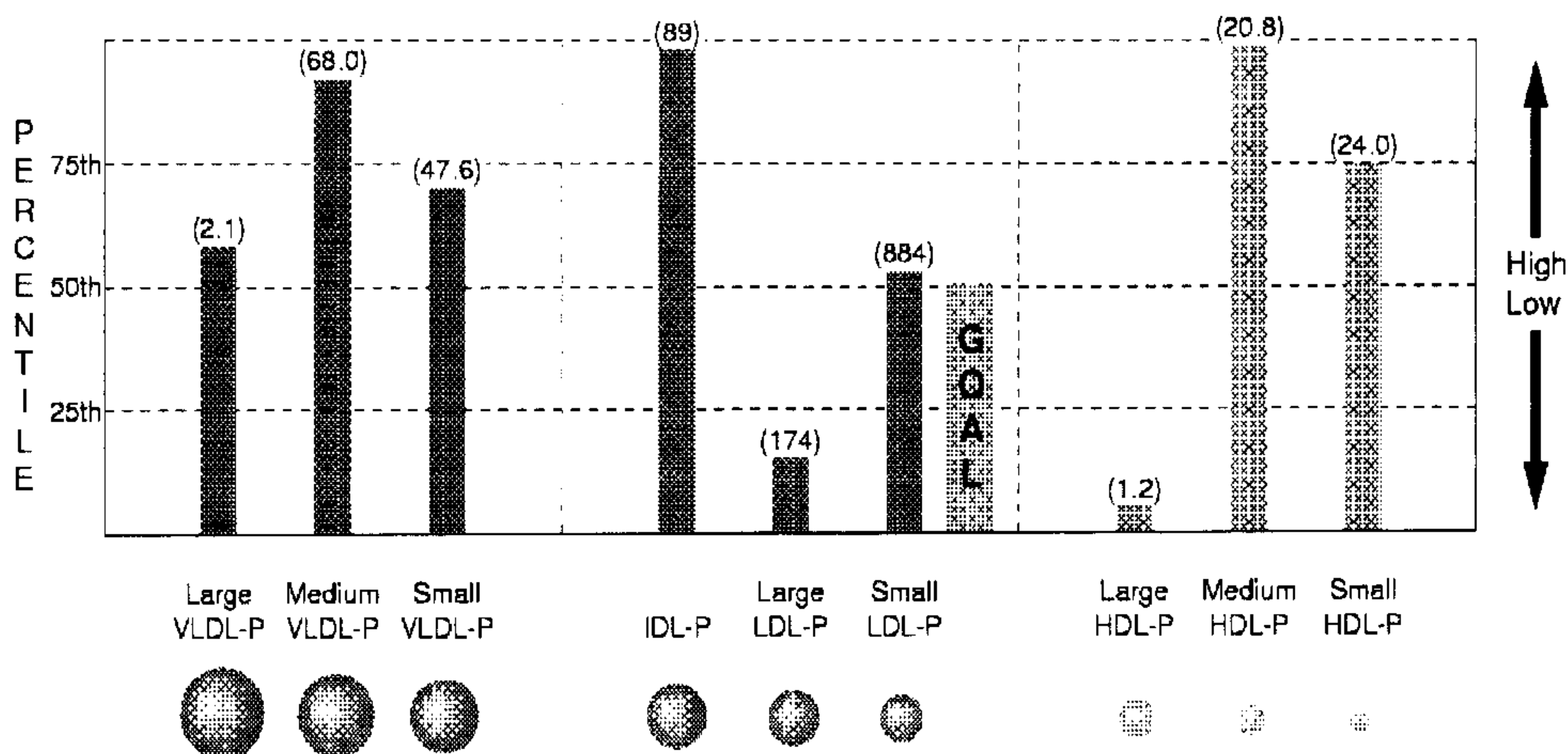
Patient Name	Accession Number	Requisition Number	Report Date and Time
AABEDI, FARHAD	T0542993	16007398	11/18/2009 04:21

SUBCLASS PARTICLE NUMBERS

VLDL Subclasses (nmol/L)
Lower Values are Desirable

LDL Subclasses (nmol/L)
Lower Values are Desirable

HDL Subclasses (nmol/L)
Higher Values are Desirable



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).

COMMENTS

Amended Report

PRACTITIONER'S NOTES

① near optimal LDL-P
② cmt meds
③ ↑ O3FA
④ 7/11 3 months
3/18/10 *[Signature]*



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(919) 212-1999 • FAX: (919) 212-1954

CLIA #34D0952253



1607398

FACILITY

Center for Cholesterol Mgmt 15057
1950 Sawtelle 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

Last Name

First Name

Middle

Address

City

State

Zip

Date of Birth

(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)

BCBS ID Number (including prefix)

Insurance Company Name

Insured Name

Employer Name/Employer#

Member/Insured ID#

Group#

Claims Address

City

State

Zip

Patient Relation to Insured ☐ Self

☐ Spouse

☐ Dependent

Party 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 Michael
Patient/Responsible Party Signature

Date

Additional Clinician:

NPI

Collection Date

11/19/09

Collection Time

4:50 PM

ICD-9 Code(s) (MANDATORY)

272.2

[] 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
140 <input type="checkbox"/> ALT	P or S	195 <input type="checkbox"/> LDL Cholesterol, Direct Method	P or S
50 <input type="checkbox"/> AST	P or S	210 <input type="checkbox"/> Lipid Panel, Chemical Method	P or S
70 <input type="checkbox"/> C-Peptide	S	301 <input type="checkbox"/> Lipoprotein Quantification by NMR	P or S

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



16007398



16007398



16007398



16007398

Collection, Storage, and
Shipping Instructions on Back

ATTACH ABN IF NECESSARY

Specimen
ID Labels

#1

White Copy - LipoScience
Yellow Copy - Client

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5,343,369, 6,518,089, and
6,576,471
CLIA:34D0952253



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Page 1

Patient Name			Sex	Age	Clinician	
AABEDI, FARHAD			M	47	RICHMAN, MICHAEL	
Client Name and Address						
Center for Cholesterol Mgmt 15057/ 1950 Sawtelle Blvd Suite 150 Los Angeles, CA 90025 Phone: (310)481-3939 FAX: (310)481-3949						
Patient ID	Birth Date	Accession Number				
15984801	11/02/1961	T0517261				
Date Collected	Date Received	Report Date and Time		Requisition Number	Fasting Status	
10/05/2009	10/06/2009	10/07/2009 08:36		15984801	NON-FASTING	

LDL PARTICLE NUMBERS

	nmol/L	Optimal	Near or above optimal	Borderline-high	High	Very High
LDL-P (LDL Particle Number)	1311	<1000	1000-1299	1300-1599	1600-2000	>2000
Small LDL-P	1106	<600	600-849	850-1200	>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
LDL-C (calculated)	66	<100	100-129	130-159	160-189	≥190
HDL-C	38					
Triglycerides	138					
Total Cholesterol	132					

Desirable ≥40 Desirable <150 Desirable <200

LDL-C is inaccurate if patient is nonfasting.

METABOLIC SYNDROME MARKERS

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

	nm	Large (Pattern A)	Small (Pattern B)
LDL Particle Size	20.0	23.0 - 20.6	20.5 - 18.0
Large HDL-P	1.5	Low Risk >9.0	Intermediate 4.0 - 9.0
Large VLDL-P	2.8	Low Risk <0.5	Intermediate 0.5 - 5.0
Small LDL Size (≤20.5 nm)	<input checked="" type="checkbox"/>		
Low Large HDL-P (<4.0 μmol/L)	<input checked="" type="checkbox"/>		
High Large VLDL-P (>5.0 nmol/L)	<input type="checkbox"/>		

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Page 2

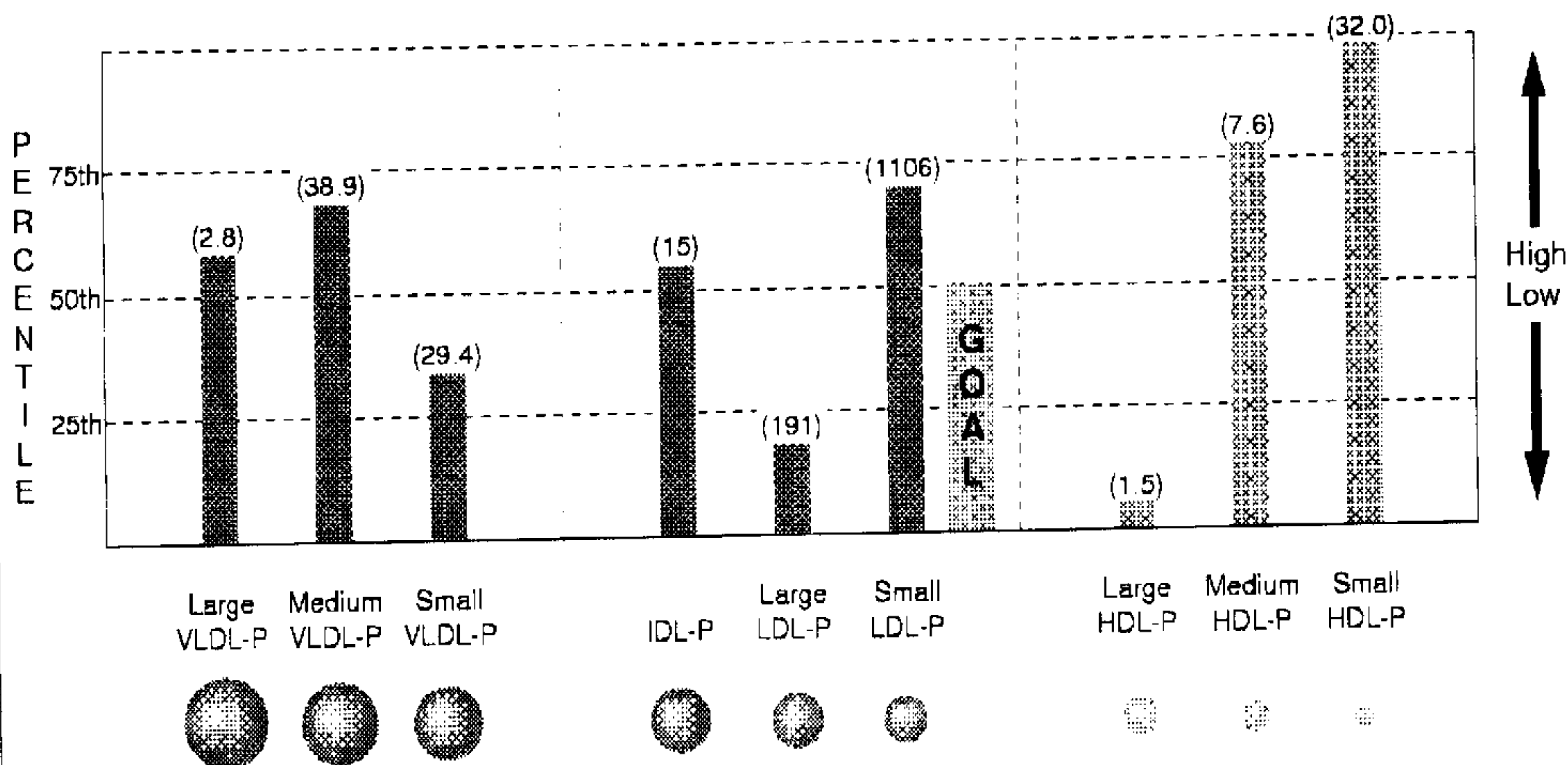
Patient Name	Accession Number	Requisition Number	Report Date and Time
AABEDI, FARHAD	T0517261	15984801	10/07/2009 08:36

SUBCLASS PARTICLE NUMBERS

VLDL Subclasses (nmol/L)
Lower Values are Desirable

LDL Subclasses (nmol/L)
Lower Values are Desirable

HDL Subclasses (nmol/L)
Higher Values are Desirable



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 = 1311
TG = 138

pure hypercholesterolemia

① cont. med

② add Benevol

③ F/U 3 months

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6,578,471
CLIA:34D0952253



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Page 3

Patient Name	Sex	Age
AABEDI, FARHAD	M	47

Patient ID	Birth Date	Accession Number
15984801	11/02/1961	T0517261

Clinician

RICHMAN, MICHAEL

Client Name and Address

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
10/05/2009	10/06/2009	10/07/2009 08:36	15984801	NON-FASTING

Test	Patient's Results		Reference Range	Units
	Within Range	Outside Range		
ALT	24		10-60	IU/L
AST	19		10-42	IU/L



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34801

FACILITY

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1950 Sawtelle Blvd
Suite 150
Los Angeles, CA 90025
(310)481-3939 Fax: 13104813949

Designate Requesting Clinician

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

Additional Clinician:

NPI

Collection Date 10/15/09 Collection Time 1:10pm

ICD-9 Code(s) (MANDATORY)

272.2

All information must be completed for sample to be processed

Social Security Number

Patient ID/Medical Record Number

Last Name

First Name

Middle

Address

City

State

Zip

Date of Birth

(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)

BCBS ID Number (including prefix)

Insurance Company Name

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 Patient/Responsible Party Signature

Date

1040 Dr Richman's Initial Panel

PROFILES		INDIVIDUAL TESTS	
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
140 [X] ALT	P or S	178 <input type="checkbox"/> Glucose	OX
150 <input type="checkbox"/> AST	P or S	179 <input type="checkbox"/> Glycohemoglobin (A1c)	L
170 <input type="checkbox"/> C-Peptide	S	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)	P or S
		410 <input type="checkbox"/> TSH	S
		420 <input type="checkbox"/> T-4, Free	S
		430 <input type="checkbox"/> T-4, Total	S
		185 <input type="checkbox"/> Triglycerides	P or S
		COLLECTION INSTRUCTIONS	
		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.



15984801



15984801



15984801



15984801

Collection, Storage, and
Shipping Instructions on Back

ATTACH ABN IF NECESSARY

Specimen
ID Labels

#2

White Copy - LipoScience
Yellow Copy - Client

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5,343,389, 6,518,069, and
6,576,471
CLIA:34D0952253



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Page 1

Patient Name	Sex	Age
AABEDI, FARHAD	M	47

Patient ID	Birth Date	Accession Number
15914222	11/02/1961	W0463598

Date Collected	Date Received	Report Date and Time	Requisition Number	Fasting Status
07/07/2009	07/08/2009	07/09/2009 19:14	15914222	FASTING

Clinician
RICHMAN, MICHAEL

Client Name and Address

Center for Cholesterol Mgmt 15057/
1950 Sawtelle Blvd Suite 150
Los Angeles, CA 90025
Phone: (310)481-3939
FAX: (310)481-3949

LDL PARTICLE NUMBERS

	nmol/L	Optimal	Near or above optimal	Borderline-high	High	Very High
LDL-P (LDL Particle Number)	1286	<1000	1000-1299	1300-1599	1600-2000	>2000
Small LDL-P	1036	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
LDL-C (calculated)	82	<100	100-129	130-159	160-189	>=190
HDL-C	40					
Triglycerides	153					
Total Cholesterol	153					

Desirable >=40 Desirable <150 Desirable <200

METABOLIC SYNDROME MARKERS

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

	nm	Large (Pattern A)	Small (Pattern B)
LDL Particle Size	20.1	23.0 - 20.6	20.5 - 18.0
Large HDL-P	3.3	Low Risk >9.0	Intermediate 4.0 - 9.0
Large VLDL-P	2.1	Low Risk <0.5	Intermediate 0.5 - 5.0
Small LDL Size (≤20.5 nm)	<input checked="" type="checkbox"/>		
Low Large HDL-P (<4.0 μmol/L)	<input checked="" type="checkbox"/>		
High Large VLDL-P (>5.0 nmol/L)	<input type="checkbox"/>		

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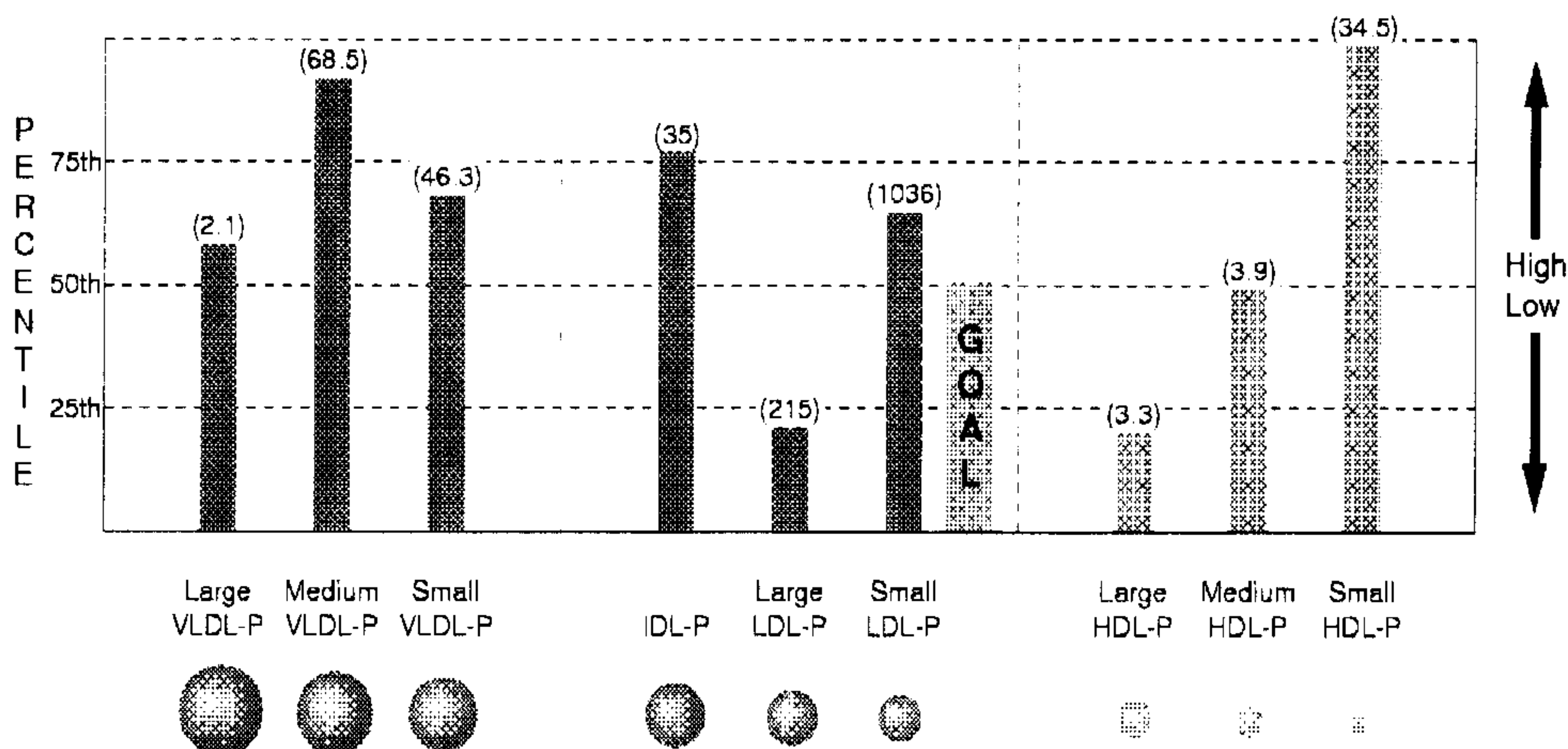
Patient Name	Accession Number	Requisition Number	Report Date and Time
AABEDI, FARHAD	W0463598	15914222	07/09/2009 19:14

SUBCLASS PARTICLE NUMBERS

VLDL Subclasses (nmol/L)
Lower Values are Desirable

LDL Subclasses (nmol/L)
Lower Values are Desirable

HDL Subclasses (nmol/L)
Higher Values are Desirable



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

*Combined hyperlipidemia
LDL-P = 1286*

*① cont med
② add Fibrinolytic
③ 7/14 8 wk*



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(919) 212-9999 • FAX: (919) 212-1954
CLIA #34D0952253



15914222

FACILITY

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

Designate Requesting Clinician

☒ 1972554806 RICHMAN, MICHAEL F
☐ 1073557294 UYEDA, ROBERT Y

Additional Clinician:

NPI

Collection Date

7/17/09

Collection Time

11:35am

ICD-9 Code(s) (MANDATORY)

272.2

All information must be completed for sample to be processed

_____-_____-_____-_____-_____-_____-_____-_____-_____-

Social Security Number

AA Bedi

Patient ID/Medical Record Number

For had

Last Name

2711

First Name

Casiano rd

Middle

Address

LA

CA 90077

City

State

Zip

Date of Birth

11/10/21/61

(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)

_____-_____-_____-_____-_____-_____-_____-_____-_____-

BCBS ID Number (including prefix)

_____-_____-_____-_____-_____-_____-_____-_____-_____-

Insurance Company Name

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 health care insurer.

X

on f h

7/7/09

Patient/Responsible Party Signature

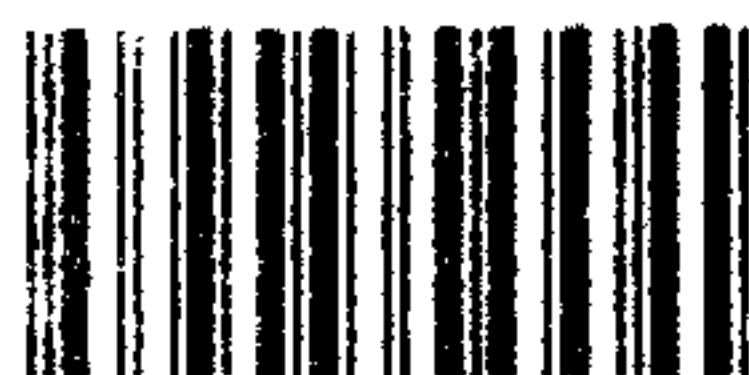
Date

1040 Dr Richman's Initial Panel

PROFILES

PROMILES			180 <input type="checkbox"/> Cholesterol, Total	P or S	100 <input type="checkbox"/> Lp(a)	P or S
220 <input checked="" type="checkbox"/>	NMR LipoProfile® (includes CPT codes 83704 + 80061)	P or S	245 <input type="checkbox"/> Creatine Kinase (CK), Total	P or S	410 <input type="checkbox"/> TSH	S
			125 <input type="checkbox"/> CRP-High Sensitivity	P or S	420 <input type="checkbox"/> T-4, Free	S
375 <input type="checkbox"/>	NMR LipoProfile®+Homocysteine+CRP (includes CPT codes 83704 + 80061 + 83090 + 86141)	P or S	178 <input type="checkbox"/> Glucose	OX	430 <input type="checkbox"/> T-4, Total	S
			179 <input type="checkbox"/> Glycohemoglobin (A1c)	L	185 <input type="checkbox"/> Triglycerides	P or S
540 <input type="checkbox"/>	Lipoprotein Quantification by NMR with TC (includes CPT codes 83704 + 82465)	P or S	190 <input type="checkbox"/> HDL Cholesterol	P or S	COLLECTION INSTRUCTIONS 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	
			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		
INDIVIDUAL			210 <input type="checkbox"/> Lipid Panel, Chemical Method	P or S		
140 <input type="checkbox"/>	ALT	P or S	301 <input type="checkbox"/> Lipoprotein Quantification by NMR	P or S		
150 <input type="checkbox"/>	AST	P or S				
170 <input type="checkbox"/>	C-Peptide	S				

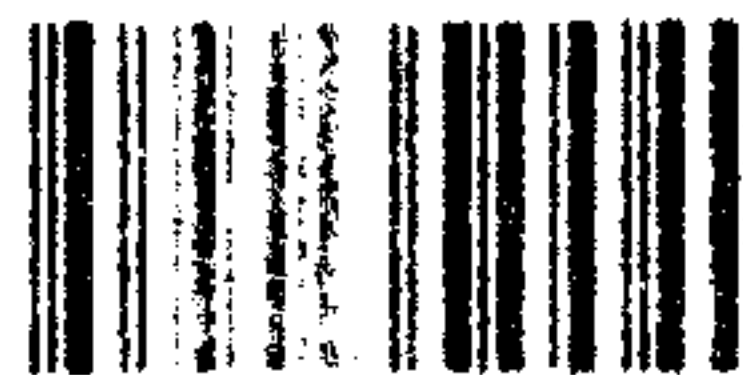
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15914222



15914222



15914222



15914222

Collection, Storage, and
Shipping Instructions on Back

ATTACH ABN IF NECESSARY

Specimen
ID Labels

#2

White Copy - LipoScience
Yellow Copy - Client

Valley Internal Medicine
Admin 5805 Sepulveda Blvd
Ph- 818-908-8048

Patient: Aabedi, Farhad DOB: 11/02/1961 Tel: 310-889-7989

Lab: -CBC	
Order Date	06/09/2009
Name\Collection Date	06/09/2009
WBC	5.0(4.1-10.9 K/UL)
RBC	5.28(4.20-6.30 M/UL)
HEMOGLOBIN	15.8(12.0-18.0 G/DL)
HEMATOCRIT	48.3(37.0-51.0 %)
MCV	85.7(80.0-97.0 FL)
MCH	29.5(26.0-32.0 PG)
MCHC	34.5(31.0-38.0 G/DL)
RDW	12.9(11.5-15.0 %)
PLATELETS	253(140-440 K/UL)
MPV	9.8(7.3-12.5 FL)
NE#	3.1(2.2-4.8)
LYMPH#	1.4(0.6-4.1 K/UL)
MONO#	0.4(0.0-0.8 K/UL)
EO#	0.1(0.0-0.2)
BASO#	0.0(0.0-0.1)
NE%	63.1(43.0-86.0 %)
LYMPH%	27.4(10.0-58.5 %)
MONO%	7.1(5.5-11.7 %)
EO%	2.2(0.9-2.9 %)
BASO%	0.2(0.2-1.0 %)

Lab: -COMPREHEN METABOLIC PANEL	
Order Date	06/09/2009
Name\Collection Date	06/09/2009
GLUCOSE	84(79-115 MG/DL)
UREA NITROGEN	15(8-26 MG/DL)
CREATININE	0.7(0.6-1.3 MG/DL)
BUN/CREAT RATIO	21(10-24 RATIO)
CALCIUM	9.7(8.8-10.0 MG/DL)
AST (SGOT)	28(15-41 IU/L)
ALKALINE PHOSPHATASE	40(38-125 IU/L)
TOTAL BILIRUBIN	2.8 H (0.3-1.2 MG/DL)
TOTAL PROTEIN	7.6(6.5-8.1 G/DL)
ALBUMIN	4.8(3.2-5.5 G/DL)
A/G RATIO	1.5(1.0-2.7 RATIO)
SODIUM	135(136-144 MMOL/L)
POTASSIUM	3.7(3.5-5.1 MMOL/L)
CHLORIDE	104(101-111 MMOL/L)
eGFR (NON-AFRICAN AMERICAN)	128(>80 mL/min)
eGFR (AFRICAN AMERICAN)	155(>80 mL/min)

Lab: -CRP (ULTRA SENSITIVE)	
Order Date	06/09/2009
Name\Collection Date	06/09/2009
ULTRA SENSITIVE CRP	0.59(<7.48 MG/L)

Lab: -HEMOGLOBIN A1C	

Order Date	06/09/2009
Name\Collection Date	06/09/2009
%HbA1C	5.4(4.8-6.2 %)

Lab: -LIPID PANEL	
Order Date	06/09/2009
Name\Collection Date	06/09/2009
CHOLESTEROL	141(<200 MG/DL)
TRIGLYCERIDES	200 H (35-160 MG/DL)
DIRECT HDL	39(<60 MG/DL)
LDL	82(60-130 MG/DL)
VLDL	40.0(8.0-40.0 MG/DL)
CHOLESTEROL/HDL	4(2-5 RATIO)

Lab: -PSA	
Order Date	06/09/2009
Name\Collection Date	06/09/2009
PSA-Hybritech	0.4(0.0-4.0 NG/ML)

Lab: -THYROID PANEL (general)	
Order Date	06/09/2009
Name\Collection Date	06/09/2009
TSH	1.08(0.34-5.60 uIU/mL)
TOTAL T4	11.0(5.0-12.0 UG/DL)
T-UP TAKE	39.2(32.0-48.4 %)
FREE THYROXINE INDEX	11(5-12 INDEX)

Lab: -URINALYSIS COMPLETE	
Order Date	06/09/2009
Name\Collection Date	06/09/2009
COLOR	YELLOW()
CLARITY	CLEAR()
pH	7.0()
SPECIFIC GRAVITY	1.015()
PROTEIN	NEGATIVE()
URINE GLUCOSE	NEGATIVE()
URINE KETONE	NEGATIVE()
BILIRUBIN	NEGATIVE()
URINE BLOOD	NEGATIVE()
NITRITE	NEGATIVE()
UROBILINOGEN	0.2 E.U./dL()
LEUKOCYTES	NEGATIVE()
URINE RBC	NONE()
WBC	NONE()
BACTERIA	TRACE A()
MUCUS	NEGATIVE()
CRYSTALS	NEGATIVE()
CASTS	NEGATIVE()
SQ. EPITHELIAL CELLS	NEGATIVE()

Patient: Aabedi, Farhad DOB: 11/02/1961

Produced under patent licenses
to U.S. Patent Nos. 4,933,844,
5,343,369, 6,518,089, 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	
AABEDI, FARHAD		M	47	RICHMAN, MICHAEL	
Client Name and Address					
Patient ID		Birth Date	Accession Number	Center for Cholesterol Mgmt 15057/ 1950 Sawtelle Blvd Suite 150 Los Angeles, CA 90025 Phone: (310)481-3939 FAX: (310)481-3949	
15824791		11/02/1961	T0437750		
Date Collected	Date Received	Report Date and Time		Requisition Number	Fasting Status
04/27/2009	04/28/2009	04/29/2009 13:19		15824791	NON-FASTING

LDL PARTICLE NUMBERS

	nmol/L	Optimal	Near or above optimal	Borderline-high	High	Very High
LDL-P (LDL Particle Number)	983	<1000	1000-1299	1300-1599	1600-2000	>2000
	nmol/L	Low	Moderate	Borderline-high	High	
Small LDL-P	838	<600	600-849	850-1200	>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
LDL-C (calculated)	49	<100	100-129	130-159	160-189	>=190
	mg/dL		mg/dL			mg/dL
HDL-C	40		92			107
	Desirable >=40		Desirable <150			Desirable <200

LDL-C is inaccurate if patient is nonfasting.

METABOLIC SYNDROME MARKERS

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

	nm	Large (Pattern A)		Small (Pattern B)
LDL Particle Size	20.0	23.0 - 20.6		20.5 - 18.0
	μmol/L	Low Risk	Intermediate	High Risk
Large HDL-P	1.9	>9.0	4.0 - 9.0	<4.0
	nmol/L	Low Risk	Intermediate	High Risk
Large VLDL-P	0.7	<0.5	0.5 - 5.0	>5.0
	Small LDL Size (≤20.5 nm)	<input checked="" type="checkbox"/>	Low Large HDL-P (<4.0 μmol/L)	<input checked="" type="checkbox"/>
				High Large VLDL-P (>5.0 nmol/L)
				<input type="checkbox"/>

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5,343,359, 6,518,059, and
6,578,471
CLIA 34D0952253



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Page 2

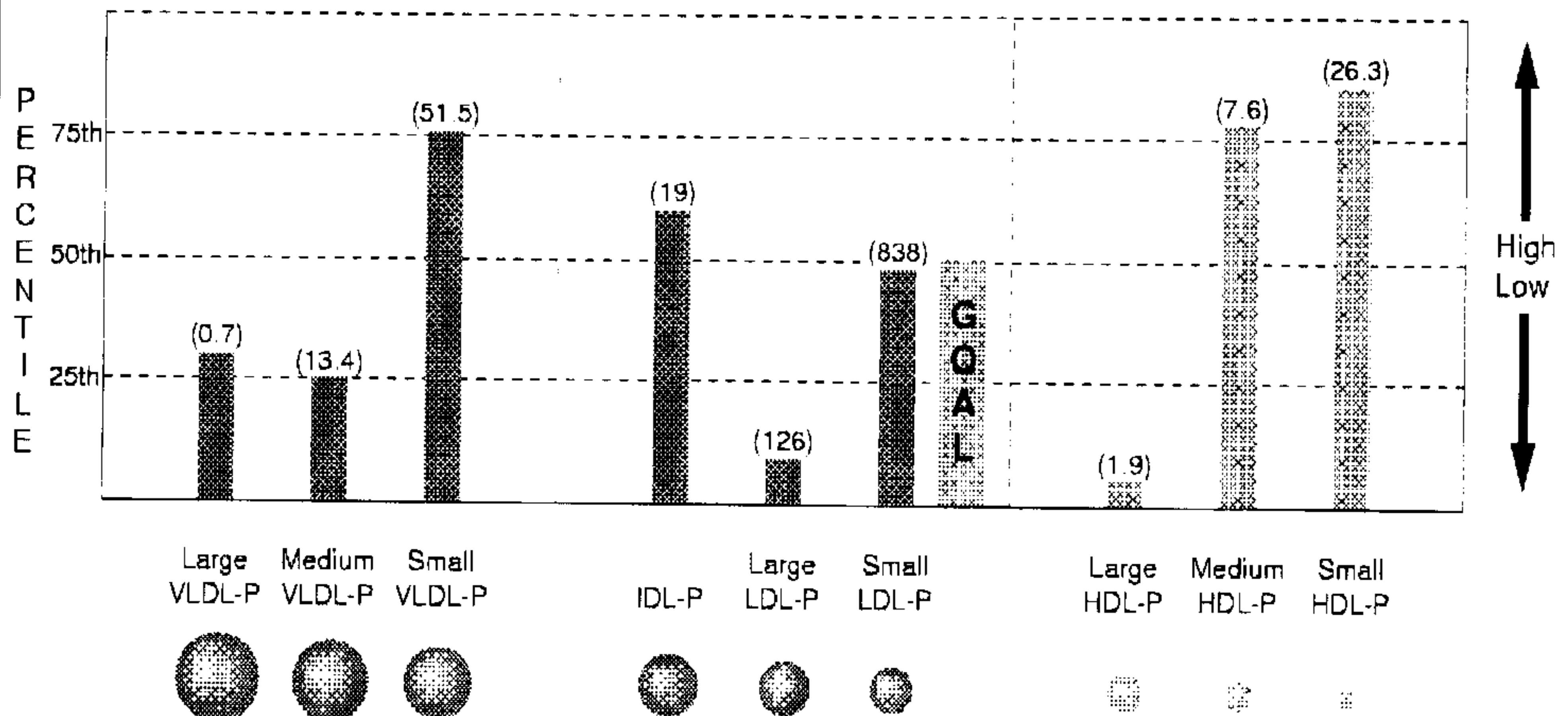
Patient Name	Accession Number	Requisition Number	Report Date and Time
AABEDI, FARHAD	T0437750	15824791	04/29/2009 13:19

SUBCLASS PARTICLE NUMBERS

VLDL Subclasses (nmol/L)
Lower Values are Desirable

LDL Subclasses (nmol/L)
Lower Values are Desirable

HDL Subclasses (nmol/L)
Higher Values are Desirable



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 >8,900 subjects enrolled in the Multi-Ethnic Study of Atherosclerosis (MESA).

PRACTITIONER'S NOTES

optimal
lipoprotein
- w/ med
F/u 3 months

RL 5/1/09

Produced under patent licenses
to U.S. Patent Nos. 4,933,844,
5,343,389, 6,516,069, and
6,578,471
CLIA:34D0952253



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Page 3

Patient Name		Sex	Age	Clinician	
AABEDI, FARHAD		M	47	RICHTMAN, MICHAEL	
Client Name and Address					
Patient ID		Birth Date	Accession Number	Center for Cholesterol Mgmt 15057/ 1950 Sawtelle Blvd Suite 150 Los Angeles, CA 90025 Phone: (310)481-3939 FAX: (310)481-3949	
15824791	11/02/1961	T0437750			
Date Collected	Date Received	Report Date and Time		Requisition Number	Fasting Status
04/27/2009	04/28/2009	04/29/2009 13:19		15824791	NON-FASTING

Test	Patient's Results		Reference Range	Units
	Within Range	Outside Range		
ALT	23		10-80	IU/L
AST	20		10-42	IU/L

LIPOSCIENCE

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



1582479-

FACILITY

Center for Cholesterol Mgmt 1505
1950 Sawtelle Blvd
Suite 150
Los Angeles, CA 90025
(310)481-3939 fax: 1310481394

Designate Requesting Clinician

☒ 1972554806 RICHMAN, MICHAEL J
☐ 1073557294 UYEDA, ROBERT Y

Additional Clinician:

NPI

Collection Date

mm dd yy

Collection Time

5:45 pm

ICD-9 Code(s) (MANDATORY)

272.2

All information must be completed for sample to be processed

			-			-					
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Social Security Number AABedi Patient ID/Medical Record Number Farhadi
Last Name 2711 First Name Casiano Middle rd.
Address LA CA 90077
City 11 p2161 State Zip
Date of Birth (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)
 | | | - | | - | | | - | |

BCBS ID Number (including prefix)
 | | | | | | | | | | | |

Insurance Company Name Blue Cross

Insured Name Jarnad A Abedi

Employer Name/Employer# 174001M100

Member/Insured ID# PO BOX 60007

Group# 70060

Claims Address LA

City CA

State CA

Zip 90060

Patient Relation to Insured ☒ Self
 ☐ Spouse
 ☐ Dependent

Party 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.

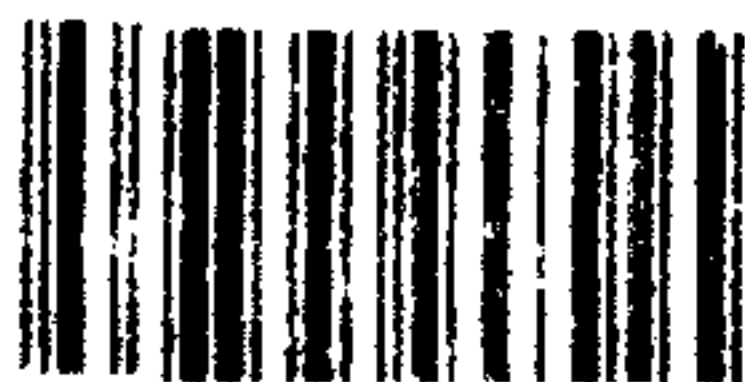
X
Patient/Responsible Party Signature

Dad

FD-1040 Dr. Richman's Initial Page

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



15924791



15874091



15824791



45234700

**Collection, Storage, and,
Shipping Instructions on Back**

ATTACH ABN IF NECESSARY

Specimen ID Labels

White Copy - LipoScience
Yellow Copy - Client

Produced under patent licenses
to U.S. Patent Nos. 4,933,844,
5,343,389, 6,516,069, and
6,576,471
CLIA:34D0952253



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Page 1

Patient Name		Sex	Age	Clinician	
AABEDI, FARHAD		M	47	RICHMAN, MICHAEL	
Client Name and Address					
Center for Cholesterol Mgmt 15057/ 1950 Sawtelle Blvd Suite 150 Los Angeles, CA 90025 Phone: (310)481-3939 FAX: (310)481-3949					
Patient ID	Birth Date	Accession Number			
15744742	11/02/1961	F0416255			
Date Collected	Date Received	Report Date and Time		Requisition Number	Fasting Status
02/12/2009	02/13/2009	02/13/2009 20:17		15744742	FASTING

LDL PARTICLE NUMBERS

	nmol/L	Optimal	Near or above optimal	Borderline-high	High	Very High
LDL-P (LDL Particle Number)	2502	<1000	1000-1299	1300-1599	1600-2000	>2000
	nmol/L	Low	Moderate	Borderline-high	High	
Small LDL-P	2233	<600	600-849	850-1200	>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

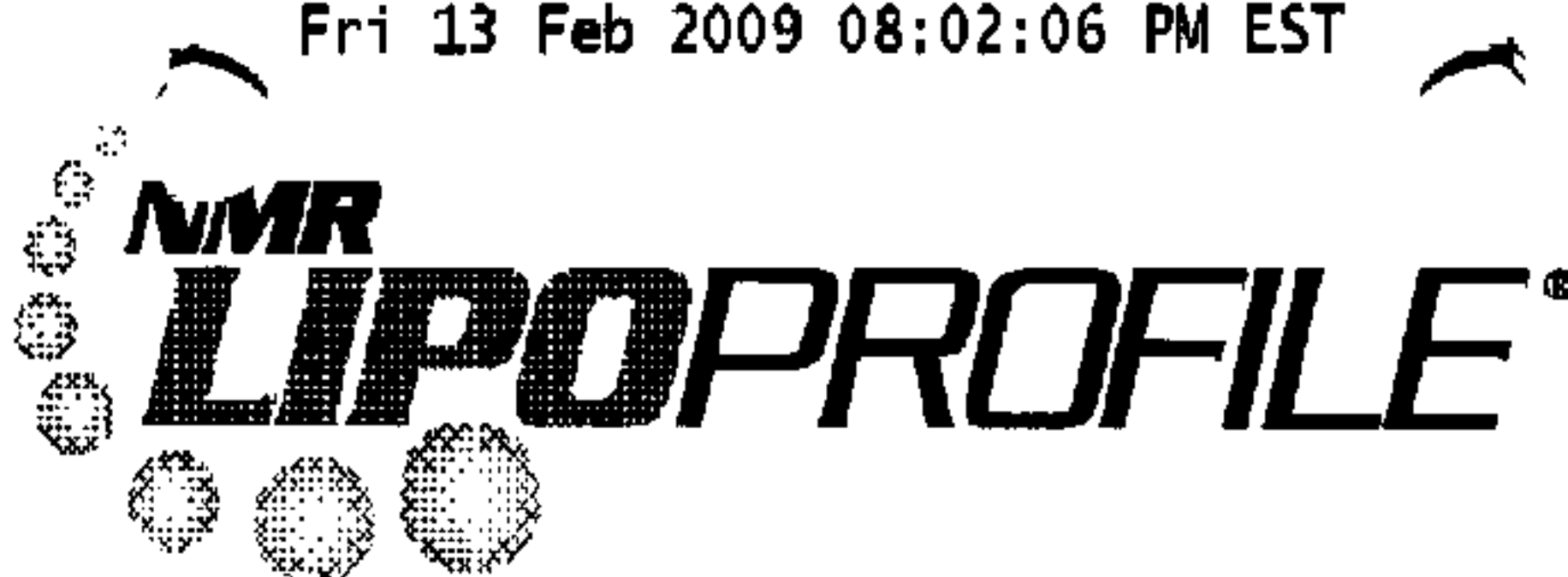
	mg/dL	Optimal	Near or above optimal	Borderline-high	High	Very High
LDL-C (calculated)	145	<100	100-129	130-159	160-189	>=190
	mg/dL		mg/dL			mg/dL
HDL-C	39		348		254	
	Desirable >=40		Desirable <150			Desirable <200

METABOLIC SYNDROME MARKERS

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

	nm	Large (Pattern A)		Small (Pattern B)
LDL Particle Size	19.3	23.0 - 20.6		20.5 - 18.0
	μmol/L	Low Risk	Intermediate	High Risk
Large HDL-P	3.7	>9.0	4.0 - 9.0	<4.0
	nmol/L	Low Risk	Intermediate	High Risk
Large VLDL-P	10.1	<0.5	0.5 - 5.0	>5.0
	Small LDL Size (≤20.5 nm)	Low Large HDL-P (<4.0 μmol/L)		High Large VLDL-P (>5.0 nmol/L)
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Produced under patent licenses
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5,343,389, 6,518,069, and
6,576,471
CLIA:34D0952253

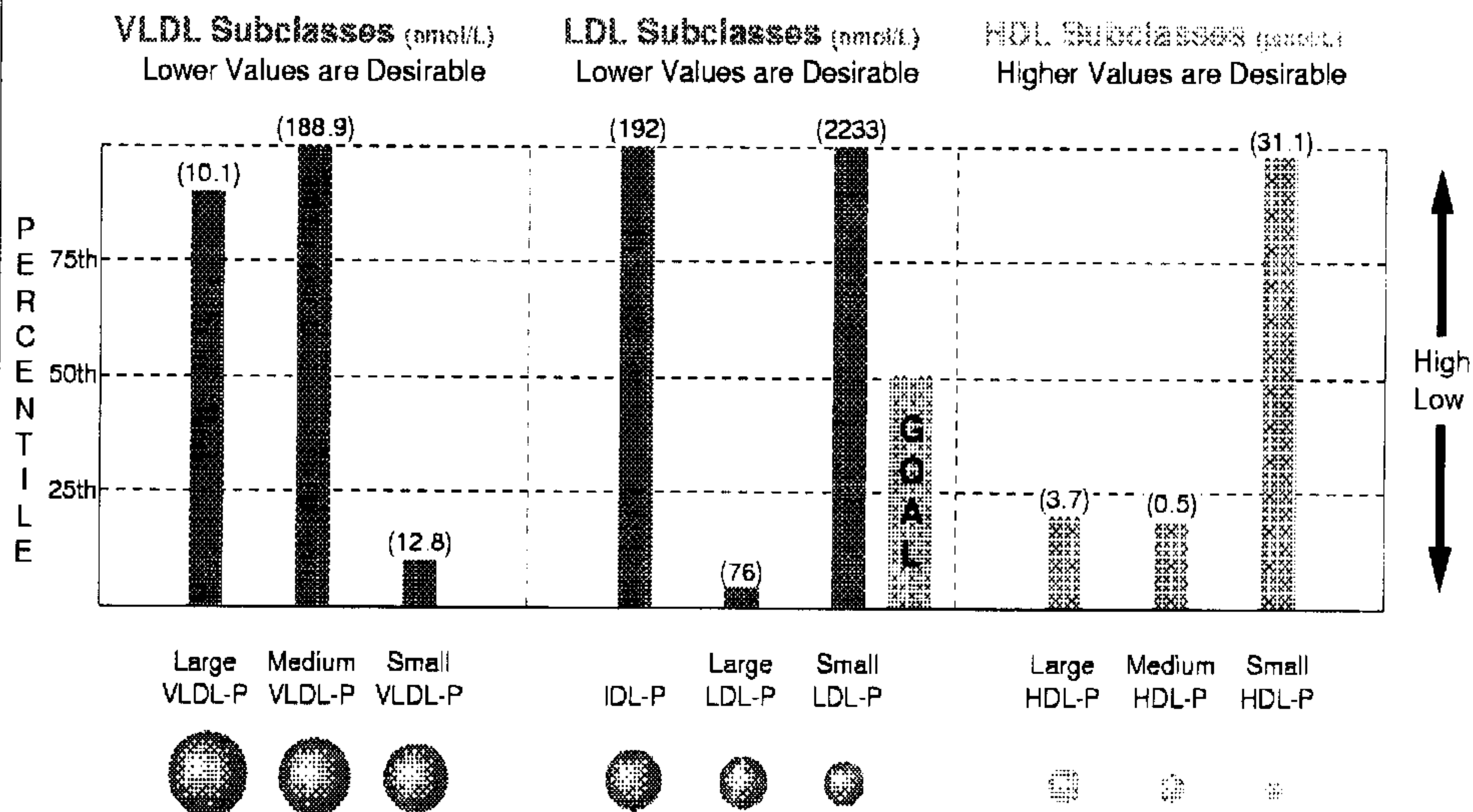


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Raleigh, NC 27616
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Page 2

Patient Name	Accession Number	Requisition Number	Report Date and Time
AABEDI, FARHAD	F0416255	15744742	02/13/2009 20:17

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 >8,900 subjects enrolled in the Multi-Ethnic Study of Atherosclerosis (MESA).

PRACTITIONER'S NOTES

↑ LDL-P ~ 2502
 ↑ small LDL-P ~ 2233
 ↓ HDL-C ~ 39
 ↑↑ TG ~ 348

mixed hyperlipidemia
 metabolic syndrome

- ① Crestor 20mg po qd
- ② Trilipix 135mg po qd
- ③ high dose O3FA
- ④ F/u 5 wks

LIPOSCIENCE

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



574242

FACILITY

Cont. : For Cholesterol Mgmt. 15057
1144 Sawtelle Blvd
Suite 150
Los Angeles, CA 90025
Tel: (213) 393-3939 Fax: (213) 393-3949

Designate Requesting Clinician

07-02264906 RICHMAN, MICHAEL F
07-00087294 UYEDA, ROBERT V

Additional Clinician:

NPI

Collection Date 2/12/04 Collection Time 10:05 A
mm dd yy

ICD-9 Code(s) (MANDATORY)

272.4

All information must be completed for sample to be processed

☐ ☐ ☐ - ☐ ☐ - ☐ ☐ ☐ ☐

Social Security Number **AA Bedi** Patient ID/Medical Record Number **Farnhad**

Last Name **2711** First Name **Casiano** Middle **rd.**

Address **L.A. CA 90077**

City **11** State **102** Zip **61**

Date of Birth **11/10/21/61** (mm/dd/yy) ☒ Male ☐ Female

Telephone **1111111111**

IF PATIENT IS NONFASTING CHECK HERE ☒

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

☐ Medicare ☒ Insurance ☐ Client ☐ Patient

Medicare Number (including suffix) [][]-[][]-[][][][]-

BCBS ID Number (including prefix)

Insurance Company Name
Blue Cross

Insured Name
Farhad AA Bedi

Employer Name/Employer#
G Y X 290 A 51987 | 174001M100

Member/Insured ID#
P0 BOX 60007

Group#

Claims Address
L.A.

City
CA

State
90060

Zip

Patient Relation to Insured ☒ Self ☐ Spouse ☐ Dependent

Party 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.

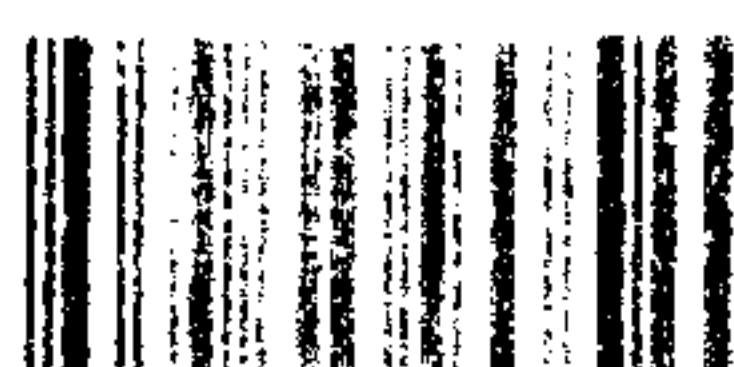
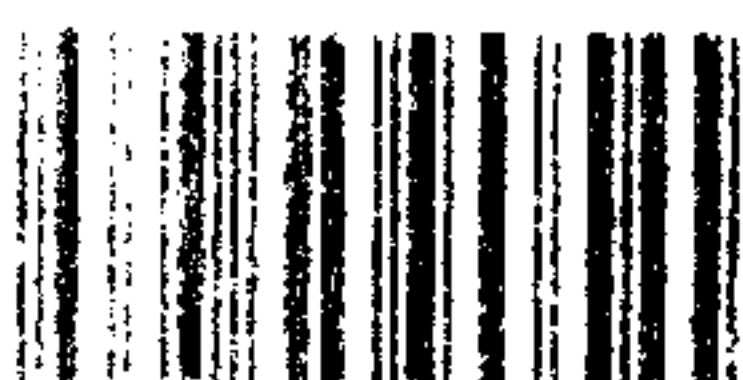
X
Patient/Responsible Party Signature

Date _____

Ex 1040 Dr. Richman's Initial Panel

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

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



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1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

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**Collection, Storage, and,
Shipping Instructions on Back**

ATTACH ABN IF NECESSARY

Specimen ID Labels

White Copy - LipoScience
Yellow Copy - Client



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: FARHAD ABEDEI DATE: 12/12/09
SEX: M F DOB: 11/02/61 SSN: 560517861 DL#: N9002820
ADDRESS: 2711 CASIANO RD
CITY: LA STATE: CA ZIP: 90077
FAX: _____ EMAIL: frad.abe@hot mail.com PHONE: 826-278-4085
EMERGENCY CONTACT: Sherry Abeel PHONE: 826-278-4085
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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been diagnosed with?

High Blood Pressure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	How long ago? _____
Diabetes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	How long ago? _____
Stroke	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	When did it occur? _____
High Cholesterol	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	What medications do you take for this, if any? <u>None - Took Crestor 5 mg before</u>
Lung Disease	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

Septu Plasty

2007

Baskey Clinic

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

1 BEER

COCKTAILS 1

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

WHICH FAMILY MEMBER

HOW OLD WERE THEY

Cancer

Heart Attack

Angina or clogged arteries

Sudden death

Hypertension

Other heart disease

High cholesterol _____

Stroke _____

Diabetes _____

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

☐ Increasing Breathlessness With Your Usual Activities

☐ Recent Cough

☐ Unexpected weight gain of more than 5 lbs in the last weeks or months

☐ Pain, pressure/discomfort in the chest

☐ Passed (ing) out-fainting

☐ Shortness of breath at rest, laying down

☐ worsening fatigue

☐ Any neck, jaw, left arm discomfort

☐ Swelling of the ankles

☐ Pain or cramps in leg(s) with walking

☐ Dizzy spells

☐ A stroke or temporary stroke

☐ Heart murmur

☐ Spells of rapid irregular heartbeat

☐ Heart attack

☐ Urination at night

☐ Rheumatic fever

☐ Abnormal EKG

☐ Varicose veins

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

☐ Any other cardiac diagnosis? _____

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

When where they done? _____

After any problems you wish to address at this visit?

Cholesterol test, management

Patient name (sign)

Date

Witness

Date

INSURANCE INFORMATION

Please provide us with your medical insurance information:

PRIMARY INSURANCE POLICY:

Company: SVN Microsystems, Inc. Phone: _____
Anthem Blue Cross PO

Policy #: 61 x 290 AS 1981 Group: 174001M100

Name and SS# of Insured: Farhad AABEDI 56577861

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 DDIRECTLY 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.



Your signature here

12/12/05

Today's date

PRIVACY OF MEDICAL RECORDS

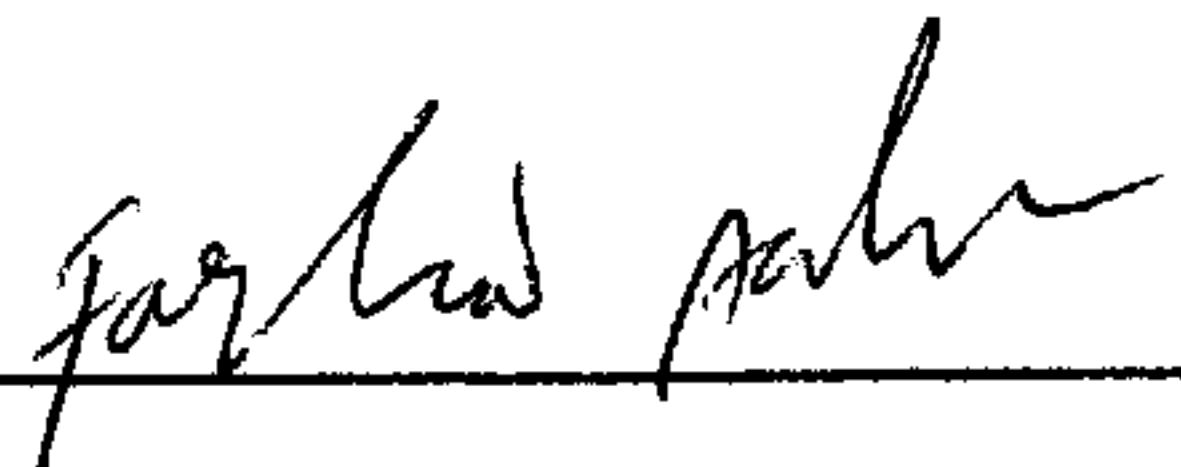
Our physicians and staff are fully and acutely aware of the potentially sensitive nature of the information contained in your medical record. Therefore, we ask that you provide us below with a list of those individuals or parties whom you intend to have access to such information in your medical records,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

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

We CANNOT bill your insurance company and/or collect any money from them on your behalf unless we have your permission to disclose such information to them. Also, the quality of your medical care might be compromised if our physicians do not have your permission to consider your case fully and frankly with other physicians and professionals who are involved in your medical care.

Please acknowledge below that you permit the foregoing individuals or parties to have access to the information contained in your medical records by signing below, and list additional individuals or parties that you permit access to such information.

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

Your signature (required):  Date: 12/12/09

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

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

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: 

Date:

12/12/09

Patient's Name:

FARHAN AAGE

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.

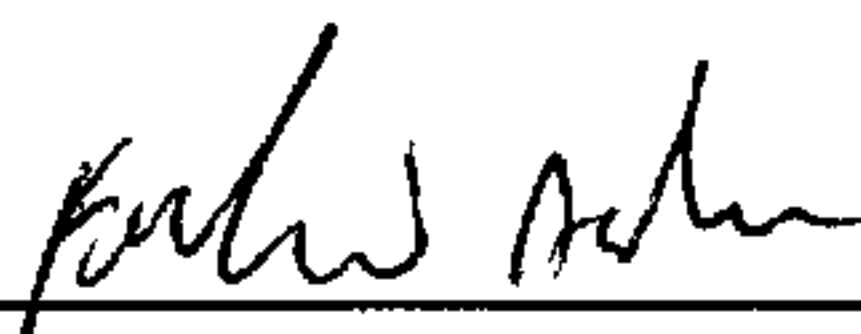
We will send you monthly statements until your insurance company has paid, regardless of our provider status. This allows you to verify that your insurance company was billed correctly, and to see how long they take to pay. If you have more than one insurance policy and the benefits are not coordinated, 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):  Date: 12/12/00

new
insurance



UnitedHealthcare

ORACLE

Health Plan (80840) 911-87726-04

Member ID: 855269724

Group Number: 228485

Member:
FARNAD AABEDI

ORACLE
MEDIUM CHOICE PLUS PLAN

Dependents
SHAHIRZAD AABEDI

Payer ID 87726

medco

Rx Bin: 610014
Rx Grp: UHEALTH

Copay: Office Visit \$20 SPEC OV \$30 Urg Care \$25
RX: Retail \$5 Gen/\$20 Br/\$40 Non-Pref
Mail Order \$10 Gen/\$40 Br/\$80 Non-Pref

0501

UnitedHealthcare Choice Plus
Administered by UnitedHealthcare Insurance Company

Printed: 02/16/10

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.

For Members: www.myuhc.com

866-672-2511

For Providers: www.unitedhealthcareonline.com 877-842-3210
Medical Claims: PO BOX 30555, Salt Lake City, UT 84130-0555

shared savings



Pharmacy Claims: PO BOX 14711, LEXINGTON KY 40512
For Pharmacists: 800-922-1557

Health Net PPO

A Preferred Provider Organization

For eligibility, coverage and claims information, please contact:

Health Net Commercial Claims
P.O. Box 14702
Lexington, KY 40512
For electronic claim submission
information, please call
1-800-977-3568
Customer Contact Center:
1-800-838-2172
Provider Inquiries:
1-800-641-7761
Website:
www.healthnet.com

For dental questions call Health Net Dental at 1-866-249-2382.
For vision questions call Health Net Vision at 1-866-392-6058



LIFE INSURANCE COMPANY

PPO INDIVIDUAL AND
FAMILY

Group Name

Primary Insured Name

FARIHAD AABEDI

Enrollee Name

FARIHAD AABEDI

ID Card Issue Date
01-01-2014

Group #
977CJY

Primary Insured #
R06615960

Enrollee #
NMI

Type of Product
PPO WITH
PHARMACY
DENTAL WITH
VISION

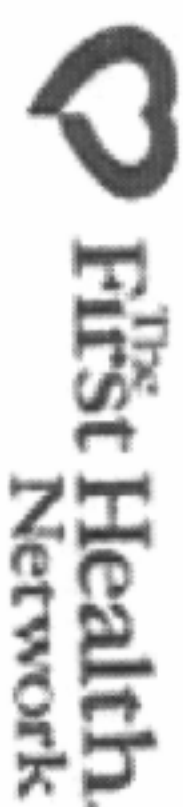
5/29/2014 ^{OUR} Meet # 11372

ID# R06615960

out of Network coverage 50% of allowed amount
NO deductible
out of Network out of pocket 12,700⁰⁰
conf #
I2862688

Approved by: [Signature]

ENROLLEES TRAVELING OUTSIDE THE STATE OF CALIFORNIA CAN RECEIVE IN-NETWORK LEVEL OF BENEFITS BY ACCESSING THE FIRST HEALTH PPO NETWORK. TO LOCATE A PARTICIPATING FIRST HEALTH PROVIDER, PLEASE CALL 1-800-839-2172 OR WWW.HEALTHNET.COM



TO LOCATE A HEALTH NET PHARMACY, PLEASE CALL THE CUSTOMER CONTACT CENTER
Rx BIN004336 Rx PCN THNET Rx Caremark
Pharmacist: For assistance call Pharmacy Help Line at 1-800-600-0180



PPO INDIVIDUAL AND FAMILY

This is your Health Net PPO identification card. Carry it with you at all times and present it to your health care provider when you or your eligible dependents receive services. See your plan documents for a description of your benefits. When submitting inquiries about your coverage, always include your group and primary insured ID number from the face of this card.

PRE-CERTIFICATION

You the enrollee are responsible for obtaining certification for certain services. Please check your plan certificate for a list of services requiring pre-certification.

For pre-certification, please call 1-800-839-2172 or TTY/TDD:
To reach a registered nurse 24/7 call 1-800-893-5597 or TTY/TDD:
1-800-276-3821

For non-network negotiation services only





Michael F. Richman, M.D., F.A.C.S.
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1950 Sawtelle Boulevard, # 150
Los Angeles, CA 90025
(310)481-3939 • Fax (310)481-3949

00072

R Name Farhad Hafezi D.O.B. _____ ☐ Female
☒ Male
Address _____ Phone _____

1) <u>Zetia 10mg</u>	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 checked="" 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 type="checkbox"/> 5 <input type="checkbox"/> Do not substitute Initial _____
2) <u>1 tab po qd</u>	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) <u>#30</u>	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 ☐ 8

NON-NEGOTIABLE

Date

G223RP



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

R Name Furhac Abedi D.O.B. _____ ☐ Female
☐ Male
Address _____ Phone _____

- | | |
|--------------------------------------|--|
| 1) Crest 20mg
1 tab po qd #30 | 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 checked="" type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input checked="" type="checkbox"/> Do not substitute Initial _____ |
| 2) Trulipix 135mg
1 tab po qd #30 | 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 checked="" type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input checked="" type="checkbox"/> Do not substitute Initial _____ |
| 3) 1 tab po qd #30 | 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 refed ☐ 1 ☒ 2 ☐ 3

NON-NEGOTIABLE

[Signature]
Date 2/25/09
6223RP