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Approved, SCAO

STATE OF MICHIGAN 22nd JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	HEALTHPORT SUBPOENA Order to Appear and/or Produce	CASE NO. 12-776- -PZ

David S. Swartz

Court address: 101 E. Huron, P.O. Box 8645, Ann Arbor, Michigan 48107

Court telephone no.: (734) 222-3383

Police Report No. (if applicable)

Plaintiff(s)/Petitioner(s)	v	Defendant(s)/Respondent(s)
☐ People of the State of Michigan ☑ IN RE: UNIVERSITY OF MICHIGAN HEALTH SYSTEM		
☐ Civil ☐ Criminal		Charge

☐ Probate In the matter of

In the Name of the People of the State of Michigan. TO:

UNIVERSITY OF MICHIGAN HEALTH SYSTEM, 1500 E. MEDICAL CENTER DR., ANN ARBOR, MI 48109

If you require special accommodations to use the court because of disabilities, please contact the court immediately to make arrangements.

YOU ARE ORDERED:

☐ 1. to appear personally at the time and place stated below: You may be required to appear from time to time and day to day until excused.

☐ The court address above ☐ Other:

Day	Date	Time

☐ 2. Testify at trial / examination / hearing.

☑ 3. Produce/permit inspection or copying of the following items: Any and all medical records, reports, and test results from 2005 through 2010 regarding patient Aarthi Rao, D/O/B: 12/23/1973, Address: 3118 Village Circle, Ann Arbor, MI 48108.

☐ 4. Testify as to your assets, and bring with you the items listed in line 3 above.

☐ 5. Testify at deposition.

☐ 6. MCL 600.6104(2), 600.6116, or 600.6119 prohibition against transferring or disposing of property is attached.

☐ 7. Other:

☑ 8.

Person requesting subpoena		Telephone no.
DAVID R. DRAPER (P43750)		(313) 885-6800
Address 18580 MACK AVENUE		
City GROSSE POINTE FARMS	State MI	Zip 48236

NOTE: If requesting a debtor's examination under MCL 600.6110, or an injunction under item 6, this subpoena must be issued by a judge. For a debtor examination, the affidavit of debtor examination on the other side of this form must also be completed. Debtor's assets can also be discovered through MCR 2.305 without the need for an affidavit of debtor examination or issuance of this subpoena by a judge.

SEAL OF THE MICHIGAN SUPREME COURT · LANSING · JUSTITIAM DISCITE MONITI

FAILURE TO OBEY THE COMMANDS OF THE SUBPOENA OR APPEAR AT THE STATED TIME AND PLACE MAY SUBJECT YOU TO PENALTY FOR CONTEMPT OF COURT.

Court use only
☐ Served ☐ Not served

AUG 08 2012

Date

Judge/Magistrate

Bar no.

MCL 600.1455, 600.1701, 600.6110, 600.6119, MCR 2.506

MC 11 (6/04) SUBPOENA, Order to Appear and/or Produce

TRUE COPY

STATE OF MICHIGAN

IN THE TRIAL COURT FOR THE COUNTY OF WASHTENAW

IN RE: UNIVERSITY OF MICHIGAN HEALTH SYSTEM

CASE NO.: 12-776 -PZ
HON. David S. Swartz

SRI NITHYANANDA SWAMI, Petitioner

/

David R. Draper (P43750)
THE DRAPER LAW FIRM
Attorney for Petitioner
18580 Mack Avenue
Grosse Pointe Farms, MI 48236
(313) 885-6800

/

ORDER GRANTING PETITIONER'S MOTION TO COMPEL DISCOVERY - MEDICAL RECORDS

At a session of said Court held in
the City of Ann Arbor, County of Washtenaw,
State of Michigan, on AUG 08 2012

PRESENT: HON. DAVID S. SWARTZ
TRIAL COURT JUDGE

Argument having been heard, and the Court being fully advised;

IT IS HEREBY ORDERED that photocopies of Aarthi Rao's University of Michigan Health System medical records be provided to Petitioner's counsel, David R. Draper.

IT IS FURTHER ORDERED that this information be provided within fourteen (14) days from the date of entry of this Order.

IT IS SO ORDERED.

/S/ DAVID S. SWARTZ
TRIAL COURT JUDGE

TRUE COPY
A'dahl

PMR (Printed Medical Record)

This is NOT the Original Medical Record (OMR)
Do NOT attach any loose sheets to this packet!!
PMR is to be shredded after use!

PMR Content and Order (Note: Content of each PMR depends upon the selection(s) made at run time.)

1. PMR Cover Sheet/Demographics: included
2. Medical Documents: All within 01/01/2005 to 12/31/2010
3. Laboratory Reports: All within 01/01/2005 to 12/31/2010
4. Radiology Reports: All within 01/01/2005 to 12/31/2010
5. Other Reports: All within 01/01/2005 to 12/31/2010
6. PFT: All within 01/01/2005 to 12/31/2010
7. Imaged Documents: All within 01/01/2005 to 12/31/2010

University of Michigan Hospitals and Health Centers

Demographics

Reg#: 30713680 **Name:** RAO, AARTHI **DOB:** 12/23/1973 **Sex:** F **Age:** 38 Years

Patient Information:

Address: 3118 VILLAGE CIR
City: ANN ARBOR
State: MI **Zip:** 48108-2245
County: Washtenaw
Country: US
SS#: ###-##-4654
Risk Code:
Isolation Type:

Tel# - Primary (734)274-9320
Cell (734)277-5428
Work
Race: O - Asian
Religion: HIN - HINDU
Marital Status: M - Married
Mother's Name: MURTHY, NIRMALA
Fathers's Name: JANARDHANRAO, SETHUMADHA

Visit Caregiver Information:

Visit Role	Doctor#	Name	Tel.	Visit#
ATTEND	099999	PHYS, DEFAULT ATTENDING		0279
PCP	004728	KRAUSE, CHRISTINE WARD 24 Frank Lloyd Wright Dr Domino's Farms Ann Arbor, MI, 48105-9484	(734)647-5640	0279
REFER	004728	KRAUSE, CHRISTINE WARD		0279

Visit Insurance Information:

Company	Start	Expire	COB	Insured Name
BOA - BLUE CROSS OUT AREA	01/01/2007		1	NARAYANAN, MANICKAM

Delivered to:_

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University of Michigan Hospitals and Health Centers
Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept	Admit Date	Discharged Date	Signed
LET/NOTE-RV	10/06/2010	HOLMSTROM, HEATHER LEE	DFM-DF	FP			Y
RESULTS MGT NT	06/16/2010	KRAUSE, CHRISTINE WARD	DFM-DF	FP			Y
PHONE NOTE	06/11/2010	KLINKMAN, MICHAEL SCOTT	BFP	FP			Y
PHONE NOTE	06/09/2010	KRAUSE, CHRISTINE WARD	DFM-DF	FP			Y
HME	06/03/2010	KRAUSE, CHRISTINE WARD	DFM-DF	FP			Y
LET/NOTE-RV	10/02/2009	WILLIAMS, JOY CAROL	DFM-DF	FP			Y
CONSULT-OUT	06/03/2009	HARTING, MANDY	GEN-DF	DERM			Y
HME	05/12/2009	KRAUSE, CHRISTINE WARD	DFM-DF	FP			Y
LET/NOTE-RV	04/15/2009	LITTLE, SAHOKO HIRANO	DFM-DF	FP			Y
PHONE NOTE	04/02/2009	ARGENTA, SUSAN J.	DFM-DF	FP			Y
LET/NOTE-RV	03/25/2009	GOLD, KATHERINE JO	DFM-DF	FP			Y
RESULTS MGT NT	11/26/2007	KININGHAM, ROBERT B	DFM-DF	FP			Y
LET/NOTE-RV	11/15/2007	KININGHAM, ROBERT B	DFM-DF	FP			Y
NO-SHOW/CANCEL	06/14/2007	KRAUSE, CHRISTINE WARD	DFM-DF	FP			Y
PHONE NOTE	08/08/2006	KRAUSE, CHRISTINE WARD	EFP	EAA			Y
LET/NOTE-RV	08/03/2006	KRAUSE, CHRISTINE WARD	DFM-DF	FP			Y
LET/NOTE-RV	11/30/2005	KAUFMAN, AMANDA JOY	EFP	EAA			Y
LET/NOTE-RV	11/22/2005	KRAUSE, CHRISTINE WARD	EFP	EAA			Y
LET/NOTE-RV	07/19/2005	KRAUSE, CHRISTINE WARD	EFP	EAA			Y
HME	06/16/2005	KRAUSE, CHRISTINE WARD	EFP	EAA			Y

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University of Michigan Hospitals and Health Centers
Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
LET/NOTE-RV	10/06/2010	HOLMSTROM, HEATHER LEE	DFM-DF	FP

Re: Rao, Aarthi
Reg No: 30713680
DOB: 12/23/1973
Date of Service: 10/06/2010

CHIEF COMPLAINT: Swollen lip for two weeks and knee pain.

Aarthi is a 36-year-old female who presents today for the above issues. She reports that about two weeks ago, she noticed some swelling and lumps on her top lip. They were never blisters or pustules. There has been no pain. She has them on both sides of her upper lip. She has been applying ChapStick frequently. Initially, she thought these bumps were insect bites, but finds that they have not completely resolved. She also complains of knee pain. It has occurred for the past three months. She has a history of meniscus surgery on her right knee. On the left knee, there was no trauma, either recent or distant. The worse pain occurs when she has been sitting with her knee in a flex position and goes to stand or when she has positioned herself such that her foot is behind her with her knee fully bent. She has had no numbness, weakness, or tingling. She has not tried anything for her symptoms. She does do some lunges and squats at times.

MEDICATIONS: Valtrex as needed and Zovirax.

DRUG ALLERGIES: None.

Past medical history is reviewed in the PSL.

REVIEW OF SYSTEMS: Negative other than above. No fever.

Weight 129.2, blood pressure 102/70, pulse 78. She is a well-nourished female, in no acute distress. On her upper lip, she has approximately four or five mildly swollen, nonerythematous, non-vesicular, non-pustular, raised areas that are approximately 2 to 3 millimeters in diameter. They did not cross the vermilion border. She has mild tenderness over the anteromedial knee. There is no joint line tenderness. She has full range of motion of the knee. Lachman's, McMurray maneuvers are negative in the seated position. No joint effusion palpable.

ASSESSMENT AND PLAN:
1. Swollen areas on upper lip which are likely a contact dermatitis. I asked her to consider particular chemicals or irritants that she may have used in this area. We will have her use some over-the-counter cortisone cream at night for the next 3 nights as well as take Benadryl at bedtime. If she finds her symptoms are not improving, she should contact us and I will actually refer her to Dermatology. I would be happy to take care of this over the phone without seeing her for the same lesion. Because it crosses the midline, I doubt that it is a viral infection of herpetic nature, although she has a history of that. Certainly, if symptoms worsen, she should contact us.
2. Knee pain, likely secondary to patellofemoral syndrome. Handout provided. She can take anti-inflammatories and followup if symptoms worsen, progressed, or is not improving in the expected amount of time. She is advised to avoid activities where the knee is flexed and then loaded.

Department Of Family Medicine
Family Medicine at Dominos Farms

Heather L. Holmstrom, MD
Clinical Lecturer

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University of Michigan Hospitals and Health Centers

Medical Documents

//Electronically signed by Heather L. Holmstrom, MD on 10/11/10 11:26:15 PM//

Dictated by: Heather Holmstrom, MD/17001
Dictate Date/Time: 10/06/2010 06:29:53 PM
Sent to EHR Date/Time: 10/07/2010 06:10:03
Import Source: cBay on eScription
Document ID: 000807181CBE
Last Edit Date/Time: 10/11/2010 23:26:15

******* END OF DOCUMENT *******

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University of Michigan Hospitals and Health Centers

Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
RESULTS MGT NT	06/16/2010	KRAUSE, CHRISTINE WARD	DFM-DF	FP

Re: Rao, Aarthi
Reg No: 30713680
DOB: 12/23/1973
Date of Service: 06/16/2010

Patient Name: RAO, AARTHI
Reg #: 30713680
DOB: 12/23/1973
Age: 36 Years
Gender: F
Daytime Phone (Home) #: (734)274-9320
Alternate Phone (Contact) #: (734)277-5428

Provider Comments: Normal cholesterol. Neg HIV test.

Lab Results
ACCN Number Order Test Code Order Test Name Last Updated
ACCN: 10-165-02055
Collected:06/14/2010 07:56AHIVANTI-HIVUpdated:06/14/2010 16:30
Secure Order
ACCN: 10-165-02055
Collected:06/14/2010 07:56CHDCORONARY HEART DISEASE PROFILEUpdated:06/14/2010 13:02
CHOLESTEROL (CHOL)171 1-200 MG/DL
TRIGLYCERIDES (TRIG)46 1-150 MG/DL
HIGH DENSITY LIPOPROTEIN CHOL (HDL)55 40-60 MG/DL
LOW DENSITY LIPOPROTEIN CHOL (LDLC)107 1-129 MG/DL
NCEP RECOMMENDED GUIDELINES

Total Cholesterol: <200 mg/dl Desirable
200 - 239 mg/dl Borderline High
>240 mg/dl High

Triglycerides: <150 mg/dl Normal
150 - 199 mg/dl Borderline High
200 - 499 mg/dl High
>500 mg/dl Very High

HDL-Cholesterol: <40 mg/dl Low/Undesirable
40 - 60 mg/dl Normal
>60 mg/dl High/Desirable
(= negative risk for CHD)

LDL-Cholesterol: <100 mg/dl Optimal
100 - 129 mg/dl Near Optimal
130 - 159 mg/dl Borderline High
160 - 189 mg/dl High
>190 mg/dl Very High

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CHOL/HDL RATIO (CHOL/HDL)3.1 0.0-4.5

University of Michigan Hospitals and Health Centers

Medical Documents

KRAUSE, CHRISTINE W (CWKRAUSE) 06/16/2010 02:29 PM

om mltrc

FARRELL, LEE A (FARRELLL) 06/16/2010 03:02 PM

MTRC.

GALLAWAY, LISA (LISGALLA) 06/17/2010 09:54 AM
GALLAWAY, LISA (LISGALLA) 06/18/2010 08:14 AM

'atient returned call 734-389-5550

PHILLIPS, CHARLENE (CHACURRY) 06/22/2010 08:21 AM

'atient notified of above and verbalized understanding.
LGallaway, LPN

Department Of Family Medicine
Family Medicine at Dominos Farms

Christine W. Krause, MD
Clinical Instructor

//Electronically signed by Christine W. Krause, MD on 07/01/10 11:52:32 PM//
06222010/AT91/06222010
07012010/4728/07012010

041884055CWB

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University of Michigan Hospitals and Health Centers

Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
'HONE NOTE	06/11/2010	KLINKMAN, MICHAEL SCOTT	BFP	FP

Re: Rao, Aarthi
Reg No: 30713680
DOB: 12/23/1973
Date of Service: 06/11/2010

called by patient at 2019h.
Has been treated for chalazion (see last note), was initially told that did not need antibiotics, with increased swelling and redness prescription was called in. When she picked it up she was confused as it was an antibiotic.

Now, over past 24h her eyelid has improved without antibx, less red, less tender. Has not used antibiotic drops. Does she still need?

Discussed. OK to continue without using antibx, can use compresses plus gentle scrubbing. If worsens, can then add antibx.

nk

Department Of Family Medicine
riarwood Family Medicine

Michael S. Klinkman, MD, MS
ssociate Professor
riarwood Family Practice

Electronically signed by Michael S. Klinkman, MD, MS on 07/16/10 10:53:41 AM//
112010/3023/06112010
'162010/3023/07162010

1753421CWB

******* END OF DOCUMENT *******

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Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
PHONE NOTE	06/09/2010	KRAUSE, CHRISTINE WARD	DFM-DF	FP

Re: Rao, Aarthi
Reg No: 30713680
DOB: 12/23/1973
Date of Service: 06/09/2010

REASON FOR CALL Vr. 3.0
Patient Name: RAO, AARTHI
Provider: krause
Reason for Call:
Pt was seen by CK last thursday 06-03-10 for a stye in her eye. At that time CK did not think med was required. Pt states it is now worsening, getting bigger and much more uncomfortable. She asks if a med be given to her or called into her pharmacy, or is there something else she should do.
Pharmacy: cvs
Ph #: 734-973-7402
BIGELOW, SUSAN E (SBIGELO) 06/09/2010 01:48 PM

Spoke to patient who states left eye is much more swollen,red and
contast pain around the chalazion.
Should pat ient be seen at DFM? Referral to Ophthalmology now?
or
Warm compresses for 5 to 10 minutes, 3 or 4 times a day; gentle massage to express the glandular secretions.

Careweb note
06/03/10
Medical Decision Making: Chalazion, left upper eyelid. Improving. If
symptoms do not resolve in 3 weeks, she will call our office for a referral to Ophthalmology Clinic at the University of Michigan to be seen as available. Diagnosis would be Chalazion, onset 05/30/2010, which has not resolved.

Please advise.
S.Argenta RN

ARGENTA, SUSAN J (SSIMMONS) 06/09/2010 02:02 PM
yes do warm compress as above. Gentle massage is ok too.

Since area is now red and tender call in rx sodium sulamyd 10% soln 2 gtts L eye q 2-4 hr while awake x 5 days. PSL says NKDA. If worsening or not improving next week please send her to "same day"-urgent care type opthy clinic to be seen next week.

If Chalazion not resolved by 6/21/10 refer to Opthy. dx: Chalazion not resolving onset 5/30/10. to be seen as available.
ck
KRAUSE, CHRISTINE W (CWKRAUSE) 06/10/2010 10:45 PM

734-389-5550 LMTRC
Daytime Phone (Home) #: (734)274-9320 LMTRC
Alternate Phone (Contact) #: (734)277-5428 Husbands work
S.Argenta RN

CONFIDENTIAL

ARGENTA, SUSAN J (SSIMMONS) 06/11/2010 09:30 AM
Pt returned Susan's call-seb -06-11-10 9:54 am
BIGELOW, SUSAN E (SBIGELO) 06/11/2010 09:54 AM

University of Michigan Hospitals and Health Centers

Medical Documents

Spoke to patient who states her left eye is alittle better. Instructed patient since it is now red and tender Dr.Krause recommends rx sodium sulamyd 10% soln 2 gtts L eye q 2-4 hr while awake x 5 days.
Instructed patient to call if further concerns or questions.
Patient verbalized understanding.
S.Argenta RN

Dr.Krause should the referral still be sent to Opthy or wait and see if Chalazion is resolved since patient states it is starting to get better?
Please advise.
S.Argenta RN

ARGENTA, SUSAN J (SSIMMONS) 06/11/2010 11:16 AM
Urgent visit to Opthy not needed since she is improving.
As needed visit to Opthy can hold while we wait and see if Chalazion resolves.
KRAUSE, CHRISTINE W (CWKRAUSE) 06/11/2010 04:03 PM

Spoke to patient and instructed that you do not need a referral to Opthy since your improving.Will wait to see if Chalazion resolves.Please call with concerns or questions.Patient verbalized understanding.
S.Argenta RN

Department Of Family Medicine
Family Medicine at Dominos Farms

Christine W. Krause, MD
Clinical Instructor

Susan J. Argenta, RN
Registered Nurse

Electronically signed by Christine W. Krause, MD on 07/07/10 02:25:04 PM//
06112010/DX31/06112010
07072010/4728/07072010

H1660025CWB

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University of Michigan Hospitals and Health Centers
Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
HME	06/03/2010	KRAUSE, CHRISTINE WARD	DFM-DF	FP

Re: Rao, Aarthi
Reg No: 30713680
DOB: 12/23/1973
Date of Service: 06/03/2010

Health Maintenance Examination

History of Present Illness: Routine health maintenance exam. No concerns; chronic conditions stable except as noted below. The patient has had swelling and a lump on her left eyelid for 1 week.

Past Medical, Family, and Social History: Past medical history, family history, and genogram updated on green sheet. The patient's past medical history, medications, and allergies are updated on problem summary list.

Family history is significant for diabetes and heart attack in grandfather at age 70.

SEXUAL HISTORY: The patient's last menstrual cycle was 06/03/2010. Menarche age 15. The patient's cycles occur every 30 days and are 3 days in duration. She is a G1, P0 with no plans for pregnancy. She has a history of herpes simplex virus and uses condoms for contraception. She does have some concerns about her sexual functioning and is in a sexual relationship. She does wish to continue condoms for contraception. The patient is concerned she had exposure to a new partner 1 year ago and reports using condoms for contraception. She wonders if through oral sex or that episodes of vaginal intercourse she was exposed to sexually transmitted disease. Neither patient nor her husband have any genital discharge or symptoms.

SOCIAL HISTORY: The patient is a homemaker. She exercises 2 to 3 times per week. No alcohol, no tobacco. No street drugs. The patient lives with her husband. No specific stressors at this time.

REVIEW OF SYSTEMS: The patient has a lump on her left upper eyelid for the last 1 week. Please see addendum below.

PHYSICAL EXAMINATION: General: Blood pressure 92/64, weight is 124.9 pounds, height is 63.8 inches, body mass index of 20, pulse was 64. The patient in no distress. Eyes: Conjunctivae, lids, and irides appeared normal; pupils were equal. ENT: External ears and nose were normal. Mucous membranes were moist. Mouth and throat were normal. Neck: Symmetric and supple, without masses or thyromegaly. Lungs: Clear, with normal effort. Heart: Regular rate and rhythm, without murmur. Breast Exam: Symmetric breasts with dense breast tissue throughout. There is no mass, nipple discharge, nor axillary adenopathy. Genital exam shows normal-appearing labia majora, minora, clitoris, and urethra. Normal perineum and anus. Vaginal mucosa is well-estrogenized. Cervix is normal in appearance, but difficult to fully see secondary to blood consistent with menses in the vaginal vault. Pap smear was obtained. GC, chlamydia cultures obtained. Cervix did not appear to have any mucopurulent discharge. Bimanual exam shows no cervical motion tenderness. No tenderness or masses with palpation in the suprapubic and adnexal area.

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University of Michigan Hospitals and Health Centers
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Uterine size difficult to evaluate secondary to retroversion. Pulses were normal, and there was no extremity edema. Abdomen: Soft, nontender, nondistended, and bowel sounds normal. No masses or organomegaly. Lymphatic: No cervical or inguinal lymphadenopathy. Musculoskeletal: Gait and posture were normal. There was no clubbing or cyanosis. Skin: Normal turgor and appearance. Psychiatric: Alert and oriented, with normal mood and affect.

LABORATORY DATA: Reviewed labs through 2009.

MEDICAL DECISION MAKING:
1. Healthy 36-year-old woman with no plan for pregnancy in the next year.
2. Family planning, continue condoms.
3. Genital herpes. Refilled topical Zovirax ointment and advised valacyclovir for 1 year supply.
4. Sexually transmitted infection exposure 1 year ago. HIV counseling was performed and consent signed. Consent will be will be electronically scanned into her electronic chart. If GC or chlamydia returns positive, we will provide treatment. No pharyngeal or vaginal signs of gonorrhea or chlamydia exam. Nursing will call the patient with HIV results.
5. Immunizations. The patient was provided Tdap and Twinrix today. Continue Twinrix to complete series per nurse protocol.

PLAN: Discussed diet, exercise, and healthy lifestyle.

ADDENDUM: The patient 1 week ago had new onset of a lump on the lateral upper left eyelid. The area was approximately the size of a large pea, red, and painful. The area is no longer painful or red, and has decreased in size. The patient wonders if she needs to be seen by an ophthalmologist. The patient has no eye pain, and had no change in her vision.

Eye exam a long 1 centimeter proximal to the lid margin on the left superolateral lid, there is a nontender subdermal nodule approximately 9 millimeters x 3 millimeters in size. When the patient everts the eyelid, I see no sign of purulence nor abnormality.

Medical Decision Making: Chalazion, left upper eyelid. Improving. If symptoms do not resolve in 3 weeks, she will call our office for a referral to Ophthalmology Clinic at the University of Michigan to be seen as available. Diagnosis would be Chalazion, onset 05/30/2010, which has not resolved.

Department Of Family Medicine
Family Medicine at Dominos Farms

Christine W. Krause, MD
Clinical Instructor

//Electronically signed by Christine W. Krause, MD on 06/09/10 10:25:38 AM//
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06092010/4728/06092010

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University of Michigan Hospitals and Health Centers
Medical Documents

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University of Michigan Hospitals and Health Centers
Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
LET/NOTE-RV	10/02/2009	WILLIAMS, JOY CAROL	DFM-DF	FP

Re: Rao, Aarthi
Reg No: 30713680
DOB: 12/23/1973
Date of Service: 10/02/2009

SUBJECTIVE: The patient is a 35-year-old female with a history of periorbital dermatitis. She is here today, however, with concerns about several papules that have developed on her right upper eyelid near the medial border. She says about a week ago, it started with just 1 and then subsequently 2 other papules developed. She started using a little bit of her Retin-A 0.05% cream on and then also yesterday used some MetroGel. She says that seems to have caused the skin to dry up which she has noticed today. She denies any pain or itching around the area. She has noticed that recently her oral dermatitis on her chin in the corners of her mouth has also flared up, but seems to be improving with treatment. No other acute concerns today.

Current medications were reviewed in CareWeb.

No known medical allergies.

PHYSICAL EXAM: Weight 118 pounds, blood pressure 104/74, pulse 76. General, alert in no acute distress. Skin exam, on her chin and near her mouth, she has several erythematous papules and 1 or 2 pustules on the area of concern on her right upper eyelid. She has actually some drying skin and 2 remaining papules. The initial lesion appears to be actually resolving with some postinflammatory hyperpigmentation.

ASSESSMENT AND PLAN:
1. Perioral and periorbital dermatitis. At this point, she can continue with MetroGel 1% and tretinoin 0.05%. Followup, however, if she develops more lesions on other parts of her face.
2. Influenza vaccine given today.

Department Of Family Medicine
Family Medicine at Dominos Farms

Joy Williams, MD
Clinical Lecturer

//Electronically signed by Joy Williams, MD on 10/13/09 07:39:51 PM//
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10132009/15212/10132009

053609349CBD

******* END OF DOCUMENT *******

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University of Michigan Hospitals and Health Centers
Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
CONSULT-OUT	06/03/2009	HARTING, MANDY	GEN-DF	DERM

Re: Rao, Aarthi
Reg No: 30713680
DOB: 12/23/1973
Date of Service: 06/03/2009

Christine Ward Krause, M.D.
Family Medicine at Domino's Farms
24 Frank Lloyd Wright Dr PO Box 431 Lobby H
Ann Arbor, MI 48106

Dear Dr. Krause:

Thank you for requesting consultation on your patient's skin problem. Please see below for our findings, including our impression and plan at the end of this letter.

CHIEF COMPLAINT: Rash around mouth.

HISTORY OF PRESENT ILLNESS: Ms. Rao is a 35-year-old Indian female presenting with a rash around mouth. She says this started towards the end of February with slightly red bumps that looked vesicular. Due to this, it was originally thought to be HSV (negative culture) and she was told to increase her daily Valtrex dosing to twice a day; however, this did not resolve her rash. She then went back to see her primary doctor and these lesions were evaluated again and thought to be flat warts. She was then given tretinoin cream to use on these areas which seemed to help, but they are not completely gone. Additionally, she started developing red pimple-like lesions around these areas as well. These lesions are not itchy or cause her any symptoms in any other way. She is also asking if there is anything topically she can apply to the prominent veins that she sees on her legs.

REVIEW OF SYSTEMS:
Integument: No other itching, bleeding, or changing skin lesions currently. No easy bleeding or bruising.

ALLERGIES: No known allergies.

MEDICATIONS RELEVANT TO PATIENT'S COMPLAINTS: Daily Valtrex.

RELEVANT PAST MEDICAL HISTORY: Genital warts.

RELEVANT FAMILY HISTORY: No history of rosacea or skin cancer in the family.

RELEVANT SOCIAL HISTORY: None.

PHYSICAL EXAM:
The patient is well appearing and in no acute distress. Skin exam of the face and bilateral thighs is performed with the following findings. There are small skin-colored to slightly erythematous papules scattered around periorally. She has also flesh-colored flat papules on her lower chin. There are spider veins on her bilateral thighs.

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IMPRESSION AND PLAN:
1. Perioral dermatitis versus flat warts. Clinically, this appears to be perioral dermatitis, but there is a second morphology to the lesions on her chin that can resemble flat warts. We will treat her for perioral dermatitis first with doxycycline 100 milligrams p.o. b.i.d. for the next 3 weeks, as well as application of MetroGel b.i.d. If this completely improves her lesions, then she does have perioral dermatitis. If it does not, she is to return back to dermatology in about a month for reevaluation.

2. Spider veins. We advised her that there are no topical treatments for spider veins and varicosities. She can pursue cosmetic sclerotherapy for this if she desires in the future. She was advised that it will not be covered by insurance.

P.r.n. return visit was scheduled.

Thank you for allowing us to consult on the care of your patient.

ADDITIONAL PAST HISTORY: Medication list was reviewed with the patient, and an updated list was given to the patient. This list is available in the electronic medical record.

Domino's Farm, C2.

COMPLIANCE DOCUMENTATION:
Dr. Harting was physically present for the evaluation of the patient.

Sincerely,

I was physically present for the E/M service provided. I agree with House Officer note and plan which I have reviewed and edited where appropriate. I was physically present for the key portions of the service provided.

DEPARTMENT OF DERMATOLOGY
General Derm at Dominos Farms

Mandy Harting, MD
Assistant Professor

Susan Leu, MD
Resident Physician

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Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
HME	05/12/2009	KRAUSE, CHRISTINE WARD	DFM-DF	FP

Re: Rao, Aarthi
Reg No: 30713680
DOB: 12/23/1973
Date of Service: 05/12/2009

HEALTH MAINTENANCE EXAMINATION

History of Present Illness: Routine health maintenance exam. No concerns; chronic conditions stable except as noted below. The patient continues to have rash around her mouth and wonders if she can have a referral to dermatology. She also has questions about her genital wart suppression.

Past Medical History: Significant for monthly recurrent genital herpes.

Surgeries: Meniscus tear, right knee status post arthroscopy.

Family History: Hypertension, diabetes, and heart disease.

Gynecologic Care: Last menses 05/11/2009. Menarche age 15. Menses occur every 30 days for 4-day duration. She is a G1, P0 with one abortion in her past. She does have a history of herpes simplex for which she takes suppressive Valtrex. She and her husband use condoms to try to prevent exposure to her husband. No concerns about sexual functioning.

Medications and Allergies: Updated on problem summary list.

Social: The patient is a homemaker. She exercises 3 to 4 times per week. No tobacco. No alcohol. She lives with her husband. No specific stressors. The patient and her husband plan to move to India next year to be closer to family.

Review of Systems: Negative.

Physical Examination: General: Blood pressure is 88/60, height 63.75 inches, weight is 119 pounds, pulse of 60. Patient in no distress. Eyes: Conjunctivae, lids, and irides appeared normal; pupils were equal. ENT: External ears and nose were normal. Mucous membranes were moist. Mouth and throat were normal. Neck: Symmetric and supple, without masses or thyromegaly. Lungs: Clear, with normal effort. Heart: Regular rate and rhythm, without murmur. Pulses were normal, and there was no extremity edema. Abdomen: Soft, nontender, nondistended, and bowel sounds normal. No masses or organomegaly. Lymphatic: No cervical or inguinal lymphadenopathy. Musculoskeletal: Gait and posture were normal. There was no clubbing or cyanosis. Skin: Normal turgor and appearance. The patient has dry-appearing scale over the entire chin. No pustules, but there are erythematous appearing color to the base skin and 4 erythematous papules at the right side. No pustules. Skin intact. No papules around the circumference of her lips. Psychiatric: Alert and oriented, with normal mood and affect. Breast exam shows symmetric breasts. No specific mass, nipple discharge. No axillary adenopathy. Genital exam: The patient has one erythematous papule with vesicle at 12 to 1 o'clock position 1.5 centimeters from the anus. Otherwise, normal labia majora, minora, clitoris, urethra, and perineum. Vaginal mucosa

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is well estrogenized. I see no ulcerations. Cervix is normal and nulliparous in appearance. Very scant amount of bleeding with dabbed gently and Pap smear obtained. Bimanual exam shows no cervical motion tenderness. No tenderness or masses in the adnexa.

Reviewed labs through 2006.

Medical Decision Making: Healthy 35-year-old woman. New intolerance written into her allergies regarding exposure to orange lentils at age 9 causing "nerve paralysis on the right side of my face."

Herpes simplex type 2, culture positive on lesion at genital and buttock. Discussed risks, alternatives, and benefits, and the patient would like to continue her Valtrex 500 milligrams daily for suppression. If her husband is seen at our office, I would be happy to order herpes simplex typing to see if he is exposed to HSV 2. If he has been exposed, they would not need to continue condoms to prevent exposure. Current decrease in approximately 25% of attacks, decrease in number of vesicles (3 to 1), and decrease in duration (5 days to 3 days) is significant and we plan to continue suppressive therapy.

Immunizations up to date. Refer to Travel Clinic if the patient wishes in the future.

Plan: Discussed diet, exercise, and healthy lifestyle.

Addendum

The patient since February 2009 has had a rash along the entire bottom of her chin which was initially diagnosed at our office as possible herpes simplex. Minimal vesicle contents were evaluated and negative for HSV. Second evaluation gave likely diagnosis of flat warts and she has been using tretinoin 0.05% cream once a day with full resolution of the flat area around the base of her chin. She was quite pleased with improvement until red bumps appeared 2 or 3 days ago on the right lower chin. No similar outbreak in the past. The patient has noticed quite a bit of drying of her skin and some erythema from the topical tretinoin.

Examination: As above.

Plan: Dermatitis, unclear etiology, right chin. Possible periorbital dermatitis versus reaction to tretinoin. I see no sign of flat warts at this time. Discontinue all medications and proceed only with gentle face wash and moisturizing. Refer for second opinion to dermatology if symptoms do not improve significantly over the next 1 week.

Department Of Family Medicine
Family Medicine at Dominos Farms

Christine W. Krause, MD
Clinical Instructor

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Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
LET/NOTE-RV	04/15/2009	LITTLE, SAHOKO HIRANO	DFM-DF	FP

Re: Rao, Aarthi
Reg No: 30713680
DOB: 12/23/1973
Date of Service: 04/15/2009

S: Ms. Rao is a 35 year-old woman with a history of genital herpes presenting with a 7 week history of rash around the month.
The rash started at the right corner of her mouth and then spread across her chin while she was traveling in India 7 weeks ago. She visited a dermatologist in India who diagnosed the rash as an allergic reaction and prescribed Silver Sulfadiazine. The rash did not improve. At her appointment here on 3/25, the lesions were thought to be most likely due to herpes and she was advised to take Valtrex 500 MG BID for 7 days and use using Zovirax ointment. A culture was done of a larger papule was negative for herpes. After she completed 7 days of valtrex, she has been taking valtrex 500 mg once daily. She states that they were never painful, no tingling or itching. They do not bother her except for the appearance. The lesions were essentially unchanged for 7 weeks.
MEDs:
Zovirax ointment 5% thin coat TOPICAL Q2-4H
valtrex 500mg 1 tab PO daily
ALL: No Known Allergies

O:
VS: BP 100/70, HR 72, WT 123.3lb
GEN: no apparent distress
SKIN: Multiple flesh colored papules present across her chin and around mouth. No pustules or vesicles. No reddness or scaliness.

A/P:
Multiple flesh colored papules on the chin. I think this is flat warts. Because they are small and many (>50) on the face, cryotherapy is not a good option for her. After much discussion, we decided to start 0.05% tretinoin cream nightly. If the flat warts do not show improvement in 2 weeks she is advised to call the office. If she tolerate the medication and wish to increase the strength, she will call us as well. If the medication does not improve at all in 2 weeks, we will refer for dermatology.
Patient was advised that tretinoin is class 3 drug for pregnancy, but it is desirable to avoid pregnancy during the treatment.

DEPARTMENT OF FAMILY MEDICINE
Family Medicine at Dominos Farms

Sahoko Little, MD
Clinical Lecturer

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Type	Case Date	Doctor	Patient Service	Service Dept
PHONE NOTE	04/02/2009	ARGENTA, SUSAN J.	DFM-DF	FP

Re: Rao, Aarthi
Reg No: 30713680
DOB: 12/23/1973
Date of Service: 04/02/2009

REASON FOR CALL Vr. 3.0

Patient Name: RAO, AARTHI
Reg #: 30713680
Provider: krause

Reason for Call:

TEST RESULTS Vr. 3.0

Test results requested (specify): culture from pt chin.

Date of test: last week..

LOCKHART, LAKEIA M (LAKEIA) 04/02/2009 04:51 PM
Spoke to pt to let her kno results of chin culture. Pt verbalized understanding.
FINAL REPORT ----------
03/27/09
RESULT:
NO HERPES SIMPLEX 1 OR HERPES SIMPLEX 2 ISOLATED
S.Argenta RN

DEPARTMENT OF FAMILY MEDICINE
Family Medicine at Dominos Farms

Susan J. Argenta, RN
Registered Nurse

//Electronically signed by Susan J. Argenta, RN on 04/03/09 10:19:24 AM//
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Type	Case Date	Doctor	Patient Service	Service Dept
LET/NOTE-RV	03/25/2009	GOLD, KATHERINE JO	DFM-DF	FP

Re: Rao, Aarthi
Reg No: 30713680
DOB: 12/23/1973
Date of Service: 03/25/2009

Chief Complaint: Chin rash.

Subjective: Aarthi Rao is a 35-year-old who comes in today complaining of a rash on her chin. She states it began approximately 3 weeks ago while she was having a 4-month stay in India. It began on the right part of her chin, but has gradually spread across her chin. She denies there being vesicles, but states that when a dry crust fell off one of the lesions, then was slightly weepy and bled. She saw a dermatologist in India who thought it was an allergic reaction and prescribed silver sulfadiazine; however, the rash has worsened rather than improved. She states that it does not hurt or itch. She does describe a history of new soaps and shampoo, which she started 2 months prior to the rash and a new face cream which did cause a different kind of rash (so she discontinued) and then a second new face cream which she started 1 month prior to developing these symptoms. She denies any similar rashes previously. Of note, the patient does have a history of genital herpes and has had skin outbreaks as well, last in 2007. She takes Valtrex 500 milligrams p.o. daily as prophylaxis; however, she continues to have monthly genital outbreaks at which point she doubles her dose times 3 days.

The patient is also worried because 1 week ago, she took a 36-hour plane ride returning from India and the next day began having aching in her back at her SI joints. She reports that it is worse if she lies on her back or extends it significantly. Stretching and bending forward seem to help as do heat and massage. She thought she should get this checked out as it has persisted for a week. The patient denies bowel or bladder symptoms, denies weakness or numbness or tingling in arms or legs.

Social History: Nonsmoker.

Physical Exam: Weight 123.1, blood pressure 102/74, pulse 58, temperature 98.4. Skin on the chin is notable for multiple small grouped vesicles primarily on the right side of the chin, but extending in small clumps across the left as well. There is no erythema and these appeared slightly dried out. There is one newer vesicle, which does have erythema at the base, which we are able to unroof and send for culture. There are no similar rashes elsewhere on the skin. Back shows normal range of motion. She has pain with direct palpation over the SI joints bilaterally. There is no bony tenderness. There is no flank pain. Psych: A&O x 3. Mood: good; affect: anxious.

Assessment and Plan:
1. Herpes gladiatorum. I did discuss with the patient that the visual appearance of the rash is consistent with herpes. I did attempt to collect a herpes culture though didn't get much fluid from the vessicle. I discussed with the patient that these do not always grow in the laboratory, but I thought that even a negative result did not exclude the possibility of herpes given the clinical appearance. Since she is symptomatic even on prophylactic Valtrex, I

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did ask her to double her dose to 500 milligrams p.o. b.i.d. times 7 days and she also has topical Zovirax which she will try. The patient was very anxious about this diagnosis and had numerous questions, which we discussed in full. She admitted that even this month with her menses, which occurred approximately a week ago, she did develop 3 days of symptomatic genital herpes.
2. SI joint strain. Discussed with the patient this diagnosis. Recommended stretching, exercises, and heat as well as strengthening of core muscles.

DEPARTMENT OF FAMILY MEDICINE
Family Medicine at Dominos Farms

Katherine Gold, MD
Clinical Lecturer

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Type	Case Date	Doctor	Patient Service	Service Dept
RESULTS MGT NT	11/26/2007	KININGHAM, ROBERT B	DFM-DF	FP

Patient Name: RAO, AARTHI
Reg #: 30713680
DOB: 12/23/1973
Age: 33 Years
Gender: F
Daytime Phone (Home) #: (734)277-5460
Alternate Phone (Contact) #: (734)277-5460 CELL

Lab Results
ACCN Number Order Test Code Order Test Name Last Updated
ACCN: 07-320-02415
Collected:11/15/2007 00:57HSVCULTCULTURE FOR HERPES
SIMPLEXUpdated:11/17/2007 16:21
CULTURE FOR HERPES SIMPLEXSource:VESICLE GLUTEAL

--------- FINAL REPORT ---------
11/17/07 1621
**** Result: POSITIVE ****

********** HERPES SIMPLEX VIRUS ISOLATED **********

PLease call and tell her of the positive herpes culture. I have
already prescribed medication - how is she doing?
Bob Kininghan, MD

Pt notified of positive results. Verbalized understanding.
M Lee LPN

Robert B. Kininghan, MD
Clinical Associate Professor

Melissa Lee, LPN
Licensed Practical Nurse
//Electronically signed by Robert B. Kininghan, MD on 12/19/07 10:54:32 //
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Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
LET/NOTE-RV	11/15/2007	KININGHAM, ROBERT B	DFM-DF	FP

Ms. Rao is a 33-year-old who comes in today because of lesions on her right buttocks. She has noticed this since the past 3 or 4 days. She has a history of HSV type 2 in the genital region. She has outbreaks every month with her menses. She has been prescribed Valtrex in the past, but has not taken medication. However, 3-4 days ago, she developed a small cluster of lesions in her right buttock region, over her sacrum. She says she has had folliculitis in her buttocks region in the past, but this has felt different because of clusters.

She had a positive herpes simplex culture done on her right thigh in 2006. This was at a slightly different location.

Physical Exam: She is afebrile. Blood pressure 90/64. In general, she is a well-appearing woman in no acute distress. Her lungs are clear to auscultation, given all fields. Abdomen is benign. Examination of her skin reveals 2 small clusters of vesicular lesions with some surrounding erythema in the right gluteal region.

Procedure: Three of these vesicular lesions were unroofed and I obtained some fluid for HSV culture. Antibiotic ointment and a Band-Aid were placed over the lesions.

Assessment and Plan: Probable HSV.

I obtained a sample today and sent for culture. In the meantime, I have told her that they clinically looked very much like herpes and I have suggested she go back on the Valtrex. She should take 500 mg twice a day for the next 3 days and then 1 pill a day everyday for prophylaxis. If the area is getting worse, she will let us know. Any signs or symptoms of bacterial infection, she will let us know.

Robert B. Kiningham, MD
Clinical Associate Professor
//Electronically signed by Robert B. Kiningham, MD on 12/10/07 15:14:14 //
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Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
NO-SHOW/CANC EL	06/14/2007	KRAUSE, CHRISTINE WARD	DFM-DF	FP

NO SHOW NOTE vr 1.0

Patient Name: RAO, AARTHI
Reg #: 30713680
Daytime Phone (Home) #: (734)761-6388

RAO, AARTHI did not keep a scheduled appointment.

CLINICAL STAFF/PROVIDER ACTION
[X] No-Show letter sent to the patient
[] Certified letter sent to patient
[] Phone call by the physician/nurse
[] No follow-up is required

Name/Title: Emily Franks/MA

Christine W. Krause, MD
Clinical Instructor
//Electronically signed by Christine W. Krause, MD on 07/13/07 18:19:14 //
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Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
PHONE NOTE	08/08/2006	KRAUSE, CHRISTINE WARD	EFP	EAA

REASON FOR CALL v1.0

Patient Name: RAO, AARTHI
Reg #: 30713680
Daytime Phone (Home) #: (734)761-6388
Alternate Phone (Contact) #: (734)761-6388
Provider: Dr. Christine Krause
Reason for Call: I left a message on the patient's cell phone informing her of her lab test results. I told her that the sore on her leg is Herpes Simplex and not a zoster, that she did have a positive test for having had the chickenpox in the past, and that she does not have an acute herpes zoster infection. I left our office phone number and asked her to call if she had any questions. These results were given per Dr. Krause and the paper results will be mailed to her today.

Emily Franks/MA

Christine W. Krause, M.D.
Clinical Instructor
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Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
LET/NOTE-RV	08/03/2006	KRAUSE, CHRISTINE WARD	DFM-DF	FP

The patient is a 32-year-old who thinks that she has a new onset of herpes on the back of her right leg by the buttocks. She first saw symptoms 5 days ago, when she noticed a small bump. It is not unusual for her over the last 10 years to get small bumps over the buttocks that go away. This area was a little bit different and that it started having more bump and when she evaluated it, she was concerned that it could be a herpes outbreak. She normally uses Valtrex 500 mg by mouth twice a day for genital herpes outbreaks, which are occurring for once every 2 months to 3 times in 2 months. She also finds Zovirax cream of assistance. Genital herpes outbreaks normally occur at the time of her menstrual cycle. At the current time, she has increased stress from planning a 6-month trip to India where she is going to take part in a meditation program, but otherwise says that she is doing well.

Social history, nonsmoker.

Allergies, none.

Reviewed past medical history and updated medications.

Examination, blood pressure is 98/76 with a height of 64 inches, and a weight of 115 pounds. The patient has 10 coalescing vesicles just below the right buttock on her upper posterior thigh; around the area, there is no erythema. The area has roofed vesicles, which appear to be slightly cloudy. Minimal tenderness with palpation. Vesicles are unroofed, and herpes simplex virus culture sent.

Medical decision-making would be herpes zoster verus new location for her herpes simplex virus, on right posterior proximal thigh.

Continue Valtrex 500 mg 1 p.o. b.i.d. for a 3-day duration to treat genital herpes outbreak. We provided 50 tablets, which should last for 6 months supply and 1 refill.

Continue Zovirax ointment 5%, 15-g tube dispensed, to apply 7 times daily. Over-the-counter analgesics for discomfort. I discussed the pros and cons of taking a serum test for varicella IgG and IgM. I am unable to document if they are available to order the IgM antibody for this illness. The patient would like us to try drying that and understands that it may not definitively tell us what type of herpes virus is causing this problem. Messages about what her results show can be left on her cellphone at 734-277-5460.

addendum 8/10/06 we are starting suppressiventx of genital HSV while patient is traveling. ck

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Christine W. Krause, M.D.

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University of Michigan Hospitals and Health Centers
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Clinical Instructor
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Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
LET/NOTE-RV	11/30/2005	KAUFMAN, AMANDA JOY	EFP	EAA

Subjective: Aarthi Rao is a 31-year-old female with a past history significant for HSV who presents with a lesion on her right buttock. She noticed tingling of the perineal area over the last couple days and noticed outbreak of the perineum this morning. She began taking her Valtrex 500 mg p.o. b.i.d. this morning. In addition this morning, she felt an area of tenderness on the right buttock with swelling and induration, and wishes to have this area tested for possible herpes. She has had other areas similar to this on the buttocks and thighs occasionally. She is also worried about an area of itchy skin on her bilateral thighs. She is leaving tomorrow for a 4-month visit to India. She has no allergies to medications and is a nonsmoker.

Objective: Weight 127 pounds, blood pressure 98/64, and pulse of 64. In general, she is a very healthy-appearing 31-year-old female in no acute distress. Examination of the right buttock notes a 5 mm diameter erythematous area with a small pustule centrally. Very little induration. Too small for any obvious fluctuance. There are no other surrounding lesions. Examination of the skin of the posterior thighs notes dry eczematous areas. No other lesions.

Assessment and Plan: A 31-year-old female with benign pustule. Reviewed skin care for this area including warm compresses and likelihood of leaking fluid in resolution. Reviewed skin care to eczematous areas of the skin, though with her trip to India likely will avoid the dry winter skin common. She expressed understanding. Refilled her Zovirax cream and Valtrex prescriptions for her to bring on her trip.

Amanda J. Kaufman, M.D.
Clinical Lecturer
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Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
LET/NOTE-RV	11/22/2005	KRAUSE, CHRISTINE WARD	EFP	EAA

History of Present Illness: The patient is a 31-year-old woman complaining of pain in her neck and low back for 1 month.

The patient was traveling out of town a month ago and during that trip began having pain on the left side of her neck. The discomfort was approximately a 7/10 and returning home, changed her pillow or slept without a pillow and tried BenGay and had little-to-no improvement. The patient has never had this problem before. Overall, the discomfort continues at a 5/10. The neck pain is worse in the morning. The patient noticed the first onset of acute new low back pain in the left lower back just after returning to Ann Arbor between 3 and 4 weeks ago. She never had any muscle weakness or radiating symptoms. Her back pain initially was a 7/10 severity and now has decreased to a 3/10 severity. Palliative factors were 80% improvement after sleeping on the floor, and the patient says for both her neck and back that yoga or massage will improve both directly after stretching, but after approximately 2 hours the discomfort returns again. She does not feel sick in any other way. She is going to be traveling again in early December and is very concerned that she will be in a lot of discomfort during that trip.

The patient wonders what pillow to buy, which might help her neck.

Medications are Valtrex and Zovirax.

Reviewed past medical history.

Examination: Blood pressure is 106/72, pulse is 66, and weight 123 pounds. The patient is in no distress. On observation, the patient's shoulders are at equal height. She has some increased muscle mass along the left mid trapezius. With palpation of the cervical and thoracic spine, the patient has no point tenderness, though tenderness with palpation over the rotator cuff bilaterally. No increased warmth or erythema. No point tenderness over the trapezius and anterior scalene musculature on the left. Range of motion shows equal range of motion with rotation of the chin toward her shoulder, but pain is elicited with extreme rotation to the right and with right side bending, which is minimally decreased by 10 degrees on turning to the right. She has full flexion and extension of the neck. The patient's low back shows no tenderness with palpation over the vertebral bodies. Her area of maximal discomfort is approximately 20 cm laterally to the lumbar spine and just above the left pelvic rim along the quadratus lumborum.

Medical Decision Making:
1. Trapezius muscle spasm and anterior scalene spasm, status post likely strain of this area.
2. Low back pain with quadratus lumborum spasm.

Plan: Given the patient is traveling, we will give her home exercises for cervical spine and low back pain, which were reviewed

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with her today. Ibuprofen and rehabilitation information were provided from patient care A to Z. Continue yoga class and stretching. Return to office in 3 to 4 weeks if the symptoms are not 100% resolved. Evaluate multiple pillows, and the patient may consider if a medical supply store carries any pillow that would be of assistance, and plan a referral to physical therapy if not 100% resolved or if the symptoms are worsening or changing.

Christine W. Krause, M.D.
Clinical Instructor
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Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
LET/NOTE-RV	07/19/2005	KRAUSE, CHRISTINE WARD	EFP	EAA

Chief Complaint: Blister on skin, outside of mouth, last week.

HPI: Eight days ago, the patient had new onset of nonpainful, flesh-colored bumps with surface of clear covered fluid at the top. They were quite small and multiple, occurred on the right side of her lips but not including the skin of her lips. She has never had similar problem in the past. No other family members or contacts with similar outbreak. Denies any fever, chills or malaise at the time. The patient believes that she may have associated spot on the surface of her mouth. The patient does have known genital herpes. She is monogamous in relationship with her husband. No eye symptoms.

Social History: Nonsmoker.

Examination: Blood pressure is 102/68 with a pulse of 16, and weight 121.5 pounds, in no distress. There are 14 flesh-colored papules along the right cheek in a diffuse semicircle. These papules are 1 to 3 mm in diameter and round. No ulcerations. Two on the superior aspect, 2 cm lateral to her nasal ala, and seem to have small amount of fluid within. These were uncovered with sterile #15 blade and sample obtained and sent for culture for Herpes simplex virus. Oral exam, oropharynx shows no erythema or exudate. There is a small area of fissure near upper right anteriormost molar.

Medical Decision-making: Likely oral herpes on new onset at right cheek.

Plan: The patient plans to await results of culture. I have offered her suppressive treatment with acyclovir 400 mg 1 orally twice a day, especially for genital and oral herpes, which she declines. If she changes her mind, I would give her a 1-year supply. The patient is to avoid touching her face and understand that the fluid in the blisters could pass on herpes to another person. There is no concern of asymptomatic shedding with lesions on the side of her face, but if she had ulcer in her mouth, the mucosal ulcer could have asymptomatic shedding or occur when she is not aware of its presence. Health Education Resource Center information on oral herpes provided to the patient. Erythema with likely fissure from dental floss in the right upper gingival margin.

8/5/05 HSV negative. ck

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Christine W. Krause, M.D.
Clinical Instructor
//Electronically signed by Christine W. Krause, M.D. on 08/09/05 //
071905/0139685/072005

University of Michigan Hospitals and Health Centers
Medical Documents

080505/4728/080505

089040175CBD

******* END OF DOCUMENT *******

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University of Michigan Hospitals and Health Centers

Medical Documents

Type	Case Date	Doctor	Patient Service	Service Dept
HME	06/16/2005	KRAUSE, CHRISTINE WARD	EFP	EAA

Health Maintenance Examination

History of Present Illness: Routine health maintenance exam. No concerns; chronic conditions stable except as noted below.

Past Medical history and proceedures: See CareWeb. All were reviewed and updated.

Social history:No regular alcohol nor tobacco. Married, husband never has had genital herpes. Condoms for contraception. No plan for pregnancy in the next 1 yr.

Family history:No known inherited diseases.

Medications: Updated in PSL.
Allergies: Updated in PSL.

Review of Systems: Review of ten systems was negative except as noted below.

Blood Pressure: 104/56 Weight: 121.5lb Height: 64 in

Physical Examination:
General: no acute distress. Eyes: Conjuctivae, lids and irides appeared normal; pupils were equal. ENT: External ears and nose were normal. Mucous membranes were moist. Mouth and throat were normal. Neck: Supple, symmetrical without evidence of thyroid enlargement or mass. Breast exam: Inspection and palpation of breast and axillae were within normal limits. No evidence of nipple discharge. Heart: Regular rate and rhythm without murmur. No edema of extremities. Lungs: Clear to auscultation, with normal effort. Abdomen: Soft, nontender, nondistended with normal bowel sounds. No masses or organomegaly noted. Lymphatic: No cervical, supraclavicular or inguinal lymphadenopathy present. Pelvic exam: Normal female external genitalia, without lesion. The cervix is midline without lesion, no discharge noted. Bimanual exam without cervical motion tenderness or adnexal mass. Uterus is normal size, without enlargement. Urethra is visualized and normal anatomical position. Musculoskeletal exam: Full range of motion of all major muscle groups. Gait and posture normal. No evidence of clubbing or cyanosis. Skin with normal turgor and appearance. Psychiatric: Alert, oriented with normal mood affect.

Assessment/Plan:
1. Routine health maintenance. Reviewed health behaviors: diet, calcium intake, and physical activity.
2. Immunizations-tetanus next 2013, no need Hep A or B

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addendum 6/15/06
Genital herpes infection monthly with menses for 3 days. cream

University of Michigan Hospitals and Health Centers
Medical Documents

helps decrease pain of blisters.
Uncertain of husband's exposure history. Use condoms, declines for emergency contraception..

exam as above

HSV II

plan. No wish for suppression therapy. No wish to use BCP to decrease number of menstrual cycles per year. Cont treat lesions when occur with valtrex tabs and cream.

Christine W. Krause, M.D.
Clinical Instructor
//Electronically signed by Christine W. Krause, M.D. on 07/06/05 //
061605/4728/061605
070505/4728/070505

004240209CWB

******* END OF DOCUMENT *******

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University of Michigan Hospitals and Health Centers
Laboratory Results

Test Name/Date	Result	Normal Range	Units
ANTI HIV1/HIV2 (IAHIV)			
06/14/2010 04:30:00 PM	NEGATIVE	NEGATIVE	
CHLAMYDIA TRACHOMATIS DNA (PCRCHL)			
	See text		
CHOL/HDL RATIO (CHOL/HDL)			
06/14/2010 01:02:00 PM	3.1	0.0-4.5	
CHOLESTEROL (CHOL)			
06/14/2010 01:02:00 PM	171	1-200	MG/DL
CULTURE FOR HERPES SIMPLEX (HSVCULT)			
	See text		
	See text A		
	See text		
	See text A		
HIGH DENSITY LIPOPROTEIN CHOL (HDL)			
06/14/2010 01:02:00 PM	55	40-60	MG/DL
LOW DENSITY LIPOPROTEIN CHOL (LDLC)			
06/14/2010 01:02:00 PM	107	1-129	MG/DL
NEISSERIA GONORRHOEAE DNA (PCRGC)			
	See text		
THIN PREP PAP (TGYN)			
	See text		
	See text		
	See text		
TRIGLYCERIDES (TRIG)			
06/14/2010 01:02:00 PM	46	1-150	MG/DL
VZV IGG ANTIBODY BY EIA (VZVGE)			
	See text		
VZV IGM ANTIBODY TITER (VZVMT)			
	See text		

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Copy applied on 1/10/12
110
12/10/12
01/10/12
1/10/12
1/10/12
xerox
A. Lopez

University of Michigan Hospitals and Health Centers

Clinical Department/Service:
Document Category: Outside Records
Document Name: Other Documents - Outside
Date of Service: 04/17/2009 **Imaging Date:** 04/17/2009

APR-17-2009 FRI 01:40 PM UM Family Med FAX NO. 7346476534 P. 02

STL509-1 4/16/2009 1:45:47 PM PAGE 1/001 Fax Server

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6625 W 78th Street
BL0345
Bloomington MN 55439

Fax Memo

Prior Authorization

Rao, Aarthi
307136880
0013 12/23/73

To:	**LITTLE, SAHOKO HIRANO**	**From:**	**ESI PA Dept**
Fax:	**7346476534**	**Date:**	**04/16/2009**
Phone:	**7346475640**	**PA Code:**	**75**

Your request for the below member prior authorization has been APPROVED.

Patient Name:	AARTHI RAO	**Date of Birth:**	12/23/1973
Member ID:		**DIV:**	TMA
Drug Name:	TRETINOIN	**Client:**	TOYOTA MOTOR ENG & MFG
Effective Date :	2009-04-16	**Expiration Date:**	04/16/2010
Fill (s):	Unlimited	**Qty approved:**	0.0

The necessary adjustments have been made to allow for coverage of the prescription.

If you have questions regarding this approval, any applicable co-payments or the patients prescription drug benefit, you can contact Express Scripts at the toll free number printed on the back of the patients prescription benefit card.

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University of Michigan Hospitals and Health Centers

Clinical Department/Service:
Document Category: Referrals
Document Name: Clinical Referral
Date of Service: 05/12/2009 **Imaging Date:** 05/12/2009

MAY-12-2009 TUE 11:51 AM UM Family Med FAX NO. 7346476534 P. 02/02

Outpatient Consult Request Form 30713680 - RAO, AARTHI User: CWKRAUSE

University of Michigan Hospitals and Health Centers
Outpatient Consult Request

BIRTHDATE 12/23/1973 SEX F
NAME RAO, AARTHI
REG NO 30713680

From	Clinician: KRAUSE, CHRISTINE WARD Service: Family Medicine Clinic: FAMILY MEDICINE CLINIC (DFM-DF) Clinic Phone #: (734) 647-5640 Clinic Fax #: (734) 647-6534
To	Specialty Service: Dermatology Specialty Clinician: Specialty Clinic:
Clinical Information	**Careweb Documents** Medical Documents - Date(s) of Service 5/12/2009 Imaged Documents - Imaging Date(s) Lab/Other - Date(s) of Service Rad/Nuc - Date(s) of Service **Non-Careweb Documents Attached:** (Please list)
Diagnosis & Reason for Consult or Therapy	35 yr old with rash around mouth since Feb 2009. Not responsive to trotoin cream. ☐ PT Approved with this request
Appointment Requested	Next Available
Ordering Clinician's Signature For PT, OT, Speech	KRAUSE, CHRISTINE WARD Clinician Name 004728 Clinician ID# Clinician Signature 05/12/2009 Date
Patient / Insurance Information	Patient's Daytime Phone# ( ) Primary Insurance Type: BCA-BLUE CROSS OUT AREA Referral #: ICD9#:
Patient Appointment Information	Your physician has recommended you be seen by: Dermatology Specialty Service Specialty Clinician (optional) Specialty Clinic Phone # Specialty Fax # Fax Sent Date ☐ Your appointment has been scheduled (itinerary attached) ☐ You will be contacted by the Specialty Clinic to schedule your appointment ☐ Please call the Specialty Clinic to schedule your appointment
Note	Referring Physicians should document this consult request in the patient's medical record.

2202134	Rev: 01/06 HIM: 01/06	Medical Record	M	Outpatient Consult Request

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FILE COPY

ACCN Number	Order Test Code	Order Test Name	Last Updated
ACCN: 10-165-02055 Collected:06/14/2010 07:56	AHIV	ANTI-HIV	Updated: :06/14/2010 16:30

ANTI HIV1/HIV2 (IAHIV)	NEGATIVE	NEGATIVE	

ACCN: 10-165-02055 Collected:06/14/2010 07:56	CHD	CORONARY HEART DISEASE PROFILE	Updated: :06/14/2010 13:02

CHOLESTEROL (CHOL)	171	1-200	MG/DL
TRIGLYCERIDES (TRIG)	46	1-150	MG/DL
HIGH DENSITY LIPOPROTEIN CHOL (HDL)	55	40-60	MG/DL
LOW DENSITY LIPOPROTEIN CHOL (LDLC)	107	1-129	MG/DL

NCEP RECOMMENDED GUIDELINES

Total Cholesterol:	<200 mg/dl	Desirable
200 - 239 mg/dl	Borderline High	
>240 mg/dl	High	
Triglycerides:	<150 mg/dl	Normal
150 - 199 mg/dl	Borderline High	
200 - 499 mg/dl	High	
>500 mg/dl	Very High	
HDL-Cholesterol:	<40 mg/dl	Low/Undesirable
40 - 60 mg/dl	Normal	
>60 mg/dl	High/Desirable	
(= negative risk for CHD)		
LDL-Cholesterol:	<100 mg/dl	Optimal
100 - 129 mg/dl	Near Optimal	
130 - 159 mg/dl	Borderline High	
160 - 189 mg/dl	High	
>190 mg/dl	Very High	

CHOL/HDL RATIO (CHOL/HDL)	3.1	0.0-4.5	

ACCN: CG-10-14797 Collected:06/03/2010 22:20	TGYN	Thin Prep Pap	Updated: :06/07/2010 15:21
Thin Prep Pap		Source:	

GYNECOLOGIC SMEAR
ENDOCX/CERVICAL THIN LAYER

T8X320
Specimen adequacy: Satisfactory. An endocervical component is present.

Examination for neoplastic cells: Negative.

The cervicovaginal Pap smear is a very important screening test that is extremely useful in the detection of cancerous and precancerous conditions of the uterine cervix. However, this test is not perfect and false negative results, in which cancer or a precancerous condition may be missed, represent a known and expected limitation of this test. Quality assurance studies indicate an irreducible false negative fraction of at least 5%. The patient should be reminded to consult her physician immediately if she experiences any suspicious signs or symptoms, regardless of her Pap test result.

M00100, P31200, T83000

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Kim Luckett, CT(ASCP)
(electronic signature)

ACCN: 10-154-08216 Collected:06/03/2010 15:40	PCRCHL	CHLAMYDIA TRACHOMATIS DNA	Updated: :06/04/2010 15:16
CHLAMYDIA TRACHOMATIS DNA		Source: CERVIX	

---------- FINAL REPORT ----------

06/04/10 1514 | Order Test Code | Order Test Name | Result | Last Updated

AMPLIFICATION TEST RESULT FOR THE PRESENCE OF CHLAMYDIA TRACHOMATIS DNA IS NEGATIVE.

---------- INTERPRETATION ----------*

NO CHLAMYDIA TRACHOMATIS DNA WAS DETECTED.
A NEGATIVE REPORT DOES NOT EXCLUDE THE POSSIBILITY OF INFECTION BECAUSE RESULTS ARE DEPENDENT ON ADEQUATE SPECIMEN COLLECTION. OPTIMAL SPECIMEN SOURCES ARE CERVICAL AND ENDOCERVICAL FOR FEMALES OR URETHRA FOR MALES.

ACCN: 10-154-08216 Collected:06/03/2010 15:40	PCRGC	NEISSERIA GONORRHOEAE DNA	Updated: :06/04/2010 15:14
NEISSERIA GONORRHOEAE DNA		Source: CERVIX	

---------- FINAL REPORT ----------

06/04/10 1514

AMPLIFICATION TEST RESULT FOR PRESENCE OF NEISSERIA GONORRHOEAE DNA IS NEGATIVE.

---------- INTERPRETATION ----------*

NO NEISSERIA GONORRHOEAE DNA WAS DETECTED.
A NEGATIVE REPORT DOES NOT EXCLUDE THE POSSIBILITY OF INFECTION BECAUSE RESULTS ARE DEPENDENT ON ADEQUATE SPECIMEN COLLECTION. OPTIMAL SPECIMEN SOURCES ARE CERVICAL AND ENDOCERVICAL FOR FEMALES OR URETHRA FOR MALES.

ACCN: CG-09-15670 Collected:05/12/2009 11:15	TGYN	Thin Prep Pap	Updated: :05/18/2009 14:51
Thin Prep Pap		Source:	

GYNECOLOGIC SMEAR
ENDOCX/CERVICAL THIN LAYER

T8X320

Specimen adequacy: Satisfactory. The specimen is of relatively low cellularity. An endocervical component is present.

Examination for neoplastic cells: Negative.

The cervicovaginal Pap smear is a very important screening test that is extremely useful in the detection of cancerous and precancerous conditions of the uterine cervix. However, this test is not perfect and false negative results, in which cancer or a precancerous condition may be missed, represent a known and expected limitation of this test. Quality assurance studies indicate an irreducible false negative fraction of at least 5%. The patient should be reminded to consult her physician immediately if she experiences any suspicious signs or symptoms, regardless of her Pap test result.

M00100, P31200, T83000

Binita Naylor, CT(ASCP)
(electronic signature)

ACCN: 09-085-02735 Collected:03/25/2009 08:35	HSVCULT	CULTURE FOR HERPES SIMPLEX	Updated: :03/27/2009 14:44
CULTURE FOR HERPES SIMPLEX		Source: SKINCHIN	

---------- FINAL REPORT ----------

03/27/09 1444

RESULT:

NO HERPES SIMPLEX 1 OR HERPES SIMPLEX 2 ISOLATED

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Aidoru

ACCN Number	Order Test Code	Order Test Name	Last Updated
ACCN: 07-320-02415 Collected:11/15/2007 00:57	HSVCULT	CULTURE FOR HERPES SIMPLEX	Updated: :11/17/2007 16:21
CULTURE FOR HERPES SIMPLEX		Source: VESICLEGLUTEAL	

```
---------- FINAL REPORT ----------
11/17/07 1621
**** Result: POSITIVE  ****
-----------------------------------------------------
*************** HERPES SIMPLEX VIRUS ISOLATED **********
-----------------------------------------------------
```

ACCN: 06-216-01574 Collected:08/03/2006 07:00	HSVCULT	CULTURE FOR HERPES SIMPLEX	Updated: :08/05/2006 12:39
CULTURE FOR HERPES SIMPLEX		Source: THIGHRIGHT THIGH	

```
---------- FINAL REPORT ----------
08/05/06 1239
**** Result: POSITIVE  ****
-----------------------------------------------------
*************** HERPES SIMPLEX VIRUS ISOLATED **********
-----------------------------------------------------
```

ACCN: 06-215-06982 Collected:08/03/2006 22:32	VZVMT	VZV IGM ANTIBODY TITER	Updated: :08/04/2006 15:46
VZV IGM ANTIBODY TITER		Source: SERUM	

```
---------- FINAL REPORT ----------
08/04/06 1545
VARICELLA ZOSTER VIRUS IGM ANTIBODY TITER
**** Result: <10 NEGATIVE  ****
---------- INTERPRETATION OF TITER ----------
< 10 ............ NEGATIVE (No detectable antibody)
>/= 10 .......... POSITIVE (Detectable antibody present)
-----------------------------------------------------
```

ACCN: 06-215-06982 Collected:08/03/2006 22:32	VZVGE	VZV IGG ANTIBODY BY EIA	Updated: :08/04/2006 14:13
VZV IGG ANTIBODY BY EIA		Source: SERUM	

```
---------- FINAL REPORT ----------
08/04/06 1413
VARICELLA-ZOSTER IGG ANTIBODY--Qualitative Test
-----------------------------------------------------
**** Result: POSITIVE  ****
------------------- INTERPRETATION -------------------*
NEGATIVE ........... No Varicella IgG antibody detected.
POSITIVE ........... Varicella IgG antibody detected.
-----------------------------------------------------

IGG VIRAL AB
A serum obtained during the acute phase of infection when only low titers
of IgM antibody are present may be negative by this IgG test.
A primary Herpes simplex infection may stimulate a heterologous antibody
response in individuals previously infected by VZV.
```

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ACCN Number	Order Test Code	Order Test Name	Last Updated
ACCN: 05-201-2511 Collected:07/19/2005 08:45	HSVCULT	CULTURE FOR HERPES SIMPLEX	Updated: :07/28/2005 16:53
CULTURE FOR HERPES SIMPLEX		Source: CHEEKR	

---------- FINAL REPORT ----------
07/28/05 1653
**** Result: NEGATIVE ****

NO HERPES SIMPLEX VIRUS isolated.

ACCN: CG-05-21853 Collected:06/16/2005 23:17	TGYN	Thin Prep Pap	Updated: :06/22/2005 13:45
Thin Prep Pap		Source:	

GYNECOLOGIC SMEAR
ENDOCX/CERVICAL THIN LAYER

T8X320
Specimen adequacy: Satisfactory. An endocervical component is present.

Examination for neoplastic cells: Negative.

The cervicovaginal Pap smear is a very important screening test that is extremely useful in the detection of cancerous and precancerous conditions of the uterine cervix. However, this test is not perfect and false negative results, in which cancer or a precancerous condition may be missed, represent a known and expected limitation of this test. Quality assurance studies indicate an irreducible false negative fraction of at least 5%. The patient should be reminded to consult her physician immediately if she experiences any suspicious signs or symptoms, regardless of her Pap test result.

M00100, P31200, T83000

Kent D. Traylor, BS, CT(ASCP)
(electronic signature)

Claire W. Michael, M .D.
Director of Cytopathology

CONFIDENTIAL

UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS
HIV TEST CONSENT

Birthdate: 12/23/1973
Name: Rao Aarthi
Unit No.: 30713680

My doctor has asked me to give a small amount of blood to be tested. The test is to tell if I have been infected by the Human Immunodeficiency Virus (HIV) which causes AIDS (Acquired Immune Deficiency Syndrome).

I understand that as a patient I should consider HIV testing if I meet any of the following examples:

1. People who have had a sexually transmitted disease.
2. People who have shared needles or who have a history of drug abuse.
3. Men who have had sex with other men.
4. Men or women who have had unprotected sex with anyone whose HIV status is unknown. (Unprotected sex means there has been an exchange semen or vaginal secretions between partners.)
5. People who have had more than one sex partner.
6. People who have had sex with prostitutes (male or female).
7. People who received blood products or blood transfusions between 1987 and 1998.
8. People who exchange sex for drugs or money.
9. People who are infected with tuberculosis.
10. People who have had exposure to the blood of someone who may be infected.
11. People who have had sex with any person from the above list, particularly with injecting drug users.
12. Women who are pregnant or who are considering pregnancy.
13. Women who are diagnosed with invasive cervical cancer.

Tests for HIV infection may be required to help my physician diagnose my condition and care for me; for certain employment (for example, in the military); if I am an immigrant; before donating blood, organs, tissue or sperm; as a consequence of being charged with certain crimes, or by the Michigan Community Health Department.

After I have this test and the results come back from the lab, my health care provider will explain the results to me. Like many other things, the tests are not perfect. Even if I have the infection the tests may be negative (this is called a "false negative"); and, sometimes the tests may be positive even if I do not have the infection (a "false positive"). My health care professional will explain these facts to me and will advise me and offer me more counseling if the result is positive.

The test results have several uses. My health care provider may advise that I get certain follow-up care, have future testing, or that I take certain precautions like using condoms in sex or not becoming pregnant or fathering a child. This is because the HIV virus is spread through sex, blood, sharing contaminated needles, and from a pregnant mother to her unborn baby. My health care provider may suggest ways to keep me from infecting other people.

I understand that there are risks to having the blood sample taken for the test. The physical risk is that from a needle stick (possible bruise, infection, or soreness). The social risk of a positive test is that I may be thought to be infected and I could be turned down for life or health insurance, housing, a job, or school even though such kinds of discrimination may be wrong or illegal.

I understand that test results will be written in my medical record. This will be kept private and confidential. The results will be available to health workers caring for me, but not to other people (like my employer or insurance company) unless I have agreed in writing or the law requires or permits disclosure even without my consent. The law may require or permit disclosure to my local health department, the Michigan Department of Community Health, sex or needle-sharing partners, school districts, police, fire or emergency medical technician personnel who transported me to the hospital, my potential spouse if I am planning to marry, or if a court orders the disclosure. Aside from the law's requirements, I realize that no one can guarantee total confidentiality.

I understand that I have the right to refuse this test at anytime before the test is administered. I also know that I may seek anonymous testing at the local public health clinic or elsewhere. And I understand that Michigan law allows testing without my consent in certain cases if a health professional or other health facility employee is exposed to my blood or body fluids.

I have been given a copy of the booklet "Important Health Information". I have had a chance to ask questions about the test, HIV and AIDS, and I have gotten satisfactory answers. I have been given a copy of this consent form. I have received pre-test counseling and, assuming I choose to have the test, I understand I will receive additional counseling after the test results are received.

I AGREE TO HAVE THE HIV TEST

Patient's signature: Aarthi Rao Date: 6/3/10

Legal Guardian's signature if patient is a minor or incompetent. Date

Witness signature: Emile Mbanbe Date: 6/3/10

I DECLINE TO HAVE THE HIV TEST

Patient's signature Date

Legal Guardian's signature if patient is a minor or incompetent. Date

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Witness signature Date

Orders: All Since: 11-15-2007

Name: RAO, AARTHI

Unit/Rm/Bed: **FMC - Domino Family Medicine**

Reg: **030713680**
Gender: **Female**

Visit ID: **0307136807319**

Culture For Herpes Simplex
ID: 001056MTL Routine

Requested Datetime Nov 15 2007 12:57 A

Collection Date: 11-15-2007 00:57
Collection Time: 12:57 AM

Order Status History

ID	Function	When	Entered/Requested	New Status	Reason
101	Specimen Received	11-16-2007 08:58	Entered By: interfaces, interfaces Interfaces (Analyst) / Requested By: Kiningham, Robert 005132 (Physician)	Specimen Received by Performing Department	Filler Order ID: <058073727> Filler Facility ID: <LAB>
102	Resulted	11-16-2007 14:30	Entered By: interfaces, interfaces Interfaces (Analyst) / Requested By: Kiningham, Robert 005132 (Physician)	1 or more Final Results Received	Filler Order ID: <058073727> Filler Facility ID: <LAB>
103	Resulted	11-17-2007 16:21	Entered By: interfaces, interfaces Interfaces (Analyst) / Requested By: Kiningham, Robert 005132 (Physician)	1 or more Final Results Received	Filler Order ID: <058073727> Filler Facility ID: <LAB>

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Orders: All Since: 03-25-2009

Unit/Rm/Bed: **FMC - Domino Family Medicine**

Reg: **030713680**
Gender: **Female**
Visit ID: **0307136809084**

Culture For Herpes Simplex
ID: 001CKSZKV Routine

Requested Datetime Mar 25 2009 8:35 A

Collection Date: 03-25-2009 08:35
Collection Time: 8:35 AM

Order Status History

ID	Function	When	Entered/Requested	New Status	Reason
101	Specimen Received	03-26-2009 08:35	Entered By: interfaces, interfaces Interfaces (Analyst) / Requested By: Gold, Katherine 013782 (Physician)	Specimen Received by Performing Department	Filler Order ID: <065650994> Filler Facility ID: <LAB>
102	Resulted	03-26-2009 15:13	Entered By: interfaces, interfaces Interfaces (Analyst) / Requested By: Gold, Katherine 013782 (Physician)	1 or more Final Results Received	Filler Order ID: <065650994> Filler Facility ID: <LAB>
103	Resulted	03-27-2009 14:44	Entered By: interfaces, interfaces Interfaces (Analyst) / Requested By: Gold, Katherine 013782 (Physician)	1 or more Final Results Received	Filler Order ID: <065650994> Filler Facility ID: <LAB>

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Orders: All Since: 05-12-2009

Name: RAO, AARTHI

Unit/Rm/Bed: **FMC - Domino Family Medicine**

Reg: **030713680**
Gender: **Female**
Visit ID: **0307136809132**

Thin Prep Pap
ID: 001CVGPCL Routine

Requested Datetime May 12 2009 11:15

Collection Date: 05-12-2009 11:15
Collection Time: 11:15 AM

Order Status History

ID	Function	When	Entered/Requested	New Status	Reason
101	Specimen Received	05-14-2009 11:14	Entered By: interfaces, interfaces Interfaces (Analyst) / Requested By: Krause, Christine 004728 (Physician)	Specimen Received by Performing Department	Filler Order ID: <066359907> Filler Facility ID: <LAB>
102	Resulted	05-18-2009 14:49	Entered By: interfaces, interfaces Interfaces (Analyst) / Requested By: Krause, Christine 004728 (Physician)	1 or more Final Results Received	Filler Order ID: <066359907> Filler Facility ID: <LAB>

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Unit/Rm/Bed: **FMC - Domino Family Medicine**

Reg: **030713680**
Gender: **Female**
Visit ID: **0307136800154**

Chlamydia trachomatis DNA
ID: 001HBJTMZ Routine

Requested Datetime Jun 03 2010 3:40 P

Collection Date: 06-03-2010 15:40
Collection Time: 3:40 PM

Order Status History

ID	Function	When	Entered/Requested	New Status	Reason
101	Specimen Received	06-03-2010 21:41	Entered By: 4interfaces, UMCL OPERATIONS ACCT (Analyst) / Requested By: Krause, Christine 004728 (Physician)	Specimen Received by Performing Department	Filler Order ID: <071872376> Filler Facility ID: <LAB>
102	Resulted	06-04-2010 15:16	Entered By: 4interfaces, UMCL OPERATIONS ACCT (Analyst) / Requested By: Krause, Christine 004728 (Physician)	1 or more Final Results Received	Filler Order ID: <071872376> Filler Facility ID: <LAB>

Neisseria gonorrhoeae DNA
ID: 001HBJTNB Routine

Requested Datetime Jun 03 2010 3:40 P

Collection Date: 06-03-2010 15:40
Collection Time: 3:40 PM

Order Status History

ID	Function	When	Entered/Requested	New Status	Reason
101	Specimen Received	06-03-2010 21:41	Entered By: 4interfaces, UMCL OPERATIONS ACCT (Analyst) / Requested By: Krause, Christine 004728 (Physician)	Specimen Received by Performing Department	Filler Order ID: <071872377> Filler Facility ID: <LAB>
102	Resulted	06-04-2010 15:14	Entered By: 4interfaces, UMCL OPERATIONS ACCT (Analyst) / Requested By: Krause, Christine 004728 (Physician)	1 or more Final Results Received	Filler Order ID: <071872377> Filler Facility ID: <LAB>

Thin Prep Pap
ID: 001HBJVWR Routine

Requested Datetime Jun 03 2010 10:20 P

Collection Date: 06-03-2010 22:20
Collection Time: 10:20 PM

Order Status History

ID	Function	When	Entered/Requested	New Status	Reason
101	Specimen Received	06-03-2010 22:20	Entered By: 4interfaces, UMCL OPERATIONS ACCT (Analyst) / Requested By: Krause, Christine 004728 (Physician)	Specimen Received by Performing Department	Filler Order ID: <071872725> Filler Facility ID: <LAB>
102	Resulted	06-07-2010 15:21	Entered By: 4interfaces, UMCL OPERATIONS ACCT (Analyst) / Requested By: Krause, Christine 004728 (Physician)	1 or more Final Results Received	Filler Order ID: <071872725> Filler Facility ID: <LAB>

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Coronary Heart Disease Profile

ID: 001HDCGVN Routine

Requested Datetime Jun 14 2010 7:56 A

Collection Date: 06-14-2010 07:56
Collection Time: 7:56 AM

Order Status History

ID Function	When	Entered/Requested	New Status	Reason
101 Specimen Received	06-14-2010 07:56	Entered By: 4interfaces, UMCL OPERATIONS ACCT (Analyst) / Requested By: Krause, Christine 004728 (Physician)	Specimen Received by Performing Department	Filler Order ID: <072007548> Filler Facility ID: <LAB>
102 Specimen Received	06-14-2010 12:36	Entered By: 4interfaces, UMCL OPERATIONS ACCT (Analyst) / Requested By: Krause, Christine 004728 (Physician)	Specimen Received by Performing Department	Filler Order ID: <072007548> Filler Facility ID: <LAB>
103 Resulted	06-14-2010 13:02	Entered By: 4interfaces, UMCL OPERATIONS ACCT (Analyst) / Requested By: Krause, Christine 004728 (Physician)	1 or more Final Results Received	Filler Order ID: <072007548> Filler Facility ID: <LAB>

Anti-HIV

ID: 001HDCGVP Routine

Requested Datetime Jun 14 2010 7:56 A

Collection Date: 06-14-2010 07:56
Collection Time: 7:56 AM

Order Status History

ID Function	When	Entered/Requested	New Status	Reason
01 Specimen Received	06-14-2010 07:56	Entered By: 4interfaces, UMCL OPERATIONS ACCT (Analyst) / Requested By: Krause, Christine 004728 (Physician)	Specimen Received by Performing Department	Filler Order ID: <072007549> Filler Facility ID: <LAB>
02 Specimen Received	06-14-2010 12:36	Entered By: 4interfaces, UMCL OPERATIONS ACCT (Analyst) / Requested By: Krause, Christine 004728 (Physician)	Specimen Received by Performing Department	Filler Order ID: <072007549> Filler Facility ID: <LAB>
03 Resulted	06-14-2010 16:29	Entered By: 4interfaces, UMCL OPERATIONS ACCT (Analyst) / Requested By: Krause, Christine 004728 (Physician)	1 or more Final Results Received	Filler Order ID: <072007549> Filler Facility ID: <LAB>

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Patient Information Report

Name: RAO, AARTHI

Unit/Rm/Bed: FMC - Domino Family Medicine

Reg: 030713680

Gender: Female

Visit ID: 0307136800279

Allergies

Status	Allergen	Type	Reaction	Description
Active		No Known Allergies		

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Reg#: 30713680 Name: RAO, AARTHI DOB: 12/23/1973 Sex: F Age: 38 Years User: TAMMITOT

Patient Summary List Diagnosis - History

Return to Patient Summary List

IMPORTANT: This list only contains diagnoses recorded prior to 08/15/2012.

Please select the MiChart Pt. Summary button in the left navigation pane to see current patient information.

Diagnoses Not Converted to MiChart on 08/15/2012

☑ Separate free text diagnoses

Diagnosis Description = Comments	Chronic	Onset Date / Resolved Date	Inpt History for Dx	Documented By / Source	Created / Modified	Created by / Modified by
Acquired pes planus	Y	06/24/2003		004728	10/26/2010 10/26/2010	Krause, Christine W (CWKRAUSE) Krause, Christine W (CWKRAUSE)
Dermatitis		10/06/2010		017001	10/26/2010 10/26/2010	Holmstrom, Heather L (HHOLMSTR) Holmstrom, Heather L (HHOLMSTR)
Fatigue		10/03/2000		004728	10/05/2000 10/05/2000	Ruland, Diane (DKJJJ) Ruland, Diane (DKJJJ)
Genital herpes		02/16/2004		000755	03/05/2004 03/05/2004	Savoie, Kathy (KGREENE) Savoie, Kathy (KGREENE)
Herpes genitalia		02/02/2004		000755	02/20/2004 02/20/2004	Lee, Jae-Min (JMLEE) Lee, Jae-Min (JMLEE)
Herpes genitalis in women	Y	02/16/2004		000755	10/26/2010 10/26/2010	Rockwell, Pamela G (PROCKWEL) Rockwell, Pamela G (PROCKWEL)
Knee pain		10/06/2010		017001	10/26/2010 10/26/2010	Holmstrom, Heather L (HHOLMSTR) Holmstrom, Heather L (HHOLMSTR)

f = free text entry

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Historical Inactive Diagnoses

☑ Separate free text diagnoses (recorded prior to 08/15/2012)

Diagnosis Description = Comments	Chronic	Onset Date / Resolved Date	Inpt History for Dx	Documented By / Source	Created / Modified	Created by / Modified by
Back strain		11/22/2005		004728	12/05/2005	Krause,

					12/06/2005	Christine W (CWKRAUSE) Krause, Christine W (CWKRAUSE)
Concern about sexually transmitted disease in female without diagnosis		06/03/2010		004728	06/16/2010 06/17/2010	Krause, Christine W (CWKRAUSE) Krause, Christine W (CWKRAUSE)
Herpes simplex		03/25/2009		013782	04/20/2009 04/21/2009	Gold, Katherine J (KTGOLD) Gold, Katherine J (KTGOLD)
Low back pain without sciatica		11/22/2005		004728	12/05/2005 12/06/2005	Krause, Christine W (CWKRAUSE) Krause, Christine W (CWKRAUSE)
Sprain and strain of sacroiliac joint		03/25/2009		013782	04/20/2009 04/21/2009	Gold, Katherine J (KTGOLD) Gold, Katherine J (KTGOLD)
Warts Flat		04/15/2009		015989	04/28/2009 04/29/2009	Little, Sahoko H(SAHOKO) Little, Sahoko H(SAHOKO)

f = free text entry

Historical Deleted Diagnoses

☑ **Separate free text diagnoses** (recorded prior to 08/15/2012)

Diagnosis Description = Comments	Chronic	Onset Date / Resolved Date	Inpt History for Dx	Documented By / Source	Created / Modified	Created by / Modified by

f = free text entry

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FILE COPY

Reg#: 30713680 Name: RAO, AARTHI DOB: 12/23/1973 Sex: F Age: 38 Years User: TAMMITOT

Patient Summary List - Procedures History

IMPORTANT: This list contains PSL procedures recorded prior to 08/15/2012 & MiChart billing procedures recorded after 02/01/2012.

NOTE: MiChart billing procedures may not include all of the patient's procedures.

Please select the MiChart Pt. Summary button in the left navigation pane to see current patient information.

Procedures	Procedure Date	Created By	Creation Date	Modified By	Modified Date
Active Records (recorded in PSL prior to 08/15/2012 or from MiChart billing after 02/01/2012)					
Other local excision or destruction of lesion or tissue of skin and subcutaneous tissue	07/06/2000		07/27/2000		07/27/2000
Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to four lesions	07/06/2000		07/27/2000		07/27/2000

Historical Inactive Records (recorded prior to 08/15/2012)

Historical Deleted Records (recorded prior to 08/15/2012)

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Reg#: 30713680 Name: RAO, AARTHI DOB: 12/23/1973 Sex: F Age: 38 Years User: TAMMITOT

Patient Summary List Medications - History

Modification Details | Return to Patient Summary List

IMPORTANT: This list only contains medications recorded prior to 08/15/2012

Please select the MiChart Pt. Summary button in the left navigation pane to see current patient information.

Allergies and Intolerances: see MiChart Pt. Summary or CareLink for current allergies

Medications Converted to MiChart on 08/15/2012

Medication Name C = Converted med = Comments	Qty Units	Refills	Start Date Stop Date	Doc by / Source	Last Renewed
acyclovir 5 % Ointment (ZoviRAX) Apply thin coat to skin Every 2 to 4 hours prn	2 15 gram tubes	1		004728	06/03/2010
sulfacetamide sodium 10 % Eye Drops Instill 2 drops left in the eye Every 2 to 4 hours while awake for 5 days.	1	0	06/11/2010	004728	
ValACYclovir 500 mg Tab (ValTREX) Take 1 Tablet by mouth Daily for supression of HSV	30 Tablet	11	08/08/2006	004728	09/20/2010

f = free text entry *C* = Converted med

Historical Discontinued Medications (recorded prior to 08/15/2012)

Medication Name C = Converted med = Comments	Qty Units	Refills	Start Date Stop Date	Doc by / Source	Last Renewed
acyclovir 5 % Ointment (ZoviRAX) Apply thin coat to skin Every 2 to 4 hours prn	2 15 gram tubes	1		004728	08/03/2006
acyclovir Top *C* Zovirax ointment 5% thin coat TOPICAL Every 2 to 4 hours Refill: 1	two 15 gm tubes	1	08/03/2006	004728	08/03/2006
doxycycline hyclate 100 mg Tab Take Tablet by mouth Two times a day x 3 weeks	42 Tablet	0	06/03/2009 07/03/2009	016143	06/03/2009
metroNIDAZOLE 1 % Topical Gel (Metrogel) Apply Gel to skin Two times a day for peri-oral dermatitis	1 large tube	11	06/03/2009 06/03/2010	016143	06/03/2009
tretinoin Top *C* 0.05% tretinoin cream thin layer TOPICAL At bedtime PA4/16/2009-4/16/2010 unlimited fills Refill: 0	45 gram	0	04/15/2009 06/03/2010		04/16/2009
ValACYclovir 500 mg Tab (ValTREX) Take 1 Tablet by mouth Daily for supression of HSV	30 Tablet	11	08/08/2006	004728	11/18/2008
ValACYclovir 500 mg Tab (ValTREX) Take 1 Tablet by mouth Daily for supression of HSV	30 Tablet	11	08/08/2006	004728	04/28/2009
ValACYclovir 500 mg Tab (ValTREX) Take 1 Tablet by mouth Daily for supression of HSV	30 Tablet	11	08/08/2006	004728	05/12/2009
ValACYclovir 500 mg Tab (ValTREX) Take 1 Tablet by mouth Daily for supression of HSV	30 Tablet	11	08/08/2006	004728	06/03/2010
valACYclovir Oral *C* valtrex 500mg 1 tab PO Daily For suppression of HSV faxed 9737537 k.f Refill: 0	30	0	08/08/2006	004728	11/18/2008
f 0.05% tretinoin cream *C* 0.05% tretinoin cream thin layer TOPICAL At	30 gram	0	04/15/2009	015989	

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bedtime Refill: 0					
f **0.05% tretinoin cream** *C* 0.05% tretinoin cream thin layer TOPICAL At bedtime Refill: 0	45 gram	0	04/15/2009	015989	04/16/2009
f **Ortho-Cept** *C* Ortho-Cept PO Daily 21 day pack 1					02/16/2004
f **Ortho-Cept** *C* Ortho-Cept PO Daily 21 day pack 1				000755	02/16/2004
f **Ortho-Cept** *C* Ortho-Cept PO Daily 21 day pack 1				000755	02/02/2004
f **Ortho-Cept** *C* Ortho-Cept PO Daily 21 day pack 1				004728	
f **Ortho-Cept 28 day packs** *C* Ortho-Cept 28 day packs			07/06/2000	004728	
f **Ortho-Cept 28 day packs** *C* Ortho-Cept 28 day packs 3 cycles PO Daily			07/06/2000	004728	
f **Valtrex** *C* Valtrex 500 mg PO Two times a day Refill: 5	6	5	02/16/2004	000755	
f **Valtrex** *C* Valtrex 500 mg PO Two times a day Refill: 5	6	5	02/16/2004	014389	06/16/2005
f **Valtrex** *C* Valtrex 500 mg PO Two times a day for 3 days Refill: 1	50	1	02/16/2004	004728	08/03/2006
f **Valtrex** *C* Valtrex 500 mg PO Two times a day for 3 days Refill: 1	50	1	02/16/2004	004728	11/18/2008
f **Valtrex** *C* Valtrex 500 mg PO Two times a day Refill: 5	6	5	02/16/2004	004728	06/16/2005
f **valtrex 500mg** *C* valtrex 500mg 1 tab PO Daily For suppression of HSV Refill: 3	180	3	08/08/2006	005132	
f **valtrex 500mg** *C* valtrex 500mg 1 tab PO Daily For suppression of HSV Refill: 3	180	3	08/08/2006	005132	11/15/2007
f **valtrex 500mg** *C* valtrex 500mg 1 tab PO Daily For suppression of HSV Refill: 1	180	1	08/08/2006	004728	
f **zovirax cream** *C* zovirax cream apply TOPICAL Every 4 hours Refill: 5	1	5	02/16/2004	014389	11/30/2005
f **zovirax cream** *C* zovirax cream apply TOPICAL Every 4 hours Refill: 5	1	5	02/16/2004	004728	06/16/2005
f **zovirax cream** *C* zovirax cream apply TOPICAL Every 4 hours Refill: 5	1	5	02/16/2004	000755	
f **Zovirax ointment** *C* Zovirax ointment 15gms Refill: 1	1	1	02/05/2004	000755	02/16/2004
f **Zovirax ointment** *C* Zovirax ointment 15gms Refill: 1	1	1	02/05/2004	000755	
f **Zovirax ointment 5%** *C* Zovirax ointment 5% thin coat TOPICAL Every 2 to 4 hours Refill: 1	two 15 gm tubes	1	08/03/2006	004728	

f = free text entry *C* = Converted med

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Historical Voided Medications (recorded prior to 08/15/2012)

Medication Name ▲ = Comments	C = Converted med	Qty Units	Refills	Start Date Stop Date	Doc by / Source	Last Renewed

f = free text entry *C* = Converted med

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Patient Summary List - Health Maintenance / Chronic Care Management History

IMPORTANT: This list only contains health maintenance/chronic care management information recorded prior to 08/15/2012.

Please select the MiChart Pt. Summary button in the left navigation pane to see current patient information.

Radiology and Pathology Source System data backloaded from 1/1/2000 to 08/15/2012. Immunization data backloaded from 1/1/1998 to 08/15/2012.

Health Maintenance / Chronic Care Management	Date	Created By	Creation Date	Modified By	Modified Date
Result flags and footnotes are not available in the PSL view and therefore these results should not be used as the sole basis for clinical treatment; see the Careweb Lab view for the complete result report.					

Historical Active Records (recorded prior to 08/15/2012)

Influenza	10/06/2010		10/06/2010		10/06/2010
LIPID CHOL 171, TRIG 46, LDLC 107, HDL 55, CHOL/HDL 3.1	06/14/2010		06/14/2010		06/14/2010
PAP Thin Prep	06/03/2010		06/07/2010		06/07/2010
Hepatitis A + Hepatitis B (Twinrix)	06/03/2010		06/03/2010		06/03/2010
Tetanus+Diphtheria+Pertussis	06/03/2010		06/03/2010		06/03/2010
PAP Thin Prep	05/12/2009		05/18/2009		05/18/2009
PAP Thin Prep	06/16/2005		06/23/2005		06/23/2005
Family planning	07/06/2000	Ruland, Diane (DKJJJ)	07/08/2000	Ruland, Diane (DKJJJ)	07/08/2000
Health maintenance exam	07/06/2000	Ruland, Diane (DKJJJ)	07/08/2000	Ruland, Diane (DKJJJ)	07/08/2000

Historical Inactive Records (recorded prior to 08/15/2012)

Influenza	10/02/2009		10/02/2009		10/02/2009
PAP Thin Prep	03/18/2003		05/30/2004	Lee, Melissa (MELILEE)	08/02/2006
PAP GYNECOLOGY	03/19/2002		05/28/2004	Lee, Melissa (MELILEE)	08/02/2006
PAP GYNECOLOGY	12/07/2000		05/28/2004	Lee, Melissa (MELILEE)	08/02/2006
Pap smear	12/07/2000	SORICH, JOANNE M (JSORICH)	12/10/2000	Lee, Melissa (MELILEE)	08/02/2006

Historical Deleted Records (recorded prior to 08/15/2012)

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Date received 1/10/12
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Date ready 1/10/12
Date delivered 1/10/12
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University of Michigan Certification

Approved, SCAO

AUG 08 2012

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1st copy - Witness
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3rd copy - Extra

STATE OF MICHIGAN 22nd JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	HEALTHPORT SUBPOENA Order to Appear and/or Produce	CASE NO. 12-776- -PZ

Police Report No. (if applicable)

Court address
101 E. Huron, P.O. Box 8645, Ann Arbor, Michigan 48107

David S. Swartz

Court telephone no.
(734) 222-3383

Plaintiff(s)/Petitioner(s)		Defendant(s)/Respondent(s)
☐ People of the State of Michigan ☑ IN RE: UNIVERSITY OF MICHIGAN HEALTH SYSTEM	v	
☐ Civil ☐ Criminal		Charge
☐ Probate In the matter of		

In the Name of the People of the State of Michigan. TO:

UNIVERSITY OF MICHIGAN HEALTH SYSTEM, 1500 E. MEDICAL CENTER DR., ANN ARBOR, MI 48109

If you require special accommodations to use the court because of disabilities, please contact the court immediately to make arrangements.

YOU ARE ORDERED:

☐ 1. to appear personally at the time and place stated below: You may be required to appear from time to time and day to day until excused.

☐ The court address above ☐ Other:

Day	Date	Time

☐ 2. Testify at trial / examination / hearing.

☑ 3. Produce/permit inspection or copying of the following items: Any and all medical records, reports, and test results from 2005 through 2010 regarding patient Aarthi Rao, D/O/B: 12/23/1973, Address: 3118 Village Circle, Ann Arbor, MI 48108.

☐ 4. Testify as to your assets, and bring with you the items listed in line 3 above.

☐ 5. Testify at deposition.

☐ 6. MCL 600.6104(2), 600.6116, or 600.6119 prohibition against transferring or disposing of property is attached.

☐ 7. Other:

☑ 8.

Person requesting subpoena		Telephone no.
DAVID R. DRAPER (P43750)		(313) 885-6800
Address 18580 MACK AVENUE		
City GROSSE POINTE FARMS	State MI	Zip 48236

NOTE: If requesting a debtor's examination under MCL 600.6110, or an injunction under item 6, this subpoena must be issued by a judge. For a debtor examination, the affidavit of debtor examination on the other side of this form must also be completed. Debtor's assets can also be discovered through MCR 2.305 without the need for an affidavit of debtor examination or issuance of this subpoena by a judge.

SEAL OF THE MICHIGAN SUPREME COURT · LANSING · JUSTITIAM DISCITE MONITI

FAILURE TO OBEY THE COMMANDS OF THE SUBPOENA OR APPEAR AT THE STATED TIME AND PLACE MAY SUBJECT YOU TO PENALTY FOR CONTEMPT OF COURT.

AUG 08 2012

Date

Judge/Magistrate

Bar no.

Court use only
☐ Served ☐ Not served

SUBPOENA

Case No. -PZ

PROOF OF SERVICE

TO PROCESS SERVER: You must make and file your return with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NON-SERVICE

☐ **OFFICER CERTIFICATE**
I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party [MCR 2.104(A)(2)], and that: (notarization not required)

OR

☐ **AFFIDAVIT OF PROCESS SERVER**
Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that: (notarization required)

☐ I served a copy of the subpoena, together with _____ (including any required fees) by
Attachment

☐ personal service ☐ registered or certified mail (copy of return receipt attached) on:

Name(s)	Complete address(es) of service	Day, date, time

☐ I have personally attempted to serve the subpoena and required fees, if any, together with _____ on the following person and have been unable to complete service.
Attachment

Name(s)	Complete address(es) of service	Day, date, time

Service fee	Miles traveled	Mileage fee	Total fee
$		$	$

Signature _____

Title _____

Subscribed and sworn to before me on _____ , _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Deputy court clerk/Notary public

Notary public, State of Michigan, County of _____

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of the subpoena and required fees, if any, together with _____
Attachment

_____ on _____
Day, date, time

_____ on behalf of _____.
Signature

AFFIDAVIT FOR JUDGMENT DEBTOR EXAMINATION

I request that the court issue a subpoena which orders the party named on this form to be examined under oath before a judge concerning the money or property of:
for the following reasons:

_____
Signature

Subscribed and sworn to before me on _____ , _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Deputy court clerk/Notary public

Notary public, State of Michigan, County of _____