



Naved Rizvi "Naved"

Patient Health Summary, generated on Apr. 14, 2024

Patient Demographics - Male; born Sep. 20, 1997				
Patient Address	Communication	Language	Race / Ethnicity	Marital Status
5106 24TH AVE NE APT 7 SEATTLE, WA 98105	267-213-7553 (Mobile) rizvinavedis@gmail.com rizvuinavedis@gmail.com	English (Preferred) Undetermined - Written (Preferred)	Other Race / Asked but unknown	Unknown

Note from UW Medicine - Washington				
This document contains information that was shared with Naved Rizvi. It may not contain the entire record from UW Medicine - Washington.				

Allergies				
No known active allergies				

Medications				
Not on file				

Active Problems				
Not on file				

Social History				
Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never Assessed				
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Not on file		
Gender Identity		Not on file		
Sexual Orientation		Not on file		

Last Filed Vital Signs			
Vital Sign	Reading	Time Taken	Comments
Blood Pressure	118/85	09/28/2022 7:28 PM PDT	
Pulse	78	09/28/2022 7:28 PM PDT	
Temperature	37.4 °C (99.3 °F)	09/28/2022 7:28 PM PDT	
Respiratory Rate	16	09/28/2022 7:28 PM PDT	
Oxygen Saturation	100%	09/28/2022 7:28 PM PDT	
Inhaled Oxygen Concentration	-	-	
Weight	-	-	
Height	-	-	
Body Mass Index	-	-	



Results

XR WRIST 3+ VW LEFT - Final result (09/28/2022 7:47 PM PDT)

Anatomical Region	Laterality	Modality		
Wrist	Left	Computed Radiography		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/28/2022 8:20 PM PDT	
Narrative				
<p>09/28/2022 8:22 PM PDT</p> <p>EXAMINATION:</p> <p>XR WRIST 3+ VW LEFT</p> <p>CLINICAL INDICATION:</p> <p>Fall off bike, left dorsal wrist swelling and deformity. suspect distal radius involve.</p> <p>COMPARISON: No prior exams are available for comparison.</p> <p>FINDINGS:</p> <p>Mild dorsal soft tissue swelling over wrist.</p> <p>No other significant osseous or soft tissue abnormalities are noted.</p> <p>No acute fractures or dislocations noted.</p>				
Procedure Note				
<p>Michael Lewellyn Richardson - 09/28/2022</p> <p>Formatting of this note might be different from the original.</p> <p>EXAMINATION:</p> <p>XR WRIST 3+ VW LEFT</p> <p>CLINICAL INDICATION:</p> <p>Fall off bike, left dorsal wrist swelling and deformity. suspect distal radius involve.</p> <p>COMPARISON: No prior exams are available for comparison.</p> <p>FINDINGS:</p> <p>Mild dorsal soft tissue swelling over wrist.</p> <p>No other significant osseous or soft tissue abnormalities are noted.</p> <p>No acute fractures or dislocations noted.</p>				
Authorizing Provider	Result Type			
Pattie J Malone	IMG X RAY			

Document Information

Service Providers	Document Coverage Dates
	Sep. 20, 1997 - Apr. 14, 2024
Custodian Organization	
<p>UW Medicine - Washington</p> <p>185 NE Stevens Way</p> <p>Seattle, WA 98195</p>	
Legal Authenticator	
Senior O	



If you take your Lucy record on a thumb drive to a different doctor, he or she might be able to use his computer to read the file electronically. Your downloaded, machine-readable Personal Health Summary document is in a format called "CDA." If your doctor has a computer that understands CDA, your information is a folder on your thumb drive called **MachineReadable_XDMFormat**. You might need to enter a password before your doctor can use this file.

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Naved Rizvi "Naved"

Summary of Care, generated on Apr. 28, 2024

Patient Demographics - Male; born Sep. 20, 1997

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
5106 24TH AVE NE APT 7 SEATTLE, WA 98105	267-213-7553 (Mobile) rizvinavedis@gmail.com rizvuinavedis@gmail.com	English (Preferred) Undetermined - Written (Preferred)	Other Race / Asked but unknown	Unknown

Note from UW Medicine - Washington

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Encounter Details

Date	Type	Department	Care Team (Latest Contact Info)	Description
09/28/2022 7:33 PM PDT - 09/28/2022 11:59 PM PDT	Hospital Encounter	UW Medicine Primary Care Radiology at Ravenna 4915 25th Avenue NE, 300 W Seattle, WA 98105-5668 206-525-7777		Discharge Disposition: 01 HOME/SELF CARE

Allergies - documented as of this encounter (statuses as of 04/28/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 04/28/2024)

Not on file

Active Problems - documented as of this encounter (statuses as of 04/28/2024)

Not on file

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never Assessed				
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Not on file		
Gender Identity		Not on file		
Sexual Orientation		Not on file		

Last Filed Vital Signs - documented in this encounter

Not on file

Plan of Treatment - documented as of this encounter

Health Maintenance	Due Date	Last Done	Comments
Hepatitis B Vaccine (1 of 3 - 3-dose series)	09/20/1997		
Routine Hepatitis C Screening	09/20/1997		
COVID-19 Vaccine (#1)	03/20/1998		
HPV Vaccine (1 - Male 2-dose series)	09/20/2008		
Routine Depression Screening	09/20/2009		
Routine HIV Screening	09/20/2012		
DTaP/Tdap/Td Vaccines (1 - Tdap)	09/20/2016		
Flu shot - check with your clinic regarding availability (Season Ended)	10/01/2024		
Hepatitis A Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Pneumococcal Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic



Results - documented in this encounter

XR WRIST 3+ VW LEFT - Final result (09/28/2022 7:47 PM PDT)

Anatomical Region	Laterality	Modality		
Wrist	Left	Computed Radiography		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time

09/28/2022 8:20 PM
PDT

Narrative

09/28/2022 8:22 PM PDT

EXAMINATION:
XR WRIST 3+ VW LEFT

CLINICAL INDICATION:
Fall off bike, left dorsal wrist swelling and deformity. suspect distal radius involve.

COMPARISON: No prior exams are available for comparison.

FINDINGS:

Mild dorsal soft tissue swelling over wrist.
No other significant osseous or soft tissue abnormalities are noted.
No acute fractures or dislocations noted.

Procedure Note

Michael Lewellyn Richardson - 09/28/2022

Formatting of this note might be different from the original.
EXAMINATION:
XR WRIST 3+ VW LEFT

CLINICAL INDICATION:
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Authorizing Provider	Result Type
Pattie J Malone	IMG X RAY



Visit Diagnoses - documented in this encounter

Diagnosis
Injury of left wrist, initial encounter

Insurance - documented as of this encounter

Payer	Benefit Plan / Group	Subscriber ID	Effective Dates	Phone	Address	Type
AETNA US HEALTHCARE	AETNA US HEALTHCARE	xxxxxx2512	8/1/2022-Present	888-632-3862	PO BOX 14079 LEXINGTON, KY 40512-4079	Commercial Insurance
Guarantor Name	Account Type	Relation to Patient	Date of Birth	Phone	Billing Address	
Rizvi,Naved	Personal/Family	Self	09/20/1997		5106 24TH AVE NE APT 7 SEATTLE, WA 98105	

Document Information

Service Providers	Document Coverage Dates
	Sep. 28, 2022
Custodian Organization	
UW Medicine - Washington 185 NE Stevens Way Seattle, WA 98195	
Encounter Providers	Encounter Date
Ravenna Clinic Rad Room 1 (Attending) Diagnostic Radiology	Sep. 28, 2022
Legal Authenticator	
Senior O	