

REQUEST F [REDACTED] C [REDACTED] R

Photo To: [REDACTED]



Reinsurance Program - Facultative Subst

_____ Pages

Insured: [REDACTED] e [REDACTED] [REDACTED] : [REDACTED] 7 Male Non-Tobacco

01-28-2021

Underwriter/Assistant: [REDACTED] [REDACTED] / [REDACTED] [REDACTED]

Pending Policies: [REDACTED] TRM80 Total Protection Amount: 750,000

Reinsured Benefits: None

[REDACTED] [REDACTED] Rating: Unacceptable Risk Rated for: lymphoma
No Flat Extras

Amounts:

Total Reinsurance Amount Requested	\$	750,000
Total		750,000
Prior [REDACTED] A [REDACTED] Inforce		0
Total		1,500,000
for All Companies		

Underwriting Evidence Attached:

Underwriting Evidence Ordered, Not Attached:

Additional Remarks:

LIFE APPLICATION

(Page 1 of 7)

INDIVIDUAL LIFE INSURANCE APPLICATION

 Companion Policy

Has an application or informal inquiry ever been made to [REDACTED] for annuity, life, long-term care or disability insurance on the life of the Insured? Yes No If "Yes," the last policy number related to that application or inquiry is: _____

1. INSURED

A. LEGAL NAME	FIRST	M.I.	LAST (Include maiden name in parentheses.)	LINEAGE (e.g., Sr., Jr.)	<input checked="" type="checkbox"/> Male
			<input type="checkbox"/> Female		
B. BIRTHDATE (MM/DD/YYYY)	C. STATE OF BIRTH (or Foreign Country)		D. TAXPAYER ID NUMBER		
E. ADDRESS OF PRIMARY RESIDENCE			CITY	STATE	ZIP CODE
F. PHONE NUMBER: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Business Mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No			G. E-MAIL ADDRESS		

2. APPLICANT

Select ONLY ONE: Insured at Insured's Address OR Other (Complete A-J)

A. LEGAL NAME	FIRST	M.I.	LAST	LINEAGE (e.g., Sr., Jr.)	<input checked="" type="checkbox"/> Male
			<input type="checkbox"/> Female		

OR BUSINESS NAME/TRUST NAME

B. TYPE OF BUSINESS/TRUST	<input type="checkbox"/> Corporation (If Bank FDIC # _____) <input type="checkbox"/> Partnership <input type="checkbox"/> Revocable or <input type="checkbox"/> Irrevocable Trust Type of Trust: <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Other Type of Business				
C. TRUST DATE (MM/DD/YYYY) (If applicable)	D. NAME OF TRUSTEE(S) (If applicable)				
E. RELATIONSHIP TO INSURED	F. BIRTHDATE (MM/DD/YYYY) (If applicable)		G. TAXPAYER ID NUMBER 639-05-8901		
H. MAILING ADDRESS	<input type="checkbox"/> Insured's Address		CITY	STATE	ZIP CODE
I. PHONE NUMBER: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Business Mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	J. E-MAIL ADDRESS				

3. OWNER - Note: A minor Owner cannot exercise policy rights until reaching legal age. Complete Personal or Business/Trust Information.

Select ONLY ONE: Insured (Complete E) Applicant (Complete E) Other (Complete Personal or Business/Trust) OR
 See attached Owner form/letter

PERSONAL

A. LEGAL NAME	FIRST	M.I.	LAST	LINEAGE (e.g., Sr., Jr.)	<input checked="" type="checkbox"/> Male
			<input type="checkbox"/> Female		
B. RELATIONSHIP TO INSURED	C. BIRTHDATE (MM/DD/YYYY)		D. TAXPAYER ID NUMBER		
E. MAILING ADDRESS	<input type="checkbox"/> Insured's Address		<input type="checkbox"/> Applicant's Address	OR	CITY
F. PHONE NUMBER: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Business Mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	G. E-MAIL ADDRESS				

BUSINESS/TRUST

H. BUSINESS NAME/TRUST NAME					
I. TYPE OF BUSINESS/TRUST	<input type="checkbox"/> Corporation (If Bank FDIC # _____) <input type="checkbox"/> Partnership <input type="checkbox"/> Revocable or <input type="checkbox"/> Irrevocable Trust Type of Trust: <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Other Type of Business				
J. TAXPAYER ID NUMBER	K. TRUST DATE (MM/DD/YYYY) (If applicable)		L. NAME OF TRUSTEE(S) (If applicable)		
M. MAILING ADDRESS			CITY	STATE	ZIP CODE
N. PHONE NUMBER: <input type="checkbox"/> Home <input type="checkbox"/> Business Mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No			O. E-MAIL ADDRESS		

LIFE APPLICATION
(Page 2 of 7)

4. SUCCESSOR OWNER - Complete this section when the Owner named above is an individual who is not the Insured. If a Successor Owner is not named in the designated section below, the Successor Owner will be the Insured. Note: A minor Owner cannot exercise policy rights until reaching legal age.

- A. If the Owner dies before the Insured, the Successor Owner will be (NAME) _____, (RELATIONSHIP TO INSURED) _____. If both the Owner and Successor Owner die before the Insured, the Insured will become the Owner.
- B. The Insured will become the Owner upon attaining the age of _____ years. If the Owner dies before the Insured attains such age the Successor Owner will be (NAME) _____, (RELATIONSHIP TO INSURED) _____. Upon the Insured attaining such age or, if both the Owner and Successor Owner die before the Insured, the Insured will become the Owner.

5. PREMIUM PAYER

Select ONLY ONE: Insured (Complete F) Applicant (Complete F) Owner (Complete F) OR Other (Complete A-H)

A. LEGAL NAME	FIRST	M.I.	LAST	LINEAGE (e.g., Sr., Jr.)	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
---------------	-------	------	------	--------------------------	--	---------------------------------

OR BUSINESS NAME

B. TYPE OF BUSINESS

Corporation (If Bank FDIC # _____) Partnership Other type of Business _____

C. RELATIONSHIP TO INSURED	D. BIRTHDATE (MM/DD/YYYY) (If applicable)	E. TAXPAYER ID NUMBER
----------------------------	---	-----------------------

F. MAILING ADDRESS	<input type="checkbox"/> Insured's <input type="checkbox"/> Applicant's <input type="checkbox"/> Owner's OR	CITY	STATE	ZIP CODE
--------------------	---	------	-------	----------

G. PHONE NUMBER: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Business Mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	H. E-MAIL ADDRESS
--	-------------------

6. PREMIUM

Prepaid: Premium Payment - Initial Premium Paid: \$ 37.63 OR Non Prepaid

7. TEMPORARY LIFE INSURANCE AGREEMENT

Has the premium for the policy(ies) applied for been given to the agent in exchange for the Temporary Life Insurance Agreement? Yes No

Note: A Temporary Life Insurance Agreement should not be provided when the Applicant is only exercising an Additional Purchase Benefit with no underwritten increase.

8. POLICY INFORMATION - Submit one Application Supplement for each policy applied for.

A. Number of **Application Supplements** being submitted: 1

B. One option below **must** be selected: (Not applicable for Universal Life or Term insurance.)

- Do not activate the Automatic Premium Loan provision (Policy will default to Extended Term insurance.)
 Activate the Automatic Premium Loan provision

Note: Submit a complete NAIC Basic Illustration (all pages, signed and dated) OR, if no illustration conforming to the policy applied for was shown to the Applicant, check the Illustration Certification box (page 7). (Not applicable for Variable Life.)

FINANCIAL REPRESENTATIVE (FR) CERTIFICATE LIFE

Page (2 of 2)

10. COMPLETE IF INSURED IS DEPENDENT ON ANOTHER PERSON FOR FINANCIAL SUPPORT

- A. Name of supporting person and relationship to Insured:
 B. Amount of life insurance on supporting person's life payable to Insured: \$ _____
 C. If Insured is under age 21:

	NAME(S)	AGE(S)	LIFE INSURANCE IN FORCE AND PENDING	ANNUAL EARNED INCOME
Father			\$	\$
Mother			\$	\$
Brothers			\$	
Sisters			\$	

- D. If Applicant is grandparent, grandparent's net worth: \$ _____

11. ANNUAL SALES INVENTORY (Complete this section.)

- A. Complete if Insured is 18 or older.
1. Insured's Education: High School or less (1) Some College (2) College Graduate (3) Graduate Degree (4)
 2. Total Number of Children: None
 3. Age of Children, if any: All Under 3 (1) All Under 6 (2) All Under 12 (3) All Under 18 (4) Some or all 18 or over (5)
 4. Annual Premiums: Excluding this application, what is the Insured's approximate total annual cash outlay for insurance on his or her life in all companies \$ _____ None

B. Complete for all Insured's.

1. Source of Applicant

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> FR's Own Policyowner (10) | <input type="checkbox"/> CRC Client (11) | <input type="checkbox"/> Referred Lead (12) | <input type="checkbox"/> Acquaintance (13) |
| <input type="checkbox"/> Newcomer Service (14) | <input type="checkbox"/> Cold Canvas (15) | <input type="checkbox"/> Lead Letter Reply (16) | <input type="checkbox"/> Published Sources (17) |
| <input type="checkbox"/> Walk in (18) | <input type="checkbox"/> Family Member (19) | <input type="checkbox"/> FR's Network Client (20) | <input type="checkbox"/> Other (specify) (29) _____ |

2. Primary Purpose

- | | | | | | | |
|--|--|---|--|--|--|-------------------------------------|
| Personal: | <input type="checkbox"/> Total Needs (10) | <input type="checkbox"/> Education (11) | <input type="checkbox"/> Income Replacement (12) | <input type="checkbox"/> Savings (13) | <input type="checkbox"/> Debt Coverage (17) | <input type="checkbox"/> Other (19) |
| Business: | <input type="checkbox"/> Keyperson (20) | <input type="checkbox"/> Business Purchase (21) | <input type="checkbox"/> Debt Coverage (22) | | | |
| Executive Benefits - Business Owner: | <input type="checkbox"/> Deferred Comp (24) | <input type="checkbox"/> SERP (26) | <input type="checkbox"/> Split Dollar (27) | <input type="checkbox"/> Death Benefit Only (28) | <input type="checkbox"/> Other (29) | |
| Executive Benefits Non-Business Owner: | <input type="checkbox"/> Split Dollar (70) | <input type="checkbox"/> Bonus (71) | <input type="checkbox"/> Deferred Comp (72) | <input type="checkbox"/> SERP (73) | <input type="checkbox"/> Death Benefit Only (74) | <input type="checkbox"/> Other (75) |
| Estate: | <input type="checkbox"/> Estate Liquidity (37) | <input type="checkbox"/> Charitable Gift (38) | <input type="checkbox"/> Other (39) | | | |

3. Basic Sales Presentation

- | | | |
|---|---|---|
| <input type="checkbox"/> PPA (10) | <input type="checkbox"/> BPA (11) | <input type="checkbox"/> Multiples of Salary (13) |
| <input type="checkbox"/> Outside Software (15) | <input type="checkbox"/> Insurance & Savings (21) | <input type="checkbox"/> Life Presentation (23) |
| <input type="checkbox"/> Business Presentation (26) | <input type="checkbox"/> Executive Benefits (27) | <input type="checkbox"/> FR's Own Materials (33) |
| <input type="checkbox"/> Competitive Reports (34) | <input type="checkbox"/> NM Print Materials (35) | <input type="checkbox"/> Other (39) _____ |

12. INSURED'S RELATIONSHIP TO FINANCIAL REPRESENTATIVE

- Related to Financial Representative - Relationship _____ Financial Representative Existing Relationship Not Previously Known

13. PRODUCTION AND COMMISSION CREDITS

Exclude this policy from Commission Authorization (CA) review? Note: If this question is not answered, the application will be reviewed for a CA ... Yes No

FR'S NO. (SERVICING FR FIRST)	FINANCIAL REPRESENTATIVE'S FULL NAME	% INTEREST	CONTRACT TYPE PRIMARY ⁽¹⁾ OR SECONDARY ⁽²⁾ (P OR S)	IF CONTRACT TYPE "S" ENTER SECONDARY FR NUMBER
██████████	██████████	100	P	

NETWORK OFFICE NO. FRS TELEPHONE NUMBER SET TEAM / Name of Associate FR or FR's Assistant: TELEPHONE NUMBER

⁽¹⁾ Primary Contract Type - If the application is the result of doing business in your state of residence through the Network Office with whom you hold your primary contract (i.e., do the majority of your business).

⁽²⁾ Secondary Contract Type - If the application is the result of doing business through the Network Office, with whom you hold a secondary contract (i.e. through whom you conduct a comparatively minor amount of business, such as in a state where you have a vacation residence).

I certify the following: (1) the Company has been provided with all pertinent facts; (2) the appropriate party has been asked all questions required by the application process; (3) all answers have been accurately and completely recorded; and (4) neither I nor anyone who participated in the completion of the Application knows anything unfavorable about the Insured or any other party that is not stated in the application or accompanying letter. I have reviewed, understand, and have followed the information stated on LINKnet - Completing Applications (in person or remotely):

██████████ and anyone who participated in the completion of this Application have completed all required home office training and state mandated continuing education for this sale of product(s). The Insured, and Owner if other than the Insured, has been given a copy of the Notice of Insurance Information Practices, as required by the Fair Credit Reporting Act and state regulations. The Owner, if business, has been given a copy of the Employer-Owned Life Insurance Disclosure Statement.

- A. Did you or your staff meet face-to-face with the Insured (or Guardian) to complete this application? Yes No
 If "No," have you or your staff met face-to-face with the Insured (or Guardian) in the last two years to discuss their financial needs? Yes No
 B. Has a member of your staff been the primary person making this sale? Yes No
 If "Yes," he/she should sign and enter his/her name and field staff number below:

Name of LICENSED AGENT/FIELD STAFF (Please print)

AGENT/FIELD STAFF#

Signature of LICENSED AGENT/FIELD STAFF

MEDICAL HISTORY QUESTIONNAIRE
(Page 1 of 8)

MEDICAL HISTORY QUESTIONNAIRE

INSURED NAME	FIRST	M.I.	LAST
--------------	-------	------	------

Instructions:

- As used in this Medical History Questionnaire, the terms "you" and "your" refer to the Insured. The terms "you" and "the Insured" are used interchangeably throughout.
- Each question must be individually asked and answered. Use the DETAILS section or Additional Details page to explain all checked boxes (other than "NONE") and all "YES" responses.

To begin the Medical History Questionnaire, read the 'Declaration of Truth' with the Insured or Parent/Guardian. They must "Agree" to proceed.

Declaration of Truth: The responses provided below are complete, accurate, and truthful to the best of my knowledge and belief. I acknowledge that any inaccurate or misleading statements could result in the reformation, rescission or termination of this policy and impact the payment of future claims. Given [REDACTED] status as a mutual company, inaccurate or misleading statements potentially harm other policyholders.

Agree

HEALTHCARE PROVIDERS

1. Do you have a regular physician, doctor or healthcare provider? YES NO
If "YES," complete the information below on your current physician, doctor or healthcare provider:

NAME	TELEPHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE
WHEN DID YOU LAST SEE THIS MEDICAL PROVIDER? (MM/YY)	REASON FOR YOUR LAST VISIT?		
about (1) year ago Physical + Labs - all normal			

2. Have you been receiving care from your regular physician, doctor or healthcare provider for less than two years? YES NO
If "YES," complete the information below on your former physician, doctor or healthcare provider:

NAME	TELEPHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE
WHEN DID YOU LAST SEE THIS MEDICAL PROVIDER? (MM/YY)	REASON FOR YOUR LAST VISIT?		

GENERAL INFORMATION

3. Is the Insured over age 5? If "YES," complete A-C below. YES NO

A. Height: 6 ft 03 in.

B. Weight: 231 lbs.

- C. Have you lost more than 10 pounds in the last 6 months? YES NO
If "YES," how many pounds have you lost?

Provide details about the weight change (e.g., intentional through diet and exercise):

4. Are you pregnant? (Females only) N/A YES NO
If "YES," what is your due date? _____ (MM/YY)

MEDICAL HISTORY QUESTIONNAIRE
(Page 2 of 8)

JUVENILE HEALTH

5. Is Insured age 5 or under? If "YES," complete A-F below. YES NO
- A. Height: _____ ft. _____ in.
- B. Weight: _____ lbs. _____ oz.
- C. Was the Insured born prematurely (gestational age <37 weeks)? _____ YES NO
If "YES," what was the Insured's gestational age (in weeks) at birth _____
- D. Has the Insured been evaluated, tested, diagnosed with, or treated for developmental delay(s) by _____ YES NO
a medical provider? If "YES," describe the delay(s): _____
- E. Has the Insured been diagnosed with any growth concerns (including length/height, weight, and head circumference) or failure to thrive (FTT) by a medical provider? _____ YES NO
If "YES," provide birth length and weight: Length _____ ft. _____ in. Weight _____ lbs. _____ oz.
If "YES" for D and/or E, who was the medical provider seen for this condition (if different than the Insured's regular physician): _____
- Name: _____
- Address: _____ City: _____ State: _____ Zip Code: _____
- Telephone Number: _____
- When did you last see this medical provider? _____ (MM/YYYY)
- F. Check any of the services the Insured has received or been advised to receive by a medical provider, and if applicable, provide the date service was last received.
- N/A Educational services _____ (MM/YYYY) Occupational therapy _____ (MM/YYYY)
- Physical therapy _____ (MM/YYYY) Speech/Language therapy _____ (MM/YYYY)

DISEASES AND DISORDERS

For each of the categories of Diseases and Disorders throughout question 6, check each box accordingly or check "None." Provide detail for each condition in the "Details" box provided or use the Additional Details page.

6. In the past 10 years, have you been told you had, been diagnosed with, or treated for **any** of the following by a medical provider:

CARDIOVASCULAR

- Aneurysm
 Angina
 Cardiac bypass surgery
 Cardiac stent(s)
 Chest Pain/Tightness/Discomfort
 Coronary artery disease
- NONE

- Heart attack
 Heart failure
 Heart murmur
 Heart valve disorder
 High blood pressure
 High cholesterol

- Irregular heart beat or heart rhythm disorder
 Stroke
 Transient Ischemic Attack (TIA)
 Any other diseases or disorders of the heart or blood vessels

DETAILS: Complete for each checked box above. If more space is required, use Additional Details page.

Disease/ Condition	Date of Diagnosis	Evaluations, Tests, Treatments and General Information (e.g., details and results, dates or frequency of service and care, time since last symptoms and time since recovery)	Physician Information Name, complete address, and telephone numbers of medical providers.

MEDICAL HISTORY QUESTIONNAIRE

(Page 3 of 8)

CANCER/GROWTHS

- Cancer
- Cysts
- Leukemia
- NONE**

- Lymphoma
- Masses
- Nodules

- Polyps
- Tumors

RESPIRATORY

- Asthma
- Chronic cough
- Chronic Obstructive Pulmonary Disease (COPD)
- NONE**

- Emphysema
- Sinus disorder
- Sleep apnea
- Sleep disorder other than sleep apnea

- Throat disorder
- Trouble breathing
- Any other diseases or disorders of the lungs or respiratory system

NEUROLOGY

- Carpal tunnel syndrome
- Concussion
- Difficulty walking
- Dizziness
- Headaches
- Imbalance
- NONE**

- Loss of consciousness
- Memory loss or memory impairment
- Multiple sclerosis
- Muscle weakness
- Neuropathy

- Paralysis
- Seizure/Epilepsy
- Tremor
- Vertigo
- Any other diseases or disorders of the brain or nervous system

PSYCHIATRIC/MENTAL HEALTH

- Anxiety
- Attention deficit/Hyperactivity Disorder (ADD or ADHD)
- Bipolar disorder
- NONE**

- Depression
- Eating disorder
- Post-traumatic stress disorder (PTSD)

- Stress
- Any other diseases or disorders of psychiatric or mental health

GASTROINTESTINAL (GI)

- Barrett's Esophagus
- Blood in the stool
- Crohn's disease
- Difficulty swallowing
- Hepatitis
- Irritable bowel syndrome (IBS)
- NONE**

- Pancreatitis
- Recurrent heartburn/GERD (Gastroesophageal Reflux Disease)
- Recurrent or persistent abdominal pain
- Recurrent or persistent diarrhea
- Recurrent or persistent vomiting

- Ulcerative colitis
- Ulcers
- Any other diseases or disorders of the esophagus, stomach, intestines, liver, gallbladder or pancreas

DETAILS: Complete for each checked box above. If more space is required, use Additional Details page.

Disease/ Condition	Date of Diagnosis	Evaluations, Tests, Treatments and General Information (e.g., details and results, dates or frequency of service and care, time since last symptoms and time since recovery)	Physician Information Name, complete address, and telephone numbers of medical providers.
Lymphoma	02/2019	Had chemotherapy, resolved May 2019.	

MEDICAL HISTORY QUESTIONNAIRE

(Page 4 of 8)

ENDOCRINOLOGY/GLANDULAR

- Adrenal disorder
 Diabetes or elevated blood glucose
 NONE

- Pituitary disorder
 Thyroid disorder

- Any other diseases or disorders of the endocrine/glandular system

HEMATOLOGY/IMMUNOLOGY - Also Addendum H, for ICC states

- Allergies
 Anemia
 Bleeding disorder

- Clotting disorder
 Enlarged lymph nodes
 Recurrent Infection

- Any other diseases or disorders of the blood, bone marrow or immune system, excluding HIV or AIDS

NONE

RHEUMATOLOGY

- Amputation
 Arthritis
 Fibromyalgia
 Osteoporosis
 Systemic lupus

- Any disease or disorder of the mouth or jaw
 Any other disease or disorder of the muscles, bones, joints (including but not limited to the hips, knees, shoulders)

- Any other diseases or disorders of the spine, neck, back, or extremities

NONE

GENITOURINARY

- Blood in the urine
 Chronic kidney disease
 Infertility
 Kidney infection

- Kidney stones
 Protein in the urine
 Sexually transmitted diseases, e.g., chlamydia

- Any other diseases or disorders of the kidneys, urinary tract, bladder, prostate, reproductive organs, or breasts

NONE

DERMATOLOGY

- Basal cell cancer
 Dermatitis
 Eczema

- Melanoma
 Psoriasis
 Squamous cell cancer

- Any other diseases or disorders of the skin

NONE

DETAILS: Complete for each checked box above. If more space is required, use Additional Details page.

Disease/ Condition	Date of Diagnosis	Evaluations, Tests, Treatments and General Information (e.g., details and results, dates or frequency of service and care, time since last symptoms and time since recovery)	Physician Information Name, complete address, and telephone numbers of medical providers.

MEDICAL HISTORY QUESTIONNAIRE

(Page 5 of 8)

OTHER DISEASES OR DISORDERS

- Chronic fatigue (present 3 months or longer)
 Chronic Lyme disease (present 3 months or longer)

 NONE

- Chronic pain (present 3 months or longer)
 Ears
 Eyes

- Nose
 Speech

DETAILS: Complete for each checked box above. If more space is required, use Additional Details page.

Disease/ Condition	Date of Diagnosis	Evaluations, Tests, Treatments and General Information (e.g., details and results, dates or frequency of service and care, time since last symptoms and time since recovery)	Physician Information Name, complete address, and telephone numbers of medical providers.

7. In the past 10 years, have you ever tested positive for human immunodeficiency virus (HIV), or been diagnosed by a medical provider as being HIV positive, or having acquired immune deficiency syndrome..... YES NO

If "YES," provide details: _____

TOBACCO, ALCOHOL AND DRUGS

8. When was the last time you used tobacco or any other nicotine products?

Check the box for any products used.	Date Last Used (MM/YYYY)	Frequency Used Per Year	Never Used
<input type="checkbox"/> Cigarettes			<input checked="" type="checkbox"/>
<input type="checkbox"/> Cigars			<input checked="" type="checkbox"/>
<input type="checkbox"/> Chew or Snuff			<input checked="" type="checkbox"/>
<input type="checkbox"/> Pipes			<input checked="" type="checkbox"/>
<input type="checkbox"/> Vaping Products			<input checked="" type="checkbox"/>
<input type="checkbox"/> Nicotine Patch			<input checked="" type="checkbox"/>
<input type="checkbox"/> Nicotine Gum			<input checked="" type="checkbox"/>
<input type="checkbox"/> Other _____			<input checked="" type="checkbox"/>

9. In the past 10 years, have you ever been advised by a medical provider to reduce or discontinue the use of alcohol? If "YES," complete A-B below..... YES NO

- A. How many drinks, on average, do you consume in a given week?

0 1-14 15-21 22-28 29-35 36-42 43-49 50 or more

- B. When did you last drink alcohol? 01/2021 (MM/YYYY)

MEDICAL HISTORY QUESTIONNAIRE

(Page 6 of 8)

10. In the past 10 years, have you ever received or been advised by a medical provider to seek treatment, counseling or participation in a support group for the use of alcohol or drugs? YES NO

If "YES," complete A-F below:

A. Was this related to alcohol and/or drug use? Alcohol Drugs

B. If drug use, list all types of drugs used: _____

C. When did you last drink alcohol? _____ (MM/YY) N/A

D. When did you last use drugs? _____ (MM/YY) N/A

E. Indicate if you have received inpatient or outpatient treatment along with duration of care: N/A

Inpatient _____ (MM/YY) to _____ (MM/YY)

Outpatient _____ (MM/YY) to _____ (MM/YY)

F. Medical providers, counsellors or facilities seen related to your treatment/counselling:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____

When did you last see this medical provider? _____ (MM/YY)

11. In the past 5 years, have you used marijuana? If "YES," complete A-G below. YES NO

A. Indicate the frequency of your use:

Daily Weekly Monthly Annually

B. How many days per: Week Month Year do you use marijuana? 3 (during chemotherapy)

C. When did you last use marijuana? 02/2020 (MM/YY)

Recommended by [REDACTED]
see page 3.

D. Is your marijuana use: Recreational Medicinal Both

E. Provide the medical reason for your medical marijuana use: Lymphoma, helped with side effects.

F. Check all boxes that apply concerning the methods that you used or consumed marijuana:

Smoking Vaporizing Edible Forms Other pharmaceutical forms (e.g., pills, oil)

G. Provide name of medical provider (if different from your regular physician) who prescribed medical marijuana:

Name: Not prescribed by recommended. (See pg. 3 of 6) Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____

When did you last see this medical provider? 11/2020 (MM/YY)

12. In the past 10 years, have you used cocaine, heroin, methamphetamine, hallucinogens, or any other illegal drugs or substance? If "YES," complete A-B below. YES NO

A. Provide details of all illegal drugs/substances used: _____

B. When did you last use any of the listed drugs or substances? _____ (MM/YY)

13. In the past 5 years, have you used narcotics/opioids, sedatives, amphetamines, or any other controlled substance other than as prescribed by a physician or in excess of dosages prescribed by a physician? If "YES," complete A-B below. YES NO

A. Provide medications or controlled substances used: _____

B. When did you last use any of the listed medications or controlled substances? _____ (MM/YY)

HEALTHCARE HISTORY

14. In the past 5 years, other than as previously stated on the application, have you:
 If "YES," to questions A-D, provide details below:
- A. Consulted any other medical providers (medical doctors, psychiatrists, psychologists, counselors/therapists, chiropractors, naturopaths, occupational/physical/speech therapists or other healthcare providers)? YES NO
- B. Been a patient in a hospital, clinic, rehabilitation center, or any other medical facility? YES NO
- C. Had any diagnostic or screening tests completed (e.g., EKGs, x-rays, blood tests, CT scans, MRI scans, heart scans, biopsies, or other tests except for Human Immunodeficiency Virus (HIV))? YES NO
- D. Had surgery? YES NO

DETAILS: Complete for each "YES" answer above. If more space is required, use Additional Details page.

Reason for Consultation, Hospitalization, Surgery or Testing	Dates of Care or Hospitalization	Evaluations, Tests, Treatments (e.g., details and results of testing or surgery, dates or duration of care)	Physician Information Name, complete address, and telephone numbers of medical providers.
14c. EKG	03/2019	Normal, done to make sure of to start chemotherapy	all done by [REDACTED]
X-ray - Chest	02/2019	Result enlarged lymph node (Lymphoma related)	see pg. 302 [REDACTED] para med for contact info.
CT of chest	02/2019	also showed enlarged lymph nodes in chest (Lymphoma related)	

- E. Been advised by a medical provider to have any test, consultation, hospitalization, or surgery that was not completed (except as related to the Human Immunodeficiency Virus (HIV))? YES NO
 If "YES," provide details of what was recommended and why the recommendation(s) was not completed:
15. Other than as previously stated on this application, are you taking any medications or drugs (legal or illegal, prescription or non-prescription/over-the-counter or supplements) for any reason? YES NO
 If "YES," list the medication(s)/drug(s) and the reason(s) for use: Claritin - (seasonal allergies)
16. A. During the past 6 months, have you worked in your regular occupation less than your usual number of hours per week because of any sickness or injury? YES NO
 If "YES," complete 1-4 below:

1. Describe the medical issue(s)/condition(s) that resulted in the work absence or modified work schedule:

2. Describe the extent and duration of the modified work schedule or absence:

3. Have you resumed working your previous schedule and duties? YES NO

If "YES," provide date of return: _____ (MM/YY)

4. Medical provider seen for this issue (if other than your regular physician):

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____

When did you last see this medical provider? _____ (MM/YY)

MEDICAL HISTORY QUESTIONNAIRE

(Page 8 of 8)

- B. In the past 5 years, have you requested or received payments, benefits, or a pension because of any injury, accident, sickness, disability, or impairing condition? YES NO
If "YES," complete 1-4 below:

1. Describe the medical issue(s) that resulted in the payment or request for payment:

2. What type of payment was requested and/or received:

- Individual Disability Group Disability Social Security Disability Worker's Compensation
 Military Pension Other _____

3. Are you still receiving a payment? YES NO

If "YES," what is the duration of payment (in years)? _____

If "NO," are you still pursuing a payment? YES NO

4. Medical provider seen for this issue (if other than your regular physician):

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____

When did you last see this medical provider? _____ (MM/YY)

FAMILY HEALTH HISTORY

17. A. Do you have any immediate family members (including any living or deceased parents and siblings) who were diagnosed or treated by any medical provider for heart disease, stroke, diabetes, kidney disease, cancer (e.g., melanoma, breast cancer, or other cancers), mental illness, dementia, Huntington's disease, neurofibromatosis, or aneurysm(s)? YES NO
- B. List any tests below that you may have had to evaluate your risk based on your family history: N/A

C. Provide the following information about your immediate family members, including any conditions from 17A.

FAMILY MEMBER	CURRENT AGE (IF LIVING)	MEDICAL CONDITIONS	AGE AT DIAGNOSIS	AGE AT DEATH	CAUSE OF DEATH
Father	67	high blood pressure	64?		
Mother	63	none known			
Sister(s)	35	none known			
Brother(s)	8				

SIGNATURE(S)

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I have reviewed my answers and statements in this application and declare that they are correctly recorded, complete and true to the best of my knowledge and belief. Statements in this application are representations and not warranties. *[Signature]*

Signature of:

AGENT/FIELD STAFF #

Name of LICENSED AGENT/FIELD STAFF # (Please print)

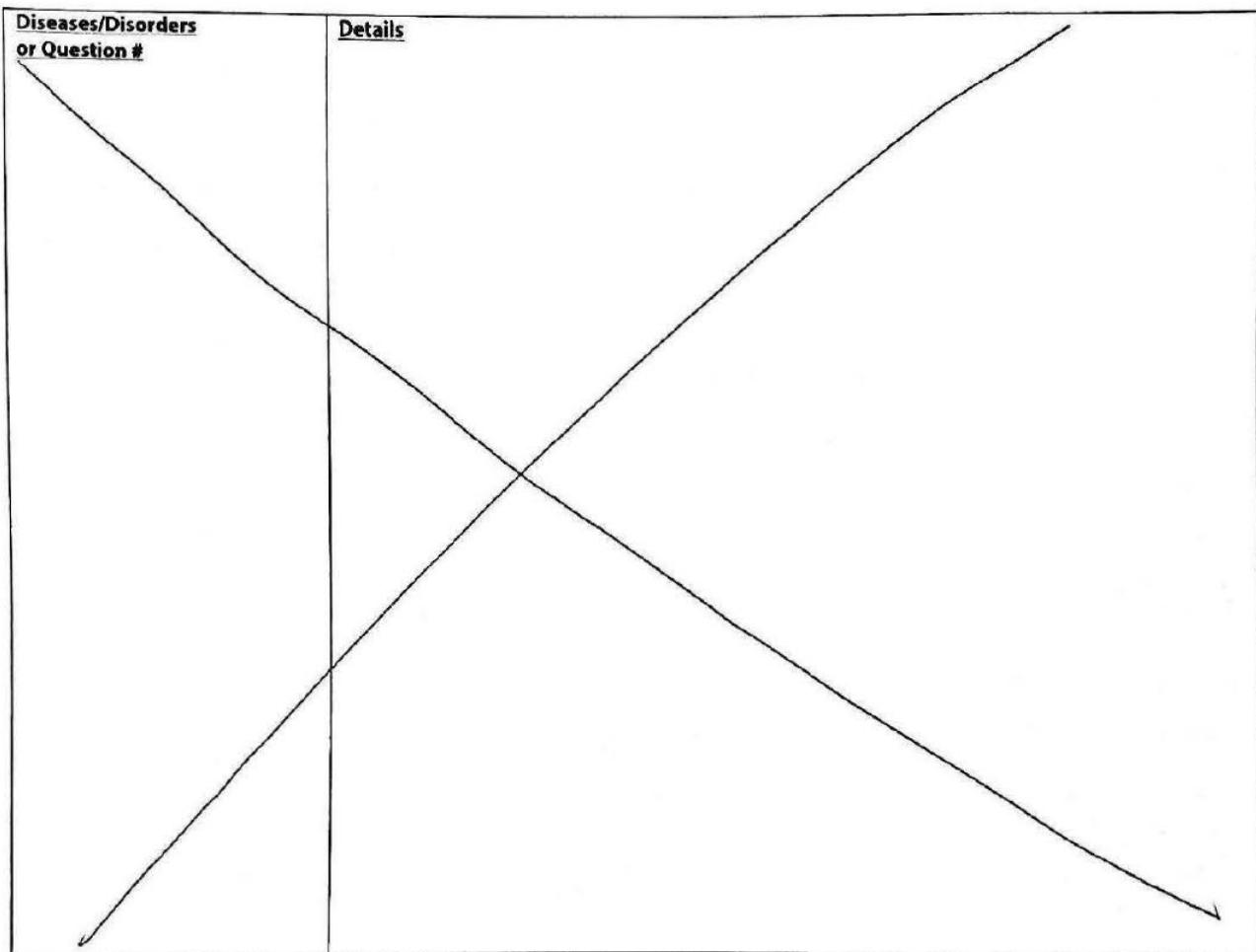
- LICENSED AGENT/FIELD STAFF - non-exam
 PARAMEDICAL EXAMINER - paramedical exam

MEDICAL HISTORY QUESTIONNAIRE

ADDITIONAL DETAILS

INSURED NAME	FIRST	M.I.	
[REDACTED]			

Use for any explanation where additional space is required.

Diseases/Disorders or Question #	Details
	

I have reviewed my answers and statements on this Supplement and declare that they are correctly recorded, complete and true to the best of my knowledge and belief. Statements in this Supplement are representations and not warranties. This Supplement shall be attached and made part of the application.

Signature of:

- LICENSED AGENT/FIELD STAFF - non-exam
 PARAMEDICAL EXAMINER - paramedical exam

AGENT/FIELD STAFF #

Name of LICENSED AGENT/FIELD STAFF # (Please print)

PARAMEDICAL EXAMINATION

INSURED NAME (First, Middle Initial, Last, Print Name)		INSURED PHONE NUMBER		<input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE	WAS A PICTURE ID SHOWN FOR VERIFICATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER	ONLY RECORD 4 DIGITS
AMOUNT APPLIED FOR \$ 750000.	OCCUPATION			
1. A. HEIGHT (WITHOUT SHOES) (PHYSICALLY MEASURED) 6 FT 03 IN	B. WEIGHT (CLOTHED, WITHOUT SHOES) (PHYSICALLY WEIGHED) 231 LBS.			
2. BLOOD PRESSURE (NOT REQUIRED UNDER AGE 10) Take three readings at rest while seated. SYSTOLIC/DIASTOLIC	122/80	116/78	114/74	CUFF SIZE <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Large <input type="checkbox"/> Other
3. PULSE (RECORD FOR 1 FULL MINUTE)	RATE 70	/ MIN	IRREGULARITIES / MIN	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> YES - IF YES, # IRREGULARITIES PER MINUTE: _____ / MIN
4. IS THE INSURED CURRENTLY MENSTRUATING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NOTE: If ordered, please collect blood and urine even if menstruating.) N/A			
5. ARE YOU AWARE OF ANY ADDITIONAL MEDICAL HISTORY OR OTHER FACTS CONCERNING THE INSURED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, NOTE HERE: _____				
6. ARE YOU RELATED TO OR DO YOU HAVE A PERSONAL, PROFESSIONAL, OR BUSINESS RELATIONSHIP WITH THE INSURED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, EXPLAIN: _____				
7. ARE YOU RELATED TO OR DO YOU HAVE A PERSONAL, PROFESSIONAL, OR BUSINESS RELATIONSHIP WITH THE FINANCIAL REPRESENTATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____				
8. ARE YOU CONNECTED WITH A NORTHWESTERN MUTUAL NETWORK OFFICE THROUGH EMPLOYMENT, FAMILY RELATIONSHIP OR OTHERWISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, EXPLAIN: _____				
9. WAS ANY PORTION OF THE EXAMINATION ASKED OR ANSWERED IN A LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES: WHAT PORTION OF THE EXAMINATION WAS TRANSLATED? _____ IN WHAT LANGUAGE WAS IT TRANSLATED? _____ NAME OF INTERPRETER? _____ INTERPRETER'S COMPANY? _____ RELATIONSHIP OF INTERPRETER TO INSURED? _____ RELATIONSHIP OF INTERPRETER TO FINANCIAL REPRESENTATIVE? _____	<input type="checkbox"/> NO RELATIONSHIP <input type="checkbox"/> NO RELATIONSHIP			
10. PLACE OF EXAMINATION <input checked="" type="checkbox"/> INSURED'S HOME <input type="checkbox"/> INSURED'S PLACE OF BUSINESS <input type="checkbox"/> PARAMEDICAL COMPANY BRANCH OFFICE <input type="checkbox"/> OTHER (SPECIFY LOCATION) _____				
11. DATE OF EXAMINATION (MM/DD/YY) 01/20/2021	TIME OF EXAMINATION 11:18		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
12. PRINT FULL NAME OF FINANCIAL REPRESENTATIVE WHO REQUESTED EXAMINATION _____				
13. THE FOLLOWING SPECIMENS HAVE BEEN COLLECTED AND SENT TO THE AUTHORIZED INSURANCE LAB USING KIT: <input checked="" type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> SALIVA THE FOLLOWING STUDIES ARE ATTACHED TO THE EXAM OR WILL BE SENT TO THE HOME OFFICE: <input type="checkbox"/> RESTING EKG (The Insured's name, date of birth and date of the EKG must be printed on the EKG strip. The Insured must sign and date the EKG.) <input type="checkbox"/> OTHER (Specify) _____			BAR CODE	ATTACH BAR CODE HERE FROM LABORATORY CONSENT FORM
I certify that the above is a record of the measurements I completed on the Insured and that I completely and accurately recorded the information and answers to the questions on the _____				
SIGNATURE OF PARAMEDICAL EXAMINER _____				
PARAMEDICAL EXAMINER NAME (PRINT OR STAMP) _____		PHONE NUMBER _____		
NAME OF PARAMEDICAL COMPANY (SELECT ONE) <input type="checkbox"/> APPS (AMERICAN PARA PROFESSIONAL SYSTEMS) <input type="checkbox"/> EMSI (EXAMINATION MANAGEMENT SERVICES, INC.) <input checked="" type="checkbox"/> EXAMONE #589 <input type="checkbox"/> PORTAMED/C		OFFICE ADDRESS _____		CITY/STATE/ZIP CODE _____
90-4D (0105) (1111) _____				

CLINICAL REFERENCE LABORATORY
01-23-21

PG 1

APPLICANT : [REDACTED]
DATE OF BIRTH : [REDACTED]
STATE OF RESIDENCE : [REDACTED]

POLICY NUMBER : [REDACTED]
UNDERWRITER : [REDACTED]
REGION : [REDACTED]

GENERAL REMARKS: SEE MULTIPLE REMARKS AT THE END OF REPORT

BLOOD CHEMISTRY PROFILE

DATE/TIME LAST MEAL : 01-19-21/11:18 PM DATE PERFORMED : 01-22-21
DATE/TIME DRAWN : 01-20-21/11:18 AM

DETERMINATION	LOW	NORMAL	ELEVATED	USUAL CLINICAL RANGE
GLUCOSE	89 MG/DL			50-99 MG/DL
HEMOGLOBIN A1C	5.5 %			3.0-5.6 %
BUN	12 MG/DL			5-25 MG/DL
CREATININE	1.0 MG/DL			0.5-1.5 MG/DL
ALKALINE PHOSPHATASE	45 U/L			30-115 U/L
BILIRUBIN TOTAL	.5 MG/DL			0.1-1.2 MG/DL
SGOT (AST)	41 U/L			0-41 U/L
SGPT (ALT) * SEE HEPATITIS TESTS *		74 U/L		0-45 U/L
GGT (GGTP)	24 U/L			2-65 U/L
CDT	REFLEX TEST NOT PERFORMED			
TOTAL PROTEIN	6.7 G/DL			6.0-8.5 G/DL
ALBUMIN	4.9 G/DL			3.0-5.5 G/DL
GLOBULIN	1.8 G/DL			1.0-4.0 G/DL
CHOLESTEROL	110 MG/DL			140-200 MG/DL
LDL CHOLESTEROL	45 MG/DL			
HDL CHOLESTEROL	53 MG/DL			>= 40 MG/DL
CHOL/HDL CHOL RATIO	2.1			
TRIGLYCERIDES	63 MG/DL			10-150 MG/DL
HEPATITIS B SURFACE ANTIGEN	NEG			
HEPATITIS C ANTIBODY	NEG			
HEMOGLOBIN	TEST NOT PERFORMED			13.0-16.0 G/DL
NT PROBNP	TEST NOT PERFORMED			0-125 PG/ML

SERUM APPEARANCE : NORMAL

REMARKS/BLOOD :

- SPECIAL BLOOD TESTING -

HIV : NON-REACTIVE

REMARKS/HIV :

CLINICAL REFERENCE LABORATORY
01-23-21

PG 2

APPLICANT : [REDACTED]
DATE OF BIRTH : [REDACTED]
STATE OF RESIDENCE : [REDACTED]

POLICY NUMBER : [REDACTED]
UNDERWRITER : [REDACTED]
REGION : [REDACTED]

GENERAL REMARKS: SEE MULTIPLE REMARKS AT THE END OF REPORT

URINE SPECIMEN RESULTS

DATE/TIME VOIDED : 01-20-21/11:18 AM
EXAMINER : EXO

DATE PERFORMED : 01-22-21

MICROSCOPIC EXAM

WBC : 0/HPF
RBC : 0/HPF
GRAN. CAST : 0 LPF
HYAL. CAST : 0 LPF

CHEMICAL EXAM

URINALYSIS SPECIAL TESTING : BETA BLOCKERS
NICOTINE
COTININE REFLEX

PROTEIN : 0 MG% 1.022
PROTEIN/CREATININE RATIO : 0.00
MICROALBUMIN : -- MG%
MICROALBUMIN/CREATININE RATIO:--
GLUCOSE : .00 GM%

NEG
NEG
NOT PERFORMED

DRUGS TESTED FOR : COCAINE

DRUGS DETECTED : NO

REMARKS/URINE :

REMARKS/ADULTERANTS : ADULTERANT TESTS WITHIN NORMAL LIMITS

REQUIREMENTS RECEIVED AND DATE REQUESTED

4127 12-29-20
4190 12-29-20

MULTIPLE REMARKS SECTION

GENERAL : REPORT DELAYED DUE TO ADDITIONAL TESTS REQUESTED

GENERAL : ALL TESTS PERFORMED ON BLOOD UNLESS OTHERWISE SPECIFIED.

PHARMACY REPORT - INDIVIDUAL SUMMARY

[REDACTED]
[REDACTED]

Policy #: [REDACTED]

Date Submitted: 12/29/2020

DOB: [REDACTED]

Gender: M

SSN: [REDACTED]

Benefit Eligibility Date

11/01/2020	12/31/2039
11/01/2020	10/31/2020
11/01/2020	10/31/2020
11/01/2020	12/31/2039
11/01/2020	12/31/2020
11/01/2019	12/31/2039
11/01/2019	10/31/2020
11/01/2018	12/31/2039
11/01/2018	12/31/2039
11/01/2018	06/30/2019
11/01/2017	12/31/2039
11/01/2017	10/31/2018
11/01/2017	10/31/2018
10/01/2011	12/31/2039
08/01/2004	12/31/2004
08/01/2004	12/31/2039
07/01/2019	10/31/2019
07/01/2019	12/31/2039
04/01/2016	12/31/2039
04/01/2016	10/31/2017
04/01/2015	03/31/2016
01/01/2003	07/31/2004
01/01/2003	12/31/2039
01/01/2003	12/31/2999
01/01/2003	12/31/2999
01/01/2003	12/31/2999

Benefit Termination Date

Risk Score

Risk Score (Rx): 2.650

IRIX RESULTS

PM P SP AR F

PM P SP AR F

Prescription by Oncologist - #380

PM P SP AR F

Anti-Convulsant with multiple uses - #354

PHARMACY REPORT - INDIVIDUAL SUMMARY

Policy #: [REDACTED]

-      Anti-Psychotic used primarily as Anti-Emetic (Prochlorperazine) - Prior - #344
-      Cholecystolithiasis likely / Primary Biliary Cholangitis possible - Prior - #404
-      Notes

PHARMACY REPORT - INDIVIDUAL SUMMARY

Policy #: [REDACTED]

RX SUMMARY HISTORY

RISK	Drug Label & dose-Generic Name	#	First Fill	Last Fill
L	FLUZONE QUADRIVALENT 2019-2020 Influenza Virus Vaccine Split Quadrivalent IM Inj - Influenza Virus Vaccine Split Quadrivalent	1	11/11/2019	11/11/2019
M	GABAPENTIN Gabapentin Cap 300 MG - Gabapentin	6	08/27/2019	07/29/2020
M	ALLOPURINOL Allopurinol Tab 300 MG - Allopurinol	1	06/29/2019	06/29/2019
M	ACYCLOVIR Acyclovir Tab 400 MG - Acyclovir	1	06/28/2019	06/28/2019
L	ZOLPIDEM TARTRATE Zolpidem Tartrate Tab 5 MG - Zolpidem Tartrate	1	05/31/2019	05/31/2019
M	TRAMADOL HCL Tramadol HCl Tab 50 MG - Tramadol HCl	3	04/12/2019	06/07/2019
L	LIDOCAINE/PRILOCAINE Lidocaine-Prilocaine Cream 2.5-2.5% - Lidocaine-Prilocaine	2	04/10/2019	04/11/2019
M	ALLOPURINOL Allopurinol Tab 300 MG - Allopurinol	3	04/05/2019	05/30/2019
H	PROCHLORPERAZINE MALEATE Prochlorperazine Maleate Tab 10 MG (Base Equivalent) - Prochlorperazine Maleate	1	04/05/2019	04/05/2019
H	ONDANSETRON HYDROCHLORIDE Ondansetron HCl Tab 8 MG - Ondansetron HCl	1	04/05/2019	04/05/2019
M	ACYCLOVIR Acyclovir Tab 400 MG - Acyclovir	2	04/05/2019	05/19/2019
M	LORAZEPAM Lorazepam Tab 1 MG - Lorazepam	1	03/19/2019	03/19/2019
L	AZITHROMYcin Azithromycin Tab 250 MG - Azithromycin	1	12/04/2018	12/04/2018
L	PROMETHAZINE/CODEINE Promethazine w/ Codeine Syrup 6.25-10 MG/5ML - Promethazine w/Codeine	2	12/04/2018	01/04/2019
L	MONTELUKAST SODIUM Montelukast Sodium Tab 10 MG (Base Equiv) - Montelukast Sodium	2	01/04/2019	02/14/2019
M	METHYLPREDNISOLONE DOSE PACK Methylprednisolone Tab Therapy Pack 4 MG (21) - Methylprednisolone	1	01/04/2019	01/04/2019
M	HYDROCODONE/ACETAMINOPHEN Hydrocodone-Acetaminophen Tab 5-325 MG - Hydrocodone-Acetaminophen	1	10/20/2014	10/20/2014
M	OSELTAMIVIR PHOSPHATE Oseltamivir Phosphate Cap 75 MG (Base Equiv) - Oseltamivir Phosphate	1	12/13/2018	12/13/2018
L	MUPIROCIN Mupirocin Oint 2% - Mupirocin	2	06/20/2019	09/17/2019
M	OSELTAMIVIR PHOSPHATE Oseltamivir Phosphate Cap 75 MG (Base Equiv) - Oseltamivir Phosphate	1	02/16/2018	02/16/2018
M	TAMIFLU Oseltamivir Phosphate Cap 75 MG (Base Equiv) - Oseltamivir Phosphate	1	01/16/2014	01/16/2014

PHARMACY REPORT - INDIVIDUAL SUMMARY

Policy #: [REDACTED]

RISK	Drug Label & dose-Generic Name	#	First Fill	Last Fill
M	ACETAMINOPHEN/CODEINE PHOSPHATE Acetaminophen w/ Codeine Tab 300-30 MG - Acetaminophen w/ Codeine	1	08/29/2016	08/29/2016

RISK	Drug Label & dose-Generic Name	#	First Fill	Last Fill
M	AMITRIPTYLINE HYDROCHLORIDE Amitriptyline HCl Tab 10 MG - Amitriptyline HCl	1	03/13/2017	03/13/2017

RISK	Drug Label & dose-Generic Name	#	First Fill	Last Fill
M	TRAMADOL HCl Tramadol HCl Tab 50 MG - Tramadol HCl	1	02/07/2017	02/07/2017
L	SULFAMETHOXAZOLE/TRIMETHOPRIM DS Sulfamethoxazole-Trimethoprim Tab 800-160 MG - Sulfamethoxazole-Trimethoprim	1	02/02/2017	02/02/2017

RISK	Drug Label & dose-Generic Name	#	First Fill	Last Fill
L	CORDRAN Flurandrenolide Cream 0.05% - Flurandrenolide	1	02/26/2015	02/26/2015

RISK	Drug Label & dose-Generic Name	#	First Fill	Last Fill
H	URSODIOL Ursodiol Cap 300 MG - Ursodiol	2	05/13/2019	11/26/2019

RISK	Drug Label & dose-Generic Name	#	First Fill	Last Fill
L	TRIAMCINOLONE ACETONIDE Triamcinolone Acetonide Oint 0.1% - Triamcinolone Acetonide (Topical)	1	06/22/2018	06/22/2018
L	KETOCONAZOLE Ketoconazole Shampoo 2% - Ketoconazole (Topical)	1	06/19/2018	06/19/2018
L	KETOCONAZOLE Ketoconazole Cream 2% - Ketoconazole (Topical)	1	06/19/2018	06/19/2018

RISK	Drug Label & dose-Generic Name	#	First Fill	Last Fill
L	CLINDAMYCIN HCl Clindamycin HCl Cap 300 MG - Clindamycin HCl	1	08/24/2016	08/24/2016

RISK	Drug Label & dose-Generic Name	#	First Fill	Last Fill
M	ACETAMINOPHEN/CODEINE Acetaminophen w/ Codeine Tab 300-30 MG - Acetaminophen w/ Codeine	1	03/07/2019	03/07/2019

PHARMACY REPORT - INDIVIDUAL SUMMARY

Policy #: [REDACTED]

END OF SUMMARY

PHARMACY REPORT - DRUG DETAIL

Policy #: [REDACTED]

ACETAMINOPHEN/CODEINE Acetaminophen w/ Codeine Tab 300-30 MG

Drug Code	Dosage Form	Strength
00406048401	Acetaminophen w/ Codeine Tab 300-30 MG	
Generic Name		HIC Therapeutic Class
Acetaminophen w/ Codeine		ANALGESICS - OPIOID
Disease Description		
Mild to Moderate Pain		

ACETAMINOPHEN/CODEINE PHOSPHATE Acetaminophen w/ Codeine Tab 300-30 MG

Drug Code	Dosage Form	Strength
65162003311	Acetaminophen w/ Codeine Tab 300-30 MG	
Generic Name		HIC Therapeutic Class
Acetaminophen w/ Codeine		ANALGESICS - OPIOID
Disease Description		
Mild to Moderate Pain		

ACYCLOVIR Acyclovir Tab 400 MG

Drug Code	Dosage Form	Strength
68382079101	Acyclovir Tab 400 MG	
Generic Name		HIC Therapeutic Class
Acyclovir		ANTIVIRALS
Disease Description		

Recurrent Herpes Labialis, Genital Herpes Simplex, Herpes Zoster, Varicella Infection - Chickenpox, Initial Herpes Genitalis, Systemic Viral Infection, Varicella, Primary Herpes Simplex Infection of Genital, Herpes Zoster Infection, Recurrent Herpes Genitalis, Recurrent Herpes Simplex of Genital, Herpes Genitalis

ACYCLOVIR Acyclovir Tab 400 MG

Drug Code	Dosage Form	Strength
31722077701	Acyclovir Tab 400 MG	
Generic Name		HIC Therapeutic Class
Acyclovir		ANTIVIRALS
Disease Description		

Primary Herpes Simplex Infection of Genital, Varicella, Initial Herpes Genitalis, Systemic Viral Infection, Herpes Zoster Infection, Recurrent Herpes Genitalis, Recurrent Herpes Simplex of Genital, Herpes Genitalis, Recurrent Herpes Labialis, Varicella Infection - Chickenpox, Herpes Zoster, Genital Herpes Simplex

ALLOPURINOL Allopurinol Tab 300 MG

Drug Code	Dosage Form	Strength
55111073005	Allopurinol Tab 300 MG	
Generic Name		HIC Therapeutic Class
Allopurinol		GOUT AGENTS
Disease Description		

Calcium Oxalate Nephrolithiasis, Gout, Hyperuricemia

ALLOPURINOL Allopurinol Tab 300 MG

Drug Code	Dosage Form	Strength
53489015710	Allopurinol Tab 300 MG	
Generic Name		HIC Therapeutic Class
Allopurinol		GOUT AGENTS
Disease Description		

Gout, Hyperuricemia, Calcium Oxalate Nephrolithiasis

AMITRIPTYLINE HYDROCHLORIDE Amitriptyline HCl Tab 10 MG

PHARMACY REPORT - DRUG DETAIL

Policy #: [REDACTED]

Drug Code	Dosage Form	Strength
16729017101	Amitriptyline HCl Tab 10 MG	
Generic Name		HIC Therapeutic Class
Amitriptyline HCl		ANTIDEPRESSANTS
Disease Description		
Depression		

AZITHROMYCIN Azithromycin Tab 250 MG

Drug Code	Dosage Form	Strength
64679096105	Azithromycin Tab 250 MG	
Generic Name		HIC Therapeutic Class
Azithromycin		MACROLIDES
Disease Description		
Upper Respiratory Tract Infection, Genitourinary Infection, Bacterial Pneumonia, Acute Bacterial Sinusitis, Pelvic Inflammatory Disease, Disseminated Mycobacterium Avium Complex, Bacterial Infection, Community Acquired Pneumonia, Genitourinary Infection due to Chlamydia Trachomatis, Disseminated Mycobacterium Avium Complex Infection, Uncomplicated Skin and Skin Structure Infection, Bacterial Exacerbation of COPD		

CLINDAMYCIN HCL Clindamycin HCl Cap 300 MG

Drug Code	Dosage Form	Strength
63304069301	Clindamycin HCl Cap 300 MG	
Generic Name		HIC Therapeutic Class
Clindamycin HCl		ANTI-INFECTIVE AGENTS - MISC.
Disease Description		
Bacterial Infection, Intra-Abdominal Infection, Pneumonia, Skin and Soft Tissue Infection		

CORDRAN Flurandrenolide Cream 0.05%

Drug Code	Dosage Form	Strength
16110003512	Flurandrenolide Cream 0.05%	
Generic Name		HIC Therapeutic Class
Flurandrenolide		DERMATOLOGICALS
Disease Description		
Corticosteroid-Responsive Dermatoses		

FLUZONE QUADRIVALENT 2019-2020 Influenza Virus Vaccine Split Quadrivalent IM Inj

Drug Code	Dosage Form	Strength
49281063115	Influenza Virus Vaccine Split Quadrivalent IM Inj	
Generic Name		HIC Therapeutic Class
Influenza Virus Vaccine Split Quadrivalent		VACCINES
Disease Description		
Influenza A and B Inactivated Vaccination		

GABAPENTIN Gabapentin Cap 300 MG

Drug Code	Dosage Form	Strength
69097094312	Gabapentin Cap 300 MG	
Generic Name		HIC Therapeutic Class
Gabapentin		ANTICONVULSANTS
Disease Description		
Focal Epilepsy, Neuropathy, Epilepsy, Postherpetic Neuralgia, Partial Epilepsy		

HYDROCODONE/ACETAMINOPHEN Hydrocodone-Acetaminophen Tab 5-325 MG

PHARMACY REPORT - DRUG DETAIL

Policy #: [REDACTED]

Drug Code 00591320205	Dosage Form Hydrocodone-Acetaminophen Tab 5-325 MG	Strength
Generic Name Hydrocodone-Acetaminophen		HIC Therapeutic Class ANALGESICS - OPIOID
Disease Description Moderate to Moderately Severe Pain, Pain		
KETOCONAZOLE Ketoconazole Shampoo 2%		
Drug Code 10147075005	Dosage Form Ketoconazole Shampoo 2%	Strength
Generic Name Ketoconazole (Topical)		HIC Therapeutic Class DERMATOLOGICALS
Disease Description Fungal Skin Infection, Seborheic Dermatitis, Tinea Versicolor, Localized Fungal Infection, Pityriasis Versicolor, Seborheic Dermatitis of Scalp		
KETOCONAZOLE Ketoconazole Cream 2%		
Drug Code 51672129802	Dosage Form Ketoconazole Cream 2%	Strength
Generic Name Ketoconazole (Topical)		HIC Therapeutic Class DERMATOLOGICALS
Disease Description Localized Fungal Infection, Pityriasis Versicolor, Seborheic Dermatitis, Tinea Versicolor, Seborheic Dermatitis of Scalp, Fungal Skin Infection		
LIDOCAINE/PRILOCAINE Lidocaine-Prilocaine Cream 2.5-2.5%		
Drug Code 00591207072	Dosage Form Lidocaine-Prilocaine Cream 2.5-2.5%	Strength
Generic Name Lidocaine-Prilocaine		HIC Therapeutic Class DERMATOLOGICALS
Disease Description Local Anesthesia		
LORAZEPAM Lorazepam Tab 1 MG		
Drug Code 69315090505	Dosage Form Lorazepam Tab 1 MG	Strength
Generic Name Lorazepam		HIC Therapeutic Class ANTIANXIETY AGENTS
Disease Description Insomnia secondary to Anxiety, Pre-Anesthesia Sedation, Anesthesia, Anxiety, Essential Tremor, Anterograde Amnesia, Acute Alcohol Withdrawal Syndrome, Anxiety associated with Depression, Status Epilepticus		
METHYLPREDNISOLONE DOSE PACK Methylprednisolone Tab Therapy Pack 4 MG (21)		
Drug Code 59762444002	Dosage Form Methylprednisolone Tab Therapy Pack 4 MG (21)	Strength
Generic Name Methylprednisolone		HIC Therapeutic Class CORTICOSTEROIDS
Disease Description Adrenocortical Insufficiency, Intraocular Inflammation, Arthritis, Autoimmune Disease, Noninfectious Inflammatory or Autoimmune Disorder, Inflammatory Disorder, Asthma, Hypersensitivity Condition, Hypersensitivity, Dermatitis		
MONTELUKAST SODIUM Montelukast Sodium Tab 10 MG (Base Equiv)		

PHARMACY REPORT - DRUG DETAIL

Policy #: [REDACTED]

Drug Code	Dosage Form	Strength
31722072610	Montelukast Sodium Tab 10 MG (Base Equiv)	
Generic Name		HIC Therapeutic Class
Montelukast Sodium		ANTIASTHMATIC AND BRONCHODILATOR AGENTS
Disease Description		
Perennial Allergic Rhinitis, Asthma, Exercise-Induced Bronchoconstriction, Perennial Rhinitis, Seasonal Allergic Rhinitis, Rhinitis		
MUPIROCIN Mupirocin Oint 2%		
Drug Code	Dosage Form	Strength
51672131200	Mupirocin Oint 2%	
Generic Name		HIC Therapeutic Class
Mupirocin		DERMATOLOGICALS
Disease Description		
Impetigo		
ONDANSETRON HYDROCHLORIDE Ondansetron HCl Tab 8 MG		
Drug Code	Dosage Form	Strength
57237007630	Ondansetron HCl Tab 8 MG	
Generic Name		HIC Therapeutic Class
Ondansetron HCl		ANTIEMETICS
Disease Description		
Nausea and Vomiting, Postoperative Nausea and Vomiting, Radiation-Induced Nausea and Vomiting, Cancer Chemotherapy-Induced Nausea and Vomiting		
OSELTAMIVIR PHOSPHATE Oseltamivir Phosphate Cap 75 MG (Base Equiv)		
Drug Code	Dosage Form	Strength
47781047013	Oseltamivir Phosphate Cap 75 MG (Base Equiv)	
Generic Name		HIC Therapeutic Class
Oseltamivir Phosphate		ANTIVIRALS
Disease Description		
Influenza B, Influenza, Influenza A		
OSELTAMIVIR PHOSPHATE Oseltamivir Phosphate Cap 75 MG (Base Equiv)		
Drug Code	Dosage Form	Strength
69238126601	Oseltamivir Phosphate Cap 75 MG (Base Equiv)	
Generic Name		HIC Therapeutic Class
Oseltamivir Phosphate		ANTIVIRALS
Disease Description		
Influenza B, Influenza, Influenza A		
PROCHLORPERAZINE MALEATE Prochlorperazine Maleate Tab 10 MG (Base Equivalent)		
Drug Code	Dosage Form	Strength
59746011506	Prochlorperazine Maleate Tab 10 MG (Base Equivalent)	
Generic Name		HIC Therapeutic Class
Prochlorperazine Maleate		ANTIPSYCHOTICS/ANTIMANIC AGENTS
Disease Description		
Nausea and Vomiting, Severe Nausea and Vomiting		
PROMETHAZINE/CODEINE Promethazine w/ Codeine Syrup 6.25-10 MG/5ML		

PHARMACY REPORT - DRUG DETAIL

Policy #: [REDACTED]

Drug Code 50383080416	Dosage Form Promethazine w/ Codeine Syrup 6.25-10 MG/5ML	Strength
Generic Name Promethazine w/Codeine		HIC Therapeutic Class COUGH/COLD/ALLERGY
Disease Description		
ENT Signs and Symptoms		
SULFAMETHOXAZOLE/TRIMETHOPRIM DS Sulfamethoxazole-Trimethoprim Tab 800-160 MG		
Drug Code 61971012005	Dosage Form Sulfamethoxazole-Trimethoprim Tab 800-160 MG	Strength
Generic Name Sulfamethoxazole-Trimethoprim		HIC Therapeutic Class ANTI-INFECTIVE AGENTS - MISC.
Disease Description		
Bacterial Infection, Urinary Tract Infection, Acute Otitis Media, Pneumonia, Pneumonia due to Pneumocystis Jiroveci, Pneumonia due to Pneumocystis Carinii, Pneumonia due to Pneumocystis Jirovecii		
TAMIFLU Oseltamivir Phosphate Cap 75 MG (Base Equiv)		
Drug Code 00004080085	Dosage Form Oseltamivir Phosphate Cap 75 MG (Base Equiv)	Strength
Generic Name Oseltamivir Phosphate		HIC Therapeutic Class ANTIVIRALS
Disease Description		
Influenza B, Influenza A, Influenza		
TRAMADOL HCL Tramadol HCl Tab 50 MG		
Drug Code 00378415105	Dosage Form Tramadol HCl Tab 50 MG	Strength
Generic Name Tramadol HCl		HIC Therapeutic Class ANALGESICS - OPIOID
Disease Description		
Pain, Moderate to Moderately Severe Pain		
TRAMADOL HCL Tramadol HCl Tab 50 MG		
Drug Code 68382031910	Dosage Form Tramadol HCl Tab 50 MG	Strength
Generic Name Tramadol HCl		HIC Therapeutic Class ANALGESICS - OPIOID
Disease Description		
Moderate to Moderately Severe Pain, Pain		
TRIAMCINOLONE ACETONIDE Triamcinolone Acetonide Oint 0.1%		
Drug Code 45802005505	Dosage Form Triamcinolone Acetonide Oint 0.1%	Strength
Generic Name Triamcinolone Acetonide (Topical)		HIC Therapeutic Class DERMATOLOGICALS
Disease Description		
Eczema, Pruritus, Inflammation, Skin Lesion, Corticosteroid-Responsive Dermatoses, Dermatitis, Lichen		
URSODIOL Ursodiol Cap 300 MG		

PHARMACY REPORT - DRUG DETAIL

Policy #: [REDACTED]

Drug Code 00527132601	Dosage Form Ursodiol Cap 300 MG	Strength
Generic Name Ursodiol		HIC Therapeutic Class GASTROINTESTINAL AGENTS - MISC.
Disease Description Congenital Biliary Atresia, Primary Biliary Cholangitis, Biliary Atresia, Cholelithiasis, Primary Biliary Cirrhosis		

ZOLPIDEM TARTRATE Zolpidem Tartrate Tab 5 MG

Drug Code 13668000701	Dosage Form Zolpidem Tartrate Tab 5 MG	Strength
Generic Name Zolpidem Tartrate		HIC Therapeutic Class HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
Disease Description Insomnia		

END OF SUMMARY

Insured's Name :

Birth Date :

Policy :

Amount :

0

Underwriter :

Unassigned

Interviewer :

Interview Date : 01-22-2019

Interview Type : Life

General

Primary phone number?

Secondary phone number?

Underwriter?

Unassigned

Insured's name?

Name Correct?

Yes

No

Comment

Correct Name?

Details?

Date of birth correct?

Yes

No

Comment

Correct Birthdate?

Details?

Other Life Insurance Coverage

Besides [REDACTED] are you applying for other life insurance now?

Yes

No

Comment

Company 1?

Amount 1?

Is the coverage business or personal?

More?

Yes

No

Company 2?

Amount 2?

Is the coverage business or personal?

More?

Yes

No

Company 3?

Amount 3?

Is the coverage business or personal?

More?

Yes

No

Details?

Details?

Personal Physician

Do you have a regular physician or primary care provider?

Yes

No

Comment

Who is your regular physician?

Location?

City / State?

Date last consulted?

Reason?

Cold

Flu

Physical

Sinus Infection

Sore Throat

Other

Tests / Results / Diagnosis?

Tests

Results / Diagnosis

Allergy Scratch Test

Angiogram



Blood

WNL

Cardiac Catheterization

Carotid Doppler

Chest X-Ray

Colonoscopy

CT Scan

Cystoscopy

EEG

EKG

Endoscopy

Holter Monitor

IVP

Peak Flow

PFT

Spirometry

Stress Test

Thallium Stress Test

Throat Culture

Urine Analysis

Other

Symptoms / Treatment / Medication / Full **no sx, no tx, no meds**

Recovery?

Details?

Other Health Care Providers I

Within the past 5 years, have you consulted any other doctors or Yes No Comment health care providers, such as chiropractor, dermatologist, psychiatrist or therapist?

Medical Specialty?

When?

Doctor's Name?

Hospital / Clinic?

Location?

City / State?

Reason?

Tests / Results / Diagnosis?

Treatment / Medication / Full Recovery?

More?

Yes

No

Additional Provider

Medical Specialty?

When?

Doctor's Name?

Hospital / Clinic?

Location?

City / State?

Reason?

Details of More Bankruptcies

Details?

What is your annual earned income from your **same as app** occupation?

Are you the subject of any pending lawsuits, judgments or liens in Yes No Comment an amount greater than your annual earned income?

Type?

Personal / Business / Personal & Business?

Amount / Reason?

More?

Yes

No

Type?

Personal / Business / Personal & Business?

Amount / Reason?

More?

Yes

No

Details of pending lawsuits or liens?

Details?

Have you declared bankruptcy within the past 5 years?

Yes

No

Comment

Personal or business bankruptcy, or both?

Bankruptcy Chapter?

Date Discharged?

City and State?

Reason?

More?

Yes

No

Additional Bankruptcy

Personal or business bankruptcy, or both?

Bankruptcy Chapter?

Date Discharged?

City and State?

Reason?

More?

Yes

No

Details of More Bankruptcies

Details?

PATIENT NAME: [REDACTED]
BIRTH DATE: [REDACTED]
MPI#: [REDACTED]
DATE OF EXAM: [REDACTED]

REFERRED BY: [REDACTED]

EXAM: CHEST RADIOGRAPH

HISTORY: Cough

TECHNIQUE: PA and lateral views of the chest.

COMPARISON: No previous studies for comparison.

FINDINGS:

Several small punctate round calcifications are present in the peripheral lung and may be the sequela of old granulomatous disease or varicella infection. An ill-defined density overlies the right hilum possibly representing lymphadenopathy, perihilar infiltrate or pulmonary malignancy. The remaining lungs are clear. No pleural effusions, cardiomegaly or vascular congestion. An old fracture deformity involves the distal left clavicle.

IMPRESSION:

1. Bilateral small punctate calcified pulmonary nodules suggests old granulomatous disease or previous varicella infection/chickenpox.
2. Ill-defined opacity overlying the right hilum is nonspecific but could represent adenopathy related to a fungal or tubercular infection, perihilar neoplastic process, or perihilar infiltrate/pneumonia. If pneumonia is suspected and a follow-up chest x-ray in 2 weeks is recommended to evaluate for resolution or improvement. In the lack of significant change of follow-up CT chest with contrast would be recommended to exclude a mass or significant adenopathy.

COMMUNICATION: I discussed these findings with [REDACTED] by phone at 11:13 AM on 2/20/2019, who verbalized understanding.

Report Ends

PATIENT NAME: [REDACTED]
BIRTH DATE: [REDACTED]
MPI#: [REDACTED]
DATE OF EXAM: [REDACTED]

REFERRED BY: [REDACTED]

EXAM: CT CHEST WITH CONTRAST

HISTORY: Mass on chest x-ray, chronic cough for 3 months.

TECHNIQUE:

Spiral CT scan is performed from the lung apex through the lung base after intravenous administration of 80 cc of Omnipaque 350 contrast material using 5 mm slice thickness. Sagittal and coronal reformatted images were performed. An individualized dose optimization technique was used using automatic exposure control (AEC) or adjustments of the mA and/or KV according to patient size.

COMPARISON: Plain film examination from earlier today.

FINDINGS:

The ill-defined density described on the previous plain film examination represents lobulated low density slightly spiculated masslike consolidation involving the right hilum and extending into the adjacent right upper and middle lobes. This measures approximately 5.8 x 3.4 x 6.3 cm encircling the anterior medial lower bronchus of the right upper lobe. In addition there is confluent mediastinal and bilateral hilar adenopathy with large right precarinal lymph nodes measuring up to 3.2 cm in size and smaller lymph nodes along the right and left paratracheal, aortopulmonary window and subcarinal region.

Calcified hilar lymph nodes are present in addition to several calcified small punctate nodules throughout both lungs which may be related to previous granulomatous disease or healed chickenpox/remote varicella infection. No peripheral pulmonary infiltrates or pleural effusions.

The heart, thoracic aorta and great vessels are normal in size. The central airways are clear. Limited images of the upper abdomen demonstrate several rounded or oval water density lesions consistent with cysts. However there are several low density masslike areas within the spleen with the largest measuring about 2 cm. Enlarged lymph nodes are present in the splenic hilum and smaller lymph nodes in the upper retroperitoneum. No osteolytic or blastic bone changes. Enlarged

UTSW Fax Server 2/25/2019 12:59:27 PM PAGE 2/007 Fax Server

February 22, 2019

Dear Care Provider:

I had the pleasure of seeing your patient, [REDACTED] in my office on 2/22/2019. Following are the pertinent aspects from the office visit:

Assessment/Plan:

[REDACTED] is presenting for evaluation for pulmonary nodules and bulky lymphadenopathy. Patient is healthy except for history of pyloric stenosis at birth which was corrected surgically and he has no known health issues. He was in usual state of health until Thanksgiving when he developed a cough and he thought it was viral respiratory tract infection versus allergies and it gradually improved, however cough never fully resolved, and patient also have intermittent wheezing and recently he and his family noticed some development of dyspnea on exertion. This led to a chest x-ray which was performed on February 20, 2019, and right hilar mass was noted. A chest CT was obtained later in the same day and this revealed lymphadenopathy and pulmonary nodules and he is here for evaluation.

On my review of his chest x-ray from February 20, 2019, I noted right hilar density consistent with bulky lymphadenopathy, splayed main carina, and he also has some high density nodularity in both lungs. On my review of his chest CT scan from the same day on February 20, 2019, I noted the presence of right perihilar soft tissue density and bulky lymphadenopathy in the right and left paratracheal region, subcarinal region, and bilateral hilar regions. There are also scattered calcified and noncalcified nodules in bilateral lungs, and calcified lymph nodes are also present.

Differential diagnosis for this radiographic appearance includes sarcoidosis, primary bronchogenic carcinoma, lymphoma, and active granulomatous infection. I would obtain preoperative labs today and perform endobronchial ultrasound (EBUS) bronchoscopy on 2/25/2019 at 1100 hour at UTSW Clements University Hospital Endoscopy Suite. This will require general anesthesia with intubation using size 8.0 or 8.5 endotracheal tube for airway assess. Bronchoscopy lymph node sampling of 3 lymph node stations will be performed and this should take approximately 30-40 minutes of sampling time.

After the biopsy, the finalized result will usually return within 2-3 business days, and we will call patient with the results.

Follow-up scheduled to be determined based on biopsy results.

I appreciate the opportunity to participate in [REDACTED] care. If you have any questions or concerns, please don't hesitate to contact me.

Sincerely,

UTSW Fax Server

2/25/2019 12:59:27 PM PAGE 4/007 Fax Server

Page 3

REASON FOR REFERRAL: Evaluation of lung mass/nodules

HISTORY OF PRESENT ILLNESS: [REDACTED] is a 35y/o male who self-referred for evaluation for pulmonary nodules and bulky lymphadenopathy. Patient is healthy except for history of pyloric stenosis at birth which was corrected surgically and he has no known health issues. He was in usual state of health until Thanksgiving when he developed a cough and he thought it was viral respiratory tract infection versus allergies and it gradually improved, however cough never fully resolved, and patient also have intermittent wheezing and recently he and his family noticed some development of dyspnea on exertion. This led to a chest x-ray which was performed on February 20, 2019, and right hilar mass was noted. A chest CT was obtained later in the same day and this revealed lymphadenopathy and pulmonary nodules and he is here for evaluation. Pertinent review of system included cough, wheezing, and dyspnea on exertion.

Review of Systems

Constitutional: Negative for fever, chills, weight loss, weight gain and diaphoresis.

HENT: Negative for nasal congestion and hearing loss, ear discharge, ear pain, oral lesions, nosebleeds, sore throat, tinnitus, trouble swallowing and headaches.

Eyes: Negative for blurred vision, double vision, photophobia, pain, discharge and redness.

Respiratory: **Positive for cough, wheezing, and dyspnea on exertion.** Negative for snoring, hemoptysis, and sputum production.

Cardiovascular: Negative for chest pain, palpitations, orthopnea and leg swelling.

Gastrointestinal: Negative for heartburn, nausea, vomiting, abdominal pain, constipation, diarrhea, blood in stool, melena, bowel incontinence and appetite change.

Genitourinary: Negative for dysuria, urgency, hematuria, frequency, sexual dysfunction, and bladder incontinence.

Musculoskeletal: Negative for back pain, joint pain, falls, neck pain, and myalgias.

Skin: Negative for itching, rash, change in mole and hair loss.

Neurological: Negative for speech change, seizures, loss of consciousness, dizziness, tremors, sensory change, and generalized weakness.

Endo/Heme/Allergies: Negative for environmental allergies, seasonal allergies, easy bruising/bleeding, cold intolerance, heat intolerance and polydipsia.

Psychiatric/Behavioral: Negative for anxiety, depression, hallucinations, memory loss, substance abuse, and insomnia.

I reviewed the available electronic/outside medical records and the results of which are discussed in the appropriate sections of this note.

Past Medical History:

Diagnosis:

- Pyloric stenosis, congenital
resolved after surgery
- Seasonal allergies

Date:

Patient Active Problem List:

Diagnosis:

- Lymphadenopathy

UTSW Fax Server 2/25/2019 12:59:27 PM PAGE 5/007 Fax Server

- Lung nodules
- Lung mass
- Cough

Past Surgical History:

Procedure	Laterality	Date
• STOMACH SURGERY for pyloric stenosis		
• VASECTOMY		

Family History

Problem	Relation	Age of Onset
• Diabetes	Mother	
• Hypertension	Father	
• Cancer <i>prostate cancer</i>	Maternal Grandfather	
• Cancer <i>breast cancer</i>	Paternal Grandmother	
• Cancer <i>unknown cancer</i>	Paternal Grandfather	

Social History

Social History	
• Marital status:	Unknown
Spouse name:	N/A
• Number of children:	N/A
• Years of education:	N/A

Occupational History

- Not on file.

Social History Main Topics

• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol use:	Yes
• Drug use:	No
• Sexual activity:	Not on file

Other Topics

- Not on file

Social History Narrative

Works in sales. Worked in an office for 2 years with asbestos ~ 8 years ago. Lived in Texas most of life. Minimal exposure to outdoors.

Review of patient's allergies indicates:

Not on File

Outpatient Prescriptions Marked as Taking for the 2/22/19 encounter (Office

UTSW Fax Server 2/25/2019 12:59:27 PM PAGE 6/007 Fax Server

Visit) with [REDACTED]
 Medication: [REDACTED] Rx Dispense: [REDACTED] Refill: [REDACTED]

- montelukast sodium (SINGULAIR
ORAL)

My exam is as follows:

Physical Exam

BP (I) 145/93 (BP Site: Right Arm) | Pulse 77 | Temp 37.2 °C (99 °F) (Tympanic) | Resp 16 | Ht 6' 2" (1.88 m) | Wt 232 lb 14.4 oz (105.6 kg) | SpO2 97% | BMI 29.90 kg/m²

General:	No distress. No accessory use. Normal respiratory effort.
HEENT:	Pupils equal and reactive to light, extraocular movements intact, normal conjunctivae and lids, normal oral and nasal mucosa without lesions. Normal teeth, tongue and gums. Mallampati class I view.
Neck:	Neck is supple. No JVD, No Bruits. Normal thyroid exam.
Lungs:	Symmetric excursion and expansion bilaterally. Resonant to percussion and normal fremitus in all lung fields bilaterally. Wheezing is present in the right upper lung field with forced exhalation and cough, otherwise clear to auscultation.
Heart:	Regular rate and rhythm. Normal S1 and S2. No murmurs, rubs or gallops.
Abdomen:	+bowel sounds. Soft, non-tender, non-distended, no peritoneal signs. No masses. No hepatomegaly. No splenomegaly.
Extremities:	No cyanosis, clubbing or edema. 2+ pulses in all 4 extremities. Strength is 5/5 in all 4 extremities.
Skin:	Normal skin tone and turgor throughout. No rashes.
Lymphatics:	No supraclavicular, cervical, epitrochlear, or axillary adenopathy.
Neurologic:	Alert and orientated x 4. Normal affect. Cranial nerves II-XII intact bilaterally. Sensation intact in all dermatomes bilaterally.

Pertinent Labs: I ordered preoperative labs today including comprehensive metabolic panel and complete blood count. I also obtained an angiotensin converting enzyme level in case of this is sarcoidosis. These are pending at time of this dictation.

Radiographic studies independently reviewed: On my review of his chest x-ray from February 20, 2019, I noted right hilar density consistent with bulky lymphadenopathy, splayed main carina, and he also has some high density nodularity in both lungs. On my review of his chest CT scan from the same day on February 20, 2019, I noted the presence of right perihilar soft tissue density and bulky lymphadenopathy in the right and left paratracheal region, subcarinal region, and bilateral hilar regions. There are also scattered calcified and noncalcified nodules in bilateral lungs, and calcified lymph nodes are also present.

Assessment/Plan:

[REDACTED] is presenting for evaluation for pulmonary nodules and bulky lymphadenopathy. Patient is healthy except for history of pyloric stenosis at birth which was corrected surgically and he has no known health issues. He was in usual state of health until Thanksgiving when he developed a cough and he thought it was viral respiratory tract infection versus allergies and it gradually improved, however cough never fully resolved, and patient also have intermittent wheezing and recently he and his family noticed some development of

UTSW Fax Server 2/25/2019 12:59:27 PM PAGE 7/007 Fax Server

[REDACTED]

dyspnea on exertion. This led to a chest x-ray which was performed on February 20, 2019, and right hilar mass was noted. A chest CT was obtained later in the same day and this revealed lymphadenopathy and pulmonary nodules and he is here for evaluation.

On my review of his chest x-ray from February 20, 2019, I noted right hilar density consistent with bulky lymphadenopathy, splayed main carina, and he also has some high density nodularity in both lungs. On my review of his chest CT scan from the same day on February 20, 2019, I noted the presence of right perihilar soft tissue density and bulky lymphadenopathy in the right and left paratracheal region, subcarinal region, and bilateral hilar regions. There are also scattered calcified and noncalcified nodules in bilateral lungs, and calcified lymph nodes are also present.

Differential diagnosis for this radiographic appearance includes sarcoidosis, primary bronchogenic carcinoma, lymphoma, and active granulomatous infection. I would obtain preoperative labs today and perform endobronchial ultrasound (EBUS) bronchoscopy on 2/25/2019 at 1100 hour at UTSW Clements University Hospital Endoscopy Suite. This will require general anesthesia with intubation using size 8.0 or 8.5 endotracheal tube for airway access. Bronchoscopy lymph node sampling of 3 lymph node stations will be performed and this should take approximately 30-40 minutes of sampling time.

After the biopsy, the finalized result will usually return within 2-3 business days, and we will call patient with the results.

Follow-up scheduled to be determined based on biopsy results.

[REDACTED]

Pulmonary Specialty Clinic [REDACTED]

[REDACTED]

Richardson Cancer Center [REDACTED]

UTSW Fax Server 3/15/2019 2:31:57 PM PAGE 3/008 Fax Server

[REDACTED]
VIA In Basket

UTSW Fax Server 3/15/2019 2:31:57 PM PAGE 4/008 Fax Server

[REDACTED]
Page 3**History of Present Illness:**

[REDACTED] is a 35-year-old gentleman who presented with persistent cough and chest tightness starting in December 2018. Patient had cough syrups and steroids initially without any significant benefit. He subsequently underwent imaging studies that revealed a mediastinal mass. A bronchoscopy with transbronchial biopsy was inconclusive. This was followed by mediastinoscopy with biopsy and revealed classical Hodgkin lymphoma. Biopsy was performed on March 7, 2019. Cells were positive for CD15, CD30 and PAX 5. There were negative for CD8, CD20. Eber was negative. Patient was subsequently referred to us in March 2019 for further management.

Interim history:

Currently the patient complains of having some mild occasional coughing and orthopnea. He also has some mild shortness of breath on exertion but otherwise he denies any major issues. Has also been complaining of a rash and itching. Denies any fever, chills, night sweats or weight loss. Overall he has been fairly active and able to perform his activities of daily living without any significant limitations. His ECOG performance status is 0.

Active Ambulatory Problems

Diagnosis	Date Noted
• Lymphadenopathy	02/22/2019
• Lung nodules	02/22/2019
• Lung mass	02/22/2019
• Cough	02/22/2019
• Hodgkin lymphoma of intrathoracic lymph nodes (*)	03/15/2019

Resolved Ambulatory Problems

Diagnosis	Date Noted
• No Resolved Ambulatory Problems	

Past Medical History:

Diagnosis	Date
• Patient ambulatory	03/06/2019
• Patient had no falls in past year	03/06/2019
• Pyloric stenosis, congenital	
• Seasonal allergies	

Past Surgical History:

Procedure	Latitude	Date
• CERVICAL MEDIASTINOSCOPY		03/07/2019
• denies any open wounds/rash to body		03/06/2019
• ENDOSCOPIC BRONCHIAL ULTRASOUND	N/A	2/25/2019
• Performed by [REDACTED] at UH 02 Endosc		
• MEDIASTINOSCOPY	N/A	3/7/2019
• Performed by Reznik, Scott Ira, MD at UH SURG		
• STOMACH SURGERY		1983
• for pyloric stenosis		

UTSW Fax Server 3/15/2019 2:31:57 PM PAGE 5/008 Fax Server

[REDACTED]
Page 4

- VASECTOMY

Social History

Social History

- | | |
|-----------------------|---------|
| • Marital status: | Married |
| Spouse name: | N/A |
| • Number of children: | N/A |
| • Years of education: | N/A |

Occupational History

- Not on file.

Social History Main Topics

- | | |
|-------------------------|--------------|
| • Smoking status: | Never Smoker |
| • Smokeless tobacco: | Never Used |
| • Alcohol use | 2.4 oz/week |
| 4 Cans of beer per week | |
| • Drug use: | No |
| • Sexual activity: | Not on file |

Other Topics

- Not on file

Concern

Social History Narrative

Works in sales. Worked in an office for 2 years with asbestos ~ 8 years ago. Lived in Texas most of life. Minimal exposure to outdoors.

Family History

Problem

• [REDACTED]

Relation

• [REDACTED]

Age of Onset

UTSW Fax Server

3/15/2019 2:31:57 PM PAGE 6/008 Fax Server

[REDACTED]
Page 5

ALLERGY) 180 mg oral tablet	daily.	
• senna-docusate (SENNA WITH DOCUSATE SODIUM) 8.6-50 mg oral tablet	Take 2 Tabs by mouth 30 Tab daily.	0

Review of Systems:

Constitutional: Negative for fever, chills, weight loss, weight gain, diaphoresis, fatigue, night sweats, hot flashes and general weakness.

HENT: Negative for nasal/sinus congestion, ear discharge, ear pain, hearing loss, oral lesions, nosebleeds, sore throat, tinnitus, trouble swallowing, loss of smell, headaches, sore mouth, dry mouth and fever blisters.

Eyes: Negative for blurred vision, double vision, photophobia, pain, discharge, redness and dry eyes.

Respiratory: Positive for cough, shortness of breath and wheezing. Negative for snoring, hemoptysis, sputum production and pain when breathing.

Cardiovascular: Positive for orthopnea. Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for heartburn, nausea, vomiting, abdominal pain, diarrhea, constipation, blood in stool, melena, bowel incontinence and appetite change.

Genitourinary: Negative for dysuria, urgency, hematuria, penile discharge, frequency, bladder incontinence and sexual dysfunction.

Musculoskeletal: Negative for back pain, falls, joint pain, myalgias and neck pain.

Skin: Positive for itching and rash. Negative for change in mole, hair loss and breast concerns.

Neurological: Negative for dizziness, tremors, sensory change, speech change, seizures, loss of consciousness and focal weakness.

Endo/Heme/Allergies: Positive for seasonal allergies. Negative for environmental allergies, cold intolerance, heat intolerance, polydipsia and easy bruising/bleeding.

Psychiatric/Behavioral: Negative for depression, hallucinations, memory loss, substance abuse, anxiety and insomnia.

BP 121/76 | Pulse 79 | Temp 37.1 °C (98.7 °F) (Oral) | Resp 16 | Ht 6' 1.5" (1.867 m) Comment: measurement taken without shoes | Wt 226 lb (102.5 kg) | SpO2 96% | BMI 29.41 kg/m²

Physical Exam

Constitutional: He is well-developed, well-nourished, and in no distress. No distress.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae and EOM are normal. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.

Neck: Normal range of motion. Neck supple. No JVD present. No tracheal deviation present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress. He has no wheezes. He has no rales. He exhibits no tenderness.

Sternal mediastinoscopy scar is healing well.

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension and no mass. There is no tenderness. There is no rebound and no guarding.

Musculoskeletal: Normal range of motion. He exhibits no edema, tenderness or deformity.

Lymphadenopathy:

Head (right side): No submandibular adenopathy present.

Head (left side): No submandibular adenopathy present.

He has no cervical adenopathy.

(continued)

Provider Notes (continued)

**Pertinent Studies Reviewed:
Bronchoscopy 2/25/19**

Findings:

- The endotracheal tube is in good position. The visualized portion of the trachea is of normal caliber. The main carina and all secondary carinae are splayed. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal; there are no endobronchial lesions, and no secretions. There are some suggestion of mucosal hyperemia present diffusely.

EBUS bronchoscopy is then performed, and the following lymph node stations are visualized. The short axis diameter of the largest lymph node in each station is measured and recorded below:

11 L lymph node measures 19.3 mm in short axis diameter,
10 L lymph node measures 3.3 mm in short axis diameter,
4 L lymph node measures 13.5 mm in short axis diameter,
Station 7 lymph node measures 21.1 mm in short axis diameter,
4 R lymph node measures 22.6 mm in short axis diameter,
12 R lymph node measures 5.5 mm in short axis diameter,
11 R lymph node measures 9.2 mm in short axis diameter.

As CT scan revealed right upper lobe peribronchial nodule/mass-like consolidation, biopsy started from a contralateral lobe and contralateral mediastinal before moving to subcarinal. Stations 11 L, 4 L and 7 lymph nodes are sampled with EBUS guided transbronchial needle aspiration x4 times each for cytology first. Rapid on-site cytologic evaluation did not reveal carcinoma and instead revealed lymphoid material with some cellular atypia. All 3 lymph node station revealed relatively similar appearance on rapid on-site evaluation. 3 additional TBNAs passes from station 7 was obtained for flow cytometry. If this is Hodgkin's lymphoma, we will need histology data; therefore, using EBUS guidance, SpyBite microforceps transbronchial biopsies x9 of station 7 lymph node is obtained, and rapid on-site cytologic evaluation touch prep revealed lymphoid material, and final diagnosis pending processing of all samples for cytology, flow cytometry, and tissue examination as well as review by hemopathology.

(continued)

Provider Notes (continued)

There were minimal bleeding and good spontaneous hemostasis. Patient was then extubated and sent to the PACU in good condition. Final diagnosis pending processing of all samples.

Estimated Blood Loss: Estimated blood loss was minimal.

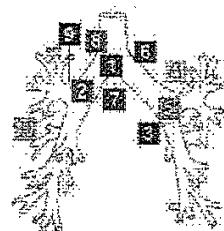
Impression: - Multiple pulmonary nodules
- Adenopathy
- The airway examination was normal.
- EBUS bronchoscopy performed and EBUS TBNA x 3 separate locations obtained for cytology. Then, additional TBNA passes were performed for flow cytometry, and EBUS-guided microforceps transbronchial biopsies were obtained for surgical pathology evaluation.

Attending Participation:

I personally performed the entire procedure.



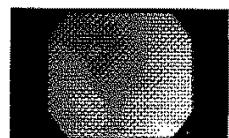
Additional Images:



Tracheobronchial Tree



Cauda



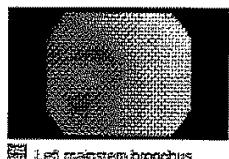
Right mainstem bronchus



Left upper lobe



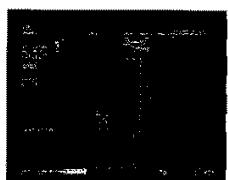
Left upper lobe



Left mainstem bronchus



Tracheobronchial tree



Tracheobronchial tree

Imaging:

CT Chest 2/20/19

(continued)

Additional Notes (continued)

Progress Notes

Author:		Author Type:	Registered Nurse	Filed:	03/06/19 1204
Note Status:	Signed	Cosign:	Cosign Not Required	Encounter Date:	3/5/2019
Editor:		RN (Registered Nurse)			

PATIENT REPORTED**Review of Systems:**

Constitutional: Negative for fever, chills, weight loss, weight gain, diaphoresis, night sweats and general weakness.
 HENT: Positive for nosebleeds. Negative for nasal/sinus congestion, ear discharge, ear pain, hearing loss, oral lesions, sore throat, tinnitus, trouble swallowing, headaches, sore mouth, dry mouth and fever blisters.
 Eyes: Negative for blurred vision, double vision, photophobia, pain, discharge, redness and dry eyes.
 Respiratory: Positive for wheezing. Negative for snoring, cough, hemoptysis, sputum production and shortness of breath.
 Cardiovascular: Negative for chest pain, palpitations, orthopnea and leg swelling.
 Gastrointestinal: Negative for heartburn, nausea, vomiting, abdominal pain, diarrhea, constipation, blood in stool, melena, bowel incontinence and appetite change.
 Genitourinary: Negative for dysuria, urgency, hematuria, penile discharge, frequency, bladder incontinence and sexual dysfunction.

Musculoskeletal: Negative for back pain, falls, joint pain, myalgias and neck pain.

Skin: Negative for itching, rash, change in mole and hair loss.

Neurological: Negative for dizziness, tremors, sensory change, speech change, seizures, loss of consciousness and focal weakness.

Endo/Heme/Allergies: Positive for seasonal allergies. Negative for environmental allergies, cold intolerance, heat intolerance, polydipsia and easy bruising/bleeding.

Psychiatric/Behavioral: Negative for depression, hallucinations, memory loss, substance abuse, anxiety and insomnia.

Answers for HPI/ROS submitted by the patient on 3/4/2019

Low Back Pain: No

Visit Orders**Other Orders**

Active

IP SURGICAL CASE REQUEST

Ordered On: 03/05/2019

Visit Instructions**Patient Instructions****THORACIC SURGERY DIVISION PRE-OPERATIVE PATIENT INSTRUCTIONS**

1. Your surgery has been scheduled for 3/7/19- we will call you tomorrow for your arrival time

2. Arrive at UT [REDACTED]

Visit Instructions (continued)**Patient Instructions (continued)**

3. One family member or friend may stay with you until you leave the Day Surgery Unit for the operating room. They will then be escorted to the surgery waiting room where they will wait while you are in surgery and in the recovery room. To optimize patient care and allow for other families, we request that you limit family and friends to four people.
4. Notify your physician immediately if you should develop a cold, temperature, cough, flu-like symptoms, or any other illness between now and your surgery date.
5. Your last heavy meal should be no later than 10:00 p.m. The night before surgery.
DO NOT EAT OR DRINK AFTER MIDNIGHT. Bring all medications since you may be instructed by the nurse or anesthesiologist to take some of your routine medications with water the morning of surgery.
6. You should brush your teeth and/or gargle the morning of your surgery. If you are diabetic you may have clear apple juice with no pulp up to two hours prior to surgery. Do not chew gum, mints or candy. DO NOT smoke!
7. Shower or bath at home the evening before and the morning of your surgery using the antibacterial wash.
8. DO NOT wear any make-up, jewelry, lotions, creams, perfumes, or nail polish the day of surgery. DO NOT bring any money, or valuables with you to the hospital. You will need to remove contact lenses, dentures, hair pins, wigs, etc., prior to surgery. Hearing aids may be worn. Please bring your crutches.
9. A family member or friend is allowed to stay with you once you have returned to the Day Surgery Unit after surgery.
10. If you are scheduled to stay overnight or longer after surgery you will be taken to the recovery room, at which time a room assignment will be made and your family or friends will be notified in the Day Surgery waiting area.
11. Please make arrangements for a responsible adult to drive you home. This is necessary because the effects of general anesthesia or IV sedation remain with you approximately 24 hours following surgery. (Not applicable for patients staying overnight).
12. We will call you the day after surgery to answer questions and check on your progress.
13. Do not take diabetic medication the morning of surgery, unless otherwise indicated by your physician.
14. Always take heart and blood pressure medication prior to surgery, unless otherwise instructed by your physician.
15. No Children under the age of 12 are allowed in the Surgery Waiting Room. A parent or guardian must accompany all minors (under the age of eighteen); minors are allowed to have two family members with them. Remember: Be sure your child does not eat or drink anything after midnight. The safety of your child depends on this. Do NOT leave the hospital while your child is in the operating room. Your child may bring a favorite toy the day of surgery.

Current Allergies & Medications**Allergies as of 3/5/2019**

Not on File

Outpatient Medication List as of the End of This Visit**Directions**

fexofenadine (ALLEGRA ALLERGY) 180 mg Take 180 mg by mouth daily.
oral tablet
montelukast sodium (SINGULAIR ORAL)

Current Allergies & Medications (continued)**Patient History****Problem List as of 3/5/2019**

Signs and Symptoms

Lymphadenopathy

Respiratory

Lung nodules**Lung mass****Cough****Medical History**

Diagnosis	Date	Comment	Source
Pyloric stenosis, congenital		resolved after surgery	Provider
Seasonal allergies			Provider

Surgical History

Procedure	Laterality	Date	Comment	Source
ENDOSCOPIC BRONCHIAL ULTRASOUND	N/A	2/25/2019	Performed by Chiu, Hsienchang Thomas, MD at UH 02 Endosc	Provider
STOMACH SURGERY			for pyloric stenosis	Provider
VASECTOMY				Provider

Family Medical History as of 2/26/2019

Problem	Relation	Comment	Source
Diabetes	Mother		Provider
Hypertension	Father		Provider
Cancer	Maternal Grandfather	prostate cancer	Provider
Cancer	Paternal Grandmother	breast cancer	Provider
Cancer	Paternal Grandfather	unknown cancer	Provider



UTSW Fax Server 3/20/2019 10:52:03 AM PAGE 3/012 Fax Server

3/20/2019

Patient Information

Patient Name	MRN#	Sex	DOB
[REDACTED]	[REDACTED]	Male	[REDACTED]

Visit Information

3/20/2019 10:30 AM	Provider	Department	Center
	[REDACTED]	Uh Cancer Ctr - Cnts Thoracic	[REDACTED]

Diagnoses

Post-operative state - Primary

Vitals

BP	Pulse	Temp	Resp	Ht
118/79	86	36.5 °C (97.7 °F) (Tympanic)	16	6' 1.5" (1.867 m)

Wt	SpO2
225 lb (102.1 kg)	96%

Body Mass Index: 29.28 kg/m² Body Surface Area: 2.3 m²**Provider Notes****Progress Notes**

Author:	Author	Nurse Practitioner	Filed:	03/20/19 10:10
Note Status:	Signed	Cosign:	Cosign Not Required	Encounter Date:
Editor:	[REDACTED]	(Nurse Practitioner)		3/20/2019

Thoracic Surgery**Problems Dealt With This Visit:**

1. 6.3cm right perihilar soft tissue density with bulky mediastinal lymphadenopathy.

ECOG: 0

Oncologic Treatment:

Chemotherapy: Drug/Dose/Cycles, Date start, Date completed:

Radiation: Dose: Cycles, Date start, Date completed:

Patient Care Team:

[REDACTED]	General (INTERNAL MEDICINE)
[REDACTED]	Pulmonologist (PULMONARY DISEASE)

HPI: [REDACTED] is a 35y/o male who was referred by [REDACTED] to Thoracic Surgery for surgical evaluation of 6.3cm right perihilar soft tissue density with bulky mediastinal lymphadenopathy. Patient with a history of pyloric stenosis as a child. He reports that he was in his usual state of health until around 11/2018 when he started to have a non-productive cough. He was seen by his PCP who gave him a steroid injection and a course of antibiotics. After 4 weeks, his cough did not improve so he was given a PO steroid taper which apparently relieved his cough for several weeks. In early 02/2019, his

AM

Page 1 of 10

UTSW Fax Server 3/20/2019 10:52:03 AM PAGE 4/012 Fax Server

(continued)

Provider Notes (continued)

cough returned so a CXR was done which noted a right perihilar density. He then had a CT Chest which noted an ill-defined 6.3cm soft tissue density in the right perihilar region with bulky lymphadenopathy. He was referred to Dr. Chiu who performed a bronchoscopy/EBUS and biopsy results were concerning for possible lymphoma.

S/p Cervical Med 3/7/2019.

He presents to clinic today for follow up after surgery. Reports some orthopnea and cough. Reports has seen Heme Onc For follow up for his Lymphoma. He states that he has been feeling very well overall. Minor incisional discomfort. He denies any fever/chills, night sweats, SOB, CP, cough, hemoptysis, weight loss, fatigue, weakness, abdominal pain, or N/V/D. Additional ROS as noted below.

No Known Allergies**Current Outpatient Prescriptions**

Medication	Sig
• acetaminophen-codeine (TYLENOL-CODEINE #3) 300-30 mg oral tablet	Take 1 Tab by mouth every 4 hours as needed for Pain. Max of 3000 mg acetaminophen/24hrs (all sources).
• fexofenadine (ALLEGRA ALLERGY) 180 mg oral tablet	Take 180 mg by mouth daily.
• LORazepam (ATIVAN) 1 mg oral tablet	
• montelukast (SINGULAIR) 10 mg oral tablet	
• montelukast sodium (SINGULAIR ORAL)	
• promethazine-codeine (PHENERGAN W/CODEINE) 6.25-10 mg/5 mL oral syrup	
• senna-docusate (SENNNA WITH DOCUSATE SODIUM) 8.6-50 mg oral tablet	Take 2 Tabs by mouth daily.

Past Medical History:

Diagnosis	Date
• Patient ambulatory	03/06/2019
• Patient had no falls in past year	03/06/2019
• Pyloric stenosis, congenital <i>resolved after surgery</i>	
• Seasonal allergies	

Past Surgical History:

Procedure	Laterality	Date
• CERVICAL MEDIASTINOSCOPY		03/07/2019
• denies any open wounds/rash to body		03/06/2019
• ENDOSCOPIC BRONCHIAL ULTRASOUND <i>Performed by Chiu, Hsienchang Thomas, MD at UH 02 Endosc</i>	N/A	2/25/2019
• MEDIASTINOSCOPY <i>Performed by Reznik, Scott Ira, MD at UH SURG</i>	N/A	3/7/2019
• STOMACH SURGERY <i>for pyloric stenosis</i>		1983
• VASECTOMY		

AM

Printed at 3/20/19 10:51

Page 2 of 10

UTSW Fax Server 3/20/2019 10:52:03 AM PAGE 5/012 Fax Server

(continued)

Provider Notes (continued)Family History
Problem:

- Diabetes
- Hypertension
- Cancer
 - prostate cancer*
- Cancer
 - breast cancer*
- Cancer
 - unknown cancer*

Relation:

- Mother
- Father
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather

Age of Onset:

Social History

Social History:

- Marital status: Married
- Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Occupational History:

- Not on file.

Social History Main Topics:

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol use
 - 4 Cans of beer per week
- Drug use: No
- Sexual activity: Not on file

Other Topics:

- Not on file

Social History Narrative:

Works in sales. Worked in an office for 2 years with asbestos ~ 8 years ago. Lived in Texas most of life. Minimal exposure to outdoors.

Review of Systems:

Constitutional: Negative for fever, chills, weight loss, weight gain, diaphoresis, fatigue, night sweats, hot flashes and general weakness.

HENT: Negative for nasal/sinus congestion, ear discharge, ear pain, hearing loss, oral lesions, nosebleeds, sore throat, tinnitus, trouble swallowing, loss of smell, headaches, sore mouth, dry mouth and fever blisters.

Eyes: Negative for blurred vision, double vision, photophobia, pain, discharge, redness and dry eyes.

Respiratory: Negative for snoring, cough, hemoptysis, sputum production, shortness of breath, wheezing, stridor and pain when breathing.

Cardiovascular: Positive for chest pain. Negative for palpitations, orthopnea, leg swelling and PND.

Gastrointestinal: Negative for heartburn, nausea, vomiting, abdominal pain, diarrhea, constipation, blood in stool, melena, bowel incontinence and appetite change.

Genitourinary: Negative for dysuria, urgency, hematuria, penile discharge, vaginal discharge, frequency, nocturia, bladder incontinence, sexual dysfunction and female genitourinary complaint.

Musculoskeletal: Negative for back pain, falls, joint pain, myalgias and neck pain.

Skin: Negative for itching, rash, change in mole, hair loss and breast concerns.

Neurological: Negative for dizziness, tremors, sensory change, speech change, seizures, loss of consciousness and focal weakness.

Endo/Heme/Allergies: Negative for environmental allergies, cold intolerance, heat intolerance, polydipsia, seasonal

AM

Printed at 3/20/19 10:51

Page 3 of 10

UTSW Fax Server 3/20/2019 10:52:03 AM PAGE 6/012 Fax Server

(continued)

Provider Notes (continued)

allergies and easy bruising/bleeding.

Psychiatric/Behavioral: Negative for depression, suicidal ideas, hallucinations, memory loss, substance abuse, anxiety and insomnia.

Physical Exam:BP 118/79 | Pulse 86 | Temp 36.5 °C (97.7 °F) (Tympanic) | Resp 16 | Ht 6' 1.5" (1.867 m) | Wt 225 lb (102.1 kg) | SpO2 96% | BMI 29.28 kg/m²**Constitutional:** Appears healthy. No distress.**HENT:** Nose: No nasal discharge. Mouth/Throat: Dentition is normal. Oropharynx is clear.**Eyes:** Conjunctivae are normal. Pupils are equal, round, and reactive to light. CMED incision ota. No s/s of infection**Neck:** Normal range of motion and thyroid normal. Neck supple. No JVD present. No adenopathy.**Cardiovascular:** Normal rate, regular rhythm, S1 normal, S2 normal and normal heart sounds. Exam reveals no gallop. No murmur heard.**Pulmonary/Chest:** No stridor, no wheezes, no rales, no tenderness.**Abdominal:** Soft. Bowel sounds are normal, no distension and no mass.**Musculoskeletal:** Normal range of motion, no edema.**Neurological:** Alert and oriented to person, place, and time.**Skin:** Skin is warm and dry. No rash noted. No cyanosis. No jaundice, pallor or plethora. Nails show no clubbing.**Labs:**

CBC with Differential:

Lab Results

Component	Value	Date
WBC	13.25 (H)	03/20/2019
RBC	4.97	03/20/2019
HGB	14.0	03/20/2019
HCT	42.9	03/20/2019
PLT	275	03/20/2019
MCV	86.3	03/20/2019
MCH	28.2	03/20/2019
MCHC	32.6 (L)	03/20/2019
RDWCALC	13.2	03/20/2019
MPV	10.4	03/20/2019
NRBC	0.0	03/20/2019
MONOPCT	6.3	03/20/2019
LYMPHPCT	7.7	03/20/2019
EOSPCT	3.2	03/20/2019
BASOPCT	0.5	03/20/2019
NEUTABS	10.85 (H)	03/20/2019
MONOABS	0.83	03/20/2019
LYMPHABS	1.02 (L)	03/20/2019
EOSABS	0.42	03/20/2019
BASOABS	0.06	03/20/2019

CMP:

Lab Results

Component	Value	Date
GLU	112	03/20/2019
NA	140	03/14/2019
K	4.1	03/14/2019
CL	99	03/14/2019
CO2	28	03/14/2019
ANIONGAP	13	03/14/2019
BUN	13	03/14/2019

AM

Printed at 3/20/19 10:51

Page 4 of 10

UTSW Fax Server 3/20/2019 10:52:03 AM PAGE 7/012 Fax Server

(continued)

Provider Notes (continued)

CREAT	1.13	03/14/2019
CA	9.5	03/14/2019
ALB	4.7	03/14/2019
ALP	88	03/14/2019
TBIL	0.2	03/14/2019
MG	2.3	03/14/2019
PHOS	4.1	03/14/2019
AST	18	03/14/2019
ALT	23	03/14/2019

Pathology Slides/review**Cytology 2/25/19****Final Diagnosis**

A, B, AND C. LYMPH NODE, 2L, 4L, STATION 7, BIOPSY & FINE NEEDLE ASPIRATION:
 - LIMITED SPECIMEN: PREDOMINANCE OF SMALL LYMPHOCYTES ADMIXED WITH A FEW
 LARGE LYMPHOID
 APPEARING CELLS
 - SEE COMMENT

Tissue from bronchoscopy 2/25/19

A. Lymph Node, station 7, EBUS-guided transbronchial needle aspiration with cell block:
 -Very scant and crushed lymphoid cells, further evaluation is not possible
 -The concurrent cytology case (UNG19-786) is being reviewed by the hematopathologist and will be signed out at a later time.

Pertinent Studies Reviewed:**Bronchoscopy 2/25/19****Findings:**

- The endotracheal tube is in good position. The visualized portion of the trachea is of normal caliber. The main carina and all secondary carinae are sprayed. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal; there are no endobronchial lesions, and no secretions. There are some suggestion of mucosal hypertrophy present diffusely.

EBUS bronchoscopy is then performed, and the following lymph node stations are visualized. The short axis diameter of the largest lymph node in each station is measured and recorded below:

11 L lymph node measures 19.3 mm in short axis diameter,
 10 L lymph node measures 3.3 mm in short axis diameter,
 4 L lymph node measures 13.5 mm in short axis diameter,
 Station 7 lymph node measures 21.1 mm in short axis diameter,
 4 R lymph node measures 22.6 mm in short axis diameter,
 10 R lymph node measures 6.5 mm in short axis diameter,
 13 R lymph node measures 9.2 mm in short axis diameter.

As CT scan revealed right upper lobe peribronchial nodule/masslike consolidation, biopsy started from a contralateral hilar and contralateral mediastinal before moving to subcarinal. Stations 11 L, for L, and 7 lymph nodes are simple with EBUS guided transbronchial needle aspiration x4 times each for cytology first. Rapid on-site cytologic evaluation did not reveal carcinoma and instead revealed lymphoid material with some cellular atypia. All 3 lymph node station revealed relatively similar appearance on rapid on-site evaluation. 3 additional TBNA passes from station 7 was obtained for flow cytometry. If this is Hodgkin's lymphoma, we will need histology data, therefore, using EBUS guidance, SpyBite microforceps transbronchial biopsies x 9 of station 7 lymph node is obtained, and rapid on-site cytologic evaluation touch prep revealed lymphoid material, and final diagnosis pending processing of all samples for cytology, flow cytometry, and tissue examination as well as review by hematopathology.

UTSW Fax Server 3/20/2019 10:52:03 AM PAGE 8/012 Fax Server

(continued)

Provider Notes (continued)

There were minimum bleeding and good spontaneous hemostasis. Patient was then extubated and sent to the PACU in good condition. Final diagnosis pending processing of all samples.

Estimated Blood Loss: Estimated blood loss was minimal.

Impression: - Multiple pulmonary nodules
- Adenopathy
- The airway examination was normal.
- EBUS bronchoscopy performed and EBUS TBNA x 3 separate locations obtained for cytology. Then, additional TBNA passes were performed for flow cytometry, and EBUS-guided microforceps transbronchial biopsies were obtained for surgical pathology evaluation.

Attending Participation:

I personally performed the entire procedure.

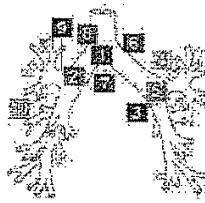
Hsienchang Chiu, MD

Hsienchang Chiu, MD

Signed Date: 2/25/2019 12:48:45 PM

This report has been signed electronically.

Add'l Images:



Tracheobronchial Tree



Cervix



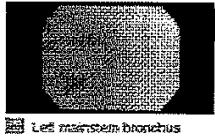
Right mainstem bronchus



Left upper lobe



Left upper lobe



Left mainstem bronchus



Tracheobronchial tree



Tracheobronchial tree

Imaging:
CT Chest 2/20/19

AM

Printed at 3/20/19 10:51

Page 6 of 10

UTSW Fax Server 3/20/2019 10:52:03 AM PAGE 11/012 Fax Server

(continued)

Additional Notes (continued)

HENT: Negative for nasal/sinus congestion, ear discharge, ear pain, hearing loss, oral lesions, nosebleeds, sore throat, tinnitus, trouble swallowing, loss of smell, headaches, sore mouth, dry mouth and fever blisters.

Eyes: Negative for blurred vision, double vision, photophobia, pain, discharge, redness and dry eyes.

Respiratory: Negative for snoring, cough, hemoptysis, sputum production, shortness of breath, wheezing, stridor and pain when breathing.

Cardiovascular: Positive for chest pain. Negative for palpitations, orthopnea, leg swelling and PND.

Gastrointestinal: Negative for heartburn, nausea, vomiting, abdominal pain, diarrhea, constipation, blood in stool, melena, bowel incontinence and appetite change.

Genitourinary: Negative for dysuria, urgency, hematuria, penile discharge, vaginal discharge, frequency, nocturia, bladder incontinence, sexual dysfunction and female genitourinary complaint.

Musculoskeletal: Negative for back pain, falls, joint pain, myalgias and neck pain.

Skin: Negative for itching, rash, change in mole, hair loss and breast concerns.

Neurological: Negative for dizziness, tremors, sensory change, speech change, seizures, loss of consciousness and focal weakness.

Endo/Heme/Allergies: Negative for environmental allergies, cold intolerance, heat intolerance, polydipsia, seasonal allergies and easy bruising/bleeding.

Psychiatric/Behavioral: Negative for depression, suicidal ideas, hallucinations, memory loss, substance abuse, anxiety and insomnia.

Visit Instructions**Patient Instructions**

None

Current Allergies & MedicationsAllergies as of 3/20/2019

No Known Allergies

Outpatient Medication List as of the End of This Visit

	Directions
acetaminophen-codeine (TYLENOL-CODEINE #3) 300-30 mg oral tablet	Take 1 Tab by mouth every 4 hours as needed for Pain. Max of 3000 mg acetaminophen/24hrs (all sources).
fxofenadine (ALLEGRA ALLERGY) 180 mg oral tablet	Take 180 mg by mouth daily.
LORazepam (ATIVAN) 1 mg oral tablet	
montelukast (SINGULAIR) 10 mg oral tablet	
montelukast sodium (SINGULAIR ORAL)	
promethazine-codeine (PHENERGAN W/CODEINE) 6.25-10 mg/5 mL oral syrup	
senna-docusate (SENNA WITH DOCUSATE SODIUM) 8.6-50 mg oral tablet	Take 2 Tabs by mouth daily.

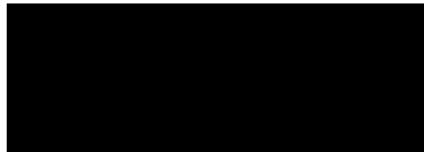
Patient HistoryProblem List as of 3/20/2019Signs and SymptomsLymphadenopathy

AM

Printed at 3/20/19 10:51

Page 9 of 10

UTSW Fax Server 4/5/2019 12:20:00 PM PAGE 3/008 Fax Server





UTSW Fax Server 4/5/2019 12:20:00 PM PAGE 4/008 Fax Server

Reason for Visit: Follow Up Visit**Referred By:**

Follow-Up No Referral
No address on file

History of Present Illness:

[REDACTED] is a 35-year-old gentleman who presented with persistent cough and chest tightness starting in December 2018. Patient had cough syrups and steroids initially without any significant benefit. He subsequently underwent imaging studies that revealed a mediastinal mass. A bronchoscopy with transbronchial biopsy was inconclusive. This was followed by mediastinoscopy with biopsy and revealed classical Hodgkin lymphoma. Biopsy was performed on March 7, 2019. Cells were positive for CD15, CD30 and PAX 5. There were negative for CD3, CD20. Eber was negative. Patient was subsequently referred to us in March 2019 for further management.

Interim history:

Currently the patient complains of having some rib pain and back pain which is mostly on the left flank side. Occasionally he gets sharp pains when he takes a deep breath. Other than that he has done well. Shortness of breath is improved. Cough is also improved. Still has occasional itching but no rashes. Denies any fever, chills, night sweats or weight loss. Overall he has been fairly active and able to perform his activities of daily living without any significant limitations. His ECOG performance status is 0.

Active Ambulatory Problems

Diagnosis	Date Noted
• Lymphadenopathy	02/22/2019
• Lung nodules	02/22/2019
• Lung mass	02/22/2019
• Cough	02/22/2019
• Hodgkin lymphoma of intrathoracic lymph nodes (*)	03/15/2019

Resolved Ambulatory Problems

Diagnosis	Date Noted
• No Resolved Ambulatory Problems	

Past Medical History:

Diagnosis	Date
• Patient ambulatory	03/06/2019
• Patient had no falls in past year	03/06/2019
• Pyloric stenosis, congenital	
• Seasonal allergies	

Past Surgical History:

Procedure	Laterality	Date
• CERVICAL MEDIASTINOSCOPY		03/07/2019
• denies any open wounds/rash to body		03/06/2019
• ENDOSCOPIC BRONCHIAL ULTRASOUND <i>Performed by Chiu, Hsienchang Thomas, MD at UH 02 Endosc</i>	N/A	2/25/2019
• MEDIASTINOSCOPY <i>Performed by Reznik, Scott Ira, MD at UH SURG</i>	N/A	3/7/2019
• STOMACH SURGERY <i>for pyloric stenosis</i>		1983

UTSW Fax Server 4/5/2019 12:20:00 PM PAGE 5/008 Fax Server

- VASECTOMY

Social History

Social History

- Marital status: Married
- Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Occupational History

- Not on file.

Social History Main Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol use: 0.6 oz/week
- Drug use: No
- Sexual activity: Not on file

Other Topics

- Not on file

Concern

Social History Narrative

Works in sales. Worked in an office for 2 years with asbestos ~ 8 years ago. Lived in [REDACTED] most of life.
Minimal exposure to outdoors.

Family History

Problem	Relation	Age of Onset
• Diabetes	Mother	
• Hypertension	Father	
• Cancer	Maternal Grandfather	
<i>prostate cancer</i>		
• Cancer	Paternal Grandmother	
<i>breast cancer</i>		
• Cancer	Paternal Grandfather	
<i>unknown cancer</i>		

No Known Allergies

Outpatient Prescriptions Marked as Taking for the 4/4/19 encounter (Office Visit)

Medication	SIG	Dispense	Refill
• albuterol (PROAIR, PROVENTIL, VENTOLIN HFA) 90 mcg/Actuation aerosol inhaler	Inhale 180 mcg (2 Puffs total) in lungs Prior to Outpatient Pentamidine for 1 dose.		11
• fexofenadine (ALLEGRA ALLERGY) 180 mg oral tablet	Take 180 mg by mouth daily.		

UTSW Fax Server 4/5/2019 12:20:00 PM PAGE 6/008 Fax Server

- pentamidine (NEBUPENT) 300 mg Inhale 300 mg as
inhalation solution instructed every 28
days. For use in
nebulizer.
- 1 Vial 11

Review of Systems:

Constitutional: Negative for fever, chills, weight loss, weight gain, diaphoresis, fatigue, night sweats, hot flashes and general weakness.

HENT: Negative for nasal/sinus congestion, ear discharge, ear pain, hearing loss, oral lesions, nosebleeds, sore throat, tinnitus, trouble swallowing, loss of smell, headaches, sore mouth, dry mouth and fever blisters.

Eyes: Positive for redness. Negative for blurred vision, double vision, photophobia, pain, discharge and dry eyes.

Respiratory: Negative for snoring, cough, hemoptysis, sputum production, shortness of breath, wheezing and pain when breathing.

Cardiovascular: Negative for chest pain, palpitations, orthopnea and leg swelling.

Gastrointestinal: Positive for abdominal pain. Negative for heartburn, nausea, vomiting, diarrhea, constipation, blood in stool, melena, bowel incontinence and appetite change.

Genitourinary: Negative for dysuria, urgency, hematuria, penile discharge, frequency, bladder incontinence and sexual dysfunction.

Musculoskeletal: Negative for back pain, falls, joint pain, myalgias and neck pain.

Skin: Positive for itching. Negative for rash, change in mole, hair loss and breast concerns.

Neurological: Negative for dizziness, tremors, sensory change, speech change, seizures, loss of consciousness and focal weakness.

Endo/Heme/Allergies: Positive for seasonal allergies. Negative for environmental allergies, cold intolerance, heat intolerance, polydipsia and easy bruising/bleeding.

Psychiatric/Behavioral: Negative for depression, hallucinations, memory loss, substance abuse, anxiety and insomnia.

BP 129/72 | Pulse 75 | Temp 37.1 °C (98.7 °F) (Oral) | Resp 16 | Ht 6' 1.5" (1.867 m) | Wt 222 lb (100.7 kg) |
SpO2 99% | BMI 28.89 kg/m²

Physical Exam

Constitutional: He is well-developed, well-nourished, and in no distress. No distress.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae and EOM are normal. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.

Neck: Normal range of motion. Neck supple. No JVD present. No tracheal deviation present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress. He has no wheezes. He has no rales. He exhibits no tenderness.

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension and no mass. There is no tenderness. There is no rebound and no guarding.

Musculoskeletal: Normal range of motion. He exhibits no edema, tenderness or deformity.

Lymphadenopathy:

Head (right side): No submandibular adenopathy present.

Head (left side): No submandibular adenopathy present.

He has no cervical adenopathy.

He has no axillary adenopathy.

UTSW Fax Server 4/5/2019 12:20:00 PM PAGE 7/008 Fax Server

Right: No inguinal, no supraclavicular and no epitrochlear adenopathy present.

Left: No inguinal, no supraclavicular and no epitrochlear adenopathy present.

Neurological: He is alert and oriented to person, place, and time. No cranial nerve deficit. He exhibits normal muscle tone. Gait normal. Coordination normal.

Skin: Skin is warm and dry. No rash noted. He is not diaphoretic. No erythema. No pallor.

Psychiatric: Mood, memory, affect and judgment normal.

Studies Reviewed:

Pathology reviewed

CBC with Differential:**Lab Results**

Component	Value	Date
WBC	10.88	04/04/2019
RBC	4.69	04/04/2019
HGB	12.9	04/04/2019
HCT	40.7	04/04/2019
PLT	330	04/04/2019
MCV	86.8	04/04/2019
MCH	27.5	04/04/2019
MCHC	31.7 (L)	04/04/2019
MPV	10.3	04/04/2019
NRBC	0.0	04/04/2019
NEUTROSPCT	72.6	04/04/2019
MONOPCT	8.0	04/04/2019
LYMPHPCT	15.0	04/04/2019
EOSPCT	3.1	04/04/2019
BASOPCT	0.5	04/04/2019
LYMPHABS	1.63	04/04/2019
EOSABS	0.34	04/04/2019
BASOABS	0.05	04/04/2019

CMP:**Lab Results**

Component	Value	Date
GLU	106	04/04/2019
NA	141	04/04/2019
K	4.3	04/04/2019
CL	100	04/04/2019
CO2	27	04/04/2019
ANIONGAP	14	04/04/2019
BUN	13	04/04/2019
CREAT	1.01	04/04/2019
CA	9.6	04/04/2019
ALB	4.4	04/04/2019
ALP	87	04/04/2019
TBIL	0.3	04/04/2019
MG	2.2	04/04/2019
PHOS	3.7	04/04/2019
AST	26	04/04/2019
ALT	48	04/04/2019

UTSW Fax Server 4/5/2019 12:20:00 PM PAGE 8/008 Fax Server

[REDACTED]

Review of the mediastinal biopsy showed classical Hodgkin lymphoma which was positive for CD15, CD30 and PAX 5. Eber was negative. Bone marrow aspirate and biopsy did not reveal any evidence of involvement by Hodgkin lymphoma. Karyotype was normal. PET scan showed numerous lymphadenopathy above and below the diaphragm. Lymph nodes in the right hilar region were around 6 cm. There was also splenic involvement. There was increased liver uptake in a focal site without CT correlate. Pulmonary function studies were within normal limits. Echocardiogram is currently pending.

Assessment/Plan:

[REDACTED] is a 35-year-old gentleman with newly diagnosed classical Hodgkin lymphoma with stage IIIB disease with an IPS score of 1.

1. Hodgkin lymphoma: I had a long discussion with the patient and his wife regarding the implications of this diagnosis. I informed the patient that we would like to proceed with definitive treatment. This includes chemotherapy. With regards to specific agents we talked about ABVD versus AVD plus brentuximab versus BEACOPP. After prolonged discussion about the pros and cons and the risk of chemotherapy versus neuropathy and cytopenias we decided to proceed with AVD + brentuximab. Patient understands the risks and benefits of this approach and is willing to proceed with this treatment. Our plan would be to get a port placed next week and start treatment shortly thereafter. We would also plan on getting a PET scan after 2 cycles of treatment. Patient also expressed interest in getting a second opinion and he was encouraged to do so and seek treatment on a clinical trial.

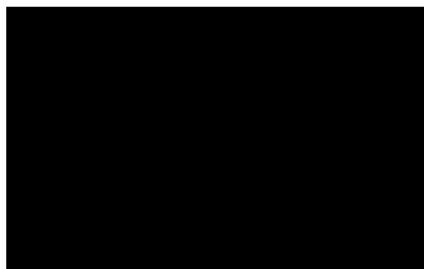
We discussed about fertility risk and patient is not interested in sperm banking. He has already had a vasectomy done.

2. Abdominal/flank pain: This appears to be related to his splenic disease. Will use ibuprofen on an as-needed basis.

Patient was also advised to continue follow-up with his primary care physician for the management of his routine medical issues. We will therefore plan on starting treatment next week and will continue to follow the patient closely every 2 weeks subsequent to that. Patient was also advised to call us if he has any issues or concerns in the interim.

[REDACTED]

UTSW Fax Server 6/4/2019 10:38:38 AM PAGE 3/009 Fax Server



(continued)

Provider Notes (continued)

Answers for HPI/ROS submitted by the patient on 3/4/2019

Fever: No
Chills: No
Weight Loss: No
Weight Gain: No
Sweating: No
Night Sweats: No
General Weakness: No
Rash: No
Itching: No
Change in mole(s): No
Unusual Hair Loss: No
Headaches: No
Difficulty Hearing: No
Ringing in the Ears: No
Ear Discharge: No
Ear Pain: No
Nosebleeds: Yes
Sinus/Nasal Congestion: No
Snoring: No
Difficulty Swallowing: No
Sore Throat: No
Mouth Lesions: No
Fever Blisters: No
Dry Mouth: No
Sore Mouth: No
Blurred Vision: No
Double Vision: No
Pain Looking at Bright Lights: No
Eye Pain: No
Eye Discharge: No
Eye Redness: No
Dry Eyes: No
Chest Pain: No
Palpitations: No
Difficulty Breathing When Lying Flat: No
Leg or Ankle Swelling: No
Cough: No
Coughing Blood: No
Sputum Production: No
Shortness of Breath: No
Wheezing: Yes
Heartburn: No
Change In Appetite: No
Nausea: No
Vomiting: No
Abdominal Pain: No
Diarrhea: No
Constipation: No
Blood in Stool: No
Black Stool: No
Incontinence of Stool: No

(continued)

Provider Notes (continued)

Urgency to Urinate: No
 Blood in Urine: No
 Pain When Urinating: No
 Low Back Pain: No
 Penile Discharge: No
 Frequency in Urination: No
 Incontinence of Urine: No
 Sexual Problems: No
 Muscle Pain: No
 Neck Pain: No
 Back Pain: No
 Joint Pain: No
 Falls: No
 Environmental Allergies: No
 Seasonal Allergies: Yes
 Frequent Thirst: No
 Heat Intolerance: No
 Cold Intolerance: No
 Easy Bruising / Bleeding: No
 Dizziness: No
 Tremor: No
 Numbness or Tingling: No
 Speech Change: No
 Loss of Limb Strength: No
 Seizures: No
 Loss of Consciousness: No
 Depression: No
 Substance Abuse: No
 Hallucinations: No
 Nervous / Anxious: No
 Insomnia: No
 Memory Loss: No

Progress Notes

Author:		Author Type:	Nurse Practitioner	Filed:	03/05/19 1552
Note Status:	Signed	Cosign:	Cosign Not Required	Encounter Date:	3/5/2019
Editor:	(Nurse Practitioner)				

Thoracic Surgery**Problems Dealt With This Visit:**

1. 6.3cm right perihilar soft tissue density with bulky mediastinal lymphadenopathy.

ECOG: 0

Oncologic Treatment:

Chemotherapy: Drug/Dose/Cycles, Date start:, Date completed:
 Radiation: Dose: Cycles, Date start:, Date completed:

Patient Care Team:

(continued)

Provider Notes (continued)

General (INTERNAL MEDICINE)

[REDACTED] ID as Pulmonologist (PULMONARY DISEASE)

HPI: [REDACTED] is a 35y/o male who was referred by [REDACTED] to Thoracic Surgery for surgical evaluation of 6.3cm right perihilar soft tissue density with bulky mediastinal lymphadenopathy. Patient with a history of pyloric stenosis as a child. He reports that he was in his usual state of health until around 11/2018 when he started to have a non-productive cough. He was seen by his PCP who gave him a steroid injection and a course of antibiotics. After 4 weeks, his cough did not improve so he was given a PO steroid taper which apparently relieved his cough for several weeks. In early 02/2019, his cough returned so a CXR was done which noted a right perihilar density. He then had a CT Chest which noted an ill-defined 6.3cm soft tissue density in the right perihilar region with bulky lymphadenopathy. He was referred to [REDACTED] who performed a bronchoscopy/EBUS and biopsy results were concerning for possible lymphoma.

He presents to clinic today for initial evaluation. He states that he has been feeling very well overall. His cough has resolved over the past few weeks. He denies any fever/chills, night sweats, SOB, CP, cough, hemoptysis, weight loss, fatigue, weakness, abdominal pain, or N/V/D. Additional ROS as noted below.

Not on File

Current Outpatient Prescriptions

Medication

- | | | |
|--|------|-----------------------------|
| • fexofenadine (ALLEGRA
ALLERGY) 180 mg oral tablet | Sig: | Take 180 mg by mouth daily. |
| • montelukast sodium (SINGULAIR
ORAL) | | |

Diabetic Medications:

Thyroid Medications:

Anticoagulation:

Steroids/Immunosuppressant:

Past Medical History:

Diagnosis

- | | |
|---|-------|
| • Pyloric stenosis, congenital
<i>resolved after surgery</i> | Date: |
| • Seasonal allergies | |

Past Surgical History:

Procedure

- | | | |
|--|-------------|-----------|
| • ENDOSCOPIC BRONCHIAL ULTRASOUND
<i>Performed by Chiu, Hsienchang Thomas, MD at UH 02 Endosc</i> | Laterality: | Date: |
| • STOMACH SURGERY
<i>for pyloric stenosis</i> | N/A | 2/25/2019 |
| • VASECTOMY | | |

Family History

Prophet

Relation

Age of Onset

- | | | |
|------------------------------------|----------------------|--|
| • Diabetes | Mother | |
| • Hypertension | Father | |
| • Cancer
<i>prostate cancer</i> | Maternal Grandfather | |
| • Cancer
<i>breast cancer</i> | Paternal Grandmother | |
| • Cancer
<i>unknown cancer</i> | Paternal Grandfather | |

(continued)

Provider Notes (continued)**Social History**

- Marital status: Married
- Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Occupational History

- Not on file.

Social History Main Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol use: Yes
- Drug use: No
- Sexual activity: Not on file

Other Topics

- Not on file

Concern

Social History Narrative

Works in sales. Worked in an office for 2 years with asbestos ~ 8 years ago. Lived in [REDACTED] most of life. Minimal exposure to outdoors.

Review of Systems:

Constitutional: Negative for fever, chills, weight loss, weight gain, diaphoresis, night sweats and general weakness.
HENT: Positive for nosebleeds. Negative for nasal/sinus congestion, ear discharge, ear pain, hearing loss, oral lesions, sore throat, tinnitus, trouble swallowing, headaches, sore mouth, dry mouth and fever blisters.

Eyes: Negative for blurred vision, double vision, photophobia, pain, discharge, redness and dry eyes.

Respiratory: Positive for wheezing. Negative for snoring, cough, hemoptysis, sputum production and shortness of breath.

Cardiovascular: Negative for chest pain, palpitations, orthopnea and leg swelling.

Gastrointestinal: Negative for heartburn, nausea, vomiting, abdominal pain, diarrhea, constipation, blood in stool, melena, bowel incontinence and appetite change.

Genitourinary: Negative for dysuria, urgency, hematuria, penile discharge, frequency, bladder incontinence and sexual dysfunction.

Musculoskeletal: Negative for back pain, falls, joint pain, myalgias and neck pain.

Skin: Negative for itching, rash, change in mole and hair loss.

Neurological: Negative for dizziness, tremors, sensory change, speech change, seizures, loss of consciousness and focal weakness.

Endo/Heme/Allergies: Positive for seasonal allergies. Negative for environmental allergies, cold intolerance, heat intolerance, polydipsia and easy bruising/bleeding.

Psychiatric/Behavioral: Negative for depression, hallucinations, memory loss, substance abuse, anxiety and insomnia.

Physical Exam:

BP 130/78 | Pulse 66 | Temp 36.3 °C (97.4 °F) (Tympanic) | Resp 16 | Ht 6' 2" (1.88 m) | Wt 230 lb 6.4 oz (104.5 kg) | SpO2 99% | BMI 29.58 kg/m²

Constitutional: Appears healthy. No distress.

HENT:

Nose: No nasal discharge.

Mouth/Throat: Dentition is normal. Oropharynx is clear.

Eyes: Conjunctivae are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion and thyroid normal. Neck supple. No JVD present. No adenopathy.

Cardiovascular: Normal rate, regular rhythm, S1 normal, S2 normal and normal heart sounds. Exam reveals no gallop. No murmur heard.

(continued)

Provider Notes (continued)**Pulmonary/Chest:** No stridor, no wheezes, no rales, no tenderness.**Abdominal:** Soft. Bowel sounds are normal, no distension and no mass.**Musculoskeletal:** Normal range of motion, no edema.**Neurological:** Alert and oriented to person, place, and time.**Skin:** Skin is warm and dry. No rash noted. No cyanosis. No jaundice, pallor or plethora. Nails show no clubbing.**Labs:****CBC with Differential:****Lab Results**

Component	Value	Date
WBC	10.31	02/22/2019
RBC	4.99	02/22/2019
HGB	13.7	02/22/2019
HCT	43.6	02/22/2019
PLT	283	02/22/2019
MCV	87.4	02/22/2019
MCH	27.5	02/22/2019
MCHC	31.4 (L)	02/22/2019
RDWCALC	13.4	02/22/2019
MPV	10.9	02/22/2019

CMP:**Lab Results**

Component	Value	Date
GLU	110	02/22/2019
NA	142	02/22/2019
K	4.2	02/22/2019
CL	100	02/22/2019
CO2	27	02/22/2019
ANIONGAP	15	02/22/2019
BUN	10	02/22/2019
CREAT	1.15	02/22/2019
CA	9.2	02/22/2019
ALB	4.5	02/22/2019
ALP	90	02/22/2019
TBIL	0.3	02/22/2019
AST	17	02/22/2019
ALT	20	02/22/2019

Pathology Slides/review**Cytology 2/25/19****Final Diagnosis**

A, B, AND C. LYMPH NODE, 2L, 4L, STATION 7, BIOPSY & FINE NEEDLE ASPIRATION:

- LIMITED SPECIMEN: PREDOMINANCE OF SMALL LYMPHOCYTES ADMIXED WITH A FEW

LARGE LYMPHOID

APPEARING CELLS

- SEE COMMENT

Tissue from bronchoscopy 2/25/19

A. Lymph Node, station 7, EBUS-guided transbronchial needle aspiration with cell block:

-Very scant and crushed lymphoid cells, further evaluation is not possible

-The concurrent cytology case (UNG19-786) is being reviewed by the hematopathologist and will be signed out at a later time.

UTSW Fax Server 6/4/2019 10:38:38 AM PAGE 7/009 Fax Server

[REDACTED]

Constitutional: He is well-developed, well-nourished, and in no distress. No distress.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae and EOM are normal. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.

Neck: Normal range of motion. Neck supple. No JVD present. No tracheal deviation present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress. He has no wheezes. He has no rales. He exhibits no tenderness.

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension and no mass. There is no tenderness. There is no rebound and no guarding.

Musculoskeletal: Normal range of motion. He exhibits no edema, tenderness or deformity.

Lymphadenopathy:

- Head (right side): No submandibular adenopathy present.
- Head (left side): No submandibular adenopathy present.

He has no cervical adenopathy.

He has no axillary adenopathy.

- Right: No inguinal, no supraclavicular and no epitrochlear adenopathy present.
- Left: No inguinal, no supraclavicular and no epitrochlear adenopathy present.

Neurological: He is alert and oriented to person, place, and time. No cranial nerve deficit. He exhibits normal muscle tone. Gait normal. Coordination normal.

Skin: Skin is warm and dry. No rash noted. He is not diaphoretic. No erythema. No pallor.

Psychiatric: Mood, memory, affect and judgment normal.

Studies Reviewed:

Pathology reviewed

CBC with Differential:

Lab Results

Component	Value	Date
WBC	10.66	06/04/2019
RBC	4.17	06/04/2019
HGB	11.3 (L)	06/04/2019
HCT	34.8 (L)	06/04/2019
PLT	305	06/04/2019
MCV	83.5	06/04/2019
MCH	27.1	06/04/2019
MCHC	32.5 (L)	06/04/2019
MPV	9.5	06/04/2019
NRBC	0.0	05/03/2019
NEUTROSPCT	73.0	06/04/2019
MONOPCT	4.0	06/04/2019
LYMPHPCT	15.0	06/04/2019
EOSPCT	0.0	06/04/2019
BASOPCT	0.0	06/04/2019
LYMPHABS	1.60	06/04/2019
EOSABS	0.00	06/04/2019
BASOABS	0.00	06/04/2019
RBCMORPH	Normal	06/04/2019

UTSW Fax Server 6/4/2019 10:38:38 AM PAGE 8/009 Fax Server

CMP:**Lab Results**

Component	Value	Date
GLU	127	06/04/2019
NA	137	06/04/2019
K	3.8	06/04/2019
CL	98	06/04/2019
CO ₂	25	06/04/2019
ANIONGAP	14	06/04/2019
BUN	4 (L)	06/04/2019
CREAT	0.80	06/04/2019
CA	9.0	06/04/2019
ALB	4.6	06/04/2019
ALP	84	06/04/2019
TBIL	0.3	06/04/2019
MG	2.1	06/04/2019
PHOS	4.3	06/04/2019
AST	60 (H)	06/04/2019
ALT	185 (H)	06/04/2019

Imaging:**IMPRESSION:**

1. No focal consolidations in the lungs.
2. Catheter from a right chest port appears to curl on itself within the right subclavian vein. Findings discussed immediately with [REDACTED] on 05/09/2018 at 1005 hours
3. Decreased hilar fullness bilaterally consistent with decreasing lymphadenopathy

Assessment/Plan:

[REDACTED] is a 35-year-old gentleman with classical Hodgkin lymphoma, stage IIIB, IPS of 1.

1. Classical Hodgkin lymphoma: Patient is tolerating chemotherapy with brentuximab with AVD without any major issues except for some occasional constipation and diarrhea. He has mild transaminitis but this is improving. At this point we will continue with full dose treatment. Interim PET scan after 2 cycles shows a complete metabolic response. Plan is to continue with this current treatment for a total of 6 cycles. Repeat PET scan will be done 6 to 8 weeks after completion of his last dose of chemotherapy.
2. Prophylaxis: Patient will continue the acyclovir and pentamidine. Allopurinol has been stopped. He will also continue on the Neulasta for count recovery.
3. Access: Patient has a new port in place which is working fine.
4. Constipation/diarrhea: This is improved with supportive care. We will continue to follow this closely.
5. Leg pain: This is mostly at night and patient will use Benadryl for compression stockings to help with this. We will minimize the use of tramadol given his constipation issues.

Patient will therefore return to the clinic on a monthly basis. He will get labs every week. Chemotherapy is every 2 weeks.

UTSW Fax Server 10/29/2019 6:26:48 PM PAGE 4/008 Fax Server



Reason for Visit: Classical Hodgkin lymphoma

Treatment history:

1. Brentuximab plus AVD started April 10, 2019. PET scan after 2 cycles of treatment showed a complete metabolic response. Brentuximab stopped after Cycle 3. Cycle 6 Day 15 completed 9/12/19.

History of Present Illness:

_____ is a 35-year-old gentleman who presented with persistent cough and chest tightness starting in December 2018. Patient had cough syrups and steroids initially without any significant benefit. He subsequently underwent imaging studies that revealed a mediastinal mass. A bronchoscopy with transbronchial biopsy was inconclusive. This was followed by mediastinoscopy with biopsy and revealed classical Hodgkin lymphoma. Biopsy was performed on March 7, 2019. Cells were positive for CD15, CD30 and PAX 5. There were negative for CD3, CD20. Eber was negative. Patient was subsequently referred to us in March 2019 for further management.

Interim history:

Patient comes in today for routine follow-up; he is here today with his wife. He feels quite well today. His constipation has resolved about which he is happy. His primary complaint is his neuropathy. It improved initially after his last chemotherapy but has reached a plateau. It affects both his hands and feet. He denies falls. It is predominantly a throbbing numb-like sensation with occasional electric shock-like sensations. Things feel differently in his hands. He types a lot for work and has noticed his typing has slowed. Otherwise he has no complaints. He denies any fevers or chills. His appetite is good; he has been gaining back weight since finishing chemotherapy. Overall he is able to perform his activities of daily living without any significant limitations. ECOG performance status remains 0.

PMH/PSH/SH/FH reviewed and updated as indicated.

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Nsaids (Non-Steroidal Anti-Inflammatory Drug) <i>Increases risk of bleeding with ONC plan per wife.</i>	
• Chlorhexidine	Other and Itching

Outpatient Medications Marked as Taking for the 10/29/19 encounter (Office Visit) with Awan, Farrukh Tauseef, MD

Medication	Sig	Dispense	Refill
• acyclovir (ZOVIRAX) 400 mg oral tablet	Take 1 Tab (400 mg total) by mouth twice daily.	60 Tab	5
• cetirizine (ZYRTEC) 10 mg oral tablet	Take 10 mg by mouth daily.		
• gabapentin (NEURONTIN) 300 mg oral capsule	Take 300 mg by mouth as directed 300 mg in the morning and afternoon. 600 mg at night.		
• multivit with iron,minerals (MULTIVITAMIN AND MINERALS	Take 1 Tab by mouth every other day.		

UTSW Fax Server 10/29/2019 6:26:48 PM PAGE 5/008 Fax Server

[REDACTED]
ORAL)

Review of Systems:

Constitutional: Positive for weight gain, fatigue and general weakness. Negative for fever, chills, weight loss, diaphoresis, night sweats and hot flashes.

HENT: Negative for nasal/sinus congestion, ear discharge, ear pain, hearing loss, oral lesions, nosebleeds, sore throat, tinnitus, trouble swallowing, loss of smell, headaches, sore mouth, dry mouth and fever blisters.

Eyes: Negative for blurred vision, double vision, photophobia, pain, discharge, redness and dry eyes.

Respiratory: Negative for snoring, cough, hemoptysis, sputum production, shortness of breath, wheezing, stridor and pain when breathing.

Cardiovascular: Negative for chest pain, palpitations, orthopnea and leg swelling.

Gastrointestinal: Negative for heartburn, nausea, vomiting, abdominal pain, diarrhea, constipation, blood in stool, melena, bowel incontinence and appetite change.

Genitourinary: Positive for nocturia. Negative for dysuria, urgency, hematuria, penile discharge, frequency, bladder incontinence and sexual dysfunction.

Musculoskeletal: Negative for back pain, falls, joint pain, myalgias and neck pain.

Skin: Negative for itching, rash, change in mole, hair loss and breast concerns.

Neurological: Positive for sensory change. Negative for dizziness, tremors, speech change, seizures, loss of consciousness and focal weakness.

Peripheral Numbness/tingling

Endo/Heme/Allergies: Positive for seasonal allergies. Negative for environmental allergies, cold intolerance, heat intolerance, polydipsia and easy bruising/bleeding.

Psychiatric/Behavioral: Positive for anxiety. Negative for depression, hallucinations, memory loss, substance abuse and insomnia.

BP 125/70 | Pulse 77 | Temp 36.9 °C (98.5 °F) (Oral) | Resp 16 | Ht 6' 2" (1.88 m) | Wt 222 lb (100.7 kg) | SpO2 97% | BMI 28.50 kg/m²

Physical Exam

Constitutional:

General: He is not in acute distress.

Appearance: He is not diaphoretic.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat:

Mouth: Oropharynx is clear and moist.

Pharynx: No oropharyngeal exudate.

Eyes:

General: No scleral icterus.

Right eye: No discharge.

Left eye: No discharge.

Extracocular Movements: EOM normal.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Musculoskeletal: Normal range of motion and neck supple.

Thyroid: No thyromegaly.

Vascular: No JVD.

Trachea: No tracheal deviation.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds. No murmur. No friction rub. No gallop.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

UTSW Fax Server

10/29/2019 6:26:48 PM PAGE 6/008 Fax Server



Breath sounds: Normal breath sounds. No stridor. No wheezing or rales.

Chest:

Chest wall: No tenderness.

Abdominal:

General: Bowel sounds are normal. There is no distension.

Palpations: Abdomen is soft. There is no mass.

Tenderness: There is no tenderness. There is no guarding or rebound.

Musculoskeletal: Normal range of motion.

General: No tenderness, deformity or edema.

Lymphadenopathy:

Head:

Right side of head: No submandibular adenopathy.

Left side of head: No submandibular adenopathy.

Cervical: No cervical adenopathy.

Upper Body:

No axillary adenopathy present.

Right upper body: No suprACLAVICULAR or epitrochlear adenopathy.

Left upper body: No suprACLAVICULAR or epitrochlear adenopathy.

Lower Body: No right inguinal adenopathy. No left inguinal adenopathy.

Skin:

General: Skin is warm and dry.

Coloration: Skin is not pale.

Findings: No erythema or rash.

Neurological:

Mental Status: He is alert and oriented to person, place, and time.

Cranial Nerves: No cranial nerve deficit.

Motor: No abnormal muscle tone.

Coordination: Coordination normal.

Gait: Gait is intact.

Psychiatric:

Mood and Affect: Mood and affect normal.

Cognition and Memory: Memory normal.

Judgment: Judgment normal.

Labs:

CBC with Differential:

Lab Results

Component	Value	Date
WBC	5.13	10/29/2019
RBC	4.24	10/29/2019
HGB	12.7	10/29/2019
HCT	38.0	10/29/2019
PLT	227	10/29/2019
MCV	89.6	10/29/2019
MCH	30.0	10/29/2019
MCHC	33.4	10/29/2019
MPV	10.1	10/29/2019
NRBC	0.0	10/29/2019
NEUTROSPCT	62.1	10/29/2019
MONOPCT	6.8	10/29/2019
LYMPHPCT	24.8	10/29/2019
EOSPCT	4.9	10/29/2019
BASOPCT	1.0	10/29/2019
LYMPHABS	1.27	10/29/2019

UTSW Fax Server 10/29/2019 6:26:48 PM PAGE 8/008 Fax Server

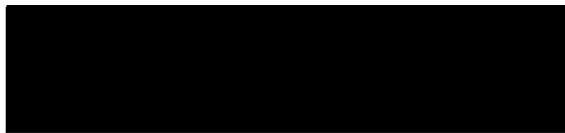


Attestation signed by [REDACTED] at 10/29/19 1825:

Attending Addendum:

Patient was seen independently and I agree with the documented history, physical exam findings, and plans. I have independently performed a 12-point review of system and examined the patient and formulated the treatment plan. I have discussed management with the team. I reviewed and edited and agree with the note. I have discussed plans with the patient and provided verbal instruction.

Patient is a 35-year-old gentleman with classic Hodgkin lymphoma with stage IIIb disease. He has completed 6 cycles of treatment with AVD plus brentuximab. Required considerable dose modifications because of side effects. Interim and end of treatment PET scan third consistent with a complete metabolic and radiologic response. Prognosis at this time is excellent. We will continue with Neurontin for neuropathy. Counts are stable. Port will be discontinued. Will follow closely with clinical evaluation. No indication for repeat imaging at this time.



AGT. Obtain: Doc. 90-2 Term Supplement	12-29
Agt: Obtain Applicant's Statement of Existing Coverage	12-29
AGT: Obtain Important Notice	12-29
AGT: Obtain Physical Measurements Exam	12-29
H.O. Referring Case to Reinsurance	01-14
HO Lab Ticket Received - Awaiting Results - Avg 7 Days	01-22
Phone Interview by H.O. Due to Amount	12-29 01-22
AGT: CHI Needed - See Email & Send to Insured	12-29 01-22
AGT: Obtain HIV Test Consent Form 17-0876 - █	12-29 12-29
AGT: Submit App Papers to Home Office	12-29 12-29
H.O. Obtaining Pharmacy Report	12-29 12-29
H.O. Obtaining Credit Based Insurance Score	12-29 12-29
H.O. ordering ReleasePoint APS from █ █	01-04 01-08
AGT: Obtain Blood Profile - Age and Amt	12-29 01-25
AGT: Obtain Urine - Due to Amount NICOTINE NEG	12-29 01-25

Please Recycle This Printed Documentation

Underwriting Documentation Report

01-28-2021

Factors

Route to: [REDACTED] [REDACTED]

PAGE: 3

FACTOR	DB	CR	NOTE
--------	----	----	------

BMI 28.9 6'03'' 231#

15

Blood pressure 117/77

15

Family history

0

TC/HDL Ratio 2.1 (110/ 53)

10

ALT (PT) 74

50

Hep neg

Hodgkin Lymphoma

999

Marijuana eaten or topical

35

Total Debits/Credits 109 25

Underwriting Documentation Report

01-28-2021

Actions

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

ACTION

NOTE

Fac Subst [REDACTED] Class UR

Rated due to lymphoma

Please Recycle This Printed Documentation

[REDACTED] Underwriting Documentation Report

01-28-2021

Documentation

Route to: [REDACTED] [REDACTED]

PAGE: 4

Date	Time	Name	Entry	Page
------	------	------	-------	------

12-30-2020	06:47am	By:	01 of 08	1 of 1
------------	---------	-----	----------	--------

Credit based insurance score received and is acceptable.

01-14-2021 03:14pm

By:

[REDACTED] [REDACTED]

02 of 08 1 of 1

SETUP:

PRIOR: [REDACTED] Complife, 01/19, \$750K, PM NT

FIN:

MED: LOV 10/18 physical

Dx 03/19 Hodgkin's Lymphoma, Will watch APS. Chemo completed 03/20

Medicinal MJ other method of use noted, 5x monthly.

Rx scan reviewed, watch APS

MIB code reviewed

LAY/OTHER:

history of relapse, would be a decline under 4 years since treatment completed. Recommend to decline, send to FAREs.

Course of Action:

Talking Points:

Please Recycle This Printed Documentation

[REDACTED] Underwriting Documentation Report

01-28-2021

Documentation

Route to: [REDACTED] [REDACTED]

PAGE: 7

Date	Time	Name	Entry	Page
01-25-2021	12:43pm	By: [REDACTED] [REDACTED]	07 of 08	1 of 1

Initiator Request: Recipient Response: need to put reinsurance companies
in workbench

01-29-2021 10:17am By: Audit Trail 08 of 08 1 of 1

CA has been reversed for policy [REDACTED]

The following actions were staged at the time CA was done:

Rated due to Hodgkins Lymphoma

Fac Subst [REDACTED] Class UR

Commission Authorized

NBPRECVP

Underwriting Documentation Report

01-28-2021

Referrals

Route to:

PAGE: 8

Created _____ Referred To _____ Referred By _____ Returned
12-30-2020 Front End Proc System 01-04-21

██████████ ██████████

Reason:

There are no documentation entries associated with this referral.

01-22-2021 Reinsurance

██████ █████

01-25-21

██████████ ██████████

Reason:

For response see documentation entry: #0007

need attention:

1. This application was submitted with an online MHQ and we have determined that a Physical Measurements Examination, along with blood and urine specimens, will be required. The examination will consist of 3 blood pressure readings along with height and weight measurements. Please let us know by 01/29 the date the exam and labs are scheduled.

Note: this is NOT a full paramedical exam - a new medical history questionnaire (MHQ) is not needed.

Please have the requirements submitted to the Home Office within the next two weeks. If you are not able to meet that deadline, please let us know when we can expect to receive them. If you have any questions or need assistance with these requirements, please contact me.

I look forward to working with you.

Thank you,

[REDACTED] [REDACTED]

Phone: ([REDACTED]) [REDACTED] - [REDACTED]

Fax: ([REDACTED]) [REDACTED] - [REDACTED]

If sending an attachment, please send as PDF document.

Thank you,

Associate with [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] is the marketing name for The [REDACTED] and its subsidiaries. [REDACTED] local office at the above address and is not a licensed insurance agent, registered representative of a broker-dealer, investment adviser representative of a registered investment adviser, or representative of a federal savings bank.

While links to other websites are provided for convenience and information, please be advised that except for information related to [REDACTED] [REDACTED] (the inclusion of, or linking to, other websites does not imply [REDACTED] endorsement of, nor responsibility for, those websites.

Your transmission of electronic mail to this address represents your consent to two-way communication by Internet email. If you received this in error, please contact the sender and delete the material from any computer on which it exists.

-----Original Message-----

From: [REDACTED]

Sent: Thursday, January 14, 2021 3:16 PM

To: [REDACTED] / [REDACTED] / [REDACTED] <[REDACTED]>

Cc: [REDACTED] / [REDACTED] <[REDACTED]>

Subject: Policy: [REDACTED] - [REDACTED] [REDACTED] 'nar'

Reply capability is now enabled for underwriting case related communication. Simply use the MS Outlook 'Reply' button. DO NOT alter the 'Subject:' of the reply message.

-----Message Follows-----

FROM: [REDACTED] [REDACTED]

Good Afternoon,

This application has been assigned to me for underwriting. We have completed our initial review and updated the DSR. The following items need attention:

1. This application was submitted with an online MHQ and we have determined that a Physical Measurements Examination, along with blood and urine specimens, will be required. The examination will consist of 3 blood pressure readings along with height and weight measurements. Please let us know by 01/29 the date the exam and labs are scheduled.

Note: this is NOT a full paramedical exam - a new medical history questionnaire (MHQ) is not needed.

Please have the requirements submitted to the Home Office within the next two weeks. If you are not able to meet that deadline, please let us know when we can expect to receive them. If you have any questions or need assistance with these requirements, please contact me.

I look forward to working with you.

Thank you,

[REDACTED]

Phone: [REDACTED]

Fax: [REDACTED]

If sending an attachment, please send as PDF document.

Please Recycle This Printed Documentation

[REDACTED] Underwriting Documentation Report

01-28-2021

Phone Calls

Route to: [REDACTED]

PAGE: 11

Date: 01-14-2021 Time: 4:09pm

To: [REDACTED] FROM: [REDACTED]

QCDT see doc

Date: 01-04-2021 Time: 12:50pm

To: AWAIT ASSIGNMENT FROM: [REDACTED]

Date: 01-25-2021 Time: 12:43pm

To: [REDACTED] FROM: [REDACTED]