

# Banner Health

## FAX COVER SHEET

Date: 9/6/2024 10:34:00 AM

Total # of Pages (including this sheet): 21

TO

Name:

Company:

Fax: 4806120177

Phone:

FROM

Department:

Phone:

Address:

Fax:

Comments: **Banner Records (SR) MRO # 88940913 Sims, Michael**

**Confidentiality Statement:** The information contained in this facsimile is confidential information belonging to (facility), which is protected by the physician-patient privilege. State Law prohibits further disclosure of this information without specific written consent of the person to whom it pertains or as otherwise permitted by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying distribution or taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this Fax in error, please notify the sender as soon as possible Thank you.

**Re-disclosure Statement For Federal Substance Abuse Cases:** This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42 CFR Part 2. The general authorization for the release of medical and other information is not sufficient for this purpose. The federal rules restrict the use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Re-disclosure Statement For Communicable Disease/HIV Cases:** This information is provided to you from confidential records which are protected by State Law that prohibits further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

89/86/24 11:35:88 5209993887

+1.480.612.8177 Banner Health System **Page 882**

Banner Health Release of Information Center  
1400 South Dotson Road, Mesa, AZ 85202  
Phone number 480-412-5600

Providers and/or staff with Clinical Connectivity access

Please use **the link** below for future continuing care requests. If your office does not have access or if you need to **update** your

access, this link will walk you through the process. ints  
Mistress babe dealtenclinical connectivity

Banner Baywood Medical Center  
Fax: 480-321-4179

**Banner Cardon Children's Medical Center**

**Fax: 480-412-8777**

**Banner Desert Medical Center**

**Fax: 480-412-8777**

**Banner Coldfield Medical Center Fax:**

**480-733-3470**

**Banner MD Anderson Cancer Center Fax:**  
**480-256-4602**

**Banner Thunderbird Medical Center Fax:**  
**602-865-5764**

**Banner Fort Collins Medical Center Fax:**  
**970-821-4377**

**McKee Medical Center Fax:**  
**970-635-4080**

**Platte County Memorial Hospital**  
**Fax: 907-322-3690**

**Washakie Medical Center Fax:**  
**307-347-6996**

**Banner Behavioral Health Hospital**  
**Fax: 480-448-7696**

**Banner Casa Grande Medical Center**  
**(formerly known as Casa Grande**

**Medical Center)**

**Fax: 520-381-6599** Banner Estrella  
Medical Center

**Fax: 623-327-5319**

**Banner Heart**  
**Flospital Fax:**  
**480-321-4179**

**Banner Mesa Medical Center**

**Fax: 480-412-8777**

**Banner - University Medical Center**  
**Phoenix (formerly known as Banner**  
**Good Samaritan Medical Center)**

**Fax: 602-839-61530**

**Banner Lassen Medical Center Fax:**  
**530-252-2226**

**North Colorado Medical Center Fax:**  
**970-392-2083**

**Sterling Regional Medical**  
**Center Fax:**

**970-521-3279**

**Banner University Medical Center**  
Tucson- Main

Fax: 520-223-8439

**Banner Wyoming Medical  
Center Fax: 307-233-8133**

**Banner Boswell Medical Center Fax:**  
623-832-5488

**Banner Del E. Webb Medical Center Fax:**  
**623-524-4112**

**Banner Gateway Medical Center Fax:**  
480-543-2252

**Banner Ironwood Medical Center Fax:**  
**480-394-6715**

**Banner Page**  
Hospital Fax:  
**602-865-5764**

**Banner Churchill Community  
Hospital**  
**Fax: 775-423-8716**

**East Morgan County Hospital Fax:**  
**970-842-4827**

**Ogallala Community Hospital**  
Fax: 308-284-7239

**Torrington Community Hospital**  
Fax: 307-532-5381

**Banner University Medical Center**  
Tucson-South  
**Fax: 520-223-8391**

**For Substance abuse Cases:** This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42 CFR Part 2. The general authorization for the release of medical and other information is not sufficient for this purpose. The federal rules restrict the use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**For Communicable Disease cases:** This information is provided to you from confidential records which are protected by Arizona State Law that prohibits further disclosure of this Information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A.R.S. Section 36-664 (f)(G).

This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 231). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

89/86/24 11:35:38 5289993887

**Banner Health**

BANNER ESTRELLA MEDICAL CENTER

9201 W Thomas Rd  
Phoenix, AZ 85037-3332

**Patient Location:** OPS- Outpatient Surgery  
**Attending Physician:** CHEHVAL DO,VINCENT ANDREW

**Substance: No known MEDICATION allergies**

Recorded Date/Time

12/27/2023 08:25 MST

+1.488.612.8177 Banner Health System Page 003

**Patient:** SIMS, MICHAEL JON

**DOB:** 8/3/1952 **Sex:** Male

**MR#:**

**FIN:**

892813

45256864

**Admit Date:** 12/28/2023

**Arrival Time:** 09:34 MST **Discharge**

**Date:** 12/28/2023 **Patient**

**Type:** Outpatient

#### **ALLERGY LIST**

**Age:** 72 years

09:34 MST

**Allergy Type:** Allergy; **Reaction Status:** Active; **Information Source:** Family; **Reviewed Date/Time:** 12/28/2023 12:11 MST; **Reviewed By:** DeLeon RN,Girlyn L; **Category:** Drug;

#### **PROBLEM LIST**

Problem Name: **AA (aortic aneurysm)**

**Life Cycle Status:** Active

**Last Updated:** 12/27/2023 08:34 MST

**Code:** 111949011; **Confirmation:** Confirmed; **Course:** ; **Persistence:** ; **Prognosis:** ; **Onset Date:**

Problem Name: **Heart murmur**

**Life Cycle Status:** Active

**Last Updated:** 12/27/2023 08:35 MST

ANALYSIS

**Code:** 146919019; **Confirmation:** Confirmed; **Course:** ; **Persistence:**; **Prognosis:**; **Onset Date:**

Problem Name: **Hematuria**

**Life Cycle Status:** Active

**Last Updated:** 12/27/2023 08:26 MST

**Code:** 485846015; **Confirmation:** Confirmed; **Course:** ; **Persistence:** ; **Prognosis:** ; **Onset Date:**

Problem Name: **Hypertension**

**Life Cycle Status:**

Active

**Last Updated:** 12/27/2023 08:34 MST

**Code:** 1215744012; **Confirmation:** Confirmed; **Course:** ; **Persistence:** : **Prognosis:** ; **Onset Date:**

Problem Name: **Prostate cancer**

**Life Cycle Status:** Active

**Last Updated:** 12/27/2023 08:26 MST

**Code:** 1774579013; **Confirmation:** Confirmed; **Course:**; **Persistence:** ; **Prognosis:** ; **Onset Date:**

L = Low H = High **Printed:** 9/6/2024

10:22 MST

C = Critical

= Abnormal

A = Interpretive Data Page 1 of 14

c = Corrected

f = Footnote

**Report Request ID:**  
1074258831

89/86/24 **11:35:56** 5289993887

**Banner Health**

BANNER ESTRELLA MEDICAL CENTER  
9201 W Thomas Rd  
Phoenix, AZ 85037-3332

+1.480.612.8177 Banner Health System Page 004

**Patient:** SIMS, MICHAEL JON

**DOB:** 8/3/1952 **Sex:** Male

**MR#:** 892813

**Patient Location:** 55 OPS

**Age:** 72 years

**Attending Physician:** CHEHVAL DO,VINCENT ANDREW

**Admin Date/Time:** 12/28/2023 10:22 MST

MAR

*Medications*

Medication Name: **chlorhexidine topical**

**(Peridex)** Charted Date/Time: **12/28/2023 10:22 MST**

**Ingredients:** CHLOUDQ15 0.018 Gm 15 mL

**Admin Details:** (**Auth**) Swish and Spit

**Action Details:** Order: CHEHVAL DO,VINCENT ANDREW 12/28/2023 10:21 MST; Perform: Ith RN,Gina 12/28/2023 10:22 MST; VERIFY: Ith RN,Gina 12/28/2023 10:22 MST

**Admin Date/Time:** 12/28/2023 10:49 MST

Medication Name: **fentaNYL**

Charted Date/Time: **12/28/2023 10:58 MST**

**Ingredients:** FENTI2 100 mcg 2 mL

**Admin Details:** (**Auth**) IV Push

**Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:49 MST; Perform: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:57 MST; VERIFY: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:57 MST

**Admin Date/Time:** 12/28/2023 10:55 MST

Medication Name: **propofol**

Charted Date/Time: **12/28/2023 11:08 MST**

**Ingredients:** PROPI20SDV 150 mg 15 mL

**Admin Details:** (Auth) IV Push

**Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:55 MST; Perform: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST; VERIFY: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST

**Admin Date/Time:** 12/28/2023 10:55 MST

Medication Name: **lidocaine**

Charted Date/Time: **12/28/2023 11:08 MST**

**Ingredients:** LI20SYS 50 mg 2.5 mL

**Admin Details:** (Auth) IV Push

**Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:55 MST; Perform: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST; VERIFY: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST

**Admin Date/Time:** 12/28/2023 11:00 MST

Medication Name: **ondansetron**

Charted Date/Time: **12/28/2023 11:08 MST**

**Ingredients:** ONDA212PFSDV 4 mg 2

mL

**Admin Details:** (Auth) IV Push

**Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:00 MST; Perform: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST; VERIFY: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST

L = Low H = High Printed:

9/6/2024 10:22 MST

C = Critical

= Abnormal

A

^ = Interpretive Data Page 2 of 14

c = Corrected

f = Footnote

**Report Request ID:**

1074258831

89/86/24 11:36:28 **5209993887**

**Banner Health**

BANNER ESTRELLA MEDICAL CENTER

9201 W Thomas Rd

Phoenix, AZ 85037-3332

**Patient:** SIMS, MICHAEL JON

8/3/1952 **Sex:** Male

**DOB:**

**Age:** 72  
years

**MR#:**

892813

**Patient** Location: 55 OPS

**Attending Physician:** CHEHVAL DO,VINCENT ANDREW

MAR

**Medications**

**Admin Date/Time:** 12/28/2023 11:00 MST

Medication Name: **dexAMETHasone**

Charted Date/Time: **12/28/2023 11:08 MST**

**Ingredients:** DEXA415MDV 4 mg 1 mL

**Admin Details:** (Auth) IV Push

**Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:00 MST; Perform: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST; VERIFY: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST

**Admin Date/Time:** 12/28/2023 11:01 MST

Medication Name: **cefTRIAxone (Rocephin)** Charted

Date/Time: **12/28/2023 11:01 MST** **Ingredients:**

NS50MBP 50 mL; ceftri1000 1 Gm

**Admin Details:** (Auth) IV Piggyback, Arm, Right

**Action Details:** Order: CHEHVAL DO,VINCENT ANDREW 12/28/2023 09:32 MST; Perform: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:01 MST; VERIFY: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:01 MST

**Admin Date/Time:** 12/28/2023 11:16 MST

Medication Name: **morphine**

Charted Date/Time: **12/28/2023 11:23 MST**

**Ingredients:** MS4SY 4 mg 1 mL

**Admin Details:** (Auth) IV Push

**Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:16 MST; Perform: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:23 MST; VERIFY: SCHLOSSER MD, RANDAL RAY 12/28/2023 11:23 MST

**Admin Date/Time:** 12/28/2023 11:45 MST

**Medication Name:** Lactated Ringers Injection intravenous solution

Charted Date/Time: **12/28/2023 11:46 MST**

**Ingredients:** LR1000 900 mL 900 mL

**Admin Details:** (Auth) IV Cont Infusion

**Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:39 MST; Perform: SCHLOSSER MD, RANDAL RAY 12/28/2023 11:45 MST; VERIFY: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:45 MST

**Admin Date/Time:** 12/28/2023 11:54 MST

Medication Name: fentaNYL

Charted Date/Time: **12/28/2023 11:54 MST**

**Ingredients:** FENTI2 25 mcg 0.5 mL

**Admin Details:** (Auth) IV Push, Hand, Left

Numeric Rating Pain Scale: 3 = Mild pain; Pasero Opioid Induced Sedation Scale: 1 = Awake and alert

**Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:38 MST; Perform: Nelson RN,Adrienne 12/28/2023 11:54 MST; VERIFY: Nelson RN, Adrienne 12/28/2023 11:54 MST

**Reason for Medication:** Nelson RN,Adrienne 12/28/2023 11:54 MST Pain -

Mild

C = Critical

L = Low H = High **Printed:**

9/6/2024 10:22 MST

Abnormal

A

^ = Interpretive Data Page 3 of 14

Corrected **Report Request ID:**

f= Footnote

1074258831

89/86/24 11:37:82 5289993087

Banner Health

BANNER ESTRELLA MEDICAL CENTER  
9201 W Thomas Rd

Phoenix, AZ 85037-3332

+1.488.612.8177 Banner Health System Page 886

**Patient:** SIMS, MICHAEL JON

**DOB:** 8/3/1952 **Sex:** Male

MR#:

**Age:** 72 years

892813

**Patient Location:** 55 OPS

**Attending Physician:** CHEHVAL DO,VINCENT ANDREW

**MAR**

*Medications*

**Admin Date/Time:** 12/28/2023 11:57 MST

Medication Name: **fentaNYL**

Charted Date/Time: **12/28/2023 12:02 MST**

**Ingredients:** FENTI2 25 mcg 0.5 mL

**Admin Details:** (Auth) IV Push, Hand, Left

Numeric Rating Pain Scale: 6 = Moderate pain; Pasero Opioid Induced Sedation Scale: 1 = Awake and alert

**Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:38 MST; Perform: Nelson RN,Adrienne 12/28/2023 12:02 MST; VERIFY: Nelson RN,Adrienne 12/28/2023 12:02 MST

**Reason for Medication:** Nelson RN,Adrienne 12/28/2023 12:02 MST

Pain - Mild

**Result Comment:** Nelson RN,Adrienne 12/28/2023 12:02 MST

Breakthrough pain

**Admin Date/Time:** 12/28/2023 12:01 MST

Medication Name: **fentaNYL**

Charted Date/Time: **12/28/2023 12:02 MST**

**Ingredients:** FENTI2 25 mcg 0.5 mL

**Admin Details:** (Auth) IV Push, Hand, Left

Numeric Rating Pain Scale: 6 = Moderate pain; Pasero Opioid Induced Sedation Scale: 1 = Awake and alert

**Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:38 MST; Perform: Nelson RN,Adrienne 12/28/2023 12:02 MST; VERIFY: Nelson RN,Adrienne 12/28/2023 12:02 MST

**Reason for Medication:** Nelson RN,Adrienne 12/28/2023 12:02 MST

Pain - Mild

**Result Comment:** Nelson RN,Adrienne 12/28/2023 12:02 MST

break through pain

**Admin Date/Time:** 12/28/2023 12:12 MST

Medication Name: **HYDROmorphine**

Charted Date/Time: **12/28/2023 12:13 MST**

**Ingredients:** HYDR1SY 0.5 mg 0.5 mL

**Admin Details:** (Auth) IV Push, Hand, Left

Numeric Rating Pain Scale: 10 = Severe pain; Pasero Opioid Induced Sedation Scale: 1 = Awake and alert

**Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:38 MST; Perform: DeLeon RN,Girlyn L 12/28/2023 12:13 MST; VERIFY: DeLeon RN,Girlyn L 12/28/2023 12:13 MST

**Reason for Medication:** DeLeon RN,Girlyn L 12/28/2023  
12:13 MST Pain - Severe

L = Low H = High Printed:

9/6/2024 10:22 MST

C = Critical

= Abnormal

^ = Interpretive Data Page 4 of 14

A

c = Corrected

f = Footnote

**Report Request ID:** 1074258831

89/86/24 11:37:26 **5209993887**

**Banner Health**

BANNER ESTRELLA MEDICAL CENTER  
9201 W Thomas Rd  
Phoenix, AZ 85037-3332

**C**

**Admin Date/Time:** 12/28/2023 12:15 MST

Medication Name: **fentaNYL**

+1.480.612.8177 Bammer Health System **Page 887**

**Patient:** SIMS, MICHAEL JON

**DOB:** 8/3/1952 **Sex:** Male

**MR#:**

892813

**Patient Location:** 55 OPS

**Age:** 72 years

**Attending Physician:** CHEHVAL DO,VINCENT ANDREW

*MAR*

*Medications*

Charted Date/Time: **12/28/2023 12:15 MST**

**Ingredients:** FENTI2 25 mcg 0.5 mL

**Admin Details:** (Auth) IV Push, Hand, Left

Numeric Rating Pain Scale: 10 = Severe pain; Pasero Opioid Induced Sedation Scale: 1 = Awake and alert

**Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:38 MST; Perform: DeLeon RN,Girlyn L 12/28/2023 12:15 MST; VERIFY: DeLeon RN,Girlyn L 12/28/2023 12:15 MST

**Result Comment:** DeLeon RN,Girlyn L 12/28/2023 12:15 MST

breakthrough pain

**Reason for Medication:** DeLeon RN,Girlyn L 12/28/2023 12:15 MST

Pain - Mild

**Admin Date/Time:** 12/28/2023 12:17 MST

Medication Name: **phenazopyridine**

(**Pyridium**) Charted Date/Time: **12/28/2023 12:17 MST**

**Ingredients:** PHENAZO100T 100 mg 1 tab

**Admin Details:** (Auth) Oral

**Action Details:** Order: CHEHAL DO,VINCENT ANDREW 12/28/2023 11:50 MST; Perform: DeLeon RN,Girlyn L 12/28/2023 12:17 MST; VERIFY: DeLeon RN,Girlyn L 12/28/2023 12:17 MST

**Admin Date/Time:** 12/28/2023 12:21 MST

Medication Name: **meperidine (Demerol HCl)**

Charted Date/Time: **12/28/2023 12:22 MST**

**Ingredients:** MEPE25SY 12.5 mg 0.5 mL

**Admin Details:** (Auth) IV Push, Hand, Left

Numeric Rating Pain Scale: 10 = Severe pain; Pasero Opioid Induced Sedation Scale: 1 = Awake and alert

**Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:38 MST; Perform: DeLeon RN, Girlyn L 12/28/2023 12:22 MST; VERIFY: DeLeon RN, Girlyn L 12/28/2023 12:22 MST

**Result Comment:** DeLeon RN,Girlyn L 12/28/2023 12:22 MST

mild shivering

**Reason for Medication:** DeLeon RN,Girlyn L 12/28/2023

12:22 MST Shivering

C = Critical

L = Low H = High Printed:

9/6/2024 10:22 MST

\* Abnormal

A

^ = Interpretive Data Page 5 of 14

Corrected

f = Footnote

**Report Request ID:**  
1074258831

**89/86/24 11:37:49 5289993887**

**Banner Health**

BANNER ESTRELLA MEDICAL CENTER  
9201 W Thomas Rd  
Phoenix, AZ 85037-3332

+1.480.612.8177 Banner Health System Page 888

**Patient:** SIMS, MICHAEL JON

8/3/1952 **Sex:** Male

**DOB:**

**MR#:**

892813

**Patient Location:** 55 OPS

**Age:** 72 years

**Attending Physician:** CHEHVAL DO, VINCENT ANDREW

*MAR*

*Medications*

**Admin Date/Time:** 12/28/2023 12:28 MST

**Medication Name:** meperidine (Demerol HCl)

Charted Date/Time: 12/28/2023 12:29 MST

**Ingredients:** MEPE25SY 12.5 mg 0.5 mL

**Admin Details:** (Auth) IV Push, Hand, Left

Numeric Rating Pain Scale: 8 = Severe pain; Pasero Opioid Induced Sedation Scale: 1 = Awake and alert

**Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:38 MST; Perform: DeLeon RN,Girlyn L 12/28/2023 12:29 MST; VERIFY: DeLeon RN,Girlyn L 12/28/2023 12:29 MST

**Result Comment:** DeLeon RN,Girlyn L 12/28/2023 12:29 MST

shivering

**Reason for Medication:** DeLeon RN, Girlyn L 12/28/2023 12:29 MST

Shivering

**Admin Date/Time:** 12/28/2023 13:16 MST Medication

Name: **meperidine (Demerol HCl)** Charted

Date/Time: **12/28/2023 13:19 MST Admin Details:**

**(Not Done)** Task Duplication Pain/Sedation

Reassessment PF

**Action Details:** Perform: DeLeon RN,Girlyn L 12/28/2023 13:16 MST

**Admin Date/Time:** 12/28/2023 13:16 MST

Medication Name: **meperidine**

**(Demerol HCl)** Charted Date/Time: **12/28/2023 13:19**

**MST Admin Details:** **(Not Done)** Task

Duplication

Pain/Sedation Reassessment PF

**Action Details:** Perform: DeLeon RN,Girlyn L 12/28/2023 13:16 MST

**Admin Date/Time:** 12/28/2023 13:16 MST

Medication Name: **HYDROmorphine**

Charted Date/Time: **12/28/2023 13:19 MST**

**Admin Details:** **(Not Done)** Task Duplication

Pain/Sedation Reassessment PF

**Action Details:** Perform: DeLeon RN,Girlyn L 12/28/2023 13:16 MST

**Admin Date/Time:** 12/28/2023 13:16 MST

Medication Name: **fentaNYL**

Charted Date/Time: **12/28/2023 13:19 MST**

**Admin Details:** **(Not Done)** Task Duplication

Pain/Sedation Reassessment PF

**Action Details:** Perform: DeLeon RN,Girlyn L 12/28/2023 13:16 MST

**Printed:**

H = High C = Critical

9/6/2024 10:22 MST

\* = Abnormal

^ = Interpretive Data Page 6 of 14

A

c = Corrected

f = Footnote **Report Request ID:** 1074258831

89/86/24 11:38:16 5289993087

**Banner Health**

BANNER ESTRELLA MEDICAL CENTER  
9201 W Thomas Rd  
Phoenix, AZ 85037-3332

+1.488.612.8177 Banner Health System **Page** 009

*MAR*

**Patient:** SIMS, MICHAEL JON

**DOB:** 8/3/1952 **Sex:** Male

**MR#:**

892813

**Patient Location:** 55 OPS

**Age:** 72 years

**Attending Physician:** CHEHVAL DO,VINCENT ANDREW

**Admin Date/Time:** 12/28/2023 13:16 MST

Medication Name: **fentaNYL**

Charted Date/Time: **12/28/2023 13:19 MST**

*Medications*

**Admin Details: (Not Done)** Task Duplication

Pain/Sedation Reassessment PF

**Action Details:** Perform: DeLeon RN,Girlyn L 12/28/2023 13:16 MST

**Admin Date/Time:** 12/28/2023 13:16 MST

Medication Name: **fentaNYL**

Charted Date/Time: **12/28/2023 13:19 MST**

**Admin Details: (Not Done)** Task Duplication

Pain/Sedation Reassessment PF

**Action Details:** Perform: DeLeon RN,Girlyn L 12/28/2023 13:16 MST

**Admin Date/Time:** 12/28/2023 13:16 MST

Medication Name: **fentaNYL**

Charted Date/Time: **12/28/2023 13:19 MST**

**Admin Details: (Not Done)** Task Duplication

Pain/Sedation Reassessment PF

**Action Details:** Perform: DeLeon RN,Girlyn L 12/28/2023 13:16 MST

#### *Continuous Infusions*

**Admin Date/Time:** 12/28/2023 10:21 MST

Medication Name: **Sodium Chloride 0.9% Intravenous solution 1,000 mL**

Charted Date/Time: **12/28/2023 10:21 MST**

**Ingredients:** NS1000LVP 1000 mL

**Admin Details: (Begin Bag) (Auth)** 1000 mL, 100 mL/hr, Arm, Left

**Action Details:** Order: CHEVAL DO,VINCENT ANDREW 12/28/2023 09:32 MST; Perform: Ith RN, Gina 12/28/2023 10:21 MST;  
VERIFY: Ith RN,Gina 12/28/2023 10:21 MST

#### **HISTORY AND PHYSICAL PERTINENT REPORT**

L = Low H = High C = Critical

**Printed:** 9/6/2024 10:22 MST

Abnormal

A

^ = Interpretive Data Page 7 of 14

c = Corrected

**Report Request ID:**

f = Footnote

1074258831

+1.480.612.8177 Banner Health System Page 818

89/86/24 11:38:38 5289993887

\* Auth (**Verified**)

\*

Facility:

Patient:  
113960 - Michael Sims

DOB:  
08/03/1952

SSN:

Date:  
Provider:  
345-44-6230

12/26/2023 14:00  
Chehval, Vincent A. DO

Encounter:  
New Patient

#### ACTIVE PROBLEMS & CONDITIONS

- Gross Hematuria
  - History of Prostate Gland Neoplasm
- Malignant

Malignant neoplasm of prostate - Gleason **3+3** in **1/12** cores at the **right apex**

#### CHIEF COMPLAINT

- Hematuria

#### REFERRED HERE

referred here.

#### HISTORY OF PRESENT ILLNESS

Michael **Sims** is a **71** year old male.  
Medication list reviewed.

SIMS,  
MICHAEL JON  
MR **08-92-813** 08/03/52  
SVC  
Accl] 00045256864 12/28/23  
**M 071Y**

BANNER  
**LABEL**

CMC

**12/26/23:** Here to discuss gross hematuria. **Reports began to have difficulty urinating and grossly bloody** urine about **8** days ago. He eventually went **to** the emergency room

and a catheter was placed **which** revealed significant hematuria. **He** was started on light irrigation and his urine reportedly cleared so he was discharged however the hematuria has persisted. Of note, he also reports a **history of prostate cancer. He reports this was** diagnosed about **7 years ago** however records indicate **that** it was actually a **little less than 6** years ago in 2/2018. **Reports** he underwent external radiation therapy with brachy therapy simultaneously shortly **after** his diagnosis.

#### CURRENT MEDICATION

\* AmLODIPine **Besylate** 10MG Oral **Tablet** 10 MG 0 days, 0 refills

Losartan Potassium 100 MG Oval **Tablet** 0 days, 0 refills

Tamsulosin HCl 0.4MG Oral Capsule 0.4 MG **twice a day** sig i tab PO BID, **90 days, 3** refills

#### PAST MEDICAL/SURGICAL HISTORY

##### Diagnoses:

Prostate cancer

#### SOCIAL HISTORY

Tobacco use: Not a current smoker.

Alcohol: No consumption of alcohol.

Drug Use: **Not** using drugs.

Work: Occupation

Pastor. Marital:

Currently married.



89/86/24 11:38:51 5289993087



Pattent:

DOB:

SSN:

Date:

Provider:

Encounter:

113960 - Michael Sims  
08/03/1952  
345-44-6230

12/26/2023 14:00  
Chehval, Vincent A. DO  
New Patient

#### ALLERGIES

- No Known Allergies

#### FAMILY HISTORY

3 children  
**No** diagnosis of  
nephrolithiasis  
No diagnosis of bladder  
cancer No diagnosis of  
kidney cancer

Paternal:

+1.480.612.8177 Banner Health System Page **811**

Auth (**Verified**)

\*

SIMS, MICHAEL

JON

MR

SVC

**No** diagnosis **of** prostate  
cancer

08-92-813 08/03/52 071Y M Acct

00045256864 12/28/23

BANNER LABEL EMC

REVIEW OF SYSTEMS

Systemic: No fever, no **chills**, and no night  
sweats.

Head: No headache.

Neck: No lump or swelling **in** the  
neck.

Eyes: No blurry vision **and** no eye  
pain.

Otolaryngeal: **No** hearing loss and no chronic discharge from ears. No  
sore throat.

Cardiovascular: No chest pain or  
discomfort.

Pulmonary: No dyspnea, no cough, and **no**  
wheezing.

Gastrointestinal: No dysphagia and **no** heartburn. No jaundice, no diarrhea, and no constipation.

Genitourinary: Hematuria **throughout urination**. **No** increase in urinary  
frequency and no

**sudden** urinary urgency. No incomplete emptying of bladder and no  
urinary incontinence. Dysuria. No flank pain.

Endocrine: **No** polydipsia, no temperature intolerance, **and no** generalized  
muscle weakness. Hematologic: No easy **bleeding**.

Musculoskeletal: **No** lower back pain and no lower leg pain **in** blue

swollen veins. **No**

arthralgia

s.

Neurological: No dizziness and no limb weakness.

Skin: No **pruritus**. No akin lesions.

#### **PHYSICAL FINDINGS**

General Appearance:

\*Not ill-appearing. In no acute distress.

Head:

Injuries: ° No evidence of **a** head **injury**,

Appearance: \* No skull deformity.

Neck:

聽 **No carotid** bruits.

**Thyroid:** \* Not diffusely enlarged.

Pharynx:



89/86/24 11:39:84 5209993087

+1.480.612.8177 Banner Health System Page 812

\* Auth (Verified)

\*

Facility:

Parent:  
113960 - Michael Sims  
DOB:  
08/03/1952  
SSN:  
345-44-6230

**SIMS, MICHAEL  
JON**

MR  
08-92-813 **08/03/52**

Date:  
12/26/2023 14:00

SVC

Provider:  
Cheval, Vincent A. DO  
Encounter:  
New Patient

M **071Y**  
"Acct | 00045256864 12/28/23  
EMC

BANNER LABEL

Oropharynx: \* Not  
**inflamed.**

Obstructions:

Obstructions: \* Airway **was not completely**  
obstructed.

Lungs:

\* No shallow respiration was **observed**. \* No wheezing  
was heard.

Back:

"No swelling. "No costovertebral angle  
tenderness.

Abdomen:

Visual Inspection: \* Abdomen was not  
**distended.**

**Palpation:** \* No abdominal guarding. \* **Abdominal**  
non-tender.

Urinary System:

Bladder: \* Not distended.

Musculoskeletal System:

Lower Leg:

General/bilateral: \* **No** localized swelling **of** lower leg

Musculoskeletal **Scales:**

General/bilateral: \* Gait normal,

Neurological

:

Cranial Nerves: \* Reviewed Cranial Nerves **II-XII** normal.

Motor: \* No paresis was

seen.

Psychiatric:

\* Mood was not labile.

Thought Processes: \* Evaluation of connectedness showed no deficiency.

Skin:

**Turgor** was not decreased. \*No ecchymosis **on** the flank. "**No** cyanosis. \* No jaundice.

Skin/Hair Changes  
absent.

\*

ASSESSMENT

71-year-old male with a history **of** prostate cancer treated with XRT and **brachy** in 2018 **here** today **due to gross** hematuria. **We** discussed performing a cystoscopy **but** he **reports** he will need **to be** asleep **for this**. **If he is** going to be asleep we discussed performing any indicated procedures during the cystoscopy including but not limited to: Possible TURBT, possible TURP, **possible** fulguration of bleeding, and possible catheter reinsertion. **The risks and benefits of all** these procedures were discussed including but not limited **to**: Bleeding, pain, infection, damage **to** surrounding structures, possible **need** for additional procedures, possible need for a catheter placement postoperatively, and other anesthetic **risks**. **We** did also discuss starting finasteride **5 mg** daily and he would like to try **this**. **He** is currently taking aspirin **81 mg** **which** I asked him to stop.

-Available records reviewed.

THERAPY

- Education and instructions.



89/06/24 11:39:28 **5289993887**

12/27/2023 WBD 14:08 FAX

+1.480.612.8177 Banner Health System Page **813**

\* Auth (Verified) \*

Q005/005



Patient:  
**113960 - Michael Sims**

DOB:  
08/03/1952

SSN:  
345-44-6230

Date:  
12/26/2023 14:00

Provider:  
Chehval, Vincent A. DO

MA  
**SIMS, MICHAEL**  
JON

08-92-813 08/03/52

SVC

Encounter:  
New Patient

M 071Y  
**Acct 00045256864 12/28/23**  
EMC

- Clinical summary provided to patient.

BANNER LABEL

#### PLAN

- Gross hematuria  
Surgery/Adult Urology: Cysto, bladder biopsy, bilateral RPG

Other  
Water For Irrigation, **Sterile** mL 4 times pm, **30 days, 3** refills  
Finasteride **5** MG tablet 1 tab daily, **30 days, 0** refills

-Continue indwelling catheter  
-Stop aspirin  
-start finasteride **5** mg daily  
-Plan for cystoscopy with possible fulguration **of** bleeding, possible transurethral resection of bladder tumor, possible transurethral resection of the prostate

Vincent A. Chehval DO  
Electronically signed by: Vincent Cheval, DO Date:

12/26/2023 16:26

Signature  
Date

History Physical Patient, Seef and Ex

| No Changes  
See Aptes  
HD Progress  
Note

Page 4

Time-

10. 1Jhin

Signed By: CNRIVAL BO, VINCENT  
ANDREW

**Banner Health**

BANNER ESTRELLA MEDICAL CENTER  
9201 W Thomas Rd  
Phoenix, AZ 85037-3332

+1.480.612.8177 Bammer Health System Page **014**

**Patient:** SIMS, MICHAEL JON

**DOB:** 8/3/1952 **Sex:** Male

**MR#:**

892813

**Patient Location:** 55 OPS

**Age:** 72 years

Document Name:

Result Status:

Signed By:

Service Date/Time :

**Attending Physician:** CHEHVAL DO,VINCENT ANDREW

#### ***OPERATIVE/PROCEDURE REPORTS - PERTINENT REPORT***

.Operative Note

Auth (Verified)

CHEHVAL DO,VINCENT ANDREW (1/3/2024 11:45 MST)  
12/28/2023 09:34 MST

#### **Operative Report**

DATE OF BIRTH: 08/03/1952

Operative Report

DATE OF SERVICE:

12/28/2023

PREOPERATIVE DIAGNOSIS:

Clot retention of urine with gross hematuria and a personal history of prostate cancer.

POSTOPERATIVE DIAGNOSIS:

Clot retention of urine with gross hematuria and a personal history of prostate cancer.

PROCEDURE PERFORMED:

**Cystoscopy with clot evacuation and fulguration of bleeding.**

SURGEON:

Vincent Chehval, DO.

ASSIS  
TANT: **None.**

FINDINGS:

Large amount of blood clot within the bladder, which was all irrigated out. Bleeding was noted from the anterior and right bladder neck, and fulguration was performed. Notable irritation of the membranous urethra was noted upon insertion of the cystoscope.

SPECIMENS REMOVED:

None.

ESTIMATED BLOOD LOSS:

Fifty mL of clot,

ANESTHESIA:

General.

COMPLICATIONS:

None.

INDICATIONS FOR PROCEDURE:

This patient is a 71-year-old male with a history of prostate cancer treated with radiation in 2018.

He reports receiving both external radiation and brachytherapy. A little over a week ago he began to have gross hematuria and went to an outside emergency room where a catheter was placed.

L = Low

**Printed:**

H = High C = Critical

9/6/2024 10:22 MST

Abnormal

^ = Interpretive Data Page 12 of 14

c = Corrected

f = Footnote Report Request ID: 1074258831

89/86/24 11:39:43 5289993887

**Banner Health**

BANNER ESTRELLA MEDICAL CENTER

9201 W Thomas Rd  
Phoenix, AZ 85037-3332

+1.480.612.8177 Banner Health System Page 815

**Patient:** SIMS, MICHAEL JON

**DOB:** 8/3/1952 **Sex:** Male

**MR#:**

892813

**Patient Location:** 55 OPS

**Age:** 72 years

**Attending Physician:** CHEHVAL DO,VINCENT ANDREW

***OPERATIVE/PROCEDURE REPORTS - PERTINENT REPORT***

He reports his urine did eventually clear and he was sent home. However, he has had persistent gross hematuria into his catheter bag with clots since then. We discussed management options in the office including cystoscopy. He reports he will need to be asleep for this. We discussed performing a cystoscopy with clot evacuation, fulguration of bleeding, possible TURBT, and possible TURP

The risks and benefits were discussed including, but not limited to, bleeding, pain, infection, damage to surrounding structures, possible need for additional procedures, recurrence of the bleeding and other anesthetic risks. He expressed understanding and agreed to proceed.

**DESCRIPTION OF PROCEDURE:**

After written and verbal informed consent was obtained, the patient was brought to the operative suite and placed supine on the OR table. General anesthesia was induced, and he was then positioned in modified dorsal lithotomy position with all pressure points padded. The patient's groin was prepped and draped in a standard sterile fashion and a formal timeout was performed to confirm proper patient, procedure, and administration of preoperative antibiotics.

I began by inserting a lubricated rigid cystoscope through the patient's urethra into the bladder. Immediately upon entering the membranous urethra a significant amount of friable, inflamed tissue was noted. Once within the bladder a large amount of clot was identified.

Next, using a Toomey syringe, the clot was systematically irrigated out of the bladder. A very large amount of clot was irrigated out.

After this had been completed, I turned my attention to cystoscopy. However, there was still some bleeding occurring which made visualization difficult. Therefore, the decision was made to remove the cystoscope and insert a resectoscope with continuous flow.

The cystoscope was removed, and with the aid of the visual obturator a resectoscope sheath was

advanced through the patient's urethra into the bladder. With continuous irrigation I was able to identify significant bleeding from the anterior bladder neck and right bladder neck. The remainder of the bladder was surveyed and no tumors or other abnormalities were seen aside from bladder trabeculation.

Next, the button cautery was affixed to the resectoscope, and I began with systematic fulguration of bleeding along the bladder neck. Essentially the entire bladder neck was fulgurated as it was noted to be friable and bleeding, particularly along the anterior and right side. The ureters were noted to be well clear of the fulguration sites.

After this had been completed, the bladder was then again meticulously surveyed with both the 30- and 70-degree lenses once visualization had improved. No tumors or other abnormalities were seen. There was mild catheter-associated cystitis along the posterior wall, but no other abnormalities.

After this had been completed, I carefully observed the area of fulguration with irrigation on and off and with the bladder filled and emptied, and excellent hemostasis was ensured. After this had been completed, the bladder was left partially inflated and the resectoscope was removed.

L = Low H = High C = Critical Printed:

9/6/2024 10:22 MST

Abnormal

^ = Interpretive Data Page 13 of 14

c - Corrected

### Report Request

ID:

f = Footnote

1074258831

89/86/24 11:48:04 5289993887

**Banner Health**

BANNER ESTRELLA MEDICAL CENTER

9201 W Thomas Rd

Phoenix, AZ 85037-3332

+1.480.612.8177 Banner Health System Page 816

**Patient:** SIMS, MICHAEL JON

DOB:

8/3/1952 **Sex:** Male

MR#:

892813

**Patient Location:** 55 OPS

**Age:** 72 years

**Attending Physician:** CHEHVAL DO, VINCENT ANDREW

### **OPERATIVE/PROCEDURE REPORTS - PERTINENT REPORT**

Uro-Jet was injected through the urethra and a 24-French 3-way catheter was inserted through the urethra into the bladder. The balloon was inflated with 25 mL of sterile water and the catheter was hooked to gravity drainage. The third port was capped and excellent drainage of clear efflux was observed.

At this point the procedure was complete. The patient was taken out of dorsal lithotomy position, awoken from general anesthesia and brought to recovery room in stable condition having tolerated the procedure well with no complications.

Vincent A Chehval, DO

VAC:gw  
D: 12/28/2023 11:56  
T: 12/28/2023 13:07  
36268167/306427222

*Electronically Signed on 01/03/2024 11:45 MST*

CHEHVAL DO, VINCENT ANDREW

#### **GLUCOSE POINT OF CARE**

Glucose Point of Care

### Collected Date

## Collected Time

12/28/2023  
11:44 MST

12/28/2023  
10:01 MST

1 Inits

Glucose POC

## Glucose Comments POC

### Specimen Type

POC

108 Bedside Glucose

## Capillary

## 100 Bedside Glucose

mg/dL

Reference Range [70-115]

## Capillary

L = Low H = High **Printed:** 9/6/2024  
10:22 MST

C = Critical

Abnormal

A

^ = Interpretive Data Page 14 of 14

c = Corrected

f = Footnote

**Report Request ID:** 1074258831

89/86/24 11:48:18 5209993887

neau

22 Dawei real!

+1.480.612.8177 Banner Health **System** Page 817

#### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

You can access most *of* your health information directly through *our* patient portal (Banner Health App on *Android* or Apple device) or <https://account.bannerhealth.com/>

**NOTE :** An individual has a *right* to direct a healthcare provider *to* transmit their protected health information (PHI), maintained electronically, directly *to* another person *or* entity designated *by the individual*. This is considered a "third-party directive". According to federal regulations, third-party directives are only applicable to records maintained in an *EHR* (electronic health record) and the release must be electronic (*not paper*). If an individual is directing the disclosure of records that are *not* maintained in an EHR *to* a third-party. Banner Health requires a HIPAA authorization to make that disclosure.

Patient Information :

**Patient Name:** Michael John Sims

Address: 12176 W. Mountain view dr

City/State: Avondale AZ

Date of Birth: 8/3/1952 Phone Number: 6232951010

Zip Code: 85323

Release Information From:

Please specify facility/location, organization or individual below

Hospital: Banner Estrella Medical Center

Clinic/Health Center/Urgent Care:

Home Care/Hospice:

Imaging Center:

Other:

Address: 1360 N. Bullard Ave

City/State: Goodyear AZ Zip Code  
85323

Fax 4806120177

Phone

Release/Send Information To: Please select one of the boxes below

OR

Self (same info as above) Sean Strimback

QEntity/Individual (please specify):

Moritrac

Address: 1360 N. Bullard Ave

City/State: Goodyear  
AZ

Zip Code 85323

Phone

Fax 4806120177

For the  
Dates of  
Service

FROM: Most Recent Visit

MM

DO

TO:

MM

DO

YYYY

YYYY Must be for *prior* or current date(s) of service. Future dates cannot be accepted.

Information All Pertinent Records: (includes Allergies, Laboratory, Consultation, Medication list, Discharge Summary, to be Operative Report, ER Report, Pathology Report, EKG Report, Problem List, History & Physical, Radiology Report)

Entire Medical Record: (includes full "designated record set" defined in 45 CFR 164.501)

Released:

\*Please

Note- There may  
be a FEE  
associated  
with your  
Request for  
Records

Images/Photos: (Specify type of images/photos i.e.  
X-Ray, CT, wound photo, etc.)

Radiology Images (CD):

Other images/photos:

Billing Records

Other: (please specify)

Specific Documents/Notes:

Urgent Care Visit Notes

Clinic Visit/Progress Notes Lab Reports

Pathology Reports

Radiology Reports

Genetic Testing

Immunization Record

Substance Abuse Notes

Behavioral Health/Psychiatric Care Notes

Please exclude the following information from being released as part of the release of information request:

Sexually Transmitted Disease

Other Communicable Diseases

Treatment of Substance Abuse

Behavioral Health/Psychiatric Care

HIV/AIDS Genetic  
Testing

Child Abuse/Neglect Information

7 Dawei real

AUTHORIZATION FOR RELEASE OF MEDICAL  
INFORMATION

Deliv  
ery of  
Information:

Paper Request Mail Pick Up

+1.480.612.8177 Banner Health System Page **818**

Electronic Requests Encrypted E-mail

OD

Fax

Purpose:

NOTE: There is a level of risk that a third party could access your Protected Health Information (PHI) without your consent when faxed or when electronic media is unencrypted. We are not responsible for unauthorized access to faxes, unencrypted media or for any risks (e.g., virus) potentially introduced to your computer/device when receiving PHI in any electronic format.

sean@moristat.com

Email Address for record delivery (Complete ONLY if requesting records via encrypted email)

Self Continuing Care Other:

I understand that information in my health record may include information relating to Sexually Transmitted Disease, Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV), and other communicable diseases, Behavioral Health Care/Psychiatric Care, treatment of alcohol and/or drug abuse and genetic testing. My signature authorizes release of any such information.

I understand that I may refuse to sign this authorization form. I understand that Banner will not condition or deny treatment on my signing this authorization.

I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken. Banner Health's Notice of Privacy Practices explains the process for revocation, which includes a request in writing.

I understand that I have a right to receive a copy of this authorization.

This Authorization pertains only to the information and dates specified on this Authorization. Unless I revoke this authorization earlier, it will expire 12 months from the date signed. I understand that if this information is disclosed to a third party, the information may no longer be protected by State or Federal regulations and may be re-disclosed by the person or organization that receives the information.

I release Banner Health, its employees and agents, medical staff members and business associates from any legal responsibility or liability for the disclosure of the above information to the extent indicated and authorized herein.

Signature of Patient

Signature of Legal Representative

Relationship to  
Patient:

Healthcare Representative

For Healthcare Use Only

Date Received:

ID/License Verified

Additional Comments:

Records picked up by:

Date

09-05-2024

Date

**Processing Facility:**

**Processing Lawson #:**

PALJENA, ALI JÄKÖNÄRÖN EDINKENNEKKÄRAMÄINÄKÄINÄVÄY KÄSÄNENIKKUNAERIGKÄU

KÄRÄMÄLÖÄLÄLKÄÄN EN EINAINENKÄRAMÄÄNÄLÄJOK

Verbal Release D

POA Verified D

Page 2 of 2

Date

1200-0004  
(01/2024)

+1.480.612.0177 Bammer Health System Page **819**

09/86/24 11:41:21 5209993887

Danner

## **REQUEST CONFIRMATION**

### **PATIENT INFORMATION**

FIRST NAME:

LAST NAME:

Michael

DATE OF BIRTH:

EMAIL ADDRESS:

PHONE NUMBER:

Sims

08/03/1952

sean@moristat.com

# Health

Less  
er

\*#ex

6232951010

**MAILING ADDRESS:**

12176 W. Mountain view dr Avondale AZ 85323

**REQUEST INFORMATION****DATE REQUESTED:**

09/05/2024

**REASON FOR REQUEST:**

Continuing  
Care

**TERMS AND CONDITIONS:**

Accepte  
d

**CONSENT TO AN****UNENCRYPTED EMAIL COPY:**

Not  
Accepted

**IDENTITY VERIFICATION DOCUMENTS:**

Michael Jon Sims- Auth to transfer medical  
records.pdf

**DRIVING LICENSE OR GOVERNMENT ISSUED PHOTO ID:**

**Verified**

Verified

Powered  
By  
O

For assistance, please call (610)994-7500 Option 1 M-F from 8:30 AM to 8:00 PM EST

89/86/24 11:41:41 **5209993887**

September 5th, 2024

To Whom It May Concern:

I am writing to request a copy of Michael Jon Sims's medical records. I am Michael Jon Sims's Medical Record Service.

Michael Jon Sims is currently a patient of  
MORITRAC LLC 1360 N. Bullard Ave. Suite 200  
Goodyear, Arizona 85395  
Fax: 480-612-0177  
Email: [intake@moristat.com](mailto:intake@moristat.com)

Attached as a second page is a signed Authorization to Release Medical Records.

Please contact Moritrac LLC if you have any questions or need additional information.

Moritrac LLC  
1360 N. Bullard Ave. Suite 200 Goodyear, Arizona 85395  
Fax: 480-612-0177 Email: [intake@moristai.com](mailto:intake@moristai.com) Phone: 623-295-1010

Thank you for your  
attention to this matter.

Sincerely,

Moritrac LLC

**89/86/24** 11:41:49 5209993807

## **AUTHORIZATION TO RELEASE MEDICAL RECORDS**

### **1. PATIENT INFORMATION.**

Name: Michael Jon Sims

Date of Birth: August 03, 1952

Address: 12176 W Mountain View Dr Avondale, Arizona 85323

### **2. AUTHORIZATION FOR RELEASE.** I hereby authorize

to release, disclose, and deliver the medical information described below to:

Authorized Recipient: Moritrac LLC

1755 N. Pebblecreek Parkway #1218 Goodyear, Arizona 85395

Fax: 480-612-0177 Email: intake@@moristal.com Phone: 623-295-1010

**3. SPECIFIC AUTHORIZATION.** I specifically authorize the release of all medical information relating to the above-named patient including but not limited to the following categories protected by state or federal law: (1) Substance abuse (drug or alcohol) treatment (2) Mental health treatment and (3) HIV-AIDS-related information, if such information is contained in the records. This request includes any reports, correspondence, test results, and any other information contained in the records, whether generated by the authorized provider or another entity.

I do not give permission for any other use or redisclosure of this information.

**4. REDISCLOSURE.** This release does not authorize redisclosure of medical information beyond the limits of this consent. The Recipient of this information is prohibited from using the information for other than the stated purpose, and from disclosing it to any other party without further authorization. The following written statement should accompany certain disclosures:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2 and 45 CFR Parts 160 and 164). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2 and 45 CFR Parts 160 and 164. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I specifically understand and agree that the REDISCLOSURE requirements set out above will apply to these records.

**5. VALIDITY.** I understand that this authorization will automatically expire one year from the date of my signature, and that I may revoke this authorization by sending a written notice to the person or entity

authorized to make the disclosure described above. I agree that any release which has **been** made prior to revocation and which was made in reliance upon **this** authorization shall not constitute a breach of my rights to confidentiality.

I authorize the release of information as indicated above.

Date:

Printed Patient Name:

Michael Jon Sims

Patient Signature: