

# Patient Medical Record

AVILA, ROBERTO

62 yo M, DOB: Nov 5, 1962  
Account Number: 807433  
1906 NW 65TH AVE  
Margate, FL 33063

Patient Medical Record	Page(s)
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**Note:** There may be certain notes which are not made available as per your physician's discretion, please contact your physician's office to obtain those.

**MCM Plantation Pine Island Rd.**

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

## Patient Summary for AVILA, ROBERTO, 62 Y, male DOB:11/05/1962

**AVILA, ROBERTO**

1906 NW 65TH AVE, Margate, FL 33063

**DOB:** 11/05/1962 **Age:** 62 Y **Sex:** male**Home:** 917-736-4109**Work:****Cell:** 917-736-4109**Email:** SURYR33071@GMAIL.COM**Previous Name:****Advance Directive:****Primary Insurance:** Humana Gold Plus South FL

Cap

**PCP:** Luis Martinez**Account Number:** 807433**Race:** Declined to Specify**Ethnicity:** Declined to Specify**Preferred Language:** English**Care Team:****Allergies****Substance:** N.K.D.A. **Status:** Active.**Medical History****Problem List**

<b>Onset Date</b>	<b>Code</b>	<b>Name</b>	<b>Specify</b>	<b>Notes</b>	<b>Added On</b>	<b>Modified On</b>	<b>Modified By</b>
	C18.0	Malignant neoplasm of cecum			06/10/2024	06/10/2024	Fasano, Debra
		<b>W/U Status:</b> confirmed					
	C18.4	Malignant neoplasm of transverse colon			09/04/2024	09/04/2024	Fasano, Debra
		<b>W/U Status:</b> confirmed					
	Z28.21	Immunization not carried out because of patient refusal		REFUSES FLU VACCINE.	03/18/2024	03/18/2024	Martinez, Luis
		<b>W/U Status:</b> confirmed					
	Z68.41	BMI 40.0-44.9, adult			10/02/2023	10/03/2023	Martinez, Luis
		<b>W/U Status:</b> confirmed					
	C20	Rectal cancer		S/P 5/22/24 COLON RESECTION. F/U WITH COLORECTAL SX TO HAVE STAPLES REMOVED.	04/09/2024	05/31/2024	Martinez, Luis
		<b>W/U Status:</b> confirmed					
	J90	Pleural effusion		5/2024 CT OF ABD-- RIGHT PLEURAL EFFUSION. CONT FUROSEMIDE 20MG DAILY. PULM REF	05/31/2024	05/31/2024	Martinez, Luis
		<b>W/U Status:</b> confirmed					
	F33.1	Major depressive disorder, recurrent, moderate		Controlled substance counseling done, no suicidal ideation, abuse potential of some of the antidepressant meds discussed. Stress reduction and relaxation measures.	10/02/2023	12/13/2023	Martinez, Luis
		<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active					

## Patient Summary for AVILA, ROBERTO, 62 Y, male DOB:11/05/1962

F41.1	Generalized anxiety disorder	REVIEWED ANXIETY AND STRESS COPING TECHNIQUES.	10/02/2023 12/13/2023	Martinez, Luis
	<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active			
F51.01	Primary insomnia	REVIEWED PROPER SLEEPING HYGIENE.	10/02/2023 12/13/2023	Martinez, Luis
	<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active			
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	DASH DIET. LOW NA INTAKE. CONT BISOPROLOL 10MG DAILY. CONT RAMIPRIL 10MG 2 TABS BID. CONT AMLODIPINE 10MG DAILY. MONITOR BP DAILY. WEIGHT LOSS.	10/02/2023 05/31/2024	Martinez, Luis
	<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active			
I51.7	Cardiomegaly	TIGHT BP CONTROL. CONT ACE, B-BLOCKER. CONT FUROSEMIDE.	10/02/2023 03/18/2024	Martinez, Luis
	<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active			
N18.2	Chronic kidney disease, stage 2 (mild)	Pathophysiology of the diagnosis discussed, including measures to minimize progression of the disease like avoiding NSAIDS and other nephrotoxic meds. Blood pressure control to below 130/80.	10/02/2023 12/13/2023	Martinez, Luis
	<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active			
I50.9	Congestive heart failure, unspecified HF chronicity, unspecified heart failure type	TIGHT BP AND CHOL CONTROL. CONT FUROSEMIDE 20MG DAILY.	10/02/2023 05/31/2024	Martinez, Luis
	<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active			
J44.9	Chronic obstructive pulmonary disease, unspecified COPD type	D/C WIXELA INHALER IN VIEW OF INEFFECTIVENESS. CONT SYMBICORT BID. AVOID PULM IRRITANTS. CONT HOME O2. F/U WITH PULM.	10/02/2023 05/31/2024	Martinez, Luis
	<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active			
E66.01	Morbid obesity	ASSOCIATED WITH HTN, CHF-- WEIGHT LOSS. DECREASE CALORIE INTAKE.	10/02/2023 12/13/2023	Martinez, Luis
	<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active			
Z99.81	Oxygen dependent	ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS.	10/02/2023 12/13/2023	Martinez, Luis
	<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active			
I48.92	Atrial flutter, unspecified type	CONT BISOPROLOL 10MG DAILY. F/U WITH CARDIO EVERY 6 MTHS.	03/17/2024 03/18/2024	Martinez, Luis
	<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active			

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Patient Summary for AVILA, ROBERTO, 62 Y, male DOB:11/05/1962

D50.9	Iron deficiency anemia, unspecified iron deficiency anemia type	INCREASE IRON RICH FOOD INTAKE.	12/04/2023 03/18/2024	Martinez, Luis
	<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active			
J96.11	Hypoxemic respiratory failure, chronic	ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS. CONT PORTABLE O2 PRN.	10/02/2023 12/13/2023	Martinez, Luis
	<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active			
G47.33	OSA (obstructive sleep apnea)	CONT CPAP NIGHTLY. ENCOURAGE WEIGHT LOSS.	10/27/2023 08/10/2024	Martinez, Luis
	<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active			
D72.819	Leukocytopenia, unspecified		07/12/2024 08/10/2024	Martinez, Luis
	<b>W/U Status:</b> confirmed <b>Clinical Status:</b> active			

**Past Medical History**

HYPERTENSION WITH CKD  
CONGESTIVE HEART FAILURE  
DEPRESSION  
INSOMNIA  
ANXIETY  
ANEMIA  
CARDIOMEGLY  
COPD  
TONSILLITIS--resolved  
BROKEN 5TH METACARPAL--B/L  
OXYGEN DEPENDENT  
atrial flutter  
kidney stones-- Left  
COLON CANCER: ADENOCARCINOMA

**Medications**

**Name strength formulation, Sig: take route frequency**

Unknown Ramipril 10 MG Capsule, Sig: 2 CAPSULES Orally Twice a Day  
Unknown oxyCODONE HCl 5 MG Tablet, Sig: TAKE 2 TABLTS BY MOUTH EVERY 6 HOURS FOR as NEEDED FOR PAIN. 3 DAYS SEVERE SCALE (7-10) Oral  
Unknown Furosemide 20 MG Tablet, Sig: 1 tablet Orally Once a day  
Unknown Doxycycline Hyclate 100 MG Tablet, Sig: 1 tablet Orally EVERY 12 HOURS FOR 7 DAYS  
Start hydrOXYzine HCl 50 MG Tablet, Sig: 1 tablet as needed Orally evening  
Unknown Budesonide-Formoterol Fumarate 160-4.5 MCG/ACT Aerosol, Sig: 1 puff Inhalation twice a day  
Unknown Bisoprolol Fumarate 10 MG Tablet, Sig: 1 tablet Orally Twice a day Start Date: 03/18/2024  
Unknown amLODIPine Besylate 10 MG Tablet, Sig: 1 tablet Oral Once a day  
Unknown Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution, Sig: 1 puff as needed Inhalation every 4 hrs  
Unknown Riboflavin 25 MG Tablet, Sig: 1 TABLET Orally Once a day  
Unknown Valsartan 80 MG Tablet, Sig: 1 tablet Oral Once a day

**Surgical History**

Date	Reason
	TONSILLECTOMY--AS A CHILD
2023	CARDIAC CATHETERIZATION--IRREGULAR HEARTBEAT
	Colectomy

**Hospitalization**

Date	Reason
2023	NORTH BROWARD ===> ADMIT CARDIAC CATHETERIZATION

**Social History**

Name	Value
Do you smoke marijuana?	Denies
Do you drink alcohol?	MODERATE

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

**Patient Summary for AVILA, ROBERTO, 62 Y, male DOB:11/05/1962**

Tobacco Use/Smoking	Tobacco use:: former smoker
Health	5 HRS/ NIGHT
Marital:	DIVORCED, NO CHILDREN
Occupation:	DISABLED
Physical Activity:	INACTIVE
Sexual Orientation	HETEROSEXUAL

**Family History****Relation : Description**

Father: deceased 75 yrs, ESOPHAGEAL CANCER

Mother: deceased 57 yrs, LIVER CANCER, HTN

Paternal Grandfather: deceased 85 yrs, MYOCARDIAL INFARCTION, CAD

Maternal Grandfather: deceased 85 yrs, ASTHMA

Maternal Grandmother: deceased 82 yrs, COLON CANCER

Paternal Uncle: PARKINSONS DISEASE

Maternal Uncle: deceased 62 yrs, MYOCARDIAL INFARCTION

**Vitals**

Name	Date	Value
Ht-cm	05/31/2024	170.18
Body Surface Area	05/31/2024	2.41
Oxygen sat %	05/31/2024	85
RR	05/31/2024	17
Temp	05/31/2024	97.9
HR	05/31/2024	85
BP	05/31/2024	144/52
BMI	05/31/2024	42.6
Wt-kg	05/31/2024	123.38
Wt	05/31/2024	272
Ht	05/31/2024	67

**Patient Encounters**

Date	Time	Provider	Facility	Reason	Diagnosis
07/25/2024	12:51 PM		MCM Plantation Pine Island Rd.	HEDIS MED ADH VALSARTAN	
07/10/2024	04:12 PM		MCM Plantation Pine Island Rd.	LAB ORDER	
07/10/2024	02:01 PM		MCM Plantation Pine Island Rd.	LAB ORDER	
06/26/2024	11:38 AM		MCM Plantation Pine Island Rd.	LABS	
05/31/2024	01:00 PM	Martinez, Luis, DO	MCM Plantation Pine Island Rd.	follow-up hospitalization	C20– Rectal cancer <b>SNOMED:</b> 363351006 I48.92– Atrial flutter, unspecified type <b>SNOMED:</b> 5370000 I13.0– Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease <b>SNOMED:</b> 86234004 I50.9– Congestive heart failure, unspecified HF chronicity, unspecified heart failure type <b>SNOMED:</b> 42343007 J44.9– Chronic obstructive pulmonary disease, unspecified COPD type <b>SNOMED:</b> 13645005 J96.11– Hypoxemic respiratory failure, chronic

## Patient Summary for AVILA, ROBERTO, 62 Y, male DOB:11/05/1962

**SNOMED:**428173007

Z99.81– Oxygen dependent

**SNOMED:**931000119107

J90– Pleural effusion

**SNOMED:**60046008

N18.2– Chronic kidney disease, stage 2 (mild)

**SNOMED:**431856006

I51.7– Cardiomegaly

**SNOMED:**8186001

G47.33– OSA (obstructive sleep apnea)

**SNOMED:**78275009

D50.9– Iron deficiency anemia, unspecified iron deficiency anemia type

**SNOMED:**87522002

F33.1– Major depressive disorder, recurrent, moderate

**SNOMED:**191611001

Z28.21– Immunization not carried out because of patient refusal

**SNOMED:**591000119102

E66.01– Morbid obesity

**SNOMED:**238136002

Z68.41– BMI 40.0-44.9, adult

**SNOMED:**408512008

Z09– Hospital discharge follow-up

05/28/2024	03:05 PM		MCM Plantation Pine Island Rd.	INPT ADMIT	
05/24/2024	10:30 AM	CM - Plantation Pine Island	MCM Plantation Pine Island Rd.	Follow Up	
05/22/2024	08:30 AM	CM - Plantation Pine Island	MCM Plantation Pine Island Rd.	follow-up hospitalization	
05/15/2024	05:13 PM		MCM Plantation Pine Island Rd.	Test results	
05/09/2024	02:37 PM		MCM Plantation Pine Island Rd.	Test results	
05/01/2024	02:00 PM	Martinez, Luis, DO	MCM Plantation Pine Island Rd.	PREOP	Z01.810– Encounter for preprocedural cardiovascular examination <b>SNOMED:</b> 305058001 C20– Rectal cancer <b>SNOMED:</b> 363351006 Z01.812– Encounter for preprocedural laboratory examination <b>SNOMED:</b> 305058001 I48.92– Atrial flutter, unspecified type <b>SNOMED:</b> 5370000 I13.0– Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease <b>SNOMED:</b> 86234004 I50.9– Congestive heart failure, unspecified HF chronicity, unspecified heart failure type <b>SNOMED:</b> 42343007 J44.9– Chronic obstructive pulmonary disease, unspecified COPD type

## Patient Summary for AVILA, ROBERTO, 62 Y, male DOB:11/05/1962

**SNOMED:**13645005

J96.11– Hypoxemic respiratory failure, chronic

**SNOMED:**428173007

Z99.81– Oxygen dependent

**SNOMED:**931000119107

N18.2– Chronic kidney disease, stage 2 (mild)

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G47.33– OSA (obstructive sleep apnea)

**SNOMED:**78275009

D50.9– Iron deficiency anemia, unspecified iron deficiency anemia type

**SNOMED:**87522002

F41.1– Generalized anxiety disorder

**SNOMED:**21897009

F33.1– Major depressive disorder, recurrent, moderate

**SNOMED:**191611001

F51.01– Primary insomnia

**SNOMED:**3972004

Z28.21– Immunization not carried out because of patient refusal

**SNOMED:**591000119102

E66.01– Morbid obesity

**SNOMED:**238136002

Z68.41– BMI 40.0-44.9, adult

**SNOMED:**408512008

I48.92– Atrial flutter, unspecified type

**SNOMED:**5370000

I13.0– Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

**SNOMED:**86234004

I50.9– Congestive heart failure, unspecified HF chronicity, unspecified heart failure type

**SNOMED:**42343007

J44.9– Chronic obstructive pulmonary disease, unspecified COPD type

**SNOMED:**13645005

J96.11– Hypoxemic respiratory failure, chronic

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**SNOMED:**8186001

G47.33– OSA (obstructive sleep apnea)

**SNOMED:**78275009

D50.9– Iron deficiency anemia, unspecified iron deficiency anemia type

**SNOMED:**87522002

F41.1– Generalized anxiety disorder

**SNOMED:**21897009

F33.1– Major depressive disorder, recurrent, moderate

**SNOMED:**191611001

F51.01– Primary insomnia

**SNOMED:**3972004

03/18/2024	08:30 AM	Martinez, Luis, DO	MCM Plantation Pine Island Rd.	FOLLOW UP	

## Patient Summary for AVILA, ROBERTO, 62 Y, male DOB:11/05/1962

Z28.21– Immunization not carried out because of patient refusal

**SNOMED:**591000119102

E66.01– Morbid obesity

**SNOMED:**238136002

Z68.41– BMI 40.0-44.9, adult

**SNOMED:**408512008

R19.5– Positive colorectal cancer screening using Cologuard test

**SNOMED:**708699002

02/07/2024	12:42 PM		MCM Plantation Pine Island Rd.	SCHEDULE APPT	
11/30/2023	03:46 PM		MCM Plantation Pine Island Rd.	RX REFILL	
10/23/2023	02:31 PM		MCM Plantation Pine Island Rd.	RX REFILL	
10/16/2023	01:25 PM		MCM Plantation Pine Island Rd.	refill	
10/04/2023	07:17 AM		MCM Plantation Pine Island Rd.	Refills	
10/02/2023	02:00 PM	Martinez, Luis, DO	MCM Plantation Pine Island Rd.	NP	I13.0– Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease <b>SNOMED:</b> 86234004
					I50.9– Congestive heart failure, unspecified HF chronicity, unspecified heart failure type <b>SNOMED:</b> 42343007
					J44.9– Chronic obstructive pulmonary disease, unspecified COPD type <b>SNOMED:</b> 13645005
					J96.11– Hypoxemic respiratory failure, chronic <b>SNOMED:</b> 428173007
					Z99.81– Oxygen dependent <b>SNOMED:</b> 931000119107
					N18.2– Chronic kidney disease, stage 2 (mild) <b>SNOMED:</b> 431856006
					I51.7– Cardiomegaly <b>SNOMED:</b> 8186001
					D64.9– Anemia, unspecified type <b>SNOMED:</b> 271737000
					F41.1– Generalized anxiety disorder <b>SNOMED:</b> 21897009
					F33.1– Major depressive disorder, recurrent, moderate <b>SNOMED:</b> 191611001
					F51.01– Primary insomnia <b>SNOMED:</b> 3972004
					E66.01– Morbid obesity <b>SNOMED:</b> 238136002
					Z68.41– BMI 40.0-44.9, adult <b>SNOMED:</b> 408512008
					R19.5– Positive colorectal cancer screening using Cologuard test <b>SNOMED:</b> 708699002

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

## Patient Summary for AVILA, ROBERTO, 62 Y, male DOB:11/05/1962

Z13.220– ENCOUNTER FOR SCREENING FOR LIPID DISORDER

**SNOMED:**305058001

Z13.29– SCREENING FOR ENDOCRINE DISORDER

**SNOMED:**305058001

Z12.5– Encounter for screening for malignant neoplasm of prostate

**SNOMED:**305058001**Health Maintenance****Practice Configured**

Name	Last Done	Frequency	Due Date	Status	Notes
Tetanus		10Y	12/09/2024	Noncompliant	
Zoster (first dose)	-		12/09/2024	Noncompliant	
Cholesterol screening Male (Low CVD Risk)	-		12/09/2024	Noncompliant	
Colorectal Cancer Screening	-		12/09/2024	Noncompliant	

**Referrals****Outgoing Referrals**

Referral From	Referral To	Start Date	End Date	Reason
Luis Martinez	Joseph JR Corallo	09/05/2024	10/06/2024	COLORECTAL APPT PT HAD AN ONCO PANEL ON6/14/24 ORDERED BY DR DAVID KAHN THEY NEED A RETRO REFERRAL   THE FACILITY IS CALLED NATERA
Luis Martinez		06/14/2024	06/15/2024	
Luis Martinez	David Kahn	06/12/2024	10/31/2024	NP ONCO 99204 X 1 ALL OTHER CODES ASKING FOR 3 VISITS
Luis Martinez	Jose R Alvarez	06/03/2024	10/31/2024	PULM REF (WANTS TO SEE SOMEONE NEW, WANTS TO SWITCH PULM)
Luis Martinez		05/01/2024	09/30/2024	CARDIO REF FOR PRE-OP CLEARANCE   DR RICHARD GOLDMAN
Luis Martinez		05/01/2024	09/30/2024	CHEST XRAY AT 3T RADIOLOGY AND RESEARCH FAX 954-637-2551
Luis Martinez	Lal Bhagchandani	05/01/2024	09/30/2024	PRE OP CLEARANCE
Luis Martinez	Joseph JR Corallo	04/10/2024	08/31/2024	NP VISIT   PT HAD COLONOSCOPY YESTERDAY AND THEY TOLD HIM HE NEEDS TO GO TO COLORECTAL FOR POSSIBLE RECTAL CANCER
Luis Martinez		03/26/2024	07/31/2024	PT NEVER WENT FOR COLONOSCOPY NEEDS NEW REF   CORAL SPRINGS MEDICAL CENTER
Luis Martinez		02/27/2024	07/31/2024	PT HAS APPT WITH DR GOLDMAN 1 VISIT APPROVED   LOV 10/26/23
Luis Martinez		01/24/2024	02/29/2024	colonoscopy   OUT PT HOSPITAL
Luis Martinez		12/05/2023	03/31/2024	PT HAVING COLONOSCOPY AND EGD AT CORAL SPRINGS MEDICAL CENTER
Luis Martinez	Research 3t Radiology And	10/26/2023	01/31/2024	CHEST XRAY PA AND LAT   AT 3T RADIOLOGY AND RESEARCH 954-637-2551
Luis Martinez		10/12/2023	12/31/2023	CARDIAC CLEARANCE WITH DR RICHARD GOLDMAN IN CORAL SPRINGS NPI 1699769273
Luis Martinez	Lal Bhagchandani	10/11/2023	12/31/2023	NEW PATIENT FOR CLEARANCE
Luis Martinez		10/05/2023	12/31/2023	NEW PATIENT

**p** - pending approval

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

CBO

AVILA, ROBERTO, M, 11/05/1962

Address 1906 NW 65TH AVE, Margate, FL-33063

1785 NORTHPOINTE PKWY STE 300, LUTZ, FL-33558-5742,  
813-537-7277

## Patient Vaccine Administration Record

No of Immunizations 0

Vaccine	Date Given	Dose	Location	Lot No.	Manufacturer	Exp. Date	Given By
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Record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com))

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

AVILA, ROBERTO , M , 11/05/1962

Address 1906 NW 65TH AVE, Margate, FL-33063

CBO

1785 NORTHPOINTE PKWY STE 300 , LUTZ, FL-33558-5742

813-537-7277

## Patient Injection Record

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No of Injections 0

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Record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com))

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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AVILA, ROBERTO DOB: 11/05/1962 (62 yo M) Acc No. 807433 DOS: 08/12/2024

## UNLOCKED PROGRESS NOTE



AVILA, ROBERTO

61 Y old Male, DOB: 11/05/1962

Account Number: 807433

1906 NW 65TH AVE, Margate, FL-33063

Home: 917-736-4109

Insurance: Humana Gold Plus South FL Cap

Payer ID: 61102

Appointment Facility: MCM Plantation Pine Island Rd.

Guarantor: AVILA, ROBERTO Insurance: Humana Gold Plus South FL Cap

08/12/2024 Luis Martinez, DO

## Current Medications

## Unknown

- Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution 1 puff as needed Inhalation every 4 hrs
- amLODIPine Besylate 10 MG Tablet 1 tablet Oral Once a day
- Bisoprolol Fumarate 10 MG Tablet 1 tablet Orally Twice a day
- Budesonide-Formoterol Fumarate 160-4.5 MCG/ACT Aerosol 1 puff Inhalation twice a day
- Doxycycline Hydiate 100 MG Tablet 1 tablet Orally EVERY 12 HOURS FOR 7 DAYS
- Furosemide 20 MG Tablet 1 tablet Orally Once a day
- hydrOXYzine HCl 50 MG Tablet 1 tablet as needed Orally evening
- oxyCODONE HCl 5 MG Tablet TAKE 2 TABLTS BY MOUTH EVERY 6 HOURS FOR as NEEDED FOR PAIN. 3 DAYS SEVERE SCALE (7-10) Oral
- Ramipril 10 MG Capsule 2 CAPSULES Orally Twice a Day
- Valsartan 80 MG Tablet 1 tablet Oral Once a day
- Riboflavin 25 MG Tablet 1 TABLET Orally Once a day

## Past Medical History

- HYPERTENSION WITH CKD.
- CONGESTIVE HEART FAILURE.
- DEPRESSION.
- INSOMNIA.
- ANXIETY.
- ANEMIA.
- CARDIOMEGLY.
- COPD.
- TONSILLITIS--resolved.
- BROKEN 5TH METACARPAL--B/L.
- OXYGEN DEPENDENT.
- Atrial flutter.
- kidney stones-- Left.
- COLON CANCER: ADENOCARCINOMA.

## Reason for Appointment

- Follow-up

## History of Present Illness

## AWV-COA-HEDIS:

- Screening:
  - Colon Cancer Screening: DUE
  - PSA: 10/2023
  - Cardiovascular Disease Screening (Lipid Panel): EKG--5/24
  - Lung Cancer Screening: 2023
  - Eye Exam 2022
- Diabetes Screening:
  - Has patient completed a Microalbumin/Creatinine Ratio Test: 7/2024

## Vital Signs

## Past Orders

**Lab:KIDNEY PROFILE (39165) (Order Date - 07/11/2024) (Collection Date & Time - 07/11/2024 11:12 AM)**

	<u>Value</u>	<u>Reference Range</u>
STAGE	No Chronic Kidney Disease	-
CREATININE	0.72	0.70-1.35 - mg/dL
EGFR	104	> OR = 60 - mL/min/1.73m <sup>2</sup>
CREATININE, RANDOM URINE	161	20-320 - mg/dL
ALBUMIN, URINE	4.5	See Note: - mg/dL
ALBUMIN/CRE ATININE RATIO, RANDOM URINE	28	<30 - mg/g creat

**Lab:LIPID PANEL WITH RATIOS (19543) (Order Date - 07/11/2024) (Collection Date & Time - 07/11/2024 11:12 AM)**

Result: Abnormal

Progress Note: Luis Martinez, DO 08/12/2024

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AVILA, ROBERTO DOB: 11/05/1962 (62 yo M) Acc No. 807433 DOS: 08/12/2024

**Surgical History**

- TONSILLECTOMY--AS A CHILD
- CARDIAC CATHETERIZATION--IRREGULAR HEARTBEAT 2023
- Colectomy

**Family History**

- Father: deceased 75 yrs, ESOPHAGEAL CANCER
- Mother: deceased 57 yrs, LIVER CANCER, HTN
- Paternal Grandfather: deceased 85 yrs, MYOCARDIAL INFARCTION, CAD
- Maternal Grandfather: deceased 85 yrs, ASTHMA
- Maternal Grandmother: deceased 82 yrs, COLON CANCER
- Paternal Uncle: PARKINSONS DISEASE
- Maternal Uncle: deceased 62 yrs, MYOCARDIAL INFARCTION

**Social History**

## Tobacco Use:

- Tobacco Use/Smoking  
Tobacco use; *former smoker*  
1 PACK A DAY, SMOKED FOR 40 YRS;  
QUIT IN 2020.

**Allergies**

- N.K.D.A.

**Hospitalization/Major****Diagnostic Procedure**

- NORTH BROWARD ==> ADMIT  
CARDIAC CATHETERIZATION 2023

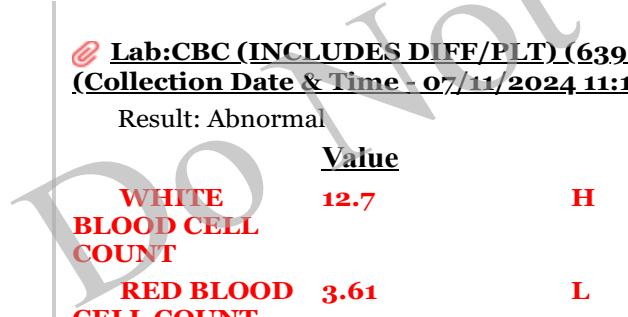
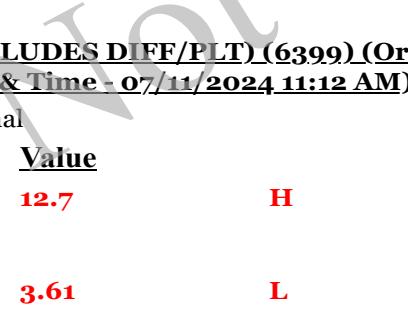
	<u>Value</u>	<u>Reference Range</u>
S	TRIGLYCERIDE 116	<150 - mg/dL
L, TOTAL	CHOLESTEROL 200	<200 - mg/dL
	HDL 71	> OR = 40 - mg/dL
CHOLESTEROL	LDL- 108	- mg/dL (calc)
RATIO	CHOL/HDLC 2.8	<5.0 - (calc)
RATIO	LDL/HDL 1.5	- (calc)
NON HDL	129	<130 - mg/dL (calc)
CHOLESTEROL		
Notes: Martinez, Luis 7/12/2024 01:35:28 PM EDT > LDL-- 108 GOAL < 70		
<b>Lab:COMPREHENSIVE METABOLIC PANEL (10231) (Order Date - 07/11/2024) (Collection Date &amp; Time - 07/11/2024 11:12 AM)</b>		
	<u>Value</u>	<u>Reference Range</u>
GLUCOSE	68	65-99 - mg/dL
UREA	14	7-25 - mg/dL
NITROGEN (BUN)		
CREATININE	0.72	0.70-1.35 - mg/dL
BUN/CREATINI SEE NOTE:		6-22 - (calc)
NE RATIO		
SODIUM	142	135-146 - mmol/L
POTASSIUM	3.6	3.5-5.3 - mmol/L
CHLORIDE	99	98-110 - mmol/L
CARBON	31	20-32 - mmol/L
DIOXIDE		
CALCIUM	8.9	8.6-10.3 - mg/dL
PROTEIN,	7.1	6.1-8.1 - g/dL
TOTAL		
ALBUMIN	4.2	3.6-5.1 - g/dL
GLOBULIN	2.9	1.9-3.7 - g/dL (calc)
ALBUMIN/GLO	1.4	1.0-2.5 - (calc)
BULIN RATIO		
BILIRUBIN,	1.2	0.2-1.2 - mg/dL
TOTAL		
ALKALINE	129	35-144 - U/L
PHOSPHATASE		
AST	29	10-35 - U/L
ALT	24	9-46 - U/L
EGFR	104	> OR = 60 - mL/min/1.73m <sup>2</sup>

Progress Note: Luis Martinez, DO 08/12/2024

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AVILA, ROBERTO DOB: 11/05/1962 (62 yo M) Acc No. 807433 DOS: 08/12/2024

**Lab:CBC (INCLUDES DIFF/PLT) (6399) (Order Date - 07/11/2024)  
(Collection Date & Time - 07/11/2024 11:12 AM)**

Result: Abnormal

	<u>Value</u>		<u>Reference Range</u>
WHITE BLOOD CELL COUNT	12.7	H	3.8-10.8 - Thousand/uL
RED BLOOD CELL COUNT	3.61	L	4.20-5.80 - Million/uL
HEMOGLOBIN	11.1	L	13.2-17.1 - g/dL
HEMATOCRIT	33.9	L	38.5-50.0 - %
MCV	93.9		80.0-100.0 - fL
MCH	30.7		27.0-33.0 - pg
MCHC	32.7		32.0-36.0 - g/dL
RDW	13.3		11.0-15.0 - %
PLATELET COUNT	263		140-400 - Thousand/uL
NEUTROPHILS	71		- %
ABSOLUTE NEUTROPHILS	9017	H	1500-7800 - cells/uL
LYMPHOCYTES	17.4		- %
ABSOLUTE LYMPHOCYTES	2210		850-3900 - cells/uL
MONOCYTES	7.6		- %
ABSOLUTE MONOCYTES	965	H	200-950 - cells/uL
EOSINOPHILS	3.4		- %
ABSOLUTE EOSINOPHILS	432		15-500 - cells/uL
BASOPHILS	0.6		- %
ABSOLUTE BASOPHILS	76		0-200 - cells/uL
MPV	9.0		7.5-12.5 - fL

Notes: Martinez, Luis 7/12/2024 01:34:18 PM EDT > WBC--12.7 RECHECK HGB--11.1 STABLE, MONITOR.

### Assessments

- Rectal cancer - C20 (Primary) **Notes :** S/P 5/22/24 COLON RESECTION. F/U WITH COLORECTAL SX TO HAVE STAPLES REMOVED.
- Atrial flutter, unspecified type - I48.92 **Notes :** CONT BISOPROLOL 10MG DAILY. F/U WITH CARDIO EVERY 6 MTHS.
- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0 **Notes :** DASH DIET. LOW NA INTAKE. CONT BISOPROLOL 10MG

Progress Note: Luis Martinez, DO 08/12/2024

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AVILA, ROBERTO DOB: 11/05/1962 (62 yo M) Acc No. 807433 DOS: 08/12/2024

DAILY. CONT RAMIPRIL 10MG 2 TABS BID. CONT AMLODIPINE 10MG DAILY. MONITOR BP DAILY. WEIGHT LOSS.

4. Congestive heart failure, unspecified HF chronicity, unspecified heart failure type - I50.9 **Notes :** TIGHT BP AND CHOL CONTROL. CONT FURESEMIDE 20MG DAILY.
5. Chronic obstructive pulmonary disease, unspecified COPD type - J44.9 **Notes :** D/C WIXELA INHALER IN VIEW OF INEFFECTIVENESS. CONT SYMBICORT BID. AVOID PULM IRRITANTS. CONT HOME O2. F/U WITH PULM.
6. Hypoxemic respiratory failure, chronic - J96.11 **Notes :** ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS. CONT PORTABLE O2 PRN.
7. Oxygen dependent - Z99.81 **Notes :** ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS.
8. Chronic kidney disease, stage 2 (mild) - N18.2 **Notes :** Pathophysiology of the diagnosis discussed, including measures to minimize progression of the disease like avoiding NSAIDS and other nephrotoxic meds. Blood pressure control to below 130/80.
9. Cardiomegaly - I51.7 **Notes :** TIGHT BP CONTROL. CONT ACE, B-BLOCKER. CONT FURESEMIDE.
10. Leukocytopenia, unspecified - D72.819
11. OSA (obstructive sleep apnea) - G47.33 **Notes :** CONT CPAP NIGHTLY. ENCOURAGE WEIGHT LOSS.
12. Iron deficiency anemia, unspecified iron deficiency anemia type - D50.9 **Notes :** INCREASE IRON RICH FOOD INTAKE.
13. Major depressive disorder, recurrent, moderate - F33.1 **Notes :** Controlled substance counseling done, no suicidal ideation, abuse potential of some of the antidepressant meds discussed. Stress reduction and relaxation measures.
14. Generalized anxiety disorder - F41.1 **Notes :** REVIEWED ANXIETY AND STRESS COPING TECHNIQUES.
15. Primary insomnia - F51.01 **Notes :** REVIEWED PROPER SLEEPING HYGIENE.
16. Immunization not carried out because of patient refusal - Z28.21 **Notes :** REFUSES FLU VACCINE.
17. Morbid obesity - E66.01 **Notes :** ASSOCIATED WITH HTN, CHF-- WEIGHT LOSS. DECREASE CALORIE INTAKE.
18. BMI 40.0-44.9, adult - Z68.41

### Care Plan Details

Electronic signature of Luis Martinez , DO, OS10932 on 12/09/2024 at 01:42 PM EST

Sign off status: Pending

MCM Plantation Pine Island Rd.  
350 N PINE ISLAND RD  
STE 302  
PLANTATION, FL 33324-1849  
Tel: 954-581-8272  
Fax: 954-581-8382

Progress Note: Luis Martinez, DO 08/12/2024

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AVILA, ROBERTO DOB: 11/05/1962 (62 yo M) Acc No. 807433 DOS: 07/25/2024



## AVILA, ROBERTO

61 Y old Male, DOB: 11/05/1962  
1906 NW 65TH AVE, Margate, FL 33063  
Home: 917-736-4109  
Provider: Martinez, Luis

Telephone Encounter

**Answered by** Gamboa, Ivonne Date: 07/25/2024  
Time: 12:51 PM

**Reason** HEDIS MED ADH VALSARTAN

**Message** Pt is showing overdue for VALSARTAN 80 MG TABLET. His last fill was 5/29/24 per 30 days

I see the Pt's chart, current medication list says on 5/31/24 Valsartan 80 mg not taking.

Pls reach to him to check if he is taking Valsartan? In case he is on med, make a 100 day supply and encourage him to pick it up ASAP. Then, Let me know

**Action Taken** Dennie, Daynamarie 07/30/2024 03:10:37 PM >Patient didnt answer, left voicemail  
Dennie, Daynamarie 08/23/2024 04:35:40 PM > patient didnt answer, left voicemail  
Dennie, Daynamarie 11/27/2024 10:28:16 AM > Patient is not taking valsartan

Provider: Martinez, Luis 07/25/2024

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

AVILA, ROBERTO DOB: 11/05/1962 (62 yo M) Acc No. 807433 DOS: 07/16/2024

## UNLOCKED PROGRESS NOTE

**AVILA, ROBERTO**

61 Y old Male, DOB: 11/05/1962

Account Number: 807433

1906 NW 65TH AVE, Margate, FL-33063

Home: 917-736-4109

Payer ID: 61102

Guarantor: AVILA, ROBERTO Insurance: Humana Gold Plus South FL Cap

Appointment Facility: MCM Plantation Pine Island Rd.

07/16/2024 Luis Martinez, DO

**Reason for Appointment**

1. Follow-up
2. Check for colorectal ca scr. ig

**History of Present Illness**AWV-COA-HEDIS:

- Screening:  
Colon Cancer Screening: *DUE*  
PSA: *10/2023*  
Cardiovascular Disease Screening (Lipid Panel): *EKG--5/24*  
Lung Cancer Screening: *2023*  
Eye Exam *2022*
- Diabetes Screening:  
Has patient completed a Microalbumin/Creatinine Ratio Test: *7/2024*

**Vital Signs****Care Plan Details**

Electronic signature of Luis Martinez , DO, OS10932 on 12/09/2024 at 01:42 PM EST

Sign off status: Pending

MCM Plantation Pine Island Rd.  
350 N PINE ISLAND RD  
STE 302  
PLANTATION, FL 33324-1849  
Tel: 954-581-8272  
Fax: 954-581-8382

Progress Note: Luis Martinez, DO 07/16/2024

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AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 07/10/2024



**AVILA, ROBERTO**

61 Y old Male, DOB: 11/05/1962  
1906 NW 65TH AVE, Margate, FL 33063  
Home: 917-736-4109  
Provider: Martinez, Luis

Telephone Encounter

**Answered by** Orbe, Alyssa Date: 07/10/2024  
Time: 04:12 PM

**Caller** PATIENT'S SISTER

**Reason** LAB ORDER

**Message** LAB ORDER FROM 3/2024 WAS FAXED TO QUEST AND SENT ELECTRONICALLY.

---

Provider: Martinez, Luis 07/10/2024

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 07/10/2024



## AVILA, ROBERTO

61 Y old Male, DOB: 11/05/1962  
1906 NW 65TH AVE, Margate, FL 33063  
Home: 917-736-4109  
Provider: Martinez, Luis

Telephone Encounter

**Answered by** Orbe, Alyssa Date: 07/10/2024  
Time: 02:01 PM

**Caller** PATIENT'S SISTER

**Reason** LAB ORDER

**Message** SW SISTER, SHE ASKED FOR LAB ORDER. I SENT LAB ORDER FROM 3/2024 TO QUEST PER DR. MARTINEZ.

---

Provider: Martinez, Luis 07/10/2024

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 06/26/2024



## AVILA, ROBERTO

61 Y old Male, DOB: 11/05/1962  
1906 NW 65TH AVE, Margate, FL 33063  
Home: 917-736-4109  
Provider: Martinez, Luis

Telephone Encounter

**Answered by** Carrasco, Elizabeth Date: 06/26/2024  
Time: 11:38 AM

**Caller** PT

**Reason** LABS

**Message** PT REQ LABS TO QUEST

**Action Taken** Martinez, Luis 06/26/2024 11:57:17 AM >THERE IS A LAB REQ FROM 3/2024 ALREADY IN FILE AT QUEST. HE CAN USE THAT ONE.  
THANKS.  
Carrasco, Elizabeth 06/26/2024 04:02:47 PM > call keeps failing

---

Provider: Martinez, Luis 06/26/2024

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/31/2024



AVILA, ROBERTO

61 Y old Male, DOB: 11/05/1962

Account Number: 807433

1906 NW 65TH AVE, Margate, FL-33063

Home: 917-736-4109

Payer ID: 61102

Guarantor: AVILA, ROBERTO Insurance: Humana Gold Plus South FL Cap

Appointment Facility: MCM Plantation Pine Island Rd.

05/31/2024

Luis Martinez, DO

**Current Medications****Taking**

- Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution 1 puff as needed Inhalation every 4 hrs
- amLODIPine Besylate 10 MG Tablet 1 tablet Oral Once a day
- Bisoprolol Fumarate 10 MG Tablet 1 tablet Orally Twice a day
- Budesonide-Formoterol Fumarate 160-4.5 MCG/ACT Aerosol 1 puff Inhalation twice a day
- Doxycycline Hydiate 100 MG Tablet 1 tablet Orally EVERY 12 HOURS FOR 7 DAYS
- Furosemide 20 MG Tablet 1 tablet Orally Once a day
- hydrOXYzine HCl 50 MG Tablet 1 tablet as needed Only evening
- oxyCODONE HCl 5 MG Tablet TAKE 2 TABLETS BY MOUTH EVERY 6 HOURS FOR as NEEDED FOR PAIN. 3 DAYS SEVERE SCALE (7-10) Oral
- Ramipril 10 MG Capsule 2 CAPSULES Orally Twice a Day

**Not-Taking**

- Valsartan 80 MG Tablet 1 tablet Oral Once a day
  - Riboflavin 25 MG Tablet 1 TABLET Orally Once a day
- Medication List reviewed and reconciled with the patient

**Past Medical History**

- HYPERTENSION WITH CKD.
- CONGESTIVE HEART FAILURE.
- DEPRESSION.
- INSOMNIA.
- ANXIETY.
- ANEMIA.
- CARDIOMEGLY.
- COPD.
- TONSILLITIS--resolved.
- BROKEN 5TH METACARPAL--B/L.
- OXYGEN DEPENDENT.
- Atrial flutter.
- kidney stones-- Left.

**Surgical History****Reason for Appointment**

1. Follow-up hospitalization

**History of Present Illness****AWV-COA-HEDIS:**

- Screening:  
Colon Cancer Screening: DUE  
PSA: 10/2023  
Cardiovascular Disease Screening (Lipid Panel): EKG--5/24  
Lung Cancer Screening: 2023  
Eye Exam 2022

**Today:**

- Patient is here for HOSP F/U.

PATIENT PRESENTS FOR F/U FROM CORAL SPRINGS HOSP. ADMITTED ON 5/22/24 FOR SCHEDULED COLON RESECTION DUE TO RECTAL CANCER. SX WENT WELL. HE WAS PLACED IN ICU DUE TO HX OF CHRONIC RESP ISSUES. WAS ABLE TO HAVE VENT DISCONTINUED THE FOLLOWING DAY. RENAL FUNCTION DECLINED, BUT IMPROVED OVER TIME. ALSO WAS TOLD THAT HIS LIVER WAS CIRRHOTIC. ALSO HAD PLEURAL EFFUSION. HAD THORACENTESIS TO REMOVE THE EFFUSION. PATIENT SLOWLY IMPROVED AND WAS D/C HOME ON 5/29/24. CURRENTLY DOING FAIR. HAVING BM AND NO URINE C/O. NO FEVER OR CHILLS. WANTS TO SEE NEW PULM.

**Vital Signs**

Ht: 67 in, Wt: 272 lbs, Wt-kg: 123.38 kg, BMI: 42.6 Index, BP: 144/52 mm Hg, HR: 85 /min, Temp: 97.9 F, RR: 17 /min, Oxygen sat %: 85 %, Body Surface Area: 2.41, Ht-cm: 170.18 cm.  
BP WITHOUT AMLODIPINE AND BISOPROLOL.

**Examination****General Examination:**

- General appearance: comfortable, cooperative, well-developed, well nourished/  
Hygiene: Good , morbidly obese.
- HEENT Ears: Pinna External is normal  
EOM: Intact  
Eyes: Eyeball, Sclear and Conjuctivita: Normal: Pupil and Lens: PERRLA  
Head, Face and Scalp: normocephalic, atramatic  
Mouth: Oral Cavity: tongue and oral mucosa normal, no thrush  
Teeth/Gums: good dentition.
- Neck / thyroid: Thyroid Gland Characteristics: Normal size and consistency, no palpable nodule, non-tender  
Carotid bruit: none, bilateral

Progress Note: Luis Martinez, DO 05/31/2024

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AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/31/2024

- TONSILLECTOMY--AS A CHILD
- CARDIAC CATHETERIZATION--  
IRREGULAR HEARTBEAT 2023

**Family History**

- Father: deceased 75 yrs, ESOPHAGEAL CANCER
- Mother: deceased 57 yrs, LIVER CANCER, HTN
- Paternal Grandfather: deceased 85 yrs, MYOCARDIAL INFARCTION, CAD
- Maternal Grandfather: deceased 85 yrs, ASTHMA
- Maternal Grandmother: deceased 82 yrs, COLON CANCER
- Paternal Uncle: PARKINSONS DISEASE
- Maternal Uncle: deceased 62 yrs, MYOCARDIAL INFARCTION

**Social History**Tobacco Use:

- Tobacco Use/Smoking
  - Tobacco use: *former smoker*
- 1 PACK A DAY, SMOKED FOR 40 YRS;  
QUIT IN 2020.

**Allergies**

- N.K.D.A.

**Hospitalization/Major Diagnostic Procedure**

- NORTH BROWARD ==> ADMIT  
CARDIAC CATHETERIZATION 2023

**Review of Systems**General / Constitutional:

- Chills denies.
- Fatigue denies.
- Fever denies.
- Night sweats denies.
- Weight gain denies.
- Weight loss denies.

ENT:

- Patient denies dysphagia, visual changes, Ear/Nose/Throat pain.
- Hoarseness denies.
- Swollen glands denies.

Endocrine:

- Patient denies polydipsia, polyuria, polyphagia, blurry vision, dry mouth, hypoglyemic episodes
- Cold intolerance denies.
- Heat intolerance denies.

Respiratory:

- Cough denies.
- Shortness of breath denies.
- Wheezing denies.

Cardiovascular:

- Chest pain denies.
- Palpitations denies.
- Edema denies.

Gastrointestinal:

- Abdominal pain denies.

- Cervical lymph nodes: unremarkable  
JVD: none  
Neck Surface: Supple; Trachea: midline.
- Heart: Palpation/Percussion Carotid arteries Normal pulsation. Jugular vein Bilateral Inspection Normal. Ectopy no Distal Pulses  
Palpable: bilaterally Gallop: no.  
Heart sounds: normal S1S2.  
Heave: no.  
Point of Maximal Impulse (PMI): non-displaced.  
Rate: regular.  
Rhythm: regular..
  - Lungs: Auscultation clear, bilateral.  
Chest Shape: normal. effort normal, comfortable breathing, no wheezes/rales/rhonchi.  
**B/L LOBES-- decreased breath sounds in lower lobes. Portable O2-- +3L NC .**
  - Abdomen: Rigidity: Non tender  
Organomegaly: No organomegaly  
Bowel Sounds: normal X4 quadrants  
General: Skin; normal, soft abdomen. **Large central vertical healing incision with staples, +4 small 1 inch healing incisions with staples lateral abdomen.**  
Masses: none  
Tenderness: **+diffuse soreness..**
  - Neurologic: Cognition: normal  
Cranial Nerves: CN's II-XII grossly intact  
Gait: normal  
Motor: normal strength bilaterally  
Muscle Bulk: normal  
Orientation: alert and oriented x3.
  - Musculoskeletal: Cervical spines: normal  
Joints Demonstration: apparent normal usage/shapes  
L-S spine: normal  
Posture: upright, normal gait. No assistance needed
  - Skin: Color: good  
General appearance: warm, moist, normal turgor.
  - Extremities: Edema: no peripheral edema, no skin changes, no ulcers, no rashes.  
Genitourinary deferred.

**Assessments**

- Rectal cancer - C20 (Primary), S/P 5/22/24 COLON RESECTION. F/U WITH COLORECTAL SX TO HAVE STAPLES REMOVED.
- Atrial flutter, unspecified type - I48.92, CONT BISOPROLOL 10MG DAILY. F/U WITH CARDIO EVERY 6 MTHS.
- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0, DASH DIET. LOW NA INTAKE. CONT BISOPROLOL 10MG DAILY. CONT RAMIPRIL 10MG 2 TABS BID. CONT AMLODIPINE 10MG DAILY. MONITOR BP DAILY. WEIGHT LOSS.
- Congestive heart failure, unspecified HF chronicity, unspecified heart failure type - I50.9, TIGHT BP AND CHOL CONTROL. CONT FUROSEMIDE 20MG DAILY.
- Chronic obstructive pulmonary disease, unspecified COPD type - J44.9, D/C WIXELA INHALER IN VIEW OF INEFFECTIVENESS. CONT SYMBICORT BID. AVOID PULM IRRITANTS. CONT HOME O2. F/U WITH PULM.
- Hypoxemic respiratory failure, chronic - J96.11, ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS. CONT PORTABLE O2 PRN.

Progress Note: Luis Martinez, DO 05/31/2024

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- Change in bowel habits denies.
- Diarrhea denies.
- Heartburn denies.
- Nausea denies.
- Rectal bleeding denies.
- Vomiting denies.

Musculoskeletal:

- Myalgia denies.
- Arthritis / arthralgia denies.
- Back pain denies.
- Painful joints denies.

Skin:

- Patient denies wound .
- Rash denies.

Neurologic:

- Dizziness denies.
- Headache denies.
- Weakness denies.

Psychiatric:

- Patient denies feeling depressed, feeling anxious.

7. Oxygen dependent - Z99.81, ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS.
8. Pleural effusion - J90, 5/2024 CT OF ABD-- RIGHT PLEURAL EFFUSION. CONT FUROSEMIDE 20MG DAILY. PULM REF
9. Chronic kidney disease, stage 2 (mild) - N18.2, Pathophysiology of the diagnosis discussed, including measures to minimize progression of the disease like avoiding NSAIDS and other nephrotoxic meds. Blood pressure control to below 130/80.
10. Cardiomegaly - I51.7, TIGHT BP CONTROL. CONT ACE, B-BLOCKER. CONT FUROSEMIDE.
11. OSA (obstructive sleep apnea) - G47.33, CONT CPAP NIGHTLY. ENCOURAGE WEIGHT LOSS.
12. Iron deficiency anemia, unspecified iron deficiency anemia type - D50.9, INCREASE IRON RICH FOOD INTAKE.
13. Major depressive disorder, recurrent, moderate - F33.1, Controlled substance counseling done, no suicidal ideation, abuse potential of some of the antidepressant meds discussed. Stress reduction and relaxation measures.
14. Immunization not carried out because of patient refusal - Z28.21, REFUSES FLU VACCINE.
15. Morbid obesity - E66.01, ASSOCIATED WITH HTN, CHF-- WEIGHT LOSS. DECREASE CALORIE INTAKE.
16. BMI 40.0-44.9, adult - Z68.41
17. Hospital discharge follow-up - Z09, REVIEWED D/C SUMMARY AND MED REC.

**Treatment****1. Rectal cancer**PROCEDURE: HEDIS: COA Medication ReviewPROCEDURE: HEDIS: Tobacco Non-UserPROCEDURE: HEDIS: TRC MRPPROCEDURE: HEDIS: BMI > 30**2. Congestive heart failure, unspecified HF chronicity, unspecified heart failure type**

Referral To:Pulmonology

Reason:PULM REF (WANTS TO SEE SOMEONE NEW, WANTS TO SWITCH PULM)

**3. Hypoxemic respiratory failure, chronic**

Referral To:Pulmonology

Reason:PULM REF (WANTS TO SEE SOMEONE NEW, WANTS TO SWITCH PULM)

**4. Pleural effusion**

Referral To:Pulmonology

Reason:PULM REF (WANTS TO SEE SOMEONE NEW, WANTS TO SWITCH PULM)

**5. OSA (obstructive sleep apnea)**

Referral To:Pulmonology

Reason:PULM REF (WANTS TO SEE SOMEONE NEW, WANTS TO SWITCH PULM)

**Visit Codes**

- 99496 TRANS CARE MGMT 7 DAY DISCH.

Progress Note: Luis Martinez, DO 05/31/2024

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AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/31/2024

**Procedure Codes**

- 1160F RVW MEDS BY RX/DR IN RCRD
- 1159F MED LIST DOCD IN RCRD
- 1111F DSCHRG MED/CURRENT MED MERGE
- G9903 Pt scrn tbco id as non user
- G8417 BMI >=30 CALCULATE W/FOLLOWUP
- 3008F BODY MASS INDEX DOCD
- 1111F DSCHRG MED/CURRENT MED MERGE

**Follow Up**

4 Weeks (Reason: DO LABS PRIOR TO NEXT VISIT.)



Electronically signed by Luis Martinez , DO, OS10932 on 06/02/2024 at 07:44 AM EDT

Sign off status: Completed

---

MCM Plantation Pine Island Rd.  
350 N PINE ISLAND RD  
STE 302  
PLANTATION, FL 33324-1849  
Tel: 954-581-8272  
Fax: 954-581-8382

---

Progress Note: Luis Martinez, DO 05/31/2024

Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

Generated for Printing/Faxing/eTransmitting on: 12/09/2024 01:42 PM EST

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/28/2024



**AVILA, ROBERTO**

61 Y old Male, DOB: 11/05/1962  
1906 NW 65TH AVE, Margate, FL 33063  
Home: 917-736-4109  
Provider: Martinez, Luis

Telephone Encounter

**Answered by** Alvarez, Ana-Maria Date: 05/28/2024  
Time: 03:05 PM

**Reason** INPT ADMIT

**Message** INPT ADMIT BH 5/22/24 07:00

**Action Taken** Rose, Judith 05/28/2024 03:30:36 PM >TCM 5-31-24

---

Provider: Martinez, Luis 05/28/2024

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/24/2024

**Patient:** AVILA, ROBERTO

**Account Number:** 807433

**DOB:** 11/05/1962 **Age:** 61 Y **Sex:** Male

**Phone:** 917-736-4109

**Address:** 1906 NW 65TH AVE, Margate, FL-33063

**Provider:** Luis Martinez, DO

**Date:** 05/24/2024

### **Subjective:**

#### **Chief Complaints:**

1. Follow Up.

#### **HPI:**

TCM:

Patient still in ICU post scheduled surgery. No DC date at this time.

#### **Medical History:**

### **Objective:**

#### **Vitals:**

### **Assessment:**

### **Plan:**

#### **Treatment:**

### **Billing Information:**

#### **Visit Code:**

#### **Procedure Codes:**

Electronically signed by Finisha Godfrey on 05/24/2024 at 03:56 PM EDT

Sign off status: Completed

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**Provider:** Luis Martinez, DO

**Date:** 05/24/2024

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AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/22/2024

**Patient:** AVILA, ROBERTO  
**Account Number:** 807433  
**DOB:** 11/05/1962 **Age:** 61 Y **Sex:** Male  
**Phone:** 917-736-4109  
**Address:** 1906 NW 65TH AVE, Margate, FL-33063

**Provider:** Luis Martinez, DO  
**Date:** 05/22/2024

### **Subjective:**

#### **Chief Complaints:**

1. Follow-up hospitalization.

#### **HPI:**

##### TCM:

Patient currently at BH with scheduled surgery ROBOTIC RIGHT COLECTOMY DX with colon cancer. No DC information at this time.

#### **Medical History:**

### **Objective:**

#### **Vitals:**

### **Assessment:**

### **Plan:**

#### **Treatment:**

### **Billing Information:**

#### **Visit Code:**

#### **Procedure Codes:**

Electronically signed by Finisha Godfrey on 05/22/2024 at 10:59 AM EDT

Sign off status: Completed

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Provider: Luis Martinez, DO

Date: 05/22/2024

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AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/15/2024



## AVILA, ROBERTO

61 Y old Male, DOB: 11/05/1962  
1906 NW 65TH AVE, Margate, FL 33063  
Home: 917-736-4109  
Provider: Martinez, Luis

Telephone Encounter

**Answered by** Martinez, Luis Date: 05/15/2024  
Time: 05:13 PM

**Reason** Test results

**Message** DISCUSSED LAB RESULT WITH PATIENT. BILI-- 2.9. WILL RECHECK AND GET WORKUP AT NEXT VISIT IN 7/2024. HAS COLORECTAL SX FOR RECTAL CANCER AT THE END OF 5/2024. PATIENT VERBALIZED UNDERSTANDING.

---

Provider: Martinez, Luis 05/15/2024

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/09/2024



## AVILA, ROBERTO

61 Y old Male, DOB: 11/05/1962  
1906 NW 65TH AVE, Margate, FL 33063  
Home: 917-736-4109  
Provider: Martinez, Luis

Telephone Encounter

**Answered by** Martinez, Luis Date: 05/09/2024  
Time: 02:37 PM

**Reason** Test results

**Message** DISCUSSED CT OF ABDOMEN RESULT WITH PATIENT. +RIGHT PLEURAL EFFUSION. HISTORY OF ATRIAL FLUTTER, CHF, AND OXYGEN DEPENDENT. INSTRUCTED PATIENT TO INCREASE FUROSEMIDE 20MG TO BID X 5 DAYS. HE VERBALIZED UNDERSTANDING. JUST SAW PULM TODAY AND IS SCHEDULED TO SEE CARDIO.

Provider: Martinez, Luis 05/09/2024

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/01/2024



AVILA, ROBERTO

61 Y old Male, DOB: 11/05/1962

Account Number: 807433

1906 NW 65TH AVE, Margate, FL-33063

Home: 917-736-4109

Guarantor: AVILA, ROBERTO Insurance: Humana Gold Plus South FL Cap

Payer ID: 61102

Appointment Facility: MCM Plantation Pine Island Rd.

05/01/2024

Luis Martinez, DO

**Current Medications****Taking**

- Albuterol Sulfate HFA 108 (90 Base)  
MCG/ACT Aerosol Solution 1 puff as  
needed Inhalation every 4 hrs
- Bisoprolol Fumarate 10 MG Tablet 1 tablet  
Orally Twice a day
- Furosemide 20 MG Tablet 1 tablet Orally  
Once a day
- Ramipril 10 MG Capsule 2 CAPSULES  
Orally Twice a Day
- Budesonide-Formoterol Fumarate 160-4.5  
MCG/ACT Aerosol 1 puff Inhalation twice  
a day

**Not-Taking**

- Riboflavin 25 MG Tablet 1 TABLET Orally  
Once a day
- Medication List reviewed and reconciled  
with the patient

**Past Medical History**

- HYPERTENSION WITH CKD.
- CONGESTIVE HEART FAILURE.
- DEPRESSION.
- INSOMNIA.
- ANXIETY.
- ANEMIA.
- CARDIOMEGLY.
- COPD.
- TONSILLITIS--resolved.
- BROKEN 5TH METACARPAL--B/L.
- OXYGEN DEPENDENT.
- Atrial flutter.

**Surgical History**

- TONSILLECTOMY--AS A CHILD
- CARDIAC CATHETERIZATION--  
IRREGULAR HEARTBEAT 2023

**Family History**

- Father: deceased 75 yrs, ESOPHAGEAL  
CANCER
- Mother: deceased 57 yrs, LIVER CANCER,  
HTN
- Paternal Grandfather: deceased 85 yrs,  
MYOCARDIAL INFARCTION, CAD
- Maternal Grandfather: deceased 85 yrs,  
ASTHMA
- Maternal Grandmother: deceased 82 yrs,  
COLON CANCER

**Reason for Appointment**

- PREOP

**History of Present Illness**AWV-COA-HEDIS:

- Screening:
  - Colon Cancer Screening: DUE
  - PSA: 10/2023
  - Cardiovascular Disease Screening (Lipid Panel): EKG--5/24
  - Lung Cancer Screening: 2023
  - Eye Exam 2022

Pre-Op Visit:

- Date of surgery 5/22/2024.

PATIENT PRESENTS FOR MEDICAL PRE-OP CLEARANCE. RECENTLY DX WITH RECTAL CANCER VIA COLONOSCOPY. CURRENTLY SCHEDULED FOR ROBOTIC RIGHT COLECTOMY WITH DR. CORALLO. NO CP, NO DIZZINESS, NO PALPITATIONS, NO HA, NO LE EDEMA, AND NO BLEEDING. OCCAS COUGH. NO FEVER OR CHILLS.

**Vital Signs**

Ht: 67 in, Wt: 267 lbs, Wt-kg: 121.11 kg, BMI: 41.81 Index, BP: 160/84 mm Hg, HR: 84 /min, Temp: 97.5 F, RR: 17 /min, Oxygen sat %: 93 %, Body Surface Area: 2.39, Ht-cm: 170.18 cm.

**Examination**General Examination:

- General appearance: comfortable, cooperative, well-developed, well nourished/  
Hygiene: Good, **morbidly obese**.
- HEENT Ears: Pinna External is normal  
EOM: Intact  
Eyes: Eyeball, Sclear and Conjuctiva: Normal: Pupil and Lens: PERRLA  
Head, Face and Scalp: normocephalic, atramatic  
Mouth: Oral Cavity: tongue and oral mucosa normal, no thrush  
Teeth/Gums: good dentition.
- Neck / thyroid: Thyroid Gland Characteristics: Normal size and consistency, no  
palpable nodule, non-tender  
Carotid bruit: none, bilateral  
Cervical lymph nodes: unremarkable  
JVD: none  
Neck Surface: Supple; Trachea: midline.
- Heart: Palpation/Percussion Carotid arteries Normal pulsation. Jugular  
vein Bilateral Inspection Normal. Ectopy no Distal Pulses  
Palpable: bilaterally Gallop: no.

Progress Note: Luis Martinez, DO 05/01/2024

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AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/01/2024

- Paternal Uncle: PARKINSONS DISEASE
- Maternal Uncle: deceased 62 yrs,  
MYOCARDIAL INFARCTION

**Social History**Migrated Social History:

- Health: 5 HRS/ NIGHT.
  - Marital: DIVORCED, NO CHILDREN.
  - Occupation: DISABLED.
  - Physical Activity: INACTIVE.
  - Sexual Orientation: HETEROSEXUAL.
- 1 PACK A DAY, SMOKED FOR 40 YRS;  
QUIT IN 2020.

**Allergies**

- N.K.D.A.

**Hospitalization/Major****Diagnostic Procedure**

- NORTH BROWARD ==> ADMIT  
CARDIAC CATHETERIZATION 2023

**Review of Systems**General / Constitutional:

- Chills denies.
- Fatigue denies.
- Fever denies.
- Night sweats denies.
- Weight gain denies.
- Weight loss denies.

ENT:

- Patient denies dysphagia, visual changes, Ear/Nose/Throat pain.
- Hoarseness denies.
- Swollen glands denies.

Endocrine:

- Patient denies polydipsia, polyuria, polyphagia, blurry vision, dry mouth, hypoglyemic episodes

- Cold intolerance denies.
- Heat intolerance denies.

Respiratory:

- Cough denies.
- Shortness of breath denies.
- Wheezing denies.

Cardiovascular:

- Chest pain denies.
- Palpitations denies.
- Edema denies.

Gastrointestinal:

- Abdominal pain denies.
- Change in bowel habits denies.
- Diarrhea denies.
- Heartburn denies.
- Nausea denies.
- Rectal bleeding denies.
- Vomiting denies.

Musculoskeletal:

- Myalgia denies.
- Arthritis / arthralgia denies.
- Back pain denies.

Heart sounds: normal S1S2.

Heave: no.

Point of Maximal Impulse (PMI): non-displaced.

Rate: regular.

Rhythm: regular..

- Lungs: Auscultation clear, bilateral.  
Chest Shape: normal. effort normal, comfortable breathing, no wheezes/rales/rhonchi.  
**B/L LOBES-- decreased breath sounds in lower lobes. Portable O2-- +3L NC .**
- Abdomen: Rigidity: Non tender  
Organomegaly: No organomegaly  
Bowel Sounds: normal X4 quadrants  
General: Skin; normal, soft abdomen  
Masses: none  
Tenderness: no.
- Neurologic: Cognition: normal  
Cranial Nerves: CN's II-XII grossly intact  
Gait: normal  
Motor: normal strength bilaterally  
Muscle Bulk: normal  
Orientation: alert and oriented x3.
- Musculoskeletal: Cervical spines: normal  
Joints Demonstration: apparent normal usage/shapes  
L-S spine: normal  
Posture: upright, normal gait. No assistance needed
- Skin: Color: good  
General appearance: warm, moist, normal turgor.
- Extremities: Edema: no peripheral edema, no skin changes, no ulcers, no rashes.
- Genitourinary deferred.

**Assessments**

1. Rectal cancer - C20 (Primary), F/U WITH SX FOR ROBOTIC RIGHT COLECTOMY.
2. Encounter for preprocedural cardiovascular examination - Z01.810, EKG TODAY
3. Encounter for preprocedural laboratory examination - Z01.812, FASTING LABS
4. Atrial flutter, unspecified type - I48.92, CONT BISOPROLOL 10MG DAILY. F/U WITH CARDIO EVERY 6 MTHS.
5. Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0, DASH DIET. LOW NA INTAKE. INCREASE BISOPROLOL TO 10MG DAILY. CONT RAMIPRIL 10MG 2 TABS BID. MONITOR BP DAILY. WEIGHT LOSS.
6. Congestive heart failure, unspecified HF chronicity, unspecified heart failure type - I50.9, TIGHT BP AND CHOL CONTROL. ENCOURAGE TO RESTART FUROSEMIDE.
7. Chronic obstructive pulmonary disease, unspecified COPD type - J44.9, D/C WIXELA INHALER IN VIEW OF INEFFECTIVENESS. CONT SYMBICORT BID. AVOID PULM IRRITANTS. CONT HOME O2. F/U WITH PULM PRN.
8. Hypoxemic respiratory failure, chronic - J96.11, ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS. CONT PORTABLE O2 PRN.
9. Oxygen dependent - Z99.81, ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS.

Progress Note: Luis Martinez, DO 05/01/2024

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- Painful joints denies.

Skin:

- Patient denies wound .
- Rash denies.

Neurologic:

- Dizziness denies.
- Headache denies.
- Weakness denies.

Psychiatric:

- Patient denies feeling depressed, feeling anxious.

- Chronic kidney disease, stage 2 (mild) - N18.2, Pathophysiology of the diagnosis discussed, including measures to minimize progression of the disease like avoiding NSAIDS and other nephrotoxic meds. Blood pressure control to below 130/80.
- Cardiomegaly - I51.7, TIGHT BP CONTROL. CONT ACE, B-BLOCKER. CONT FUROSEMIDE.
- OSA (obstructive sleep apnea) - G47.33, CONT CPAP NIGHTLY. ENCOURAGE WEIGHT LOSS.
- Iron deficiency anemia, unspecified iron deficiency anemia type - D50.9, INCREASE IRON RICH FOOD INTAKE.
- Generalized anxiety disorder - F41.1, REVIEWED ANXIETY AND STRESS COPING TECHNIQUES.
- Major depressive disorder, recurrent, moderate - F33.1, Controlled substance counseling done, no suicidal ideation, abuse potential of some of the antidepressant meds discussed. Stress reduction and relaxation measures.
- Primary insomnia - F51.01, REVIEWED PROPER SLEEPING HYGIENE.
- Immunization not carried out because of patient refusal - Z28.21, REFUSES FLU VACCINE.
- Morbid obesity - E66.01, ASSOCIATED WITH HTN, CHF-- WEIGHT LOSS. DECREASE CALORIE INTAKE.
- BMI 40.0-44.9, adult - Z68.41

**Treatment****1. Rectal cancer**

LAB: PROTHROMBIN TIME-INR (8847) (Ordered for 05/01/2024)  
(Collection Date & Time - 05/10/2024 12:48 PM) Abnormal

	<u>Value</u>	<u>Reference Range</u>
<b>PT</b>	<b>11.9</b>	<b>H</b> <b>9.0-11.5 - sec</b>
INR	1.1	-

Notes: Martinez, Luis 5/11/2024 07:16:34 AM EDT > PT-- 11.9

LAB: PARTIAL THROMBOPLASTIN TIME, ACTIVATED (763) (Ordered for 05/01/2024)  
(Collection Date & Time - 05/10/2024 12:48 PM)

	<u>Value</u>	<u>Reference Range</u>
PARTIAL THROMBOPLASTIN TIME, ACTIVATED	29	23-32 - sec
<u>LAB: URINALYSIS, COMPLETE W/REFLEX TO CULTURE (3020)</u> <u>(Ordered for 05/01/2024)</u> (Collection Date & Time - 05/10/2024 12:48 PM)		

	<u>Value</u>	<u>Reference Range</u>
COLOR	DARK YELL OW	YELLOW -
APPEARANCE	CLEA R	CLEAR -
<b>BILIRUBIN</b>	<b>1+</b>	<b>A</b> <b>NEGATIVE -</b>

Progress Note: Luis Martinez, DO 05/01/2024

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AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/01/2024

KETONES	TRAC E	A	NEGATIVE -
SPECIFIC GRAVITY	1.023		1.001-1.035 -
OCCULT BLOOD	NEGA TIVE		NEGATIVE -
PH	7.0		5.0-8.0 -
PROTEIN	1+	A	NEGATIVE -
NITRITE	NEGA TIVE		NEGATIVE -
LEUKOCYTE ESTERASE	NEGA TIVE		NEGATIVE -
WBC	NONE SEEN		< OR = 5 - /HPF
RBC	0-2		< OR = 2 - /HPF
SQUAMOUS EPITHELIAL CELLS	NONE SEEN		< OR = 5 - /HPF
BACTERIA	NONE SEEN		NONE SEEN - /HPF
HYALINE CAST	NONE SEEN		NONE SEEN - /LPF
GLUCOSE	NEGA TIVE		NEGATIVE -

IMAGING: Midmark ECG (93000)

	Value	Reference Range
Heart Rate	82	
Systolic Blood Pressure	120	
Diastolic Blood Pressure	80	
PR Interval	150	
QT Interval	400	
QTc Interval	438	
QRS Duration	104	
PWave Axis	39	
QrsWave Axis	13	
TWave Axis	71	

Notes: Orbe, Alyssa 5/1/2024 02:32:11 PM EDT &gt;

PROCEDURE: HEDIS: COA Medication ReviewPROCEDURE: HEDIS: Tobacco Non-UserPROCEDURE: HEDIS: BMI > 30

Progress Note: Luis Martinez, DO 05/01/2024

Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

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AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/01/2024

**2. Encounter for preprocedural cardiovascular examination**  
IMAGING: Midmark ECG (93000)

	<u>Value</u>	<u>Reference Range</u>
Heart Rate	82	
Systolic Blood Pressure	120	
Diastolic Blood Pressure	80	
PR Interval	150	
QT Interval	400	
QTc Interval	438	
QRS Duration	104	
PWave Axis	39	
QrsWave Axis	13	
TWave Axis	71	

Notes: Orbe, Alyssa 5/1/2024 02:32:11 PM EDT &gt;

IMAGING: X ray : Chest, PA and Lateral views (71046) (Ordered for 05/01/2024)

**3. Encounter for preprocedural laboratory examination**

 LAB: COMPREHENSIVE METABOLIC PANEL (10231) (Ordered for 05/01/2024) (Collection Date & Time - 05/10/2024 12:48 PM) Abnormal

	<u>Value</u>	<u>Reference Range</u>
<b>GLUCOSE</b>	<b>105</b>	<b>H</b> <b>65-99 - mg/dL</b>
UREA NITROGEN (BUN)	14	7-25 - mg/dL
CREATININE	0.72	0.70-1.35 - mg/dL
BUN/CREATININE RATIO	SEE NOTE:	6-22 - (calc)
SODIUM	143	135-146 - mmol/L
POTASSIUM	3.6	3.5-5.3 - mmol/L
<b>CHLORIDE</b>	<b>92</b>	<b>L</b> <b>98-110 - mmol/L</b>
<b>CARBON DIOXIDE</b>	<b>42</b>	<b>H</b> <b>20-32 - mmol/L</b>
CALCIUM	9.1	8.6-10.3 - mg/dL
PROTEIN, TOTAL	6.9	6.1-8.1 - g/dL
ALBUMIN	4.1	3.6-5.1 - g/dL
GLOBULIN	2.8	1.9-3.7 - g/dL (calc)
ALBUMIN/GLOBULIN RATIO	1.5	1.0-2.5 - (calc)
<b>BILIRUBIN, TOTAL</b>	<b>2.9</b>	<b>H</b> <b>0.2-1.2 - mg/dL</b>

Progress Note: Luis Martinez, DO 05/01/2024

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AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/01/2024

ALKALINE PHOSPHATASE	96	35-144 - U/L
AST	24	10-35 - U/L
ALT	15	9-46 - U/L
EGFR	104	> OR = 60 - mL/min/1.73m <sup>2</sup>

Notes: Martinez, Luis 5/11/2024 07:17:20 AM EDT > BILI-- 2.9  
CORRELATE. RECHECK

🕒 LAB: PROTHROMBIN TIME-INR (8847) (Ordered for 05/01/2024)  
(Collection Date & Time - 05/10/2024 12:48 PM) Abnormal

	<u>Value</u>	<u>Reference Range</u>
PT	11.9 H	9.0-11.5 - sec
INR	1.1	-

Notes: Martinez, Luis 5/11/2024 07:16:34 AM EDT > PT-- 11.9

🕒 LAB: PARTIAL THROMBOPLASTIN TIME, ACTIVATED (763) (Ordered for 05/01/2024)  
(Collection Date & Time - 05/10/2024 12:48 PM)

	<u>Value</u>	<u>Reference Range</u>
PARTIAL THROMBOPLASTIN TIME, ACTIVATED	29	23-32 - sec

🕒 LAB: URINALYSIS, COMPLETE W/REFLEX TO CULTURE (3020) (Ordered for 05/01/2024)  
(Collection Date & Time - 05/10/2024 12:48 PM)

	<u>Value</u>	<u>Reference Range</u>
COLOR	DARK YELL OW	YELLOW -
APPEARANCE	CLEAR	CLEAR -
<b>BILIRUBIN</b>	<b>1+ A</b>	<b>NEGATIVE -</b>
<b>KETONES</b>	<b>TRAC E A</b>	<b>NEGATIVE -</b>
SPECIFIC GRAVITY	1.023	1.001-1.035 -
OCCULT BLOOD	NEGA TIVE	NEGATIVE -
PH	7.0	5.0-8.0 -
<b>PROTEIN</b>	<b>1+ A</b>	<b>NEGATIVE -</b>
NITRITE	NEGA TIVE	NEGATIVE -
LEUKOCYTE ESTERASE	NEGA TIVE	NEGATIVE -

Progress Note: Luis Martinez, DO 05/01/2024

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AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/01/2024

WBC	NONE SEEN	< OR = 5 - /HPF
RBC	0-2	< OR = 2 - /HPF
SQUAMOUS EPITHELIAL CELLS	NONE SEEN	< OR = 5 - /HPF
BACTERIA	NONE SEEN	NONE SEEN - /HPF
HYALINE CAST	NONE SEEN	NONE SEEN - /LPF
GLUCOSE	NEGA TIVE	NEGATIVE -

**4. Atrial flutter, unspecified type**

Referral To:Cardiology

Reason:CARDIO REF FOR PRE-OP CLEARANCE | DR RICHARD  
GOLDMAN**5. Hypertensive heart and chronic kidney disease with heart failure  
and stage 1 through stage 4 chronic kidney disease, or unspecified  
chronic kidney disease**

🕒 LAB: COMPREHENSIVE METABOLIC PANEL (10231) (Ordered for  
05/01/2024) (Collection Date & Time - 05/10/2024 12:48 PM) Abnormal

	<b>Value</b>		<b>Reference Range</b>
<b>GLUCOSE</b>	<b>105</b>	<b>H</b>	<b>65-99 - mg/dL</b>
UREA NITROGEN (BUN)	14		7-25 - mg/dL
CREATININE	0.72		0.70-1.35 - mg/dL
BUN/CREATININE RATIO	SEE NOTE:		6-22 - (calc)
SODIUM	143		135-146 - mmol/L
POTASSIUM	3.6		3.5-5.3 - mmol/L
<b>CHLORIDE</b>	<b>92</b>	<b>L</b>	<b>98-110 - mmol/L</b>
<b>CARBON DIOXIDE</b>	<b>42</b>	<b>H</b>	<b>20-32 - mmol/L</b>
CALCIUM	9.1		8.6-10.3 - mg/dL
PROTEIN, TOTAL	6.9		6.1-8.1 - g/dL
ALBUMIN	4.1		3.6-5.1 - g/dL
GLOBULIN	2.8		1.9-3.7 - g/dL (calc)
ALBUMIN/GLOBULIN RATIO	1.5		1.0-2.5 - (calc)
<b>BILIRUBIN, TOTAL</b>	<b>2.9</b>	<b>H</b>	<b>0.2-1.2 - mg/dL</b>
ALKALINE PHOSPHATASE	96		35-144 - U/L
AST	24		10-35 - U/L

Progress Note: Luis Martinez, DO 05/01/2024

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ALT	15	9-46 - U/L
EGFR	104	> OR = 60 - mL/min/1.73m <sup>2</sup>

Notes: Martinez, Luis 5/11/2024 07:17:20 AM EDT > BILI-- 2.9 CORRELATE. RECHECK

**6. Congestive heart failure, unspecified HF chronicity, unspecified heart failure type**

Referral To: Cardiology

Reason: CARDIO REF FOR PRE-OP CLEARANCE | DR RICHARD GOLDMAN

**7. Chronic obstructive pulmonary disease, unspecified COPD type**

Refill Albuterol Sulfate HFA Aerosol Solution, 108 (90 Base) MCG/ACT, 1 puff as needed, Inhalation, every 4 hrs, 30 days, 1  
IMAGING: X ray : Chest, PA and Lateral views (71046) (Ordered for 05/01/2024)

**8. Iron deficiency anemia, unspecified iron deficiency anemia type**

 LAB: CBC (INCLUDES DIFF/PLT) (6399) (Ordered for 05/01/2024). (Collection Date & Time - 05/10/2024 12:48 PM). Abnormal

	<b>Value</b>	<b>Reference Range</b>
WHITE BLOOD CELL COUNT	10.1	3.8-10.8 - Thousand/uL
<b>RED BLOOD CELL COUNT</b>	<b>3.75</b>	<b>L</b> <b>4.20-5.80 - Million/uL</b>
<b>HEMOGLOBIN</b>	<b>11.8</b>	<b>L</b> <b>13.2-17.1 - g/dL</b>
<b>HEMATOCRIT</b>	<b>35.2</b>	<b>L</b> <b>38.5-50.0 - %</b>
MCV	93.9	80.0-100.0 - fL
MCH	31.5	27.0-33.0 - pg
MCHC	33.5	32.0-36.0 - g/dL
RDW	12.9	11.0-15.0 - %
PLATELET COUNT	193	140-400 - Thousand/uL
NEUTROPHILS	68.8	- %
ABSOLUTE NEUTROPHILS	6949	1500-7800 - cells/uL
LYMPHOCYTES	17.5	- %
ABSOLUTE LYMPHOCYTES	1768	850-3900 - cells/uL
MONOCYTES	8.6	- %
ABSOLUTE MONOCYTES	869	200-950 - cells/uL
EOSINOPHILS	4.5	- %
ABSOLUTE EOSINOPHILS	455	15-500 - cells/uL

Progress Note: Luis Martinez, DO 05/01/2024

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BASOPHILS	0.6	- %
ABSOLUTE BASOPHILS	61	0-200 - cells/uL
MPV	9.1	7.5-12.5 - fL

Notes: Martinez, Luis 5/11/2024 07:17:57 AM EDT > HGB-- 11.8 MONITOR.

#### 9. Primary insomnia

Start hydrOXYzine HCl Tablet, 50 MG, 1 tablet as needed, Orally, evening, 30 days, 30, Refills 2

#### Procedures

CBC, CMP, PT, PTT, INR, UA----> HGB-- 11.8, PT--11.9, BILI--2.9  
EKG---> R--82, NSR.  
CXR---->  
PULM EVAL----> CLEARED FOR SX WITH MODERATE RISK.  
CARDIO EVAL---> CLINICALLY STABLE, BUT HIGH RISK FOR COLORECTAL SX.

PATIENT CLEARED FOR SX WITH MODERATE RISK.

#### Visit Codes

- 99213 Office Visit, Est Pt., Level 3.

#### Procedure Codes

- 93000 -ELECTROCARDIOGRAM, COMPLETE
- 1160F RVW MEDS BY RX/DR IN RCRD
- 1159F MED LIST DOCD IN RCRD
- G9903 Pt sern tbco id as non user
- G8417 BMI >=30 CALCULATE W/FOLLOWUP
- 3008F BODY MASS INDEX DOCD



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Sign off status: Completed

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350 N PINE ISLAND RD

Progress Note: Luis Martinez, DO 05/01/2024

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 05/01/2024

STE 302  
PLANTATION, FL 33324-1849  
Tel: 954-581-8272  
Fax: 954-581-8382

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Progress Note: Luis Martinez, DO 05/01/2024

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 03/18/2024

**AVILA, ROBERTO**

61 Y old Male, DOB: 11/05/1962

Account Number: 807433

1906 NW 65TH AVE, Margate, FL-33063

Home: 917-736-4109

Payer ID: 61102

Guarantor: AVILA, ROBERTO Insurance: Humana Gold Plus South FL Cap

Appointment Facility: MCM Plantation Pine Island Rd.

03/18/2024

Luis Martinez, DO

**Current Medications****Taking**

- Symbicort 160-4.5 MCG/ACT Aerosol 2 puff as needed Inhalation Twice a day
- Bisoprolol Fumarate 10 MG Tablet 1 tablet Orally Twice a day
- Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution 1 puff as needed Inhalation every 4 hrs
- Furosemide 20 MG Tablet 1 tablet Orally Once a day
- Ramipril 10 MG Capsule 2 CAPSULES Orally Twice a Day
- Riboflavin 25 MG Tablet 1 TABLET Orally Once a day

**Discontinued**

- Wixela Inhub 500-50 MCG/ACT Aerosol Powder Breath Activated 1 puff Inhalation Twice a day
- Medication List reviewed and reconciled with the patient

**Past Medical History**

HYPERTENSION WITH CKD.  
CONGESTIVE HEART FAILURE.  
DEPRESSION.  
INSOMNIA.  
ANXIETY.  
ANEMIA.  
CARDIOMEGLY.  
COPD.  
TONSILLITIS--resolved.  
BROKEN 5TH METACARPAL--B/L.  
OXYGEN DEPENDENT.  
Atrial flutter.

**Surgical History**

TONSILLECTOMY--AS A CHILD  
CARDIAC CATHETERIZATION--  
IRREGULAR HEARTBEAT 2023

**Family History**

Father: deceased 75 yrs, ESOPHAGEAL CANCER  
Mother: deceased 57 yrs, LIVER CANCER, HTN  
Paternal Grandfather: deceased 85 yrs, MYOCARDIAL INFARCTION, CAD  
Maternal Grandfather: deceased 85 yrs, ASTHMA  
Maternal Grandmother: deceased 82 yrs, COLON CANCER

**Reason for Appointment**

1. FOLLOW UP
2. Pt due for Colorectal ca scr.

**History of Present Illness**Depression screening:

PHQ-9

Little interest or pleasure in doing things *Nearly every day*  
Feeling down, depressed, or hopeless *More than half the days*  
Trouble falling or staying asleep, or sleeping too much *Nearly every day*  
Feeling tired or having little energy *Nearly every day*  
Poor appetite or overeating *Not at all*  
Feeling bad about yourself or that you are a failure, or have let yourself or your family down *Several days*

Trouble concentrating on things, such as reading the newspaper or watching television *Not at all*

Moving or speaking so slowly that other people could have noticed; or the opposite, being so fidgety or restless that you have been moving around a lot more than usual *Not at all*

Thoughts that you would be better off dead or of hurting yourself in some way

*Not at all*Total Score **12**Interpretation *Moderate Depression*AWV-COA-HEDIS:Screening:Colon Cancer Screening: **DUE**PSA: **10/2023**Cardiovascular Disease Screening (Lipid Panel): **EKG--10/23**Lung Cancer Screening: **2023**Eye Exam **2022**Today:

Patient is here for HTN.

TOLERATING MEDS. +MILD SOB. USING PORTABLE AND HOME OXYGEN DAILY. NO CP, NO DIZZINESS, NO PALPITATIONS, NO BLURRY VISION, NO LE EDEMA, AND NO BLEEDING. +OCCAS COUGH, NO MUSCLE CRAMPS. NO COLD OR HEAT INTOLERANCE. NO DYSPHAGIA. NO URINE C/O. REGULAR BM. MOOD STABLE. NO RECENT FALL. COVID VACCINE--SERIES COMPLETED. FLU VACCINE--REFUSES. PULM-- 2/2024. CARDIO-- 4/2024, EVERY 6 MTHS.

**Vital Signs**

Ht: 67 in, Wt: **277** lbs, Wt-kg: 125.64 kg, BMI: **43.38** Index, BP: **138/70** mm Hg, HR: **77** /min, RR: **17** /min, Oxygen sat %: **92** %, Body Surface Area: 2.43, Ht-cm:

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Paternal Uncle: PARKINSONS DISEASE  
 Maternal Uncle: deceased 62 yrs,  
 MYOCARDIAL INFARCTION

**Social History**

Tobacco Use:  
 Tobacco Use/Smoking  
 Tobacco use: *former smoker*

1 PACK A DAY, SMOKED FOR 40 YRS; QUIT  
 IN 2020.

**Allergies**

N.K.D.A.

**Hospitalization/Major Diagnostic Procedure**

NORTH BROWARD ===> ADMIT CARDIAC CATHETERIZATION 2023

**Review of Systems**General / Constitutional:

Chills denies. Fatigue denies.  
 Fever denies. Night sweats denies. Weight gain denies. Weight loss denies.

ENT:

Patient denies dysphagia, visual changes, Ear/Nose/Throat pain. Hoarseness denies. Swollen glands denies.

Endocrine:

Patient denies polydipsia, polyuria, polyphagia, blurry vision, dry mouth, hypoglyemic episodes

Cold intolerance denies. Heat intolerance denies.

Respiratory:

Cough denies. Shortness of breath denies. Wheezing denies.

Cardiovascular:

Chest pain denies. Palpitations denies.

Edema:Gastrointestinal:

Abdominal pain denies. Change in bowel habits denies. Diarrhea denies.

Heartburn denies. Nausea denies. Rectal bleeding denies. Vomiting denies.

Musculoskeletal:

Myalgia denies. Arthritis / arthralgia denies. Back pain denies. Painful joints denies.

Skin:

Patient denies wound . Rash denies.

Neurologic:

Dizziness denies. Headache denies. Weakness denies.

Psychiatric:

Patient denies feeling depressed, feeling anxious.

170.18 cm.

**Past Orders**

**Lab:CBC (INCLUDES DIFF/PLT) (6399) (Order Date - 10/02/2023) (Collection Date & Time - 10/03/2023 10:09 AM)**

Result: Low

	<u>Value</u>		<u>Reference Range</u>
WHITE BLOOD	7.4		3.8-10.8 -
CELL COUNT			Thousands/uL
<b>RED BLOOD</b>	<b>3.79</b>	<b>L</b>	<b>4.20-5.80 -</b>
<b>CELL COUNT</b>			<b>Million/uL</b>
<b>HEMOGLOBI</b>	<b>11.4</b>	<b>L</b>	<b>13.2-17.1 - g/dL</b>
<b>N</b>			
<b>HEMATOCRIT</b>	<b>35.1</b>	<b>L</b>	<b>38.5-50.0 - %</b>
MCV	92.6		80.0-100.0 - fL
MCH	30.1		27.0-33.0 - pg
MCHC	32.5		32.0-36.0 - g/dL
RDW	13.1		11.0-15.0 - %
PLATELET	197		140-400 -
COUNT			Thousands/uL
NEUTROPHILS	57.1		- %
ABSOLUTE	4225		1500-7800 - cells/uL
NEUTROPHILS			
LYMPHOCYTES	26.5		- %
ABSOLUTE	1961		850-3900 - cells/uL
LYMPHOCYTES			
MONOCYTES	9.9		- %
ABSOLUTE	733		200-950 - cells/uL
MONOCYTES			
EOSINOPHILS	5.4		- %
ABSOLUTE	400		15-500 - cells/uL
EOSINOPHILS			
BASOPHILS	1.1		- %
ABSOLUTE	81		0-200 - cells/uL
BASOPHILS			
MPV	9.4		7.5-12.5 - fL
Notes: Martinez, Luis 10/4/2023 07:15:05 AM > HGB- 11.3 COMPARE.			
MONITOR Martinez, Luis 10/4/2023 12:33:47 PM > PATIENT ALSO REFERRED TO GASTRO FOR COLONOSCOPY			

**Lab:LIPID PANEL WITH RATIOS (19543) (Order Date - 10/02/2023) (Collection Date & Time - 10/03/2023 10:09 AM)**

	<u>Value</u>		<u>Reference Range</u>
TRIGLYCERIDE	84		<150 - mg/dL

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	CHOLESTEROL,195		<200 - mg/dL
TOTAL			
HDL	66		> OR = 40 - mg/dL
CHOLESTEROL			
<b>LDL- CHOLESTEROL</b>	<b>112</b>	<b>H</b>	<b>- mg/dL (calc)</b>
CHOL/HDLC	3.0		<5.0 - (calc)
RATIO			
LDL/HDL	1.7		- (calc)
RATIO			
NON HDL	129		<130 - mg/dL (calc)
CHOLESTEROL			

**Lab:COMPREHENSIVE METABOLIC PANEL (10231) (Order Date - 10/02/2023) (Collection Date & Time - 10/03/2023 10:09 AM)**

	<u>Value</u>		<u>Reference Range</u>
GLUCOSE	97		65-99 - mg/dL
UREA	11		7-25 - mg/dL
NITROGEN (BUN)			
CREATININE	0.70		0.70-1.35 - mg/dL
BUN/CREATINI SEE NOTE:			6-22 - (calc)
NE RATIO			
SODIUM	143		135-146 - mmol/L
POTASSIUM	4.2		3.5-5.3 - mmol/L
CHLORIDE	101		98-110 - mmol/L
<b>CARBON DIOXIDE</b>	<b>34</b>	<b>H</b>	<b>20-32 - mmol/L</b>
<b>CALCIUM</b>	<b>8.3</b>	<b>L</b>	<b>8.6-10.3 - mg/dL</b>
PROTEIN, TOTAL	7.0		6.1-8.1 - g/dL
ALBUMIN	4.0		3.6-5.1 - g/dL
GLOBULIN	3.0		1.9-3.7 - g/dL (calc)
ALBUMIN/GLO	1.3		1.0-2.5 - (calc)
BULIN RATIO			
BILIRUBIN, TOTAL	1.0		0.2-1.2 - mg/dL
ALKALINE PHOSPHATASE	101		35-144 - U/L
AST	30		10-35 - U/L
ALT	19		9-46 - U/L
EGFR	105		> OR = 60 - mL/min/1.73m <sup>2</sup>

**Lab:HEMOGLOBIN A1c (496) (Order Date - 10/02/2023) (Collection Date & Time - 10/03/2023 10:09 AM)**

<u>Value</u>	<u>Reference Range</u>
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HEMOGLOBIN A1c	5.1	<5.7 - % of total Hgb
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 **Lab:TSH W/REFLEX TO FT4 (36127) (Order Date - 10/02/2023) (Collection Date & Time - 10/03/2023 10:09 AM)**

<u>Value</u>	<u>Reference Range</u>
TSH W/REFLEX2.01 TO FT4	0.40-4.50 - mIU/L

 **Lab:PSA, TOTAL (5363) (Order Date - 10/02/2023) (Collection Date & Time - 10/03/2023 10:09 AM)**

<u>Value</u>	<u>Reference Range</u>
PSA, TOTAL      0.28	< OR = 4.00 - ng/mL

### Examination

#### General Examination:

General appearance: comfortable, cooperative, well-developed, well nourished/  
 Hygiene: Good , **morbidly obese**.  
 HEENT Ears: Pinna External is normal  
 EOM: Intact  
 Eyes: Eyeball, Sclear and Conjuctivita: Normal: Pupil and Lens: PERRLA  
 Head, Face and Scalp: normocephalic, atramatic  
 Mouth: Oral Cavity: tongue and oral mucosa normal, no thrush  
 Teeth/Gums: good dentition.  
 Neck / thyroid: Thyroid Gland Characteristics: Normal size and consistency, no palpable nodule, non-tender  
 Carotid bruit: none, bilateral  
 Cervical lymph nodes: unremarkable  
 JVD: none  
 Neck Surface: Supple; Trachea: midline.  
 Heart: Palpation/Percussion Carotid arteries Normal pulsation. Jugular vein Bilateral Inspection Normal. Ectopy no Distal Pulses  
 Palpable: bilaterally Gallop: no.  
 Heart sounds: normal S1S2.  
 Heave: no.  
 Point of Maximal Impulse (PMI): non-displaced.  
 Rate: regular.  
 Rhythm: regular. .  
 Lungs: Auscultation clear, bilateral.  
 Chest Shape: normal. effort normal, comfortable breathing, no wheezes/rales/rhonchi.  
**B/L LOBES-- decreased breath sounds in lower lobes. Portable O2-- +3L NC .**  
 Abdomen: Rigidity: Non tender  
 Organomegaly: No organomegaly  
 Bowel Sounds: normal X4 quadrants  
 General: Skin; normal, soft abdomen  
 Masses: none  
 Tenderness: no.  
 Neurologic: Cognition: normal  
 Cranial Nerves: CN's II-XII grossly intact  
 Gait: normal

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Motor: normal strength bilaterally  
 Muscle Bulk: normal  
 Orientation: alert and oriented x3.  
 Musculoskeletal: Cervical spines: normal  
 Joints Demonstration: apparent normal usage/shapes  
 L-S spine: normal  
 Posture: upright, normal gait. No assistance needed  
 .  
 Skin: Color: good  
 General appearance: warm, moist, normal turgor.  
 Extremities: Edema: no peripheral edema, no skin changes, no ulcers, no rashes.  
 Genitourinary deferred.

### Assessments

1. Atrial flutter, unspecified type - I48.92 (Primary), CONT BISOPROLOL 10MG DAILY. F/U WITH CARDIO EVERY 6 MTHS.
2. Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0, DASH DIET. LOW NA INTAKE. INCREASE BISOPROLOL TO 10MG DAILY. CONT RAMIPRIL 10MG 2 TABS BID. MONITOR BP DAILY. WEIGHT LOSS.
3. Congestive heart failure, unspecified HF chronicity, unspecified heart failure type - I50.9, TIGHT BP AND CHOL CONTROL. ENCOURAGE TO RESTART FUROSEMIDE.
4. Chronic obstructive pulmonary disease, unspecified COPD type - J44.9, D/C WIXELA INHALER IN VIEW OF INEFFECTIVENESS. CONT SYMBICORT BID. AVOID PULM IRRITANTS. CONT HOME O2. F/U WITH PULM PRN.
5. Hypoxemic respiratory failure, chronic - J96.11, ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS. CONT PORTABLE O2 PRN.
6. Oxygen dependent - Z99.81, ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS.
7. Chronic kidney disease, stage 2 (mild) - N18.2, Pathophysiology of the diagnosis discussed, including measures to minimize progression of the disease like avoiding NSAIDS and other nephrotoxic meds. Blood pressure control to below 130/80.
8. Cardiomegaly - I51.7, TIGHT BP CONTROL. CONT ACE, B-BLOCKER. CONT FUROSEMIDE.
9. OSA (obstructive sleep apnea) - G47.33, CONT CPAP NIGHTLY. ENCOURAGE WEIGHT LOSS.
10. Iron deficiency anemia, unspecified iron deficiency anemia type - D50.9, INCREASE IRON RICH FOOD INTAKE.
11. Generalized anxiety disorder - F41.1, REVIEWED ANXIETY AND STRESS COPING TECHNIQUES.
12. Major depressive disorder, recurrent, moderate - F33.1, Controlled substance counseling done, no suicidal ideation, abuse potential of some of the antidepressant meds discussed. Stress reduction and relaxation measures.
13. Primary insomnia - F51.01, REVIEWED PROPER SLEEPING HYGIENE.
14. Immunization not carried out because of patient refusal - Z28.21, REFUSES FLU VACCINE.
15. Morbid obesity - E66.01, ASSOCIATED WITH HTN, CHF-- WEIGHT LOSS. DECREASE CALORIE INTAKE.
16. BMI 40.0-44.9, adult - Z68.41
17. Positive colorectal cancer screening using Cologuard test - R19.5, GASTRO REF (DR. SETH KIRSCHNER) FOR COLONOSCOPY.

### Treatment

#### 1. Atrial flutter, unspecified type

LAB: LIPID PANEL WITH RATIOS (19543) (Ordered for 03/18/2024)

Progress Note: Luis Martinez, DO 03/18/2024

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**2. Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease**LAB: COMPREHENSIVE METABOLIC PANEL (10231) (Ordered for 03/18/2024)LAB: KIDNEY PROFILE (39165) (Ordered for 03/18/2024)PROCEDURE: HEDIS: Blood Pressure Diastolic Less than 80PROCEDURE: HEDIS: Blood Pressure Systolic 130-139PROCEDURE: HEDIS: COA Medication ReviewPROCEDURE: HEDIS: Depression Screening (If completed)PROCEDURE: HEDIS: Tobacco Non-UserPROCEDURE: HEDIS: BMI > 30PROCEDURE: HEDIS: Depression Screening - Positive**3. Congestive heart failure, unspecified HF chronicity, unspecified heart failure type**LAB: COMPREHENSIVE METABOLIC PANEL (10231) (Ordered for 03/18/2024)**4. Iron deficiency anemia, unspecified iron deficiency anemia type**LAB: CBC (INCLUDES DIFF/PLT) (6399) (Ordered for 03/18/2024)**Visit Codes**

99213 Office Visit, Est Pt., Level 3.

**Procedure Codes**

1160F RVW MEDS BY RX/DR IN RCRD

1159F MED LIST DOCD IN RCRD

G9903 Pt scrn tbco id as non user

G0444 ANNUAL DEPRESSION SCREENING 15 MIN, Modifiers: 59

G8417 BMI &gt;=30 CALCULATE W/FOLLOWUP

G8431 CLIN DEPRESSION SCREEN DOC

3008F BODY MASS INDEX DOCD

3075F SYST BP GE 130 - 139MM HG

3078F DIAST BP &lt; 80 MM HG

**Follow Up**

4 Months (Reason: DO LABS PRIOR TO NEXT VISIT.)

**Care Plan Details**

Electronically signed by Luis Martinez , DO, OS10932 on 03/19/2024 at 09:43 PM EDT

Sign off status: Completed

Progress Note: Luis Martinez, DO 03/18/2024

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 03/18/2024

MCM Plantation Pine Island Rd.  
350 N PINE ISLAND RD  
STE 302  
PLANTATION, FL 33324-1849  
Tel: 954-581-8272  
Fax: 954-581-8382

Progress Note: Luis Martinez, DO 03/18/2024

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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## MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302  
PLANTATION FL 33324-1849  
Ph: 954-581-8272 Fax:954-581-8382

### PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: ROBERTO AVILA Date: 03/18/2024

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "x" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1) Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Poor appetite or overeating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Feeling bad about yourself or that you are a failure, or have let yourself or your family down	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Trouble concentrating on things, such as reading the newspaper or watching television	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Moving or speaking so slowly that other people could have noticed; or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Thoughts that you would be better off dead or of hurting yourself in some way	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Score:

12

#### Interpretation

Minimal Depression

Mild Depression

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433

Moderate Depression

Moderately Severe Depression

Severe Depression

#### Interpretation of Total Score for Depression Severity

- 1-4 Minimal depression
- 5-9 Mild depression
- 10-14 Moderate depression
- 15-19 Moderately severe depression
- 20-27 Severe depression

---

Source: Adapted from materials prepared by: Kroenke K, Spitzer R, Williams W. The PHQ-9: Validity of a brief depression severity measure. JGIM, 2001, 16:606-616

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AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 02/07/2024



**AVILA, ROBERTO**

61 Y old Male, DOB: 11/05/1962  
1906 NW 65TH AVE, Margate, FL 33063  
Home: 917-736-4109  
Provider: Martinez, Luis

Telephone Encounter

**Answered by** Alvarez, Ana-Maria Date: 02/07/2024  
Time: 12:42 PM

**Reason** SCHEDULE APPT

**Message** PT NS FOR DEC APPT, PLS CONTACT TO RESCHEDULE FOR SOONEST APPT

**Action Taken** Orbe, Alyssa 02/07/2024 01:31:35 PM > SCHEDULED FOR MARCH 18TH WITH DR. MARTINEZ.

---

Provider: Martinez, Luis 02/07/2024

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

AVILA, ROBERTO DOB: 11/05/1962 (62 yo M) Acc No. 807433 DOS: 12/14/2023

## UNLOCKED PROGRESS NOTE



## AVILA, ROBERTO

61 Y old Male, DOB: 11/05/1962

Account Number: 807433

1906 NW 65TH AVE, Margate, FL-33063

Home: 917-736-4109

Insurance: Humana Gold Plus South FL Cap

Payer ID: 61102

Appointment Facility: MCM Plantation Pine Island Rd.

Guarantor: AVILA, ROBERTO Insurance: Humana Gold Plus South FL Cap

12/14/2023 Luis Martinez, DO

**Current Medications****Taking**

- Wixela Inhub 500-50 MCG/ACT Aerosol Powder Breath Activated 1 puff Inhalation Twice a day
- Ramipril 10 MG Capsule 2 CAPSULES Orally BID
- Riboflavin 25 MG Tablet 1 TABLET Orally Once a day
- Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution 1 puff as needed Inhalation every 4 hrs
- Furosemide 20 MG Tablet 1 tablet Orally Once a day

**Past Medical History**

- HYPERTENSION WITH CKD.
- CONGESTIVE HEART FAILURE.
- DEPRESSION.
- INSOMNIA.
- ANXIETY.
- ANEMIA.
- CARDIOMEGLY.
- COPD.
- TONSILLITIS--resolved.
- BROKEN 5TH METACARPAL--B/L.
- OXYGEN DEPENDENT.

**Surgical History**

- TONSILLECTOMY--AS A CHILD
- CARDIAC CATHETERIZATION--IRREGULAR HEARTBEAT 2023

**Family History**

- Father: deceased 75 yrs, ESOPHAGEAL CANCER
- Mother: deceased 57 yrs, LIVER CANCER, HTN
- Paternal Grandfather: deceased 85 yrs, MYOCARDIAL INFARCTION, CAD
- Maternal Grandfather: deceased 85 yrs, ASTHMA
- Maternal Grandmother: deceased 82 yrs, COLON CANCER
- Paternal Uncle: PARKINSONS DISEASE
- Maternal Uncle: deceased 62 yrs, MYOCARDIAL INFARCTION

**Reason for Appointment**

1. Follow-up

**History of Present Illness**AWV-COA-HEDIS:

- Screening:  
PSA: 10/2023  
Lung Cancer Screening: 2023  
Eye Exam 2022

**Vital Signs****Assessments**

1. Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0 **Notes :** DASH DIET. LOW NA INTAKE. INCREASE BISOPROLOL TO 10MG DAILY. CONT RAMIPRIL 10MG 2 TABS BID. MONITOR BP DAILY. WEIGHT LOSS.
2. Congestive heart failure, unspecified HF chronicity, unspecified heart failure type - I50.9 **Notes :** TIGHT BP AND CHOL CONTROL. ENCOURAGE TO RESTART FUROSEMIDE.
3. Chronic obstructive pulmonary disease, unspecified COPD type - J44.9 **Notes :** D/C SYMBICORT IN VIEW OF BLOATING. RX WIXELA INHALER BID. AVOID PULM IRRITANTS. CONT HOME O2. F/U WITH PULM PRN.
4. Hypoxemic respiratory failure, chronic - J96.11 **Notes :** ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS. CONT PORTABLE O2 PRN.
5. Oxygen dependent - Z99.81 **Notes :** ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS.
6. Chronic kidney disease, stage 2 (mild) - N18.2 **Notes :** Pathophysiology of the diagnosis discussed, including measures to minimize progression of the disease like avoiding NSAIDS and other nephrotoxic meds. Blood pressure control to below 130/80.
7. Cardiomegaly - I51.7 **Notes :** TIGHT BP CONTROL. CONT ACE, B-BLOCKER. ENCOURAGE TO RESTART FUROSEMIDE.
8. OSA (obstructive sleep apnea) - G47.33
9. Anemia, unspecified type - D64.9 **Notes :** INCREASE IRON RICH FOOD INTAKE.
10. Generalized anxiety disorder - F41.1 **Notes :** REVIEWED ANXIETY AND STRESS COPING TECHNIQUES.

Progress Note: Luis Martinez, DO 12/14/2023

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AVILA, ROBERTO DOB: 11/05/1962 (62 yo M) Acc No. 807433 DOS: 12/14/2023

**Social History**Migrated Social History:

- Health: 5 HRS/ NIGHT.
  - Marital: DIVORCED, NO CHILDREN.
  - Occupation: DISABLED.
  - Physical Activity: INACTIVE.
  - Sexual Orientation: HETEROSEXUAL.
- 1 PACK A DAY, SMOKED FOR 40 YRS;  
QUIT IN 2020.

**Allergies**

- N.K.D.A.

**Hospitalization/Major****Diagnostic Procedure**

- NORTH BROWARD ==> ADMIT  
CARDIAC CATHETERIZATION 2023

11. Major depressive disorder, recurrent, moderate - F33.1 **Notes :** Controlled substance counseling done, no suicidal ideation, abuse potential of some of the antidepressant meds discussed. Stress reduction and relaxation measures.
12. Primary insomnia - F51.01 **Notes :** REVIEWED PROPER SLEEPING HYGIEINE.
13. Morbid obesity - E66.01 **Notes :** ASSOCIATED WITH HTN, CHF-- WEIGHT LOSS. DECREASE CALORIE INTAKE.
14. BMI 40.0 44.9, adult - Z68.41
15. Positive colorectal cancer screening using Cologuard test - R19.5 **Notes :** GASTRO REF (DR. SETH KIRSCHNER) FOR COLONOSCOPY.
16. Iron deficiency anemia, unspecified iron deficiency anemia type - D50.9

**Care Plan Details**

**Electronic signature of Luis Martinez , DO, OS10932 on 12/09/2024 at 01:42 PM EST**

**Sign off status: Pending**

**MCM Plantation Pine Island Rd.  
350 N PINE ISLAND RD  
STE 302  
PLANTATION, FL 33324-1849  
Tel: 954-581-8272  
Fax: 954-581-8382**

**Progress Note: Luis Martinez, DO 12/14/2023**

Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

Generated for Printing/Faxing/eTransmitting on: 12/09/2024 01:42 PM EST

AVILA, ROBERTO DOB: 11/05/1962 (62 yo M) Acc No. 807433 DOS: 12/01/2023

UNLOCKED PROGRESS NOTE

**AVILA, ROBERTO**

61 Y old Male, DOB: 11/05/1962

Account Number: 807433

1906 NW 65TH AVE, Margate, FL-33063

Home: 917-736-4109

Insurance: Humana Gold Plus South FL Cap

Payer ID: 61102

Guarantor: AVILA, ROBERTO Insurance: Humana Gold Plus South FL Cap  
Appointment Facility: MCM Plantation Pine Island Rd.

12/01/2023

Luis Martinez, DO

**Past Medical History**

- HYPERTENSION WITH CKD.
- CONGESTIVE HEART FAILURE.
- DEPRESSION.
- INSOMNIA.
- ANXIETY.
- ANEMIA.
- CARDIOMEGLY.
- COPD.
- TONSILLITIS--resolved.
- BROKEN 5TH METACARPAL--B/L.
- OXYGEN DEPENDENT.

**Surgical History**

- TONSILLECTOMY--AS A CHILD
- CARDIAC CATHETERIZATION--  
IRREGULAR HEARTBEAT 2023

**Family History**

- Father: deceased 75 yrs, ESOPHAGEAL CANCER
- Mother: deceased 57 yrs, LIVER CANCER, HTN
- Paternal Grandfather: deceased 85 yrs, MYOCARDIAL INFARCTION, CAD
- Maternal Grandfather: deceased 85 yrs, ASTHMA
- Maternal Grandmother: deceased 82 yrs, COLON CANCER
- Paternal Uncle: PARKINSONS DISEASE
- Maternal Uncle: deceased 62 yrs, MYOCARDIAL INFARCTION

**Social History**Migrated Social History:

- Health: 5 HRS/ NIGHT.
  - Marital: DIVORCED, NO CHILDREN.
  - Occupation: DISABLED.
  - Physical Activity: INACTIVE.
  - Sexual Orientation: HETEROSEXUAL.
- 1 PACK A DAY, SMOKED FOR 40 YRS;  
QUIT IN 2020.

**Allergies**

- N.K.D.A.

**Reason for Appointment**

- Follow-up

**History of Present Illness**AWV-COA-HEDIS:

- Screening:
  - PSA: 10/2023
  - Lung Cancer Screening: 2023
  - Eye Exam 2022

**Vital Signs****Care Plan Details**

Electronic signature of Luis Martinez , DO, OS10932 on 12/09/2024 at 01:42 PM EST

Sign off status: Pending

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD

STE 302

PLANTATION, FL 33324-1849

Tel: 954-581-8272

Fax: 954-581-8382

Progress Note: Luis Martinez, DO 12/01/2023

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

AVILA, ROBERTO DOB: 11/05/1962 (62 yo M) Acc No. 807433 DOS: 12/01/2023

**Hospitalization/Major**

**Diagnostic Procedure**

- NORTH BROWARD ==> ADMIT  
CARDIAC CATHETERIZATION 2023

Progress Note: Luis Martinez, DO 12/01/2023

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 11/30/2023



**AVILA, ROBERTO**

61 Y old Male, DOB: 11/05/1962  
1906 NW 65TH AVE, Margate, FL 33063  
Home: 917-736-4109  
Provider: Martinez, Luis

Telephone Encounter

**Answered by** Moncayo, Kourtney Date: 11/30/2023  
Time: 03:46 PM

**Caller** PHARM

**Reason** RX REFILL

**Message** REFILL LASIX

**Refills** Refill Furosemide Tablet, 20 MG, Orally, 90 Tablet, 1 tablet, Once a day, 90 days, Refills=0

---

Provider: Martinez, Luis 11/30/2023

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

AVILA, ROBERTO DOB: 11/05/1962 (60 yo M) Acc No. 807433 DOS: 10/23/2023



**AVILA, ROBERTO**

60 Y old Male, DOB: 11/05/1962  
1906 NW 65TH AVE, Margate, FL 33063  
Home: 917-736-4109  
Provider: Martinez, Luis

Telephone Encounter

**Answered by** Orbe, Alyssa Date: 10/23/2023  
Time: 02:31 PM

**Caller** PATIENT

**Reason** RX REFILL

**Refills**  
Refill Furosemide Tablet, 20 MG, Orally, 30 Tablet, 1 tablet, Once a day, 30 days  
Refill Riboflavin Tablet, 25 MG, Orally, 30, 1 TABLET, Once a day, 30 days  
Refill Albuterol Sulfate HFA Aerosol Solution, 108 (90 Base) MCG/ACT, Inhalation, 1, 1 puff as needed, every 4 hrs, 30 days

---

Provider: Martinez, Luis 10/23/2023

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AVILA, ROBERTO DOB: 11/05/1962 (60 yo M) Acc No. 807433 DOS: 10/16/2023



**AVILA, ROBERTO**

60 Y old Male, DOB: 11/05/1962  
1906 NW 65TH AVE, Margate, FL 33063

Home: 917-736-4109  
Provider: Martinez, Luis

Telephone Encounter

**Answered by** Rose, Judith Date: 10/16/2023  
Time: 01:25 PM

**Caller** pt

**Reason** refill

**Refills** Refill Furosemide Tablet, 20 MG, Orally, 1 tablet, Once a day  
Refill Ramipril Capsule, 10 MG, Orally, 2 CAPSULES, BID

---

Provider: Martinez, Luis 10/16/2023

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

AVILA, ROBERTO DOB: 11/05/1962 (60 yo M) Acc No. 807433 DOS: 10/04/2023



**AVILA, ROBERTO**

60 Y old Male, DOB: 11/05/1962  
1906 NW 65TH AVE, Margate, FL 33063

Home: 917-736-4109  
Provider: Martinez, Luis

Telephone Encounter

**Answered by** Martinez, Luis Date: 10/04/2023  
Time: 07:17 AM

**Reason**

Refills

**Message** PATIENT NEVER RECEIVED WIXELA INHALER.

**Action Taken** Martinez, Luis 10/04/2023 07:18:19 AM > RX SENT INTO PHARM.

**Refills** Refill Wixela Inhub Aerosol Powder Breath Activated, 500-50 MCG/ACT, Inhalation, 3, 1 puff, Twice a day, 90 days,  
Refills=1

---

Provider: Martinez, Luis 10/04/2023

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AVILA, ROBERTO DOB: 11/05/1962 (60 yo M) Acc No. 807433 DOS: 10/02/2023

**AVILA, ROBERTO**

60 Y old Male, DOB: 11/05/1962

Account Number: 807433

1906 NW 65TH AVE, Margate, FL-33063

Home: 917-736-4109

Payer ID: 61102

Guarantor: AVILA, ROBERTO Insurance: Humana Gold Plus South FL Cap

Appointment Facility: MCM Plantation Pine Island Rd.

10/02/2023

Luis Martinez, DO

**Current Medications****Taking**

- Wixela Inhub 500-50 MCG/ACT Aerosol Powder Breath Activated 1 puff Inhalation Twice a day
- Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution 1 puff as needed Inhalation every 4 hrs
- Riboflavin 25 MG Tablet 1 TABLET Orally Once a day
- Bisoprolol Fumarate 5 MG Tablet 1 tablet Orally Once a day
- Ramipril 10 MG Capsule 2 CAPSULES Orally BID

**Not-Taking**

- Furosemide 20 MG Tablet 1 tablet Orally Once a day
- Medication List reviewed and reconciled with the patient

**Past Medical History**

HYPERTENSION WITH CKD.  
CONGESTIVE HEART FAILURE.  
DEPRESSION.  
INSOMNIA.  
ANXIETY.  
ANEMIA.  
CARDIOMEGLY.  
COPD.  
TONSILLITIS--resolved.  
BROKEN 5TH METACARPAL--B/L.  
OXYGEN DEPENDENT.

**Surgical History**

TONSILLECTOMY--AS A CHILD  
CARDIAC CATHETERIZATION--  
IRREGULAR HEARTBEAT 2023

**Family History**

Father: deceased 75 yrs, ESOPHAGEAL CANCER  
Mother: deceased 57 yrs, LIVER CANCER, HTN  
Paternal Grandfather: deceased 85 yrs, MYOCARDIAL INFARCTION, CAD  
Maternal Grandfather: deceased 85 yrs, ASTHMA  
Maternal Grandmother: deceased 82 yrs, COLON CANCER  
Paternal Uncle: PARKINSONS DISEASE  
Maternal Uncle: deceased 62 yrs, MYOCARDIAL INFARCTION

**Reason for Appointment**

1. NP

**History of Present Illness**Depression screening:

PHQ-9

Little interest or pleasure in doing things *Nearly every day*  
Feeling down, depressed, or hopeless *Several days*  
Trouble falling or staying asleep, or sleeping too much *Nearly every day*  
Feeling tired or having little energy *Nearly every day*  
Poor appetite or overeating *Nearly every day*  
Feeling bad about yourself or that you are a failure, or have let yourself or your family down *Nearly every day*  
Trouble concentrating on things, such as reading the newspaper or watching television *Not at all*  
Moving or speaking so slowly that other people could have noticed; or the opposite, being so fidgety or restless that you have been moving around a lot more than usual *Not at all*  
Thoughts that you would be better off dead or of hurting yourself in some way *Not at all*

Total Score 16

Interpretation *Moderately Severe Depression*AWV-COA-HEDIS:

Screening:

Lung Cancer Screening: 2023

Eye Exam 2022

**Vital Signs**

Ht: 67 in, Wt: **264 lbs**, Wt-kg: 119.75 kg, BMI: **41.34 Index**, BP: **160/86 mm Hg**, HR: **97 /min**, Temp: **97.9 F**, RR: **18 /min**, Oxygen sat %: **95 %**, Body Surface Area: 2.38, Ht-cm: 170.18 cm.

**Examination**General Examination:

General appearance: comfortable, cooperative, well-developed, well nourished/  
Hygiene: Good, **morbidly obese**.  
HEENT Ears: Pinna External is normal  
EOM: Intact  
Eyes: Eyeball, Sclear and Conjuctivita: Normal: Pupil and Lens: PERRLA  
Head, Face and Scalp: normocephalic, atramatic  
Mouth: Oral Cavity: tongue and oral mucosa normal, no thrush  
Teeth/Gums: good dentition.  
Neck / thyroid: Thyroid Gland Characteristics: Normal size and consistency, no palpable nodule, non-tender

Progress Note: Luis Martinez, DO 10/02/2023

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AVILA, ROBERTO DOB: 11/05/1962 (60 yo M) Acc No. 807433 DOS: 10/02/2023

**Social History**Tobacco Use:

Tobacco Use/Smoking

Tobacco use: *former smoker*Migrated Social History:

Health: 5 HRS/ NIGHT.

Marital: DIVORCED, NO CHILDREN.

Occupation: DISABLED.

Physical Activity: INACTIVE.

Sexual Orientation: HETEROSEXUAL.

Drugs/Alcohol:

Do you smoke marijuana?: Denies.

Do you drink alcohol?: MODERATE.

1 PACK A DAY, SMOKED FOR 40 YRS; QUIT  
IN 2020.**Allergies**

N.K.D.A.

**Hospitalization/Major****Diagnostic Procedure**NORTH BROWARD ===> ADMIT CARDIAC  
CATHETERIZATION 2023**Review of Systems**General / Constitutional:

Chills denies. Fatigue denies.

Fever denies. Night sweats denies. Weight gain denies. Weight loss denies.

ENT:

Patient denies dysphagia, visual changes, Ear/Nose/Throat pain. Hoarseness denies.

Swollen glands denies.

Endocrine:

Patient denies polydipsia, polyuria, polyphagia, blurry vision, dry mouth, hypoglycemic episodes

. Cold intolerance denies. Heat

intolerance denies.

Respiratory:

Cough denies. Shortness of breath denies. Wheezing denies.

Cardiovascular:

Chest pain denies. Palpitations denies.

Edema denies.

Gastrointestinal:

Abdominal pain denies. Change in bowel habits denies. Diarrhea denies.

Heartburn denies. Nausea denies. Rectal bleeding denies. Vomiting denies.

Musculoskeletal:

Myalgia denies. Arthritis / arthralgia denies. Back pain denies. Painful joints denies.

Skin:

Patient denies wound . Rash denies.

Neurologic:

Dizziness denies. Headache denies.

Weakness denies.

Psychiatric:

Patient denies feeling depressed, feeling anxious.

Carotid bruit: none, bilateral  
 Cervical lymph nodes: unremarkable  
 JVD: none  
 Neck Surface: Supple; Trachea: midline.  
 Heart: Palpation/Percussion Carotid arteries Normal pulsation. Jugular vein Bilateral Inspection Normal. Ectopy no Distal Pulses  
 Palpable: bilaterally Gallop: no.  
 Heart sounds: normal S1S2.  
 Heave: no.  
 Point of Maximal Impulse (PMI): non-displaced.  
 Rate: regular.  
 Rhythm: regular ..  
 Lungs: Auscultation clear, bilateral.  
 Chest Shape: normal. effort normal, comfortable breathing, no wheezes/rales/rhonchi.  
**B/L LOBES-- decreased breath sounds in lower lobes. Portable O2-- +3L NC .**  
 Abdomen: Rigidity: Non tender  
 Organomegaly: No organomegaly  
 Bowel Sounds: normal X4 quadrants  
 General: Skin; normal, soft abdomen  
 Masses: none  
 Tenderness: no.  
 Neurologic: Cognition: normal  
 Cranial Nerves: CN's II-XII grossly intact  
 Gait: normal  
 Motor: normal strength bilaterally  
 Muscle Bulk: normal  
 Orientation: alert and oriented x3.  
 Musculoskeletal: Cervical spines: normal  
 Joints Demonstration: apparent normal usage/shapes  
 L-S spine: normal  
 Posture: upright, normal gait. No assistance needed  
 .  
 Skin: Color: good  
 General appearance: warm, moist, normal turgor.  
 Extremities: Edema: no peripheral edema, no skin changes, no ulcers, no rashes.  
 Genitourinary deferred.

**Assessments**

1. Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0, DASH DIET. LOW NA INTAKE. INCREASE BISOPROLOL TO 10MG DAILY. CONT RAMIPRIL 10MG 2 TABS BID. MONITOR BP DAILY. WEIGHT LOSS.
2. Congestive heart failure, unspecified HF chronicity, unspecified heart failure type - I50.9, TIGHT BP AND CHOL CONTROL. ENCOURAGE TO RESTART FURESEMIDE.
3. Chronic obstructive pulmonary disease, unspecified COPD type - J44.9, D/C SYMBICORT IN VIEW OF BLOATING. RX WIXELA INHALER BID. AVOID PULM IRRITANTS. CONT HOME O2. F/U WITH PULM PRN.
4. Hypoxemic respiratory failure, chronic - J96.11, ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS. CONT PORTABLE O2 PRN.
5. Oxygen dependent - Z99.81, ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS.
6. Chronic kidney disease, stage 2 (mild) - N18.2, Pathophysiology of the diagnosis discussed, including measures to minimize progression of the disease like avoiding NSAIDS and other nephrotoxic meds. Blood pressure control to below 130/80.

Progress Note: Luis Martinez, DO 10/02/2023

Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

AVILA, ROBERTO DOB: 11/05/1962 (60 yo M) Acc No. 807433 DOS: 10/02/2023

7. Cardiomegaly - I51.7, TIGHT BP CONTROL. CONT ACE, B-BLOCKER. ENCOURAGE TO RESTART FUROSEMIDE.
8. Anemia, unspecified type - D64.9, INCREASE IRON RICH FOOD INTAKE.
9. Generalized anxiety disorder - F41.1, REVIEWED ANXIETY AND STRESS COPING TECHNIQUES.
10. Major depressive disorder, recurrent, moderate - F33.1, Controlled substance counseling done, no suicidal ideation, abuse potential of some of the antidepressant meds discussed. Stress reduction and relaxation measures.
11. Primary insomnia - F51.01, REVIEWED PROPER SLEEPING HYGIENE.
12. Morbid obesity - E66.01, ASSOCIATED WITH HTN, CHF-- WEIGHT LOSS. DECREASE CALORIE INTAKE.
13. BMI 40.0-44.9, adult - Z68.41
14. Positive colorectal cancer screening using Cologuard test - R19.5, GASTRO REF (DR. SETH KIRSCHNER) FOR COLONOSCOPY.
15. ENOUNTER FOR SCREENING FOR LIPID DISORDER - Z13.220
16. SCREENING FOR ENDOCRINE DISORDER - Z13.29
17. Encounter for screening for malignant neoplasm of prostate - Z12.5

#### **Treatment**

- 1. Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease**

Stop Bisoprolol Fumarate Tablet, 5 MG, 1 tablet, Orally, Once a day

LAB: COMPREHENSIVE METABOLIC PANEL (10231) (Ordered for 10/02/2023)

PROCEDURE: HEDIS: COA Medication Review

PROCEDURE: HEDIS: Depression Screening (If completed)

PROCEDURE: HEDIS: BMI > 30

PROCEDURE: HEDIS: Depression Screening - Positive

- 2. Congestive heart failure, unspecified HF chronicity, unspecified heart failure type**

LAB: COMPREHENSIVE METABOLIC PANEL (10231) (Ordered for 10/02/2023)

- 3. Anemia, unspecified type**

LAB: CBC (INCLUDES DIFF/PLT) (6399) (Ordered for 10/02/2023)

- 4. ENOUNTER FOR SCREENING FOR LIPID DISORDER**

LAB: LIPID PANEL WITH RATIOS (19543) (Ordered for 10/02/2023)

- 5. SCREENING FOR ENDOCRINE DISORDER**

LAB: HEMOGLOBIN A1c (496) (Ordered for 10/02/2023)

LAB: TSH W/REFLEX TO FT4 (36127) (Ordered for 10/02/2023)

- 6. Encounter for screening for malignant neoplasm of prostate**

LAB: PSA, TOTAL (5363) (Ordered for 10/02/2023)

#### **Visit Codes**

99203 Office Visit, New Pt., Level 3.

#### **Procedure Codes**

1160F RVW MEDS BY RX/DR IN RCRD

1159F MED LIST DOCD IN RCRD

G8417 BMI >=30 CALCULATE W/FOLLOWUP

3008F BODY MASS INDEX DOCD

Go444 ANNUAL DEPRESSION SCREENING 15 MIN, Modifiers: 59

Progress Note: Luis Martinez, DO 10/02/2023

Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

AVILA, ROBERTO DOB: 11/05/1962 (60 yo M) Acc No. 807433 DOS: 10/02/2023

G8431 CLIN DEPRESSION SCREEN DOC

**Follow Up**

2 Months



Electronically signed by Luis Martinez , DO, OS10932 on 10/03/2023 at 07:35 PM EDT

Sign off status: Completed

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MCM Plantation Pine Island Rd.  
350 N PINE ISLAND RD  
STE 302  
PLANTATION, FL 33324-1849  
Tel: 954-581-8272  
Fax: 954-581-8382

---

Progress Note: Luis Martinez, DO 10/02/2023

Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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## MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302  
PLANTATION FL 33324-1849  
Ph: 954-581-8272 Fax: 954-581-8382

### PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: ROBERTO AVILA Date: 10/02/2023

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "x" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1) Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) Feeling bad about yourself or that you are a failure, or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7) Trouble concentrating on things, such as reading the newspaper or watching television	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Moving or speaking so slowly that other people could have noticed; or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Thoughts that you would be better off dead or of hurting yourself in some way	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Score:

16

#### Interpretation

Minimal Depression

Mild Depression

Moderate Depression

Moderately Severe Depression

Severe Depression

#### Interpretation of Total Score for Depression Severity

- 1-4 Minimal depression
- 5-9 Mild depression
- 10-14 Moderate depression
- 15-19 Moderately severe depression
- 20-27 Severe depression

---

Source: Adapted from materials prepared by: Kroenke K, Spitzer R, Williams W. The PHQ-9: Validity of a brief depression severity measure. JGIM, 2001, 16:606-616

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## MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302  
PLANTATION FL 33324-1849  
Ph: 954-581-8272 Fax: 954-581-8382

### Tobacco Control

Name: ROBERTO AVILA Date: 10/02/2023

#### Tobacco use:

- current smoker
- former smoker
- nonsmoker
- current every day smoker
- current some day smoker
- Smoker current status unknown
- unknown if ever smoked
- light tobacco smoker
- heavy tobacco smoker
- Uses tobacco in other forms

If 'former smoker' : When did you start smoking?

If 'former smoker' : When did you stop smoking?

If 'former smoker' : How long has it been since you last smoked?

- < 1 month
- 1-3 months
- 3-6 months
- 6-12 months
- 1-5 years
- 5-10 years
- > 10 years

#### Additional Findings: Tobacco User

- Chain smoker
- Chews fine cut tobacco
- Chews loose leaf tobacco

AVILA, ROBERTO DOB: 11/05/1962 (60 yo M) Acc No. 807433

- Chews plug tobacco
- Chews tobacco
- Chews twist tobacco
- Heavy cigarette smoker (20-39 cigs/day)
- Light cigarette smoker ((1-9 cigs/day)
- Moderate cigarette smoker (10-19 cigs/day)
- Pipe smoker
- Rolls own cigarettes
- Snuff user
- Trivial cigarette smoker (less than one cigarette/day)
- User of moist powdered tobacco
- Very heavy cigarette smoker (40+ cigs/day)

#### Additional Findings: Tobacco Non-User

- Aggressive non-smoker
- Current non-smoker
- Current non-smoker, but past smoking history unknown
- Does not use moist powdered tobacco
- Ex-cigar smoker
- Ex-cigarette smoker
- Ex-cigarette smoker amount unknown
- Ex-heavy cigarette smoker (20-30/day)
- Ex-light cigarette smoker (1-9/day)
- Ex-moderate cigarette smoker (10-19/day)
- Ex-pipe smoker
- Ex-trivial cigarette smoker (<1/day)
- Ex-user of moist powdered tobacco
- Ex-very heavy cigarette smoker (40+/day)
- Intolerant ex-smoker
- Intolerant non-smoker
- Never chewed tobacco
- Never used moist powdered tobacco
- Non-smoker for medical reasons
- Non-smoker for personal reasons

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:Tobacco Control 2023-10-2 14:42:41]

AVILA, ROBERTO DOB: 11/05/1962 (60 yo M) Acc No. 807433

Non-smoker for religious reasons

Tolerant ex-smoker

Tolerant non-smoker

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 07/11/2024		
<b>Assessments:</b>		
<b>Lab:</b> KIDNEY PROFILE (39165)		
<b>Fasting:</b> No		
<b>Specimen:</b> Collection Date: 07/11/2024 Time:11:12 AM		
<b>Clinical Info:</b>		
Name	Value	Reference Range
SUMMARY		
STAGE	No Chronic Kidney Disease	
CREATININE	0.72	0.70-1.35 mg/dL
EGFR	104	> OR = 60 mL/min/1.73m <sup>2</sup>
CREATININE, RANDOM URINE	161	20-320 mg/dL
ALBUMIN, URINE	4.5	See Note: mg/dL
ALBUMIN/CREATININE RATIO, RANDOM URINE	28	<30 mg/g creat
SCREENING FREQUENCY		
RECOMMENDED TESTS		
<b>Result:</b>		
<b>Received Date:</b> 07/12/2024		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO, 61 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ399480G

Ref ID: 0142668

Order Date: 07/11/2024

Received: 07/12/2024 11:25:18

Spec Recd: 07/11/2024 11:13:00

Collection Date: 07/11/2024 11:12:00

Report: 07/12/2024 11:03:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

## KIDNEY PROFILE (39165)

NAME	VALUE	REFERENCE RANGE	LAB
F SUMMARY			MI
Patient's results are prognostic of No Chronic Kidney Disease.			
The patient's previous eGFR taken 05/10/2024 was 104 and has not changed. KDIGO guidelines do not recommend referral to a nephrologist at this time.			
F STAGE	No Chronic Kidney Disease		MI
F CREATININE	0.72	0.70-1.35 (mg/dL)	MI
F EGFR	104	> OR = 60 (mL/min/1.73m <sup>2</sup> )	MI
F CREATININE, RANDOM URINE	161	20-320 (mg/dL)	MI
F ALBUMIN, URINE	4.5	See Note: (mg/dL)	MI
Reference Range:			
Reference Range			
Not established			
F ALBUMIN/CREATININE RATIO, RANDOM URINE	28	<30 (mg/g creat)	MI

The ADA defines abnormalities in albumin excretion as follows:

Albuminuria Category	Result (mg/g creatinine)
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Normal to Mildly increased	<30
----------------------------	-----

Moderately increased	30-299
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Severely increased	> OR = 300
--------------------	------------

The ADA recommends that at least two of three specimens collected within a 3-6 month period be

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ399480G

NAME	VALUE	REFERENCE RANGE	LAB
abnormal before considering a patient to be within a diagnostic category.			
F SCREENING FREQUENCY			MI
Based on this patient's Serum Creatinine and Albumin-Creatinine Ratio, KDIGO and NKF guidelines recommend follow-up screening with the Kidney Profile 1 time per year if patient has risk factors for CKD.			
F RECOMMENDED TESTS			
KDIGO and the National Kidney Foundation provide the following evidence-based suggestions for testing for complications and comorbidities:			
There are no guideline based recommended tests			
<b>Patient Resources</b>			
Introduction to Chronic Kidney Disease ( <a href="https://www.kidney.org/phi/form?version=health">https://www.kidney.org/phi/form?version=health</a> )			
What is eGFR and uACR? A pamphlet describing how these two tests can help you manage your Chronic Kidney Disease ( <a href="https://www.kidney.org/atoz/content/understanding-your-lab-values">https://www.kidney.org/atoz/content/understanding-your-lab-values</a> )			
Nutrition and Kidney Disease: Learn about a kidney-friendly diet, so you can stay healthy with kidney disease whether you are at home or dining out ( <a href="https://www.kidney.org/nutrition/Kidney-Disease-Stages-1-4">https://www.kidney.org/nutrition/Kidney-Disease-Stages-1-4</a> )			
Exercise and Chronic Kidney Disease: Exercise is important for everyone, especially for people with kidney disease ( <a href="https://www.kidney.org/atoz/content/exercisewyska">https://www.kidney.org/atoz/content/exercisewyska</a> )			
UNC Patient Education Podcast: Hear from real patients about how they don't let kidney disease stop them from			

NAME	VALUE	REFERENCE RANGE	LAB
living normal lives			
( <a href="https://unckidneycenter.org/kidneyhealthlibrary/patient-education-podcasts/">https://unckidneycenter.org/kidneyhealthlibrary/patient-education-podcasts/</a> )			
Webinars from the Kidney Fund			
( <a href="https://www.kidneyfund.org/training/webinars/">https://www.kidneyfund.org/training/webinars/</a> )			
NKF Kidney Disease Community: Online message board for people living with CKD ( <a href="https://healthunlocked.com/nkf-ckd">https://healthunlocked.com/nkf-ckd</a> )			
NKF PEERs: Connect with mentors who are living with CKD ( <a href="https://www.kidney.org/patients/peers">https://www.kidney.org/patients/peers</a> )			
Clinician Resources			
Kidney Profile Test Summary			
( <a href="https://testdirectory.questdiagnostics.com/test/test-guides/TS_KidneyProfile/kidney-profile">https://testdirectory.questdiagnostics.com/test/test-guides/TS_KidneyProfile/kidney-profile</a> )			
Chronic Kidney Disease Test Guide			
( <a href="https://testdirectory.questdiagnostics.com/test/test-guides/TG_CKD/laboratory-testing-for-chronic-kidney-disease-diagnosis-and-management">https://testdirectory.questdiagnostics.com/test/test-guides/TG_CKD/laboratory-testing-for-chronic-kidney-disease-diagnosis-and-management</a> )			
National Kidney Foundation Practice Tools			
( <a href="https://www.kidney.org/professionals/tools">https://www.kidney.org/professionals/tools</a> )			
CKD Inform Package: A collection of evidence-based resources to help PCPs diagnose CKD earlier and develop treatment protocols to slow progression			
( <a href="https://www.kidney.org/CKDinform">https://www.kidney.org/CKDinform</a> )			
National Kidney Foundation CME Webinars			
( <a href="https://education.kidney.org/course-catalog-list">https://education.kidney.org/course-catalog-list</a> )			
KDIGO Guidelines for Chronic Kidney Disease Management			
( <a href="https://kdigo.org/guidelines/ckd-evaluation-and-management/">https://kdigo.org/guidelines/ckd-evaluation-and-management/</a> )			

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

FASTING: YES

FASTING: YES

PERFORMING LAB: MI, Quest Diagnostics-Miami  
10200 Commerce Pkwy, Miramar  
FL  
33025-3938 DR. Julie L Friedman

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ399480G

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849</b>		<b>Luis Martinez, DO Family Medicine</b>
<b>Tel: 954-581-8272 Fax: 954-581-8382</b>		
<b>Patient:</b>	AVILA, ROBERTO	<b>12/09/2024</b>
<b>DOB:</b>	11/05/1962, Sex: Male	
<b>Address:</b>	1906 NW 65TH AVE, Margate, FL 33063	
<b>Phone:</b>	917-736-4109	
<b>Ordered Date:</b>	07/11/2024	
<b>Assessments:</b>		
<b>Lab:</b>	<b>LIPID PANEL WITH RATIOS (19543)</b>	
<b>Fasting:</b>	No	
<b>Specimen:</b>	Collection Date: 07/11/2024 Time:11:12 AM	
<b>Clinical Info:</b>		
<b>Name</b>	<b>Value</b>	<b>Reference Range</b>
TRIGLYCERIDES	116	<150 mg/dL
<b>CHOLESTEROL, TOTAL</b>	<b>200 H</b>	<b>&lt;200 mg/dL</b>
HDL CHOLESTEROL	71	> OR = 40 mg/dL
<b>LDL-CHOLESTEROL</b>	<b>108 H</b>	<b>mg/dL (calc)</b>
CHOL/HDLC RATIO	2.8	<5.0 (calc)
LDL/HDL RATIO	1.5	(calc)
NON HDL CHOLESTEROL	129	<130 mg/dL (calc)
<b>Result:</b>	Abnormal	
<b>Received Date:</b>	07/12/2024	
<b>Notes:</b>	Martinez, Luis 7/12/2024 01:35:28 PM EDT > LDL-- 108 GOAL < 70	

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO, 61 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ399480G

Ref ID: 0142668

Order Date: 07/11/2024

Received: 07/12/2024 11:25:18

Spec Recd: 07/11/2024 11:13:00

Collection Date: 07/11/2024 11:12:00

Report: 07/12/2024 11:03:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

## LIPID PANEL WITH RATIOS (19543)

NAME	VALUE	REFERENCE RANGE	LAB
F CHOLESTEROL, TOTAL	200 H	<200 (mg/dL)	MI
F HDL CHOLESTEROL	71	> OR = 40 (mg/dL)	MI
F TRIGLYCERIDES	116	<150 (mg/dL)	MI
F LDL-CHOLESTEROL	108 H	(mg/dL (calc))	MI

Reference range: &lt;100

Desirable range <100 mg/dL for primary prevention;  
<70 mg/dL for patients with CHD or diabetic patients  
with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins  
calculation, which is a validated novel method providing  
better accuracy than the Friedewald equation in the  
estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068  
(<http://education.QuestDiagnostics.com/faq/FAQ164>)

F CHOL/HDLC RATIO	2.8	<5.0 ((calc))	MI
F LDL/HDL RATIO	1.5	((calc))	MI

Below Average Risk: &lt;2.28

Average Risk: 2.29-4.90

Moderate Risk: 4.91-7.12

High Risk: &gt;7.13

F NON HDL CHOLESTEROL	129	<130 (mg/dL (calc))	MI
-----------------------	-----	---------------------	----

For patients with diabetes plus 1 major ASCVD risk

NAME	VALUE	REFERENCE RANGE	LAB
factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.			
FASTING: YES			
FASTING: YES			
PERFORMING LAB: MI, Quest Diagnostics-Miami 10200 Commerce Pkwy, Miramar FL 33025-3938 DR. Julie L Friedman			

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ399480G

**MCM Plantation Pine Island Rd.**  
**350 N PINE ISLAND RD STE 302 PLANTATION, FL**  
**33324-1849**  
**Tel: 954-581-8272 Fax: 954-581-8382**

**Luis Martinez, DO**

**Family Medicine**

<b>Patient:</b>	AVILA, ROBERTO	<b>12/09/2024</b>
<b>DOB:</b>	11/05/1962, Sex: Male	
<b>Address:</b>	1906 NW 65TH AVE, Margate, FL 33063	
<b>Phone:</b>	917-736-4109	
<b>Ordered Date:</b>	07/11/2024	
<b>Assessments:</b>		
<b>Lab:</b>	<b>COMPREHENSIVE METABOLIC PANEL (10231)</b>	
<b>Fasting:</b>	No	
<b>Specimen:</b>	Collection Date: 07/11/2024 Time:11:12 AM	
<b>Clinical Info:</b>		

Name	Value	Reference Range
GLUCOSE	68	65-99 mg/dL
UREA NITROGEN (BUN)	14	7-25 mg/dL
CREATININE	0.72	0.70-1.35 mg/dL
BUN/CREATININE RATIO	SEE NOTE:	6-22 (calc)
SODIUM	142	135-146 mmol/L
POTASSIUM	3.6	3.5-5.3 mmol/L
CHLORIDE	99	98-110 mmol/L
CARBON DIOXIDE	31	20-32 mmol/L
CALCIUM	8.9	8.6-10.3 mg/dL
PROTEIN, TOTAL	7.1	6.1-8.1 g/dL
ALBUMIN	4.2	3.6-5.1 g/dL
GLOBULIN	2.9	1.9-3.7 g/dL (calc)
ALBUMIN/GLOBULIN RATIO	1.4	1.0-2.5 (calc)
BILIRUBIN, TOTAL	1.2	0.2-1.2 mg/dL
ALKALINE PHOSPHATASE	129	35-144 U/L
AST	29	10-35 U/L
ALT	24	9-46 U/L
EGFR	104	> OR = 60 mL/min/1.73m <sup>2</sup>
eGFR NON-AFR. AMERICAN		
eGFR AFRICAN AMERICAN		
COMMENT		

**Result:**

**Received Date:** 07/12/2024

**Notes:**

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO, 61 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ399480G

Ref ID: 0142668

Order Date: 07/11/2024

Received: 07/12/2024 11:25:20

Spec Recd: 07/11/2024 11:13:00

Collection Date: 07/11/2024 11:12:00

Report: 07/12/2024 11:03:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

## COMPREHENSIVE METABOLIC PANEL (10231)

NAME	VALUE	REFERENCE RANGE	LAB
F GLUCOSE	68	65-99 (mg/dL)	MI
Fasting reference interval			
F UREA NITROGEN (BUN)	14	7-25 (mg/dL)	MI
F CREATININE	0.72	0.70-1.35 (mg/dL)	MI
F EGFR	104	> OR = 60 (mL/min/1.73m <sup>2</sup> )	MI
F BUN/CREATININE RATIO	SEE NOTE:	6-22 ((calc))	MI
Not Reported: BUN and Creatinine are within reference range.			
F SODIUM	142	135-146 (mmol/L)	MI
F POTASSIUM	3.6	3.5-5.3 (mmol/L)	MI
F CHLORIDE	99	98-110 (mmol/L)	MI
F CARBON DIOXIDE	31	20-32 (mmol/L)	MI
F CALCIUM	8.9	8.6-10.3 (mg/dL)	MI
F PROTEIN, TOTAL	7.1	6.1-8.1 (g/dL)	MI
F ALBUMIN	4.2	3.6-5.1 (g/dL)	MI
F GLOBULIN	2.9	1.9-3.7 (g/dL (calc))	MI
F ALBUMIN/GLOBULIN RATIO	1.4	1.0-2.5 ((calc))	MI
F BILIRUBIN, TOTAL	1.2	0.2-1.2 (mg/dL)	MI
F ALKALINE PHOSPHATASE	129	35-144 (U/L)	MI
F AST	29	10-35 (U/L)	MI
F ALT	24	9-46 (U/L)	MI

FASTING: YES

FASTING: YES

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

PERFORMING LAB: MI, Quest Diagnostics-Miami  
10200 Commerce Pkwy, Miramar  
FL  
33025-3938 DR. Julie L Friedman

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ399480G

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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<b>MCM Plantation Pine Island Rd.</b>	<b>Luis Martinez, DO</b>	
<b>350 N PINE ISLAND RD STE 302 PLANTATION, FL</b>	<b>Family Medicine</b>	
<b>33324-1849</b>		
<b>Tel: 954-581-8272 Fax: 954-581-8382</b>		
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 07/11/2024		
<b>Assessments:</b>		
<b>Lab:</b> CBC (INCLUDES DIFF/PLT) (6399)		
<b>Fasting:</b> No		
<b>Specimen:</b> Collection Date: 07/11/2024 Time:11:12 AM		
<b>Clinical Info:</b>		
Name	Value	Reference Range
WHITE BLOOD CELL COUNT	12.7 H	3.8-10.8 Thousand/uL
RED BLOOD CELL COUNT	3.61 L	4.20-5.80 Million/uL
HEMOGLOBIN	11.1 L	13.2-17.1 g/dL
HEMATOCRIT	33.9 L	38.5-50.0 %
MCV	93.9	80.0-100.0 fL
MCH	30.7	27.0-33.0 pg
MCHC	32.7	32.0-36.0 g/dL
RDW	13.3	11.0-15.0 %
PLATELET COUNT	263	140-400 Thousand/uL
NEUTROPHILS	71	%
BAND NEUTROPHILS		
ABSOLUTE BAND NEUTROPHILS		
METAMYELOCYTES		
ABSOLUTE METAMYELOCYTES		
MYELOCYTES		
ABSOLUTE MYELOCYTES		
PROMYELOCYTES		
ABSOLUTE PROMYELOCYTES		
<b>ABSOLUTE NEUTROPHILS</b>	<b>9017 H</b>	<b>1500-7800 cells/uL</b>
LYMPHOCYTES	17.4	%
REACTIVE LYMPHOCYTES		
ABSOLUTE LYMPHOCYTES	2210	850-3900 cells/uL
MONOCYTES	7.6	%
<b>ABSOLUTE MONOCYTES</b>	<b>965 H</b>	<b>200-950 cells/uL</b>
EOSINOPHILS	3.4	%
ABSOLUTE EOSINOPHILS	432	15-500 cells/uL
BASOPHILS	0.6	%
ABSOLUTE BASOPHILS	76	0-200 cells/uL
BLASTS		
ABSOLUTE BLASTS		
NUCLEATED RBC		
ABSOLUTE NUCLEATED RBC		
COMMENT(S)		
MPV	9.0	7.5-12.5 fL
COMMENT		
PLATELET ESTIMATION		
CBC MORPHOLOGY		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

ABSOLUTE LYMPHOCYTES

ABSOLUTE REACTIVE LYMPHOCYTES

ABSOLUTE PROLYMPHOCYTES

ABSOLUTE PLASMA CELLS

PROLYMPHOCYTES

PLASMA CELLS

NOTE

**Result:** Abnormal

**Received Date:** 07/12/2024

**Notes:** Martinez, Luis 7/12/2024 01:34:18 PM EDT > WBC--12.7 RECHECK  
HGB--11.1 STABLE, MONITOR.

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO, 61 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ399480G

Ref ID: 0142668

Order Date: 07/11/2024

Received: 07/12/2024 11:25:21

Spec Recd: 07/11/2024 11:13:00

Collection Date: 07/11/2024 11:12:00

Report: 07/12/2024 11:03:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

## CBC (INCLUDES DIFF/PLT) (6399)

NAME	VALUE	REFERENCE RANGE	LAB
F WHITE BLOOD CELL COUNT	12.7 H	3.8-10.8 (Thousand/uL)	MI
F RED BLOOD CELL COUNT	3.61 L	4.20-5.80 (Million/uL)	MI
F HEMOGLOBIN	11.1 L	13.2-17.1 (g/dL)	MI
F HEMATOCRIT	33.9 L	38.5-50.0 (%)	MI
F MCV	93.9	80.0-100.0 (fL)	MI
F MCH	30.7	27.0-33.0 (pg)	MI
F MCHC	32.7	32.0-36.0 (g/dL)	MI
F RDW	13.3	11.0-15.0 (%)	MI
F PLATELET COUNT	263	140-400 (Thousand/uL)	MI
F MPV	9.0	7.5-12.5 (fL)	MI
F ABSOLUTE NEUTROPHILS	9017 H	1500-7800 (cells/uL)	MI
F ABSOLUTE LYMPHOCYTES	2210	850-3900 (cells/uL)	MI
F ABSOLUTE MONOCYTES	965 H	200-950 (cells/uL)	MI
F ABSOLUTE EOSINOPHILS	432	15-500 (cells/uL)	MI
F ABSOLUTE BASOPHILS	76	0-200 (cells/uL)	MI
F NEUTROPHILS	71	(%)	MI
F LYMPHOCYTES	17.4	(%)	MI
F MONOCYTES	7.6	(%)	MI
F EOSINOPHILS	3.4	(%)	MI
F BASOPHILS	0.6	(%)	MI

FASTING: YES

FASTING: YES

PERFORMING LAB: MI, Quest Diagnostics-Miami  
 10200 Commerce Pkwy, Miramar  
 FL  
 33025-3938 DR. Julie L Friedman

**MCM Plantation Pine Island Rd.**  
**350 N PINE ISLAND RD STE 302 PLANTATION, FL**  
**33324-1849**  
**Tel: 954-581-8272 Fax: 954-581-8382**

**Luis Martinez, DO**

**Family Medicine**

<b>Patient:</b>	AVILA, ROBERTO	<b>12/09/2024</b>
<b>DOB:</b>	11/05/1962, Sex: Male	
<b>Address:</b>	1906 NW 65TH AVE, Margate, FL 33063	
<b>Phone:</b>	917-736-4109	
<b>Ordered Date:</b>	05/01/2024	
<b>Assessments:</b>	Iron deficiency anemia, unspecified iron deficiency anemia type - D50.9	
<b>Lab:</b>	<b>CBC (INCLUDES DIFF/PLT) (6399)</b>	
<b>Fasting:</b>	Yes	
<b>Specimen:</b>	Collection Date: 05/10/2024 Time:12:48 PM	
<b>Clinical Info:</b>		

<b>Name</b>	<b>Value</b>	<b>Reference Range</b>
WHITE BLOOD CELL COUNT	10.1	3.8-10.8 Thousand/uL
<b>RED BLOOD CELL COUNT</b>	<b>3.75 L</b>	<b>4.20-5.80 Million/uL</b>
<b>HEMOGLOBIN</b>	<b>11.8 L</b>	<b>13.2-17.1 g/dL</b>
<b>HEMATOCRIT</b>	<b>35.2 L</b>	<b>38.5-50.0 %</b>
MCV	93.9	80.0-100.0 fL
MCH	31.5	27.0-33.0 pg
MCHC	33.5	32.0-36.0 g/dL
RDW	12.9	11.0-15.0 %
PLATELET COUNT	193	140-400 Thousand/uL
NEUTROPHILS	68.8	%
BAND NEUTROPHILS		
ABSOLUTE BAND NEUTROPHILS		
METAMYELOCYTES		
ABSOLUTE METAMYELOCYTES		
MYELOCYTES		
ABSOLUTE MYELOCYTES		
PROMYELOCYTES		
ABSOLUTE PROMYELOCYTES		
ABSOLUTE NEUTROPHILS	6949	1500-7800 cells/uL
LYMPHOCYTES	17.5	%
REACTIVE LYMPHOCYTES		
ABSOLUTE LYMPHOCYTES	1768	850-3900 cells/uL
MONOCYTES	8.6	%
ABSOLUTE MONOCYTES	869	200-950 cells/uL
EOSINOPHILS	4.5	%
ABSOLUTE EOSINOPHILS	455	15-500 cells/uL
BASOPHILS	0.6	%
ABSOLUTE BASOPHILS	61	0-200 cells/uL
BLASTS		
ABSOLUTE BLASTS		
NUCLEATED RBC		
ABSOLUTE NUCLEATED RBC		
COMMENT(S)		
MPV	9.1	7.5-12.5 fL
COMMENT		
PLATELET ESTIMATION		
CBC MORPHOLOGY		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

ABSOLUTE LYMPHOCYTES

ABSOLUTE REACTIVE LYMPHOCYTES

ABSOLUTE PROLYMPHOCYTES

ABSOLUTE PLASMA CELLS

PROLYMPHOCYTES

PLASMA CELLS

NOTE

**Result:** Abnormal

**Received Date:** 05/11/2024

**Notes:** Martinez, Luis 5/11/2024 07:17:57 AM EDT > HGB-- 11.8 MONITOR.

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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AVILA, ROBERTO, 61 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ905286F

Ref ID: 5Q1A1F21423275

Order Date: 05/01/2024

Received: 05/11/2024 02:45:10

Spec Recd: 05/10/2024 12:49:00

Collection Date: 05/10/2024 12:48:00

Report: 05/11/2024 02:24:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

## CBC (INCLUDES DIFF/PLT) (6399)

NAME	VALUE	REFERENCE RANGE	LAB
F WHITE BLOOD CELL COUNT	10.1	3.8-10.8 (Thousand/uL)	MI
F RED BLOOD CELL COUNT	3.75 L	4.20-5.80 (Million/uL)	MI
F HEMOGLOBIN	11.8 L	13.2-17.1 (g/dL)	MI
F HEMATOCRIT	35.2 L	38.5-50.0 (%)	MI
F MCV	93.9	80.0-100.0 (fL)	MI
F MCH	31.5	27.0-33.0 (pg)	MI
F MCHC	33.5	32.0-36.0 (g/dL)	MI
F RDW	12.9	11.0-15.0 (%)	MI
F PLATELET COUNT	193	140-400 (Thousand/uL)	MI
F MPV	9.1	7.5-12.5 (fL)	MI
F ABSOLUTE NEUTROPHILS	6949	1500-7800 (cells/uL)	MI
F ABSOLUTE LYMPHOCYTES	1768	850-3900 (cells/uL)	MI
F ABSOLUTE MONOCYTES	869	200-950 (cells/uL)	MI
F ABSOLUTE EOSINOPHILS	455	15-500 (cells/uL)	MI
F ABSOLUTE BASOPHILS	61	0-200 (cells/uL)	MI
F NEUTROPHILS	68.8	(%)	MI
F LYMPHOCYTES	17.5	(%)	MI
F MONOCYTES	8.6	(%)	MI
F EOSINOPHILS	4.5	(%)	MI
F BASOPHILS	0.6	(%)	MI

FASTING; FASTING; FASTING; FASTING; FASTING

PERFORMING LAB: MI, Quest Diagnostics-Miami

10200 Commerce Pkwy, Miramar

FL

33025-3938 DR. Julie L Friedman

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ905286F

**MCM Plantation Pine Island Rd.**  
**350 N PINE ISLAND RD STE 302 PLANTATION, FL**  
**33324-1849**  
**Tel: 954-581-8272 Fax: 954-581-8382**

**Luis Martinez, DO**

**Family Medicine**

**Patient:** AVILA, ROBERTO **Date:** 12/09/2024  
**DOB:** 11/05/1962, Sex: Male  
**Address:** 1906 NW 65TH AVE, Margate, FL 33063  
**Phone:** 917-736-4109

**Ordered Date:** 05/01/2024  
**Assessments:** Encounter for preprocedural laboratory examination - Z01.812, Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0  
**Lab:** **COMPREHENSIVE METABOLIC PANEL (10231)**  
**Fasting:** Yes  
**Specimen:** Collection Date: 05/10/2024 Time:12:48 PM  
**Clinical Info:**

Name	Value	Reference Range
<b>GLUCOSE</b>	<b>105 H</b>	<b>65-99 mg/dL</b>
UREA NITROGEN (BUN)	14	7-25 mg/dL
CREATININE	0.72	0.70-1.35 mg/dL
BUN/CREATININE RATIO	SEE NOTE:	6-22 (calc)
SODIUM	143	135-146 mmol/L
POTASSIUM	3.6	3.5-5.3 mmol/L
<b>CHLORIDE</b>	<b>92 L</b>	<b>98-110 mmol/L</b>
<b>CARBON DIOXIDE</b>	<b>42 H</b>	<b>20-32 mmol/L</b>
CALCIUM	9.1	8.6-10.3 mg/dL
PROTEIN, TOTAL	6.9	6.1-8.1 g/dL
ALBUMIN	4.1	3.6-5.1 g/dL
GLOBULIN	2.8	1.9-3.7 g/dL (calc)
ALBUMIN/GLOBULIN RATIO	1.5	1.0-2.5 (calc)
<b>BILIRUBIN, TOTAL</b>	<b>2.9 H</b>	<b>0.2-1.2 mg/dL</b>
ALKALINE PHOSPHATASE	96	35-144 U/L
AST	24	10-35 U/L
ALT	15	9-46 U/L
EGFR	104	> OR = 60 mL/min/1.73m <sup>2</sup>

eGFR NON-AFR. AMERICAN

eGFR AFRICAN AMERICAN

COMMENT

**Result:** Abnormal

**Received Date:** 05/11/2024

**Notes:** Martinez, Luis 5/11/2024 07:17:20 AM EDT > BILI-- 2.9 CORRELATE. RECHECK

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO, 61 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ905286F

Ref ID: 5Q1A1F21423275

Order Date: 05/01/2024

Received: 05/11/2024 02:45:08

Spec Recd: 05/10/2024 12:49:00

Collection Date: 05/10/2024 12:48:00

Report: 05/11/2024 02:24:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

## COMPREHENSIVE METABOLIC PANEL (10231)

NAME	VALUE	REFERENCE RANGE	LAB
F GLUCOSE	105 H	65-99 (mg/dL)	MI
Fasting reference interval			
For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.			
F UREA NITROGEN (BUN)	14	7-25 (mg/dL)	MI
F CREATININE	0.72	0.70-1.35 (mg/dL)	MI
F EGFR	104	> OR = 60 (mL/min/1.73m <sup>2</sup> )	MI
F BUN/CREATININE RATIO	SEE NOTE:	6-22 ((calc))	MI
Not Reported: BUN and Creatinine are within reference range.			
F SODIUM	143	135-146 (mmol/L)	MI
F POTASSIUM	3.6	3.5-5.3 (mmol/L)	MI
F CHLORIDE	92 L	98-110 (mmol/L)	MI
F CARBON DIOXIDE	42 H	20-32 (mmol/L)	MI
F CALCIUM	9.1	8.6-10.3 (mg/dL)	MI
F PROTEIN, TOTAL	6.9	6.1-8.1 (g/dL)	MI
F ALBUMIN	4.1	3.6-5.1 (g/dL)	MI
F GLOBULIN	2.8	1.9-3.7 (g/dL (calc))	MI
F ALBUMIN/GLOBULIN RATIO	1.5	1.0-2.5 ((calc))	MI
F BILIRUBIN, TOTAL	2.9 H	0.2-1.2 (mg/dL)	MI
F ALKALINE PHOSPHATASE	96	35-144 (U/L)	MI

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ905286F

NAME	VALUE	REFERENCE RANGE	LAB
F AST	24	10-35 (U/L)	MI
F ALT	15	9-46 (U/L)	MI
FASTING; FASTING; FASTING; FASTING			
PERFORMING LAB: MI, Quest Diagnostics-Miami 10200 Commerce Pkwy, Miramar FL 33025-3938 DR. Julie L Friedman			

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ905286F

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 05/01/2024		
<b>Assessments:</b> Rectal cancer - C20, Encounter for preprocedural laboratory examination - Z01.812		
<b>Lab:</b> <b>PROTHROMBIN TIME-INR (8847)</b>		
<b>Fasting:</b> Yes		
<b>Specimen:</b> Collection Date: 05/10/2024 Time:12:48 PM		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>PT</b>	<b>11.9 H</b>	<b>9.0-11.5 sec</b>
INR	1.1	
<b>Result:</b>	Abnormal	
<b>Received Date:</b>	05/11/2024	
<b>Notes:</b>	Martinez, Luis 5/11/2024 07:16:34 AM EDT > PT-- 11.9	

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO, 61 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ905286F

Ref ID: 5Q1A1F21423275

Order Date: 05/01/2024

Received: 05/11/2024 02:45:10

Spec Recd: 05/10/2024 12:49:00

Collection Date: 05/10/2024 12:48:00

Report: 05/11/2024 02:24:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

## PROTHROMBIN TIME-INR (8847)

NAME	VALUE	REFERENCE RANGE	LAB
F INR	1.1		MI
Reference Range	0.9-1.1		
Moderate-intensity Warfarin Therapy	2.0-3.0		
Higher-intensity Warfarin Therapy	3.0-4.0		
F PT	11.9 H	9.0-11.5 (sec)	MI

For additional information, please refer to

<http://education.questdiagnostics.com/faq/FAQ104>(This link is being provided for informational/  
educational purposes only.)

FASTING; FASTING; FASTING; FASTING; FASTING

PERFORMING LAB: MI, Quest Diagnostics-Miami

10200 Commerce Pkwy, Miramar

FL

33025-3938 DR. Julie L Friedman

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ905286F

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 05/01/2024		
<b>Assessments:</b> Rectal cancer - C20, Encounter for preprocedural laboratory examination - Z01.812		
<b>Lab:</b> <b>PARTIAL THROMBOPLASTIN TIME, ACTIVATED (763)</b>		
<b>Fasting:</b> Yes		
<b>Specimen:</b> Collection Date: 05/10/2024 Time:12:48 PM		
<b>Clinical Info:</b>		
Name	Value	Reference Range
PARTIAL THROMBOPLASTIN TIME, ACTIVATED	29	23-32 sec
<b>Result:</b>		
<b>Received Date:</b> 05/11/2024		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO, 61 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ905286F

Ref ID: 5Q1A1F21423275

Order Date: 05/01/2024

Received: 05/11/2024 02:45:09

Spec Recd: 05/10/2024 12:49:00

Collection Date: 05/10/2024 12:48:00

Report: 05/11/2024 02:24:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

**PARTIAL THROMBOPLASTIN TIME, ACTIVATED (763)**

NAME	VALUE	REFERENCE RANGE	LAB
F PARTIAL THROMBOPLASTIN TIME, ACTIVATED	29	23-32 (sec)	MI

This test has not been validated for monitoring unfractionated heparin therapy. For testing that is validated for this type of therapy, please refer to the Heparin Anti-Xa assay (test code 30292).

For additional information, please refer to <http://education.QuestDiagnostics.com/faq/FAQ159>  
 (This link is being provided for informational/educational purposes only.)

FASTING; FASTING; FASTING; FASTING; FASTING

PERFORMING LAB: MI, Quest Diagnostics-Miami  
 10200 Commerce Pkwy, Miramar  
 FL  
 33025-3938 DR. Julie L Friedman

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ905286F

**MCM Plantation Pine Island Rd.**  
**350 N PINE ISLAND RD STE 302 PLANTATION, FL**  
**33324-1849**  
**Tel: 954-581-8272 Fax: 954-581-8382**

**Luis Martinez, DO**

**Family Medicine**

**Patient:** AVILA, ROBERTO **Date:** 12/09/2024  
**DOB:** 11/05/1962, Sex: Male  
**Address:** 1906 NW 65TH AVE, Margate, FL 33063  
**Phone:** 917-736-4109

**Ordered Date:** 05/01/2024  
**Assessments:** Rectal cancer - C20, Encounter for preprocedural laboratory examination - Z01.812  
**Lab:** **URINALYSIS, COMPLETE W/REFLEX TO CULTURE (3020)**  
**Fasting:** Yes  
**Specimen:** Collection Date: 05/10/2024 Time:12:48 PM  
**Clinical Info:**

Name	Value	Reference Range
COLOR	DARK YELLOW	YELLOW
APPEARANCE	CLEAR	CLEAR
<b>BILIRUBIN</b>	<b>1+ A</b>	<b>NEGATIVE</b>
<b>KETONES</b>	<b>TRACE A</b>	<b>NEGATIVE</b>
SPECIFIC GRAVITY	1.023	1.001-1.035
OCCULT BLOOD	NEGATIVE	NEGATIVE
PH	7.0	5.0-8.0
<b>PROTEIN</b>	<b>1+ A</b>	<b>NEGATIVE</b>
NITRITE	NEGATIVE	NEGATIVE
LEUKOCYTE ESTERASE	NEGATIVE	NEGATIVE
WBC	NONE SEEN	< OR = 5 /HPF
RBC	0-2	< OR = 2 /HPF
SQUAMOUS EPITHELIAL CELLS	NONE SEEN	< OR = 5 /HPF
TRANSITIONAL EPITHELIAL CELLS		
RENAL EPITHELIAL CELLS		
AMORPHOUS SEDIMENT		
YEAST		
BACTERIA	NONE SEEN	NONE SEEN /HPF
COMMENTS		
CRYSTALS		
CALCIUM OXALATE CRYSTALS		
TRIPLE PHOSPHATE CRYSTALS		
URIC ACID CRYSTALS		
HYALINE CAST	NONE SEEN	NONE SEEN /LPF
GRANULAR CAST		
CASTS		
NOTE		
GLUCOSE	NEGATIVE	NEGATIVE
REFLEXIVE URINE CULTURE		
SOURCE:		
ISOLATE 1:		
ISOLATE 2:		
ISOLATE 3:		
ISOLATE 4:		
ISOLATE 5:		
<b>Result:</b>		
<b>Received Date:</b>	05/11/2024	

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

**Notes:**

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO, 61 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ905286F

Ref ID: 5Q1A1F21423275

Order Date: 05/01/2024

Received: 05/11/2024 02:45:11

Spec Recd: 05/10/2024 12:49:00

Collection Date: 05/10/2024 12:48:00

Report: 05/11/2024 02:24:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

## URINALYSIS, COMPLETE W/REFLEX TO CULTURE (3020)

NAME	VALUE	REFERENCE RANGE	LAB
F COLOR	DARK YELLOW	YELLOW	MI
F APPEARANCE	CLEAR	CLEAR	MI
F SPECIFIC GRAVITY	1.023	1.001-1.035	MI
F PH	7.0	5.0-8.0	MI
F GLUCOSE	NEGATIVE	NEGATIVE	MI
F BILIRUBIN	1+ A	NEGATIVE	MI

Presumptive positive bilirubin. Consider confirmation

by serum bilirubin if clinically indicated.

F KETONES	TRACE A	NEGATIVE	MI
F OCCULT BLOOD	NEGATIVE	NEGATIVE	MI
F PROTEIN	1+ A	NEGATIVE	MI
F NITRITE	NEGATIVE	NEGATIVE	MI
F LEUKOCYTE ESTERASE	NEGATIVE	NEGATIVE	MI
F WBC	NONE SEEN	< OR = 5 (/HPF)	MI
F RBC	0-2	< OR = 2 (/HPF)	MI
F SQUAMOUS EPITHELIAL CELLS	NONE SEEN	< OR = 5 (/HPF)	MI
F BACTERIA	NONE SEEN	NONE SEEN (/HPF)	MI
F HYALINE CAST	NONE SEEN	NONE SEEN (/LPF)	MI
F NOTE			MI

This urine was analyzed for the presence of WBC,

RBC, bacteria, casts, and other formed elements.

Only those elements seen were reported.

F REFLEXIVE URINE CULTURE	MI
NO CULTURE INDICATED	

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ905286F

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

FASTING; FASTING; FASTING; FASTING; FASTING

PERFORMING LAB: MI, Quest Diagnostics-Miami

10200 Commerce Pkwy, Miramar

FL

33025-3938 DR. Julie L Friedman

FASTING; FASTING; FASTING; FASTING; FASTING

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ905286F

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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<b>MCM Plantation Pine Island Rd.</b>	<b>Luis Martinez, DO</b>	
<b>350 N PINE ISLAND RD STE 302 PLANTATION, FL</b>	<b>Family Medicine</b>	
<b>33324-1849</b>		
<b>Tel: 954-581-8272 Fax: 954-581-8382</b>		
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 03/18/2024		
<b>Assessments:</b>	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0, Congestive heart failure, unspecified HF chronicity, unspecified heart failure type - I50.9	
<b>Lab:</b>	<b>COMPREHENSIVE METABOLIC PANEL (10231)</b>	
<b>Fasting:</b>	Yes	
<b>Specimen:</b>	Collection Date: 07/10/2024 Time:4:08 PM	
<b>Clinical Info:</b>		
Name	Value	Reference Range
GLUCOSE		
UREA NITROGEN (BUN)		
CREATININE		
BUN/CREATININE RATIO		
SODIUM		
POTASSIUM		
CHLORIDE		
CARBON DIOXIDE		
CALCIUM		
PROTEIN, TOTAL		
ALBUMIN		
GLOBULIN		
ALBUMIN/GLOBULIN RATIO		
BILIRUBIN, TOTAL		
ALKALINE PHOSPHATASE		
AST		
ALT		
EGFR		
eGFR NON-AFR. AMERICAN		
eGFR AFRICAN AMERICAN		
COMMENT		
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd.</b>	<b>Luis Martinez, DO</b>	
<b>350 N PINE ISLAND RD STE 302 PLANTATION, FL</b>	<b>Family Medicine</b>	
<b>33324-1849</b>		
<b>Tel: 954-581-8272 Fax: 954-581-8382</b>		
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 03/18/2024		
<b>Assessments:</b> Iron deficiency anemia, unspecified iron deficiency anemia type - D50.9		
<b>Lab:</b> <b>CBC (INCLUDES DIFF/PLT) (6399)</b>		
<b>Fasting:</b> Yes		
<b>Specimen:</b> Collection Date: 07/10/2024 Time:4:08 PM		
<b>Clinical Info:</b>		
<b>Name</b>	<b>Value</b>	<b>Reference Range</b>
WHITE BLOOD CELL COUNT		
RED BLOOD CELL COUNT		
HEMOGLOBIN		
HEMATOCRIT		
MCV		
MCH		
MCHC		
RDW		
PLATELET COUNT		
NEUTROPHILS		
BAND NEUTROPHILS		
ABSOLUTE BAND NEUTROPHILS		
METAMYELOCYTES		
ABSOLUTE METAMYELOCYTES		
MYELOCYTES		
ABSOLUTE MYELOCYTES		
PROMYELOCYTES		
ABSOLUTE PROMYELOCYTES		
ABSOLUTE NEUTROPHILS		
LYMPHOCYTES		
REACTIVE LYMPHOCYTES		
ABSOLUTE LYMPHOCYTES		
MONOCYTES		
ABSOLUTE MONOCYTES		
EOSINOPHILS		
ABSOLUTE EOSINOPHILS		
BASOPHILS		
ABSOLUTE BASOPHILS		
BLASTS		
ABSOLUTE BLASTS		
NUCLEATED RBC		
ABSOLUTE NUCLEATED RBC		
COMMENT(S)		
MPV		
COMMENT		
PLATELET ESTIMATION		
CBC MORPHOLOGY		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

ABSOLUTE LYMPHOCYTES

ABSOLUTE REACTIVE LYMPHOCYTES

ABSOLUTE PROLYMPHOCYTES

ABSOLUTE PLASMA CELLS

PROLYMPHOCYTES

PLASMA CELLS

NOTE

**Result:**

**Received Date:**

**Notes:**

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 03/18/2024		
<b>Assessments:</b> Atrial flutter, unspecified type - I48.92		
<b>Lab:</b> <b>LIPID PANEL WITH RATIOS (19543)</b>		
<b>Fasting:</b> Yes		
<b>Specimen:</b> Collection Date: 07/10/2024 Time:4:08 PM		
<b>Clinical Info:</b>		
Name	Value	Reference Range
TRIGLYCERIDES		
CHOLESTEROL, TOTAL		
HDL CHOLESTEROL		
LDL-CHOLESTEROL		
CHOL/HDLC RATIO		
LDL/HDL RATIO		
NON HDL CHOLESTEROL		
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd.</b>	<b>Luis Martinez, DO</b>	
<b>350 N PINE ISLAND RD STE 302 PLANTATION, FL</b>	<b>Family Medicine</b>	
<b>33324-1849</b>		
<b>Tel: 954-581-8272 Fax: 954-581-8382</b>		
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 03/18/2024		
<b>Assessments:</b> Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0		
<b>Lab:</b> KIDNEY PROFILE (39165)		
<b>Fasting:</b> Yes		
<b>Specimen:</b> Collection Date: 07/10/2024 Time:4:08 PM		
<b>Clinical Info:</b>		
Name	Value	Reference Range
SUMMARY		
STAGE		
CREATININE		
EGFR		
CREATININE, RANDOM URINE		
ALBUMIN, URINE		
ALBUMIN/CREATININE RATIO, RANDOM URINE		
SCREENING FREQUENCY		
RECOMMENDED TESTS		
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

**MCM Plantation Pine Island Rd.**  
**350 N PINE ISLAND RD STE 302 PLANTATION, FL**  
**33324-1849**  
**Tel: 954-581-8272 Fax: 954-581-8382**

**Luis Martinez, DO**

**Family Medicine**

<b>Patient:</b>	AVILA, ROBERTO	<b>12/09/2024</b>
<b>DOB:</b>	11/05/1962, Sex: Male	
<b>Address:</b>	1906 NW 65TH AVE, Margate, FL 33063	
<b>Phone:</b>	917-736-4109	
<b>Ordered Date:</b>	10/02/2023	
<b>Assessments:</b>	Anemia, unspecified type - D64.9	
<b>Lab:</b>	<b>CBC (INCLUDES DIFF/PLT) (6399)</b>	
<b>Fasting:</b>	Yes	
<b>Specimen:</b>	Collection Date: 10/03/2023 Time:10:09 AM	
<b>Clinical Info:</b>		

Name	Value	Reference Range
WHITE BLOOD CELL COUNT	7.4	3.8-10.8 Thousand/uL
<b>RED BLOOD CELL COUNT</b>	<b>3.79 L</b>	<b>4.20-5.80 Million/uL</b>
<b>HEMOGLOBIN</b>	<b>11.4 L</b>	<b>13.2-17.1 g/dL</b>
<b>HEMATOCRIT</b>	<b>35.1 L</b>	<b>38.5-50.0 %</b>
MCV	92.6	80.0-100.0 fL
MCH	30.1	27.0-33.0 pg
MCHC	32.5	32.0-36.0 g/dL
RDW	13.1	11.0-15.0 %
PLATELET COUNT	197	140-400 Thousand/uL
NEUTROPHILS	57.1	%
BAND NEUTROPHILS		
ABSOLUTE BAND NEUTROPHILS		
METAMYEOCYTES		
ABSOLUTE METAMYEOCYTES		
MYELOCYTES		
ABSOLUTE MYELOCYTES		
PROMYELOCYTES		
ABSOLUTE PROMYELOCYTES		
ABSOLUTE NEUTROPHILS	4225	1500-7800 cells/uL
LYMPHOCYTES	26.5	%
REACTIVE LYMPHOCYTES		
ABSOLUTE LYMPHOCYTES	1961	850-3900 cells/uL
MONOCYTES	9.9	%
ABSOLUTE MONOCYTES	733	200-950 cells/uL
EOSINOPHILS	5.4	%
ABSOLUTE EOSINOPHILS	400	15-500 cells/uL
BASOPHILS	1.1	%
ABSOLUTE BASOPHILS	81	0-200 cells/uL
BLASTS		
ABSOLUTE BLASTS		
NUCLEATED RBC		
ABSOLUTE NUCLEATED RBC		
COMMENT(S)		
MPV	9.4	7.5-12.5 fL
COMMENT		
PLATELET ESTIMATION		
CBC MORPHOLOGY		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

ABSOLUTE LYMPHOCYTES

ABSOLUTE REACTIVE LYMPHOCYTES

ABSOLUTE PROLYMPHOCYTES

ABSOLUTE PLASMA CELLS

PROLYMPHOCYTES

PLASMA CELLS

NOTE

**Result:** Low

**Received Date:** 10/04/2023

Martinez, Luis 10/4/2023 07:15:05 AM > HGB- 11.3 COMPARE. MONITOR

Martinez, Luis 10/4/2023 12:33:47 PM > PATIENT ALSO REFERRED TO GASTRO FOR COLONOSCOPY

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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AVILA, ROBERTO, 60 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ152931E

Ref ID: 5Q1A1F20132920

Order Date: 10/02/2023

Received: 10/04/2023 01:55:35

Spec Recd: 10/03/2023 10:10:00

Collection Date: 10/03/2023 10:09:00

Report: 10/04/2023 01:22:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

## CBC (INCLUDES DIFF/PLT) (6399)

NAME	VALUE	REFERENCE RANGE	LAB
F WHITE BLOOD CELL COUNT	7.4	3.8-10.8 (Thousand/uL)	MI
F RED BLOOD CELL COUNT	3.79 L	4.20-5.80 (Million/uL)	MI
F HEMOGLOBIN	11.4 L	13.2-17.1 (g/dL)	MI
F HEMATOCRIT	35.1 L	38.5-50.0 (%)	MI
F MCV	92.6	80.0-100.0 (fL)	MI
F MCH	30.1	27.0-33.0 (pg)	MI
F MCHC	32.5	32.0-36.0 (g/dL)	MI
F RDW	13.1	11.0-15.0 (%)	MI
F PLATELET COUNT	197	140-400 (Thousand/uL)	MI
F MPV	9.4	7.5-12.5 (fL)	MI
F ABSOLUTE NEUTROPHILS	4225	1500-7800 (cells/uL)	MI
F ABSOLUTE LYMPHOCYTES	1961	850-3900 (cells/uL)	MI
F ABSOLUTE MONOCYTES	733	200-950 (cells/uL)	MI
F ABSOLUTE EOSINOPHILS	400	15-500 (cells/uL)	MI
F ABSOLUTE BASOPHILS	81	0-200 (cells/uL)	MI
F NEUTROPHILS	57.1	(%)	MI
F LYMPHOCYTES	26.5	(%)	MI
F MONOCYTES	9.9	(%)	MI
F EOSINOPHILS	5.4	(%)	MI
F BASOPHILS	1.1	(%)	MI

FASTING; FASTING; FASTING; FASTING; FASTING; FASTING

FASTING: YES

FASTING: YES

PERFORMING LAB: MI, Quest Diagnostics-Miami  
 10200 Commerce Pkwy, Miramar  
 FL  
 33025-3938 DR. Julie L Friedman

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ152931E

<b>MCM Plantation Pine Island Rd.</b>	<b>Luis Martinez, DO</b>	
<b>350 N PINE ISLAND RD STE 302 PLANTATION, FL</b>	<b>Family Medicine</b>	
<b>33324-1849</b>		
<b>Tel: 954-581-8272 Fax: 954-581-8382</b>		
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 10/02/2023		
<b>Assessments:</b> ENOUNTER FOR SCREENING FOR LIPID DISORDER - Z13.220		
<b>Lab:</b> <b>LIPID PANEL WITH RATIOS (19543)</b>		
<b>Fasting:</b> Yes		
<b>Specimen:</b> Collection Date: 10/03/2023 Time:10:09 AM		
<b>Clinical Info:</b>		
<b>Name</b>	<b>Value</b>	<b>Reference Range</b>
TRIGLYCERIDES	84	<150 mg/dL
CHOLESTEROL, TOTAL	195	<200 mg/dL
HDL CHOLESTEROL	66	> OR = 40 mg/dL
<b>LDL-CHOLESTEROL</b>	<b>112 H</b>	<b>mg/dL (calc)</b>
CHOL/HDLC RATIO	3.0	<5.0 (calc)
LDL/HDL RATIO	1.7	(calc)
NON HDL CHOLESTEROL	129	<130 mg/dL (calc)
<b>Result:</b>		
<b>Received Date:</b> 10/04/2023		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO, 60 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ152931E

Ref ID: 5Q1A1F20132920

Order Date: 10/02/2023

Received: 10/04/2023 01:55:33

Spec Recd: 10/03/2023 10:10:00

Collection Date: 10/03/2023 10:09:00

Report: 10/04/2023 01:22:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

## LIPID PANEL WITH RATIOS (19543)

NAME	VALUE	REFERENCE RANGE	LAB
F CHOLESTEROL, TOTAL	195	<200 (mg/dL)	MI
F HDL CHOLESTEROL	66	> OR = 40 (mg/dL)	MI
F TRIGLYCERIDES	84	<150 (mg/dL)	MI
F LDL-CHOLESTEROL	112 H	(mg/dL (calc))	MI

Reference range: &lt;100

Desirable range <100 mg/dL for primary prevention;  
<70 mg/dL for patients with CHD or diabetic patients  
with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins  
calculation, which is a validated novel method providing  
better accuracy than the Friedewald equation in the  
estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068  
(<http://education.QuestDiagnostics.com/faq/FAQ164>)

F CHOL/HDLC RATIO	3.0	<5.0 ((calc))	MI
F LDL/HDL RATIO	1.7	((calc))	MI

Below Average Risk: &lt;2.28

Average Risk: 2.29-4.90

Moderate Risk: 4.91-7.12

High Risk: &gt;7.13

F NON HDL CHOLESTEROL	129	<130 (mg/dL (calc))	MI
-----------------------	-----	---------------------	----

For patients with diabetes plus 1 major ASCVD risk

NAME	VALUE	REFERENCE RANGE	LAB
factor, treating to a non-HDL-C goal of <100 mg/dL			
(LDL-C of <70 mg/dL) is considered a therapeutic			
option.			
FASTING; FASTING; FASTING; FASTING; FASTING; FASTING			
FASTING: YES			
FASTING: YES			
PERFORMING LAB: MI, Quest Diagnostics-Miami 10200 Commerce Pkwy, Miramar FL 33025-3938 DR. Julie L Friedman			

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ152931E

**MCM Plantation Pine Island Rd.**  
**350 N PINE ISLAND RD STE 302 PLANTATION, FL**  
**33324-1849**  
**Tel: 954-581-8272 Fax: 954-581-8382**

**Luis Martinez, DO**

**Family Medicine**

<b>Patient:</b>	AVILA, ROBERTO	<b>12/09/2024</b>
<b>DOB:</b>	11/05/1962, Sex: Male	
<b>Address:</b>	1906 NW 65TH AVE, Margate, FL 33063	
<b>Phone:</b>	917-736-4109	
<b>Ordered Date:</b>	10/02/2023	
<b>Assessments:</b>	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0, Congestive heart failure, unspecified HF chronicity, unspecified heart failure type - I50.9	
<b>Lab:</b>	<b>COMPREHENSIVE METABOLIC PANEL (10231)</b>	
<b>Fasting:</b>	Yes	
<b>Specimen:</b>	Collection Date: 10/03/2023 Time:10:09 AM	
<b>Clinical Info:</b>		

Name	Value	Reference Range
GLUCOSE	97	65-99 mg/dL
UREA NITROGEN (BUN)	11	7-25 mg/dL
CREATININE	0.70	0.70-1.35 mg/dL
BUN/CREATININE RATIO	SEE NOTE:	6-22 (calc)
SODIUM	143	135-146 mmol/L
POTASSIUM	4.2	3.5-5.3 mmol/L
CHLORIDE	101	98-110 mmol/L
<b>CARBON DIOXIDE</b>	<b>34 H</b>	<b>20-32 mmol/L</b>
<b>CALCIUM</b>	<b>8.3 L</b>	<b>8.6-10.3 mg/dL</b>
PROTEIN, TOTAL	7.0	6.1-8.1 g/dL
ALBUMIN	4.0	3.6-5.1 g/dL
GLOBULIN	3.0	1.9-3.7 g/dL (calc)
ALBUMIN/GLOBULIN RATIO	1.3	1.0-2.5 (calc)
BILIRUBIN, TOTAL	1.0	0.2-1.2 mg/dL
ALKALINE PHOSPHATASE	101	35-144 U/L
AST	30	10-35 U/L
ALT	19	9-46 U/L
EGFR	105	> OR = 60 mL/min/1.73m <sup>2</sup>

eGFR NON-AFR. AMERICAN

eGFR AFRICAN AMERICAN

COMMENT

**Result:**

**Received Date:** 10/04/2023

**Notes:**

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO, 60 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ152931E

Ref ID: 5Q1A1F20132920

Order Date: 10/02/2023

Received: 10/04/2023 01:55:34

Spec Recd: 10/03/2023 10:10:00

Collection Date: 10/03/2023 10:09:00

Report: 10/04/2023 01:22:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

## COMPREHENSIVE METABOLIC PANEL (10231)

NAME	VALUE	REFERENCE RANGE	LAB
F GLUCOSE	97	65-99 (mg/dL)	MI
Fasting reference interval			
F UREA NITROGEN (BUN)	11	7-25 (mg/dL)	MI
F CREATININE	0.70	0.70-1.35 (mg/dL)	MI
F EGFR	105	> OR = 60 (mL/min/1.73m <sup>2</sup> )	MI
F BUN/CREATININE RATIO	SEE NOTE:	6-22 ((calc))	MI
Not Reported: BUN and Creatinine are within reference range.			
F SODIUM	143	135-146 (mmol/L)	MI
F POTASSIUM	4.2	3.5-5.3 (mmol/L)	MI
F CHLORIDE	101	98-110 (mmol/L)	MI
F CARBON DIOXIDE	34 H	20-32 (mmol/L)	MI
F CALCIUM	8.3 L	8.6-10.3 (mg/dL)	MI
F PROTEIN, TOTAL	7.0	6.1-8.1 (g/dL)	MI
F ALBUMIN	4.0	3.6-5.1 (g/dL)	MI
F GLOBULIN	3.0	1.9-3.7 (g/dL (calc))	MI
F ALBUMIN/GLOBULIN RATIO	1.3	1.0-2.5 ((calc))	MI
F BILIRUBIN, TOTAL	1.0	0.2-1.2 (mg/dL)	MI
F ALKALINE PHOSPHATASE	101	35-144 (U/L)	MI
F AST	30	10-35 (U/L)	MI
F ALT	19	9-46 (U/L)	MI

FASTING; FASTING; FASTING; FASTING; FASTING; FASTING

FASTING: YES

FASTING: YES

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

PERFORMING LAB: MI, Quest Diagnostics-Miami  
10200 Commerce Pkwy, Miramar  
FL  
33025-3938 DR. Julie L Friedman

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ152931E

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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<b>MCM Plantation Pine Island Rd.</b>	<b>Luis Martinez, DO</b>	
<b>350 N PINE ISLAND RD STE 302 PLANTATION, FL</b>	<b>Family Medicine</b>	
<b>33324-1849</b>		
<b>Tel: 954-581-8272 Fax: 954-581-8382</b>		
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 10/02/2023		
<b>Assessments:</b> SCREENING FOR ENDOCRINE DISORDER - Z13.29		
<b>Lab:</b> HEMOGLOBIN A1c (496)		
<b>Fasting:</b> Yes		
<b>Specimen:</b> Collection Date: 10/03/2023 Time:10:09 AM		
<b>Clinical Info:</b>		
<b>Name</b>	<b>Value</b>	<b>Reference Range</b>
HEMOGLOBIN A1c	5.1	<5.7 % of total Hgb
COMMENT		
<b>Result:</b>		
<b>Received Date:</b> 10/04/2023		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO, 60 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ152931E

Ref ID: 5Q1A1F20132920

Order Date: 10/02/2023

Received: 10/04/2023 01:55:35

Spec Recd: 10/03/2023 10:10:00

Collection Date: 10/03/2023 10:09:00

Report: 10/04/2023 01:22:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

**HEMOGLOBIN A1c (496)**

NAME	VALUE	REFERENCE RANGE	LAB
F HEMOGLOBIN A1c	5.1	<5.7 (% of total Hgb)	MI

For the purpose of screening for the presence of diabetes:

<5.7% Consistent with the absence of diabetes

5.7-6.4% Consistent with increased risk for diabetes (prediabetes)

> or =6.5% Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations.

Standards of Medical Care in Diabetes(ADA).

FASTING; FASTING; FASTING; FASTING; FASTING; FASTING
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FASTING: YES
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FASTING: YES
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PERFORMING LAB: MI, Quest Diagnostics-Miami 10200 Commerce Pkwy, Miramar FL 33025-3938 DR. Julie L Friedman
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AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ152931E

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 10/02/2023		
<b>Assessments:</b> SCREENING FOR ENDOCRINE DISORDER - Z13.29		
<b>Lab:</b> TSH W/REFLEX TO FT4 (36127)		
<b>Fasting:</b> Yes		
<b>Specimen:</b> Collection Date: 10/03/2023 Time:10:09 AM		
<b>Clinical Info:</b>		
<b>Name</b>	<b>Value</b>	<b>Reference Range</b>
TSH W/REFLEX TO FT4	2.01	0.40-4.50 mIU/L
T4, FREE		
<b>Result:</b>		
<b>Received Date:</b> 10/04/2023		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO, 60 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ152931E

Ref ID: 5Q1A1F20132920

Order Date: 10/02/2023

Received: 10/04/2023 01:55:35

Spec Recd: 10/03/2023 10:10:00

Collection Date: 10/03/2023 10:09:00

Report: 10/04/2023 01:22:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

**TSH W/REFLEX TO FT4 (36127)**

NAME	VALUE	REFERENCE RANGE	LAB
F TSH W/REFLEX TO FT4	2.01	0.40-4.50 (mIU/L)	MI
FASTING; FASTING; FASTING; FASTING; FASTING; FASTING			
FASTING: YES			
FASTING: YES			
PERFORMING LAB: MI, Quest Diagnostics-Miami 10200 Commerce Pkwy, Miramar FL 33025-3938 DR. Julie L Friedman			

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ152931E

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849</b>		<b>Luis Martinez, DO Family Medicine</b>
<b>Tel: 954-581-8272 Fax: 954-581-8382</b>		
<b>Patient:</b>	AVILA, ROBERTO	<b>12/09/2024</b>
<b>DOB:</b>	11/05/1962, Sex: Male	
<b>Address:</b>	1906 NW 65TH AVE, Margate, FL 33063	
<b>Phone:</b>	917-736-4109	
<b>Ordered Date:</b>	10/02/2023	
<b>Assessments:</b>	Encounter for screening for malignant neoplasm of prostate - Z12.5	
<b>Lab:</b>	<b>PSA, TOTAL (5363)</b>	
<b>Fasting:</b>	Yes	
<b>Specimen:</b>	Collection Date: 10/03/2023 Time:10:09 AM	
<b>Clinical Info:</b>		
Name	Value	Reference Range
PSA, TOTAL	0.28	< OR = 4.00 ng/mL
<b>Result:</b>		
<b>Received Date:</b>	10/04/2023	
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

AVILA, ROBERTO, 60 Y, M, 11/05/1962

917-736-4109

MCM Plantation Pine Island Rd.

350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324-1849

954-581-8272

## FINAL RESULT

Accession ID: MZ152931E

Ref ID: 5Q1A1F20132920

Order Date: 10/02/2023

Received: 10/04/2023 01:55:37

Spec Recd: 10/03/2023 10:10:00

Collection Date: 10/03/2023 10:09:00

Report: 10/04/2023 01:22:00

Requesting Physician: Martinez, Luis

Ordering Physician: Martinez, Luis

**PSA, TOTAL (5363)**

NAME	VALUE	REFERENCE RANGE	LAB
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F PSA, TOTAL

0.28

&lt; OR = 4.00 (ng/mL)

MI

The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with this fact in mind.

This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

FASTING; FASTING; FASTING; FASTING; FASTING; FASTING

FASTING: YES

FASTING: YES

PERFORMING LAB: MI, Quest Diagnostics-Miami  
10200 Commerce Pkwy, Miramar  
FL  
33025-3938 DR. Julie L Friedman

AVILA, ROBERTO | 11/05/1962 | M

Accession ID: MZ152931E

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 05/01/2024		
<b>Assessments:</b> Encounter for preprocedural cardiovascular examination - Z01.810, Chronic obstructive pulmonary disease, unspecified COPD type - J44.9		
<b>DI:</b> X ray : Chest, PA and Lateral views (71046)		
<b>Fasting:</b> No		
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd.</b>	<b>Luis Martinez, DO</b>	
<b>350 N PINE ISLAND RD STE 302 PLANTATION, FL</b>	<b>Family Medicine</b>	
<b>33324-1849</b>		
<b>Tel: 954-581-8272 Fax: 954-581-8382</b>		
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 05/01/2024		
<b>Assessments:</b> Encounter for preprocedural cardiovascular examination - Z01.810, Rectal cancer - C20		
<b>DI:</b> Midmark ECG (93000)		
<b>Fasting:</b> No		
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
Heart Rate	82	
RR_NormaBeats	0	
Systolic Blood Pressure	120	
Diastolic Blood Pressure	80	
PR Interval	150	
QT Interval	400	
QTc Interval	438	
QRS Duration	104	
PWave Axis	39	
QrsWave Axis	13	
TWave Axis	71	
Mean Heart Rate	0	
Diastolic Blood Pressure	0	
Systolic Blood Pressure	0	
MeanRR Interval	0	
MinRR Interval	0	
MaxRR Interval	0	
NumBeats	0	
<b>Result:</b>		
<b>Received Date:</b> 05/01/2024		
<b>Notes:</b> Orbe, Alyssa 5/1/2024 02:32:11 PM EDT >		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

Midmark Diagnostics Group		Rate:	82	BPM	Interpretation:
Name:	ROBERTO AVILA	Req. Physician:			
ID:	807433	Technician:	AO	PR:	150 msec Sinus Rhythm
Sex:	Male	History:		QT/QTc:	400/438 msec WITHIN NORMAL LIMITS
BP:	120/80 mmHg	Medication:		QRSD:	104 msec
Weight:	267.0 lbs	Date of Report:	05/01/24 14:31:34	P Axis:	39
Height:	67 inches	Reviewed By:	DR. MARTINEZ	QRS Axis:	13
DOB:	11/05/1962 (61 Years)	Review Date:	05/01/24 14:31:49	T Axis:	71
Comments:					



Speed:25 mm/sec Gain:10 mm/mv MYO:OFF AC:ON DRIFT:ON

Midmark Diagnostics Group

Page 1 of 1

Version 8.4.1

ECG Analysis Ver. 8.4.1

Print Date 05/01/24 14:31:50

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>		<b>Luis Martinez, DO Family Medicine</b>
<b>Patient:</b>	AVILA, ROBERTO	<b>12/09/2024</b>
<b>DOB:</b>	11/05/1962, Sex: Male	
<b>Address:</b>	1906 NW 65TH AVE, Margate, FL 33063	
<b>Phone:</b>	917-736-4109	
<b>Ordered Date:</b>	05/31/2024	
<b>Assessments:</b>	Rectal cancer - C20	
<b>Procedure:</b>	<b>HEDIS: COA Medication Review</b>	
<b>Fasting:</b>	No	
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>		<b>Luis Martinez, DO Family Medicine</b>
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<b>Phone:</b>	917-736-4109	
<b>Ordered Date:</b>	05/31/2024	
<b>Assessments:</b>	Rectal cancer - C20	
<b>Procedure:</b>	<b>HEDIS: Tobacco Non-User</b>	
<b>Fasting:</b>	No	
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>		<b>Luis Martinez, DO Family Medicine</b>
<b>Patient:</b>	AVILA, ROBERTO	<b>12/09/2024</b>
<b>DOB:</b>	11/05/1962, Sex: Male	
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<b>Phone:</b>	917-736-4109	
<b>Ordered Date:</b>	05/31/2024	
<b>Assessments:</b>	Rectal cancer - C20	
<b>Procedure:</b>	<b>HEDIS: TRC MRP</b>	
<b>Fasting:</b>	No	
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>		<b>Luis Martinez, DO Family Medicine</b>
<b>Patient:</b>	AVILA, ROBERTO	<b>12/09/2024</b>
<b>DOB:</b>	11/05/1962, Sex: Male	
<b>Address:</b>	1906 NW 65TH AVE, Margate, FL 33063	
<b>Phone:</b>	917-736-4109	
<b>Ordered Date:</b>	05/31/2024	
<b>Assessments:</b>	Rectal cancer - C20	
<b>Procedure:</b>	<b>HEDIS: BMI &gt; 30</b>	
<b>Fasting:</b>	No	
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>		<b>Luis Martinez, DO Family Medicine</b>
<b>Patient:</b>	AVILA, ROBERTO	<b>12/09/2024</b>
<b>DOB:</b>	11/05/1962, Sex: Male	
<b>Address:</b>	1906 NW 65TH AVE, Margate, FL 33063	
<b>Phone:</b>	917-736-4109	
<b>Ordered Date:</b>	05/01/2024	
<b>Assessments:</b>	Rectal cancer - C20	
<b>Procedure:</b>	<b>HEDIS: COA Medication Review</b>	
<b>Fasting:</b>	No	
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>		<b>Luis Martinez, DO Family Medicine</b>
<b>Patient:</b>	AVILA, ROBERTO	<b>12/09/2024</b>
<b>DOB:</b>	11/05/1962, Sex: Male	
<b>Address:</b>	1906 NW 65TH AVE, Margate, FL 33063	
<b>Phone:</b>	917-736-4109	
<b>Ordered Date:</b>	05/01/2024	
<b>Assessments:</b>	Rectal cancer - C20	
<b>Procedure:</b>	<b>HEDIS: Tobacco Non-User</b>	
<b>Fasting:</b>	No	
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>		<b>Luis Martinez, DO Family Medicine</b>
<b>Patient:</b>	AVILA, ROBERTO	<b>12/09/2024</b>
<b>DOB:</b>	11/05/1962, Sex: Male	
<b>Address:</b>	1906 NW 65TH AVE, Margate, FL 33063	
<b>Phone:</b>	917-736-4109	
<b>Ordered Date:</b>	05/01/2024	
<b>Assessments:</b>	Rectal cancer - C20	
<b>Procedure:</b>	<b>HEDIS: BMI &gt; 30</b>	
<b>Fasting:</b>	No	
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 03/18/2024		
<b>Assessments:</b> Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0		
<b>Procedure:</b> <b>HEDIS: Blood Pressure Diastolic Less than 80</b>		
<b>Fasting:</b> No		
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd.</b>	<b>Luis Martinez, DO</b>	
<b>350 N PINE ISLAND RD STE 302 PLANTATION, FL</b>	<b>Family Medicine</b>	
<b>33324-1849</b>		
<b>Tel: 954-581-8272 Fax: 954-581-8382</b>		
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 03/18/2024		
<b>Assessments:</b> Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0		
<b>Procedure:</b> <b>HEDIS: Blood Pressure Systolic 130-139</b>		
<b>Fasting:</b> No		
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
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<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 03/18/2024		
<b>Assessments:</b> Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0		
<b>Procedure:</b> <b>HEDIS: COA Medication Review</b>		
<b>Fasting:</b> No		
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 03/18/2024		
<b>Assessments:</b> Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0		
<b>Procedure:</b> <b>HEDIS: Depression Screening (If completed)</b>		
<b>Fasting:</b> No		
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
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<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 03/18/2024		
<b>Assessments:</b> Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0		
<b>Procedure:</b> HEDIS: Tobacco Non-User		
<b>Fasting:</b> No		
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
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<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 03/18/2024		
<b>Assessments:</b> Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0		
<b>Procedure:</b> HEDIS: BMI > 30		
<b>Fasting:</b> No		
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 03/18/2024		
<b>Assessments:</b> Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0		
<b>Procedure:</b> <b>HEDIS: Depression Screening - Positive</b>		
<b>Fasting:</b> No		
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 10/02/2023		
<b>Assessments:</b> Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0		
<b>Procedure:</b> <b>HEDIS: COA Medication Review</b>		
<b>Fasting:</b> No		
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>		<b>Luis Martinez, DO Family Medicine</b>
<b>Patient:</b>	AVILA, ROBERTO	<b>12/09/2024</b>
<b>DOB:</b>	11/05/1962, Sex: Male	
<b>Address:</b>	1906 NW 65TH AVE, Margate, FL 33063	
<b>Phone:</b>	917-736-4109	
<b>Ordered Date:</b>	10/02/2023	
<b>Assessments:</b>	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0	
<b>Procedure:</b>	<b>HEDIS: Depression Screening (If completed)</b>	
<b>Fasting:</b>	No	
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 10/02/2023		
<b>Assessments:</b> Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0		
<b>Procedure:</b> HEDIS: BMI > 30		
<b>Fasting:</b> No		
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>MCM Plantation Pine Island Rd. 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849 Tel: 954-581-8272 Fax: 954-581-8382</b>	<b>Luis Martinez, DO Family Medicine</b>	
<b>Patient:</b> AVILA, ROBERTO	<b>12/09/2024</b>	
<b>DOB:</b> 11/05/1962, Sex: Male		
<b>Address:</b> 1906 NW 65TH AVE, Margate, FL 33063		
<b>Phone:</b> 917-736-4109		
<b>Ordered Date:</b> 10/02/2023		
<b>Assessments:</b> Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0		
<b>Procedure:</b> <b>HEDIS: Depression Screening - Positive</b>		
<b>Fasting:</b> No		
<b>Specimen:</b>		
<b>Clinical Info:</b>		
Name	Value	Reference Range
<b>Result:</b>		
<b>Received Date:</b>		
<b>Notes:</b>		

Patient Name: AVILA, ROBERTO , DOB: 11/05/1962

<b>AVILA , ROBERTO</b>	<b>Emergency Contact:</b> RODRIGUEZ,SURY
1906 NW 65TH AVE Margate FL 33063	<b>Emergency Phone:</b> 954-605-2384
<b>DOB:</b> 11/05/1962 <b>Age:</b> 62 Y <b>Sex:</b> male	<b>Relation:</b> Sister
<b>Phone:</b> 917-736-4109	
<b>Preferred Language:</b> English	

PROBLEMS/GOALS/INTERVENTION

PROGRAMS

<b>Program Name</b>	<b>Enrollment Period</b>	<b>Enrollment Reason</b>	<b>Enrollment Status</b>
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CARE TEAM

HEALTH ASSESSMENT SCORE

1906 NW 65TH AVE , Margate , FL - 33063  
917-736-4109  
SURYR33071@GMAIL.COM

## Timer Logs

Date: 12/09/2024

Date	User	Start Time	End Time	Recorded Time	Duration	Void	Timer Mode
<b>No Records Found</b>							

Document generated by eClinicalWorks CCMR ® Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20241106 AUTH REQUEST WE ARE NOT THE PCP]

Document Name: 20241106 AUTH REQUEST WE ARE NOT THE PCP, Scanned Date: 2024-11-07

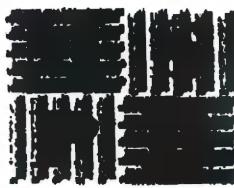
Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

*Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST*

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11/07/2024 THU 11:02 FAX



Medical Specialists of the Palm Beaches

9750 NW 33rd Street, Suite 212  
Coral Springs, FL 33065  
P: 954-546-2688 F: 954-546-2633

Referral Request

Date: 11-7-24 Phone #: 9-581-8272  
To: Dr Luis Martinez Fax #: 9-581-8382  
Patient Name: Roberto Avila  
DOB: 11-5-62  
Insurance: Humana HMO Policy #: H69728593  
Date of Appointment: 11-8-24 DX: 146.92, 150.9

- 99204 New Patient
- 99203 New Patient
- 99215 x's 3 Visits (Established Patient)
- 99214 x's 3 Visits (Established Patient)
- 99213 x's 3 Visits (Established Patient)
- 93000 Electrocardiogram
- 93224 72 Hour Holter Monitor
- 93288 In House Pacemaker check
- 93294 + 93296 Remote Pacemaker Check
- 86510 + 36416 PT/INR
- 93306 Echocardiogram TTE
- 93880 Carotid Ultrasound
- 93922 Unilateral Lower Extremity Venous Doppler
- 93970 Bilateral Lower Extremity Venous Doppler

*Sxt at  
APPT 15  
tomorrow  
Thank you*

Group NPI: 1851334056  
Dr. Goldman NPI: 1699769273  
Kara Villanella PA-C NPI: 1609339373  
TIN: 65-0580501 (MSPB)

\*\*\*Thank you, Please Fax to 954-546-2633\*\*\*

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20241710 Credo Medical Record Summary]

Document Name: 20241710 Credo Medical Record Summary, Scanned Date: 2024-10-17

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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This provider has partnered with Credo to collect and analyze patient's medical records. For more information, go to [www.credohealth.com](http://www.credohealth.com) to start using Credo for free.

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## HCC & HEDIS Summary



This provider has partnered with Credo to collect and analyze patient's medical records. For more information, go to [www.credohealth.com](http://www.credohealth.com) to start using Credo for free.

**Patient:** Roberto Avila Jr

**DOB:** November 5, 1962

Credo Health has conducted a review of documents for prospective and suspect HCCs and identified the following codes and the supporting documentation. All codes should be reviewed and assessed by a provider to determine if they are currently applicable to the patient.

## Table of Contents

[C20 - Malignant neoplasm of rectum](#)

[E1122 - Type 2 diabetes mellitus with diabetic chronic kidney disease](#)

[E6601 - Morbid \(severe\) obesity due to excess calories](#)

[F1020 - Alcohol dependence, uncomplicated](#)

[F331 - Major depressive disorder, recurrent, moderate](#)

[I130 - Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease](#)

[I2720 - Pulmonary hypertension, unspecified](#)

[I4892 - Unspecified atrial flutter](#)

[I5032 - Chronic diastolic \(congestive\) heart failure](#)

[I509 - Heart failure, unspecified](#)

[J449 - Chronic obstructive pulmonary disease, unspecified](#)

[J9611 - Chronic respiratory failure with hypoxia](#)

[N1830 - Chronic kidney disease, stage 3 unspecified](#)

[Z6841 - Body mass index \[BMI\] 40.0-44.9, adult](#)

[Z6842 - Body mass index \[BMI\] 45.0-49.9, adult](#)

## Potential HCC Codes

[C20 - Malignant neoplasm of rectum](#)

HCC 11, 22

**1. Rectal cancer - C20 (**

[Page 18](#)[Back to ToC](#)

(Assessment & Plan)

E1122 - Type 2 diabetes mellitus with diabetic chronic kidney disease

HCC 18, 37, 30, 30

Nutney Disease (CKD)	I
Diabetes Type 2	Y

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(Problem List)

E6601 - Morbid (severe) obesity due to excess calories

HCC 22, 48, 43

08/12/2024	Morbid obesity (ICD-10 - E66.01)	ASSOCIATED WITH HTN, CHF-- WEIGHT LOSS. DECREASE CALORIE INTAKE.	
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(Assessment & Plan)

F1020 - Alcohol dependence, uncomplicated

HCC 55, 139

Alcohol dependence	66590003	Active	07/11/2022			EDDY DE JESUS, MD 12662 Telecom Drive, Temple Terrace, FL, 33637-0935, USA	FL - Florida Kidney Physicians, LLC	07/11/2022 19:23:24
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(Problem List)

dependence						MD	
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(Problem List)

F331 - Major depressive disorder, recurrent, moderate

HCC 59, 155, 132, 132

D50.9 Notes : INCREASE IRON RICH FOOD INTAKE.	13. Major depressive disorder, recurrent, moderate -
F33.1 Notes : Controlled substance counseling done, no suicidal ideation, abuse potential of some of the	

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(Assessment & Plan)

Page 3

I130 - Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease HCC 85, 226, 186, 186

EVERY 6 MONTHS. 3. Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0 Notes : DASH DIET. LOW NA INTAKE. CONT LISINAPROTILO 10MG DAILY CONT RAMIPRIL 10MG 2 TABS PID. CONT AMLODIPINE 10MG DAILY MONITOR BP DAILY.

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(Assessment & Plan)

I2720 - Pulmonary hypertension, unspecified HCC 85, 226, 186, 184

**I mild PHTN.**

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(Imaging)

I4892 - Unspecified atrial flutter HCC 96, 238, 193, 193

Atrial flutter, unspecified type - I48.9

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(Assessment & Plan)

I5032 - Chronic diastolic (congestive) heart failure HCC 85, 226, 186, 186

5210420	Richard A. Goldman, MD, FACC, FACP	GOLDMAN, MD 9750 NW	05/10/2024 10:57:11	05/10/2024 12:12:01	CHRONIC diastolic heart failure
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(Problem List)

I509 - Heart failure, unspecified HCC 85, 226, 186, 186

Congestive heart failure, unspecified HF chronicity, unspecified heart failure type - I50.9

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(Assessment & Plan)

J449 - Chronic obstructive pulmonary disease, unspecified HCC 111, 280, 226, 229  
Page 4

1. Chronic obstructive pulmonary disease, unspecified  
Notes: HOME O2 REGULARLY  
CPAP AT NIGHT  
SYMBI BID  
VENTOLIN PRN  
LASIX 20 MG DAILY  
CARD CLEARANCE  
PT MOD SURGICAL RISK FOR  
CA COLON RESECTION FROM  
PUL STAND POINT .

(Assessment & Plan)

Chronic obstructive pulmonary disease,

(Assessment & Plan)

J9611 - Chronic respiratory failure with hypoxia

HCC 84, 213

b. Hypoxemic respiratory failure, chronic - 196.1

(Assessment & Plan)

N1830 - Chronic kidney disease, stage 3 unspecified

HCC 138, 329

Chronic kidney disease stage 3	433144002	Active	07/08/2022			Not Available	AthenaHealth	11/14/2022 19:42:45
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(Problem List)

Z6841 - Body mass index [BMI] 40.0-44.9, adult

HCC 22, 48, 43

BMI: 43 I

(Vitals)

Z6842 - Body mass index [BMI] 45.0-49.9, adult

HCC 22, 48, 43

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20241710 Credo Medical Record Summary]



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(Vitals)

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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## Progress note - 08/12/2024

Patient	ROBERTO AVILA
Date of birth	November 5, 1962
Current Gender	Male
Race(s)	Declined to Specify
Ethnicity	Declined to Specify
Language(s)	English (Preferred)
Contact info	Postal Address: 1906 NW 65TH AVE Margate, FL 33063, US  Primary Home Phone: 917-736-4109 Mobile Phone: 917-736-4109 Email: SURYR33071@GMAIL.COM
Patient IDs	807433 2.16.840.1.113883.4.391.327187 807433 2.16.840.1.113883.4.391.327187.1
Document Id	88c9c3d5-fb61-4848-92ee-e480fff7112d 2.16.840.1.113883.4.391
Document Created:	October 7, 2024, 12:21:53 -0400
Performer (primary care physician)	Luis Martinez 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849, US  Tel: 954-581-8272
Author	eClinicalWorks
Contact info	

Encounter Id	21871120 2.16.840.1.113883.4.391.327187
Encounter Type	ambulatory
Encounter Date	From August 12, 2024, 14:00:00 to August 12, 2024, 14:15:00
Encounter Location	id: 2.16.840.1.113883.4.391.327187
Responsible party	Luis Martinez
Contact info	350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849, US  Tel: 954-581-8272
Emergency contact	SURY RODRIGUEZ
Contact info	Tel: 954-605-2384
Guarantor	ROBERTO AVILA
Contact info	Tel: 917-736-4109
Document maintained by	MyCare Medical Group
Contact info	1785 NORTHPOINTE PKWY STE 300 LUTZ, FL 33558-5742, US  Tel: 813-536-7277

## Table of Contents

- [Allergies](#)
- [REASON FOR VISIT](#)

- [Medications](#)
  - [Social History](#)
  - [Encounters](#)
  - [Assessments](#)
  - [Plan Of Treatment](#)
  - [Progress Notes](#)
  - [History and Physical Notes](#)
- 

## Allergies

No Known Allergies

## **REASON FOR VISIT**

follow-up

## **Medications**

Medication	SIG (Take, Route, Frequency, Duration)	Notes	Start Date	End Date	Status
Doxycycline Hyclate 100 MG	1 tablet Orally EVERY 12 HOURS FOR 7 DAYS for 7 days				Unknown
Ramipril 10 MG	2 CAPSULES Orally Twice a DAY				Unknown
oxyCODONE HCl 5 MG	TAKE 2 TABLTS BY MOUTH EVERY 6 HOURS FOR as NEEDED FOR PAIN. 3 DAYS SEVERE SCALE (7-10) Oral for 4 days				Unknown
hydrOXYzine HCl 50 MG	1 tablet as needed Orally evening for 30 days		05/01/2024		Unknown
Furosemide 20 MG	1 tablet Orally Once a day for 90 days				Unknown
Budesonide-Formoterol Fumarate 160-4.5 MCG/ACT	1 puff Inhalation twice a day				Unknown
Bisoprolol Fumarate 10 MG	1 tablet Orally Twice a day		03/18/2024		Unknown
amLODIPINE Besylate 10 MG	1 tablet Oral Once a day for 90 days				Unknown
Riboflavin 25 MG	1 TABLET Orally Once a day for 30 days				Unknown
Albuterol Sulfate HFA 108 (90 Base) MCG/ACT	1 puff as needed Inhalation every 4 hrs for 30 days				Unknown

Medication	SIG (Take, Route, Frequency, Duration)	Notes	Start Date	End Date	Status
Valsartan 80 MG	1 tablet Oral Once a day for 30 days				Unknown

## Social History

Tobacco Use:

Social History Observation	Description	Date
Details (start date - stop date)	Former Smoker	NA - NA

Tobacco Use/Smoking

Question	Answer	Notes
Tobacco use:	former smoker	

## Encounters

Encounter	Location	Date	Provider	Diagnosis
MCM Plantation Pine Island Rd.	350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324-1849	08/12/2024	Luis Martinez	Rectal cancer C20 ; Atrial flutter, unspecified type I48.92 ; Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease I13.0 ; Congestive heart failure, unspecified HF chronicity, unspecified heart failure type I50.9 ; Chronic obstructive pulmonary disease, unspecified COPD type J44.9 ; Hypoxemic respiratory failure, chronic J96.11 ; Oxygen dependent Z99.81 ; Chronic kidney disease, stage 2 (mild) N18.2 ; Cardiomegaly I51.7 ; Leukocytopenia, unspecified D72.819 ; OSA (obstructive sleep apnea) G47.33 ; Iron deficiency anemia, unspecified iron deficiency anemia type D50.9 ; Major depressive disorder, recurrent, moderate F33.1 ; Generalized anxiety disorder F41.1 ; Primary insomnia F51.01 ; Immunization not carried out because of patient refusal Z28.21 ; Morbid obesity E66.01 and BMI 40.0-44.9, adult Z68.41

## Assessments

Encounter Date	Diagnosis (ICD Code)	Assessment Notes	Treatment Notes	Treatment Clinical Notes
08/12/2024	Rectal cancer (ICD-10 - C20)	S/P 5/22/24 COLON RESECTION. F/U WITH COLORECTAL SX TO HAVE STAPLES REMOVED.		
08/12/2024	Atrial flutter, unspecified type (ICD-10 - I48.92)	CONT BISOPROLOL 10MG DAILY. F/U WITH CARDIO EVERY 6 MTHS.		
08/12/2024	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease (ICD-10 - I13.0)	DASH DIET. LOW NA INTAKE. CONT BISOPROLOL 10MG DAILY. CONT RAMIPRIL 10MG 2 TABS BID. CONT AMLODIPINE 10MG DAILY. MONITOR BP DAILY. WEIGHT LOSS.		
08/12/2024	Congestive heart failure, unspecified HF chronicity, unspecified heart failure type (ICD-10 - I50.9)	TIGHT BP AND CHOL CONTROL. CONT FUROSEMIDE 20MG DAILY.		
08/12/2024	Chronic obstructive pulmonary disease, unspecified COPD type (ICD-10 - J44.9)	D/C WIXELA INHALER IN VIEW OF INEFFECTIVENESS. CONT SYMBICORT BID. AVOID PULM IRRITANTS. CONT HOME O2. F/U WITH PULM.		
08/12/2024	Hypoxemic respiratory failure, chronic (ICD-10 - J96.11)	ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS. CONT PORTABLE O2 PRN.		
08/12/2024	Oxygen dependent (ICD-10 - Z99.81)	ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS.		
08/12/2024	Chronic kidney disease, stage 2 (mild) (ICD-10 - N18.2)	Pathophysiology of the diagnosis discussed, including measures to minimize progression of the disease like avoiding NSAIDS and other nephrotoxic meds. Blood pressure control to below 130/80.		
08/12/2024	Cardiomegaly (ICD-10 - I51.7)	TIGHT BP CONTROL. CONT ACE, B-BLOCKER. CONT FUROSEMIDE.		

Encounter Date	Diagnosis (ICD Code)	Assessment Notes	Treatment Notes	Treatment Clinical Notes
08/12/2024	Leukocytopenia, unspecified (ICD-10 - D72.819)			
08/12/2024	OSA (obstructive sleep apnea) (ICD-10 - G47.33)	CONT CPAP NIGHTLY. ENCOURAGE WEIGHT LOSS.		
08/12/2024	Iron deficiency anemia, unspecified iron deficiency anemia type (ICD-10 - D50.9)	INCREASE IRON RICH FOOD INTAKE.		
08/12/2024	Major depressive disorder, recurrent, moderate (ICD-10 - F33.1)	Controlled substance counseling done, no suicidal ideation, abuse potential of some of the antidepressant meds discussed. Stress reduction and relaxation measures.		
08/12/2024	Generalized anxiety disorder (ICD-10 - F41.1)	REVIEWED ANXIETY AND STRESS COPING TECHNIQUES.		
08/12/2024	Primary insomnia (ICD-10 - F51.01)	REVIEWED PROPER SLEEPING HYGIENE.		
08/12/2024	Immunization not carried out because of patient refusal (ICD-10 - Z28.21)	REFUSES FLU VACCINE.		
08/12/2024	Morbid obesity (ICD-10 - E66.01)	ASSOCIATED WITH HTN, CHF-- WEIGHT LOSS. DECREASE CALORIE INTAKE.		
08/12/2024	BMI 40.0-44.9, adult (ICD-10 - Z68.41)			

### Plan Of Treatment

No Information

### Progress Notes

•	◦	
AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 08/12/2024		
UNLOCKED PROGRESS NOTE		
◦		

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 08/12/2024

Patient: AVILA, ROBERTO  
Account Number: 807433

Provider: Luis Martinez, DO

DOB: 11/05/1962 Age: 61 Y Sex: Male

Date: 08/12/2024

Phone: 917-736-4109

Address: 1906 NW 65TH AVE, Margate, FL-33063

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 08/12/2024

Subjective:

- Chief Complaints:
- 1. Follow-up.

- HPI:

AWV-COA-HEDIS:

Screening:

Colon Cancer Screening: DUE

PSA: 10/2023

Cardiovascular Disease Screening (Lipid Panel): EKG--5/24

Lung Cancer Screening: 2023

Eye Exam 2022

Diabetes Screening:

Has patient completed a Microalbumin/Creatinine Ratio Test: 7/2024

- Medical History: HYPERTENSION WITH CKD, CONGESTIVE HEART FAILURE, DEPRESSION, INSOMNIA, ANXIETY, ANEMIA, CARDIOMEGLY, COPD, TONSILLITIS--resolved, BROKEN 5TH METACARPAL-B/L, OXYGEN DEPENDENT, Atrial flutter, kidney stones-- Left, COLON CANCER: ADENOCARCINOMA.
- Surgical History: TONSILLECTOMY--AS A CHILD , CARDIAC CATHETERIZATION--IRREGULAR HEARTBEAT 2023, Colectomy .
- Hospitalization/Major Diagnostic Procedure: NORTH BROWARD ===> ADMIT CARDIAC CATHETERIZATION 2023.
- Family History: Father: deceased 75 yrs, ESOPHAGEAL CANCER. Mother: deceased 57 yrs, LIVER CANCER, HTN. Paternal Grandfather: deceased 85 yrs, MYOCARDIAL INFARCTION, CAD. Maternal Grandfather: deceased 85 yrs, ASTHMA. Maternal Grandmother: deceased 82 yrs, COLON CANCER. Paternal Uncle: PARKINSONS DISEASE. Maternal Uncle: deceased 62 yrs, MYOCARDIAL INFARCTION.
- Social History:  
Tobacco Use:  
Tobacco Use/Smoking  
Tobacco use: former smoker  
1 PACK A DAY, SMOKED FOR 40 YRS; QUIT IN 2020.
- Medications: Unknown Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution 1 puff as needed Inhalation every 4 hrs , Unknown amLODIPine Besylate 10 MG Tablet 1 tablet Oral Once a day , Unknown Bisoprolol Fumarate 10

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 08/12/2024

MG Tablet 1 tablet Orally Twice a day , Unknown Budesonide-Formoterol Fumarate 160-4.5 MCG/ACT Aerosol 1 puff Inhalation twice a day , Unknown Doxycycline Hyclate 100 MG Tablet 1 tablet Orally EVERY 12 HOURS FOR 7 DAYS , Unknown Furosemide 20 MG Tablet 1 tablet Orally Once a day , Unknown hydrOXYzine HCl 50 MG Tablet 1 tablet as needed Orally evening , Unknown oxyCODONE HCl 5 MG Tablet TAKE 2 TABLTS BY MOUTH EVERY 6 HOURS FOR as NEEDED FOR PAIN. 3 DAYS SEVERE SCALE (7-10) Oral , Unknown Ramipril 10 MG Capsule 2 CAPSULES Orally Twice a DAy , Unknown Valsartan 80 MG Tablet 1 tablet Oral Once a day , Unknown Riboflavin 25 MG Tablet 1 TABLET Orally Once a day

- Allergies: N.K.D.A.

Objective:

- Vitals:
- Past Orders:

Lab:KIDNEY PROFILE (39165) (Order Date - 07/11/2024) (Collection Date & Time - 07/11/2024 11:12 AM)

	Value	Reference Range
STAGE	No Chronic Kidney Disease	-
CREATININE	0.72	0.70-1.35 - mg/dL
EGFR	104	> OR = 60 - mL/min/1.73m <sup>2</sup>
CREATININE, RANDOM URINE	161	20-320 - mg/dL
ALBUMIN, URINE	4.5	See Note: - mg/dL
ALBUMIN/CREATININE RATIO, RANDOM URINE	28	<30 - mg/g creat

Lab:LIPID PANEL WITH RATIOS (19543) (Order Date - 07/11/2024) (Collection Date & Time - 07/11/2024 11:12 AM)

Result: Abnormal

	Value	Reference Range
TRIGLYCERIDES	116	<150 - mg/dL
CHOLESTEROL, TOTAL	200	H <200 - mg/dL

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HDL CHOLESTEROL	71	> OR = 40 - mg/dL
LDL-CHOLESTEROL	108	H - mg/dL (calc)
CHOL/HDLC RATIO	2.8	<5.0 - (calc)
LDL/HDL RATIO	1.5	- (calc)
NON HDL CHOLESTEROL	129	<130 - mg/dL (calc)

Notes: Martinez, Luis 7/12/2024 01:35:28 PM EDT > LDL-- 108 GOAL < 70

Lab:COMPREHENSIVE METABOLIC PANEL (10231) (Order Date - 07/11/2024) (Collection Date & Time - 07/11/2024 11:12 AM)

	Value	Reference Range
GLUCOSE	68	65-99 - mg/dL
UREA NITROGEN (BUN)	14	7-25 - mg/dL
CREATININE	0.72	0.70-1.35 - mg/dL
BUN/CREATININE RATIO	SEE NOTE:	6-22 - (calc)
SODIUM	142	135-146 - mmol/L
POTASSIUM	3.6	3.5-5.3 - mmol/L
CHLORIDE	99	98-110 - mmol/L
CARBON DIOXIDE	31	20-32 - mmol/L
CALCIUM	8.9	8.6-10.3 - mg/dL
PROTEIN, TOTAL	7.1	6.1-8.1 - g/dL
ALBUMIN	4.2	3.6-5.1 - g/dL
GLOBULIN	2.9	1.9-3.7 - g/dL (calc)
ALBUMIN/GLOBULIN RATIO	1.4	1.0-2.5 - (calc)
BILIRUBIN, TOTAL	1.2	0.2-1.2 - mg/dL

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 08/12/2024

ALKALINE PHOSPHATASE	129	35-144 - U/L
AST	29	10-35 - U/L
ALT	24	9-46 - U/L
EGFR	104	> OR = 60 - mL/min/1.73m <sup>2</sup>

Lab:CBC (INCLUDES DIFF/PLT) (6399) (Order Date - 07/11/2024) (Collection Date & Time - 07/11/2024 11:12 AM)

Result: Abnormal

	Value	Reference Range
WHITE BLOOD CELL COUNT	12.7	H 3.8-10.8 - Thousand/uL
RED BLOOD CELL COUNT	3.61	L 4.20-5.80 - Million/uL
HEMOGLOBIN	11.1	L 13.2-17.1 - g/dL
HEMATOCRIT	33.9	L 38.5-50.0 - %
MCV	93.9	80.0-100.0 - fL
MCH	30.7	27.0-33.0 - pg
MCHC	32.7	32.0-36.0 - g/dL
RDW	13.3	11.0-15.0 - %
PLATELET COUNT	263	140-400 - Thousand/uL
NEUTROPHILS	71	- %
ABSOLUTE NEUTROPHILS	9017	H 1500-7800 - cells/uL
LYMPHOCYTES	17.4	- %
ABSOLUTE LYMPHOCYTES	2210	850-3900 - cells/uL
MONOCYTES	7.6	- %
ABSOLUTE MONOCYTES	965	H 200-950 - cells/uL

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 08/12/2024

EOSINOPHILS	3.4	- %
ABSOLUTE EOSINOPHILS	432	15-500 - cells/uL
BASOPHILS	0.6	- %
ABSOLUTE BASOPHILS	76	0-200 - cells/uL
MPV	9.0	7.5-12.5 - fL

Notes: Martinez, Luis 7/12/2024 01:34:18 PM EDT > WBC--12.7 RECHECKHGB--11.1 STABLE, MONITOR.

#### Assessment:

- Assessment:

1. Rectal cancer - C20 (Primary) Notes : S/P 5/22/24 COLON RESECTION. F/U WITH COLORECTAL SX TO HAVE STAPLES REMOVED. 2. Atrial flutter, unspecified type - I48.92 Notes : CONT BISOPROLOL 10MG DAILY. F/U WITH CARDIO EVERY 6 MTHS. 3. Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - I13.0 Notes : DASH DIET. LOW NA INTAKE. CONT BISOPROLOL 10MG DAILY. CONT RAMIPRIL 10MG 2 TABS BID. CONT AMLODIPINE 10MG DAILY. MONITOR BP DAILY. WEIGHT LOSS. 4. Congestive heart failure, unspecified HF chronicity, unspecified heart failure type - I50.9 Notes : TIGHT BP AND CHOL CONTROL. CONT FUROSEMIDE 20MG DAILY. 5. Chronic obstructive pulmonary disease, unspecified COPD type - J44.9 Notes : D/C WIXELA INHALER IN VIEW OF INEFFECTIVENESS. CONT SYMBICORT BID. AVOID PULM IRRITANTS. CONT HOME O2. F/U WITH PULM. 6. Hypoxemic respiratory failure, chronic - J96.11 Notes : ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS. CONT PORTABLE O2 PRN. 7. Oxygen dependent - Z99.81 Notes : ASSOCIATED WITH COPD-- CONT EVENING HOME O2 NC AT 3-4 LITERS. 8. Chronic kidney disease, stage 2 (mild) - N18.2 Notes : Pathophysiology of the diagnosis discussed, including measures to minimize progression of the disease like avoiding NSAIDS and other nephrotoxic meds. Blood pressure control to below 130/80. 9. Cardiomegaly - I51.7 Notes : TIGHT BP CONTROL. CONT ACE, B-BLOCKER. CONT FUROSEMIDE. 10. Leukocytopenia, unspecified - D72.819 11. OSA (obstructive sleep apnea) - G47.33 Notes : CONT CPAP NIGHTLY. ENCOURAGE WEIGHT LOSS. 12. Iron deficiency anemia, unspecified iron deficiency anemia type - D50.9 Notes : INCREASE IRON RICH FOOD INTAKE. 13. Major depressive disorder, recurrent, moderate - F33.1 Notes : Controlled substance counseling done, no suicidal ideation, abuse potential of some of the antidepressant meds discussed. Stress reduction and relaxation measures. 14. Generalized anxiety disorder - F41.1 Notes : REVIEWED ANXIETY AND STRESS COPING TECHNIQUES. 15. Primary insomnia - F51.01 Notes : REVIEWED PROPER SLEEPING HYGIENE. 16. Immunization not carried out because of patient refusal - Z28.21 Notes :

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 807433 DOS: 08/12/2024

REFUSES FLU VACCINE. 17. Morbid obesity - E66.01 Notes : ASSOCIATED WITH HTN, CHF-- WEIGHT LOSS. DECREASE CALORIE INTAKE. 18. BMI 40.0-44.9, adult - Z68.41

Plan:

◦ Treatment:

■

◦

Billing Information:

◦ Visit Code:

◦ Procedure Codes:

Care Plan Details

◦

Electronic signature of Luis Martinez , DO, OS10932 on 10/07/2024 at 12:21 PM EDT

Sign off status: Pending

Provider: Luis Martinez, DO	Date: 08/12/2024
	Generated for Printing/Faxing/eTransmitting on: 10/07/2024 12:21 PM EDT

### History and Physical Notes

- HPI (History of Present Illness)

Category	Sub-Category	Detail	Notes
AWV-COA-HEDIS	Screening:	Colon Cancer Screening::	DUE

Category	Sub-Category	Detail	Notes
		PSA::	10/2023
		Cardiovascular Disease Screening (Lipid Panel)::	EKG--5/24
		Lung Cancer Screening::	2023
		Eye Exam:	2022
	Diabetes Screening:	Has patient completed a Microalbumin/Creatinine Ratio Test::	7/2024

## Data Portability

Patient	Robert Avila
Date of birth	November 5, 1962
Current Gender	Male
Race(s)	White
Ethnicity	Hispanic or Latino
Language(s)	English
Contact info	Primary Home Address: 1906 NW 65TH AVE MARGATE, FL 33063-2330, USA Effective Date: July 7, 2022  Postal Address: 1906 NW 65TH AVE MARGATE, FL 33063-2330, USA Effective Date: July 7, 2022  Primary Home Phone: +1-(917) 736-4109 Mobile Phone: +1-(917) 736-4109 Email: verayanice13@gmail.com
Patient IDs	a-15644.E-719908 2.16.840.1.113883.3.564 062637623 2.16.840.1.113883.4.1
Document Id	aea70605-79cb-4969-abef-8e2680f65fd9
Document Created:	October 7, 2024, 12:21:42 -0400
Performer	ANDREW GOLDSTEIN of Work Address: 9750 NW 33 STR STE 212 CORAL SPRINGS, FL 33065, US

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## Assessment

No assessment recorded.

## Plan of Treatment

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
<b>Appointments</b>	None recorded.							
<b>Lab</b>	CBC w/ auto diff	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	11/14/2023 15:56:11	
	hepatic function panel, serum	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:30	
	magnesium, serum or plasma	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:24	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
	renal function panel, serum	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:31	
	CK (creatinine kinase), total, serum	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:21	
	C3 + C4 (complement), serum	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:28	
	uric acid, serum or plasma	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:26	
	urinalysis complete, reflex culture	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:29	
	sodium/creatinine, ratio, urine	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106,	07/11/2022 13:58:30	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
						Margate, FL, 33063-5675, Ph (561) 302-3448		
	protein:creatinine ratio, urine	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:22	
	eosinophils, urine	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:25	
	kappa/lambda free light chains (flc), ratio, serum	07/11/2022	07/11/2022		soblenis	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/19/2022 08:22:05	
	protein electrophoresis panel, serum or plasma	07/11/2022	07/11/2022		soblenis	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/19/2022 08:22:06	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
	phosphorus, serum or plasma	07/11/2022	07/11/2022		soblenis	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/19/2022 08:22:06	
	anca, serum	07/11/2022	07/11/2022		soblenis	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/19/2022 08:22:06	
	microalbumin/creatinine, mass ratio, urine	07/11/2022	07/11/2022		soblenis	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/19/2022 08:22:06	
	unlisted lab - phospholipase A2 receptor (pla2r) Ab, elisa	07/11/2022	07/11/2022		soblenis	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/19/2022 08:22:06	
	ANA (antinuclear antibodies) screen, ifa, serum	07/11/2022	07/11/2022		soblenis	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/19/2022 08:22:06	
Referral	None recorded.							
Procedures	None recorded.							

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
Surgeries	None recorded.							
Imaging	US, retroperitoneum	07/11/2022	07/11/2022		soblenis	Not available	07/25/2022 14:06:49	
Medication Orders	None recorded.							

Patient Targets No targets recorded.

Patient Instructions

Encounter Date	Encounter Id	Patient Instructions	Last Modified By	Organization Details	Last Modified Time
07/11/2022	453707	alcohol detoxification and withdrawal: care instructions	edejesus18	Not available	07/11/2022 19:23:49
		substance use disorder: care instructions	edejesus18	Not available	07/11/2022 19:23:49
		learning about type 2 diabetes	edejesus18	Not available	07/11/2022 13:57:44
		type 2 diabetes: care instructions	edejesus18	Not available	07/11/2022 13:57:44
		When You Want to Lose Weight: Care Instructions	edejesus18	Not available	07/11/2022 13:57:43

### Reason for Referral

None Reported.

### Results

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022			227	mg/dL	<200	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		LIPID PANEL, STANDARD	cholesterol, total					
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	HDL cholesterol	39	mg/dL	> or = 40	low	
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	triglycerides	239	mg/dL	<150	high	If a non-fasting specimen was collected, consider repeat triglyceride testing on a fasting specimen if clinically indicated. Jacobson et al. J. of Clin. Lipidol. 2015;9:129-169.
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	LDL-cholesterol	149	mg/dL_(calc)		high	Reference range: <100 Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors. LDL-C is now calculated using the Martin-Hopkins

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
								calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013;310(19): 2061-2068 ( <a href="http://education.QuestDiagnostics.com/faq/FAQ164">http://education.QuestDiagnostics.com/faq/FAQ164</a> )
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	chol/HDLC ratio	5.8	(calc)	<5.0	high	
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	non HDL cholesterol	188	mg/dL_(calc)	<130	high	For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	glucose	130	mg/dL	65-99	high	Fasting reference interval For someone without known diabetes, a glucose value >125 mg/dL indicates that they may have diabetes and this should be confirmed with a follow-up test.

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	urea nitrogen (BUN)	25	mg/dL	7-25	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	creatinine	2.04	mg/dL	0.70-1.33	high	For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	eGFR non-afr. american	35	mL/min/ 1.73m <sup>2</sup>	> or = 60	low	
07/05/2022	07/06/2022			40		> or = 60	low	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		COMPREHENSIVE METABOLIC PANEL	eGFR african american		mL/min/1.73m <sup>2</sup>			
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	BUN/creatinine ratio	12	(calc)	6-22	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	sodium	144	mmol/L	135-146	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	potassium	3.9	mmol/L	3.5-5.3	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	chloride	98	mmol/L	98-110	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	carbon dioxide	35	mmol/L	20-32	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	protein, total	6.9	g/dL	6.1-8.1	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	albumin	4.2	g/dL	3.6-5.1	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	globulin	2.7	g/dL_(calc)	1.9-3.7	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	albumin/globulin ratio	1.6	(calc)	1.0-2.5	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	bilirubin, total	1.0	mg/dL	0.2-1.2	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	alkaline phosphatase	87	U/L	35-144	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	AST	36	U/L	10-35	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	ALT	26	U/L	9-46	normal	
07/05/2022	07/06/2022	HEMOGLOBIN A1C	hemoglobin A1C	6.8	%_of_total_HGB	<5.7	high	For someone without known diabetes, a hemoglobin A1c value of 6.5% or greater indicates that they may have diabetes and this should be confirmed with a follow-up test. For someone with known diabetes, a value <7% indicates that their diabetes is well controlled and a value greater than or equal to 7% indicates suboptimal control. A1c targets should be individualized based on duration of diabetes, age, comorbid conditions, and other considerations. Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes for children.
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	white blood cell count	12.3	thousand/uL	3.8-10.8	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	red blood cell count	4.97	million/uL	4.20-5.80	normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	hemoglobin	12.5	g/dL	13.2-17.1	low	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	hematocrit	40.6	%	38.5-50.0	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	MCV	81.7	fL	80.0-100.0	normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	MCH	25.2	pg	27.0-33.0	low	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	MCHC	30.8	g/dL	32.0-36.0	low	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	RDW	16.4	%	11.0-15.0	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	platelet count	274	thousand/uL	140-400	normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	MPV	8.9	fL	7.5-12.5	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	absolute lymphocytes	2251	cells/uL	850-3900	normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	absolute monocytes	1033	cells/uL	200-950	high	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	absolute eosinophils	517	cells/uL	15-500	high	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	absolute basophils	111	cells/uL	0-200	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	neutrophils	68.2	%		normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	lymphocytes	18.3	%		normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	monocytes	8.4	%		normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	eosinophils	4.2	%		normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	basophils	0.9	%		normal	
10/03/2023	10/04/2023	LIPID PANEL WITH RATIOS	cholesterol, total	195	mg/dL	<200	normal	
10/03/2023	10/04/2023	LIPID PANEL WITH RATIOS	HDL cholesterol	66	mg/dL	> or = 40	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	LIPID PANEL WITH RATIOS	triglycerides	84	mg/dL	<150	normal	
10/03/2023	10/04/2023	LIPID PANEL WITH RATIOS	LDL-cholesterol	112	mg/dL_(calc)		high	Reference range: <100 Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors. LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013;310(19): 2061-2068 ( <a href="http://education.QuestDiagnostics.com/faq/FAQ164">http://education.QuestDiagnostics.com/faq/FAQ164</a> )
10/03/2023	10/04/2023	LIPID PANEL WITH RATIOS	chol/HDL ratio	3.0	(calc)	<5.0	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	LIPID PANEL WITH RATIOS	LDL/HDL ratio	1.7	(calc)			Below Average Risk: <2.28 Average Risk: 2.29-4.90 Moderate Risk: 4.91-7.12 High Risk: >7.13
10/03/2023	10/04/2023	LIPID PANEL WITH RATIOS	non HDL cholesterol	129	mg/dL_(calc)	<130	normal	For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	glucose	97	mg/dL	65-99	normal	Fasting reference interval

<b>Created Date</b>	<b>Observation Date</b>	<b>Name</b>	<b>Description</b>	<b>Value</b>	<b>Unit</b>	<b>Range</b>	<b>Abnormal Flag</b>	<b>Note</b>
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	urea nitrogen (BUN)	11	mg/dL	7-25	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	creatinine	0.70	mg/dL	0.70-1.35	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	eGFR	105	mL/min/1.73m <sup>2</sup>	> or = 60	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	BUN/creatinine ratio	SEE NOTE:	(calc)	6-22		Not Reported: BUN and Creatinine are within reference range.

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	sodium	143	mmol/L	135-146	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	potassium	4.2	mmol/L	3.5-5.3	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	chloride	101	mmol/L	98-110	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	carbon dioxide	34	mmol/L	20-32	high	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	calcium	8.3	mg/dL	8.6-10.3	low	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	protein, total	7.0	g/dL	6.1-8.1	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	albumin	4.0	g/dL	3.6-5.1	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	globulin	3.0	g/dL_(calc)	1.9-3.7	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	albumin/globulin ratio	1.3	(calc)	1.0-2.5	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	bilirubin, total	1.0	mg/dL	0.2-1.2	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	alkaline phosphatase	101	U/L	35-144	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	AST	30	U/L	10-35	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	ALT	19	U/L	9-46	normal	
10/03/2023	10/04/2023	HEMOGLOBIN A1C	hemoglobin A1C	5.1	%_of_total_HGB	<5.7	normal	For the purpose of screening for the presence of diabetes: <5.7% Consistent with the absence of diabetes 5.7-6.4% Consistent with increased risk for diabetes

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
								(prediabetes) > or =6.5% Consistent with diabetes This assay result is consistent with a decreased risk of diabetes. Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children. According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).
10/03/2023	10/04/2023	TSH W/REFLEX TO FT4	TSH w/reflex to FT4	2.01	mIU/L	0.40-4.50	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	red blood cell count	3.79	million/uL	4.20-5.80	low	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	hemoglobin	11.4	g/dL	13.2-17.1	low	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	hematocrit	35.1	%	38.5-50.0	low	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	MCV	92.6	fL	80.0-100.0	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	MCH	30.1	pg	27.0-33.0	normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	MCHC	32.5	g/dL	32.0-36.0	normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	RDW	13.1	%	11.0-15.0	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	platelet count	197	thousand/uL	140-400	normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	MPV	9.4	fL	7.5-12.5	normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	absolute neutrophils	4225	cells/uL	1500-7800	normal	
10/03/2023	10/04/2023			1961	cells/uL	850-3900	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		CBC (INCLUDES DIFF/PLT)	absolute lymphocytes					
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	absolute monocytes	733	cells/uL	200-950	normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	absolute eosinophils	400	cells/uL	15-500	normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	absolute basophils	81	cells/uL	0-200	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	neutrophils	57.1	%		normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	lymphocytes	26.5	%		normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	monocytes	9.9	%		normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	eosinophils	5.4	%		normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	basophils	1.1	%		normal	
10/03/2023	10/04/2023	PSA, TOTAL	PSA, total	0.28	NG/mL	< or = 4.00	normal	The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with this fact in mind. This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels,

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
								regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

### Result Notes

None recorded.

### Problems

Name	Problem SNOMED Code	Status	Onset Date	Resolution Date	Notes	Provider Name and Address	Organization Details	Recorded Time
Clinical finding		Active	07/11/2022		for flowsheet	Shana O'Blenis null,	FL - Florida Kidney Physicians, LLC	07/11/2022 11:21:42
Hypertensive disorder	38341003	Active	07/11/2022			EDDY DE JESUS, MD  12662 Telecom Drive, Temple Terrace,  FL, 33637-0935, US	FL - Florida Kidney Physicians, LLC	07/11/2022 13:42:35
Type 2 diabetes mellitus	44054006	Active	07/11/2022			EDDY DE JESUS, MD  12662 Telecom Drive, Temple Terrace,	FL - Florida Kidney Physicians, LLC	07/11/2022 13:56:29

Name	Problem SNOMED Code	Status	Onset Date	Resolution Date	Notes	Provider Name and Address	Organization Details	Recorded Time
						FL, 33637-0935, US		
Morbid obesity	238136002	Active	07/11/2022			EDDY DE JESUS, MD  12662 Telecom Drive, Temple Terrace,  FL, 33637-0935, US	FL - Florida Kidney Physicians, LLC	07/11/2022 13:56:50
Alcohol dependence	66590003	Active	07/11/2022			EDDY DE JESUS, MD  12662 Telecom Drive, Temple Terrace,  FL, 33637-0935, US	FL - Florida Kidney Physicians, LLC	07/11/2022 19:23:24

#### Problem Notes

None recorded.

#### Procedures

#### Surgical History

None recorded.

### Imaging Results

None recorded.

### Procedure Notes

None recorded.

### **Medical Equipment**

None Reported.

### **Allergies**

No known drug allergies

### **Medications**

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
clonidine HCl 0.1 mg tablet	TAKE ONE TABLET BY MOUTH AS NEEDED EVERY 6 HOURS	07/11/2022		active		Not Available	Not Available	Not Available
levetiracetam 500 mg tablet	TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 9 DAYS		07/11/2022	completed		Not Available	Not Available	Not Available
hydroxyzine pamoate 50 mg capsule	TAKE ONE CAPSULE BY MOUTH AS NEEDED			active		Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
	EVERY 6 HOURS							
bisoprolol fumarate 10 mg tablet				active		Not Available	Not Available	Not Available
potassium chloride ER 20 mEq tablet,extended release(part/crust)	TAKE 1 TABLET BY MOUTH EVERY DAY		07/11/2022	completed		Not Available	Not Available	Not Available
trazodone 100 mg tablet	TAKE 1-2 TABLETS (100-200 MG PER DOSE) BY MOUTH NIGHTLY. FOR SLEEP AND MOOD		07/11/2022	completed		Not Available	Not Available	Not Available
amlodipine 10 mg tablet	TAKE 1 TABLET (10 MG PER DOSE) BY MOUTH DAILY. FOR BLOOD PRESSURE			active		Not Available	Not Available	Not Available
lisinopril 10 mg tablet	TAKE 1 TABLET (10 MG PER DOSE) BY MOUTH DAILY. FOR BLOOD PRESSURE			active		Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
gabapentin 300 mg capsule	TAKE 1 CAPSULE BY MOUTH THREE TIMES A DAY		07/11/2022	completed		Not Available	Not Available	Not Available
furosemide 20 mg tablet				active		Not Available	Not Available	Not Available
mirtazapine 15 mg tablet	TAKE ONE TABLET BY MOUTH DAILY AT BEDTIME AS NEEDED		07/11/2022	completed		Not Available	Not Available	Not Available
gabapentin 100 mg capsule	TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY		07/11/2022	completed		Not Available	Not Available	Not Available
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler				active		Not Available	Not Available	Not Available
ramipril 10 mg capsule				active		Not Available	Not Available	Not Available
escitalopram 10 mg tablet	AS DIRECTED 0.5 TABLET DAILY FOR 5 DAYS THEN 1 TABLET DAILY			active		Not Available	Not Available	Not Available
			07/11/2022	completed				

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
quetiapine 50 mg tablet	TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME					Not Available	Not Available	Not Available
budesonide-formoterol HFA 160 mcg-4.5 mcg/actuation aerosol inhaler				active		Not Available	Not Available	Not Available
Gavilyte-C 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution				active		Not Available	Not Available	Not Available
Original Nasal Spray 0.05 %	SPRAY 1 SPRAY TWO TIMES A DAY AS DIRECTED			active		Not Available	Not Available	Not Available
sodium,potassium,mag sulfates 17.5 gram-3.13 gram-1.6 gram oral soln				active		Not Available	Not Available	Not Available
Wixela Inhub 500 mcg-50 mcg/dose powder for inhalation				active		Not Available	Not Available	Not Available

## Vitals

Date Recorded	Body height	Body mass index (BMI)	Body weight	Heart rate	Oxygen saturation	Oxygen saturation in Arterial blood by Pulse oximetry	Systolic blood pressure	Diastolic blood pressure	Provider Name and Address	Organization Details	Last Updated DateTime
07/11/2022	170.18 cm	48.7 kg/m <sup>2</sup>	141067.23 g	100 / min	92 %	92 %	112 mm[Hg]	60 mm[Hg]	Shana O'Blenis	FL - Florida Kidney Physicians, LLC	07/11/2022 13:31:42

## Social History

Question	Answer	Notes	LastModified by	Organization Details	LastModified Time
Tobacco Smoking Status	Former Smoker		Shana O'Blenis null,	FL - Florida Kidney Physicians, LLC	07/11/2022 13:27:58
What Is Your Level Of Alcohol Consumption?	Heavy		soblenis	Information not available	07/11/2022
What Is Your Level Of Caffeine Consumption?	None		soblenis	Information not available	07/11/2022
Are You Currently Employed?	No		soblenis	Information not available	07/11/2022
When Did You Quit Smoking?	1-5yearssincelastcigarette		soblenis	Information not available	07/11/2022
What Was The Date Of Your Most Recent Tobacco Screening?	07/11/2022		soblenis	Information not available	07/11/2022
How Many Children Do You Have?	0		soblenis	Information not available	07/11/2022

Question	Answer	Notes	LastModified by	Organization Details	LastModified Time
What Is Your Current Pack Years?	30ormorepackyears		soblenis	Information not available	07/11/2022
What Is Your Relationship Status?	Divorced		soblenis	Information not available	07/11/2022
Do You Use Any Illicit Or Recreational Drugs?	No		soblenis	Information not available	07/11/2022
How Many Years Have You Smoked Tobacco?	40		soblenis	Information not available	07/11/2022

### Birth Sex: Unknown

### Functional Status

None recorded.

### Mental Status

None recorded.

### Family History

Nothing Reported

**Notes:** No known family hx of CKD/Renal failure

### Medical History

Condition	Response
Coronary Artery Disease	N
Renal Artery Stenosis	N
Gout	N
Hemodialysis Access: Fistula or Catheter	N

Condition	Response
Kidney Stones	N
Kidney Cyst	N
Cancer within Last 5 Years	N
Hyperkalemia	N
Arthritis (Osteo)	N
Echo EF	N
Depression	N
COPD	N
Kidney Transplant	N
ESRD Onset Date (MM/DD/YYYY)	N
Varicose Veins	N
Diabetes Type 1	N
Access Placement Referred (PD/AVF)	N
Acid Reflux (GERD)	N
Atrial Fibrillation (AFIB)	N
Hematuria	N
Cancer	N
Stroke	N
Vitamin D Deficiency	N
Abdominal Aortic Aneurysm (AAA)	N
Rheumatoid Arthritis	N
Polycystic Kidney Disease	N
Recurrent Urinary Tract Infections	N
Hyponatremia	N

Condition	Response
NSAIDs Use	N
Anxiety	N
Hyperparathyroidism	N
Hepatitis A	N
AVF Present	N
Acute Kidney Injury (AKI)	N
Hypernatremia	N
Anemia	N
Hepatitis C	N
Dialysis Start: Office or Hospital	N
Proteinuria	N
Peripheral Vascular Disease (PWD)	N
Kidney Disease (CKD)	Y
Diabetes Type 2	Y
PD Catheter Present	N
Prostate Hypertrophy	N
CHF	N
Blood Transfusions	N
Hyperlipidemia	N
Asthma	N
Hepatitis B	N
Lupus	N
Sleep Apnea	N
Thyroid Disorder	N

Condition	Response
Dialysis Modality: Home or Hemo	N
Hypertension	Y

### Immunizations

Vaccine Type	Date	Status	Provider Name and Address	Organization Details	Recorded Time
SARS-COV-2 (COVID-19) vaccine, UNSPECIFIED	02/21/2022	completed	Shana O'Blenis null,	FL - Florida Kidney Physicians, LLC	07/11/2022 13:35:13

### Past Encounters

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
453707	EDDY DE JESUS, MD	FKPSE Coral Springs 722 Riverside  722 Riverside Drive  Coral Springs, FL 33071-7008	07/11/2022 13:15:53	07/11/2022 14:09:16	Acute kidney injury	14669001	N17.9
					Hypertensive disorder	38341003	I10
					Type 2 diabetes mellitus	44054006	E11.9
					Morbid obesity	238136002	E66.01
					Alcohol dependence	66590003	F10.20

## Goals Section

None Recorded

## Health Concerns Section

Related Observation	LastModified by	Organization Details	LastModified Time	
None Recorded				
Concern	Status	LastModified by	Organization Details	LastModified Time
None Recorded				

## Advance Directives

Directive
None Recorded

## Payers

Encounter Date	Sequence	Insurance Name	Policy Number	Policy Holder	Covered Member ID	Holder Member ID	Guarantor Name
07/11/2022	1	BCBS-FL: BCBS OF FL (EPO)	00762030005	Sheila Vera	JFX3HZN17849130		Robert Avila

## Notes

Date	Note Type	Note	Provider Name and Address	Organization Details	Recorded Time
07/11/2022	text/html	HPI Notes: 59-year-old male patient with a past medical history of hypertension, type 2 diabetes and morbid obesity the presented to the office referred by his primary care physician for evaluation of worsening creatinine noticed to be of 2.0 mg/dL. Patient states that 9 years ago he did have an episode of acute kidney injury secondary to medications for which she was treated in New York and had complete renal recovery without requiring dialysis. Today patient states that he does	EDDY DE JESUS, MD  12662 Telecom Drive, Temple Terrace,	FL - Florida Kidney Physicians, LLC	07/11/2022 19:24:14

Date	Note Type	Note	Provider Name and Address	Organization Details	Recorded Time
		drink alcohol every day ( vodka), has been compliant to medications, recently seen by his primary care and Cardiology. He denies any headaches, chest pain, numbness/ weakness.	FL, 33637-0935, US		

## Data Portability

Patient	Robert Avila
Date of birth	November 5, 1962
Current Gender	Male
Race(s)	White
Ethnicity	Hispanic or Latino
Language(s)	English
Contact info	Primary Home Address: 1906 NW 65TH AVE MARGATE, FL 33063-2330, USA Effective Date: July 7, 2022  Postal Address: 1906 NW 65TH AVE MARGATE, FL 33063-2330, USA Effective Date: July 7, 2022  Primary Home Phone: +1-(917) 736-4109 Mobile Phone: +1-(917) 736-4109 Email: verayanice13@gmail.com
Patient IDs	a-15644.E-719908 2.16.840.1.113883.3.564 062637623 2.16.840.1.113883.4.1
Document Id	688da554-bef8-486a-b828-ddd5bb7e4539
Document Created:	October 7, 2024, 12:21:42 -0400
Performer	ANDREW GOLDSTEIN of Work Address: 9750 NW 33 STR STE 212 CORAL SPRINGS, FL 33065, US

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## **Assessment**

No assessment recorded.

## **Plan of Treatment**

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
<b>Appointments</b>	None recorded.							
<b>Lab</b>	CBC w/ auto diff	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	11/14/2023 15:56:11	
	hepatic function panel, serum	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:30	
	magnesium, serum or plasma	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:24	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
	renal function panel, serum	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:31	
	CK (creatinine kinase), total, serum	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:21	
	C3 + C4 (complement), serum	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:28	
	uric acid, serum or plasma	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:26	
	urinalysis complete, reflex culture	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:29	
	sodium/creatinine, ratio, urine	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106,	07/11/2022 13:58:30	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
						Margate, FL, 33063-5675, Ph (561) 302-3448		
	protein:creatinine ratio, urine	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:22	
	eosinophils, urine	07/11/2022	07/11/2022		ATHENA	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/11/2022 13:58:25	
	kappa/lambda free light chains (flc), ratio, serum	07/11/2022	07/11/2022		soblenis	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/19/2022 08:22:05	
	protein electrophoresis panel, serum or plasma	07/11/2022	07/11/2022		soblenis	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/19/2022 08:22:06	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
	phosphorus, serum or plasma	07/11/2022	07/11/2022		soblenis	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/19/2022 08:22:06	
	anca, serum	07/11/2022	07/11/2022		soblenis	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/19/2022 08:22:06	
	microalbumin/creatinine, mass ratio, urine	07/11/2022	07/11/2022		soblenis	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/19/2022 08:22:06	
	unlisted lab - phospholipase A2 receptor (pla2r) Ab, elisa	07/11/2022	07/11/2022		soblenis	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/19/2022 08:22:06	
	ANA (antinuclear antibodies) screen, ifa, serum	07/11/2022	07/11/2022		soblenis	Quest Diagnostics PSC, 5901 Colonial Dr, Ste 106, Margate, FL, 33063-5675, Ph (561) 302-3448	07/19/2022 08:22:06	
Referral	None recorded.							
Procedures	None recorded.							

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
<b>Surgeries</b>	None recorded.							
<b>Imaging</b>	US, retroperitoneum	07/11/2022	07/11/2022		soblenis	Not available	07/25/2022 14:06:49	
<b>Medication Orders</b>	None recorded.							

Patient Targets No targets recorded.

Patient Instructions

Encounter Date	Encounter Id	Patient Instructions	Last Modified By	Organization Details	Last Modified Time
07/11/2022	453707	alcohol detoxification and withdrawal: care instructions	edejesus18	Not available	07/11/2022 19:23:49
		substance use disorder: care instructions	edejesus18	Not available	07/11/2022 19:23:49
		learning about type 2 diabetes	edejesus18	Not available	07/11/2022 13:57:44
		type 2 diabetes: care instructions	edejesus18	Not available	07/11/2022 13:57:44
		When You Want to Lose Weight: Care Instructions	edejesus18	Not available	07/11/2022 13:57:43

### Reason for Referral

None Reported.

### Results

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022			227	mg/dL	<200	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		LIPID PANEL, STANDARD	cholesterol, total					
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	HDL cholesterol	39	mg/dL	> or = 40	low	
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	triglycerides	239	mg/dL	<150	high	If a non-fasting specimen was collected, consider repeat triglyceride testing on a fasting specimen if clinically indicated. Jacobson et al. J. of Clin. Lipidol. 2015;9:129-169.
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	LDL-cholesterol	149	mg/dL_(calc)		high	Reference range: <100 Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors. LDL-C is now calculated using the Martin-Hopkins

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
								calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013;310(19): 2061-2068 ( <a href="http://education.QuestDiagnostics.com/faq/FAQ164">http://education.QuestDiagnostics.com/faq/FAQ164</a> )
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	chol/HDLC ratio	5.8	(calc)	<5.0	high	
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	non HDL cholesterol	188	mg/dL_(calc)	<130	high	For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	glucose	130	mg/dL	65-99	high	Fasting reference interval For someone without known diabetes, a glucose value >125 mg/dL indicates that they may have diabetes and this should be confirmed with a follow-up test.

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	urea nitrogen (BUN)	25	mg/dL	7-25	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	creatinine	2.04	mg/dL	0.70-1.33	high	For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	eGFR non-afr. american	35	mL/min/ 1.73m <sup>2</sup>	> or = 60	low	
07/05/2022	07/06/2022			40		> or = 60	low	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		COMPREHENSIVE METABOLIC PANEL	eGFR african american		mL/min/ 1.73m <sup>2</sup>			
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	BUN/creatinine ratio	12	(calc)	6-22	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	sodium	144	mmol/L	135-146	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	potassium	3.9	mmol/L	3.5-5.3	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	chloride	98	mmol/L	98-110	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	carbon dioxide	35	mmol/L	20-32	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	protein, total	6.9	g/dL	6.1-8.1	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	albumin	4.2	g/dL	3.6-5.1	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	globulin	2.7	g/dL_(calc)	1.9-3.7	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	albumin/globulin ratio	1.6	(calc)	1.0-2.5	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	bilirubin, total	1.0	mg/dL	0.2-1.2	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	alkaline phosphatase	87	U/L	35-144	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	ALT	26	U/L	9-46	normal	
07/05/2022	07/06/2022	HEMOGLOBIN A1C	hemoglobin A1C	6.8	%_of_total_HGB	<5.7	high	For someone without known diabetes, a hemoglobin A1c value of 6.5% or greater indicates that they may have diabetes and this should be confirmed with a follow-up test. For someone with known diabetes, a value <7% indicates that their diabetes is well controlled and a value greater than or equal to 7% indicates suboptimal control. A1c targets should be individualized based on duration of diabetes, age, comorbid conditions, and other considerations. Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes for children.
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	white blood cell count	12.3	thousand/uL	3.8-10.8	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	red blood cell count	4.97	million/uL	4.20-5.80	normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	hemoglobin	12.5	g/dL	13.2-17.1	low	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	hematocrit	40.6	%	38.5-50.0	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	MCV	81.7	fL	80.0-100.0	normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	MCH	25.2	pg	27.0-33.0	low	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	MCHC	30.8	g/dL	32.0-36.0	low	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	RDW	16.4	%	11.0-15.0	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	platelet count	274	thousand/uL	140-400	normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	MPV	8.9	fL	7.5-12.5	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	absolute lymphocytes	2251	cells/uL	850-3900	normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	absolute monocytes	1033	cells/uL	200-950	high	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	absolute eosinophils	517	cells/uL	15-500	high	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	absolute basophils	111	cells/uL	0-200	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	neutrophils	68.2	%		normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	lymphocytes	18.3	%		normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	monocytes	8.4	%		normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	eosinophils	4.2	%		normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	basophils	0.9	%		normal	
10/03/2023	10/04/2023	LIPID PANEL WITH RATIOS	cholesterol, total	195	mg/dL	<200	normal	
10/03/2023	10/04/2023	LIPID PANEL WITH RATIOS	HDL cholesterol	66	mg/dL	> or = 40	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	LIPID PANEL WITH RATIOS	triglycerides	84	mg/dL	<150	normal	
10/03/2023	10/04/2023	LIPID PANEL WITH RATIOS	LDL-cholesterol	112	mg/dL_(calc)		high	Reference range: <100 Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors. LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013;310(19): 2061-2068 ( <a href="http://education.QuestDiagnostics.com/faq/FAQ164">http://education.QuestDiagnostics.com/faq/FAQ164</a> )
10/03/2023	10/04/2023	LIPID PANEL WITH RATIOS	chol/HDL ratio	3.0	(calc)	<5.0	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	LIPID PANEL WITH RATIOS	LDL/HDL ratio	1.7	(calc)			Below Average Risk: <2.28 Average Risk: 2.29-4.90 Moderate Risk: 4.91-7.12 High Risk: >7.13
10/03/2023	10/04/2023	LIPID PANEL WITH RATIOS	non HDL cholesterol	129	mg/dL_(calc)	<130	normal	For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	glucose	97	mg/dL	65-99	normal	Fasting reference interval

<b>Created Date</b>	<b>Observation Date</b>	<b>Name</b>	<b>Description</b>	<b>Value</b>	<b>Unit</b>	<b>Range</b>	<b>Abnormal Flag</b>	<b>Note</b>
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	urea nitrogen (BUN)	11	mg/dL	7-25	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	creatinine	0.70	mg/dL	0.70-1.35	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	eGFR	105	mL/min/1.73m <sup>2</sup>	> or = 60	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	BUN/creatinine ratio	SEE NOTE:	(calc)	6-22		Not Reported: BUN and Creatinine are within reference range.

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	sodium	143	mmol/L	135-146	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	potassium	4.2	mmol/L	3.5-5.3	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	chloride	101	mmol/L	98-110	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	carbon dioxide	34	mmol/L	20-32	high	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	calcium	8.3	mg/dL	8.6-10.3	low	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	protein, total	7.0	g/dL	6.1-8.1	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	albumin	4.0	g/dL	3.6-5.1	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	globulin	3.0	g/dL_(calc)	1.9-3.7	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	albumin/globulin ratio	1.3	(calc)	1.0-2.5	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	bilirubin, total	1.0	mg/dL	0.2-1.2	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	alkaline phosphatase	101	U/L	35-144	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	AST	30	U/L	10-35	normal	
10/03/2023	10/04/2023	COMPREHENSIVE METABOLIC PANEL	ALT	19	U/L	9-46	normal	
10/03/2023	10/04/2023	HEMOGLOBIN A1C	hemoglobin A1C	5.1	%_of_total_HGB	<5.7	normal	For the purpose of screening for the presence of diabetes: <5.7% Consistent with the absence of diabetes 5.7-6.4% Consistent with increased risk for diabetes

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
								(prediabetes) > or =6.5% Consistent with diabetes This assay result is consistent with a decreased risk of diabetes. Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children. According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).
10/03/2023	10/04/2023	TSH W/REFLEX TO FT4	TSH w/reflex to FT4	2.01	mIU/L	0.40-4.50	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	red blood cell count	3.79	million/uL	4.20-5.80	low	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	hemoglobin	11.4	g/dL	13.2-17.1	low	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	hematocrit	35.1	%	38.5-50.0	low	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	MCV	92.6	fL	80.0-100.0	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	MCH	30.1	pg	27.0-33.0	normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	MCHC	32.5	g/dL	32.0-36.0	normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	RDW	13.1	%	11.0-15.0	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	platelet count	197	thousand/uL	140-400	normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	MPV	9.4	fL	7.5-12.5	normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	absolute neutrophils	4225	cells/uL	1500-7800	normal	
10/03/2023	10/04/2023			1961	cells/uL	850-3900	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		CBC (INCLUDES DIFF/PLT)	absolute lymphocytes					
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	absolute monocytes	733	cells/uL	200-950	normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	absolute eosinophils	400	cells/uL	15-500	normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	absolute basophils	81	cells/uL	0-200	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	neutrophils	57.1	%		normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	lymphocytes	26.5	%		normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	monocytes	9.9	%		normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	eosinophils	5.4	%		normal	
10/03/2023	10/04/2023	CBC (INCLUDES DIFF/PLT)	basophils	1.1	%		normal	
10/03/2023	10/04/2023	PSA, TOTAL	PSA, total	0.28	NG/mL	< or = 4.00	normal	The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with this fact in mind. This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels,

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
								regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

### Result Notes

None recorded.

### Problems

Name	Problem SNOMED Code	Status	Onset Date	Resolution Date	Notes	Provider Name and Address	Organization Details	Recorded Time
Clinical finding		Active	07/11/2022		for flowsheet	Shana O'Blenis null,	FL - Florida Kidney Physicians, LLC	07/11/2022 11:21:42
Hypertensive disorder	38341003	Active	07/11/2022			EDDY DE JESUS, MD  12662 Telecom Drive, Temple Terrace,  FL, 33637-0935, US	FL - Florida Kidney Physicians, LLC	07/11/2022 13:42:35
Type 2 diabetes mellitus	44054006	Active	07/11/2022			EDDY DE JESUS, MD  12662 Telecom Drive, Temple Terrace,	FL - Florida Kidney Physicians, LLC	07/11/2022 13:56:29

Name	Problem SNOMED Code	Status	Onset Date	Resolution Date	Notes	Provider Name and Address	Organization Details	Recorded Time
						FL, 33637-0935, US		
Morbid obesity	238136002	Active	07/11/2022			EDDY DE JESUS, MD  12662 Telecom Drive, Temple Terrace,  FL, 33637-0935, US	FL - Florida Kidney Physicians, LLC	07/11/2022 13:56:50
Alcohol dependence	66590003	Active	07/11/2022			EDDY DE JESUS, MD  12662 Telecom Drive, Temple Terrace,  FL, 33637-0935, US	FL - Florida Kidney Physicians, LLC	07/11/2022 19:23:24

#### Problem Notes

None recorded.

#### Procedures

#### Surgical History

None recorded.

### Imaging Results

None recorded.

### Procedure Notes

None recorded.

### **Medical Equipment**

None Reported.

### **Allergies**

No known drug allergies

### **Medications**

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
clonidine HCl 0.1 mg tablet	TAKE ONE TABLET BY MOUTH AS NEEDED EVERY 6 HOURS	07/11/2022		active		Not Available	Not Available	Not Available
levetiracetam 500 mg tablet	TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 9 DAYS		07/11/2022	completed		Not Available	Not Available	Not Available
hydroxyzine pamoate 50 mg capsule	TAKE ONE CAPSULE BY MOUTH AS NEEDED			active		Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
	EVERY 6 HOURS							
bisoprolol fumarate 10 mg tablet				active		Not Available	Not Available	Not Available
potassium chloride ER 20 mEq tablet,extended release(part/crust)	TAKE 1 TABLET BY MOUTH EVERY DAY		07/11/2022	completed		Not Available	Not Available	Not Available
trazodone 100 mg tablet	TAKE 1-2 TABLETS (100-200 MG PER DOSE) BY MOUTH NIGHTLY. FOR SLEEP AND MOOD		07/11/2022	completed		Not Available	Not Available	Not Available
amlodipine 10 mg tablet	TAKE 1 TABLET (10 MG PER DOSE) BY MOUTH DAILY. FOR BLOOD PRESSURE			active		Not Available	Not Available	Not Available
lisinopril 10 mg tablet	TAKE 1 TABLET (10 MG PER DOSE) BY MOUTH DAILY. FOR BLOOD PRESSURE			active		Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
gabapentin 300 mg capsule	TAKE 1 CAPSULE BY MOUTH THREE TIMES A DAY		07/11/2022	completed		Not Available	Not Available	Not Available
furosemide 20 mg tablet				active		Not Available	Not Available	Not Available
mirtazapine 15 mg tablet	TAKE ONE TABLET BY MOUTH DAILY AT BEDTIME AS NEEDED		07/11/2022	completed		Not Available	Not Available	Not Available
gabapentin 100 mg capsule	TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY		07/11/2022	completed		Not Available	Not Available	Not Available
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler				active		Not Available	Not Available	Not Available
ramipril 10 mg capsule				active		Not Available	Not Available	Not Available
escitalopram 10 mg tablet	AS DIRECTED 0.5 TABLET DAILY FOR 5 DAYS THEN 1 TABLET DAILY			active		Not Available	Not Available	Not Available
			07/11/2022	completed				

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
quetiapine 50 mg tablet	TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME					Not Available	Not Available	Not Available
budesonide-formoterol HFA 160 mcg-4.5 mcg/actuation aerosol inhaler				active		Not Available	Not Available	Not Available
Gavilyte-C 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution				active		Not Available	Not Available	Not Available
Original Nasal Spray 0.05 %	SPRAY 1 SPRAY TWO TIMES A DAY AS DIRECTED			active		Not Available	Not Available	Not Available
sodium,potassium,mag sulfates 17.5 gram-3.13 gram-1.6 gram oral soln				active		Not Available	Not Available	Not Available
Wixela Inhub 500 mcg-50 mcg/dose powder for inhalation				active		Not Available	Not Available	Not Available

## Vitals

Date Recorded	Body height	Body mass index (BMI)	Body weight	Heart rate	Oxygen saturation	Oxygen saturation in Arterial blood by Pulse oximetry	Systolic blood pressure	Diastolic blood pressure	Provider Name and Address	Organization Details	Last Updated DateTime
07/11/2022	170.18 cm	48.7 kg/m <sup>2</sup>	141067.23 g	100 / min	92 %	92 %	112 mm[Hg]	60 mm[Hg]	Shana O'Blenis	FL - Florida Kidney Physicians, LLC	07/11/2022 13:31:42

## Social History

Question	Answer	Notes	LastModified by	Organization Details	LastModified Time
Tobacco Smoking Status	Former Smoker		Shana O'Blenis null,	FL - Florida Kidney Physicians, LLC	07/11/2022 13:27:58
What Is Your Level Of Alcohol Consumption?	Heavy		soblenis	Information not available	07/11/2022
What Is Your Level Of Caffeine Consumption?	None		soblenis	Information not available	07/11/2022
Are You Currently Employed?	No		soblenis	Information not available	07/11/2022
When Did You Quit Smoking?	1-5yearssincelastcigarette		soblenis	Information not available	07/11/2022
What Was The Date Of Your Most Recent Tobacco Screening?	07/11/2022		soblenis	Information not available	07/11/2022
How Many Children Do You Have?	0		soblenis	Information not available	07/11/2022

Question	Answer	Notes	LastModified by	Organization Details	LastModified Time
What Is Your Current Pack Years?	30ormorepackyears		soblenis	Information not available	07/11/2022
What Is Your Relationship Status?	Divorced		soblenis	Information not available	07/11/2022
Do You Use Any Illicit Or Recreational Drugs?	No		soblenis	Information not available	07/11/2022
How Many Years Have You Smoked Tobacco?	40		soblenis	Information not available	07/11/2022

### Birth Sex: Unknown

### Functional Status

None recorded.

### Mental Status

None recorded.

### Family History

Nothing Reported

**Notes:** No known family hx of CKD/Renal failure

### Medical History

Condition	Response
Coronary Artery Disease	N
Renal Artery Stenosis	N
Gout	N
Hemodialysis Access: Fistula or Catheter	N

Condition	Response
Kidney Stones	N
Kidney Cyst	N
Cancer within Last 5 Years	N
Hyperkalemia	N
Arthritis (Osteo)	N
Echo EF	N
Depression	N
COPD	N
Kidney Transplant	N
ESRD Onset Date (MM/DD/YYYY)	N
Varicose Veins	N
Diabetes Type 1	N
Access Placement Referred (PD/AVF)	N
Acid Reflux (GERD)	N
Atrial Fibrillation (AFIB)	N
Hematuria	N
Cancer	N
Stroke	N
Vitamin D Deficiency	N
Abdominal Aortic Aneurysm (AAA)	N
Rheumatoid Arthritis	N
Polycystic Kidney Disease	N
Recurrent Urinary Tract Infections	N
Hyponatremia	N

Condition	Response
NSAIDs Use	N
Anxiety	N
Hyperparathyroidism	N
Hepatitis A	N
AVF Present	N
Acute Kidney Injury (AKI)	N
Hypernatremia	N
Anemia	N
Hepatitis C	N
Dialysis Start: Office or Hospital	N
Proteinuria	N
Peripheral Vascular Disease (PWD)	N
Kidney Disease (CKD)	Y
Diabetes Type 2	Y
PD Catheter Present	N
Prostate Hypertrophy	N
CHF	N
Blood Transfusions	N
Hyperlipidemia	N
Asthma	N
Hepatitis B	N
Lupus	N
Sleep Apnea	N
Thyroid Disorder	N

Condition	Response
Dialysis Modality: Home or Hemo	N
Hypertension	Y

### Immunizations

Vaccine Type	Date	Status	Provider Name and Address	Organization Details	Recorded Time
SARS-COV-2 (COVID-19) vaccine, UNSPECIFIED	02/21/2022	completed	Shana O'Blenis null,	FL - Florida Kidney Physicians, LLC	07/11/2022 13:35:13

### Past Encounters

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
453707	EDDY DE JESUS, MD	FKPSE Coral Springs 722 Riverside  722 Riverside Drive  Coral Springs, FL 33071-7008	07/11/2022 13:15:53	07/11/2022 14:09:16	Acute kidney injury	14669001	N17.9
					Hypertensive disorder	38341003	I10
					Type 2 diabetes mellitus	44054006	E11.9
					Morbid obesity	238136002	E66.01
					Alcohol dependence	66590003	F10.20

## Goals Section

None Recorded

## Health Concerns Section

Related Observation	LastModified by	Organization Details	LastModified Time	
None Recorded				
Concern	Status	LastModified by	Organization Details	LastModified Time
None Recorded				

## Advance Directives

Directive
None Recorded

## Payers

Encounter Date	Sequence	Insurance Name	Policy Number	Policy Holder	Covered Member ID	Holder Member ID	Guarantor Name
07/11/2022	1	BCBS-FL: BCBS OF FL (EPO)	00762030005	Sheila Vera	JFX3HZN17849130		Robert Avila

## Notes

Date	Note Type	Note	Provider Name and Address	Organization Details	Recorded Time
07/11/2022	text/html	HPI Notes: 59-year-old male patient with a past medical history of hypertension, type 2 diabetes and morbid obesity the presented to the office referred by his primary care physician for evaluation of worsening creatinine noticed to be of 2.0 mg/dL. Patient states that 9 years ago he did have an episode of acute kidney injury secondary to medications for which she was treated in New York and had complete renal recovery without requiring dialysis. Today patient states that he does	EDDY DE JESUS, MD  12662 Telecom Drive, Temple Terrace,	FL - Florida Kidney Physicians, LLC	07/11/2022 19:24:14

Date	Note Type	Note	Provider Name and Address	Organization Details	Recorded Time
		drink alcohol every day ( vodka), has been compliant to medications, recently seen by his primary care and Cardiology. He denies any headaches, chest pain, numbness/ weakness.	FL, 33637-0935, US		

## Data Portability

Patient	Roberto Avila
Date of birth	November 5, 1962
Current Gender	Male
Race(s)	No Information
Ethnicity	No Information
Language(s)	English
Contact info	Primary Home Address: 1906 NW 65TH AVE MARGATE, FL 33063-2330, USA Effective Date: July 31, 2023  Postal Address: 1906 NW 65TH AVE MARGATE, FL 33063-2330, USA Effective Date: July 31, 2023  Primary Home Phone: +1-(917) 736-4109 Mobile Phone: +1-(917) 736-4109 Email: VERAYANICE13@GMAIL.COM
Patient IDs	a-11933.E-1440476 2.16.840.1.113883.3.564
Document Id	a1c99498-9f92-4cae-9959-4388277c5f11
Document Created:	October 7, 2024, 12:21:42 -0400
Performer	RICHARD GOLDMAN of Work Address: 9750 NW 33RD ST STE 212 POMPANO BEACH, FL 33065, US  Work Phone: (954) 546-2688

Performer	LAL BHAGCHANDANI of Work Address: 2825 N STATE RD 7 STE 201 POMPANO BEACH, FL 33063, US  Work Phone: (954) 917-4941
Performer	LUIS MARTINEZ of Work Address: 350 N PINE ISLAND RD STE 302 PLANTATION, FL 33324, US  Work Phone: (954) 581-8272
Performer	JORDAN ELMAN of Work Address: 3001 CORAL HILLS DR STE 250 CORAL SPRINGS, FL 33065, US  Work Phone: (954) 721-5400
Performer	JOSEPH CORALLO of Work Address: 2901 CORAL HILLS DR STE 360 CORAL SPRINGS, FL 33065, US  Work Phone: (954) 236-5444
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### **Assessment**

No assessment recorded.

**Plan of Treatment**

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
Appointments	FOLLOW UP	11/08/2024 02:00PM		Richard A. Goldman, MD, FACC, FACP	Not available	Not available	Not available	
Lab	vitamin D, 25-hydroxy, total, serum	09/22/2023	09/22/2023		eborjarodriguez	Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph (954) 757-1850	10/01/2023 20:29:13	
Referral	psychiatrist referral	09/22/2023	09/22/2023		jwaters76	Napatia Gettings, 168 N Powerline Rd, Pompano Beach, FL, 33069, Ph (954) 970-8805	10/20/2023 09:31:44	
	gastroenterologist referral - Positive Cologuard, severe gastric pain, for pan-endoscopy. Has appt for Oct 11, 2023	09/22/2023	09/22/2023		jwaters76	Jeffrey Schneider MD - Gastro Health, 3001 Coral Hills Dr, Ste 250, Pompano	10/20/2023 09:31:45	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
						Beach, FL, 33065, Ph (954) 721-5400		
Procedures	None recorded.							
Surgeries	None recorded.							
Imaging	electrocardiogram	10/26/2023	10/26/2023		kvillanella	In-House Test, For Internal Use Only, Do Not Delete/ merge, 00000	10/26/2023 16:55:23	
	electrocardiogram	05/10/2024	05/10/2024		ATHENA	In-House Test, For Internal Use Only, Do Not Delete/ merge, 00000	05/13/2024 15:54:56	
Medication Orders	thiamine HCl (vitamin B1) 100 mg tablet	08/01/2023	08/01/2023		ATHENAFAX	Walgreens Drug Store #06414, 3000 N State Road 7, Margate, FL, 330637002, Ph (954) 979-9083	08/01/2023 13:45:24	
	bisoprolol fumarate 5 mg tablet	08/01/2023	08/01/2023		rgoldman10	Walgreens Drug Store #06414,	10/27/2023 14:12:50	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
						3000 N State Road 7, Margate, FL, 330637002, Ph (954) 979-9083		
	cholecalciferol (vitamin D3) 125 mcg (5,000 unit) capsule	09/22/2023	09/22/2023		jbouvier7	Walgreens Drug Store #06414, 3000 N State Road 7, Margate, FL, 330637002, Ph (954) 979-9083	10/26/2023 14:39:41	
	ramipril 10 mg capsule	09/22/2023	09/22/2023		kvillanella	Walgreens Drug Store #06414, 3000 N State Road 7, Margate, FL, 330637002, Ph (954) 979-9083	10/27/2023 09:01:06	
	bisoprolol fumarate 10 mg tablet	10/26/2023	10/26/2023		kvillanella	Walgreens Drug Store #06414, 3000 N State Road 7, Margate, FL, 330637002, Ph (954) 979-9083	10/26/2023 16:44:29	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
	Symbicort 160 mcg-4.5 mcg/ actuation HFA aerosol inhaler	05/10/2024	05/10/2024		ATHENA	Walgreens Drug Store #06414, 3000 N State Road 7, Margate, FL, 330637002, Ph (954) 979-9083	05/10/2024 12:07:27	

Patient Targets No targets recorded.

Patient Instructions

Encounter Date	Encounter Id	Patient Instructions	Last Modified By	Organization Details	Last Modified Time
08/01/2023	4614351	1. Starting iron supplement for IDA 2. Cologuard scheduled 3. Restarting on thiamine 100 mg daily 4. Adding Bisoprolol 5 mg daily 5. Needs Alcohol Rehab - he has been in twice in the past	rgoldman10	Not available	08/01/2023 13:41:00
		Robert is a 60 year old gentleman with a recent atrial flutter cardioversion to sinus rhythm with Dr. Nieves at NWMC on 1/13/2023. He has chronic HFpEF, NYHA class II ?? His recent echo doppler study showed normal LVEF 60%, mild LVH, and no significant valvular disease. It is not clear if he has any ASHD - but imaging studies will be very difficult for him. He cannot lie flat and therefore Lexiscan stress testing and coronary CTA imaging may not be possible. He may eventually need cardiac catheterization to determine if he has any obstructive CAD. He has multiple medical problems including NIDDM, HTN, HLD, CKD stage III, sleep apnea, alcohol use, morbid obesity with a BMI of 50. An echo study done at NWMC 1/12/23 showed normal LVEF 60%, mild MR, mild -moderate TR, and mild PHTN.  I will restart him on thiamine 100 mg daily and will add	rgoldman10	Not available	08/01/2023 13:42:34

Encounter Date	Encounter Id	Patient Instructions	Last Modified By	Organization Details	Last Modified Time
		Bisoprolol 5 mg daily for his HFpEF. Cardiology followup will be arranged in six months. Richard A. Goldman, MD, FACC, FACP			
10/26/2023	4903001	Roberto is a pleasant 60 year old gentleman here today for cardiovascular preop clearance prior to upper endoscopy and colonoscopy with Dr. Schneider which has not been scheduled yet. Patient had positive cologuard with some iron deficiency anemia. His past surgeries include catheter ablation and tonsillectomy- no adverse reactions to anesthesia. He has his pulmonologist for pre op yesterday. He had an atrial flutter cardioversion to sinus rhythm with Dr. Nieves at NWMC on 1/13/2023. His sister Sury is with him in the office today. He has chronic HFpEF, NYHA class III. His recent echo doppler study showed normal LVEF 60%, mild LVH, and no significant valvular disease. He has multiple medical problems including NIDDM, HTN, HLD, CKD stage III, sleep apnea, alcohol use, morbid obesity with a BMI of 50.  He uses the Oxygen 24 hours daily He drinks about a pint of Vodka every day He feels like he has tremors when he does not drink He has tried rehab facilities twice in the past. Has never been on medication therapy. He has no CP. He gets mild SOB with activity. No true or near syncope. No palpitations.  Patient is clinically stable. He needs better heart rate and BP control. Increase Bisoprolol to 10 mg BID. He remains at high ASHD risk. I have encouraged him to discontinue alcohol use-referred to psychiatry/ addiction medicine for evaluation and possible Antabuse therapy. Cardiology follow up will be scheduled for 2/2023.  Kara Villanella PA-C  Patient was seen and examined in association with Kara Reid, PAC. I have reviewed the medical evaluation and EKG and agree that he is stable although at high ASHD risk for upper and lower GI endoscopy. Complete alcohol cessation has been advised and he will be referred to psychiatry for evaluation of	rgoldman10	Not available	10/27/2023 14:15:43

Encounter Date	Encounter Id	Patient Instructions	Last Modified By	Organization Details	Last Modified Time
		chronic alcoholism. Richard A. Goldman, MD, FACC, FACP			
05/10/2024	5210420	Robert is a 60 year old gentleman for preoperative cardiology evaluation prior to right colectomy for newly diagnosed colorectal cancer with Dr. Joseph Corallo. He has a history of atrial flutter cardioversion to sinus rhythm with Dr. Nieves at NWMC on 1/13/2023. He has chronic HFpEF, NYHA class II. He has multiple medical problems including O2 dependent COPD, NIDDM, HTN, HLD, CKD stage III, sleep apnea, alcohol use, morbid obesity with a BMI of 42 An echo study done at NWMC 1/12/23 showed normal LVEF 60%, mild MR, mild - moderate TR, and <b>mild PHTN</b> . He is clinically stable, but remains at high ASHD risk for colorectal surgery. His medications will remain the same. Cardiology followup will be arranged in six months. Richard A. Goldman, MD, FACC, FACP	rgoldman10	Not available	05/10/2024 12:14:44

### Reason for Referral

Psychiatrist Referral for Alcohol dependence

Referring Physician: David Moskowitz, Internal Medicine, (954) 546-2688  
Encounter Date: 09/22/2023

Gastroenterologist Referral for Screening for malignant neoplasm of colon

Positive Cologuard, severe gastric pain, for pan-endoscopy. Has appt for Oct 11, 2023

Referring Physician: David Moskowitz, Internal Medicine, (954) 546-2688  
Encounter Date: 09/22/2023

## Results

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	PROTHROMBIN TIME-INR	INR	1.1			normal	Reference Range 0.9-1.1 Moderate-intensity Warfarin Therapy 2.0-3.0 Higher-intensity Warfarin Therapy 3.0-4.0
07/25/2023	07/26/2023	PROTHROMBIN TIME-INR	PT	11.3	sec	9.0-11.5	normal	For additional information please refer to <a href="http://education.questdiagnostics.com/FAQ/FAQ104">http://education.questdiagnostics.com/FAQ/FAQ104</a> (This link is being provided for informational and educational purposes only)
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	white blood cell count	11.9	thousand/uL	3.8-10.8	high	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	red blood cell count	3.67	million/uL	4.20-5.80	low	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	hemoglobin	10.9	g/dL	13.2-17.1	low	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	hematocrit	34.5	%	38.5-50.0	low	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	MCV	94.0	fL	80.0-100.0	normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	MCH	29.7	pg	27.0-33.0	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	MCHC	31.6	g/dL	32.0-36.0	low	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	RDW	13.0	%	11.0-15.0	normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	platelet count	245	thousand/uL	140-400	normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	MPV	9.2	fL	7.5-12.5	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	absolute neutrophils	7890	cells/uL	1500-7800	high	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	absolute lymphocytes	2451	cells/uL	850-3900	normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	absolute monocytes	1047	cells/uL	200-950	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	absolute eosinophils	452	cells/uL	15-500	normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	absolute basophils	60	cells/uL	0-200	normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	neutrophils	66.3	%		normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	lymphocytes	20.6	%		normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	monocytes	8.8	%		normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	eosinophils	3.8	%		normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	basophils	0.5	%		normal	
07/25/2023	07/26/2023	TSH	TSH	2.32	mIU/L	0.40-4.50	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	MAGNESIUM	magnesium	1.7	mg/dL	1.5-2.5	normal	
07/25/2023	07/26/2023	VITAMIN D,25-OH,TOTAL,IA	vitamin D, 25-oh,total,ia	10	NG/mL	30-100	low	Vitamin D Status 25-OH VD: Deficiency: <20 ng/mL Insufficiency: 20 - 29 ng/mL Optimal: > or = 30 ng/mL 25-OH Vitamin D testing is recommended in patients on D2-supplements and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH (D2,D3), LC/MS/MS is recommended: order code 10000000000000000000000000000000 (patients >2yrs). See Note 1 For additional information, please refer to http://education.QuestDiagnost faq/FAQ199 (This link is b provided for informational and educational purposes only)
07/25/2023	07/26/2023	HEMOGLOBIN A1C	hemoglobin A1C	5.2	%_of_total_HGB	<5.7	normal	For the purpose of screening for diabetes, the presence of diabetes is defined as HbA1c ≥ 6.5%.

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
								Consistent with the absence of diabetes 5.7-6.4% Consistent with increased risk for diabetes (prediabetes) > or =6.5% Consistent with diabetes assay result is consistent with decreased risk of diabetes. Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children. According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics apply to specific patient populations. Standards of Medical Care in Diabetes
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	glucose	97	mg/dL	65-99	normal	Fasting reference interval
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	urea nitrogen (BUN)	8	mg/dL	7-25	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	creatinine	0.67	mg/dL	0.70-1.35	low	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	eGFR	107	mL/min/1.73m <sup>2</sup>	> or = 60	normal	The eGFR is based on the EPI 2021 equation. To calculate the new eGFR from a previous Creatinine or Cystatin C result, go to <a href="https://www.kidney.org/professionals/kdoqi/gfr%5Fcalculator">https://www.kidney.org/professionals/kdoqi/gfr%5Fcalculator</a>
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	BUN/creatinine ratio	12	(calc)	6-22	normal	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	sodium	144	mmol/L	135-146	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	potassium	3.9	mmol/L	3.5-5.3	normal	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	chloride	94	mmol/L	98-110	low	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	albumin	3.7	g/dL	3.6-5.1	normal	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	carbon dioxide	43	mmol/L	20-32	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	calcium	8.5	mg/dL	8.6-10.3	low	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	protein, total	7.2	g/dL	6.1-8.1	normal	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	globulin	3.5	g/dL_(calc)	1.9-3.7	normal	
07/25/2023	07/26/2023			1.1	(calc)	1.0-2.5	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		COMPREHENSIVE METABOLIC PANEL	albumin/globulin ratio					
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	bilirubin, total	1.1	mg/dL	0.2-1.2	normal	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	alkaline phosphatase	94	U/L	35-144	normal	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	AST	41	U/L	10-35	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	ALT	27	U/L	9-46	normal	
07/25/2023	07/26/2023	IRON, TIBC AND FERRITIN PANEL	iron, total	50	mcg/dL	50-180	normal	
07/25/2023	07/26/2023	IRON, TIBC AND FERRITIN PANEL	iron binding capacity	369	mcg/dL_(calc)	250-425	normal	
07/25/2023	07/26/2023	IRON, TIBC AND FERRITIN PANEL	% saturation	14	%_(calc)	20-48	low	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	IRON, TIBC AND FERRITIN PANEL	ferritin	54	NG/mL	24-380	normal	
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	appearance					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	color					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	specific gravity					

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	pH					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	glucose					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	bilirubin					
07/25/2023	07/26/2023		ketones					

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		URINALYSIS, COMPLETE						
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	occult blood					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	protein					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	nitrite					

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	leukocyte esterase					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	WBC					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	RBC					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	squamous epithelial cells					

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	transitional epithelial cells					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	renal epithelial cells					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	bacteria					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	calcium oxalate crystals					

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	triple phosphate crystals					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	uric acid crystals					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	amorphous sediment					
07/25/2023	07/26/2023		crystals					

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		URINALYSIS, COMPLETE						
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	hyaline cast					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	granular cast					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	casts					

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	yeast					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	comments					
07/25/2023	07/26/2023	URINALYSIS, COMPLETE	note					
07/25/2023	07/26/2023	ALBUMIN, RANDOM URINE W/CREATININE	albumin, urine					

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	ALBUMIN, RANDOM URINE W/CREATININE	creatinine, random urine					
07/25/2023	07/26/2023	ALBUMIN, RANDOM URINE W/CREATININE	albumin/ creatinine ratio, random urine					
07/25/2023		electrocardiogram		No observation recorded.				
07/25/2023	07/25/2023	electrocardiogram		No observation recorded.				

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
08/01/2023	07/25/2023	electrocardiogram		No observation recorded.				
09/22/2023	09/22/2023	electrocardiogram		No observation recorded.				
09/22/2023		electrocardiogram		No observation recorded.				
10/26/2023	10/26/2023	electrocardiogram		No observation recorded.				
10/27/2023	10/26/2023	electrocardiogram						

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
				No observation recorded.				
05/10/2024	05/13/2024	electrocardiogram		No observation recorded.				
05/13/2024	05/10/2024	electrocardiogram		No observation recorded.				

#### Result Notes

None recorded.

#### Problems

Name	Problem SNOMED Code	Status	Onset Date	Resolution Date	Notes	Provider Name and Address	Organization Details	Recorded Time
Sinus tachycardia	11092001	Active	07/08/2022			Jessica Bouvier		

Name	Problem SNOMED Code	Status	Onset Date	Resolution Date	Notes	Provider Name and Address	Organization Details	Recorded Time
						null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:09
Chronic depression	192080009	Active	07/25/2023			Jessica Bouvier null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:09
Morbid obesity	238136002	Active	07/11/2022			Jessica Bouvier null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:09
Benign prostatic hyperplasia without outflow obstruction	254902007	Active	07/08/2022			Jessica Bouvier null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:09
Dyspnea	267036007	Active	07/08/2022			Jessica Bouvier null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:09
Mixed hyperlipidemia	267434003	Active	07/08/2022			Jessica Bouvier null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:09
Adult health examination		Active	07/08/2022			Jessica Bouvier null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:09
Severe chronic obstructive pulmonary disease	313299006	Active	07/25/2023		chronic oxygen at 4 l/min	Jessica Bouvier null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:09
	34713006	Active	07/26/2023			Jessica Bouvier		

Name	Problem SNOMED Code	Status	Onset Date	Resolution Date	Notes	Provider Name and Address	Organization Details	Recorded Time
Vitamin D deficiency						null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:09
Paroxysmal atrial flutter	427665004	Active	02/01/2023			Jessica Bouvier null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:09
Chronic diastolic heart failure	441530006	Active	07/11/2022			Jessica Bouvier null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:10
Essential hypertension	59621000	Active	07/08/2022			Jessica Bouvier null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:10
Alcohol dependence	66590003	Active	07/08/2022			Jessica Bouvier null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:10
Obstructive sleep apnea syndrome	78275009	Active	07/11/2022			Jessica Bouvier null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:10
Iron deficiency anemia	87522002	Active	07/26/2023			Jessica Bouvier null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:10
Screening for malignant neoplasm of colon		Active	09/22/2023			Jessica Bouvier null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:12:09
Fatigue	84229001	Active	09/22/2023			Jessica Bouvier		10/26/2023 14:12:10

Name	Problem SNOMED Code	Status	Onset Date	Resolution Date	Notes	Provider Name and Address	Organization Details	Recorded Time
						null,	FL - Medical Specialists of Palm Beach	
Preoperative cardiovascular examination		Active	05/10/2024			Richard A. Goldman, MD, FACC, FACP  7593 Boynton Beach Blvd, SUITE 220, Boynton Beach, FL, 33437-6162, US	FL - Medical Specialists of Palm Beach	05/10/2024 12:02:46

#### Problem Notes

None recorded.

#### Procedures

##### Surgical History

Date	Name	Laterality	Status	Provider Name and Address	Organization Details	Recorded Time
	Cardioversion		completed	Not Available	AthenaHealth	07/31/2023 20:11:35

#### Imaging Results

Imaging Date	Name	Status	LastModified by	Organization Details	LastModified Time
07/25/2023	electrocardiogram	completed	MIGRATION.0731232001	Main Office 9750 NW 33rd Street, Suite 212, Coral Springs, FL, 33065-4042, Ph (954) 546-2688	07/31/2023 20:11:50

Imaging Date	Name	Status	LastModified by	Organization Details	LastModified Time
07/25/2023	electrocardiogram	completed	MIGRATION.0731232001	Main Office 9750 NW 33rd Street, Suite 212, Coral Springs, FL, 33065-4042, Ph (954) 546-2688	07/31/2023 20:11:50
07/25/2023	electrocardiogram	completed	eborjarodriguez	Information not available	08/01/2023 12:03:13
09/22/2023	electrocardiogram	completed	dmoskowitz1	In-House Test For Internal Use Only, Do Not Delete/merge, 00000	09/22/2023 14:13:43
09/22/2023	electrocardiogram	completed	ygratereaux2	In-House Test For Internal Use Only, Do Not Delete/merge, 00000	09/22/2023 11:23:35
10/26/2023	electrocardiogram	completed	kvillanella	In-House Test For Internal Use Only, Do Not Delete/merge, 00000	10/26/2023 17:03:23
10/26/2023	electrocardiogram	completed	jbouvier7	In-House Test For Internal Use Only, Do Not Delete/merge, 00000	10/27/2023 08:54:46
05/13/2024	electrocardiogram	completed	eborjarodriguez	In-House Test For Internal Use Only, Do Not Delete/merge, 00000	05/13/2024 16:00:11
05/10/2024	electrocardiogram	completed	eborjarodriguez	In-House Test For Internal Use Only, Do Not Delete/merge, 00000	05/13/2024 15:54:56

#### Procedure Notes

None recorded.

#### Medical Equipment

None Reported.

## Allergies

No known drug allergies

## Medications

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
clonidine HCl 0.1 mg tablet	TAKE ONE TABLET BY MOUTH AS NEEDED EVERY 6 HOURS		04/20/2022	completed		Not Available	Not Available	Not Available
diltiazem CD 180 mg capsule,extended release 24 hr	Take 1 capsule every 12 hours by oral route.	07/05/2022	02/01/2023	completed		Not Available	Not Available	Not Available
metoprolol succinate ER 50 mg tablet,extended release 24 hr	Take 1 tablet every day by oral route.		10/26/2023	completed		Not Available	Not Available	Not Available
levetiracetam 500 mg tablet	TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 9 DAYS		04/20/2022	completed		Not Available	Not Available	Not Available
prednisone 20 mg tablet	Take 1 tablet every day by oral route.	07/05/2022	07/11/2022	completed		Not Available	Not Available	Not Available
thiamine HCl (vitamin B1) 100 mg tablet	Take 1 tablet every day by oral route for 909 days.	08/01/2023		active		Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
hydroxyzine pamoate 50 mg capsule	Take 1 capsule 4 times a day by oral route as needed.	04/20/2022	02/01/2023	completed		Not Available	Not Available	Not Available
metronidazole 500 mg tablet				active		Not Available	Not Available	Not Available
hydroxyzine HCl 50 mg tablet				active		Not Available	Not Available	Not Available
spironolactone 25 mg tablet	Take 1 tablet every day by oral route.		02/01/2023	completed		Not Available	Not Available	Not Available
bisoprolol fumarate 10 mg tablet	TAKE 1 TABLET BY MOUTH TWICE DAILY	12/13/2023		active		Not Available	Not Available	Not Available
bisoprolol fumarate 5 mg tablet	Take 1 tablet every day by oral route.	08/01/2023	10/27/2023	completed		Not Available	Not Available	Not Available
potassium chloride ER 20 mEq tablet,extended release(part/crust)	TAKE 1 TABLET BY MOUTH EVERY DAY		04/20/2022	completed		Not Available	Not Available	Not Available
amlodipine 10 mg tablet	Take 1 tablet every day by oral route.	04/20/2022	10/26/2023	completed		Not Available	Not Available	Not Available
ferrous sulfate 325 mg (65 mg iron) tablet	Take 1 tablet every day by oral route.			active		Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
lisinopril 10 mg tablet	Take 1 tablet every day by oral route for 90 days.		07/05/2022	completed		Not Available	Not Available	Not Available
metoprolol tartrate 50 mg tablet	Take 1 tablet twice a day by oral route for 90 days.		02/01/2023	completed		Not Available	Not Available	Not Available
gabapentin 300 mg capsule	TAKE 1 CAPSULE BY MOUTH THREE TIMES A DAY		04/20/2022	completed		Not Available	Not Available	Not Available
bumetanide 1 mg tablet	Take 1 tablet every other day by oral route.	07/22/2022	07/25/2023	completed		Not Available	Not Available	Not Available
furosemide 20 mg tablet	Take 1 tablet every day by oral route for 90 days.			active		Not Available	Not Available	Not Available
mirtazapine 15 mg tablet	TAKE ONE TABLET BY MOUTH DAILY AT BEDTIME AS NEEDED		04/20/2022	completed		Not Available	Not Available	Not Available
gabapentin 100 mg capsule	TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY		04/20/2022	completed		Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
neomycin 500 mg tablet				active		Not Available	Not Available	Not Available
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler	Inhale 2 puffs every 4 hours by inhalation route.			active		Not Available	Not Available	Not Available
Vitamin D2 1,250 mcg (50,000 unit) capsule	Take 1 capsule every week by oral route.		10/26/2023	completed		Not Available	Not Available	Not Available
lisinopril 40 mg tablet	Take 1 tablet every day by oral route.	07/05/2022	07/25/2023	completed		Not Available	Not Available	Not Available
cholecalciferol (vitamin D3) 125 mcg (5,000 unit) capsule	Take 1 capsule every day by oral route in the morning for 90 days.	09/22/2023	10/26/2023	completed		Not Available	Not Available	Not Available
ramipril 10 mg capsule	Take 1 capsule twice a day by oral route as directed for 90 days.			active		Not Available	Not Available	Not Available
escitalopram 10 mg tablet	AS DIRECTED 0.5 TABLET DAILY FOR 5 DAYS THEN 1		04/20/2022	completed		Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
	TABLET DAILY							
sildenafil	1 mg prn	07/05/2022	07/25/2023	completed		Not Available	Not Available	Not Available
quetiapine 50 mg tablet	TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME		04/20/2022	completed		Not Available	Not Available	Not Available
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler	Inhale 2 puffs twice a day by inhalation route.			active		Not Available	Not Available	Not Available
Gavilyte-C 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution				active		Not Available	Not Available	Not Available
Original Nasal Spray 0.05 %	SPRAY 1 SPRAY TWO TIMES A DAY AS DIRECTED		04/20/2022	completed		Not Available	Not Available	Not Available
sodium,potassium,mag sulfates 17.5 gram-3.13 gram-1.6 gram oral soln			10/26/2023	completed		Not Available	Not Available	Not Available
Xarelto 20 mg tablet	Take 1 tablet every day by oral route.		07/25/2023	completed		Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
Eliquis 5 mg tablet	Take 1 tablet twice a day by oral route.		02/02/2023	completed		Not Available	Not Available	Not Available
Jardiance 10 mg tablet	Take 1 tablet every day by oral route.			active		Not Available	Not Available	Not Available
albuterol sulfate 90 mcg/actuation breath activated powder inhaler	Inhale 2 puffs every 4 hours by inhalation route.	04/20/2022	10/26/2023	completed		Not Available	Not Available	Not Available
oxygen	3 litres PRN throughout the day	04/28/2022		active		Not Available	Not Available	Not Available
Wixela Inhub 500 mcg-50 mcg/dose powder for inhalation			05/10/2024	completed		Not Available	Not Available	Not Available

### Vitals

Date Recorded	Body mass index (BMI)	Body height	Oxygen saturation	Oxygen saturation in Arterial blood by Pulse oximetry	Heart rate	Body weight	Systolic blood pressure	Diastolic blood pressure	Provider Name and Address	Organization Details	Last Updated DateTime
07/25/2023	43.9 kg/m <sup>2</sup>	170.18 cm	93 %	93 %	112 / min	127005.86 g	142 mm[Hg]	68 mm[Hg]	Not Available	AthenaHealth	07/31/2023 20:32:51

Date Recorded	Body height	Body mass index (BMI)	Body weight	Heart rate	Oxygen saturation	Oxygen saturation in Arterial blood by Pulse oximetry	Systolic blood pressure	Diastolic blood pressure	Provider Name and Address	Organization Details	Last Updated DateTime	
08/01/2023	170.18 cm	44.8 kg/m <sup>2</sup>	129727.42 g	111 / min	93 %	93 %	132 mm[Hg]	68 mm[Hg]	Eida Rodriguez-Borja	FL - Medical Specialists of Palm Beach	08/01/2023 13:13:59	
Date Recorded	Body height	Body mass index (BMI)	Body weight	Respiratory rate	Body temperature	Heart rate	Oxygen saturation	Oxygen saturation in Arterial blood by Pulse oximetry	Systolic blood pressure	Diastolic blood pressure	Provider Name and Address	Organization Details
09/22/2023	170.18 cm	42.8 kg/m <sup>2</sup>	123830.72 g	16 /min	97.8 [degF]	114 / min	90 %	90 %	166 mm[Hg]	84 mm[Hg]	Yulenny Gratereaux	FL - Medical Specialists of Palm Beach
Date Recorded	Body height	Body mass index (BMI)	Body weight	Body temperature	Respiratory rate	Heart rate	Oxygen saturation	Oxygen saturation in Arterial blood by Pulse oximetry	Systolic blood pressure	Diastolic blood pressure	Provider Name and Address	Organization Details
10/26/2023	170.18 cm	42.6 kg/m <sup>2</sup>	123286.41 g	97.5 [degF]	15 /min	114 / min	90 %	90 %	155 mm[Hg]	80 mm[Hg]	Jessica Bouvier	FL - Medical Specialists of Palm Beach

Date Recorded	Body height	Body mass index (BMI)	Body weight	Heart rate	Oxygen saturation	Oxygen saturation in Arterial blood by Pulse oximetry	Systolic blood pressure	Diastolic blood pressure	Provider Name and Address	Organization Details	Last Updated DateTime
05/10/2024	170.18 cm	41.3 kg/m <sup>2</sup>	119748.39 g	72 / min	92 %	92 %	136 mm[Hg]	84 mm[Hg]	Christina Munson	FL - Medical Specialists of Palm Beach	05/10/2024 11:41:07

Date Recorded	Systolic blood pressure	Diastolic blood pressure	Provider Name and Address	Organization Details	Last Updated DateTime
05/10/2024	135 mm[Hg]	76 mm[Hg]	Richard A. Goldman, MD, FACC, FACP  7593 Boynton Beach Blvd, SUITE 220, Boynton Beach,  FL, 33437-6162,	FL - Medical Specialists of Palm Beach	05/10/2024 12:10:04

## Social History

Question	Answer	Notes	LastModified by	Organization Details	LastModified Time
Tobacco Smoking Status	Never Smoker		Not Available	AthenaHealth	07/31/2023 20:11:02
Do You Have An Advance Directive?	No	Sister As POA	MIGRATION. 0731232001	Information not available	07/31/2023
What Is Your Level Of Alcohol Consumption?	Heavy		MIGRATION. 0731232001	Information not available	07/31/2023
What Is Your Level Of Caffeine Consumption?	Occasional		MIGRATION. 0731232001	Information not available	07/31/2023

Question	Answer	Notes	LastModified by	Organization Details	LastModified Time
What Type Of Diet Are You Following?	REGULAR		MIGRATION. 0731232001	Information not available	07/31/2023
How Many Children Do You Have?	0		MIGRATION. 0731232001	Information not available	07/31/2023
What Is Your Relationship Status?	Divorced		MIGRATION. 0731232001	Information not available	07/31/2023
Do You Use Any Illicit Or Recreational Drugs?	No		MIGRATION. 0731232001	Information not available	07/31/2023

#### Birth Sex: Unknown

#### Functional Status

Question	Answer	Note	LastModified by	Organization Details	LastModified Time
What is your exercise level?	None		MIGRATION.0731232001	Information not available	07/31/2023

#### Mental Status

None recorded.

#### Family History

Relationship	Description	Onset Age	Died of this Age	Resolved Age	Notes	LastModified by	Organization Details	LastModified Time
Maternal Grandmother	Malignant tumor of colon					MIGRATION. 0731232001	Not available	07/31/2023 20:11:36
Mother	Alcoholism					MIGRATION. 0731232001	Not available	07/31/2023 20:11:36
Father	Malignant tumor of esophagus					MIGRATION. 0731232001	Not available	07/31/2023 20:11:36
Paternal Aunt							Not available	

Relationship	Description	Onset Age	Died of this Age	Resolved Age	Notes	LastModified by	Organization Details	LastModified Time
	Malignant tumor of breast					Migration. 0731232001		07/31/2023 20:11:36

## Medical History

Condition	Response
Allergies/Hayfever	N
Coronary Artery Disease	N
Heart Problems	N
Gout	N
Thyroid Disease	N
Atrial Fibrillation	N
Depression	N
Congenital Heart Disease	N
COPD	N
Peripheral Arterial Disease	N
Pacemaker	N
Anemia	N
TIA	N
Deep Vein Thrombosis	N
Diabetes	N
Cardiomyopathy	N
Arthritis	N
Blood Clot	N
Myocardial Infarction	N

Condition	Response
Congestive Heart Failure (CHF)	N
Valvular Heart Disease	N
Hyperlipidemia	Y
Cancer	N
Stroke	N
Varicosities	N
Asthma	N
Carotid Disease	N
Sleep Apnea	N
Aortic Aneurysm	N
Warfarin Management	N
GERD/Reflux	N
Hepatitis	N
Valvular Abnormalities	N
Heart Disease	N
Arrhythmia	N
Headaches	N
Hypertension	Y
Thrombophilias	N
Hematologic Disease	N

### Immunizations

Vaccine Type	Date	Status	Provider Name and Address	Organization Details	Recorded Time
			Jessica Bouvier		

Vaccine Type	Date	Status	Provider Name and Address	Organization Details	Recorded Time
COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose	12/07/2021	completed	null,	FL - Medical Specialists of Palm Beach	10/26/2023 14:40:35

### Past Encounters

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
4593565		GOLDMAN, MD  9750 NW 33RD ST STE 212  Coral springs, FL 33065-4081	04/20/2022 00:00:00	04/20/2022 00:00:00			
4593577		GOLDMAN, MD  9750 NW 33RD ST STE 212  Coral springs, FL 33065-4081	07/05/2022 00:00:00	07/06/2022 00:00:00			
4593593		GOLDMAN, MD  9750 NW 33RD ST STE 212  Coral springs, FL 33065-4081	05/09/2022 00:00:00	05/09/2022 00:00:00			

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
4593631		GOLDMAN, MD  9750 NW 33RD ST STE 212  Coral springs, FL 33065-4081	07/11/2022 00:00:00	07/11/2022 00:00:00			
4593713		GOLDMAN, MD  9750 NW 33RD ST STE 212  Coral springs, FL 33065-4081	02/01/2023 00:00:00	02/01/2023 00:00:00			
4593791		GOLDMAN, MD  9750 NW 33RD ST STE 212  Coral springs, FL 33065-4081	07/25/2023 00:00:00	07/25/2023 00:00:00			

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
4614351	Richard A. Goldman, MD, FACC, FACP	GOLDMAN, MD 9750 NW 33RD ST STE 212 Coral springs, FL 33065-4081	08/01/2023 12:48:36	08/01/2023 13:44:03	Paroxysmal atrial flutter	427665004	I48.92
					Chronic diastolic heart failure	441530006	I50.32
					Essential hypertension	59621000	I10
					Severe chronic obstructive pulmonary disease	313299006	J44.9
					Type 2 diabetes mellitus	44054006	E11.9
					Mixed hyperlipidemia	267434003	E78.2
					Benign prostatic hyperplasia without outflow obstruction	254902007	N40.0
					Alcohol dependence	66590003	F10.20
					Morbid obesity	238136002	E66.01
					Iron deficiency anemia	87522002	D50.9
4718349	David Moskowitz, MD, MA (Oxon.), FACP	GOLDMAN, MD	09/22/2023 09:01:28	09/22/2023 10:25:30	Alcohol dependence	66590003	F10.20

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
		9750 NW 33RD ST STE 212  Coral springs, FL 33065-4081					
					Benign prostatic hyperplasia without outflow obstruction	254902007	N40.0
					Chronic depression	192080009	F32.A
					Chronic diastolic heart failure	441530006	I50.32
					Dyspnea	267036007	R06.00
					Essential hypertension	59621000	I10
					Iron deficiency anemia	87522002	D50.9
					Mixed hyperlipidemia	267434003	E78.2
					Morbid obesity	238136002	E66.01
					Obstructive sleep apnea syndrome	78275009	G47.33
					Paroxysmal atrial flutter	427665004	I48.92
					Peripheral edema	271809000	R60.9
					Screening for malignant neoplasm of colon	275978004	Z12.11

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
					Severe chronic obstructive pulmonary disease	313299006	J44.9
					Sinus tachycardia	11092001	R00.0
					Unintentional weight loss	448765001	R63.4
					Vitamin D deficiency	34713006	E55.9
					Metabolic alkalosis	1388004	E87.3
					Leukocytosis	111583006	D72.829
4903001	Richard A. Goldman, MD, FACC, FACP	GOLDMAN, MD 9750 NW 33RD ST STE 212  Coral springs, FL 33065-4081	10/26/2023 14:29:23	10/26/2023 15:29:28	Essential hypertension	59621000	I10
					Alcohol dependence	66590003	F10.20
					Chronic diastolic heart failure	441530006	I50.32
					Chronic depression	192080009	F32.A
					Iron deficiency anemia	87522002	D50.9
					Mixed hyperlipidemia	267434003	E78.2
					Morbid obesity	238136002	E66.01
						313299006	J44.9

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
					Severe chronic obstructive pulmonary disease		
					Obstructive sleep apnea syndrome	78275009	G47.33
					Preoperative cardiovascular examination	444733009	Z01.810
					Paroxysmal atrial flutter	427665004	I48.92
					Sinus tachycardia	11092001	R00.0
					Screening for malignant neoplasm of colon	275978004	Z12.11
5210420	Richard A. Goldman, MD, FACC, FACP	GOLDMAN, MD 9750 NW 33RD ST STE 212  Coral springs, FL 33065-4081	05/10/2024 10:57:11	05/10/2024 12:12:01	Chronic diastolic heart failure	441530006	I50.32
					Essential hypertension	59621000	I10
					Paroxysmal atrial flutter	427665004	I48.92
					Severe chronic obstructive pulmonary disease	313299006	J44.9

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
					Preoperative cardiovascular examination	444733009	Z01.810
					Morbid obesity	238136002	E66.01

### Goals Section

None Recorded

### Health Concerns Section

Related Observation	LastModified by	Organization Details	LastModified Time	
None Recorded				
Concern	Status	LastModified by	Organization Details	LastModified Time
None Recorded				

### Advance Directives

Directive
N: sister as POA

### Payers

Encounter Date	Sequence	Insurance Name	Policy Number	Policy Holder	Covered Member ID	Holder Member ID	Guarantor Name
08/01/2023	1	BCBS-FL: FLORIDA BLUE	00762030005	Sheila Vera	JFX3HZN17849130		Roberto Avila
09/22/2023	1	MEDICARE-FL (MEDICARE)		Robert Avila	2RF8FT1MY32		Roberto Avila
10/26/2023	1	HUMANA (HMO)		Roberto Z Avila Jr	H69728593		Roberto Avila

Encounter Date	Sequence	Insurance Name	Policy Number	Policy Holder	Covered Member ID	Holder Member ID	Guarantor Name
05/10/2024	1	HUMANA (HMO)		Roberto Z Avila Jr	H69728593		Roberto Avila

**Notes**

Date	Note Type	Note	Provider Name and Address	Organization Details	Recorded Time
07/25/2023	text/html	HPI Notes: very depressed lost 40 lbs since Feb 2023 still drinking - pint of vodka daily energy level low.	Not Available	FL - Medical Specialists of Palm Beach	07/25/2023 15:40:32
08/01/2023	text/html	HPI Notes: Six month followup His sister, Sury, lives in Coral Springs 60 year old gentleman with a recent atrial flutter cardioversion to sinus rhythm with Dr. Nieves at NWMC on 1/13/2023. He has chronic HFpEF, NYHA class III. His recent echo doppler study showed normal LVEF 60%, mild LVH, and no significant valvular disease. He has multiple medical problems including NIDDM, HTN, HLD, CKD stage III, sleep apnea, alcohol use, morbid obesity with a BMI of 50. He uses the Oxygen 24 hours daily He drinks about a pint of Vodka every other day He feels like he has tremors when he does not drink He feels slight fluttering symptoms when lying on his back He sleeps in a bed that reclines - 1/2 up	Richard A. Goldman, MD, FACC, FACP  7593 Boynton Beach Blvd, SUITE 220, Boynton Beach,  FL, 33437-6162, US	FL - Medical Specialists of Palm Beach	08/01/2023 13:43:34
09/22/2023	text/html	HPI Notes: Pt already referred to GI for colonoscopy by Dr Cowen for positive Cologuard, but didn't keep appt.	David Moskowitz, MD, MA (Oxon.), FACP  7593 Boynton Beach Blvd, SUITE 220, Boynton Beach,	FL - Medical Specialists of Palm Beach	09/22/2023 10:23:24

Date	Note Type	Note	Provider Name and Address	Organization Details	Recorded Time
			FL, 33437-6162, US		
10/26/2023	text/html	HPI Notes: 60 year old gentleman here today for cardiovascular preop clearance prior to upper endoscopy and colonoscopy with Dr. Schneider which has not been scheduled yet. Patient had positive cologuard with some iron deficiency anemia. His past surgeries include catheter ablation and tonsillectomy- no adverse reactions to anesthesia. He has his pulmonologist for pre op yesterday. He had an atrial flutter cardioversion to sinus rhythm with Dr. Nieves at NWMC on 1/13/2023. His sister Sury is with him in the office today. He has chronic HFpEF, NYHA class III. His recent echo doppler study showed normal LVEF 60%, mild LVH, and no significant valvular disease. He has multiple medical problems including NIDDM, HTN, HLD, CKD stage III, sleep apnea, alcohol use, morbid obesity with a BMI of 50. He uses the Oxygen 24 hours daily He drinks about a pint of Vodka every day He feels like he has tremors when he does not drink He has tried rehab facilities twice in the past. Has never been on medication therapy. He has no CP. He gets mild SOB with activity. No true or near syncope. No palpitations.	Richard A. Goldman, MD, FACC, FACP  7593 Boynton Beach Blvd, SUITE 220, Boynton Beach, FL, 33437-6162, US	FL - Medical Specialists of Palm Beach	10/27/2023 14:15:48
05/10/2024	text/html	HPI Notes: Preoperative cardiology evaluation for right colectomy with Dr. Joseph Corallo for colon cancer 60 year old gentleman for preoperative cardiology evaluation prior to right colectomy with Dr. Joseph Corallo. He has a history of atrial flutter cardioversion to sinus rhythm with Dr. Nieves at NWMC on 1/13/2023. He has chronic HFpEF, NYHA class II He has multiple medical problems including NIDDM, HTN, HLD, CKD stage III, sleep apnea, alcohol use, morbid obesity with a 40 lbs weight loss	Richard A. Goldman, MD, FACC, FACP  7593 Boynton Beach Blvd, SUITE 220, Boynton Beach, FL, 33437-6162, US	FL - Medical Specialists of Palm Beach	05/10/2024 12:15:31

Date	Note Type	Note	Provider Name and Address	Organization Details	Recorded Time
			FL, 33437-6162, US		

## Progress note - 05/09/2024

Patient	ROBERTO AVILA
Date of birth	November 5, 1962
Current Gender	Male
Race(s)	No Information
Ethnicity	No Information
Language(s)	English (Preferred)
Contact info	Postal Address: 1609 NW 65TH AVE MARGATE, FL 33063, US  Primary Home Phone: 917-736-4109 Mobile Phone: 917-736-4109 Email: VERAYANICE13@GMAIL.COM
Patient IDs	107181 2.16.840.1.113883.4.391.331341 107181 2.16.840.1.113883.4.391.331341.1
Document Id	7c654f38-2d19-410d-b4d8-e61a73ea9f33 2.16.840.1.113883.4.391
Document Created:	October 7, 2024, 12:22:03 -0400
Performer (primary care physician)	Luis Martinez
Performer	Lal Bhagchandani 2825 N STATE ROAD 7 STE 201 MARGATE, FL 33063-5737, US  Tel: 954-917-4941

Author	eClinicalWorks
Contact info	
Encounter Id	536687 2.16.840.1.113883.4.391.331341
Encounter Type	ambulatory
Encounter Date	From May 9, 2024, 13:45:00 to May 9, 2024, 14:00:00
Encounter Location	id: 2.16.840.1.113883.4.391.331341
Responsible party	Lal Bhagchandani
Contact info	2825 N STATE ROAD 7 STE 201 MARGATE, FL 33063-5737, US  Tel: 954-917-4941
Guarantor	ROBERTO AVILA
Contact info	Tel: 917-736-4109
Legal authenticator	Lal Bhagchandani signed at May 10, 2024
Contact info	2825 N STATE ROAD 7 STE 201 MARGATE, FL 33063-5737, US  Tel: 954-917-4941
Document maintained by	Lal Bhagchandani MD PA
Contact info	2825 N STATE ROAD 7 STE 201 MARGATE, FL 33063-5737, US

Tel: 954-917-4941

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### Allergies

No Known Allergies

### REASON FOR VISIT

\*Pulmonary Clearance Est.

### Medications

Medication	SIG (Take, Route, Frequency, Duration)	Notes	Start Date	End Date	Status
Symbicort 160-4.5 MCG/ACT	2 puffs Inhalation Twice a day for 60 days				Active
Wixela Inhub 100-50 MCG/ACT	1 puff Inhalation Twice a day for 30 days				Active

### Vital Signs

Heart Rate	122 /min	05/09/2024
Height	67 in	05/09/2024
Weight	274.6 lbs	05/09/2024
BMI	43 kg/m2	05/09/2024

Oximetry	92 %	05/09/2024
Height-cm	170.18 cm	05/09/2024
Weight-kg	124.56 kg	05/09/2024

## Encounters

Encounter	Location	Date	Provider	Diagnosis
Lal Bhagchandani MD PA	2825 N STATE ROAD 7 STE 201 MARGATE, FL 33063-5737	05/09/2024	Lal Bhagchandani	Chronic obstructive pulmonary disease, unspecified J44.9 and Obstructive sleep apnea (adult) (pediatric) G47.33

## Assessments

Encounter Date	Diagnosis (ICD Code)	Assessment Notes	Treatment Notes	Treatment Clinical Notes
05/09/2024	Chronic obstructive pulmonary disease, unspecified (ICD-10 - J44.9)		HOME O2 REGULARLY  CPAP AT NIGHT  SYMBI BID  VENTOLIN PRN  LASIX 20 MG DAILY  CARD CLEARANCE  PT MOD SURGICAL RISK FOR  CA COLON RESECTION FROM  PUL STAND POINT .	
05/09/2024				

Encounter Date	Diagnosis (ICD Code)	Assessment Notes	Treatment Notes	Treatment Clinical Notes
	Obstructive sleep apnea (adult) (pediatric) (ICD-10 - G47.33)			

### Plan Of Treatment

#### Treatment Notes

Assessment	Notes
Chronic obstructive pulmonary disease, unspecified	HOME O2 REGULARLY  CPAP AT NIGHT  SYMBI BID  VENTOLIN PRN  LASIX 20 MG DAILY  CARD CLEARANCE  PT MOD SURGICAL RISK FOR  CA COLON RESECTION FROM  PUL STAND POINT .

#### Next Appt

Details
Follow Up: 3 Months, Reason:
Provider Name:Lal K Bhagchandani, 11/07/2024 01:45:00 PM, 2825 N STATE ROAD 7, STE 201, MARGATE, FL, 33063-5737, 954-917-4941

## **Progress Notes**

- AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 107181 DOS: 05/09/2024

o

Patient: AVILA, ROBERTO  
Account Number: 107181

Provider: LAL K. BHAGCHANDANI, MD, FRCPC, FCCP

DOB: 11/05/1962 Age: 61 Y Sex: Male

Date: 05/09/2024

Phone: 917-736-4109

Address: 1609 NW 65TH AVE, MARGATE, FL-33063

Pcp: Luis Martinez

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 107181 DOS: 05/09/2024

Subjective:

- Chief Complaints:

- \*Pulmonary Clearance Est.

- HPI:

History of Presenting Problem:

Patient is here today for a pulmonary clearance  
denies smoking, admits to drinking  
admits to sob, coughing and wheezing  
admits to using oxygen @ 3lpm, admits to using neb and inhaler  
patient is scheduled to have sx 5/23/24 for Colon cancer.

- Medical History:

- Surgical History: No Surgical History documented.

- Hospitalization/Major Diagnostic Procedure: No Hospitalization History.

- Family History:

Asthma ; Diabetes.

- Social History:

Migrated Social History:

Migrated Social History: Former smoker , Negative for: Exercise , Negative for: Children , Alcohol use , Lives alone.

- Medications: Taking Symbicort 160-4.5 MCG/ACT Aerosol 2 puffs Inhalation Twice a day Wixela Inhub 100-50 MCG/ACT Aerosol Powder Breath Activated 1 puff Inhalation Twice a day Medication List reviewed and reconciled with the patientTaking Symbicort 160-4.5 MCG/ACT Aerosol 2 puffs Inhalation Twice a day Taking Wixela Inhub 100-50 MCG/ACT Aerosol Powder Breath Activated 1 puff Inhalation Twice a day Medication List reviewed and reconciled with the patient

- Allergies: N.K.D.A.no[Allergies Verified]

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 107181 DOS: 05/09/2024

**Objective:**

- Vitals: Ht: 67 in, Wt: 274.6 lbs, HR: 122 /min, Oxygen sat %: 92 %, BMI: 43 Index, Wt-kg: 124.56 kg, Ht-cm: 170.18 cm, Body Surface Area: 2.42.
- Examination:  
**PHYSICAL EXAM:**  
Constitutional Constitutional: Well developed; Well nourished; Cooperative; Judgment and insight normal: No acute distress; Mentally alert.  
HEENT Head normocephalic and atraumatic; Conjunctiva, sclera, and lids unremarkable; PERRLA: Lips, teeth, tongue, and gums unremarkable.  
Neck Trachea midline; Supple; No crepitus; Thyroid normal; No regional lymphadenopathy;  
Respiratory Chest symmetrical and expansion ; No intercostal retractions, use of accessory muscles or diaphragmatic movement; Percussion of chest unremarkable; Palpation of chest unremarkable.  
Cardiovascular Heart rate and rhythm regular; Normal S1 and S2; Heart location and apex normal; No murmurs, rubs, gallops, or clicks.  
Extremities No clubbing, cyanosis or inflammation to extremities.  
Neurologic awake, alert and oriented to person, place and time.  
Gastrointestinal Normal bowel sounds; Abdomen soft and nontender; No palpable masses; No organomegaly.

**Assessment:**

- Assessment:
  1. Chronic obstructive pulmonary disease, unspecified - J44.9 (Primary)
  2. Obstructive sleep apnea (adult) (pediatric) - G47.33

COPD STAGE 2 STABLE  
OSA ON CPAP  
GOOD COMP, GOOD TOLERANCE USAGE TIME 6 HRS  
CH RESP F ON HOME O2  
CHF, CXR MILD CONDESTION.

**Plan:**

- Treatment:

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 107181 DOS: 05/09/2024

- 1. Chronic obstructive pulmonary disease, unspecified  
Notes: HOME O2 REGULARLY  
CPAP AT NIGHT  
SYMBI BID  
VENTOLIN PRN  
LASIX 20 MG DAILY  
CARD CLEARANCE  
PT MOD SURGICAL RISK FOR  
CA COLON RESECTION FROM  
PUL STAND POINT .

- Procedure Codes:
- Follow Up: 3 Months
- 

Billing Information:

- Visit Code:  
99214 Office Visit, Est Pt., Level 4.
- Procedure Codes:
- 

Electronically signed by Lal Bhagchandani , MD PA on 05/10/2024 at 09:09 AM EDT

Sign off status: Completed

true

AVILA, ROBERTO DOB: 11/05/1962 (61 yo M) Acc No. 107181 DOS: 05/09/2024

◦ Provider: LAL K. BHAGCHANDANI, MD, FRCPC, Date: 05/09/2024  
FCCP

Generated for Printing/Faxing/eTransmitting on: 10/07/2024 12:22  
PM EDT

## History and Physical Notes

- Examination

Category	Sub-Category	Detail	Notes
PHYSICAL EXAM	Constitutional	Constitutional: Well developed; Well nourished; Cooperative; Judgment and insight normal: No acute distress; Mentally alert	
	HEENT	Head normocephalic and atraumatic; Conjunctiva, sclera, and lids unremarkable; PERRLA: Lips, teeth, tongue, and gums unremarkable	
	Neck	Trachea midline; Supple; No crepitus; Thyroid normal; No regional lymphadenopathy;	
	Respiratory	Chest symmetrical and expansion ; No intercostal retractions, use of accessory muscles or diaphragmatic movement; Percussion of chest unremarkable; Palpation of chest unremarkable	
	Cardiovascular	Heart rate and rhythm regular; Normal S1 and S2; Heart location and apex normal; No murmurs, rubs, gallops, or clicks	
	Extremities	No clubbing, cyanosis or inflammation to extremities	
	Neurologic	awake, alert and oriented to person, place and time	
	Gastrointestinal	Normal bowel sounds; Abdomen soft and nontender; No palpable masses; No organomegaly	

## Data Portability

Patient	Robert Avila
Date of birth	November 5, 1962
Current Gender	Male
Race(s)	No Information
Ethnicity	No Information
Language(s)	English
Contact info	<p>Primary Home Address: 1906 NW 65TH AVE MARGATE, FL 33063-2330, USA Effective Date: May 23, 2022</p> <p>Postal Address: 1906 NW 65TH AVE MARGATE, FL 33063-2330, USA Effective Date: May 23, 2022</p> <p>Previous Address: 1906 NW 65TH AVE MARGATE, FL 33063, USA Effective Date: April 14, 2022 Expiration Date: May 23, 2022</p> <p>Previous Address: 1906 NW 65TH AVE MARGATE, FL 33063, USA Effective Date: April 14, 2022 Expiration Date: May 23, 2022</p> <p>Primary Home Phone: +1-(917) 736-4109 Mobile Phone: +1-(917) 736-4109 Email: VERAYANICE13@GMAIL.COM</p>

Patient IDs	a-24168.E-2355 2.16.840.1.113883.3.564
Document Id	b77dbb72-5d55-45a5-b24c-377c01f04788
Document Created:	October 7, 2024, 12:21:42 -0400
Performer	LAL BHAGCHANDANI of Work Address: 2825 N STATE RD 7 STE 201 POMPANO BEACH, FL 33063, US  Work Phone: (954) 917-4941
Performer	EDDY DE JESUS of Work Address: 722 RIVERSIDE DR POMPANO BEACH, FL 33071, US  Work Phone: (954) 345-4333
Performer	LEE COWEN of Work Address: 9750 NW 33RD ST STE 212 CORAL SPRINGS, FL 33065, US  Work Phone: (954) 546-2688
Author	Document Generation Engine
Contact info	Work Address: Boston Landing 80 Guest Street Boston, MA 02135, US  Work Phone: +1-617-4021000
Document maintained by	athenahealth

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	Work Phone: +1-617-4021000

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## [Assessment](#)

Encounter Date	Assessment Date	Assessment	LastModified by	Organization Details	LastModified Time
05/09/2022	05/09/2022		rbarber23	Not available	

Encounter Date	Assessment Date	Assessment	LastModified by	Organization Details	LastModified Time
		Patient presented for echocardiogram testing. Discussed results and patient demonstrates understanding.			05/09/2022 12:11:32
07/11/2022	07/11/2022	Patient will report any worsening shortness of breath.	rgoldman7	Not available	07/11/2022 12:01:41
07/25/2023	07/25/2023	New patient presented for admission to the practice. Studies ordered as below. Discussed plan with patient and family, who expressed understanding. Follow up as noted below. Patient will report any worsening shortness of breath.	lcowen1	Not available	07/25/2023 14:34:11

### Plan of Treatment

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
Appointments	None recorded.							
Lab	CBC w/ auto diff	07/05/2022	07/05/2022		ATHENA	Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph (954) 757-1850	07/06/2022 08:33:12	
	HbA1c (hemoglobin A1c), blood	07/05/2022	07/05/2022		ATHENA	Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph	07/06/2022 08:33:11	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
						(954) 757-1850		
	CMP, serum or plasma	07/05/2022	07/05/2022		ATHENA	Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph (954) 757-1850	07/06/2022 08:33:11	
	lipid panel, serum	07/05/2022	07/05/2022		ATHENA	Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph (954) 757-1850	07/06/2022 08:33:10	
	CMP, serum or plasma	07/11/2022	07/11/2022		erodriguezborja	Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph (954) 757-1850	07/18/2022 15:42:13	
	PT/INR	07/25/2023	07/25/2023		ATHENA	Quest Diagnostics PSC, 2901 Coral Hills Dr,	07/26/2023 08:33:43	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
						Ste 100, Coral Springs, FL, 33065, Ph (954) 757-1850		
	HbA1c (hemoglobin A1c), blood	07/25/2023	07/25/2023		ATHENA	Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph (954) 757-1850	07/26/2023 08:33:41	
	CMP, serum or plasma	07/25/2023	07/25/2023		ATHENA	Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph (954) 757-1850	07/26/2023 08:33:41	
	urinalysis, complete	07/25/2023	07/25/2023		ATHENA	Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph (954) 757-1850	07/26/2023 08:33:44	
	CBC w/ auto diff	07/25/2023	07/25/2023		ATHENA			

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
						Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph (954) 757-1850	07/26/2023 08:33:43	
	iron + TIBC + ferritin, serum	07/25/2023	07/25/2023		ATHENA	Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph (954) 757-1850	07/26/2023 08:33:40	
	TSH, serum or plasma	07/25/2023	07/25/2023		ATHENA	Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph (954) 757-1850	07/26/2023 08:33:42	
	magnesium, serum or plasma	07/25/2023	07/25/2023		ATHENA	Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph	07/26/2023 08:33:42	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
						(954) 757-1850		
	vitamin D, 25-hydroxy, total, serum	07/25/2023	07/25/2023		ATHENA	Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph (954) 757-1850	07/26/2023 08:33:41	
	microalbumin/creatinine, mass ratio, urine	07/25/2023	07/25/2023		ATHENA	Quest Diagnostics PSC, 2901 Coral Hills Dr, Ste 100, Coral Springs, FL, 33065, Ph (954) 757-1850	07/26/2023 08:33:40	
	noninvasive colorectal cancer DNA + occult blood screening, QL, stool	07/25/2023	07/25/2023		ygratereaux1	Exact Sciences Laboratories (Cologuard Orders Only), 145 E Badger Rd, Ste 100, Madison, WI, 53713, Ph (844) 870-8870	08/22/2023 09:32:51	
Referral	cardiologist referral - pt is alcoholic.	07/05/2022	07/05/2022		rbarber23	Richard Goldman MD,	08/04/2022 16:27:10	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
	Having DOE and at rest. Has sleep apnea. Negative echo. r/o ischemic cardiac disease					9750 NW 33rd St, Ste 212, Pompano Beach, FL, 33065, Ph (954) 546-2688		
	pulmonologist referral - alcoholism. Sleep Apnea. DOE/ SOB at rest	07/05/2022	07/05/2022	rbarber23		Frank Hull MD, 1625 SE 3rd Ave, Ste 600, Fort Lauderdale, FL, 33316, Ph (954) 522-7226	08/04/2022 16:27:10	
	psychiatrist referral	07/25/2023	07/25/2023	ATHENA		Not available	06/02/2024 05:01:52	
	ophthalmologist referral	07/25/2023	07/25/2023	ATHENA		William R Burks, 5800 Colonial Dr, Ste 100, Margate, FL, 33063, Ph (954) 977-8770	06/02/2024 05:01:52	
	cardiologist referral	07/25/2023	07/25/2023	ygratereaux1		Richard Goldman MD, 9750 NW 33rd St, Ste 212, Pompano Beach, FL,	08/22/2023 12:49:50	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
						33065, Ph (954) 546-2688		
Procedures	None recorded.							
Surgeries	None recorded.							
Imaging	US, doppler, venous - Edema RUE	07/05/2022	07/05/2022		rbarber23	Akumin Royal Palm, 8110 Royal Palm Blvd, Ste 100, Coral Springs, FL, 33065, Ph (954) 341-4200	07/12/2022 08:00:16	
	electrocardiogram	02/01/2023	02/01/2023		tcruz64	Main Office, 9750 NW 33rd Street, Suite 212, Coral Springs, FL, 33065-4042, Ph (954) 546-2688	02/01/2023 16:46:22	
	electrocardiogram	07/25/2023	07/25/2023		cmunson4	Main Office, 9750 NW 33rd Street, Suite 212, Coral Springs, FL, 33065-4042, Ph (954) 546-2688	07/25/2023 14:42:18	
	XR, chest	07/25/2023	07/25/2023		ATHENA			

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
						Akumin Royal Palm, 8110 Royal Palm Blvd, Ste 100, Coral Springs, FL, 33065, Ph (954) 341-4200	05/26/2024 05:01:31	
Medication Orders	bumetanide 1 mg tablet	07/11/2022	07/22/2022		ygratereaux1	Walgreens Drug Store #06414, 3000 N State Road 7, Margate, FL, 330637002, Ph (954) 979-9083	07/25/2023 13:44:24	
	spironolactone 25 mg tablet	07/11/2022	02/01/2023		ATHENA	Walgreens Drug Store #06414, 3000 N State Road 7, Margate, FL, 330637002, Ph (954) 979-9083	02/01/2023 15:17:30	
	Jardiance 10 mg tablet	07/11/2022	07/11/2022		erodriguezborja	Walgreens Drug Store #06414, 3000 N State Road 7, Margate, FL, 330637002,	02/01/2023 15:16:09	

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
						Ph (954) 979-9083		
	metoprolol succinate ER 50 mg tablet,extended release 24 hr	07/11/2022	07/11/2022		ATHENA	Walgreens Drug Store #06414, 3000 N State Road 7, Margate, FL, 330637002, Ph (954) 979-9083	07/11/2022 12:30:12	
	Eliquis 5 mg tablet	02/01/2023	02/02/2023		ATHENA	Walgreens Drug Store #06414, 3000 N State Road 7, Margate, FL, 330637002, Ph (954) 979-9083	02/02/2023 11:05:31	

#### Patient Targets

Encounter Date	Encounter Id	Patient Goals	Patient Target	Last Modified By	Organization Details	Last Modified Time
		maintain health treat depression and alcoholism		lcowen1	Not available	07/25/2023 14:29:05

#### Patient Instructions

Encounter Date	Encounter Id	Patient Instructions	Last Modified By	Organization Details	Last Modified Time
05/09/2022	6609	Echo doppler study Normal LV size. LVEF 60 - 65% Trace MR, TR Technically limited echo doppler study	rgoldman7		

Encounter Date	Encounter Id	Patient Instructions	Last Modified By	Organization Details	Last Modified Time
		Echo images reviewed with patient. Richard A. Goldman, MD, FACC, FACP		Not available	05/09/2022 16:15:05
07/11/2022	8252	1. Cut back Alcohol use 2. Adjust medications as outlined above. I am not sure if he has been taking two loop diuretics - instructed to stop the Furosemide and cut back the Bumetanide to 1 mg every other day and start Spironolactone 25 mg once daily 3. Strict low sodium diet 4. Recheck renal function in three weeks time	rgoldman7	Not available	07/11/2022 12:39:21
		Robert is a 59 year old gentleman with chronic HFpEF, NYHA class IV. His recent echo doppler study showed normal LVEF 60%, mild LVH, and no significant valvular disease. It is not clear if he has any ASHD - but imaging studies will be very difficult for him. He cannot lie flat and therefore Lexiscan stress testing and coronary CTA imaging may not be possible. He may eventually need cardiac catheterization to determine if he has any obstructive CAD. He has multiple medical problems including NIDDM, HTN, HLD, CKD stage III, sleep apnea, alcohol use, morbid obesity with a BMI of 50. His medications will be adjusted as above. I have emphasized the need to cut back his alcohol use and his use of Afrin nasal spray which are contributing to his HTN and diabetes. His renal function will be rechecked in two weeks time, and his medications may need further adjustments. He cannot be started on Metformin at this time in view of his CKD. Cardiology followup will be arranged in two months. Richard A. Goldman, MD, FACC, FACP Total time spent = 90 minutes , hospital/office records reviewed, labs, imaging studies reviewed, exam and discussion	rgoldman7	Not available	07/11/2022 12:49:17
02/01/2023	14490	1. Start Eliquis 5 mg twice daily today 2. Patient to call us with his current list of medications 3. Recommend catheter ablation of atrial flutter and then Watchman device.	rgoldman7	Not available	02/01/2023 15:58:25
			rgoldman7		

Encounter Date	Encounter Id	Patient Instructions	Last Modified By	Organization Details	Last Modified Time
		<p>Robert is a 60 year old gentleman with a recent atrial flutter cardioversion to sinus rhythm with Dr. Nieves at NWMC on 1/13/2023. He has chronic HFpEF, NYHA class III. His recent echo doppler study showed normal LVEF 60%, mild LVH, and no significant valvular disease. It is not clear if he has any ASHD - but imaging studies will be very difficult for him. He cannot lie flat and therefore Lexiscan stress testing and coronary CTA imaging may not be possible. He may eventually need cardiac catheterization to determine if he has any obstructive CAD. He has multiple medical problems including NIDDM, HTN, HLD, CKD stage III, sleep apnea, alcohol use, morbid obesity with a BMI of 50. An echo study done at NWMC 1/12/23 showed normal LVEF 60%, mild MR, mild -moderate TR, and mild PHTN.</p> <p>He tells me that he is currently only taking three medications, but cannot tell me their names or doses. He will call us today or tomorrow with that information. He needs to be started on Eliquis anticoagulation today to reduce his stroke risk - I have emphasized this to him. He will call up Dr. Nieves to schedule catheter ablation of his atrial flutter and possibly insert a Watchman device if feasible. Cardiology followup will be arranged after he undergoes the procedures by the cardiac electrophysiologist, Dr. Nieves. Richard A. Goldman, MD, FACC, FACP</p> <p>Total time spent = 90 minutes , hospital/office records reviewed, labs, imaging studies reviewed, exam and discussion</p>		Not available	02/01/2023 15:58:47
07/25/2023	21837	see cardiology labs	lcowen1	Not available	07/25/2023 14:29:20

#### Reason for Referral

Gastroenterologist Referral for Screening for malignant neoplasm of colon

surveillance colonoscopy; alcohol dependence

Referring Physician: Andrew Goldstein, Internal Medicine, (954) 546-2688  
Encounter Date: 05/25/2022

Cardiologist Referral for Dyspnea

pt is alcoholic. Having DOE and at rest. Has sleep apnea. Negative echo. r/o ischemic cardiac disease

Referring Physician: Andrew Goldstein, Internal Medicine, (954) 546-2688  
Encounter Date: 07/05/2022

Pulmonologist Referral for Dyspnea

alcoholism. Sleep Apnea. DOE/ SOB at rest

Referring Physician: Andrew Goldstein, Internal Medicine, (954) 546-2688  
Encounter Date: 07/05/2022

Nephrologist Referral for Chronic kidney disease stage 3

pt is alcoholic, has had significant recent fluid retention and Creatinine has risen from 0.8 yo 2.05. Pt is also newly diabetic with a1c of 6.8

Referring Physician: Andrew Goldstein, Internal Medicine, (954) 546-2688  
Encounter Date: 07/06/2022

Cardiologist Referral for Chronic diastolic heart failure

Referring Physician: Lee Cowen, Internal Medicine, (954) 546-2688  
Encounter Date: 07/25/2023

Ophthalmologist Referral for Type 2 diabetes mellitus

Referring Physician: Lee Cowen, Internal Medicine, (954) 546-2688  
Encounter Date: 07/25/2023

Psychiatrist Referral for Chronic depression

Referring Physician: Lee Cowen, Internal Medicine, (954) 546-2688  
Encounter Date: 07/25/2023

Gastroenterologist Referral for Iron deficiency anemia

Referring Physician: Lee Cowen, Internal Medicine, (954) 546-2688  
Encounter Date: 07/26/2023

## Results

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	LIPID PANEL, STANDARD	cholesterol, total	185	mg/dL	<200	normal	
04/20/2022	04/21/2022	LIPID PANEL, STANDARD	HDL cholesterol	37	mg/dL	> or = 40	low	
04/20/2022	04/21/2022	LIPID PANEL, STANDARD	triglycerides	138	mg/dL	<150	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	LIPID PANEL, STANDARD	LDL-cholesterol	122	mg/dL_(calc)		high	Reference range: <100 mg/dL for prevention; <70 mg/dL for patients with CHD or diabetes with > or = 2 risk factors. LDL-C is now calculated using the Martin-Hopkins calculation, which is a very novel method providing greater accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. J Clin Endocrinol 2013;130(19): 2061-2066 education.QuestDiagnos faq/FAQ164)
04/20/2022	04/21/2022	LIPID PANEL, STANDARD	chol/HDL cholesterol ratio	5.0	(calc)	<5.0	high	
04/20/2022	04/21/2022	LIPID PANEL, STANDARD	non HDL cholesterol	148	mg/dL_(calc)	<130	high	For patients with diabetes, major ASCVD risk factors, and/or triglycerides > 400 mg/dL (LDL-C of <70 mg/dL) non-HDL cholesterol is considered a therapeutic target.

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	glucose	121	mg/dL	65-99	high	Fasting reference interval for someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes. This should be confirmed with a follow-up test.
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	urea nitrogen (BUN)	11	mg/dL	7-25	normal	
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	creatinine	0.78	mg/dL	0.70-1.33	normal	For patients >49 years old, the reference limit for creatinine is approximately 13% higher than for people identified as African American.
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	eGFR non-afr. american	99	mL/min/1.73m <sup>2</sup>	> or = 60	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	eGFR african american	115	mL/min/ 1.73m <sup>2</sup>	> or = 60	normal	
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	BUN/creatinine ratio	NOT APPLICABLE	(calc)	6-22		
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	sodium	141	mmol/L	135-146	normal	
04/20/2022	04/21/2022		potassium	4.0	mmol/L	3.5-5.3	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		COMPREHENSIVE METABOLIC PANEL						
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	chloride	98	mmol/L	98-110	normal	
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	carbon dioxide	32	mmol/L	20-32	normal	
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	calcium	8.8	mg/dL	8.6-10.3	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	protein, total	7.2	g/dL	6.1-8.1	normal	
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	albumin	3.9	g/dL	3.6-5.1	normal	
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	globulin	3.3	g/dL_(calc)	1.9-3.7	normal	
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	albumin/globulin ratio	1.2	(calc)	1.0-2.5	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	bilirubin, total	1.8	mg/dL	0.2-1.2	high	
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	alkaline phosphatase	95	U/L	35-144	normal	
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	AST	31	U/L	10-35	normal	
04/20/2022	04/21/2022	COMPREHENSIVE METABOLIC PANEL	ALT	28	U/L	9-46	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	VITAMIN D,25-OH,TOTAL,IA	vitamin D, 25-oh,total,ia	10	NG/mL	30-100	low	Vitamin D Status 25-OH D: Deficiency: <20 ng/ml Insufficiency: 20 - 29 ng/ml Optimal: > or = 30 ng/ml 25-OH Vitamin D testing patients on D2-supplements and patients for whom quantitation of D2 and fractions is required, the QuestAssureD(TM) 25-OH (D2,D3), LC/MS/MS is recommended: order code (patients >2yrs). See Note 1 For additional information, please refer to <a href="http://education.QuestDiagnos...">http://education.QuestDiagnos...</a> faq/FAQ199 (This link is provided for informational purposes only)

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	red blood cell count	5.00	million/uL	4.20-5.80	normal	
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	hemoglobin	13.6	g/dL	13.2-17.1	normal	
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	hematocrit	42.4	%	38.5-50.0	normal	
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	MCV	84.8	fL	80.0-100.0	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	MCH	27.2	pg	27.0-33.0	normal	
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	MCHC	32.1	g/dL	32.0-36.0	normal	
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	RDW	15.6	%	11.0-15.0	high	
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	platelet count	361	thousand/uL	140-400	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	MPV	9.6	fL	7.5-12.5	normal	
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	absolute neutrophils	11917	cells/uL	1500-7800	high	
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	absolute lymphocytes	1885	cells/uL	850-3900	normal	
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	absolute monocytes	1049	cells/uL	200-950	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	absolute eosinophils	274	cells/uL	15-500	normal	
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	absolute basophils	76	cells/uL	0-200	normal	
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	neutrophils	78.4	%		normal	
04/20/2022	04/21/2022		lymphocytes	12.4	%		normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		CBC (INCLUDES DIFF/PLT)						
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	monocytes	6.9	%		normal	
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	eosinophils	1.8	%		normal	
04/20/2022	04/21/2022	CBC (INCLUDES DIFF/PLT)	basophils	0.5	%		normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	color	YELLOW		yellow	normal	
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	appearance	CLEAR		clear	normal	
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	specific gravity	1.011		1.001-1.035	normal	
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	pH	8.0		5.0-8.0	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	glucose	NEGATIVE		negative	normal	
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	bilirubin	NEGATIVE		negative	normal	
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	ketones	NEGATIVE		negative	normal	
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	occult blood	NEGATIVE		negative	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	protein	TRACE		negative	abnormal	
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	nitrite	NEGATIVE		negative	normal	
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	leukocyte esterase	NEGATIVE		negative	normal	
04/20/2022	04/21/2022		WBC	NONE SEEN	/hpf	< or = 5	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		URINALYSIS, COMPLETE						
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	RBC	NONE SEEN	/hpf	< or = 2	normal	
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	squamous epithelial cells	NONE SEEN	/hpf	< or = 5	normal	
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	bacteria	NONE SEEN	/hpf	none seen	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	URINALYSIS, COMPLETE	hyaline cast	NONE SEEN	/lpf	none seen	normal	
04/20/2022	04/21/2022	PSA, TOTAL	PSA, total	0.55	NG/mL	< or = 4.00	normal	The total PSA value from assay system is standard against the WHO standard. Test result will be approximately 20% lower when compared to the equimolar-standard PSA (Beckman Coulter). Comparison of serial PSA should be interpreted with this fact in mind. This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be interchanged. PSA level is not absolute regardless of value, should be interpreted as absolute evidence of the presence or absence of disease.
04/20/2022	04/21/2022	TSH+FREE T4	TSH	2.72	mIU/L	0.40-4.50	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	TSH+FREE T4	T4, free	1.1	NG/dL	0.8-1.8	normal	
04/20/2022	04/21/2022	TEST IN QUESTION- MISC QUESTION	question/problem:					
04/20/2022	04/21/2022	TEST IN QUESTION- MISC QUESTION	question:					
04/20/2022	04/21/2022	TEST IN QUESTION- MISC QUESTION	contact:					

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
04/20/2022	04/21/2022	TEST IN QUESTION- MISC QUESTION	resolution:					
04/20/2022	04/27/2022	HEMOGLOBIN A1C	hemoglobin A1C	6.3	%_of_total_HGB	<5.7	high	For someone without known diabetes, a hemoglobin A1C value between 5.7% and 6.5% is consistent with prediabetes. This result should be confirmed with a follow-up test. For someone with known diabetes, a value of 6.5% or higher indicates that their diabetes is not well controlled. A1c targets for children should be individualized based on duration of diabetes, age, sex, and other comorbid conditions, among other considerations. This assessment is consistent with an international consensus exists regarding the use of hemoglobin A1c for diagnosis of diabetes for children.
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	cholesterol, total	227	mg/dL	<200	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	HDL cholesterol	39	mg/dL	> or = 40	low	
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	triglycerides	239	mg/dL	<150	high	If a non-fasting specimen was collected, consider repeating triglyceride testing on a fasting specimen if clinically indicated. Jacobson et al. J. of Clin Endocrinol. 2015;9:129-169.

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
								equation in the estimat LDL-C. Martin SS et al. J 2013;310(19): 2061-20 education.QuestDiagno faq/FAQ164)
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	chol/HDL ratio	5.8	(calc)	<5.0	high	
07/05/2022	07/06/2022	LIPID PANEL, STANDARD	non HDL cholesterol	188	mg/dL_(calc)	<130	high	For patients with diabetes, major ASCVD risk factors, to a non-HDL-C goal of <130 dL (LDL-C of <70 mg/dL) considered a therapeutic
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	glucose	130	mg/dL	65-99	high	Fasting reference interval someone without known diabetes, a glucose value mg/dL indicates that they have diabetes and this confirmed with a follow
07/05/2022	07/06/2022			25	mg/dL	7-25	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		COMPREHENSIVE METABOLIC PANEL	urea nitrogen (BUN)					
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	creatinine	2.04	mg/dL	0.70-1.33	high	For patients >49 years old, the reference limit for creatinine is approximately 13% higher in people identified as African American.
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	eGFR non-afr. american	35	mL/min/1.73m <sup>2</sup>	> or = 60	low	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	eGFR african american	40	mL/min/1.73m <sup>2</sup>	> or = 60	low	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	BUN/creatinine ratio	12	(calc)	6-22	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	sodium	144	mmol/L	135-146	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	potassium	3.9	mmol/L	3.5-5.3	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	chloride	98	mmol/L	98-110	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	carbon dioxide	35	mmol/L	20-32	high	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	calcium	8.8	mg/dL	8.6-10.3	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	protein, total	6.9	g/dL	6.1-8.1	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	albumin	4.2	g/dL	3.6-5.1	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	globulin	2.7	g/dL_(calc)	1.9-3.7	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	albumin/globulin ratio	1.6	(calc)	1.0-2.5	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	bilirubin, total	1.0	mg/dL	0.2-1.2	normal	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	alkaline phosphatase	87	U/L	35-144	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	AST	36	U/L	10-35	high	
07/05/2022	07/06/2022	COMPREHENSIVE METABOLIC PANEL	ALT	26	U/L	9-46	normal	
07/05/2022	07/06/2022	HEMOGLOBIN A1C	hemoglobin A1C	6.8	%_of_total_HGB	<5.7	high	For someone without known diabetes, a hemoglobin A1C value of 6.5% or greater indicates that they may have diabetes and this should be confirmed with a follow-up test. For someone with known diabetes, a value <7% indicates that their diabetes is well-controlled and a value greater than or equal to 7% indicates that their diabetes is not well-controlled.

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
								suboptimal control. A1c should be individualized on duration of diabetes comorbid conditions, and considerations. Current consensus exists regarding hemoglobin A1c for children of diabetes for children.
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	white blood cell count	12.3	thousand/uL	3.8-10.8	high	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	red blood cell count	4.97	million/uL	4.20-5.80	normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	hemoglobin	12.5	g/dL	13.2-17.1	low	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	hematocrit	40.6	%	38.5-50.0	normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	MCV	81.7	fL	80.0-100.0	normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	MCH	25.2	pg	27.0-33.0	low	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	MCHC	30.8	g/dL	32.0-36.0	low	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	RDW	16.4	%	11.0-15.0	high	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	platelet count	274	thousand/uL	140-400	normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	MPV	8.9	fL	7.5-12.5	normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	absolute neutrophils	8389	cells/uL	1500-7800	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	absolute lymphocytes	2251	cells/uL	850-3900	normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	absolute monocytes	1033	cells/uL	200-950	high	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	absolute eosinophils	517	cells/uL	15-500	high	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	absolute basophils	111	cells/uL	0-200	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	neutrophils	68.2	%		normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	lymphocytes	18.3	%		normal	
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	monocytes	8.4	%		normal	
07/05/2022	07/06/2022		eosinophils	4.2	%		normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		CBC (INCLUDES DIFF/PLT)						
07/05/2022	07/06/2022	CBC (INCLUDES DIFF/PLT)	basophils	0.9	%		normal	
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	glucose	125	mg/dL	65-99	high	Fasting reference interval for someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes. This should be confirmed with a follow-up test.
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	urea nitrogen (BUN)	14	mg/dL	7-25	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	creatinine	0.73	mg/dL	0.70-1.30	normal	
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	eGFR	105	mL/min/1.73m <sup>2</sup>	> or = 60	normal	The eGFR is based on the EPI 2021 equation. To calculate the new eGFR from a patient's Creatinine or Cystatin C level, go to <a href="https://www.kidney.org/professionals/kdoqi/gfr%5Fcalculator">https://www.kidney.org/professionals/kdoqi/gfr%5Fcalculator</a>
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	BUN/creatinine ratio	NOT APPLICABLE	(calc)	6-22		
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	sodium	142	mmol/L	135-146	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	potassium	4.2	mmol/L	3.5-5.3	normal	
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	chloride	102	mmol/L	98-110	normal	
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	carbon dioxide	29	mmol/L	20-32	normal	
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	calcium	9.2	mg/dL	8.6-10.3	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	protein, total	6.9	g/dL	6.1-8.1	normal	
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	albumin	4.1	g/dL	3.6-5.1	normal	
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	globulin	2.8	g/dL_(calc)	1.9-3.7	normal	
07/21/2022	07/22/2022			1.5	(calc)	1.0-2.5	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		COMPREHENSIVE METABOLIC PANEL	albumin/globulin ratio					
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	bilirubin, total	2.0	mg/dL	0.2-1.2	high	
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	alkaline phosphatase	106	U/L	35-144	normal	
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	AST	34	U/L	10-35	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/21/2022	07/22/2022	COMPREHENSIVE METABOLIC PANEL	ALT	34	U/L	9-46	normal	
07/25/2023	07/26/2023	IRON, TIBC AND FERRITIN PANEL	iron, total	50	mcg/dL	50-180	normal	
07/25/2023	07/26/2023	IRON, TIBC AND FERRITIN PANEL	iron binding capacity	369	mcg/dL_(calc)	250-425	normal	
07/25/2023	07/26/2023	IRON, TIBC AND FERRITIN PANEL	% saturation	14	%_(calc)	20-48	low	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	IRON, TIBC AND FERRITIN PANEL	ferritin	54	NG/mL	24-380	normal	
07/25/2023	08/01/2023	ALBUMIN, RANDOM URINE W/CREATININE	creatinine, random urine	TNP				TEST NOT PERFORMED specimen received.
07/25/2023	08/01/2023	ALBUMIN, RANDOM URINE W/CREATININE	albumin, urine	TNP				TEST NOT PERFORMED specimen received.
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	glucose	97	mg/dL	65-99	normal	Fasting reference interval

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	urea nitrogen (BUN)	8	mg/dL	7-25	normal	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	creatinine	0.67	mg/dL	0.70-1.35	low	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	eGFR	107	mL/min/1.73m <sup>2</sup>	> or = 60	normal	The eGFR is based on the EPI 2021 equation. To calculate the new eGFR from a patient's Creatinine or Cystatin C level, go to <a href="https://www.kidney.org/professionals/kdoqi/gfr%5Fcalculator">https://www.kidney.org/professionals/kdoqi/gfr%5Fcalculator</a>
07/25/2023	07/26/2023			12	(calc)	6-22	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		COMPREHENSIVE METABOLIC PANEL	BUN/creatinine ratio					
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	sodium	144	mmol/L	135-146	normal	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	potassium	3.9	mmol/L	3.5-5.3	normal	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	chloride	94	mmol/L	98-110	low	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	carbon dioxide	43	mmol/L	20-32	high	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	calcium	8.5	mg/dL	8.6-10.3	low	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	protein, total	7.2	g/dL	6.1-8.1	normal	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	albumin	3.7	g/dL	3.6-5.1	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	globulin	3.5	g/dL_(calc)	1.9-3.7	normal	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	albumin/globulin ratio	1.1	(calc)	1.0-2.5	normal	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	bilirubin, total	1.1	mg/dL	0.2-1.2	normal	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	alkaline phosphatase	94	U/L	35-144	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	AST	41	U/L	10-35	high	
07/25/2023	07/26/2023	COMPREHENSIVE METABOLIC PANEL	ALT	27	U/L	9-46	normal	
07/25/2023	07/26/2023	HEMOGLOBIN A1C	hemoglobin A1C	5.2	%_of_total_HGB	<5.7	normal	For the purpose of screening for diabetes, the presence of diabetes is defined as hemoglobin A1C ≥ 6.5%. Consistent with the absence of diabetes 5.7-6.4% Consistent with increased risk for prediabetes (prediabetes) > or =6.5%. Consistent with diabetes. assay result is consistent with decreased risk of diabetes. Currently, no consensus exists regarding use of hemoglobin A1C to screen for prediabetes.

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
								for diagnosis of diabetes in children. According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes
07/25/2023	07/26/2023	VITAMIN D,25-OH,TOTAL,IA	vitamin D, 25-oh,total,ia	10	NG/mL	30-100	low	Vitamin D Status 25-OH D: Deficiency: <20 ng/ml Insufficiency: 20 - 29 ng/ml Optimal: > or = 30 ng/ml 25-OH Vitamin D testing is recommended in patients on D2-supplements and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH D2,D3, LC/MS/MS is recommended: order code 1000000000000000000 (patients >2yrs). See Note 1 For additional information, please refer to <a href="http://www.questdiagnostics.com/education/QuestDiagnos.../faq/FAQ199">http://www.questdiagnostics.com/education/QuestDiagnos.../faq/FAQ199</a> (This link is provided for informational purposes only).

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	TSH	TSH	2.32	mIU/L	0.40-4.50	normal	
07/25/2023	07/26/2023	PROTHROMBIN TIME-INR	INR	1.1			normal	Reference Range 0.9-1.2 Moderate-intensity Warfarin Therapy 2.0-3.0 Higher-Warfarin Therapy 3.0-4.0
07/25/2023	07/26/2023	PROTHROMBIN TIME-INR	PT	11.3	sec	9.0-11.5	normal	For additional information please refer to <a href="http://education.questdiagnostics.com/FAQ104">http://education.questdiagnostics.com/FAQ104</a> (This link is provided for informational and educational purposes only)
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	white blood cell count	11.9	thousand/uL	3.8-10.8	high	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	red blood cell count	3.67	million/uL	4.20-5.80	low	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	hemoglobin	10.9	g/dL	13.2-17.1	low	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	hematocrit	34.5	%	38.5-50.0	low	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	MCV	94.0	fL	80.0-100.0	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	MCH	29.7	pg	27.0-33.0	normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	MCHC	31.6	g/dL	32.0-36.0	low	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	RDW	13.0	%	11.0-15.0	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	platelet count	245	thousand/uL	140-400	normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	MPV	9.2	fL	7.5-12.5	normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	absolute neutrophils	7890	cells/uL	1500-7800	high	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	absolute lymphocytes	2451	cells/uL	850-3900	normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	absolute monocytes	1047	cells/uL	200-950	high	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	absolute eosinophils	452	cells/uL	15-500	normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	absolute basophils	60	cells/uL	0-200	normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	neutrophils	66.3	%		normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	lymphocytes	20.6	%		normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	monocytes	8.8	%		normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	eosinophils	3.8	%		normal	
07/25/2023	07/26/2023	CBC (INCLUDES DIFF/PLT)	basophils	0.5	%		normal	

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	08/01/2023	URINALYSIS, COMPLETE	color	TNP				TEST NOT PERFORMED specimen received.
04/20/2022	04/20/2022	electrocardiogram		No observation recorded.				
04/21/2022	04/20/2022	electrocardiogram		No observation recorded.				
05/11/2022	05/09/2022							

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
		US, echocardiogram		No observation recorded.				
02/01/2023	01/12/2023	US, echocardiogram		No observation recorded.				
02/01/2023	01/13/2023	CT, angiogram, chest, w/wo contrast		No observation recorded.				
02/01/2023	01/12/2023	electrocardiogram		No observation recorded.				
02/01/2023	02/01/2023	electrocardiogram		No observation recorded.				
02/01/2023	02/01/2023	electrocardiogram		No observation recorded.				

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note
07/25/2023	07/25/2023	electrocardiogram		No observation recorded.				

#### Result Notes

None recorded.

#### Problems

Name	Problem SNOMED Code	Status	Onset Date	Resolution Date	Notes	Provider Name and Address	Organization Details	Recorded Time
Adult health examination		Active	07/08/2022			Not Available	AthenaHealth	11/14/2022 19:42:45
Alcohol dependence	66590003	Active	07/08/2022			Not Available	AthenaHealth	11/14/2022 19:42:45

Name	Problem SNOMED Code	Status	Onset Date	Resolution Date	Notes	Provider Name and Address	Organization Details	Recorded Time
Sinus tachycardia	11092001	Active	07/08/2022			Not Available	AthenaHealth	11/14/2022 19:42:45
Essential hypertension	59621000	Active	07/08/2022			Not Available	AthenaHealth	11/14/2022 19:42:45
Mixed hyperlipidemia	267434003	Active	07/08/2022			Not Available	AthenaHealth	11/14/2022 19:42:45
Benign prostatic hyperplasia without outflow obstruction	254902007	Active	07/08/2022			Not Available	AthenaHealth	11/14/2022 19:42:45
Peripheral edema	271809000	Active	07/08/2022			Not Available	AthenaHealth	11/14/2022 19:42:45
Dyspnea	267036007	Active	07/08/2022			Not Available	AthenaHealth	11/14/2022 19:42:45
Chronic kidney disease stage 3	433144002	Active	07/08/2022			Not Available	AthenaHealth	11/14/2022 19:42:45
Morbid obesity	238136002	Active	07/11/2022			Not Available	AthenaHealth	11/14/2022 19:42:45
Chronic diastolic heart failure	441530006	Active	07/11/2022			Not Available	AthenaHealth	11/14/2022 19:42:45
Obstructive sleep apnea syndrome	78275009	Active	07/11/2022			Not Available	AthenaHealth	11/14/2022 19:42:45
Paroxysmal atrial flutter	427665004	Active	02/01/2023			Richard A. Goldman, MD, FACC, FACP  9750 NW 33rd Street, Suite 212, Pompano Beach,	FL - Integrated Health Care of South Flo	02/01/2023 15:44:00

Name	Problem SNOMED Code	Status	Onset Date	Resolution Date	Notes	Provider Name and Address	Organization Details	Recorded Time
						FL, 33065-4042, US		
Chronic depression	192080009	Active	07/25/2023			LEE COWEN, DO 9750 NW 33rd Street, Suite 212, Pompano Beach, FL, 33065-4042, US	FL - Integrated Health Care of South Flo	07/25/2023 13:53:50
Severe chronic obstructive pulmonary disease	313299006	Active	07/25/2023		chronic oxygen at 4 l/min	LEE COWEN, DO 9750 NW 33rd Street, Suite 212, Pompano Beach, FL, 33065-4042, US	FL - Integrated Health Care of South Flo	07/25/2023 13:55:46
Type 2 diabetes mellitus	44054006	Active	07/25/2023			LEE COWEN, DO 9750 NW 33rd Street, Suite 212, Pompano Beach, FL, 33065-4042, US	FL - Integrated Health Care of South Flo	07/25/2023 13:57:06
	448765001	Active	07/25/2023			LEE COWEN, DO		

Name	Problem SNOMED Code	Status	Onset Date	Resolution Date	Notes	Provider Name and Address	Organization Details	Recorded Time
Unintentional weight loss						9750 NW 33rd Street, Suite 212, Pompano Beach, FL, 33065-4042, US	FL - Integrated Health Care of South Flo	07/25/2023 14:25:20
Iron deficiency anemia	87522002	Active	07/26/2023			LEE COWEN, DO 9750 NW 33rd Street, Suite 212, Pompano Beach, FL, 33065-4042, US	FL - Integrated Health Care of South Flo	07/26/2023 13:02:43
Vitamin D deficiency	34713006	Active	07/26/2023			LEE COWEN, DO 9750 NW 33rd Street, Suite 212, Pompano Beach, FL, 33065-4042, US	FL - Integrated Health Care of South Flo	07/26/2023 13:03:39

#### Problem Notes

None recorded.

## Procedures

### Surgical History

Date	Name	Laterality	Status	Provider Name and Address	Organization Details	Recorded Time
	Cardioversion		completed	Eida Rodriguez-Borja	FL - Integrated Health Care of South Flo	02/01/2023 15:20:22

### Imaging Results

Imaging Date	Name	Status	LastModified by	Organization Details	LastModified Time
04/20/2022	electrocardiogram	completed	ygratereaux1	Main Office 9750 NW 33rd Street, Suite 212, Coral Springs, FL, 33065-4042, Ph (954) 546-2688	04/20/2022 16:46:50
04/20/2022	electrocardiogram	completed	erodriguezborja	Main Office 9750 NW 33rd Street, Suite 212, Coral Springs, FL, 33065-4042, Ph (954) 546-2688	07/11/2022 11:44:36
05/09/2022	US, echocardiogram	completed	rbarber23	Main Office 9750 NW 33rd Street, Suite 212, Coral Springs, FL, 33065-4042, Ph (954) 546-2688	05/11/2022 08:19:37
01/12/2023	US, echocardiogram	completed	erodriguezborja	Information not available	02/01/2023 14:00:48
01/13/2023	CT, angiogram, chest, w/ wo contrast	completed	erodriguezborja	Information not available	02/01/2023 15:12:38
01/12/2023	electrocardiogram	completed	erodriguezborja	Information not available	02/01/2023 15:09:14
02/01/2023	electrocardiogram	completed	erodriguezborja	Main Office 9750 NW 33rd Street, Suite 212, Coral Springs, FL, 33065-4042, Ph (954) 546-2688	02/01/2023 16:57:57

Imaging Date	Name	Status	LastModified by	Organization Details	LastModified Time
02/01/2023	electrocardiogram	completed	erodriguezborja	Main Office 9750 NW 33rd Street, Suite 212, Coral Springs, FL, 33065-4042, Ph (954) 546-2688	02/01/2023 16:11:36
07/25/2023	electrocardiogram	completed	ATHENA	Main Office 9750 NW 33rd Street, Suite 212, Coral Springs, FL, 33065-4042, Ph (954) 546-2688	07/25/2023 15:34:14
07/25/2023	electrocardiogram	completed	ATHENA	Main Office 9750 NW 33rd Street, Suite 212, Coral Springs, FL, 33065-4042, Ph (954) 546-2688	07/25/2023 16:17:26

#### Procedure Notes

None recorded.

#### Medical Equipment

None Reported.

#### Allergies

No known drug allergies

#### Medications

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
clonidine HCl 0.1 mg tablet	TAKE ONE TABLET BY MOUTH AS NEEDED EVERY 6 HOURS		04/20/2022	completed		Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
diltiazem CD 180 mg capsule,extended release 24 hr	Take 1 capsule every 12 hours by oral route.		02/01/2023	completed		Not Available	Not Available	Not Available
metoprolol succinate ER 50 mg tablet,extended release 24 hr	Take 1 tablet every day by oral route.	07/11/2022		active		Not Available	Not Available	Not Available
levetiracetam 500 mg tablet	TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 9 DAYS		04/20/2022	completed		Not Available	Not Available	Not Available
prednisone 20 mg tablet	Take 1 tablet every day by oral route.		07/11/2022	completed		Not Available	Not Available	Not Available
thiamine HCl (vitamin B1) 100 mg tablet	Take 1 tablet every day by oral route for 909 days.	04/20/2022		active		Not Available	Not Available	Not Available
hydroxyzine pamoate 50 mg capsule	Take 1 capsule 4 times a day by oral		02/01/2023	completed		Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
	route as needed.							
spironolactone 25 mg tablet	Take 1 tablet every day by oral route.	07/11/2022	02/01/2023	completed		Not Available	Not Available	Not Available
potassium chloride ER 20 mEq tablet,extended release(part/crust)	TAKE 1 TABLET BY MOUTH EVERY DAY		04/20/2022	completed		Not Available	Not Available	Not Available
amlodipine 10 mg tablet	Take 1 tablet every day by oral route for 90 days.	04/20/2022		active		Not Available	Not Available	Not Available
ferrous sulfate 325 mg (65 mg iron) tablet	Take 1 tablet every day by oral route.	07/26/2023		active		Not Available	Not Available	Not Available
lisinopril 10 mg tablet	Take 1 tablet every day by oral route for 90 days.	04/20/2022	07/05/2022	completed		Not Available	Not Available	Not Available
metoprolol	Take 1 tablet	04/20/2022	02/01/2023	completed		Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
tartrate 50 mg tablet	twice a day by oral route for 90 days.							
gabapentin 300 mg capsule	TAKE 1 CAPSULE BY MOUTH THREE TIMES A DAY		04/20/2022	completed		Not Available	Not Available	Not Available
bumetanide 1 mg tablet	Take 1 tablet every other day by oral route.		07/25/2023	completed		Not Available	Not Available	Not Available
furosemide 20 mg tablet	Take 1 tablet every day by oral route for 90 days.			active		Not Available	Not Available	Not Available
mirtazapine 15 mg tablet	TAKE ONE TABLET BY MOUTH DAILY AT BEDTIME AS NEEDED		04/20/2022	completed		Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
gabapentin 100 mg capsule	TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY		04/20/2022	completed		Not Available	Not Available	Not Available
Vitamin D2 1,250 mcg (50,000 unit) capsule	Take 1 capsule every week by oral route.	07/26/2023		active		Not Available	Not Available	Not Available
lisinopril 40 mg tablet	Take 1 tablet every day by oral route.		07/25/2023	completed		Not Available	Not Available	Not Available
escitalopram 10 mg tablet	AS DIRECTED 0.5 TABLET DAILY FOR 5 DAYS THEN 1 TABLET DAILY		04/20/2022	completed		Not Available	Not Available	Not Available
sildenafil	1 mg prn		07/25/2023	completed		Not Available	Not Available	Not Available
ProAir HFA 90 mcg/actuation aerosol inhaler	Inhale 2 puffs every 4 hours by inhalation route.			active	Ok per Dr.Goldstein the insurance didn't cover the Albuterol.	Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
quetiapine 50 mg tablet	TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME		04/20/2022	completed		Not Available	Not Available	Not Available
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler	Inhale 2 puffs twice a day by inhalation route.			active		Not Available	Not Available	Not Available
Original Nasal Spray 0.05 %	SPRAY 1 SPRAY TWO TIMES A DAY AS DIRECTED		04/20/2022	completed		Not Available	Not Available	Not Available
Xarelto 20 mg tablet	Take 1 tablet every day by oral route.	02/02/2023	07/25/2023	completed		Not Available	Not Available	Not Available
Eliquis 5 mg tablet	Take 1 tablet twice a day by oral route.	02/01/2023	02/02/2023	completed		Not Available	Not Available	Not Available
Jardiance 10 mg tablet			02/01/2023	completed		Not Available	Not Available	Not Available
albuterol sulfate 90 mcg/actuation breath activated	Inhale 2 puffs every 4 hours by			active		Not Available	Not Available	Not Available

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
powder inhaler	inhalation route.							
oxygen	3 litres PRN throughout the day			active		Not Available	Not Available	Not Available

### Vitals

Date Recorded	Body height	Heart rate	Oxygen saturation	Oxygen saturation in Arterial blood by Pulse oximetry	Body mass index (BMI)	Body weight	Systolic blood pressure	Diastolic blood pressure	Provider Name and Address	Organization Details	Last Updated DateTime
07/25/2023	170.18 cm	112 / min	93 %	93 %	43.9 kg/ m <sup>2</sup>	127005.86 g	142 mm[Hg]	68 mm[Hg]	yulenny Gratereaux	FL - Integrated Health Care of South Flo	07/25/2023 13:49:10

Date Recorded	Body height	Respiratory rate	Body mass index (BMI)	Body weight	Body temperature	Heart rate	Heart rate	Oxygen saturation	Oxygen saturation in Arterial blood by Pulse oximetry	Systolic blood pressure	Diastolic blood pressure	Provider Name and Address	Organization Details
07/05/2022	170.18 cm	16 /min	50.1 kg/ m <sup>2</sup>	145149.56 g	97.7 [degF]	80 / min	80 / min	92 %	92 %	126 mm[Hg]	62 mm[Hg]	yulenny Gratereaux	FL - Integrated Health Care of South Flo

Date Recorded	Body height	Respiratory rate	Body mass index (BMI)	Body weight	Body temperature	Heart rate	Oxygen saturation	Oxygen saturation in Arterial blood by Pulse oximetry	Systolic blood pressure	Diastolic blood pressure	Provider Name and Address	Organization Details
07/11/2022	170.18 cm	15 /min	50.1 kg/m <sup>2</sup>	145149.56 g	97.5 [degF]	88 / min	98 %	98 %	122 mm[Hg]	80 mm[Hg]	Eida Rodriguez-Borja	FL - Integrated Health Care of South

Date Recorded	Body height	Respiratory rate	Body temperature	Body mass index (BMI)	Body weight	Heart rate	Oxygen saturation	Oxygen saturation in Arterial blood by Pulse oximetry	Systolic blood pressure	Diastolic blood pressure	Provider Name and Address	Organization Details
02/01/2023	170.18 cm	16 /min	97.2 [degF]	50.1 kg/m <sup>2</sup>	145149.56 g	105 / min	97 %	97 %	152 mm[Hg]	80 mm[Hg]	Eida Rodriguez-Borja	FL - Integrated Health Care of South

## Social History

Question	Answer	Notes	LastModified by	Organization Details	LastModified Time
Tobacco Smoking Status	Never Smoker		yulenny Gratereaux null,	FL - Integrated Health Care of South Flo	04/20/2022 15:52:20
Do You Have An Advance Directive?	No	Sister As POA	lcowen1	Information not available	07/26/2023
What Is Your Level Of Alcohol Consumption?	Heavy		ygratereaux1	Information not available	04/20/2022
	Occasional		ygratereaux1	Information not available	04/20/2022

Question	Answer	Notes	LastModified by	Organization Details	LastModified Time
What Is Your Level Of Caffeine Consumption?					
What Type Of Diet Are You Following?	REGULAR		ygratereaux1	Information not available	04/20/2022
How Many Children Do You Have?	0		ygratereaux1	Information not available	04/20/2022
What Is Your Relationship Status?	Divorced		ygratereaux1	Information not available	04/20/2022
Do You Use Any Illicit Or Recreational Drugs?	No		ygratereaux1	Information not available	04/20/2022

### Birth Sex: Unknown

### Functional Status

Question	Answer	Note	LastModified by	Organization Details	LastModified Time
What is your exercise level?	None		ygratereaux1	Information not available	04/20/2022

### Mental Status

None recorded.

### Family History

Relationship	Description	Onset Age	Died of this Age	Resolved Age	Notes	LastModified by	Organization Details	LastModified Time
Maternal Grandmother	Malignant tumor of colon					lcowen1	Not available	07/25/2023 14:02:52
Mother	Alcoholism					lcowen1	Not available	07/25/2023 14:03:09
Father						lcowen1	Not available	

Relationship	Description	Onset Age	Died of this Age	Resolved Age	Notes	LastModified by	Organization Details	LastModified Time
	Malignant tumor of esophagus							07/25/2023 14:03:26
Paternal Aunt	Malignant tumor of breast					lcowen1	Not available	07/25/2023 14:03:44

## Medical History

Condition	Response
Allergies/Hayfever	N
Coronary Artery Disease	N
Heart Problems	N
Gout	N
Thyroid Disease	N
Atrial Fibrillation	N
COPD	N
Congenital Heart Disease	N
Depression	N
Peripheral Arterial Disease	N
Pacemaker	N
Anemia	N
TIA	N
Deep Vein Thrombosis	N
Diabetes	N
Cardiomyopathy	N
Arthritis	N

Condition	Response
Blood Clot	N
Myocardial Infarction	N
Congestive Heart Failure (CHF)	N
Valvular Heart Disease	N
Hyperlipidemia	Y
Cancer	N
Varicosities	N
Stroke	N
Asthma	N
Carotid Disease	N
Sleep Apnea	N
Warfarin Management	N
GERD/Reflux	N
Aortic Aneurysm	N
Hepatitis	N
Valvular Abnormalities	N
Heart Disease	N
Arrhythmia	N
Headaches	N
Hypertension	Y
Thrombophilias	N
Hematologic Disease	N

### Immunizations

None recorded.

### Past Encounters

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
6132	Andrew Goldstein	Main Office  9750 NW 33RD STREET, SUITE 212  Coral Springs, FL 33065-4042	04/20/2022 15:18:09	04/20/2022 16:18:51	Adult health examination	268565007	Z00.00
					Alcohol dependence	66590003	F10.20
					Sinus tachycardia	11092001	R00.0
					Hypertensive disorder	38341003	I10
					Mixed hyperlipidemia	267434003	E78.2
					Occult blood detected in feces	59614000	R19.5
					Benign prostatic hyperplasia without outflow obstruction	254902007	N40.0
					Renewal of prescription	103742009	Z76.0
					Active or passive immunization	127785005	Z23
6609	Richard A. Goldman, MD, FACC, FACP	Main Office	05/09/2022 11:29:26	05/09/2022 12:34:33	Sinus tachycardia	11092001	R00.0

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
		9750 NW 33RD STREET, SUITE 212  Coral Springs, FL 33065-4042					
8084	Andrew Goldstein	Main Office  9750 NW 33RD STREET, SUITE 212  Coral Springs, FL 33065-4042	07/05/2022 14:36:08	07/05/2022 16:10:28	Peripheral edema	271809000	R60.9
					Dyspnea	267036007	R06.00
					Alcohol dependence	66590003	F10.20
					Prediabetes	714628002	R73.03
8252	Richard A. Goldman, MD, FACC, FACP	Main Office  9750 NW 33RD STREET, SUITE 212  Coral Springs, FL 33065-4042	07/11/2022 11:29:41	07/11/2022 12:41:02	Sinus tachycardia	11092001	R00.0
					Mixed hyperlipidemia	267434003	E78.2
					Dyspnea	267036007	R06.00
						59621000	I10

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
					Essential hypertension		
					Prediabetes	714628002	R73.03
					Morbid obesity	238136002	E66.01
					Chronic diastolic heart failure	441530006	I50.32
					Obstructive sleep apnea syndrome	78275009	G47.33
					Chronic kidney disease stage 3	433144002	N18.30
14490	Richard A. Goldman, MD, FACC, FACP	Main Office 9750 NW 33RD STREET, SUITE 212  Coral Springs, FL 33065-4042	02/01/2023 15:05:43	02/01/2023 16:46:22	Essential hypertension	59621000	I10
					Chronic kidney disease stage 3	433144002	N18.30
					Mixed hyperlipidemia	267434003	E78.2
					Sinus tachycardia	11092001	R00.0
					Chronic diastolic heart failure	441530006	I50.32
					Obstructive sleep apnea syndrome	78275009	G47.33
					Morbid obesity	238136002	E66.01

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
					Paroxysmal atrial flutter	427665004	I48.92
					Alcohol dependence	66590003	F10.20
21837	LEE COWEN, DO	Main Office 9750 NW 33RD STREET, SUITE 212  Coral Springs, FL 33065-4042	07/25/2023 13:35:48	07/25/2023 14:42:17	Alcohol dependence	66590003	F10.20
					Chronic depression	192080009	F32.A
					Chronic diastolic heart failure	441530006	I50.32
					Chronic kidney disease stage 3	433144002	N18.30
					Dyspnea	267036007	R06.00
					Severe chronic obstructive pulmonary disease	313299006	J44.9
					Morbid obesity	238136002	E66.01
					Type 2 diabetes mellitus	44054006	E11.9
					Paroxysmal atrial flutter	427665004	I48.92
					Obstructive sleep apnea syndrome	78275009	G47.33
						448765001	R63.4

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
					Unintentional weight loss		
					Screening for malignant neoplasm of colon	275978004	Z12.11

### Goals Section

None Recorded

### Health Concerns Section

Related Observation		LastModified by	Organization Details	LastModified Time
None Recorded				
Concern	Status	LastModified by	Organization Details	LastModified Time
None Recorded				

### Advance Directives

Directive
N: sister as POA

### Payers

Encounter Date	Sequence	Insurance Name	Policy Number	Policy Holder	Covered Member ID	Holder Member ID	Guarantor Name
05/09/2022	1	BCBS-FL: FLORIDA BLUE	00762030005	Sheila Vera	JFX3HZN17849130		Robert Avila
07/05/2022	1	BCBS-FL: FLORIDA BLUE	00762030005	Sheila Vera	JFX3HZN17849130		Robert Avila
07/11/2022	1		00762030005		JFX3HZN17849130		Robert Avila

Encounter Date	Sequence	Insurance Name	Policy Number	Policy Holder	Covered Member ID	Holder Member ID	Guarantor Name
		BCBS-FL: FLORIDA BLUE		Sheila Vera			
02/01/2023	1	BCBS-FL: FLORIDA BLUE	00762030005	Sheila Vera	JFX3HZN17849130		Robert Avila
07/25/2023	1	BCBS-FL: FLORIDA BLUE	00762030005	Sheila Vera	JFX3HZN17849130		Robert Avila

### Notes

Date	Note Type	Note	Provider Name and Address	Organization Details	Recorded Time
05/09/2022	text/html	HPI Notes: Patient presents for an echocardiogram. Exertional SOB, Sinus tachycardia HTN, Alcohol use	Richard A. Goldman, MD, FACC, FACP  9750 NW 33rd Street, Suite 212, Pompano Beach, FL, 33065-4042, US	FL - Integrated Health Care of South Flo	05/09/2022 16:15:09
07/05/2022	text/html	HPI Notes: pt hospitalized 1 month ago for SOB and peripheral edema. Pt has continued to drink 16+ oz vodka daily and has not improved eating habits. Pt's a1c was elevated at 6.3 last visit and has not reduced carbs. Had echo here at last visit with good EF. pt has not been eval for obstructive CAD	Andrew Goldstein null,	FL - Integrated Health Care of South Flo	07/06/2022 12:54:44
07/11/2022	text/html	HPI Notes: Thank you for referring Mr. Avila for ASHD risk factor evaluation. Robert is a 59 year old gentleman who was	Richard A. Goldman,	FL - Integrated	07/11/2022 12:50:20

Date	Note Type	Note	Provider Name and Address	Organization Details	Recorded Time
		<p>hospitalized twice, once in 2020 and again six weeks ago. He was told initially that he had congestive heart failure, and he has been taking diuretic medications over the past few months. A recent echo doppler study done 5/2022 showed normal LVEF 60-65% with mild LVH. He does not remember if a stress test was done last year, but he has not been told that he has any evidence for an MI or ASHD. He remembers that in 2013 he developed kidney failure, and he almost required dialysis at that time. He is addicted to Afrin nasal spray for many years but cannot stop this addictive habit. He feels much improved over the past several months with the adjustment of his medications. He still has SOB with any activity, and has mild ankle edema. He has occasional chest discomfort and feels pressure when he steps into air conditioned rooms. He has some palpitations which he notes in his upper throat. He is not lightheaded or dizzy and has not passed out. He does not exercise at the present time.</p> <p>ASHD risk factors: NIDDM, HTN, HLD, Former tobacco use - 1 PPD - stopped in 2020 Alcohol use - one pint of vodka daily Family history - Mother - passed away, alcohol use Father - passed away, 69, esophageal cancer Social History: Divorced, no children Medical disabled - Home Depot, retail management.</p>	MD, FACC, FACP  9750 NW 33rd Street, Suite 212, Pompano Beach,  FL, 33065-4042, US	Health Care of South Flo	

Date	Note Type	Note	Provider Name and Address	Organization Details	Recorded Time
02/01/2023	text/html	HPI Notes: Hospital followup visit - A flutter cardioversion to sinus rhythm 1/13/23 (by Dr. Nieves at NWMC) 60 year old gentleman with chronic HFpEF, NYHA class IV. His recent echo doppler study showed normal LVEF 60%, mild LVH, and no significant valvular disease. It is not clear if he has any ASHD - but imaging studies will be very difficult for him. He cannot lie flat and therefore Lexiscan stress testing and coronary CTA imaging may not be possible. He may eventually need cardiac catheterization to determine if he has any obstructive CAD. He has multiple medical problems including NIDDM, HTN, HLD, CKD stage III, sleep apnea, alcohol use, morbid obesity with a BMI of 50. Reviewed hospital records - Presented with chest pains and rapid heart rate Chest CT - no pulmonary emboli, no infiltrates. Troponins negative Atrial flutter cardioversion 1/13/23 Echo LVEF 55 - 60%, mild MR, mild -moderate TR, mild PHTN He did not start Eliquis, Jardiance - cannot afford copays He is not sure what medications he is taking He knows he is taking three pills right now. He is not taking the diuretic right now - Bumetanide 1 mg every other day He feels not well Very anxious. He has SOB at times - not too bad today No chest pains He feels his heart rate is racing - not sure if he is taking the Metoprolol	Richard A. Goldman, MD, FACC, FACP  9750 NW 33rd Street, Suite 212, Pompano Beach, FL, 33065-4042, US	FL - Integrated Health Care of South Flo	02/01/2023 16:01:17
07/25/2023	text/html	HPI Notes: very depressed lost 40 lbs since Feb 2023 still drinking - pint of vodka daily energy level low.	LEE COWEN, DO  9750 NW 33rd Street, Suite 212, Pompano Beach, FL, 33065-4042, US	FL - Integrated Health Care of South Flo	07/25/2023 15:40:32

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20241710 Credo Medical Record Summary]

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240905 APPROVAL COLORECTAL]

Document Name: 20240905 APPROVAL COLORECTAL, Scanned Date: 2024-09-05

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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Transaction ID: 67251015233

Customer ID: 969912

Transaction Date: 2024-09-05

**Helpful Hint:** Review Humana clinical coverage policy information to support requests.



## AVILA JR, ROBERTO Patient

Member ID	Date of Birth	Gender
H69728593	1962-11-05	Male
Eligibility Status	Group Number	Plan / Coverage
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
Transaction Type Organization		Payer
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

## Certificate Information

Certification Number	Status
196871314	CERTIFIED IN TOTAL

## Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

## Member Information

Patient Name	Patient Date of Birth	Patient Gender
AVILA JR, ROBERTO	1962-11-05	Male
Member ID	Relationship to Subscriber	Subscriber Name
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

<b>Name</b> MARTINEZ, LUIS	<b>NPI</b> 1366671042	
<b>Specialty</b> 207RS0010X	<b>Provider Role</b> Provider	<b>Address</b> 350 N PINE ISLAND RD, STE 302, PLANTATION, FL 33324
<b>Phone</b> (954) 581-8272	<b>Fax</b> (954) 581-8382	<b>Contact Name</b> ANA MARIA ALVAREZ

## Service Information

<b>Service Type</b> 1 - Medical Care	<b>Place of Service</b> 11 - Office	<b>Service From - To Date</b> 2024-09-05 - 2024-10-06
<b>Quantity</b> 1 Visits		
<b>Procedure Code 1</b> <b>(CPT/HCPCS)</b> 99213 - OFFICE O/P EST LOW 20 MIN	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-09-05 - 2024-10-06
<b>Procedure Code 2</b> <b>(CPT/HCPCS)</b> 99214 - OFFICE O/P EST MOD 30 MIN	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-09-05 - 2024-10-06
<b>Procedure Code 3</b> <b>(CPT/HCPCS)</b> 46600 - DIAGNOSTIC ANOSCOPY SPX	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-09-05 - 2024-10-06
<b>Procedure Code 4</b> <b>(CPT/HCPCS)</b> 45330 - DIAGNOSTIC SIGMOIDOSCOPY	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-09-05 - 2024-10-06
<b>Procedure Code 5</b> <b>(CPT/HCPCS)</b>	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-09-05 - 2024-10-06

46221 - LIGATION OF  
HEMORRHOID(S)

**Procedure Code 6**  
**(CPT/HCPCS)**

46060 - INCISION OF RECTAL  
ABSCESS

**Quantity**  
1 Units

**Procedure From - To Date**  
2024-09-05 - 2024-10-06

## Rendering Provider/Facility

### Provider 1

<b>Name</b> CORALLO, JOSEPH	<b>NPI</b> 1073766804	
<b>Specialty</b> 208C00000X	<b>Provider Role</b> Service Provider	<b>Address</b> 350 N PINE ISLAND RD, SUITE 300, PLANTATION, FL 33324

#### Phone

(954) 236-5433

### Provider 2

<b>Name</b> JOSEPH CORALLO	<b>NPI</b> 1073766804	
<b>Provider Role</b> Facility	<b>Address</b> 350 N PINE ISLAND RD, SUITE 300, PLANTATION, FL 33324	
<b>Phone</b> (954) 236-5433	<b>Fax</b> (954) 236-5422	

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240904 COLORECTAL NOTE]

Document Name: 20240904 COLORECTAL NOTE, Scanned Date: 2024-09-04

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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404-581-8384



# THE COLON AND RECTAL CLINIC

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TAX ID #: 201759480

Charles P. Lago, Sr., M.D, F.A.C.S., F.A.S.C.R.S.  
NPI #: 1144219445

Joseph P. Corallo, Jr., MD  
NPI #: 1073766804

Maria Rojas, MD  
NPI #: 1306378989

Dear Referring Physician/Primary Care Physician:

Attention: Referral Coordinator

Patient name: Roberto Avila Code: C18.4  
 Insurance Co. Humana New Pt. Follow-up  
 Date of Birth: 11/5/62 Appt Date: 9-6-24

Please be advised all referrals need to note the following procedure codes for our New & Established patients. This is to insure that the referral will sustain the visit for office consultation, and follow-up visits.

The following codes for: Evaluation and Treatment and/orOffice Consultations:

- \*99204 New Patient
- \*99214 Return Visit
- \*99213 Return Visit
- \*99215 Return Visit

Required

Procedure Codes are to include

- \*46600 Anoscopy
- \*45330 Flexible Sigmoidoscopy
- \*46221 Ligation
- \*46060 I&D Abscess Abscess

\*PLEASE ALLOW 1 EACH PROCEDURE CODE FOR EACH OFFICE CONSULTATION CODE\*

The Physicians will only use these codes if the service is rendered. However, pre-approval is mandatory.

Please make the necessary changes to avoid a return visit due to a referral error. We greatly appreciate your attention to this matter.



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Charles P. Lago, Sr., M.D., F.A.C.S., F.A.S.C.R.S.

Joseph P. Corallo, Jr., M.D.

Colon & Rectal Clinic of Fort Lauderdale  
350 N Pine Island Road, Suite 300  
Plantation, FL 33324  
(954)236- 5444  
FAX (954)236- 5422

Patient: AVILA, ROBERTO, DOB: 11/05/1962, Age: 61 years, Male  
Acct #: 321351, Encounter Date: 06/07/2024

**Postoperative Follow- up Encounter**  
**06/07/2024**

Referral from Dr. Elman  
Encounter Related to Transition of Care into Clinic

**Chief Complaint(s): POST OP**

**History of Present Illness:**

post op extended right / subtotal  
doing well  
3 to 4 bm a day which is a change for him  
no blood

**Medical History**

Date of last Colonoscopy 04/2024.  
Heart disease.  
HTN.

**Surgical History**

Cardiac surgery.  
Tonsillectomy.

**Family History**

colon cancer - grandmother.

**Social History**

Smoking status: Former smoker.  
Alcohol history - social drinker.

**Allergies: Reviewed By:** Apryl Jeffers

**Current Medications:**

**Reviewed By:** Apryl Jeffers

**Review of Systems:**

**Constitutional Symptoms:** see HPI.

**Eyes:** normal, no problems indicated.

**Ears, nose, throat:** normal, no problems indicated.

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Printed by Amanda Ambrust on 09/04/2024, Page 1 of 2  
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Colon & Rectal Clinic of Fort Lauderdale  
350 N Pine Island Road, Suite 300  
Plantation, FL 33324  
(954)236- 5444  
FAX (954)236- 5422

**Patient:** AVILA, ROBERTO, DOB: 11/05/1962, Age: 61 years, Male  
**Acct #:** 321351, **Encounter Date:** 06/07/2024

**Cardiovascular:** Denies chest pain, chest pressure, diaphoresis.

**Pulmonary:** Denies chest tightness.

**Gastrointestinal:** see HPI.

**Musculoskeletal:** normal, no problems indicated.

**Integumentary:** normal, no problems indicated.

**Neurological:** normal, no problems indicated.

**Hematologic, Lymphatic:** normal, no problems indicated.

**Vitals:**

**Date:** 04/12/2024 **Time:** 01:06 PM

**Height:** 67 inches (170.18 cm)

**Weight:** 264 pounds (119.75 kg)

**BMI:** 41.34

**Standard Flowsheets:**

**BMI - Adult**

**Date:** 04/12/2024

**BMI:** 41.34, **BMI outside parameters?**: Yes

**Problems**

Malignant neoplasm of transverse colon (ICD- 10: C18.4), Status: Active, onset: 04/12/2024, Noted (assessed)

**Medications**

**Medication Reconciliation Performed**

**Plan Note**

will remove staples

patient is very obese, high risk for hernia

discussed this with him and that he needs to restrict his activity until healed  
return in three months

path with pT3 pN0, should see an oncologist for f/u

gave path and recommendation

colonoscopy in one year

**Instructions**

Educational resources provided electronically to patient

**Note Contributing Authors:**

Joseph Corallo, MD; Apryl Jeffers

**Note electronically signed by:** Joseph Corallo, MD on 06/07/2024 at 10:42 AM

**E&M Code:** 99024

**CC:**

Dr. Elman

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240904 COLORECTAL AUTH REQUEST]

Document Name: 20240904 COLORECTAL AUTH REQUEST, Scanned Date: 2024-09-04

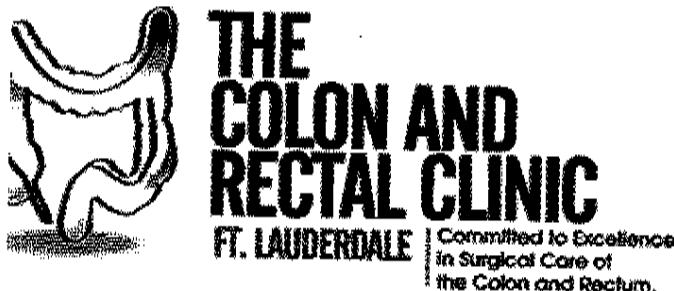
Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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404-581-8384



- Westside specialty Center - 350 N. Pine Island Rd – Suite 300 –  
Plantation Florida 33324

- Medical Arts in the Springs – 2901 Coral Hills Drive – Suite 360 –  
Coral Springs Florida 33065

\*Phone: (954) 236-5444 \* Fax: (954) 236-5422  
[www.crcftlauderdale.com](http://www.crcftlauderdale.com)

TAX ID #: 201759480

Charles P. Lago, Sr., M.D, F.A.C.S., F.A.S.C.R.S.  
NPI #: 1144219445

Joseph P. Corallo, Jr., MD  
NPI #: 1073766804

Maria Rojas, MD  
NPI #: 1306378989

Dear Referring Physician/Primary Care Physician:

Attention: Referral Coordinator

Patient name: Roberto Avila Code: C18.4  
Insurance Co. Humana New Pt. Follow-up  
Date of Birth: 11/5/62 Appt Date: 9-6-24

Please be advised all referrals need to note the following procedure codes for our New & Established patients. This is to insure that the referral will sustain the visit for office consultation, and follow-up visits.

The following codes for: Evaluation and Treatment and/or

Office Consultations:

- \*99204 New Patient
- \*99214 Return Visit
- \*99213 Return Visit
- \*99215 Return Visit

Required

Procedure Codes are to include

- \*46600 Anoscopy
- \*45330 Flexible Sigmoidoscopy
- \*46221 Ligation
- \*46060 I&D Abscess Abscess

\*PLEASE ALLOW 1 EACH PROCEDURE CODE FOR EACH OFFICE CONSULTATION CODE\*

The Physicians will only use these codes if the service is rendered. However, pre-approval is mandatory.

Please make the necessary changes to avoid a return visit due to a referral error. We greatly appreciate your attention to this matter.



## THE COLON AND RECTAL CLINIC

Ft. Lauderdale

Westside Specialty Center • 260 N. Pine Island Road • Suite 300 • Plantation, FL 33324  
Medical Arts in the Springs • 2901 Coral Hills Drive • Suite 350 • Coral Springs, FL 33066

Committed to Excellence  
In Surgical Care of  
the Colon and Rectum.

\* Phone: (954) 236-5444 \* Fax: (954) 236-5422 \*  
[www.colonlauderdale.com](http://www.colonlauderdale.com)

Charles P. Lago, Sr., M.D., F.A.C.S., F.A.S.C.R.S.

Joseph P. Corallo, Jr., M.D.

Colon & Rectal Clinic of Fort Lauderdale  
350 N Pine Island Road, Suite 300  
Plantation, FL 33324  
(954)236- 5444  
FAX (954)236- 5422

Patient: AVILA, ROBERTO, DOB: 11/05/1962, Age: 61 years, Male  
Acct #: 321351, Encounter Date: 06/07/2024

### Postoperative Follow- up Encounter 06/07/2024

Referral from Dr. Elman  
Encounter Related to Transition of Care into Clinic

**Chief Complaint(s):** POST OP

**History of Present Illness:**

post op extended right / subtotal  
doing well  
3 to 4 bm a day which is a change for him  
no blood

**Medical History**

Date of last Colonoscopy 04/2024.  
Heart disease.  
HTN.

**Surgical History**

Cardiac surgery.  
Tonsillectomy.

**Family History**

colon cancer - grandmother.

**Social History**

Smoking status: Former smoker.  
Alcohol history - social drinker.

**Allergies: Reviewed By:** Apryl Jeffers

**Current Medications:**

**Reviewed By:** Apryl Jeffers

**Review of Systems:**

**Constitutional Symptoms:** see HPI.

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Colon & Rectal Clinic of Fort Lauderdale  
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**Patient:** AVILA, ROBERTO, DOB: 11/05/1962, Age: 61 years, Male  
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**BMI - Adult**

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**Medication Reconciliation Performed**

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discussed this with him and that he needs to restrict his activity until healed  
return in three months

path with pT3 pN0, should see an oncologist for f/u

gave path and recommendation

colonoscopy in one year

**Instructions**

Educational resources provided electronically to patient

**Note Contributing Authors:**

Joseph Corallo, MD; Apryl Jeffers

**Note electronically signed by:** Joseph Corallo, MD on 06/07/2024 at 10:42 AM

**E&M Code:** 99024

**CC:**

Dr. Elman

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240729 APPROVAL HEM ONC]

Document Name: 20240729 APPROVAL HEM ONC, Scanned Date: 2024-07-29

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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Transaction ID: 65985760151

Customer ID: 969912

Transaction Date: 2024-07-29

**Helpful Hint:** Review Humana clinical coverage policy information to support requests.



## AVILA JR, ROBERTO Patient

Member ID	Date of Birth	Gender
H69728593	1962-11-05	Male
Eligibility Status	Group Number	Plan / Coverage
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
Transaction Type Organization		Payer
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

## Certificate Information

Certification Number	Status
194940687	CERTIFIED IN TOTAL

## Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

## Member Information

Patient Name	Patient Date of Birth	Patient Gender
AVILA JR, ROBERTO	1962-11-05	Male
Member ID	Relationship to Subscriber	Subscriber Name
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

**Name** MARTINEZ, LUIS **NPI** 1366671042  
**Provider Role** Provider  
**Phone** (954) 581-8272 - 24198 **Contact Name** LORI CARPENTER

## Service Information

**Service Type** 1 - Medical Care **Place of Service** 11 - Office **Service From - To Date** 2024-06-14 - 2024-06-15  
**Quantity** 1 Visits  
**Diagnosis Code 1** C182 - Malignant neoplasm of ascending colon  
**Procedure Code 1 (CPT/HCPCS)** 0340U - ONC PAN CA ALYS MRD PLASMA **Quantity** 1 Units **Procedure From - To Date** 2024-06-14 - 2024-06-15

## Rendering Provider/Facility

### Provider 1

**Name** DAVID KAHN **NPI** 1811941826  
**Provider Role** Service Location  
**Phone** (000) 000-0000

**Provider 2**

**Name** NATERA INC      **NPI** 1558672279

**Provider Role**

Facility

**Phone**

(000) 000-0000

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240724 COLECTOMY PATH REPORT]

Document Name: 20240724 COLECTOMY PATH REPORT, Scanned Date: 2024-07-24

Notes: Frydman, Jarrod 7/24/2024 12:48:55 PM EDT > + ADENOCARCINOMA

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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Page: 1 of 2

## Surgical Pathology Final Report

Temporary Copy

Case: CS-24-0002261

Patient: AVILA, ROBERTO ZACARIAS

Collected: 5/22/2024 22:45 EDT

ID: 916759

Ordered by: CORALLO MD, JOSEPH P

Location: CSMC

### CLINICAL INFORMATION

Clinical History: Colon cancer

Pre-Operative Diagnosis: Same

Surgical Procedure: Subtotal open colectomy

Post-Operative: Same

### SURGICAL SPECIMEN

Product of subtotal colon

### SURGICAL PATHOLOGY DIAGNOSIS

PRODUCT OF SUBTOTAL COLON:

INVASIVE, MODERATELY DIFFERENTIATED ADENOCARCINOMA, 2.5 X 2.2 CM.

THE CARCINOMA INVADES THROUGH THE MUSCULARIS PROPRIA INTO PERICOLONIC SOFT TISSUE.

TUBULAR ADENOMAS.

UNREMARKABLE APPENDIX

NEGATIVE MARGINS OF RESECTION.

SIXTEEN LYMPH NODES NEGATIVE FOR CARCINOMA (0/16).

PLEASE SEE CANCER SUMMARY.

pT3, pN0.

ELENA VROTSOS DO  
(Electronically signed by)  
05/24/24 13:01: HB

### SURGICAL PATHOLOGY COMMENT

A: Colon and Rectum - Resection

Specimen

Procedure: subtotal colon

Tumor

Tumor Site: Colon, not otherwise specified

Histologic Type: Adenocarcinoma

Histologic Grade: G2, moderately differentiated

Tumor Size: 2.5 Centimeters (cm)

Tumor Extent: Invades through muscularis propria into the pericolonic or perirectal tissue

Macroscopic Tumor Perforation: Not identified

Lymphovascular Invasion: Not identified

Perineural Invasion: Not identified

Treatment Effect: No known presurgical therapy

Margins

Margin Status for Invasive Carcinoma: All margins negative for invasive carcinoma

Margin Status for Non-Invasive Tumor: All margins negative for high-grade dysplasia / intramucosal carcinoma and low-grade dysplasia

Regional Lymph Nodes

Regional Lymph Node Status: All regional lymph nodes negative for tumor

Number of Lymph Nodes Examined: 16

Tumor Deposits: Not identified

Pathologic Stage Classification (pTNM, AJCC 8th Edition)

pT Category: pT3

pN Category: pN0

Page: 2 of 2

## Surgical Pathology Final Report

Temporary Copy

Case: CS-24-0002261

Patient: AVILA, ROBERTO ZACARIAS

Collected: 5/22/2024 22:45 EDT

ID: 916759

Ordered by: CORALLO MD, JOSEPH P

Location: CSMC

### SURGICAL MICROSCOPIC DESCRIPTION

Immunohistochemistry for MMR will follow in separate report. Microscopic examination is performed, and the results of the examination are incorporated in the pathology diagnosis.

### SURGICAL GROSS DESCRIPTION

"Product of subtotal colon." Received in formalin is a 20 cm in length by 7 cm in average circumference portion of colon and cecum with a 9.5 x 3.0 cm portion of terminal ileum and a 4.0 x 0.6 cm veriform appendix. The serosa is tan-red and partially surfaced by fibrofatty adhesions. There is a 29.0 x 11.0 x 2.5 cm portion of attached omentum. The specimen is opened to reveal glistening tan-pink mucosa remarkable for multiple polyps and a 2.5 x 2.2 x 0.6 cm tan-red polypoid mass. The polyps range from 0.5 cm to 1.1 cm in greatest dimension and all are >3 cm from the stapled margin. The large polypoid mass is 7.5 cm from the distal margin, >20 cm from the proximal margin, and 8 cm from the closest radial margin. Sectioning through the polypoid mass reveals invasion through the muscularis into the attached adipose tissue, to a depth of 0.4 cm. Multiple pink-red lymph nodes range from 0.2 cm to 2 cm in greatest dimension. Representative sections are submitted as follows:

- 1 - Proximal margin, shave
- 2 - Distal margin, shave
- 3 - Radial margin, shave
- 4 - Two polyps (one bisected)
- 5 - One polyp, bisected
- 6-9 - Polypoid mass
- 10 - Appendix
- 11 - Two lymph nodes, bisected (one inked green)
- 12 - Four lymph nodes
- 13 - Five lymph nodes
- 14 - Two bisected lymph nodes (one inked green)
- 15 - Two bisected lymph nodes (one inked green)
- 16-18 - One lymph node, serially sectioned
- 19 - One lymph node, bisected
- 20 - One lymph node, serially sectioned

CL: HB

05/24/24



David Kahn, M.D.  
5667 NW 29th Street  
Margate, FL 33063  
Office: (954) 984-9998  
Fax: (954) 984-9988

Patient Name: ROBERTO AVILA  
DOB: 11/05/1962  
Office Visit Date: 06/14/2024

**Chief Complaint:**

**Reason for Visit:**

Colon cancer

**History of Present Illness:**

Mr. Roberto Avila is a 61-year-old man with alcoholism and liver cirrhosis he had a positive Cologuard that was performed for iron deficiency. He underwent a colonoscopy on 4/8/2024 and a biopsy of a hepatic flexure mass was positive for invasive adenocarcinoma. He underwent a subtotal colectomy on 5/22/2024 that revealed invasive moderately differentiated adenocarcinoma invading through the muscularis propria into pericolonic soft tissue. 16 lymph nodes were negative for T3 N0 disease. There was no lymphovascular invasion and was grade 2.

**Past Medical History:**

Hypertension,  
cirrhosis  
Hypertension,  
COPD  
CHF

**Surgical History:**

- 05/22/2024, Procedure: Right hemicolectomy and anastomosis of ileum to colon (procedure)

**Family History:**

Father: Deceased - Esophageal cancer; Mother: Deceased - Lung cancer; Grandmother - Maternal (2nd Degree): Deceased - Colorectal cancer

**Social History:**

Pint of alcohol daily

**Smoking History:**

Smoking Tobacco : Former smoker, pack years: 34, started smoking: 1976, stopped smoking: 2020; Smokeless Tobacco : none found;  
Vaping : none found

**Allergy:**

No known medication allergies

**Active Medication List:**

Medication List	
Name	Date
Lisinopril Oral	06/14/2024
Amlodipine Oral	06/14/2024

**Review of Systems:**

**Constitution:**

06/20/2024

Page 1 of 3

South Florida Cancer Care

Note Date: 06/14/2024

Patient: ROBERTO AVILA  
Date of Birth: 11/05/1962  
MRN: 4468072

Denies fever, chills, fatigue, or unexpected weight changes.

**Cardiovascular:**

Denies chest pain, chest pressure.

**Endocrine:**

Denies hot flashes, feeling cold, mood changes, or glove size changes.

**ENT:**

Denies hearing loss, changes of vision, pain, discharge of nose or ear, dizziness, or sinus pressure.

**Eyes:**

Denies visual changes, eye pain, or redness.

**GI:**

Diarrhea

**GU:**

Denies dysuria, pyuria, urinary urgency or frequency, bloody urine.

**Head/Neck:**

Denies neck pain or stiffness, noticeable nods, or mass on neck.

**Heme/Lym:**

Denies swollen glands, bleeding problems, or bruising.

**Musculoskeletal:**

Denies joint pain, swelling, muscle weakness, unilateral deficits, or fatigue.

**Neuro:**

Denies headache, passing out.

**Resp:**

Denies shortness of breath, cough, hemoptysis, wheezes, or sputum production.

**Skin:**

Denies skin or hair changes.

**Lymphatics:**

Denies adenopathy.

**Vital Signs:**

Blood pressure: 142/71, Pulse: 85, Temperature: 97.7 F, Respirations: 16, Pain Scale: 0, Weight: 266 lb

**ECOG:**

**Physical Exam General:**

Good

**Physical Exam Detail:**

**Head/Scalp/Face:**

Normal cephalic; Nontraumatic skull; No tenderness; No palpable mass.

**Eyes:**

Normal conjunctiva; No jaundice; Pupils are symmetric, normal size with active light reflex.

**Nose/Sinus:**

Symmetric; No obstruction; No nasal flaring/grunting.

**Throat/Mouth:**

No oral ulcer; Pharynx is clear; No erythematous; No exudate; No gum swelling/bleeding.

**Neck:**

Range of motion is within normal limit; No tenderness; No jugular venous distention; No lymph nodes/mass palpable.

**Chest/Lung:**

Chest wall movement is symmetric with respiration; No intercostal reaction; No tenderness/fremitus; Breath sounds are clear; No rales/wheezing.

**Heart:**

Heart rate is within normal limit; Regular rhythm; First heart sound and second heart sound present; No murmurs/thrills.

**Abdomen:**

Soft; Nondistended ; No-tenderness; No palpable mass; No hepatomegaly/splenomegaly; Costovertebral angle is nontender.

**Extremities:**

No deformity/clubbing/cyanosis/edema; Bilateral pedal pulse present; No visible joint swelling/erythema; Normal ROM.

**Skin/Membrane:**

Skin warm to touch; Normal color; No laceration/bruise; No rash/eczema/ulcers.

**Neurological:**

Alert and awake, oriented to time, name and place; No focal deficit; Cranial nerves gross intact; No gait disturbance; No tremors.

**Muscular:**

Normal tone; No muscular atrophy/hypertrophy; No jerking.

**Mental Status:**

Dress neat and clean; No mood swing; No memory loss.

**Lymph Nodes:**

No cervical, supraclavicular, axillary, inguinal or femoral nodes detected.

**Labs:**

06/20/2024

Page 2 of 3

South Florida Cancer Care

Note Date: 06/14/2024

Patient: ROBERTO AVILA  
Date of Birth: 11/05/1962  
MRN: 4468072

Lab Results	06/14/2024
CBC	
WBC x 10^3/uL	13.82
RBC x 10^6/uL	3.23 (L)
HGB g/dL	9.7 (L)
HCT %	30.9 (L)
MCV fL	95.7 (H)
MCH pg	30.0
MCHC g/dL	31.4
MPV fL	9.9
LY %	21.7
MID %	6.0
MID # x 10^3/uL	0.83 (H)
LY # x 10^3/uL	3
Lab - Other	
BAS#	0.07
Basos	0.5
Eos	4.8 (H)
EOS#	0.67 (H)
IG #	0.04
IG %	0.3
NEUT#	9.21 (H)
Neutrophils	66.7 (H)
PLT	228
RDW-CV	12.9
RDW-SD	45.2 (H)

Problem List:

- Ascending colon cancer (Date of Dx:06/08/2024 Histologic Grade: G2; Lymph-Vascular Invasion: Unknown; PNI (Perineural Invasion): Unknown; )

Assessment/Plan:

The patient has 2 colon cancer with no obvious high risk features. The tumor is MMR proficient. The patient also has alcoholism. I would therefore prefer not to give him adjuvant chemotherapy. I will send off Signatera. If he has no surgical bleeding tumor DNA then I would not offer adjuvant chemotherapy. If his CT DNA is positive then he would require some adjuvant chemotherapy. He also has a strong family history of cancer and therefore I will do hereditary cancer testing.

David Kahn (Medical Oncology), M.D.

cc: Joseph J Corallo, MD  
Luis Martinez, MD (Referring)

Electronically signed by David Kahn MD 06/14/2024 02:34 PM EDT

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240724 COLECTOMY PATH REPORT]

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240723 COLORECTAL NOTE AND PATH]

Document Name: 20240723 COLORECTAL NOTE AND PATH, Scanned Date: 2024-07-23

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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CP4

## FAX COVER SHEET

TO

COMPANY

FAX NUMBER 19545818382

DATE 2024-07-23 19:09:46 GMT

RE Retro Authorization Request

### COVER MESSAGE

Please see attached retro authorization request.

Thank You,  
Susan Dubroc  
Special Ops  
650-249-9090 Ext. 9890  
[sdubroc@natera.com](mailto:sdubroc@natera.com)

Confidentiality Notice: This facsimile/email transmission contains confidential or privileged information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed. Unauthorized interception, use or distribution of this fax is prohibited and could be a violation of Federal and State law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be prohibited by law. Please notify the sender by telephone or email to arrange the return or destruction of this transmission.



07/23/2024

**Prior authorization request- Please see the date of service as the test has already been performed.**

Your patient has been referred to Natera for testing related to their cancer treatment for Dr. David Kahn. We are requesting authorization for testing for a personalized molecular residual disease assay using circulating tumor DNA. This test can identify molecular residual disease, or recurrent cancer, sooner than existing methods, by the presence of ctDNA.

**The patient's primary care physician is required to submit the authorization on the patient's behalf per Humana's requirement with the patient's plan and the PCP's contract with Humana. Humana has listed your office as the patient's primary care physician.**

**Patient Name:** Roberto Avila

**DOB:** 1962-11-05

**Subscriber ID:** H69728593

**DX code:** C18.2

**CPT Code:** 0340U ONC PAN CA ALYS MRD PLASMA

**Quantity:** 1

**Date of service (collection date):** 2024-06-14

**Ordering physician Name:** David Kahn

**Ordering physician NPI:** 1811941826

**Taxonomy:** 207RH0003X

To:

Page: 03 of 13

2024-07-23 19:10:28 GMT

Natera, Inc.

From: Susan Dubroc

**Requesting/Rendering Facility: Natera Inc.**

NPI: 1558672279

Tax ID# 010894487

Taxonomy: 291U00000X

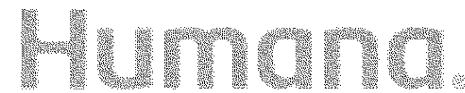
201 Industrial Rd. STE 4110

San Carlos, CA 94070

**Please advise if you need additional information to complete this request. Please fax denied or approved faxes from Humana to 650-412-2321.**

Thank you for your prompt assistance!

Susan Dubroc  
Revenue Cycle Claims Specialist • Market Access  
650-249-9090 Ext. 9890  
sdubroc@natera.com



## AVILA JR, ROBERTO Patient

**Member ID** H69728593    **Date of Birth** 1962-11-05    **Gender** NA

**NPI**  
1558672279

**Transaction Type Organization** Outpatient Natera    **Payer** HUMANA  
**Authorization/Referral**

Transaction ID: 00061dee-ca2e-ddf8-0002-53d5d085caf4    Customer ID: 357715    Transaction Date: 2024-07-23

### See Message

**Member ID**  
H69728593

**Line of Business**  
MEDICAL PRODUCTS

**Date of Service** 2024-06-14    **Message**  
You are not authorized to submit a  
referral for this member. Please  
contact the member's PCP.

**Procedure Code 1** 0340U    **Humana Record Number** CDR228478754

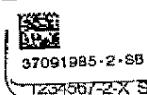
**Status**  
SEE MESSAGE

- For the most accurate search, please include the Provider's Tax Id Number.
- This information only applies to Humana members with Commercial and Medicare products. To submit a prior authorization request for a Medicaid member, please click Skip to proceed with the outpatient authorization/referral. A detailed list of services that require authorization can be found on the Preauthorization and Notification list at [humana.com/PAL](http://humana.com/PAL).
- In some instances, you may be redirected to a vendor to complete your transaction. Examples of vendor managed services include but are not limited to Advanced Radiology services, Musculoskeletal, Pain Management and Spinal Surgery Services, and some Medicare Home Health services. Vendor participation varies by location and plan type. If it is necessary for you to contact a vendor, you will be advised as early as

**possible within the submission process and a reference number will be provided for your inquiry. Commonly utilized vendors include HealthHelp (Advanced Radiology), COHERE Health (Musculoskeletal indications in some states, dx codes M00-M99), Orthonet (Musculoskeletal, Pain Management, and Spinal Surgeries) and MyNexus (Medicare home health in some locations). More detailed information on vendor management by service can be found on the Preauthorization and Notification Lists at [humana.com/PAL](http://humana.com/PAL).**

- Authorization requirements are based on the requesting provider entered. If services will be rendered by a provider other than the requesting provider or in a facility setting, requirements may vary. For the most specific response, please include Requesting provider TIN when submitting.
- HMO members only have benefits for participating providers. Verify network participation for all providers rendering care.
- This only applies to outpatient authorizations/referrals. To submit an authorization request for an inpatient facility admission, please return to the [Authorization screen](#) and select inpatient. Note: Observation stays should be submitted via the Outpatient admission screen.
- Authorization requirements are based on information provided and do not take into account medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. For more information on the member's benefits, please return to the [Eligibility and Benefits Inquiry screen](#) screen or call Customer Service number on the back of the member's Humana ID card.

# natera | ONCOLOGY



Please Signate/Alterna  
mpie kit barcode here

## Date of Sample Collection (MM/DD/YY)\*

Please send completed form in sample kit. For Natera-collected samples, email form to [oncologyCE@natera.com](mailto:oncologyCE@natera.com) or fax to +1 (650) 412-1962  
(\*) denotes required fields. Failure to complete will result in testing delays. | Inquiries: +1 (650) 489-9050

### 1. PATIENT INFORMATION\*

Last Name*	Middle Name*	First Name*
AVILA	R	Roberto
11-5-1962	O/F	4468072
Date of Birth (MM/DD/YY)*	Sex Assigned at Birth*	MRN
Last 4 digits of SSN ( )		
Email Address	Cell Phone*	
Street Address*	City*	State*
Margate	FL	33063

### 2. ORDERING CLINICIAN\*

Ordering Clinician*	NPI Number		
(15977) Genesis Care- Margate			
(Natera Account ID) Clinic or Organization*			
5667 NW 29th St.	Margate	FL	33063
Street Address*	City*	State*	Zip Code*
954-984-9998	954-984-9998	horbys.pazrodriuez@usa.genes	
Telephone Number*	Clinic or Organization Fax or Email*		
	Additional Report Recipient		
	Additional Report Recipient Fax or Email		

**STATEMENT OF MEDICAL NECESSITY** I confirm the testing ordered herein is medically necessary and this patient has been informed of the details of the genetic test(s) ordered, including the risks, benefits, and alternatives, and has consented to testing as may be required by law, including NY CVR §78-d as applicable. I authorize the referral of this patient to a third-party genetic counseling service if required by the patient's insurance provider.

I hereby authorize the pathology laboratory to release the patient's specimen to Natera.

Ordering Clinician / Authorized Signature\*

6-12-24  
Date\*

### 3. TEST ORDER SELECTION\*

SIGNATERA	ALTERA	EMPOWER
Molecular Residual Disease (MRD)	Tissue Comprehensive Genomic Profiling (CGP)	Germine Hereditary Cancer
Must select only one testing cadence below:		Must select only one base test below:
<input type="radio"/> 4 weeks	<input type="radio"/> Whole Exome DNA (inclusive of MSI and TMB) + Whole Transcriptome RNA Sequencing	<input type="radio"/> BRCA1 & BRCA2
<input type="radio"/> 6 weeks	<input type="radio"/> Available for Active Stage III / IV / Recurrent only.	<input type="radio"/> Lynch Syndrome (MLH1, MSH2, MSH6, PMS2, EPCAM)
<input type="radio"/> 8 weeks	<input type="radio"/> If ordered with an initial Signatera test, Altera can be run using the same tissue and blood samples.	<input type="radio"/> Other Panel ID
<input type="radio"/> 3 months	<input type="radio"/> If Signatera has been previously ordered for this patient, additional blood and tissue samples are required.	May select only one additional test (optional):
<input type="radio"/> 6 months	<input type="radio"/> Not available for samples collected in NY State.	<input type="radio"/> Multi-Cancer (40 genes total)
<input checked="" type="radio"/> Single test order		<input type="radio"/> Comprehensive (81 genes total)
<input type="radio"/> MRD & Recurrence Monitoring recommended cadence		Must complete "Empower Information" section on back AND collect Empower EDTA tube in Signatera/Altera blood kit.
See back for cadence schedule & additional test details		

- Please indicate the total number of desired draws: \_\_\_\_\_  
If left blank, order will default to 12 months of draws
- 4 weeks
- 6 weeks
- 8 weeks
- 3 months
- 6 months
- Single test order
- MRD & Recurrence Monitoring recommended cadence

- BRCA1 & BRCA2
- Lynch Syndrome (MLH1, MSH2, MSH6, PMS2, EPCAM)
- Other Panel ID

- Multi-Cancer (40 genes total)
- Comprehensive (81 genes total)

Must complete "Empower Information" section on back AND collect Empower EDTA tube in Signatera/Altera blood kit.

### 4. SIGNATERA & ALTERA CLINICAL INFORMATION

Cancer type to be tested for Signatera/Altera\*: (select one cancer type)

Colorectal  Bladder  Breast  Lung  Melanoma  Other \_\_\_\_\_ Date of diagnosis (MM/DD/YY) \_\_\_\_\_

Subtype \_\_\_\_\_ Stage:  I  II  III  IV  Other \_\_\_\_\_ Date of curative Intent surgery\* \_\_\_\_\_

Is patient receiving or planning to receive immunotherapy?\* History of recurrence? Active disease?  
 Yes  No  Unknown  Yes  No  Yes  No Evidence of Disease

### ICD-10 CODES\*

Enter relevant codes for each test:  
018.2

Signatera & Altera

Empower

For codes, visit: [natera.com/icd10codes](http://natera.com/icd10codes)

### 5. SPECIMEN COLLECTION & RETRIEVAL - Initial Order

Blood draw(s) to be managed by:  Natera Mobile Phlebotomy (default)  Clinic OR  Clinic managed for first draw, Natera managed for subsequent draws

Tissue acquisition to be managed by:  Natera (default) OR  Clinic will coordinate shipping of sample to Natera. Notes: \_\_\_\_\_

Most recent progress/clinical note attached\*

Pathology report attached\*

Tissue acquisition cannot occur without a pathology report

Tissue Collection Date (MM/DD/YY)

Accession # / Block ID #

Please see Instructions in kit for details

Pathology Lab Name / Contact*	Address	
City _____	State _____ Zip _____	
Phone* _____	Fax* _____	Email _____

### 6. INSURANCE & PAYMENT INFORMATION

Please attach front and back of insurance card.

Medicare only - Patient Status:  If inpatient, add Date of Discharge \_\_\_\_\_

Outpatient

Bill To: \*  Medicare  Self-pay  
 Other Insurance  Clinic

Insurance Company \*

Member ID\*

Group Number

Prior Authorization Number

### 7. PATIENT ACKNOWLEDGMENT

By my signature I acknowledge that I have read and agreed to the following and to the Patient Acknowledgment for testing on the back page.

New York residents must check this box  and sign below to permit Natera to use their samples for research and development; otherwise, their samples will be discarded within 60 days of testing.

I understand that my/my child's treatment, payment, enrollment, or eligibility for benefits is not conditioned on my providing such consent, and I may opt out at any time or by checking this box .

I hereby authorize Natera, Inc. to obtain my/my child's pathology specimens.

By providing the information included herein, I understand and agree I may be contacted by email, cell, home phone, text message, automatic telephone dialing system, or computer assisted technology for treatment options, billing/collection matters, and health-related products, services, or studies.

Patient/Guardian Signature\* \_\_\_\_\_ Date\* 10/1/24

**CONTRAINDICATIONS**

**Signatera testing:** Patients with a history of allogenic bone marrow transplant, OR have had blood transfusions within the last three months

**Empower testing:** Patients with a history of allogenic bone marrow transplant, OR have current or previous history of hematologic malignancy

**BLOOD DRAW MANAGEMENT**

**Natera Managed:** For Natera managed draws, our Patient Coordinators will contact the patient directly and schedule a time for a Mobile Phlebotomy Specialist to draw the sample at the patient's convenience. The sample collection kit, along with a pre-filled order form, will be shipped to the patient prior to their scheduled draw.

**Clinic Managed:** For clinic managed draws, you are indicating that the patient's blood sample will be collected and sent by your clinic to Natera. A sample collection kit, along with a pre-filled order form, will be shipped directly to the patient to bring into the clinic, unless otherwise indicated.

**SAMPLE REQUIREMENTS**

Submission Checklist:	1) Signed order form	2) Pathology Report	3) Most recent progress/clinical note	4) Copy of insurance card
Sample Type	Initial Signatera order & Altera	Signatera subsequent orders	Altera only	Empower (Include additional Empower-labeled EDTA tube)
Tumor Tissue w/Pathology Report	✓		✓	
EDTA   Whole Blood (6mL K2 or K3)	✓		✓	✓
2x Streck   Plasma (10mL Tiger Top)	✓	✓		

**8. EMPOWER INFORMATION\*****PATIENT COMPLETE CANCER HISTORY (include all cancers and age of dx)**

No personal history of cancer  
 Patient has had genetic testing for hereditary cancer (If yes, please attach the report)

Cancer/Tumor	Age at Dx					
<input type="radio"/> Breast	<input type="radio"/> Invasive Ductal	<input type="radio"/> DCIS	<input type="radio"/> Invasive Lobular	<input type="radio"/> Triple negative (ER-, PR-, HER2-)	<input type="radio"/> High-Risk HER2-**	<input type="radio"/> Metastatic
<input type="radio"/> Ovarian	<input type="radio"/> Non-epithelial					
<input type="radio"/> Prostate	<input type="radio"/> Metastatic	<input type="radio"/> Intraductal/Cribiform				
<input type="radio"/> Pancreatic						
<input type="radio"/> Endometrial/Uterine						
<input type="radio"/> Colon/Rectal						
<input type="radio"/> Stomach						
<input type="radio"/> Other cancer(s): Type _____						

**Additional Information**

- Colon Polyps: Number of polyps \_\_\_\_\_  
If tumor screening was performed, select all that apply:  
 MSI high? If yes, cancer type tested \_\_\_\_\_  
 Mismatch Repair (MMR) protein absent on IHC? Result \_\_\_\_\_

\* See NCCN.org for the definition of high-risk disease

**Race or ethnicity**

<input type="radio"/> African American/Black	<input type="radio"/> Native Hawaiian or other Pacific Islander
<input type="radio"/> American Indian or Alaska Native	<input type="radio"/> South Asian
<input type="radio"/> Ashkenazi Jewish	<input type="radio"/> Southeast Asian
<input type="radio"/> East Asian	<input type="radio"/> White (Non-Hispanic)
<input type="radio"/> Hispanic/Latin American	<input type="radio"/> Other

**FAMILY HISTORY OF CANCER**

- No known family history  
 Limited family structure: Adopted or less than two 1st/2nd degree relatives living past age 45 years old  
 Check this box if any below relatives are willing to be tested

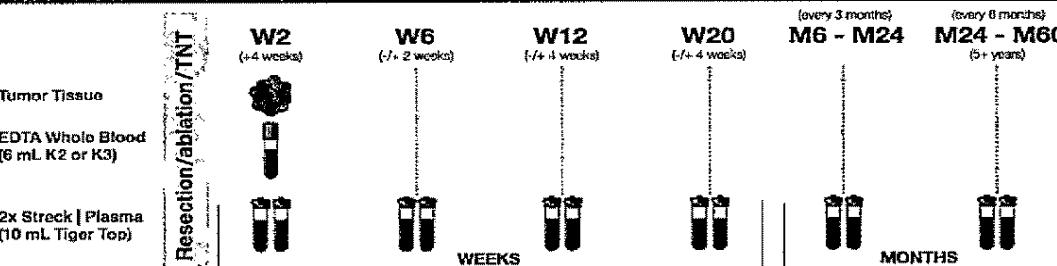
Relationship	Maternal or Paternal	Cancer site(s)	Age at Dx	Relative Deceased
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

**Additional Information**

**Known Familial Mutation:** Gene: \_\_\_\_\_ Variant: \_\_\_\_\_  
Relationship \_\_\_\_\_ Report available?  Yes (please attach)  No

For the full list of genes in each Empower test, visit <https://www.natera.com/empower-for-clinicians/>

If you're looking for the Breast STAT test, breast cancer risk model or the family testing program, please see the Empower only test requisition or order online at [oncology.natera.com](http://oncology.natera.com)

**SIGNATERA MRD & RECURRENT MONITORING RECOMMENDED CADENCE DRAW SCHEDULE****MRD & Recurrence Monitoring Recommended Cadence order directs Natera to:**

- When date of surgery is known (either previous or upcoming surgery date), Natera to arrange pre-surgical blood draws every 4 weeks and post-surgical blood draws that approximate the schedule illustrated above.
- If no surgery date is provided, patient will be defaulted to a 3 month schedule.

**Note:** Schedules may be adjusted at any time by the ordering provider, via email to [OncologyCE@natera.com](mailto:OncologyCE@natera.com) or by calling 650.489.9050.  
Recurring orders expire 12 months from date of signature

MRD & Recurrence monitoring cadence requires the **date of curative intent surgery**. This cadence is available for all solid tumor histologies, and ctDNA assessment may begin BEFORE surgery, to help evaluate the effectiveness of neoadjuvant therapy and/or surgical intervention.

**PATIENT ACKNOWLEDGMENT (READ AND SIGN THE FRONT OF THIS PAGE)**

I have been informed of and understand the details of the test ordered herein for me by my/my child's health care provider, including the risks, benefits, and alternatives, and have consented to testing. I understand that the test results may inform me of a medical condition that may require medical follow-up. I also understand that a negative result does not rule out the possibility of such medical condition. I authorize Natera or other provider to share the information on this form and my/my child's test results with my/my child's insurer/health plan ("plan") on my/my child's behalf, with all benefits of my/my child's plan made payable directly to Natera or other provider. I understand that I am responsible for (a) costs not paid by my/my child's plan directly to Natera for tests ordered, including, without limitation, any copayments, deductibles, or amounts deemed "patient responsibility" and (b) any amounts paid to me by my/my child's plan. This testing will not be covered by my/my child's plan if it is outside of the plan's coverage guidelines or deemed not medically necessary – (e.g. where prior authorization is required but not obtained) and I will be responsible for the cost of such testing. I assign to Natera the right to appeal on my/my child's behalf negative coverage decisions made by my/my child's plan and to assert all rights and claims reserved to me/my child as the beneficiary thereof. The information obtained from my/my child's tests may be used in scientific research, publications or presentations, but my/my child's specific identity will not be revealed. Natera may contact my/my child's healthcare provider to obtain more information regarding clinical correlation and confirmatory testing. My/my child's leftover samples may be de-identified, including those specimens obtained from other institutions with my consent, and used for research and development. I and my heirs will not receive payments, benefits, or rights to any resulting products or discoveries. If I do not want my/my child's samples used for research and development purposes, I will send a request in writing to Natera Sample Retention Department at the address on page 1 within 60 days after test results have been issued and my/my child's samples will be destroyed.



#### ABOUT THIS TEST:

Signatera™ is a bespoke mPCR-NGS assay for detection of circulating tumor DNA (ctDNA) in the plasma of patients previously diagnosed with cancer. Individual-specific mutation signatures are identified by up front tissue and matched normal whole exome sequencing.

#### Patient & Sample Information

Patient Name: Roberto Avila  
Date of Birth: 11/05/1962  
Medical Record #: 4468072  
Case File ID: 12902154  
Cancer Type: Colorectal  
Tissue Collected: 05/22/2024  
Tissue Received: 07/03/2024  
Plasma Collected: 06/14/2024  
Plasma Received: 06/15/2024  
Block ID: CS-24-2261 (A7)  
Block Type: Block

#### Ordering Physician

Name: David Kahr  
Clinic: Genesis Care- Margate  
NPI: 1811941826  
Address: 5667 NW 29th St., Margate, FL 33063, US  
Pathology: Broward Health Coral Springs - Pathology Department  
Lab Name: N/A  
Additional: N/A  
Reports: Report Date: 07/21/2024

#### FINAL RESULTS SUMMARY

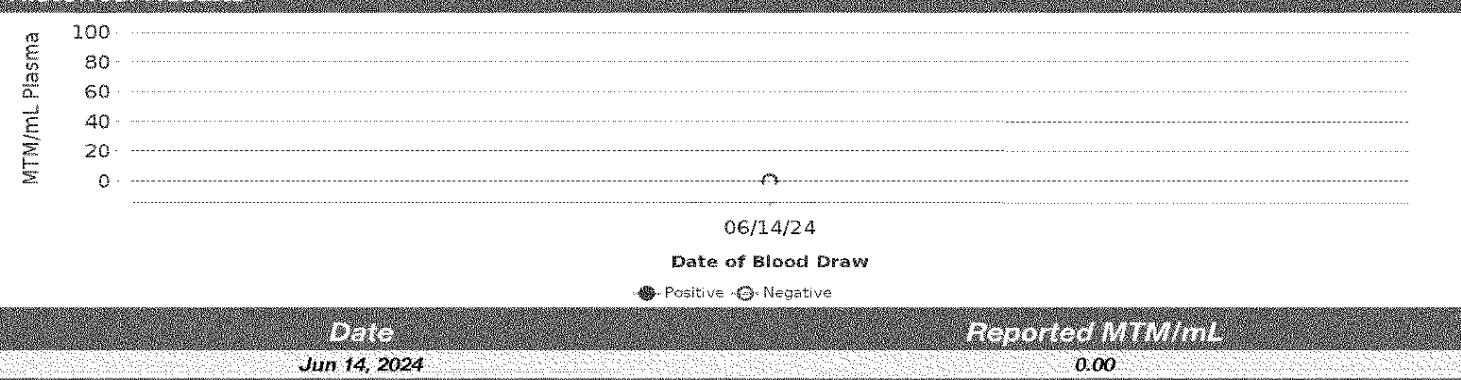
**Signatera Negative**



**MTM/mL:  
Not Detected**

Mean tumor molecules per mL is calculated based on the mean of ctDNA molecules detected per mL of the patient's plasma. See Limitations section below.

#### Historical Results



#### Interpretation and Limitations

Signatera is a personalized, tumor-informed test for the longitudinal detection of circulating tumor DNA (ctDNA). Interval testing is recommended for all patients. Studies have demonstrated that when ctDNA is detected (Signatera Positive) following surgery or definitive treatment, the risk for disease relapse is high without further treatment. Conversely, when ctDNA is not detected, the patient may be considered at lower risk for relapse. For those with multiple timepoints, upward trending ctDNA levels are suggestive of increasing tumor burden (1,2). For a single time point in isolation, the absolute MTM/mL value has no known clinical significance and should not be compared across patients. Test results should be interpreted in context of other clinicopathological features. ctDNA detection sensitivity may be limited due to blood collection within two weeks of surgery and while the patient is on therapy. Signatera is a quantitative test and reports in units of mean tumor molecules per mL (MTM/mL), which is comprised of three measured components (plasma volume, cell free DNA (cfDNA) concentration, and Variant Allele Frequency (VAF)). The MTM/mL number will be qualified if any measured component falls outside the analytical measurement range for that component. The analytical sensitivity is 95% at the limit of detection (0.3 MTM/mL). Results obtained are specific to the assessed time point. A negative test result does not definitively indicate the absence of cancer. This test is not designed to detect or report germline variation, nor does it infer hereditary cancer risk for the patient. Each Signatera assay is designed to a single tumor for a given patient. At this time, multiple personalized Signatera assays cannot be developed for the same patient. This test is designed to detect ctDNA from the assayed tumor only; new primary tumors will not be detected. There is a low risk that a new primary may share a variant that could interfere with the Signatera test. Testing cannot be performed in patients who are pregnant, have a history of bone marrow transplant, or history of blood transfusion within three months. This test is expected to have limited sensitivity in cancer types such as GIST, renal cell carcinomas, primary brain tumors, and lymphoma due to limited ctDNA shed.

<sup>1</sup> Bratman SV, Yang SYC, Iafrate MJ, et al. Personalized circulating tumor DNA analysis as a predictive biomarker in solid tumor patients treated with pembrolizumab. *Nature Cancer*. 2020; 1(9):673-681

<sup>2</sup> Henriksen TV, Tavarozza N, et al. Circulating Tumor DNA in Stage III Colorectal Cancer, beyond Minimal Residual Disease Detection, toward Assessment of Adjuvant Therapy Efficacy and Clinical Behavior of Recurrences. *Clin Cancer Res*. 2021; 28(8):507-517

#### Methodology

FFPE samples are reviewed by a pathologist to assess tumor content and percent tumor nuclei. Tumor DNA is extracted using Omega Bio-tek Mag-Bind® FFPE DNA/RNA kit. Whole genomic DNA is isolated from peripheral blood using QIAamp DNA Blood MiniKit to provide DNA for germline sequencing. Circulating tumor DNA (ctDNA) is extracted from plasma derived from whole blood samples collected in cell-free DNA blood tubes (Streck) using the QIAAsymphony automated or manual extraction method (QIAGEN). Whole-exome sequencing is performed on tumor and peripheral blood DNA using the Natera whole-exome sequencing assay. Using a proprietary algorithm, putative, clonal variants present in the tumor but absent in the germline DNA are identified to design the customized multiplex PCR assay. The customized PCR assays are run to detect presence or absence of these variants within circulating plasma. A patient's plasma sample is considered ctDNA positive when at least two individual-specific tumor variants are detected. When fewer than two individual-specific tumor variants are observed, a negative result is issued. Pathology services and whole exome sequencing is performed at Natera Inc. (CLIA ID# 05D1082992), 201 Industrial Rd, Suite 410, San Carlos, CA 94070, USA.

#### Disclaimer

The extraction, library preparation, and sequencing for this test were performed by NBTx Inc., 13011 McCallen Pass, Building A Suite 100, Austin, TX 78755 (CLIA ID 45D2C93704). The data analysis and reporting for this test were performed by Natera Inc., 201 Industrial Rd, Suite 410, San Carlos, CA 94070 (CLIA ID 05D1082992). This test was developed and its performance characteristics determined by Natera Inc. The test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). CAP accredited, ISO 13485 certified, and CLIA certified. Pathology services and whole exome sequencing for this test were performed by Natera Inc., 201 Industrial Rd, Suite 410, San Carlos, CA 94070 (CLIA ID 05D1082992). © 2021 Natera, Inc. All Rights Reserved.

Approved by:

J. Dianne Keen-Kim, Ph.D., FACMG, Senior Laboratory Director



Contact Information: 201 Industrial Road, Suite 410, San Carlos, CA 94070 | NateraOncology.com | +1 855.489.9060 | signaterrace@natera.com

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Page: 1 of 2

## Surgical Pathology Final Report

Temporary Copy

Case: CS-24-0002261

Patient: AVILA, ROBERTO ZACARIAS

Collected: 5/22/2024 22:45 EDT

ID: 916759

Ordered by: CORALLO MD, JOSEPH P

Location: CSMC

### CLINICAL INFORMATION

Clinical History: Colon cancer

Pre-Operative Diagnosis: Same

Surgical Procedure: Subtotal open colectomy

Post-Operative: Same

### SURGICAL SPECIMEN

Product of subtotal colon

### SURGICAL PATHOLOGY DIAGNOSIS

PRODUCT OF SUBTOTAL COLON:

INVASIVE, MODERATELY DIFFERENTIATED ADENOCARCINOMA, 2.5 X 2.2 CM.

THE CARCINOMA INVADES THROUGH THE MUSCULARIS PROPRIA INTO PERICOLOMIC SOFT TISSUE.

TUBULAR ADENOMAS.

UNREMARKABLE APPENDIX

NEGATIVE MARGINS OF RESECTION.

SIXTEEN LYMPH NODES NEGATIVE FOR CARCINOMA (0/16).

PLEASE SEE CANCER SUMMARY.

pT3, pN0.

ELENA VROTSOS DO  
(Electronically signed by)  
05/24/24 13:01: HB

### SURGICAL PATHOLOGY COMMENT

A: Colon and Rectum - Resection

Specimen

Procedure: subtotal colon

Tumor

Tumor Site: Colon, not otherwise specified

Histologic Type: Adenocarcinoma

Histologic Grade: G2, moderately differentiated

Tumor Size: 2.5 Centimeters (cm)

Tumor Extent: Invades through muscularis propria into the pericolonic or perirectal tissue

Macroscopic Tumor Perforation: Not identified

Lymphovascular Invasion: Not identified

Perineural Invasion: Not identified

Treatment Effect: No known presurgical therapy

Margins

Margin Status for Invasive Carcinoma: All margins negative for invasive carcinoma

Margin Status for Non-Invasive Tumor: All margins negative for high-grade dysplasia / intramucosal carcinoma and low-grade dysplasia

Regional Lymph Nodes

Regional Lymph Node Status: All regional lymph nodes negative for tumor

Number of Lymph Nodes Examined: 16

Tumor Deposits: Not identified

Pathologic Stage Classification (pTNM, AJCC 8th Edition)

pT Category: pT3

pN Category: pN0

Page: 2 of 2

## Surgical Pathology Final Report

Temporary Copy

Case: CS-24-0002261

Patient: AVILA, ROBERTO ZACARIAS

Collected: 5/22/2024 22:45 EDT

ID: 916759

Ordered by: CORALLO MD, JOSEPH P

Location: CSMC

### SURGICAL MICROSCOPIC DESCRIPTION

Immunohistochemistry for MMR will follow in separate report. Microscopic examination is performed, and the results of the examination are incorporated in the pathology diagnosis.

### SURGICAL GROSS DESCRIPTION

"Product of subtotal colon." Received in formalin is a 20 cm in length by 7 cm in average circumference portion of colon and cecum with a 9.5 x 3.0 cm portion of terminal ileum and a 4.0 x 0.6 cm veriform appendix. The serosa is tan-red and partially surfaced by fibrofatty adhesions. There is a 29.0 x 11.0 x 2.5 cm portion of attached omentum. The specimen is opened to reveal glistening tan-pink mucosa remarkable for multiple polyps and a 2.5 x 2.2 x 0.6 cm tan-red polypoid mass. The polyps range from 0.5 cm to 1.1 cm in greatest dimension and all are >3 cm from the stapled margin. The large polypoid mass is 7.5 cm from the distal margin, >20 cm from the proximal margin, and 8 cm from the closest radial margin. Sectioning through the polypoid mass reveals invasion through the muscularis into the attached adipose tissue, to a depth of 0.4 cm. Multiple pink-red lymph nodes range from 0.2 cm to 2 cm in greatest dimension. Representative sections are submitted as follows:

- 1 - Proximal margin, shave
- 2 - Distal margin, shave
- 3 - Radial margin, shave
- 4 - Two polyps (one bisected)
- 5 - One polyp, bisected
- 6-9 - Polypoid mass
- 10 - Appendix
- 11 - Two lymph nodes, bisected (one inked green)
- 12 - Four lymph nodes
- 13 - Five lymph nodes
- 14 - Two bisected lymph nodes (one inked green)
- 15 - Two bisected lymph nodes (one inked green)
- 16-18 - One lymph node, serially sectioned
- 19 - One lymph node, bisected
- 20 - One lymph node, serially sectioned

CL: HB  
05/24/24



David Kahn, M.D.  
5667 NW 29th Street  
Margate, FL 33063  
Office: (954) 984-9998  
Fax: (954) 984-9988

Patient Name: ROBERTO AVILA  
DOB: 11/05/1962  
Office Visit Date: 06/14/2024

**Chief Complaint:**

**Reason for Visit:**

Colon cancer

**History of Present Illness:**

Mr. Roberto Avila is a 61-year-old man with alcoholism and liver cirrhosis he had a positive Cologuard that was performed for iron deficiency. He underwent a colonoscopy on 4/8/2024 and a biopsy of a hepatic flexure mass was positive for invasive adenocarcinoma. He underwent a subtotal colectomy on 5/22/2024 that revealed invasive moderately differentiated adenocarcinoma invading through the muscularis propria into pericolonic soft tissue. 16 lymph nodes were negative for T3 N0 disease. There was no lymphovascular invasion and was grade 2.

**Past Medical History:**

Hypertension,  
cirrhosis  
Hypertension,  
COPD  
CHF

**Surgical History:**

- 05/22/2024, Procedure: Right hemicolectomy and anastomosis of ileum to colon (procedure)

**Family History:**

Father: Deceased - Esophageal cancer; Mother: Deceased - Lung cancer; Grandmother - Maternal (2nd Degree): Deceased - Colorectal cancer

**Social History:**

Pint of alcohol daily

**Smoking History:**

Smoking Tobacco : Former smoker, pack years: 34, started smoking: 1976, stopped smoking: 2020; Smokeless Tobacco : none found;  
Vaping : none found

**Allergy:**

No known medication allergies

**Active Medication List:**

Medication List	
Name	Date
Lisinopril Oral	06/14/2024
Amlodipine Oral	06/14/2024

**Review of Systems:**

**Constitution:**

06/20/2024

Page 1 of 3

South Florida Cancer Care

Note Date: 06/14/2024

Patient: ROBERTO AVILA  
Date of Birth: 11/05/1962  
MRN: 4468072

Denies fever, chills, fatigue, or unexpected weight changes.

**Cardiovascular:**

Denies chest pain, chest pressure.

**Endocrine:**

Denies hot flashes, feeling cold, mood changes, or glove size changes.

**ENT:**

Denies hearing loss, changes of vision, pain, discharge of nose or ear, dizziness, or sinus pressure.

**Eyes:**

Denies visual changes, eye pain, or redness.

**GI:**

Diarrhea

**GU:**

Denies dysuria, pyuria, urinary urgency or frequency, bloody urine.

**Head/Neck:**

Denies neck pain or stiffness, noticeable nods, or mass on neck.

**Heme/Lym:**

Denies swollen glands, bleeding problems, or bruising.

**Musculoskeletal:**

Denies joint pain, swelling, muscle weakness, unilateral deficits, or fatigue.

**Neuro:**

Denies headache, passing out.

**Resp:**

Denies shortness of breath, cough, hemoptysis, wheezes, or sputum production.

**Skin:**

Denies skin or hair changes.

**Lymphatics:**

Denies adenopathy.

**Vital Signs:**

Blood pressure: 142/71, Pulse: 85, Temperature: 97.7 F, Respirations: 16, Pain Scale: 0, Weight: 266 lb

**ECOG:**

**Physical Exam General:**

Good

**Physical Exam Detail:**

**Head/Scalp/Face:**

Normal cephalic; Nontraumatic skull; No tenderness; No palpable mass.

**Eyes:**

Normal conjunctiva; No jaundice; Pupils are symmetric, normal size with active light reflex.

**Nose/Sinus:**

Symmetric; No obstruction; No nasal flaring/grunting.

**Throat/Mouth:**

No oral ulcer; Pharynx is clear; No erythematous; No exudate; No gum swelling/bleeding.

**Neck:**

Range of motion is within normal limit; No tenderness; No jugular venous distention; No lymph nodes/mass palpable.

**Chest/Lung:**

Chest wall movement is symmetric with respiration; No intercostal reaction; No tenderness/fremitus; Breath sounds are clear; No rales/wheezing.

**Heart:**

Heart rate is within normal limit; Regular rhythm; First heart sound and second heart sound present; No murmurs/thrills.

**Abdomen:**

Soft; Nondistended ; No-tenderness; No palpable mass; No hepatomegaly/splenomegaly; Costovertebral angle is nontender.

**Extremities:**

No deformity/clubbing/cyanosis/edema; Bilateral pedal pulse present; No visible joint swelling/erythema; Normal ROM.

**Skin/Membrane:**

Skin warm to touch; Normal color; No laceration/bruise; No rash/eczema/ulcers.

**Neurological:**

Alert and awake, oriented to time, name and place; No focal deficit; Cranial nerves gross intact; No gait disturbance; No tremors.

**Muscular:**

Normal tone; No muscular atrophy/hypertrophy; No jerking.

**Mental Status:**

Dress neat and clean; No mood swing; No memory loss.

**Lymph Nodes:**

No cervical, supraclavicular, axillary, inguinal or femoral nodes detected.

**Labs:**

06/20/2024

Page 2 of 3

South Florida Cancer Care

Note Date: 06/14/2024

Patient: ROBERTO AVILA  
Date of Birth: 11/05/1962  
MRN: 4468072

Lab Results	06/14/2024
CBC	
WBC x 10^3/uL	13.82
RBC x 10^6/uL	3.23 (L)
HGB g/dL	9.7 (L)
HCT %	30.9 (L)
MCV fL	95.7 (H)
MCH pg	30.0
MCHC g/dL	31.4
MPV fL	9.9
LY %	21.7
MID %	6.0
MID # x 10^3/uL	0.83 (H)
LY # x 10^3/uL	3
Lab - Other	
BAS#	0.07
Basos	0.5
Eos	4.8 (H)
EOS#	0.67 (H)
IG #	0.04
IG %	0.3
NEUT#	9.21 (H)
Neutrophils	66.7 (H)
PLT	228
RDW-CV	12.9
RDW-SD	45.2 (H)

Problem List:

- Ascending colon cancer (Date of Dx:06/08/2024 Histologic Grade: G2; Lymph-Vascular Invasion: Unknown; PNI (Perineural Invasion): Unknown; )

Assessment/Plan:

The patient has 2 colon cancer with no obvious high risk features. The tumor is MMR proficient. The patient also has alcoholism. I would therefore prefer not to give him adjuvant chemotherapy. I will send off Signatera. If he has no surgical bleeding tumor DNA then I would not offer adjuvant chemotherapy. If his CT DNA is positive then he would require some adjuvant chemotherapy. He also has a strong family history of cancer and therefore I will do hereditary cancer testing.

David Kahn (Medical Oncology), M.D.

cc: Joseph J Corallo, MD  
Luis Martinez, MD (Referring)

Electronically signed by David Kahn MD 06/14/2024 02:34 PM EDT

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240723 PATH RETRO AUTH REQUEST]

Document Name: 20240723 PATH RETRO AUTH REQUEST, Scanned Date: 2024-07-23

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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CP4

## FAX COVER SHEET

TO

COMPANY

FAX NUMBER 19545818382

DATE 2024-07-23 19:09:46 GMT

RE Retro Authorization Request

### COVER MESSAGE

Please see attached retro authorization request.

Thank You,  
Susan Dubroc  
Special Ops  
650-249-9090 Ext. 9890  
[sdubroc@natera.com](mailto:sdubroc@natera.com)

Confidentiality Notice: This facsimile/email transmission contains confidential or privileged information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed. Unauthorized interception, use or distribution of this fax is prohibited and could be a violation of Federal and State law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be prohibited by law. Please notify the sender by telephone or email to arrange the return or destruction of this transmission.



07/23/2024

**Prior authorization request- Please see the date of service as the test has already been performed.**

Your patient has been referred to Natera for testing related to their cancer treatment for Dr. David Kahn. We are requesting authorization for testing for a personalized molecular residual disease assay using circulating tumor DNA. This test can identify molecular residual disease, or recurrent cancer, sooner than existing methods, by the presence of ctDNA.

**The patient's primary care physician is required to submit the authorization on the patient's behalf per Humana's requirement with the patient's plan and the PCP's contract with Humana. Humana has listed your office as the patient's primary care physician.**

**Patient Name:** Roberto Avila

**DOB:** 1962-11-05

**Subscriber ID:** H69728593

**DX code:** C18.2

**CPT Code:** 0340U ONC PAN CA ALYS MRD PLASMA

**Quantity:** 1

**Date of service (collection date):** 2024-06-14

**Ordering physician Name:** David Kahn

**Ordering physician NPI:** 1811941826

**Taxonomy:** 207RH0003X

To:

Page: 03 of 13

2024-07-23 19:10:28 GMT

Natera, Inc.

From: Susan Dubroc

**Requesting/Rendering Facility: Natera Inc.**

NPI: 1558672279

Tax ID# 010894487

Taxonomy: 291U00000X

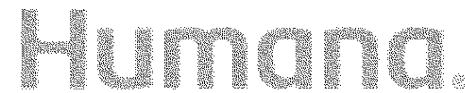
201 Industrial Rd. STE 4110

San Carlos, CA 94070

**Please advise if you need additional information to complete this request. Please fax denied or approved faxes from Humana to 650-412-2321.**

Thank you for your prompt assistance!

Susan Dubroc  
Revenue Cycle Claims Specialist • Market Access  
650-249-9090 Ext. 9890  
sdubroc@natera.com



## AVILA JR, ROBERTO Patient

**Member ID** H69728593    **Date of Birth** 1962-11-05    **Gender** NA

**NPI**  
1558672279

**Transaction Type Organization**  
Outpatient Natera    **Payer** HUMANA  
Authorization/Referral

Transaction ID: 00061dee-ca2e-ddf8-0002-53d5d085caf4    Customer ID: 357715    Transaction Date: 2024-07-23

### See Message

**Member ID**  
H69728593

**Line of Business**  
MEDICAL PRODUCTS

**Date of Service** 2024-06-14    **Message**  
You are not authorized to submit a  
referral for this member. Please  
contact the member's PCP.

**Procedure Code 1** 0340U    **Humana Record Number** CDR228478754

**Status**  
SEE MESSAGE

- For the most accurate search, please include the Provider's Tax Id Number.
- This information only applies to Humana members with Commercial and Medicare products. To submit a prior authorization request for a Medicaid member, please click Skip to proceed with the outpatient authorization/referral. A detailed list of services that require authorization can be found on the Preauthorization and Notification list at [humana.com/PAL](http://humana.com/PAL).
- In some instances, you may be redirected to a vendor to complete your transaction. Examples of vendor managed services include but are not limited to Advanced Radiology services, Musculoskeletal, Pain Management and Spinal Surgery Services, and some Medicare Home Health services. Vendor participation varies by location and plan type. If it is necessary for you to contact a vendor, you will be advised as early as

To:

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2024-07-23 19:10:28 GMT

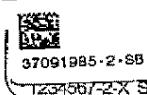
Natera, Inc.

From: Susan Dubroc

**possible within the submission process and a reference number will be provided for your inquiry. Commonly utilized vendors include HealthHelp (Advanced Radiology), COHERE Health (Musculoskeletal indications in some states, dx codes M00-M99), Orthonet (Musculoskeletal, Pain Management, and Spinal Surgeries) and MyNexus (Medicare home health in some locations). More detailed information on vendor management by service can be found on the Preauthorization and Notification Lists at [humana.com/PAL](http://humana.com/PAL).**

- Authorization requirements are based on the requesting provider entered. If services will be rendered by a provider other than the requesting provider or in a facility setting, requirements may vary. For the most specific response, please include Requesting provider TIN when submitting.
- HMO members only have benefits for participating providers. Verify network participation for all providers rendering care.
- This only applies to outpatient authorizations/referrals. To submit an authorization request for an inpatient facility admission, please return to the [Authorization screen](#) and select inpatient. Note: Observation stays should be submitted via the Outpatient admission screen.
- Authorization requirements are based on information provided and do not take into account medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. For more information on the member's benefits, please return to the [Eligibility and Benefits Inquiry screen](#) screen or call Customer Service number on the back of the member's Humana ID card.

# natera | ONCOLOGY



Please Signatera/Altera  
sample kit barcode here

**Date of Sample Collection (MM/DD/YY)\***

Please send completed form in sample kit. For Natera-collected samples, email form to [oncologyCE@natera.com](mailto:oncologyCE@natera.com) or fax to +1 (650) 412-1962  
(\*) denotes required fields. Failure to complete will result in testing delays. | Inquiries: +1 (650) 489-9050

**1. PATIENT INFORMATION\***

Last Name*	Middle Name*	First Name*
AVILA	R	Roberto
11-5-1962	O/F	4468072
Date of Birth (MM/DD/YY)*	Sex Assigned at Birth*	MRN
Last 4 digits of SSN ( )		
Email Address	Cell Phone*	
Street Address*	City*	State*
Margate	FL	33063

**2. ORDERING CLINICIAN\***

Ordering Clinician*	NPI Number		
(15977) Genesis Care- Margate			
(Natera Account ID) Clinic or Organization*			
5667 NW 29th St.	Margate	FL	33063
Street Address*	City*	State*	Zip Code*
954-984-9998	954-984-9998	horbys.pazrodriuez@usa.genes	
Telephone Number*	Clinic or Organization Fax or Email*		

**STATEMENT OF MEDICAL NECESSITY** I confirm the testing ordered herein is medically necessary and this patient has been informed of the details of the genetic test(s) ordered, including the risks, benefits, and alternatives, and has consented to testing as may be required by law, including NY CVR §78-d as applicable. I authorize the referral of this patient to a third-party genetic counseling service if required by the patient's insurance provider.

I hereby authorize the pathology laboratory to release the patient's specimen to Natera.

Ordering Clinician / Authorized Signature\*

6-12-24  
Date\*

**3. TEST ORDER SELECTION\*****SIGNATERA****Molecular Residual Disease (MRD)**

Must select only one testing cadence below:

- 4 weeks  
 6 weeks  
 8 weeks  
 3 months  
 6 months  
 Single test order  
 MRD & Recurrence Monitoring recommended cadence

Please indicate the total number of desired draws:  
# left blank, order will default to 12 months of draws

See back for cadence schedule & additional test details

**ALTERA****Tissue Comprehensive Genomic Profiling (CGP)**

- Whole Exome DNA (inclusive of MSI and TMB) + Whole Transcriptome RNA Sequencing  
• Available for Active Stage III / IV / Recurrent only.  
• If ordered with an initial Signatera test, Altera can be run using the same tissue and blood samples.  
• If Signatera has been previously ordered for this patient, additional blood and tissue samples are required.  
• Not available for samples collected in NY State.

**EMPOWER****Germinal Hereditary Cancer**

Must select only one base test below:

- BRCA1 & BRCA2  
 Lynch Syndrome (MLH1, MSH2, MSH6, PMS2, EPCAM)  
 Other Panel ID

May select only one additional test (optional):

- Multi-Cancer (40 genes total)  
 Comprehensive (81 genes total)

Must complete "Empower Information" section on back AND collect Empower EDTA tube in Signatera/Altera blood kit.

**4. SIGNATERA & ALTERA CLINICAL INFORMATION**

Cancer type to be tested for Signatera/Altera\*: (select one cancer type)

Colorectal  Bladder  Breast  Lung  Melanoma  Other \_\_\_\_\_ Date of diagnosis (MM/DD/YY) \_\_\_\_\_

Subtype \_\_\_\_\_ Stage:  I  II  III  IV  Other \_\_\_\_\_ Date of curative Intent surgery\* \_\_\_\_\_

Is patient receiving or planning to receive immunotherapy?\* History of recurrence? Active disease?  
 Yes  No  Unknown  Yes  No  Yes  No Evidence of Disease

**ICD-10 CODES\***

Enter relevant codes for each test  
018.2

Signatera & Altera

Empower

For codes, visit: [natera.com/icd10codes](http://natera.com/icd10codes)

**5. SPECIMEN COLLECTION & RETRIEVAL - Initial Order**

Blood draw(s) to be managed by:  Natera Mobile Phlebotomy (default)  Clinic OR  Clinic managed for first draw, Natera managed for subsequent draws

Tissue acquisition to be managed by:  Natera (default) OR  Clinic will coordinate shipping of sample to Natera. Notes: \_\_\_\_\_

Most recent progress/clinical note attached\*

Pathology report attached\*

Tissue acquisition cannot occur without a pathology report

Tissue Collection Date (MM/DD/YY)

Accession # / Block ID #

Please see Instructions in kit for details

Pathology Lab Name / Contact\*

Address

City

State

Zip

{ }

Fax\*

Email

**6. INSURANCE & PAYMENT INFORMATION**

Please attach front and back of insurance card.

Medicare only - Patient Status:  If inpatient, add Date of Discharge \_\_\_\_\_

Outpatient

Bill To:  Medicare  Self-pay  
 Other Insurance  Clinic

Insurance Company\*

Member ID\*

Group Number

Prior Authorization Number

**7. PATIENT ACKNOWLEDGMENT**

By my signature I acknowledge that I have read and agreed to the following and to the Patient Acknowledgment for testing on the back page.

New York residents must check this box  and sign below to permit Natera to use their samples for research and development; otherwise, their samples will be discarded within 60 days of testing.

I understand that my/my child's treatment, payment, enrollment, or eligibility for benefits is not conditioned on my providing such consent, and I may opt out at any time or by checking this box .

I hereby authorize Natera, Inc. to obtain my/my child's pathology specimens.

By providing the information included herein, I understand and agree I may be contacted by email, cell, home phone, text message, automatic telephone dialing system, or computer assisted technology for treatment options, billing/collection matters, and health-related products, services, or studies.

Patient/Guardian Signature\*  
Date\* 10/11/24

**CONTRAINDICATIONS**

**Signatera testing:** Patients with a history of allogeneic bone marrow transplant, OR have had blood transfusions within the last three months

**Empower testing:** Patients with a history of allogeneic bone marrow transplant, OR have current or previous history of hematologic malignancy

**BLOOD DRAW MANAGEMENT**

**Natera Managed:** For Natera managed draws, our Patient Coordinators will contact the patient directly and schedule a time for a Mobile Phlebotomy Specialist to draw the sample at the patient's convenience. The sample collection kit, along with a pre-filled order form, will be shipped to the patient prior to their scheduled draw.

**Clinic Managed:** For clinic managed draws, you are indicating that the patient's blood sample will be collected and sent by your clinic to Natera. A sample collection kit, along with a pre-filled order form, will be shipped directly to the patient to bring into the clinic, unless otherwise indicated.

**SAMPLE REQUIREMENTS**

Submission Checklist:	1) Signed order form	2) Pathology Report	3) Most recent progress/clinical note	4) Copy of insurance card
Sample Type	Initial Signatera order & Altera	Signatera subsequent orders	Altera only	Empower (Include additional Empower-labeled EDTA tube)
Tumor Tissue w/Pathology Report	✓		✓	
EDTA   Whole Blood (6mL K2 or K3)	✓		✓	✓
2x Streck   Plasma (10mL Tiger Top)	✓	✓		

**8. EMPOWER INFORMATION\*****PATIENT COMPLETE CANCER HISTORY (include all cancers and age of dx)**

No personal history of cancer  
 Patient has had genetic testing for hereditary cancer (If yes, please attach the report)

Cancer/Tumor	Age at Dx					
<input type="radio"/> Breast	<input type="radio"/> Invasive Ductal	<input type="radio"/> DCIS	<input type="radio"/> Invasive Lobular	<input type="radio"/> Triple negative (ER-, PR-, HER2-)	<input type="radio"/> High-Risk HER2-**	<input type="radio"/> Metastatic
<input type="radio"/> Ovarian	<input type="radio"/> Non-epithelial					
<input type="radio"/> Prostate	<input type="radio"/> Metastatic	<input type="radio"/> Intraductal/Cribiform				
<input type="radio"/> Pancreatic						
<input type="radio"/> Endometrial/Uterine						
<input type="radio"/> Colon/Rectal						
<input type="radio"/> Stomach						
<input type="radio"/> Other cancer(s): Type _____						

**Additional Information**

- Colon Polyps: Number of polyps \_\_\_\_\_  
If tumor screening was performed, select all that apply:  
 MSI high? If yes, cancer type tested \_\_\_\_\_  
 Mismatch Repair (MMR) protein absent on IHC? Result \_\_\_\_\_

\* See NCCN.org for the definition of high-risk disease

**Race or ethnicity**

<input type="radio"/> African American/Black	<input type="radio"/> Native Hawaiian or other Pacific Islander
<input type="radio"/> American Indian or Alaska Native	<input type="radio"/> South Asian
<input type="radio"/> Ashkenazi Jewish	<input type="radio"/> Southeast Asian
<input type="radio"/> East Asian	<input type="radio"/> White (Non-Hispanic)
<input type="radio"/> Hispanic/Latin American	<input type="radio"/> Other

**FAMILY HISTORY OF CANCER**

- No known family history  
 Limited family structure: Adopted or less than two 1st/2nd degree relatives living past age 45 years old  
 Check this box if any below relatives are willing to be tested

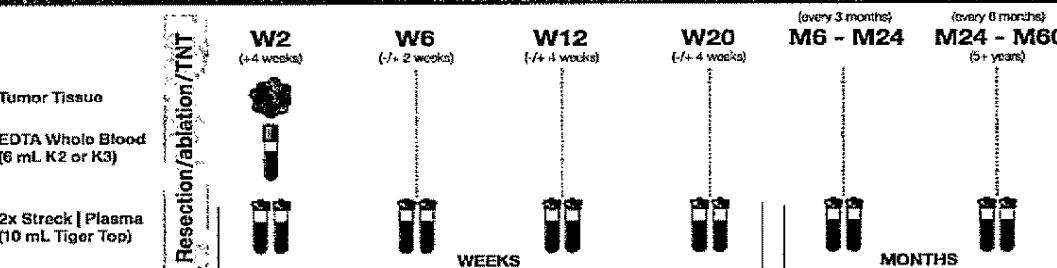
Relationship	Maternal or Paternal	Cancer site(s)	Age at Dx	Relative Deceased
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

**Additional Information**

**Known Familial Mutation:** Gene: \_\_\_\_\_ Variant: \_\_\_\_\_  
Relationship \_\_\_\_\_ Report available?  Yes (please attach)  No

For the full list of genes in each Empower test, visit <https://www.natera.com/empower-for-clinicians/>

If you're looking for the Breast STAT test, breast cancer risk model or the family testing program, please see the Empower only test requisition or order online at [oncology.natera.com](http://oncology.natera.com)

**SIGNATERA MRD & RECURRANCE MONITORING RECOMMENDED CADENCE DRAW SCHEDULE**

MRD & Recurrence monitoring cadence requires the date of curative intent surgery. This cadence is available for all solid tumor histologies, and ctDNA assessment may begin BEFORE surgery, to help evaluate the effectiveness of neoadjuvant therapy and/or surgical intervention.

**MRD & Recurrence Monitoring Recommended Cadence order directs Natera to:**

- When date of surgery is known (either previous or upcoming surgery date), Natera to arrange pre-surgical blood draws every 4 weeks and post-surgical blood draws that approximate the schedule illustrated above.
- If no surgery date is provided, patient will be defaulted to a 3 month schedule.

**Note:** Schedules may be adjusted at any time by the ordering provider, via email to [OncologyCE@natera.com](mailto:OncologyCE@natera.com) or by calling 650.489.9050.  
Recurring orders expire 12 months from date of signature

**PATIENT ACKNOWLEDGMENT (READ AND SIGN THE FRONT OF THIS PAGE)**

I have been informed of and understand the details of the test ordered herein for me by my/my child's health care provider, including the risks, benefits, and alternatives, and have consented to testing. I understand that the test results may inform me of a medical condition that may require medical follow-up. I also understand that a negative result does not rule out the possibility of such medical condition. I authorize Natera or other provider to share the information on this form and my/my child's test results with my/my child's insurer/health plan ("plan") on my/my child's behalf, with all benefits of my/my child's plan made payable directly to Natera or other provider. I understand that I am responsible for (a) costs not paid by my/my child's plan directly to Natera for tests ordered, including, without limitation, any copayments, deductibles, or amounts deemed "patient responsibility" and (b) any amounts paid to me by my/my child's plan. This testing will not be covered by my/my child's plan if it is outside of the plan's coverage guidelines or deemed not medically necessary – (e.g. where prior authorization is required but not obtained) and I will be responsible for the cost of such testing. I assign to Natera the right to appeal on my/my child's behalf negative coverage decisions made by my/my child's plan and to assert all rights and claims reserved to me/my child as the beneficiary thereof. The information obtained from my/my child's tests may be used in scientific research, publications or presentations, but my/my child's specific identity will not be revealed. Natera may contact my/my child's healthcare provider to obtain more information regarding clinical correlation and confirmatory testing. My/my child's leftover samples may be de-identified, including those specimens obtained from other institutions with my consent, and used for research and development. I and my heirs will not receive payments, benefits, or rights to any resulting products or discoveries. If I do not want my/my child's samples used for research and development purposes, I will send a request in writing to Natera Sample Retention Department at the address on page 1 within 60 days after test results have been issued and my/my child's samples will be destroyed.



#### ABOUT THIS TEST:

Signatera™ is a bespoke mPCR-NGS assay for detection of circulating tumor DNA (ctDNA) in the plasma of patients previously diagnosed with cancer. Individual-specific mutation signatures are identified by up front tissue and matched normal whole exome sequencing.

#### Patient & Sample Information

Patient Name: Roberto Avila  
Date of Birth: 11/05/1962  
Medical Record #: 4468072  
Case File ID: 12902154  
Cancer Type: Colorectal  
Tissue Collected: 05/22/2024  
Tissue Received: 07/03/2024  
Plasma Collected: 06/14/2024  
Plasma Received: 06/15/2024  
Block ID: CS-24-2261 (A7)  
Block Type: Block

#### Ordering Physician

Name: David Kahr  
Clinic: Genesis Care- Margate  
NPI: 1811941826  
Address: 5667 NW 29th St., Margate, FL 33063, US  
Pathology: Broward Health Coral Springs - Pathology Department  
Lab Name: N/A  
Additional: N/A  
Reports: Report Date: 07/21/2024

#### FINAL RESULTS SUMMARY

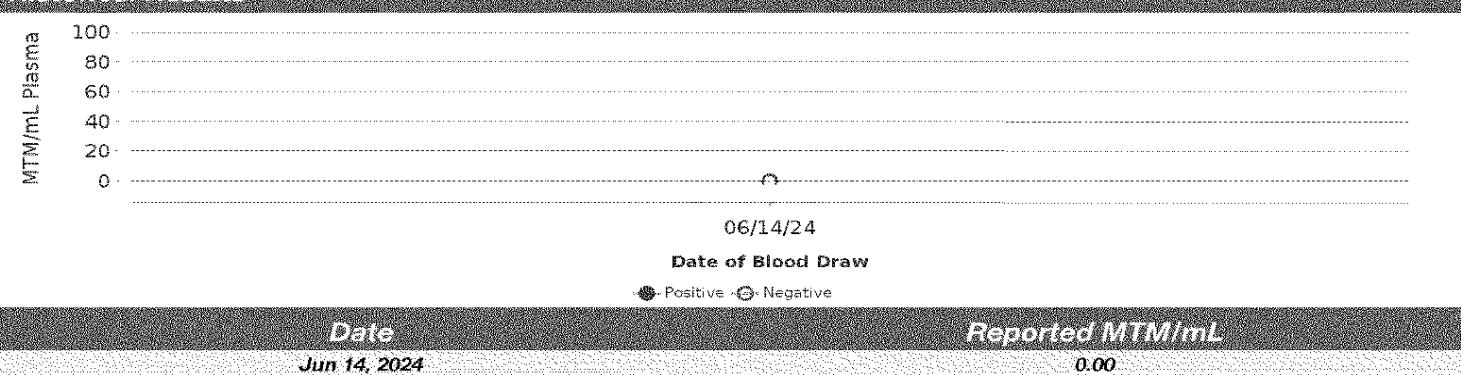
**Signatera Negative**



**MTM/mL:  
Not Detected**

Mean tumor molecules per mL is calculated based on the mean of ctDNA molecules detected per mL of the patient's plasma. See Limitations section below.

#### Historical Results



#### Interpretation and Limitations

Signatera is a personalized, tumor-informed test for the longitudinal detection of circulating tumor DNA (ctDNA). Interval testing is recommended for all patients. Studies have demonstrated that when ctDNA is detected (Signatera Positive) following surgery or definitive treatment, the risk for disease relapse is high without further treatment. Conversely, when ctDNA is not detected, the patient may be considered at lower risk for relapse. For those with multiple timepoints, upward trending ctDNA levels are suggestive of increasing tumor burden (1,2). For a single time point in isolation, the absolute MTM/mL value has no known clinical significance and should not be compared across patients. Test results should be interpreted in context of other clinicopathological features. ctDNA detection sensitivity may be limited due to blood collection within two weeks of surgery and while the patient is on therapy. Signatera is a quantitative test and reports in units of mean tumor molecules per mL (MTM/mL), which is comprised of three measured components (plasma volume, cell free DNA (cfDNA) concentration, and Variant Allele Frequency (VAF)). The MTM/mL number will be qualified if any measured component falls outside the analytical measurement range for that component. The analytical sensitivity is 95% at the limit of detection (0.3 MTM/mL). Results obtained are specific to the assessed time point. A negative test result does not definitively indicate the absence of cancer. This test is not designed to detect or report germline variation, nor does it infer hereditary cancer risk for the patient. Each Signatera assay is designed to a single tumor for a given patient. At this time, multiple personalized Signatera assays cannot be developed for the same patient. This test is designed to detect ctDNA from the assayed tumor only; new primary tumors will not be detected. There is a low risk that a new primary may share a variant that could interfere with the Signatera test. Testing cannot be performed in patients who are pregnant, have a history of bone marrow transplant, or history of blood transfusion within three months. This test is expected to have limited sensitivity in cancer types such as GIST, renal cell carcinomas, primary brain tumors, and lymphoma due to limited ctDNA shed.

<sup>1</sup> Bratman SV, Yang SYC, Iafolla MAJ, et al. Personalized circulating tumor DNA analysis as a predictive biomarker in solid tumor patients treated with pembrolizumab. *Nature Cancer*. 2020; 1(9):673-681

<sup>2</sup> Henriksen TV, Tavarozza N, et al. Circulating Tumor DNA in Stage III Colorectal Cancer, beyond Minimal Residual Disease Detection, toward Assessment of Adjuvant Therapy Efficacy and Clinical Behavior of Recurrences. *Clin Cancer Res*. 2021; 28(8):507-517

#### Methodology

FFPE samples are reviewed by a pathologist to assess tumor content and percent tumor nuclei. Tumor DNA is extracted using Omega Bio-tek Mag-Bind® FFPE DNA/RNA kit. Whole genomic DNA is isolated from peripheral blood using QIAamp DNA Blood MiniKit to provide DNA for germline sequencing. Circulating tumor DNA (ctDNA) is extracted from plasma derived from whole blood samples collected in cell-free DNA blood tubes (Streck) using the QIAAsymphony automated or manual extraction method (QIAGEN). Whole-exome sequencing is performed on tumor and peripheral blood DNA using the Natera whole-exome sequencing assay. Using a proprietary algorithm, putative, clonal variants present in the tumor but absent in the germline DNA are identified to design the customized multiplex PCR assay. The customized PCR assays are run to detect presence or absence of these variants within circulating plasma. A patient's plasma sample is considered ctDNA positive when at least two individual-specific tumor variants are detected. When fewer than two individual-specific tumor variants are observed, a negative result is issued. Pathology services and whole exome sequencing is performed at Natera Inc. (CLIA ID# 05D1082992), 201 Industrial Rd, Suite 410, San Carlos, CA 94070, USA.

#### Disclaimer

The extraction, library preparation, and sequencing for this test were performed by NBTx Inc., 13C11 McCallen Pass, Building A Suite 100, Austin, TX 78755 (CLIA ID 45D2C93704). The data analysis and reporting for this test were performed by Natera Inc., 201 Industrial Rd, Suite 410, San Carlos, CA 94070 (CLIA ID 05D1082992). This test was developed and its performance characteristics determined by Natera Inc. The test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). CAP accredited, ISO 13485 certified, and CLIA certified. Pathology services and whole exome sequencing for this test were performed by Natera Inc., 201 Industrial Rd, Suite 410, San Carlos, CA 94070 (CLIA ID 05D1082992). © 2021 Natera, Inc. All Rights Reserved.

Approved by:

J. Dianne Keen-Kim, Ph.D., FACMG, Senior Laboratory Director



Contact Information: 201 Industrial Road, Suite 410, San Carlos, CA 94070 | NateraOncology.com | +1 855.489.9060 | signaterrace@natera.com

1 of 1

Page: 1 of 2

## Surgical Pathology Final Report

Temporary Copy

Case: CS-24-0002261

Patient: AVILA, ROBERTO ZACARIAS

Collected: 5/22/2024 22:45 EDT

ID: 916759

Ordered by: CORALLO MD, JOSEPH P

Location: CSMC

### CLINICAL INFORMATION

Clinical History: Colon cancer

Pre-Operative Diagnosis: Same

Surgical Procedure: Subtotal open colectomy

Post-Operative: Same

### SURGICAL SPECIMEN

Product of subtotal colon

### SURGICAL PATHOLOGY DIAGNOSIS

PRODUCT OF SUBTOTAL COLON:

INVASIVE, MODERATELY DIFFERENTIATED ADENOCARCINOMA, 2.5 X 2.2 CM.

THE CARCINOMA INVADES THROUGH THE MUSCULARIS PROPRIA INTO PERICOLOMIC SOFT TISSUE.

TUBULAR ADENOMAS.

UNREMARKABLE APPENDIX

NEGATIVE MARGINS OF RESECTION.

SIXTEEN LYMPH NODES NEGATIVE FOR CARCINOMA (0/16).

PLEASE SEE CANCER SUMMARY.

pT3, pN0.

ELENA VROTSOS DO  
(Electronically signed by)  
05/24/24 13:01: HB

### SURGICAL PATHOLOGY COMMENT

A: Colon and Rectum - Resection

Specimen

Procedure: subtotal colon

Tumor

Tumor Site: Colon, not otherwise specified

Histologic Type: Adenocarcinoma

Histologic Grade: G2, moderately differentiated

Tumor Size: 2.5 Centimeters (cm)

Tumor Extent: Invades through muscularis propria into the pericolonic or perirectal tissue

Macroscopic Tumor Perforation: Not identified

Lymphovascular Invasion: Not identified

Perineural Invasion: Not identified

Treatment Effect: No known presurgical therapy

Margins

Margin Status for Invasive Carcinoma: All margins negative for invasive carcinoma

Margin Status for Non-Invasive Tumor: All margins negative for high-grade dysplasia / intramucosal carcinoma and low-grade dysplasia

Regional Lymph Nodes

Regional Lymph Node Status: All regional lymph nodes negative for tumor

Number of Lymph Nodes Examined: 16

Tumor Deposits: Not identified

Pathologic Stage Classification (pTNM, AJCC 8th Edition)

pT Category: pT3

pN Category: pN0

Page: 2 of 2

## Surgical Pathology Final Report

Temporary Copy

Case: CS-24-0002261

Patient: AVILA, ROBERTO ZACARIAS

Collected: 5/22/2024 22:45 EDT

ID: 916759

Ordered by: CORALLO MD, JOSEPH P

Location: CSMC

### SURGICAL MICROSCOPIC DESCRIPTION

Immunohistochemistry for MMR will follow in separate report. Microscopic examination is performed, and the results of the examination are incorporated in the pathology diagnosis.

### SURGICAL GROSS DESCRIPTION

"Product of subtotal colon." Received in formalin is a 20 cm in length by 7 cm in average circumference portion of colon and cecum with a 9.5 x 3.0 cm portion of terminal ileum and a 4.0 x 0.6 cm veriform appendix. The serosa is tan-red and partially surfaced by fibrofatty adhesions. There is a 29.0 x 11.0 x 2.5 cm portion of attached omentum. The specimen is opened to reveal glistening tan-pink mucosa remarkable for multiple polyps and a 2.5 x 2.2 x 0.6 cm tan-red polypoid mass. The polyps range from 0.5 cm to 1.1 cm in greatest dimension and all are >3 cm from the stapled margin. The large polypoid mass is 7.5 cm from the distal margin, >20 cm from the proximal margin, and 8 cm from the closest radial margin. Sectioning through the polypoid mass reveals invasion through the muscularis into the attached adipose tissue, to a depth of 0.4 cm. Multiple pink-red lymph nodes range from 0.2 cm to 2 cm in greatest dimension. Representative sections are submitted as follows:

- 1 - Proximal margin, shave
- 2 - Distal margin, shave
- 3 - Radial margin, shave
- 4 - Two polyps (one bisected)
- 5 - One polyp, bisected
- 6-9 - Polypoid mass
- 10 - Appendix
- 11 - Two lymph nodes, bisected (one inked green)
- 12 - Four lymph nodes
- 13 - Five lymph nodes
- 14 - Two bisected lymph nodes (one inked green)
- 15 - Two bisected lymph nodes (one inked green)
- 16-18 - One lymph node, serially sectioned
- 19 - One lymph node, bisected
- 20 - One lymph node, serially sectioned

CL: HB  
05/24/24



David Kahn, M.D.  
5667 NW 29th Street  
Margate, FL 33063  
Office: (954) 984-9998  
Fax: (954) 984-9988

Patient Name: ROBERTO AVILA  
DOB: 11/05/1962  
Office Visit Date: 06/14/2024

**Chief Complaint:**

**Reason for Visit:**

Colon cancer

**History of Present Illness:**

Mr. Roberto Avila is a 61-year-old man with alcoholism and liver cirrhosis he had a positive Cologuard that was performed for iron deficiency. He underwent a colonoscopy on 4/8/2024 and a biopsy of a hepatic flexure mass was positive for invasive adenocarcinoma. He underwent a subtotal colectomy on 5/22/2024 that revealed invasive moderately differentiated adenocarcinoma invading through the muscularis propria into pericolonic soft tissue. 16 lymph nodes were negative for T3 N0 disease. There was no lymphovascular invasion and was grade 2.

**Past Medical History:**

Hypertension,  
cirrhosis  
Hypertension,  
COPD  
CHF

**Surgical History:**

- 05/22/2024, Procedure: Right hemicolectomy and anastomosis of ileum to colon (procedure)

**Family History:**

Father: Deceased - Esophageal cancer; Mother: Deceased - Lung cancer; Grandmother - Maternal (2nd Degree): Deceased - Colorectal cancer

**Social History:**

Pint of alcohol daily

**Smoking History:**

Smoking Tobacco : Former smoker, pack years: 34, started smoking: 1976, stopped smoking: 2020; Smokeless Tobacco : none found;  
Vaping : none found

**Allergy:**

No known medication allergies

**Active Medication List:**

Medication List	
Name	Date
Lisinopril Oral	06/14/2024
Amlodipine Oral	06/14/2024

**Review of Systems:**

**Constitution:**

06/20/2024

Page 1 of 3

South Florida Cancer Care

Note Date: 06/14/2024

Patient: ROBERTO AVILA  
Date of Birth: 11/05/1962  
MRN: 4468072

Denies fever, chills, fatigue, or unexpected weight changes.

**Cardiovascular:**

Denies chest pain, chest pressure.

**Endocrine:**

Denies hot flashes, feeling cold, mood changes, or glove size changes.

**ENT:**

Denies hearing loss, changes of vision, pain, discharge of nose or ear, dizziness, or sinus pressure.

**Eyes:**

Denies visual changes, eye pain, or redness.

**GI:**

Diarrhea

**GU:**

Denies dysuria, pyuria, urinary urgency or frequency, bloody urine.

**Head/Neck:**

Denies neck pain or stiffness, noticeable nods, or mass on neck.

**Heme/Lym:**

Denies swollen glands, bleeding problems, or bruising.

**Musculoskeletal:**

Denies joint pain, swelling, muscle weakness, unilateral deficits, or fatigue.

**Neuro:**

Denies headache, passing out.

**Resp:**

Denies shortness of breath, cough, hemoptysis, wheezes, or sputum production.

**Skin:**

Denies skin or hair changes.

**Lymphatics:**

Denies adenopathy.

**Vital Signs:**

Blood pressure: 142/71, Pulse: 85, Temperature: 97.7 F, Respirations: 16, Pain Scale: 0, Weight: 266 lb

**ECOG:**

**Physical Exam General:**

Good

**Physical Exam Detail:**

**Head/Scalp/Face:**

Normal cephalic; Nontraumatic skull; No tenderness; No palpable mass.

**Eyes:**

Normal conjunctiva; No jaundice; Pupils are symmetric, normal size with active light reflex.

**Nose/Sinus:**

Symmetric; No obstruction; No nasal flaring/grunting.

**Throat/Mouth:**

No oral ulcer; Pharynx is clear; No erythematous; No exudate; No gum swelling/bleeding.

**Neck:**

Range of motion is within normal limit; No tenderness; No jugular venous distention; No lymph nodes/mass palpable.

**Chest/Lung:**

Chest wall movement is symmetric with respiration; No intercostal reaction; No tenderness/fremitus; Breath sounds are clear; No rales/wheezing.

**Heart:**

Heart rate is within normal limit; Regular rhythm; First heart sound and second heart sound present; No murmurs/thrills.

**Abdomen:**

Soft; Nondistended ; No-tenderness; No palpable mass; No hepatomegaly/splenomegaly; Costovertebral angle is nontender.

**Extremities:**

No deformity/clubbing/cyanosis/edema; Bilateral pedal pulse present; No visible joint swelling/erythema; Normal ROM.

**Skin/Membrane:**

Skin warm to touch; Normal color; No laceration/bruise; No rash/eczema/ulcers.

**Neurological:**

Alert and awake, oriented to time, name and place; No focal deficit; Cranial nerves gross intact; No gait disturbance; No tremors.

**Muscular:**

Normal tone; No muscular atrophy/hypertrophy; No jerking.

**Mental Status:**

Dress neat and clean; No mood swing; No memory loss.

**Lymph Nodes:**

No cervical, supraclavicular, axillary, inguinal or femoral nodes detected.

**Labs:**

06/20/2024

Page 2 of 3

South Florida Cancer Care

Note Date: 06/14/2024

Patient: ROBERTO AVILA  
Date of Birth: 11/05/1962  
MRN: 4468072

Lab Results	06/14/2024
CBC	
WBC x 10^3/uL	13.82
RBC x 10^6/uL	3.23 (L)
HGB g/dL	9.7 (L)
HCT %	30.9 (L)
MCV fL	95.7 (H)
MCH pg	30.0
MCHC g/dL	31.4
MPV fL	9.9
LY %	21.7
MID %	6.0
MID # x 10^3/uL	0.83 (H)
LY # x 10^3/uL	3
Lab - Other	
BAS#	0.07
Basos	0.5
Eos	4.8 (H)
EOS#	0.67 (H)
IG #	0.04
IG %	0.3
NEUT#	9.21 (H)
Neutrophils	66.7 (H)
PLT	228
RDW-CV	12.9
RDW-SD	45.2 (H)

Problem List:

- Ascending colon cancer ( Date of Dx:06/08/2024 Histologic Grade: G2; Lymph-Vascular Invasion: Unknown; PNI (Perineural Invasion): Unknown; )

Assessment/Plan:

The patient has 2 colon cancer with no obvious high risk features. The tumor is MMR proficient. The patient also has alcoholism. I would therefore prefer not to give him adjuvant chemotherapy. I will send off Signatera. If he has no surgical bleeding tumor DNA then I would not offer adjuvant chemotherapy. If his CT DNA is positive then he would require some adjuvant chemotherapy. He also has a strong family history of cancer and therefore I will do hereditary cancer testing.

David Kahn (Medical Oncology), M.D.

cc: Joseph J Corallo, MD  
Luis Martinez, MD (Referring)

Electronically signed by David Kahn MD 06/14/2024 02:34 PM EDT

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240712 ONCO NOTE]

Document Name: 20240712 ONCO NOTE, Scanned Date: 2024-07-12

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240712 ONCO NOTE]

7/12/2024 11:42 AM

Kahn, David -> Luis Martinez, MD

Page 1 of 5

## EMR Fax Message



---

**To:** Luis Martinez, MD  
**Fax:** 954-581-8382  
**From:** Kahn, David  
South Florida Cancer Care  
David Kahn MD  
5667 NW 29th Street  
Margate, FL 33063  
954-984-9998  
**Date:** 07/12/2024 11:42 AM  
**Subject:** Follow Up Note

*ATTENTION: This report may contain Protected Health Information as defined by HIPAA, and should be managed in accordance with your organization's policies for Protected Health Information*

07/12/2024

Page 1 of 5

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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David Kahn, M.D.  
5667 NW 29th Street  
Margate, FL 33063  
Office: (954) 984-9998  
Fax: (954) 984-9988

Patient Name: ROBERTO AVILA  
DOB: 11/05/1962  
Office Visit Date: 07/12/2024

**Chief Complaint:**

**Reason for Visit:**  
Colon cancer

**History of Present Illness:**

Mr. Roberto Avila is a 61-year-old man with alcoholism and liver cirrhosis he had a positive Cologuard that was performed for iron deficiency. He underwent a colonoscopy on 4/8/2024 and a biopsy of a hepatic flexure mass was positive for invasive adenocarcinoma. He underwent a subtotal colectomy on 5/22/2024 that revealed invasive moderately differentiated adenocarcinoma invading through the muscularis propria into pericolonic soft tissue. 16 lymph nodes were negative for T3 N0 disease. There was no lymphovascular invasion and was grade 2. His hereditary comprehensive cancer panel on 6/14/2024 was negative.

**Past Medical History:**

Hypertension,  
Cirrhosis  
Hypertension,  
COPD  
CHF

**Surgical History:**

- 05/22/2024, Procedure: Right hemicolectomy and anastomosis of ileum to colon (procedure)

**Family History:**

Father: Deceased - Esophageal cancer; Mother: Deceased - Lung cancer; Grandmother - Maternal (2nd Degree): Deceased - Colorectal cancer

**Social History:**

Pint of alcohol daily

**Smoking History:**

Smoking Tobacco : Former smoker, pack years: 34, started smoking: 1976, stopped smoking: 2020; Smokeless Tobacco : none found;  
Vaping : none found

**Allergy:**

No known medication allergies

**Active Medication List:**

Medication List	
Name	Date
Lisinopril Oral	06/14/2024
Amlodipine Oral	06/14/2024

## South Florida Cancer Care

Patient: ROBERTO AVILA  
 Date of Birth: 11/05/1962  
 MRN: 4468072

Note Date: 07/12/2024

**Review of Systems:****Constitution:**

Denies fever, chills, fatigue, or unexpected weight changes.

**Cardiovascular:**

Denies chest pain, chest pressure.

**Endocrine:**

Denies hot flashes, feeling cold, mood changes, or glove size changes.

**ENT:**

Denies hearing loss, changes of vision, pain, discharge of nose or ear, dizziness, or sinus pressure.

**Eyes:**

Denies visual changes, eye pain, or redness.

**GI:**

Diarrhea

**GU:**

Denies dysuria, pyuria, urinary urgency or frequency, bloody urine.

**Head/Neck:**

Denies neck pain or stiffness, noticeable nods, or mass on neck.

**Heme/Lym:**

Denies swollen glands, bleeding problems, or bruising.

**Musculoskeletal:**

Denies joint pain, swelling, muscle weakness, unilateral deficits, or fatigue.

**Neuro:**

Denies headache, passing out.

**Resp:**

Denies shortness of breath, cough, hemoptysis, wheezes, or sputum production.

**Skin:**

Denies skin or hair changes.

**Lymphatics:**

Denies adenopathy.

**Vital Signs:**

Blood pressure: 188/96, Pulse: 83, Temperature: 98.7 F, Respirations: 17, Pain Scale: 0, Weight: 267 lb

**ECOG:****Physical Exam General:**

Good

**Physical Exam Detail:****Head/Scalp/Face:**

Normal cephalic; Nontraumatic skull; No tenderness; No palpable mass.

**Eyes:**

Normal conjunctiva; No jaundice; Pupils are symmetric, normal size with active light reflex.

**Nose/Sinus:**

Symmetric; No obstruction; No nasal flaring/grunting.

**Throat/Mouth:**

No oral ulcer; Pharynx is clear; No erythematous; No exudate; No gum swelling/bleeding.

**Neck:**

Range of motion is within normal limit; No tenderness; No jugular venous distention; No lymph nodes/mass palpable.

**Chest/Lung:**

Chest wall movement is symmetric with respiration; No intercostal reaction; No tenderness/fremitus; Breath sounds are clear; No rales/wheezing.

**Heart:**

Heart rate is within normal limit; Regular rhythm; First heart sound and second heart sound present; No murmurs/thrills.

**Abdomen:**

Soft; Nondistended ; No-tenderness; No palpable mass; No hepatomegaly/splenomegaly; Costovertebral angle is nontender.

**Extremities:**

No deformity/clubbing/cyanosis/edema; Bilateral pedal pulse present; No visible joint swelling/erythema; Normal ROM.

**Skin/Membrane:**

Skin warm to touch; Normal color; No laceration/bruise; No rash/eczema/ulcers.

**Neurological:**

Alert and awake, oriented to time, name and place; No focal deficit; Cranial nerves gross intact; No gait disturbance; No tremors.

**Muscular:**

Normal tone; No muscular atrophy/hypertrophy; No jerking.

**Mental Status:**

Dress neat and clean; No mood swing; No memory loss.

## South Florida Cancer Care

Patient: ROBERTO AVILA  
 Date of Birth: 11/05/1962  
 MRN: 4468072

Note Date: 07/12/2024

**Lymph Nodes:**

No cervical, supraclavicular, axillary, inguinal or femoral nodes detected.

**Labs:**

Lab Results	07/12/2024	06/14/2024
CBC		
WBC x 10^3/uL	10.49	13.82
RBC x 10^6/uL	3.64 (L)	3.23 (L)
HGB g/dL	11.0	9.7 (L)
HCT %	34.8	30.9 (L)
MCV fL	95.6 (H)	95.7 (H)
MCH pg	30.2	30.0
MCHC g/dL	31.6	31.4
MPV fL	8.8	9.9
LY %	18.5	21.7
MID %	8.4	6.0
MID # x 10^3/uL	0.88 (H)	0.83 (H)
LY # x 10^3/uL	1.94	3
Lab - Other		
BAS#	0.05	0.07
Basos	0.5	0.5
Eos	3.4	4.8 (H)
EOS#	0.36 (H)	0.67 (H)
IG #	0.02	0.04
IG %	0.2	0.3
NEUT#	7.24 (H)	9.21 (H)
Neutrophils	69.0 (H)	66.7 (H)
PLT	223	228
RDW-CV	13.9	12.9
RDW-SD	48.8 (H)	45.2 (H)

**Problem List:**

- Ascending colon cancer (Date of Dx:06/08/2024 Histologic Grade: G2; Lymph-Vascular Invasion: Unknown; PNI (Perineural Invasion): Unknown; )

**Assessment/Plan:**

The patient has 2 colon cancer with no obvious high risk features. The tumor is MMR proficient. The patient also has alcoholism. I would therefore prefer not to give him adjuvant chemotherapy. The Signatera test is still in progress. If he has no circulating tumor DNA then, we would not offer adjuvant chemotherapy. If his ctDNA is positive then he would require some adjuvant chemotherapy. Hereditary cancer testing was negative. He will return to the office in 3 months for a follow up visit. We will repeat a Signatera test and CMP prior to his next visit.

David Kahn (Medical Oncology), M.D.

Aida J. López DNP, APRN, FNP-C

cc: Joseph J Corallo, MD  
 Luis Martinez, MD (Referring)

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

[Doc Name:20240712 ONCO NOTE]

7/12/2024 11:42 AM

Kahn, David -> Luis Martinez, MD

Page 5 of 5

South Florida Cancer Care

Patient: ROBERTO AVILA

Date of Birth: 11/05/1962

MRN: 4468072

Note Date: 07/12/2024

Electronically signed by David Kahn MD 07/12/2024 02:42 PM EDT

07/12/2024

Page 5 of 5

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240710 QUEST LAB RX]

Document Name: 20240710 QUEST LAB RX, Scanned Date: 2024-07-11

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240614 ONCO NOTE]

Document Name: 20240614 ONCO NOTE, Scanned Date: 2024-06-14

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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## EMR Fax Message



---

**To:** Luis Martinez, MD  
**Fax:** 954-581-8382  
**From:** Kahn, David  
South Florida Cancer Care  
David Kahn MD  
5667 NW 29th Street  
Margate, FL 33063  
954-984-9998  
**Date:** 06/14/2024 11:34 AM  
**Subject:** Initial Consultation

*ATTENTION: This report may contain Protected Health Information as defined by HIPAA, and should be managed in accordance with your organization's policies for Protected Health Information*



David Kahn, M.D.  
5667 NW 29th Street  
Margate, FL 33063  
Office: (954) 984-9998  
Fax: (954) 984-9988

Patient Name: ROBERTO AVILA  
DOB: 11/05/1962  
Office Visit Date: 06/14/2024

**Chief Complaint:**

**Reason for Visit:**  
Colon cancer

**History of Present Illness:**

Mr. Roberto Avila is a 61-year-old man with alcoholism and liver cirrhosis he had a positive Cologuard that was performed for iron deficiency. He underwent a colonoscopy on 4/8/2024 and a biopsy of a hepatic flexure mass was positive for invasive adenocarcinoma. He underwent a subtotal colectomy on 5/22/2024 that revealed invasive moderately differentiated adenocarcinoma invading through the muscularis propria into pericolonic soft tissue. 16 lymph nodes were negative for T3 N0 disease. There was no lymphovascular invasion and was grade 2.

**Past Medical History:**

Hypertension,  
cirrhosis  
Hypertension,  
COPD  
CHF

**Surgical History:**

- 05/22/2024, Procedure: Right hemicolectomy and anastomosis of ileum to colon (procedure)

**Family History:**

Father: Deceased - Esophageal cancer; Mother: Deceased - Lung cancer; Grandmother - Maternal (2nd Degree): Deceased - Colorectal cancer

**Social History:**

Pint of alcohol daily

**Smoking History:**

Smoking Tobacco : Former smoker, pack years: 34, started smoking: 1976, stopped smoking: 2020; Smokeless Tobacco : none found;  
Vaping : none found

**Allergy:**

No known medication allergies

**Active Medication List:**

Medication List	
Name	Date
Lisinopril Oral	06/14/2024
Amlodipine Oral	06/14/2024

**Review of Systems:**

**Constitution:**

06/14/2024

Page 2 of 4

## South Florida Cancer Care

Patient: ROBERTO AVILA  
 Date of Birth: 11/05/1962  
 MRN: 4468072

Note Date: 06/14/2024

Denies fever, chills, fatigue, or unexpected weight changes.

**Cardiovascular:**

Denies chest pain, chest pressure.

**Endocrine:**

Denies hot flashes, feeling cold, mood changes, or glove size changes.

**ENT:**

Denies hearing loss, changes of vision, pain, discharge of nose or ear, dizziness, or sinus pressure.

**Eyes:**

Denies visual changes, eye pain, or redness.

**GI:**

Diarrhea

**GU:**

Denies dysuria, pyuria, urinary urgency or frequency, bloody urine.

**Head/Neck:**

Denies neck pain or stiffness, noticeable nods, or mass on neck.

**Heme/Lym:**

Denies swollen glands, bleeding problems, or bruising.

**Musculoskeletal:**

Denies joint pain, swelling, muscle weakness, unilateral deficits, or fatigue.

**Neuro:**

Denies headache, passing out.

**Resp:**

Denies shortness of breath, cough, hemoptysis, wheezes, or sputum production.

**Skin:**

Denies skin or hair changes.

**Lymphatics:**

Denies adenopathy.

**Vital Signs:**

Blood pressure: 142/71, Pulse: 85, Temperature: 97.7 F, Respirations: 16, Pain Scale: 0, Weight: 266 lb

**ECOG:****Physical Exam General:**

Good

**Physical Exam Detail:****Head/Scalp/Face:**

Normal cephalic; Nontraumatic skull; No tenderness; No palpable mass.

**Eyes:**

Normal conjunctiva; No jaundice; Pupils are symmetric, normal size with active light reflex.

**Nose/Sinus:**

Symmetric; No obstruction; No nasal flaring/grunting.

**Throat/Mouth:**

No oral ulcer; Pharynx is clear; No erythematous; No exudate; No gum swelling/bleeding.

**Neck:**

Range of motion is within normal limit; No tenderness; No jugular venous distention; No lymph nodes/mass palpable.

**Chest/Lung:**

Chest wall movement is symmetric with respiration; No intercostal reaction; No tenderness/fremitus; Breath sounds are clear; No rales/wheezing.

**Heart:**

Heart rate is within normal limit; Regular rhythm; First heart sound and second heart sound present; No murmurs/thrills.

**Abdomen:**

Soft; Nondistended ; No-tenderness; No palpable mass; No hepatomegaly/splenomegaly; Costovertebral angle is nontender.

**Extremities:**

No deformity/clubbing/cyanosis/edema; Bilateral pedal pulse present; No visible joint swelling/erythema; Normal ROM.

**Skin/Membrane:**

Skin warm to touch; Normal color; No laceration/bruise; No rash/eczema/ulcers.

**Neurological:**

Alert and awake, oriented to time, name and place; No focal deficit; Cranial nerves gross intact; No gait disturbance; No tremors.

**Muscular:**

Normal tone; No muscular atrophy/hypertrophy; No jerking.

**Mental Status:**

Dress neat and clean; No mood swing; No memory loss.

**Lymph Nodes:**

No cervical, supraclavicular, axillary, inguinal or femoral nodes detected.

**Labs:**

06/14/2024

Page 3 of 4

## South Florida Cancer Care

Patient: ROBERTO AVILA  
 Date of Birth: 11/05/1962  
 MRN: 4468072

Note Date: 06/14/2024

Lab Results	06/14/2024
CBC	
WBC $\times 10^3/\mu\text{L}$	13.82
RBC $\times 10^6/\mu\text{L}$	3.23 (L)
HGB g/dL	9.7 (L)
HCT %	30.9 (L)
MCV fL	95.7 (H)
MCH pg	30.0
MCHC g/dL	31.4
MPV fL	9.9
LY %	21.7
MID %	6.0
MID # $\times 10^3/\mu\text{L}$	0.83 (H)
LY # $\times 10^3/\mu\text{L}$	3
Lab - Other	
BAS#	0.07
Basos	0.5
Eos	4.8 (H)
EOS#	0.67 (H)
IG #	0.04
IG %	0.3
NEUT#	9.21 (H)
Neutrophils	66.7 (H)
PLT	228
RDW-CV	12.9
RDW-SD	45.2 (H)

## Problem List:

- Ascending colon cancer (Date of Dx:06/08/2024 Histologic Grade: G2; Lymph-Vascular Invasion: Unknown; PNI (Perineural Invasion): Unknown; )

## Assessment/Plan:

The patient has 2 colon cancer with no obvious high risk features. The tumor is MMR proficient. The patient also has alcoholism. I would therefore prefer not to give him adjuvant chemotherapy. I will send off Signatera. If he has no surgical bleeding tumor DNA then I would not offer adjuvant chemotherapy. If his CT DNA is positive then he would require some adjuvant chemotherapy. He also has a strong family history of cancer and therefore I will do hereditary cancer testing.

David Kahn (Medical Oncology), M.D.

cc: Joseph J Corallo, MD  
 Luis Martinez, MD (Referring)

Electronically signed by David Kahn MD 06/14/2024 02:34 PM EDT

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240612 APPROVAL ONCO]

Document Name: 20240612 APPROVAL ONCO, Scanned Date: 2024-06-12

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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Transaction ID: 64557195774

Customer ID: 969912

Transaction Date: 2024-06-12

**Helpful Hint:** Review Humana clinical coverage policy information to support requests.



## AVILA JR, ROBERTO Patient

Member ID	Date of Birth	Gender
H69728593	1962-11-05	Male
Eligibility Status	Group Number	Plan / Coverage
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
Transaction Type Organization		Payer
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

## Certificate Information

Certification Number	Status
192609260	CERTIFIED IN TOTAL

## Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

## Member Information

Patient Name	Patient Date of Birth	Patient Gender
AVILA JR, ROBERTO	1962-11-05	Male
Member ID	Relationship to Subscriber	Subscriber Name
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

<b>Name</b>	<b>NPI</b>
MARTINEZ, LUIS	1366671042
<b>Provider Role</b>	
Provider	
<b>Phone</b>	<b>Contact Name</b>
(954) 581-8272 - 24198	LORI CARPENTER

## Service Information

<b>Service Type</b> 1 - Medical Care	<b>Place of Service</b> 11 - Office	<b>Service From - To Date</b> 2024-06-12 - 2024-10-31
<b>Quantity</b> 3 Visits		
<b>Diagnosis Code 1</b> C180 - Malignant neoplasm of cecum		
<b>Procedure Code 1</b> <b>(CPT/HCPCS)</b> 36415 - ROUTINE VENIPUNCTURE	<b>Quantity</b> 3 Units	<b>Procedure From - To Date</b> 2024-06-12 - 2024-10-31
<b>Procedure Code 2</b> <b>(CPT/HCPCS)</b> 85025 - COMPLETE CBC W/AUTO DIFF WBC	<b>Quantity</b> 3 Units	<b>Procedure From - To Date</b> 2024-06-12 - 2024-10-31
<b>Procedure Code 3</b> <b>(CPT/HCPCS)</b> 99213 - OFFICE O/P EST LOW 20 MIN	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-06-12 - 2024-10-31
<b>Procedure Code 4</b> <b>(CPT/HCPCS)</b> 99214 - OFFICE O/P EST MOD 30 MIN	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-06-12 - 2024-10-31

Procedure Code 5 <b>(CPT/HCPCS)</b>	Quantity	Procedure From - To Date
99204 - OFFICE O/P NEW MOD	1 Units	2024-06-12 - 2024-10-31
45 MIN		

## Rendering Provider/Facility

### Provider 1

**Name** NPI  
DAVID KAHN 1811941826

**Provider Role**

Service Location

**Phone**

(000) 000-0000

### Provider 2

**Name** NPI  
DAVID KAHN 1811941826

**Provider Role**

Facility

**Phone**

(000) 000-0000

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240610 ONCO AUTH REQUEST]

Document Name: 20240610 ONCO AUTH REQUEST, Scanned Date: 2024-06-10

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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*Dr. Avila & Blk Allergy*

Phone: 954-984-9998 Fax: 954-984-9988

5667 NW 29th Street, Miramar, FL 33060

Any questions or concerns, please do not hesitate to contact our office at earliest convenience.

*HS 98106*

HEALTH SUITE: 67254 WELLCARE/STAYWELL: 635981

BCBS PID: 652HC

TID: 592485899

TAX ID: 592485899 NPI: 1811541826

EMILIO, ARNAUDO-MINO MD

FOLLOW UP PATIENT CPT CODES: 99204-99205-36415-85025

NEW PATIENT CPT CODES: 99204-99205-36415-85025

3.  
2.  
1.

*Q18.0 Colon CA?*

6.  
5.  
4.

3.  
2.  
1.

*ICD 10 Diagnosis codes:  
99213XL*

10.  
9.  
8.  
7.  
6.

5.  
4.  
3.  
2.  
1.

*85028XL*

*36415XL*

*99204X1*

*99205XL*

*Please approve the following CPT/HCPCS code visits:*

*6/14/2024*

DOS: *6/14/2024*

*Insurance:*

*Date of birth:*

*Patient name:*

*ROBERTO AVILA*

**REQUEST FOR AUTHORIZATIONS/REFERRALS**

Board Certified in Medical Oncology, Hematology, and Internal Medicine

○ **EMILIO ARNAUDO-MINO MD**

○ **DAVID KAHN MD**

*(958) 8382*

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240603 APPROVAL PULMO]

Document Name: 20240603 APPROVAL PULMO, Scanned Date: 2024-06-03

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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Transaction ID: 64242856596

Customer ID: 969912

Transaction Date: 2024-06-03

**Helpful Hint:** Review Humana clinical coverage policy information to support requests.



## AVILA JR, ROBERTO Patient

Member ID	Date of Birth	Gender
H69728593	1962-11-05	Male
Eligibility Status	Group Number	Plan / Coverage
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
Transaction Type Organization		Payer
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

## Certificate Information

Certification Number	Status
192077490	CERTIFIED IN TOTAL

## Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

## Member Information

Patient Name	Patient Date of Birth	Patient Gender
AVILA JR, ROBERTO	1962-11-05	Male
Member ID	Relationship to Subscriber	Subscriber Name
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

<b>Name</b>	<b>NPI</b>
MARTINEZ, LUIS	1366671042
<b>Provider Role</b>	
Provider	
<b>Phone</b>	<b>Contact Name</b>
(954) 581-8272 - 24198	LORI CARPENTER

## Service Information

<b>Service Type</b>	<b>Place of Service</b>	<b>Service From - To Date</b>
1 - Medical Care	11 - Office	2024-06-03 - 2024-10-31

**Quantity**

1 Visits

**Diagnosis Code 1**

J90 - Pleural effusion not elsewhere classified

**Diagnosis Code 2**

I509 - Heart failure unspecified

**Diagnosis Code 3**

J9611 - Chronic respiratory failure with hypoxia

**Diagnosis Code 4**

G4733 - Obstructive sleep apnea (adult) (pediatric)

<b>Procedure Code 1 (CPT/HCPSCS)</b>	<b>Quantity</b>	<b>Procedure From - To Date</b>
99204 - OFFICE O/P NEW MOD	1 Units	2024-06-03 - 2024-10-31
45 MIN		

## Rendering Provider/Facility

**Provider 1**

<b>Name</b>	<b>NPI</b>
ALVAREZ	1346203304
<b>Provider Role</b>	<b>Address</b>
Service Location	201 NW 84TH AVE STE 105, PLANTATION, FL 33324
<b>Phone</b>	
(954) 476-8420	

**Provider 2**

<b>Name</b>	<b>NPI</b>
ALVAREZ	1346203304
<b>Provider Role</b>	<b>Address</b>
Facility	201 NW 84TH AVE STE 105, PLANTATION, FL 33324
<b>Phone</b>	<b>Fax</b>
(954) 476-8420	(954) 476-8837

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240530 BH DISCHARGE NOTE]

Document Name: 20240530 BH DISCHARGE NOTE, Scanned Date: 2024-05-30

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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## Fax Report

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"

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240530 BH DISCHARGE NOTE]

⌘ 5/30/2024 06:20

NBROFLRRD28

RRD → 9545818382

2/5

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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Your patient was seen at Broward Health Coral Springs

Patient Name: AVILA, ROBERTO ZACARIAS

DOB: 11/5/1962

Admit Date: 5/22/2024

Discharge Date: 5/29/2024

#### *Notification of Discharge Summary*

DOCUMENT NAME:	Discharge Note	TRANSCRIBED BY:	
DOCUMENT TYPE:	Discharge Summary	PERFORMED BY:	KURTOM DO,NESREEN (5/29/2024 14:58 EDT)
RESULT STATUS:	Auth (Verified)	REVIEWED BY:	
SIGNED BY:	KURTOM DO,NESREEN (5/29/2024 21:31 EDT)	SERVICE DATE/TIME:	5/29/2024 14:57 EDT
AUTHENTICATED BY:	[KURTOM DO,NESREEN; KURTOM DO,NESREEN (5/29/2024 21:31 EDT)]; KURTOM DO,NESREEN (5/29/2024 15:39 EDT); KURTOM DO,NESREEN (5/29/2024 15:38 EDT)		

#### Encounter Information

AVILA, ROBERTO ZACARIAS

MRN: 916759

FIN: 446111779

Location: Broward Health Coral Springs

Registration Date and Time: 05/22/2024 07:00 EDT

Primary Care Physician:

MARTINEZ DO, LUIS, (954) 581-8272

Attending Physician:

KURTOM DO, NESREEN, (954) 636-2034

#### Discharge Date

05/29/2024

#### Hospital Course

61 Years M who is s/p open subtotal colectomy for transverse colon mass. He has had return of bowel function. Pain is well controlled and he is tolerating diet. He is feeling well and ready for discharge home from surgical standpoint.

PT was seen by oncology, pulm and pain management, he refused any hh or snf,

Per pulmonary S/P right US guided thoracentesis with 1.5 L removed. Pleural fluid analysis showing transudate. Pleural fluid culture-in process, pleural fluid cytology and flow cytometry-process. These can be followed as outpatient.

- Right pleural effusion palliative versus parapneumonic in etiology. Reports history of recurrent right pleural effusions requiring repeated thoracentesis over the last few years which was attributed to his CHF.

- Left upper lobe solitary lung nodule measuring 8 mm in diameter ground-glass.

- COPD. No evidence of acute exacerbation, no bronchospasm at this time.

- Colon cancer with suspected metastasis. Status post open subtotal colectomy on 05/22/2024. Pathology showed moderately differentiated adenocarcinoma.

Per pulm recommendation

Continue using home oxygen home CPAP. Patient is at his baseline home oxygen requirement of 2/minute.

=====

PRIMARY CARE DR: MARTINEZ DO,LUIS

PATIENT NAME: AVILA, ROBERTO ZACARIAS

DOB: 11/5/1962 FIN: 446111779

MRN: 1002677736; 916759

Report Request ID: 340217065

Printed: 5/30/2024 06:15 EDT

### *Notification of Discharge Summary*

F/U pleural fluid culture, flow cytometry and cytology results as outpatient.

Resume home inhalers: Albuterol and Wixela.

Doxycycline 100 mg p.o. q.12 hours x7 days.

Fluticasone nasal spray 2 sprays b.i.d.

Follow-up with colorectal surgery recommendations.

Follow-up with pain management.

Follow-up with Hematology/Oncology.

Incentive spirometry q.2h while awake.

For the left lung nodule follow-up evaluation with repeated CT chest versus PET-CT scan as outpatient within the next 3 months is recommended.

Cleared for discharge from pulmonary standpoint.

Outpatient pulmonary/sleep medicine follow-up instructions were placed in discharge section within the next 2 weeks.

Pt was cleared by all consultants for discharge. Follow up with oncology on dc.

#### **Physical Exam**

##### **Vitals & Measurements**

**Temperature Axillary (in DegC)** 37 degC 05/26/2024 10:52

**Temperature Oral (DegC)** 36.7 degC 05/29/2024 11:54

**Blood Pressure Systolic** 158 mmHg 05/29/2024 03:55

**Blood Pressure Diastolic** 86 mmHg 05/29/2024 03:55

**BP Manual Cuff Systolic** 144 mmHg 05/29/2024 12:49

**BP Manual Cuff Diastolic** 68 mmHg 05/29/2024 12:49

**Heart Rate** 70 bpm 05/29/2024 13:31

**Resp Rate Spontaneous** 18 br/min 05/29/2024 08:50

**SPO2** 99 % 05/29/2024 10:29

**Body Mass Index** 42.0686 kg/m<sup>2</sup> 05/22/2024 07:26

**CLINICALHEIGHT** 172.72 cm 05/21/2024 08:36

**CLINICALWEIGHT** 125.5 kg 05/22/2024 07:26

General - No acute distress, resting comfortably in bed, pleasant and appropriate

Neuro - Awake and alert, moving all extremities

Respiratory - Nonlabored respirations, symmetric chest expansion, no audible wheezing

Abdomen - obese, soft, nondistended, midline incision and laparoscopic incisions are all well-approximated with staples, small amount of surrounding ecchymosis however no erythema/drainage/induration

Extremities - warm and well perfused

Neuro AAOx3 no focal def

Psych unremarkable

#### **Discharge Diagnosis(es)**

Bronchitis J40

Ordered:

doxycycline hydiate 100 mg oral tablet, 100 mg = 1 tab, PO, Q12H, X 7 day(s), # 14 tab, 0 Refill(s), Broward Health Coral Springs, 172.72, cm, 05/21/24 8:34:00 EDT, CLINICALHEIGHT, 125.5, kg, 05/22/24 7:24:00 EDT, CLINICALWEIGHT

Primary cancer of transverse colon C18.4 (Provisional)

Orders:

amLODIPine 5 mg oral tablet, 10 mg = 2 tab, PO, Daily, # 180 tab, 0 Refill(s), Broward Health Coral Springs, 172.72, cm, 05/21/24 8:34:00 EDT, CLINICALHEIGHT, 125.5, kg, 05/22/24 7:24:00 EDT, CLINICALWEIGHT

fluticasone 50 mcg/inh nasal spray, 100 mcg = 2 spray, NASAL, BID, # 15.8 mL, 0 Refill(s), Broward Health Coral Springs, 172.72, 05/21/24 8:34:00 EDT, CLINICALHEIGHT, cm, 125.5, kg, CLINICALWEIGHT, 05/22/24 7:24:00 EDT

lidocaine 4% topical film, 2 patch, TOPICAL, Daily, X 7 day(s), # 14 patch, 0 Refill(s), Broward Health Coral Springs, 172.72, 05/21/24 8:34:00 EDT, CLINICALHEIGHT, cm, 125.5, kg, CLINICALWEIGHT, 05/22/24 7:24:00 EDT

=====

Patient Name: AVILA, ROBERTO ZACARIAS

MRN: 1002677736; 916759

FIN: 446111779

Report Request ID: 340217065

DOB: 11/5/1962

Printed: 5/30/2024 06:15 EDT

# 5/30/2024 06:20

NBROFLRRD28

RRD→9545818382

5/5

### Notification of Discharge Summary

thiamine 100 mg oral tablet, 100 mg = 1 tab, PO, Q8H, X 30 day(s), # 90 tab, 0 Refill(s), Broward Health Coral Springs, 172.72, cm, 05/21/24 8:34:00 EDT, CLINICALHEIGHT, 125.5, kg, 05/22/24 7:24:00 EDT, CLINICALWEIGHT  
valsartan 40 mg oral tablet, 80 mg = 2 tab, PO, Daily, # 60 tab, 0 Refill(s), Broward Health Coral Springs, 172.72, cm, 05/21/24 8:34:00 EDT, CLINICALHEIGHT, 125.5, kg, 05/22/24 7:24:00 EDT, CLINICALWEIGHT

Discharge

Discharge Diet

#### All Diagnoses This Visit

Bronchitis

#### Follow-up Care

With	When	Contact Information
WOLKOWICZ MD, JEFFREY, Pulmonary - Critical Care - Sleep Medici	Within 2 Weeks	3100 Coral Hills Drive Suite # 304 Coral Springs, FL 33065- (954) 341-1007
Additional Instructions: Obstructive sleep apnea with chronic hypoxic respiratory failure and recurrent right pleural effusions. Patient also has a left lung ground-glass nodular 8 mm for which a follow-up repeated CT chest or PET-CT scan is recommended.		
COHEN MD, MARC, Pain Management	Within 1-2 days	4515 Wiles Rd., Ste 201 Coconut Creek, FL 33073- (954) 943-1133
Additional Instructions: Due to new opioid prescribing laws in the state of Florida, prescriptions for acute pain are limited to a 3 day supply. Discussed that prescribing control substances must be deemed medically necessary by a pain management specialist. If you need to continue with pain medication beyond 3 days, you will need to be seen in Dr. Tripathi's office in order to refill medication. Please call our office for an appointment and inform the staff you were seen in the hospital, please specify which hospital and that you need a follow up appt.		

#### Discharge Orders

Discharge Diet,      Resume Regular Diet, 05/29/24 12:11:00 EDT  
Discharge,      Home, 05/29/24 12:11:00 EDT

#### Discharge Meds

##### Home Medications (11) Active

albuterol 90 mcg/inh inhalation powder 2 puff, INH, Q6H  
amLODIPine 5 mg oral tablet 10 mg = 2 tab, PO, Daily  
bisoprolol 10 mg oral tablet 10 mg = 1 tab, PO, BID  
doxycycline hyclate 100 mg oral tablet 100 mg = 1 tab, PO, Q12H  
fluticasone 50 mcg/inh nasal spray 100 mcg = 2 spray, NASAL, BID  
Lasix 10 mg = 1 tab, PO, Daily  
lidocaine 4% topical film 2 patch, TOPICAL, Daily  
thiamine 100 mg oral tablet 100 mg = 1 tab, PO, Q8H  
Tylenol 500 mg = 1 tab, PRN, PO, Q6H  
valsartan 40 mg oral tablet 80 mg = 2 tab, PO, Daily  
Wixela Inhub 500 mcg-50 mcg inhalation powder 1 inh, PRN, INH, BID

KURTOM DO, NESREEN

Electronically Signed Date/Time: 05/29/2024 21:31

=====

Patient Name: AVILA, ROBERTO ZACARIAS

MRN: 1002677736; 916759

FIN: 446111779

Report Request ID: 340217065

DOB: 11/5/1962

Printed: 5/30/2024 06:15 EDT

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240529 HOSP ADM NOTICE]

Document Name: 20240529 HOSP ADM NOTICE, Scanned Date: 2024-05-29

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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"To request an Mpage Reach account, please contact Broward Health at  
"

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

[Doc Name:20240529 HOSP ADM NOTICE]

# 5/29/2024 14:23

#19548474000

Broward Health

RRD→9545818382

2/4

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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Your patient was seen at Broward Health Coral Springs

Patient Name: AVILA, ROBERTO ZACARIAS

DOB: 11/5/1962

Admit Date: 5/22/2024

Discharge Date:

#### Notification of Admission

**Order: Admit to**

Order Start Date/Time: 5/22/2024 22:15 EDT

Order Status: Ordered	Department Status: Ordered	Catalog Type: Admission/Diagnosis	Activity Type: Admission/Diagnosis			
End-state Date/Time: 5/22/2024 22:15 EDT	End-state Reason:					
Ordering Physician: CORALLO MD,JOSEPH P	Consulting Physician:					
Entered By: CORALLO MD,JOSEPH P on 5/22/2024 22:15 EDT						
Order Details: Admit To ICU, Admission Status: Inpatient, Admitting physician KURTOM DO, NESREEN, Not applicable, Greater or equal to 2 midnights (Inpt), Not applicable, Unknown at this time, Not Applicable, None						
Order Comment: I certify that the ordered level of care is based on Medical Necessity as documented within this medical record. 42 CFR Section 456.60 - Certification/Recertification.						

#### Patient Discharge Notification

Recorded Date	5/29/2024	Recorded Time	14:13 EDT
Procedure	Units		
Patient Discharge Notification	Your Patient was Discharged		

#### Notification of Discharge

**Order: Discharge**

Order Start Date/Time: 5/29/2024 12:11 EDT

Order Status: Ordered	Department Status: Ordered	Catalog Type: PATIENT CARE	Activity Type: Discharge Orders			
End-state Date/Time: 5/29/2024 12:11 EDT	End-state Reason:					
Ordering Physician: KURTOM DO,NESREEN	Consulting Physician:					
Entered By: KURTOM DO,NESREEN on 5/29/2024 12:11 EDT						
Order Details: Home, 5/29/24 12:11:00 PM EDT						
Order Comment:						

PRIMARY CARE DR: MARTINEZ DO,LUIS

PATIENT NAME: AVILA, ROBERTO ZACARIAS

DOB: 11/5/1962 FIN: 446111779

MRN: 1002677736; 916759

Report Request ID: 340146667

Printed: 5/29/2024 14:16 EDT

# 5/29/2024 14:23

19548474000

Broward Health

RRD→ 9545818382

4/4

*Notification of Discharge*

**Order: Discharge Diet**

Order Start Date/Time: 5/29/2024 12:11 EDT

Order Status: Ordered	Department Status: Ordered	Catalog Type: PATIENT CARE	Activity Type: Discharge Orders		
End-state Date/Time: 5/29/2024 12:11 EDT	End-state Reason:				
Ordering Physician: KURTOM DO,NESREEN		Consulting Physician:			
Entered By: KURTOM DO,NESREEN on 5/29/2024 12:11 EDT					
Order Details: Resume Regular Diet, 5/29/24 12:11:00 PM EDT					
Order Comment:					

=====

Patient Name: AVILA, ROBERTO ZACARIAS

MRN: 1002677736; 916759

FIN: 446111779

Report Request ID: 340146667

DOB: 11/5/1962

Printed: 5/29/2024 14:16 EDT

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240529 HOSP DC]

Document Name: 20240529 HOSP DC, Scanned Date: 2024-05-29

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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## Fax Report

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240529 HOSP DC]

⌘ 5/29/2024 12:26

NBROFLRRD28

RRD → 9545818382

2/4

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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# 5/29/2024 12:26

NBROFLRRD28

RRD→ 9545818382

3/4



Your patient was seen at Broward Health Coral Springs

Patient Name: AVILA, ROBERTO ZACARIAS

DOB: 11/5/1962

Admit Date: 5/22/2024

Discharge Date:

#### Notification of Admission

**Order: Admit to**

Order Start Date/Time: 5/22/2024 22:15 EDT

Order Status: Ordered	Department Status: Ordered	Catalog Type: Admission/Diagnosis	Activity Type: Admission/Diagnosis			
End-state Date/Time: 5/22/2024 22:15 EDT	End-state Reason:					
Ordering Physician: CORALLO MD,JOSEPH P	Consulting Physician:					
Entered By: CORALLO MD,JOSEPH P on 5/22/2024 22:15 EDT						
Order Details: Admit To ICU, Admission Status: Inpatient, Admitting physician KURTOM DO, NESREEN, Not applicable, Greater or equal to 2 midnights (Inpt), Not applicable, Unknown at this time, Not Applicable, None						
Order Comment: I certify that the ordered level of care is based on Medical Necessity as documented within this medical record. 42 CFR Section 456.60 - Certification/Recertification.						

#### Patient Discharge Notification

Recorded Date	5/29/2024	Units
Recorded Time	12:11 EDT	
Procedure		
Patient Discharge Notification	Your Patient was Discharged	

#### Notification of Discharge

**Order: Discharge**

Order Start Date/Time: 5/29/2024 12:11 EDT

Order Status: Ordered	Department Status: Ordered	Catalog Type: PATIENT CARE	Activity Type: Discharge Orders			
End-state Date/Time: 5/29/2024 12:11 EDT	End-state Reason:					
Ordering Physician: KURTOM DO,NESREEN	Consulting Physician:					
Entered By: KURTOM DO,NESREEN on 5/29/2024 12:11 EDT						
Order Details: SNF, 5/29/24 12:11:00 PM EDT						
Order Comment:						

-----  
PRIMARY CARE DR: MARTINEZ DO,LUIS

PATIENT NAME: AVILA, ROBERTO ZACARIAS

DOB: 11/5/1962 FIN: 446111779

MRN: 1002677736; 916759

Report Request ID: 340126955

Printed: 5/29/2024 12:15 EDT

# 5/29/2024 12:26

NBROFLRRD28

RRD→9545818382

4/4

*Notification of Discharge*

Order: **Discharge Diet**

Order Start Date/Time: 5/29/2024 12:11 EDT

Order Status: Ordered

Department Status: Ordered

Catalog Type: PATIENT CARE

Activity Type: Discharge Orders

End-state Date/Time: 5/29/2024 12:11 EDT

End-state Reason:

Ordering Physician: KURTOM DO,NESREEN

Consulting Physician:

Entered By: KURTOM DO,NESREEN on 5/29/2024 12:11 EDT

Order Details: Resume Regular Diet, 5/29/24 12:11:00 PM EDT

Order Comment:

=====

Patient Name: **AVILA, ROBERTO ZACARIAS**

MRN: **1002677736; 916759**

FIN: **446111779**

Report Request ID: **340126955**

DOB: **11/5/1962**

Printed: **5/29/2024 12:15 EDT**

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240523 BH ADMIT]

Document Name: 20240523 BH ADMIT, Scanned Date: 2024-05-23

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

[Doc Name:20240523 BH ADMIT]

# 5/23/2024 06:20

#19548474000

Broward Health

RRD→9545818382

2/3

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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Your patient was seen at Broward Health Coral Springs

Patient Name: AVILA, ROBERTO ZACARIAS

DOB: 11/5/1962

Admit Date: 5/22/2024

Discharge Date:

#### Patient Admission Notification

Recorded Date	5/22/2024
Recorded Time	22:16 EDT
Procedure	Units
Patient Admission Notification	Your Patient was Admitted

#### Notification of Admission

**Order: Admit to**

Order Start Date/Time: 5/22/2024 22:15 EDT

Order Status: Ordered	Department Status: Ordered	Catalog Type: Admission/Diagnosis	Activity Type: Admission/Diagnosis
End-state Date/Time: 5/22/2024 22:15 EDT	End-state Reason:		
Ordering Physician: CORALLO MD,JOSEPH P	Consulting Physician:		
Entered By: CORALLO MD,JOSEPH P on 5/22/2024 22:15 EDT			
Order Details: Admit To ICU, Admission Status: Inpatient, Admitting physician KURTOM DO, NESREEN, Not applicable, Greater or equal to 2 midnights (Inpt), Not applicable, Unknown at this time, Not Applicable, None			
Order Comment: I certify that the ordered level of care is based on Medical Necessity as documented within this medical record. 42 CFR Section 456.60 - Certification/Recertification.			

-----  
PRIMARY CARE DR: MARTINEZ DO,LUIS

PATIENT NAME: AVILA, ROBERTO ZACARIAS

DOB: 11/5/1962 FIN: 446111779

MRN: 1002677736; 916759

Report Request ID: 339387929

Printed: 5/23/2024 06:15 EDT

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240510 PULM NOTE--DUPLICATE]

Document Name: 20240510 PULM NOTE--DUPLICATE, Scanned Date: 2024-05-10

Notes:

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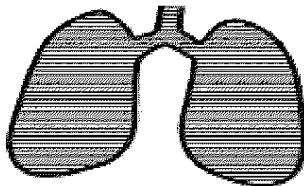
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# F A X S H E E T

Date: 05/10/2024 01:01:24 AM  
To: Luis Martinez  
Subject: ProgressNotes  
Fax Number: 954-581-8382  
To Company: Luis Martinez  
From Name: LAL K. BHAGCHANDANI, MD, FRCPC,  
FCCP  
From Company:  
From Facility: Lal Bhagchandani MD PA  
Support Contact:  
Number of Pages(s): 4

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Patient Name: AVILA, ROBERTO, DOB: 11/05/1962, Account No: 107181



## AVILA, ROBERTO

61 Y old Male, DOB: 11/05/1962

Account Number: 107181

1609 NW 65TH AVE, MARGATE, FL-33063

Home: 917-736-4109

Guarantor: AVILA, ROBERTO Insurance: HUMANA HMO

PCP: Luis Martinez

Appointment Facility: Lal Bhagchandani MD PA

05/09/2024

LAL K. BHAGCHANDANI, MD, FRCPC, FCCP

### Reason for Appointment

- 1. \*Pulmonary Clearance Est.

### History of Present Illness

#### History of Presenting Problem:

Patient is here today for a pulmonary clearance  
denies smoking, admits to drinking  
admits to sob, coughing and wheezing  
admits to using oxygen @ 3lpm, admits to using neb and inhaler  
patient is scheduled to have sx 5/23/24 for Colon cancer.

### Current Medications

#### Taking

- Symbicort 160-4.5 MCG/ACT Aerosol 2 puffs Inhalation Twice a day
  - Wixela Inhub 100-50 MCG/ACT Aerosol Powder Breath Activated 1 puff Inhalation Twice a day
- Medication List reviewed and reconciled with the patient

### Past Medical History

- Anxiety.
- Apnea.
- Obesity.
- Shortness of breath.
- Chronic cough.
- COPD.
- Depression.
- High blood pressure.

### Surgical History

- No Surgical History documented.

### Family History

Asthma ; Diabetes.

### Social History

#### Migrated Social History:

- Migrated Social History: Former smoker , Negative for: Exercise , Negative for: Children , Alcohol use , Lives alone.

### Allergies

- N.K.D.A.

### Hospitalization/Major Diagnostic Procedure

- No Hospitalization History.

### Vital Signs

Ht: 67 in, Wt: 274.6 lbs, HR: 122 /min, Oxygen sat %: 92 %, BMI: 43 Index, Wt-kg: 124.56 kg, Ht-cm: 170.18 cm, Body Surface Area: 2.42.

### Examination

#### PHYSICAL EXAM:

- Constitutional Constitutional: Well developed; Well nourished; Cooperative; Judgment and insight normal: No acute distress; Mentally alert.
- HEENT Head normocephalic and atraumatic; Conjunctiva, sclera, and lids unremarkable; PERRLA: Lips, teeth, tongue, and gums unremarkable.
- Neck Trachea midline: Supple: No crenitus: Thyroid normal: No regional lymphadenopathy:

To: Luis Martinez, Subject: ProgressNotes, Fax#: 954-581-8382, SendDate: 05/10/2024 01:01:24 AM, page 1/3 [-ufg2.5.1in]

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Patient Name: AVILA, ROBERTO, DOB: 11/05/1962, Account No: 107181

- Respiratory Nasal breathing, oxygen saturation 96%, no cyanosis, no respiratory distress, no wheezing or crackles.
- Respiratory Chest symmetrical and expansion ; No intercostal retractions, use of accessory muscles or diaphragmatic movement; Percussion of chest unremarkable; Palpation of chest unremarkable.
- Cardiovascular Heart rate and rhythm regular; Normal S1 and S2; Heart location and apex normal; No murmurs, rubs, gallops, or clicks.
- Extremities No clubbing, cyanosis or inflammation to extremities.
- Neurologic awake, alert and oriented to person, place and time.
- Gastrointestinal Normal bowel sounds; Abdomen soft and nontender; No palpable masses; No organomegaly.

## Assessments

1. Chronic obstructive pulmonary disease, unspecified - J44.9 (Primary)
2. Obstructive sleep apnea (adult) (pediatric) - G47.33

COPD STAGE 2 STABLE

OSA ON CPAP

GOOD COMP, GOOD TOLERANCE USAGE TIME 6 HRS

CH RESP F ON HOME O2

CHF, CXR MILD CONGESTION.

## Treatment

1. **Chronic obstructive pulmonary disease, unspecified**

Notes: HOME O2 REGULARLY

CPAP AT NIGHT

SYMBI BID

VENTOLIN PRN

LASIX 20 MG DAILY

CARD CLEARANCE

PT MOD SURGICAL RISK FOR

CA COLON RESECTION FROM

PUL STAND POINT .

## Visit Codes

- 99214 Office Visit, Est Pt., Level 4.

## Follow Up

3 Months

Electronically signed by Lal Bhagchandani , MD PA on 05/10/2024 at 09:09 AM EDT

Sign off status: Completed

Lal Bhagchandani MD PA  
2825 N STATE ROAD 7  
STE 201  
MARGATE, FL 33063-5737  
Tel: 954-917-4941  
Fax: 954-917-4940

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240510 PULM NOTE--DUPLICATE]

Patient Name: AVILA, ROBERTO, DOB: 11/05/1962, Account No: 107181

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**Progress Note: LAL K. BHAGCHANDANI, MD, FRCPC, FCCP 05/09/2024**

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Generated for Printing/Faxing/eTransmitting on: 05/10/2024 01:00 PM EDT

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To: Luis Martinez, Subject: ProgressNotes, Fax#: 954-581-8382, SendDate: 05/10/2024 01:01:24 AM, page 3/3 [-ufg2.5.1in]

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240510 CARDIO NOTE]

Document Name: 20240510 CARDIO NOTE, Scanned Date: 2024-05-10

Notes: Martinez, Luis 5/12/2024 10:42:56 AM EDT > CLINICALLY STABLE, HIGH RISK FOR COLORECTAL SX.

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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# CONFIDENTIAL Fax

**FROM:**

RICHARD A. GOLDMAN, MD, FACC, FACP  
9750 NW 33RD ST STE 212, POMPANO BEACH, FL 33065-4081  
Phone: (954) 546-2688  
Fax: (954) 546-2633

**TO:**

LUIS MARTINEZ DO  
350 N PINE ISLAND RD, PLANTATION, FL 33324  
Phone: (954) 581-8272  
Fax: (954) 581-8382

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[ID:36359001-H-11933]

MSPB • 9750 NW 33RD ST STE 212, POMPANO BEACH FL 33065-4081

**AVILA, Roberto (id #1440476, dob: 11/05/1962)****MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.****GOLDMAN, MD**

9750 NW 33RD ST STE 212  
 POMPANO BEACH, FL 33065-4081  
 Phone: (954) 546-2688  
 Fax: (954) 546-2633

**Encounter Summary - Progress Note**

Date Printed: 05/10/2024

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<b>Patient</b>	Avila, Roberto (61yo, M) #1440476
<b>DOB</b>	11/05/1962

**Patient Demographics:**

<b>Address</b>	1906 NW 65th Ave Margate, FL 33063-2330	<b>Home Phone</b>	(917) 736-4109
		<b>Work Phone</b>	

**Encounter Notes:**

<b>Encounter Reason/Date</b>	Pre-op clearance 05/10/2024 - 11:00AM - GOLDMAN, MD				
<b>Vitals</b>	<b>Pulse:</b> 72 bpm 05/10/2024 11:39 am	<b>Wt:</b> 264 lbs With clothes 05/10/2024 11:38 am	<b>BP:</b> 136/84 sitting L arm 05/10/2024 11:41 am 135/76 05/10/2024 12:10 pm	<b>BMI:</b> 41.3 05/10/2024 11:38 am	<b>Ht:</b> 5 ft 7 in 05/10/2024 11:38 am
					<b>O2Sat:</b> 92% 05/10/2024 11:39 am

<b>Problem List</b>	<b>Reviewed Problems</b> <ul style="list-style-type: none"> <li>• Preoperative cardiovascular examination - Onset: 05/10/2024</li> <li>• Sinus tachycardia - Onset: 07/08/2022</li> <li>• Chronic depression - Onset: 07/25/2023</li> <li>• Morbid obesity - Onset: 07/11/2022</li> <li>• Benign prostatic hyperplasia without outflow obstruction - Onset: 07/08/2022</li> <li>• Dyspnea - Onset: 07/08/2022</li> <li>• Mixed hyperlipidemia - Onset: 07/08/2022</li> <li>• Adult health examination - Onset: 07/08/2022</li> <li>• Screening for malignant neoplasm of colon - Onset: 09/22/2023</li> <li>• Severe chronic obstructive pulmonary disease - Onset: 07/25/2023 - chronic oxygen at 4 l/min</li> <li>• Vitamin D deficiency - Onset: 07/26/2023</li> <li>• Paroxysmal atrial flutter - Onset: 02/01/2023</li> <li>• Chronic diastolic heart failure - Onset: 07/11/2022</li> <li>• Essential hypertension - Onset: 07/08/2022</li> <li>• Alcohol dependence - Onset: 07/08/2022</li> <li>• Obstructive sleep apnea syndrome - Onset: 07/11/2022</li> <li>• Fatigue - Onset: 09/22/2023</li> <li>• Iron deficiency anemia - Onset: 07/26/2023</li> </ul>
<b>History of Present</b>	Preoperative cardiology evaluation for right colectomy with Dr. Joseph Corallo

**AVILA, Roberto (id #1440476, dob: 11/05/1962)****Illness**

for colon cancer  
 60 year old gentleman for preoperative cardiology evaluation prior to right colectomy  
 with Dr. Joseph Corallo.  
 He has a history of atrial flutter cardioversion to sinus rhythm with Dr. Nieves at NWMC on 1/13/2023.  
 He has chronic HFpEF, NYHA class II  
 He has multiple medical problems including  
 NIDDM, HTN, HLD, CKD stage III, sleep apnea, alcohol use, morbid obesity with a 40 lbs weight loss

**Review of Systems**

Patient reports **fatigue and shortness of breath** but reports no chest pressure, no lightheadedness, no chest pain, no dyspnea on exertion, no leg edema, no syncope, no orthopnea, no palpitations, no PND, and no claudication. He reports **weight loss (40 lbs)** but reports no fever, no night sweats, no significant weight gain, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no sore throat, no snoring, no oral abnormalities, and no teeth problems. He reports no frequent nosebleeds and no nose/sinus problems. He reports no cough, no wheezing, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no nausea, no vomiting, no constipation, normal appetite, no diarrhea, not vomiting blood, no heartburn, and no dyspepsia. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no swollen glands, no bruising, and no anemia.

**Past Medical History**

Reviewed Past Medical History

**Surgical History**

Reviewed Surgical History

\* Cardioversion

**Family History**

Reviewed Family History

Maternal Grandmother	- Malignant tumor of colon
Mother	- Alcoholism
Father	- Malignant tumor of esophagus
Paternal Aunt	- Malignant tumor of breast

**Social History**

Reviewed Social History

**Substance Use**

Do you or have you ever smoked tobacco?: Never smoker

What is your level of alcohol consumption?: Heavy

Do you use any illicit or recreational drugs?: No

What is your level of caffeine consumption?: Occasional

**Medications**

Reviewed Medications

<b>albuterol sulfate HFA 90 mcg/actuation aerosol inhaler</b>	05/01/24 filled
<b>bisoprolol fumarate 10 mg tablet</b> TAKE 1 TABLET BY MOUTH TWICE DAILY	12/13/23 renewed
<b>ferrous sulfate 325 mg (65 mg iron) tablet</b> Take 1 tablet(s) every day by oral route.	07/26/23 filled
<b>furosemide 20 mg tablet</b> Take 1 tablet(s) every day by oral route for 90 days.	05/09/24 filled
<b>Gavilyte-C 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution</b>	12/11/23 filled
<b>hydrOXYzine HCL 50 mg tablet</b>	05/02/24 filled
<b>oxygen</b> 3 litres PRN throughout the day, start 04/28/2022	04/28/22 started
<b>ramipril 10 mg capsule</b>	12/02/23 filled

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**AVILA, Roberto (id #1440476, dob: 11/05/1962)**

Take 1 capsule(s) twice a day by oral route as directed for 90 days.

**Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler**

Inhale 2 puff(s) twice a day by inhalation route.

**thiamine HCl (vitamin B1) 100 mg tablet**

Take 1 tablet(s) every day by oral route for 909 days.

05/10/24 prescribed

08/01/23 prescribed

**Allergies List**

Reviewed Allergies

NKDA

**Vaccine History**

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
<b>COVID-19</b>											
COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose (Pfizer-BioNTech)	12/07/21		Intramuscular			FJ8762	Pfizer, Inc				

**Results/Interpretations**

ELECTROCARDIOGRAM

- Result Note: Sinus rhythm at 75, normal axis, borderline LVE, no ST abnormalities

**Physical Exam**

**Constitutional:** General Appearance: well-nourished, well-developed, and appears stated age. Level of Distress: comfortable.

**Psychiatric:** Mental Status: alert and normal affect. Orientation: oriented to time, place, and person. Insight: good judgment.

**Eyes:** Lids and Conjunctivae: no discharge, pallor, xanthelasma, or arcus senilis and non-injected and anicteric. Pupils PERRLA.

**ENMT:** Lips, Teeth, and Gums: normal dentition. Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Nose: no lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent and nasal passages clear. Oropharynx: no cyanosis or pallor.

**Neck:** Neck: supple, FROM, trachea midline, and no masses. Carotid Arteries: no bruits or thrills and bilateral normal upstroke. Jugular Veins: normal jugular venous pressure. Cervical Lymph Nodes: non tender or not enlarged. Thyroid: not enlarged, non tender, or no nodules.

**Lungs:** Respiratory Effort: unlabored. Chest Exam: no thoracic deformity or chest wall tenderness and normal curvature. Percussion: **dullness at the right base**. Auscultation: no wheezing, rales, or rhonchi and **decreased breath sounds**.

**Cardiovascular System:** Precordial Exam: no heaves or precordial thrills and non displaced focal PMI. Rate And Rhythm: regular. Heart Sounds: no rub, gallop, or click and normal S1 and physiologically split S2. Systolic Murmur: **grade 2/6 at the RLSB soft early systolic**. Diastolic Murmur: not heard. Extremities: no cyanosis, edema, or peripheral signs of emboli.

**Abdomen:** Inspection and Palpation: non distended or tender, no bruit or masses, and soft and normal aorta. Liver: non tender or no hepatomegaly. Spleen: non tender or no splenomegaly.

**Musculoskeletal:** Inspection: no joint tenderness or swelling and no erythema.

**Neurologic:** Gait: normal gait. Motor: normal strength and tone.

**Skin:** Inspection and Palpation: warm and dry. Nails: no clubbing.

**Peripheral Pulses:** Pulses: full and equal in all extremities except if noted. Brachial Pulse: normal. Radial Pulse: normal. Ulnar Pulse: normal. Femoral

MSPB • 9750 NW 33RD ST STE 212, POMPANO BEACH FL 33065-4081

**AVILA, Roberto (id #1440476, dob: 11/05/1962)**

Pulse: normal and no bruits appreciated. Posterior Tibialis Pulse normal.  
Dorsalis Pedis Pulse: normal. Popliteal Pulse: normal.

**Assessment and Plan**

- 1. Chronic diastolic heart failure -**  
NYHA class unknown ???  
O2 dependent secondary to COPD  
  
I50.32: Chronic diastolic (congestive) heart failure
- 2. Essential hypertension -**  
BP controlled  
I10: Essential (primary) hypertension
- 3. Paroxysmal atrial flutter -**  
in sinus rhythm  
I48.92: Unspecified atrial flutter
- 4. Severe chronic obstructive pulmonary disease -**  
Symbicort - followed by Dr. Bhangchandani  
home O2 at 4 lit/min  
J44.9: Chronic obstructive pulmonary disease, unspecified
  - Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler - Inhale 2 puff(s) twice a day by inhalation route. Qty: (1) 120 inhalation aerosol with adapter (SYMBICORT or equivalent) Refills: 2 Pharmacy: WALGREENS DRUG STORE #06414

- 5. Preoperative cardiovascular examination -**  
CV status stable - Remains in sinus rhythm  
High ASHD risk in view of comorbid risk factors  
Z01.810: Encounter for preprocedural cardiovascular examination
  - ELECTROCARDIOGRAM

**6. Morbid obesity -**

- BMI 41  
E66.01: Morbid (severe) obesity due to excess calories

## ELECTROCARDIOGRAM

- Result Note: Sinus rhythm at 75, normal axis, borderline LVE, no ST abnormalities

**Discussion Notes**

Robert is a 60 year old gentleman for preoperative cardiology evaluation prior to right colectomy for newly diagnosed colorectal cancer with Dr. Joseph Corallo.  
He has a history of atrial flutter cardioversion to sinus rhythm with Dr. Nieves at NWMC on 1/13/2023.  
He has chronic HFpEF, NYHA class II.

He has multiple medical problems including O2 dependent COPD, NIDDM, HTN, HLD, CKD stage III, sleep apnea, alcohol use, morbid obesity with a BMI of 42  
An echo study done at NWMC 1/12/23 showed normal LVEF 60%, mild MR, mild -moderate TR, and mild PHTN.

He is clinically stable, but remains at high ASHD risk for colorectal surgery.  
His medications will remain the same.  
Cardiology followup will be arranged in six months.  
Richard A. Goldman, MD, FACC, FACP

**Return to Office**

- Richard A. Goldman, MD, FACC, FACP for FOLLOW UP at GOLDMAN, MD on 11/08/2024 at 02:00 PM

Electronically Signed by: RICHARD A. GOLDMAN, MD, FACC, FACP

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

[Doc Name:20240510 CARDIO NOTE]

athena

05-10-2024 12:16 PM ET

614-217396610

pg 6 of 6

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**AVILA, Roberto (id #1440476, dob: 11/05/1962)**



A handwritten signature in black ink, appearing to read "Richard A. Avila, MD". The signature is fluid and cursive, with "MD" written in a smaller, more formal script at the end.

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MSPB

Avila, Roberto (ID: 1440476), DOB: 11/05/1962

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240510 PULM NOTE]

Document Name: 20240510 PULM NOTE, Scanned Date: 2024-05-10

Notes: Eugene, Martine 5/12/2024 08:23:27 AM EDT > MODERATE SURGICAL RISK FOR CA COLON RESECTION

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

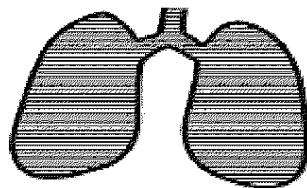
Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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# F A X S H E E T

Date: 05/10/2024 09:10:03 AM  
To: Luis Martinez  
Subject: Progress Notes  
Fax Number: 954-581-8382  
To Company:  
From Name: Bhagchandani,Lal K  
From Company: Lal Bhagchandani MD PA  
From Facility: Lal Bhagchandani MD PA  
Support Contact: 954-917-4941  
Number of Pages(s): 4

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## AVILA, ROBERTO

61 Y old Male, DOB: 11/05/1962

Account Number: 107181

1609 NW 65TH AVE, MARGATE, FL-33063

Home: 917-736-4109

Guarantor: AVILA, ROBERTO Insurance: HUMANA HMO

PCP: Luis Martinez

Appointment Facility: Lal Bhagchandani MD PA

05/09/2024

LAL K. BHAGCHANDANI, MD, FRCPC, FCCP

### Reason for Appointment

- 1. \*Pulmonary Clearance Est.

### History of Present Illness

#### History of Presenting Problem:

Patient is here today for a pulmonary clearance  
denies smoking, admits to drinking  
admits to sob, coughing and wheezing  
admits to using oxygen @ 3lpm, admits to using neb and inhaler  
patient is scheduled to have sx 5/23/24 for Colon cancer.

### Current Medications

#### Taking

- Symbicort 160-4.5 MCG/ACT Aerosol 2 puffs Inhalation Twice a day
  - Wixela Inhub 100-50 MCG/ACT Aerosol Powder Breath Activated 1 puff Inhalation Twice a day
- Medication List reviewed and reconciled with the patient

### Past Medical History

- Anxiety.
- Apnea.
- Obesity.
- Shortness of breath.
- Chronic cough.
- COPD.
- Depression.
- High blood pressure.

### Surgical History

- No Surgical History documented.

### Family History

Asthma ; Diabetes.

### Social History

#### Migrated Social History:

- Migrated Social History: Former smoker , Negative for: Exercise , Negative for: Children , Alcohol use , Lives alone.

### Allergies

- N.K.D.A.

### Hospitalization/Major Diagnostic Procedure

- No Hospitalization History.

### Vital Signs

Ht: 67 in, Wt: 274.6 lbs, HR: 122 /min, Oxygen sat %: 92 %, BMI: 43 Index, Wt-kg: 124.56 kg, Ht-cm: 170.18 cm, Body Surface Area: 2.42.

### Examination

#### PHYSICAL EXAM:

- Constitutional Constitutional: Well developed; Well nourished; Cooperative; Judgment and insight normal: No acute distress; Mentally alert.
- HEENT Head normocephalic and atraumatic; Conjunctiva, sclera, and lids unremarkable; PERRLA: Lips, teeth, tongue, and gums unremarkable.
- Neck Trachea midline: Supple: No crenitus: Thyroid normal: No regional lymphadenopathy:

Patient Name: AVILA, ROBERTO, DOB: 11/05/1962, Account No: 107181

- Respiratory Nasal breathing; Supraclavicular, intercostal, no retractions, no jugular venous distension.
- Respiratory Chest symmetrical and expansion ; No intercostal retractions, use of accessory muscles or diaphragmatic movement; Percussion of chest unremarkable; Palpation of chest unremarkable.
- Cardiovascular Heart rate and rhythm regular; Normal S1 and S2; Heart location and apex normal; No murmurs, rubs, gallops, or clicks.
- Extremities No clubbing, cyanosis or inflammation to extremities.
- Neurologic awake, alert and oriented to person, place and time.
- Gastrointestinal Normal bowel sounds; Abdomen soft and nontender; No palpable masses; No organomegaly.

## Assessments

1. Chronic obstructive pulmonary disease, unspecified - J44.9 (Primary)
2. Obstructive sleep apnea (adult) (pediatric) - G47.33

COPD STAGE 2 STABLE

OSA ON CPAP

GOOD COMP, GOOD TOLERANCE USAGE TIME 6 HRS

CH RESP F ON HOME O2

CHF, CXR MILD CONGESTION.

## Treatment

1. **Chronic obstructive pulmonary disease, unspecified**

Notes: HOME O2 REGULARLY

CPAP AT NIGHT

SYMBI BID

VENTOLIN PRN

LASIX 20 MG DAILY

CARD CLEARANCE

PT MOD SURGICAL RISK FOR

CA COLON RESECTION FROM

PUL STAND POINT .

## Visit Codes

- 99214 Office Visit, Est Pt., Level 4.

## Follow Up

3 Months



Electronically signed by Lal Bhagchandani , MD PA on 05/10/2024 at 09:09 AM EDT

Sign off status: Completed

Lal Bhagchandani MD PA  
2825 N STATE ROAD 7  
STE 201  
MARGATE, FL 33063-5737  
Tel: 954-917-4941  
Fax: 954-917-4940

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240510 PULM NOTE]

Patient Name: AVILA, ROBERTO, DOB: 11/05/1962, Account No: 107181

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**Progress Note: LAL K. BHAGCHANDANI, MD, FRCPC, FCCP 05/09/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

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To: Luis Martinez, Subject: Progress Notes, Fax#: 954-581-8382, SendDate: 05/10/2024 09:10:03 AM, page 3/3 [-ufg2.5.1in]

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240507 CT ABD PELVIS]

Document Name: 20240507 CT ABD PELVIS, Scanned Date: 2024-05-07

Notes: Eugene, Martine 5/7/2024 09:04:56 PM EDT > CLACIFIED SPLENIC LESION- BENIGN MODERATE RIGHT PLEURAL EFFUSION LEFT RENAL CALCULUS HEPATOMEGALY

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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To: "LUIS MARTINEZ" From: INTERFAX Pages: 2

# Impression: Imaging

PET • CT • CTA • NUCLEAR MEDICINE

Patient: AVILA, ROBERTO  
MRN: RAM2293540  
DOB: 05-Nov-1962  
PHY: JOSEPH CORALLO MD  
DOS: 04-May-2024 12:16:19 PM

## CT ABDOMEN AND PELVIS WITH CONTRAST

**INDICATION:** Transverse colon cancer

**CORRELATIVE IMAGERY:** None

**TECHNICAL FACTORS:** Following oral contrast ingestion and intravenous administration of 100 mL Omnipaque 350, axial CT spiral data sets of the abdomen and pelvis were obtained. Coronal and sagittal reformations were submitted.

**FINDINGS:**

Examination is mildly limited due to patient's body habitus.

**Lung bases:** Partially imaged least moderate-sized right pleural effusion. Nonspecific ground-glass and atelectatic changes in the included lower lungs. Calcific coronary artery disease.

**Liver:** Enlarged with the right hepatic lobe measuring 20.2 cm craniocaudal. No suspicious lesion.

**Gallbladder and bile ducts:** Unremarkable.

**Pancreas:** Unremarkable.

**Spleen:** Partially calcified lesion anterior in the spleen measures 5 cm (series 2, image 24).

**Adrenal Glands:** Unremarkable.

**Kidneys, ureters, urinary bladder:** The kidneys are normal and symmetric in size and parenchymal enhancement. Nonobstructing 2-3 mm lower left renal calyceal calculus. No suspicious renal mass or hydronephrosis. Ureters are not dilated. Urinary bladder is under distended.

**Reproductive organs:** No pelvic mass.

**Gastrointestinal tract, mesentery, and peritoneum:** Focal soft tissue thickening measuring 2.4 x 1.2 cm in the mid transverse colon narrowing of the lumen may be the patient's known colonic neoplasm (series 4, image 47). No evidence of obstruction. Colonic diverticulosis, severe of the distal descending and sigmoid colon with likely chronic reactive wall thickening. No free fluid or free air.

**Lymph nodes:** No pathologically enlarged lymph nodes. Prominent, but not pathologically enlarged upper retroperitoneal lymph nodes are noted, nonspecific.

**Vasculation:** Moderate calcified atherosclerotic plaque. No aneurysm.

**Bones and soft tissue:** No lytic, blastic, or destructive osseous lesion. Multilevel degenerative changes of the included thoracic and lumbar spine.

## Impression:

1. Focal soft tissue thickening narrowing of the lumen of the mid transverse colon is presumably the patient's known colonic neoplasm.
2. Indeterminate partially calcified 5 cm splenic lesion is favored to be benign such as a post-infectious or inflammatory sequela or vascular malformation (hemangioma). Less likely metastatic disease.
3. Otherwise, no findings to suggest metastatic disease in the abdomen or pelvis.
4. At least moderate-sized right pleural effusion is partially imaged.
5. Non-obstructing 2-3 mm lower left renal calyceal calculus.
6. Hepatomegaly.

Delbert Benzenhafer, M.D.  
Radiologist

Electronically signed by DELBERT BENZENHAFER at 07-May-2024 11:58:38 AM

**ADDRESS:** 7180 N. University Drive Tamarac, Florida 33321 **PHONE:** 954-580-2780 **FAX:** 954-580-2790  
Page 1 of 2

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240507 CT ABD PELVIS]

To: "LUIS MARTINEZ" From: INTERFAX Pages: 2  
**Patient: AVILA, ROBERTO**  
**DOS: 04-May-2024 12:16:19 PM**

**ADDRESS: 7180 N. University Drive Tamarac, Florida 33321 PHONE: 954-580-2780 FAX: 954-580-2790**  
Page 2 of 2

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240501 EKG]

Document Name: 20240501 EKG, Scanned Date: 2024-05-01

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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Name: ROBERTO AVILA		Midmark Diagnostics Group	Rate:	82	BPM	Interpretation:
ID:	807433	Req. Physician:	PR:	150	msec	Sinus Rhythm
Sex:	Male	Technician: AO	QT/QTc:	400/438	msec	WITHIN NORMAL LIMITS
BP:	120/80 mmHg	History:	QRSd:	104	msec	
Weight:	267.0 lbs	Medication:	P Axis:	39		R-82
Height:	67 inches	Date of Report: 05/01/24 14:31:34	QRS Axis:	13		
DOB:	11/05/1962 (61 Years)	Reviewed By: DR. MARTINEZ	T Axis:	71		NSR
Comments:						

LM  
5/1/2024



Speed:25 mm/sec Gain:10 mm/mv MYODIFF ACON DRIFTON

Midmark Diagnostics Group

Page 1 of 1

Version 8.4.1

ECG Analysis Ver. 8.4.1

Print Date 05/01/24 14:31:50

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240501 APPROVAL CARDIO]

Document Name: 20240501 APPROVAL CARDIO, Scanned Date: 2024-05-01

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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Transaction ID: 63244610421

Customer ID: 969912

Transaction Date: 2024-05-01

**Helpful Hint:** Review Humana policy information to avoid unnecessary requests



## AVILA JR, ROBERTO Patient

Member ID	Date of Birth	Gender
H69728593	1962-11-05	Male
Eligibility Status	Group Number	Plan / Coverage
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
Transaction Type Organization		Payer
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

## Certificate Information

Certification Number	Status
190493346	CERTIFIED IN TOTAL

## Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

## Member Information

Patient Name	Patient Date of Birth	Patient Gender
AVILA JR, ROBERTO	1962-11-05	Male
Member ID	Relationship to Subscriber	Subscriber Name
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

<b>Name</b> MARTINEZ, LUIS	<b>NPI</b> 1366671042
<b>Provider Role</b> Provider	
<b>Phone</b> (954) 581-8272 - 24198	<b>Contact Name</b> LORI CARPENTER

## Service Information

<b>Service Type</b> 1 - Medical Care	<b>Place of Service</b> 11 - Office	<b>Service From - To Date</b> 2024-05-01 - 2024-09-30
<b>Quantity</b> 1 Visits		
<b>Diagnosis Code 1</b> I4892 - Unspecified atrial flutter		
<b>Diagnosis Code 2</b> I509 - Heart failure unspecified		
<b>Procedure Code 1</b> <b>(CPT/HCPCS)</b> 99213 - OFFICE O/P EST LOW 20 MIN	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-05-01 - 2024-09-30
<b>Procedure Code 2</b> <b>(CPT/HCPCS)</b> 99214 - OFFICE O/P EST MOD 30 MIN	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-05-01 - 2024-09-30
<b>Procedure Code 3</b> <b>(CPT/HCPCS)</b> 93000 - ELECTROCARDIOGRAM COMPLETE	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-05-01 - 2024-09-30

## Rendering Provider/Facility

**Provider 1**

**Name** RICHARD GOLDMAN      **NPI** 1699769273

**Provider Role**

Service Location

**Phone**

(954) 546-2688

**Provider 2**

**Name** MEDICAL SPECIALISTS OF THE PALM BEACHES      **NPI** 1851334056

PALM BEACHES

**Provider Role**

Facility

**Phone**

(954) 546-2688

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240501 APPROVAL PULMO]

Document Name: 20240501 APPROVAL PULMO, Scanned Date: 2024-05-01

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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Transaction ID: 63242810448

Customer ID: 969912

Transaction Date: 2024-05-01

**Helpful Hint:** Review Humana policy information to avoid unnecessary requests



### AVILA JR, ROBERTO Patient

Member ID	Date of Birth	Gender
H69728593	1962-11-05	Male
Eligibility Status	Group Number	Plan / Coverage
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
Transaction Type Organization		Payer
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

### Certificate Information

Certification Number	Status
190488302	CERTIFIED IN TOTAL

### Message

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### Member Information

Patient Name	Patient Date of Birth	Patient Gender
AVILA JR, ROBERTO	1962-11-05	Male
Member ID	Relationship to Subscriber	Subscriber Name
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

**Name** MARTINEZ, LUIS **NPI** 1366671042  
**Provider Role** Provider  
**Phone** (954) 581-8272 - 24198 **Contact Name** LORI CARPENTER

## Service Information

**Service Type** 1 - Medical Care **Place of Service** 11 - Office **Service From - To Date** 2024-05-01 - 2024-09-30

**Quantity**

1 Visits

**Diagnosis Code 1**

J449 - Chronic obstructive pulmonary disease unspecified

**Diagnosis Code 2**

J9611 - Chronic respiratory failure with hypoxia

**Diagnosis Code 3**

Z9981 - Dependence on supplemental oxygen

**Procedure Code 1 (CPT/HCPCS)**

99214 - OFFICE O/P EST MOD  
30 MIN

**Quantity**

1 Units

**Procedure From - To Date**

2024-05-01 - 2024-09-30

**Procedure Code 2 (CPT/HCPCS)**

99213 - OFFICE O/P EST LOW  
20 MIN

**Quantity**

1 Units

**Procedure From - To Date**

2024-05-01 - 2024-09-30

## Rendering Provider/Facility

**Provider 1**

<b>Name</b>	<b>NPI</b>
BHAGCHANDANI	1750438974
<b>Provider Role</b>	<b>Address</b>
Service Location	2825 N STATE ROAD 7, SUITE 201, MARGATE, FL 33063
<b>Phone</b>	
(000) 000-0000	

**Provider 2**

<b>Name</b>	<b>NPI</b>
BHAGCHANDANI	1750438974
<b>Provider Role</b>	<b>Address</b>
Facility	2825 N STATE ROAD 7, SUITE 201, MARGATE, FL 33063
<b>Phone</b>	<b>Fax</b>
(000) 000-0000	(954) 917-4940

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240501 APPROVAL CXR]

Document Name: 20240501 APPROVAL CXR, Scanned Date: 2024-05-01

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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Transaction ID: 63236717383

Customer ID: 969912

Transaction Date: 2024-05-01

**Helpful Hint:** Review Humana policy information to avoid unnecessary requests



## AVILA JR, ROBERTO Patient

<b>Member ID</b>	<b>Date of Birth</b>	<b>Gender</b>
H69728593	1962-11-05	Male
<b>Eligibility Status</b>	<b>Group Number</b>	<b>Plan / Coverage</b>
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
<b>Transaction Type Organization</b>		<b>Payer</b>
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

## Certificate Information

<b>Certification Number</b>	<b>Status</b>
190472772	CERTIFIED IN TOTAL

## Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

## Member Information

<b>Patient Name</b>	<b>Patient Date of Birth</b>	<b>Patient Gender</b>
AVILA JR, ROBERTO	1962-11-05	Male
<b>Member ID</b>	<b>Relationship to Subscriber</b>	<b>Subscriber Name</b>
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

**Name** NPI  
MARTINEZ, LUIS 1366671042  
**Provider Role**  
Provider  
**Phone** **Contact Name**  
(954) 581-8272 - 24198 LORI CARPENTER

## Service Information

**Service Type** Place of Service Service From - To Date  
4 - Diagnostic X-Ray 11 - Office 2024-05-01 - 2024-09-30  
**Quantity**  
1 Visits  
  
**Diagnosis Code 1**  
Z01810 - Encounter for  
preprocedural cardiovascular  
examination  
  
**Procedure Code 1** **Quantity** **Procedure From - To Date**  
(CPT/HCPCS) 1 Units 2024-05-01 - 2024-09-30  
71046 - X-RAY EXAM CHEST 2  
VIEWS

## Rendering Provider/Facility

### Provider 1

**Name** NPI  
INSITE RADIOLOGY 1124111141

**Provider Role**  
Service Location

**Phone**

(954) 637-2551

**Provider 2**

**Name**                   **NPI**  
INSITE RADIOLOGY       1124111414

**Provider Role**

Facility

**Phone**

(954) 637-2551

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240424 HUMANA CARE PLAN]

Document Name: 20240424 HUMANA CARE PLAN, Scanned Date: 2024-04-24

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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PO BOX 277750  
Miramar, FL 33027-9808

## Fax

To:	LUIS MARTINEZ
Regarding:	Transition of Care
From:	Special Needs Plans
Phone:	954-581-8272
Fax:	954-581-8382
Date:	04/23/2024
Page (including cover):	7

If this transmission is not received in good order, please call **1-800-662-9508** or advise by fax at **1-844-252-1705**.

This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. Failure to maintain confidentiality of such information is subject to sanctions and penalties under state and federal law. If you have received this material/information in error, please contact the sender and delete or destroy the material/information immediately.

Y0040\_GHILFTREN HH0025

Apr 24 2024 00:31:53 Via Fax

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8774092956 Humana Inc.

Page 002 Of 007



April 23, 2024

Dear Physician:

As the patient's primary care physician, we want to notify you that your Humana-covered Medicare Advantage special needs (SNP) patient, ROBERTO AVILA JR, 11/05/1962, H6972859300, has had a recent inpatient medical facility admission.

To ensure there is continuity of care, Humana's Care Management team has developed a Transition of Care (TOC) plan, attached to this letter.

Please note or add recommended interventions to the TOC plan and return it to us via fax: 1-844-252-1705. You may also call the member's care management team at 1-888-623-0286 to complete the TOC care plan telephonically.

Patient information is available to view in Compass. This platform enables you to review patient-specific clinical information, making it easier to follow up after discharge from a facility, identify gaps in care, and improve health outcomes. Compass enables visibility into clinical programs, care plans, assessments, and communication records. To request access to Compass, please work with your Humana representative.

The process is simple:

- » Login to Compass
- » Click link labeled "Patient" and enter patient's Humana ID number into search field
- » Navigate to drop down menu in the center of the page
- » Clicking the carat will open the drop-down menu
- » Patient's care plan, assessments and other clinical information can be selected

Patient information is also available via the Availity provider portal at Availity.com. Registration is required, but quick and easy. Simply:

- » Login to the Availity portal
- » Click Patient Registration | Eligibility and Benefits Inquiry to look up the patient's eligibility and benefits information
- » On the results page, select the "Assessment & Care Plan" and "Member Summary" buttons

Y0040\_GHHLFTREN HH0025

Apr 24 2024 00:32:12 Via Fax

->

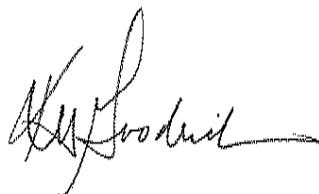
8774092956 Humana Inc.

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**Note:** SNP compliance training must be completed once a year. Access Humana SNP compliance training by logging in to the Availity Provider Portal at Availity.com. On the top navigation menu, select "Payer Spaces" and click "Humana." From there, select the "Resources" tab and choose "Humana Compliance Events" from the list of selections. Click "I Agree" on the disclaimer to proceed to the training site. Once in the training site, click the "Compliance" drop-down in the top left menu and select "Health Care Provider Compliance." Finally, click the "Complete Your SNP Training and Attestation" link.

If you have questions or would like more information, please call the Humana Care Management service line at **1-888-623-0286**, Monday through Friday, 9:00 a.m. to 5:00 p.m. Eastern Time. We're committed to working closely with you and appreciate the care you provide to your Humana-covered patients.

Sincerely,



Katie Goodrich, M.D., MHS  
Chief Medical Officer

Y0040\_GHHLFTREN HH0025

## Care Plan

Humana

HID: H6972859300 Name: ROBERTO AVILA JR  
Date of Birth: 11/05/1962 Care plan print date: 04/23/2024

This care plan has been created by you with your care manager's assistance.

**Be sure to:**

- Review this plan with your doctor.
- After your doctor visits, ask your doctor to review the care plan and if there are changes, fax this form to 844-252-1705.

Area of Focus:

Pain

Goal:

Member will identify area of pain and develop strategies to minimize/reduce pain.

Priority:

Low

Barriers:

Ability to process information

Interventions:

Assess/Evaluate

**Please review this plan with your doctor and choose one of the options below.**

- You agree with the goals listed above.
- You want to make the following changes to your goals:

Area of Focus:

Social Determinants of Health

Goal:

Member will use resources provided to address financial issues

Priority:

Low

Barriers:

Ability to process information

Interventions:

Assess/Evaluate

**Please review this plan with your doctor and choose one of the options below.**

- You agree with the goals listed above.
- You want to make the following changes to your goals:

## Care Plan

Humana

HID: H6972859300

Name: ROBERTO AVILA JR

Date of Birth: 11/05/1962

Care plan print date: 04/23/2024

Area of Focus:

Respiratory

Goal:

Member will verbalize understanding of COPD diagnosis and treatment plan

Priority:

Low

Barriers:

Ability to process information

Interventions:

Assess/Evaluate

Please review this plan with your doctor and choose one of the options below.

You agree with the goals listed above.

You want to make the following changes to your goals:

Area of Focus:

Behavioral Health

Goal:

Member will identify current behavioral health problem(s) and current treatment plan and verbalize a willingness to discuss readiness to adopt healthy behaviors.

Priority:

Low

Barriers:

Ability to process information

Interventions:

Assess/Evaluate

Please review this plan with your doctor and choose one of the options below.

You agree with the goals listed above.

You want to make the following changes to your goals:

Area of Focus:

Cardiovascular

Goal:

Member will be able to recognize and manage symptoms of Cardiovascular Disease (CVD).

Priority:

High

Barriers:

Guidance needed related to condition or treatment-ongoing management/self-management plan

Guidance needed related to condition or treatment-signs & symptoms

Y0040\_GHHKF75EN\_C

Care plan | 2

## Care Plan

Humana

HID: H6972859300  
Date of Birth: 11/05/1962

Name: ROBERTO AVILA JR  
Care plan print date: 04/23/2024

Interventions:	Assess/Evaluate Educate - Verbal Education provided Educate - Written material sent Coordinate- Assist with Care Coordination resources
----------------	--

Please review this plan with your doctor and choose one of the options below.

- You agree with the goals listed above.  
 You want to make the following changes to your goals:

Area of Focus:	Social Determinants of Health
Goal:	Member will verbalize understanding for the reason of Impending hospitalization and treatment plan
Priority:	High
Barriers:	Guidance needed related to condition or treatment-ongoing management/self-management plan Guidance needed related to condition or treatment-signs & symptoms
Interventions:	Educate - Verbal Education provided Assess/Evaluate

Please review this plan with your doctor and choose one of the options below.

- You agree with the goals listed above.  
 You want to make the following changes to your goals:

Apr 24 2024 00:34:31 Via Fax

->

8774092956 Humana Inc.

Page 007 Of 007

If you need help, call your Humana care manager at 888-623-0286 (TTY: 711),  
Monday – Friday, 9 a.m. – 5 p.m., Eastern time.

Your signature

Your doctor's signature

Date

Your doctor's name (printed)

Y0040\_GHHKF75EN\_C

Care plan | 4

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240417 PREOP]

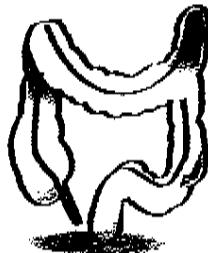
Document Name: 20240417 PREOP, Scanned Date: 2024-04-17

Notes: Fasano, Debra 4/23/2024 05:26:25 PM EDT > CALLED PT HE WANTS ME TO CALL HIS SISTER (POA) TO SCHEDULE PREOP  
954-605-2384 Fasano, Debra 4/24/2024 12:08:32 PM EDT > SPOKE TO SISTER SCHEDULED PREOP

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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# THE COLON AND RECTAL CLINIC

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Committed to Excellence  
in Surgical Care of  
the Colon and Rectum.

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[www.crcftlauderdale.com](http://www.crcftlauderdale.com)

Charles P. Lago, Sr., M.D., F.A.C.S., F.A.S.C.R.S. • Joseph P. Corallo, Jr., M.D.

① 581-8382

## PRE-OPERATIVE MEDICAL CLEARANCE

Pt: Roberto Avila D.O.B. 11-05-62

Dear Dr. Martinez

The above named patient has been tentatively scheduled to undergo:

Robotic Right Colectomy

Surgery with your approval and medical clearance

at Broward Health Coral Springs on 5-22-24

The hospital recommended guideline are for general medical evaluations. Any other test you feel appropriate due to a medical condition(s) are up to your discretion. Please make time allowance for these additional tests that may be required in coordination with the surgical date above so that we can avoid any unnecessary delays. **MEDICAL CLEARANCE MUST BE SIGNED BY M.D.**

CBC with Diff

CMP

PT & PTT

UA (within 30 days)

Chest X-ray (PA & Lateral)

EKG

Please list all allergies. All above tests to be performed no more than 2-3 weeks prior to scheduled surgery. Chest X-ray and EKG's are good for 90 days. Letter of Medical Clearance stating that the patient is cleared for surgery NO MORE THAN 30 DAYS OLD will be necessary for the patient to have the above reports FAXED TO THE HOSPITAL AT LEAST 2 DAYS PRIOR TO THEIR SURGERY  
AT 954-346-4214

Thank you for your kind consideration in evaluating this patient for their up-coming surgery

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240410 APPROVAL RECTAL SX]

Document Name: 20240410 APPROVAL RECTAL SX, Scanned Date: 2024-04-10

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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Transaction ID: 62599556087

Customer ID: 969912

Transaction Date: 2024-04-10

**Helpful Hint:** Review Humana policy information to avoid unnecessary requests



### AVILA JR, ROBERTO Patient

<b>Member ID</b>	<b>Date of Birth</b>	<b>Gender</b>
H69728593	1962-11-05	Male
<b>Eligibility Status</b>	<b>Group Number</b>	<b>Plan / Coverage</b>
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
<b>Transaction Type Organization</b>		<b>Payer</b>
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

### Certificate Information

<b>Certification Number</b>	<b>Status</b>
189352282	CERTIFIED IN TOTAL

### Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

### Member Information

<b>Patient Name</b>	<b>Patient Date of Birth</b>	<b>Patient Gender</b>
AVILA JR, ROBERTO	1962-11-05	Male
<b>Member ID</b>	<b>Relationship to Subscriber</b>	<b>Subscriber Name</b>
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

<b>Name</b>	<b>NPI</b>
MARTINEZ, LUIS	1366671042
<b>Provider Role</b>	
Provider	
<b>Phone</b>	<b>Contact Name</b>
(954) 581-8272 - 24198	LORI CARPENTER

## Service Information

<b>Service Type</b>	<b>Place of Service</b>	<b>Service From - To Date</b>
1 - Medical Care	11 - Office	2024-04-10 - 2024-08-31
<b>Quantity</b>		
1 Visits		
<b>Diagnosis Code 1</b>		
C20 - Malignant neoplasm of rectum		
<b>Procedure Code 1 (CPT/HCPCS)</b>	<b>Quantity</b>	<b>Procedure From - To Date</b>
99204 - OFFICE O/P NEW MOD	1 Units	2024-04-10 - 2024-08-31
45 MIN		
<b>Procedure Code 2 (CPT/HCPCS)</b>	<b>Quantity</b>	<b>Procedure From - To Date</b>
99214 - OFFICE O/P EST MOD	1 Units	2024-04-10 - 2024-08-31
30 MIN		
<b>Procedure Code 3 (CPT/HCPCS)</b>	<b>Quantity</b>	<b>Procedure From - To Date</b>
99213 - OFFICE O/P EST LOW	1 Units	2024-04-10 - 2024-08-31
20 MIN		
<b>Procedure Code 4 (CPT/HCPCS)</b>	<b>Quantity</b>	<b>Procedure From - To Date</b>
46060 - INCISION OF RECTAL ABSCESS	1 Units	2024-04-10 - 2024-08-31

<b>Procedure Code 5 (CPT/HCPCS)</b> 46221 - LIGATION OF HEMORRHOID(S)	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-04-10 - 2024-08-31
<b>Procedure Code 6 (CPT/HCPCS)</b> 45330 - DIAGNOSTIC SIGMOIDOSCOPY	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-04-10 - 2024-08-31
<b>Procedure Code 7 (CPT/HCPCS)</b> 46600 - DIAGNOSTIC ANOSCOPY SPX	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-04-10 - 2024-08-31

## Rendering Provider/Facility

### Provider 1

<b>Name</b> CORALLO	<b>NPI</b> 1073766804
<b>Provider Role</b> Service Location	<b>Address</b> 350 N PINE ISLAND RD, SUITE 300, PLANTATION, FL 33324
<b>Phone</b> (954) 236-5433	

### Provider 2

<b>Name</b> CORALLO	<b>NPI</b> 1073766804
<b>Provider Role</b> Facility	<b>Address</b> 350 N PINE ISLAND RD, SUITE 300, PLANTATION, FL 33324
<b>Phone</b> (954) 236-5433	<b>Fax</b> (954) 236-5422

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240408 COLORECTAL AUTH REQUEST]

Document Name: 20240408 COLORECTAL AUTH REQUEST, Scanned Date: 2024-04-08

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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954 581 838



- Westside specialty Center - 350 N. Pine Island Rd – Suite 300 – Plantation Florida 33324
- Medical Arts in the Springs – 2901 Coral Hills Drive – Suite 360 – Coral Springs Florida 33065

\*Phone: (954) 236-5444 \* Fax: (954) 236-5422  
[www.crcftlauderdale.com](http://www.crcftlauderdale.com)

TAX ID #: 201759480

Charles P. Lago, Sr., M.D, F.A.C.S., F.A.S.C.R.S.

NPI #: 1144219445

Joseph P. Corallo, Jr., MD

NPI #: 1073766804

Maria Rojas, MD

NPI #: 1306378989

Dear Referring Physician/Primary Care Physician:

**Attention: Referral Coordinator**

Patient name: Roberto Avila Code: C20

Insurance Co. Humana New Pt. Follow-up

Date of Birth: 11/5/1962 Appt Date: 4/12/2024

Please be advised all referrals need to note the following procedure codes for our New & Established patients. This is to insure that the referral will sustain the visit for office consultation, and follow-up visits.

The following codes for: **Evaluation and Treatment** and/or

**Office Consultations:**

- \*99204 New Patient
- \*99214 Return Visit
- \*99213 Return Visit
- \*99215 Return Visit

**Procedure Codes are to include**

- \*46600 Anoscopy
- \*45330 Flexible Sigmoidoscopy
- \*46221 Ligation
- \*46060 I&D Abscess Abscess

**\*PLEASE ALLOW 1 EACH PROCEDURE CODE FOR EACH OFFICE CONSULTATION CODE\***

The Physicians will only use these codes if the service is rendered. However, pre-approval is mandatory.

Please make the necessary changes to avoid a return visit due to a referral error. We greatly appreciate your attention to this matter.

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240326 APPROVAL COLONOSCOPY]

Document Name: 20240326 APPROVAL COLONOSCOPY, Scanned Date: 2024-03-26

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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Transaction ID: 62129369034

Customer ID: 969912

Transaction Date: 2024-03-26

**Helpful Hint:** Review Humana policy information to avoid unnecessary requests



### AVILA JR, ROBERTO Patient

Member ID	Date of Birth	Gender
H69728593	1962-11-05	Male
Eligibility Status	Group Number	Plan / Coverage
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
Transaction Type Organization		Payer
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

### Certificate Information

Certification Number	Status
188571589	CERTIFIED IN TOTAL

### Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

### Member Information

Patient Name	Patient Date of Birth	Patient Gender
AVILA JR, ROBERTO	1962-11-05	Male
Member ID	Relationship to Subscriber	Subscriber Name
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

<b>Name</b>	<b>NPI</b>
MARTINEZ, LUIS	1366671042
<b>Provider Role</b>	
Provider	
<b>Phone</b>	<b>Contact Name</b>
(954) 581-8272 - 24198	LORI CARPENTER

## Service Information

<b>Service Type</b> 2 - Surgical	<b>Place of Service</b> 22 - On Campus-Outpatient Hospital	<b>Service From - To Date</b> 2024-03-26 - 2024-07-31
<b>Quantity</b> 1 Visits		
<b>Diagnosis Code 1</b> R195 - Other fecal abnormalities		
<b>Procedure Code 1</b> <b>(CPT/HCPCS)</b> 45378 - DIAGNOSTIC COLONOSCOPY	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-03-26 - 2024-07-31
<b>Procedure Code 2</b> <b>(CPT/HCPCS)</b> 45380 - COLONOSCOPY AND BIOPSY	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-03-26 - 2024-07-31
<b>Procedure Code 3</b> <b>(CPT/HCPCS)</b> 45385 - COLONOSCOPY W/LESION REMOVAL	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-03-26 - 2024-07-31

## Rendering Provider/Facility

**Provider 1**

<b>Name</b>	<b>NPI</b>
ELMAN, JORDAN	1326492893
<b>Specialty</b>	<b>Provider Role</b>
163WG0100X	Service Provider
<b>Phone</b>	
(000) 000-0000	

**Provider 2**

<b>Name</b>	<b>NPI</b>
CORAL SPRINGS MEDICAL CENTER	1174551147
<b>Provider Role</b>	
Facility	
<b>Phone</b>	
(000) 000-0000	

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240321 GI NOTE]

Document Name: 20240321 GI NOTE, Scanned Date: 2024-03-21

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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From: Gineth Cruz

Fax: 19543631754

To:

Fax: (954) 581-8382

Page: 1 of 4

03/21/2024 4:14 PM

*Aft. Referral Department*

GASTRO  
HEALTH

\*PT never proceed  
with procedure

Please issue

\* AVM thanks

GastroHealth of North Broward  
3001 Coral Hills Drive, Suite 250  
Coral Springs, FL 33065  
GastroHealth Tax ID # 20-34009831

**\*\* REFERRAL / AUTHORIZATION REQUEST FORM\*\***

DATE OF SERVICE: 04-08-2024

Patient Name: Roberto Avila Health Plan: Humana Gold Plus  
Date of Birth: 11-05-1962 ID# H69728593

**REFERRING TO: Gastroenterology Specialist**

Ronen Arai, MD	NPI# 1982641866	Barry Ross, MD	NPI# 1508809039
Seth Kirschner, MD	NPI# 1548554546	Michael Sternthal, MD	NPI# 1992781876
Su Bin Kim, MD	NPI# 1679826416	Jeffrey Schneider, MD	NPI# 1821074618
Nathaniel Ernstoff, MD	NPI# 1306189147	Jordan Elman, MD	NPI# 1326492893
Edward Deutsch, MD	NPI# 1457337883		

Procedure(s): Colonoscopy Diagnosis/ICD-10 code(s): B19.5

CPT Code(s):  45378  45380  45385  43235  43239  43249  43251  43255

Place of Service  Office  Outpatient Hospital  Ambulatory Surgery Ctr  Diagnostic Facility

Type of Service  Surgical  Medical Care

**ALL REFERRAL/AUTHS MUST INCLUDE PLACE OF SERVICE INFO TO BE VALID!!!**

Facility /Hospital Name	Tax ID	NPI #	Address
<input type="checkbox"/> Baptist Endoscopy Ctr.	201796841	1679871867	3001 Coral Hills Dr # 200, C/S, FL
<input type="checkbox"/> Surgical Center of C/S	650538147	1134182660	967 N. University Dr, C/S, FL
<input type="checkbox"/> Northwest Medical Ctr	611259843	1063466563	2801 N. State Rd 7, Margate, FL
<input checked="" type="checkbox"/> Coral Springs Medical Ctr	596012065	1174551147	3000 Coral Hills Dr, C/S, FL

Contact Name: Samantha ext. 13070 Ph: (954) 721-5400 Fax: (954) 720-7722

Contact Name: Jinnett ext. 13069 Ph: (954) 721-5400 Fax: (954) 720-7722

\*Contact Name: Gineth ext. 13064 Ph: 954-721-5400 Fax: 954-720-7722 \*

**AUTHORIZATION NEEDED WITHIN 48 HRS OF PROCEDURE TO AVOID CANCELLATION**

From: Gineth Cruz  
3/21/24, 3:01 PM

Fax: 19543631754

To:

Fax: (954) 581-8382  
Print Preview

Page: 2 of 4

03/21/2024 4:14 PM

AVILA, Roberto DOB: 11/05/1962 (60 yo M) Acc No. 7863811 DOS: 10/11/2023

**Avila, Roberto**

60 Y old Male, DOB: 11/05/1962

Account Number: 7863811

1906 NW 65TH AVE, MARGATE, FL-33063-2330

Home: 917-736-4109

Guarantor: Avila, Roberto Insurance: HUMANA GOLD PLUS

MEDICARE REPL Payer ID: G1601

PCP: Luis M Martinez, DO

Appointment Facility: FL047 North Broward

10/11/2023

Jordan Benjamin Elman, MD

**Current Medications****Taking**

- Ramipril 10 MG Capsule Oral
  - Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution Inhalation
  - Wixela Inhub 500-50 MCG/ACT Aerosol Powder Breath Activated Inhalation
- Medication List reviewed and reconciled with the patient

**Past Medical History**

High blood pressure.  
 Chronic Obstructive Pulmonary Disease (COPD).  
 Enlarged heart.

**Surgical History**

Never done a colonoscopy

**Family History**

Mother: deceased  
 Father: deceased  
 Maternal Grand Mother: deceased, Colon Cancer  
 Maternal Grand Mother diagnosed with colon cancer.

**Social History****Tobacco Use:**

Tobacco Use/Smoking. Are you a former smoker, How long has it been since you last smoked? > 10 years. Additional Findings: Tobacco Non-User Current non-smoker. Tobacco use other than smoking. Are you an other tobacco user? No.

**Drugs/Alcohol:**

Drugs Have you used drugs other than those for medical reasons in the past 12 months? No. Alcohol Screen (Audit-C) Did you have a drink containing alcohol in the past year? Yes. How often did you have a drink containing alcohol in the past year? 4 or more times a week (4

**Reason for Appointment****1. Positive cologuard****History of Present Illness****Introduction:**

-New patient  
 Has COPD, is on oxygen  
 Labs reviewed  
 hgb 11.4  
 Positive cologuard  
 gets bloated and uncomfortable after eating  
 hasn't seen the lung doctor in 6 months  
 had CHF in 2020, heart became slightly enlarged  
 had a procedure because his heart rate was high so had an ablation  
 for a while now his stool is liquidy, small fragments.  
 in the morning has 3-4 bowel movements, goes and stops.

**Depression Screening:**

Intervention Depression Screening Findings Negative. PHQ-2 (2015 Edition) Little interest or pleasure in doing things? Not at all, Feeling down, depressed, or hopeless? Not at all, Total Score 0.

**Vital Signs**

Wt: 276.0 lbs, Ht: 67 in, BMI: 43.22 Index, BP: 148/88 mm Hg, Pulse: 94 /min, Oxygen sat %: 92 %, Wt-kg: 125.19 kg.

**Examination****Patient Exam:**

GENERAL APPEARANCE: Appearance: well developed, well nourished,in no acute distress,well groomed.  
 HEAD: Normocephalic, atraumatic.  
 EYES: Anicteric.  
 HEARING: normal.  
 ORAL CAVITY: mucus membranes moist.  
 HEART: unremarkable sounds,no murmurs, rubs, gallops.  
 LUNGS: Bibasilar rhonchi.  
 ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended, no masses palpable. No scars.  
 EXTREMITIES: no clubbing, cyanosis, or edema.  
 NEUROLOGIC: AAOx3, no focal deficits.

Progress Note: Jordan Benjamin Elman, MD - 10/11/2023

Note generated by eClinicalWorks EMR/PM Software (www.eclinicalworks.com)

From: Gineth Cruz  
3/21/24, 3:01 PM

Fax: 19543631754

To:

Fax: (954) 581-8382  
Print Preview

Page: 3 of 4

03/21/2024 4:14 PM

AVILA, Roberto DOB: 11/05/1962 (60 yo M) Acc No. 7863811 DOS: 10/11/2023

points). How many drinks did you have on a typical day when you were drinking in the past year? 1 or 2 drinks (0 point). How often did you have 6 or more drinks on one occasion in the past year? Never (0 point), Points 4, Interpretation Positive. Caffeine Intake: 1-2 cups per day. Do you drink alcohol?: Yes, Daily.

#### Allergies

N.K.D.A.

#### Hospitalization/Major

#### Diagnostic Procedure

Denies Past Hospitalization

#### Review of Systems

14 point ROS negative apart from listed pertinent positives, and HPI.

#### Assessments

1. positive cologuard - R19.5 (Primary)
2. Iron deficiency anemia - D50.9
3. COPD - J43.8

Reviewed all with patient. he is high risk for endoscopic procedures given CHF/COPD

positive cologuard and IDA needs EGD and colonoscopy needs pulm and cardiac eval prior to this

Reviewed indications, risks, benefits and alternatives to procedure. Patient in agreement.

#### Treatment

##### 1. positive cologuard

Start Suprep Bowel Prep Kit Solution, 17.5-3.13-1.6 GM/177ML, 177 ml, Orally, once, 1 days, 1, Refills 0

PROCEDURE: Colonoscopy

##### 2. Iron deficiency anemia

PROCEDURE: EGD

##### 3. COPD

PROCEDURE: Cardiac Clearance

PROCEDURE: PULMONARY CLEARANCE

#### Preventive Medicine

Counseling: Care goal follow-up plan: Above Normal BMI Follow-up Dietary management education, guidance, and counseling.

Screenings: FALL RISK SCREENING Fall Risk Assessment: No falls in the past year.

#### Follow Up

3 Months

Electronically signed by Jordan Benjamin Elman MD, MD on 10/11/2023 at 10:02 AM EDT

Sign off status: Completed

From: Gineth Cruz  
3/21/24, 3:01 PM

Fax: 19543631754

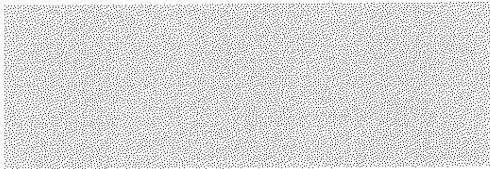
To:

Fax: (954) 581-8382  
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Page: 4 of 4

03/21/2024 4:14 PM

AVILA, Roberto DOB: 11/05/1962 (60 yo M) Acc No. 7863811 DOS: 10/11/2023



FL 47 North Broward  
3001 CORAL HILLS DR  
STE 250  
CORAL SPRINGS, FL 33065-4175  
Tel: 954-721-5400  
Fax: 877-840-6994

Progress Note: Jordan Benjamin Elman, MD 10/11/2023

Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240321 COLONOSCOPY AUTH REQUEST]

Document Name: 20240321 COLONOSCOPY AUTH REQUEST, Scanned Date: 2024-03-21

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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*Aff. Referral Department*  
**GASTRO**  
**HEALTH**

\*PT never proceed  
with procedure

Please issue  
QVM thanks

GastroHealth of North Broward  
3001 Coral Hills Drive, Suite 250  
Coral Springs, FL 33065  
GastroHealth Tax ID # 20-34009831

**\*\* REFERRAL / AUTHORIZATION REQUEST FORM\*\***

DATE OF SERVICE: 04-08-2024

Patient Name: Roberto Avila Health Plan: Humana Gold Plus  
Date of Birth: 11-05-1962 ID# H69728593

**REFERRING TO: Gastroenterology Specialist**

Ronen Arai, MD NPI# 1982641866  
 Seth Kirschner, MD NPI# 1548554546  
 Su Bin Kim, MD NPI# 1679826416  
 Nathaniel Ernstoff, MD NPI# 1306189147  
 Edward Deutsch, MD NPI# 1457337883

Barry Ross, MD NPI# 1508809039  
 Michael Sternthal, MD NPI# 1992781876  
 Jeffrey Schneider, MD NPI# 1821074618  
 Jordan Elman, MD NPI# 1326492893

Procedure(s): Colonoscopy Diagnosis/ICD-10 code(s): B19.5

CPT Code(s):  45378  45380  45385  43235  43239  43249  43251  43255

Place of Service  Office  Outpatient Hospital  Ambulatory Surgery Ctr  Diagnostic Facility

Type of Service  Surgical  Medical Care

**ALL REFERRAL/AUTHS MUST INCLUDE PLACE OF SERVICE INFO TO BE VALID!!!**

Facility /Hospital Name	Tax ID	NPI #	Address
<input type="checkbox"/> Baptist Endoscopy Ctr.	201796841	1679871867	3001 Coral Hills Dr # 200, C/S, FL
<input type="checkbox"/> Surgical Center of C/S	650538147	1134182660	967 N. University Dr, C/S, FL
<input type="checkbox"/> Northwest Medical Ctr	611259843	1063466563	2801 N. State Rd 7, Margate, FL
<input checked="" type="checkbox"/> Coral Springs Medical Ctr	596012065	1174551147	3000 Coral Hills Dr, C/S, FL

Contact Name: Samantha ext. 13070 Ph: (954) 721-5400 Fax: (954) 720-7722

Contact Name: Jinnett ext. 13069 Ph: (954) 721-5400 Fax: (954) 720-7722

\*Contact Name: Gineth ext. 13064 Ph: 954-721-5400 Fax: 954-720-7722 \*

**AUTHORIZATION NEEDED WITHIN 48 HRS OF PROCEDURE TO AVOID CANCELLATION**

From: Gineth Cruz  
3/21/24, 3:01 PM

Fax: 19543631754

To:

Fax: (954) 581-8382  
Print Preview

Page: 2 of 4

03/21/2024 4:14 PM

AVILA, Roberto DOB: 11/05/1962 (60 yo M) Acc No. 7863811 DOS: 10/11/2023



Avila, Roberto

60 Y old Male, DOB: 11/05/1962

Account Number: 7863811

1906 NW 65TH AVE, MARGATE, FL-33063-2330

Home: 917-736-4109

Guarantor: Avila, Roberto Insurance: HUMANA GOLD PLUS

MEDICARE REPL Payer ID: G1601

PCP: Luis M Martinez, DO

Appointment Facility: FL047 North Broward

10/11/2023

Jordan Benjamin Elman, MD

#### Current Medications

##### Taking

- Ramipril 10 MG Capsule Oral
  - Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution Inhalation
  - Wixela Inhub 500-50 MCG/ACT Aerosol Powder Breath Activated Inhalation
- Medication List reviewed and reconciled with the patient

#### Past Medical History

High blood pressure.  
Chronic Obstructive Pulmonary Disease (COPD).  
Enlarged heart.

#### Surgical History

Never done a colonoscopy

#### Family History

Mother: deceased  
Father: deceased  
Maternal Grand Mother: deceased, Colon Cancer  
Maternal Grand Mother diagnosed with colon cancer.

#### Social History

##### Tobacco Use:

Tobacco Use/Smoking. Are you a former smoker, How long has it been since you last smoked? > 10 years. Additional Findings: Tobacco Non-User Current non-smoker. Tobacco use other than smoking. Are you an other tobacco user? No.

##### Drugs/Alcohol:

Drugs Have you used drugs other than those for medical reasons in the past 12 months? No. Alcohol Screen (Audit-C) Did you have a drink containing alcohol in the past year? Yes. How often did you have a drink containing alcohol in the past year? 4 or more times a week (4

#### Reason for Appointment

1. Positive cologuard

#### History of Present Illness

##### Introduction:

-New patient  
Has COPD, is on oxygen  
Labs reviewed  
hgb 11.4  
Positive cologuard  
gets bloated and uncomfortable after eating  
hasn't seen the lung doctor in 6 months  
had CHF in 2020, heart became slightly enlarged  
had a procedure because his heart rate was high so had an ablation  
for a while now his stool is liquidy, small fragments.  
in the morning has 3-4 bowel movements, goes and stops.

##### Depression Screening:

Intervention Depression Screening Findings Negative. PHQ-2 (2015 Edition) Little interest or pleasure in doing things? Not at all, Feeling down, depressed, or hopeless? Not at all, Total Score 0.

#### Vital Signs

Wt: 276.0 lbs, Ht: 67 in, BMI: 43.22 Index, BP: 148/88 mm Hg, Pulse: 94 /min, Oxygen sat %: 92 %, Wt-kg: 125.19 kg.

#### Examination

##### Patient Exam:

GENERAL APPEARANCE: Appearance: well developed, well nourished,in no acute distress,well groomed.  
HEAD: Normocephalic, atraumatic.  
EYES: Anicteric.  
HEARING: normal.  
ORAL CAVITY: mucus membranes moist.  
HEART: unremarkable sounds,no murmurs, rubs, gallops.  
LUNGS: Bibasilar rhonchi.  
ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended, no masses palpable. No scars.  
EXTREMITIES: no clubbing, cyanosis, or edema.  
NEUROLOGIC: AAOx3, no focal deficits.

Progress Note: Jordan Benjamin Elman, MD - 10/11/2023

Note generated by eClinicalWorks EMR/PM Software (www.eclinicalworks.com)

From: Gineth Cruz  
3/21/24, 3:01 PM

Fax: 19543631754

To:

Fax: (954) 581-8382  
Print Preview

Page: 3 of 4

03/21/2024 4:14 PM

AVILA, Roberto DOB: 11/05/1962 (60 yo M) Acc No. 7863811 DOS: 10/11/2023

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#### Allergies

N.K.D.A.

#### Hospitalization/Major

#### Diagnostic Procedure

Denies Past Hospitalization

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14 point ROS negative apart from listed pertinent positives, and HPI.

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Reviewed all with patient. he is high risk for endoscopic procedures given CHF/COPD

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PROCEDURE: Colonoscopy

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#### Follow Up

3 Months

Electronically signed by Jordan Benjamin Elman MD, MD on 10/11/2023 at 10:02 AM EDT

Sign off status: Completed

Progress Note: Jordan Benjamin Elman, MD 10/11/2023

Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240321 COLONOSCOPY AUTH REQUEST]

From: Gineth Cruz  
3/21/24, 3:01 PM

Fax: 19543631754

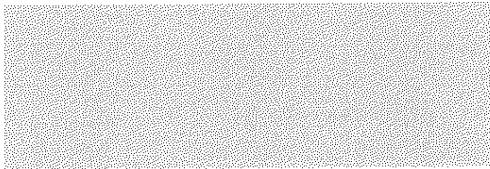
To:

Fax: (954) 581-8382  
Print Preview

Page: 4 of 4

03/21/2024 4:14 PM

AVILA, Roberto DOB: 11/05/1962 (60 yo M) Acc No. 7863811 DOS: 10/11/2023



FL 47 North Broward  
3001 CORAL HILLS DR  
STE 250  
CORAL SPRINGS, FL 33065-4175  
Tel: 954-721-5400  
Fax: 877-840-6994

Progress Note: Jordan Benjamin Elman, MD 10/11/2023

Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240305 PULM NOTE]

Document Name: 20240305 PULM NOTE, Scanned Date: 2024-03-05

Notes: Eugene, Martine 3/6/2024 06:50:59 AM EST > PULM = LOW SURGICAL RISK

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

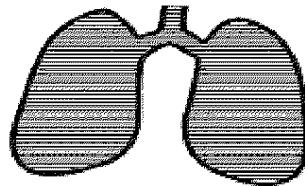
Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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# F A X S H E E T

Date: 03/05/2024 01:00:29 AM  
To: Luis Martinez  
Subject: ProgressNotes  
Fax Number: 954-581-8382  
To Company: Luis Martinez  
From Name: LAL K. BHAGCHANDANI, MD, FRCPC,  
FCCP  
From Company:  
From Facility: Lal Bhagchandani MD PA  
Support Contact:  
Number of Pages(s): 4

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## AVILA, ROBERTO

61 Y old Male, DOB: 11/05/1962

Account Number: 107181

1609 NW 65TH AVE, MARGATE, FL-33063

Home: 917-736-4109

Guarantor: AVILA, ROBERTO Insurance: BCBS FLORIDA

PPO

PCP: Luis Martinez

Appointment Facility: Lal Bhagchandani MD PA

03/04/2024

LAL K. BHAGCHANDANI, MD, FRCPC, FCCP

### Reason for Appointment

- 1. \*Sleep follow up

### History of Present Illness

#### History of Presenting Problem:

Patient is here today for a pulmonary follow up.  
Admits shortness of breath, coughing with and without phlegm, and wheezing.  
Admits use of inhaler, nebulizer, and oxygen.  
Denies recent ER visits.  
Denies drinking and smoking.

### Current Medications

#### Taking

- Symbicort 160-4.5 MCG/ACT Aerosol 2 puffs Inhalation Twice a day
- Wixela Inhub 100-50 MCG/ACT Aerosol Powder Breath Activated 1 puff Inhalation Twice a day

### Past Medical History

Anxiety.  
Apnea.  
Obesity.  
Shortness of breath.  
Chronic cough.  
COPD.  
Depression.  
High blood pressure.

### Surgical History

No Surgical History documented.

### Family History

Asthma ; Diabetes.

### Social History

#### Migrated Social History:

Migrated Social History: Former smoker , Negative for: Exercise , Negative for: Children , Alcohol use , Lives alone.

### Allergies

N.K.D.A.

### Hospitalization/Major Diagnostic Procedure

No Hospitalization History.

### Vital Signs

Ht: 67 in, Wt: 270 lbs, BMI: 42.28 Index, Wt-kg: 122.47 kg, Ht-cm: 170.18 cm, Body Surface Area: 2.4.

### Examination

#### PHYSICAL EXAM:

Constitutional Constitutional: Well developed; Well nourished; Cooperative; Judgment and insight normal: No acute distress; Mentally alert.

HEENT Head normocephalic and atraumatic; Conjunctiva, sclera, and lids unremarkable; PERRLA: Lips, teeth, tongue, and gums unremarkable.

Neck Trachea midline; Supple; No crepitus; Thyroid normal; No regional lymphadenopathy;.

Respiratory Chest symmetrical and expansion ; No intercostal retractions, use of accessory muscles or diaphragmatic movement; Percussion of chest unremarkable; Palpation of chest unremarkable

Patient Name: AVILA, ROBERTO, DOB: 11/05/1962, Account No: 107181

Diaphragmatic movement, + excursion of chest on inspiration, + expiration of chest on expiration.

Cardiovascular Heart rate and rhythm regular; Normal S1 and S2; Heart location and apex normal; No murmurs, rubs, gallops, or clicks.

Extremities No clubbing, cyanosis or inflammation to extremities.

Neurologic awake, alert and oriented to person, place and time.

Gastrointestinal Normal bowel sounds; Abdomen soft and nontender; No palpable masses; No organomegaly.

### Assessments

1. Chronic obstructive pulmonary disease, unspecified - J44.9 (Primary)
2. Obstructive sleep apnea (adult) (pediatric) - G47.33

COPD STAGE 2 STABLE

OSA, OHS ON CPAP

GOOD COMP, GOOD TOLERANCE, SLEEPING GOOD,

FEELING FRESH

USAGE TIME 8 HRS

OBESITY.

### Treatment

#### 1. Chronic obstructive pulmonary disease, unspecified

Notes: SYMBICORT BID

VENTOLIN PRBN

O2 3LIT/MIN NC

APAP

WT REDUCTION

PT LOW SURGICAL RISK FROM PUL STAND POINT

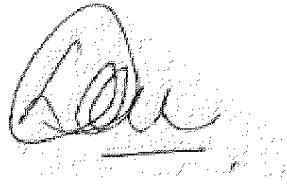
\FU 3 MONTHS.

### Visit Codes

99214 Office Visit, Est Pt., Level 4.

### Follow Up

3 Months



Electronically signed by Lal Bhagchandani , MD PA on 03/05/2024 at 10:11 AM EST

Sign off status: Completed

Lal Bhagchandani MD PA  
2825 N STATE ROAD 7  
STE 201  
MARGATE, FL 33063-5737  
Tel: 954-917-4941  
Fax: 954-917-4940

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240305 PULM NOTE]

Patient Name: AVILA, ROBERTO, DOB: 11/05/1962, Account No: 107181

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**Progress Note: LAL K. BHAGCHANDANI, MD, FRCPC, FCCP 03/04/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

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To: Luis Martinez, Subject: ProgressNotes, Fax#: 954-581-8382, SendDate: 03/05/2024 01:00:29 AM, page 3/3 [-ufg2.5.1in]

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

*Medical record generated by eClinicalWorks EMR/PM Software (www.eclinicalworks.com) on 12/09/2024 at 12:52:04 PM CST*

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240227 APPROVAL CARDIO]

Document Name: 20240227 APPROVAL CARDIO, Scanned Date: 2024-02-27

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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Page 581 of 661

Transaction ID: 61251495475

Customer ID: 969912

Transaction Date: 2024-02-27

**Helpful Hint:** Review Humana policy information to avoid unnecessary requests



### AVILA JR, ROBERTO Patient

Member ID	Date of Birth	Gender
H69728593	1962-11-05	Male
Eligibility Status	Group Number	Plan / Coverage
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
Transaction Type Organization		Payer
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

### Certificate Information

Certification Number	Status
187116299	CERTIFIED IN TOTAL

### Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

### Member Information

Patient Name	Patient Date of Birth	Patient Gender
AVILA JR, ROBERTO	1962-11-05	Male
Member ID	Relationship to Subscriber	Subscriber Name
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

**Name** MARTINEZ, LUIS **NPI** 1366671042  
**Provider Role** Provider  
**Phone** (954) 581-8272 - 24198 **Contact Name** LORI CARPENTER

## Service Information

**Service Type** 1 - Medical Care **Place of Service** 11 - Office **Service From - To Date** 2024-02-27 - 2024-07-31

**Quantity**

1 Visits

**Diagnosis Code 1**

I130 - Hyp hrt & chr kdny dis w hrt  
fail and stg 1-4/unsp chr kdny

**Diagnosis Code 2**

I509 - Heart failure unspecified

**Procedure Code 1 (CPT/HCPCS)** 93000 - ELECTROCARDIOGRAM  
COMPLETE **Quantity** 1 Units **Procedure From - To Date** 2024-02-27 - 2024-07-31

**Procedure Code 2 (CPT/HCPCS)** 99213 - OFFICE O/P EST LOW  
20 MIN **Quantity** 1 Units **Procedure From - To Date** 2024-02-27 - 2024-07-31

**Procedure Code 3 (CPT/HCPCS)** 99214 - OFFICE O/P EST MOD  
30 MIN **Quantity** 1 Units **Procedure From - To Date** 2024-02-27 - 2024-07-31

## Rendering Provider/Facility

**Provider 1**

<b>Name</b>	<b>NPI</b>
DR GOLDMAN, DR GOLDMAN	1699769273
<b>Specialty</b>	<b>Provider Role</b>
207RC0000X	Service Provider
<b>Phone</b>	
(954) 546-2688	

**Provider 2**

<b>Name</b>	<b>NPI</b>
MEDICAL SPECIALISTS OF THE PALM BEACHES	1851334056
<b>Provider Role</b>	Facility
<b>Phone</b>	
(954) 546-2688	

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240124 APPROVAL COLONOSCOPY]

Document Name: 20240124 APPROVAL COLONOSCOPY, Scanned Date: 2024-01-24

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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Transaction ID: 60318813963

Customer ID: 969912

Transaction Date: 2024-01-24

**Helpful Hint:** Review Humana policy information to avoid unnecessary requests



### AVILA JR, ROBERTO Patient

Member ID	Date of Birth	Gender
H69728593	1962-11-05	Male
Eligibility Status	Group Number	Plan / Coverage
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
Transaction Type Organization		Payer
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

### Certificate Information

Certification Number	Status
185362083	CERTIFIED IN TOTAL

### Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

### Member Information

Patient Name	Patient Date of Birth	Patient Gender
AVILA JR, ROBERTO	1962-11-05	Male
Member ID	Relationship to Subscriber	Subscriber Name
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

<b>Name</b>	<b>NPI</b>
MARTINEZ, LUIS	1366671042
<b>Provider Role</b>	
Provider	
<b>Phone</b>	<b>Contact Name</b>
(954) 581-8272 - 24198	LORI CARPENTER

## Service Information

<b>Service Type</b> 2 - Surgical	<b>Place of Service</b> 22 - On Campus-Outpatient Hospital	<b>Service From - To Date</b> 2024-01-24 - 2024-02-29
<b>Quantity</b> 1 Visits		
<b>Diagnosis Code 1</b> R195 - Other fecal abnormalities		
<b>Procedure Code 1</b> <b>(CPT/HCPCS)</b> 45378 - DIAGNOSTIC COLONOSCOPY	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-01-24 - 2024-02-29
<b>Procedure Code 2</b> <b>(CPT/HCPCS)</b> 45380 - COLONOSCOPY AND BIOPSY	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-01-24 - 2024-02-29
<b>Procedure Code 3</b> <b>(CPT/HCPCS)</b> 45385 - COLONOSCOPY W/LESION REMOVAL	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2024-01-24 - 2024-02-29

## Rendering Provider/Facility

**Provider 1**

<b>Name</b>	<b>NPI</b>
ELMAN, JORDAN	1326492893
<b>Specialty</b>	<b>Provider Role</b>
207RG0100X	Service Provider
<b>Phone</b>	
(000) 000-0000	

**Provider 2**

<b>Name</b>	<b>NPI</b>
CORAL SPRINGS MEDICAL CENTER	1174551147
<b>Provider Role</b>	
Facility	
<b>Phone</b>	
(000) 000-0000	

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20240116 GASTRO NOTE]

Document Name: 20240116 GASTRO NOTE, Scanned Date: 2024-01-16

Notes: Mehra, Dana 1/16/2024 10:07:21 AM > +COLOGUAR. CHECK COLONSCOPY NEEDS REFERRAL?

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

Page 589 of 661

From: Gineth Cruz

Fax: 19543631754

To:

Fax: (954) 581-8382

Page: 1 of 4

01/16/2024 9:38 AM



GastroHealth of North Broward  
3001 Coral Hills Drive, Suite 250  
Coral Springs, FL 33065  
GastroHealth Tax ID # 20-34009831

**\*\* REFERRAL / AUTHORIZATION REQUEST FORM\*\***

DATE OF SERVICE: 01-26-2024

Patient Name: Roberto Avila

Health Plan: Humana Gold Plus

Date of Birth: 11-05-1962

ID# H69728593

**REFERRING TO: Gastroenterology Specialist**

Ronen Arai, MD NPI# 1982641866  
 Seth Kirschner, MD NPI# 1548554546  
 Su Bin Kim, MD NPI# 1679826416  
 Nathaniel Ernstoff, MD NPI# 1306189147  
 Edward Deutsch, MD NPI# 1457337883

Barry Ross, MD NPI# 1508809039  
 Michael Sternthal, MD NPI# 1992781876  
 Jeffrey Schneider, MD NPI# 1821074618  
 Jordan Elman, MD NPI# 1326492893

Procedure(s): Colonoscopy

Diagnosis/ICD-10 code(s): B19.5

CPT Code(s):  45378  45380  45385  43235  43239  43249  43251  43255

Place of Service  Office  Outpatient Hospital  Ambulatory Surgery Ctr  Diagnostic Facility

Type of Service  Surgical  Medical Care

**ALL REFERRAL/AUTHS MUST INCLUDE PLACE OF SERVICE INFO TO BE VALID!!!**

Facility /Hospital Name	Tax ID	NPI #	Address
<input type="checkbox"/> Baptist Endoscopy Ctr.	201796841	1679871867	3001 Coral Hills Dr # 200, C/S, FL
<input type="checkbox"/> Surgical Center of C/S	650538147	1134182660	967 N. University Dr, C/S, FL
<input type="checkbox"/> Northwest Medical Ctr	611259843	1063466563	2801 N. State Rd 7, Margate, FL
<input checked="" type="checkbox"/> Coral Springs Medical Ctr	596012065	1174551147	3000 Coral Hills Dr, C/S, FL

Contact Name: Samantha ext. 13070 Ph: (954) 721-5400 Fax: (954) 720-7722

Contact Name: Jinnett ext. 13069 Ph: (954) 721-5400 Fax: (954) 720-7722

\*Contact Name: Gineth ext. 13064 Ph: 954-721-5400 Fax: 954-720-7722\*

**AUTHORIZATION NEEDED WITHIN 48 HRS OF PROCEDURE TO AVOID CANCELLATION**

From: Gineth Cruz

Fax: 19543631754

To:

Fax: (954) 581-8382

Page: 2 of 4

01/16/2024 9:38 AM

1/16/24, 8:47 AM

Print Preview

AVILA, Roberto DOB: 11/05/1962 (60 yo M) Acc No. 7863811 DOS: 10/11/2023



**Avila, Roberto**  
 60 Y old Male, DOB: 11/05/1962  
 Account Number: 7863811  
 1906 NW 65TH AVE, MARGATE, FL-33063-2330  
 Home: 917-736-4109  
 Guarantor: Avila, Roberto Insurance: HUMANA GOLD PLUS  
 MEDICARE REPL Payer ID: 61101  
 PCP: Luis M Martinez, DO  
 Appointment Facility: FLory North Broward

10/11/2023

Jordan Benjamin Elman, MD

**Current Medications****Taking**

- Ramipril 10 MG Capsule Oral
- Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution Inhalation
- Wixela Inhub 500-50 MCG/ACT Aerosol Powder Breath Activated Inhalation
- Medication List reviewed and reconciled with the patient

**Past Medical History**

- High blood pressure.
- Chronic Obstructive Pulmonary Disease (COPD).
- Enlarged heart.

**Surgical History**

- Never done a colonoscopy

**Family History**

- Mother: deceased
- Father: deceased
- Maternal Grand Mother: deceased, Colon Cancer
- Maternal Grand Mother diagnosed with colon cancer.

**Social History****Tobacco Use:**

Tobacco Use/Smoking Are you a? former smoker, How long has it been since you last smoked? > 10 years, Additional Findings: Tobacco Non-User Current non-smoker. Tobacco use other than smoking. Are you an other tobacco user? No.

**Drugs/Alcohol:**

Drugs Have you used drugs other than those for medical reasons in the past 12 months? No. Alcohol Screen (Audit-C) Did you have a drink containing alcohol in the past year? Yes, How often did you have a drink containing alcohol in the past year? 4 or more times a week (4

**Reason for Appointment**

1. Positive cologuard

**History of Present Illness****Introduction:**

-New patient  
 Has COPD, is on oxygen  
 Labs reviewed  
 hgb 11.4  
 Positive cologuard  
 gets bloated and uncomfortable after eating  
 hasn't seen the lung doctor in 6 months  
 had CHF in 2020, heart became slightly enlarged  
 had a procedure because his heart rate was high so had an ablation  
 for a while now his stool is liquidy, small fragments.  
 in the morning has 3-4 bowel movements, goes and stops.

**Depression Screening:**

Intervention Depression Screening Findings Negative. PHQ-2 (2015 Edition) Little interest or pleasure in doing things? Not at all, Feeling down, depressed, or hopeless? Not at all, Total Score 0.

**Vital Signs**

Wt: 276.0 lbs, Ht: 67 in, BMI: 43.22 Index, BP: 148/88 mm Hg, Pulse: 94 /min, Oxygen sat %: 92 %, Wt-kg: 125.19 kg.

**Examination****Patient Exam:**

GENERAL APPEARANCE: Appearance: well developed, well nourished,in no acute distress,well groomed.

HEAD: Normocephalic, atraumatic.

EYES: Anicteric.

HEARING: normal.

ORAL CAVITY: mucus membranes moist.

HEART: unremarkable sounds,no murmurs, rubs, gallops.

LUNGS: Bibasilar rhonchi.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended, no masses palpable. No scars.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: AAOx3, no focal deficits.

Progress Note: Jordan Benjamin Elman, MD 10/11/2023

Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

From: Gineth Cruz

Fax: 19543631754

To:

Fax: (954) 581-8382

Page: 3 of 4

01/16/2024 9:38 AM

1/16/24, 8:47 AM

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AVILA, Roberto DOB: 11/05/1962 (60 yo M) Acc No. 7863811 DOS: 10/11/2023

points), How many drinks did you have on a typical day when you were drinking in the past year? 1 or 2 drinks (0 point), How often did you have 6 or more drinks on one occasion in the past year? Never (0 point), Points 4, Interpretation Positive. Caffeine Intake: 1-2 cups per day. Do you drink alcohol?: Yes, Daily.

**Allergies**

N.K.D.A.

**Hospitalization/Major Diagnostic Procedure**

Denies Past Hospitalization

**Review of Systems**

14 point ROS negative apart from listed pertinent positives, and HPI.

**Assessments**

1. positive cologuard - R19.5 (Primary)
2. Iron deficiency anemia - D50.9
3. COPD - J43.8

Reviewed all with patient. he is high risk for endoscopic procedures given CHF/COPD

positive cologuard and IDA needs EGD and colonoscopy  
needs pulm and cardiac eval prior to this  
Reviewed indications, risks, benefits and alternatives to procedure. Patient in agreement.

**Treatment****1. positive cologuard**

Start Suprep Bowel Prep Kit Solution, 17.5-3.13-1.6 GM/177ML, 177 ml,  
Orally, once, 1 days, 1, Refills 0

**PROCEDURE: Colonoscopy****2. Iron deficiency anemia****PROCEDURE: EGD****3. COPD****PROCEDURE: Cardiac Clearance****PROCEDURE: PULMONARY CLEARANCE****Preventive Medicine**

Counseling: Care goal follow-up plan: Above Normal BMI Follow-up  
Dietary management education, guidance, and counseling.

Screenings: FALL RISK SCREENING Fall Risk Assessment: No falls in the past year.

**Follow Up**

3 Months

Electronically signed by Jordan Benjamin Elman MD, MD on 10/11/2023 at 10:02 AM EDT

Sign off status: Completed

Progress Note: Jordan Benjamin Elman, MD 10/11/2023

Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

From: Gineth Cruz  
1/16/24, 8:47 AM

Fax: 19543631754

To:

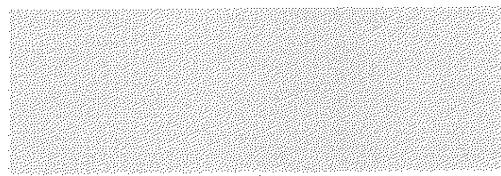
Fax: (954) 581-8382

Print Preview

Page: 4 of 4

01/16/2024 9:38 AM

AVILA, Roberto DOB: 11/05/1962 (60 yo M) Acc No. 7863811 DOS: 10/11/2023



PL 47 North Broward  
3001 CORAL HILLS DR.  
STE 250  
CORAL SPRINGS, FL 33065-4175  
Tel: 954-721-5400  
Fax: 877-840-6994

Progress Note: Jordan Benjamin Bluman, MD 10/11/2023

Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231205 APPROVAL COLON EGD]

Document Name: 20231205 APPROVAL COLON EGD, Scanned Date: 2023-12-05

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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Transaction ID: 59084634180

Customer ID: 969912

Transaction Date: 2023-12-05

**Helpful Hint:** Review Humana policy information to avoid unnecessary requests



### AVILA JR, ROBERTO Patient

Member ID	Date of Birth	Gender
H69728593	1962-11-05	Male
Eligibility Status	Group Number	Plan / Coverage
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
Transaction Type Organization		Payer
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

### Certificate Information

Certification Number	Status
183097757	CERTIFIED IN TOTAL

### Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

### Member Information

Patient Name	Patient Date of Birth	Patient Gender
AVILA JR, ROBERTO	1962-11-05	Male
Member ID	Relationship to Subscriber	Subscriber Name
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

<b>Name</b>	<b>NPI</b>
MARTINEZ, LUIS	1366671042
<b>Provider Role</b>	
Provider	
<b>Phone</b>	<b>Contact Name</b>
(954) 581-8272 - 24198	LORI CARPENTER

## Service Information

<b>Service Type</b> 2 - Surgical	<b>Place of Service</b> 22 - On Campus-Outpatient Hospital	<b>Service From - To Date</b> 2023-12-05 - 2024-03-31
<b>Quantity</b> 1 Visits		
<b>Diagnosis Code 1</b> R195 - Other fecal abnormalities		
<b>Diagnosis Code 2</b> D509 - Iron deficiency anemia unspecified		
<b>Procedure Code 1 (CPT/HCPCS)</b> 45378 - DIAGNOSTIC COLONOSCOPY	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2023-12-05 - 2024-03-31
<b>Procedure Code 2 (CPT/HCPCS)</b> 45380 - COLONOSCOPY AND BIOPSY	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2023-12-05 - 2024-03-31
<b>Procedure Code 3 (CPT/HCPCS)</b> 43235 - EGD DIAGNOSTIC BRUSH WASH	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2023-12-05 - 2024-03-31
<b>Procedure Code 4 (CPT/HCPCS)</b>	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2023-12-05 - 2024-03-31

43239 - EGD BIOPSY SINGLE/MULTIPLE	<b>Procedure Code 5 (CPT/HCPCS)</b> 43249 - ESOPH EGD DILATION <30 MM	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2023-12-05 - 2024-03-31
43251 - EGD REMOVE LESION SNARE	<b>Procedure Code 6 (CPT/HCPCS)</b> 43255 - EGD CONTROL BLEEDING ANY	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2023-12-05 - 2024-03-31
45385 - COLONOSCOPY W/LESION REMOVAL	<b>Procedure Code 7 (CPT/HCPCS)</b> 43255 - EGD CONTROL BLEEDING ANY	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2023-12-05 - 2024-03-31
	<b>Procedure Code 8 (CPT/HCPCS)</b> 45385 - COLONOSCOPY W/LESION REMOVAL	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2023-12-05 - 2024-03-31

## Rendering Provider/Facility

### Provider 1

**Name** JORDAN ELMAN      **NPI** 1326492893

### Provider Role

Service Location

### Phone

(954) 721-5400

### Provider 2

**Name** CORAL SPRINGS MEDICAL CENTER      **NPI** 1174551147

### Provider Role

Facility

### Phone

(954) 759-7500

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231205 APPROVAL COLON EGD]

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231201 GI NOTE]

Document Name: 20231201 GI NOTE, Scanned Date: 2023-12-01

Notes: Martinez, Luis 12/2/2023 07:22:54 AM > SCHEDULED FOR COLONOSCOPY AND EGD

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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*Att. Referral Dept*  
**GASTRO  
HEALTH**

**GastroHealth of North Broward**  
3001 Coral Hills Drive, Suite 250  
Coral Springs, FL 33065  
GastroHealth Tax ID # 20-34009831

**\*\* REFERRAL / AUTHORIZATION REQUEST FORM\*\***

DATE OF SERVICE: 12.11.2023

Patient Name: Roberto Avila

Health Plan: Humana Gold Plus

Date of Birth: 11.05.1962

ID# H69728593

**REFERRING TO: Gastroenterology Specialist**

Ronen Arai, MD NPI# 1982641866  
 Seth Kirschner, MD NPI# 1548554546  
 Su Bin Kim, MD NPI# 1679826416  
 Nathaniel Ernstoff, MD NPI# 1306189147  
 Edward Deutsch, MD NPI# 1457337883

Barry Ross, MD NPI# 1508809039  
 Michael Sternthal, MD NPI# 1992781876  
 Jeffrey Schneider, MD NPI# 1821074618  
 Jordan Elman, MD NPI# 1326492893

Procedure(s): Colonoscopy / EGD Diagnosis/ICD-10 code(s): R19.5 / D50.9

CPT Code(s):  45378  45380  45385  43235  43239  43249  43251  43255

Place of Service  Office  Outpatient Hospital  Ambulatory Surgery Ctr  Diagnostic Facility

Type of Service  Surgical  Medical Care

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<input type="checkbox"/> Northwest Medical Ctr	611259843	1063466563	2801 N. State Rd 7, Margate, FL
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Contact Name: Jinnett ext. 13069 Ph: (954) 721-5400 Fax: (954) 720-7722

\*Contact Name: Gineth ext. 13064 Ph: 954-721-5400 Fax: 954-720-7722\*

**AUTHORIZATION NEEDED WITHIN 48 HRS OF PROCEDURE TO AVOID CANCELLATION**

From: Gineth Cruz

Fax: 19543631754

To:

Fax: (954) 581-8382

Page: 2 of 4

12/01/2023 4:45 PM

AVILA, Roberto DOB: 11/05/1962 (60 yo M) Acc No. 7863811 DOS: 10/11/2023



10/11/2023

Avila, Roberto

60 Y old Male, DOB: 11/05/1962

Account Number: 7863811

1906 NW 65TH AVE, MARGATE, FL 33063-2330

Home: 917-736-4109

Guarantor: Avila, Roberto

Insurance: HUMANA GOLD PLUS

MEDICARE REPL Payer ID: 6101

PCP: Luis M Martinez, DO

Appointment Facility: FL047 North Broward

Jordan Benjamin Elman, MD

#### Current Medications

##### Taking

- Ramipril 10 MG Capsule Oral
  - Albuterol Sulfate HFA 108 (90 Base)  
MCG/ACT Aerosol Solution Inhalation
  - Wixela Inhub 500-50 MCG/ACT  
Aerosol Powder Breath Activated  
Inhalation
- Medication List reviewed and reconciled with the patient

#### Past Medical History

- High blood pressure.
- Chronic Obstructive Pulmonary Disease (COPD).
- Enlarged heart.

#### Surgical History

- Never done a colonoscopy

#### Family History

- Mother: deceased
- Father: deceased
- Maternal Grand Mother: deceased, Colon Cancer
- Maternal Grand Mother diagnosed with colon cancer.

#### Social History

##### Tobacco Use:

Tobacco Use/Smoking. Are you a former smoker, How long has it been since you last smoked? > 10 years. Additional Findings: Tobacco Non-User Current non-smoker. Tobacco use other than smoking. Are you an other tobacco user? No.

##### Drugs/Alcohol:

Drugs Have you used drugs other than those for medical reasons in the past 12 months? No. Alcohol Screen (Audit-C) Did you have a drink containing alcohol in the past year? Yes, How often did you have a drink containing alcohol in the past year? 4 or more times a week (4

#### Reason for Appointment

1. Positive cologuard

#### History of Present Illness

##### Introduction:

- New patient
- Has COPD, is on oxygen
- Labs reviewed
- hgb 11.4
- Positive cologuard
- gets bloated and uncomfortable after eating
- hasn't seen the lung doctor in 6 months
- had CHF in 2020, heart became slightly enlarged
- had a procedure because his heart rate was high so had an ablation
- for a while now his stool is liquidy, small fragments.
- in the morning has 3-4 bowel movements, goes and stops.

##### Depression Screening:

Intervention Depression Screening Findings Negative. PHQ-2 (2015 Edition) Little interest or pleasure in doing things? Not at all, Feeling down, depressed, or hopeless? Not at all, Total Score 0.

#### Vital Signs

Wt: 276.0 lbs, Ht: 67 in, BMI: 43.22 Index, BP: 148/88 mm Hg, Pulse: 94 /min, Oxygen sat %: 92 %, Wt-kg: 125.19 kg.

#### Examination

##### Patient Exam:

GENERAL APPEARANCE: Appearance: well developed, well nourished,in no acute distress,well groomed.

HEAD: Normocephalic, atraumatic.

EYES: Anicteric.

HEARING: normal.

ORAL CAVITY: mucus membranes moist.

HEART: unremarkable sounds,no murmurs, rubs, gallops.

LUNGS: Bibasilar rhonchi.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended, no masses palpable. No scars.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: AAOx3, no focal deficits.

Progress Note: Jordan Benjamin Elman, MD 10/11/2023

Form generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com))

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Page: 3 of 4

12/01/2023 4:45 PM

AVILA, Roberto DOB: 11/05/1962 (60 yo M) Acc No. 7863811 DOS: 10/11/2023

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#### Allergies

N.K.D.A.

#### Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

#### Review of Systems

14 point ROS negative apart from listed pertinent positives, and HPI.

#### Assessments

1. positive cologuard - R19.5 (Primary)
2. Iron deficiency anemia - D50.9
3. COPD - J43.8

Reviewed all with patient. he is high risk for endoscopic procedures given CHF/COPD

positive cologuard and IDA needs EGD and colonoscopy needs pulm and cardiac eval prior to this

Reviewed indications, risks, benefits and alternatives to procedure. Patient in agreement.

#### Treatment

##### 1. positive cologuard

Start Suprep Bowel Prep Kit Solution, 17.5-3.13-1.6 GM/177ML, 177 ml, Orally, once, 1 days, 1, Refills 0

PROCEDURE: Colonoscopy

##### 2. Iron deficiency anemia

PROCEDURE: EGD

##### 3. COPD

PROCEDURE: Cardiac Clearance

PROCEDURE: PULMONARY CLEARANCE

#### Preventive Medicine

Counseling: Care goal follow-up plan: Above Normal BMI Follow-up Dietary management education, guidance, and counseling.

Screenings: FALL RISK SCREENING Fall Risk Assessment: No falls in the past year.

#### Follow Up

3 Months

Electronically signed by Jordan Benjamin Elman, MD on 10/11/2023 at 10:02 AM EDT

Sign off status: Completed

Progress Note: Jordan Benjamin Elman, MD 10/11/2023

Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231201 GI NOTE]

From: Gineth Cruz

Fax: 19543631754

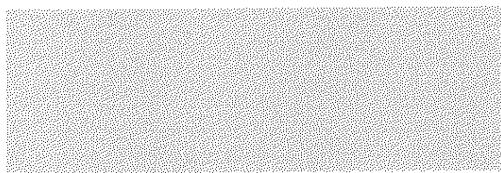
To:

Fax: (954) 581-8382

Page: 4 of 4

12/01/2023 4:45 PM

AVILA, Roberto DOB: 11/05/1962 (60 yo M) Acc No. 7863811 DOS: 10/11/2023



FL 33047 North Broward  
3001 CORAL HILLS DR  
STE 250  
CORAL SPRINGS, FL 33065-4175  
Tel: 954-721-5400  
Fax: 877-840-6994

Progress Note: Jordan Benjamin Elman, MD 10/11/2023

Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231201 COLONOSCOPY AUTH REQUEST]

Document Name: 20231201 COLONOSCOPY AUTH REQUEST, Scanned Date: 2023-12-01

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

Page 604 of 661

*Att. Referral Dept*  
**GASTRO  
HEALTH**

**GastroHealth of North Broward**  
3001 Coral Hills Drive, Suite 250  
Coral Springs, FL 33065  
GastroHealth Tax ID # 20-34009831

**\*\* REFERRAL / AUTHORIZATION REQUEST FORM\*\***

DATE OF SERVICE: 12.11.2023

Patient Name: Roberto Avila

Health Plan: Humana Gold Plus

Date of Birth: 11.05.1962

ID# H69728593

**REFERRING TO: Gastroenterology Specialist**

Ronen Arai, MD NPI# 1982641866  
 Seth Kirschner, MD NPI# 1548554546  
 Su Bin Kim, MD NPI# 1679826416  
 Nathaniel Ernstoff, MD NPI# 1306189147  
 Edward Deutsch, MD NPI# 1457337883

Barry Ross, MD NPI# 1508809039  
 Michael Sternthal, MD NPI# 1992781876  
 Jeffrey Schneider, MD NPI# 1821074618  
 Jordan Elman, MD NPI# 1326492893

Procedure(s): Colonoscopy / EGD Diagnosis/ICD-10 code(s): R19.5 / D50.9

CPT Code(s):  45378  45380  45385  43235  43239  43249  43251  43255

Place of Service  Office  Outpatient Hospital  Ambulatory Surgery Ctr  Diagnostic Facility

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Facility /Hospital Name	Tax ID	NPI #	Address
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\*Contact Name: Gineth ext. 13064 Ph: 954-721-5400 Fax: 954-720-7722\*

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10/11/2023

Avila, Roberto

60 Y old Male, DOB: 11/05/1962

Account Number: 7863811

1906 NW 65TH AVE, MARGATE, FL 33063-2330

Home: 917-736-4109

Guarantor: Avila, Roberto

Insurance: HUMANA GOLD PLUS

MEDICARE REPL Payer ID: 6101

PCP: Luis M Martinez, DO

Appointment Facility: FL047 North Broward

Jordan Benjamin Elman, MD

#### Current Medications

##### Taking

- Ramipril 10 MG Capsule Oral
  - Albuterol Sulfate HFA 108 (90 Base)  
MCG/ACT Aerosol Solution Inhalation
  - Wixela Inhub 500-50 MCG/ACT  
Aerosol Powder Breath Activated  
Inhalation
- Medication List reviewed and reconciled with the patient

#### Past Medical History

- High blood pressure.
- Chronic Obstructive Pulmonary Disease (COPD).
- Enlarged heart.

#### Surgical History

- Never done a colonoscopy

#### Family History

- Mother: deceased
- Father: deceased
- Maternal Grand Mother: deceased, Colon Cancer
- Maternal Grand Mother diagnosed with colon cancer.

#### Social History

##### Tobacco Use:

Tobacco Use/Smoking. Are you a former smoker, How long has it been since you last smoked? > 10 years. Additional Findings: Tobacco Non-User Current non-smoker. Tobacco use other than smoking. Are you an other tobacco user? No.

##### Drugs/Alcohol:

Drugs Have you used drugs other than those for medical reasons in the past 12 months? No. Alcohol Screen (Audit-C) Did you have a drink containing alcohol in the past year? Yes, How often did you have a drink containing alcohol in the past year? 4 or more times a week (4

#### Reason for Appointment

1. Positive cologuard

#### History of Present Illness

##### Introduction:

- New patient
- Has COPD, is on oxygen
- Labs reviewed
- hgb 11.4
- Positive cologuard
- gets bloated and uncomfortable after eating
- hasn't seen the lung doctor in 6 months
- had CHF in 2020, heart became slightly enlarged
- had a procedure because his heart rate was high so had an ablation
- for a while now his stool is liquidy, small fragments.
- in the morning has 3-4 bowel movements, goes and stops.

##### Depression Screening:

Intervention Depression Screening Findings Negative. PHQ-2 (2015 Edition) Little interest or pleasure in doing things? Not at all, Feeling down, depressed, or hopeless? Not at all, Total Score 0.

#### Vital Signs

Wt: 276.0 lbs, Ht: 67 in, BMI: 43.22 Index, BP: 148/88 mm Hg, Pulse: 94 /min, Oxygen sat %: 92 %, Wt-kg: 125.19 kg.

#### Examination

##### Patient Exam:

GENERAL APPEARANCE: Appearance: well developed, well nourished,in no acute distress,well groomed.

HEAD: Normocephalic, atraumatic.

EYES: Anicteric.

HEARING: normal.

ORAL CAVITY: mucus membranes moist.

HEART: unremarkable sounds,no murmurs, rubs, gallops.

LUNGS: Bibasilar rhonchi.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended, no masses palpable. No scars.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: AAOx3, no focal deficits.

Progress Note: Jordan Benjamin Elman, MD 10/11/2023

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To:

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12/01/2023 4:45 PM

AVILA, Roberto DOB: 11/05/1962 (60 yo M) Acc No. 7863811 DOS: 10/11/2023

points), How many drinks did you have on a typical day when you were drinking in the past year? 1 or 2 drinks (0 point), How often did you have 6 or more drinks on one occasion in the past year? Never (0 point), Points 4. Interpretation Positive. Caffeine Intake: 1-2 cups per day. Do you drink alcohol?: Yes, Daily.

#### Allergies

N.K.D.A.

#### Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

#### Review of Systems

14 point ROS negative apart from listed pertinent positives, and HPI.

#### Assessments

1. positive cologuard - R19.5 (Primary)
2. Iron deficiency anemia - D50.9
3. COPD - J43.8

Reviewed all with patient. he is high risk for endoscopic procedures given CHF/COPD

positive cologuard and IDA needs EGD and colonoscopy needs pulm and cardiac eval prior to this

Reviewed indications, risks, benefits and alternatives to procedure. Patient in agreement.

#### Treatment

##### 1. positive cologuard

Start Suprep Bowel Prep Kit Solution, 17.5-3.13-1.6 GM/177ML, 177 ml, Orally, once, 1 days, 1, Refills 0

PROCEDURE: Colonoscopy

##### 2. Iron deficiency anemia

PROCEDURE: EGD

##### 3. COPD

PROCEDURE: Cardiac Clearance

PROCEDURE: PULMONARY CLEARANCE

#### Preventive Medicine

Counseling: Care goal follow-up plan: Above Normal BMI Follow-up Dietary management education, guidance, and counseling.

Screenings: FALL RISK SCREENING Fall Risk Assessment: No falls in the past year.

#### Follow Up

3 Months

Electronically signed by Jordan Benjamin Elman, MD on 10/11/2023 at 10:02 AM EDT

Sign off status: Completed

Progress Note: Jordan Benjamin Elman, MD 10/11/2023

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231201 COLONOSCOPY AUTH REQUEST]

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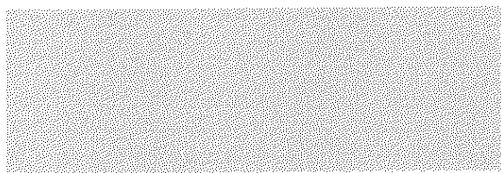
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12/01/2023 4:45 PM

AVILA, Roberto DOB: 11/05/1962 (60 yo M) Acc No. 7863811 DOS: 10/11/2023



FL 047 North Broward  
3001 CORAL HILLS DR  
STE 250  
CORAL SPRINGS, FL 33065-4175  
Tel: 954-721-5400  
Fax: 877-840-6994

Progress Note: Jordan Benjamin Elman, MD 10/11/2023

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231030 CARDIO NOTE]

Document Name: 20231030 CARDIO NOTE, Scanned Date: 2023-10-30

Notes: Frydman, Jarrod 10/30/2023 12:48:49 PM > INCREASE BISOPROLOL 10 MG DAILY. HIG CV RISK FOR PROCEDURE. STOP ETOH

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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**AVILA, Roberto (id #1440476, dob: 11/05/1962)**

## Medical Records - CONFIDENTIAL

**FROM:** FL - Medical Specialists of Palm Beach

Jessica B  
9750 NW 33RD ST STE 212, POMPANO BEACH, FL 33065-4081  
Phone: (954) 546-2688  
Fax: (954) 546-2633

**TO:** LUIS MARTINEZ

350 N PINE ISLAND RD, PLANTATION, FL 33324  
Phone: (954) 581-8272  
Fax: (954) 581-8382

**Name: AVILA, ROBERTO**

**DOB: 11/05/1962**

**Date Range: 01/01/2023 to 10/27/2023**

**This document contains the following records of the patient:**

- Encounters and Procedures
- Imaging Results

**Note:** PRE op: rOBERTO AVILA

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[ID:1440476-A-11933]

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

[Doc Name:20231030 CARDIO NOTE]

athena

10/27/2023 3:15:48 pm EDT

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Page: 02 / 10

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**AVILA, Roberto (id #1440476, dob: 11/05/1962)**

## Encounters and Procedures

Clinical Encounter Summaries

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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[Doc Name:20231030 CARDIO NOTE]

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10/27/2023 3:15:48 pm EDT

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Page: 03 / 10

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**AVILA, Roberto (id #1440476, dob: 11/05/1962)**

**Encounter Date: 10/26/2023**

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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**AVILA, Roberto (id #1440476, dob: 11/05/1962)**

(Last amended by Richard A. Goldman, MD, FACC, FACP on 10/27/2023 at 2:15pm)

## Patient

**Name** AVILA, ROBERTO (60yo, M) ID# 1440476      **Appt. Date/Time** 10/26/2023 02:30PM

**DOB** 11/05/1962      **Service Dept.** GOLDMAN, MD

**Provider** KARA VILLANELLA PA

**Insurance** Med Primary: HUMANA (HMO)  
Insurance #: H69728593  
Prescription: CVS CAREMARK - Member is eligible, details  
Prescription: DST PHARMACY SOLUTIONS DIRECT - Member is eligible, details

## Chief Complaint

Pre-op clearance

## Patient's Care Team

**Gastroenterologist:** SETH D KIRSCHNER DO: 3001 CORAL HILLS DR STE 250, CORAL SPRINGS, FL 33065, Ph (954) 721-5400, Fax (954) 724-8004 NPI: 1548554546

**Cardiologist:** RICHARD GOLDMAN MD: 9750 NW 33RD ST STE 212, POMPANO BEACH, FL 33065, Ph (954) 546-2688, Fax (954) 546-2633 NPI: 1699769273

**Pulmonologist:** LAL BHAGCHANDANI MD PA: 2825 N STATE RD 7 STE 201, POMPANO BEACH, FL 33063, Ph (954) 917-4941, Fax (954) 917-4940 NPI: 1750438974

**Primary Care Provider:** LUIS MARTINEZ: 350 N PINE ISLAND RD STE 302, PLANTATION, FL 33324, Ph (954) 581-8272, Fax (954) 581-8382 NPI: 1366671042

## Patient's Pharmacies

**WALGREENS DRUG STORE #06414 (ERX): 3000 N STATE ROAD 7, MARGATE, FL 33063, Ph (954) 979-9083,  
Fax (954) 979-7961**

## Vitals

**BP:** 155/80 sitting L arm 10/26/2023 02:39 pm

**RR:** 15 10/26/2023 02:37 pm

**Pulse:** 114 bpm  
10/26/2023 02:39 pm

**Wt:** 271.8 lbs With clothes 10/26/2023 02:37 pm

**Ht:** 5 ft 7 in  
10/26/2023 02:36 pm

**BMI:** 42.6 10/26/2023 02:37 pm

**T:** 97.5 F° temporal artery 10/26/2023 02:37 pm

**O2Sat:** 90% Room Air at Rest 10/26/2023 02:39 pm

**Pain Scale:** 0 10/26/2023 02:39 pm

**Pain Scale Type:** Numeric

Type: 10/26/2023 02:39 pm

## Allergies

Allergies not reviewed (last reviewed 09/22/2023)

NKDA

## Medications

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**AVILA, Roberto (id #1440476, dob: 11/05/1962)**

## Reviewed Medications

**albuterol sulfate HFA 90 mcg/actuation aerosol inhaler** 10/26/23 started  
start 10/26/2023

**bisoprolol fumarate 10 mg tablet** 10/26/23 prescribed  
Take 1 tablet(s) twice a day by oral route for 30 days.

**bisoprolol fumarate 5 mg tablet** 08/01/23 prescribed  
Take 1 tablet(s) every day by oral route.

**budesonide-formoterol HFA 160 mcg-4.5 mcg/actuation aerosol inhaler** 10/03/23 filled  
Inhale 2 puff(s) twice a day by inhalation route.

**ferrous sulfate 325 mg (65 mg iron) tablet** 07/26/23 filled  
Take 1 tablet(s) every day by oral route.

**furosemide 20 mg tablet** 10/23/23 filled  
Take 1 tablet(s) every day by oral route for 90 days.

**oxygen** 04/28/22 started  
3 litres PRN throughout the day, start 04/28/2022

**ramipril 10 mg capsule** 10/25/23 filled  
Take 2 capsule(s) twice a day by oral route as directed for 90 days.

**thiamine HCl (vitamin B1) 100 mg tablet** 08/01/23 prescribed  
Take 1 tablet(s) every day by oral route for 909 days.

**Wixela Inhub 500 mcg-50 mcg/dose powder for inhalation** 10/04/23 filled

## Vaccines

## Reviewed Vaccines

Vaccine Type	Date	Ant. Route	Site	NDC/Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
COVID-19									
COVID-19, mRNA, LNP-5, PF, 30 mcg/0.3 mL dose (Pfizer-BioNTech)	12/07/21	Intramuscular		FJ8762	Pfizer, Inc				

## Problems

## Reviewed Problems

- Vitamin D deficiency - Onset: 07/26/2023
- Mixed hyperlipidemia - Onset: 07/08/2022
- Morbid obesity - Onset: 07/11/2022
- Iron deficiency anemia - Onset: 07/26/2023
- Alcohol dependence - Onset: 07/08/2022
- Chronic depression - Onset: 07/25/2023
- Obstructive sleep apnea syndrome - Onset: 07/11/2022
- Essential hypertension - Onset: 07/08/2022
- Paroxysmal atrial flutter - Onset: 02/01/2023
- Sinus tachycardia - Onset: 07/08/2022
- Chronic diastolic heart failure - Onset: 07/11/2022
- Severe chronic obstructive pulmonary disease - Onset: 07/25/2023 - chronic oxygen at 4 l/min
- Fatigue - Onset: 09/22/2023
- Dyspnea - Onset: 07/08/2022
- Adult health examination - Onset: 07/08/2022
- Screening for malignant neoplasm of colon - Onset: 09/22/2023
- Benign prostatic hyperplasia without outflow obstruction - Onset: 07/08/2022

## Family History

**AVILA, Roberto (id #1440476, dob: 11/05/1962)**

Family History not reviewed (last reviewed 09/22/2023)

Maternal Grandmother	- Malignant tumor of colon
Mother	- Alcoholism
Father	- Malignant tumor of esophagus
Paternal Aunt	- Malignant tumor of breast

**Social History**

Social History not reviewed (last reviewed 09/22/2023)

**Substance Use**

Do you or have you ever smoked tobacco?: Never smoker

What is your level of alcohol consumption?: Heavy

**Surgical History**

Surgical History not reviewed (last reviewed 09/22/2023)

**Past Medical History**

Past Medical History not reviewed (last reviewed 09/22/2023)

Hypertension: Y

**HPI**

60 year old gentleman here today for cardiovascular preop clearance prior to upper endoscopy and colonoscopy with Dr. Schneider which has not been scheduled yet.

Patient had positive cologuard with some iron deficiency anemia.

His past surgeries include catheter ablation and tonsillectomy- no adverse reactions to anesthesia.

He has his pulmonologist for pre op yesterday.

He had an atrial flutter cardioversion to sinus rhythm with Dr. Nieves at NWMC on 1/13/2023.

His sister Sury is with him in the office today.

He has chronic HFrEF, NYHA class III.

His recent echo doppler study showed normal LVEF 60%, mild LVH, and no significant valvular disease.

He has multiple medical problems including NIDDM, HTN, HLD, CKD stage III, sleep apnea, alcohol use, morbid obesity with a BMI of 50.

He uses the Oxygen 24 hours daily

He drinks about a pint of Vodka every day

He feels like he has tremors when he does not drink

He has tried rehab facilities twice in the past.

Has never been on medication therapy.

He has no CP.

He gets mild SOB with activity.

No true or near syncope.

No palpitations.

**ROS**

Patient reports **shortness of breath** but reports no chest pressure, no lightheadedness, no chest pain, no dyspnea on exertion, no fatigue, no leg edema, no syncope, no orthopnea, no palpitations, no PND, and no claudication. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no cough, no wheezing, no coughing up blood, and no sleep apnea. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no abdominal pain, no vomiting, no constipation, no diarrhea, no heartburn, and no melena. He reports no dysuria, no incontinence, and no pelvic pain.

**Physical Exam****Constitutional:** General Appearance: appears stated age and **obese**. Level of Distress: comfortable.**ENMT:** Lips, Teeth, and Gums: normal dentition. Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Nose: no lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent and nasal passages clear. Oropharynx: no cyanosis or pallor.**Lungs:** Respiratory Effort: unlabored. Chest Exam: no thoracic deformity or chest wall tenderness and normal curvature. Percussion: resonant. Auscultation: no wheezing, rales, or rhonchi and clear.**Cardiovascular:** Precordial Exam: no heaves or precordial thrills and non displaced focal PMI. Jugular Veins normal jugular venous pressure. Carotid Arteries no bruits or thrills and bilateral normal upstroke. Rate And Rhythm: **tachycardic**. Heart Sounds: no rub, gallop, or click and normal S1 and physiologically split S2. Systolic Murmur: not heard. Diastolic Murmur: not heard. Extremities: no cyanosis or peripheral signs of emboli and **ankle edema bilateral + 1 and venous stasis changes**. Pulses full and equal in all extremities except if noted. Brachial Pulse: normal. Radial Pulse normal. Ulnar Pulse normal. Femoral Pulse normal and no bruits

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## AVILA, Roberto (id #1440476, dob: 11/05/1962)

appreciated. Posterior Tibialis Pulse normal. Dorsalis Pedis Pulse normal. Popliteal Pulse normal.

**Musculoskeletal:** Inspection: no joint tenderness or swelling and no erythema. Neck supple, no masses, and full range of motion (FROM). Cervical Lymph Nodes no tenderness or enlargement. Thyroid (normal) mass, nodule, thyroid, and tender. Trachea (normal) tenderness and deviation.

**Neurologic:** Gait: normal gait. Motor: normal strength and tone.

### Assessment / Plan

#### 1. Preoperative cardiovascular examination -

Patient is clinically stable.

He needs better heart rate and BP control.

Increase Bisoprolol to 10 mg BID.

He remains at high ASHD risk.

I have encouraged him to discontinue alcohol use- referred to psychiatry/ addiction medicine for evaluation and possible Antabuse therapy.

Cardiology follow up will be scheduled for 2/2023.

Z01.810: Encounter for preprocedural cardiovascular examination

- ELECTROCARDIOGRAM

#### 2. Chronic diastolic heart failure -

Increase Bisoprolol to 10 mg BID.

His weight is stable and breathing is fair- lungs clear on exam.

Continue Furosemide and ramipril.

I50.32: Chronic diastolic (congestive) heart failure

#### 3. Essential hypertension -

BP needs better control.

Increase bisoprolol to 10 mg BID.

Please stop alcohol use.

Low sodium diet and weight loss advised.

BP goal <130/90.

Weight loss encouraged.

Proper at home BP monitoring technique reviewed:

- Don't smoke, exercise, drink caffeinated beverages or alcohol within 30 minutes of measurement.
- Rest in a chair for at least five minutes with your left arm resting comfortably on a flat surface at heart level.  
    Sit calmly and don't talk.
- Sit in chair with your feet flat on the floor with your back straight and supported.
- Place the bottom of the cuff above the bend of the elbow.
- Record measurement in log.
- Please call office if blood pressure remains >180/120.

Low sodium diet discussed- try not to eat more than 1500 mg sodium daily.

Avoid these high sodium foods:

- Canned soups
- Rice and noodle mixes
- Sauces, dressings, and condiments (such as ketchup and mustard)
- Pre-made frozen meals (also called "TV dinners")
- Deli meats, hot dogs, and cheeses
- Smoked, cured, or pickled foods
- Restaurant meals

Go to ER or call office immediately if you develop chest pain, shortness of breath, true or near syncope, diaphoresis, changes in vision, difficulty with speech, numbness or weakness in face, arms or legs.

I10: Essential (primary) hypertension

- bisoprolol fumarate 10 mg tablet - Take 1 tablet(s) twice a day by oral route for 30 days.   Qty: (60) tablet  
    Refills: 1   Pharmacy: WALGREENS DRUG STORE #06414

#### 4. Alcohol dependence -

Encouraged patient to discontinue alcohol use.

Discussed risk of cirrhosis and death with long term heavy alcohol use.

Advised patient to see psychiatrist or substance abuse specialist.

May be good candidate for antabuse????

Patient and sister agreed.

F10.20: Alcohol dependence, uncomplicated

#### 5. Chronic depression -

Psychiatry referral given.

F32.A: Depression, unspecified

#### 6. Iron deficiency anemia -

To undergo endoscopy/colonoscopy.

Bleeding esophageal varices???

D50.9: Iron deficiency anemia, unspecified

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TC= 227  
 LDL=149  
 Tri= 239  
 HDL=39

Low saturated/trans fat diet advised.

30 minutes aerobic exercise advised.

Avoid foods such as:

- Red meat, like beef, pork, and lamb, as well as processed meats like sausage.
- Full-fat dairy, like cream, whole milk, and butter.
- Baked goods and sweets.
- Fried foods.
- Tropical oils such as palm oil and coconut oil.
- Butter.

E78.2: Mixed hyperlipidemia

**8. Morbid obesity -**

- Limit non-nutritious foods, such as: Sugar, honey, syrups, candy, pastries, donuts, pies, cakes, cookies, soft drinks, sweetened juices and alcoholic beverages.
- Choose poultry, fish or lean red meat
- Choose low-fat cooking methods, such as baking, broiling, steaming, grilling and boiling
- Use low-fat or non-fat dairy products
- Use vinaigrette, herbs, lemon or fat-free salad dressings
- Avoid fatty meats, such as bacon, sausage, franks, ribs and luncheon meats
- Avoid high-fat snacks like chips and chocolate
- Avoid fried foods and processed foods
- Use less butter, margarine, oil and mayonnaise
- Avoid high-fat gravies, cream sauces and cream-based soups

Eat a variety of foods, including:

- Fruit and vegetables that are raw, steamed or baked
- Whole grains, breads, cereal, rice and pasta
- Dairy products, such as low-fat or non-fat milk or yogurt, low-fat cottage cheese and low-fat cheese
- Protein-rich foods like chicken, turkey, fish, lean meat and legumes, or beans
- Focus on a healthy eating pattern of whole, unprocessed foods

Change your eating habits:

- Eat three balanced meals a day to help control your hunger
- Watch portion sizes and eat small servings of a variety of foods
- Half of plate should be non-starchy vegetables, ¼ lean protein and ¼ healthy starch such as sweet potatoes, brown rice, whole grain pasta.
- Eat vegetables first, then protein, then carbs.
- Drink 1-2 full glasses of water before every meal
- Choose low-calorie snacks
- Eat only when you are hungry and stop when you are satisfied
- Eat slowly and try not to perform other tasks while eating
- Find other activities to distract you from food, such as walking or taking up a hobby
- Include 30 minutes of moderate intensity exercise at least 30 minutes a day 5 days a week.

E66.01: Morbid (severe) obesity due to excess calories

**9. Severe chronic obstructive pulmonary disease -**

Followed by Dr. Bhagchandani of pulmonology.

On continuous oxygen therapy.

J44.9: Chronic obstructive pulmonary disease, unspecified

**10. Obstructive sleep apnea syndrome -**

Patient has CPAP using nightly.

G47.33: Obstructive sleep apnea (adult) (pediatric)

**11. Paroxysmal atrial flutter -**

Remains in Sinus rhythm today.

I48.92: Unspecified atrial flutter

**12. Sinus tachycardia -**

Increase bisoprolol to 10 mg BID.

R00.0: Tachycardia, unspecified

**13. Screening for malignant neoplasm of colon -**

Cologuard positive- undergoing GI evaluation with endoscopy and colonoscopy.

Z12.11: Encounter for screening for malignant neoplasm of colon

**ELECTROCARDIOGRAM**

- Result:

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**AVILA, Roberto (id #1440476, dob: 11/05/1962)****- Rate & Rhythm: sinus tachycardia at 111 BPM**

- Result Note: Normal axis/ intervals. Poor R wave progression. + LVH. NST abn.

**Discussion Notes**

Roberto is a pleasant 60 year old gentleman here today for cardiovascular preop clearance prior to upper endoscopy and colonoscopy with Dr. Schneider which has not been scheduled yet.

Patient had positive cologuard with some iron deficiency anemia.

His past surgeries include catheter ablation and tonsillectomy- no adverse reactions to anesthesia.

He has his pulmonologist for pre op yesterday.

He had an atrial flutter cardioversion to sinus rhythm with Dr. Nieves at NWMC on 1/13/2023.

His sister Sury is with him in the office today.

He has chronic HFpEF, NYHA class III.

His recent echo doppler study showed normal LVEF 60%, mild LVH, and no significant valvular disease.

He has multiple medical problems including NIDDM, HTN, HLD, CKD stage III, sleep apnea, alcohol use, morbid obesity with a BMI of 50.

He uses the Oxygen 24 hours daily

He drinks about a pint of Vodka every day

He feels like he has tremors when he does not drink

He has tried rehab facilities twice in the past.

Has never been on medication therapy.

He has no CP.

He gets mild SOB with activity.

No true or near syncope.

No palpitations.

Patient is clinically stable.

He needs better heart rate and BP control.

Increase Bisoprolol to 10 mg BID.

He remains at high ASHD risk.

I have encouraged him to discontinue alcohol use- referred to psychiatry/ addiction medicine for evaluation and possible Antabuse therapy.

Cardiology follow up will be scheduled for 2/2023.

Kara Villanella PA-C

Patient was seen and examined in association with Kara Reid, PAC.

I have reviewed the medical evaluation and EKG and agree that he is stable although at high ASHD risk for upper and lower GI endoscopy.

Complete alcohol cessation has been advised and he will be referred to psychiatry for evaluation of chronic alcoholism.

Richard A. Goldman, MD, FACC, FACP

**Return to Office**

- Richard A. Goldman, MD, FACC, FACP for FOLLOW UP at GOLDMAN, MD on 02/28/2024 at 01:30 PM

**Amendment Sign-Off**

Encounter signed-off by Richard A. Goldman, MD, FACC, FACP, 10/27/2023.

Encounter performed and documented by KARA VILLANELLA PA

Encounter reviewed & signed by KARA VILLANELLA PA on 10/26/2023 at 4:55pm

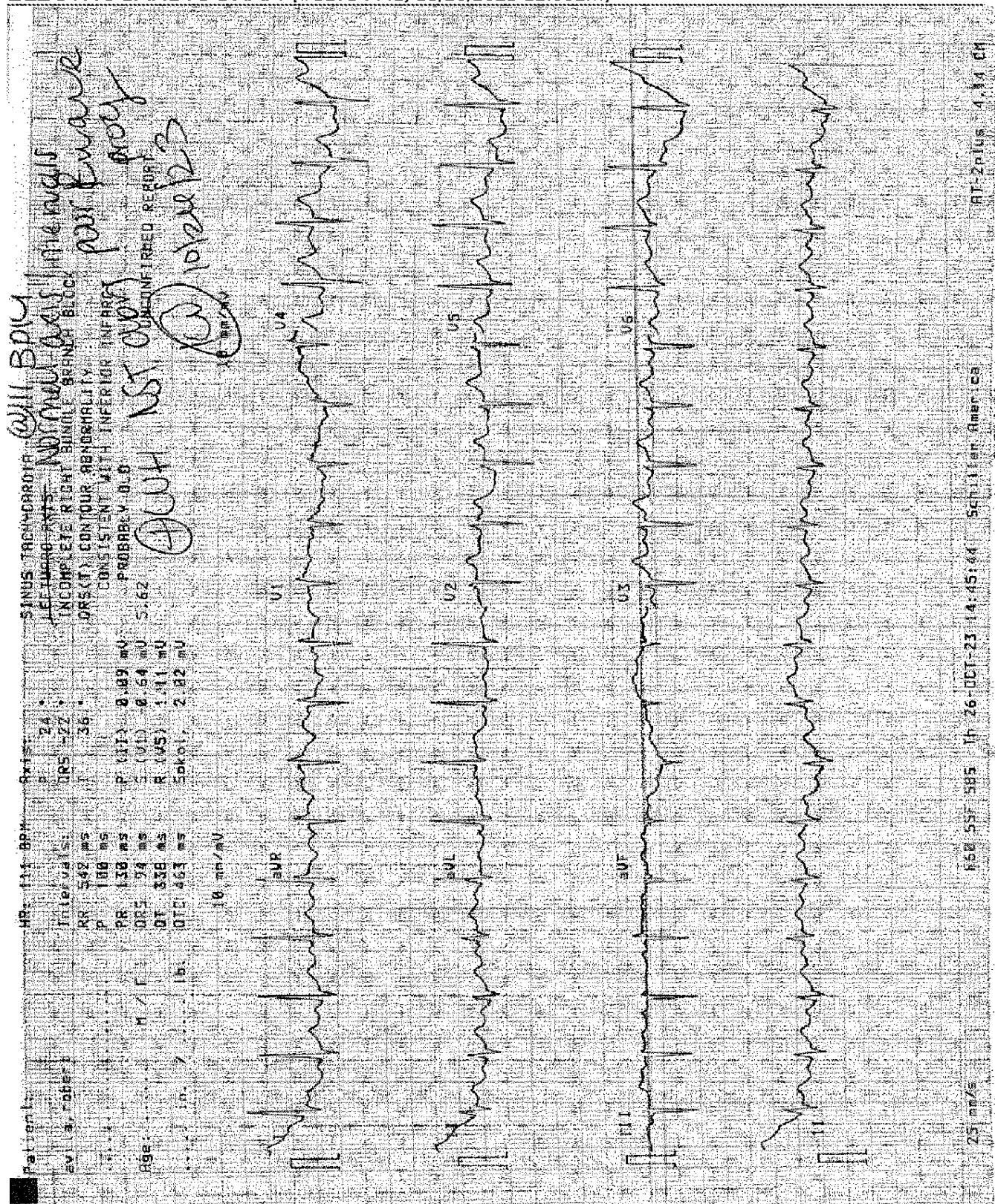
Amendment closed by Richard A. Goldman, MD, FACC, FACP on 10/27/2023 at 2:15pm

**Imaging Results****ELECTROCARDIOGRAM (#32730077, 10/26/2023 4:55pm)**

Report	Result	Ref. Range	Units	↓	Status	Facility
Rate & Rhythm	sinus tachycardia at 111 BPM					
Result Note:	Normal axis/ intervals. Poor R wave progression. + LVH. NST abn.					

MSPB • 9750 NW 33RD ST STE 212, POMPANO BEACH FL 33065-4081  
AVILA, Roberto (id #1440476, dob: 11/05/1962)

ELECTROCARDIOGRAM (#32734441, 10/26/2023 12:00am)



AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231026 CARDIO AUTH REQUEST]

Document Name: 20231026 CARDIO AUTH REQUEST, Scanned Date: 2023-10-26

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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**Medical Specialists of the Palm Beaches**

9750 NW 33rd Street, Suite 212  
Coral Springs, FL 33069  
P: 954-546-2638 F: 954-546-2633

**Referral Request**

Date: 10-26-2023 Phone #: 954 581-8272  
To: Dr. Luis Martinez Fax #: 954 581 8380  
Patient Name: Roberto Avila  
DOB: 11-5-1962  
Insurance: Humana Policy #: H69728593  
Date of Appointment: 2-28-2024 DX: \_\_\_\_\_

- 99204 New Patient
- 99203 New Patient
- 99215 x's 3 Visits {Established Patient}
- 99214 x's 3 Visits (Established Patient)
- 99210 x's 3 Visits {Established Patient}
- 93000 Electrocardiogram
- 93224 72 Hour Holter Monitor
- 93288 In House Pacemaker check
- 93294 + 93296 Remote Pacemaker Check  
60510 + 30410 R/T/INK
- 93306 Echocardiogram TTE
- 93880 Carotid Ultrasound
- 93922 Unilateral Lower Extremity Venous Doppler
- 93970 Bilateral Lower Extremity Venous Doppler

**Group NPI: 1851334056**  
**Dr. Goldman NPI: 1699769273**  
**Kara Villanella PA-C NPI: 1609339373**  
**TIN: 65-0580501 (MSPB)**

\*\*\*Thank you. Please Fax to 954-546-2633\*\*\*

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231026 PULM CLEARANCE FOR COLONOSCOPY]

Document Name: 20231026 PULM CLEARANCE FOR COLONOSCOPY, Scanned Date: 2023-10-26

Notes: AFTER REVIEWED NEEDS TO BE FAXED TO GI Eugene, Martine 10/27/2023 10:15:34 AM > PLEASE FAX NOTE TO GI

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

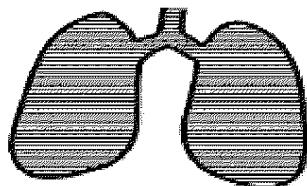
Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

Page 622 of 661

F A X S H E E T

Date: Oct-26-2023 01:00:48  
To: Luis Martinez  
Subject: ProgressNotes  
Fax Number: 954-581-8382  
To Company: Luis Martinez  
From Name: LAL K. BHAGCHANDANI, MD, FRCPC,  
FCCP  
From Company:  
From Facility: Lal Bhagchandani MD PA  
Support Contact:  
Number of Pages(s): 4

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**AVILA, ROBERTO**

60 Y old Male, DOB: 11/05/1962

Account Number: 107181

1609 NW 65TH AVE, MARGATE, FL-33063

Home: 917-736-4109

Guarantor: AVILA, ROBERTO Insurance: BCBS FLORIDA

PCP: Luis Martinez

Appointment Facility: Lal Bhagchandani MD PA

10/24/2023

**LAL K. BHAGCHANDANI, MD, FRCPC, FCCP**

### **Reason for Appointment**

1. \*Pulmonary Clearance Est.

### **History of Present Illness**

#### History of Presenting Problem:

Patient is here today for a pulmonary clearance as a follow up.  
Admits shortness of breath, coughing. Denies wheezing.  
Admits use of inhaler, nebulizer, and oxygen.  
Denies recent ER visits.  
Denies smoking. Admits drinking.

### **Current Medications**

#### **Taking**

- Symbicort 160-4.5 MCG/ACT Aerosol 2 puffs Inhalation Twice a day

### **Past Medical History**

Anxiety.  
Apnea.  
Obesity.  
Shortness of breath.  
Chronic cough.  
COPD.  
Depression.  
High blood pressure.

### **Surgical History**

No Surgical History documented.

### **Family History**

Asthma ; Diabetes.

### **Social History**

#### Migrated Social History:

Migrated Social History: Former smoker , Negative for: Exercise , Negative for: Children , Alcohol use , Lives alone.

### **Allergies**

N.K.D.A.

### **Hospitalization/Major Diagnostic Procedure**

No Hospitalization History.

### **Vital Signs**

Ht: 67 in, Wt: 269 lbs, HR: 107 /min, Oxygen sat %: 97 %, BMI: 42.13 Index, Wt-kg: 122.02 kg, Ht-cm: 170.18 cm, Body Surface Area: 2.4.

### **Examination**

#### PHYSICAL EXAM:

Constitutional Constitutional: Well developed; Obese; Cooperative; Judgment and insight normal: No acute distress; Mentally alert.

HEENT Head normocephalic and atraumatic; Conjunctiva, sclera, and lids unremarkable; PERRLA: Lips, teeth, tongue, and gums unremarkable; Mallampati 3.

Neck Trachea midline; Supple; No crepitus; Thyroid normal; No regional lymphadenopathy;.

Respiratory Chest symmetrical and expansion ; No intercostal retractions, use of accessory muscles or diaphragmatic movement; Lung sounds diminished to all fields.

Cardiovascular Heart rate and rhythm regular. Normal S1 and S2. Heart location and apex normal. No murmurs

Patient Name: AVILA, ROBERTO, DOB: 11/05/1962, Account No: 107181

Cardiovascular: Heart rate and rhythm regular, normal S1 and S2, no rubs, murmur, gallops, or clicks.

Gastrointestinal Normal bowel sounds; Abdomen soft and nontender; Abdomen obese; No palpable masses; No organomegaly.

### Assessments

1. Encounter for preprocedural respiratory examination - Z01.811 (Primary)
2. Chronic obstructive pulmonary disease, unspecified - J44.9
3. Obstructive sleep apnea (adult) (pediatric) - G47.33

Pulmonary presurgical clearance-

Patient is moderate from pulmonary standpoint of view for colonoscopy and EGD due to COPD with RLD and moderate OSA.

Chest X-ray pending- script gave for chest X-ray

Will clear pt base on chest x-ray result

COPD with RLD

Home continuous oxygen at 2 L via NC

Continue with Symbicort inh BID

Continue ventolin inh PRN

OSA

APAP low 5 cm and high 12 cm heated humidifier

Discussed Wt reduction

Positioning treatment

Sleep hygiene

Avoidance of the use of alcohol or sedation

Caution while driving or operating heavy machinery

F/U in 3 months.

### Treatment

#### 1. Encounter for preprocedural respiratory examination

Notes: 60 y/o male is here today for pulmonary clearance for colonoscopy and EGD procedures. In addition; for COPD f/u and HST result. HST on 6/8/23 showed REI 21.1 and lowest Desat 65%. He reports SOB on exertion. He denies wheezing, cough, fever or chills. He is on home continuous oxygen at 2L via NC and tolerated well.

Pulmonary clearance

chest X-ray pending

COPD with RLD

Symbicort BID

Ventolin PRN

OSA

Start APAP

Wt reduction

Positioning treatment

Sleep hygiene

F/U in 3 months

### Visit Codes

99214 Office Visit, Est Pt., Level 4.

### Follow Up

3 Months



AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231026 PULM CLEARANCE FOR COLONOSCOPY]

Patient Name: AVILA, ROBERTO, DOB: 11/05/1962, Account No: 107181

---

**Electronically signed by Lal Bhagchandani , MD PA on 10/26/2023 at 11:06 AM EDT**  
**Sign off status: Completed**

---

Lal Bhagchandani MD PA  
2825 N STATE ROAD 7  
STE 201  
MARGATE, FL 33063-5737  
Tel: 954-917-4941  
Fax: 954-917-4940

---

**Progress Note: LAL K. BHAGCHANDANI, MD, FRCPC, FCCP 10/24/2023**

*Note generated by eClinicalWorks EMR/PM Software ([www.eClinicalWorks.com](http://www.eClinicalWorks.com))*

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231026 APPROVAL CXR]

Document Name: 20231026 APPROVAL CXR, Scanned Date: 2023-10-26

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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Transaction ID: 58053934105

Customer ID: 969912

Transaction Date: 2023-10-26

**Helpful Hint:** Review Humana policy information to avoid unnecessary requests



## AVILA JR, ROBERTO Patient

<b>Member ID</b>	<b>Date of Birth</b>	<b>Gender</b>
H69728593	1962-11-05	Male
<b>Eligibility Status</b>	<b>Group Number</b>	<b>Plan / Coverage</b>
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
<b>Transaction Type Organization</b>		<b>Payer</b>
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

## Certificate Information

<b>Certification Number</b>	<b>Status</b>
181235449	CERTIFIED IN TOTAL

### Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

## Member Information

<b>Patient Name</b>	<b>Patient Date of Birth</b>	<b>Patient Gender</b>
AVILA JR, ROBERTO	1962-11-05	Male
<b>Member ID</b>	<b>Relationship to Subscriber</b>	<b>Subscriber Name</b>
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

<b>Name</b> MARTINEZ, LUIS	<b>NPI</b> 1366671042
<b>Provider Role</b> Provider	
<b>Phone</b> (954) 581-8272 - 24198	<b>Contact Name</b> LORI CARPENTER

## Service Information

<b>Service Type</b> 4 - Diagnostic X-Ray	<b>Place of Service</b> 11 - Office	<b>Service From - To Date</b> 2023-10-26 - 2024-01-31
---	--	--

**Quantity**

1 Visits

**Diagnosis Code 1**

Z9981 - Dependence on supplemental oxygen

**Diagnosis Code 2**

J9611 - Chronic respiratory failure with hypoxia

<b>Procedure Code 1 (CPT/HCPGS)</b> 71046 - X-RAY EXAM CHEST 2	<b>Quantity</b> 1 Units	<b>Procedure From - To Date</b> 2023-10-26 - 2024-01-31
---	----------------------------	--

VIEWS

## Rendering Provider/Facility

**Provider 1**

<b>Name</b> 3T RADIOLOGY AND RESEARCH	<b>NPI</b> 1346742442
--	--------------------------

**Provider Role**

Service Location

**Phone**

(954) 637-2551

**Provider 2**

**Name**

3T RADIOLOGY AND  
RESEARCH

**NPI**

1346742442

**Provider Role**

Facility

**Phone**

(954) 637-2551

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231025 PULMONARY NOTE]

Document Name: 20231025 PULMONARY NOTE, Scanned Date: 2023-10-25

Notes: Frydman, Jarrod 10/25/2023 05:43:36 PM > MOD PULM RISK FOR SX CHECK CXR

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

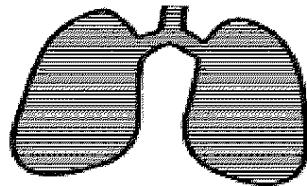
Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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F A X S H E E T

Date: Oct-25-2023 11:26:58  
To: Martinez,Luis  
Subject: Faxing Multiple Encounters  
Fax Number: 954-581-8382  
To Company: Martinez,Luis  
From Name: Thoman,Valerie  
From Company: Lal Bhagchandani MD PA  
From Facility: Lal Bhagchandani MD PA  
Support Contact: 954-917-4941  
Number of Pages(s): 4

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## AVILA, ROBERTO

60 Y old Male, DOB: 11/05/1962

Account Number: 107181

1609 NW 65TH AVE, MARGATE, FL-33063

Home: 917-736-4109

Guarantor: AVILA, ROBERTO Insurance: BCBS FLORIDA

Payer ID: SB590

PCP: Luis Martinez

Appointment Facility: Lal Bhagchandani MD PA

10/24/2023

LAL K. BHAGCHANDANI, MD, FRCPC, FCCP

### Current Medications

#### Taking

- Symbicort 160-4.5 MCG/ACT Aerosol 2 puffs Inhalation Twice a day

### Past Medical History

- Anxiety.
- Apnea.
- Obesity.
- Shortness of breath.
- Chronic cough.
- COPD.
- Depression.
- High blood pressure.

### Surgical History

No Surgical History documented.

### Family History

Asthma ; Diabetes.

### Social History

#### Migrated Social History:

Migrated Social History: Former smoker , Negative for: Exercise , Negative for: Children , Alcohol use , Lives alone.

### Allergies

N.K.D.A.

### Hospitalization/Major Diagnostic

#### Procedure

No Hospitalization History.

### Reason for Appointment

- \*Pulmonary Clearance Est.

### History of Present Illness

#### History of Presenting Problem:

Patient is here today for a pulmonary clearance as a follow up. Admits shortness of breath, coughing. Denies wheezing. Admits use of inhaler, nebulizer, and oxygen. Denies recent ER visits. Denies smoking. Admits drinking.

### Vital Signs

Ht: 67 in, Wt: 269 lbs, HR: 107 /min, Oxygen sat %: 97 %, BMI: 42.13 Index, Wt-kg: 122.02 kg, Ht-cm: 170.18 cm, Body Surface Area: 2.4.

### Examination

#### PHYSICAL EXAM:

Constitutional Constitutional: Well developed; Obese; Cooperative; Judgment and insight normal: No acute distress; Mentally alert.

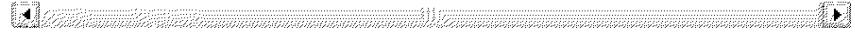
HEENT Head normocephalic and atraumatic; Conjunctiva, sclera, and lids unremarkable; PERRLA: Lips, teeth, tongue, and gums unremarkable; Mallampati 3.

Neck Trachea midline; Supple; No crepitus; Thyroid normal; No regional lymphadenopathy;

Respiratory Chest symmetrical and expansion ; No intercostal retractions, use of accessory muscles or diaphragmatic movement; Lung sounds diminished to all fields.

Cardiovascular Heart rate and rhythm regular; Normal S1 and S2; Heart location and apex normal; No murmurs, rubs, gallops, or clicks.

Gastrointestinal Normal bowel sounds; Abdomen soft and nontender; Abdomen obese; No palpable masses; No organomegaly.



### Assessments

- Encounter for preprocedural respiratory examination - Z01.811 (Primary)
- Chronic obstructive pulmonary disease, unspecified - J44.9
- Obstructive sleep apnea (adult) (pediatric) - G47.33

#### Pulmonary presurgical clearance-

Patient is moderate from pulmonary standpoint of view for colonoscopy and EGD due to COPD with RLD and moderate OSA. Chest X-ray pending- script gave for chest X-ray

Will clear pt base on chest x-ray result

COPD with RLD  
Home continuous oxygen at 2 L via NC  
Continue with Symbicort inhaler BID  
Continue ventolin inh PRN  
OSA  
APAP low 5 cm and high 12 cm heated humidifier  
Discussed Wt reduction  
Positioning treatment  
Sleep hygiene  
Avoidance of the use of alcohol or sedation  
Caution while driving or operating heavy machinery  
F/U in 3 months.

**Treatment**

**1. Encounter for preprocedural respiratory examination**

Notes: 60 y/o male is here today for pulmonary clearance for colonoscopy and EGD procedures. In addition; for COPD f/u and HST result. HST on 6/8/23 showed REI 21.1 and lowest Desat 65%. He reports SOB on exertion. He denies wheezing, cough, fever or chills. He is on home continuous oxygen at 2L via NC and tolerated well.

Pulmonary clearance  
chest X-ray pending

COPD with RLD  
Symbicort BID  
Ventolin PRN

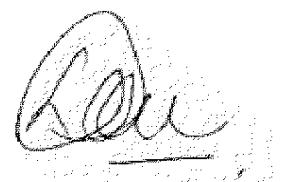
OSA  
Start APAP  
Wt reduction  
Positioning treatment  
Sleep hygiene  
F/U in 3 months

**Visit Codes**

99214 Office Visit, Est Pt., Level  
4.

**Follow Up**

3 Months



**Electronically signed by Lal Bhagchandani , MD PA on  
10/25/2023 at 11:26 AM EDT**

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231025 PULMONARY NOTE]

Patient Name: AVILA, ROBERTO, DOB: 11/05/1962, Account No: 107181

---

**Sign off status: Pending**

---

Lal Bhagchandani MD PA  
2825 N STATE ROAD 7  
STE 201  
MARGATE, FL 33063-5737  
Tel: 954-917-4941  
Fax: 954-917-4940

---

**Progress Note: LAL K. BHAGCHANDANI, MD, FRCPC, FCCP 10/24/2023**

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231016 PHARM]

Document Name: 20231016 PHARM, Scanned Date: 2023-10-16

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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## Prescriber Response Form

Patient Name: ROBERTO AVILA

Patient DOB: 11/05/1962

For each section, please select one or more responses that best describes this case.

Because your feedback helps us improve our programs, we thank you for your time and consideration.

1. Please select from the following:

<—Note: Please fill in circle(s) as shown

- Patient is under my care.
- Patient is under my care. However, none of the medications in question were prescribed by me.
- Patient is no longer under my care.
- Patient was seen by a provider no longer at this practice, but continues to be a patient.
- Patient has never been under my care nor seen at this practice.
- Provider was never at this location/fax number.

2. After evaluating the case, I plan to:

- Review current medications with my patient including those prescribed by other providers.
- Discontinue medication(s) in question. Please specify in COMMENTS box below.
- Modify drug therapy (for example, reduce a medication dose or quantity).
- Continue current therapy with close monitoring. This regimen is appropriate for my patient.

3. I find the information provided in the letter:

- Useful
- Neutral
- Not Useful

COMMENTS: Discontinue Budesonide/Formoterol inhaler

Luis Martinez D.O.

Luis Martinez, D.O.  
Prescriber Name

Family Medicine  
Specialty

10/15/2023  
Date

Case Number: DUR-TD: 1011333676 - 1

BABBDDDGHGB

Intervention Date: 10/06/2023

Please Fax This Page Only To:  
**1-866-881-6840**

The fax machine is secured in accordance with applicable law.



AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231012 APPROVAL CARDIO]

Document Name: 20231012 APPROVAL CARDIO, Scanned Date: 2023-10-12

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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Transaction ID: 57690300591

Customer ID: 969912

Transaction Date: 2023-10-12

**Helpful Hint:** Review Humana policy information to avoid unnecessary requests



## AVILA JR, ROBERTO Patient

Member ID	Date of Birth	Gender
H69728593	1962-11-05	Male
Eligibility Status	Group Number	Plan / Coverage
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
Transaction Type Organization		Payer
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

## Certificate Information

Certification Number	Status
180588076	CERTIFIED IN TOTAL

## Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

## Member Information

Patient Name	Patient Date of Birth	Patient Gender
AVILA JR, ROBERTO	1962-11-05	Male
Member ID	Relationship to Subscriber	Subscriber Name
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

**Name** MARTINEZ, LUIS **NPI** 1366671042  
**Provider Role** Provider  
**Phone** (954) 581-8272 - 24198 **Contact Name** LORI CARPENTER

## Service Information

**Service Type** 1 - Medical Care **Service From - To Date** 2023-10-12 - 2023-12-31

**Quantity**

1 Visits

**Diagnosis Code 1**

I509 - Heart failure unspecified

**Diagnosis Code 2**

I130 - Hyp hrt & chr kdny dis w hrt  
fail and stg 1-4/unsp chr kdny

<b>Procedure Code 1 (CPT/HCPCS)</b>	<b>Quantity</b>	<b>Procedure From - To Date</b>
99204 - OFFICE O/P NEW MOD	1 Units	2023-10-12 - 2023-12-31
45 MIN		
<b>Procedure Code 2 (CPT/HCPCS)</b>	<b>Quantity</b>	<b>Procedure From - To Date</b>
99214 - OFFICE O/P EST MOD	1 Units	2023-10-12 - 2023-12-31
30 MIN		
<b>Procedure Code 3 (CPT/HCPCS)</b>	<b>Quantity</b>	<b>Procedure From - To Date</b>
93000 - ELECTROCARDIOGRAM COMPLETE	1 Units	2023-10-12 - 2023-12-31

## Rendering Provider/Facility

**Provider 1**

**Name** RICHARD GOLDMAN      **NPI** 1699769273

**Provider Role**

Service Location

**Phone**

(000) 000-0000

**Provider 2**

**Name** RICHARD GOLDMAN      **NPI** 1699769273

**Provider Role**

Facility

**Phone**

(000) 000-0000

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231011 APPROVAL PULMO]

Document Name: 20231011 APPROVAL PULMO, Scanned Date: 2023-10-11

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

Page 642 of 661

Transaction ID: 57650810140

Customer ID: 969912

Transaction Date: 2023-10-11

**Helpful Hint:** Review Humana policy information to avoid unnecessary requests



## AVILA JR, ROBERTO Patient

Member ID	Date of Birth	Gender
H69728593	1962-11-05	Male
Eligibility Status	Group Number	Plan / Coverage
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
Transaction Type Organization		Payer
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

## Certificate Information

Certification Number	Status
180497781	CERTIFIED IN TOTAL

## Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

## Member Information

Patient Name	Patient Date of Birth	Patient Gender
AVILA JR, ROBERTO	1962-11-05	Male
Member ID	Relationship to Subscriber	Subscriber Name
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

<b>Name</b>	<b>NPI</b>
MARTINEZ, LUIS	1366671042
<b>Provider Role</b>	
Provider	
<b>Phone</b>	<b>Contact Name</b>
(954) 581-8272 - 24198	LORI CARPENTER

## Service Information

<b>Service Type</b>	<b>Service From - To Date</b>
1 - Medical Care	2023-10-11 - 2023-12-31

**Quantity**

1 Visits

**Diagnosis Code 1**

Z9981 - Dependence on supplemental oxygen

**Diagnosis Code 2**

J449 - Chronic obstructive pulmonary disease unspecified

<b>Procedure Code 1 (CPT/HCPCS)</b>	<b>Quantity</b>	<b>Procedure From - To Date</b>
99204 - OFFICE O/P NEW MOD	1 Units	2023-10-11 - 2023-12-31
45 MIN		

## Rendering Provider/Facility

**Provider 1**

<b>Name</b>	<b>NPI</b>
BHAGCHANDANI	1750438974
<b>Provider Role</b>	<b>Address</b>

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231011 APPROVAL PULMO]

Service Location 2825 N STATE ROAD 7, SUITE 201, MARGATE, FL 33063  
**Phone**  
(000) 000-0000

## Provider 2

<b>Name</b>	<b>NPI</b>
BHAGCHANDANI	1750438974
<b>Provider Role</b>	<b>Address</b>
Facility	2825 N STATE ROAD 7, SUITE 201, MARGATE, FL 33063
<b>Phone</b>	<b>Fax</b>
(000) 000-0000	(954) 917-4940

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231005 APPROVAL GASTRO]

Document Name: 20231005 APPROVAL GASTRO, Scanned Date: 2023-10-05

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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Transaction ID: 57305837267

Customer ID: 969912

Transaction Date: 2023-10-05

**Helpful Hint:** Review Humana policy information to avoid unnecessary requests



### AVILA JR, ROBERTO Patient

Member ID	Date of Birth	Gender
H69728593	1962-11-05	Male
Eligibility Status	Group Number	Plan / Coverage
Active Coverage	Y 0689001	<b>Date</b>
		2023-10-01
Transaction Type Organization		Payer
Outpatient	MyCare Medical	HUMANA
Authorization/Referral		

### Certificate Information

Certification Number	Status
180184124	CERTIFIED IN TOTAL

### Message

Authorization is based on information provided; it is not a guarantee of payment. Billed services are subject to medical necessity, appropriate setting, billing/coding, plan limits, eligibility at time of service. Verify benefits online or call Customer Service.

### Member Information

Patient Name	Patient Date of Birth	Patient Gender
AVILA JR, ROBERTO	1962-11-05	Male
Member ID	Relationship to Subscriber	Subscriber Name
H69728593	Self	AVILA JR, ROBERTO

## Requesting Provider

**Name** MARTINEZ, LUIS **NPI** 1366671042  
**Provider Role** Provider  
**Phone** (954) 581-8272 - 24198 **Contact Name** LORI CARPENTER

## Service Information

**Service Type**  
1 - Medical Care

**Service From - To Date**  
2023-10-05 - 2023-12-31

**Quantity**

2 Visits

**Diagnosis Code 1**

R195 - Other fecal abnormalities

**Procedure Code 1**  
**(CPT/HCPCS)**  
99204 - OFFICE O/P NEW MOD  
45 MIN

**Quantity**  
1 Units

**Procedure From - To Date**  
2023-10-05 - 2023-12-31

**Procedure Code 2**  
**(CPT/HCPCS)**  
99203 - OFFICE O/P NEW LOW  
30 MIN

**Quantity**  
1 Units

**Procedure From - To Date**  
2023-10-05 - 2023-12-31

**Procedure Code 3**  
**(CPT/HCPCS)**  
99213 - OFFICE O/P EST LOW  
20 MIN

**Quantity**  
1 Units

**Procedure From - To Date**  
2023-10-05 - 2023-12-31

**Procedure Code 4**  
**(CPT/HCPCS)**  
99214 - OFFICE O/P EST MOD  
30 MIN

**Quantity**  
1 Units

**Procedure From - To Date**  
2023-10-05 - 2023-12-31

## Rendering Provider/Facility

### Provider 1

**Name** **NPI**  
JORDAN ELMAN 1326492893

### Provider Role

Service Location

### Phone

(954) 721-5400

### Provider 2

**Name** **NPI**  
JORDAN ELMAN 1326492893

### Provider Role

Facility

### Phone

(954) 721-5400

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231002 AVILA R HX-INTAKE]

Document Name: 20231002 AVILA R HX-INTAKE, Scanned Date: 2023-10-02

Notes:

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

Medical record generated by eClinicalWorks EMR/PM Software ([www.eclinicalworks.com](http://www.eclinicalworks.com)) on 12/09/2024 at 12:52:04 PM CST

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## HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Patient Name:	Last: <u>AVILA</u>	First: <u>Roberto</u>	Middle: <u>Z</u>
Today's Date:	<u>10-1-2023</u>	Reason for Visit:	<u>Chest y/p</u>
Previous Primary Care Provider:			
Referring doctor:		Patient sex : <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
<b>PERSONAL HEALTH HISTORY (PAST MEDICAL HISTORY)</b>			
Conditions you have had in the past (check all that apply):			
<b>BONE / JOINT</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Osteoarthritis</li> <li><input type="checkbox"/> Gout</li> <li><input type="checkbox"/> Osteoporosis</li> <li><input type="checkbox"/> Rheumatoid Arthritis</li> <li><input type="checkbox"/> Systemic lupus erythematosus</li> </ul> <b>CARDIOVASCULAR</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Coronary artery disease</li> <li><input checked="" type="checkbox"/> Congestive heart failure</li> <li><input type="checkbox"/> Arrhythmia</li> <li><input checked="" type="checkbox"/> Hypertension</li> <li><input type="checkbox"/> Hypersensitivity lung disease</li> <li><input type="checkbox"/> Permanent pacemaker/ automated implantable defibrillator</li> <li><input type="checkbox"/> Peripheral arterial disease</li> <li><input type="checkbox"/> Other (please specify)  <hr/><hr/></li> </ul> <b>ENDOCRINE</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diabetes Mellitus</li> <li><input type="checkbox"/> Thyroid disorders</li> <li><input type="checkbox"/> Adrenal Disorder</li> <li><input type="checkbox"/> Pituitary Disorders</li> <li><input type="checkbox"/> Hypogonadism</li> </ul>	<b>GASTROINTESTINAL</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Irritable bowel syndrome</li> <li><input type="checkbox"/> Inflammatory bowel disease (Crohn's/Ulcerative colitis)</li> <li><input type="checkbox"/> Gastroesophageal reflux disease</li> <li><input type="checkbox"/> Pancreatitis</li> <li><input type="checkbox"/> Gall bladder disease</li> <li><input type="checkbox"/> Liver disease</li> <li><input type="checkbox"/> Diverticulosis</li> </ul> <b>GENITOURINARY</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Enlarged Prostate</li> <li><input type="checkbox"/> Kidney Stones</li> <li><input type="checkbox"/> Incontinence of urine</li> <li><input type="checkbox"/> Erectile dysfunction</li> <li><input type="checkbox"/> Polycystic ovarian disease</li> <li><input type="checkbox"/> Sexually transmitted infection</li> <li><input type="checkbox"/> Endometriosis</li> </ul> <b>HEMATOLOGY</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anemia</li> <li><input type="checkbox"/> Blood disorder</li> </ul>	<b>HEENT</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sinusitis</li> <li><input type="checkbox"/> Allergic rhinitis</li> <li><input type="checkbox"/> Glaucoma</li> <li><input type="checkbox"/> Hearing deficits</li> <li><input type="checkbox"/> Vision issues</li> </ul> <b>NEUROLOGY</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Migraines/Headaches</li> <li><input type="checkbox"/> Lightheadedness</li> <li><input type="checkbox"/> Cerebrovascular accident/ Transient ischemic attack</li> <li><input type="checkbox"/> Multiple Sclerosis</li> <li><input type="checkbox"/> Amyotrophic lateral sclerosis</li> <li><input type="checkbox"/> Seizures/Epilepsy</li> </ul> <b>ONCOLOGY</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cancer (please specify)  <hr/><hr/></li> </ul>	<b>PSYCHIATRY</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Depression</li> <li><input checked="" type="checkbox"/> Insomnia</li> <li><input type="checkbox"/> Bipolar</li> <li><input type="checkbox"/> Schizophrenia</li> <li><input type="checkbox"/> Personality disorder</li> <li><input type="checkbox"/> Eating disorder</li> <li><input type="checkbox"/> Generalized anxiety disorder</li> </ul> <b>PULMONARY</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chronic obstructive pulmonary disease (Bronchitis/Emphysema)</li> <li><input checked="" type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Pulmonary Fibrosis</li> <li><input type="checkbox"/> Bronchiectasis</li> <li><input type="checkbox"/> Pulmonary embolism</li> <li><input checked="" type="checkbox"/> Respiratory failure</li> <li><input checked="" type="checkbox"/> Oxygen usage/CPAP/BiPAP</li> <li><input type="checkbox"/> Tuberculosis</li> </ul>
<b>Surgeries</b>			
Year	Reason		Hospital
<u>2023</u>	<u>Heart procedure</u>		<u>North Brassard</u>
<b>Other hospitalizations</b>			
Year	Reason		Hospital
Have you ever had a blood transfusion?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Specialty Physicians</b>			
Name:	Phone:		

Health history questionnaire 072022

PATIENT NAME:				DOB:		
<b>List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers</b>						
Drug Name	Strength	Frequency Taken	Drug Name	Strength	Frequency Taken	
1			6			
2			7			
3			8			
4			9			
5			10			
<b>Allergies to medications</b>						
Drug Name	Reaction You Had	Drug Name	Reaction You Had			
1		3				
2		4				
<b>HEALTH HABITS AND PERSONAL SAFETY (SOCIAL HISTORY)</b>						
<b>Exercise</b>	<input checked="" type="checkbox"/> Sedentary (No exercise)	<input type="checkbox"/> Mild exercise (i.e., climb stairs, walk 3 blocks, golf)				
	<input type="checkbox"/> Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)					
	<input type="checkbox"/> Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes)					
<b>Diet</b>	Are you dieting?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If yes, are you on a physician prescribed medical diet?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	# of meals you eat in an average day?					
<b>Caffeine</b>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Coffee	<input type="checkbox"/> Tea	<input type="checkbox"/> Cola		
	# of cups/cans per day?					
<b>Alcohol</b>	Do you drink alcohol?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, what kind? <i>Vodka</i>					
	# of drinks per week?					
<b>Tobacco</b>	Do you use tobacco?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Cigarettes - packs/day	<input type="checkbox"/> Chew - #/day	<input type="checkbox"/> Pipe - #/day	<input type="checkbox"/> Cigars - #/day		
	<input type="checkbox"/> # of years: _____	<input type="checkbox"/> Or year quit: _____				
<b>Drugs</b>	Do you currently use recreational or street drugs?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever given yourself street drugs with a needle?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FAMILY HEALTH HISTORY</b>						
Relation	AGE	AGE AT DEATH	SIGNIFICANT HEALTH PROBLEMS			
Father	<i>60</i>	<i>75</i>	<i>Cancer</i>			
Mother		<i>57</i>	<i>Cancer</i>			
Brothers	<i>48</i>					
Sisters	<i>58</i>					
SCREENINGS (please indicate most recent date)				WOMEN ONLY		
Dexa/Bone density:	/	/	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Age at first menstruation: / /		
Stool Card:	/	/	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Date/age of last menstruation: / /		
Colonoscopy:	/	/	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Number of pregnancies: _____ Number of live births: _____		
Rectal exam:	/	/	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Last Mammogram: / /		
PSA (men only):			<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal			

*Roberto Avila*  
 Patient Signature

Provider Signature



## NEW PATIENT REGISTRATION FORM

Account#: \_\_\_\_\_ (internal use only) Today's Date \_\_\_\_\_

### PATIENT INFORMATION

Last Name Avila First Name Roberto MI Z

Preferred Name/Maiden Name \_\_\_\_\_

Email Vivian Suryr3307@gmail.com Social Security # \_\_\_\_\_

Address 1906 NW 65 Ave

Apt/Unit # \_\_\_\_\_ City Margate State FL Zip 33065

Primary Phone (917) 736-4109 Type:  Cell  Home  Work

Secondary Phone (954) 1605-2384 Type:  Cell  Home  Do not wish to provide

By listing my phone number and/or email address, I authorize and approve to receiving automated messages; including but not limited to quality of care, patient satisfaction, appointment reminders, and other initiatives of the medical practice. I am aware that email and/or text messages may include protected health information (PHI). I understand that email and text messaging are not confidential methods of communication and may be insecure. I further understand that there is a risk that email and/or text messages regarding my care that may contain PHI could be intercepted or viewed by third parties.

Date of Birth: 11/15/62

Age: 61

Marital Status:  Single  Married  Divorced  Widow

Gender:  F  M  NB

Ethnicity:  African American  Caucasian  Asian  Hispanic  Indian  Pacific Islander

Ashkenazi Jewish  Native American  Other (please specify) \_\_\_\_\_

Employer Disabled

Occupation \_\_\_\_\_

How did you hear about us:  Personal Reference  Physician  Internet  Yellow Pages  Newspaper  
 Magazine  Television  Other Derrick Gunther

### PHARMACY INFORMATION

Preferred Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone #: \_\_\_\_\_

### INSURANCE INFORMATION

Primary Insurance Name:	Secondary Insurance Name:
Phone #:	Address:
Fax #:	Fax #:
Policy Subscriber Name:	Policy Subscriber Name:
<u>Roberto Avila</u>	
Relationship to Patient:	Relationship to Patient:
<u>Self</u>	
Policy Holder Date of Birth:	Policy Holder Date of Birth:
<u>11/15/62</u>	
Subscriber ID/ Social Security #:	Subscriber ID/ Social Security #:
<u>063-64-7623</u>	
Group #:	Group #:
<u>H69728593</u>	



Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PATIENT PRIVACY QUESTIONNAIRE

In many cases, HIPAA allows providers to share protected health information ("PHI") with family members and friends that patients choose to involve in their health care or payment for their health care, so long as the patient does not object after having the opportunity to do so. The disclosure of certain sensitive information, including PHI, also requires a patient's prior written authorization to do so. If you are comfortable with us disclosing sensitive information, in written and/or verbal communication, to other people besides you, please list below the name(s) of the individual(s) you authorize MyCare Medical to discuss your health care treatment and billing information with. Please note that with this authorization, your information, including PHI, will be disclosed to the individual(s) listed below in written and/or verbal fashion unless or until you notify us otherwise in writing to stop doing so. Remember that any authorization you provide should be reviewed annually to ensure it continues to reflect your wishes, and that you may revoke an authorization at any time if you choose.

Name: Robert Avila	Name: (Sury) Zurama Rodriguez
Address: 1906 NW 15 Ct	Address: 8301 NW 15 Ct
City/ST/Zip: Coral Springs, FL 33063	City/ST/Zip: Coral springs, FL 33071
Phone #:	Phone #: 954-605-2384
Relationship:	Relationship: Sister

#### Please specify anything that you do NOT want to be released to the individuals listed above:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Labs/Path Reports | <input type="checkbox"/> Billing             | <input type="checkbox"/> Alcohol/Substance Abuse           |
| <input type="checkbox"/> Medications       | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Psychotherapy/Mental Health Notes |
| <input type="checkbox"/> Imaging           | <input type="checkbox"/> HIV/AIDS Records    | <input type="checkbox"/> Other _____                       |

Please list the family members or other persons, if any, whom we may inform about your medical condition **ONLY IN AN EMERGENCY:**

Name: Zurama Rodriguez Phone #: 954-605-2384

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### ADVANCED DIRECTIVES

Please provide supporting documents, so we may add it to your chart.

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> I HAVE | <input type="checkbox"/> I HAVE NOT made a living will                  |
| <input type="checkbox"/> I HAVE | <input type="checkbox"/> I HAVE NOT chosen a Durable Power of Attorney  |
| <input type="checkbox"/> I HAVE | <input type="checkbox"/> I HAVE NOT chosen a Health Care Representative |

#### Designated Personal Representative / Power of Attorney Information

Relationship to Patient \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Last 4 Digits of Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  F  M

Address \_\_\_\_\_

Apt/Unit # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Alt Phone (\_\_\_\_\_) \_\_\_\_\_



### INSURANCE AUTHORIZATION, RELEASE, AND ASSIGNMENT OF BENEFITS

I hereby authorize MyCare Medical to furnish and/or release any information necessary to insurance carriers concerning my illness and treatments, and I hereby assign to the physician(s) all payments for medical services rendered to myself or my dependents. It may be used to process my insurance claim acquired in the course of my examination or treatment, to allow a photocopy of my signature to be used to process my insurance claim for the period of a lifetime. This order will remain in effect until revoked by me in writing.

I have requested medical services from MyCare Medical on behalf of myself and/or my dependents, and I understand by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized. I further understand that fees are due and payable on the date services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement. A photocopy of this assignment is to be considered as valid as the original. I hereby assign all medical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s) including Medicare, Medigap, private insurance and any other health/medical plan to issue payment directly to MyCare Medical, for medical services rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand I am responsible for any amount not covered by insurance, regardless of insurance coverage.

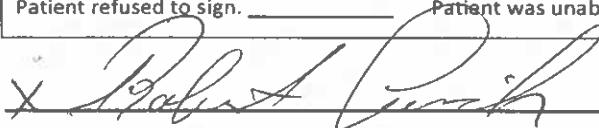
### NOTICE OF PRIVACY PRACTICES

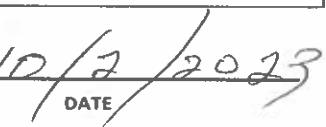
I acknowledge I have been provided the opportunity to receive a copy of the MyCare Medical "Notice of Privacy Practices." I understand that a copy of this Notice is available in the clinic upon request and can be viewed at [www.MyCareMedicalGroup.com](http://www.MyCareMedicalGroup.com).

To be completed by office staff, if applicable:

On this date the patient presented for treatment and was provided with a copy of the practice's Notice of Privacy Practices. Although a good faith effort was made to obtain a written acknowledgement of receipt of Notice of Privacy Practices, one was not obtained because:

Patient refused to sign. \_\_\_\_\_ Patient was unable to sign or initial because: \_\_\_\_\_

  
PATIENT SIGNATURE

  
DATE

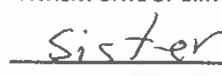
### CONSENT TO TREAT

I voluntarily authorize any medical professional of MyCare Medical Group to provide and perform such medical/diagnostic/minor surgical treatment(s) and/or services as deemed advisable and necessary for the diagnosis and/or treatment of my condition(s) or to maintain my health. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as a result of treatment or examination in the office. I agree to cooperate fully and to participate in all medical procedures and to comply with the plan of medical care/services that is established.

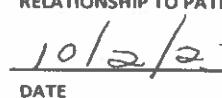
  
PRINT PATIENT NAME

  
PATIENT DATE OF BIRTH

  
PRINT NAME OF LEGAL REPRESENTATIVE

  
RELATIONSHIP TO PATIENT

  
PATIENT/LEGAL REPRESENTATIVE SIGNATURE

  
DATE



### PATIENT FINANCIAL POLICY

The doctors and staff at MyCare Medical would like to welcome you to our Practice. We strive to provide you with excellent medical care and our goal is to make your visits as convenient as possible. Please review the following information regarding our financial policy.

- It is your responsibility to inform our office of any address or telephone number changes.
- Your account is to be kept current—accordingly, all self-pay or insurance co-payments, co-insurances and deductibles will be collected at the time of service. Payable by cash, check, Visa, MasterCard, Discover or American Express.
- If you do not have your payment(s), your appointment may be rescheduled.
- You may be asked to schedule another appointment for issues other than the reason for your original appointment.
- A returned check will result in a \$25 service charge and all future payments being required in the form of cash or credit card.
- There is a \$25 charge for the completion of certain clinical paperwork (ex: disability, FMLA, etc.)
- Any unpaid balances older than 30 days may be subject to 1.5% interest per month.
- If your account is turned over to a collection agency, you will be responsible for any costs incurred in collection of said balance, which may include collection agency fees up to 35% of your outstanding balance, court costs and attorney fees.
- If unable to keep your appointment, please notify us in advance so that we may offer that time to another patient. A pattern of repetitive "no shows" or late cancellations may regretfully result in an assessment of a cancellation/no show fee.

#### Health Insurance Coverage:

We will submit your claims, however we must emphasize that as medical providers, **our relationship is with you, not your insurance company**. Although we attempt to verify your benefits with your insurance policy, please be advised this is only an estimate of your coverage based on the information given to us at the time of the inquiry.

**By signing below, you confirm that you understand the following:**

- It is your responsibility to inform us of any changes to your insurance policy so that your coverage can be re-verified prior to your appointment.
- If your insurance policy requires a referral from your primary care physician, it is your responsibility to have that referral faxed to our office prior to your appointment.
- Not all services are a covered benefit with all insurance plans.
- It is your responsibility to be aware of what service(s) is being provided to you and if it is a covered benefit under your insurance policy.
- You are responsible for any non-covered charges not payable by your insurance policy.
- Although filing your insurance claims is a courtesy extended to you, all charges are always your responsibility from the date services are rendered.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we urge you to contact us promptly for assistance in the management of your account. If you have any questions about the above information, please do not hesitate to ask us. We are here to help you.

**By signing below, I attest that I have read and understand the above Financial Policy and agree to meet all financial obligations.**

PLEASE PRINT PATIENT NAME

DATE OF BIRTH

SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

TODAY'S DATE

MCMFinancialPolicy 02.23



MyCARE MEDICAL

Provider \_\_\_\_\_ Fax # \_\_\_\_\_ 954-581-8382

Patient Full Name: Robert Avila Date of birth: 11/5/62

Patient Address: 1906 NW 65<sup>th</sup> Ave Margate 33063  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone #: \_\_\_\_\_ Last 4 SS# \_\_\_\_\_

I hereby authorize MyCare Medical To:

RELEASE MEDICAL RECORDS TO

REQUEST MEDICAL RECORDS FROM

RELEASE TO PATIENT

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax#: \_\_\_\_\_

Purpose of Disclosure:

Legal

Insurance

Personal Use

Treatment

Other

Please Specify the information to be released:

Entire Medical Record

Office Notes LAST 2 OFFICE NOTES

Specialist Consult Notes \_\_\_\_\_

Diagnostics ALL XR CT & MRI RESULTS

Immunization Records \_\_\_\_\_

Laboratory reports LAST 2 YEARS

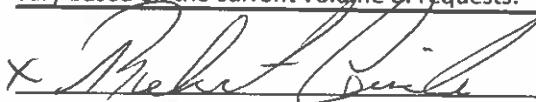
Other (Please specify) \_\_\_\_\_

Unless otherwise revoked, this authorization shall expire one year from the date of signature unless otherwise specified.

(Specify date)

I understand that this authorization extends to all, or any part of the records designated above, which may include psychiatric information, and/or genetic counseling/testing, and/or alcohol/drug abuse, and/or HIV/AIDS test results. I expressly consent to the release of information as designated above. \* \_\_\_\_\_ (Please initial)

I understand that this authorization is revocable upon written notice. I understand that I may refuse to sign this authorization and that it is strictly voluntary. My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization. I understand that my protected health information that is used or disclosed under this authorization may be subject to re-disclosure by the recipient and the privacy of my protected health information may no longer be protected by law. If I have questions regarding the use, disclosure, or protection of my heath information I can contact the MyCare Medical Group Compliance Department at PrivacyOfficer@femgholdings.com. I understand that after signing this form, there is a processing period that may vary based on the current volume of requests.

  
Signature of Patient or Legal Guardian

Date

If signed by Parent/Legal Guardian/Representative  
other than the patient, please print name above

MyCare Medical  
350 N. Pine Island Rd., Ste 302, Plantation, FL 33324  
954-581-8272

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:20231002 AVILA R HUM GOLD INS]

Document Name: 20231002 AVILA R HUM GOLD INS, Scanned Date: 2023-10-02

Notes: PT STILL WAITING ON HUM INS CARD

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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Eligibility Response for AVILA JR,ROBERTO Z 10/02/2023 12:59 PM

Eligibility Report Summary

Payer Information	
Payer Name HUMANA	Payor Identification 61101
Provider Information	
Provider Name	Health Care Financing Administration National Provider Identifier 1245273093
Insured or Subscriber Information	
Insured or Subscriber Name AVILA JR,ROBERTO Z	Member Identification Number H69728593
Group Number Y0689001	Health Insurance Claim (HIC) Number 2RF8FT1MY32
Address 1906 NW 65TH AVE	Address2 MARGATE,FL,330632330
Birth Date 11/05/1962	Gender Male
Insured Relationship Insured	Relationship with Insured Self
Plan Begin Date 10/01/2023	Service Date 10/02/2023
Primary Care Provider Name MyCare Medical PlantationPine Island	Trace Number ECW-807433-816592
Payer Subscriber Trace # 6345048876	

Coverage Information

Benefit Code	Coverage Level	Service Type	Insurance Type	Plan Coverage Description	Time Period	Benefit Amount	Benefit Percent	Quantity Type	Benefit Quantity	Authorization or Certification Indicator	In Plan Network Indicator
Active Coverage	Employee Only	Health Benefit Plan Coverage	Health Maintenance Organization (HMO) - Medicare Risk	HUM Gold PI-Diab/Hrt							
Details	076 645										
Details	Gold+/Emp HMO - All Othr WA										
Details	THIS MEMBER MAY BE ELIGIBLE FOR A FREE FITNESS MEMBERSHIP THROUGH SILVERSNEAKERS OR SILVER&FIT. PLEASE ENCOURAGE HIM OR HER TO CALL SILVERSNEAKERS AT 1-888-423-4632 (FOR MOST STATES) OR SILVER&FIT AT 1-877-427-4788 (FOR ARIZONA AND PENNSYLVANIA) FOR ELIGIBILITY.										
Active Coverage		Medical Care									
Limitations		Health Benefit Plan Coverage									
Details	MAX DEPENDENT AGE										
Limitations		Health Benefit Plan Coverage									
Details	MAX STUDENT AGE										
Non-Covered	Individual	Medical Care	Health Maintenance Organization (HMO) - Medicare Risk								
Details	Seq#999										
Non-Covered	Individual	Hospital - Room and Board	Health Maintenance Organization (HMO) - Medicare Risk		0						No
Details	Seq#999										
Details	InPATIENT HOSPITAL ROOM AND BOARD										
Non-Covered		Hospital - Inpatient, Long Term Care, Chiropractic,									



AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433  
[Doc Name:807433\_20240501143153\_ECG.pdf]

Document Name: 807433\_20240501143153\_ECG.pdf, Scanned Date: 2024-05-01

Notes: midmark ecg Report

AVILA, ROBERTO DOB: Nov 5, 1962 (62 yo M) Acc No. 807433

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Midmark Diagnostics Group		Rate:	82	BPM	Interpretation:
Name:	ROBERTO AVILA	Req. Physician:			
ID:	807433	Technician:	AO	PR:	150 msec Sinus Rhythm
Sex:	Male	History:		QT/QTc:	400/438 msec WITHIN NORMAL LIMITS
BP:	120/80 mmHg	Medication:		QRSD:	104 msec
Weight:	267.0 lbs	Date of Report:	05/01/24 14:31:34	P Axis:	39
Height:	67 inches	Reviewed By:	DR. MARTINEZ	QRS Axis:	13
DOB:	11/05/1962 (61 Years)	Review Date:	05/01/24 14:31:49	T Axis:	71
Comments:					



Speed:25 mm/sec Gain:10 mm/mv MYO:OFF AC:ON DRIFT:ON

Midmark Diagnostics Group

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Version 8.4.1

ECG Analysis Ver. 8.4.1

Print Date 05/01/24 14:31:50