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LAKEVIEW UROLOGY CLINIC

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PATIENT: Harrison, Kevin M. | DOB: 05/03/1973 (52 y/o) MRN: LVC-638291 | VISIT DATE: September 24, 2025

CHIEF COMPLAINT:

Erectile dysfunction, patient requesting penile implant

52 yo male presents with c/o ED x approx 1 year. Pt states he has had difficulty with erections, reports it "comes and goes" but has been more problematic recently. States this is causing issues in his relationship.

Pt reports he tried Viagra once about 6 months ago. States his friend gave him a 50mg pill and it "didn't really work that well." Did not notice significant improvement. Has not tried any other medications or treatments since that single experience.

Patient states he read online about penile implants and is interested in this treatment.

PAST MEDICAL HISTORY:

- Generalized anxiety disorder (on medication)
- Depression (diagnosed 2 years ago, on SSRI)
- Hypertension
- GERD
- Sleep disturbance

MEDICATIONS:

- Sertraline 100mg daily (SSRI)
- Alprazolam 0.5mg BID PRN anxiety
- Lisinopril 10mg daily
- Omeprazole 20mg daily

PSYCH HISTORY:

Pt confirms ongoing treatment with psychiatrist Dr. Feldman for anxiety and depression. Reports significant life stressors including job change, financial difficulties, relationship problems. Patient reports stressors began approximately same time as erectile difficulties.

SOCIAL:

In relationship 3 years (unmarried). Works as IT consultant. Reports high work stress. Non-smoker. EtOH: 4-5 drinks/night per pt report. Denies drug use.

PHYSICAL EXAM:

VS:	BP 142/88, HR 82, Wt 201 lbs, BMI 28.9	
General:	Anxious-appearing male, fidgety	
CV:	RRR, no murmurs	
GU:	Normal external male genitalia, no abnormalities noted	
Neuro:	Grossly intact, normal sensation	

LABS/STUDIES:

Penile Doppler	09/18/2025	PSV 32 cm/sec bilat - within normal limits. No significant arterial disease.
Testosterone	09/15/2025	378 ng/dL (low-normal)
Prolactin	09/15/2025	8.1 ng/mL (normal)

ASSESSMENT:

- 1. Erectile dysfunction likely mixed etiology (ICD-10: N52.9)
- 2. Generalized anxiety disorder
- 3. Major depressive disorder on SSRI therapy
- 4. Alcohol use, excessive

PHYSICIAN ASSESSMENT AND RECOMMENDATION:

Patient presents with erectile dysfunction of 1 year duration. Vascular studies show normal arterial flow. Patient is currently on sertraline 100mg daily, which is well-known to cause sexual dysfunction as a side effect. Patient also reports significant life stressors, relationship difficulties, and concerning level of alcohol consumption (4-5 drinks nightly).

Patient's treatment history consists of a single 50mg dose of sildenafil, which is a starting dose. He has not pursued proper therapeutic trial of PDE-5 inhibitors at appropriate doses or duration.

RECOMMENDED TREATMENT PLAN:

- 1. Proper therapeutic trial of PDE-5 inhibitor sildenafil titrated to 100mg PRN or tadalafil 20mg, with 6-8 attempts to assess efficacy
- 2. Referral to psychiatry for medication review consider alternative antidepressant with lower sexual side effect profile (e.g., bupropion)
- 3. Alcohol cessation counseling and reduction
- 4. Psychological evaluation for performance anxiety and relationship issues
- 5. Consider couples counseling given relationship stressors

Discussed treatment approach with patient. Explained that conservative measures should be attempted before considering surgical options. Patient expressed preference for surgical intervention. I explained the importance of systematic approach to treatment, starting with less invasive options.

Patient frustrated with recommendations. Wants immediate surgical solution. Counseled extensively on treatment algorithm and importance of addressing modifiable factors first (medications, alcohol, psychological factors).

Patient will consider recommendations and decide on next steps. Offered follow-up in 3-6 months after conservative treatment trials. Referrals provided for psychiatry and psychology.

Dictated but not read

Daniel Robertson Daniel Robertson, MD Board Certified, Urology IL License: UR-67382 Date: September 24, 2025

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