
PATIENT CHART -
Boerner, Stephen
2649 tiffon st s
Gulfport FL 33711
O: (215) 530-0545(preferred)

DOB: 6/25/1985 AGE: 39 yrs. Acct#: 226

DEMOGRAPHICS

NAME: Boerner, Stephen
PATIENT ID#: 226
MRN:
BIRTH DATE: 6/25/1985
AGE: 39 yrs.
GENDER: M
ADDRESS: 2649 tiffon st s
Gulfport FL 33711
Home:
Work:
Cell: (215) 530-0545
EMAIL: STEPHENANDMELISSABOERNER@GMAIL.COM
PROVIDER: BOKHARI,HASSAN,MD
REFERRING PROVIDER: HASSAN BOKHARI MD

716 SEMINOLE BLVD
LARGO FL 33770
(727) 238-3241

INSURANCE

FLORIDA BLUE SHIELD
PO BOX 1798
JACKSONVILLE, FL 32231

Policy #: TGM896055110
Policy Holder: Stephen Boerner

ALLERGIES

Augmentin Current 5/15/2024
Reaction: Treatment:

MEDICAL PROBLEM LIST

No data on file

MEDICATION DETAIL

Historical:
SIG: guanfacine 1 mg oral tablet, 30 days, Dispense #30 Tablet, 0 Refills, Directions: Take one tab at bedtime
5/15/2024 SAVARD,ZAINAB,NP

Historical:
SIG: sertraline 100 mg oral tablet, 30 days, Dispense #30 Tablet, 0 Refills, Directions: Take on tab daily
5/15/2024 SAVARD,ZAINAB,NP

Historical:
SIG: Trileptal 150 mg oral tablet, 30 days, Dispense #60 Tablet, 0 Refills, Directions: Take one tab twice a day
5/15/2024 SAVARD,ZAINAB,NP

Current:
SIG: guanfacine 1 mg oral tablet, 30 days, Dispense #30 Tablet, 0 Refills, Directions: Take one tab at bedtime
5/15/2024 SAVARD,ZAINAB,NP

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DOB: 6/25/1985 AGE: 39 yrs. Acct#: 226

SIG: sertraline 100 mg oral tablet, 30 days, Dispense #30 Tablet, 0 Refills, Directions: Take on tab daily
5/15/2024 SAVARD,ZAINAB,NP

Current:
SIG: Trileptal 150 mg oral tablet, 30 days, Dispense #60 Tablet, 0 Refills, Directions: Take one tab twice a day
5/15/2024 SAVARD,ZAINAB,NP

Current:
SIG: guanfacine 1 mg oral tablet, 30 days, Dispense #30 Tablet, 3 Refills, Directions: Take one tab at bedtime
6/12/2024 SAVARD,ZAINAB,NP

Current:
SIG: hydroxyzine HCl 25 mg oral tablet, 30 days, Dispense #30 Tablet, 3 Refills, Directions: Take one tab at bedtime
6/12/2024 SAVARD,ZAINAB,NP

Current:
SIG: sertraline 100 mg oral tablet, 30 days, Dispense #30 Tablet, 3 Refills, Directions: Take on tab daily
6/12/2024 SAVARD,ZAINAB,NP

Current:
SIG: Trileptal 150 mg oral tablet, 30 days, Dispense #60 Tablet, 3 Refills, Directions: Take one tab twice a day
6/12/2024 SAVARD,ZAINAB,NP

ORDERS DETAIL

Order #290215
Quest - All Lab Tests
5/15/2024
SAVARD,ZAINAB,NP

Test Code	Description	Diag1	Diag2	Diag3	Diag4
37848	LIPID PANEL W/ TRIGLYCERIDES/HD L-C	F33.2	F41.1		
10231	COMPREHENSIVE METABOLIC PANEL	F33.2	F41.1		
7444	THYROID PANEL WITH TSH	F33.2	F41.1		
19593	CBC (INCLUDES DIFF/PLT) (REFL)	F33.2	F41.1		
17306	VITAMIN D,25- OH,TOTAL,IA	F33.2	F41.1		

Order #291379
Quest - All Lab Tests
7/5/2024
SAVARD,ZAINAB,NP

Test Code	Description	Diag1	Diag2	Diag3	Diag4
37848	LIPID PANEL W/ TRIGLYCERIDES/HD L-C	F33.2			
10231	COMPREHENSIVE METABOLIC PANEL	F33.2	F41.1		

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DOB: 6/25/1985 AGE: 39 yrs. Acct#: 226

19593

DIFF/PLT) (REFL)

F41.1

F33.2

17306

VITAMIN D,25-
OH,TOTAL,IA

F33.2

F41.1

SAVARD, ZAINAB 716 SEMINOLE BLVD LARGO, FL 33770-3627 phone: 7272383241 fax: 7272388402				Quest 716 SEMINOLE BLVD LARGO, FL 33770 Phone: 727-238-3241 Fax: 727-238-8402				
Chart Patient Name		Patient ID	DOB (m/d/y)	Age	Sex	Reported Date/Time	Patient Phone	Second Phone
Boerner, Stephen		226	06/25/1985	39 yrs.	M	5/31/2024 11:57PM		
Comments								
290215: CBC (INCLUDES DIFF/PLT) (REFL), COMPREHENSIVE METABOLIC PANEL, Enhanced PDF Report TZ639078P-1, LIPID PANEL W/ TRIGLYCERIDES/HDL-C, THYROID PANEL WITH TSH, VITAMIN D,25-OH,TOTAL,IA								
Order ID / Tests / Diagnoses								
Ordering Provider		Collect Date & Time	Date of Service	Status Change Date	Status	Signed	06/07/2024	Req. Number
SAVARD, ZAINAB		5/29/2024 11:40 am	5/29/2024 11:41 am	5/31/2024 11:57pm	FINAL	HASSAN		TZ639078P
Diagnostic Test / Results		Results	Out of Range	Flag	Units	Range	Site	Stat
COMPREHENSIVE METABOLIC PANEL [Final]								
Glucose SerPI-mCnc		88		N	mg/dL	65-99	TP	F
Notes		Fasting reference interval						
BUN SerPI-mCnc		20		N	mg/dL	7-25	TP	F
Creat SerPI-mCnc		1.02		N	mg/dL	0.60-1.26	TP	F
eGFRcr SerPIBld CKD-EPI 2021		96		N	mL/min/1.73m2	> OR = 60	TP	F
BUN/Creat SerPI		SEE NOTE:			(calc)	6-22	TP	F
Notes		Not Reported: BUN and Creatinine are within reference range.						
Sodium SerPI-sCnc		139		N	mmol/L	135-146	TP	F
Potassium SerPI-sCnc		5.0		N	mmol/L	3.5-5.3	TP	F
Chloride SerPI-sCnc			97	L	mmol/L	98-110	TP	F
CO2 SerPI-sCnc			33	H	mmol/L	20-32	TP	F
Calcium SerPI-mCnc		9.9		N	mg/dL	8.6-10.3	TP	F
Prot SerPI-mCnc		7.9		N	g/dL	6.1-8.1	TP	F
Albumin SerPI-mCnc		5.0		N	g/dL	3.6-5.1	TP	F
Globulin Ser Calc-mCnc		2.9		N	g/dL (calc)	1.9-3.7	TP	F
Albumin/Glob SerPI		1.7		N	(calc)	1.0-2.5	TP	F
Bilirub SerPI-mCnc		0.6		N	mg/dL	0.2-1.2	TP	F
ALP SerPI-cCnc		64		N	U/L	36-130	TP	F
AST SerPI-cCnc		36		N	U/L	10-40	TP	F
ALT SerPI-cCnc			53	H	U/L	9-46	TP	F
VITAMIN D,25-OH,TOTAL,IA [Final]								
25(OH)D3+25(OH)D2 SerPI-mCnc			28	L	ng/mL	30-100	TP	F
Notes		Vitamin D Status 25-OH Vitamin D: Deficiency: <20 ng/mL Insufficiency: 20 - 29 ng/mL Optimal: > or = 30 ng/mL For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients >2yrs). See Note 1 Note 1 For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/educational purposes only.)						

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Chart Patient Name	Patient ID	DOB (m/d/y)	Age	Sex	Reported Date/Time	Patient Phone	Second Phone
Boerner, Stephen	226	06/25/1985	39 yrs.	M	5/31/2024 11:57PM		
Comments 290215: CBC (INCLUDES DIFF/PLT) (REFL), COMPREHENSIVE METABOLIC PANEL, Enhanced PDF Report TZ639078P-1, LIPID PANEL W/ TRIGLYCERIDES/HDL-C, THYROID PANEL WITH TSH, VITAMIN D,25-OH,TOTAL,IA							
Order ID / Tests / Diagnoses							
Ordering Provider	Collect Date & Time	Date of Service	Status Change Date	Status	Signed	06/07/2024	Req. Number
SAVARD, ZAINAB	5/29/2024 11:40 am	5/29/2024 11:41 am	5/31/2024 11:57pm	FINAL	HASSAN		TZ639078P
Diagnostic Test / Results	Results	Out of Range	Flag	Units	Range	Site	Stat
LIPID PANEL W/ TRIGLYCERIDES/HDL-C [Final] Notes	Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with >= 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)						
Cholest/HDLc SerPI	3.8			calc	<5.0	Z4M	F
NonHDLc SerPI-mCnc		173	H	mg/dL (calc)	<130	Z4M	F
Notes	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.						
Trigl/HDLc SerPI		2.2	H	calc	<2.0	Z4M	F
Tests Performed at Labs / Sites							
TP	Quest Diagnostics-Tampa 4225 E Fowler Ave Tampa, FL 33617-2026 - Weston H Rothrock MD						
Z4M	Cleveland HeartLab Inc.-Cleveland HeartLab Inc. 6701 Carnegie Ave, Suite 500 Cleveland, OH 44103-4623 - Sami Albeiroli PhD.DABCC						
Lab Patient Name: BOERNER, STEPHEN DOB: 06/25/1985 SSN: Client:							

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Bokhari - EVERY PROVIDER NEEDS TO USE! - 5/15/2024

Copy and paste the Progress Note below:

Chief of complains: New patient

HPI:

Patient presented to clinic of psych eval . Patient just moved from Philadelphia for family business. Patient reported that the business was falling off and reported that he has huge financial crises . Patient reported he was promised full benefits but he was not get any benefits or pay. Patient hired a lawyer since December and since then he has been dealing with stress, losing jobs, dealing with family issues. Patient reported that his house was broken in during March so that was added up to stress. Wife reported since broken, patient has trouble sleeping, covering the windows, feeling unsafe. Patient reported nightmares and avoiding sleeping scaring of the nightmares but has been better since he started on Hydroxyzine. Patient reported that guy invaded his house was under influence , he pressed charges , he was in jail but he was let it go by bond, he is pressured to go to court but he does not really want to deal with more legal issues, testimony and more court since he is already dealing with lawyer regarding to his job with family business.

Previous psychiatric treatment: ADHD, Adderall

Current medication: Olmesartan-Amlodipine HCTZ 40-5-25 mg. Hydroxyzine 25 mg, Zoloft 50 mg daily

Patient denied ... (Continued: in Endnote 1)

**MUST ENTER PATIENT'S ICD CODE IN THE PROGRESS
NOTE! CLICK ON "ICD" BELOW TO ASSIGN THE CODE.**

Code	Description
F41.1	GENERALIZED ANXIETY DISORDER
F32.A	DEPRESSION, UNSPECIFIED
F43.10	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED
F90.9	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYP...

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Must checkmark at least one CPT code!

Office Visit Codes

- ☐ 99215 - Office Visit
- ✓ 99205 - New Patient Office Visit
- ☐ 99417 - Plus 15 minutes (Prolonged visit)

Psychotherapy

- ☐ 96138 - Test given, by tech or physician, first 30 minutes.
- ☐ 96132 - Evaluation of tests done by physician

◆■❄□▼❄▲

(1) Visit Date 5/15/2024 Continued:

...suicidal.

Denied any involuntary hospitalization

Psych Evaluation

ROS:

Depression: reported of tearful depressed mood with poor motivation, isolating self; feeling withdrawn; hopeless; helpless; worthless; not able to concentrate, reported sleeping issues and nightmares, reported fatigue and increased aches and pains. PHQ-9 indicates: severe

Anxiety: complains of racing thoughts, rumination of thought, constant sense of worry, difficulty sleeping, feeling distracted by worry, irritable, restless with difficulty relaxing, with c/o muscle tension. Aggravating factors include: recent situation in HPI and noises like dog barking. The patient reports a history of panic attacks, classically described: palpitations, short of breath, and experienced 5 times during life but recently more often on average. GAD-7 score: severe

Mania: reported current irritable mood; denied euphoria; increased energy; feel jumpy or wired; reported decreased need for sleep in the past; trying to do several things at once believes themselves to be super intelligent or has special ability; denied risky behavior/impulsive behavior; reported some explosivity and racing thoughts but denied social than normal.

Psychosis: Denies auditory hallucinations; visual hallucinations or paranoia but reported sensitive to noises.

OCD: Reported some trace when it comes to certain projects

ADHD: at age 23, was taking Adderall but currently not taking due increase BP and made him detach,

Eating Habits / Diet/Appetite: denied any eating disorder. Eating well

Sleep: fair with Hydroxyzine

Alcohol/Drug use: denied any abused, drinks socially

PAST PSYCH HISTORY:

Past Psych Diagnoses: ADHD

Past Medication Trials: Adderall, Xanax (for short time due to job related)

Hospitalizations: Denied

Suicidality/Self Harm: Denied

PAST MEDICAL HISTORY: Hyperlipidemia

Current Medical Issues: denied

SOCIAL HISTORY:

Childhood/Family: Born and raised in Pennsylvania, raised by parents and still together

Education: Master in engineering

Exercise: Not currently

Current Living Situation: Lives in Gulfport living with wife, and dog

Work History: Currently not employed

Legal: denied

FAMILY HISTORY: 2 sibling, he is the youngest

Psychiatric: Depression, and Alcohol use disorder (father). Anxiety and depression (mother). Eating disorder (sister) No suicidal attempts in the family but reported sister had cutting issues

Medical: pacemaker at age 17 and HTN

History of abuse: denied

History of trauma or illness: reported with family business and having pacemaker at age young age, waking up during anesthesia during pacemaker procedure

History of TBI: had knocked off his chair and got hit by umbrella

Appearance: Age-appropriate build, posture, grooming; no prominent physical abnormalities; alert; cooperative

Behavior: appropriate and cooperative, calm, normal psychomotor and movements

Speech: Normal rate; good articulation; normal volume; fluent

Mood: depressed mood, tearful

Affect: Dysthymia

Thought process: patient reported normal thought process, he is able to understand his situation and wants to participate in his treatment

Thought content: Appropriate themes that occupy the patient's thoughts; no preoccupations, illusions, ideas of

reference, hallucinations, derealization, depersonalization, delusions

Cognition: Alert to person, place, time, situation; able to focus, sustain and appropriately shift mental attention.

Insight/Judgment: Intact, aware of his situation., able to anticipate the consequences of one's behavior and make decisions to safeguard your well-being and that of others

Assessment:

Major depressed disorder

General anxiety disorder

PTSD vs Acute distress disorder

ADHD

Less suspicion of Bipolar, but it could be bipolar 2

Plan:

-Increased Zoloft to 100 mg daily

-Continue on Hydroxyzine 25 mg prn

-Start on:

Trileptal 150 mg b.i.d

Guanfacine 1 mg at bedtime

- Encourage exercise at least 30 minutes daily

-Continue on psychotherapy

- Consider EMDR and CBT

-Labs were order (CBC, CMP, THS, VIT D, lipid panel)

-Patient is in process to find cardiology to check his pacemaker, last time was checked last year

-Follow up in a month

-Interventional management recommendations:

Spravato/Ketamine therapy /TMS

-Will offer QB test next visit

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Copy and paste the Progress Note below:

Chief of complains: Follow up

HPI:

Patient is doing well over all. He is tolerating the medications. Patient still dealing with family issues but he is handling it better. His wife wants to go back to Philadelphia but he feels he has more support here in FL but at the same time he wants to please his wife which makes him anxious

Psych Evaluation

ROS:

Depression: reported of tearful depressed mood with poor motivation, isolating self; feeling withdrawn; hopeless; helpless; worthless; not able to concentrate, reported sleeping issues and nightmares, reported fatigue and increased aches and pains. PHQ-9 indicates: 12

Anxiety: complains of racing thoughts, rumination of thought, constant sense of worry, difficulty sleeping, feeling distracted by worry, irritable, restless with difficulty relaxing, with c/o muscle tension . Aggravating factors include: recent situation in HPI and noises like dog barking. The patient reports a history of panic attacks, classically described: palpitations, short of breath, and experienced 5 times during life but recently more often on average. GAD-7 score: 13

.Psychosis: Denies auditory hallucinations; visual hallucinations or paranoia but reported sensitive to noises but has been improved ... (Continued: in Endnote 1)

**MUST ENTER PATIENT'S ICD CODE IN THE PROGRESS
NOTE! CLICK ON "ICD" BELOW TO ASSIGN THE CODE.**

Code	Description
F32.A	DEPRESSION, UNSPECIFIED
F33.2	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATU...
F41.1	GENERALIZED ANXIETY DISORDER
F41.9	ANXIETY DISORDER, UNSPECIFIED
F90.9	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYP...

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Office Visit Codes

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- ☐ 99205 - New Patient Office Visit
- ☐ 99417 - Plus 15 minutes (Prolonged visit)

Psychotherapy

- ☒ 96138 - Test given, by tech or physician, first 30 minutes.
- ☐ 96132 - Evaluation of tests done by physician

◆■❄■□▼❄▲

(1) Visit Date 6/12/2024 Continued:

...

Mental exam:

Appearance: Age-appropriate build, posture, grooming; no prominent physical abnormalities; alert; cooperative

Behavior: appropriate and cooperative, calm, normal psychomotor and movements

Speech: Normal rate; good articulation; normal volume; fluent

Mood: euthymic

Affect: normal

Thought process: patient reported normal thought process, he is able to understand his situation and wants to participate in his treatment

Thought content: Appropriate themes that occupy the patient's thoughts; no preoccupations, illusions, ideas of reference, hallucinations, derealization, depersonalization, delusions

Cognition: Alert to person, place, time, situation; able to focus, sustain and appropriately shift mental attention.

Insight/Judgment: Intact, aware of his situation., able to anticipate the consequences of one's behavior and make decisions to safeguard your well-being and that of others

Assessment:

Major depressed disorder

General anxiety disorder

PTSD vs Acute distress disorder

ADHD

Less suspicion of Bipolar, but it could be bipolar 2

Medical:

Pace maker as teen due to sinus sick syndrome

Hyperlipidemia

Plan:

Continue on

-Zoloft to 100 mg daily

-Hydroxyzine 25 mg pm

- Trileptal 150 mg b.i.d

-Guanfacine 1 mg at bedtime

- Encourage exercise at least 30 minutes daily

-Continue on psychotherapy

- Consider EMDR and CBT

-Labs reviewed with the patient

-Patient is in process to find cardiology to check his pacemaker, last time was checked last year

-QB test today

-Follow up to review QB test

-Interventional management recommendations:

Spravato/Ketamine therapy /TMS

Patient Information	Specimen Information	Client Information
BOERNER, STEPHEN DOB: 06/25/1985 AGE: 38 Gender: M Phone: 215.530.0545 Patient ID: 226 Health ID: 8573033575988556	Specimen: TZ639078P Requisition: 0000020 Lab Ref #: 290215 Collected: 05/29/2024 / 11:40 EDT Received: 05/29/2024 / 21:11 EDT Reported: 05/31/2024 / 23:57 EDT	Client #: 11559113 11TL999 SAVARD, ZAINAB BOKHARI MEDICAL CONSORTIUM 716 SEMINOLE BLVD LARGO, FL 33770-3627

Test Name	In Range	Out Of Range	Reference Range	Lab
THYROID PANEL WITH TSH				
THYROID PANEL				TP
T3 UPTAKE	30		22-35 %	
T4 (THYROXINE), TOTAL		4.8 L	4.9-10.5 mcg/dL	
FREE T4 INDEX (T7)	1.4		1.4-3.8	
TSH	2.00		0.40-4.50 mIU/L	TP
COMPREHENSIVE METABOLIC PANEL				TP
GLUCOSE	88		65-99 mg/dL	
			Fasting reference interval	
UREA NITROGEN (BUN)	20		7-25 mg/dL	
CREATININE	1.02		0.60-1.26 mg/dL	
EGFR	96		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	SEE NOTE:		6-22 (calc)	
			Not Reported: BUN and Creatinine are within reference range.	
SODIUM	139		135-146 mmol/L	
POTASSIUM	5.0		3.5-5.3 mmol/L	
CHLORIDE		97 L	98-110 mmol/L	
CARBON DIOXIDE		33 H	20-32 mmol/L	
CALCIUM	9.9		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.9		6.1-8.1 g/dL	
ALBUMIN	5.0		3.6-5.1 g/dL	
GLOBULIN	2.9		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.7		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.6		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	64		36-130 U/L	
AST	36		10-40 U/L	
ALT		53 H	9-46 U/L	
CBC (INCLUDES DIFF/PLT) (REFL)				TP
WHITE BLOOD CELL COUNT	8.0		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.31		4.20-5.80 Million/uL	
HEMOGLOBIN	16.2		13.2-17.1 g/dL	
HEMATOCRIT	48.3		38.5-50.0 %	
MCV	91.0		80.0-100.0 fL	
MCH	30.5		27.0-33.0 pg	
MCHC	33.5		32.0-36.0 g/dL	
RDW	12.0		11.0-15.0 %	
PLATELET COUNT	330		140-400 Thousand/uL	
MPV	9.3		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	5080		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2000		850-3900 cells/uL	
ABSOLUTE MONOCYTES	768		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	88		15-500 cells/uL	
ABSOLUTE BASOPHILS	64		0-200 cells/uL	
NEUTROPHILS	63.5		%	
LYMPHOCYTES	25.0		%	
MONOCYTES	9.6		%	
EOSINOPHILS	1.1		%	

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Test Name	In Range	Out Of Range	Reference Range	Lab
BASOPHILS	0.8		%	

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	28 L	30-100 ng/mL	TP
Vitamin D Status 25-OH Vitamin D: Deficiency: <20 ng/mL Insufficiency: 20 - 29 ng/mL Optimal: > or = 30 ng/mL For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients >2yrs).			
For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/ educational purposes only.)			
Physician Comments:			

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Cardio IQ®

Test Name	Current		Risk/Reference Interval			Units	Historical
	Result & Risk		Optimal	Moderate			Result & Risk
	Optimal	Non-Optimal					
LIPID PANEL W/ TRIGLYCERIDES/HDL-C							
CHOLESTEROL, TOTAL			<200	N/A	>=200	mg/dL	
HDL CHOLESTEROL	61		>=40	N/A	<40	mg/dL	
TRIGLYCERIDES	135		<150	150-199	>=200	mg/dL	
LDL CHOLESTEROL			<100	100-129	>129	mg/dL (calc)	
CHOL/HDL C		3.8	<=3.5	3.6-5.0	>5.0	calc	
NON HDL CHOLESTEROL		173	<130	130-189	>=190	mg/dL (calc)	
TG/HDL C		2.2	<2.0	2.0-3.0	>3.0	calc	

For details on reference ranges please refer to the reference range/comment section of the report.

Medical Information For Healthcare Providers: If you have questions about any of the tests in our Cardio IQ offering, please call Client Services at our Quest Diagnostics-Cleveland HeartLab Cardiometabolic Center of Excellence. They can be reached at 866.358.9828, option 1 to arrange a consult with our clinical education team.

Patient Information	Specimen Information	Client Information
BOERNER, STEPHEN DOB: 06/25/1985 AGE: 38 Gender: M Patient ID: 226 Health ID: 8573033575988556	Specimen: TZ639078P Collected: 05/29/2024 / 11:40 EDT Received: 05/29/2024 / 21:11 EDT Reported: 05/31/2024 / 23:57 EDT	Client #: 11559113 SAVARD, ZAINAB

Reference Range/Comments				
Analyte Name	In Range	Out Range	Reference Range	Lab
CHOLESTEROL, TOTAL		234	<200 mg/dL	Z4M
LDL CHOLESTEROL		147	<100 mg/dL (calc)	Z4M
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with >= 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)				
NON HDL CHOLESTEROL		173	<130 mg/dL (calc)	Z4M
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.				
TG/HDL C		2.2	<2.0 calc	Z4M
CHOL/HDL C	3.8		<5.0 calc	Z4M
HDL CHOLESTEROL	61		>39 mg/dL	Z4M
TRIGLYCERIDES	135		<150 mg/dL	Z4M

PERFORMING SITE:

TP QUEST DIAGNOSTICS-TAMPA, 4225 E. FOWLER AVE, TAMPA, FL 33617-2026 Laboratory Director: WESTON H ROTHROCK, MD, CLIA: 10D0291120
Z4M CLEVELAND HEARTLAB INC, 6701 CARNEGIE AVENUE SUITE 500, CLEVELAND, OH 44103-4623 Laboratory Director: SAMI ALBEIROTI, PHD, DABCC, CLIA: 36D1032987