



Resident Face Sheet: Sandra Loehr (Full Code) MRN: 36602727-01

Unit:	STATION TWO	Preferred Name:	
Room/Bed:	07/B	Attending:	Dr. Ankit Punatar - (844) 941-3087
Status:	In House	Email:	

Admit Date:	05/05/2023 04:23 AM (latest return) 01/21/2022 08:10 PM (current)	Last Qualifying Hospital Stay:	
Admitted From:	First Methodist - Mansfield, TX (latest return) Home - Home (current)	Referral Source:	
Discharged:		Discharged To:	
Primary Discharge Diagnosis:		Discharge Reason:	
		Condition on Discharge:	

Primary Payer:	Medicaid - Molina	Previous Address:	3800 MARINA DR. LAKE WORTH, TX 76135
SSN:	554-08-0884	County:	Tarrant
Medicare A #:		Phone:	
Medicare B #:		Birth Date:	10/09/1962
Medicaid #:	738009003	Age:	61
Responsible for Self:	No	Sex:	F
Pharmacy:		Religion:	
Service Connected Disability & %:	No 0.00%	Marital Status:	Widowed
VA Claims Number:		Preferred Language:	English
Service Number:		Smoking Status:	Current every day smoker
Military Svc:		Mother's Maiden Name:	
Veteran Elig (10-5588):	No	Prev Occupation:	
Last Branch of Service:			
Last Branch of Service Dates:	-		
Race:	White	Ethnicity:	Not Hispanic, Latino/a, or Spanish origin

Insurance Information:

Insurance	Group Name	Group #	Insured's ID #	Payer Address	Payer Phone
Medicaid Therapy - Molina Health Care of TX			738009003		
Medicaid - Molina			738009003		

Additional Fields:

Advanced Directives:

Mansfield Nursing and Rehab Center (Mansfield)
1402 E. Broad St.
Mansfield, TX 76063
(817) 477-2176

Resident Face Sheet: Sandra Loehr (Full Code) MRN: 36602727-01

Unit:	STATION TWO	Preferred Name:	
Room/Bed:	07/B	Attending:	Dr. Ankit Punatar - (844) 941-3087
Status:	In House	Email:	

Directive	Copy On File?	Notes
Full Code		

Allergies:	Morphine Sulfate (MS): ()
Intolerances:	
Diagnoses:	J44.9 Chronic obstructive pulmonary disease, unspecified(Primary, Admission), L08.9 Local infection of the skin and subcutaneous tissue, unspecified, B86 Scabies, L60.1 Onycholysis, R94.6 Abnormal results of thyroid function studies, G81.94 Hemiplegia, unspecified affecting left nondominant side, F25.0 Schizoaffective disorder, bipolar type, E56.9 Vitamin deficiency, unspecified, L40.8 Other psoriasis, B37.9 Candidiasis, unspecified, R05.9 Cough, unspecified, R26.81 Unsteadiness on feet, Z91.81 History of falling, F32.A Depression, unspecified, R19.7 Diarrhea, unspecified, L20.9 Atopic dermatitis, unspecified, L29.9 Pruritus, unspecified, R27.8 Other lack of coordination, R41.841 Cognitive communication deficit, R41.9 Unspecified symptoms and signs involving cognitive functions and awareness, W19.XXXA Unspecified fall, initial encounter, S52.022A Displaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for closed fracture, M25.522 Pain in left elbow, M25.551 Pain in right hip, M62.81 Muscle weakness (generalized), N32.81 Overactive bladder, R11.0 Nausea, R26.2 Difficulty in walking, not elsewhere classified, G89.29 Other chronic pain, K21.9 Gastro-esophageal reflux disease without esophagitis, K59.00 Constipation, unspecified, E78.5 Hyperlipidemia, unspecified, F03.91 Unspecified dementia with behavioral disturbance, F33.3 Major depressive disorder, recurrent, severe with psychotic symptoms, F41.1 Generalized anxiety disorder, G47.00 Insomnia, unspecified
Alerts:	
Face Sheet Notes:	

Contacts						
Relationship	Name	Responsibilities	Call Order	Phone/Email	Address	Notes
Sister	CHARLENE WISDOM	Emergency Contact Responsible Party Primary Financial Contact Receive A/R Statement	1	Primary (620) 960-3568	6635 BRIDLE BIT TRAIL AZLE, TX 76135	

Mansfield Nursing and Rehab Center (Mansfield)
1402 E. Broad St.
Mansfield, TX 76063
(817) 477-2176

Resident Face Sheet: Sandra Loehr (Full Code) MRN: 36602727-01

Unit:	STATION TWO	Preferred Name:	
Room/Bed:	07/B	Attending:	Dr. Ankit Punatar - (844) 941-3087
Status:	In House	Email:	

Providers				
Provider Name	Type	Contact	Phone/Email	Address
Medical Director	Physician	Dr. Ankit Punatar MD	Primary (844) 941-3087 Fax (844) 593-1570 Email ankit.punatar@meridian-hp.com	4835 LBJ Freeway, Suite 900, Dallas, TX 75244
		-Attending		
	NP/PA	Monica D Johnson NP-C	Primary (844) 941-3087 Fax (844) 593-1570 Email monica.johnson@meridian-hp.com	4835 LBJ Freeway, Dallas, TX 75244
	NP/PA	Tammy Ralston NP	Primary (844) 941-3087 Fax (844) 593-1570 Email tammy.ralston@meridian-hp.com	4835 LBJ Freeway, Ste 900, Dallas, TX 75244
Senior Psych	NP/PA	Denise York-Florez AGPCNP-BC	Primary (214) 212-6251 Fax (888) 700-6860 Email dyork@spchealth.com	4425 W Airport Freeway, Irving, TX 75062
Denise York-Florez AGPCNP-BC	NP/PA	Ashley Ramos	None Listed	
		-Associated User		
Denise York-Florez AGPCNP-BC	NP/PA	Sabahat Sajid	None Listed	
		-Associated User		