

Patient Demographics

Patient Name	Sex	DOB	Address	Phone
Sohrab Shaikh	Male	5/19/1962	7090 Balmoral Forrest Rd CLIFTON VA 20124	571-275-8563 (Home) *Preferred*

Patient-Level Documents:

Scan on 8/28/2019 4:03 PM by Edwards, Donna M: IPTC (below)

Ambulatory Authorization for Claims Payment and Reviews

1. For Medicare Recipients:

I certify that the information provided to me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment of authorized Medicare benefits be made on my behalf to Inova (or its affiliates) for any services furnished to me during the applicable periods of medical care.

2. Assignment and Coordination of Insurance Benefits:

I agree to provide information regarding all health insurance benefits to which I/the patient may be entitled. I hereby assign payment(s), if any, from insurance carrier(s) health benefit plan to Inova (or its affiliates) for services rendered to the patient. I hereby authorize payments directly to Inova, including any benefits otherwise payable to me under the terms of my policy, but not to exceed the balance due to the Inova (or its affiliates) for services rendered to me during the applicable periods of medical care.

3. Unauthorized, Non-covered, or Out of Plan Services:

I understand that if my insurance carrier or administrator of benefits does not consider any service rendered a covered service or has not authorized these services, they will not pay and I agree to pay for these services. I also understand and acknowledge that in the case of out of plan/network, there may be reduced benefits and I may be required to pay a higher co-pay, deductible or co-insurance amount.

4. Authorization to Release Information:

I hereby authorize Inova to release any information acquired during the course of treatment necessary to process insurance claims and/or follow-up for healthcare operations and securing payment for services rendered.

5. Responsibility for Payment:

In my capacity as patient, legal representative or representative payee for the patient, I agree to pay all charges for which I may be legally responsible including, but not limited to health benefit deductibles, copayments, co-insurance and non-covered services. In the event my account must be placed with an attorney or collection agency to obtain payment, I agree to pay reasonable attorneys' fees and other collection costs.

6. Automobile Accident Patients - Notice regarding the assignment of medical expense benefits will be provided to you in a separate document.

By signing below, I certify I have read and understand the foregoing; have had the opportunity to ask questions and have them answered and accept the above conditions and terms; have read the notice regarding assignment of medical expense benefits for automobile accident patients, if applicable; and I agree to pay all charges for which I may be legally responsible including, but not limited to health insurance deductibles, co-payments, and non-covered. I also agree in the event my account must be placed with an attorney or collection agency to obtain payment, I will pay the reasonable attorneys' fees and other collection costs incurred by Inova. I understand and agree this document will remain in effect for my present inpatient visit and any future outpatient or physician office visits to Inova, unless specifically rescinded in writing by me.

PATIENT SIGNATURE

DATE

SIGNATURE OF RESPONSIBLE PARTY

DATE

Notice: patients are not required to execute this assignment of benefits form. If you do not execute this form, all charges are your responsibility and due at time of service.

Patient-Level Documents: (continued)

Scan on 8/28/2019 4:03 PM by Edwards, Donna M: IPTC (below)

I certify that I have been made aware of Inova Health System's **Notice of Privacy Practices** and that I have a right to receive a copy upon request. This Notice describes the type of uses and disclosures of my protected health information that might occur during my treatment, to facilitate the payment of my bills or in the performance of Inova Health System's health care operations. The Notice also describes my rights and Inova Health System's duties with respect to my protected health information. I understand that copies of the **Notice of Privacy Practices** are available in the registration areas of each facility and on Inova Health System's web site at www.inova.org. I may request that a copy be mailed to me by calling 703-204-3342.

Inova Health System reserves the right to change the privacy practices that are described in the **Notice of Privacy Practices**. I may obtain a revised **Notice of Privacy Practices** by calling the above number and requesting a revised copy be mailed to me, by asking for one at the time of my next appointment, or by accessing Inova Health System's web site listed above to view the most current version.

Shoista
SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE

Shoista Sohrab
NAME OF PATIENT OR PERSONAL REPRESENTATIVE

08/28/19
DATE

DESCRIPTION OF PERSONAL REPRESENTATIVE'S AUTHORITY

PATIENT IDENTIFICATION

**INOVA HEALTH SYSTEM
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

CAT #84496 / R032103
PKGS OF 100 MR 32-06

Scan on 8/16/2019 10:40 AM by Mitchell, Brittany (below)

Patient-Level Documents: (continued)



Shaikh, Sohrab
DOB: 05/19/1962 MRN: 04405597
Ins: 1026 AM 07/01/18 CEN: 1301725944
Prov: Shaikh, Sohrab, MD



1PMTREV

Patient Name: _____ Medical Record #: _____
Date of Service: _____ Location: _____ Account #: _____

Authorization for Claims Payment and Reviews - Ambulatory

1. For Medicare Recipients:
I certify that the information provided to me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment of authorized Medicare benefits be made on my behalf to Inova (or its affiliates) for any services furnished to me during the applicable periods of medical care.

2. Assignment and Coordination of Insurance Benefits:
I agree to provide information regarding all health insurance benefits to which I or the patient may be entitled. I hereby assign payment(s), if any, from insurance carrier(s) health benefit plan to Inova (or its affiliates) for services rendered to the patient. I hereby authorize payments directly to Inova, including any benefits otherwise payable to me under the terms of my policy, but not to exceed the balance due to the Inova (or its affiliates) for services rendered to me during the applicable periods of medical care.

3. Unauthorized, Non-covered, or Out of Plan Services:
I understand that if my insurance carrier or administrator of benefits does not consider any service rendered a covered service or has not authorized those services, they will not pay and I agree to pay for those services. I also understand and acknowledge that in the case of out of plan/network, there may be reduced benefits and I may be required to pay a higher co-pay, deductible or co-insurance amount.

4. Responsibility for Payment:
In my capacity as patient, legal representative or representative payee for the patient, I agree to pay all charges for which I may be legally responsible including, but not limited to health benefit deductibles, co-payments, co-insurance and non-covered services. In the event my account must be placed with an attorney or collection agency to obtain payment, I agree to pay reasonable attorneys' fees and other collection costs.

5. Automobile Accident Patients - Notice: regarding the assignment of medical expense benefits will be provided to you in a separate document.

By signing below, I certify I have read and understand the foregoing; have had the opportunity to ask questions and have them answered and accept the above conditions and terms. **have read the notice regarding assignment of medical expense benefits for automobile accident patients, if applicable; and I agree to pay all charges for which I may be legally responsible including, but not limited to health insurance deductibles, co-payments, and non-covered. I also agree in the event my account must be placed with an attorney or collection agency to obtain payment. I will pay the reasonable attorneys' fees and other collection costs incurred by Inova. I understand and agree this document will remain in effect for my present visit and any future outpatient or physician office visits to Inova, unless specifically rescinded in writing by me.**

PATIENT (GUARDIAN, ETC.)

RELATIONSHIP TO PATIENT (IF NOT SIGNED BY PATIENT)

WITNESS

DATE / TIME

Notice: patients are not required to execute this assignment of benefits form. If you do not execute this form, all charges will be billed to you directly instead of to your Insurance Plan.

Patient Certification

I certify that the information provided to me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment of authorized Medicare benefits be made on my behalf to Inova (or its affiliates) for any services furnished to me during the applicable periods of medical care.

Shaikh, Sohrab
DOB: 05/19/1962 MRN: 04405597
Ins: 1026 AM 07/01/18 CEN: 1301725944
Prov: Shaikh, Sohrab, MD

INOVA HEALTH SYSTEM
AUTHORIZATION FOR CLAIMS,
PAYMENT, AND REVIEWS - AMBULATORY

DATE: 07/14/2019 TIME: 2:24 AM

Electronic signature on 7/14/2019 2:24 AM - Signed
Electronic signature on 7/8/2019 2:29 PM - Signed
Electronic signature on 4/30/2018 3:41 PM - Signed

Patient-Level E-Signatures:

HIPAA Notice of Privacy - ESign - Received on 7/14/2019

Patient-Level E-Signatures: (continued)

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received Inova's **Notice of Privacy Practices** and that I have a right to receive an additional copy upon request. This Notice describes the type of uses and disclosures of my protected health information that might occur during my treatment, to facilitate the payment of my bills or in the performance of Inova's health care operations. The Notice also describes my rights and Inova's duties with respect to my protected health information. I understand that copies of the **Notice of Privacy Practices** are available in the registration areas of each facility and on Inova's web site at www.inova.org. I may request that a copy be mailed to me by calling **703-204-3342**.

Inova reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised **Notice of Privacy Practices** by calling the above number and requesting a revised copy be mailed to me, by asking for one at the time of my next appointment, or by accessing Inova's web site listed above to view the most current version.

Patient name: **Shaikh, Sohrab** DOB: **5/19/1962** MR#: **04405597**

Patient/Companion Signature:



07/14/2019 02:24 AM
Sign

Date: **7/14/2019** Time: **2:24:25 AM**

Auth for Claims & Payment - Inpatient - Patient Level - ESign - Received on 7/8/2019

Authorization for Claims, Payment, and Reviews - Inpatient

- 1. Assignment and Coordination of Insurance Benefits** - I agree to provide information regarding all group hospitalization, health maintenance organization, Workers' Compensation, automobile, and other health care benefits ("Insurance Plan(s)") to which I may be entitled. I hereby assign payment(s), if any, from my Insurance Plan(s) to Inova Health System (or its affiliate) and each of the independent contractor physicians and/or professional corporations for services rendered to me. The direct payment hereby assigned and authorized includes any Insurance Plan(s) benefits to which I am otherwise entitled, including any major medical benefits otherwise payable to me under the terms of my policy, but is not to exceed the balance due to the Inova Health System (or its affiliate), the independent contractor physicians

Patient-Level E-Signatures: (continued)

and/or professional corporations for services rendered to me during the applicable periods of medical care.

2. **Unauthorized, Non-Covered, or Out of Plan Services** - I understand if my Insurance Plan(s) does not consider this admission or any service rendered during this admission a covered service or has not authorized this service, they will not pay for this admission or the service rendered during this admission or outpatient visit. I agree to be fully responsible for payment to Inova Health System for this admission or any service if determined by my Insurance Plan(s) to be a non-covered service. I also understand and acknowledge that in the case of Out of Plan/Network services, there may be reduced benefits and I may be required to pay a larger co-payment, co-insurance or other charge. In the event my Insurance Plan(s) does not reimburse these services provided to me, I acknowledge I will be responsible for any remaining balance.
3. **Authorization to Release Substance Abuse and HIV/AIDS Information for Payment Purposes** - If applicable, I authorize Inova Health System to release my substance abuse treatment and/or HIV/AIDS related information to my Insurance Plan(s), Medicare, Medicaid, or Tricare, authorized private review entities, and/or utilization review entities acting on their behalf, the billing agents and collection agents or attorneys of Inova Health System (or its affiliates) and/or independent contractor physicians and/or professional corporations, my employer's Workers' Compensation carrier, and, as applicable, the Social Security Administration, the Centers for Medicare & Medicaid Services, the Peer Review Organization acting on the behalf of the federal government, and/or any other federal or state agency or person or entity for the purpose of satisfying payment for the services provided.. This authorization will remain in effect unless I provide Inova Health System with written notice of revocation. I understand that I may revoke this authorization at any time by providing written notification to Inova Health System; except that such revocation will not apply to the extent that disclosure has already taken place.
4. **For Medicare Recipients Only** - I certify the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment of authorized Medicare benefits be made on my behalf to the Hospital and/or independent contractors for any services furnished to me by that physician or supplier. I authorize any holder of medical information about me to release to the Centers for Medicare & Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for the related services. In the case of Medicare Part B benefits, I request payment either to myself or to the party who accepts assignment.
5. **Physicians Who Are Not Employees or Agents of Inova Health System** - I understand some of the physicians and surgeons furnishing services to me, including but not limited to, emergency department physicians, radiologists, anesthesiologists, neonatologists, physiatrists, pathologists, are independent contractors and are not employees or agents of Inova Health System. I understand I may receive separate bills for such independent physician services.
6. **Automobile Accident Patients** - Notice regarding the assignment of medical expense benefits will be provided to you in a separate document. Please initial here to indicate that you have had the opportunity to review this notice:

Initials:

Patient-Level E-Signatures: (continued)

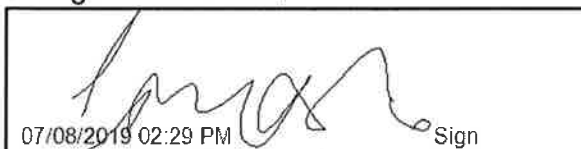
Other Important Patient Information

7. **Residents, Interns or Medical Students** - I understand residents, interns, medical students and other healthcare professional students may participate, under the supervision of an attending physician or other healthcare professional, in my care as part of the Inova Health System's education programs.
8. **No Responsibility for Personal Property** - I understand and agree Inova Health System (or its affiliates) cannot be responsible or liable for any theft of, loss of, or damage to any personal property or other possessions which are not placed in the Hospital's vault for safekeeping. I further understand and agree and authorize any such money and/or belongings not claimed within sixty (60) days of my discharge from the Hospital may be destroyed or disposed of at the Hospital's discretion and any interest or right I may have had in such money or other valuables shall cease.
9. **Patient Rights and Advance Directives** - Hospital patients have specific rights and responsibilities and a list is provided in the Patient Information Handbook and brochure provided to you. Federal and State laws also give you the right to complete an Advance Directive which allows you to select someone to make healthcare decisions for you, determine specific healthcare instructions for your care and indicate your wishes for organ donation. Information on the Inova Advance Directive policy has been provided to you at Registration.
10. **Financial Responsibility** - As a patient (or a patient's agent), I agree to be financially responsible to Inova for charges not paid by insurance. I understand this amount is due upon billing. I consent for Inova to obtain data related to my ability to pay prior to our collection attempts. I understand that Inova, its affiliates, agents or designees may contact me through various methods including the use of manual representative outbound calls and voice messages and/or automated dialing services and pre-recorded artificial voice messages, at any telephone number I provide to Inova.

By signing below, I certify I have read and understand the foregoing, have had the opportunity to ask questions and have them answered and accept the above conditions and terms; and I agree to pay all charges for which I may be legally responsible including, but not limited to health insurance deductibles, co-payments, and non-covered. I also agree in the event my account must be placed with an attorney or collection agency to obtain payment, I will pay the reasonable attorneys' fees and other collection costs incurred by Inova Health System. *I understand and agree this document will remain in effect for my present inpatient visit and any future outpatient or physician office visits to Inova Health System, unless specifically rescinded in writing by me.*

Patient Name: **Shaikh, Sohrab** DOB: **5/19/1962** MR#: **04405597**

E-Signature on file:



07/08/2019 02:29 PM Sign

Relationship to Patient:

Date: **7/8/2019** Time: **2:28:55 PM**

Notice: Patients are not required to execute this assignment of benefits form. If you do not execute

Patient-Level E-Signatures: (continued)

this form, all charges will be billed to you directly instead of to your Insurance Plan.

HIPAA Notice of Privacy - ESign - Received on 4/30/2018

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received Inova's **Notice of Privacy Practices** and that I have a right to receive an additional copy upon request. This Notice describes the type of uses and disclosures of my protected health information that might occur during my treatment, to facilitate the payment of my bills or in the performance of Inova's health care operations. The Notice also describes my rights and Inova's duties with respect to my protected health information. I understand that copies of the **Notice of Privacy Practices** are available in the registration areas of each facility and on Inova's web site at www.inova.org. I may request that a copy be mailed to me by calling **703-204-3342**.

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Patient name: **Shaikh, Sohrab**

DOB: **5/19/1962**

MR#: **04405597**

Patient/Companion Signature:



Date: **4/30/2018** Time: **3:40:44 PM**
Admission Information

Arrival Date/Time:	07/14/2019 0141	Admit Date/Time:	07/14/2019 0143	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Car	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	INOVA SERVICE AREA	Unit:	Emergency Care Ashburn Healthplex
Admit Provider:		Attending Provider:	Thomas, Daphne Gitanjali, MD	Referring Provider:	

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
07/14/2019 0522	Short Term Hospital	Inova Fairfax Hospital	None	Emergency Care Ashburn Healthplex

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
M50.121 [Principal]	Cervical disc disorder at C4-C5 level with radiculopathy				
M48.02	Spinal stenosis, cervical region				
E11.9	Type 2 diabetes mellitus without complications				
Z87.891	Personal history of nicotine dependence				

Final Diagnoses (ICD-10-CM) (continued)

Events

ED Arrival at 7/14/2019 0141

Unit: Emergency Care Ashburn Healthplex

Admission at 7/14/2019 0143

Unit: Emergency Care Ashburn Healthplex
Patient class: Emergency

Room: 07
Service: Emergency Medicine

Bed: 07

ED Roomed at 7/14/2019 0143

Unit: Emergency Care Ashburn Healthplex
Patient class: Emergency

Room: 07
Service: Emergency Medicine

Bed: 07

Discharge at 7/14/2019 0522

Unit: Emergency Care Ashburn Healthplex
Patient class: Emergency

Room: 07
Service: Emergency Medicine

Bed: 07

Discharge at 7/14/2019 0522

Unit: Emergency Care Ashburn Healthplex
Patient class: Emergency

Room: 07
Service: Emergency Medicine

Bed: 07

Allergies as of 7/14/2019

Reviewed by Kim, Hojin, RN on 7/14/2019

No Known Allergies

Medical as of 7/14/2019

Past Medical History

Diagnosis	Date	Comments	Source
Calculus of kidney [N20.0]	—	—	Provider
Diabetes mellitus [E11.9]	—	borderline	Provider

Problem List

	Noted	Resolved
Chest pain	4/30/2018 by Zhang, Liuzhi	No
Neck pain	7/10/2019 by Daltam, Sangeetha	No
Herniation of cervical intervertebral disc with radiculopathy	7/10/2019 by Nguyen, Huy Dinh, MD	No
Cervical spinal stenosis	7/9/2019 by Dounis, William A, MD	No
Overview Signed 7/12/2019 8:20 AM by Dounis, William A, MD		
Added automatically from request for surgery 1366336		
Cervical stenosis of spinal canal	7/14/2019 by Kensinger, Sierra B, PA	No
Overview Signed 7/14/2019 3:12 PM by Kensinger, Sierra B, PA		
Added automatically from request for surgery 1367403		
Abscess in epidural space of cervical spine	7/17/2019 by Hermes, Marjorie AI, MD	No
Controlled type 2 diabetes mellitus without complication, without long-term current use of insulin	7/17/2019 by Hermes, Marjorie AI, MD	No
Bacteremia due to Streptococcus	7/17/2019 by Hermes, Marjorie AI, MD	No
Urinary retention	7/18/2019 by Hermes, Marjorie AI, MD	No
Quadruparesis	7/20/2019 by Ganjei, Ali G, MD	No
Cervical spondylosis with myelopathy	8/18/2019 by Mohseni, Zahra, DNP NP	No
Muscle weakness	8/29/2019 by Garcia Veizaga, Paola, PT	No

ED Records

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
-	7/14/2019 01:41	ESI 3	Car	FAMILY MEMBER	Emergency Medicine	Emergency
Arrival Complaint						
back pain						

ED Records (continued)

ED Disposition

ED Disposition	Condition	Comment
Transfer to Another Facility		Sohrab Shaikh should be transferred out to IFH

CODE STATUS HISTORY

Code Status History

Date Active	Date Inactive	Code Status	Order ID	Comments	User	Context
7/20/2019 2044	8/2/2019 1702	Full Code	532275699		Ganjei, Ali G, MD	Inpatient
7/20/2019 2044	7/20/2019 2044	Full Code	532275663		Ganjei, Ali G, MD	Inpatient
7/14/2019 0607	7/20/2019 1643	Full Code	530929613		Nguyen, Huy Dinh, MD	Inpatient
7/10/2019 0642	7/13/2019 1912	Full Code	530127504		Nguyen, Huy Dinh, MD	Inpatient

ED Notes

ED Provider Notes by Thomas, Daphne Gitanjali, MD at 7/14/2019 2:17 AM

Author: Thomas, Daphne Gitanjali, MD
Filed: 7/14/2019 5:37 AM
Status: Signed

Service: Emergency Medicine
Date of Service: 7/14/2019 2:17 AM
Editor: Thomas, Daphne Gitanjali, MD (Physician)

Author Type: Physician
Creation Time: 7/14/2019 2:17 AM

Physician/Midlevel provider first contact with patient: 07/14/19 0200

EMERGENCY DEPARTMENT HISTORY AND PHYSICAL EXAM

Patient Name: SHAIKH, SOHRAB, 57 y.o., male
ED Provider: Daphne Thomas, M.D., FACEP

History of Presenting Illness:

Chief Complaint / History/ Onset/Duration / Quality / Severity / Aggravating Factors/Alleviating Factors/ Associated Symptoms Narrative/Additional Historical Findings: Sohrab Shaikh is a 57 y.o. male who was recently discharged from Inova Fairfax Hospital 1 day ago after a recent MRI of his C-spine revealed C4-C5, C5-C6 disc bulges causing moderate cervical spinal stenosis, left C3-C4 facet arthropathy/effusion. He subsequently had epidural injection and was discharged yesterday when he thought he was feeling better. Since discharge, he has had increased pain that now radiates into his right shoulder and down his arm. Has been taking his oxycodone, Flexeril and he has continued to be in 10 out of 10 pain and is unable to manage at home per his wife. No focal weakness, no numbness, tingling, fever, chills, or headache. Reports surgical options were discussed with him. However, he wanted to try nonsurgical options, but now does not want any additional epidural injections

Nursing notes from this date of service were reviewed.

Past Medical History:

Past Medical History:

Diagnosis

Date

- Calculus of kidney
- Diabetes mellitus
borderline

Past Surgical History:

History reviewed. No pertinent surgical history.

Family History:

Family History

Problem

Relation

Age of Onset

- Lumbar disc disease

Neg Hx

Social History:

Social History

Social History

ED Notes (continued)

ED Provider Notes by Thomas, Daphne Gitanjali, MD at 7/14/2019 2:17 AM (continued)

- Marital status: Married
- Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Social History Main Topics

- Smoking status: Former Smoker
- Smokeless tobacco: Never Used
- Alcohol use: Yes
Comment: socially
- Drug use: No
- Sexual activity: Not on file

Other Topics

- Not on file

Concern

Social History Narrative

- No narrative on file

Allergies:

No Known Allergies

Medications:

No current facility-administered medications for this encounter.

Current Outpatient Prescriptions:

- acetaminophen (TYLENOL) 325 MG tablet, Take 2 tablets (650 mg total) by mouth every 4 (four) hours as needed for Pain, Disp: , Rfl:
- cyclobenzaprine (FLEXERIL) 10 MG tablet, Take 10 mg by mouth 3 (three) times daily as needed for Muscle spasms, Disp: , Rfl:
- docusate sodium (COLACE) 100 MG capsule, Take 1 capsule (100 mg total) by mouth daily, Disp: , Rfl:
- famotidine (PEPCID) 20 MG tablet, Take 1 tablet (20 mg total) by mouth every 12 (twelve) hours, Disp: 60 tablet, Rfl: 0
- gabapentin (NEURONTIN) 100 MG capsule, Take 2 capsules (200 mg total) by mouth every 8 (eight) hours, Disp: 42 capsule, Rfl: 0
- ibuprofen (ADVIL,MOTRIN) 800 MG tablet, Take 1 tablet (800 mg total) by mouth every 8 (eight) hours as needed for Pain or Fever, Disp: 30 tablet, Rfl: 0
- lidocaine (LIDODERM) 5 %, Place 1 patch onto the skin every 24 hours Remove & Discard patch within 12 hours or as directed by MD, Disp: 6 each, Rfl: 0
- oxyCODONE-acetaminophen (PERCOCET) 5-325 MG per tablet, Take 1-2 tablets by mouth every 6 (six) hours as needed for Pain, Disp: 15 tablet, Rfl: 0
- polyethylene glycol (MIRALAX) packet, Take 17 g by mouth daily, Disp: , Rfl:

Review of Systems:

Review of Systems

Constitutional: Negative for chills and fever.

ED Notes (continued)**ED Provider Notes by Thomas, Daphne Gitanjali, MD at 7/14/2019 2:17 AM (continued)**

HENT: Negative for congestion, ear pain and sore throat.
Eyes: Negative for pain and redness.
Respiratory: Negative for cough and shortness of breath.
Cardiovascular: Negative for chest pain and palpitations.
Gastrointestinal: Positive for nausea. Negative for abdominal pain and vomiting.
Genitourinary: Negative for dysuria and frequency.
Musculoskeletal: Positive for myalgias and neck pain. Negative for back pain.
Skin: Negative for rash.
Neurological: Negative for dizziness and headaches.
Psychiatric/Behavioral: Negative for hallucinations and suicidal ideas.
All other systems reviewed and are negative.

Physical Exam:**ED Triage Vitals [07/14/19 0144]**

Enc Vitals Group

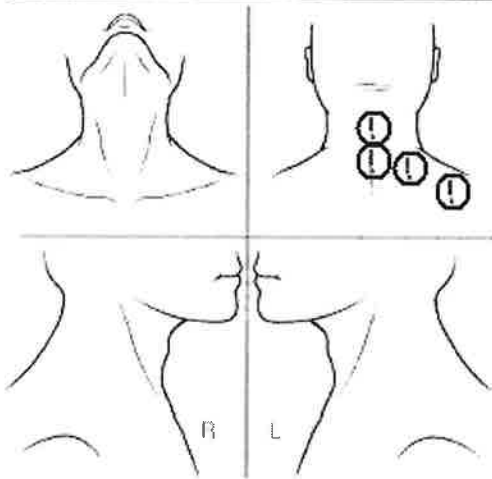
BP	138/88
Heart Rate	78
Resp Rate	18
Temp	97.8 °F (36.6 °C)
Temp Source	Temporal Art
SpO2	97 %
Weight	105.5 kg
Height	
Head Circumference	
Peak Flow	
Pain Score	10
Pain Loc	
Pain Edu?	
Excl. in GC?	

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.
HENT:
Head: Normocephalic and atraumatic.
Eyes: Pupils are equal, round, and reactive to light.
Neck: Neck supple. Spinous process tenderness and muscular tenderness present. Decreased range of motion present.

ED Notes (continued)

ED Provider Notes by Thomas, Daphne Gitanjali, MD at 7/14/2019 2:17 AM (continued)



Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal.

Abdominal: Soft. Bowel sounds are normal.

Neurological: He is alert and oriented to person, place, and time. He has normal strength. He displays no tremor. No cranial nerve deficit or sensory deficit. He displays a negative Romberg sign. He displays no seizure activity. GCS eye subscore is 4. GCS verbal subscore is 5. GCS motor subscore is 6.

Skin: Skin is warm and dry.

Psychiatric: He has a normal mood and affect. His behavior is normal.

Labs:

Labs Reviewed

CBC AND DIFFERENTIAL - Abnormal; Notable for the following:

Result	Value
WBC	15.89 (*)
Platelets	383 (*)
Neutrophils Absolute	11.54 (*)
Abs Mono Automated	1.44 (*)
Absolute Immature	0.09 (*)
Granulocyte	
All other components within normal limits	

BASIC METABOLIC PANEL - Abnormal; Notable for the following:

Glucose	197 (*)
Sodium	132 (*)
Chloride	99 (*)
CO2	21 (*)
All other components within normal limits	

GFR

Rads:

ED Notes (continued)

ED Provider Notes by Thomas, Daphne Gitanjali, MD at 7/14/2019 2:17 AM (continued)

Radiology Results (24 Hour)

**** No results found for the last 24 hours. ****

MDM and ED Course

Daphne Thomas, M.D., FACEP is the primary attending for this patient and has obtained and performed the history, PE, and medical decision making for this patient.

MDM:

DDX: Exacerbation of cervical stenosis and disc disease after discharge from Fairfax Hospital yesterday. Sitter worsening cervical stenosis.

Plan: IV pain medications and readmission to Fairfax

Patient Vitals for the past 24 hrs:

	BP	Temp	Temp src	Pulse	Resp	SpO2	Weight
07/14/19 0500	128/89	-	-	80	15	96 %	-
07/14/19 0430	(!) 137/96	-	-	78	16	96 %	-
07/14/19 0400	(!) 134/94	-	-	-	-	96 %	-
07/14/19 0330	131/84	-	-	77	16	96 %	-
07/14/19 0300	132/89	-	-	85	16	95 %	-
07/14/19 0235	-	-	-	-	-	94 %	-
07/14/19 0234	-	-	-	-	-	90 %	-
07/14/19 0230	122/80	-	-	-	-	93 %	-
07/14/19 0200	134/84	-	-	80	18	96 %	-
07/14/19 0144	138/88	97.8 °F (36.6 °C)	Temporal Art	78	18	97 %	105.5 kg

Case d/w Dr. Nguyen, who admitted him at Inova Hospital Hospital.

5:37 AM Patient transferred to Fairfax still uncomfortable the time of transfer despite pain medication.

Procedures

Nursing Notes: Reviewed and utilized available nursing notes.

Medical Records Reviewed: Reviewed available past medical records.

Counseling: The emergency provider has spoken with the patient and discussed today's findings, in addition to providing specific details for the plan of care. Questions are answered and there is agreement with the plan.

Assessment/Plan:

Results and instructions reviewed at the bedside with patient and family.

Clinical Impression

Final diagnoses:

ED Notes (continued)**ED Provider Notes by Thomas, Daphne Gitanjali, MD at 7/14/2019 2:17 AM (continued)****Herniation of cervical intervertebral disc with radiculopathy**
Cervical spinal stenosis
Neck pain

Disposition

ED Disposition

ED Disposition	Condition	Date/Time	Comment
Transfer to Another Facility		Sun Jul 14, 2019 3:11 AM	Sohrab Shaikh should be transferred out to IFH

Prescriptions

New Prescriptions

No medications on file

Amount and/or Complexity of Data Reviewed

Clinical lab tests: ordered and reviewed

Tests in the radiology section of CPT®: ordered and reviewed

Review and summarize past medical records: yes

Signed by: Daphne Gitanjali Thomas, MD, FACEP
Commonwealth Emergency Physicians
Inova Loudoun Hospital

This note was generated by the Epic EMR/DRAGON speech recognition dictation system and may contain errors not intended by the user. Random grammatical errors, pronoun errors and omissions may be a consequences of this technology due to software limitations. Not all errors are caught or corrected. If there are questions or concerns about the contents of this note, they should be addressed directly to the author of the note for clarification.

Thomas, Daphne Gitanjali, MD
07/14/19 0537

Electronically signed by Thomas, Daphne Gitanjali, MD at 7/14/2019 5:37 AM

Hospital Encounter Notes

ED Provider Notes - All Notes

ED Provider Notes by Thomas, Daphne Gitanjali, MD at 7/14/2019 2:17 AM

Author: Thomas, Daphne Gitanjali, MD
Filed: 7/14/2019 5:37 AM
Status: Signed

Service: Emergency Medicine
Date of Service: 7/14/2019 2:17 AM
Editor: Thomas, Daphne Gitanjali, MD (Physician)

Author Type: Physician
Creation Time: 7/14/2019 2:17 AM

Physician/Midlevel provider first contact with patient: 07/14/19 0200

EMERGENCY DEPARTMENT HISTORY AND PHYSICAL EXAM

Patient Name: SHAIKH, SOHRAB, 57 y.o., male
ED Provider: Daphne Thomas, M.D., FACEP

History of Presenting Illness:

Chief Complaint / History/ Onset/Duration / Quality / Severity / Aggravating Factors/Alleviating Factors/ Associated Symptoms Narrative/Additional Historical Findings: Sohrab Shaikh is a 57 y.o. male who was recently discharged from Inova Fairfax Hospital 1 day ago after a recent MRI of his C-spine revealed C4-C5, C5-C6 disc bulges causing moderate cervical spinal stenosis, left C3-C4 facet arthropathy/effusion. He subsequently had epidural injection and was discharged yesterday when he thought he was feeling better. Since discharge, he has had increased pain that now radiates into his right shoulder and down his arm. Has been taking his oxycodone, Flexeril and he has continued to be in 10 out of 10 pain and is unable to manage at home per his wife. No focal weakness, no numbness, tingling, fever, chills, or headache. Reports surgical options were discussed with him. However, he wanted to try nonsurgical options, but now does not want any additional epidural injections

Nursing notes from this date of service were reviewed.

Past Medical History:

Past Medical History:

Diagnosis	Date
• Calculus of kidney	
• Diabetes mellitus borderline	

Past Surgical History:

History reviewed. No pertinent surgical history.

Family History:

Family History

Problem	Relation	Age of Onset
• Lumbar disc disease	Neg Hx	

Social History:

Social History

Social History

ED Provider Notes - All Notes (continued)**ED Provider Notes by Thomas, Daphne Gitanjali, MD at 7/14/2019 2:17 AM (continued)**

- Marital status: Married
- Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Social History Main Topics

- Smoking status: Former Smoker
- Smokeless tobacco: Never Used
- Alcohol use: Yes
Comment: socially
- Drug use: No
- Sexual activity: Not on file

Other Topics

Concern

- Not on file

Social History Narrative

- No narrative on file

Allergies:

No Known Allergies

Medications:

No current facility-administered medications for this encounter.

Current Outpatient Prescriptions:

- acetaminophen (TYLENOL) 325 MG tablet, Take 2 tablets (650 mg total) by mouth every 4 (four) hours as needed for Pain, Disp: , Rfl:
- cyclobenzaprine (FLEXERIL) 10 MG tablet, Take 10 mg by mouth 3 (three) times daily as needed for Muscle spasms, Disp: , Rfl:
- docusate sodium (COLACE) 100 MG capsule, Take 1 capsule (100 mg total) by mouth daily, Disp: , Rfl:
- famotidine (PEPCID) 20 MG tablet, Take 1 tablet (20 mg total) by mouth every 12 (twelve) hours, Disp: 60 tablet, Rfl: 0
- gabapentin (NEURONTIN) 100 MG capsule, Take 2 capsules (200 mg total) by mouth every 8 (eight) hours, Disp: 42 capsule, Rfl: 0
- ibuprofen (ADVIL, MOTRIN) 800 MG tablet, Take 1 tablet (800 mg total) by mouth every 8 (eight) hours as needed for Pain or Fever, Disp: 30 tablet, Rfl: 0
- lidocaine (LIDODERM) 5 %, Place 1 patch onto the skin every 24 hours Remove & Discard patch within 12 hours or as directed by MD, Disp: 6 each, Rfl: 0
- oxyCODONE-acetaminophen (PERCOCET) 5-325 MG per tablet, Take 1-2 tablets by mouth every 6 (six) hours as needed for Pain, Disp: 15 tablet, Rfl: 0
- polyethylene glycol (MIRALAX) packet, Take 17 g by mouth daily, Disp: , Rfl:

Review of Systems:**Review of Systems**

Constitutional: Negative for chills and fever.

ED Provider Notes - All Notes (continued)**ED Provider Notes by Thomas, Daphne Gitanjali, MD at 7/14/2019 2:17 AM (continued)**

HENT: Negative for congestion, ear pain and sore throat.
Eyes: Negative for pain and redness.
Respiratory: Negative for cough and shortness of breath.
Cardiovascular: Negative for chest pain and palpitations.
Gastrointestinal: Positive for nausea. Negative for abdominal pain and vomiting.
Genitourinary: Negative for dysuria and frequency.
Musculoskeletal: Positive for myalgias and neck pain. Negative for back pain.
Skin: Negative for rash.
Neurological: Negative for dizziness and headaches.
Psychiatric/Behavioral: Negative for hallucinations and suicidal ideas.
All other systems reviewed and are negative.

Physical Exam:**ED Triage Vitals [07/14/19 0144]****Enc Vitals Group**

BP	138/88
Heart Rate	78
Resp Rate	18
Temp	97.8 °F (36.6 °C)
Temp Source	Temporal Art
SpO2	97 %
Weight	105.5 kg
Height	
Head Circumference	
Peak Flow	
Pain Score	10
Pain Loc	
Pain Edu?	
Excl. in GC?	

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.

HENT:

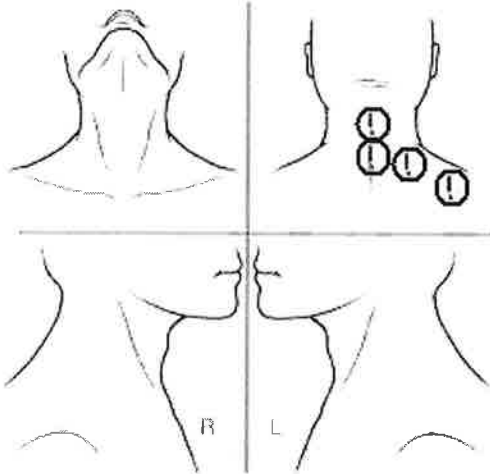
Head: Normocephalic and atraumatic.

Eyes: Pupils are equal, round, and reactive to light.

Neck: Neck supple. Spinous process tenderness and muscular tenderness present. Decreased range of motion present.

ED Provider Notes - All Notes (continued)

ED Provider Notes by Thomas, Daphne Gitanjali, MD at 7/14/2019 2:17 AM (continued)



Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal.

Abdominal: Soft. Bowel sounds are normal.

Neurological: He is alert and oriented to person, place, and time. He has normal strength. He displays no tremor. No cranial nerve deficit or sensory deficit. He displays a negative Romberg sign. He displays no seizure activity. GCS eye subscore is 4. GCS verbal subscore is 5. GCS motor subscore is 6.

Skin: Skin is warm and dry.

Psychiatric: He has a normal mood and affect. His behavior is normal.

Labs:

Labs Reviewed

CBC AND DIFFERENTIAL - Abnormal; Notable for the following:

Result	Value
WBC	15.89 (*)
Platelets	383 (*)
Neutrophils Absolute	11.54 (*)
Abs Mono Automated	1.44 (*)
Absolute Immature	0.09 (*)
Granulocyte	

All other components within normal limits

BASIC METABOLIC PANEL - Abnormal; Notable for the following:

Glucose	197 (*)
Sodium	132 (*)
Chloride	99 (*)
CO2	21 (*)

All other components within normal limits

GFR

Rads:

ED Provider Notes - All Notes (continued)

ED Provider Notes by Thomas, Daphne Gitanjali, MD at 7/14/2019 2:17 AM (continued)

Radiology Results (24 Hour)

**** No results found for the last 24 hours. ****

MDM and ED Course

Daphne Thomas, M.D., FACEP is the primary attending for this patient and has obtained and performed the history, PE, and medical decision making for this patient.

MDM:

DDX: Exacerbation of cervical stenosis and disc disease after discharge from Fairfax Hospital yesterday. Sitter worsening cervical stenosis.

Plan: IV pain medications and readmission to Fairfax

Patient Vitals for the past 24 hrs:

	BP	Temp	Temp src	Pulse	Resp	SpO2	Weight
07/14/19 0500	128/89	-	-	80	15	96 %	-
07/14/19 0430	(!) 137/96	-	-	78	16	96 %	-
07/14/19 0400	(!) 134/94	-	-	-	-	96 %	-
07/14/19 0330	131/84	-	-	77	16	96 %	-
07/14/19 0300	132/89	-	-	85	16	95 %	-
07/14/19 0235	-	-	-	-	-	94 %	-
07/14/19 0234	-	-	-	-	-	90 %	-
07/14/19 0230	122/80	-	-	-	-	93 %	-
07/14/19 0200	134/84	-	-	80	18	96 %	-
07/14/19 0144	138/88	97.8 °F (36.6 °C)	Temporal Art	78	18	97 %	105.5 kg

Case d/w Dr. Nguyen, who admitted him at Inova Hospital Hospital.

5:37 AM Patient transferred to Fairfax still uncomfortable the time of transfer despite pain medication.

Procedures

Nursing Notes: Reviewed and utilized available nursing notes.

Medical Records Reviewed: Reviewed available past medical records.

Counseling: The emergency provider has spoken with the patient and discussed today's findings, in addition to providing specific details for the plan of care. Questions are answered and there is agreement with the plan.

Assessment/Plan:

Results and instructions reviewed at the bedside with patient and family.

Clinical Impression

Final diagnoses:

ED Provider Notes - All Notes (continued)**ED Provider Notes by Thomas, Daphne Gitanjali, MD at 7/14/2019 2:17 AM (continued)**Herniation of cervical intervertebral disc with radiculopathy
Cervical spinal stenosis
Neck pain

Disposition

ED Disposition

ED Disposition	Condition	Date/Time	Comment
Transfer to Another Facility		Sun Jul 14, 2019 3:11 AM	Sohrab Shaikh should be transferred out to IFH

Prescriptions

New Prescriptions

No medications on file

Amount and/or Complexity of Data Reviewed

Clinical lab tests: ordered and reviewed

Tests in the radiology section of CPT®: ordered and reviewed

Review and summarize past medical records: yes

Signed by: Daphne Gitanjali Thomas, MD, FACEP
Commonwealth Emergency Physicians
Inova Loudoun Hospital

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Thomas, Daphne Gitanjali, MD
07/14/19 0537**Transfer of Care - All Notes****Transfer of Care filed by Provider, Generic Hpf at 7/17/2019 3:02 PM**

Transfer of Care - All Notes (continued)

Transfer of Care filed by Provider, Generic Hpf at 7/17/2019 3:02 PM (continued)

Author: Provider, Generic Hpf	Service: —	Author Type: Physician
Filed: 7/17/2019 3:02 PM	Date of Service: 7/14/2019 5:22 AM	Creation Time: 7/15/2019 8:11 PM
Status: Addendum	Editor: Interface, Hpf Incoming Document Pointers	
Related Notes: Original Note by Interface, Hpf Incoming	Document Pointers filed at 7/15/2019 8:11 PM	
Trans ID: HPF01-HPF-75351725	Dictation Time: Trans Time:	Trans Doc Type: Trans Status: Available
Scan on 7/17/2019 3:02 PM:	1	Transfer and Transport

Anesthesia Encounters

Anesthesia Encounter - Episode ID 54102195

Anesthesia General Summary

Anesthesia Summary - Shaikh, Sohrab [04405597] Male 57 y.o.

Current as of 10/26/19 1024

Height: 1.93 m (6' 4") (07/15/19)
Weight: 100.6 kg (221 lb 12.5 oz) (07/17/19)
BMI: 27.00
NPO Status: Not recorded
Allergies: No Known Allergies

Procedure Summary

Date: 07/12/19	Room / Location:
Anesthesia Start:	Anesthesia Stop:
Procedure: Pain Service Consult	Diagnosis:
Scheduled Providers:	Responsible Provider:
Anesthesia Type: Not recorded	ASA Status: Not recorded

Staff

No responsible staff documented.

Events

No anesthesia events filed.

Anesthesia History

Diabetes mellitus	Calculus of kidney
-------------------	--------------------

Facility Administered Medications

No medications found

Surgical History

LAMINECTOMY, POSTERIOR CERVICAL, DECOMPRESSION, LEVELS 3+	BLOCK, EPIDURAL STEROID / CERV-THOR
---	-------------------------------------

Prescription Medications

Within last 14 days from 10/26/19

	Last Taken	Last Updated
cefTRIAxone 2 g in sodium chloride 0.9 % 100 mL IVPB mini-bag plus	Taking	08/16/19 1040
finasteride (PROSCAR) 5 MG tablet	Taking	08/16/19 1040
finasteride (PROSCAR) 5 MG tablet	Taking	08/16/19 1040
gabapentin (NEURONTIN) 300 MG capsule	Taking	08/16/19 1040
lidocaine (LIDODERM) 5 %	Taking	08/16/19 1040
metFORMIN (GLUCOPHAGE) 850 MG tablet	Taking	08/16/19 1040
sAXagliptin HCl (ONGLYZA) 5 MG Tab	Taking	08/16/19 1040
senna-docusate (PERICOLACE) 8.6-50 MG per tablet	Taking	08/16/19 1040

Anesthesia General Summary (continued)

Prescription Medications (continued)

Within last 14 days from 10/26/19

	Last Taken	Last Updated
tamsulosin (FLOMAX) 0.4 MG Cap	Taking	08/16/19 1040
vitamins/minerals Tab	Taking	08/16/19 1040

Substance History

Smoking Status: Former Smoker
Quit Smoking:
Smokeless Tobacco Status: Never Used
Alcohol use: Yes, unspecified volume
Drug use: No

Procedure Notes

No procedure notes have been written.

Preprocedure Note

No note exists

All Postprocedure Notes

No postoperative notes have been written.

Medications

None

Signoff Status

None

Flowsheet Notes

Significant Event by Uribe, Richard, MD at 7/16/2019 6:57 PM

Version 2 of 2

Author: Uribe, Richard, MD	Service: Family Medicine	Author Type: Resident
Filed: 7/16/2019 6:59 PM	Date of Service: 7/16/2019 6:57 PM	Creation Time: 7/16/2019 6:57 PM
Status: Addendum	Editor: Uribe, Richard, MD (Resident)	
Related Notes: Original Note by Uribe, Richard, MD (Resident) filed at 7/16/2019 6:58 PM		

Discussed case with Dr. Masood (CNS Hospitalist). Patient was accidentally transferred to CNS Hospitalist team from ICU. Fairfax Family Practice will take over patient's care from this point on.

Richard Uribe, MD
Fairfax Family Practice

Signed by Uribe, Richard, MD on 7/16/2019 6:59 PM

Significant Event by Uribe, Richard, MD at 7/16/2019 6:57 PM

Version 1 of 2

Author: Uribe, Richard, MD	Service: Family Medicine	Author Type: Resident
Filed: 7/16/2019 6:58 PM	Date of Service: 7/16/2019 6:57 PM	Creation Time: 7/16/2019 6:57 PM
Status: Signed	Editor: Uribe, Richard, MD (Resident)	
Related Notes: Addendum by Uribe, Richard, MD (Resident) filed at 7/16/2019 6:59 PM		

Discussed case with Dr. Masood (CNS Hospitalist). Patient was accidentally transferred to CNS Hospitalist team from ICU. Fairfax Family Practice will take over patient's care from this point on.

Signed by Uribe, Richard, MD on 7/16/2019 6:58 PM

Significant Event by Nguyen, Huy Dinh, MD at 7/14/2019 10:45 PM

Version 1 of 1

Author: Nguyen, Huy Dinh, MD	Service: Internal Medicine	Author Type: Physician
Filed: 7/14/2019 10:51 PM	Date of Service: 7/14/2019 10:45 PM	Creation Time: 7/14/2019 10:45 PM
Status: Signed	Editor: Nguyen, Huy Dinh, MD (Physician)	

Called for fever this evening. Blood cultures, urinalysis, CXR ordered. Patient notes progressive weakness and numbness in arms and legs today, left worse than right.

Blood pressure 128/82, pulse (!) 108, temperature (!) 102.8 °F (39.3 °C), resp. rate 22, height 1.867 m (6' 1.5"), weight 105 kg (231 lb 7.7 oz), SpO2 94 %.

General: somnolent, oriented x 3; moderate distress.

HEENT: periorbital, sclera anicteric oropharynx clear without lesions, mucous membranes moist

Neck: supple, no lymphadenopathy, no thyromegaly, no JVD, no carotid bruits

Cardiovascular: regular rate and rhythm, no murmurs, rubs or gallops

Lungs: clear to auscultation bilaterally, without wheezing, rhonchi, or rales

Abdomen: soft, non-tender, non-distended; no palpable masses, no hepatosplenomegaly, normoactive bowel sounds, no rebound or guarding

Extremities: no clubbing, cyanosis, or edema

Neuro: cranial nerves grossly intact, strength 4/5 right arm, 3/5 left arm, 3/5 right leg, 1/5 left leg, paresthesias left arm/leg more than right arm/leg, no paresthesias in face, follows commands 100% of the time

Skin: no rashes or lesions noted

Assessment and Plan: 57 yo male hx DM, admit 7/10-7/13 for intractable neck pain + C4-C6 lumbar stenosis + left C6-C7 facet joint inflammation s/p C7-T1 epidural injection readmitted 7/14 for intractable neck pain radiating to both arms. Now quadriparetic.

--Vancomycin, cefepime

--STAT MRI cervical spine with/without contrast

--cefepime should cover left basilar opacity/effusion

--Prior MRI showed no evidence of discitis

--Discussed with neurosurgery and neuro-MCCS

Signed by Nguyen, Huy Dinh, MD on 7/14/2019 10:51 PM

Flowsheet Notes (continued)

Significant Event by Nguyen, Huy Dinh, MD at 7/14/2019 10:45 PM (continued)

Version 1 of 1

Intraprocedure Grid/Graph

No data available

Implant Information

Implants

No active implants to display in this view.

Anesthesia Post-OP

No notes of this type exist for this encounter.

ADT Orders

ADT Orders

No orders found for this encounter

No orders and results found

Lab

CBC with differential [530682717]

Electronically signed by: Thomas, Daphne Gitanjali, MD on 07/14/19 0217

Ordering user: Thomas, Daphne Gitanjali, MD 07/14/19 0217

Authorized by: Thomas, Daphne Gitanjali, MD

Frequency: Once 07/14/19 0218 - 1 occurrence

Ordering provider: Thomas, Daphne Gitanjali, MD

Status: Completed

CBC with differential [530682721]

Electronically signed by: Thomas, Daphne Gitanjali, MD on 07/14/19 0217

Ordering user: Thomas, Daphne Gitanjali, MD 07/14/19 0217

Authorized by: Thomas, Daphne Gitanjali, MD

Ordering provider: Thomas, Daphne Gitanjali, MD

Status: Completed

CBC with differential (Abnormal)

Result status: Final result

Order status: Completed

Resulting lab: EC HEALTHPLEX ASHBURN

Specimen Collection

Type	Source	Collected On
Blood	Blood	07/14/19 0226

Components

Component	Value	Reference Range	Flag	Lab
WBC	15.89	3.10 - 9.50 x10 ³ /uL	H	EC ASHBURN
Hgb	14.5	12.5 - 17.1 g/dL	—	EC ASHBURN
Hematocrit	42.5	37.6 - 49.6 %	—	EC ASHBURN
Platelets	383	142 - 346 x10 ³ /uL	H	EC ASHBURN
RBC	5.00	4.20 - 5.90 x10 ⁶ /uL	—	EC ASHBURN
MCV	85.0	78.0 - 96.0 fL	—	EC ASHBURN
MCH	29.0	25.1 - 33.5 pg	—	EC ASHBURN
MCHC	34.1	31.5 - 35.8 g/dL	—	EC ASHBURN
RDW	13	11 - 15 %	—	EC ASHBURN
MPV	9.1	8.9 - 12.5 fL	—	EC ASHBURN
Neutrophils	72.5	None %	—	EC ASHBURN
Lymphocytes Automated	17.4	None %	—	EC ASHBURN
Monocytes	9.1	None %	—	EC ASHBURN
Eosinophils Automated	0.3	None %	—	EC ASHBURN
Basophils Automated	0.1	None %	—	EC ASHBURN
Immature Granulocyte	0.6	None %	—	EC ASHBURN
Nucleated RBC	0.0	0.0 - 0.0 /100 WBC	—	EC ASHBURN
Neutrophils Absolute	11.54	1.10 - 6.33 x10 ³ /uL	H	EC ASHBURN
Abs Lymph Automated	2.76	0.42 - 3.22 x10 ³ /uL	—	EC ASHBURN
Abs Mono Automated	1.44	0.21 - 0.85 x10 ³ /uL	H	EC ASHBURN
Abs Eos Automated	0.04	0.00 - 0.44 x10 ³ /uL	—	EC ASHBURN
Absolute Baso Automated	0.02	0.00 - 0.08 x10 ³ /uL	—	EC ASHBURN
Absolute Immature Granulocyte	0.09	0.00 - 0.07 x10 ³ /uL	H	EC ASHBURN

Lab (continued)

CBC with differential [530682717] (continued)

Absolute NRBC	0.00	0.00 - 0.00 x10 ³ /uL	—	EC ASHBURN
---------------	------	----------------------------------	---	------------

Basic Metabolic Panel [530682718]

Electronically signed by: **Thomas, Daphne Gitanjali, MD on 07/14/19 0217**

Status: **Completed**

Ordering user: Thomas, Daphne Gitanjali, MD 07/14/19 0217

Ordering provider: Thomas, Daphne Gitanjali, MD

Authorized by: Thomas, Daphne Gitanjali, MD

Frequency: Once 07/14/19 0218 - 1 occurrence

Basic Metabolic Panel [530682722]

Electronically signed by: **Thomas, Daphne Gitanjali, MD on 07/14/19 0217**

Status: **Completed**

Ordering user: Thomas, Daphne Gitanjali, MD 07/14/19 0217

Ordering provider: Thomas, Daphne Gitanjali, MD

Authorized by: Thomas, Daphne Gitanjali, MD

Basic Metabolic Panel (Abnormal)

Result status: Final result

Order status: Completed

Resulting lab: EC HEALTHPLEX ASHBURN

Specimen Collection

Type	Source	Collected On
Blood	—	07/14/19 0226

Components

Component	Value	Reference Range	Flag	Lab
Glucose	197	70 - 100 mg/dL	H	EC ASHBURN
Comment: ADA guidelines for diabetes mellitus: Fasting: Equal to or greater than 126 mg/dL Random: Equal to or greater than 200 mg/dL				
BUN	22.0	9.0 - 28.0 mg/dL	—	EC ASHBURN
Creatinine	0.8	0.7 - 1.3 mg/dL	—	EC ASHBURN
Calcium	9.4	8.5 - 10.5 mg/dL	—	EC ASHBURN
Sodium	132	136 - 145 mEq/L	⚡	EC ASHBURN
Potassium	4.0	3.5 - 5.1 mEq/L	—	EC ASHBURN
Chloride	99	100 - 111 mEq/L	⚡	EC ASHBURN
CO2	21	22 - 29 mEq/L	⚡	EC ASHBURN
Anion Gap	12.0	5.0 - 15.0	—	EC ASHBURN

GFR [530682726]

Electronically signed by: **Interface, Lab In Hlseven on 07/14/19 0217**

Status: **Completed**

Ordering user: Interface, Lab In Hlseven 07/14/19 0217

Ordering provider: Thomas, Daphne Gitanjali, MD

Authorized by: Thomas, Daphne Gitanjali, MD

Frequency: Once 07/14/19 0217 - 1 occurrence

GFR [530682727]

Electronically signed by: **Interface, Lab In Hlseven on 07/14/19 0217**

Status: **Completed**

Ordering user: Interface, Lab In Hlseven 07/14/19 0217

Ordering provider: Thomas, Daphne Gitanjali, MD

Authorized by: Thomas, Daphne Gitanjali, MD

GFR

Result status: Final result

Order status: Completed

Resulting lab: EC HEALTHPLEX ASHBURN

Specimen Collection

Type	Source	Collected On
—	—	07/14/19 0226

Components

Component	Value	Reference Range	Flag	Lab
EGFR	>60.0	—	—	EC ASHBURN
Comment: Disease State Reference Ranges: Chronic Kidney Disease; < 60 ml/min/1.73 sq.m Kidney Failure; < 15 ml/min/1.73 sq.m [Calculated using IDMS-Traceable MDRD equation (based on				

Lab (continued)

GFR [530682726] (continued)

gender, age and black vs. non-black race) recommended by National Kidney Disease Education Program. No data available for non-white, non-black race.]
GFR estimates are unreliable in patients with:
Rapidly changing kidney function or recent dialysis, extreme age, body size or body composition (obesity, severe malnutrition). Abnormal muscle mass (limb amputation, muscle wasting). In these patients, alternative determinations of GFR should be obtained.

Medications

morphine injection 4 mg [530929612]

Electronically signed by: **Thomas, Daphne Gitanjali, MD on 07/14/19 0437**
Ordering user: Thomas, Daphne Gitanjali, MD 07/14/19 0437
Authorized by: Thomas, Daphne Gitanjali, MD
Frequency: Once 07/14/19 0445 - 1 occurrence

Ordering provider: Thomas, Daphne Gitanjali, MD

Status: **Completed**

Questionnaire

Question

Critical Shortage Criteria for Use:

Answer

Patients in severe pain who cannot tolerate/fail oral medications

LORazepam (ATIVAN) injection 1 mg [530682723]

Electronically signed by: **Thomas, Daphne Gitanjali, MD on 07/14/19 0218**
Ordering user: Thomas, Daphne Gitanjali, MD 07/14/19 0218
Authorized by: Thomas, Daphne Gitanjali, MD
Frequency: Once 07/14/19 0230 - 1 occurrence

Ordering provider: Thomas, Daphne Gitanjali, MD

Status: **Completed**

fentaNYL (PF) (SUBLIMAZE) injection 100 mcg [530682724]

Electronically signed by: **Thomas, Daphne Gitanjali, MD on 07/14/19 0218**
Ordering user: Thomas, Daphne Gitanjali, MD 07/14/19 0218
Authorized by: Thomas, Daphne Gitanjali, MD
Frequency: Once 07/14/19 0230 - 1 occurrence

Ordering provider: Thomas, Daphne Gitanjali, MD

Status: **Completed**

ondansetron (ZOFTRAN) injection 4 mg [530682725]

Electronically signed by: **Thomas, Daphne Gitanjali, MD on 07/14/19 0218**
Ordering user: Thomas, Daphne Gitanjali, MD 07/14/19 0218
Authorized by: Thomas, Daphne Gitanjali, MD
Frequency: Once 07/14/19 0230 - 1 occurrence

Ordering provider: Thomas, Daphne Gitanjali, MD

Status: **Completed**

sodium chloride 0.9 % bolus 500 mL [530682719]

Electronically signed by: **Thomas, Daphne Gitanjali, MD on 07/14/19 0217**
Ordering user: Thomas, Daphne Gitanjali, MD 07/14/19 0217
Authorized by: Thomas, Daphne Gitanjali, MD
Frequency: Once 07/14/19 0230 - 1 occurrence

Ordering provider: Thomas, Daphne Gitanjali, MD

Status: **Completed**

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
175 - EC ASHBURN	EC HEALTHPLEX ASHBURN	Unknown	22505 Landmark Court Ashburn VA 20148	09/16/15 1626 - Present

IV

Saline lock IV [530682716]

Electronically signed by: **Thomas, Daphne Gitanjali, MD on 07/14/19 0217**
Ordering user: Thomas, Daphne Gitanjali, MD 07/14/19 0217
Authorized by: Thomas, Daphne Gitanjali, MD
Frequency: Once 07/14/19 0218 - 1 occurrence

Ordering provider: Thomas, Daphne Gitanjali, MD

Status: **Completed**

IV (continued)

Saline lock IV [530682716] (continued)

Procedure Notes

No notes of this type exist for this encounter.

Medications

All Meds and Administrations

Medications (continued)

All Meds and Administrations (continued)

sodium chloride 0.9 % bolus 500 mL [530682719]

Ordering Provider: Thomas, Daphne Gitanjali, MD
Ordered On: 07/14/19 0217
Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 07/14/19 0230 - 07/14/19 0351
Route: Intravenous
Rate/Duration: 500 mL/hr / 60 Minutes

Line	Med Link Info	Comment
Peripheral IV 07/14/19 Right Antecubital	07/14/19 0235 by Parsons, Stephani, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
07/14/19 0351	Stopped	0 mL 0 mL/hr —	Intravenous	Performed by: Parsons, Stephani, RN
07/14/19 0224	New Bag	500 mL 500 mL/hr 60 Minutes	Intravenous	Performed by: Parsons, Stephani, RN

LORazepam (ATIVAN) injection 1 mg [530682723]

Ordering Provider: Thomas, Daphne Gitanjali, MD
Ordered On: 07/14/19 0218
Dose (Remaining/Total): 1 mg (0/1)
Frequency: Once
Admin Instructions: Dilute with equal parts of normal saline prior to IV push

Status: Completed (Past End Date/Time)
Starts/Ends: 07/14/19 0230 - 07/14/19 0224
Route: Intravenous
Rate/Duration: — / —
Caution: Irritant/Vesicant

Line	Med Link Info	Comment
Peripheral IV 07/14/19 Right Antecubital	07/14/19 0235 by Parsons, Stephani, RN	—

Timestamps	Action	Dose	Route	Other Information
07/14/19 0224	Given	1 mg	Intravenous	Performed by: Parsons, Stephani, RN

fentaNYL (PF) (SUBLIMAZE) injection 100 mcg [530682724]

Ordering Provider: Thomas, Daphne Gitanjali, MD
Ordered On: 07/14/19 0218
Dose (Remaining/Total): 100 mcg (0/1)
Frequency: Once
Admin Instructions: Hold for POSS of 3 or higher. Hold for RASS of -2 or lower.

Status: Completed (Past End Date/Time)
Starts/Ends: 07/14/19 0230 - 07/14/19 0224
Route: Intravenous
Rate/Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 07/14/19 Right Antecubital	07/14/19 0235 by Parsons, Stephani, RN	—

Timestamps	Action	Dose	Route	Other Information
07/14/19 0224	Given	100 mcg	Intravenous	Performed by: Parsons, Stephani, RN

ondansetron (ZOFTRAN) injection 4 mg [530682725]

Ordering Provider: Thomas, Daphne Gitanjali, MD
Ordered On: 07/14/19 0218
Dose (Remaining/Total): 4 mg (0/1)
Frequency: Once
Admin Instructions: Give slow IV push undiluted over 2-5 minutes.

Status: Completed (Past End Date/Time)
Starts/Ends: 07/14/19 0230 - 07/14/19 0224
Route: Intravenous
Rate/Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 07/14/19 Right Antecubital	07/14/19 0235 by Parsons, Stephani, RN	—

Timestamps	Action	Dose	Route	Other Information
07/14/19 0224	Given	4 mg	Intravenous	Performed by: Parsons, Stephani, RN

Medications (continued)

All Meds and Administrations (continued)

morphine injection 4 mg [530929612]

Ordering Provider: Thomas, Daphne Gitanjali, MD
Ordered On: 07/14/19 0437
Dose (Remaining/Total): 4 mg (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 07/14/19 0445 - 07/14/19 0441
Route: Intravenous
Rate/Duration: — / —

Question	Answer	Comment
Critical Shortage Criteria for Use::	Patients in severe pain who cannot tolerate/fail oral medications	—

Line	Med Link Info	Comment
Peripheral IV 07/14/19 Right Antecubital	07/14/19 0441 by Parsons, Stephani, RN	—

Timestamps	Action	Dose	Route	Other Information
07/14/19 0441	Given	4 mg	Intravenous	Performed by: Parsons, Stephani, RN

Discharge Instructions

Shaikh, Sohrab (MR # 04405597)

None

Scanned Documents

Encounter-Level Documents - 07/14/2019:

Scan on 7/17/2019 3:02 PM: (below)

Scanned Documents (continued)

Encounter-Level Documents - 07/14/2019: (continued)

07/14/2019 03:40

(FAX)

P.005/006



1TRAHED

Must complete all sections on both pages unless otherwise indicated.

Date of Transfer 7/14/19

1. Patient's Name SHAIKH, SOHRAB
(Last, First, Middle Initial)

Medical Record Number 04405597

2. Reasonable Foreseeable RISKS and BENEFITS of transfer:

RISKS

- ☐ Chest Pain
- ☐ Arrhythmia
- ☐ Shortness of Breath
- ☐ Pulse and Blood Pressure Problems
- ☐ Neurologic Deterioration
- ☐ Active Labor
- ☒ Other INCREASE IN PAIN

BENEFITS

- ☐ Cardiac Catheterization (Not offered at LHC)
- ☐ Neurosurgical Evaluation
- ☐ NICU care
- ☐ Specialized Prenatal Care
- ☐ Obtain Procedure Not Offered At LHC
- ☒ Other MD @ FFX
- ☐ Other

In addition, all transfers have inherent RISKS of traffic delays, accidents, inclement weather, rough terrain, or turbulence, the limitations of equipment and personnel present in the vehicle, and/or further deterioration of your current medical condition.

☐ Emergency Medical Condition exists, patient has been stabilized within the facilities capabilities.

☒ No Emergency Medical Condition exists at the time of this transfer.

Physician's Name DAPHNE THOMAS
Physician's Signature [Signature]
Date 7/14/19 Time 0314

T.O. Received by _____ RN
Date _____ Time _____

3. Basis for Transfer (Complete A or B)

A. PHYSICIAN'S CERTIFICATION

PHYSICIAN SECTION

I hereby certify that based upon the information available to me at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical care at another medical facility outweigh the increased risk to the individual, and in the case of labor, to the unborn child, of this transfer.

Physician's Name DAPHNE THOMAS
Physician's Signature [Signature]
Date 7/14/19 Time 0314

T.O. Received by _____ RN
Date _____ Time _____

PATIENT SECTION

I acknowledge that I have been offered the opportunity to transfer to another medical facility. The benefits and risks of transfer have been explained to me as stated above. In the opinion of the physician responsible for my care, the benefits of transfer outweigh the risks of transfer. Having considered these risks and benefits, I do hereby:

☒ CONSENT TO TRANSFER

Signature of Patient or Responsible Party [Signature]
Date 7/14/19 Time 0400

☐ REFUSE TRANSFER

Signature of Patient or Responsible Party _____
Date _____ Time _____

B. PATIENT INITIATED REQUEST FOR TRANSFER

I hereby request upon my own suggestion and not that of the physician or Loudoun Hospital Center that I be transferred to another medical facility. In doing so, I acknowledge that:

1. I have been informed of the hospital's obligation to provide medical examination and treatment to stabilize an emergency medical condition; which, in the case of pregnancy, with contractions present, includes the delivery of the baby and placenta;

-and-

2. A physician has informed me of the risk of transfer as stated on this form.

Signature of Patient or Responsible Party _____

Date _____ Time _____



INOVA LOUDOUN
HOSPITAL

Leesburg, Virginia 20176

PATIENT TRANSFER

Page 1 of 2

NU1001 (10/07)

WHITE -- Medical Record

YELLOW -- Receiving Facility

PATIENT LABEL

SHAIKH, SOHRAB

DOB: 5/19/1962 MRN: 04405597
67 y.o. Male CEN: 13101280814
Adm: 7/14/2019 IAA



Scanned Documents (continued)

Encounter-Level Documents - 07/14/2019: (continued)

07/14/2019 03:41

(FAX)

P.006/006

Originating Physician THOMAS Telephone Number 571-612-6400
Receiving Facility INOVA FAIRFAX HOSPITAL Unit NORTH TOWER Telephone Number 632
Accepting Physician NGUYEN Telephone Number _____

RECEIVING FACILITY CONFIRMATION

☒ Available Space ☒ Qualified Personnel ☒ Acceptance of Patient

Contact Person Confirming for Receiving Facility Ashley, RN Telephone Number 703-776-2609
Date and Time of Contact 7/14/19 0407

TRANSFER ARRANGEMENTS

Mode of Transport ☒ Ambulance ☐ Helicopter ☐ Other _____

Name of Transporting Person or Organization PTS

Personnel to Accompany Patient (Choose all that apply) ☐ ACLS ☒ BLS ☐ MD ☐ RN ☐ LPN ☐ Other _____

Equipment Needed for Transport ☐ C/R Monitor ☐ IV Pump ☐ O₂ ☐ Pulse Oximeter ☐ Other _____

DOCUMENTS TO ACCOMPANY PATIENT

☒ Copies of all medical records relating to emergency condition including observations, preliminary diagnosis, treatment provided, and test results.
☒ Copy of Patient Transfer Form
☐ Other: _____

Name/address of any on-call physician whose services were required but who after notification refused or failed to appear within a reasonable time, as a result of which the transferring physician has determined that without the services of the on-call physician, the benefits of transfer outweigh the risks of transfer.

Name of On-Call Physician _____

Address _____

Signature of Person Completing This Form Laura Hampson Date 7/14/19 Time 0400

PATIENT LABEL



Leesburg, Virginia 20176

PATIENT TRANSFER

Page 2 of 2

NU1001 (10/07)

WHITE -- Medical Record

YELLOW -- Receiving Facility



Scanned Documents (continued)

Encounter-Level Documents - 07/14/2019: (continued)



1TRAHED

Must complete all sections on both pages unless otherwise indicated.

Date of Transfer 7/14/19

1. Patient's Name SHAIKH, SOHRAB
(Last, First, Middle Initial)

Medical Record Number 04405597

2. Reasonable Foreseeable RISKS and BENEFITS of transfer:

RISKS

- ☐ Chest Pain
- ☐ Arrhythmia
- ☐ Shortness of Breath
- ☐ Pulse and Blood Pressure Problems
- ☐ Neurologic Deterioration
- ☐ Active Labor
- ☒ Other INCREASE IN PAIN

BENEFITS

- ☐ Cardiac Catheterization (Not offered at LHC)
- ☐ Neurosurgical Evaluation
- ☐ NICU care
- ☐ Specialized Prenatal Care
- ☐ Obtain Procedure Not Offered At LHC
- ☒ Other MD @ FFX
- ☐ Other

In addition, all transfers have inherent RISKS of traffic delays, accidents, inclement weather, rough terrain, or turbulence, the limitations of equipment and personnel present in the vehicle, and/or further deterioration of your current medical condition.

☐ Emergency Medical Condition exists, patient has been stabilized within the facilities capabilities.

☒ No Emergency Medical Condition exists at the time of this transfer.

Physician's Name DAPHNE THOMAS
Physician's Signature [Signature]
Date 7/14/19 Time 0814

T.O. Received by _____ RN
Date _____ Time _____

3. Basis for Transfer (Complete A or B)

A. PHYSICIAN'S CERTIFICATION

PHYSICIAN SECTION

I hereby certify that based upon the information available to me at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical care at another medical facility outweigh the increased risk to the individual, and in the case of labor, to the unborn child, of this transfer.

Physician's Name DAPHNE THOMAS
Physician's Signature [Signature]
Date 7/14/19 Time 0814

T.O. Received by _____ RN
Date _____ Time _____

PATIENT SECTION

I acknowledge that I have been offered the opportunity to transfer to another medical facility. The benefits and risks of transfer have been explained to me as stated above. In the opinion of the physician responsible for my care, the benefits of transfer outweigh the risks of transfer. Having considered these risks and benefits, I do hereby:

☒ **CONSENT TO TRANSFER**

Signature of Patient or Responsible Party [Signature]
Date 7/14/19 Time 0400

☐ **REFUSE TRANSFER**

Signature of Patient or Responsible Party _____
Date _____ Time _____

B. PATIENT INITIATED REQUEST FOR TRANSFER

I hereby request upon my own suggestion and not that of the physician or Loudoun Hospital Center that I be transferred to another medical facility. In doing so, I acknowledge that:

1. I have been informed of the hospital's obligation to provide medical examination and treatment to stabilize an emergency medical condition; which, in the case of pregnancy, with contractions present, includes the delivery of the baby and placenta;

-and-

2. A physician has informed me of the risk of transfer as stated on this form.

Signature of Patient or Responsible Party _____ Date _____ Time _____



INOVA LOUDOUN
HOSPITAL

Leesburg, Virginia 20176

PATIENT TRANSFER

Page 1 of 2

NU1001 (10/97)

WHITE -- Medical Record

YELLOW -- Receiving Facility

SHAikh, SOHRAB
DOB: 5/19/1962 MRN: 04405597
57 y.o. Male CSN: 13101280814
Adm: 7/14/2019 IAA



Scanned Documents (continued)

Encounter-Level Documents - 07/14/2019: (continued)

Originating Physician THOMAS Telephone Number 571-612-6400
Receiving Facility INOVA FAIRFAX HOSPITAL Unit NORTH TOWER 632 Telephone Number _____
Accepting Physician NGUYEN Telephone Number _____

RECEIVING FACILITY CONFIRMATION

☒ Available Space ☒ Qualified Personnel ☒ Acceptance of Patient

Contact Person Confirming for Receiving Facility Ashley, RN Telephone Number 703-776-2609
Date and Time of Contact 7/14/19 0407

TRANSFER ARRANGEMENTS

Mode of Transport ☒ Ambulance ☐ Helicopter ☐ Other _____
Name of Transporting Person or Organization PTS
Personnel to Accompany Patient (Choose all that apply) ☐ ACLS ☒ BLS ☐ MD ☐ RN ☐ LPN ☐ Other _____
Equipment Needed for Transport ☐ C/R Monitor ☐ IV Pump ☐ O2 ☐ Pulse Oximeter ☐ Other _____

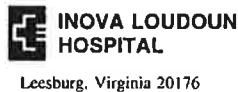
DOCUMENTS TO ACCOMPANY PATIENT

☒ Copies of all medical records relating to emergency condition including observations, preliminary diagnosis, treatment provided, and test results.
☒ Copy of Patient Transfer Form
☐ Other: _____

Name/address of any on-call physician whose services were required but who after notification refused or failed to appear within a reasonable time, as a result of which the transferring physician has determined that without the services of the on-call physician, the benefits of transfer outweigh the risks of transfer.

Name of On-Call Physician _____
Address _____

Signature of Person Completing This Form Lara Hampson Date 7/14/19 Time 0400



PATIENT TRANSFER

Page 2 of 2

NU1001 (10/07)

WHITE -- Medical Record

YELLOW -- Receiving Facility

PATIENT LABEL



Electronic signature on 7/14/2019 2:25 AM - Signed
Electronic signature on 7/14/2019 2:25 AM - Signed

Scanned Documents (continued)

Order-Level Documents:

There are no order-level documents.

Encounter-Level E-Signatures:

Auth for Claims & Payment - Inpatient - Encounter Level - ESign - Received on 7/14/2019

Authorization for Claims, Payment, and Reviews - Inpatient

- 1. Assignment and Coordination of Insurance Benefits** - I agree to provide information regarding all group hospitalization, health maintenance organization, Workers' Compensation, automobile, and other health care benefits ("Insurance Plan(s)") to which I may be entitled. I hereby assign payment(s), if any, from my Insurance Plan(s) to Inova Health System (or its affiliate) and each of the independent contractor physicians and/or professional corporations for services rendered to me. The direct payment hereby assigned and authorized includes any Insurance Plan(s) benefits to which I am otherwise entitled, including any major medical benefits otherwise payable to me under the terms of my policy, but is not to exceed the balance due to the Inova Health System (or its affiliate), the independent contractor physicians and/or professional corporations for services rendered to me during the applicable periods of medical care.
- 2. Unauthorized, Non-Covered, or Out of Plan Services** - I understand if my Insurance Plan(s) does not consider this admission or any service rendered during this admission a covered service or has not authorized this service, they will not pay for this admission or the service rendered during this admission or outpatient visit. I agree to be fully responsible for payment to Inova Health System for this admission or any service if determined by my Insurance Plan(s) to be a non-covered service. I also understand and acknowledge that in the case of Out of Plan/Network services, there may be reduced benefits and I may be required to pay a larger co-payment, co-insurance or other charge. In the event my Insurance Plan(s) does not reimburse these services provided to me, I acknowledge I will be responsible for any remaining balance.
- 3. Authorization to Release Substance Abuse and HIV/AIDS Information for Payment Purposes** - If applicable, I authorize Inova Health System to release my substance abuse treatment and/or HIV/AIDS related information to my Insurance Plan(s), Medicare, Medicaid, or Tricare, authorized private review entities, and/or utilization review entities acting on their behalf, the billing agents and collection agents or attorneys of Inova Health System (or its affiliates) and/or independent contractor physicians and/or professional corporations, my employer's Workers' Compensation carrier, and, as applicable, the Social Security Administration, the Centers for Medicare & Medicaid Services, the Peer Review Organization acting on the behalf of the federal government, and/or any other federal or state agency or person or entity for the purpose of satisfying payment for the services provided.. This

Scanned Documents (continued)

Encounter-Level E-Signatures: (continued)

authorization will remain in effect unless I provide Inova Health System with written notice of revocation. I understand that I may revoke this authorization at any time by providing written notification to Inova Health System; except that such revocation will not apply to the extent that disclosure has already taken place.

4. **For Medicare Recipients Only** - I certify the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment of authorized Medicare benefits be made on my behalf to the Hospital and/or independent contractors for any services furnished to me by that physician or supplier. I authorize any holder of medical information about me to release to the Centers for Medicare & Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for the related services. In the case of Medicare Part B benefits, I request payment either to myself or to the party who accepts assignment.
5. **Physicians Who Are Not Employees or Agents of Inova Health System** - I understand some of the physicians and surgeons furnishing services to me, including but not limited to, emergency department physicians, radiologists, anesthesiologists, neonatologists, physiatrists, pathologists, are independent contractors and are not employees or agents of Inova Health System. I understand I may receive separate bills for such independent physician services.
6. **Automobile Accident Patients** - Notice regarding the assignment of medical expense benefits will be provided to you in a separate document. Please initial here to indicate that you have had the opportunity to review this notice:

Initials:



07/14/2019 02:24 AM

Sign

Other Important Patient Information

7. **Residents, Interns or Medical Students** - I understand residents, interns, medical students and other healthcare professional students may participate, under the supervision of an attending physician or other healthcare professional, in my care as part of the Inova Health System's education programs.
8. **No Responsibility for Personal Property** - I understand and agree Inova Health System (or its affiliates) cannot be responsible or liable for any theft of, loss of, or damage to any personal property or other possessions which are not placed in the Hospital's vault for safekeeping. I further understand and agree and authorize any such money and/or belongings not claimed within sixty (60) days of my discharge from the Hospital may be destroyed or disposed of at the Hospital's discretion and any interest or right I may have had in such money or other valuables shall cease.
9. **Patient Rights and Advance Directives** - Hospital patients have specific rights and responsibilities and a list is provided in the Patient Information Handbook and brochure

Scanned Documents (continued)

Encounter-Level E-Signatures: (continued)

provided to you. Federal and State laws also give you the right to complete an Advance Directive which allows you to select someone to make healthcare decisions for you, determine specific healthcare instructions for your care and indicate your wishes for organ donation. Information on the Inova Advance Directive policy has been provided to you at Registration.

10. **Financial Responsibility** - As a patient (or a patient's agent), I agree to be financially responsible to Inova for charges not paid by insurance. I understand this amount is due upon billing. I consent for Inova to obtain data related to my ability to pay prior to our collection attempts. I understand that Inova, its affiliates, agents or designees may contact me through various methods including the use of manual representative outbound calls and voice messages and/or automated dialing services and pre-recorded artificial voice messages, at any telephone number I provide to Inova.

By signing below, I certify I have read and understand the foregoing, have had the opportunity to ask questions and have them answered and accept the above conditions and terms; and I agree to pay all charges for which I may be legally responsible including, but not limited to health insurance deductibles, co-payments, and non-covered. I also agree in the event my account must be placed with an attorney or collection agency to obtain payment, I will pay the reasonable attorneys' fees and other collection costs incurred by Inova Health System. *I understand and agree this document will remain in effect for my present inpatient visit and any future outpatient or physician office visits to Inova Health System, unless specifically rescinded in writing by me.*

Patient Name: **Shaikh, Sohrab** DOB: **5/19/1962** MR#: **04405597**

E-Signature on file:

Relationship to Patient:

 07/14/2019 02:24 AM Sign	 07/14/2019 02:25 AM Sign
--	---

Date: **7/14/2019** Time: **2:24:42 AM**

Notice: Patients are not required to execute this assignment of benefits form. If you do not execute this form, all charges will be billed to you directly instead of to your Insurance Plan.

Directory - Opt To Be Included/Excluded - ESign - Received on 7/14/2019

Election To Be Listed In Or To Opt Out Of Facility Directory

- ☒ You may list my/the patient's name and location within the hospital in the Patient Directory.
- ☐ I request that my/the patient's name and location within the hospital not be included in the Patient Directory.

Scanned Documents (continued)

Encounter-Level E-Signatures: (continued)

Note: Choosing to opt out of the directory means that:

- If ANYONE (including family members, neighbors or friends) inquires about you (or the patient) while you/they are a patient, whether the inquiry is in person or by telephone, they will be told we have no information on a patient by your/the patient's name.
- Mail addressed to you (or the patient) will be returned and any flowers or gifts will be returned undelivered.
- Inova Health System can only control release of your information by members of its workforce. If you choose to share your information with family, neighbors or friends, Inova cannot be responsible if such individuals further share your information.

I understand that I must contact the Patient Registration Department if I wish to change my/the patient's election to be included in or to be excluded from the facility directory after admission.

I understand that any such request to change my election will take effect once I have completed a new election form, Registration has reflected the change in the applicable information systems and new census forms are printed and distributed.

Patient/Companion Signature:


07/14/2019 02:25 AM Sign

Date: 7/14/2019 Time: 2:25:07 AM

Patient Name or Personal Representative: **Shaikh, Sohrab**

Description Of Personal Representative's Authority


07/14/2019 02:25 AM Sign

Witness (print name)

Date: 7/14/2019 Time: 2:25:07 AM

Admission Information

Arrival Date/Time: 07/14/2019 0141 Admit Date/Time: 07/14/2019 0143 IP Adm. Date/Time:



LOUDOUN HOSPITAL
44045 Riverside Parkway
Leesburg VA 20176-5101
Code Status Documentation

Shaikh, Sohrab
MRN: 04405597, DOB: 5/19/1962, Sex: M
Adm: 7/14/2019, D/C: 7/14/2019

Scanned Documents (continued)

Admission Information (continued)

Admission Type:	Emergency	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Car	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	INOVA SERVICE AREA	Unit:	Emergency Care Ashburn Healthplex
Admit Provider:		Attending Provider:	Thomas, Daphne Gitanjali, MD	Referring Provider:	

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
07/14/2019 0522	Short Term Hospital	Inova Fairfax Hospital	None	Emergency Care Ashburn Healthplex

Patient Care Timeline

No data selected in time range

END OF REPORT