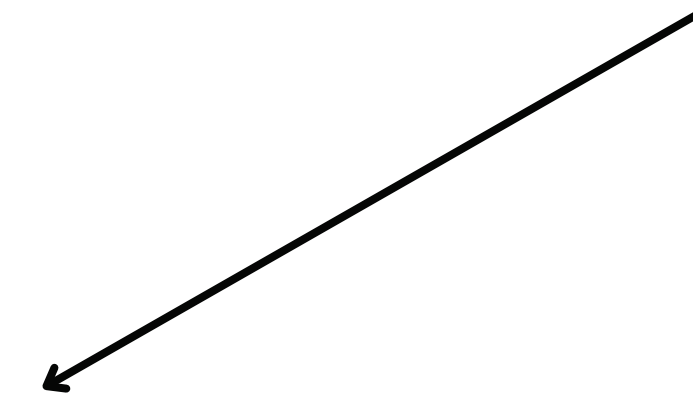
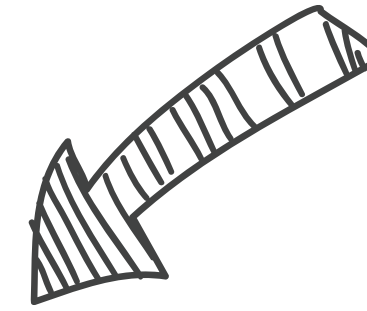


Start Date:	08/11/2023	ERIC SAVIN
End Date:	08/11/2024	06/01/1
10860 SW 88TH STREET SUITE 200, MIAMI, FL-33176-1312		
Tel: 305-595-1300 Fax: 305-275-8988		
<b>Reason For Referral:</b>		
<b>Authorization No:</b>	<b>Authorization Type:</b>	
Reason:	Left knee MRI w and w/o contrast	
Diagnosis:	M25.562 - Left knee pain	
E/M Codes:		
Procedures:	73723 - MRI JOINT LWR EXTR W/O&W/DYE	
Visits Allowed:	1	
Unit Type:	AD (ADMISSION)	
Start Date:	08/11/2023	
End Date:	08/11/2024	
Start Date:	08/11/2023	CUANDO LA RX TIENE START DATE AND END DATE, ES VALIDA HASTA LA FECHA DEL END DATE.
End Date:	08/11/2024	

\* ¡IMPORTANTE! \*



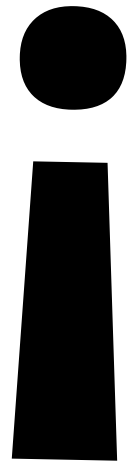


Today: 08/30/2023 11:43 AM

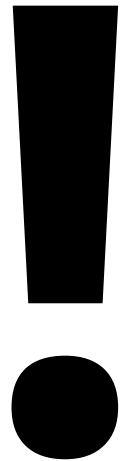
Order Date: 04/26/2023 09:49 AM

Order Form			
Luis Gada MD PA 3821 SW 107 AVE, Miami, FL, 331653640 305-226-0817 305-226-2672		Reg/Contr (CD-): 101828 Luis G. Gada, M.D. NPI: 1649238537	
Oramas, Lazara C, Female, 12/08/1947 ID: 24436 305-553-1426 2201 Sw 89 Pl, Miami, FL, US 33165		Today: 08/30/2023 11:43 AM Order Date: 04/26/2023 09:49 AM	
Primary Insurance Name: Medica Health Plan Cap Insurance Address: Medical Claim Address Po Box 30448, Salt Lake City, UT, 84130-0448 Subscriber Number: 906721008 Insured Name: Oramas, Lazara C Address: 2201 Sw 89 Pl, Miami, FL, US 33165			
Priority	Diagnostic Name	Assessment(s)	Instructions
Routine	Ultrasound: Bilateral Axillary Soft Tissue	- N83.31, Unspecified lump in axillary tail of the right breast - N83.32, Unspecified lump in axillary tail of the left breast	
Electronically Signed By: Luis G. Gada, M.D.		Signature of Patient/Guardian	
Order generated by eClinicalWorks (www.eclinicalworks.com)		Oramas, Lazara C, F, 12/08/1947	
Today: 08/30/2023 11:43 AM Order Date: 04/26/2023 09:49 AM		EN ESTOS CASOS LA RX ES VALIDA CON LA FECHA MAS RECIENTE NO IMPORTA SI ES EL TODAY DATE O EL ORDER DATE. LO IMPORTANTE ES QUE LA FECHA NO EXCEDA LOS 3 MESES PARA EL VENCIMIENTO.	

EN ESTOS CASOS LA RX ES VALIDA CON LA FECHA MAS RECIENTE NO IMPORTA SI ES EL TODAY DATE O EL ORDER DATE. LO IMPORTANTE ES QUE LA FECHA NO EXCEDA LOS 3 MESES PARA EL VENCIMIENTO.



WHEN THE AUTHORIZATION IS APPROVED, BUT THE RX IS EXPIRED, PLEASE PASS THE CASE TO THE SUPERVISOR, WHO WILL VALIDATE THE RX WITH ADMINISTRATION.



## DURABILITY OF RXS

3 MONTHS

MAMMO DX, SPOT  
MRI, MRA, CT, CTA, STRESS, NM  
X-RAY, NCV, PETS, US.

6 MONTHS

DEXA, MAMMO SCREENING,  
SLEEPS, US BREAST.

## LABS

LEVELS:  
EGFR: OVER 60  
CREATININE: DEPENDE DEL RANGO  
EN EL RESULTADO

1 MONTH

creatinine  
and  
egfr

Scott, Delvin

Patient ID: 1084141

Specimen ID: 276-489-3923-0

DOB: 10/22/1955

Age: 67

Sex: Male

Patient Report

Account Number: 09264800

Ordering Physician: J COFINO



Date Collected: 10/03/2023

Date Received: 10/04/2023

Date Reported: 10/05/2023

Fasting: Not Given

Ordered Items: UA/M w/rflx Culture, Routine; PSA (Serial Monitor)

Date Collected: 10/03/2023

UA/M w/rflx Culture, Routine

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Urinalysis Gross Exam <sup>CL</sup>				
Specific Gravity <sup>11</sup>	1.021	1.019 04/12/2023		1.005-1.030
pH <sup>12</sup>	7.0	7.5 04/12/2023		5.0-7.5
Urine-Color <sup>11</sup>	Yellow	Yellow 04/12/2023		Yellow
► Appearance <sup>01</sup>	Cloudy Abnormal	Clear 04/12/2023		Clear
WBC Esterase <sup>01</sup>	Negative	Negative 04/12/2023		Negative
Protein <sup>01</sup>	Negative	Negative 04/12/2023		Negative/Trace
Glucose <sup>01</sup>	Negative	Negative 04/12/2023		Negative
Ketones <sup>01</sup>	Negative	Negative 04/12/2023		Negative
Occult Blood <sup>01</sup>	Negative	Negative 04/12/2023		Negative
Bilirubin <sup>01</sup>	Negative	Negative 04/12/2023		Negative
Urobilinogen, Semi-Qn <sup>01</sup>	1.0	0.2 04/12/2023	mg/dL	0.2-1.0
Nitrite, Urine <sup>01</sup>	Negative	Negative 04/12/2023		Negative
Microscopic Examination <sup>01</sup>	Microscopic follows if indicated.			
Microscopic Examination <sup>01</sup>	See below: Microscopic was indicated and was performed.	See below: 04/12/2023		
WBC <sup>13</sup>	None seen	None seen 04/12/2023	/hpf	0 - 5
RBC <sup>01</sup>	0-2	0-2 04/12/2023	/hpf	0 - 2
Epithelial Cells (non renal) <sup>14</sup>	None seen	None seen 04/12/2023	/hpf	0 - 10
Casts <sup>04</sup>	None seen	None seen 04/12/2023	/lpf	None seen
Bacteria <sup>01</sup>	None seen	None seen 04/12/2023		None seen/Few
Urinalysis Reflex <sup>01</sup>	This specimen will not reflex to a Urine Culture.			

PSA (Serial Monitor)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▲ Prostate Specific Ag <sup>01</sup>	10.3 High	12.0 04/12/2023	ng/mL	0.0-4.0
Roche ECLIA methodology. According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.				

**Scott, Delvin**DOB: **10/24/1955****Patient Report**Patient ID: **1084141**Age: **68**Account Number: **09264800**Specimen ID: **348-488-1135-0**Sex: **Male**Ordering Physician: **J COFINO**Date Collected: **12/14/2023**Date Received: **12/14/2023**Date Reported: **12/15/2023**Fasting: **No**Ordered Items: **Basic Metabolic Panel (8)**Date Collected: **12/14/2023****Basic Metabolic Panel (8)**

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
<b>A</b> <b>Glucose<sup>TM</sup></b>	<b>101</b>	<b>High</b>	<b>77*</b>	<b>03/29/2022</b>	<b>mg/dL</b>	<b>70-99</b>
<b>BUN<sup>TM</sup></b>	<b>10</b>		<b>14</b>	<b>03/29/2022</b>	<b>mg/dL</b>	<b>8-27</b>
<b>Creatinine<sup>TM</sup></b>	<b>0.88</b>		<b>0.85</b>	<b>03/29/2022</b>	<b>mg/dL</b>	<b>0.76-1.27</b>
<b>eGFR</b>	<b>94</b>		<b>96</b>	<b>03/29/2022</b>	<b>ml/min/1.73</b>	<b>&gt;90</b>
<b>BUN/Creatinine Ratio</b>	<b>11</b>		<b>16</b>	<b>03/29/2022</b>		<b>10-24</b>
<b>Sodium<sup>TM</sup></b>	<b>138</b>		<b>141</b>	<b>03/29/2022</b>	<b>mmol/L</b>	<b>134-144</b>
<b>Potassium<sup>TM</sup></b>	<b>4.5</b>		<b>3.8</b>	<b>03/29/2022</b>	<b>mmol/L</b>	<b>3.5-5.2</b>
<b>Chloride<sup>TM</sup></b>	<b>101</b>		<b>104</b>	<b>03/29/2022</b>	<b>mmol/L</b>	<b>96-106</b>
<b>Carbon Dioxide, Total<sup>TM</sup></b>	<b>24</b>		<b>26</b>	<b>03/29/2022</b>	<b>mmol/L</b>	<b>20-29</b>
<b>Calcium<sup>TM</sup></b>	<b>8.8</b>		<b>9.0</b>	<b>03/29/2022</b>	<b>mg/dL</b>	<b>8.8-10.2</b>

\* Previous Reference Interval: (Glucose: 65-85 mg/dL)

**Disclaimer**

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

**Icon Legend**

**A** Out of Reference Range    **H** Critical or Alert

**Performing Labs**

01: TA - Labcorp Tampa, 5610 W LaSalle Street, Tampa, FL 33607-1770 Dir: Sean Farrier, MD

For Inquiries, the physician may contact Branch: 800-877-5227 Lab: 800-877-5227

**Patient Details****Scott, Delvin****3020 NW 174 STREET, MIAMI GARDENS, FL,  
33056**Phone: **305-953-0609**Date of Birth: **10/24/1955**Age: **68**Sex: **Male**Patient ID: **1084141**Alternate Patient ID: **1084141****Physician Details****J COFINO****ChenMed Miami Lakes****8961 NW 173 RD DR, MIAMI LAKES, FL, 33015**Phone: **305-556-7500**Account Number: **09264800**

Physician ID:

NPI: **1861946733****Specimen Details**Specimen ID: **348-488-1135-0**Control ID: **50808144**Alternate Control Number: **50808144**Date Collected: **12/14/2023 1309 Local**Date Received: **12/14/2023 0000 ET**Date Entered: **12/14/2023 2118 ET**Date Reported: **12/15/2023 0810 ET**

⏮ Reply all   ▾   🗑 Delete   🚫 Junk   🛑 Block sender   ⋮

REMINDER of RX Validity = 3 MONTHS for ALL Exams

Dear Team,

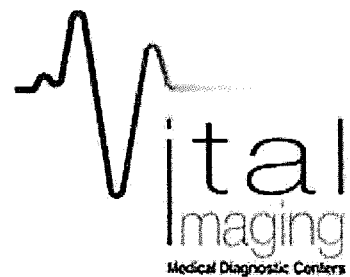
To clarify, for all purposes – RX PRESCRIPTIONS **need to be complete: DATED**, include **PT NAME/DOB/EXAM with DIAGNOSIS and SIGNED** by prescribing physician to be VALID for us to perform any type of exam.  
In addition, for the wellbeing of the patient and all auth/billing - exams should be done in a timely basis.  
Extensions were made due to the PANDEMIC, but with precautions (MASKS STILL REQUIRED) we are slowly going back to “normal”.

Please see below and advise any questions. Thank you!!

**VALIDITY of Rx**

- **3 MONTHS = ALL Rx**
- **6 MONTHS = For (*non-Emergent*) ROUTINE EXAMS**
  - Example: *Bone Density and Annual Breast Studies* - Mammo & U/S
- **1 YEAR = ONLY IF..** Specific EXAM is indicated with the FUTURE DATE
  - Example: Rx dated 04/29/2022 written for “*EXAM ‘X’ in APRIL 2023*”
  - Note: Common for Oncology as ‘Follow-Up’

Regards,



**Sonia Perez**  
Administration  
7101 SW 99 Ave Suite 106 Miami, FL 33173  
**Office:** (305) 596-9992 Ext# 298  
**Fax:** (786) 527-3216  
**Email:** [sperez@vitalimg.com](mailto:sperez@vitalimg.com)  
**Website:** [www.vitalimg.com](http://www.vitalimg.com)



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