

Lonnie Stanton: Patient Information
Patient Record Number:2787

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texas-housecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texas-housecalls.com

Name: Lonnie Stanton
External ID: 2787
DOB: 1933-06-14
Sex: Female
S.S.: 449-48-6820
User Defined: 214-356-1979
genericval1: 214-226-3050

Address: 4701 Wads Worth Dr
City: Dallas
State: Texas
Postal Code: 75216-7338
Country: USA
Emergency Phone: 214-690-9615
Home Phone: 214-226-3050
Work Phone: 214-374-0321
Mobile Phone: 214-356-1979
Street Address: 4701 Wads Worth Dr
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-01-2016.
Risk Factors: GERD.
Additional Medical History: Parkinson's disease,coronary artery disease with history of myocardial infarctaion, hypertensive heart disease..

Primary Family Med Conditions:

Last Recorded On: 10-01-2016.
Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 10-01-2016.
Tobacco: Never smoker No smoking **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular.
Developmental History: Good.
Other History: Patient lives at home and takes help of family..

Tests and Exams:

Last Recorded On: 10-01-2016.
Vitamin D (6 mo if on pills) Normal Done on 06/24/2014 MetroStat Diagnostic Services ordered by Dr. Sumana Ketha
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 06/24/2014 MetroStat Diagnostic Services ordered by Dr. Sumana Ketha
CBC Complete Blood Count (3 months) Abnormal Done on 06/24/2014 MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 06/24/2014 MetroStat
Diagnostic Services ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Normal Done on 06/24/2014 MetroStat Diagnostic Services
ordered by Dr. Sumana Ketha

Insurance:

Medicare B Texas (SMTX0)


Priority : Primary
Start Date : 1998-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 449304894D
Group Number :
Employer Name : Lonnie Stanton

Immunizations:

CPO:

Provider Id:Love-Jones Derrick



Electronically Signed by **Derrick Love-Jones** on **2016-06-08 at 17:28.**

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