

| | | | | | |
|-------------------|------------|----------------------|----------------|------------|--------------------|
| PATIENT | | FACILITY | | ENCOUNTER | |
| Brenda L Williams | | Sohail Parekh, M.D. | | NOTE TYPE | SOAP Note |
| DOB | 05/27/1954 | T | (972) 329-3500 | SEEN BY | Sohail Parekh M.D. |
| AGE | 65 yrs | F | (972) 329-3513 | DATE | 09/04/2019 |
| SEX | Female | 1601 N. Beltline Rd. | | AGE AT DOS | 65 yrs |
| PRN | WB542621 | Suite B | | Not signed | |
| | | Mesquite, TX 75149 | | | |

Chief complaint

(Appt time: 10:50 AM) (Arrival time: 11:01 AM)

Patient identifying details and demographics

| | | | | | |
|-------------|-------------|---------------|------------|----------------|----------------|
| FIRST NAME | Brenda | SEX | Female | ETHNICITY | - |
| MIDDLE NAME | L | DATE OF BIRTH | 05/27/1954 | PREF. LANGUAGE | English |
| LAST NAME | Williams | DATE OF DEATH | - | RACE | White |
| SSN | 439-96-5755 | PRN | WB542621 | STATUS | Active patient |

CONTACT INFORMATION

| | | | |
|----------------|----------------|------------------|--------------|
| ADDRESS LINE 1 | 5626 Forney Rd | CONTACT BY | - |
| ADDRESS LINE 2 | - | EMAIL | - |
| CITY | Dallas | HOME PHONE | - |
| STATE | TX | MOBILE PHONE | 214-475-2726 |
| ZIP CODE | 75227 | OFFICE PHONE | - |
| | | OFFICE EXTENSION | - |

FAMILY INFORMATION

| | | | |
|---------------------|-------------------|--------------------------------|---|
| NEXT OF KIN | Clayton Williams | PATIENT'S MOTHER'S MAIDEN NAME | - |
| RELATION TO PATIENT | Emergency contact | | |
| PHONE | 214-728-5883 | | |
| ADDRESS | - | | |

Active insurance

Inactive insurance

Payment information

| | | | |
|-------------------------------------|-------------------|------------------------|----------------|
| PAYMENT PREFERENCE | Self Pay | DATE OF BIRTH | 05/27/1954 |
| PATIENT'S RELATIONSHIP TO GUARANTOR | Self | SEX | Female |
| GUARANTOR NAME | Brenda L Williams | SOCIAL SECURITY NUMBER | 439-96-5755 |
| GUARANTOR ADDRESS | 5626 Forney Rd | PRIMARY PHONE NUMBER | (214) 475-2726 |
| | Dallas, TX 75227 | SECONDARY PHONE NUMBER | - |

Assessment

| | | | | | |
|-----------------------|------------|----------------------------|----------------|-------------------|--------------------|
| PATIENT | | FACILITY | | ENCOUNTER | |
| Melba Jegstrup | | Sohail Parekh, M.D. | | NOTE TYPE | SOAP Note |
| DOB | 12/27/1938 | T | (972) 329-3500 | SEEN BY | Sohail Parekh M.D. |
| AGE | 80 yrs | F | (972) 329-3513 | DATE | 09/04/2019 |
| SEX | Female | 1601 N. Beltline Rd. | | AGE AT DOS | 80 yrs |
| PRN | JM140655 | Suite B | | Not signed | |
| | | Mesquite, TX 75149 | | | |

Chief complaint

(Appt time: 10:40 AM) (Arrival time: 11:00 AM)

| Patient identifying details and demographics | | | | | |
|--|---------------------------|--------------------------------|--------------|----------------|----------------|
| FIRST NAME | Melba | SEX | Female | ETHNICITY | - |
| MIDDLE NAME | - | DATE OF BIRTH | 12/27/1938 | PREF. LANGUAGE | English |
| LAST NAME | Jegstrup | DATE OF DEATH | - | RACE | White |
| SSN | 442-38-6434 | PRN | JM140655 | STATUS | Active patient |
| CONTACT INFORMATION | | | | | |
| ADDRESS LINE 1 | 2902 Victorian Forest Dr. | CONTACT BY | - | | |
| | | EMAIL | - | | |
| ADDRESS LINE 2 | - | HOME PHONE | - | | |
| CITY | Dallas | MOBILE PHONE | 214-381-1327 | | |
| STATE | TX | OFFICE PHONE | - | | |
| ZIP CODE | 75227 | OFFICE EXTENSION | - | | |
| FAMILY INFORMATION | | | | | |
| NEXT OF KIN | Robert Jegstrup | PATIENT'S MOTHER'S MAIDEN NAME | - | | |
| RELATION TO PATIENT | Child | | | | |
| PHONE | 972-965-7793 | | | | |
| ADDRESS | - | | | | |

Active insurance

Inactive insurance

| Payment information | | | |
|-------------------------------------|---|------------------------|----------------|
| PAYMENT PREFERENCE | Self Pay | DATE OF BIRTH | 12/27/1938 |
| PATIENT'S RELATIONSHIP TO GUARANTOR | Self | SEX | Female |
| GUARANTOR NAME | Melba Jegstrup | SOCIAL SECURITY NUMBER | 442-38-6434 |
| GUARANTOR ADDRESS | 2902 Victorian Forest Dr. Dallas, TX 75227 | PRIMARY PHONE NUMBER | (214) 381-1327 |
| | | SECONDARY PHONE NUMBER | - |

| Assessment |
|----------------------|
| PRE-DIABETES |
| CKD STAGE II |
| ARTHRALGIA |
| VITAMIN D DEFICIENCY |
| RHEUMATOID ARTHRITIS |
| HYPERLIPIDEMIA |
| HTN |

9/5/2019

Encounter - Office Visit Date of service: 09/04/19 Patient: Melba Jegstrup DOB: 12/27/1938 PRN: JM140655

MORBID OBESITY (BMI - 35.15)

OSTEOPOROSIS

CAD

RESTLESS LEG SYNDROME

NEUROPATHY

99213

G8553

G8427

0518F

3008F

3014F

0005F

G0447

3044F

3075F

3078F

3060F

1159F

1160F

1126F

1090F



PATIENT

Carolyn Fore

DOB 12/24/1952
AGE 66 yrs
SEX Female
PRN CF981734

FACILITY

Sohail Parekh, M.D.

T (972) 329-3500
F (972) 329-3513
1601 N. Beltline Rd.
Suite B
Mesquite, TX 75149

ENCOUNTER

NOTE TYPE**SEEN BY****DATE****AGE AT DOS**

Not signed

SOAP Note

Sohail Parekh M.D.

09/04/2019

66 yrs

Chief complaint

(Appt time: 10:20 AM) (Arrival time: 9:57 AM) INR check currently taking Coumadin 5mg daily

Patient identifying details and demographics

| | | | | | |
|-------------|-------------|---------------|------------|----------------|----------------|
| FIRST NAME | Carolyn | SEX | Female | ETHNICITY | - |
| MIDDLE NAME | - | DATE OF BIRTH | 12/24/1952 | PREF. LANGUAGE | English |
| LAST NAME | Fore | DATE OF DEATH | - | RACE | White |
| SSN | 461-94-5415 | PRN | CF981734 | STATUS | Active patient |

CONTACT INFORMATION

| | | | |
|----------------|-------------------------------|---------------------|----------------------------|
| ADDRESS LINE 1 | 2510 N. Hwy 175 Trail 1023 | CONTACT BY EMAIL | - sparekh1601@gmail.com |
| ADDRESS LINE 2 | - | HOME PHONE | 972-287-7441 |
| CITY | Seagoville | MOBILE PHONE | 469-471-3880 |
| STATE | TX | OFFICE PHONE | - |
| ZIP CODE | 75159 | OFFICE EXTENSION | - |

FAMILY INFORMATION

| | | | |
|---------------------|---|--------------------------------|---|
| NEXT OF KIN | - | PATIENT'S MOTHER'S MAIDEN NAME | - |
| RELATION TO PATIENT | - | | |
| PHONE | - | | |
| ADDRESS | - | | |

Active insurance**PRIMARY PAYER**

| | | | |
|-------------------------|------------------------|------------------------|-----------|
| PAYER | AARP MEDICARE COMPLETE | INSURED ID NUMBER | 572423-01 |
| PRIORITY | Primary | GROUP NUMBER | HCFAU5 |
| TYPE | HMO | EMPLOYER NAME | - |
| RELATIONSHIP TO INSURED | Self | INSURANCE PAYMENT TYPE | Copay |
| START DATE | 06/01/2017 | PAYMENT TYPE | Fixed |
| END DATE | - | COPAY AMOUNT | - |
| | | STATUS | Active |

Inactive insurance**Payment information**

| | | | |
|--|-------------------|------------------------|---|
| PAYMENT PREFERENCE | Primary Insurance | DATE OF BIRTH | - |
| PATIENT'S RELATIONSHIP TO GUARANTOR | - | SEX | - |
| GUARANTOR NAME | - | SOCIAL SECURITY NUMBER | - |
| GUARANTOR ADDRESS | - | PRIMARY PHONE NUMBER | - |
| | | SECONDARY PHONE NUMBER | - |

Assessment



PATIENT

Sue Kennedy

DOB 09/17/1944
AGE 74 yrs
SEX Female
PRN SK62627

FACILITY

Sohail Parekh, M.D.

T (972) 329-3500
F (972) 329-3513
1601 N. Beltline Rd.
Suite B
Mesquite, TX 75149

ENCOUNTER

NOTE TYPE SOAP Note
SEEN BY Sohail Parekh M.D.
DATE 09/04/2019
AGE AT DOS 74 yrs
Not signed

Chief complaint

10 (Appt time: 11:40 AM) (Arrival time: 11:13 AM)

Patient identifying details and demographics

| | | | | | |
|-------------|-------------|---------------|------------|----------------|----------------|
| FIRST NAME | Sue | SEX | Female | ETHNICITY | - |
| MIDDLE NAME | - | DATE OF BIRTH | 09/17/1944 | PREF. LANGUAGE | English |
| LAST NAME | Kennedy | DATE OF DEATH | - | RACE | White |
| SSN | 228-62-1026 | PRN | SK62627 | STATUS | Active patient |

CONTACT INFORMATION

| | | | |
|----------------|---------------------|------------------|-----------------------|
| ADDRESS LINE 1 | 1323 Friendship Dr. | CONTACT BY | Email |
| ADDRESS LINE 2 | - | EMAIL | sparekh1601@gmail.com |
| CITY | Dallas | HOME PHONE | 972-285-2380 |
| STATE | TX | MOBILE PHONE | 469-951-2962 |
| ZIP CODE | 75217 | OFFICE PHONE | - |
| | | OFFICE EXTENSION | - |

FAMILY INFORMATION

| | | | |
|---------------------|---|--------------------------------|---|
| NEXT OF KIN | - | PATIENT'S MOTHER'S MAIDEN NAME | - |
| RELATION TO PATIENT | - | | |
| PHONE | - | | |
| ADDRESS | - | | |

Active insurance**PRIMARY PAYER**

| | | | |
|-------------------------|------------------------|------------------------|-----------|
| PAYER | AARP MEDICARE COMPLETE | INSURED ID NUMBER | 110122701 |
| PRIORITY | Primary | GROUP NUMBER | HCFAQ2 |
| TYPE | PPO | EMPLOYER NAME | - |
| RELATIONSHIP TO INSURED | Self | INSURANCE PAYMENT TYPE | Copay |
| START DATE | 01/01/2012 | PAYMENT TYPE | Fixed |
| END DATE | 12/31/9999 | COPAY AMOUNT | 5.00 |
| | | STATUS | Active |

Inactive insurance**Payment information**

| | | | |
|-------------------------------------|---|------------------------|----------------|
| PAYMENT PREFERENCE | Primary Insurance | DATE OF BIRTH | 09/17/1944 |
| PATIENT'S RELATIONSHIP TO GUARANTOR | Self | SEX | Female |
| GUARANTOR NAME | Sue Kennedy | SOCIAL SECURITY NUMBER | 228-62-1026 |
| GUARANTOR ADDRESS | 1323 Friendship Dr. Dallas, TX 75217 | PRIMARY PHONE NUMBER | (469) 951-2962 |
| | | SECONDARY PHONE NUMBER | (972) 285-2380 |

Assessment



| | | | | | |
|------------------|------------|----------------------|----------------|------------|--------------------|
| PATIENT | | FACILITY | | ENCOUNTER | |
| Cynthia A Lalone | | Sohail Parekh, M.D. | | NOTE TYPE | SOAP Note |
| DOB | 01/29/1954 | T | (972) 329-3500 | SEEN BY | Sohail Parekh M.D. |
| AGE | 65 yrs | F | (972) 329-3513 | DATE | 09/04/2019 |
| SEX | Female | 1601 N. Beltline Rd. | | AGE AT DOS | 65 yrs |
| PRN | LC552292 | Suite B | | Not signed | |
| | | Mesquite, TX 75149 | | | |

Chief complaint

(Appt time: 11:20 AM) (Arrival time: 11:13 AM)

| Patient identifying details and demographics | | | | | |
|--|--------------------|--------------------------------|----------------|----------------|----------------|
| FIRST NAME | Cynthia | SEX | Female | ETHNICITY | - |
| MIDDLE NAME | A | DATE OF BIRTH | 01/29/1954 | PREF. LANGUAGE | Achinese |
| LAST NAME | Lalone | DATE OF DEATH | - | RACE | White |
| SSN | 457-82-3134 | PRN | LC552292 | STATUS | Active patient |
| CONTACT INFORMATION | | | | | |
| ADDRESS LINE 1 | 2700 Heritage Pkwy | CONTACT BY | - | | |
| | | EMAIL | - | | |
| ADDRESS LINE 2 | - | HOME PHONE | - | | |
| CITY | Rockwall | MOBILE PHONE | 214-900-7922 | | |
| STATE | TX | OFFICE PHONE | - | | |
| ZIP CODE | 75087 | OFFICE EXTENSION | - | | |
| FAMILY INFORMATION | | | | | |
| NEXT OF KIN | Jennifer Guerrero | PATIENT'S MOTHER'S MAIDEN NAME | - | | |
| RELATION TO PATIENT | Emergency contact | | | | |
| PHONE | 214-763-3779 | | | | |
| ADDRESS | - | | | | |
| | | | | | |
| Active insurance | | | | | |
| | | | | | |
| Inactive insurance | | | | | |
| | | | | | |
| Payment information | | | | | |
| PAYMENT PREFERENCE | Self Pay | DATE OF BIRTH | 01/29/1954 | | |
| PATIENT'S RELATIONSHIP TO GUARANTOR | Self | SEX | Female | | |
| GUARANTOR NAME | Cynthia A Lalone | SOCIAL SECURITY NUMBER | 457-82-3134 | | |
| GUARANTOR ADDRESS | 2700 Heritage Pkwy | PRIMARY PHONE NUMBER | (214) 900-7922 | | |
| | Rockwall, TX 75087 | SECONDARY PHONE NUMBER | - | | |

| Assessment |
|------------------------|
| Leukocytosis |
| Hypertriglyceridemia |
| LEFT SHOULDER BURSITIS |
| HTN |
| DM TYPE II STABLE |
| DM TYPE II NEUROPATHY |
| PAD |

9/5/2019

Encounter - Office Visit Date of service: 09/04/19 Patient: Cynthia A Lalone DOB: 01/29/1954 PRN: LC552292

HYPERLIPIEDMIA

ATRIAL FIBRILLATION

VITAMIN D DEFICIENCY

H/O LEFT SHOULDER FRACTURE S/P ORIF AND REMOVED OF HARDWARE DUE TO OSTEO OF LEFT SHOULDER JOINT.

99215

Q2037

G0008

G8427

3725F

93922

G0444

G9226

95923/E11.40

G0442

0518F

4019F

3008F

G0447

3075F

3078F

1159F

1160F

1170F

1125F

0509F

1090F

1091F

