PATIENT Kenneth N Davis

06/20/1941 DOB

AGE 76 yrs SEX Male

PRN KD62727 **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 04/19/2018

AGE AT DOS 76 yrs

Not signed

Patient identifying details and demographics Kenneth

FIRST NAME MIDDLE NAME LAST NAME

SSN

Ν **Davis** 456-64-9737 DATE OF BIRTH DATE OF DEATH PRN

Male 06/20/1941

KD62727

ETHNICITY

Patient declined to

specify English

PREF. LANGUAGE RACE White **STATUS** Active patient

CONTACT INFORMATION

ADDRESS LINE 1 ADDRESS LINE 2 CITY

1106 S Bryan St.

Mesquite **STATE** TX **ZIP CODE** 75149

CONTACT BY EMAIL

Mobile Phone kennethdavis189@ yahoo.com

HOME PHONE 972-285-3760 MOBILE PHONE 469-964-3760

OFFICE PHONE OFFICE EXTENSION

FAMILY INFORMATION

NEXT OF KIN RELATION TO PATIENT

PHONE ADDRESS PATIENT'S MOTHER'S MAIDEN

NAME

Insurance

PRIMARY PAYER

PAYER AARP MEDICARE COMPLETE **PRIORITY** Primary TYPE PPO **RELATIONSHIP TO INSURED** Self START DATE 01/01/2012 **END DATE** 12/31/9999

INSURED ID NUMBER **GROUP NUMBER EMPLOYER NAME INSURANCE PAYMENT TYPE PAYMENT TYPE**

HCFAU5 Copay Fixed 5.00 Active

765161401

PAYMENT INFORMATION

PAYMENT PREFERENCE PATIENT'S RELATIONSHIP TO

GUARANTOR

GUARANTOR NAME GUARANTOR ADDRESS **Primary Insurance**

Kenneth N Davis 1106 S Bryan St. Mesquite, TX 75149 DATE OF BIRTH

COPAY AMOUNT

STATUS

SOCIAL SECURITY NUMBER PRIMARY PHONE NUMBER **SECONDARY PHONE NUMBER** 06/20/1941 Male 456-64-9737

(972) 285-3760

Assessment

HYPOGLYCEMIA PFO WARFARIN ANTICOAGULATION CKD STAGE III

3045F 3074F 3078F G8427

