**PATIENT** 

**Bertha Robbins** 

Female

DOB 09/20/1941 AGE 76 yrs

SEX

SSN

**STATE** 

ZIP CODE

**PRN** RB687346 **FACILITY** 

Sohail Parekh, M.D.

T (972) 329-3500 F (972) 329-3513 1601 N. Beltline Rd.

Suite B

PRN

Mesquite, TX 75149

**ENCOUNTER** 

**NOTE TYPE SOAP Note** 

**SEEN BY** Sohail Parekh M.D.

DATE 04/23/2018 **AGE AT DOS** 76 yrs

Not signed

## Patient identifying details and demographics

FIRST NAME MIDDLE NAME **LAST NAME** 

Bertha Robbins 463-62-2067 SEX DATE OF BIRTH DATE OF DEATH Female 09/20/1941

RB687346

**ETHNICITY** 

ask

PREF. LANGUAGE

RACE

Provider did not ask Active patient

Provider did not

**STATUS** 

**CONTACT INFORMATION** 

**ADDRESS LINE 1 ADDRESS LINE 2** CITY

2425 Harden Blvd. 282 Lakeland

FL

33803

**CONTACT BY EMAIL** 

**HOME PHONE** 

MOBILE PHONE

**OFFICE PHONE** OFFICE EXTENSION

903-922-2037

**FAMILY INFORMATION** 

**RELATION TO PATIENT** 

**NEXT OF KIN** 

**PHONE ADDRESS**  PATIENT'S MOTHER'S MAIDEN

NAME

## **Insurance**

## PAYMENT INFORMATION

**PAYMENT PREFERENCE** Self Pay DATE OF BIRTH PATIENT'S RELATIONSHIP TO **SEX GUARANTOR SOCIAL SECURITY NUMBER GUARANTOR NAME** PRIMARY PHONE NUMBER **GUARANTOR ADDRESS** SECONDARY PHONE NUMBER

## **Assessment**

ACUTE EXERTION OF R.A

HTN R.A.

URINARY INCONTINENCE

**GERD** 

**OBESITY (BMI-)** 

VITAMIN D DEFICIENCY LUMBAR RADICULOPATHY

VITAMIIN B-12 DEFICIENCY

99213

G8553

G8427

practice fusion