

PATIENT		FACILITY		ENCOUNTER	
Delores Cady		Sohail Parekh, M.D.		NOTE TYPE	SOAP Note
DOB	08/07/1943	T	(972) 329-3500	SEEN BY	Sohail Parekh M.D.
AGE	76 yrs	F	(972) 329-3513	DATE	10/07/2019
SEX	Female	1601 N. Beltline Rd.		AGE AT DOS	76 yrs
PRN	CD526374	Suite B		Not signed	
		Mesquite, TX 75149			

Chief complaint

No chief complaint recorded

Patient identifying details and demographics

FIRST NAME	Delores	SEX	Female	ETHNICITY	-
MIDDLE NAME	-	DATE OF BIRTH	08/07/1943	PREF. LANGUAGE	English
LAST NAME	Cady	DATE OF DEATH	-	RACE	White
SSN	461-66-2527	PRN	CD526374	STATUS	Active patient

CONTACT INFORMATION

ADDRESS LINE 1	2411 Stewart	CONTACT BY	Mobile Phone
ADDRESS LINE 2	-	EMAIL	-
CITY	Mesquite	HOME PHONE	(972) 222-2403
STATE	TX	MOBILE PHONE	(214) 392-3105
ZIP CODE	75181	OFFICE PHONE	-
		OFFICE EXTENSION	-

FAMILY INFORMATION

NEXT OF KIN	Preston Cady	PATIENT'S MOTHER'S MAIDEN NAME	-
RELATION TO PATIENT	Spouse		
PHONE	214-335-3102		
ADDRESS	-		

Active insurance

Inactive insurance

Payment information

PAYMENT PREFERENCE	Self Pay	DATE OF BIRTH	08/07/1943
PATIENT'S RELATIONSHIP TO GUARANTOR	Self	SEX	Female
GUARANTOR NAME	Delores Cady	SOCIAL SECURITY NUMBER	461-66-2527
GUARANTOR ADDRESS	2411 Stewart	PRIMARY PHONE NUMBER	(214) 392-3105
	Mesquite, TX 75181	SECONDARY PHONE NUMBER	(972) 222-2403

Assessment

Plan

PATIENT		FACILITY		ENCOUNTER	
Roy Brooks		Sohail Parekh, M.D.		NOTE TYPE	SOAP Note
DOB	09/11/1924	T	(972) 329-3500	SEEN BY	Sohail Parekh M.D.
AGE	95 yrs	F	(972) 329-3513	DATE	10/07/2019
SEX	Male	1601 N. Beltline Rd.		AGE AT DOS	95 yrs
PRN	RB26272	Suite B		Not signed	
		Mesquite, TX 75149			

Chief complaint

No chief complaint recorded

Patient identifying details and demographics					
FIRST NAME	Roy	SEX	Male	ETHNICITY	-
MIDDLE NAME	-	DATE OF BIRTH	09/11/1924	PREF. LANGUAGE	English
LAST NAME	Brooks	DATE OF DEATH	-	RACE	White
SSN	453-30-9418	PRN	RB26272	STATUS	Active patient
CONTACT INFORMATION					
ADDRESS LINE 1	1312 Highland St.	CONTACT BY	-		
ADDRESS LINE 2	-	EMAIL	sparekh1601@gmail.com		
CITY	Mesquite		il.com		
STATE	TX	HOME PHONE	972-288-1965		
ZIP CODE	75149	MOBILE PHONE	972-658-4777		
		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	Medicare	INSURED ID NUMBER	453309418A
PRIORITY	Primary	GROUP NUMBER	-
TYPE	PPO	EMPLOYER NAME	-
RELATIONSHIP TO INSURED	Self	INSURANCE PAYMENT TYPE	Copay
START DATE	01/01/2012	PAYMENT TYPE	Percentage
END DATE	12/31/9999	COPAY AMOUNT	20
		STATUS	Active

Inactive insurance

SECONDARY PAYER

PAYER	UNITED HEALTH CARE	INSURED ID NUMBER	976841800
PRIORITY	Secondary	GROUP NUMBER	06108
TYPE	Private	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	0.00
		STATUS	Inactive

Payment information

PAYMENT PREFERENCE	Primary Insurance	DATE OF BIRTH	09/11/1924
PATIENT'S RELATIONSHIP TO	Self	SEX	Male
GUARANTOR		SOCIAL SECURITY NUMBER	453-30-9418
GUARANTOR NAME	Roy Brooks	PRIMARY PHONE NUMBER	972-288-1965
GUARANTOR ADDRESS	1312 Highland St. Mesquite, TX 75149	SECONDARY PHONE NUMBER	-

Assessment

Plan



PATIENT

Alan Shaffer

DOB 10/28/1956
 AGE 62 yrs
 SEX Male
 PRN SA160418

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.

10/07/2019

62 yrs

Chief complaint

No chief complaint recorded

Patient identifying details and demographics

FIRST NAME	Alan	SEX	Male	ETHNICITY	-
MIDDLE NAME	-	DATE OF BIRTH	10/28/1956	PREF. LANGUAGE	English
LAST NAME	Shaffer	DATE OF DEATH	-	RACE	White
SSN	465-23-2487	PRN	SA160418	STATUS	Active patient

CONTACT INFORMATION

ADDRESS LINE 1	1621 Buena Vista St.	CONTACT BY EMAIL	Mobile Phone alanshaffer7@gmail.com
ADDRESS LINE 2	-	HOME PHONE	-
CITY	Mesquite	MOBILE PHONE	(214) 244-2733
STATE	TX	OFFICE PHONE	-
ZIP CODE	75149	OFFICE EXTENSION	-

FAMILY INFORMATION

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

Active insurance**PRIMARY PAYER**

PAYER	United Healthcare	INSURED ID NUMBER	943457045
PRIORITY	Primary	GROUP NUMBER	955701
TYPE	Other	EMPLOYER NAME	-
RELATIONSHIP TO INSURED	Self	INSURANCE PAYMENT TYPE	Copay
START DATE	04/01/2016	PAYMENT TYPE	Fixed
END DATE	-	COPAY AMOUNT	35.00
		STATUS	Active

Inactive insurance**Payment information**

PAYMENT PREFERENCE	Primary Insurance	DATE OF BIRTH	10/28/1956
PATIENT'S RELATIONSHIP TO GUARANTOR	Self	SEX	Male
GUARANTOR NAME	Alan Shaffer	SOCIAL SECURITY NUMBER	465-23-2487
GUARANTOR ADDRESS	1621 Buena Vista St. Mesquite, TX 75149	PRIMARY PHONE NUMBER	(214) 244-2733
		SECONDARY PHONE NUMBER	-

Assessment
Plan



PATIENT		FACILITY		ENCOUNTER	
REGINA L BORDERS		Sohail Parekh, M.D.		NOTE TYPE	SOAP Note
DOB	09/12/1967	T	(972) 329-3500	SEEN BY	Sohail Parekh M.D.
AGE	52 yrs	F	(972) 329-3513	DATE	10/07/2019
SEX	Female	1601 N. Beltline Rd.		AGE AT DOS	52 yrs
PRN	BORRE000	Suite B		Not signed	
		Mesquite, TX 75149			

Chief complaint

No chief complaint recorded

Patient identifying details and demographics

FIRST NAME	REGINA	SEX	Female	ETHNICITY	-
MIDDLE NAME	L	DATE OF BIRTH	09/12/1967	PREF. LANGUAGE	English
LAST NAME	BORDERS	DATE OF DEATH	-	RACE	White
SSN	461-29-4570	PRN	BORRE000	STATUS	Active patient

CONTACT INFORMATION

ADDRESS LINE 1	1009 AMERICANA LN #1009	CONTACT BY	-
ADDRESS LINE 2	-	EMAIL	sparekh1601@gmail.com
CITY	MESQUITE	HOME PHONE	(972)686-2306
STATE	TX	MOBILE PHONE	(214)909-6035
ZIP CODE	75150	OFFICE PHONE	(972)725-1415
		OFFICE EXTENSION	-

FAMILY INFORMATION

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

PATIENT NOTES

Other Phone: (972)725-1222

Active insurance

Inactive insurance

Payment information

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

Assessment

Plan



PATIENT

Abila Shama

DOB 03/20/1947
 AGE 72 yrs
 SEX Female
 PRN SA793906

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.

10/07/2019

72 yrs

Chief complaint

No chief complaint recorded

Patient identifying details and demographics

FIRST NAME	Abila	SEX	Female	ETHNICITY	-
MIDDLE NAME	-	DATE OF BIRTH	03/20/1947	PREF. LANGUAGE	-
LAST NAME	Shama	DATE OF DEATH	-	RACE	-
SSN	634-25-2203	PRN	SA793906	STATUS	Active patient

CONTACT INFORMATION

ADDRESS LINE 1	4004 Crookmeadow Ln	CONTACT BY	-
ADDRESS LINE 2	-	EMAIL	-
CITY	Dallas	HOME PHONE	-
STATE	TX	MOBILE PHONE	214-675-6091
ZIP CODE	75287	OFFICE PHONE	-
		OFFICE EXTENSION	-

FAMILY INFORMATION

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

Active insurance**Inactive insurance****Payment information**

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

Assessment**Plan**

PATIENT		FACILITY		ENCOUNTER	
Tracy Daniels		Sohail Parekh, M.D.		NOTE TYPE	SOAP Note
DOB	03/31/1980	T	(972) 329-3500	SEEN BY	Sohail Parekh M.D.
AGE	39 yrs	F	(972) 329-3513	DATE	10/07/2019
SEX	Female	1601 N. Beltline Rd.		AGE AT DOS	39 yrs
PRN	TD62627	Suite B		Not signed	
		Mesquite, TX 75149			

Chief complaint

No chief complaint recorded

Patient identifying details and demographics					
FIRST NAME	Tracy	SEX	Female	ETHNICITY	-
MIDDLE NAME	-	DATE OF BIRTH	03/31/1980	PREF. LANGUAGE	English
LAST NAME	Daniels	DATE OF DEATH	-	RACE	Black or African
SSN	466-49-9216	PRN	TD62627		American
				STATUS	Active patient
CONTACT INFORMATION					
ADDRESS LINE 1	6712 Whiteridge Dr.	CONTACT BY EMAIL	Email tracy_daniels909@hotmail.com		
ADDRESS LINE 2	-	HOME PHONE	(214) 850-5805		
CITY	Dallas	MOBILE PHONE	Does not have mobile		
STATE	TX	OFFICE PHONE	-		
ZIP CODE	75217	OFFICE EXTENSION	-		
FAMILY INFORMATION					
NEXT OF KIN	-	PATIENT'S MOTHER'S MAIDEN NAME	-		
RELATION TO PATIENT	-				
PHONE	-				
ADDRESS	-				

Active insurance

Inactive insurance

PRIMARY PAYER			
PAYER	Blue Cross Blue Shield of TX	INSURED ID NUMBER	ZGP835571846
PRIORITY	Primary	GROUP NUMBER	050204
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	30.00
		STATUS	Inactive

Payment information

PAYMENT PREFERENCE	Self Pay	DATE OF BIRTH	03/31/1980
PATIENT'S RELATIONSHIP TO	Self	SEX	Female
GUARANTOR		SOCIAL SECURITY NUMBER	466-49-9216
GUARANTOR NAME	Tracy Daniels	PRIMARY PHONE NUMBER	214-850-5805
GUARANTOR ADDRESS	4517 Chaha Rd. Apt 126 Garland, TX 75043	SECONDARY PHONE NUMBER	-

Assessment

Plan



PATIENT		FACILITY		ENCOUNTER	
Larry Bearden		Sohail Parekh, M.D.		NOTE TYPE	SOAP Note
DOB	11/23/1944	T	(972) 329-3500	SEEN BY	Sohail Parekh M.D.
AGE	74 yrs	F	(972) 329-3513	DATE	10/07/2019
SEX	Male	1601 N. Beltline Rd.		AGE AT DOS	74 yrs
PRN	BL363303	Suite B		Not signed	
		Mesquite, TX 75149			

Chief complaint

No chief complaint recorded

Patient identifying details and demographics

FIRST NAME	Larry	SEX	Male	ETHNICITY	-
MIDDLE NAME	-	DATE OF BIRTH	11/23/1944	PREF. LANGUAGE	-
LAST NAME	Bearden	DATE OF DEATH	-	RACE	-
SSN	-	PRN	BL363303	STATUS	Active patient

CONTACT INFORMATION

ADDRESS LINE 1	421 Southlake Dr.	CONTACT BY	-
ADDRESS LINE 2	-	EMAIL	-
CITY	Forney	HOME PHONE	-
STATE	TX	MOBILE PHONE	214-212-8062
ZIP CODE	75126	OFFICE PHONE	-
		OFFICE EXTENSION	-

FAMILY INFORMATION

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

Active insurance

Inactive insurance

Payment information

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

Assessment

Plan