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Requestor Co. : [REDACTED]

Requestor : [REDACTED]

Underwriter :

Policy Number : [REDACTED]

Case Number :

Patient Name : [REDACTED]

D.O.B :

S.S.N :

Facility/Doctor :

Address :

City, State, Zip :

Insurance Co. : [REDACTED]

Total Pages : **105**

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Tuesday, October 25, 2022 2:13:10  
AM

Work Order [REDACTED]

[REDACTED]

PATIENT: [REDACTED]  
DATE OF BIRTH: 02/11/1990  
DATE: 03/07/2019 08:33 AM  
VISIT TYPE: Office Visit

This 29 year old male presents for annual wellness exam.

History of Present Illness:

1. annual wellness exam

[REDACTED]

hyperchol. 1/16 TC 219, TG 152, LDL 148. 1/17 TC 340, LDL 276, 3/18 TC 165, LDL 95, HDL 52, when taking statin, mother has hyperchol also. pt on lipitor, tolerating

morbid obesity, prev did not exercise at all/diet poor and was eating fast foods. ALT 53, neg 2016 hep screen, went on diet and wt down from 311 lbs to 212 lbs now, going to gym 5-6 days wk, does weights, not much fast foods now.

unrefreshed sleep, prev Epworth score 7 on 1/16, only occ wakes up tired now but wt down as above >100 lbs, Epworth score 1/17 of only 4, he did not see sleep [REDACTED] as directed, Epworth score 3/21/18 of 6, unrefreshed sleep

allergies, environmental, mild, controlled. has dog, takes zyrtec

elevated BP without diagnosis of HTN

vit d deficiency, vit d level only 12 1/16, not taking vit d regularly

prev after wt loss, if gets up quickly, or if after gym can feel lightheaded, lasts 5-10 seconds and hands can feel numb.

gynecomastia. 3/18 normal prolactin FSH LH, testosterone levels, BHCG tumor marker, vit d 29.8 but missed vit d, DHEA S elevated 656 with cortisol 4.69 low, he was taking preworkout protein supplements, recommended he stop all these and recheck hormonal evaluation in 1 month, given sweats, low cortisol, wt loss, lightheadedness and night sweats ordered CT scan abd pelvis with and without contrast, r/o adrenal mass. he did not do any of above recommended testing as above

PMH

2/16 pos chlamydia s/p Doxycycline.

hx oxycontin abuse/ heroin addict, prev OD, sober /clean now for years now, negative HIV testing in past

SHx grew up in CT and lived in NY, prev 1.5 ppd x 6 yrs, quit 5/15, prev chewed nicorette, no hx

[REDACTED] 03/07/2019 08:33 AM 1/5

exposures. [REDACTED]  
prev IVDA heroin but negative HIV

FHx  
PGF colon CA 60s  
mother hyperchol

NO SHOW FOR PE scheduled for today

#### Chronic Conditions Addressed Today:

Diagnosis Description	Code	Status	HPI Comments
Hypercholesteremia	E78.00	Chronic	
Elevated BP without diagnosis of hypertension	R03.0	Chronic	
Environmental allergies	Z91.09	Chronic	
Primary osteoarthritis of both knees	M17.0	Chronic	
Vitamin D deficiency	E55.9	Chronic	

#### PROBLEM LIST:

Problem Description
Environmental allergies
General medical exam
Elevated BP
Hypercholesteremia
Morbid obesity, unspecified obesity type
Primary osteoarthritis of both knees
Hx of exposure to hazardous bodily fluids
Vitamin D deficiency
Microalbuminuria

#### PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
nasal fracture	1997			
oxycontin abuse/OD				
Chlamydia	20160129			

#### Family History (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Brother		N		Alive and well		N
Father		N		Alive and well		N
Mother		N		Alive and well		N
Paternal grandfather				colon cancer 60"s		N

**Social History:** (Detailed)

Preferred language is English.

The patient does not need an interpreter.

**EDUCATION/EMPLOYMENT/OCCUPATION**

Employment	History	Status	Retired	Restrictions
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Tobacco use status: Ex-cigarette smoker.

Smoking status: Former smoker.

**ALCOHOL**

There is no history of alcohol use.

**Medications (active prior to today)**

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
Vitamin D3 2,000 unit capsule	take 3 by Oral route every day	01/29/2016			N
magnesium citrate 100 mg tablet	400mg qd	01/30/2017			N
Fish Oil Concentrate 1,000 mg capsule	3 qd	03/21/2018			N
LIPITOR 20 MG TABLET	NEW INS .. TAKE 1 TABLET BY ORAL ROUTE EVERY DAY	11/09/2018		11/09/2018	N

**Allergies**

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			

**Review of Systems**

System	Neg/Pos	Details
Constitutional	Negative	Change in appetite, Chills/rigors, Fatigue, Fever, Malaise and Weight loss.
ENMT	Negative	Dysphagia, Nasal congestion, Nasal drainage, Nasal obstruction and Odynophagia.
ENMT	Comments	Chronic hx allergies.
Respiratory	Negative	Cough, Dyspnea, Nocturnal dyspnea and Orthopnea.
Cardio	Negative	Irregular heartbeat/palpitations.
GI	Negative	Abdominal pain, Blood in stool, Constipation, Diarrhea, Dysphagia, Melena, Nausea, Odynophagia and Vomiting.
GU	Negative	Dysuria, Nocturia, Polyuria (Genitourinary) and Urgency.
Endocrine	Negative	Cold intolerance, Polydipsia and Polyphagia.
Neuro	Negative	Headache.
Integumentary	Negative	Change in shape/size of mole(s), Rash and Skin lesion.

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## Physical Exam

Exam	Findings	Details
Constitutional	Normal	No acute distress. Well nourished. Well developed. Ability to Communicate - Normal. Quality of Voice - Normal.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal.
Ears	Normal	Canal - Right: Normal, Left: Normal. TM - Right: Normal, Left: Normal.
Nasopharynx	Normal	Oropharynx - Normal.
Nose/Mouth/Throat	Normal	Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal. Palpation - Normal. Thyroid gland - Normal.
Lymph Detail	Normal	No cervical or supraclavicular adenopathy.
Breast	Comments	minimal bilat gynecomastia ?
Cardiovascular	Normal	Inspection - JVD: Absent. Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1. Extra sounds - None. Murmurs - None. Extremities - No edema.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Vascular	Normal	Pulses - Femoral: Normal, Dorsalis pedis: Normal, Posterior tibial: Normal. Bruits - Carotids: Absent.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. Percussion - Normal. Anterior palpation - Normal, No guarding, No rebound. CVA tenderness - None. No abdominal tenderness. No hepatic enlargement. No spleen enlargement. No hernia. No palpable mass.
Genitourinary	Normal	Penis - Normal. Scrotum - Normal. Testes - Normal.
Extremity	Normal	No edema.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Not anxious. Appropriate mood and affect. Appropriate affect. Normal insight. Normal judgment.

## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Hypercholesteremia (E78.00), chronic.
2.	Assessment	Elevated BP without diagnosis of hypertension (R03.0), chronic.
3.	Assessment	Environmental allergies (Z91.09), chronic.
4.	Assessment	Hx of exposure to hazardous bodily fluids (Z77.21), Routine.
5.	Assessment	Primary osteoarthritis of both knees (M17.0), chronic.
6.	Assessment	Vitamin D deficiency (E55.9), chronic.
7.	Assessment	Gynecomastia (N62), Routine.

## Medications (Added, Continued or Stopped today)

Start Date	Medication	Directions	Instruction	Stop Date
03/21/2018	Fish Oil	3 qd		
	Concentrate 1,000			

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	mg capsule	
11/09/2018	LIPITOR 20 MG TABLET	NEW INS .. TAKE 1 TABLET BY ORAL ROUTE EVERY DAY
01/30/2017	magnesium citrate 100 mg tablet	400mg qd
01/29/2016	Vitamin D3 2,000 unit capsule	take 3 by Oral route every day

Electronically signed by: [REDACTED] 03/07/2019 09:39 AM

Document generated by: [REDACTED] 03/07/2019 09:39 AM

Encounter Date: 03/26/2018 10:15 AM

## Lab Result Report

All lab results received within the past 30 days

### Lab Results

<b>HIV Combo Ag/Ab, Fourth Generation</b>		03/21/2018 10:05
<b>Description</b>	<b>Result</b>	<b>Flags Range</b>
<b>HIV Combo Ag/Ab, Fourth Generation</b>	Non-Reactive	Non Reactive

**Comments**  
HIV Combo Ag/Ab, Fourth Generation:  
This test has been performed using the Roche Fourth Generation Elecsys HIV combi PT assay on the Cobas e602 analyzer. A negative test result does not exclude the possibility of exposure to or infection with HIV.

Reactive results must be confirmed according to the recommended CDC confirmatory algorithms.

<b>Beta-HCG, Tumor Marker</b>		03/21/2018 10:05
<b>Description</b>	<b>Result</b>	<b>Flags Range</b>
<b>Beta-HCG, Tumor Marker</b>	<0.2	<10.0
<b>Vitamin D 25-OH, Total</b>		03/21/2018 10:05
<b>Description</b>	<b>Result</b>	<b>Flags Range</b>
<b>Vitamin D 25-OH, Total</b>	29.8	L 30.0 - 100.0

**Comments**  
Vitamin D 25-OH, Total:  
  
Vitamin D status 25 OH Vitamin D  
Deficiency < 10 ng/mL  
Insufficiency 10-29 ng/mL  
Sufficiency 30-100 ng/mL  
Toxicity >100 ng/mL

<b>Insulin-Like Growth Factor-1 (IGF-1)</b>		03/21/2018 10:05
<b>Description</b>	<b>Result</b>	<b>Flags Range</b>
<b>Insulin-Like Growth Factor-1 (IGF-1)</b>	259	88 - 537
<b>DHEA Sulfate</b>		03/21/2018 10:05
<b>Description</b>	<b>Result</b>	<b>Flags Range</b>
<b>DHEA Sulfate</b>	656	H 160 - 449
<b>RPR/STS Qualitative</b>		03/21/2018 10:05
<b>Description</b>	<b>Result</b>	<b>Flags Range</b>

<b>RPR/STS Qualitative</b>	Non Reactive	Non Reactive
<b>Creatine Kinase(CPK), Total</b>	03/21/2018 10:05	
<b>Description</b>	<b>Result</b>	<b>Flags</b>
<b>Creatine Kinase(CPK), Total</b>	91	<b>Range</b>
		31 - 336
<b>Growth Hormone</b>	03/21/2018 10:05	
<b>Description</b>	<b>Result</b>	<b>Flags</b>
<b>Growth Hormone</b>	0.111	<b>Range</b>
		0.030 - 2.470
<b>Cortisol, AM</b>	03/21/2018 10:05	
<b>Description</b>	<b>Result</b>	<b>Flags</b>
<b>Cortisol, AM</b>	4.64	<b>Range</b>
		L 4.80 - 19.50
<b>Estradiol</b>	03/21/2018 10:05	
<b>Description</b>	<b>Result</b>	<b>Flags</b>
<b>Estradiol</b>	23.3	<b>Range</b>
		<60.7
<b>Prolactin, Total</b>	03/21/2018 10:05	
<b>Description</b>	<b>Result</b>	<b>Flags</b>
<b>Prolactin, Total</b>	6.72	<b>Range</b>
		4.00 - 25.00
<b>Triiodothyronine (T3), Total</b>	03/21/2018 10:05	
<b>Description</b>	<b>Result</b>	<b>Flags</b>
<b>Triiodothyronine (T3), Total</b>	1.15	<b>Range</b>
		0.80 - 2.00
<b>LH &amp; FSH</b>	03/21/2018 10:05	
<b>Description</b>	<b>Result</b>	<b>Flags</b>
<b>FSH</b>	4.75	<b>Range</b>
		1.50 - 12.40
<b>LH</b>	2.79	<b>Range</b>
		1.70 - 8.60
<b>Testosterone, Free &amp; Total</b>	03/21/2018 10:05	
<b>Description</b>	<b>Result</b>	<b>Flags</b>
<b>Sex Hormone Binding Globulin (SHBG)</b>	51	<b>Range</b>
		18 - 66
<b>Testosterone, Free, %</b>	1.64	<b>Range</b>
		1.00 - 2.70
<b>Testosterone, Free, (Calc.)</b>	103.3	<b>Range</b>
		50.0 - 210.0
<b>Testosterone, Total</b>	630	<b>Range</b>
		300 - 1,080

**Comments**  
 Testosterone, Free, %:  
 \*\*NOTE: The result is based on the formula derived from the estimation of Free Testosterone in serum [REDACTED]

<b>Chlamydia &amp; GC Panel #1</b>	03/21/2018 10:05	
<b>Description</b>	<b>Result</b>	<b>Flags</b>
<b>Chlamydia, TMA</b>	Negative	<b>Range</b>
<b>GC, TMA</b>	Negative	<b>Range</b>
		Negative

**Comments**  
 Chlamydia, TMA:  
 Assay methodology is nucleic acid amplification by transcription mediated amplification (TMA) utilizing the Aptima Combo 2 Assay. This test has not been approved by the FDA for SurePath, and female urine samples. In these sample

types, the analytical performance characteristics were determined by [REDACTED]. The FDA has determined that such clearance or approval is not required for clinical use of this test. WPML is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing. A Negative result does not exclude low level infection, specimen sampling error, or collection error. All positive test results should be considered as presumptive evidence of infection. Clinical correlation recommended.

GC, TMA:

Assay methodology is nucleic acid amplification by transcription mediated amplification (TMA) utilizing the Aptima Combo 2 Assay. This test has not been approved by the FDA for SurePath, and female urine samples. In these sample types, the analytical performance characteristics were determined by [REDACTED]. The FDA has determined that such clearance or approval is not required for clinical use of this test. WPML is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing. A Negative result does not exclude low level infection, specimen sampling error, or collection error. All positive test results should be considered as presumptive evidence of infection. Clinical correlation recommended.

Acute Hepatitis Profile		03/21/2018 10:05	
Description	Result	Flags	Range
Hepatitis A Antibody, IgM	Non-Reactive		Non Reactive
Hepatitis B Core, IgM	Non-Reactive		Non Reactive
Hepatitis B Surface Antigen	Non-Reactive		Non Reactive
Hepatitis C Virus (HCV) Antibody	Non-Reactive		Non Reactive

Adrenocorticotrophic Hormone (ACTH)		03/21/2018 10:05	
Description	Result	Flags	Range
Adrenocorticotrophic Hormone (ACTH)	26.51		7.20 - 63.30

**Comments**  
 Adrenocorticotrophic Hormone (ACTH):  
 NOTE: Reference ranges only established for collection between 7 a.m. and 10 a.m. Reference range will not apply for any specimen not collected between these times.



UA DIPSTICK		03/21/2018 10:05	
Description	Result	Flags	Range
COLOR	Yellow		Pale-Yello w
CHARACTER	Clear		Clear-Sl.

URINE GLUCOSE	Neg	Hazy
URINE BILIRUBIN	Neg	Neg
URINE KETONES	Neg	Neg
SPECIFIC GRAVITY	1.020	1.003-1.030
OCCULT BLOOD	Neg	Neg
PH	5.0	5.0-8.0
URINE PROTEIN	Neg	Neg
UROBILINOGEN	0.2	0.2-1.0
NITRITE	Neg	Neg
LEUKOESTERASE	Neg	Neg-Trac

#### Comments

NITRITE:

Unless otherwise specified, all tests performed at:



PSA		03/21/2018 10:05	
Description	Result	Flags	Range
PSA	0.82		0-4.00

#### Comments

PSA:

PSA values from different assay methods cannot be used interchangeably.  
This assay was performed using the Tosoh600II Immunoenzymometric method.

Unless otherwise specified, all tests performed at:



TSH		03/21/2018 10:05	
Description	Result	Flags	Range
TSH	2.06		0.45-4.50

#### Comments

TSH:

New TSH Reference Range of 0.45 - 4.50 uIU/mL starting 4/03/2014.

Unless otherwise specified, all tests performed at:



T4 Free		03/21/2018 10:05	
Description	Result	Flags	Range



**Comments**

T4 Free:

Unless otherwise specified, all tests performed at:

**LIPID STUDIES**

03/21/2018 10:05

Description	Result	Flags	Range
CHOLESTEROL	165		<200
TRIGLYCERIDES	90		<150
HDL CHOLESTEROL	52		>40
LDL-CALC.	95		<130
CHOLESTEROL/HDL	3.17	H	<3.00

**Comments**

LDL-CALC.:

Unless otherwise specified, all tests performed at:

**CHOLESTEROL/HDL:**

RISK FACTOR	CHOL/HDL	
	MALE	FEMALE
HALF AVERAGE	3.43	3.27
AVERAGE	4.97	4.44
TWICE AVERAGE	9.55	7.05
THRICE AVERAGE	23.99	11.04

**COMP METAB PANEL**

03/21/2018 10:05

Description	Result	Flags	Range
GLUCOSE	95		65-99
BUN	14		8-25
CREATININE	1.0		0.4-1.3
BUN CREA RATIO	14.0		3-40
eGFR	89		
SODIUM	140		135-148
POTASSIUM	4.7		3.5-5.5
CHLORIDE	104		95-110
CO2	28		22-32
CALCIUM	9.9		8.2-10.6
TOTAL PROTEIN	7.3		6.0-8.4
ALBUMIN	4.8		3.5-5.4
GLOBULIN	2.5		2.0-3.5
A/G RATIO	1.9		1.0-2.4
SGOT (AST)	10		6-36
ALK PHOSPHATASE	46		35-147
SGPT (ALT)	14		6-35

TOTAL BILIRUBIN

1.4

H

0.1-1.3

**Comments**

eGFR:

eGFR units expressed as mL/min/1.73m2

GLOBULIN:

Unless otherwise specified, all tests performed at:

TOTAL BILIRUBIN:

TEST VERIFIED BY REPEAT ANALYSIS

**SED RATE**

03/21/2018 10:05

Description	Result	Flags	Range
SED RATE	5		0-15

**Comments**

SED RATE:

Unless otherwise specified, all tests performed at:

**CBC**

03/21/2018 10:05

Description	Result	Flags	Range
WBC	6.8		4.0-11.0
RBC	5.37		4.4-6.2
HGB	16.2		14.0-18.0
HCT	48.2		40.0-54.0
MCV	89.8		80.0-99.0
MCH	30.2		27.0-34.0
MCHC	33.6		33.0-37.0
RDW	11.9		11.5-14.5
PLATELETS	221		150-450
MPV	8.6		7.1-10.4
GRANULOCYTES %	58.7		40.0-75.0
LYMPHOCYTES %	37.7		20.0-50.0
MONOCYTES %	3.6		0.0-10.0
GRANULOCYTES #	4.0		1.3-7.4
LYMPHOCYTES #	2.6		0.9-5.3
MONOCYTES #	0.20		0.1-1.1

**Comments**

Fasting

MPV:

Unless otherwise specified, all tests performed at:



#### Current Medications

Medication Name	Sig Desc	Last Refilled
Vitamin D3 2,000 unit capsule	take 3 by Oral route every day	
magnesium citrate 100 mg tablet	400mg qd	
Lipitor 20 mg tablet	take 1/2 tablet by oral route every day	
Fish Oil Concentrate 1,000 mg capsule	3 qd	

Electronically signed by: [REDACTED] 03/26/2018 04:04 PM

Document generated by: [REDACTED] 03/26/2018

DOCUMENT NAME: Provider Test Action

PATIENT NAME:

PRACTICE:

CURRENT PROVIDER:

ENCOUNTER DATE: 03/26/2018 10:15 AM

PRIMARY CARE PHYSICIAN:

### Lab Results:

HIV Combo Ag/Ab, Fourth Generation		03/21/2018 10:05	
Description	Result	Flags	Range
HIV Combo Ag/Ab, Fourth Generation	Non-Reactive		Non Reactive

### Comments

HIV Combo Ag/Ab, Fourth Generation:

This test has been performed using the Roche Fourth Generation Elecsys HIV combi PT assay on the Cobas e602 analyzer. A negative test result does not exclude the possibility of exposure to or infection with HIV.

Reactive results must be confirmed according to the recommended CDC confirmatory algorithms.

Beta-HCG, Tumor Marker		03/21/2018 10:05	
Description	Result	Flags	Range
Beta-HCG, Tumor Marker	<0.2		<10.0
Vitamin D 25-OH, Total		03/21/2018 10:05	
Description	Result	Flags	Range
Vitamin D 25-OH, Total	29.8	L	30.0 - 100.0

### Comments

Vitamin D 25-OH, Total:

Vitamin D status 25 OH Vitamin D

Deficiency < 10 ng/mL

Insufficiency 10-29 ng/mL

Sufficiency 30-100 ng/mL

Toxicity >100 ng/mL

Insulin-Like Growth Factor-1 (IGF-1)		03/21/2018 10:05	
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03/26/2018 10:15 AM Page: 1/8

<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
Insulin-Like Growth Factor-1 (IGF-1)	259		88 - 537
DHEA Sulfate 03/21/2018 10:05			
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
DHEA Sulfate	656	H	160 - 449
RPR/STS Qualitative 03/21/2018 10:05			
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
RPR/STS Qualitative	Non Reactive		Non Reactive
Creatine Kinase(CPK), Total 03/21/2018 10:05			
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
Creatine Kinase(CPK), Total	91		31 - 336
Growth Hormone 03/21/2018 10:05			
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
Growth Hormone	0.111		0.030 - 2.470
Cortisol, AM 03/21/2018 10:05			
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
Cortisol, AM	4.64	L	4.80 - 19.50
Estradiol 03/21/2018 10:05			
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
Estradiol	23.3		<60.7
Prolactin, Total 03/21/2018 10:05			
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
Prolactin, Total	6.72		4.00 - 25.00
Triiodothyronine (T3), Total 03/21/2018 10:05			
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
Triiodothyronine (T3), Total	1.15		0.80 - 2.00
LH & FSH 03/21/2018 10:05			
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
FSH	4.75		1.50 - 12.40
LH	2.79		1.70 - 8.60
Testosterone, Free & Total 03/21/2018 10:05			
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
Sex Hormone Binding Globulin (SHBG)	51		18 - 66
Testosterone, Free, %	1.64		1.00 - 2.70
Testosterone, Free, (Calc.)	103.3		50.0 - 210.0
Testosterone, Total	630		300 - 1,080
<b>Comments</b>			
Testosterone, Free, %:			
**NOTE: The result is based on the formula derived from the estimation of Free			
Testosterone in serum [REDACTED]			
Chlamydia & GC Panel #1 03/21/2018 10:05			
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
[REDACTED]			

**Chlamydia, TMA**

GC, TMA

Negative

Negative

Negative

Negative

**Comments**

Chlamydia, TMA:

Assay methodology is nucleic acid amplification by transcription mediated amplification (TMA) utilizing the Aptima Combo 2 Assay. This test has not been approved by the FDA for SurePath, and female urine samples. In these sample types, the analytical performance characteristics were determined by [REDACTED]

[REDACTED] The FDA has determined that such clearance or approval is not required for clinical use of this test. WPML is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing. A Negative result does not exclude low level infection, specimen sampling error, or collection error. All positive test results should be considered as presumptive evidence of infection. Clinical correlation recommended.

GC, TMA:

Assay methodology is nucleic acid amplification by transcription mediated amplification (TMA) utilizing the Aptima Combo 2 Assay. This test has not been approved by the FDA for SurePath, and female urine samples. In these sample types, the analytical performance characteristics were determined by [REDACTED]

[REDACTED] The FDA has determined that such clearance or approval is not required for clinical use of this test. WPML is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing. A Negative result does not exclude low level infection, specimen sampling error, or collection error. All positive test results should be considered as presumptive evidence of infection. Clinical correlation recommended.

**Acute Hepatitis Profile**

03/21/2018 10:05

Description	Result	Flags	Range
Hepatitis A Antibody, IgM	Non-Reactive		Non Reactive
Hepatitis B Core, IgM	Non-Reactive		Non Reactive
Hepatitis B Surface Antigen	Non-Reactive		Non Reactive
Hepatitis C Virus (HCV) Antibody	Non-Reactive		Non Reactive

**Adrenocorticotrophic Hormone (ACTH)**

03/21/2018 10:05

Description	Result	Flags	Range
Adrenocorticotrophic Hormone (ACTH)	26.51		7.20 - 63.30

**Comments**

Adrenocorticotrophic Hormone (ACTH):

NOTE: Reference ranges only established for collection between 7 a.m. and 10 a.m. Reference range will not apply for any specimen not collected between these times.

**UA DIPSTICK**

03/21/2018 10:05

Description	Result	Flags	Range
COLOR	Yellow		Pale-Yellow
CHARACTER	Clear		Clear-Sl. Hazy
URINE GLUCOSE	Neg		Neg
URINE BILIRUBIN	Neg		Neg
URINE KETONES	Neg		Neg
SPECIFIC GRAVITY	1.020		1.003-1.030
OCCULT BLOOD	Neg		Neg
PH	5.0		5.0-8.0
URINE PROTEIN	Neg		Neg
UROBILINOGEN	0.2		0.2-1.0
NITRITE	Neg		Neg
LEUKOESTERASE	Neg		Neg-Trace

**Comments**

NITRITE:

Unless otherwise specified, all tests performed at:

**PSA**

03/21/2018 10:05

Description	Result	Flags	Range
PSA	0.82		0-4.00

**Comments**

PSA:

PSA values from different assay methods cannot be used interchangeably.  
This assay was performed using the Tosoh600II Immunoenzymometric method.

Unless otherwise specified, all tests performed at:

**TSH**

03/21/2018 10:05

Description	Result	Flags	Range
TSH	2.06		0.45-4.50

**Comments**

TSH:

New TSH Reference Range of 0.45 - 4.50 uIU/mL starting 4/03/2014.

Unless otherwise specified, all tests performed at:

T4 Free		03/21/2018 10:05	
Description	Result	Flags	Range
T4 Free	1.49		0.75-1.54

#### Comments

T4 Free:

Unless otherwise specified, all tests performed at:

LIPID STUDIES		03/21/2018 10:05	
Description	Result	Flags	Range
CHOLESTEROL	165		<200
TRIGLYCERIDES	90		<150
HDL CHOLESTEROL	52		>40
LDL-CALC.	95		<130
CHOLESTEROL/HDL	3.17	H	<3.00

#### Comments

LDL-CALC.:

Unless otherwise specified, all tests performed at:

CHOLESTEROL/HDL:			
RISK FACTOR		CHOL/HDL	
	MALE	FEMALE	
HALF AVERAGE	3.43	3.27	
AVERAGE	4.97	4.44	
TWICE AVERAGE	9.55	7.05	
THRICE AVERAGE	23.99	11.04	

COMP METAB PANEL		03/21/2018 10:05	
Description	Result	Flags	Range
GLUCOSE	95		65-99
BUN	14		8-25
CREATININE	1.0		0.4-1.3
BUN CREA RATIO	14.0		3-40
eGFR	89		
SODIUM	140		135-148
POTASSIUM	4.7		3.5-5.5
CHLORIDE	104		95-110
CO2	28		22-32
CALCIUM	9.9		8.2-10.6

TOTAL PROTEIN	7.3	6.0-8.4
ALBUMIN	4.8	3.5-5.4
GLOBULIN	2.5	2.0-3.5
A/G RATIO	1.9	1.0-2.4
SGOT (AST)	10	6-36
ALK PHOSPHATASE	46	35-147
SGPT (ALT)	14	6-35
TOTAL BILIRUBIN	1.4	H 0.1-1.3

#### Comments

eGFR:

eGFR units expressed as mL/min/1.73m2

GLOBULIN:

Unless otherwise specified, all tests performed at:



TOTAL BILIRUBIN:

TEST VERIFIED BY REPEAT ANALYSIS

#### SED RATE

03/21/2018 10:05

Description	Result	Flags	Range
SED RATE	5		0-15

#### Comments

SED RATE:

Unless otherwise specified, all tests performed at:



#### CBC

03/21/2018 10:05

Description	Result	Flags	Range
WBC	6.8		4.0-11.0
RBC	5.37		4.4-6.2
HGB	16.2		14.0-18.0
HCT	48.2		40.0-54.0
MCV	89.8		80.0-99.0
MCH	30.2		27.0-34.0
MCHC	33.6		33.0-37.0
RDW	11.9		11.5-14.5
PLATELETS	221		150-450
MPV	8.6		7.1-10.4
GRANULOCYTES %	58.7		40.0-75.0
LYMPHOCYTES %	37.7		20.0-50.0
MONOCYTES %	3.6		0.0-10.0
GRANULOCYTES #	4.0		1.3-7.4
LYMPHOCYTES #	2.6		0.9-5.3
MONOCYTES #	0.20		0.1-1.1

#### Comments

Fasting

MPV:

03/26/2018 10:15 AM Page: 1/8

Unless otherwise specified, all tests performed at:



**Lab:**

Date	Time	Documented By	Comments	Response	Completed By
03/26/2018	10:23 AM		Teleconf with pt. negative STD testing incl negative HIV/hep screen/RPR/ GC and Chlamydia. normal prolactin FSH LH, testosterone levels, BHCG tumor marker, vit d 29.8 but missed vit d, DHEA S elevated 656 with cortisol 4.69 low, he is taking preworkout protein supplements, recommended he stop all these and recheck hormonal evaluation in 1 month, given sweats, low cortisol, wt loss, lightheadedness and night sweats will check CT scan abd pelvis with and without contrast, r/o adrenal mass. Tena will need auth	-- at 4:05 PM on 03/26/2018): auth pending	*completed by

**Action Log:**

**Today's Encounter:**

Date	Time	By	Comments	Response	Status	Completed Comments
03/26/2018	10:23 AM		Teleconf with pt. negative STD testing incl negative HIV/hep screen/RPR/ GC and Chlamydia. normal prolactin FSH LH, testosterone levels, BHCG tumor marker, vit d 29.8 but missed vit d, DHEA S elevated 656 with cortisol 4.69 low, he is taking preworkout protein supplements, recommended he stop all these and recheck hormonal evaluation in 1 month, given sweats, low cortisol, wt loss, lightheadedness and night sweats will check CT scan abd	-- at 4:05 PM on 03/26/2018): auth pending	*completed by	Teleconf with pt. negative STD testing incl negative HIV/hep screen/RPR/ GC and Chlamydia. normal prolactin FSH LH, testosterone levels, BHCG tumor marker, vit d 29.8 but missed vit d, DHEA S elevated 656 with cortisol 4.69 low, he is taking preworkout protein supplements, recommended he stop all t

03/26/2018 10:15 AM Page: 1/8



pelvis with and without  
contrast, r/o adrenal mass. [REDACTED]  
will need auth

Electronically signed by: [REDACTED] 03/26/2018 04:05 PM

Document generated by [REDACTED] 03/26/2018

Today's Date: **March 29, 2018**

**Test(s) Ordered:**

Exam Requested	Dx Code	Diagnosis	Clinical Information
CT Chest with and without contrast	R61	Night sweats	r/o adrenal mass
CT Abdomen & Pelvis with and without contrast	R61	Night sweats	r/o adrenal mass

auth # [REDACTED] good till 6/20/18

Referring Provider:

- 1) Dress in loose, comfortable two-piece clothing. No belts, buckles or zippers.
- 2) If required, obtain prior pre-authorization from your insurance company to avoid unexpected costs, delays and cancellations.
- 3) Bring your insurance card and proof of pre-authorization (if applicable) with you to your appointment.
- 4) If your CT scan requires oral contrast preparation, please arrive 1 hour 15min prior to your exam time.
- 5) If your CT is a CTA or does not require oral contrast preparation, please arrive 15 min prior to your exam time.

Encounter Date: 03/26/2018 10:15 AM

DOCUMENT NAME: Provider Test Action

PATIENT NAME:

PRACTICE:

CURRENT PROVIDER:

ENCOUNTER DATE: 03/22/2018 2:52 PM

PRIMARY CARE PHYSICIAN:

### Lab Results:

Adrenocorticotrophic Hormone (ACTH)		03/21/2018 10:05	
Description	Result	Flags	Range
Adrenocorticotrophic Hormone (ACTH)	26.51		7.20 - 63.30

### Comments

Adrenocorticotrophic Hormone (ACTH):

NOTE: Reference ranges only established for collection between 7 a.m. and 10 a.m. Reference range will not apply for any specimen not collected between these times.

UA DIPSTICK		03/21/2018 10:05	
Description	Result	Flags	Range
COLOR	Yellow		Pale-Yellow
CHARACTER	Clear		Clear-Sl. Hazy
URINE GLUCOSE	Neg		Neg
URINE BILIRUBIN	Neg		Neg
URINE KETONES	Neg		Neg
SPECIFIC GRAVITY	1.020		1.003-1.030
OCCULT BLOOD	Neg		Neg
PH	5.0		5.0-8.0
URINE PROTEIN	Neg		Neg
UROBILINOGEN	0.2		0.2-1.0
NITRITE	Neg		Neg
LEUKOESTERASE	Neg		Neg-Trace

### Comments

NITRITE:

Unless otherwise specified, all tests performed at:

PSA		03/21/2018 10:05	
Description	Result	Flags	Range
PSA	0.82		0-4.00
Comments			

PSA:  
PSA values from different assay methods cannot be used interchangeably.  
This assay was performed using the Tosoh600II Immunoenzymometric method.

Unless otherwise specified, all tests performed at:

TSH		03/21/2018 10:05	
Description	Result	Flags	Range
TSH	2.06		0.45-4.50
Comments			

TSH:  
New TSH Reference Range of 0.45 - 4.50 uIU/mL starting 4/03/2014.

Unless otherwise specified, all tests performed at:

T4 Free		03/21/2018 10:05	
Description	Result	Flags	Range
T4 Free	1.49		0.75-1.54
Comments			

T4 Free:

Unless otherwise specified, all tests performed at:

LIPID STUDIES		03/21/2018 10:05	
Description	Result	Flags	Range
CHOLESTEROL	165		<200
TRIGLYCERIDES	90		<150
HDL CHOLESTEROL	52		>40
LDL-CALC.	95		<130
CHOLESTEROL/HDL	3.17		<3.00

**Comments**

LDL-CALC.:

Unless otherwise specified, all tests performed at:

**CHOLESTEROL/HDL:**

RISK FACTOR

CHOL/HDL

	MALE	FEMALE
HALF AVERAGE	3.43	3.27
AVERAGE	4.97	4.44
TWICE AVERAGE	9.55	7.05
THRICE AVERAGE	23.99	11.04

**COMP METAB PANEL**

03/21/2018 10:05

Description	Result	Flags	Range
GLUCOSE	95		65-99
BUN	14		8-25
CREATININE	1.0		0.4-1.3
BUN CREA RATIO	14.0		3-40
eGFR	89		
SODIUM	140		135-148
POTASSIUM	4.7		3.5-5.5
CHLORIDE	104		95-110
CO2	28		22-32
CALCIUM	9.9		8.2-10.6
TOTAL PROTEIN	7.3		6.0-8.4
ALBUMIN	4.8		3.5-5.4
GLOBULIN	2.5		2.0-3.5
A/G RATIO	1.9		1.0-2.4
SGOT (AST)	10		6-36
ALK PHOSPHATASE	46		35-147
SGPT (ALT)	14		6-35
TOTAL BILIRUBIN	1.4	H	0.1-1.3

**Comments**

eGFR:

eGFR units expressed as mL/min/1.73m<sup>2</sup>

GLOBULIN:

Unless otherwise specified, all tests performed at:



TOTAL BILIRUBIN:

TEST VERIFIED BY REPEAT ANALYSIS

**SED RATE**

03/21/2018 10:05

Description	Result	Flags	Range
SED RATE	5		0-15

**Comments**

SED RATE:

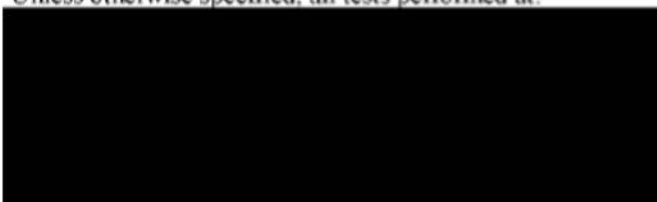
Unless otherwise specified, all tests performed at:



CBC		03/21/2018 10:05	
Description	Result	Flags	Range
WBC	6.8		4.0-11.0
RBC	5.37		4.4-6.2
HGB	16.2		14.0-18.0
HCT	48.2		40.0-54.0
MCV	89.8		80.0-99.0
MCH	30.2		27.0-34.0
MCHC	33.6		33.0-37.0
RDW	11.9		11.5-14.5
PLATELETS	221		150-450
MPV	8.6		7.1-10.4
GRANULOCYTES %	58.7		40.0-75.0
LYMPHOCYTES %	37.7		20.0-50.0
MONOCYTES %	3.6		0.0-10.0
GRANULOCYTES #	4.0		1.3-7.4
LYMPHOCYTES #	2.6		0.9-5.3
MONOCYTES #	0.20		0.1-1.1
Comments			

Fasting  
MPV:

Unless otherwise specified, all tests performed at:



**Lab:**

Date	Time	Documented By	Comments	Response	Completed By
03/22/2018	2:59 PM		Teleconf with pt. normal cbc esr 5, cmp ok, TC 165, LDL 95, HDL 52, TG 90 much better, decrease lipitor to 20 mg 1/2 pill daily, normal urinalysis TSH PSA, normal ACTH, pending are send out labs		completed by [Redacted]

**Action Log:**

[Redacted] 03/22/2018 02:52 PM Page: 1/5

**Today's Encounter:**

Date	Time	By	Comments	Response	Status	Completed Comments
03/22/2018	2:59 PM	[REDACTED]	Teleconf with pt. normal cbc esr 5, cmp ok, TC 165, LDL 95, HDL 52, TG 90 much better, decrease lipitor to 20 mg 1/2 pill daily, normal urinalysis TSH PSA, normal ACTH, pending are send out labs		completed by [REDACTED]	Teleconf with pt. normal cbc esr 5, cmp ok, TC 165, LDL 95, HDL 52, TG 90 much better, decrease lipitor to 20 mg 1/2 pill daily, normal urinalysis TSH PSA, normal ACTH, pending are send out labs

Electronically signed by: [REDACTED] 03/22/2018 02:59 PM

Document generated by: [REDACTED] 03/22/2018

[REDACTED]

PATIENT: [REDACTED]  
DATE OF BIRTH: [REDACTED]  
DATE: 03/21/2018 09:00 AM  
HISTORIAN: self  
VISIT TYPE: Office Visit

This 28 year old male presents for annual wellness exam.

**History of Present Illness:**

1. annual wellness exam  
[REDACTED]

hyperchol. 1/16 TC 219, TG 152, LDL 148. 1/17 TC 340, LDL 276, mother has hyperchol also. pt on lipitor, tolerating

morbid obesity, prev did not exercise at all/diet poor and was eating fast foods. ALT 53, neg 2016 hep screen, went on diet and wt down from 311 lbs to 212 lbs now, going to gym 5-6 days wk, does weights, not much fast foods now.

unrefreshed sleep, prev Epworth score 7 on 1/16, only occ wakes up tired now but wt down as above >100 lbs, Epworth score 1/17 of only 4, he did not see sleep MD as directed, Epworth today 3/21/18 of 6, unrefreshed sleep

allergies, environmental, mild, controlled. has dog, takes zyrtec

last 4 months night sweats. lots of stress, thinks since he moved in with girlfriend

elevated BP without diagnosis of HTN

vit d deficiency, vit d level only 12 1/16, not taking vit d regularly

prev after wt loss, if gets up quickly, or if after gym can feel lightheaded, lasts 5-10 seconds and hands can feel numb.

PMH

2/16 pos chlamydia s/p Doxycycline.

hx oxycontin abuse/ heroin addict, prev OD, sober /clean now for years now, negative HIV testing in past

SHx grew up in CT and lived in NY, prev 1.5 ppd x 6 yrs, quit 5/15, prev chewed nicorette, no hx exposures. [REDACTED]

[REDACTED]  
prev IVDA heroin but negative HIV

FHx

PGF colon CA 60s

[REDACTED] 03/21/2018 09:00 AM 1/6



mother hyperchol

#### PROBLEM LIST:

##### Problem Description

Environmental allergies  
General medical exam  
Elevated BP  
Hypercholesteremia  
Morbid obesity, unspecified obesity type  
Hx of exposure to hazardous bodily fluids  
Primary osteoarthritis of both knees  
Vitamin D deficiency  
Microalbuminuria  
Chlamydia

#### PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
nasal fracture	1997			
oxycontin abuse/OD				

#### Family History (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Brother		N		Alive and well		
Father		N		Alive and well		
Mother		N		Alive and well		
Paternal grandfather				colon cancer 60"s		N

#### Social History: (Detailed)

Tobacco use reviewed.

Preferred language is English.

The patient does not need an interpreter.

#### EDUCATION/EMPLOYMENT/OCCUPATION

Employment	History	Status	Retired	Restrictions
	Corporate Accountant			

Tobacco use status: Ex-cigarette smoker.

Smoking status: Former smoker.

#### SMOKING STATUS

Use Status	Type	Smoking Status	Usage Per Day	Years Used	Total Pack Years
yes	Cigarette	Former smoker	1.5 Packs	6.00	9.00

#### CESSATION

Type	Date Quit	Longest Tobacco Free	Cessation Method	Relapse Reason
Cigarette	01/01/2015			

# ALCOHOL

There is no history of alcohol use.

## Medications (active prior to today)

Medication Name	Sig Desc	Start Date	Stop Date	Refilled	Elsewhere
Vitamin D3 2,000 unit capsule	take 3 by Oral route every day	01/29/2016			N
magnesium citrate 100 mg tablet	400mg qd	01/30/2017			N
LIPITOR 20 MG TABLET	TAKE 1 TABLET BY ORAL ROUTE EVERY DAY	01/18/2018		01/18/2018	N

## Medication Reconciliation

Medications reconciled today.

## Allergies

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			
Reviewed, no changes.			

## Review of Systems

System	Neg/Pos	Details
Constitutional	Positive	Night sweats, Weight loss.
Constitutional	Negative	Change in appetite, chills/rigors, fatigue, fever, generalized weakness and malaise.
Constitutional	Comments	Intentional wt loss overall, but gained 13 lbs since last visit.
ENMT	Positive	Nasal congestion, Nasal drainage.
ENMT	Negative	Dysphagia, nasal obstruction and odynophagia.
ENMT	Comments	Chronic hx allergies.
Respiratory	Negative	Cough, dyspnea, nocturnal dyspnea, orthopnea and wheezing.
Cardio	Negative	Chest pain and irregular heartbeat/palpitations.
Cardio	Comments	Hx palpitations prev, lasts less than 5 seconds prev, none recently.
GI	Negative	Abdominal pain, blood in stool, change in appetite, change in bowel habits, constipation, diarrhea, dysphagia, heartburn, melena, nausea, odynophagia and vomiting.
GU	Positive	Dysuria.
GU	Negative	Frequent urination, nocturia, polyuria and urgency.
GU	Comments	Occ +/- dysuria last wk, no penile d/c.
Endocrine	Negative	Cold intolerance, heat intolerance, polydipsia and polyphagia.
Neuro	Negative	Headache and syncope.
Integumentary	Negative	Change in shape/size of mole(s), rash and skin lesion.

## VITAL SIGNS

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht (in)	Ht cm	Wt lb	Wt kg	BMI kg/m2	O2 Sat%	Imp
9:38 AM	110/64										
9:10 AM	120/70	72	12		70.25	178.44	212.00	96.162	30.20		

## MEASURED BY

Time	Measured by
9:38 AM	

03/21/2018 09:00 AM 1/6

## Physical Exam

Exam	Findings	Details
Constitutional	Normal	Well developed, well nourished, and in no acute distress.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal.
Ears	Normal	Canal - Right: Normal, Left: Normal. TM - Right: Normal, Left: Normal.
Nasopharynx	Normal	Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal. Palpation - Normal. Thyroid gland - Normal.
Lymph Detail	Normal	Submandibular. Parotid. Anterior cervical. Posterior cervical. Supraclavicular. Axillary.
Breast	Comments	minimal bilat gynecomastia
Breast	Normal	Lymph nodes - Normal.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Inspection - JVD: Absent. Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1. Extra sounds - None. Murmurs - None. Extremities - No edema.
Vascular	Normal	Pulses - Femoral: Normal, Dorsalis pedis: Normal, Posterior tibial: Normal. Bruits - Carotids: Absent.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. Percussion - Normal. Anterior palpation - Normal, No guarding, No rebound. CVA tenderness - None. No abdominal tenderness. No hepatic enlargement. No splenic enlargement. No hernia. No palpable mass.
Genitourinary	*	Lymph nodes - tiny femoral LNs bilat. Testes - moderate atrophy.
Genitourinary	Normal	Penis - Normal. Scrotum - Normal. Epididymides - Normal. No CVA Tenderness. No flank mass. No suprapubic tenderness. No hernia.
Rectal	Normal	Anus - Normal. Muscular ring - Normal. Deep palpation - Normal. Sphincter - Normal. Rectal walls - Normal. Fecal material - Normal. Fecal occult blood test - Negative. Prostate - Normal.
Musculoskeletal	Comments	minimal bilat knee crepitus
Extremity	Normal	No edema.
Neurological	Normal	Level of consciousness - Normal. Orientation - Normal. Memory - Normal. Cranial nerves - Cranial nerves II through XII grossly intact. Sensory - Normal. Motor - Normal. Balance & gait - Normal. Coordination - Normal. Fine motor skills - Normal. DTRs - Normal.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Not anxious. Appropriate mood and affect. Appropriate affect. Normal insight. Normal judgment.

## Completed Orders (this encounter)

Order	Details	Reason	Side	Interpretation	Result
EKG					

## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Hypercholesterolemia (E78.00), Chronic.
	Patient Plan	stable, check CK LFTs lipids, continue lipitor. likely will need statin as he has familial/genetic hypercholesterolemia. continue exercise
2.	Assessment	Elevated BP without diagnosis of hypertension (R03.0), IMPROVED.
	Patient Plan	normal now. will continue to monitor, ekg NSR normal

03/21/2018 09:00 AM 1/6

3.	Assessment Patient Plan	Environmental allergies (Z91.09), Chronic. stable, continue antihistamines
4.	Assessment Patient Plan	Night sweats (R61), Symptomatic. check FSH LH prolactin ACTH cortisol, IFG 1 HGH, testosterone levels, TFTs, estradiol check CT scan chest abd pelvis, r/o lymphoma/occult CA. will need to auth with insurance company. [REDACTED] endocrine eval referral given to pt again
5.	Assessment Patient Plan	Vitamin D deficiency (E55.9), Chronic. stable, missed vit d , will recheck level.
6.	Assessment Patient Plan Plan Orders	General medical exam (Z00.00), Routine. PE completed. ekg NSR normal The patient had the following procedure(s) completed today EKG. The patient is to have CBC, CMP, Free T4, Lipid Panel, PSA, Total, Sed Rate, TSH and UA-Dip Only performed.
7.	Assessment Patient Plan Plan Orders	Body mass index (BMI) 30.0-30.9, adult (Z68.30), Routine. he will continue to try to lose wt . patient education given. He is to schedule a follow-up visit today
8.	Assessment Patient Plan	Gynecomastia (N62), Routine. suspect ultimately from wt loss but will check hormonal evaluation incl LH, estradiol, DHEA, testosterone, beta HCG, prolactin and Dr Grewal endo evaluation sleep disorder , ? occult apnea, Dr Moore referral given to pt again, discussed pathophysiology of sleep apnea. GU will check urinalysis and STD screen.

#### Medications (Added, Continued or Stopped this visit)

Started	Medication	Directions	Instruction	Stopped
03/21/2018	Fish Oil Concentrate 1,000 mg capsule	3 qd		
01/18/2018	LIPITOR 20 MG TABLET	TAKE 1 TABLET BY ORAL ROUTE EVERY DAY		
01/30/2017	magnesium citrate 100 mg tablet	400mg qd		
01/29/2016	Vitamin D3 2,000 unit capsule	take 3 by Oral route every day		

#### Urine Dipstick:

Status	Interpretation	Result
ordered		

The patient was checked out at 10:11 AM by [REDACTED]

Electronically signed by: [REDACTED] 03/21/2018 10:16 AM

Document generated by: [REDACTED] 03/21/2018 10:15 AM



PATIENT PLAN

Date of Visit: 03/21/2018 09:00 AM

Treating Provider for today's visit:

Primary Care Provider:

REASON(S) FOR TODAY's Office Visit

annual wellness exam.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Hypercholesteremia (E78.00), Chronic.
	Patient Plan	stable, check CK LFTs lipids, continue lipitor. likely will need statin as he has familial/genetic hypercholesterolemia. continue exercise
2.	Assessment	Elevated BP without diagnosis of hypertension (R03.0), IMPROVED.
	Patient Plan	normal now. will continue to monitor, ekg NSR normal
3.	Assessment	Environmental allergies (Z91.09), Chronic.
	Patient Plan	stable, continue antihistamines
4.	Assessment	Night sweats (R61), Symptomatic.
	Patient Plan	check FSH LH prolactin ACTH cortisol, IFG 1 HGH, testosterone levels, TFTs, estradiol check CT scan chest abd pelvis, r/o lymphoma/occult CA. will need to auth with insurance company. endocrine eval
5.	Assessment	Vitamin D deficiency (E55.9), Chronic.
	Patient Plan	stable, missed vit d , will recheck level.
6.	Assessment	General medical exam (Z00.00), Routine.
	Patient Plan	PE completed. ekg NSR normal
	Plan Orders	He will be scheduled for EKG.
7.	Assessment	Body mass index (BMI) 30.0-30.9, adult (Z68.30), Routine.
	Patient Plan	he will continue to try to lose wt
	Plan Orders	Today's instructions / counseling include(s) Dietary management education, guidance, and counseling. Giving encouragement to exercise.
8.	Assessment	Gynecomastia (N62), Routine.
	Patient Plan	suspect ultimately from wt loss but will check hormonal evaluation and endo evaluation sleep disorder , ? apnea, referral given to pt

# VITAL SIGNS

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in.)	Weight (lbs.)	Weight (oz.)	BMI
120/70	72	12		70.25	212.00		30.20
110/64							

# MEDICATIONS (Prescribed This Visit)

Date	Medication	Dose	Directions
03/21/2018	Fish Oil Concentrate 1,000 mg capsule	1,000 mg	3 qd

# CURRENT MEDICATION LIST

Medication	Dose	Sig Description
Fish Oil Concentrate 1,000 mg capsule	1,000 mg	3 qd
LIPITOR 20 MG TABLET	20 mg	TAKE 1 TABLET BY ORAL ROUTE EVERY DAY
magnesium citrate 100 mg tablet	100 mg	400mg qd
Vitamin D3 2,000 unit capsule	2,000 unit	take 3 by Oral route every day

# Local Preferred Pharmacies On File:

# ALLERGIES

Allergen	Reaction	Comment
NO KNOWN ALLERGIES		

# INSTRUCTIONS FOR PATIENT

Giving encouragement to exercise  
Dietary management education, guidance, and counseling

# OFFICE PROCEDURES

Procedures	Reason	Interpretation	Value
EKG			

# OTHER HEALTH INFORMATION

# SMOKING STATUS

Use Status	Type	Smoking Status	Usage Per Day	Years Used	Total Pack Years
yes	Cigarette	Former smoker	1.5 Packs	6.00	9.00

# CESSATION

Type	Date Quit	Longest Tobacco Free	Cessation Method	Relapse Reason
Cigarette	01/01/2015			

# PROBLEM LIST:

Problem Description
Environmental allergies
General medical exam

Elevated BP  
Hypercholesteremia  
Morbid obesity, unspecified obesity type  
Hx of exposure to hazardous bodily fluids  
Primary osteoarthritis of both knees  
Vitamin D deficiency  
Microalbuminuria  
Chlamydia

#### DEMOGRAPHICS

Sex: Male  
Race: Caucasian  
Ethnicity: Unknown / Not Reported  
Preferred Language: English

*Electronically signed by:* [REDACTED] 03/21/2018 10:10 AM

Document generated by: [REDACTED] 03/21/2018



Today's Date: **March 21, 2018**

Patient Name: [REDACTED] DOB: [REDACTED]

**Test(s) Ordered:**

Exam Requested	Dx Code	Diagnosis	Clinical Information
CT Chest with contrast	R61	Night sweats	
CT Abdomen & Pelvis with contrast	R61	Night sweats	

Referring Provider:

- 1) Dress in loose, comfortable two-piece clothing. No belts, buckles or zippers.
- 2) If required, obtain prior pre-authorization from your insurance company to avoid unexpected costs, delays and cancellations.
- 3) Bring your insurance card and proof of pre-authorization (if applicable) with you to your appointment.
- 4) If your CT scan requires oral contrast preparation, please arrive 1 hour 15min prior to your exam time.
- 5) If your CT is a CTA or does not require oral contrast preparation, please arrive 15 min prior to your exam time.

Encounter Date: 03/21/2018 9:00 AM

DOCUMENT NAME: Provider Test Action

PATIENT NAME:

PRACTICE:

CURRENT PROVIDER:

ENCOUNTER DATE: 06/16/2017 1:40 PM

PRIMARY CARE PHYSICIAN:

### Lab Results:

#### TESTOSTERONE, FREE,BIO AND TOTAL, LC/MS/MS

05/22/2017 08:20

Description	Result	Flags	Range
ALBUMIN,SERUM	4.8		3.6-5.1
SEX HORMONE BINDING GLOBULIN	36		10-50
TESTOSTERONE, FREE	59.3		46.0-224. 0
TESTOSTERONE, TOTAL, LC/MS/MS	484		250-1100
TESTOSTERONE,BIOAVAILABLE	129.6		110.0-575. .0

#### Comments

ALBUMIN,SERUM:

REPORT COMMENT:

FASTING:YES

#### VITAMIN D,25-OH,TOTAL,IA

05/22/2017 08:20

Description	Result	Flags	Range
VITAMIN D,25-OH,TOTAL,IA	64	N	30-100

#### Comments

VITAMIN D,25-OH,TOTAL,IA:

Vitamin D Status 25-OH Vitamin D:

Deficiency: <20 ng/mL

Insufficiency: 20 - 29 ng/mL

Optimal: > or = 30 ng/mL

For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code [REDACTED] (patients >2yrs).

For more information on this test, go to:

06/16/2017 01:40 PM Page: 1/7

[REDACTED]  
(This link is being provided for  
informational/educational purposes only.)

[REDACTED]

TSH		05/22/2017 08:20	
Description	Result	Flags	Range
TSH	3.15	N	0.40-4.50
Comments			
TSH:			

[REDACTED]

T4, FREE		05/22/2017 08:20	
Description	Result	Flags	Range
T4, FREE	1.4	N	0.8-1.8
Comments			
T4, FREE:			

[REDACTED]

LH		05/22/2017 08:20	
Description	Result	Flags	Range
LH	1.8	N	1.5-9.3
Comments			
LH:			

[REDACTED]

FSH		05/22/2017 08:20	
Description	Result	Flags	Range
FSH	4.1	N	1.6-8.0
Comments			
FSH:			

[REDACTED]

ACTH, PLASMA		05/22/2017 08:20	
Description	Result	Flags	Range
ACTH, PLASMA	13	N	6-50
Comments			
ACTH, PLASMA:			
Reference range applies only to specimens			

collected between 7am-10am

**URINALYSIS, COMPLETE W/REFLEX TO CULTURE**

05/22/2017 08:20

Description	Result	Flags	Range
REFLEXIVE URINE CULTURE	NO CULTURE INDICATED		

**Comments**

REFLEXIVE URINE CULTURE:

**URINALYSIS, COMPLETE W/REFLEX TO CULTURE**

05/22/2017 08:20

Description	Result	Flags	Range
AMORPHOUS SEDIMENT	DNR	N	NONE OR FEW
APPEARANCE	CLEAR	N	CLEAR
BACTERIA	NONE SEEN	N	NONE SEEN
BILIRUBIN	NEGATIVE	N	NEGATIVE
CALCIUM OXALATE CRYSTALS	DNR	N	NONE OR FEW
CASTS	DNR	N	NONE SEEN
COLOR	YELLOW	N	YELLOW
COMMENTS	DNR	N	
CRYSTALS	DNR	N	NONE SEEN
GLUCOSE	NEGATIVE	N	NEGATIVE
GRANULAR CAST	DNR	N	NONE SEEN
HYALINE CAST	NONE SEEN	N	NONE SEEN
KETONES	NEGATIVE	N	NEGATIVE
LEUKOCYTE ESTERASE	NEGATIVE	N	NEGATIVE
NITRITE	NEGATIVE	N	NEGATIVE
NOTE	DNR	N	
OCCULT BLOOD	NEGATIVE	N	NEGATIVE
PH	6.0	N	5.0-8.0
PROTEIN	NEGATIVE	N	NEGATIVE
RBC	NONE SEEN	N	< OR = 2
REDUCING SUBSTANCES	DNR	N	NEGATIVE

RENAL EPITHELIAL CELLS	DNR	N	< OR = 3
SPECIFIC GRAVITY	1.007	N	1.001-1.035
SQUAMOUS EPITHELIAL CELLS	NONE SEEN	N	< OR = 5
TRANSITIONAL EPITHELIAL CELLS	DNR	N	< OR = 5
TRIPLE PHOSPHATE CRYSTALS	DNR	N	NONE OR FEW
URIC ACID CRYSTALS	DNR	N	NONE OR FEW
WBC	NONE SEEN	N	< OR = 5
YEAST	DNR	N	NONE SEEN

#### Comments

NOTE:



HS CRP 05/22/2017 08:20

Description	Result	Flags	Range
HS CRP	12.4	H	

#### Comments

HS CRP:

Persistent elevation, upon retesting, may be associated with infection and inflammation according to AHA/CDC guidelines.

For ages >17 Years:

hs-CRP mg/L Risk According to AHA/CDC Guidelines

- <1.0 Lower relative cardiovascular risk.
- 1.0-3.0 Average relative cardiovascular risk.
- 3.1-10.0 Higher relative cardiovascular risk.  
Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation.
- >10.0 Persistent elevation, upon retesting, may be associated with infection and inflammation.



CBC (INCLUDES DIFF/PLT) 05/22/2017 08:20

Description	Result	Flags	Range
WHITE BLOOD CELL COUNT	6.2	N	3.8-10.8
RED BLOOD CELL COUNT	4.88	N	4.20-5.80
HEMOGLOBIN	15.2	N	13.2-17.1
HEMATOCRIT	44.0	N	38.5-50.0

MCV	90.2	N	80.0-100.0
MCH	31.1	N	27.0-33.0
MCHC	34.5	N	32.0-36.0
RDW	11.9	N	11.0-15.0
PLATELET COUNT	242	N	140-400
MPV	11.3	N	7.5-12.5
ABSOLUTE NEUTROPHILS	3472	N	1500-7800
ABSOLUTE BAND NEUTROPHILS	DNR	N	0-750
ABSOLUTE METAMYELOCYTES	DNR	N	0
ABSOLUTE MYELOCYTES	DNR	N	0
ABSOLUTE PROMYELOCYTES	DNR	N	0
ABSOLUTE LYMPHOCYTES	2114	N	850-3900
ABSOLUTE MONOCYTES	428	N	200-950
ABSOLUTE EOSINOPHILS	167	N	15-500
ABSOLUTE BASOPHILS	19	N	0-200
ABSOLUTE BLASTS	DNR	N	0
ABSOLUTE NUCLEATED RBC	0	N	0
NEUTROPHILS	56	N	
BAND NEUTROPHILS	DNR	N	
METAMYELOCYTES	DNR	N	
MYELOCYTES	DNR	N	
LYMPHOCYTES	34.1	N	
MONOCYTES	6.9	N	
EOSINOPHILS	2.7	N	
BASOPHILS	0.3	N	
BLASTS	DNR	N	
NUCLEATED RBC	DNR	N	0
PROMYELOCYTES	DNR	N	
REACTIVE LYMPHOCYTES	DNR	N	0-10
COMMENT(S)	DNR	N	

#### Comments

COMMENT(S):

#### CREATINE KINASE, TOTAL

05/22/2017 08:20

Description	Result	Flags	Range
CREATINE KINASE, TOTAL	77	N	44-196

#### Comments

CREATINE KINASE, TOTAL:

#### COMPREHENSIVE METABOLIC PANEL

05/22/2017 08:20

Description	Result	Flags	Range
GLUCOSE	88	N	65-99
UREA NITROGEN (BUN)	12	N	7-25
CREATININE	0.95	N	0.60-1.35

BUN/CREATININE RATIO	NOT APPLICABLE		6-22
eGFR NON-AFR. AMERICAN	109	N	> OR = 60
eGFR AFRICAN AMERICAN	127	N	> OR = 60
SODIUM	142	N	135-146
POTASSIUM	4.3	N	3.5-5.3
CHLORIDE	102	N	98-110
CARBON DIOXIDE	30	N	20-31
CALCIUM	10.1	N	8.6-10.3
PROTEIN, TOTAL	7.7	N	6.1-8.1
ALBUMIN	4.8	N	3.6-5.1
GLOBULIN	2.9	N	1.9-3.7
ALBUMIN/GLOBULIN RATIO	1.7	N	1.0-2.5
BILIRUBIN, TOTAL	1.3	H	0.2-1.2
ALKALINE PHOSPHATASE	71	N	40-115
AST	20	N	10-40
ALT	31	N	9-46

#### Comments

GLUCOSE:

Fasting reference interval

ALT:

#### MAGNESIUM

05/22/2017 08:20

Description	Result	Flags	Range
MAGNESIUM	2.4	N	1.5-2.5

#### Comments

MAGNESIUM:

#### LIPID PANEL

05/22/2017 08:20

Description	Result	Flags	Range
TRIGLYCERIDES	92	N	<150
CHOLESTEROL, TOTAL	151	N	125-200
HDL CHOLESTEROL	48	N	> OR = 40
LDL-CHOLESTEROL	85	N	<130
CHOL/HDLC RATIO	3.1	N	< OR = 5.0
NON HDL CHOLESTEROL	103	N	

#### Comments

LDL-CHOLESTEROL:

Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.

**NON HDL CHOLESTEROL:**

Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.

**Lab:**

Date	Time	Documented By	Comments	Response	Completed By
06/16/2017	4:20 PM		Teleconf with pt. I did not receive his lab results in PAQ, chol much better control, TC 151, LDL 85, HDL 48, normal ACTH/FSH/LH/testosterone levels, cbc cmp tsh normal, Tbili 1.3 likely gilberts, hscrp 12.4 but had cold/URI recently before labs, vit d 64 good		completed by

**Action Log:****Today's Encounter:**

Date	Time	By	Comments	Response	Status	Completed Comments
06/16/2017	4:20 PM		Teleconf with pt. I did not receive his lab results in PAQ, chol much better control, TC 151, LDL 85, HDL 48, normal ACTH/FSH/LH/testosterone levels, cbc cmp tsh normal, Tbili 1.3 likely gilberts, hscrp 12.4 but had cold/URI recently before labs, vit d 64 good		completed by	Teleconf with pt. I did not receive his lab results in PAQ, chol much better control, TC 151, LDL 85, HDL 48, normal ACTH/FSH/LH/testosterone levels, cbc cmp tsh normal, Tbili 1.3 likely gilberts, hscrp 12.4 but had cold/URI recently before labs, vit d 64 good

Electronically signed by: 06/16/2017 04:21 PM

Document generated by: 06/16/2017



PATIENT: [REDACTED]  
DATE OF BIRTH: [REDACTED]  
DATE: 05/09/2017 02:30 PM  
HISTORIAN: self  
VISIT TYPE: Office Visit

This 27 year old male presents for Follow Up of hyperlipidemia\_ and fatigue.

### History of Present Illness:

1. Follow Up of hyperlipidemia\_  
wt down 8 lbs, eating less red meat, going to gym now  
TC 2/17 TC 340, LDL 276. on lipitor, tolerating statin  
already ate today  
2. fatigue  
gets tired during day. wakes up exhausted. can sleep 8 hours and still feel exhausted  
can still get lightheadedness  
no late caffeine, does not exercise late.

### PROBLEM LIST:

#### Problem Description

Environmental allergies  
General medical exam  
Elevated BP  
Hypercholesteremia  
Morbid obesity, unspecified obesity type  
Hx of exposure to hazardous bodily fluids  
Primary osteoarthritis of both knees  
Vitamin D deficiency  
Microalbuminuria  
Chlamydia

### Medications (active prior to today)

Medication Name	Sig Desc	Start Date	Stop Date	Refilled	Elsewhere
Vitamin D3 2,000 unit capsule	take 3 by Oral route every day	01/29/2016			N
magnesium citrate 100 mg tablet	400mg qd	01/30/2017			N
Lipitor 20 mg tablet	take 1 tablet by oral route every day	02/01/2017			N

### Medication Reconciliation

[REDACTED] 05/09/2017 02:30 PM 1/3

Medications reconciled today.

## Allergies

Ingredient	Reaction	Medication Name	Comment
NO KNOWN			
ALLERGIES			
Reviewed, no changes.			

## VITAL SIGNS

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht (in)	Ht cm	Wt lb	Wt oz	Wt kg	BMI kg/m2	BSA m2	O2 Sat%
2:42 PM	110/70	72	12		70.25	178.44	199.00		90.265	28.35		

## MEASURED BY

Time	Measured by
2:42 PM	

## Physical Exam

Exam	Findings	Details
Constitutional	Normal	No acute distress. Well Nourished. Well developed, well nourished, and in no acute distress.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal.
Neck Exam	Normal	Inspection - Normal. Palpation - Normal.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Inspection - JVD: Absent. Heart rate - Regular rate. Murmurs - None. Extremities - No edema.
Abdomen	Normal	Auscultation - Normal. No abdominal tenderness.
Extremity	Normal	No edema.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect. Normal insight. Normal judgment.

## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Hypercholesteremia (E78.00), Chronic.
	Patient Plan	improving, tolerating statin, check CK, LFTs, lipids
	Plan Orders	CREATINE KINASE, TOTAL, CRP Cardiac and LIPID PANEL to be performed.
2.	Assessment	Vitamin D deficiency (E55.9), Chronic.
	Patient Plan	improving, recheck vit d
	Plan Orders	Vitamin D to be performed.
3.	Assessment	Sleep disorder (G47.9).
	Patient Plan	unrefreshed sleep, r/o occult sleep apnea, he does have small pharynx and L nasal hypertrophy which limits airway, [REDACTED]
	Plan Orders	CBC with Diff to be performed. Referrals: Endocrinology. [REDACTED] Evaluate and treat and Referrals: Sleep Centers. Sleep Center [REDACTED] Evaluate and treat.
4.	Assessment	Fatigue, unspecified type (R53.83).

05/09/2017 02:30 PM 1/3

Patient Plan check hormonal eval. but likely from #3  
recheck orthostatics lying HR 76, 110/60, sitting HR 84, 104/66, standing HR 72, bp 100/70, doubt endocrine but will have him see [REDACTED] endocrine

Plan Orders ADRENOCORTICOTROPHIC HORMONE (ACTH), CMP, FREE TESTOSTERONE, FSH, LH, Magnesium, T4 FREE, TOTAL TESTOSTERONE, TSH REFLEX and UA w/ micro reflex to culture to be performed.

**Medications (Added, Continued or Stopped this visit)**

Started	Medication	Directions	Instruction	Stopped
02/01/2017	Lipitor 20 mg tablet	take 1 tablet by oral route every day		
01/30/2017	magnesium citrate 100 mg tablet	400mg qd		
01/29/2016	Vitamin D3 2,000 unit capsule	take 3 by Oral route every day		

Electronically signed by: [REDACTED] 05/09/2017 03:18 PM

Document generated by: [REDACTED] 05/09/2017 03:18 PM

\*\*\*\*\*

PATIENT PLAN

Date of Visit: 05/09/2017 02:30 PM

Treating Provider for today's visit:

Primary Care Provider:

REASON(S) FOR TODAY's Office Visit

Follow Up of hyperlipidemia, fatigue.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Hypercholesteremia (E78.00), Chronic.
	Patient Plan	improving, tolerating statin, check CK, LFTs, lipids
	Plan Orders	CREATINE KINASE, TOTAL, CRP Cardiac and LIPID PANEL to be performed.
2.	Assessment	Vitamin D deficiency (E55.9), Chronic.
	Patient Plan	improving, recheck vit d
	Plan Orders	Vitamin D to be performed.
3.	Assessment	Sleep disorder (G47.9).
	Patient Plan	unrefreshed sleep, r/o occult sleep apnea, he does have small pharynx and L nasal hypertrophy which limits airway
	Plan Orders	CBC with Diff to be performed. Referrals: Sleep Centers. Sleep Center At Evaluate and treat
4.	Assessment	Fatigue, unspecified type (R53.83).
	Patient Plan	check hormonal eval. but likely from #3 recheck orthostatics lying HR 76, 110/60, sitting HR 84, 104/66, standing HR 72, bp 100/70, doubt endocrine but will have him see endocrine
	Plan Orders	ADRENOCORTICOTROPHIC HORMONE (ACTH), CMP, FREE TESTOSTERONE, FSH, LH, Magnesium, T4 FREE, TOTAL TESTOSTERONE, TSH REFLEX and UA w/ micro reflex to culture to be performed.

VITAL SIGNS

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in.)	Weight (lbs.)	Weight (oz.)	BMI
110/70	72	12		70.25	199.00		28.35

REFERRALS

Specialty	Physician	Address	City	Phone	fax
-----------	-----------	---------	------	-------	-----

Sleep Centers

Endocrinology

#### CURRENT MEDICATION LIST

Medication	Dose	Sig Description
Lipitor 20 mg tablet	20 mg	take 1 tablet by oral route every day
magnesium citrate 100 mg tablet	100 mg	400mg qd
Vitamin D3 2,000 unit capsule	2,000 unit	take 3 by Oral route every day

#### Local Preferred Pharmacies On File:

#### ALLERGIES

Allergen	Reaction	Comment
NO KNOWN ALLERGIES		

#### OTHER HEALTH INFORMATION

#### PROBLEM LIST:

Problem Description
Environmental allergies
General medical exam
Elevated BP
Hypercholesteremia
Morbid obesity, unspecified obesity type
Hx of exposure to hazardous bodily fluids
Primary osteoarthritis of both knees
Vitamin D deficiency
Microalbuminuria
Chlamydia

#### DEMOGRAPHICS

Sex: Male

Ethnicity: Unknown / Not Reported

Preferred Language: English

Electronically signed by: [REDACTED] 05/09/2017 03:18 PM

Document generated by: [REDACTED] 05/09/2017

Referral Communication Form

Patient Information

Order

Referrals: Endocrinology. [REDACTED]. Evaluate and treat

Insurance/Authorization Information

Date ordered: 05/09/2017

Insurance:

Policy#:

Ordering Provider:

PCP: [REDACTED]

Referral Information

Primary / Billing Diagnosis: Sleep disorder (G47.9)

Other Assessments at Time of Order:

Fatigue, unspecified type (R53.83)

Referral Communication Form

Patient Information

[Redacted Patient Information]

Order

Referrals: Sleep Centers. [Redacted] Evaluate and treat

[Redacted]

Insurance/Authorization Information

Date ordered: 05/09/2017

[Redacted]

Ordering Provider:

[Redacted]

PCP: [Redacted]

Referral Information

Primary / Billing Diagnosis: Sleep disorder (G47.9)

Other Assessments at Time of Order:

Fatigue, unspecified type (R53.83)

Additional Information

Clinical Information / Comments: unrefreshed sleep

[Redacted]

Electronically Signed by: [REDACTED]



Patient Name:

Practice:

Current Provider:

Encounter Date:

02/01/2017 8:52 AM

## Lab Result Report

All lab results received within the past 30 days

### Lab Results

#### URINALYSIS

01/30/2017 10:00

Description	Result	Flags	Range
WBC	Neg		None-0-1
RBC	0-1	A	Neg
EPITHELIAL CELLS	Neg		Neg-2+
BACTERIA	Neg		Neg-Rare
MUCUS	Trace		Neg
AMORPH SEDIMENT	Neg		Neg
YEAST	Neg		
TRICHOMONAS	Neg		Neg
CRYSTALS	None		None
CASTS	None		None

#### Comments

TRICHOMONAS:

Unless otherwise specified, all tests performed at:

#### UA DIPSTICK

01/30/2017 10:00

Description	Result	Flags	Range
COLOR	Yellow		Pale-Yello w
CHARACTER	Clear		Clear-Sl. Hazy
URINE GLUCOSE	Neg		Neg
URINE BILIRUBIN	Neg		Neg
URINE KETONES	Trace	A	Neg
SPECIFIC GRAVITY	1.020		1.003-1.0 30
OCCULT BLOOD	Neg		Neg
PH	5.5		5.0-8.0
URINE PROTEIN	Neg		Neg
UROBILINOGEN	0.2		0.2-1.0
NITRITE	Neg		Neg
LEUKOESTERASE	Neg		Neg-Trac e

#### Comments

NITRITE:

TSH		01/30/2017 10:00	
Description	Result	Flags	Range
TSH	2.11		0.45-4.50
<b>Comments</b>			
TSH:			
New TSH Reference Range of 0.45 - 4.50 uIU/mL starting 4/03/2014.			

T4 Free		01/30/2017 10:00	
Description	Result	Flags	Range
T4 Free	1.36		0.75-1.54
<b>Comments</b>			
T4 Free:			

LIPID STUDIES		01/30/2017 10:00	
Description	Result	Flags	Range
CHOLESTEROL	340	H	<200
TRIGLYCERIDES	107		<150
HDL CHOLESTEROL	43		>40
LDL-CALC.	276	H	<130
CHOLESTEROL/HDL	7.91	H	<4.97

<b>Comments</b>			
CHOLESTEROL:			
TEST VERIFIED BY REPEAT ANALYSIS			
CHOLESTEROL/HDL:			
RISK FACTOR	CHOL/HDL		
	MALE	FEMALE	
HALF AVERAGE	3.43	3.27	
AVERAGE	4.97	4.44	
TWICE AVERAGE	9.55	7.05	
THRICE AVERAGE	23.99	11.04	

Unless otherwise specified, all tests performed at:

COMP METAB PANEL		01/30/2017 10:00	
Description	Result	Flags	Range
GLUCOSE	95		65-99
BUN	14		8-25
CREATININE	0.9		0.4-1.3
BUN CREA RATIO	15.6		3-40
eGFR	102		

SODIUM	140	135-148
POTASSIUM	4.7	3.5-5.5
CHLORIDE	102	95-110
CO2	24	22-32
CALCIUM	10.2	8.2-10.6
TOTAL PROTEIN	7.3	6.0-8.4
ALBUMIN	4.5	3.5-5.4
GLOBULIN	2.8	2.0-3.5
A/G RATIO	1.6	1.0-2.4
SGOT (AST)	9	6-36
ALK PHOSPHATASE	92	35-147
SGPT (ALT)	6	6-35
TOTAL BILIRUBIN	0.9	0.1-1.3

#### Comments

eGFR:

eGFR units expressed as mL/min/1.73m2

GLOBULIN:

Unless otherwise specified, all tests performed at:

#### SED RATE

01/30/2017 10:00

Description	Result	Flags	Range
SED RATE	10		0-15

#### Comments

SED RATE:

Unless otherwise specified, all tests performed at:

#### CBC

01/30/2017 10:00

Description	Result	Flags	Range
WBC	7.2		4.0-11.0
RBC	5.16		4.4-6.2
HGB	15.5		14.0-18.0
HCT	46.1		40.0-54.0
MCV	89.2		80.0-99.0
MCH	30.1		27.0-34.0
MCHC	33.7		33.0-37.0
RDW	12.2		11.5-14.5
PLATELETS	188		150-450
MPV	9.5		7.1-10.4
GRANULOCYTES %	71.4		40.0-75.0
LYMPHOCYTES %	25.5		20.0-50.0
MONOCYTES %	3.1		0.0-10.0
GRANULOCYTES #	5.1		1.3-7.4
LYMPHOCYTES #	1.8		0.9-5.3
MONOCYTES #	0.20		0.1-1.1

#### Comments

Fasting

MPV:

Unless otherwise specified, all tests performed at:

**HIV Combo Ag/Ab, Fourth Generation**

01/30/2017 10:00

Description	Result	Flags	Range
HIV Combo Ag/Ab, Fourth Generation	Non Reactive		Non Reactive

**Comments**

HIV Combo Ag/Ab, Fourth Generation:

This test has been performed using BioRad Fourth Generation GS HIV Combo Ag/Ab EIA assay on the EVOLIS. Values obtained with different methods cannot be used interchangeably for patient monitoring. Results cannot be interpreted as absolute evidence in determining the presence or absence of infection with HIV.

The HIV Combo Ag/Ab EIA assay is a screening test only. Reactive results must be verified by a confirmatory test (HIV 1/2 Differentiation). Only sera which give "Reactive" results by the screening and confirmatory testing should be considered positive for HIV 1/2 antibodies.

This information is protected by various state laws specific to client location and, in such cases, cannot be further disclosed without patient's specific written consent, or as otherwise permitted by law.

**Vitamin D 25-OH, Total**

01/30/2017 10:00

Description	Result	Flags	Range
Vitamin D 25-OH, Total	32.9		30.0 - 100.0

**Comments**

Vitamin D 25-OH, Total:

Vitamin D status 25 OH Vitamin D

Deficiency < 10 ng/mL

Insufficiency 10-30 ng/mL

Sufficiency 30-100 ng/mL

Toxicity >100 ng/mL

**RPR/STS Qualitative**

01/30/2017 10:00

Description	Result	Flags	Range
RPR/STS Qualitative	Non Reactive		Non Reactive

**Cortisol, AM**

01/30/2017 10:00

Description	Result	Flags	Range
Cortisol, AM	11.35		4.30 - 22.40

**Magnesium**

01/30/2017 10:00

Description	Result	Flags	Range
Magnesium	2.2		1.3 - 2.7
<b>Chlamydia &amp; GC Panel #1</b>		01/30/2017 10:00	
Description	Result	Flags	Range
Chlamydia RNA Amplified	Negative		Negative
GC RNA Amplified	Negative		Negative
<b>Comments</b>			
Chlamydia RNA Amplified: Presumed negative for CT-rRNA.			

**REFERENCE RANGE: NEGATIVE**

This assay has been performed using the BD Viper platform utilizing Strand Displacement Amplification (SDA) methodology. This assay has been cleared by the FDA for ThinPrep, SurePath, BD ProbeTec swabs, and Urine specimens. It has not been cleared for ThinPrep and SurePath specimens analyzed following cytology processing, nor has the FDA required such clearance. It's analytical performance characteristics have been validated by [REDACTED]  
[REDACTED] is a CLIA certified laboratory approved for high complexity testing.

\*Note: Specimens may yield different results depending on specimen collection, transport media, collection site and limitations/test interferences particular to specimen type.

GC RNA Amplified:  
Presumed negative for GC-rRNA.

**REFERENCE RANGE: NEGATIVE**

This assay has been performed using the BD Viper platform utilizing Strand Displacement Amplification (SDA) methodology. This assay has been cleared by the FDA for ThinPrep, SurePath, BD ProbeTec swabs, and Urine specimens. It has not been cleared for ThinPrep and SurePath specimens analyzed following cytology processing, nor has the FDA required such clearance. It's analytical performance characteristics have been validated by [REDACTED]  
[REDACTED] is a CLIA certified laboratory approved for high complexity testing.

\*Note: Specimens may yield different results depending on specimen collection, transport media, collection site and limitations/test interferences particular to specimen type.

<b>Acute Hepatitis Profile</b>		01/30/2017 10:00	
Description	Result	Flags	Range
Hepatitis A Antibody, IgM	Non Reactive		Non Reactive
Hepatitis B Core, IgM	Non Reactive		Non Reactive
Hepatitis B Surface Antigen	Non Reactive		Non Reactive
Hepatitis C Virus Antibody	Non Reactive		Non Reactive
<b>Comments</b>			
Hepatitis C Virus Antibody:			

This test has been performed using Siemens Centaur XP utilizing Chemiluminescence methodology. Values obtained with different methods or kits cannot be used interchangeably for patient monitoring.

The performance of the assay has not been established for populations of immunocompromised, immunosuppressed, infants, children, or adolescent patients, among others.

A negative test result does not exclude the possibility of exposure to hepatitis C virus. A reactive anti-HCV result does not exclude co-infection by another hepatitis virus.

Specimens that are repeatedly reactive by screening tests should be confirmed by more HCV-specific tests.

Current Medications

Medication Name	Sig Desc	Last Refilled
Vitamin D3 2,000 unit capsule	take 3 by Oral route every day	
magnesium citrate 100 mg tablet	400mg qd	
Lipitor 20 mg tablet	take 1 tablet by oral route every day	

Electronically signed by: [redacted] 02/01/2017 11:21 AM

Document generated by: [redacted] 02/01/2017

DOCUMENT NAME: Provider Test Action

PATIENT NAME:

PRACTICE:

CURRENT PROVIDER:

ENCOUNTER DATE: 02/01/2017 8:52 AM

PRIMARY CARE PHYSICIAN:

### Lab Results:

URINALYSIS		01/30/2017 10:00	
Description	Result	Flags	Range
WBC	Neg		None-0-1
RBC	0-1	A	Neg
EPITHELIAL CELLS	Neg		Neg-2+
BACTERIA	Neg		Neg-Rare
MUCUS	Trace		Neg
AMORPH SEDIMENT	Neg		Neg
YEAST	Neg		
TRICHOMONAS	Neg		Neg
CRYSTALS	None		None
CASTS	None		None

### Comments

TRICHOMONAS:

Unless otherwise specified, all tests performed at:

UA DIPSTICK		01/30/2017 10:00	
Description	Result	Flags	Range
COLOR	Yellow		Pale-Yello w
CHARACTER	Clear		Clear-Sl. Hazy
URINE GLUCOSE	Neg		Neg
URINE BILIRUBIN	Neg		Neg
URINE KETONES	Trace	A	Neg
SPECIFIC GRAVITY	1.020		1.003-1.0 30
OCCULT BLOOD	Neg		Neg
PH	5.5		5.0-8.0
URINE PROTEIN	Neg		Neg
UROBILINOGEN	0.2		0.2-1.0
NITRITE	Neg		Neg
LEUKOESTERASE	Neg		Neg-Trac

**Comments**

NITRITE:

Unless otherwise specified, all tests performed at:

TSH 01/30/2017 10:00

Description	Result	Flags	Range
TSH	2.11		0.45-4.50

**Comments**

TSH:

New TSH Reference Range of 0.45 - 4.50 uIU/mL starting 4/03/2014.

Unless otherwise specified, all tests performed at:

T4 Free 01/30/2017 10:00

Description	Result	Flags	Range
T4 Free	1.36		0.75-1.54

**Comments**

T4 Free:

Unless otherwise specified, all tests performed at:

LIPID STUDIES 01/30/2017 10:00

Description	Result	Flags	Range
CHOLESTEROL	340	H	<200
TRIGLYCERIDES	107		<150
HDL CHOLESTEROL	43		>40
LDL-CALC.	276	H	<130
CHOLESTEROL/HDL	7.91	H	<4.97

**Comments**

CHOLESTEROL:

TEST VERIFIED BY REPEAT ANALYSIS

CHOLESTEROL/HDL:

RISK FACTOR	CHOL/HDL	
	MALE	FEMALE
HALF AVERAGE	3.43	3.27
AVERAGE	4.97	4.44
TWICE AVERAGE	9.55	7.05
THRICE AVERAGE	23.99	11.04

Unless otherwise specified, all tests performed at:



## COMP METAB PANEL

01/30/2017 10:00

Description	Result	Flags	Range
GLUCOSE	95		65-99
BUN	14		8-25
CREATININE	0.9		0.4-1.3
BUN CREA RATIO	15.6		3-40
eGFR	102		
SODIUM	140		135-148
POTASSIUM	4.7		3.5-5.5
CHLORIDE	102		95-110
CO2	24		22-32
CALCIUM	10.2		8.2-10.6
TOTAL PROTEIN	7.3		6.0-8.4
ALBUMIN	4.5		3.5-5.4
GLOBULIN	2.8		2.0-3.5
A/G RATIO	1.6		1.0-2.4
SGOT (AST)	9		6-36
ALK PHOSPHATASE	92		35-147
SGPT (ALT)	6		6-35
TOTAL BILIRUBIN	0.9		0.1-1.3

## Comments

eGFR:

eGFR units expressed as mL/min/1.73m2

GLOBULIN:

Unless otherwise specified, all tests performed at:

## SED RATE

01/30/2017 10:00

Description	Result	Flags	Range
SED RATE	10		0-15

## Comments

SED RATE:

Unless otherwise specified, all tests performed at:

## CBC

01/30/2017 10:00

Description	Result	Flags	Range
WBC	7.2		4.0-11.0
RBC	5.16		4.4-6.2
HGB	15.5		14.0-18.0
HCT	46.1		40.0-54.0
MCV	89.2		80.0-99.0
MCH	30.1		27.0-34.0
MCHC	33.7		33.0-37.0
RDW	12.2		11.5-14.5
PLATELETS	188		150-450
MPV	9.5		7.1-10.4
GRANULOCYTES %	71.4		40.0-75.0
LYMPHOCYTES %	25.5		20.0-50.0

MONOCYTES %	3.1	0.0-10.0
GRANULOCYTES #	5.1	1.3-7.4
LYMPHOCYTES #	1.8	0.9-5.3
MONOCYTES #	0.20	0.1-1.1

#### Comments

Fasting  
MPV:

Unless otherwise specified, all tests performed at:

#### HIV Combo Ag/Ab, Fourth Generation

01/30/2017 10:00

Description	Result	Flags	Range
HIV Combo Ag/Ab, Fourth Generation	Non Reactive		Non Reactive

#### Comments

HIV Combo Ag/Ab, Fourth Generation:

This test has been performed using BioRad Fourth Generation GS HIV Combo Ag/Ab EIA assay on the EVOLIS. Values obtained with different methods cannot be used interchangeably for patient monitoring. Results cannot be interpreted as absolute evidence in determining the presence or absence of infection with HIV.

The HIV Combo Ag/Ab EIA assay is a screening test only. Reactive results must be verified by a confirmatory test (HIV 1/2 Differentiation). Only sera which give "Reactive" results by the screening and confirmatory testing should be considered positive for HIV 1/2 antibodies.

This information is protected by various state laws specific to client location and, in such cases, cannot be further disclosed without patient's specific written consent, or as otherwise permitted by law.

Performed At:

#### Vitamin D 25-OH, Total

01/30/2017 10:00

Description	Result	Flags	Range
Vitamin D 25-OH, Total	32.9		30.0 - 100.0

#### Comments

Vitamin D 25-OH, Total:

Vitamin D status 25 OH Vitamin D

Deficiency < 10 ng/mL  
Insufficiency 10-30 ng/mL  
Sufficiency 30-100 ng/mL  
Toxicity >100 ng/mL

#### RPR/STS Qualitative

01/30/2017 10:00

Description	Result	Flags	Range
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<b>Cortisol, AM</b>		01/30/2017 10:00	
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
Cortisol, AM	11.35		4.30 - 22.40
<b>Magnesium</b>		01/30/2017 10:00	
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
Magnesium	2.2		1.3 - 2.7
<b>Chlamydia &amp; GC Panel #1</b>		01/30/2017 10:00	
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
Chlamydia RNA Amplified	Negative		Negative
GC RNA Amplified	Negative		Negative
<b>Comments</b>			
Chlamydia RNA Amplified: Presumed negative for CT-rRNA.			

## REFERENCE RANGE: NEGATIVE

This assay has been performed using the BD Viper platform utilizing Strand Displacement Amplification (SDA) methodology. This assay has been cleared by the FDA for ThinPrep, SurePath, BD ProbeTec swabs, and Urine specimens. It has not been cleared for ThinPrep and SurePath specimens analyzed following cytology processing, nor has the FDA required such clearance. It's analytical performance characteristics have been validated by [REDACTED] is a CLIA certified laboratory approved for high complexity testing.

\*Note: Specimens may yield different results depending on specimen collection, transport media, collection site and limitations/test interferences particular to specimen type.

GC RNA Amplified:  
Presumed negative for GC-rRNA.

## REFERENCE RANGE: NEGATIVE

This assay has been performed using the BD Viper platform utilizing Strand Displacement Amplification (SDA) methodology. This assay has been cleared by the FDA for ThinPrep, SurePath, BD ProbeTec swabs, and Urine specimens. It has not been cleared for ThinPrep and SurePath specimens analyzed following cytology processing, nor has the FDA required such clearance. It's analytical performance characteristics have been validated by [REDACTED] is a CLIA certified laboratory approved for high complexity testing.

\*Note: Specimens may yield different results depending on specimen collection, transport media, collection site and limitations/test interferences particular to specimen type.

<b>Acute Hepatitis Profile</b>		01/30/2017 10:00	
<b>Description</b>	<b>Result</b>	<b>Flags</b>	<b>Range</b>
Hepatitis A Antibody, IgM	Non Reactive		Non Reactive
Hepatitis B Core, IgM	Non Reactive		Non

Hepatitis B Surface Antigen	Non Reactive	Reactive
		Non
Hepatitis C Virus Antibody	Non Reactive	Reactive
		Non
		Reactive

#### Comments

Hepatitis C Virus Antibody:

This test has been performed using Siemens Centaur XP utilizing Chemiluminescence methodology. Values obtained with different methods or kits cannot be used interchangeably for patient monitoring.

The performance of the assay has not been established for populations of immunocompromised, immunosuppressed, infants, children, or adolescent patients, among others.

A negative test result does not exclude the possibility of exposure to hepatitis C virus. A reactive anti-HCV result does not exclude co-infection by another hepatitis virus.

Specimens that are repeatedly reactive by screening tests should be confirmed by more HCV-specific tests.

#### Lab:

Date	Time	Documented By	Comments	Response	Completed By
02/01/2017	8:59 AM		Left message for pt. neg HIV/STD testing incl neg GC/Chlam/RPR, vit d 32.9 but TC 340, LDL 276, start lipitor 20 mg daily, decrease red meat intake, tena rx and make sure he got my message and schedule him AM fasting appt in 3months, watch for myalgias, need to monitor LFTs on statin, due to wt loss LFTs normal now, normal cbc cmp tsh.	-- [redacted] at 11:09 AM on 02/01/2017): pt notified,rx sent,has appointment set for may 5th	*completed by [redacted]
02/01/2017	1:09 PM		Teleconf with pt. discussed statin. risks benefits statins, chol very high. decrease red meat diet, decrease butter, low chol diet. exercise, tena mail pt low chol diet sheet.	-- [redacted] at 1:47 PM on 02/01/2017): low chol diet mailed to pt	*completed by [redacted]

#### Action Log:

##### Today's Encounter:

Date	Time	By	Comments	Response	Status	Completed Comments
02/01/2017	8:59 AM		Left message for pt. neg	-- [redacted]	*completed by	Left message for pt.

02/01/2017 08:52 AM Page: 1/7

HIV/STD testing incl neg  
GC/Chlam/RPR, vit d 32.9 but  
TC 340, LDL 276, start lipitor 20  
mg daily, decrease red meat  
intake, tena rx and make sure  
he got my message and  
schedule him AM fasting appt  
in 3months, watch for myalgias,  
need to monitor LFTs on statin,  
due to wt loss LFTs normal  
now, normal cbc cmp tsh.

██████ at ████████  
11:09 AM on  
02/01/2017): pt  
notified,rx  
sent,has  
appointment  
set for may 5th

neg HIV/STD testing  
incl neg  
GC/Chlam/RPR, vit d  
32.9 but TC 340, LDL  
276, start lipitor 20 mg  
daily, decrease red  
meat intake, tena rx  
and make sure he got  
my message and  
schedule him AM  
fasting appt in  
3months, watch for  
myalgias, need to  
monitor LFTs on statin,  
due to wt lo

02/01/2017 1:09 PM

██████ Teleconf with pt. discussed  
statin. risks benefits statins,  
chol very high. decrease red  
meat diet, decrease butter, low  
chol diet. exercise, tena mail pt  
low chol diet sheet.

--██████ at 1:47  
PM on  
02/01/2017):  
low chol diet  
mailed to pt

\*completed by

██████ Teleconf with pt.  
discussed statin. risks  
benefits statins, chol  
very high. decrease red  
meat diet, decrease  
butter, low chol diet.  
exercise, tena mail pt  
low chol diet sheet.

Electronically signed by: ████████ 02/01/2017 01:48 PM

Document generated by: ████████ 02/01/2017

PATIENT: [REDACTED]  
DATE OF BIRTH: [REDACTED]  
DATE: 01/30/2017 08:50 AM  
HISTORIAN: self  
VISIT TYPE: Office Visit

This 26 year old male presents for hyperchol\_.

**History of Present Illness:**

1. hyperchol\_  
[REDACTED]

hyperchol. 1/16 TC 219, TG 152, LDL 148.

morbid obesity, prev did not exercise at all/diet poor, was eating fast foods. ALT 53, neg 2016 hep screen, went on Paleo diet and wt down from 311 lbs to 207 lbs today

unrefreshed sleep, prev Epworth score 7 on 1/16, only occ wakes up tired now but wt down as above >100 lbs, Epworth score today 1/17 of only 4

allergies, environmental, mild, controlled.

elevated BP

vit d deficiency, vit d level only 12 1/16, not taking vit d regularly

for the last year, after wt loss, if gets up quickly, or if after gym can feel lightheaded, lasts 5-10 seconds and hands can feel numb.

no penile discharge or symptoms s/p prev doxy course 2/16

PMH

2/16 pos chlamydia s/p Doxycycline.

hx oxycontin abuse/ heroin addict, prev OD, sober /clean for 3 years, negative HIV testing in past

SHx grew up in CT and lived in NY, prev 1.5 ppd x 6 yrs, quit 5/15, prev chewed nicorette, no hx exposures [REDACTED]

prev IVDA heroin but negative HIV

FHx

PGF colon CA 60s

[REDACTED] 01/30/2017 08:50 AM 1/5

## PROBLEM LIST:

### Problem Description

Environmental allergies  
General medical exam  
Elevated BP  
Hypercholesteremia  
Morbid obesity, unspecified obesity type  
Hx of exposure to hazardous bodily fluids  
Primary osteoarthritis of both knees  
Vitamin D deficiency  
Microalbuminuria  
Chlamydia

## PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
nasal fracture	1997			
oxycontin abuse/OD				

## Family History (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Brother		N		Alive and well		
Father		N		Alive and well		
Mother		N		Alive and well		
Paternal grandfather				colon cancer 60"s		N

## Social History: (Detailed)

Preferred language is English.  
The patient does not need an interpreter.

## EDUCATION/EMPLOYMENT/OCCUPATION

Employment	History	Status	Retired	Restrictions
------------	---------	--------	---------	--------------

Tobacco use status: Ex-cigarette smoker.  
Smoking status: Former smoker.

## ALCOHOL

There is no history of alcohol use.

## Medications (active prior to today)

Medication Name	Sig Desc	Start Date	Stop Date	Refilled	Elsewhere
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01/30/2017 08:50 AM 1/5

Vitamin D3 2,000 unit take 3 by Oral route every 01/29/2016  
capsule day

N

## Medication Reconciliation

Medications reconciled today.

## Allergies

Ingredient	Reaction	Medication Name	Comment
------------	----------	-----------------	---------

NO KNOWN

ALLERGIES

Reviewed, no changes.

## Review of Systems

System	Neg/Pos	Details
Constitutional	Positive	Weight loss.
Constitutional	Negative	Change in appetite, chills/rigors, fatigue, fever, malaise and night sweats.
Constitutional	Comments	Chronic hx fatigue. none now with wt loss.
ENMT	Positive	Nasal congestion, Nasal drainage.
ENMT	Negative	Dysphagia, nasal obstruction and odynophagia.
ENMT	Comments	Chronic hx allergies and PND, better.
Respiratory	Negative	Cough, dyspnea, nocturnal dyspnea, orthopnea and wheezing.
Respiratory	Comments	Hx dyspnea when he was out of shape/obese.
Cardio	Positive	Irregular heartbeat/palpitations.
Cardio	Negative	Chest pain.
Cardio	Comments	Can get episode with heart racing , lasts 5 seconds, can occur 1-2x wk. This does not occur when he is feeling lightheaded, he did not want workup/cardiology consult.
GI	Negative	Abdominal pain, blood in stool, constipation, diarrhea, dysphagia, heartburn, melena, nausea, odynophagia and vomiting.
GU	Negative	Dysuria, frequent urination, nocturia, polyuria and urgency.
GU	Comments	No discharge.
Endocrine	Negative	Cold intolerance, heat intolerance, polydipsia and polyphagia.
Neuro	Negative	Headache.
Integumentary	Negative	Change in shape/size of mole(s), rash and skin lesion.

## VITAL SIGNS

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht (in)	Ht cm	Wt lb	Wt oz	Wt kg	BMI kg/m2	BSA m2	O2 Sat%
9:05 AM	114/74	72	12		70.25	178.44	207.00		93.894	29.49		

## MEASURED BY

Time	Measured by
9:05 AM	

## Physical Exam

Exam	Findings	Details
Constitutional	Normal	No acute distress. Well nourished. Well developed, well nourished, and in no acute distress.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal.
Ears	Normal	Canal - Right: Normal, Left: Normal. TM - Right: Normal, Left: Normal.

02/11/1990 01/30/2017 08:50 AM 1/5



Nasopharynx	Normal	Hearing - Right: Normal, Left: Normal.
Neck Exam	Normal	Oropharynx - Normal.
Lymph Detail	Normal	Inspection - Normal. Palpation - Normal. Thyroid gland - Normal.
Respiratory	Normal	No cervical or supraclavicular adenopathy.
Cardiovascular	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
		Inspection - JVD: Absent. Heart rate - Regular rate. Rhythm - Regular.
		Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs -
		None. Extremities - No edema.
Vascular	Normal	Pulses - Femoral: Normal, Dorsalis pedis: Normal, Posterior tibial:
		Normal. Bruits - Carotids: Absent.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. Percussion - Normal.
		Anterior palpation - Normal, No guarding, No rebound. CVA tenderness
		- None. No abdominal tenderness. No hepatic enlargement. No splenic
		enlargement. No hernia. No palpable mass.
Genitourinary	Normal	Penis - Normal. Scrotum - Normal. Epididymides - Normal. Lymph nodes
		- Normal. Inguinal canal - Normal. Testes - Normal. No CVA Tenderness.
		No flank mass. No suprapubic tenderness. No hernia.
Musculoskeletal	Comments	bilat knee crepitus better
Extremity	Normal	No edema.
Neurological	Normal	Level of consciousness - Normal. Orientation - Normal. Memory -
		Normal. Cranial nerves - Cranial nerves II through XII grossly intact.
		Sensory - Normal. Motor - Normal. Balance & gait - Normal.
		Coordination - Normal. Fine motor skills - Normal. DTRs - Normal.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Not anxious.
		Appropriate mood and affect. Appropriate affect. Normal insight.
		Normal judgment.

## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Hypercholesterolemia (E78.00), Chronic.
	Patient Plan	improving, should be much improved with wt loss, check lipids
2.	Assessment	Vitamin D deficiency (E55.9), Chronic.
	Patient Plan	stable, might still be low as not taking vit d , recheck vit d
3.	Assessment	Hx of exposure to hazardous bodily fluids (Z77.21), Asymptomatic.
	Patient Plan	check GC/Chlamydia/HIV/hep screen.
4.	Assessment	Elevated BP without diagnosis of hypertension (R03.0), Chronic.
	Patient Plan	improved with wt loss, bp normal now
	Plan Orders	He will be scheduled for EKG.
5.	Assessment	General medical exam (Z00.00), Routine.
	Patient Plan	yearly PE completed. he will continue to watch diet , exercise
		wt much improved
		epworth score today only 4, much improved with wt loss
	Plan Orders	Today's instructions / counseling include(s) patient education given.
6.	Assessment	Elevated LFTs (R94.5), Chronic.
	Patient Plan	improving, likely will be improved with wt loss
7.	Assessment	Palpitations (R00.2), Routine.

**Patient Plan** ekg NSR normal. check K, Mg, thyroid function

8. Assessment Orthostasis (I95.1), Routine.

Patient Plan	check orthostatic VS, lying HR 64, 108/64, sitting 72, bp 104/66, standing 84, 104/70. check cortisol, he will drink lots of fluids. check renal function, UA and labs. recheck orthostatics in f/u appt.
--------------	---

## Medications (Added, Continued or Stopped this visit)

Started	Medication	Directions	Instruction	Stopped
01/30/2017	magnesium citrate 100 mg tablet	400mg qd		
01/29/2016	Vitamin D3 2,000 unit capsule	take 3 by Oral route every day		

Electronically signed by: [REDACTED] 01/30/2017 10:01 AM

Document generated by: [REDACTED] 01/30/2017 10:01 AM

**PATIENT PLAN**

Date of Visit: 01/30/2017 08:50 AM

Treating Provider for today's visit:

Primary Care Provider:

REASON(S) FOR TODAY's Office Visit

hyperchol\_

**Assessment/Plan**

#	Detail Type	Description
1.	Assessment	Hypercholesteremia (E78.00), Chronic.
	Patient Plan	improving, should be much improved with wt loss, check lipids
2.	Assessment	Vitamin D deficiency (E55.9), Chronic.
	Patient Plan	stable, might still be low as not taking vit d , recheck vit d
3.	Assessment	Hx of exposure to hazardous bodily fluids (Z77.21), Asymptomatic.
	Patient Plan	check GC/Chlamydia/HIV/hep screen.
4.	Assessment	Elevated BP without diagnosis of hypertension (R03.0), Chronic.
	Patient Plan	improved with wt loss, bp normal now
	Plan Orders	He will be scheduled for EKG.
5.	Assessment	General medical exam (Z00.00), Routine.
	Patient Plan	yearly PE completed. he will continue to watch diet , exercise wt much improved epworth score today only 4, much improved with wt loss
	Plan Orders	Today's instructions / counseling include(s) patient education given.
6.	Assessment	Elevated LFTs (R94.5), Chronic.
	Patient Plan	improving, likely will be improved with wt loss
7.	Assessment	Palpitations (R00.2), Routine.
	Patient Plan	ekg NSR normal. check K, Mg, thyroid function
8.	Assessment	Orthostasis (I95.1), Routine.
	Patient Plan	check orthostatic VS, lying HR 64, 108/64, sitting 72, bp 104/66, standing 84, 104/70. check cortisol, he will drink lots of fluids. check renal function, UA and labs. recheck orthostatics in f/u appt.

**VITAL SIGNS**

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in.)	Weight (lbs.)	Weight (oz.)	BMI
114/74	72	12		70.25	207.00		29.49

**MEDICATIONS (Prescribed This Visit)**

Date	Medication	Dose	Directions
01/30/2017	magnesium citrate 100 mg tablet	100 mg	400mg qd

**CURRENT MEDICATION LIST**

Medication	Dose	Sig Description
magnesium citrate 100 mg tablet	100 mg	400mg qd
Vitamin D3 2,000 unit capsule	2,000 unit	take 3 by Oral route every day

**Local Preferred Pharmacies On File:****ALLERGIES**

Allergen	Reaction	Comment
NO KNOWN ALLERGIES		

**INSTRUCTIONS FOR PATIENT**

Patient education given

**OFFICE PROCEDURES**

Procedures	Reason	Interpretation	Value
EKG			

**OTHER HEALTH INFORMATION****PROBLEM LIST:**

Problem Description
Environmental allergies
General medical exam
Elevated BP
Hypercholesteremia
Morbid obesity, unspecified obesity type
Hx of exposure to hazardous bodily fluids
Primary osteoarthritis of both knees
Vitamin D deficiency
Microalbuminuria
Chlamydia

**DEMOGRAPHICS**

Sex: Male

Ethnicity: Unknown / Not Reported

01/30/2017 08:50 AM Page: 1/3

Preferred Language: English

Electronically signed by: [REDACTED] 01/30/2017 10:00 AM

Document generated by: [REDACTED] 01/30/2017

Ordering: [REDACTED]

Performing #: [REDACTED]

Location: [REDACTED]

Tests Ordered : Beta-HCG Tumor Marker [REDACTED]

**HIV Combo Ag/Ab, Fourth Generation (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
HIV Combo Ag/Ab, Fourth Generation	Non-Reactive			Non Reactive	<p>This test has been performed using the Roche Fourth Generation Elecsys HIV combi PT assay on the Cobas e602 analyzer. A negative test result does not exclude the possibility of exposure to or infection with HIV.</p> <p>Reactive results must be confirmed according to the recommended CDC confirmatory algorithms.</p>

**Beta-HCG, Tumor Marker (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Beta-HCG, Tumor Marker	<0.2	mIU/mL		<10.0	

**Vitamin D 25-OH, Total (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Vitamin D 25-OH, Total	29.8	ng/mL	L	30.0 - 100.0	<p>Vitamin D status 25 OH Vitamin D</p> <p>Deficiency &lt; 10 ng/mL</p> <p>Insufficiency 10-29 ng/mL</p> <p>Sufficiency 30-100 ng/mL</p> <p>Toxicity &gt;100 ng/mL</p>

**Insulin-Like Growth Factor-1 (IGF-1) (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Insulin-Like Growth Factor-1 (IGF-1)	259	ng/mL		88 - 537	

**DHEA Sulfate (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
DHEA Sulfate	656	ug/dL	H	160 - 449	

**RPR/STS Qualitative (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
RPR/STS Qualitative	Non Reactive			Non Reactive	

**Creatine Kinase(CPK), Total (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Creatine Kinase(CPK), Total	91	U/L		31 - 336	

**Growth Hormone (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Growth Hormone	0.111	ng/mL		0.030 - 2.470	

**Cortisol, AM (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Cortisol, AM	4.64	ug/dL	L	4.80 - 19.50	

**Estradiol (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Estradiol	23.3	pg/mL		<60.7	

**Prolactin, Total (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Prolactin, Total	6.72	ng/mL		4.00 - 25.00	

**Triiodothyronine (T3), Total (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Triiodothyronine (T3), Total	1.15	ng/mL		0.80 - 2.00	

**LH & FSH (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
FSH	4.75	mIU/mL		1.50 - 12.40	
LH	2.79	mIU/mL		1.70 - 8.60	

**Testosterone, Free & Total (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Sex Hormone Binding Globulin (SHBG)	51	nmol/L		18 - 66	
Testosterone, Free, %	1.64	%		1.00 - 2.70	<p>**NOTE: The result is based on the formula derived from the estimation of Free Testosterone in serum</p> <p>[REDACTED]</p>
Testosterone, Free, (Calc.)	103.3	pg/mL		50.0 - 210.0	
Testosterone, Total	630	ng/dL		300 - 1,080	

**Chlamydia & GC Panel #1 (Collection Date: 03/21/2018 10:05, Status: Final)**

[REDACTED]



Component	Result	Units	Flag	Range	Comment
Chlamydia, TMA	Negative			Negative	Assay methodology is nucleic acid amplification by transcription mediated amplification (TMA) utilizing the Aptima Combo 2 Assay. This test has not been approved by the FDA for SurePath, and female urine samples. In these sample types, the analytical performance characteristics were determined by [REDACTED]. The FDA has determined that such clearance or approval is not required for clinical use of this test. WPML is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing. A Negative result does not exclude low level infection, specimen sampling error, or collection error. All positive test results should be considered as presumptive evidence of infection. Clinical correlation recommended.
GC, TMA	Negative			Negative	Assay methodology is nucleic acid amplification by transcription mediated amplification (TMA) utilizing the Aptima Combo 2 Assay. This test has not been approved by the FDA for SurePath, and female urine samples. In these sample types, the analytical performance characteristics were determined by [REDACTED]. The FDA has determined that such clearance or approval is not required for clinical use of this test. WPML is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing. A Negative result does not exclude low level infection, specimen sampling error, or collection error. All positive test results should be considered as presumptive evidence of infection. Clinical correlation recommended.

**Acute Hepatitis Profile (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Hepatitis A Antibody, IgM	Non-Reactive			Non Reactive	
Hepatitis B Core, IgM	Non-Reactive			Non Reactive	
Hepatitis B Surface Antigen	Non-Reactive			Non Reactive	
Hepatitis C Virus (HCV) Antibody	Non-Reactive			Non Reactive	



Ordering: [REDACTED]

Performing #: [REDACTED]

Location: [REDACTED]

Tests Ordered [REDACTED]

**Adrenocorticotrophic Hormone (ACTH) (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Adrenocorticotrophic Hormone (ACTH)	26.51	pg/mL		7.20 - 63.30	NOTE: Reference ranges only established for collection between 7 a.m. and 10 a.m. Reference range will not apply for any specimen not collected between these times.

[REDACTED]

Ordering: [REDACTED]

Performing #: [REDACTED]

Location: [REDACTED]

Tests Ordered : CBC (CBC), SED RATE (ESR), COMP METAB PANEL (COMP MET), LIPID STUDIES - LIPID (LIPID), FT4 (FT4), TSH (TSH), PSA (PSA), UA DIPSTICK (UA\_DIP)

**UA DIPSTICK (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
COLOR	Yellow			Pale-Yellow	
CHARACTER	Clear			Clear-Sl. Hazy	
URINE GLUCOSE	Neg			Neg	
URINE BILIRUBIN	Neg			Neg	
URINE KETONES	Neg			Neg	
SPECIFIC GRAVITY	1.020			1.003-1.030	
OCCULT BLOOD	Neg			Neg	
PH	5.0			5.0-8.0	
URINE PROTEIN	Neg			Neg	
UROBILINOGEN	0.2	mg/dL		0.2-1.0	
NITRITE	Neg			Neg	

Unless otherwise specified, all tests performed at:



LEUKOESTERASE      Neg      Neg-Trace

**PSA (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
PSA	0.82	ng/mL		0-4.00	PSA values from different assay methods cannot be used interchangeably. This assay was performed using the [REDACTED] Immunoenzymometric method.
Unless otherwise specified, all tests performed at: [REDACTED]					

**TSH (Collection Date: 03/21/2018 10:05, Status: Final)**


Component	Result	Units	Flag	Range	Comment
TSH	2.06	uIU/mL		0.45-4.50	New TSH Reference Range of 0.45 - 4.50 uIU/mL starting 4/03/2014.
Unless otherwise specified, all tests performed at: [REDACTED]					

**T4 Free (Collection Date: 03/21/2018 10:05, Status: Final)**


Component	Result	Units	Flag	Range	Comment
T4 Free	1.49	ng/dL		0.75-1.54	Unless otherwise specified, all tests performed at: [REDACTED]

**LIPID STUDIES (Collection Date: 03/21/2018 10:05, Status: Final)**



Component	Result	Units	Flag	Range	Comment
GLUCOSE	95	mg/dL		65-99	
BUN	14	mg/dL		8-25	
CREATININE	1.0	mg/dL		0.4-1.3	
BUN CREA RATIO	14.0	Ratio		3-40	
eGFR	89				eGFR units expressed as mL/min/1.73m2
SODIUM	140	mEq/L		135-148	
POTASSIUM	4.7	mEq/L		3.5-5.5	
CHLORIDE	104	mEq/L		95-110	
CO2	28	mEq/L		22-32	
CALCIUM	9.9	mg/dL		8.2-10.6	
TOTAL PROTEIN	7.3	g/dL		6.0-8.4	
ALBUMIN	4.8	g/dL		3.5-5.4	
GLOBULIN	2.5	g/dL		2.0-3.5	
Unless otherwise specified, all tests performed at:					
					
A/G RATIO	1.9	Ratio		1.0-2.4	
SGOT (AST)	10	U/L		6-36	
ALK PHOSPHATASE	46	U/L		35-147	
SGPT (ALT)	14	U/L		6-35	
TOTAL BILIRUBIN	1.4	mg/dL	H	0.1-1.3	
TEST VERIFIED BY REPEAT ANALYSIS					

**SED RATE (Collection Date: 03/21/2018 10:05, Status: Final)**

Component	Result	Units	Flag	Range	Comment
SED RATE	5	mm/hr		0-15	
Unless otherwise specified, all tests performed at:					
					

**CBC (Collection Date: 03/21/2018 10:05, Status: Final)**

Fasting







Ordering: [REDACTED]

Performing #: [REDACTED]

Location: [REDACTED]

**TESTOSTERONE, FREE, BIO AND TOTAL, LC/MS/MS (Collection Date: 05/22/2017 08:20, Status: Final)**

Component	Result	Units	Flag	Range	Comment
ALBUMIN, SERUM	4.8	g/dL		3.6-5.1	REPORT COMMENT: FASTING: YES
SEX HORMONE BINDING GLOBULIN	36	nmol/L		10-50	
TESTOSTERONE, FREE	59.3	pg/mL		46.0- 224.0	
TESTOSTERONE, TOTAL, LC/MS/MS	484	ng/dL		250- 1100	
TESTOSTERONE, BIOAVAILABLE	129.6	ng/dL		110.0- 575.0	

**VITAMIN D, 25-OH, TOTAL, IA (Collection Date: 05/22/2017 08:20, Status: Final)**

Component	Result	Units	Flag	Range	Comment
VITAMIN D,25-OH,TOTAL,IA	64	ng/mL		30-100	<p>Vitamin D Status 25-OH Vitamin D:</p> <p>Deficiency: &lt;20 ng/mL  Insufficiency: 20 - 29 ng/mL  Optimal: &gt; or = 30 ng/mL</p> <p>For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients &gt;2yrs).</p> <p>For more information on this test, go to:</p> <div style="background-color: black; height: 40px; width: 100%;"></div> <div style="background-color: black; height: 60px; width: 100%;"></div>

**TSH (Collection Date: 05/22/2017 08:20, Status: Final)**

Component	Result	Units	Flag	Range	Comment
TSH	3.15	mIU/L		0.40-4.50	<div style="background-color: black; height: 60px; width: 100%;"></div>

**T4, FREE (Collection Date: 05/22/2017 08:20, Status: Final)**

Component	Result	Units	Flag	Range	Comment
T4, FREE	1.4	ng/dL		0.8-1.8	<div style="background-color: black; height: 60px; width: 100%;"></div>

**LH (Collection Date: 05/22/2017 08:20, Status: Final)**

Component	Result	Units	Flag	Range	Comment
LH	1.8	mIU/mL		1.5-9.3	<div style="background-color: black; height: 60px; width: 100%;"></div>

**FSH (Collection Date: 05/22/2017 08:20, Status: Final)**

Component	Result	Units	Flag	Range	Comment
FSH	4.1	mIU/mL		1.6-8.0	

**ACTH, PLASMA (Collection Date: 05/22/2017 08:20, Status: Final)**

Component	Result	Units	Flag	Range	Comment
ACTH, PLASMA	13	pg/mL		6-50	Reference range applies only to specimens collected between 7am-10am

**URINALYSIS, COMPLETE W/REFLEX TO CULTURE (Collection Date: 05/22/2017 08:20, Status: Final)**

Component	Result	Units	Flag	Range	Comment
REFLEXIVE URINE CULTURE	NO CULTURE INDICATED				

**HS CRP (Collection Date: 05/22/2017 08:20, Status: Final)**

Component	Result	Units	Flag	Range	Comment
HS CRP	12.4	mg/L	H		<p>Persistent elevation, upon retesting, may be associated with infection and inflammation according to AHA/CDC guidelines.</p> <p>For ages &gt;17 Years:  hs-CRP mg/L Risk According to AHA/CDC Guidelines  &lt;1.0 Lower relative cardiovascular risk.  1.0-3.0 Average relative cardiovascular risk.  3.1-10.0 Higher relative cardiovascular risk.  Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation.  &gt;10.0 Persistent elevation, upon retesting, may be associated with infection and inflammation.</p>

**CBC (INCLUDES DIFF/PLT) (Collection Date: 05/22/2017 08:20, Status: Final)**

Component	Result	Units	Flag	Range	Comment
WHITE BLOOD CELL COUNT	6.2	Thousand/uL		3.8-10.8	
RED BLOOD CELL COUNT	4.88	Million/uL		4.20-5.80	
HEMOGLOBIN	15.2	g/dL		13.2-17.1	
HEMATOCRIT	44.0	%		38.5-50.0	
MCV	90.2	fL		80.0-100.0	
MCH	31.1	pg		27.0-33.0	
MCHC	34.5	g/dL		32.0-36.0	
RDW	11.9	%		11.0-15.0	
PLATELET COUNT	242	Thousand/uL		140-400	
MPV	11.3	fL		7.5-12.5	
ABSOLUTE NEUTROPHILS	3472	cells/uL		1500-7800	
ABSOLUTE BAND NEUTROPHILS	DNR	cells/uL		0-750	
ABSOLUTE METAMYELOCYTES	DNR	cells/uL		0	
ABSOLUTE MYELOCYTES	DNR	cells/uL		0	
ABSOLUTE PROMYELOCYTES	DNR	cells/uL		0	

ABSOLUTE LYMPHOCYTES	2114	cells/uL	850-3900
ABSOLUTE MONOCYTES	428	cells/uL	200-950
ABSOLUTE EOSINOPHILS	167	cells/uL	15-500
ABSOLUTE BASOPHILS	19	cells/uL	0-200
ABSOLUTE BLASTS	DNR	cells/uL	0
ABSOLUTE NUCLEATED RBC	0	cells/uL	0
NEUTROPHILS	56	%	
BAND NEUTROPHILS	DNR	%	
METAMYELOCYTES	DNR	%	
MYELOCYTES	DNR	%	
LYMPHOCYTES	34.1	%	
MONOCYTES	6.9	%	
EOSINOPHILS	2.7	%	
BASOPHILS	0.3	%	
BLASTS	DNR	%	
NUCLEATED RBC	DNR	/100 WBC	0
PROMYELOCYTES	DNR	%	
REACTIVE LYMPHOCYTES	DNR	%	0-10
COMMENT(S)	DNR		



**URINALYSIS, COMPLETE W/REFLEX TO CULTURE (Collection Date: 05/22/2017 08:20, Status: Final)**



Component	Result	Units	Flag	Range	Comment
AMORPHOUS SEDIMENT	DNR	/HPF		NONE OR FEW	
APPEARANCE	CLEAR			CLEAR	
BACTERIA	NONE SEEN	/HPF		NONE SEEN	
BILIRUBIN	NEGATIVE			NEGATIVE	
CALCIUM OXALATE CRYSTALS	DNR	/HPF		NONE OR FEW	
CASTS	DNR	/LPF		NONE SEEN	
COLOR	YELLOW			YELLOW	
COMMENTS	DNR				
CRYSTALS	DNR	/HPF		NONE SEEN	
GLUCOSE	NEGATIVE			NEGATIVE	
GRANULAR CAST	DNR	/LPF		NONE SEEN	
HYALINE CAST	NONE SEEN	/LPF		NONE SEEN	
KETONES	NEGATIVE			NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE			NEGATIVE	
NITRITE	NEGATIVE			NEGATIVE	
NOTE	DNR				
OCCULT BLOOD	NEGATIVE			NEGATIVE	
PH	6.0			5.0-8.0	
PROTEIN	NEGATIVE			NEGATIVE	
RBC	NONE SEEN	/HPF		< OR = 2	
REDUCING SUBSTANCES	DNR	%		NEGATIVE	
RENAL EPITHELIAL CELLS	DNR	/HPF		< OR = 3	
SPECIFIC GRAVITY	1.007			1.001-1.035	
SQUAMOUS EPITHELIAL CELLS	NONE SEEN	/HPF		< OR = 5	
TRANSITIONAL EPITHELIAL CELLS	DNR	/HPF		< OR = 5	
TRIPLE PHOSPHATE CRYSTALS	DNR	/HPF		NONE OR FEW	
URIC ACID CRYSTALS	DNR	/HPF		NONE OR FEW	
WBC	NONE SEEN	/HPF		< OR = 5	
YEAST	DNR	/HPF		NONE SEEN	

**CREATINE KINASE, TOTAL (Collection Date: 05/22/2017 08:20, Status: Final)**

Component	Result	Units	Flag	Range	Comment
CREATINE KINASE, TOTAL	77	U/L		44-196	

**COMPREHENSIVE METABOLIC PANEL (Collection Date: 05/22/2017 08:20, Status: Final)**

Component	Result	Units	Flag	Range	Comment
GLUCOSE	88	mg/dL		65-99	
Fasting reference interval					
UREA NITROGEN (BUN)	12	mg/dL		7-25	
CREATININE	0.95	mg/dL		0.60-1.35	
BUN/CREATININE RATIO	NOT APPLICABLE	(calc)		6-22	
eGFR NON-AFR. AMERICAN	109	mL/min/1.73m2		> OR = 60	
eGFR AFRICAN AMERICAN	127	mL/min/1.73m2		> OR = 60	
SODIUM	142	mmol/L		135-146	
POTASSIUM	4.3	mmol/L		3.5-5.3	
CHLORIDE	102	mmol/L		98-110	
CARBON DIOXIDE	30	mmol/L		20-31	
CALCIUM	10.1	mg/dL		8.6-10.3	
PROTEIN, TOTAL	7.7	g/dL		6.1-8.1	
ALBUMIN	4.8	g/dL		3.6-5.1	
GLOBULIN	2.9	g/dL (calc)		1.9-3.7	
ALBUMIN/GLOBULIN RATIO	1.7	(calc)		1.0-2.5	
BILIRUBIN, TOTAL	1.3	mg/dL	H	0.2-1.2	
ALKALINE PHOSPHATASE	71	U/L		40-115	
AST	20	U/L		10-40	
ALT	31	U/L		9-46	

**MAGNESIUM (Collection Date: 05/22/2017 08:20, Status: Final)**



Component	Result	Units	Flag	Range	Comment
MAGNESIUM	2.4	mg/dL		1.5-2.5	

**LIPID PANEL (Collection Date: 05/22/2017 08:20, Status: Final)**

Component	Result	Units	Flag	Range	Comment
TRIGLYCERIDES	92	mg/dL		<150	
CHOLESTEROL, TOTAL	151	mg/dL		125-200	
HDL CHOLESTEROL	48	mg/dL		> OR = 40	
LDL-CHOLESTEROL	85	mg/dL (calc)		<130	Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.
CHOL/HDLRATIO	3.1	(calc)		< OR = 5.0	
NON HDL CHOLESTEROL	103	mg/dL (calc)			Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.

Ordering:

Performing #

Location:

Tests Ordered : CBC (CBC), SED RATE (ESR), COMP METAB PANEL (COMP MET), LIPID STUDIES - LIPID (LIPID), FT4 (FT4), TSH (TSH), UA DIPSTICK (UA\_DIP)

**URINALYSIS (Collection Date: 01/30/2017 10:00, Status: Final)**

Component	Result	Units	Flag	Range	Comment
WBC	Neg	/HPF		None-0-1	
RBC	0-1	/HPF	A	Neg	
EPITHELIAL CELLS	Neg			Neg-2+	
BACTERIA	Neg			Neg-Rare	
MUCUS	Trace			Neg	
AMORPH SEDIMENT	Neg			Neg	
YEAST	Neg				
TRICHOMONAS	Neg	/HPF		Neg	
Unless otherwise specified, all tests performed at:					
CRYSTALS	None			None	
CASTS	None			None	

**UA DIPSTICK (Collection Date: 01/30/2017 10:00, Status: Final)**

Component	Result	Units	Flag	Range	Comment
COLOR	Yellow			Pale-Yellow	
CHARACTER	Clear			Clear-Sl. Hazy	
URINE GLUCOSE	Neg			Neg	
URINE BILIRUBIN	Neg			Neg	
URINE KETONES	Trace		A	Neg	
SPECIFIC GRAVITY	1.020			1.003-1.030	
OCCULT BLOOD	Neg			Neg	
PH	5.5			5.0-8.0	
URINE PROTEIN	Neg			Neg	
UROBILINOGEN	0.2	mg/dL		0.2-1.0	
NITRITE	Neg			Neg	

Unless otherwise specified, all tests performed at:



LEUKOESTERASE      Neg      Neg-Trace

**TSH (Collection Date: 01/30/2017 10:00, Status: Final)**

Component	Result	Units	Flag	Range	Comment
TSH	2.11	uIU/mL		0.45-4.50	New TSH Reference Range of 0.45 - 4.50 uIU/mL starting 4/03/2014.

Unless otherwise specified, all tests performed at:



**T4 Free (Collection Date: 01/30/2017 10:00, Status: Final)**

Component	Result	Units	Flag	Range	Comment
T4 Free	1.36	ng/dL		0.75-1.54	Unless otherwise specified, all tests performed at:



**LIPID STUDIES (Collection Date: 01/30/2017 10:00, Status: Final)**




Component	Result	Units	Flag	Range	Comment
CHOLESTEROL	340	mg/dL	H	<200	TEST VERIFIED BY REPEAT ANALYSIS
TRIGLYCERIDES	107	mg/dL		<150	
HDL CHOLESTEROL	43	mg/dL		>40	
LDL-CALC.	276	mg/dL	H	<130	
CHOLESTEROL/HDL	7.91	Ratio	H	<4.97	RISK FACTOR CHOL/HDL
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MALE FEMALE					
HALF AVERAGE 3.43 3.27					
AVERAGE 4.97 4.44					
TWICE AVERAGE 9.55 7.05					
THRICE AVERAGE 23.99 11.04					
Unless otherwise specified, all tests performed at:					
<div></div>					

**COMP METAB PANEL (Collection Date: 01/30/2017 10:00, Status: Final)**


Component	Result	Units	Flag	Range	Comment
GLUCOSE	95	mg/dL		65-99	
BUN	14	mg/dL		8-25	
CREATININE	0.9	mg/dL		0.4-1.3	
BUN CREA RATIO	15.6	Ratio		3-40	
eGFR	102				eGFR units expressed as mL/min/1.73m2
SODIUM	140	mEq/L		135-148	
POTASSIUM	4.7	mEq/L		3.5-5.5	
CHLORIDE	102	mEq/L		95-110	
CO2	24	mEq/L		22-32	
CALCIUM	10.2	mg/dL		8.2-10.6	
TOTAL PROTEIN	7.3	g/dL		6.0-8.4	
ALBUMIN	4.5	g/dL		3.5-5.4	
GLOBULIN	2.8	g/dL		2.0-3.5	
Unless otherwise specified, all tests performed at:					
<div></div>					
A/G RATIO	1.6	Ratio		1.0-2.4	
SGOT (AST)	9	U/L		6-36	
ALK PHOSPHATASE	92	U/L		35-147	
SGPT (ALT)	6	U/L		6-35	
TOTAL BILIRUBIN	0.9	mg/dL		0.1-1.3	

**SED RATE (Collection Date: 01/30/2017 10:00, Status: Final)**

Component	Result	Units	Flag	Range	Comment
SED RATE	10	mm/hr		0-15	Unless otherwise specified, all tests performed at: 

**CBC (Collection Date: 01/30/2017 10:00, Status: Final)**

Fasting

Component	Result	Units	Flag	Range	Comment
WBC	7.2	10 <sup>3</sup> /uL		4.0-11.0	
RBC	5.16	10 <sup>6</sup> /uL		4.4-6.2	
HGB	15.5	g/dL		14.0-18.0	
HCT	46.1	%		40.0-54.0	
MCV	89.2	fL		80.0-99.0	
MCH	30.1	pg		27.0-34.0	
MCHC	33.7	g/dL		33.0-37.0	
RDW	12.2	%		11.5-14.5	
PLATELETS	188	10 <sup>3</sup> /uL		150-450	
MPV	9.5	fL		7.1-10.4	Unless otherwise specified, all tests performed at: 
LYMPHOCYTES %	25.5	%		20.0-50.0	
MONOCYTES %	3.1	%		0.0-10.0	
LYMPHOCYTES #	1.8	10 <sup>3</sup> /uL		0.9-5.3	
MONOCYTES #	0.20	10 <sup>3</sup> /uL		0.1-1.1	
GRANULOCYTES #	5.1	10 <sup>3</sup> /uL		1.3-7.4	
GRANULOCYTES %	71.4	%		40.0-75.0	

Ordering: [REDACTED]

Performing #: [REDACTED]

Location: [REDACTED]

Tests Ordered : Magnesium [REDACTED] RPR with reflex [REDACTED] Vitamin D [REDACTED] HIV SCREEN [REDACTED], Cortisol, urinary free by HPLC [REDACTED], Chlamydia/GC, DNA Probe [REDACTED] HEPATITIS PANEL [REDACTED]

**HIV Combo Ag/Ab, Fourth Generation (Collection Date: 01/30/2017 10:00, Status: Final)**

Component	Result	Units	Flag	Range	Comment
HIV Combo Ag/Ab, Fourth Generation	Non Reactive			Non Reactive	

This test has been performed using BioRad Fourth Generation GS HIV Combo Ag/Ab EIA assay on the EVOLIS. Values obtained with different methods cannot be used interchangeably for patient monitoring. Results cannot be interpreted as absolute evidence in determining the presence or absence of infection with HIV.

The HIV Combo Ag/Ab EIA assay is a screening test only. Reactive results must be verified by a confirmatory test (HIV 1/2 Differentiation). Only sera which give "Reactive" results by the screening and confirmatory testing should be considered positive for HIV 1/2 antibodies.

This information is protected by various state laws specific to client location and, in such cases, cannot be further disclosed without patient's specific written consent, or as otherwise permitted by law.

**Vitamin D 25-OH, Total (Collection Date: 01/30/2017 10:00, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Vitamin D 25-OH, Total	32.9	ng/mL		30.0 - 100.0	Vitamin D status 25 OH Vitamin D  Deficiency < 10 ng/mL Insufficiency 10-30 ng/mL Sufficiency 30-100 ng/mL Toxicity >100 ng/mL

**RPR/STS Qualitative (Collection Date: 01/30/2017 10:00, Status: Final)**

Component	Result	Units	Flag	Range	Comment
RPR/STS Qualitative	Non Reactive			Non Reactive	

**Cortisol, AM (Collection Date: 01/30/2017 10:00, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Cortisol, AM	11.35	ug/dL		4.30 - 22.40	

**Magnesium (Collection Date: 01/30/2017 10:00, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Magnesium	2.2	mg/dL		1.3 - 2.7	

**Chlamydia & GC Panel #1 (Collection Date: 01/30/2017 10:00, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Chlamydia RNA Amplified	Negative			Negative	<p>Presumed negative for CT-rRNA.</p> <p>REFERENCE RANGE: NEGATIVE</p> <p>This assay has been performed using the BD Viper platform utilizing Strand Displacement Amplification (SDA) methodology. This assay has been cleared by the FDA for ThinPrep, SurePath, BD ProbeTec swabs, and Urine specimens. It has not been cleared for ThinPrep and SurePath specimens analyzed following cytology processing, nor has the FDA required such clearance. It's analytical performance characteristics have been validated by [REDACTED]</p> <p>[REDACTED] is a CLIA certified laboratory approved for high complexity testing.</p> <p>*Note: Specimens may yield different results depending on specimen collection, transport media, collection site and limitations/test interferences particular to specimen type.</p>
GC RNA Amplified	Negative			Negative	<p>Presumed negative for GC-rRNA.</p> <p>REFERENCE RANGE: NEGATIVE</p> <p>This assay has been performed using the BD Viper platform utilizing Strand Displacement Amplification (SDA) methodology. This assay has been cleared by the FDA for ThinPrep, SurePath, BD ProbeTec swabs, and Urine specimens. It has not been cleared for ThinPrep and SurePath specimens analyzed following cytology processing, nor has the FDA required such clearance. It's analytical performance characteristics have been validated by [REDACTED]</p> <p>[REDACTED] is a CLIA certified laboratory approved for high complexity testing.</p> <p>*Note: Specimens may yield different results depending on specimen collection, transport media, collection site and limitations/test interferences particular to specimen type.</p>

**Acute Hepatitis Profile (Collection Date: 01/30/2017 10:00, Status: Final)**



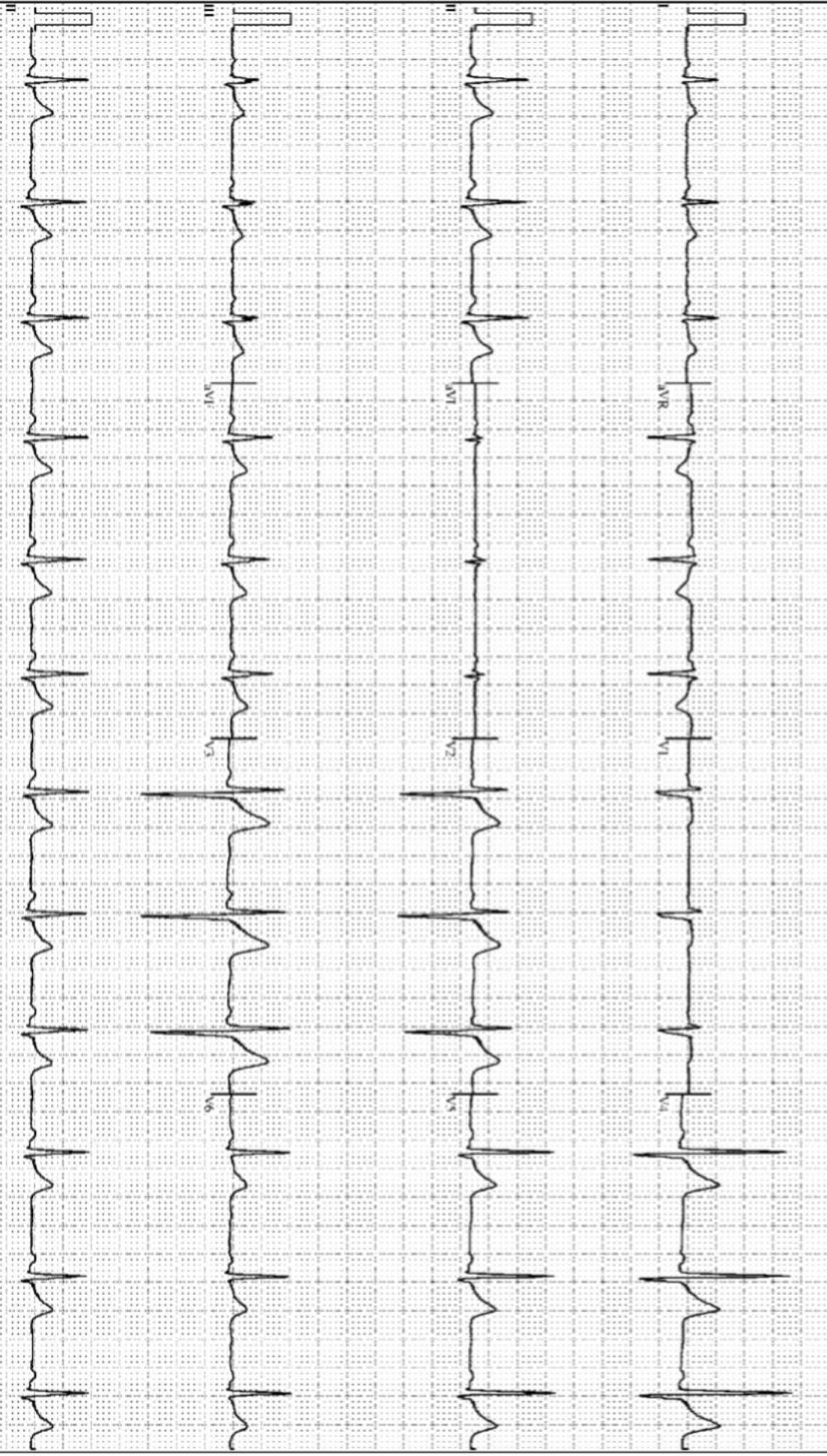
Component	Result	Units	Flag	Range	Comment
Hepatitis A Antibody, IgM	Non Reactive			Non Reactive	
Hepatitis B Core, IgM	Non Reactive			Non Reactive	
Hepatitis B Surface Antigen	Non Reactive			Non Reactive	
Hepatitis C Virus Antibody	Non Reactive			Non Reactive	<p>This test has been performed using Siemens Centaur XP utilizing Chemiluminescence methodology. Values obtained with different methods or kits cannot be used interchangeably for patient monitoring.</p> <p>The performance of the assay has not been established for populations of immunocompromised, immunosuppressed, infants, children, or adolescent patients, among others.</p> <p>A negative test result does not exclude the possibility of exposure to hepatitis C virus. A reactive anti-HCV result does not exclude co-infection by another hepatitis virus.</p> <p>Specimens that are repeatedly reactive by screening tests should be confirmed by more HCV-specific tests.</p>

BP: 110/64 mmHg  
Weight: lbs  
Height: inches  
DOB:   
Comments:

Req. Physician:   
Technician:   
History:   
Medication:   
Date of Report: 03/21/18 09:52:49  
Reviewed By:   
Review Date: 03/21/18 09:54:32

Rate:	71	BPM
PR:	130	msec
QT:	358	msec
QTc:	377	msec
QRSd:	98	msec
P-QRS-T:	50/50/56	degree

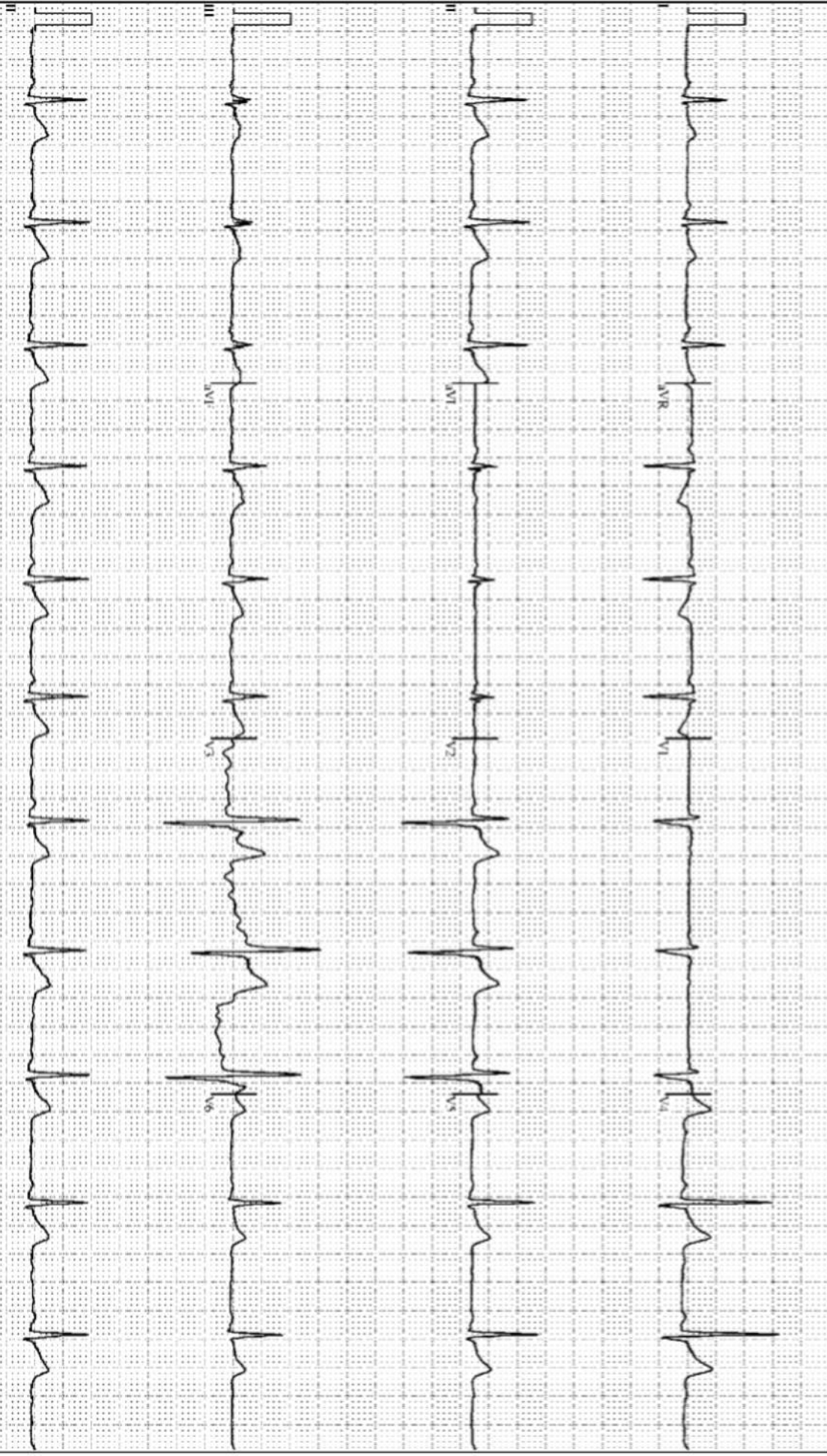
Interpretation:  
Sinus Rhythm  
WITHIN NORMAL LIMITS



BP: 114/74 mmHg  
Weight: 207.0 lbs  
Height: 70 inches  
DOB: [REDACTED]  
Comments:

Req. Physician: [REDACTED]  
Technician: Tom Simchuk  
History:  
Medication:  
Date of Report: 01/30/17 09:42:08  
Reviewed By: [REDACTED]  
Review Date: 01/30/17 09:46:41

Rate:	69	BPM	Interpretation:
PR:	124	msec	Stable Rhythm
QT/QTc:	356/371	msec	WITHIN NORMAL LIMITS
QRSd:	98	msec	
P-QRS-T:	24/39/45	degree	



EPWORTH SLEEPINESS SCALE  
Sleep Disorders Center

Name: [REDACTED] Age: 26 Sex: M/F Date: 1/30/17

Home Phone Number: [REDACTED] Work: [REDACTED]

Please indicate the likelihood that you would fall asleep in the following situations (scale of 0-3). This refers to your USUAL way of life in recent times. Use the following scale to choose the MOST APPROPRIATE NUMBER for each situation:

- 0 = would never doze  
1 = slight chance of dozing  
2 = moderate chance of dozing  
3 = high chance of dozing

Situation	Chance of dozing
Sitting and reading	0
Watching TV	2
Sitting inactive in a public place (e.g. theater)	2
As a passenger in a car for an hour without a break	0
Lying down to rest in the afternoon when able	0
Sitting and talking to someone	0
Sitting quietly after lunch without alcohol	0
In a car, while stopped for a few minutes in traffic	0
Total	4

Thank you for your cooperation.

[Date]

[Completed By]

[Relationship to Patient]

EPWORTH SLEEPINESS SCALE

ADDRESSOGRAPH-LABEL

PS 1711

07/18/03

Name: \_\_\_\_\_

Age: 28

Sex: M

Date: 3/21/18

Home Phone Number: \_\_\_\_\_

Work: \_\_\_\_\_

Please indicate the likelihood that you would fall asleep in the following situations (scale of 0-3). This refers to your **USUAL** way of life in recent times. Use the following scale to choose the **MOST APPROPRIATE NUMBER** for each situation:

- 0 = would *never* doze
- 1 = *slight* chance of dozing
- 2 = *moderate* chance of dozing
- 3 = *high* chance of dozing

**Situation**

**Chance of dozing**

Sitting and reading

1

Watching TV

2

Sitting inactive in a public place (e.g. theater)

2

As a passenger in a car for an hour without a break

1

Lying down to rest in the afternoon when able

0

Sitting and talking to someone

0

Sitting quietly after lunch without alcohol

0

In a car, while stopped for a few minutes in traffic

0

Total

6

Thank you for your cooperation.

(Date)

(Completed By)

(Relationship to Patient)

ADDRESSOGRAPH LABEL

PS 1711

07/18/03

03/19/2019

29y male

LABS: 3/6/19

WBC - 7.3  
H/H - 15.9/46.7  
platelets - 261  
glucose - 94  
HbA1C - 5.3  
insulin - 11.5  
TG - 82  
TC - 191  
HDL - 54  
LDL - 121  
free T3 - 3.8  
free T4 - 1.62  
TSH - 1.936  
PSA - 0.782  
Estradiol - 29.1  
DHEA-S - 612.2  
total testosterone - 327  
free testosterone - 6.1  
SHBG - 33  
IGF-1 - 241  
Vitamin D - 36

CC: age mgmt evaluation

Symptom Rating Chart:

Hair loss:0  
Difficulty falling asleep:0  
Difficulty staying sleep:0  
Mid-section weight gain:10  
Weigh Loss:0  
Fatigue:8  
Memory Loss/concentration loss:5  
Brain Fog:4  
Anxiety/Nervousness:5  
Irritability:8  
Depression:3  
Loss of sex drive:2  
Difficulty achieving erection:0  
Difficulty maintaining erection:0  
Decreased firmness of erection 0  
Difficulty achieving orgasm: 0  
Loss or morning erection: 0  
Muscle Weakness/loss: 0



Diminishing results at the gym: 9

Muscle and Joint pain: 0

Loss of Masculinity/confidence/ aggressiveness: 2

HPI: 29 year old white male c/o difficulty maintaining a healthy weight. Has weighed over 300 lbs 2x in his life - currently about 225 but wants to weigh 185 lbs. also c/o extremes fatigue over past few years, difficulty getting up and through day

ENERGY: see HPI

WEIGHT GAIN/LOSS: see HPI

SLEEP: 10 - 5:30 uninterrupted

STRENGTH: decreased over 2 years

RECOVERY: poor

LIBIDO: OK

SEXUAL FUNCTION: OK

SEXUAL SENSITIVITY: OK

MEMORY: some word recall problems

STRESS: high due to work

NUTRITION/EATING HABITS: paleo-ish

EXERCISE: [REDACTED] bootcamp type w/o 5x/week; weight lift on weekend

HEALTH MAINTENANCE: dentist overdue; eyes UTD, needs colonoscopy due to strong FH Colon CA

GOALS:

LOSE WEIGHT - goal 185

LOSE BODY FAT

INCREASE ENERGY

INCREASE STRENGTH

IMPROVE MEMORY

MANAGE LIPIDS

DISEASE PREVENTION

Past medical history: hyperlipidemia, obesity

Past surgical history: none

Medications: Lipitor 10 mg

ALLERGIES: NKDA

Social history: Jule (nicotine), no etoh or drugs x 6 years

FAMILY HISTORY: M 61 A/W, F 65 skin CA; PGM, PGF, MGF all colon CA; no DM/MI/CVA/ALZ/ other CAs

Physical exam:

HEIGHT: 5'10

WEIGHT: 225.5

BF% 31.5

VITALS: 138/90, 96, 12, afebrile  
HEENT: NC/AT, PERRLA, EOMI, throat moist and pink  
Throat: no LAD, no thyromegaly  
CV: RRR  
LUNGS: CTA  
ABD: soft NT/ND  
GU/RECTAL: not done  
EXTR: no C/C/E  
NEURO: non focal and grossly intact

**Assessment:**

WEIGHT GAIN - goal 185  
INCREASED BODY FAT  
LOW ENERGY  
POOR STRENGTH  
POOR MEMORY  
HYPERLIPIDEMIA on LIPITOR  
DISEASE PREVENTION

**Plan:**

4-6 weeks recheck free test, free T3, Vit D

Medication / Nutraceutical	Instructions	Ct per bottle(s)
Clomiphene Citrate 50mg	½ tab daily	
Armour Thyroid 60mg	1 tab each morning on an empty stomach 30 minutes prior to food, caffeine, supplements	
Pregnenolone SR 100mg	1 capsule daily	
K-FORCE Vitamin D3 5,000IU +K2	1 capsule daily with food	60
Ortho Biotic Probiotic	1 capsule per day with food	60
Alpha Base Premier Pack	1 packet per day with food	60
Multivitamin		



Client: <span style="background-color: black; color: black;">[REDACTED]</span>		Patient: <span style="background-color: black; color: black;">[REDACTED]</span>	
Phys: <span style="background-color: black; color: black;">[REDACTED]</span>		Phone: <span style="background-color: black; color: black;">[REDACTED]</span> Age: 29 Sex: M Address 1: <span style="background-color: black; color: black;">[REDACTED]</span> Fasting: Y Address 2: <span style="background-color: black; color: black;">[REDACTED]</span> City: <span style="background-color: black; color: black;">[REDACTED]</span> State: <span style="background-color: black; color: black;">[REDACTED]</span> Zip: <span style="background-color: black; color: black;">[REDACTED]</span> Page: 1	
Acc# <span style="background-color: black; color: black;">[REDACTED]</span>	Coll. Date: 03/06/19	Recv. Date: 03/07/19	Print Date: 10/14/22
Chart# <span style="background-color: black; color: black;">[REDACTED]</span>	Coll. Time: 09:00 AM	Recv. Time: 12:34 PM	Print Time: 12:20
First reported on:	03/07/19 13:42	Final report date:	03/07/19
Report Status: FINAL			

Test Name	Results	Reference Range	Units
<b>COMPLETE BLOOD COUNT</b>			
WHITE BLOOD CELL	7.3	3.9 - 11.4	K/ul
RED BLOOD CELL	5.28	4.20 - 6.00	M/ul
HEMOGLOBIN	15.9	13.2 - 18.0	g/dl
HEMATOCRIT	46.7	38.5 - 54.0	%
MCV	88	80.0 - 100.0	fl
MCH	30.1	26.0 - 34.0	pg
MCHC	34.1	31.0 - 37.0	g/dl
RDW	12.4	11.0 - 15.5	%
PLATELET COUNT	261	140 - 400	k/ul
MPV	9.7	7.5 - 11.6	fl
<b>GENERAL CHEMISTRY</b>			
GLUCOSE	94	65 - 100	mg/dl
BUN	12	6 - 20	mg/dl
CREATININE, SERUM	0.9	0.7 - 1.3	mg/dl
SODIUM	143	136 - 145	mmol/L
POTASSIUM	4.8	3.5 - 5.1	mmol/L
CHLORIDE	107	98 - 107	mmol/L
CO2	26	20 - 31	mmol/L
CALCIUM	9.8	8.3 - 10.6	mg/dl
TOTAL PROTEIN	7.5	5.7 - 8.2	g/dl
ALBUMIN	4.9 H	3.2 - 4.8	g/dl
GLOBULIN	2.6	2.1 - 3.6	g/dl
BILIRUBIN, TOTAL	0.9	0.3 - 1.2	mg/dl
ALKALINE PHOSPHATASE	54	45 - 115	U/L
ALT	29	0 - 48	U/L
AST	23	0 - 38	U/L
Albumin/Globulin Ratio	1.9	0.8 - 2.0	
BUN/CREAT RATIO	N/A	7.3 - 21.7	
GFR, estimated	106		ml/min
If African-American, result is: >60			
Calculation of estimated GFR is based on the MDRD Study prediction equation			
****Five Stages of Chronic Kidney Disease****			
*Stage*	*GFR Level*	*Description*	
Stage 1	90 ml/min or more	Healthy Kidneys or Kidney damage with normal or high GFR	
Stage 2	60 to 89 ml/min	Kidney damage and mild decrease in GFR	
(Continued on Next Page)			

Client: [REDACTED] Patient: [REDACTED]  
 Phone: [REDACTED] DOB: [REDACTED] Age: 29 Sex: M  
 Address 1: [REDACTED] Fasting: Y  
 Address 2: [REDACTED]  
 Phys: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Page: 2

Acc# [REDACTED] Coll. Date: 03/06/19 Recv. Date: 03/07/19 Print Date: 10/14/22  
 Chart# [REDACTED] Coll. Time: 09:00 AM Recv. Time: 12:34 PM Print Time: 12:20  
 First reported on: 03/07/19 13:42 Final report date: 03/07/19

Report Status: FINAL

Test Name	Results	Reference Range	Units
<b>GENERAL CHEMISTRY (Continued)</b>			
Stage 3	30 to 59 ml/min	Moderate decrease in GFR	
Stage 4	15 to 29 ml/min	Severe decrease in GFR	
Stage 5	< 15 ml/min	Kidney failure, or on dialysis	
<b>DIABETES EVALUATION</b>			
HEMOGLOBIN A1C	5.3	< 5.7	%
***Diagnosis***		***HbA1c Level***	
Normal		< 5.7 %	
Prediabetes		5.7 - 6.4 %	
Diabetes		= or > 6.5 %	
Having prediabetes is a Risk Factor for getting type 2 diabetes. Within the prediabetes range(5.7-6.4), the higher the HbA1c,the greater the risk of diabetes. HbA1c target for diabetics depend on their history and health.			
INSULIN	11.5	3.0 - 25.0	uIU/ml
<b>CORONARY RISK</b>			
TRIGLYCERIDES	82	<150	mg/dl
CHOLESTEROL, TOTAL	191	<200	mg/dl
HDL CHOLESTEROL	54	>40	mg/dl
LDL CHOLESTEROL, calc..	121 H	<100	mg/dl
CHOL/HDL RATIO	3.5	<5.0	
The higher the Ratio,the higher CHD risk.			
Vitamin D,25-OH>Total	36	30 - 100	ng/ml
Notes:			
Therapy is based on the measurement of Total Vitamin D (25-OH).			
Most experts agree that Vitamin D deficiency should be = or < 20 ng/ml.			
Vitamin D insufficiency is recognized as 21 - 29 ng/ml.			
The preferred level for Vitamin D (25-OH)is recommended to be 30 - 100 ng/ml.			
Vitamin D > 150 ng/ml is considered potentially toxic.			

(Continued on Next Page)

Client: [REDACTED] Patient: [REDACTED]  
[REDACTED] Phone: [REDACTED] DOB: [REDACTED] Age: 29 Sex: M  
Address 1: [REDACTED] Fasting: Y  
Address 2: [REDACTED]  
Phys: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Page: 3

Acc# [REDACTED] Coll. Date: 03/06/19 Recv. Date: 03/07/19 Print Date: 10/14/22  
Chart# [REDACTED] Coll. Time: 09:00 AM Recv. Time: 12:34 PM Print Time: 12:20  
First reported on: 03/07/19 13:42 Final report date: 03/07/19

Report Status: FINAL

Test Name	Results	Reference Range	Units
<b>THYROID TESTING</b>			
T3, FREE	3.8	2.3 - 4.2	pg/ml
T4, FREE	1.62	0.89 - 1.76	ng/dl
TSH	1.936	0.550 - 4.780	uIU/ml
<b>TUMOR MARKERS</b>			
PSA, TOTAL	0.782	0.000 - 4.000	ng/ml
<b>ENDOCRINE EVALUATION</b>			
LH	4.2	1.5 - 9.3	mIU/ml
ESTRADIOL (E2)	29.1	0.0 - 39.8	pg/mL
DHEA-SULFATE	612.2 H	34.5 - 560.9	ug/dl
TESTOSTERONE, TOTAL	327	280 - 1100	ng/dl
SEX HORMONE BIND GLOBULIN	33	14 - 95	nmol/L
TESTOSTERONE, FREE	6.1	1.9 - 27.0	ng/dl
IGF-1	241 H	150 - 222	ug/mL

[REDACTED] uses [REDACTED] Diagnostics as the supplier for IGF-1 Immunoassay Testing System. Siemens introduced a Restandardization of IGF-1 assay using WHO 1st International Standard (IS), NIBSC Code 02/254.

Starting 01/25/2017 [REDACTED] implemented the new restandardized IGF-1 assay for testing Patients. New Reference Ranges reflect expected lower values for patient IGF-1 results.

END OF REPORT

05/01/2019  
02:28 PM  
[REDACTED]

LABS:

Albumin: 4.5  
Vit D: 57  
T3 Free: 4.7  
Total Testosterone: 978  
Free Testosterone: 17.6  
SHBG: 50

Discussed results

Patient does not feel any differently

PLAN

1. Increase clomid from 50 to 100 mg
2. Increase armor from 60 to 120 mg
3. 4 weeks check in

Client: [REDACTED] Patient: [REDACTED] Age: 29 Sex: M  
Phone: [REDACTED] DOB: [REDACTED] Fasting:  
Address 1: [REDACTED]  
Address 2: [REDACTED]  
Phys: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Page: 1

Acc#: [REDACTED] Coll. Date: 04/29/19 Recv. Date: 04/30/19 Print Date: 10/14/22  
Chart#: [REDACTED] Coll. Time: 10:00 AM Recv. Time: 10:37 AM Print Time: 12:26  
First reported on: 04/30/19 11:37 Final report date: 04/30/19

Report Status: FINAL

Test Name	Results	Reference Range	Units
<b>GENERAL CHEMISTRY</b>			
ALBUMIN	4.5	3.2 - 4.8	g/dl
<b>CORONARY RISK</b>			
Vitamin D, 25-OH, Total	57	30 - 100	ng/ml
<b>Notes:</b> Therapy is based on the measurement of Total Vitamin D (25-OH). Most experts agree that Vitamin D deficiency should be = or < 20 ng/ml. Vitamin D insufficiency is recognized as 21 - 29 ng/ml. The preferred level for Vitamin D (25-OH) is recommended to be 30 - 100 ng/ml. Vitamin D > 150 ng/ml is considered potentially toxic.			
<b>THYROID TESTING</b>			
T3, FREE	4.7 H	2.3 - 4.2	pg/ml
<b>ENDOCRINE EVALUATION</b>			
TESTOSTERONE, TOTAL	978	280 - 1100	ng/dl
SEX HORMONE BIND GLOBULIN	50	14 - 95	nmol/L
TESTOSTERONE, FREE	17.6	1.9 - 27.0	ng/dl

END OF REPORT

06/14/2019  
01:22 PM  
[REDACTED]

Discussed symptoms

Lost 15 lbs  
Some increased strength  
Sleep lighter  
No energy improvement

PLAN

1. Check labs
2. Consider hCG versus TRT
3. Consider melatonin or other sleep aids



Client: [REDACTED]		Patient: [REDACTED]		Age: 29	Sex: M
[REDACTED]		Phone: [REDACTED]		Fasting:	
Phys: [REDACTED]		Address 1: [REDACTED]		Address 2: [REDACTED]	
[REDACTED]		City: [REDACTED]		State: [REDACTED]	Zip: [REDACTED] Page: 1
Acc#: [REDACTED]	Coll. Date: 06/17/19	Recv. Date: 06/18/19	Print Date: 10/14/22		
Chart#	Coll. Time: 09:30 AM	Recv. Time: 12:32 PM	Print Time: 12:27		
First reported on:	06/18/19 13:55	Final report date:	06/18/19		
Report Status: FINAL					
Test Name	Results	Reference Range	Units		
<b>GENERAL CHEMISTRY</b>					
ALBUMIN	5.2 H	3.2 - 4.8	g/dl		
<b>THYROID TESTING</b>					
T3, FREE	6.4 H	2.3 - 4.2	pg/ml		
<b>ENDOCRINE EVALUATION</b>					
TESTOSTERONE, TOTAL	1440 H	280 - 1100	ng/dl		
SEX HORMONE BIND GLOBULIN	76	14 - 95	nmol/L		
TESTOSTERONE, FREE	19.6	4.5 - 25.0	ng/dl		
IGF-1	121 L	150 - 222	ng/ml		
<p>[REDACTED] uses [REDACTED] Diagnostics as the supplier for IGF-1 Immunoassay Testing System. Siemens introduced a Restandardization of IGF-1 assay using WHO 1st International Standard (IS), NIBSC Code 02/254.</p> <p>Starting 01/25/2017 [REDACTED] implemented the new restandardized IGF-1 assay for testing Patients. New Reference Ranges reflect expected lower values for patient IGF-1 results.</p>					
END OF REPORT					
[REDACTED]			[REDACTED]		



Patient: [REDACTED]

DOB [REDACTED]

Sex: M

Provider [REDACTED]

Visit: 09/16/2019 2:50PM

Chart [REDACTED]

**Chief Complaint:** cwr

**Phone Call :**

Phone Call:

LABS

Albumin - 4.6

Vitamin D - 61

Free T3 - 6.4

DHEA S - 729.8

Total Test - 1341

SHBG - 76

Free Test - 18.9

IGF 1- 123

weight was 225 in january now 205

LM to call back re: labs



Client: [REDACTED]		Patient: [REDACTED]	
Phys: [REDACTED]		DOB: [REDACTED] Age: 29 Sex: M	
Address 1: [REDACTED]		Fasting: N	
Address 2: [REDACTED]		City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Page: 1	
Acc#: [REDACTED]	Coll. Date: 09/10/19	Recv. Date: 09/11/19	Print Date: 10/14/22
Chart#: [REDACTED]	Coll. Time: 10:00 AM	Recv. Time: 02:10 PM	Print Time: 12:38
First reported on: 09/11/19 15:34		Final report date: 09/14/19	
Report Status: FINAL			
Test Name	Results	Reference Range	Units
<b>GENERAL CHEMISTRY</b>			
ALBUMIN	4.6	3.2 - 4.8	g/dl
<b>CORONARY RISK</b>			
Vitamin D (25-OH) Total	61	30 - 100	ng/ml
Notes: Therapy is based on the measurement of Total Vitamin D (25-OH). Most experts agree that Vitamin D deficiency should be $\geq$ or $<$ 20 ng/ml. Vitamin D insufficiency is recognized as 21 - 29 ng/ml. The preferred level for Vitamin D (25-OH) is recommended to be 30 - 100 ng/ml. Vitamin D $>$ 150 ng/ml is considered potentially toxic.			
<b>THYROID TESTING</b>			
T3, FREE	6.4 H	2.3 - 4.2	pg/ml
<b>ENDOCRINE EVALUATION</b>			
DHEA-SULFATE	729.8 H	34.5 - 568.9	ug/dl
TESTOSTERONE, TOTAL	1341 H	280 - 1100	ng/dl
SEX HORMONE BIND GLOBULIN	76	14 - 95	nmol/L
TESTOSTERONE, FREE	18.9	4.5 - 25.0	ng/dl
IGF-1	123 L	150 - 222	ug/mL
[REDACTED] uses [REDACTED] Diagnostics as the supplier for IGF-1 Immunoassay Testing System. [REDACTED] Introduced a Restandardization of IGF-1 assay using WHO 1st International Standard (IS), NIBSC Code 02/254.			
Starting 01/25/2017 [REDACTED] implemented the new restandardized IGF-1 assay for testing Patients. New Reference Ranges reflect expected lower values for patient IGF-1 results.			
(Continued on Next Page)			



Client: [REDACTED]		Patient: [REDACTED]	
[REDACTED]		Phone: [REDACTED] DOB: [REDACTED] Age: 29 Sex: M	
Phys: [REDACTED]		Address 1: [REDACTED] Fasting: N	
[REDACTED]		Address 2: [REDACTED]	
[REDACTED]		City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Page: 2	
Acc# [REDACTED]		Coll. Date: 09/10/19	
Chart# [REDACTED]		Recv. Date: 09/11/19	
First reported on: 09/11/19 15:34		Print Date: 10/14/22	
[REDACTED]		Recv. Time: 02:10 PM	
[REDACTED]		Print Time: 12:35	
[REDACTED]		Final report date: 09/11/19	
Report Status: FINAL			
Test Name	Results	Reference Range	Units
ENDOCRINE EVALUATION (Continued)			
END OF REPORT			
[REDACTED]		[REDACTED]	



Patient: [REDACTED]

DOB: [REDACTED]

Sex: M

Provider [REDACTED]

Visit: 10/07/2019 12:45PM

Chart: [REDACTED]

---

**Chief Complaint:** Phone Call

**Phone Call :**

Phone Call:

LABs:

Albumin - 4.6

Vitamin D - 61

Free T3 - 6.4

DHEA S - 729.8

Total Test - 1341

SHBG - 76

Free Test - 18.9

IGF 1- 123

discussed results

waking up to urinate at night

drinking 150 oz H2O daily

diet poor over past few weeks due to travel

melatonin 5 mg made him groggy in AM

PLAN

IF 16:8

melatonin 1 mg qhs

1 week check in on diet

12 week check in

Patient: [REDACTED]

DOB: [REDACTED]

Sex: M

Provider: [REDACTED]

Visit: 04/30/2020 8:45AM

Chart: [REDACTED]

**Chief Complaint:** Re-Evaluation CWR

**Re-Evaluation - Male :**

Phone Call:

CC: Annual Re-evaluation

HPI: 30 y/o male re-eval for preventive medicine and weight gain

ENERGY: improved on protocol

WEIGHT GAIN/LOSS: improved on protocol

SLEEP: improved on protocol

STRENGTH: improved on protocol

RECOVERY: improved on protocol

LIBIDO: improved on protocol

SEXUAL FUNCTION: improved on protocol

SEXUAL SENSITIVITY: improved on protocol

MEMORY: improved on protocol

NUTRITION/EATING HABITS: improved; seeing nutritionist

STRESS: improved on protocol

EXERCISE: peloton, weights 7x/week

HEALTH MAINTENANCE: dentist 2 months ago; eye exam > 1 year; skin CA screen > 1 year

Past medical history: none

Past surgical history: none

Medications: lipitor (stopped due to running out)

ALLERGIES: NKDA

Physical exam:

HEIGHT: 5'11

WEIGHT: 220

4/28/20

Labs:

WBC - 7.8

H/H - 15.5/46.2

Patient: [REDACTED]

DOB: [REDACTED]

Sex: M

Provider: [REDACTED]

Visit: 04/30/2020 8:45AM

Chart: [REDACTED]

Platelets - 224  
Glucose - 88  
HA1C - 5  
Insulin - 3.8  
TG - 126  
TC - 224  
HDL - 53  
LDL - 146  
Vitamin D - 62  
Free T3 - 5.2  
Free T4 - 1.56  
TSH - 0.177  
PSA - 0.680  
Estradiol - 88.7  
DHEA - 644.3  
TT - 1391  
SHBG - 83  
Free T - 18  
IGF 1 - 120

Assessment:

WEIGHT GAIN - goal 185  
INCREASED BODY FAT - improved  
LOW ENERGY - improved  
POOR STRENGTH - improved  
POOR MEMORY - improved  
HYPERLIPIDEMIA off Lipitor  
DISEASE PREVENTION

Goals:

LOSE WEIGHT - goal 185  
LOSE BODY FAT |  
INCREASE ENERGY  
INCREASE STRENGTH  
IMPROVE MEMORY

Patient: [REDACTED]

DOB: [REDACTED]

Sex: M

Provider: [REDACTED]

Visit: 04/30/2020 8:45AM

Chart: [REDACTED]

MANAGE LIPIDS  
DISEASE PREVENTION

Plan:

Add RYR SYNERGY 2 BID

NO OTHER CHANGES

6-months f/u next labs hormones and lipids

Medication / Nutraceutical Instructions Ct per bottle(s)

Clomiphene Citrate 50mg 1 tab daily [REDACTED]

Armour Thyroid 120mg 1 tab each morning on an empty stomach [REDACTED]

Pregnenolone SR 100mg 1 capsule daily Great Earth [REDACTED]

RYR Synergy

Added 5/1/20 2 capsules twice per day 120

K-FORCE Vitamin D3 5,000IU +K2 1 capsule daily with food 60

Ortho Biotic Probiotic 1 capsule per day with food 60

Alpha Base Premier Pack Multivitamin 1 packet per day with food 60

Mag07 Magnesium 2 capsules or more as needed 120



Client: [REDACTED]	Patient: [REDACTED]	Age: 30 [REDACTED]
[REDACTED]	Phone: [REDACTED]	Fasting: [REDACTED]
Phys: [REDACTED]	Address 1: [REDACTED]	Address 2: [REDACTED]
	City: [REDACTED]	State: [REDACTED] Zip: [REDACTED] Page: 1
Acc#: [REDACTED]	Coll. Date: 04/28/20	Recv. Date: 04/29/20
Chart#: [REDACTED]	Coll. Time: 11:20 AM	Recv. Time: 03:38 PM
First reported on: 04/29/20 16:30		Final report date: 04/29/20
Report Status: FINAL		

Test Name	Results	Reference Range	Units
<b>COMPLETE BLOOD COUNT</b>			
WHITE BLOOD CELL	7.8	3.9 - 11.4	K/uL
RED BLOOD CELL	5.18	4.20 - 6.00	M/uL
HEMOGLOBIN	15.5	13.2 - 18.0	g/dL
HEMATOCRIT	46.2	38.5 - 54.0	%
MCV	89	80.0 - 100.0	fL
MCH	29.9	26.0 - 34.0	pg
MCHC	33.5	31.0 - 37.0	g/dL
RDW	14.2	11.0 - 15.5	%
PLATELET COUNT	224	140 - 400	k/uL
MPV	10.7	7.5 - 11.6	fL
<b>GENERAL CHEMISTRY</b>			
GLUCOSE	88	65 - 100	mg/dL
BUN	18	6 - 20	mg/dL
CREATININE, SERUM	0.9	0.7 - 1.3	mg/dL
SODIUM	139	136 - 145	mmol/L
POTASSIUM	4.2	3.5 - 5.1	mmol/L
CHLORIDE	104	100 - 110	mmol/L
CO2	24	20 - 31	mmol/L
CALCIUM	9.6	8.3 - 10.6	mg/dL
TOTAL PROTEIN	7.2	5.7 - 8.2	g/dL
ALBUMIN	4.8	3.2 - 4.8	g/dL
GLOBULIN	2.4	2.1 - 3.6	g/dL
BILIRUBIN, TOTAL	0.8	0.3 - 1.2	mg/dL
ALKALINE PHOSPHATASE	44 L	45 - 115	U/L
ALT	25	0 - 48	U/L
AST	28	0 - 38	U/L
Albumin/Globulin Ratio	2.0	0.8 - 2.0	
BUN/CREAT RATIO	N/A	7.3 - 21.7	
GFR, estimated	105		ml/min

If African-American, result is: >60

Calculation of estimated GFR is based on the MDRD Study prediction equation

\*\*\*\*Five Stages of Chronic Kidney Disease\*\*\*\*

*Stage*	*GFR Level*	*Description*
Stage 1	90 ml/min or more	Healthy Kidneys or Kidney damage with normal or high GFR
Stage 2	60 to 89 ml/min	Kidney damage and mild decrease in GFR

(Continued on Next Page)

Client: [REDACTED]	Patient: [REDACTED]	Age: 30 Sex: M
Phys: [REDACTED]	Phone: [REDACTED] DOB: [REDACTED]	Fasting:
	Address 1: [REDACTED]	
	Address 2: [REDACTED]	
	City: [REDACTED] State: [REDACTED] Zip: [REDACTED]	Page: 2

Acc# [REDACTED]	Coll. Date: 04/28/20	Recv. Date: 04/29/20	Print Date: 10/14/22
Chart# [REDACTED]	Coll. Time: 11:20 AM	Recv. Time: 03:38 PM	Print Time: 12:23
First reported on: 04/29/20 16:30		Final report date: 04/29/20	

Report Status: FINAL

Test Name	Results	Reference Range	Units
<b>GENERAL CHEMISTRY (Continued)</b>			
Stage 3	30 to 59 ml/min	Moderate decrease in GFR	
Stage 4	15 to 29 ml/min	Severe decrease in GFR	
Stage 5	< 15 ml/min	Kidney failure, or on dialysis	
<b>DIABETES EVALUATION</b>			
HEMOGLOBIN A1C	5.0	< 5.7	%
		***Diagnosis***	***HbA1c Level***
		Normal	< 5.7 %
		Prediabetes	5.7 - 6.4 %
		Diabetes	= or > 6.5 %
Having prediabetes is a Risk Factor for getting type 2 diabetes. Within the prediabetes range(5.7-6.4), the higher the HbA1c, the greater the risk of diabetes. HbA1c target for diabetics depend on their history and health.			
INSULIN	3.8	3.0 - 25.0	uIU/ml
<b>CORONARY RISK</b>			
TRIGLYCERIDES	126	<150	mg/dl
CHOLESTEROL, TOTAL	224 H	<200	mg/dl
HDL CHOLESTEROL	53	>40	mg/dl
LDL CHOLESTEROL, calc.	146 H	<100	mg/dl
CHOL/HDL RATIO	4.2	<5.0	
The higher the Ratio, the higher CHD risk.			
Vitamin D, 25-OH, Total	62	30 - 100	ng/ml

Notes:  
Therapy is based on the measurement of Total Vitamin D (25-OH).  
Most experts agree that Vitamin D deficiency should be = or < 20 ng/ml.  
Vitamin D insufficiency is recognized as 21 - 29 ng/ml.  
The preferred level for Vitamin D (25-OH) is recommended to be 30 - 100 ng/ml.  
Vitamin D > 150 ng/ml is considered potentially toxic.

(Continued on Next Page)





Client: [REDACTED]		Patient: [REDACTED]		Age: 30 Sex: M	
[REDACTED]		Phone: [REDACTED]		DOB: [REDACTED]	
[REDACTED]		Address 1: [REDACTED]		Fasting:	
Phys: [REDACTED]		Address 2: [REDACTED]		[REDACTED]	
[REDACTED]		City: [REDACTED]		State: [REDACTED] Zip: [REDACTED] Page: 3	
Acc#: [REDACTED]		Coll. Date: 04/28/20		Recv. Date: 04/29/20	
Chart#: [REDACTED]		Coll. Time: 11:20 AM		Recv. Time: 03:38 PM	
First reported on: 04/29/20 16:30		Final report date: 04/29/20		Print Date: 10/14/22	
				Print Time: 12:23	
Report Status: FINAL					
Test Name		Results		Reference Range Units	
<b>THYROID TESTING</b>					
T3, FREE		5.2 H		2.3 - 4.2 pg/ml	
T4, FREE		1.56		0.89 - 1.76 ng/dl	
TSH		0.177 L		0.550 - 4.780 uIU/ml	
<b>TUMOR MARKERS</b>					
PSA, TOTAL		0.680		0.000 - 4.000 ng/ml	
<b>ENDOCRINE EVALUATION</b>					
ESTRADIOL (E2)		88.7 H		0.0 - 39.8 pg/ml	
DHEA-SULFATE		644.3 H		34.5 - 568.9 ug/dl	
TESTOSTERONE, TOTAL		1391 H		280 - 1100 ng/dl	
SEX HORMONE BIND GLOBULIN		83		14 - 98 nmol/L	
TESTOSTERONE, FREE		18.0		4.3 - 24.0 ng/dl	
IGF-1		120 L		137 - 199 ng/mL	
<p>[REDACTED] uses [REDACTED] Diagnostics as the supplier for IGF-1 Immunoassay Testing System. [REDACTED] Introduced a Restandardization of IGF-1 assay using WHO 1st International Standard (IS), NIBSC Code 02/254.</p>					
<p>END OF REPORT</p>					
[REDACTED]		[REDACTED]		[REDACTED]	



Patient: [REDACTED]

DOB: [REDACTED]

Sex: [REDACTED]

Provider: [REDACTED]

Visit: 11/04/2020 8:15AM

Chart: [REDACTED]

**Chief Complaint:** cwr

**Phone Call :**

Phone Call:

11/3/20

Labs:

Albumin - 4.7

TG - 108

TC - 212

HDL - 51

LDL - 139

Vitamin D - 50

Free T3 - 4.9

TT - 1051

SHBG - 97

Free T - 11

spoke to pt. has not been regular with RYR

doing Peloton daily

feels great

**PLAN**

CH to reach out re: nutrition and lipids

12 weeks check in

I have discussed risk versus benefit, side-effects and expected results with patient. Patient understands, agrees and would like to proceed with recommendations. Patient was explicitly told that I am prescribing hormones to treat symptoms, health, and wellness despite the fact that their levels may be within the reference range.

Patient was also explicitly told to temporarily discontinue hormones 1 week prior to any surgical procedure or any other time of immobility greater than 12 hours. Hormones may be reinstated after approval from physician.



Client: [REDACTED]		Patient: [REDACTED]	
[REDACTED]		Phone: [REDACTED] DOB: [REDACTED] Age: 30 Sex: M	
Phys: [REDACTED]		Address 1: [REDACTED] Fasting: Y	
[REDACTED]		Address 2: [REDACTED]	
[REDACTED]		City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Page: 1	
Acc#: [REDACTED]	Coll. Date: 11/03/20	Recv. Date: 11/04/20	Print Date: 10/14/22
Chart#: [REDACTED]	Coll. Time: 10:00 AM	Recv. Time: 12:48 PM	Print Time: 12:23
First reported on: 11/04/20 13:57	Final report date: 11/04/20		
Report Status: FINAL			
Test Name	Results	Reference Range	Units
<b>GENERAL CHEMISTRY</b>			
ALBUMIN	4.7	3.2 - 4.8	g/dl
<b>CORONARY RISK</b>			
TRIGLYCERIDES	108	<150	mg/dl
CHOLESTEROL, TOTAL	212 H	<200	mg/dl
HDL CHOLESTEROL	51	>40	mg/dl
LDL CHOLESTEROL, calc...	139 H	<100	mg/dl
CHOL/HDL RATIO	4.2	<5.0	
The higher the Ratio, the higher CHD risk.			
Vitamin D, 25-OH, Total	50	30 - 100	ng/ml
Notes: Therapy is based on the measurement of Total Vitamin D (25-OH). Most experts agree that Vitamin D deficiency should be = or < 20 ng/ml. Vitamin D insufficiency is recognized as 21 - 29 ng/ml. The preferred level for Vitamin D (25-OH) is recommended to be 30 - 100 ng/ml. Vitamin D > 150 ng/ml is considered potentially toxic.			
<b>THYROID TESTING</b>			
T3, FREE	4.9 H	2.3 - 4.2	pg/ml
<b>ENDOCRINE EVALUATION</b>			
TESTOSTERONE, TOTAL	1051	280 - 1100	ng/dl
SEX HORMONE BIND GLOBULIN	97 H	14 - 95	nmol/L
TESTOSTERONE, FREE	11.0	4.3 - 24.0	ng/dl
COMMENTS:		Fasting, END OF REPORT	



Patient: [REDACTED]

DOB: [REDACTED]

Sex: M

Provider: [REDACTED]

Visit: 01/13/2022 7:05AM

Chart: [REDACTED]

**Chief Complaint:** Re-Evaluation

**Medications & Allergies:**

Current Medication & Dosage	Dispense	SIG	PRN?	Indication
clomIPHENE 50 mg oral tablet	90.000	1 daily	No	

**Re-Evaluation - Male :**

CC: Annual Re-evaluation

Symptom Rating Chart:  
(did not complete)

HPI: 31 y/o male for preventive medicine and hormone optimization REEVAL. HAD COVID 1 MONTH AGO.  
work stress high currently due to loss of staff from covid

ENERGY: improved on protocol  
SLEEP: improved on protocol  
STRENGTH: improved on protocol  
RECOVERY: improved on protocol  
LIBIDO: improved on protocol  
SEXUAL FUNCTION: improved on protocol  
SEXUAL SENSITIVITY: improved on protocol  
MEMORY: improved on protocol  
STRESS: improved on protocol

EXERCISE: peloton 7x/week 45 min intervals

NUTRITION/EATING HABITS: poor eater

Past medical history: hyperlipidemia, obesity  
Past surgical history: 2000 nasal surgery  
Medications: protocol  
ALLERGIES: nkda

Social history: nicotine buccal patch, no etoh or drugs x 2013

FAMILY HISTORY: M 61 A/W, F 65 skin CA; PGM, PGF, MGF all colon CA; [REDACTED]  
other CAs

Patient: [REDACTED]

DOB: [REDACTED]

Sex: M

Provider: [REDACTED]

Visit: 01/13/2022 7:05AM

Chart [REDACTED]

Physical exam:

HEIGHT: 5'11

WEIGHT: 220; currently 230-240

12/28/21

Labs:

wbc - 10.7

rbc - 5.38

h/h - 16.2/48.8

mcv - 91

mch - 30.1

mchc - 33.1

rdw - 12.5

platelets - 259

mpv - 9.7

glucose - 88

bun - 16

creatinine - 0.9

sodium - 139

potassium - 4.5

chloride - 103

co2 - 27

calcium - 10

total protein - 7.9

albumin - 5 high

globulin - 2.9

total bilirubin - 0.9

alkaline - phosphatase - 51

alt - 30

ast - 29

albumin / globulin ratio - 1.7

bun/creat ratio - n/a

gfr, estimated - 105

ha1c - 5.6

insulin - 7.7

tg - 207 high

tc - 232 high

hdl - 42



Patient: [REDACTED]

DOB: [REDACTED]

Sex: M

Provider: [REDACTED]

Visit: 01/13/2022 7:05AM

Chart: [REDACTED]

ldl - 152 high  
chol/hdl ratio - 5.5 high  
vitamin d - 33  
free t3 - 5.2 high  
free t4 - 1.35  
tsh - 0.387 low  
psa total - 0.650  
estradiol - 82.1 high  
dhea - 635.1 high  
tt - 1107 high  
shbg - 51  
free t - 19.2  
igf 1 - 80 low

Assessment:

WEIGHT GAIN - goal 185 - pt lost weight initially and has gained back (220-230 lbs) due to poor diet  
INCREASED BODY FAT  
POOR DIET  
HYPERLIPIDEMIA was not taking RYR regularly  
rising HbA1C  
DISEASE PREVENTION

Goals:

LOSE WEIGHT - goal 185  
LOSE BODY FAT  
INCREASE ENERGY  
INCREASE STRENGTH  
IMPROVE MEMORY  
MANAGE LIPIDS  
DISEASE PREVENTION

Plan:

INCREASE KFORCE FROM 1 TO 2 DAILY  
RESTART RYR SYNERGY  
RESTART PREGNENOLONE FOR CORTISOL CONTROL/WEIGHT MGMT/MEMORY/BRAIN FOG  
WOULD LIKE BP TO CHECK IN RE: DIETARY CHANGES - WANTS TO START EATING BETTER AND



Patient: [REDACTED]

DOB: [REDACTED]

Sex: M

Provider: [REDACTED]

Visit: 01/13/2022 7:05AM

Chart: [REDACTED]

LOSING SOME WEIGHT

12 WEEKS CHECK IN

Clomiphene Citrate 50mg 1 tab daily CVS [REDACTED]

Armour Thyroid 120mg 1 tab each morning on an empty stomach CVS [REDACTED]

Pregnenolone 100mg by Allergy Research

Restarted 1/13/22 1 capsule daily 60

RYR Synergy

Restarted 1/13/22 2 capsules twice per day 120

K-FORCE Vitamin D3 5,000IU +K2

Increased 1/13/22 2 capsules daily with food 60

Ortho Biotic Probiotic 1 capsule per day with food 60

Alpha Base Premier Pack Multivitamin 1 packet per day with food 60

Mag07 Magnesium 2 capsules or more as needed 120

I have discussed risk versus benefit, side-effects and expected results with patient. Patient understands, agrees and would like to proceed with recommendations. Patient was explicitly told that I am prescribing hormones to treat symptoms, health, and wellness despite the fact that their levels may be within the reference range.

Patient was also explicitly told to temporarily discontinue hormones 1 week prior to any surgical procedure or any other time of immobility greater than 12 hours. Hormones may be reinstated after approval from physician.

Client: [REDACTED] Patient: [REDACTED]  
 Phone: [REDACTED] DOB: [REDACTED] Age: 31 Sex: M  
 Address 1: [REDACTED] Fasting: Y  
 Address 2: [REDACTED]  
 Phys: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Page: 1

Acc# [REDACTED] Coll. Date: 12/28/21 Recv. Date: 12/30/21 Print Date: 10/14/22  
 Chart# [REDACTED] Coll. Time: 11:30 AM Recv. Time: 12:27 PM Print Time: 12:24  
 First reported on: 12/30/21 13:34 Final report date: 12/30/21

Report Status: FINAL

Test Name	Results	Reference Range	Units
<b>COMPLETE BLOOD COUNT</b>			
WHITE BLOOD CELL	10.7	3.9 - 11.4	K/ul
RED BLOOD CELL	5.38	4.20 - 6.00	M/ul
HEMOGLOBIN	16.2	13.2 - 18.0	g/dl
HEMATOCRIT	48.8	43.0 - 60.0	%
MCV	91	83 - 103	fl
MCH	30.1	26.0 - 34.0	pg
MCHC	33.1	29.5 - 35.5	g/dl
RDW	12.5	11.0 - 15.5	%
PLATELET COUNT	259	140 - 400	k/ul
MPV	9.7	7.5 - 11.6	fl

The reference range reflects change to [REDACTED] instrumentation.

**GENERAL CHEMISTRY**

GLUCOSE	88	65 - 100	mg/dl
BUN	16	6 - 20	mg/dl
CREATININE, SERUM	0.9	0.7 - 1.3	mg/dl
SODIUM	139	136 - 145	mmol/L
POTASSIUM	4.5	3.5 - 5.1	mmol/L
CHLORIDE	103	100 - 110	mmol/L
CO2	27	20 - 31	mmol/L
CALCIUM	10.0	8.3 - 10.6	mg/dl
TOTAL PROTEIN	7.9	5.7 - 8.2	g/dl
ALBUMIN	5.0 H	3.2 - 4.8	g/dl
GLOBULIN	2.9	2.1 - 3.6	g/dl
BILIRUBIN, TOTAL	0.9	0.3 - 1.2	mg/dl
ALKALINE PHOSPHATASE	51	45 - 115	U/L
ALT	30	0 - 48	U/L
AST	29	0 - 38	U/L
Albumin/Globulin Ratio	1.7	0.8 - 2.0	
BUN/CREAT RATIO	N/A	7.3 - 21.7	
GFR, estimated	105		ml/min

If African-American, result is: >60

Calculation of estimated GFR is based on the [REDACTED] equation

\*\*\*\*Five Stages of Chronic Kidney Disease\*\*\*\*

*Stage*	*GFR Level*	*Description*
Stage 1	90 ml/min or more	Healthy Kidneys or Kidney

(Continued on Next Page)



Client: [REDACTED]		Patient: [REDACTED]	
[REDACTED]		Phone: [REDACTED] DOB: [REDACTED] Age: 31 Sex: M	
Phys: [REDACTED]		Address 1: [REDACTED] Fasting: Y	
		Address 2: [REDACTED]	
		City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Page: 2	
Acc# [REDACTED]	Coll. Date: 12/28/21	Recv. Date: 12/30/21	Print Date: 10/14/22
Chart# [REDACTED]	Coll. Time: 11:30 AM	Recv. Time: 12:27 PM	Print Time: 12:24
First reported on: 12/30/21 13:34		Final report date: 12/30/21	
Report Status: FINAL			

Test Name	Results	Reference Range	Units
<b>GENERAL CHEMISTRY (Continued)</b>			
Stage 2	60 to 89 ml/min	damage with normal or high GFR Kidney damage and mild decrease in GFR	
Stage 3	30 to 59 ml/min	Moderate decrease in GFR	
Stage 4	15 to 29 ml/min	Severe decrease in GFR	
Stage 5	< 15 ml/min	Kidney failure, or on dialysis	
<b>DIABETES EVALUATION</b>			
HEMOGLOBIN A1C	5.6	< 5.7	%
<div style="display: flex; justify-content: space-between;"> <div> <b>***Diagnosis***</b>  Normal  Prediabetes  Diabetes </div> <div> <b>***HbA1c Level***</b>  &lt; 5.7 %  5.7 - 6.4 %  = or &gt; 6.5 % </div> </div> <p>Having prediabetes is a Risk Factor for getting type 2 diabetes. Within the prediabetes range(5.7-6.4), the higher the HbA1c, the greater the risk of diabetes. HbA1c target for diabetics depend on their history and health.</p>			
INSULIN	7.7	3.0 - 25.0	uIU/ml
<b>CORONARY RISK</b>			
TRIGLYCERIDES	207 H	<150	mg/dl
CHOLESTEROL, TOTAL	232 H	<200	mg/dl
HDL CHOLESTEROL	42	>40	mg/dl
LDL CHOLESTEROL, calc..	152 H	<100	mg/dl
<p>Effective 02/01/2021 the new NIH developed equation for calculating LDL-C will be implemented at Access in our standard lipid panels and will allow for more accurate calculation of LDL-C in patients with low LDL-C (&lt;70 mg/dl) and or with high Triglycerides (TG levels of 400-800 mg/dl). The NIH equation replaces the Traditional Friedwald equation.</p>			
CHOL/HDL RATIO	5.5 H	<5.0	
The higher the Ratio, the higher CHD risk.			
Vitamin D, 25-OH, Total	33	30 - 100	ng/ml
<b>Notes:</b> Therapy is based on the measurement of Total Vitamin D (25-OH). (Continued on Next Page)			

Client: [REDACTED]		Patient: [REDACTED]	
[REDACTED]		Phone: [REDACTED] DOB: [REDACTED] Age: 31 Sex: M	
Phys: [REDACTED]		Address 1: [REDACTED] Fasting: Y	
		Address 2: [REDACTED]	
		City: [REDACTED]	State: [REDACTED] Zip: [REDACTED] Page: 3
Acc# [REDACTED]	Coll. Date: 12/28/21	Recv. Date: 12/30/21	Print Date: 10/14/22
Chart# [REDACTED]	Coll. Time: 11:30 AM	Recv. Time: 12:27 PM	Print Time: 12:24
First reported on: 12/30/21 13:34		Final report date: 12/30/21	
Report Status: FINAL			
Test Name	Results	Reference Range	Units
<b>CORONARY RISK (Continued)</b>			
<p>Most experts agree that Vitamin D deficiency should be = or &lt; 20 ng/ml.  Vitamin D insufficiency is recognized as 21 - 29 ng/ml.  The preferred level for Vitamin D (25-OH) is recommended to be 30 - 100 ng/ml.  Vitamin D &gt; 150 ng/ml is considered potentially toxic.</p>			
<b>THYROID TESTING</b>			
T3, FREE	5.2 H	2.3 - 4.2	pg/ml
T4, FREE	1.35	0.89 - 1.76	ng/dl
TSH	0.387 L	0.550 - 4.780	uIU/ml
<b>TUMOR MARKERS</b>			
PSA, TOTAL	0.650	0.000 - 4.000	ng/ml
<p>The above test is performed by [REDACTED]. Patient results performed by different assay methods may not be comparable.</p>			
<b>ENDOCRINE EVALUATION</b>			
ESTRADIOL (E2)	82.1 H	0.0 - 39.8	pg/mL
DHEA-SULFATE	635.1 H	34.5 - 568.9	ug/dl
TESTOSTERONE, TOTAL	1107 H	280 - 1100	ng/dl
SEX HORMONE BIND GLOBULIN	51	14 - 95	nmol/L
TESTOSTERONE, FREE	19.2	4.3 - 24.0	ng/dl
IGF-1	80 L	137 - 199	ng/mL
<p>[REDACTED] uses [REDACTED] Diagnostics as the supplier for IGF-1 Immunoassay Testing System. Siemens introduced a Restandardization of IGF-1 assay using WHO 1st International Standard (IS), [REDACTED]</p>			
COMMENTS:		Fasting,	
		END OF REPORT	