

**10/24/2017 - Office Visit in NEUROLOGY BLANK (continued)****Clinical Notes (continued)**

Proactive Office Encounter Actions: Verified smoking use  
 Proactive Office Encounter Actions: Hemoglobin A1C lab order staged  
 Proactive Office Encounter Actions: Flu vaccine declined at this time  
 Proactive Office Encounter Actions: Blood Pressure above goal, repeat blood pressure taken and documented  
 Proactive Office Encounter Actions: BP elevated after 2nd attempt. Patient advised to contact Primary Care MD for follow up  
 BP: (!) 128/96  
 BP Patient Position: STANDING  
 Cuff Size: Large Adult  
 BP Location: RA-RIGHT ARM  
 BP Source: AUTOMATIC  
 Pulse: 85  
 Temp: 99 °F (37.2 °C)  
 Temp src: Tympanic  
 Weight: 219 lb 2.2 oz (99.4 kg)  
 Height: 5' 6.5" (168.9 cm)  
 Patient given an approximate wait of 30 minutes.

Electronically signed by Delia-Beebe, Barbara A (L.V.N.), L.V.N. at 10/24/2017 3:07 PM

**Woldegabriel, Hanna B (L.V.N.), L.V.N. at 10/24/2017 1638**

|  |  |  |
|--|--|--|
| Author: Woldegabriel, Hanna B (L.V.N.), L.V.N. | Service: —   | Author Type: LICENSED VOCATIONAL NURSE |
| Filed: 10/24/2017 4:39 PM                      | Encounter Date: 10/24/2017   | Creation Time: 10/24/2017 4:38 PM      |
| Status: Signed                                 | Editor: Woldegabriel, Hanna B (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE) |  |

An After Visit Summary was printed and given to the patient.

Electronically signed by Woldegabriel, Hanna B (L.V.N.), L.V.N. at 10/24/2017 4:39 PM

**Progress Notes****Jiang, Tong (M.D.), M.D. at 10/24/2017 1613**

|                                  |  |                                   |
|----------------------------------|--|-----------------------------------|
| Author: Jiang, Tong (M.D.), M.D. | Service: —                                   | Author Type: Physician            |
| Filed: 10/24/2017 4:41 PM        | Encounter Date: 10/24/2017                   | Creation Time: 10/24/2017 4:13 PM |
| Status: Signed                   | Editor: Jiang, Tong (M.D.), M.D. (Physician) |                                   |

10/24/2017

**First visit**

Referral physician and report back to: Dr. Hooks  
 Reason for referral: hand tremor, could be Abilify but doing well on this med, just want to make sure no sign of something more

CC: Tremor

## 10/24/2017 - Office Visit in NEUROLOGY BLANK (continued)

## Clinical Notes (continued)

HPI: Lawson B Hawkins is a 62 year old male, right handed, presents for evaluation of tremor. The symptoms started at a year ago and have been slowly progressive. The tremor is located at either hands or feet, RIGHT more than LEFT. The tremor interferes with fine movements, such as holding a cup of water or writing. He drinks coffee 3-4 cups. Pt does not believe it makes his tremor worse. He has been on Abilify for more than 10 years. Was on both Abilify and Resperidone before.

he denies any stiffness, falls or slow physical activities.

Treatment: he is not on any medication for his tremor

FH: no tremor or Parkinson's Disease

**Review of Systems:**

Constitutional: weight loss: no

GI: constipation: no

GU: urgency and frequency: no

Musc: recent falls: no.

Neuro: dizziness, no slurred speech, focal weakness no

Psychiatric/Behavioral: depression. Acting out during sleeping: no

FH:

**Family History**

| Problem    | Relation | Age of Onset |
|------------|----------|--------------|
| • Diabetes | Mother   |              |

SH: alcohol: occasionally, smoking: no, drug abuse: no

Patient Active Problem List:

SCHIZOAFFECTIVE DISORDER  
DM 2 W DIABETIC HYPERLIPIDEMIA, MIXED  
COLON POLYP  
CHOLELITHIASIS  
ACQUIRED DEFORMITY OF RIGHT ANKLE  
OBESITY, BMI 30-34.9, ADULT  
THROMBOCYTOPENIA  
DECLINES STATINS

**Outpatient Prescriptions Marked as Taking for the 10/24/17 encounter (Office Visit) with Jiang, Tong (M.D.), M.D.**

| Medication                              | Sig                                     |
|---|---|
| • ARIPiprazole (ABILIFY) 20 mg Oral Tab | Take 1 tablet by mouth daily at bedtime |

BP (!) 128/96 (BP Location: RA-RIGHT ARM, BP Patient Position: STANDING, Cuff Size: Large Adult) | Pulse 85 | Temp 99 °F (37.2 °C) (Tympanic) | Ht 1.689 m (5' 6.5") | Wt 99.4 kg (219 lb 2.2 oz) | BMI 34.84 kg/m<sup>2</sup>

General appearance: no acute distress

Neck: supple, no JVD

Mood: calm

**NEUROLOGICAL EXAM:**

MSE: A+Ox 3

Language: no aphasia

---

**10/24/2017 - Office Visit in NEUROLOGY BLANK (continued)**

---

**Clinical Notes (continued)**

---

## CRANIAL NERVES:

2nd CN: PERRL, VF-F  
3rd,4th and 6th CN: EOM-I  
5th CN: no sensory deficite  
7th CN: face: symmetric  
9, 10th CN: no dysarthria  
12th CN: tongue: Middle

## MOTOR EXAM:

Muscle bulk and tone: normal  
Strength: 5/5 symmetric  
DTR: 2+ throughout, toes: down going  
Coor: normal  
GAIT: Normal

up/down gazes: normal

Mask face: no

Tremor: very mild postural tremor at right hand

Tone: normal

Bradykenesia: no

Standing up with arm crossed: negative

Stooped: no

Pulling test: negative

Micrographic: no

HGBA1C 5.6 03/14/2017

TSH 1.49 03/14/2017

ALT 28 03/14/2017

AST 17 03/14/2017

CREAT 0.84 03/14/2017

CREAT 0.80 03/14/2017

HGBA1C 5.6 03/14/2017

BUN 15 03/14/2017

WBC'S AUTO 5.1 03/14/2017

HGB 14.5 03/14/2017

HCT AUTO 42.7 03/14/2017

PLT'S AUTO 124 03/14/2017

**Assessment/Plan on 10/24/2017:**

## TREMOR

Note: very mild postural tremor at right hand. There is no other sign of Parkinson's Disease at this point. His lab tests were unremarkable. Still suspect it is due to medication, Abilify's side effect.

Suggest to discuss with his psychiatrist if having any chance to reduce the medication since his psychiatric symptoms are very stable.

**10/24/2017 - Office Visit in NEUROLOGY BLANK (continued)****Clinical Notes (continued)**

I will follow up him in one year for reevaluation

SCHIZOAFFECTIVE DISORDER

Note: stable and on medication

DECLINES INFLUENZA VACCINATION

Call if any symptoms change. Otherwise follow up in 1 yearL or as needed.

Electronically signed by Jiang, Tong (M.D.), M.D. at 10/24/2017 4:41 PM

**Patient Instructions**

**On behalf of your Kaiser Permanente Neurology Health Care Team, thank you for partnering with us .**

**WE CARE!**

We appreciate your participation on any surveys mailed to you regarding your visit so that we may continue improving the quality of care and service that we provide to you.

You are due for the **influenza (FLU) vaccination**.

If you did not receive one today, **you may walk in for a nurse visit Monday - Friday 8:00 AM - 5:00 PM** at the West LA Medical Center and all Medical Office Buildings. **Hours may vary slightly. Please call our Flu hotline number for hours of operation. No appointment is needed. Check in upon arrival.**

For more information (only available during Flu season), please visit: **kp.org/flu** or call our **Flu hotline at (866) 706-6358**.

Electronically signed by Delia-Beebe, Barbara A (L.V.N.), L.V.N. at 10/24/2017 3:05 PM

**10/24/2017 - Office Visit in NEUROLOGY BLANK (continued)****Patient Instructions (continued)****Referrals****Outpatient Service #21610391915**

Reason: Specialty Services Required

Priority: Routine

Class: Internal

Status: Closed

Status updated on: 10/24/2017

Valid dates: From 10/24/2017 to 10/24/2018

**Referred From**

Location: WEST LA MEDICAL CENTER U

Department: INTWLWLA MED9 RAIN2

Provider: Hooks, Sarah Elizabeth (M.D.), M.D.

Provider phone: 833-574-2273

Provider address: 5971 VENICE BLVD LOS ANGELES CA 90034-1713

**Referred To**

Location: \*WEST LOS ANGELES (WLA)

Specialty: Neurology

**Visits**

Requested: 1

Authorized: 1

Completed: 1

Scheduled: 0

**Procedures****REFERRAL NEUROLOGY**

Number requested: 1

Number approved: 1

**Diagnoses**

- R25.1 (ICD-10-CM) - TREMOR

**Referral Notes****Provider Comments by Hooks, Sarah Elizabeth (M.D.), M.D. at 10/24/2017 0938**

Summary: Provider Comments

Reason: hand tremor, could be Abilify but doing well on this med, just want to make sure no sign of something more

**Questionnaire**

| Question  | Answer |
|---|--------|
| RUC ONLY QUESTIONS BELOW - LEAVE BLANK                          | —      |
| RUC denial process  | —      |
| Please enter the department providing supporting documentation. | —      |
| Enter Denial Letter subtype                                     | —      |
| Enter Letter type   | —      |
| Enter Title of Denial Rationale                                 | —      |
| Please select the Commercial Letter subtype                     | —      |
| Please select the CSI Letter subtype                            | —      |
| Please select the FEHBP - Federal Letter subtype                | —      |
| Please select the Medi-Cal Letter subtype                       | —      |
| Please select the Medicare Letter subtype                       | —      |
| Please select the Self-Funding Letter subtype                   | —      |
| Please select the coverage type                                 | —      |
| Enter Phone   | —      |
| Select the preferred written language                           | —      |
| Interpreter Required? (Y or N)                                  | —      |
| Semi-Translation? (Y or N)                                      | —      |
| Does the member need a full translation?                        | —      |
| Enter Full Translation Request Date                             | —      |
| Enter Full Translation Preferred Language                       | —      |

**10/24/2017 - Office Visit in NEUROLOGY BLANK (continued)**

**Referrals (continued)**

Enter Translation Vendor Notification Date —  
 Enter Translation Vendor Completion Date —  
 Enter Full Translation Delivery Date —  
 Enter Authorized Representative (Relationship) —  
 Enter Authorized Rep Name —  
 Enter Authorized Rep Phone Number —  
 Enter Alternate Street Address —  
 Enter Alternate City Address —  
 Enter Alternate State —  
 Enter Alternate Zip Code —  
 Was additional information needed? —  
 Enter date additional information was requested —  
 Enter time additional information was requested —  
 Enter date additional information received —  
 Enter time additional information received —  
 Enter Physician Decision Maker Name —  
 Enter Physician Decision Maker Phone —  
 Enter Non-physician Decision-Maker Name —  
 Enter Denial Letter type —  
 Authorized Representative (Includes parents, guardians, conservators) —  
 Member Requests DX/TX Information (Y or N) —  
 Date Member Request to MSCC —  
 Date UM mailed information to Member —  
 Date UM received Request —  
 Select change for appointment type. —  
 What is the specialty visit type? —  
 Does the Authorized Rep have the same contact info? —  
 Record relevant DX/TX related UM Denial —  
 Please select the KPIC Letter subtype —  
 Insert level of service —  
 Was there an Extension letter issued? —  
 Deadline for decision —  
 Enter Extension date sent to provider —  
 Enter Extension time sent to provider —  
 Enter date Extension Letter sent to member —  
 Was requested information received —  
 Date requested information received —  
 Was this letter retracted/Reinstated? —  
 Date of Retraction/reinstatement —  
 Enter time Extension Letter sent to member —  
 Time requested information received —

**Order**

**REFERRAL NEUROLOGY [859076405]**

Electronically signed by: **Hooks, Sarah Elizabeth (M.D.), M.D. on 10/24/17 0938** Status: **Active**  
 Ordering user: Hooks, Sarah Elizabeth (M.D.), M.D. 10/24/17 0938 Authorized by: Hooks, Sarah Elizabeth (M.D.), M.D.  
 Ordered during: Office Visit on 10/24/2017  
 Diagnoses  
 TREMOR [R25.1]  
 Order comments: Reason: hand tremor, could be Abilify but doing well on this med, just want to make sure no sign of something more

**Triage**

**Triage Information**

Decision: None

Schedule by date: 11/7/2017

## 10/24/2017 - Office Visit in NEUROLOGY BLANK (continued)

Hawkins, Lawson B (MR # 000017508205)

Page 1 of 3

**After Visit Summary**  
10/24/2017Lawson B Hawkins  
MRN: 000017508205**Visit and Patient Information**

## Visit Information

| Date & Time        | Provider            | Department   |
|--------------------|---------------------|--------------|
| 10/24/2017 3:30 PM | TONG JIANG MD, M.D. | Neuwlwla Neu |

**Visit Summary**

## Vitals

| BP   | Pulse | Temp                          | Ht                | Wt                         |
|--|-------|-------------------------------|-------------------|----------------------------|
| (l) 128/96 (BP<br>Location: RA-<br>RIGHT ARM, BP<br>Patient Position:<br>STANDING, Cuff<br>Size: Large<br>Adult) | 85    | 99 °F (37.2 °C)<br>(Tympanic) | 5' 6.5" (1.689 m) | 219 lb 2.2 oz (99.4<br>kg) |

BMI  
34.84 kg/m<sup>2</sup>

## BMI and BSA Data

Body Mass Index: 34.84 kg/m<sup>2</sup>      Body Surface Area: 2.16 m<sup>2</sup>

## Health Problems Reviewed

TREMOR  
PATIENT DECLINES INFLUENZA VACCINATION

## Patient Instructions

**On behalf of your Kaiser Permanente Neurology Health Care Team,  
thank you for partnering with us .  
WE CARE!**

**We appreciate your participation on any surveys mailed to you regarding your visit  
so that we may continue improving the quality of care and service that we provide to  
you.**

You are due for the **influenza (FLU) vaccination.**

If you did not receive one today, **you may walk in for a nurse visit Monday - Friday 8:00 AM - 5:00 PM** at the West LA Medical Center and all Medical Office Buildings. **Hours may vary slightly. Please call our Flu hotline number for hours of operation. No appointment is needed. Check in upon arrival.**

For more information (only available during Flu season), please visit: **kp.org/flu** or call our **Flu hotline at (866) 706-6358.**

Kaiser Permanente, SCPMG: Hawkins, Lawson B (000017508205)

Page 1 of 3

## 10/24/2017 - Office Visit in NEUROLOGY BLANK (continued)

Hawkins, Lawson B (MR # 000017508205)  
Patient Instructions (continued)

Page 2 of 3

## Follow-up and Disposition

Return in about 1 year (around 10/24/2018).

## Allergies

## Allergies as of 10/24/2017

Reviewed On: 10/24/2017 By: Delia-Beebe,  
Barbara A (L.V.N.), L.V.N.

| No Known Drug Allergies | Severity      | Noted      | Reaction Type | Reactions |
|-------------------------|---------------|------------|---------------|-----------|
|                         | Not Specified | 08/08/2007 |               |           |

## Medications

## Upcoming Administrations

None

## Visit Medication List

Patient reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

|  | Dosage                                  |
|--|---|
| ARIPiprazole (ABILIFY) 20 mg Oral Tab (Taking) | Take 1 tablet by mouth daily at bedtime |

## Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed  
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

## Orders

## Future Appointments

| Date & Time        | Provider                    | Department              | Center | Type of Visit |
|--------------------|-----------------------------|-------------------------|--------|---------------|
| 11/11/2017 8:10 AM | Louie, Jessica Sue (R.N.)   | INTERNAL MEDICINE RAIN2 | WLAU   | Office Visit  |
| 2/13/2018 8:30 AM  | Talag, Emelita Borja (M.D.) | PSYCHIATRY              | WTRU   | Office Visit  |

## General Information

## Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit [kp.org/flu](http://kp.org/flu) or call 1-866-70-NOFLU (1-866-706-6358).

Kaiser Permanente, SCPMG: Hawkins, Lawson B (000017508205)

Page 2 of 3



---

**10/24/2017 - Office Visit in NEUROLOGY BLANK (continued)**

---

Hawkins, Lawson B (MR # 000017508205)

Page 3 of 3

---

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

---

Register at [www.kp.org](http://www.kp.org) to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

---

Save money and time! Get your refills for home delivery at [www.kp.org/refill](http://www.kp.org/refill)

---

Kaiser Permanente, SCPMG: Hawkins, Lawson B (000017508205)

Page 3 of 3

---

**END OF ENCOUNTER**

---

---

**11/06/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY**

---

**Visit Information**

---

**Provider Information**

---

**11/06/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY (continued)**

**Visit Information (continued)**

| Encounter Provider                | Referring Provider                |
|-----------------------------------|-----------------------------------|
| Hartman, Jonathan R. (P.T.), P.T. | Benton, David Arthur (D.O.), D.O. |

**Department**

| Name             | Address  | Phone        |
|------------------|--|--------------|
| PHYSICAL THERAPY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2476 |

**Follow-up and Dispositions**

**Reason for Visit**

**Chief Complaints**

- PHYSICAL THERAPY CERTIFICATION
- 84 DAY REHAB PLAN
- LOW BACK PAIN

**Visit Diagnosis**

| Name               | Code    | Chronic? |
|--------------------|---------|----------|
| LUMBAR SPONDYLOSIS | M47.816 | Yes      |

**Clinical Notes**

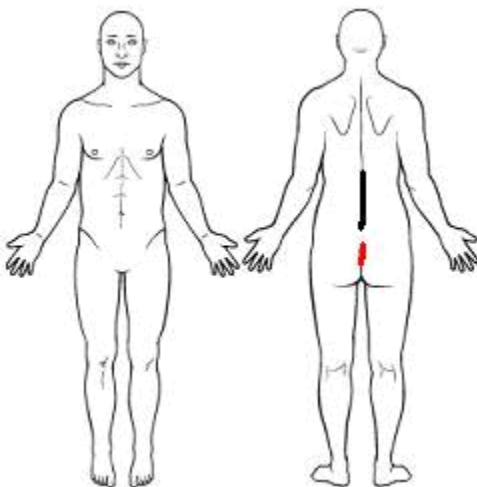
**Progress Notes**

**Hartman, Jonathan R. (P.T.), P.T. at 11/6/2017 0945**

|   |   |                                  |
|---|---|----------------------------------|
| Author: Hartman, Jonathan R. (P.T.), P.T. | Service: —  | Author Type: THERAPIST, PHYSICAL |
| Filed: 11/6/2017 10:31 AM                 | Encounter Date: 11/6/2017                                       | Creation Time: 11/6/2017 9:45 AM |
| Status: Signed                            | Editor: Hartman, Jonathan R. (P.T.), P.T. (THERAPIST, PHYSICAL) |                                  |

**Physical Exam**

Skin:



**11/06/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY (continued)**

Clinical Notes (continued)

**INITIAL EVAL PLAN OF CARE**

**Progress report interval: 11/6/2017 to 11/6/2017**

**REHABILITATION PLAN OF CARE 11/6/2017**

**Visit #: 1**

**SOC: 11/6/2017**

**Referring Provider: Benton, David Arthur (D\*)**

**Referring Diagnosis:**

- M99.04 (ICD-10-CM) - SOMATIC DYSFUNCTION OF LEFT SACROILIAC JOINT
- M99.04 (ICD-10-CM) - SOMATIC DYSFUNCTION OF RIGHT SACROILIAC JOINT
- M12.9 (ICD-10-CM) - ARTHROPATHY OF LUMBAR FACET
- M43.10 (ICD-10-CM) - SPONDYLOLISTHESIS
- M47.816 (ICD-10-CM) - LUMBAR SPONDYLOSIS

**Treating/Functional Impairment/Dysfunction:** LS extension hypomobility, Hip flexor hypomobility

**Goals (If pain magically gone/ Large task broken up by time or number/ Set date and time/ Barriers )**

- 1) Pt to gain 10 degrees hip flexor length to allow for gait without LS pain for work in 12 weeks
- 2) Pt to gain 10 degrees hip flexor length to allow for standing at work without LS pain in 12 weeks
- 3) Pt will be able to independently perform HEP with correct form so that daily ADL will be accomplished with  $\geq 2$  points less on Pt's VAS scale.

**Rehab Potential:** good

**Future Goals:** continue to be the same.

**Type and Amount: Procedures/Modalities:** home exercise program, joint mobilization and therapeutic exercises

**Education to include:** Patient instructed on ice to painful area  
Patient instructed on stretching exercises

**Frequency:** 1 times every 2 weeks for

**Duration:** 12 weeks

**Reevaluation to be completed at end of plan of care, unless indicated sooner otherwise.**

**Recertification due:** 1/29/18

**1999 pt had surgery in thoracic spine with metal implant**

=====

**SUBJECTIVE**

## 11/06/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY (continued)

## Clinical Notes (continued)

Lawson B Hawkins is a 62 year old male who presents with Tailbone pain which is worse when sitting for many hours for the past 2 months.

**Mechanism of injury:** none

**Occupation:** Fix computers in sitting/ standing

**Activities:** nothing, used to do bicycle riding and tai chi

**Aggravating factors/ Irritability:**

P1: 5/10 pain with walking in AM and pt must walk bent over it feel better in 2 hours of moving but still 2/10 pain CV/IM.

**Easing Factors:** flexion

**Special Questions:**

DM:+

HTN:-

Cardiac disease:-

Osteoporosis:-

5-10%Weight change in past 1-6months:-

B&B (Inability to empty / start/stop bladder):-

Hx of CA:-

Transplant:-

Past Surgeries: **1999 pt had surgery in thoracic spine with metal implant**

Fevers/Chills/Night sweats: -

**How is your Agg if you do it in the AM vs PM?:** AM

**Sleep:** wnl

**Past Medical History**

Past Medical History:

| Diagnosis   | Date       |
|---|------------|
| • ELEVATED TRANSAMINASE<br><i>Hep b/c neg, ~same on statin (mild)</i> | 12/14/2007 |
| • GERD (GASTROESOPHAGEAL REFLUX DISEASE)                              |            |
| • SCHIZOAFFECTIVE DISORDER  |            |

**LEARNING ASSESSMENT**

Language preference: English

Learning preferences: v,d,w

Learning Barriers: none

Educational needs: Patient Edu, HOME EXERCISE PROGRAM

**Imaging:**

None

**OBJECTIVE:**

**Observation/ Functional Tests:**

Agg gait : 5/10 pain felt with gait increased rotation towards trailing limb

Posture: sustained trunk flexion 20 degrees at hips, pain with but tuck

**Range of motion/ Muscle length tests:**

**11/06/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY (continued)**

**Clinical Notes (continued)**

Lumbar spine

Resting: 2/10 sacral pain

|                     |  |
|---------------------|--|
| Flexion             | To toes no pain                                  |
| Return from flexion | wnl  |
| Extension           | No pain when arms beside just with arms in front |
| Sidebending Right   | wnl  |
| Sidebending Left    | wnl  |

Thoracic spine

|                   |     |
|-------------------|-----|
| Flexion           | wnl |
| Extension         | wnl |
| Sidebending Right | wnl |
| Sidebending Left  | wnl |
| Rotation Right    | wnl |
| Rotation Left     | wnl |

Compression/ distraction sacrum WNL

Thomas (-20) B short

**Manual muscle test:**

Abdominals

**Joint Mobility:**

NT until images in

**Treatment:**

One-on-one instruction for home exercise program  
 Patient was educated on impairments and prognosis.  
 Thomas stretch 3 x 30 seconds // agit after 3/10 pain from 5/10  
 Hip flexor stretch demo  
 standing LS extensions demo no pain felt

**Home exercise program:**

Go to Tai chi  
 hip flexor stretch and lumbar extensions hands on counter  
 Stretch and LS extension pain should be no longer than 10 mins after stretch

**Muscle/Joint:**(Endurance, Flexibility, Strength )

**Nerve:** (Blood, Mobility, Space)

**What is wrong?**

**How long will it take?**

**What can I do for it?**

**What can you do for me?**

11/06/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY (continued)

Clinical Notes (continued)

**Assessment:** Lawson B Hawkins is a 62 year old male whose chief complaint is Sacral pain with gait and standing with LS extension due to hypomobile LS facet joints as well as hip flexor muscle shortness . Rehab Potential: good

**Patient Instructions:** Given handouts for exercises as described for home exercise program.  
=====

**Plan/Next Visit:** Progress LS mobility check abdominals (See Plan of Care above.)

**Plan**

Patient notified if they are not seen for PT within 30 days, unless otherwise prescribed, or do not keep 2 appointments they will be discharged from PT at that time. The patient will have to acquire a new Rx to return to PT form that point. Patient acknowledges understanding of policy.

**Informed consent:** I have discussed the relative risks, benefits, and alternatives for treatment of this problem with the patient: Yes and patient verbalized understanding and agreement with the treatment plan.

**Today's treatment** (list type AND minutes for each): Therapeutic Evaluation 30 mins, Therapeutic Exercise 15 mins

Time in: 9:45  
Time out: 10:30  
TTT: 45 Min  
TTC: 15 Min

Electronically signed by:  
JONATHAN R. HARTMAN PT  
11/6/2017  
9:45 AM

Electronically signed by Hartman, Jonathan R. (P.T.), P.T. at 11/6/2017 10:31 AM

**Benton, David Arthur (D.O.), D.O. at 11/6/2017 1216**

|   |  |                                   |
|---|--|-----------------------------------|
| Author: Benton, David Arthur (D.O.), D.O. | Service: —   | Author Type: PHYSICIAN (D.O.)     |
| Filed: 11/6/2017 12:16 PM                 | Encounter Date: 11/6/2017                                    | Creation Time: 11/6/2017 12:16 PM |
| Status: Signed                            | Editor: Benton, David Arthur (D.O.), D.O. (PHYSICIAN (D.O.)) |                                   |

Approve plan of care as outlined. Thank you.

**11/06/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY (continued)**

**Clinical Notes (continued)**

Electronically signed by Benton, David Arthur (D.O.), D.O. at 11/6/2017 12:16 PM

**Referrals**

**Outpatient Service #21610396828**

|                                     |  |
|-------------------------------------|--|
| Reason: Specialty Services Required | Priority: Routine                          |
| Class: Internal                     | Status: Closed                             |
| Status updated on: 10/24/2017       | Valid dates: From 10/24/2017 to 10/24/2018 |

**Referred From**

|   |                                |
|---|--------------------------------|
| Location: WEST LA MEDICAL CENTER U                            | Department: PHMWLWLA PHM2 PHM2 |
| Provider: Benton, David Arthur (D.O.), D.O.                   | Provider phone: 833-574-2273   |
| Provider address: 6041 CADILLAC AVE LOS ANGELES CA 90034-1702 |                                |

**Referred To**

|                                    |                             |
|------------------------------------|-----------------------------|
| Location: WEST LA MEDICAL CENTER U | Specialty: Physical Therapy |
|------------------------------------|-----------------------------|

**Visits**

|              |               |              |              |
|--------------|---------------|--------------|--------------|
| Requested: 1 | Authorized: 1 | Completed: 1 | Scheduled: 0 |
|--------------|---------------|--------------|--------------|

**Procedures**

**REFERRAL PHYSICAL THERAPY / OCCUPATIONAL THERAPY**

|                     |                    |
|---------------------|--------------------|
| Number requested: 1 | Number approved: 1 |
|---------------------|--------------------|

**Diagnoses**

- M99.04 (ICD-10-CM) - SOMATIC DYSFUNCTION OF LEFT SACROILIAC JOINT
- M99.04 (ICD-10-CM) - SOMATIC DYSFUNCTION OF RIGHT SACROILIAC JOINT
- M47.816 (ICD-10-CM) - ARTHROPATHY OF LUMBAR FACET
- M43.10 (ICD-10-CM) - SPONDYLOLISTHESIS, UNSPECIFIED SITE
- M47.816 (ICD-10-CM) - LUMBAR SPONDYLOSIS

**Referral Notes**

**Provider Comments by Benton, David Arthur (D.O.), D.O. at 10/24/2017 1448**

Summary: Provider Comments

Reason: Please work on mckenzie program to centralize pain(directional preference), quadriceps, hamstring, hip flexor/extensor/rotator and lumbar spine stretches, improve core strength, teach safe mechanics and postural corrections, incorporate modalities (including manual techniques) as needed, and transition to home exercise program- patient reports remote history of lumbar fusion surgery. Thank you

**Questionnaire**

| Question  | Answer |
|---|--------|
| RUC ONLY QUESTIONS BELOW - LEAVE BLANK                          | —      |
| RUC denial process  | —      |
| Please enter the department providing supporting documentation. | —      |
| Enter Denial Letter subtype                                     | —      |
| Enter Letter type   | —      |
| Enter Title of Denial Rationale                                 | —      |
| Please select the Commercial Letter subtype                     | —      |
| Please select the CSI Letter subtype                            | —      |
| Please select the FEHBP - Federal Letter subtype                | —      |

11/06/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY (continued)

Referrals (continued)

Please select the Medi-Cal Letter subtype —  
 Please select the Medicare Letter subtype —  
 Please select the Self-Funding Letter subtype —  
 Please select the coverage type —  
 Enter Phone —  
 Select the preferred written language —  
 Interpreter Required? (Y or N) —  
 Semi-Translation? (Y or N) —  
 Does the member need a full translation? —  
 Enter Full Translation Request Date —  
 Enter Full Translation Preferred Language —  
 Enter Translation Vendor Notification Date —  
 Enter Translation Vendor Completion Date —  
 Enter Full Translation Delivery Date —  
 Enter Authorized Representative (Relationship) —  
 Enter Authorized Rep Name —  
 Enter Authorized Rep Phone Number —  
 Enter Alternate Street Address —  
 Enter Alternate City Address —  
 Enter Alternate State —  
 Enter Alternate Zip Code —  
 Was additional information needed? —  
 Enter date additional information was requested —  
 Enter time additional information was requested —  
 Enter date additional information received —  
 Enter time additional information received —  
 Enter Physician Decision Maker Name —  
 Enter Physician Decision Maker Phone —  
 Enter Non-physician Decision-Maker Name —  
 Enter Denial Letter type —  
 Authorized Representative (Includes parents, guardians,  
 conservators) —  
 Member Requests DX/TX Information (Y or N) —  
 Date Member Request to MSCC —  
 Date UM mailed information to Member —  
 Date UM received Request —  
 Select change for appointment type. —  
 What is the specialty visit type? —  
 Does the Authorized Rep have the same contact info? —  
 Record relevant DX/TX related UM Denial —  
 Please select the KPIC Letter subtype —  
 Insert level of service —  
 Was there an Extension letter issued? —  
 Deadline for decision —  
 Enter Extension date sent to provider —  
 Enter Extension time sent to provider —  
 Enter date Extension Letter sent to member —  
 Was requested information received —  
 Date requested information received —  
 Was this letter retracted/Reinstated? —  
 Date of Retraction/reinstatement —  
 Enter time Extension Letter sent to member —  
 Time requested information received —

Order

REFERRAL PHYSICAL THERAPY / OCCUPATIONAL THERAPY [859240164]

Electronically signed by: **Benton, David Arthur (D.O.), D.O. on 10/24/17 1448** Status: **Active**  
 Ordering user: Benton, David Arthur (D.O.), D.O. 10/24/17 1448 Authorized by: Benton, David Arthur (D.O.), D.O.  
 Ordered during: Office Visit on 10/24/2017  
 Diagnoses  
 SOMATIC DYSFUNCTION OF LEFT SACROILIAC JOINT [M99.04]  
 SOMATIC DYSFUNCTION OF RIGHT SACROILIAC JOINT [M99.04]



**11/06/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY (continued)****Referrals (continued)**

ARTHROPATHY OF LUMBAR FACET [M12.9]  
SPONDYLOLISTHESIS, UNSPECIFIED SITE [M43.10]  
LUMBAR SPONDYLOSIS [M47.816]

Order comments: Reason: Please work on mckenzie program to centralize pain(directional preference), quadriceps, hamstring, hip flexor/extensor/rotator and lumbar spine stretches, improve core strength, teach safe mechanics and postural corrections, incorporate modalities (including manual techniques) as needed, and transition to home exercise program- patient reports remote history of lumbar fusion surgery. Thank you

**Triage****Triage Information**

Decision: None

Schedule by date: 11/7/2017

**END OF ENCOUNTER****11/11/2017 - Allied Health/Nurse Visit in INTERNAL MEDICINE RAIN2****Visit Information****Provider Information****Encounter Provider**

Louie, Jessica Sue (R.N.), R.N.

**Department**

| Name                    | Address  | Phone        |
|-------------------------|--|--------------|
| INTERNAL MEDICINE RAIN2 | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 833-574-2273 |

**Reason for Visit****Chief Complaint**

- HYPERTENSION CARE MANAGEMENT

**Vitals****Vital Signs**

Most recent update: 11/11/2017 8:09 AM

|        |       |
|--------|-------|
| BP     | Pulse |
| 112/71 | 66    |

**Clinical Notes****Progress Notes****Ocegueda, Patricia (M.A.), M.A. at 11/11/2017 0809**

Author: Ocegueda, Patricia (M.A.), M.A.  
Filed: 11/11/2017 8:09 AM  
Status: Signed

Service: —  
Encounter Date: 11/11/2017  
Editor: Ocegueda, Patricia (M.A.), M.A. (MEDICAL ASSISTANT)

Author Type: MEDICAL ASSISTANT  
Creation Time: 11/11/2017 8:09 AM

**11/11/2017 - Allied Health/Nurse Visit in INTERNAL MEDICINE RAIN2 (continued)****Clinical Notes (continued)**

Hand hygiene was done and discussed with the pt.  
Two identifier were used to verify the pt, i.e name, DOB, either phone # listed in HC  
Patient's vital signs, medication, pharmacy of choice, smoking history, chief complaint, allergies and history taken, reviewed; documented.

PATRICIA OCEGUEDA MA

Internal Medicine WLA

Electronically signed by Ocegueda, Patricia (M.A.), M.A. at 11/11/2017 8:09 AM

11/11/2017 - Allied Health/Nurse Visit in INTERNAL MEDICINE RAIN2 (continued)

AFTER VISIT SUMMARY



Lawson B. Hawkins MRN: 000017508205

11/11/2017 8:10 AM INTERNAL MEDICINE RAIN2

Today's Visit

You saw JESSICA SUE LOUIE RN, R.N. on Saturday November 11, 2017.

Blood Pressure 112/71 Pulse 66

What's Next

NOV 20 2017 Office Visit with JONATHAN R. HARTMAN PT, P.T. Monday November 20 7:30 AM

PHYSICAL THERAPY  
 6041 CADILLAC AVE  
 LOS ANGELES CA 90034-1702  
 323-857-2476

Medications

Common Medication Direction Abbreviations  
 PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed  
 QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 11/11/2017

Reviewed On: 10/24/2017 By: Delia-Beebe, Barbara A (L.V.N.), L.V.N.

|                         | Severity      | Noted      | Reaction Type | Reactions |
|-------------------------|---------------|------------|---------------|-----------|
| No Known Drug Allergies | Not Specified | 08/08/2007 |               |           |

General Information

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit [kp.org/flu](http://kp.org/flu) or call 1-866-70-NOFLU (1-866-706-6358).

---

**11/11/2017 - Allied Health/Nurse Visit in INTERNAL MEDICINE RAIN2 (continued)**

---

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at [www.kp.org](http://www.kp.org) to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at [www.kp.org/refill](http://www.kp.org/refill)

---

**END OF ENCOUNTER**

---

---

**11/20/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY**

---

**Visit Information**

---

**Provider Information**

---

**11/20/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY (continued)**

**Visit Information (continued)**

**Encounter Provider**

Hartman, Jonathan R. (P.T.), P.T.

**Department**

| Name             | Address  | Phone        |
|------------------|--|--------------|
| PHYSICAL THERAPY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2476 |

**Reason for Visit**

**Chief Complaints**

- WEAKNESS
- DISCHARGE SUMMARY

**Visit Diagnosis**

| Name               | Code    | Chronic? |
|--------------------|---------|----------|
| LUMBAR SPONDYLOSIS | M47.816 | Yes      |

**Clinical Notes**

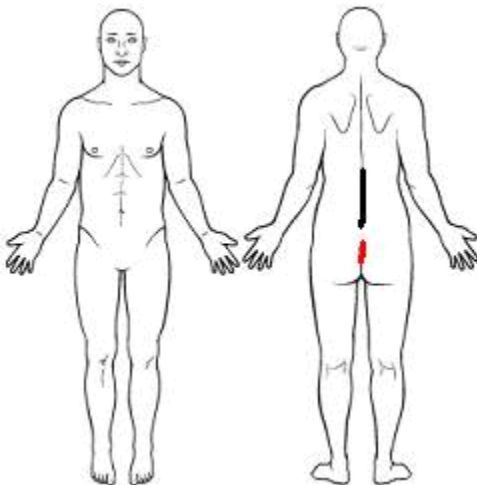
**Progress Notes**

**Hartman, Jonathan R. (P.T.), P.T. at 11/20/2017 0708**

Author: Hartman, Jonathan R. (P.T.), P.T.    Service: —    Author Type: THERAPIST, PHYSICAL  
 Filed: 12/27/2017 1:08 PM    Encounter Date: 11/20/2017    Creation Time: 11/20/2017 7:08 AM  
 Status: Addendum    Editor: Hartman, Jonathan R. (P.T.), P.T. (THERAPIST, PHYSICAL)

**Physical Exam**

Skin:



**11/20/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY (continued)**

**Clinical Notes (continued)**

**REHABILITATION PLAN OF CARE 11/6/2017**

**Visit #: 1**

**SOC: 11/6/2017**

**Referring Provider: Benton, David Arthur (D\***

**Referring Diagnosis:**

M99.04 (ICD-10-CM) - SOMATIC  
DYSFUNCTION OF LEFT SACROILIAC  
JOINT

M99.04 (ICD-10-CM) - SOMATIC  
DYSFUNCTION OF RIGHT SACROILIAC  
JOINT

M12.9 (ICD-10-CM) - ARTHROPATHY OF  
LUMBAR FACET

M43.10 (ICD-10-CM) -  
SPONDYLOLISTHESIS

M47.816 (ICD-10-CM) - LUMBAR  
SPONDYLOSIS

**Treating/Functional Impairment/Dysfunction:** LS extension hypomobility, Hip flexor hypomobility

**Goals (If pain magically gone/ Large task broken up by time or number/ Set date and time/ Barriers )**

- 1) Pt to gain 10 degrees hip flexor length to allow for gait without LS pain for work in 12 weeks
- 2) Pt to gain 10 degrees hip flexor length to allow for standing at work without LS pain in 12 weeks
- 3) Pt will be able to independently perform HEP with correct form so that daily ADL will be accomplished with >=2 points less on Pt's VAS scale.

**Rehab Potential:** good

**Future Goals:** continue to be the same.

**Type and Amount: Procedures/Modalities:** home exercise program, joint mobilization and therapeutic exercises

**Education to include:** Patient instructed on ice to painful area

Patient instructed on stretching exercises

**Frequency:** 1 times every 2 weeks for

**Duration:** 12 weeks

**Reevaluation to be completed at end of plan of care, unless indicated sooner otherwise.**

**Recertification due:** 1/29/18

**1999 pt had surgery in thoracic spine with metal implant**

**THERAPY DAILY NOTE**

=====

**11/20/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY (continued)****Clinical Notes (continued)****Progress report interval:** 11/20/2017 to 11/20/2017Visit Number: 2  
Patient arrival: 7:30  
Pain Level:2/10**SUBJECTIVE:**

24 hours:

Diet change which gave most improvement, pt stopped eating all food and his pain felt better  
50% improvement  
Tai chi- this week

## Changes:

P1: 1/10 pain with walking in AM and pt must walk bent over it feel better in 2 hours of moving but still 2/10 pain CV/IM.

**OBJECTIVE:****Observation/ Functional Tests:**Agg gait : 1/10 pain felt with gait increased rotation towards trailing limb  
Posture: Sustained trunk flexion 20 degrees at hips, pain with but tuck**Range of motion/ Muscle length tests:**

Lumbar spine

Resting: 1/10 sacral pain

Flexion                      To toes no pain  
Return from flexion    wnl  
Extension                  No pain when arms beside just with arms in front

Thomas (-5) B short

## Abdominals:

Internal Oblique (Inspiration): down and out

**External Oblique (expiration): down and in**

Rectus: Straight down

**TREATMENT GIVEN :**

## Therapeutic exercise-

Thomas stretch 3 x 30 seconds // agit after 3/10 pain from 5/10  
Hip flexor stretch demo  
Standing LS extensions  
Side plank DNS/ Side plank full with breathing  
Abdominal bracing with breathing  
Abdominal brace with tai chi talk

**11/20/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY (continued)**

**Clinical Notes (continued)**

**Home exercise program:**

- Go to Tai chi
- Hip flexor stretch and lumbar extensions hands on counter
- Stretch and LS extension pain should be no longer than 10 mins after stretch
- Side plank DNS/ Side plank full with breathing 30 seconds 4x each 2 x daily

**Assessment** (including progress towards goals): Pt shows improved gait and mobility in LA with less pain with ADL's. Pt to return to tai chi.

**Plan:** Progress strength and hip flexor mobility (See Plan of Care above.)

**Today's treatment** (list type AND minutes for each): 25 min Therapeutic Exercise

**Total Timed Code Treatment Minutes: 25 min**

**Total Treatment Time Minutes: 25 min**

Electronically signed by:  
 JONATHAN R. HARTMAN PT PT DPT OCS CSCS  
 Physical Therapy and Rehabilitation Services  
 Kaiser West Los Angeles  
 (323) 857-2476  
 11/20/2017  
 7:10 AM

Discharge summary report interval: From above POC established date to 12/27/2017.  
 Total # of visits: 2

Subjective, Objective, and Assessment: Status at time of discharge is unknown as patient failed to follow up with therapy. For status at time of last patient visit, please refer to prior notes. Pt was treated by the therapist writing this discharge summary. Discharge summary completed to meet regulatory requirements.

**Plan:** Patient discharged from therapy.

Electronically signed by:  
 JONATHAN R. HARTMAN PT  
 12/27/2017  
 1:08 PM



---

**11/20/2017 - Non Nursing - Allied Health in PHYSICAL THERAPY (continued)**

---

**Clinical Notes (continued)**

---

---

Electronically signed by Hartman, Jonathan R. (P.T.), P.T. at 12/27/2017 1:08 PM

---

**END OF ENCOUNTER**

---

---

## 05/24/2012 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID         | Class      | Status | Primary Coverage    |
|-------------------|-----------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161457465<br>5 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #21614574655)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #21614574655)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |
|   |              |

## Treatment Team

| Provider                                  | Service | Role      | Provider Team | Specialty         | From | To |
|---|---------|-----------|---------------|-------------------|------|----|
| Hooks, Sarah<br>Elizabeth (M.D.),<br>M.D. | —       | Attending | —             | Internal Medicine | —    | —  |

## Events

## Hospital Outpatient at 5/24/2012 0650

Unit: HOV LABORATORY  
Patient class: Outpatient

## Discharge at 5/24/2012 2359

Unit: HOV LABORATORY  
Patient class: Outpatient

## Labs

## PSA [342649780] (Final result)

Electronically signed by: Hooks, Sarah Elizabeth (M.D.) on 05/10/12 0900

Status: Completed

## 05/24/2012 - Lab in HOV LABORATORY (continued)

## Labs (continued)

This order may be acted on in another encounter.

Ordering user: Hooks, Sarah Elizabeth (M.D.) 05/10/12 0900

Ordering mode: Standard

Frequency: Routine 05/10/12 -

Quantity: 1

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordered during: Patient Message on 05/10/2012

Class: Normal

Lab status: Final result

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Specimen Information

| ID        | Type | Source | Collected By      |
|-----------|------|--------|-------------------|
| 495658371 | —    | BLOOD  | DDR 05/24/12 0700 |

## PSA [342649780]

Resulted: 05/25/12 0429, Result status: Final result

Order status: Completed

Filed on: 05/25/12 0429

Collected by: DDR 05/24/12 0700

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component | Value | Reference Range  | Flag | Lab |
|-----------|-------|------------------|------|-----|
| PSA       | 0.50  | < OR = 3.5 ng/mL | —    | 956 |

Comment:

AGE-RELATED PSA NORMAL VALUES ---AGE--- ---NORMAL VALUE--- (YEARS) (ng/mL) -----  
 ----- 49 OR LESS LESS THAN OR EQUAL TO 2.5 50 - 59 LESS THAN OR EQUAL TO 3.5 60 - 69 LESS  
 THAN OR EQUAL TO 4.5 70 OR GREATER LESS THAN OR EQUAL TO 6.5 THE DETERMINATION THAT THIS AGE-  
 RELATED PSA IS EITHER NORMAL OR ABNORMAL IS VALID ONLY IF THIS PATIENT HAS NEVER BEEN TREATED  
 FOR PROSTATE CANCER AND IS NOT ON ANY MEDICATION THAT WOULD CHANGE THE PSA VALUE. CLINICAL  
 CORRELATION IS STRONGLY RECOMMENDED. THIS PSA ASSAY WAS PERFORMED USING THE ROCHE E170  
 MODULAR ANALYTIC SYSTEM, AN ELECTROCHEMILUMINESCENCE IMMUNOASSAY METHOD.

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0926

Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0926

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response? | Delivery Method  | Outcome   | Message ID |
|-----------|--|-----------|------------|
| In Basket | Result sent  | 100673737 |            |
|           | Provider ID: 29062 (provider defined by Results Routing) |           |            |
|           | Result routed to linked user A542989 using In Basket     |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## PSA [342649780]

Resulted: 05/24/12 0701, Result status: In process

Order status: Completed

Filed on: 05/24/12 0701

Collected by: DDR 05/24/12 0700

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0926

Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0926

## 05/24/2012 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.) on 5/25/2012 09:26  
 Hooks, Sarah Elizabeth (M.D.) on 5/25/2012 09:26

## ALT, SERUM [344219436] (Final result)

Electronically signed by: **Program, Complete Care on 05/16/12 2036** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 05/16/12 2036

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 05/16/2012

Frequency: Routine 05/16/12 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 5/17/2012 12:58 AM

Diagnoses

DM. [250.00 (ICD-9-CM)]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Specimen Information

| ID        | Type | Source | Collected By      |
|-----------|------|--------|-------------------|
| 495658369 | —    | BLOOD  | DDR 05/24/12 0700 |

## ALT, SERUM [344219436]

Resulted: 05/24/12 1128, Result status: Final result

Order status: Completed

Filed on: 05/24/12 1128

Collected by: DDR 05/24/12 0700

Resulting lab: WLA MEDICAL CENTER LABORATORY

Narrative:

Note: This is a result for your order which has been determined to be a duplicate order. Please understand that other providers have also received this result, thus coordination of care is necessary. Click on the Order Details hyperlink for indication of all providers who have received notification of this result.

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| ALT       | 27    | 17 - 63 units/L | —    | 305 |

Comment:

The measured activity may vary by different method. This result was measured using the Beckman method.

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1037  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1439  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1439  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1438

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

## Recipients

## 05/24/2012 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response<br>ible? | Delivery Method  | Outcome   | Message ID |
|-------------------|--|-----------|------------|
| In Basket         | Result sent  | 100610693 |            |
|                   | Provider ID: 29062 (provider defined by Results Routing) |           |            |
|                   | Result routed to linked user A542989 using In Basket     |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                | Director           | Address                                       | Valid Date Range              |
|--------------------|-------------------------------------|--------------------|---|-------------------------------|
| 321 - 305          | WLA MEDICAL<br>CENTER<br>LABORATORY | S.R. McLaren, D.O. | 6041 Cadillac Ave.<br>LOS ANGELES CA<br>90034 | 09/01/05 0850 - 05/23/17 0009 |

## ALT, SERUM [344219436]

Resulted: 05/24/12 0701, Result status: In process

Order status: Completed

Filed on: 05/24/12 0701

Collected by: DDR 05/24/12 0700

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1037  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1439  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1439  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1438

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

## Indications

DM [250.00 (ICD-9-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:37  
 Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:36  
 Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:36  
 Hooks, Sarah Elizabeth (M.D.) on 5/25/2012 09:29  
 Hooks, Sarah Elizabeth (M.D.) on 5/25/2012 09:29  
 Hooks, Sarah Elizabeth (M.D.) on 5/24/2012 14:39  
 Hooks, Sarah Elizabeth (M.D.) on 5/24/2012 14:39  
 Hooks, Sarah Elizabeth (M.D.) on 5/24/2012 14:38

## CREATININE, SERUM [344219438] (Final result)

Electronically signed by: Program, Complete Care on 05/16/12 2036

Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 05/16/12 2036

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 05/16/2012

Frequency: Routine 05/16/12 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 5/17/2012 12:58 AM

Diagnoses

DM. [250.00 (ICD-9-CM)]

**05/24/2012 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

**Specimen Information**

| ID        | Type | Source | Collected By      |
|-----------|------|--------|-------------------|
| 495658369 | —    | BLOOD  | DDR 05/24/12 0700 |

**CREATININE, SERUM [344219438]**

Resulted: 05/24/12 1128, Result status: Final result

Order status: Completed  
 Collected by: DDR 05/24/12 0700  
 Narrative:

Filed on: 05/24/12 1128  
 Resulting lab: WLA MEDICAL CENTER LABORATORY

Note: This is a result for your order which has been determined to be a duplicate order. Please understand that other providers have also received this result, thus coordination of care is necessary. Click on the Order Details hyperlink for indication of all providers who have received notification of this result.

**Components**

| Component                  | Value | Reference Range | Flag | Lab |
|----------------------------|-------|-----------------|------|-----|
| CREATININE                 | 0.9   | 0.7 - 1.3 mg/dL | —    | 305 |
| GLOMERULAR FILTRATION RATE | >89-B | mL/min          | —    | 305 |

Comment:  
 Comments: Estimated GFR is derived and reported per 1.73 m2 body surface area. Race used from Foundations System: "NB" non-black, "B" black. GFR estimate has been multiplied by 1.21 if "B" is indicated in the system. \* GFR Ranges \*  
 GFR >89 Normal (or CKD1\*) 60-89 Mildly reduced (CKD2\*) 30-59 Moderately reduced (CKD3 if >3mos) 15-29 Severely reduced (CKD4 if >3mos) GFR <15 Kidney failure (CKD5 if >3mos) \* GFR >60 is not diagnostic of CKD 1 or 2 unless another marker of kidney damage is present (e.g. microalbumin or urine protein >300 mg/day on two occasions, or renal biopsy or imaging abnormality).

**Reviewed by**

- Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1037
- Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036
- Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036
- Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929
- Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929
- Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1439
- Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1439
- Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1438

**CC List**

| Recipient                           | Modifier | Fax | Address | Added |
|-------------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —        | —   | —       | —     |

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Response   | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 100610693 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |

**Testing Performed By**

## 05/24/2012 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Lab - Abbreviation | Name                                | Director           | Address                                       | Valid Date Range              |
|--------------------|-------------------------------------|--------------------|---|-------------------------------|
| 321 - 305          | WLA MEDICAL<br>CENTER<br>LABORATORY | S.R. McLaren, D.O. | 6041 Cadillac Ave.<br>LOS ANGELES CA<br>90034 | 09/01/05 0850 - 05/23/17 0009 |

## CREATININE, SERUM [344219438]

Resulted: 05/24/12 0701, Result status: In process

Order status: Completed

Filed on: 05/24/12 0701

Collected by: DDR 05/24/12 0700

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1037  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1439  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1439  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1438

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

## Indications

DM [250.00 (ICD-9-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:37  
 Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:36  
 Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:36  
 Hooks, Sarah Elizabeth (M.D.) on 5/25/2012 09:29  
 Hooks, Sarah Elizabeth (M.D.) on 5/25/2012 09:29  
 Hooks, Sarah Elizabeth (M.D.) on 5/24/2012 14:39  
 Hooks, Sarah Elizabeth (M.D.) on 5/24/2012 14:39  
 Hooks, Sarah Elizabeth (M.D.) on 5/24/2012 14:38

## LIPID PANEL [344219439] (Final result)

Electronically signed by: Program, Complete Care on 05/16/12 2036

Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 05/16/12 2036

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 05/16/2012

Frequency: Routine 05/16/12 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 5/17/2012 12:58 AM

Diagnoses

DM. [250.00 (ICD-9-CM)]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Specimen Information

| ID        | Type | Source | Collected By      |
|-----------|------|--------|-------------------|
| 495658370 | —    | BLOOD  | DDR 05/24/12 0700 |

## LIPID PANEL [344219439] (Abnormal)

Resulted: 05/24/12 2016, Result status: Final result

Order status: Completed

Filed on: 05/24/12 2016

**05/24/2012 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

Collected by: DDR 05/24/12 0700  
 Narrative:  
 FASTING? NO

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Note: This is a result for your order which has been determined to be a duplicate order. Please understand that other providers have also received this result, thus coordination of care is necessary. Click on the Order Details hyperlink for indication of all providers who have received notification of this result.

**Components**

| Component   | Value | Reference Range | Flag | Lab |
|-------------|-------|-----------------|------|-----|
| CHOLESTEROL | 171   | <200 mg/dL      | —    | 956 |
| HDL         | 39    | >/=40 mg/dL     | L v  | 956 |
| LDL         | 119   | <100 mg/dL      | —    | 956 |

Comment:

----- Non-Fasting (Fasting <12 hrs) ----- The direct LDL-c may not equal the calculated LDL-c that would be obtained when the patient is fasting 12 hours. Elevated triglycerides are an independent risk factor for CVD and provide important medication management information. The fasting lipid panel is recommended. Reference ranges below are expressed in mg/dL CHOL TRIG HDL-C LDL-C -----  
 ----- OPTIMAL: <200 <150 >/=40 <100 NEAR OPTIMAL: 100-129 BORDERLN HI: 200-239  
 150-199 130-159 HIGH: >/=240 200-499 160-189 VERY HIGH: >/=500 >/=190 -----  
 ----- All members with cardiovascular disease, diabetes mellitus, or chronic kidney disease may benefit from LDL-C levels below 100 mg/dL. Optimal management includes adequate dosing of "statin"/lipid-lowering medications.

|                          |     |       |   |     |
|--------------------------|-----|-------|---|-----|
| TRIGLYCERIDE, NONFASTING | 174 | mg/dL | — | 956 |
|--------------------------|-----|-------|---|-----|

Comment:

Nonfasting triglycerides (TG) are affected by both recent meals and patient metabolism. No reference range is established. However, nonfasting triglycerides >170 mg/dL are significantly elevated, and measurement of fasting triglycerides may be warranted. Note that if nonfasting TG are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid.

**Reviewed by**

- Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1037
- Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036
- Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036
- Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929
- Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929

**CC List**

| Recipient                           | Modifier | Fax | Address | Added |
|-------------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —        | —   | —       | —     |

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Response<br>able?  | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 100610693 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |



## 05/24/2012 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## LIPID PANEL [344219439]

Resulted: 05/24/12 0701, Result status: In process

Order status: Completed  
Collected by: DDR 05/24/12 0700

Filed on: 05/24/12 0701

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1037  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

## Indications

DM [250.00 (ICD-9-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:37  
 Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:36  
 Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:36  
 Hooks, Sarah Elizabeth (M.D.) on 5/25/2012 09:29  
 Hooks, Sarah Elizabeth (M.D.) on 5/25/2012 09:29

## HEMOGLOBIN A1C [344219440] (Final result)

Electronically signed by: Program, Complete Care on 05/16/12 2036

Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 05/16/12 2036

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 05/16/2012

Frequency: Routine 05/16/12 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 5/17/2012 12:58 AM

Diagnoses

DM. [250.00 (ICD-9-CM)]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Specimen Information

| ID        | Type | Source | Collected By      |
|-----------|------|--------|-------------------|
| 495658370 | —    | BLOOD  | DDR 05/24/12 0700 |

## HEMOGLOBIN A1C [344219440]

Resulted: 05/24/12 2221, Result status: Final result

Order status: Completed  
Collected by: DDR 05/24/12 0700  
Narrative:Filed on: 05/24/12 2222  
Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Note: This is a result for your order which has been determined to be a duplicate order. Please understand that other providers have also received this result, thus coordination of care is necessary. Click on the Order Details hyperlink for indication of all providers who have received notification of this result.

## Components

## 05/24/2012 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| HGBA1C%   | 5.7   | 4.8 - 5.9 %     | —    | 956 |

## Comment:

Hb A1c is best used to monitor blood sugar control in patients with diabetes. Ideal values are below 7.0% and values >8.0% suggest the need to improve the blood sugar control treatment plan.

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1037  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

## Recipients

Hooks, Sarah Elizabeth (M.D.), M.D.

| Response<br>able?  | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 100610693 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## HEMOGLOBIN A1C [344219440]

Resulted: 05/24/12 0701, Result status: In process

Order status: Completed

Filed on: 05/24/12 0701

Collected by: DDR 05/24/12 0700

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1037  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

## Indications

DM [250.00 (ICD-9-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:37

**05/24/2012 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:36  
 Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:36  
 Hooks, Sarah Elizabeth (M.D.) on 5/25/2012 09:29  
 Hooks, Sarah Elizabeth (M.D.) on 5/25/2012 09:29

**POTASSIUM, SERUM [344219441] (Final result)**

Electronically signed by: **Program, Complete Care on 05/16/12 2036** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 05/16/12 2036

Ordering mode: Standard

Frequency: Routine 05/16/12 -

Quantity: 1

Instance released by: Program, Complete Care (auto-released) 5/17/2012 12:58 AM

Diagnoses

DM. [250.00 (ICD-9-CM)]

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordered during: Released Future/Standing Orders on 05/16/2012

Class: Normal

Lab status: Final result

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

**Specimen Information**

| ID        | Type | Source | Collected By      |
|-----------|------|--------|-------------------|
| 495658369 | —    | BLOOD  | DDR 05/24/12 0700 |

**POTASSIUM, SERUM [344219441]**

Resulted: 05/24/12 1128, Result status: Final result

Order status: Completed

Collected by: DDR 05/24/12 0700

Filed on: 05/24/12 1128

Resulting lab: WLA MEDICAL CENTER LABORATORY

**Components**

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| POTASSIUM | 3.7   | 3.5 - 5.0 meq/L | —    | 305 |

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1037  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1439  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1439  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1438

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Responsible?   | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 100610693 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                          | Director           | Address                                       | Valid Date Range              |
|--------------------|-------------------------------|--------------------|---|-------------------------------|
| 321 - 305          | WLA MEDICAL CENTER LABORATORY | S.R. McLaren, D.O. | 6041 Cadillac Ave.<br>LOS ANGELES CA<br>90034 | 09/01/05 0850 - 05/23/17 0009 |

## 05/24/2012 - Lab in HOV LABORATORY (continued)

## Labs (continued)

**POTASSIUM, SERUM [344219441]**

Resulted: 05/24/12 0701, Result status: In process

Order status: Completed

Filed on: 05/24/12 0701

Collected by: DDR 05/24/12 0700

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1037  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929  
 Hooks, Sarah Elizabeth (M.D.) on 05/25/12 0929  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1439  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1439  
 Hooks, Sarah Elizabeth (M.D.) on 05/24/12 1438

**Indications**

DM [250.00 (ICD-9-CM)]

**All Reviewers List**

Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:37  
 Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:36  
 Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:36  
 Hooks, Sarah Elizabeth (M.D.) on 5/25/2012 09:29  
 Hooks, Sarah Elizabeth (M.D.) on 5/25/2012 09:29  
 Hooks, Sarah Elizabeth (M.D.) on 5/24/2012 14:39  
 Hooks, Sarah Elizabeth (M.D.) on 5/24/2012 14:39  
 Hooks, Sarah Elizabeth (M.D.) on 5/24/2012 14:38

**MICROALBUMIN, URINE, QUANTITATIVE [344219442] (Final result)**Electronically signed by: **Program, Complete Care on 05/16/12 2036**Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 05/16/12 2036

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 05/16/2012

Frequency: Routine 05/16/12 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 5/17/2012 12:58 AM

Diagnoses

DM. [250.00 (ICD-9-CM)]

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

**Specimen Information**

| ID        | Type | Source | Collected By      |
|-----------|------|--------|-------------------|
| 495953640 | —    | URINE  | PTC 05/30/12 0718 |

**MICROALBUMIN, URINE, QUANTITATIVE [344219442]**

Resulted: 05/30/12 1812, Result status: Final result

Order status: Completed

Filed on: 05/30/12 1812

Collected by: PTC 05/30/12 0718

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

Note: This is a result for your order which has been determined to be a duplicate order. Please understand that other providers have also received this result, thus coordination of care is necessary. Click on the Order Details hyperlink for indication of all providers who have received notification of this result.

**Components**

**05/24/2012 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

| Component                                  | Value | Reference Range       | Flag | Lab |
|--|-------|-----------------------|------|-----|
| ALBUMIN, URINE, DETECTION LIMIT <= 20 MG/L | <3.0  | <20.0 mg/L            | —    | 956 |
| CREATININE, URINE                          | 160.6 | NOT ESTABLISHED mg/dL | —    | 956 |
| ALBUMIN/CREATININE, URINE                  | <1.9  | <30.0 ug/mgCREAT      | —    | 956 |

Comment:  
 THRESHOLD TO DIAGNOSE MICROALBUMINURIA ----- MICROALBUMIN-RANDOM: >29 ug/mg CREAT ----- TWO OR MORE POSITIVE TESTS ARE REQUIRED TO DIAGNOSE MICROALBUMINURIA.

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1037  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036

**CC List**

| Recipient                           | Modifier | Fax | Address | Added |
|-------------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —        | —   | —       | —     |

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Responsible?   | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 100610693 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

**MICROALBUMIN, URINE, QUANTITATIVE [344219442]**

Resulted: 05/30/12 0718, Result status: In process

Order status: Completed

Filed on: 05/30/12 0718

Collected by: PTC 05/30/12 0718

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1037  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036  
 Hooks, Sarah Elizabeth (M.D.) on 05/31/12 1036

**CC List**

| Recipient                           | Modifier | Fax | Address | Added |
|-------------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —        | —   | —       | —     |

**Indications**

DM [250.00 (ICD-9-CM)]

**05/24/2012 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

**All Reviewers List**

Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:37  
 Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:36  
 Hooks, Sarah Elizabeth (M.D.) on 5/31/2012 10:36

**GLOBIN, FECAL [345801443] (Final result)**

Electronically signed by: **Program, Complete Care on 05/23/12 1910** Status: **Completed**  
 This order may be acted on in another encounter.

Ordering user: Program, Complete Care 05/23/12 1910 Authorized by: Hooks, Sarah Elizabeth (M.D.)  
 Ordering mode: Standard Ordered during: Released Future/Standing Orders on 05/23/2012  
 Frequency: Routine 05/23/12 - Class: Normal  
 Quantity: 1 Lab status: Final result  
 Instance released by: Program, Complete Care (auto-released) 5/24/2012 1:11 AM

**Diagnoses**

SCREENING FOR COLON CANCER [V76.51 (ICD-9-CM)]

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

**Specimen Information**

| ID        | Type | Source | Collected By      |
|-----------|------|--------|-------------------|
| 499636932 | —    | STOOL  | PTC 07/30/12 1512 |

**GLOBIN, FECAL [345801443]**

Resulted: 07/31/12 1256, Result status: Final result

Order status: Completed Filed on: 07/31/12 1257  
 Collected by: PTC 07/30/12 1512 Resulting lab: SHERMAN WAY REGIONAL LABORATORY  
 Narrative:

Note: This is a result for your order which has been determined to be a duplicate order. Please understand that other providers have also received this result, thus coordination of care is necessary. Click on the Order Details hyperlink for indication of all providers who have received notification of this result.

**Components**

| Component       | Value    | Reference Range | Flag | Lab |
|-----------------|----------|-----------------|------|-----|
| GLOBIN 1, STOOL | NEGATIVE | NEGATIVE        | —    | 956 |

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 07/31/12 1311  
 Hooks, Sarah Elizabeth (M.D.) on 07/31/12 1311  
 Hooks, Sarah Elizabeth (M.D.) on 07/31/12 1311

**CC List**

| Recipient                           | Modifier | Fax | Address | Added |
|-------------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —        | —   | —       | —     |

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Response?  | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 105576821 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |

## 05/24/2012 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## GLOBIN, FECAL [345801443]

Resulted: 07/30/12 1513, Result status: In process

Order status: Completed

Filed on: 07/30/12 1513

Collected by: PTC 07/30/12 1512

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 07/31/12 1311  
 Hooks, Sarah Elizabeth (M.D.) on 07/31/12 1311  
 Hooks, Sarah Elizabeth (M.D.) on 07/31/12 1311

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

## Indications

SCREENING FOR CA, COLON [V76.51 (ICD-9-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.) on 7/31/2012 13:11  
 Hooks, Sarah Elizabeth (M.D.) on 7/31/2012 13:11  
 Hooks, Sarah Elizabeth (M.D.) on 7/31/2012 13:11

## END OF ENCOUNTER

## 05/17/2013 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID         | Class      | Status | Primary Coverage    |
|-------------------|-----------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161590587<br>3 | Outpatient | Closed | Restricted coverage |

**05/17/2013 - Lab in HOV LABORATORY (continued)**

**Visit Account Information (continued)**

**Guarantor Account (for Hospital Account #21615905873)**

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

**Coverage Information (for Hospital Account #21615905873)**

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |
|   |              |

**Treatment Team**

| Provider                            | Service | Role      | Provider Team | Specialty         | From | To |
|-------------------------------------|---------|-----------|---------------|-------------------|------|----|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —       | Attending | —             | Internal Medicine | —    | —  |

**Events**

**Hospital Outpatient at 5/17/2013 0828**

Unit: HOV LABORATORY  
 Patient class: Outpatient

**Discharge at 5/17/2013 2359**

Unit: HOV LABORATORY  
 Patient class: Outpatient

**Labs**

**ALT, SERUM [424826077] (Final result)**

Electronically signed by: **Hooks, Sarah Elizabeth (M.D.) on 05/14/13 1215** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Hooks, Sarah Elizabeth (M.D.) 05/14/13 1215 Authorized by: Hooks, Sarah Elizabeth (M.D.)  
 Ordering mode: Standard Ordered during: Call Center Telephone Encounter on 05/14/2013  
 Frequency: Routine 05/14/13 - Class: Normal  
 Quantity: 1 Lab status: Final result

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

**Specimen Information**

| ID                      | Type | Source | Collected By                |
|-------------------------|------|--------|-----------------------------|
| C0000220131370<br>06313 | —    | BLOOD  | Redda, Daniel 05/17/13 0850 |

**ALT, SERUM [424826077]**

Resulted: 05/17/13 1512, Result status: Final result

Order status: Completed Filed on: 05/17/13 1512  
 Collected by: Redda, Daniel 05/17/13 0850 Resulting lab: WLA MEDICAL CENTER LABORATORY  
 Narrative:



## 05/17/2013 - Lab in HOV LABORATORY (continued)

## Labs (continued)

RMS ACCN: 517278547

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| ALT       | 27    | <=63 U/L        | —    | 305 |

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1243  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1237  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Responsible?   | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 128225334 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                | Director           | Address                                       | Valid Date Range              |
|--------------------|-------------------------------------|--------------------|---|-------------------------------|
| 321 - 305          | WLA MEDICAL<br>CENTER<br>LABORATORY | S.R. McLaren, D.O. | 6041 Cadillac Ave.<br>LOS ANGELES CA<br>90034 | 09/01/05 0850 - 05/23/17 0009 |

## ALT, SERUM [424826077]

Resulted: 05/17/13 0859, Result status: In process

Order status: Completed

Filed on: 05/17/13 0859

Collected by: Redda, Daniel 05/17/13 0850

Narrative:

RMS ACCN: 517278547

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1243  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1237  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547

## ALT, SERUM [424826077]

Resulted: 05/17/13 0854, Result status: In process

Order status: Completed

Filed on: 05/17/13 0854

Collected by: Redda, Daniel 05/17/13 0850

Narrative:

RMS ACCN: 517278547

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1243  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1237  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547

**05/17/2013 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

**ALT, SERUM [424826077]**

Resulted: 05/17/13 0854, Result status: In process

Order status: Completed  
 Collected by: Redda, Daniel 05/17/13 0850  
 Narrative:  
 RMS ACCN: 517278547

Filed on: 05/17/13 0854

**Reviewed by**

- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1243
- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1237
- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222
- Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547
- Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547

**All Reviewers List**

- Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:43
- Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:37
- Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:22
- Hooks, Sarah Elizabeth (M.D.) on 5/17/2013 15:47
- Hooks, Sarah Elizabeth (M.D.) on 5/17/2013 15:47

**PSA [424826078] (Final result)**

Electronically signed by: **Hooks, Sarah Elizabeth (M.D.) on 05/14/13 1215**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Hooks, Sarah Elizabeth (M.D.) 05/14/13 1215

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Call Center Telephone Encounter on 05/14/2013

Frequency: Routine 05/14/13 -

Class: Normal

Quantity: 1

Lab status: Final result

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

**Specimen Information**

| ID        | Type | Source | Collected By      |
|-----------|------|--------|-------------------|
| 517278549 | —    | BLOOD  | DDR 05/17/13 0850 |

**PSA [424826078]**

Resulted: 05/18/13 0459, Result status: Final result

Order status: Completed  
 Collected by: DDR 05/17/13 0850

Filed on: 05/18/13 0459  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

**Components**

| Component | Value | Reference Range  | Flag | Lab |
|-----------|-------|------------------|------|-----|
| PSA       | 0.49  | < OR = 3.5 ng/mL | —    | 956 |

Comment:  
 AGE-RELATED PSA NORMAL VALUES ---AGE--- ---NORMAL VALUE--- (YEARS) (ng/mL) -----  
 ----- 49 OR LESS LESS THAN OR EQUAL TO 2.5 50 - 59 LESS THAN OR EQUAL TO 3.5 60 - 69 LESS  
 THAN OR EQUAL TO 4.5 70 OR GREATER LESS THAN OR EQUAL TO 6.5 THE DETERMINATION THAT THIS AGE-  
 RELATED PSA IS EITHER NORMAL OR ABNORMAL IS VALID ONLY IF THIS PATIENT HAS NEVER BEEN TREATED  
 FOR PROSTATE CANCER AND IS NOT ON ANY MEDICATION THAT WOULD CHANGE THE PSA VALUE. CLINICAL  
 CORRELATION IS STRONGLY RECOMMENDED. THIS PSA ASSAY WAS PERFORMED USING THE ROCHE E170  
 MODULAR ANALYTIC SYSTEM, AN ELECTROCHEMILUMINESCENCE IMMUNOASSAY METHOD.

**Reviewed by**

- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1243
- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1237
- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222

**05/17/2013 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Responsible?   | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 128225334 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| <b>240 - 956</b>   | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

**PSA [424826078]**

Resulted: 05/17/13 0854, Result status: In process

Order status: Completed

Filed on: 05/17/13 0855

Collected by: DDR 05/17/13 0850

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1243

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1237

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222

**All Reviewers List**

Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:43

Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:37

Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:22

**CBC W DIFFERENTIAL, AUTO [424826080] (Final result)**

Electronically signed by: **Hooks, Sarah Elizabeth (M.D.) on 05/14/13 1215**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Hooks, Sarah Elizabeth (M.D.) 05/14/13 1215

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Call Center Telephone Encounter on 05/14/2013

Frequency: Routine 05/14/13 -

Class: Normal

Quantity: 1

Lab status: Final result

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

**Specimen Information**

| ID                      | Type | Source | Collected By               |
|-------------------------|------|--------|----------------------------|
| C0000220131370<br>06313 | —    | BLOOD  | Redda,Daniel 05/17/13 0850 |

**CBC W DIFFERENTIAL, AUTO [424826080] (Abnormal)**

Resulted: 05/17/13 1102, Result status: Final result

Order status: Completed

Filed on: 05/17/13 1102

Collected by: Redda,Daniel 05/17/13 0850

Resulting lab: WLA MEDICAL CENTER LABORATORY

Narrative:

RMS ACCN: 517278547

**Components**

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
|-----------|-------|-----------------|------|-----|

## 05/17/2013 - Lab in HOV LABORATORY (continued)

## Labs (continued)

|                            |      |                         |     |     |
|----------------------------|------|-------------------------|-----|-----|
| WBC'S AUTO                 | 5.6  | 4.0 - 11.0<br>x1000/mcL | —   | 305 |
| RBC, AUTO                  | 4.72 | 4.70 - 6.10<br>Mill/mcL | —   | 305 |
| HGB                        | 15.5 | 14.0 - 18.0 g/dL        | —   | 305 |
| HCT, AUTO                  | 43.6 | 42.0 - 52.0 %           | —   | 305 |
| MCV                        | 92.5 | 80.0 - 94.0 fL          | —   | 305 |
| MCH                        | 32.9 | 27.0 - 35.0 pg/cell     | —   | 305 |
| MCHC                       | 35.6 | 32.0 - 37.0 g/dL        | —   | 305 |
| RDW, BLOOD                 | 13.3 | 11.5 - 14.5 %           | —   | 305 |
| PLATELETS, AUTOMATED COUNT | 113  | 130 - 400<br>x1000/mcL  | L v | 305 |

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1243  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1237  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1224

## Recipients

Hooks, Sarah Elizabeth (M.D.), M.D.

| Response<br>ible?  | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 128225334 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                | Director           | Address                                       | Valid Date Range              |
|--------------------|-------------------------------------|--------------------|---|-------------------------------|
| 321 - 305          | WLA MEDICAL<br>CENTER<br>LABORATORY | S.R. McLaren, D.O. | 6041 Cadillac Ave.<br>LOS ANGELES CA<br>90034 | 09/01/05 0850 - 05/23/17 0009 |

## CBC W DIFFERENTIAL, AUTO [424826080]

Resulted: 05/17/13 1020, Result status: In process

Order status: Completed Filed on: 05/17/13 1020  
 Collected by: Redda, Daniel 05/17/13 0850  
 Narrative:  
 RMS ACCN: 517278547

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1243  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1237  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1224

## CBC W DIFFERENTIAL, AUTO [424826080]

Resulted: 05/17/13 0854, Result status: In process

Order status: Completed Filed on: 05/17/13 0854  
 Collected by: Redda, Daniel 05/17/13 0850  
 Narrative:  
 RMS ACCN: 517278547

**05/17/2013 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1243  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1237  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1224

**CBC W DIFFERENTIAL, AUTO [424826080]**

Resulted: 05/17/13 0854, Result status: In process

Order status: Completed  
 Collected by: Redda, Daniel 05/17/13 0850  
 Narrative:  
 RMS ACCN: 517278547

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1243  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1237  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1547  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1224

**All Reviewers List**

Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:43  
 Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:37  
 Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:22  
 Hooks, Sarah Elizabeth (M.D.) on 5/17/2013 15:47  
 Hooks, Sarah Elizabeth (M.D.) on 5/17/2013 15:47  
 Hooks, Sarah Elizabeth (M.D.) on 5/17/2013 12:24

**LIPID PANEL [425618030] (Final result)**

Electronically signed by: **Program, Complete Care on 05/16/13 2116** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Program, Complete Care 05/16/13 2116 Authorized by: Hooks, Sarah Elizabeth (M.D.)  
 Ordering mode: Standard Ordered during: Released Future/Standing Orders on 05/16/2013  
 Frequency: Routine 05/16/13 - Class: Normal  
 Quantity: 1 Lab status: Final result  
 Instance released by: Program, Complete Care (auto-released) 5/17/2013 1:03 AM

Diagnoses  
 DM. [250.00 (ICD-9-CM)]

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

**Specimen Information**

| ID        | Type | Source | Collected By      |
|-----------|------|--------|-------------------|
| 517278548 | —    | BLOOD  | DDR 05/17/13 0850 |

**LIPID PANEL [425618030] (Abnormal)**

Resulted: 05/18/13 0313, Result status: Final result

Order status: Completed  
 Collected by: DDR 05/17/13 0850  
 Narrative:  
 FASTING? YES

Filed on: 05/18/13 0314  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

**05/17/2013 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

Note: This is a result for your order which has been determined to be a duplicate order. Please understand that other providers have also received this result, thus coordination of care is necessary. Click on the Order Details hyperlink for indication of all providers who have received notification of this result.

**Components**

| Component                            | Value | Reference Range | Flag | Lab |
|--------------------------------------|-------|-----------------|------|-----|
| CHOLESTEROL                          | 125   | <200 mg/dL      | —    | 956 |
| TRIGLYCERIDE                         | 121   | <150 mg/dL      | —    | 956 |
| HDL                                  | 34    | >/=40 mg/dL     | L v  | 956 |
| LDL CALCULATED                       | 67    | <100 mg/dL      | —    | 956 |
| CHOLESTEROL/HIGH DENSITY LIPOPROTEIN | 3.7   | <5.0            | —    | 956 |

Comment:

----- Fasting (>= 12 hrs) ----- CHOL TRIG  
 HDL-C LDL-C ----- OPTIMAL: <200 <150 >/=40 <100 NEAR OPTIML:  
 100-129 BORDERLN HI: 200-239 150-199 130-159 HIGH: >/=240 200-499 160-189 VERY HIGH:  
 >/=500 >/=190 ----- All members with cardiovascular disease, diabetes mellitus, or chronic  
 kidney disease may benefit from LDL-C levels below 100 mg/dL. Optimal management includes adequate dosing of  
 "statin"/lipid-lowering medications.

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222

**CC List**

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Response? | Delivery Method  | Outcome   | Message ID |
|-----------|--|-----------|------------|
| In Basket | Result sent  | 128254616 |            |
|           | Provider ID: 29062 (provider defined by Results Routing) |           |            |
|           | Result routed to linked user A542989 using In Basket     |           |            |
|           | Recipient added as CC recipient (ORD 105)                |           |            |
|           | Only regular result message sent (CC message ignored)    |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| <b>240 - 956</b>   | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

**LIPID PANEL [425618030]**

Resulted: 05/17/13 0854, Result status: In process

Order status: Completed  
 Collected by: DDR 05/17/13 0850

Filed on: 05/17/13 0855

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222

## 05/17/2013 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

## Indications

DM. [250.00 (ICD-9-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:22  
 Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:22

## ELECTROLYTE PANEL (NA, K, CL, CO2) [425618032] (Final result)

Electronically signed by: Program, Complete Care on 05/16/13 2116

Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 05/16/13 2116

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 05/16/2013

Frequency: Routine 05/16/13 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 5/17/2013 1:03 AM

Diagnoses

DM. [250.00 (ICD-9-CM)]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Specimen Information

| ID                      | Type | Source | Collected By                |
|-------------------------|------|--------|-----------------------------|
| C0000220131370<br>06312 | —    | BLOOD  | Redda, Daniel 05/17/13 0850 |

## ELECTROLYTE PANEL (NA, K, CL, CO2) [425618032]

Resulted: 05/17/13 1511, Result status: Final result

Order status: Completed

Filed on: 05/17/13 1512

Collected by: Redda, Daniel 05/17/13 0850

Resulting lab: WLA MEDICAL CENTER LABORATORY

Narrative:

RMS ACCN: 517278546

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| SODIUM    | 142   | 135 - 145 mEq/L | —    | 305 |
| POTASSIUM | 4.1   | 3.5 - 5.0 mEq/L | —    | 305 |
| CHLORIDE  | 107   | 101 - 111 mEq/L | —    | 305 |
| CO2       | 27    | 21 - 31 mEq/L   | —    | 305 |

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546

## CC List

**05/17/2013 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

| Recipient                           | Modifier | Fax | Address | Added |
|-------------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —        | —   | —       | —     |

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Responsible?   | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 128254616 |            |
| Provider ID: 29062 (provider defined by Results Routing)<br>Result routed to linked user A542989 using In Basket<br>Recipient added as CC recipient (ORD 105)<br>Only regular result message sent (CC message ignored) |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                          | Director           | Address                                 | Valid Date Range              |
|--------------------|-------------------------------|--------------------|---|-------------------------------|
| <b>321 - 305</b>   | WLA MEDICAL CENTER LABORATORY | S.R. McLaren, D.O. | 6041 Cadillac Ave. LOS ANGELES CA 90034 | 09/01/05 0850 - 05/23/17 0009 |

**ELECTROLYTE PANEL (NA, K, CL, CO2) [425618032]**

Resulted: 05/17/13 0859, Result status: In process

Order status: Completed  
 Collected by: Redda, Daniel 05/17/13 0850  
 Narrative:

RMS ACCN: 517278546  
 OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Reviewed by**

- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222
- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222
- Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546
- Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546

**CC List**

| Recipient                           | Modifier | Fax | Address | Added |
|-------------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —        | —   | —       | —     |

**ELECTROLYTE PANEL (NA, K, CL, CO2) [425618032]**

Resulted: 05/17/13 0854, Result status: In process

Order status: Completed  
 Collected by: Redda, Daniel 05/17/13 0850  
 Narrative:

RMS ACCN: 517278546  
 OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Reviewed by**

- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222
- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222
- Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546



**05/17/2013 - Lab in HOV LABORATORY (continued)****Labs (continued)**

Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546

**CC List**

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

**ELECTROLYTE PANEL (NA, K, CL, CO2) [425618032]**

Resulted: 05/17/13 0854, Result status: In process

Order status: Completed

Filed on: 05/17/13 0854

Collected by: Redda, Daniel 05/17/13 0850

Narrative:

RMS ACCN: 517278546

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546  
 Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546

**CC List**

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

**Indications**

DM. [250.00 (ICD-9-CM)]

**All Reviewers List**

Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:22  
 Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:22  
 Hooks, Sarah Elizabeth (M.D.) on 5/17/2013 15:46  
 Hooks, Sarah Elizabeth (M.D.) on 5/17/2013 15:46

**HEMOGLOBIN A1C [425618033] (Final result)**

Electronically signed by: Program, Complete Care on 05/16/13 2116

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 05/16/13 2116

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 05/16/2013

Frequency: Routine 05/16/13 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 5/17/2013 1:03 AM

Diagnoses

DM. [250.00 (ICD-9-CM)]

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

**Specimen Information**

| ID        | Type | Source | Collected By      |
|-----------|------|--------|-------------------|
| 517278548 | —    | BLOOD  | DDR 05/17/13 0850 |

**HEMOGLOBIN A1C [425618033]**

Resulted: 05/17/13 2106, Result status: Final result

## 05/17/2013 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Order status: Completed  
 Collected by: DDR 05/17/13 0850  
 Narrative:

Filed on: 05/17/13 2106  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Note: This is a result for your order which has been determined to be a duplicate order. Please understand that other providers have also received this result, thus coordination of care is necessary. Click on the Order Details hyperlink for indication of all providers who have received notification of this result.

## Components

| Component                 | Value | Reference Range | Flag | Lab |
|---------------------------|-------|-----------------|------|-----|
| HGBA1C%                   | 6.1   | <7.0 %          | —    | 956 |
| ESTIMATED AVERAGE GLUCOSE | 129   | mg/dL           | —    | 956 |

## Comment:

Actual blood glucose measurements may differ from the estimated average glucose due to differences in test timing, stability of glycemic control, and RBC lifespan.

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response<br>able?  | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 128254616 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |
| Recipient added as CC recipient (ORD 105)                |                 |           |            |
| Only regular result message sent (CC message ignored)    |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## HEMOGLOBIN A1C [425618033]

Resulted: 05/17/13 0854, Result status: In process

Order status: Completed  
 Collected by: DDR 05/17/13 0850

Filed on: 05/17/13 0855

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222

## CC List

| Recipient                      | Modifier | Fax | Address | Added |
|--------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), | —        | —   | —       | —     |

## 05/17/2013 - Lab in HOV LABORATORY (continued)

## Labs (continued)

M.D.

## Indications

DM. [250.00 (ICD-9-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:22

Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:22

## CREATININE, SERUM [425618034] (Final result)

Electronically signed by: Program, Complete Care on 05/16/13 2116

Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 05/16/13 2116

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 05/16/2013

Frequency: Routine 05/16/13 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 5/17/2013 1:03 AM

Diagnoses

DM. [250.00 (ICD-9-CM)]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Specimen Information

| ID                      | Type | Source | Collected By                |
|-------------------------|------|--------|-----------------------------|
| C0000220131370<br>06312 | —    | BLOOD  | Redda, Daniel 05/17/13 0850 |

## CREATININE, SERUM [425618034]

Resulted: 05/17/13 1511, Result status: Final result

Order status: Completed

Filed on: 05/17/13 1511

Collected by: Redda, Daniel 05/17/13 0850

Resulting lab: WLA MEDICAL CENTER LABORATORY

Narrative:

RMS ACCN: 517278546

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

## Components

| Component   | Value | Reference Range | Flag | Lab |
|---|-------|-----------------|------|-----|
| CREATININE  | 0.90  | <=1.30 mg/dL    | —    | 305 |
| GLOMERULAR FILTRATION RATE  | >89   | mL/min          | —    | 305 |
| Comment:  |       |                 |      |     |
| Estimated GFR (eGFR) is normalized to a standard body surface area (1.73m <sup>2</sup> ), by sex, age, and race. The eGFR has been multiplied by 1.21 if "Black" race is reported in Foundations System. -GFR Ranges- GFR >89 Normal (or CKD1*) 60-89 Mildly reduced (CKD2*) 30-59 Moderately reduced (CKD3 if >3mos) 15-29 Severely reduced (CKD4 if >3mos) GFR <15 Kidney failure (CKD5 if >3mos) * GFR >60 is not diagnostic of CKD1 or 2 unless another marker of kidney damage is present (e.g. microalbumin or urine protein >300 mg/day on 2 occasions, or renal biopsy or imaging abnormality). |       |                 |      |     |
| RACE  | Black | —               | —    | 305 |

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222

Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546

Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546

## CC List

**05/17/2013 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

| Recipient                           | Modifier | Fax | Address | Added |
|-------------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —        | —   | —       | —     |

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Responsible?   | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 128254616 |            |
| Provider ID: 29062 (provider defined by Results Routing)<br>Result routed to linked user A542989 using In Basket<br>Recipient added as CC recipient (ORD 105)<br>Only regular result message sent (CC message ignored) |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                          | Director           | Address                                 | Valid Date Range              |
|--------------------|-------------------------------|--------------------|---|-------------------------------|
| 321 - 305          | WLA MEDICAL CENTER LABORATORY | S.R. McLaren, D.O. | 6041 Cadillac Ave. LOS ANGELES CA 90034 | 09/01/05 0850 - 05/23/17 0009 |

**CREATININE, SERUM [425618034]**

Resulted: 05/17/13 0859, Result status: In process

Order status: Completed  
 Collected by: Redda, Daniel 05/17/13 0850  
 Narrative:

RMS ACCN: 517278546  
 OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Reviewed by**

- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222
- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222
- Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546
- Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546

**CC List**

| Recipient                           | Modifier | Fax | Address | Added |
|-------------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —        | —   | —       | —     |

**CREATININE, SERUM [425618034]**

Resulted: 05/17/13 0854, Result status: In process

Order status: Completed  
 Collected by: Redda, Daniel 05/17/13 0850  
 Narrative:

RMS ACCN: 517278546  
 OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Reviewed by**

- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222
- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222
- Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546

**05/17/2013 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546

**CC List**

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

**CREATININE, SERUM [425618034]**

Resulted: 05/17/13 0854, Result status: In process

Order status: Completed

Filed on: 05/17/13 0854

Collected by: Redda, Daniel 05/17/13 0850

Narrative:

RMS ACCN: 517278546

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Reviewed by**

- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222
- Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222
- Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546
- Hooks, Sarah Elizabeth (M.D.) on 05/17/13 1546

**CC List**

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

**Indications**

DM. [250.00 (ICD-9-CM)]

**All Reviewers List**

- Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:22
- Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:22
- Hooks, Sarah Elizabeth (M.D.) on 5/17/2013 15:46
- Hooks, Sarah Elizabeth (M.D.) on 5/17/2013 15:46

**MICROALBUMIN, URINE, QUANTITATIVE [425618031] (Final result)**

Electronically signed by: Program, Complete Care on 05/16/13 2116

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 05/16/13 2116

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 05/16/2013

Frequency: Routine 05/16/13 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 5/17/2013 1:03 AM

Diagnoses

DM. [250.00 (ICD-9-CM)]

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

**Specimen Information**

| ID        | Type | Source | Collected By      |
|-----------|------|--------|-------------------|
| 517290989 | —    | URINE  | PTC 05/17/13 0958 |

**MICROALBUMIN, URINE, QUANTITATIVE [425618031]**

Resulted: 05/18/13 0156, Result status: Final result

**05/17/2013 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

Order status: Completed  
 Collected by: PTC 05/17/13 0958  
 Narrative:

Filed on: 05/18/13 0156  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Note: This is a result for your order which has been determined to be a duplicate order. Please understand that other providers have also received this result, thus coordination of care is necessary. Click on the Order Details hyperlink for indication of all providers who have received notification of this result.

**Components**

| Component                                  | Value | Reference Range       | Flag | Lab |
|--|-------|-----------------------|------|-----|
| ALBUMIN, URINE, DETECTION LIMIT <= 20 MG/L | 4.0   | <20.0 mg/L            | —    | 956 |
| CREATININE, URINE                          | 251.3 | NOT ESTABLISHED mg/dL | —    | 956 |
| ALBUMIN/CREATININE, URINE                  | 1.6   | <30.0 ug/mgCREAT      | —    | 956 |

Comment:  
 THRESHOLD TO DIAGNOSE MICROALBUMINURIA ----- MICROALBUMIN-RANDOM: >29 ug/mg CREAT ----- TWO OR MORE POSITIVE TESTS ARE REQUIRED TO DIAGNOSE MICROALBUMINURIA.

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222  
 Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222

**CC List**

| Recipient                           | Modifier | Fax | Address | Added |
|-------------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —        | —   | —       | —     |

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Responsible? | Delivery Method | Outcome   | Message ID |
|--------------|-----------------|---|------------|
| In Basket    | Result sent     | 128254616<br>Provider ID: 29062 (provider defined by Results Routing)<br>Result routed to linked user A542989 using In Basket<br>Recipient added as CC recipient (ORD 105)<br>Only regular result message sent (CC message ignored) |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

**MICROALBUMIN, URINE, QUANTITATIVE [425618031]**

Resulted: 05/17/13 0958, Result status: In process

Order status: Completed  
 Collected by: PTC 05/17/13 0958

Filed on: 05/17/13 0959

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222

## 05/17/2013 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1222

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

## Indications

DM. [250.00 (ICD-9-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:22  
 Hooks, Sarah Elizabeth (M.D.) on 5/20/2013 12:22

## END OF ENCOUNTER

## 06/14/2013 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID         | Class      | Status | Primary Coverage    |
|-------------------|-----------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161600810<br>1 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #21616008101)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #21616008101)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

## 06/14/2013 - Lab in HOV LABORATORY (continued)

## Visit Account Information (continued)

## Treatment Team

| Provider                            | Service | Role      | Provider Team | Specialty         | From | To |
|-------------------------------------|---------|-----------|---------------|-------------------|------|----|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —       | Attending | —             | Internal Medicine | —    | —  |

## Events

## Hospital Outpatient at 6/14/2013 0640

Unit: HOV LABORATORY  
Patient class: Outpatient

## Discharge at 6/14/2013 2359

Unit: HOV LABORATORY  
Patient class: Outpatient

## Labs

## CBC W DIFFERENTIAL, AUTO [426189426] (Final result)

Electronically signed by: **Hooks, Sarah Elizabeth (M.D.) on 05/20/13 1242**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Hooks, Sarah Elizabeth (M.D.) 05/20/13 1242

Ordering mode: Standard

Frequency: Routine 05/20/13 -

Quantity: 1

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordered during: Patient Message on 05/20/2013

Class: Normal

Lab status: Final result

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Specimen Information

| ID                      | Type | Source | Collected By              |
|-------------------------|------|--------|---------------------------|
| C0000220131650<br>04382 | —    | BLOOD  | Evans,Wanda 06/14/13 0646 |

## CBC W DIFFERENTIAL, AUTO [426189426]

Resulted: 06/14/13 0805, Result status: Final result

Order status: Completed

Collected by: Evans,Wanda 06/14/13 0646

Narrative:

RMS ACCN: 518934229

Filed on: 06/14/13 0805

Resulting lab: WLA MEDICAL CENTER LABORATORY

## Components

| Component                  | Value | Reference Range         | Flag | Lab |
|----------------------------|-------|-------------------------|------|-----|
| WBC'S AUTO                 | 6.5   | 4.0 - 11.0<br>x1000/mcL | —    | 305 |
| RBC, AUTO                  | 4.87  | 4.70 - 6.10<br>Mill/mcL | —    | 305 |
| HGB                        | 15.5  | 14.0 - 18.0 g/dL        | —    | 305 |
| HCT, AUTO                  | 45.0  | 42.0 - 52.0 %           | —    | 305 |
| MCV                        | 92.3  | 80.0 - 94.0 fL          | —    | 305 |
| MCH                        | 31.8  | 27.0 - 35.0 pg/cell     | —    | 305 |
| MCHC                       | 34.4  | 32.0 - 37.0 g/dL        | —    | 305 |
| RDW, BLOOD                 | 13.8  | 11.5 - 14.5 %           | —    | 305 |
| PLATELETS, AUTOMATED COUNT | 134   | 130 - 400<br>x1000/mcL  | —    | 305 |



**06/14/2013 - Lab in HOV LABORATORY (continued)****Labs (continued)****Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 06/14/13 1226  
 Hooks, Sarah Elizabeth (M.D.) on 06/14/13 1225  
 Hooks, Sarah Elizabeth (M.D.) on 06/14/13 1225

**Recipients****Hooks, Sarah Elizabeth (M.D.), M.D.**

| Responsible? | Delivery Method  | Outcome   | Message ID |
|--------------|--|-----------|------------|
| In Basket    | Result sent  | 130368411 |            |
|              | Provider ID: 29062 (provider defined by Results Routing) |           |            |
|              | Result routed to linked user A542989 using In Basket     |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                          | Director           | Address                                       | Valid Date Range              |
|--------------------|-------------------------------|--------------------|---|-------------------------------|
| 321 - 305          | WLA MEDICAL CENTER LABORATORY | S.R. McLaren, D.O. | 6041 Cadillac Ave.<br>LOS ANGELES CA<br>90034 | 09/01/05 0850 - 05/23/17 0009 |

**CBC W DIFFERENTIAL, AUTO [426189426]**

Resulted: 06/14/13 0647, Result status: In process

Order status: Completed

Filed on: 06/14/13 0647

Collected by: Evans,Wanda 06/14/13 0646

Narrative:

RMS ACCN: 518934229

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 06/14/13 1226  
 Hooks, Sarah Elizabeth (M.D.) on 06/14/13 1225  
 Hooks, Sarah Elizabeth (M.D.) on 06/14/13 1225

**CBC W DIFFERENTIAL, AUTO [426189426]**

Resulted: 06/14/13 0647, Result status: In process

Order status: Completed

Filed on: 06/14/13 0647

Collected by: Evans,Wanda 06/14/13 0646

Narrative:

RMS ACCN: 518934229

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 06/14/13 1226  
 Hooks, Sarah Elizabeth (M.D.) on 06/14/13 1225  
 Hooks, Sarah Elizabeth (M.D.) on 06/14/13 1225

**All Reviewers List**

Hooks, Sarah Elizabeth (M.D.) on 6/14/2013 12:26  
 Hooks, Sarah Elizabeth (M.D.) on 6/14/2013 12:25  
 Hooks, Sarah Elizabeth (M.D.) on 6/14/2013 12:25

**END OF ENCOUNTER****01/02/2014 - Lab in HOV LABORATORY**

**06/14/2013 - Lab in HOV LABORATORY (continued)**

**Visit Information**

**Department**

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

**Location**

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

**Visit Account Information**

**Hospital Account**

| Name              | Acct ID         | Class      | Status | Primary Coverage    |
|-------------------|-----------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161652325<br>2 | Outpatient | Closed | Restricted coverage |

**Guarantor Account (for Hospital Account #2161652325)**

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

**Coverage Information (for Hospital Account #2161652325)**

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |
|   |              |

**Treatment Team**

| Provider                           | Service | Role      | Provider Team | Specialty   | From | To |
|------------------------------------|---------|-----------|---------------|-------------|------|----|
| Lee, Arnold Wu<br>Che (M.D.), M.D. | —       | Attending | —             | Dermatology | —    | —  |

**Events**

**Hospital Outpatient at 1/2/2014 0635**

Unit: HOV LABORATORY  
Patient class: Outpatient

**Discharge at 1/2/2014 2359**

Unit: HOV LABORATORY  
Patient class: Outpatient

**Labs**

**HEMOGLOBIN A1C, DIABETIC MONITORING [470825698] (Final result)**

Electronically signed by: **Lee, Arnold Wu Che (M.D.)** on 12/03/13 1043  
This order may be acted on in another encounter.

Status: **Completed**

## 01/02/2014 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Ordering user: Lee, Arnold Wu Che (M.D.) 12/03/13 1043  
 Ordering mode: Standard  
 Frequency: Routine 12/03/13 -  
 Quantity: 1  
 Released by: Lee, Arnold Wu Che (M.D.) 12/03/13 1043

Authorized by: Lee, Arnold Wu Che (M.D.)  
 Ordered during: Office Visit on 12/03/2013  
 Class: Normal  
 Lab status: Final result

## Diagnoses

SCREENING [V82.9 (ICD-9-CM)]

## Provider Details

| Provider                  | NPI        |
|---------------------------|------------|
| Lee, Arnold Wu Che (M.D.) | 1598988057 |

## Specimen Information

| ID                      | Type | Source | Collected By                   |
|-------------------------|------|--------|--------------------------------|
| C0000220140020<br>04351 | —    | BLOOD  | Powell,Raymond T 01/02/14 0643 |

## HEMOGLOBIN A1C, DIABETIC MONITORING [470825698]

Resulted: 01/02/14 1804, Result status: Final result

Order status: Completed

Filed on: 01/02/14 1804

Collected by: Powell,Raymond T 01/02/14 0643

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 530631091

## Components

| Component                 | Value | Reference Range | Flag | Lab |
|---------------------------|-------|-----------------|------|-----|
| HGBA1C%                   | 5.8   | <=6.9 %         | —    | 956 |
| ESTIMATED AVERAGE GLUCOSE | 121   | mg/dL           | —    | 956 |

## Comment:

Actual blood glucose measurements may differ from the estimated average glucose due to differences in test timing, stability of glycemic control, and RBC lifespan.

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 01/03/14 0957  
 Lee, Arnold Wu Che (M.D.) on 01/03/14 0852  
 Lee, Arnold Wu Che (M.D.) on 01/03/14 0852  
 Lee, Arnold Wu Che (M.D.) on 01/03/14 0852  
 Lee, Arnold Wu Che (M.D.) on 01/03/14 0852

## Recipients

Lee, Arnold Wu Che (M.D.), M.D.

| Response? | Delivery Method   | Outcome   | Message ID |
|-----------|---|-----------|------------|
| In Basket | Result sent   | 145582848 |            |
|           | Provider ID: 298683 (provider defined by Results Routing) |           |            |
|           | Result routed to linked user S662865 using In Basket      |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## HEMOGLOBIN A1C, DIABETIC MONITORING [470825698]

Resulted: 01/02/14 1145, Result status: In process

Order status: Completed

Filed on: 01/02/14 1145

Collected by: Powell,Raymond T 01/02/14 0643

Narrative:

**01/02/2014 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

RMS ACCN: 530631091

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 01/03/14 0957  
 Lee, Arnold Wu Che (M.D.) on 01/03/14 0852  
 Lee, Arnold Wu Che (M.D.) on 01/03/14 0852  
 Lee, Arnold Wu Che (M.D.) on 01/03/14 0852  
 Lee, Arnold Wu Che (M.D.) on 01/03/14 0852

**HEMOGLOBIN A1C, DIABETIC MONITORING [470825698]**

Resulted: 01/02/14 0809, Result status: In process

Order status: Completed

Filed on: 01/02/14 0809

Collected by: Powell,Raymond T 01/02/14 0643

Narrative:

RMS ACCN: 530631091

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 01/03/14 0957  
 Lee, Arnold Wu Che (M.D.) on 01/03/14 0852  
 Lee, Arnold Wu Che (M.D.) on 01/03/14 0852  
 Lee, Arnold Wu Che (M.D.) on 01/03/14 0852  
 Lee, Arnold Wu Che (M.D.) on 01/03/14 0852

**Indications**

SCREENING [V82.9 (ICD-9-CM)]

**All Reviewers List**

Hooks, Sarah Elizabeth (M.D.) on 1/3/2014 09:57  
 Lee, Arnold Wu Che (M.D.) on 1/3/2014 08:52  
 Lee, Arnold Wu Che (M.D.) on 1/3/2014 08:52  
 Lee, Arnold Wu Che (M.D.) on 1/3/2014 08:52  
 Lee, Arnold Wu Che (M.D.) on 1/3/2014 08:52

**END OF ENCOUNTER**

**01/09/2014 - Diagnostic Imaging in HOV GENERAL (X-RAY)**

**Visit Information**

**Department**

| Name                | Address  | Phone        |
|---------------------|--|--------------|
| HOV GENERAL (X-RAY) | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

**Location**

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

**Visit Account Information**

**Hospital Account**

**01/09/2014 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Visit Account Information (continued)**

| Name              | Acct ID         | Class      | Status | Primary Coverage    |
|-------------------|-----------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161654042<br>7 | Outpatient | Closed | Restricted coverage |

**Guarantor Account (for Hospital Account #21616540427)**

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

**Coverage Information (for Hospital Account #21616540427)**

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |
|   |              |

**Events**

**Hospital Outpatient at 1/9/2014 1609**

Unit: HOV GENERAL (X-RAY)  
 Patient class: Outpatient

**Discharge at 1/9/2014 2359**

Unit: HOV GENERAL (X-RAY)  
 Patient class: Outpatient

**END OF ENCOUNTER**

## 08/20/2014 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID         | Class      | Status | Primary Coverage    |
|-------------------|-----------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161711472<br>9 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #21617114729)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #21617114729)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |
|   |              |

## Treatment Team

| Provider                                  | Service | Role      | Provider Team | Specialty         | From | To |
|---|---------|-----------|---------------|-------------------|------|----|
| Hooks, Sarah<br>Elizabeth (M.D.),<br>M.D. | —       | Attending | —             | Internal Medicine | —    | —  |

## Events

## Hospital Outpatient at 8/20/2014 0728

Unit: HOV LABORATORY  
Patient class: Outpatient

## Discharge at 8/20/2014 2359

Unit: HOV LABORATORY  
Patient class: Outpatient

## Labs

## CREATININE, SERUM [530908422] (Final result)

Electronically signed by: Program, Complete Care on 08/07/14 2342

Status: Completed

## 08/20/2014 - Lab in HOV LABORATORY (continued)

## Labs (continued)

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 08/07/14 2342

Ordering mode: Standard

Frequency: Routine 08/07/14 -

Quantity: 1

Instance released by: Program, Complete Care (auto-released) 8/8/2014 2:40 AM

Diagnoses

SCREENING FOR DM [V77.1 (ICD-9-CM)]

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordered during: Released Future/Standing Orders on 08/07/2014

Class: Normal

Lab status: Final result

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Specimen Information

| ID                      | Type | Source | Collected By                |
|-------------------------|------|--------|-----------------------------|
| C0000220142320<br>05929 | —    | BLOOD  | Munoz,Roque A 08/20/14 0730 |

## CREATININE, SERUM [530908422]

Resulted: 08/20/14 1108, Result status: Final result

Order status: Completed

Filed on: 08/20/14 1108

Collected by: Munoz,Roque A 08/20/14 0730

Resulting lab: WLA MEDICAL CENTER LABORATORY

Narrative:

RMS ACCN: 544834941

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

## Components

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| CREATININE   | 0.90  | <=1.30 mg/dL    | —    | 305 |
| GLOMERULAR FILTRATION RATE   | >89   | mL/min/BSA      | —    | 305 |
| Comment:   |       |                 |      |     |
| Estimated GFR (eGFR) is normalized to a standard body surface area (BSA, 1.73m <sup>2</sup> ), by sex, age, and race. The eGFR has been multiplied by 1.21 if "Black" race is reported in Foundations System. -GFR Ranges- GFR >89 Normal (or CKD1*) 60-89 Mildly reduced (CKD2*) 30-59 Moderately reduced (CKD3 if >3mos) 15-29 Severely reduced (CKD4 if >3mos) GFR <15 Kidney failure (CKD5 if >3mos) * GFR >60 is not diagnostic of CKD1 or 2 unless another marker of kidney damage is present (e.g. microalbumin or urine protein >300 mg/day on 2 occasions, or renal biopsy or imaging abnormality). |       |                 |      |     |
| RACE   | Black | —               | —    | 305 |

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856  
 Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834  
 Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018  
 Hooks, Sarah Elizabeth (M.D.) on 08/20/14 1149  
 Hooks, Sarah Elizabeth (M.D.) on 08/20/14 1149

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

**08/20/2014 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Response<br>ible? | Delivery Method  | Outcome   | Message ID |
|-------------------|--|-----------|------------|
| In Basket         | Result sent  | 163721880 |            |
|                   | Provider ID: 29062 (provider defined by Results Routing) |           |            |
|                   | Result routed to linked user A542989 using In Basket     |           |            |
|                   | Recipient added as CC recipient (ORD 105)                |           |            |
|                   | Only regular result message sent (CC message ignored)    |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                                | Director           | Address                                       | Valid Date Range              |
|--------------------|-------------------------------------|--------------------|---|-------------------------------|
| 321 - 305          | WLA MEDICAL<br>CENTER<br>LABORATORY | S.R. McLaren, D.O. | 6041 Cadillac Ave.<br>LOS ANGELES CA<br>90034 | 09/01/05 0850 - 05/23/17 0009 |

**CREATININE, SERUM [530908422]**

Resulted: 08/20/14 0737, Result status: In process

Order status: Completed

Filed on: 08/20/14 0737

Collected by: Munoz,Roque A 08/20/14 0730

Narrative:

RMS ACCN: 544834941

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Reviewed by**

- Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328
- Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321
- Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321
- Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856
- Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533
- Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834
- Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018
- Hooks, Sarah Elizabeth (M.D.) on 08/20/14 1149
- Hooks, Sarah Elizabeth (M.D.) on 08/20/14 1149

**CC List**

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

**CREATININE, SERUM [530908422]**

Resulted: 08/20/14 0737, Result status: In process

Order status: Completed

Filed on: 08/20/14 0737

Collected by: Munoz,Roque A 08/20/14 0730

Narrative:

RMS ACCN: 544834941

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.



## 08/20/2014 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856  
 Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834  
 Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018  
 Hooks, Sarah Elizabeth (M.D.) on 08/20/14 1149  
 Hooks, Sarah Elizabeth (M.D.) on 08/20/14 1149

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

## Indications

SCREENING FOR DM [V77.1 (ICD-9-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 13:28  
 Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 13:21  
 Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 13:21  
 Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 08:56  
 Hooks, Sarah Elizabeth (M.D.) on 8/24/2014 15:33  
 Hooks, Sarah Elizabeth (M.D.) on 8/23/2014 08:34  
 Hooks, Sarah Elizabeth (M.D.) on 8/22/2014 17:08  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 15:14  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 15:14  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 13:06  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 13:06  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 10:18  
 Hooks, Sarah Elizabeth (M.D.) on 8/20/2014 11:49  
 Hooks, Sarah Elizabeth (M.D.) on 8/20/2014 11:49

## HEMOGLOBIN A1C, DIABETIC MONITORING [530908423] (Final result)

Electronically signed by: Program, Complete Care on 08/07/14 2342

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 08/07/14 2342

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 08/07/2014

Frequency: Routine 08/07/14 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 8/8/2014 2:40 AM

Diagnoses

SCREENING FOR DM [V77.1 (ICD-9-CM)]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Specimen Information

| ID             | Type | Source | Collected By                |
|----------------|------|--------|-----------------------------|
| C0000220142320 | —    | BLOOD  | Munoz,Roque A 08/20/14 0730 |

**08/20/2014 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

05930

**HEMOGLOBIN A1C, DIABETIC MONITORING [530908423]**

Resulted: 08/20/14 1940, Result status: Final result

Order status: Completed

Filed on: 08/20/14 1940

Collected by: Munoz,Roque A 08/20/14 0730

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 544834942

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Components**

| Component                 | Value | Reference Range | Flag | Lab |
|---------------------------|-------|-----------------|------|-----|
| HGBA1C%                   | 5.5   | <=6.9 %         | —    | 956 |
| ESTIMATED AVERAGE GLUCOSE | 111   | mg/dL           | —    | 956 |

Comment:

Actual blood glucose measurements may differ from the estimated average glucose due to differences in test timing, stability of glycemic control, and RBC lifespan.

**Reviewed by**

- Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328
- Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321
- Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321
- Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856
- Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533
- Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834
- Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018

**CC List**

| Recipient                           | Modifier | Fax | Address | Added |
|-------------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —        | —   | —       | —     |

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Response? | Delivery Method  | Outcome   | Message ID |
|-----------|--|-----------|------------|
| In Basket | Result sent  | 163721880 |            |
|           | Provider ID: 29062 (provider defined by Results Routing) |           |            |
|           | Result routed to linked user A542989 using In Basket     |           |            |
|           | Recipient added as CC recipient (ORD 105)                |           |            |
|           | Only regular result message sent (CC message ignored)    |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

**HEMOGLOBIN A1C, DIABETIC MONITORING [530908423]**

Resulted: 08/20/14 1253, Result status: In process

**08/20/2014 - Lab in HOV LABORATORY (continued)****Labs (continued)**

Order status: Completed

Filed on: 08/20/14 1254

Collected by: Munoz,Roque A 08/20/14 0730

Narrative:

RMS ACCN: 544834942

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856  
 Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834  
 Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018

**CC List**

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

**HEMOGLOBIN A1C, DIABETIC MONITORING [530908423]**

Resulted: 08/20/14 0737, Result status: In process

Order status: Completed

Filed on: 08/20/14 0737

Collected by: Munoz,Roque A 08/20/14 0730

Narrative:

RMS ACCN: 544834942

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856  
 Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834  
 Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018

**CC List**

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

**Indications**

## 08/20/2014 - Lab in HOV LABORATORY (continued)

## Labs (continued)

SCREENING FOR DM [V77.1 (ICD-9-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 13:28  
 Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 13:21  
 Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 13:21  
 Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 08:56  
 Hooks, Sarah Elizabeth (M.D.) on 8/24/2014 15:33  
 Hooks, Sarah Elizabeth (M.D.) on 8/23/2014 08:34  
 Hooks, Sarah Elizabeth (M.D.) on 8/22/2014 17:08  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 15:14  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 15:14  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 13:06  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 13:06  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 10:18

## ELECTROLYTE PANEL (NA, K, CL, CO2) [530908424] (Final result)

Electronically signed by: Program, Complete Care on 08/07/14 2342

Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 08/07/14 2342

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 08/07/2014

Frequency: Routine 08/07/14 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 8/8/2014 2:40 AM

Diagnoses

SCREENING FOR DM [V77.1 (ICD-9-CM)]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Specimen Information

| ID                      | Type | Source | Collected By                |
|-------------------------|------|--------|-----------------------------|
| C0000220142320<br>05929 | —    | BLOOD  | Munoz,Roque A 08/20/14 0730 |

## ELECTROLYTE PANEL (NA, K, CL, CO2) [530908424] (Abnormal)

Resulted: 08/20/14 1108, Result status: Final result

Order status: Completed

Filed on: 08/20/14 1108

Collected by: Munoz,Roque A 08/20/14 0730

Resulting lab: WLA MEDICAL CENTER LABORATORY

Narrative:

RMS ACCN: 544834941

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| SODIUM    | 138   | 135 - 145 mEq/L | —    | 305 |
| POTASSIUM | 3.1   | 3.5 - 5.0 mEq/L | L    | 305 |
| CHLORIDE  | 105   | 101 - 111 mEq/L | —    | 305 |
| CO2       | 24    | 21 - 31 mEq/L   | —    | 305 |

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856  
 Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533

**08/20/2014 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834  
 Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018  
 Hooks, Sarah Elizabeth (M.D.) on 08/20/14 1149  
 Hooks, Sarah Elizabeth (M.D.) on 08/20/14 1149

**CC List**

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Response<br>ible?  | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 163721880 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |
| Recipient added as CC recipient (ORD 105)                |                 |           |            |
| Only regular result message sent (CC message ignored)    |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                                | Director           | Address                                       | Valid Date Range              |
|--------------------|-------------------------------------|--------------------|---|-------------------------------|
| <b>321 - 305</b>   | WLA MEDICAL<br>CENTER<br>LABORATORY | S.R. McLaren, D.O. | 6041 Cadillac Ave.<br>LOS ANGELES CA<br>90034 | 09/01/05 0850 - 05/23/17 0009 |

**ELECTROLYTE PANEL (NA, K, CL, CO2) [530908424]**

Resulted: 08/20/14 0737, Result status: In process

Order status: Completed  
 Collected by: Munoz,Roque A 08/20/14 0730  
 Narrative:  
 RMS ACCN: 544834941

Filed on: 08/20/14 0737

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856  
 Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834  
 Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018  
 Hooks, Sarah Elizabeth (M.D.) on 08/20/14 1149  
 Hooks, Sarah Elizabeth (M.D.) on 08/20/14 1149

**08/20/2014 - Lab in HOV LABORATORY (continued)****Labs (continued)****CC List**

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

**ELECTROLYTE PANEL (NA, K, CL, CO2) [530908424]**

Resulted: 08/20/14 0737, Result status: In process

Order status: Completed

Filed on: 08/20/14 0737

Collected by: Munoz,Roque A 08/20/14 0730

Narrative:

RMS ACCN: 544834941

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856  
 Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834  
 Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018  
 Hooks, Sarah Elizabeth (M.D.) on 08/20/14 1149  
 Hooks, Sarah Elizabeth (M.D.) on 08/20/14 1149

**CC List**

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

**Indications**

SCREENING FOR DM [V77.1 (ICD-9-CM)]

**All Reviewers List**

Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 13:28  
 Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 13:21  
 Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 13:21  
 Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 08:56  
 Hooks, Sarah Elizabeth (M.D.) on 8/24/2014 15:33  
 Hooks, Sarah Elizabeth (M.D.) on 8/23/2014 08:34  
 Hooks, Sarah Elizabeth (M.D.) on 8/22/2014 17:08  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 15:14  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 15:14  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 13:06  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 13:06  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 10:18  
 Hooks, Sarah Elizabeth (M.D.) on 8/20/2014 11:49  
 Hooks, Sarah Elizabeth (M.D.) on 8/20/2014 11:49

**LIPID PANEL [530908425] (Final result)**

Electronically signed by: Program, Complete Care on 08/07/14 2342

Status: Completed

## 08/20/2014 - Lab in HOV LABORATORY (continued)

## Labs (continued)

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 08/07/14 2342

Ordering mode: Standard

Frequency: Routine 08/07/14 -

Quantity: 1

Instance released by: Program, Complete Care (auto-released) 8/8/2014 2:40 AM

Diagnoses

SCREENING FOR DM [V77.1 (ICD-9-CM)]

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordered during: Released Future/Standing Orders on 08/07/2014

Class: Normal

Lab status: Final result

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Specimen Information

| ID                      | Type | Source | Collected By                |
|-------------------------|------|--------|-----------------------------|
| C0000220142320<br>05929 | —    | BLOOD  | Munoz,Roque A 08/20/14 0730 |

## LIPID PANEL [530908425] (Abnormal)

Resulted: 08/20/14 1805, Result status: Final result

Order status: Completed

Filed on: 08/20/14 1805

Collected by: Munoz,Roque A 08/20/14 0730

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 544834942

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.  
FASTING? NO

## Components

| Component   | Value | Reference Range | Flag | Lab |
|-------------|-------|-----------------|------|-----|
| CHOLESTEROL | 209   | <=199 mg/dL     | H ^  | 956 |
| HDL         | 42    | >=40 mg/dL      | —    | 956 |
| LDL         | 154   | <=99 mg/dL      | H ^  | 956 |

Comment:

See LabNet for more information.

|                          |     |             |   |     |
|--------------------------|-----|-------------|---|-----|
| TRIGLYCERIDE, NONFASTING | 147 | <=149 mg/dL | — | 956 |
|--------------------------|-----|-------------|---|-----|

Comment:

Nonfasting triglycerides (TG) are affected by both recent meals and patient metabolism. No reference range is established. However, nonfasting triglycerides >170 mg/dL are significantly elevated, and measurement of fasting triglycerides may be warranted. Note that if nonfasting TG are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid.

|                      |     |   |   |     |
|----------------------|-----|---|---|-----|
| CHOLESTEROL, NON-HDL | 167 | — | — | 956 |
|----------------------|-----|---|---|-----|

Comment:

NonHDL targets are 30 mg/dL higher than LDL targets.

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856  
 Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834  
 Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018

## 08/20/2014 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response<br>able? | Delivery Method  | Outcome   | Message ID |
|-------------------|--|-----------|------------|
| In Basket         | Result sent  | 163721880 |            |
|                   | Provider ID: 29062 (provider defined by Results Routing) |           |            |
|                   | Result routed to linked user A542989 using In Basket     |           |            |
|                   | Recipient added as CC recipient (ORD 105)                |           |            |
|                   | Only regular result message sent (CC message ignored)    |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## LIPID PANEL [530908425] (Abnormal)

Resulted: 08/20/14 1805, Result status: Final result

Order status: Completed

Filed on: 08/20/14 1805

Collected by: Munoz,Roque A 08/20/14 0730

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 544834942

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.  
FASTING? NO

## Components

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| HDL  | 42    | >=40 mg/dL      | —    | 956 |
| LDL  | 154   | <=99 mg/dL      | H ^  | 956 |
| Comment:<br>See LabNet for more information.   |       |                 |      |     |
| TRIGLYCERIDE, NONFASTING   | 147   | <=149 mg/dL     | —    | 956 |
| Comment:<br>Nonfasting triglycerides (TG) are affected by both recent meals and patient metabolism. No reference range is established. However, nonfasting triglycerides >170 mg/dL are significantly elevated, and measurement of fasting triglycerides may be warranted. Note that if nonfasting TG are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid. |       |                 |      |     |
| CHOLESTEROL, NON-HDL   | 167   | —               | —    | 956 |
| Comment:<br>NonHDL targets are 30 mg/dL higher than LDL targets.   |       |                 |      |     |

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856  
 Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834  
 Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514



## 08/20/2014 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response<br>ible? | Delivery Method  | Outcome   | Message ID |
|-------------------|--|-----------|------------|
| In Basket         | Result sent  | 163721880 |            |
|                   | Provider ID: 29062 (provider defined by Results Routing) |           |            |
|                   | Result routed to linked user A542989 using In Basket     |           |            |
|                   | Recipient added as CC recipient (ORD 105)                |           |            |
|                   | Only regular result message sent (CC message ignored)    |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## LIPID PANEL [530908425] (Abnormal)

Resulted: 08/20/14 1805, Result status: Final result

Order status: Completed

Filed on: 08/20/14 1805

Collected by: Munoz,Roque A 08/20/14 0730

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 544834942

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.  
 FASTING? NO

## Components

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| LDL  | 154   | <=99 mg/dL      | H ^  | 956 |
| Comment:<br>See LabNet for more information.   |       |                 |      |     |
| TRIGLYCERIDE, NONFASTING   | 147   | <=149 mg/dL     | —    | 956 |
| Comment:<br>Nonfasting triglycerides (TG) are affected by both recent meals and patient metabolism. No reference range is established. However, nonfasting triglycerides >170 mg/dL are significantly elevated, and measurement of fasting triglycerides may be warranted. Note that if nonfasting TG are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid. |       |                 |      |     |
| CHOLESTEROL, NON-HDL   | 167   | —               | —    | 956 |
| Comment:<br>NonHDL targets are 30 mg/dL higher than LDL targets.   |       |                 |      |     |

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321

**08/20/2014 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

- Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856
- Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533
- Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834
- Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306
- Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018

**CC List**

| Recipient                           | Modifier | Fax | Address | Added |
|-------------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —        | —   | —       | —     |

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Response?  | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 163721880 |            |
| Provider ID: 29062 (provider defined by Results Routing)<br>Result routed to linked user A542989 using In Basket<br>Recipient added as CC recipient (ORD 105)<br>Only regular result message sent (CC message ignored) |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| <b>240 - 956</b>   | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

**LIPID PANEL [530908425]**

Resulted: 08/20/14 1804, Result status: Final result

Order status: Completed  
 Collected by: Munoz,Roque A 08/20/14 0730  
 Narrative:  
 RMS ACCN: 544834942

Filed on: 08/20/14 1804  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.  
 FASTING? NO

**Components**

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| TRIGLYCERIDE, NONFASTING   | 147   | <=149 mg/dL     | —    | 956 |
| Comment:<br>Nonfasting triglycerides (TG) are affected by both recent meals and patient metabolism. No reference range is established. However, nonfasting triglycerides >170 mg/dL are significantly elevated, and measurement of fasting triglycerides may be warranted. Note that if nonfasting TG are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid. |       |                 |      |     |
| CHOLESTEROL, NON-HDL   | 167   | —               | —    | 956 |
| Comment:<br>NonHDL targets are 30 mg/dL higher than LDL targets.   |       |                 |      |     |

**Reviewed by**

- Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328
- Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321

**08/20/2014 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856  
 Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834  
 Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018

**CC List**

| Recipient                           | Modifier | Fax | Address | Added |
|-------------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —        | —   | —       | —     |

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Response? | Delivery Method  | Outcome   | Message ID |
|-----------|--|-----------|------------|
| In Basket | Result sent  | 163721880 |            |
|           | Provider ID: 29062 (provider defined by Results Routing) |           |            |
|           | Result routed to linked user A542989 using In Basket     |           |            |
|           | Recipient added as CC recipient (ORD 105)                |           |            |
|           | Only regular result message sent (CC message ignored)    |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| <b>240 - 956</b>   | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

**LIPID PANEL [530908425]**

Resulted: 08/20/14 1254, Result status: In process

Order status: Completed  
 Collected by: Munoz,Roque A 08/20/14 0730  
 Narrative:

RMS ACCN: 544834942  
 OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.  
 FASTING? NO

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856  
 Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834  
 Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018

**08/20/2014 - Lab in HOV LABORATORY (continued)****Labs (continued)****CC List**

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

**LIPID PANEL [530908425]**

Resulted: 08/20/14 0737, Result status: In process

Order status: Completed

Filed on: 08/20/14 0737

Collected by: Munoz,Roque A 08/20/14 0730

Narrative:

RMS ACCN: 544834942

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.  
FASTING? NO

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1328  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1321  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0856  
 Hooks, Sarah Elizabeth (M.D.) on 08/24/14 1533  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0834  
 Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1708  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1514  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1306  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1018

**CC List**

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

**Indications**

SCREENING FOR DM [V77.1 (ICD-9-CM)]

**All Reviewers List**

Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 13:28  
 Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 13:21  
 Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 13:21  
 Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 08:56  
 Hooks, Sarah Elizabeth (M.D.) on 8/24/2014 15:33  
 Hooks, Sarah Elizabeth (M.D.) on 8/23/2014 08:34  
 Hooks, Sarah Elizabeth (M.D.) on 8/22/2014 17:08  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 15:14  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 15:14  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 13:06  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 13:06  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 10:18

**CORTISOL, SERUM [531531743] (Final result)**Electronically signed by: **Hooks, Sarah Elizabeth (M.D.) on 08/11/14 1256**Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Hooks, Sarah Elizabeth (M.D.) 08/11/14 1256

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Patient Message on 08/10/2014

## 08/20/2014 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Frequency: Routine 08/11/14 -  
Quantity: 1  
Diagnoses

Class: Normal  
Lab status: Final result

DM 2 W MIXED HYPERLIPIDEMIA [250.80, 272.2 (ICD-9-CM)]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Questionnaire

| Question   | Answer |
|--|--------|
| Is this a decadron suppression test? Enter Y - Yes; N - No | No     |
| Is this a stimulation test? Enter Y - Yes; N - No          | No     |

## Specimen Information

| ID                      | Type | Source | Collected By                |
|-------------------------|------|--------|-----------------------------|
| C0000220142320<br>05931 | —    | BLOOD  | Munoz,Roque A 08/20/14 0730 |

## CORTISOL, SERUM [531531743]

Resulted: 08/20/14 1947, Result status: Final result

Order status: Completed  
Collected by: Munoz,Roque A 08/20/14 0730  
Narrative:

Filed on: 08/20/14 1947  
Resulting lab: SHERMAN WAY REGIONAL LABORATORY

RMS ACCN: 544834944  
IS THIS A DECADRONE SUPPRESSION TEST : NO  
IS THIS A STIMULATION TEST : NO

## Components

| Component   | Value | Reference Range | Flag | Lab |
|---|-------|-----------------|------|-----|
| CORTISOL  | 36.2  | mcg/dL          | —    | 956 |
| Comment:<br>Manufacturer Reference Range, 5th to 95th percentile, (mcg/dL): 7-10 AM : 6.2 - 19.4 (n=144) 4- 8 PM : 2.3 - 11.9 (n=135) |       |                 |      |     |

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1323  
Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0859  
Hooks, Sarah Elizabeth (M.D.) on 08/23/14 1245  
Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0842  
Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1641  
Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1329  
Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1329  
Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1311  
Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1311  
Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1015

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response<br>able?  | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 163777460 |            |
| Provider ID: 29062 (provider defined by Results Routing)<br>Result routed to linked user A542989 using In Basket |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|------|----------|---------|------------------|
|--------------------|------|----------|---------|------------------|

**08/20/2014 - Lab in HOV LABORATORY (continued)****Labs (continued)****240 - 956**SHERMAN WAY  
REGIONAL  
LABORATORYDarryl Erik Palmer-  
Toy, MD, PhD11668 Sherman Way  
NORTH HOLLYWOOD  
CA 91605

09/01/10 1119 - 06/01/17 0325

**CORTISOL, SERUM [531531743]**

Resulted: 08/20/14 1248, Result status: In process

Order status: Completed

Filed on: 08/20/14 1248

Collected by: Munoz,Roque A 08/20/14 0730

Narrative:

RMS ACCN: 544834944

IS THIS A DECADRONE SUPPRESSION TEST : NO

IS THIS A STIMULATION TEST : NO

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1323  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0859  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 1245  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0842  
 Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1641  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1329  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1329  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1311  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1311  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1015

**CORTISOL, SERUM [531531743]**

Resulted: 08/20/14 0737, Result status: In process

Order status: Completed

Filed on: 08/20/14 0737

Collected by: Munoz,Roque A 08/20/14 0730

Narrative:

RMS ACCN: 544834944

IS THIS A DECADRONE SUPPRESSION TEST : NO

IS THIS A STIMULATION TEST : NO

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1323  
 Hooks, Sarah Elizabeth (M.D.) on 08/25/14 0859  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 1245  
 Hooks, Sarah Elizabeth (M.D.) on 08/23/14 0842  
 Hooks, Sarah Elizabeth (M.D.) on 08/22/14 1641  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1329  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1329  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1311  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1311  
 Hooks, Sarah Elizabeth (M.D.) on 08/21/14 1015

**Indications**

DM 2 W DIABETIC MIXED HYPERLIPIDEMIA [250.80, 272.2 (ICD-9-CM)]

**All Reviewers List**

Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 13:23  
 Hooks, Sarah Elizabeth (M.D.) on 8/25/2014 08:59  
 Hooks, Sarah Elizabeth (M.D.) on 8/23/2014 12:45  
 Hooks, Sarah Elizabeth (M.D.) on 8/23/2014 08:42  
 Hooks, Sarah Elizabeth (M.D.) on 8/22/2014 16:41  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 13:29  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 13:29  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 13:11  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 13:11  
 Hooks, Sarah Elizabeth (M.D.) on 8/21/2014 10:15

## 08/20/2014 - Lab in HOV LABORATORY (continued)

Labs (continued)

## END OF ENCOUNTER

## 08/26/2014 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID         | Class      | Status | Primary Coverage    |
|-------------------|-----------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161713348<br>2 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #21617133482)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #21617133482)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

## Treatment Team

| Provider                                  | Service | Role      | Provider Team | Specialty         | From | To |
|---|---------|-----------|---------------|-------------------|------|----|
| Hooks, Sarah<br>Elizabeth (M.D.),<br>M.D. | —       | Attending | —             | Internal Medicine | —    | —  |

## Events

## Hospital Outpatient at 8/26/2014 0639

Unit: HOV LABORATORY  
Patient class: Outpatient

## 08/26/2014 - Lab in HOV LABORATORY (continued)

## Events (continued)

## Discharge at 8/26/2014 2359

Unit: HOV LABORATORY  
Patient class: Outpatient

## Labs

## MICROALBUMIN, URINE, QUANTITATIVE [535333293] (Final result)

Electronically signed by: **Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1326**Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Hooks, Sarah Elizabeth (M.D.) 08/25/14 1326

Ordering mode: Standard

Frequency: Routine 08/25/14 -

Quantity: 1

Diagnoses

HYPOKALEMIA [276.8 (ICD-9-CM)]

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordered during: Patient Message on 08/25/2014

Class: Normal

Lab status: Final result

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Specimen Information

| ID                      | Type | Source | Collected By                  |
|-------------------------|------|--------|-------------------------------|
| C0000220142380<br>24908 | —    | URINE  | Patient,Collect 08/26/14 0640 |

## MICROALBUMIN, URINE, QUANTITATIVE [535333293]

Resulted: 08/27/14 0325, Result status: Final result

Order status: Completed

Filed on: 08/27/14 0326

Collected by: Patient,Collect 08/26/14 0640

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 545209965

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

## Components

| Component                                  | Value | Reference Range     | Flag | Lab |
|--|-------|---------------------|------|-----|
| ALBUMIN, URINE, DETECTION LIMIT <= 20 MG/L | <3.0  | <=120.0 mg/L        | —    | 956 |
| CREATININE, URINE                          | 70.6  | mg/dL               | —    | 956 |
| ALBUMIN/CREATININE, URINE                  | <4.2  | <=29.9 mcg/mg Creat | —    | 956 |

Comment:

Threshold to diagnose Microalbuminuria: Microalbumin-Random: >29.0 mcg/mg Creat Two or more positive tests are required to diagnose microalbuminuria.

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 09/10/14 1722  
 Hooks, Sarah Elizabeth (M.D.) on 09/08/14 1006  
 Hooks, Sarah Elizabeth (M.D.) on 09/05/14 1543  
 Hooks, Sarah Elizabeth (M.D.) on 09/05/14 1543  
 Hooks, Sarah Elizabeth (M.D.) on 08/27/14 0835  
 Hooks, Sarah Elizabeth (M.D.) on 08/27/14 0834  
 Hooks, Sarah Elizabeth (M.D.) on 08/27/14 0834

## CC List

| Recipient                      | Modifier | Fax | Address | Added |
|--------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), | —        | —   | —       | —     |



**08/26/2014 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

M.D.

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Response?  | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 164249756 |            |
| Provider ID: 29062 (provider defined by Results Routing)<br>Result routed to linked user A542989 using In Basket<br>Recipient added as CC recipient (ORD 105)<br>Only regular result message sent (CC message ignored) |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| <b>240 - 956</b>   | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

**MICROALBUMIN, URINE, QUANTITATIVE [535333293]**

Resulted: 08/26/14 2151, Result status: In process

Order status: Completed

Filed on: 08/26/14 2151

Collected by: Patient,Collect 08/26/14 0640

Narrative:

RMS ACCN: 545209965

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Reviewed by**

- Hooks, Sarah Elizabeth (M.D.) on 09/10/14 1722
- Hooks, Sarah Elizabeth (M.D.) on 09/08/14 1006
- Hooks, Sarah Elizabeth (M.D.) on 09/05/14 1543
- Hooks, Sarah Elizabeth (M.D.) on 09/05/14 1543
- Hooks, Sarah Elizabeth (M.D.) on 08/27/14 0835
- Hooks, Sarah Elizabeth (M.D.) on 08/27/14 0834
- Hooks, Sarah Elizabeth (M.D.) on 08/27/14 0834

**CC List**

| Recipient                           | Modifier | Fax | Address | Added |
|-------------------------------------|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —        | —   | —       | —     |

**MICROALBUMIN, URINE, QUANTITATIVE [535333293]**

Resulted: 08/26/14 1037, Result status: In process

Order status: Completed

Filed on: 08/26/14 1037

Collected by: Patient,Collect 08/26/14 0640

Narrative:

RMS ACCN: 545209965

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Reviewed by**

- Hooks, Sarah Elizabeth (M.D.) on 09/10/14 1722
- Hooks, Sarah Elizabeth (M.D.) on 09/08/14 1006

## 08/26/2014 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Hooks, Sarah Elizabeth (M.D.) on 09/05/14 1543  
 Hooks, Sarah Elizabeth (M.D.) on 09/05/14 1543  
 Hooks, Sarah Elizabeth (M.D.) on 08/27/14 0835  
 Hooks, Sarah Elizabeth (M.D.) on 08/27/14 0834  
 Hooks, Sarah Elizabeth (M.D.) on 08/27/14 0834

## CC List

| Recipient                              | Modifier | Fax | Address | Added |
|--|----------|-----|---------|-------|
| Hooks, Sarah Elizabeth (M.D.),<br>M.D. | —        | —   | —       | —     |

## Indications

HYPOKALEMIA [276.8 (ICD-9-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.) on 9/10/2014 17:22  
 Hooks, Sarah Elizabeth (M.D.) on 9/8/2014 10:06  
 Hooks, Sarah Elizabeth (M.D.) on 9/5/2014 15:43  
 Hooks, Sarah Elizabeth (M.D.) on 9/5/2014 15:43  
 Hooks, Sarah Elizabeth (M.D.) on 8/27/2014 08:35  
 Hooks, Sarah Elizabeth (M.D.) on 8/27/2014 08:34  
 Hooks, Sarah Elizabeth (M.D.) on 8/27/2014 08:34

## END OF ENCOUNTER

## 09/05/2014 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID         | Class      | Status | Primary Coverage    |
|-------------------|-----------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161716503<br>8 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #21617165038)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## 09/05/2014 - Lab in HOV LABORATORY (continued)

## Visit Account Information (continued)

## Coverage Information (for Hospital Account #21617165038)

|   |                     |
|---|---------------------|
| <b>F/O Payor/Plan</b>                             | <b>Precert #</b>    |
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |                     |
| <b>Subscriber</b>                                 | <b>Subscriber #</b> |
| Hawkins, Lawson B                                 | xxxxxxxx8205        |
| <b>Address</b>                                    | <b>Phone</b>        |

## Treatment Team

| Provider                            | Service | Role      | Provider Team | Specialty         | From | To |
|-------------------------------------|---------|-----------|---------------|-------------------|------|----|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —       | Attending | —             | Internal Medicine | —    | —  |

## Events

## Hospital Outpatient at 9/5/2014 0805

Unit: HOV LABORATORY  
Patient class: Outpatient

## Discharge at 9/5/2014 2359

Unit: HOV LABORATORY  
Patient class: Outpatient

## Labs

## ELECTROLYTE PANEL (NA, K, CL, CO2) [535333292] (Final result)

Electronically signed by: **Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1326**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Hooks, Sarah Elizabeth (M.D.) 08/25/14 1326

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Patient Message on 08/25/2014

Frequency: Routine 08/25/14 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

HYPOKALEMIA [276.8 (ICD-9-CM)]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Specimen Information

| ID                      | Type | Source | Collected By                      |
|-------------------------|------|--------|-----------------------------------|
| C0000220142480<br>08855 | —    | BLOOD  | Millon,Patrick M II 09/05/14 0840 |

## ELECTROLYTE PANEL (NA, K, CL, CO2) [535333292]

Resulted: 09/05/14 1436, Result status: Final result

Order status: Completed

Filed on: 09/05/14 1436

Collected by: Millon,Patrick M II 09/05/14 0840

Resulting lab: WLA MEDICAL CENTER LABORATORY

Narrative:

RMS ACCN: 545799017

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| SODIUM    | 139   | 135 - 145 mEq/L | —    | 305 |
| POTASSIUM | 4.2   | 3.5 - 5.0 mEq/L | —    | 305 |
| CHLORIDE  | 104   | 101 - 111 mEq/L | —    | 305 |

## 09/05/2014 - Lab in HOV LABORATORY (continued)

## Labs (continued)

|     |    |               |   |     |
|-----|----|---------------|---|-----|
| CO2 | 24 | 21 - 31 mEq/L | — | 305 |
|-----|----|---------------|---|-----|

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 09/10/14 1722  
 Hooks, Sarah Elizabeth (M.D.) on 09/08/14 1006  
 Hooks, Sarah Elizabeth (M.D.) on 09/05/14 1543  
 Hooks, Sarah Elizabeth (M.D.) on 09/05/14 1543

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response<br>able?  | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 164249756 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                | Director           | Address                                       | Valid Date Range              |
|--------------------|-------------------------------------|--------------------|---|-------------------------------|
| 321 - 305          | WLA MEDICAL<br>CENTER<br>LABORATORY | S.R. McLaren, D.O. | 6041 Cadillac Ave.<br>LOS ANGELES CA<br>90034 | 09/01/05 0850 - 05/23/17 0009 |

## ELECTROLYTE PANEL (NA, K, CL, CO2) [535333292]

Resulted: 09/05/14 0843, Result status: In process

Order status: Completed

Filed on: 09/05/14 0843

Collected by: Millon, Patrick M II 09/05/14 0840

Narrative:

RMS ACCN: 545799017

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 09/10/14 1722  
 Hooks, Sarah Elizabeth (M.D.) on 09/08/14 1006  
 Hooks, Sarah Elizabeth (M.D.) on 09/05/14 1543  
 Hooks, Sarah Elizabeth (M.D.) on 09/05/14 1543

## ELECTROLYTE PANEL (NA, K, CL, CO2) [535333292]

Resulted: 09/05/14 0843, Result status: In process

Order status: Completed

Filed on: 09/05/14 0843

Collected by: Millon, Patrick M II 09/05/14 0840

Narrative:

RMS ACCN: 545799017

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 09/10/14 1722  
 Hooks, Sarah Elizabeth (M.D.) on 09/08/14 1006  
 Hooks, Sarah Elizabeth (M.D.) on 09/05/14 1543  
 Hooks, Sarah Elizabeth (M.D.) on 09/05/14 1543

## Indications

HYPOKALEMIA [276.8 (ICD-9-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.) on 9/10/2014 17:22  
 Hooks, Sarah Elizabeth (M.D.) on 9/8/2014 10:06

**09/05/2014 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

Hooks, Sarah Elizabeth (M.D.) on 9/5/2014 15:43  
 Hooks, Sarah Elizabeth (M.D.) on 9/5/2014 15:43

**CORTISOL, SERUM [535333294] (Final result)**

Electronically signed by: **Hooks, Sarah Elizabeth (M.D.) on 08/25/14 1326** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Hooks, Sarah Elizabeth (M.D.) 08/25/14 1326

Ordering mode: Standard

Frequency: Routine 08/25/14 -

Quantity: 1

Diagnoses

HYPOKALEMIA [276.8 (ICD-9-CM)]

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordered during: Patient Message on 08/25/2014

Class: Normal

Lab status: Final result

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

**Questionnaire**

| Question   | Answer |
|--|--------|
| Is this a decadron suppression test? Enter Y - Yes; N - No | Yes    |
| Is this a stimulation test? Enter Y - Yes; N - No          | No     |

**Specimen Information**

| ID                      | Type | Source | Collected By                      |
|-------------------------|------|--------|-----------------------------------|
| C0000220142480<br>08856 | —    | BLOOD  | Millon,Patrick M II 09/05/14 0840 |

**CORTISOL, SERUM [535333294]**

Resulted: 09/05/14 1959, Result status: Final result

Order status: Completed

Filed on: 09/05/14 1959

Collected by: Millon,Patrick M II 09/05/14 0840

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 545799018

IS THIS A DECADRONE SUPPRESSION TEST : YES

IS THIS A STIMULATION TEST : NO

**Components**

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| CORTISOL  | 1.4   | mcg/dL          | —    | 956 |

Comment:

Manufacturer Reference Range, 5th to 95th percentile, (mcg/dL): 7-10 AM : 6.2 - 19.4 (n=144) 4- 8 PM : 2.3 - 11.9 (n=135)

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 09/10/14 1722

Hooks, Sarah Elizabeth (M.D.) on 09/08/14 1006

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Responsible?   | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 164249756 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |

**Testing Performed By**

## 09/05/2014 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## CORTISOL, SERUM [535333294]

Resulted: 09/05/14 1308, Result status: In process

Order status: Completed

Filed on: 09/05/14 1308

Collected by: Millon,Patrick M II 09/05/14 0840

Narrative:

RMS ACCN: 545799018

IS THIS A DECADRONE SUPPRESSION TEST : YES

IS THIS A STIMULATION TEST : NO

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 09/10/14 1722

Hooks, Sarah Elizabeth (M.D.) on 09/08/14 1006

## CORTISOL, SERUM [535333294]

Resulted: 09/05/14 0843, Result status: In process

Order status: Completed

Filed on: 09/05/14 0843

Collected by: Millon,Patrick M II 09/05/14 0840

Narrative:

RMS ACCN: 545799018

IS THIS A DECADRONE SUPPRESSION TEST : YES

IS THIS A STIMULATION TEST : NO

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 09/10/14 1722

Hooks, Sarah Elizabeth (M.D.) on 09/08/14 1006

## Indications

HYPOKALEMIA [276.8 (ICD-9-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.) on 9/10/2014 17:22

Hooks, Sarah Elizabeth (M.D.) on 9/8/2014 10:06

## END OF ENCOUNTER

## 02/10/2015 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

**02/10/2015 - Lab in HOV LABORATORY (continued)**

**Location (continued)**

**Visit Account Information**

**Hospital Account**

| Name              | Acct ID         | Class      | Status | Primary Coverage    |
|-------------------|-----------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161766687<br>1 | Outpatient | Closed | Restricted coverage |

**Guarantor Account (for Hospital Account #21617666871)**

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

**Coverage Information (for Hospital Account #21617666871)**

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |
|   |              |

**Treatment Team**

| Provider                            | Service | Role      | Provider Team | Specialty         | From | To |
|-------------------------------------|---------|-----------|---------------|-------------------|------|----|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —       | Attending | —             | Internal Medicine | —    | —  |

**Events**

**Hospital Outpatient at 2/10/2015 1247**

Unit: HOV LABORATORY  
 Patient class: Outpatient

**Discharge at 2/10/2015 2359**

Unit: HOV LABORATORY  
 Patient class: Outpatient

**Labs**

**LIPID PANEL [577599396] (Final result)**

Electronically signed by: **Hooks, Sarah Elizabeth (M.D.) on 01/29/15 1131** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Hooks, Sarah Elizabeth (M.D.) 01/29/15 1131 Authorized by: Hooks, Sarah Elizabeth (M.D.)  
 Ordering mode: Standard Ordered during: Patient Message on 01/29/2015  
 Frequency: Routine 01/29/15 - Class: Normal  
 Quantity: 1 Lab status: Final result  
 Diagnoses

DM 2 W MIXED HYPERLIPIDEMIA [250.80, 272.2 (ICD-9-CM)]

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

**Specimen Information**

## 02/10/2015 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| ID                      | Type | Source | Collected By               |
|-------------------------|------|--------|----------------------------|
| C0000220150410<br>42782 | —    | BLOOD  | Paul,Fahntma 02/10/15 1251 |

## LIPID PANEL [577599396]

Resulted: 02/10/15 2043, Result status: Final result

Order status: Completed

Filed on: 02/10/15 2043

Collected by: Paul,Fahntma 02/10/15 1251

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 555241437

FASTING? YES

## Components

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| CHOLESTEROL  | 164   | <=199 mg/dL     | —    | 956 |
| TRIGLYCERIDE   | 80    | <=149 mg/dL     | —    | 956 |
| Comment:<br>Note that if triglycerides (TG) are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid. |       |                 |      |     |
| HDL  | 58    | >=40 mg/dL      | —    | 956 |
| LDL CALCULATED   | 90    | <=99 mg/dL      | —    | 956 |
| CHOLESTEROL/HIGH DENSITY LIPOPROTEIN   | 2.8   | <=4.9           | —    | 956 |
| Comment:<br>See LabNet for more information.   |       |                 |      |     |
| CHOLESTEROL, NON-HDL   | 106   | —               | —    | 956 |
| Comment:<br>NonHDL targets are 30 mg/dL higher than LDL targets.   |       |                 |      |     |

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817  
 Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817  
 Hooks, Sarah Elizabeth (M.D.) on 02/11/15 1359

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response   | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 177636341 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## LIPID PANEL [577599396]

Resulted: 02/10/15 2043, Result status: Final result

Order status: Completed

Filed on: 02/10/15 2043

Collected by: Paul,Fahntma 02/10/15 1251

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 555241437

FASTING? YES

## Components



## 02/10/2015 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| TRIGLYCERIDE   | 80    | <=149 mg/dL     | —    | 956 |
| Comment:<br>Note that if triglycerides (TG) are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid. |       |                 |      |     |
| HDL  | 58    | >=40 mg/dL      | —    | 956 |
| LDL CALCULATED   | 90    | <=99 mg/dL      | —    | 956 |
| CHOLESTEROL/HIGH DENSITY LIPOPROTEIN   | 2.8   | <=4.9           | —    | 956 |
| Comment:<br>See LabNet for more information.   |       |                 |      |     |
| CHOLESTEROL, NON-HDL   | 106   | —               | —    | 956 |
| Comment:<br>NonHDL targets are 30 mg/dL higher than LDL targets.   |       |                 |      |     |

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817  
 Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817  
 Hooks, Sarah Elizabeth (M.D.) on 02/11/15 1359

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response?  | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 177636341 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## LIPID PANEL [577599396]

Resulted: 02/10/15 2043, Result status: Final result

Order status: Completed

Filed on: 02/10/15 2043

Collected by: Paul,Fahma 02/10/15 1251

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 555241437

FASTING? YES

## Components

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| TRIGLYCERIDE   | 80    | <=149 mg/dL     | —    | 956 |
| Comment:<br>Note that if triglycerides (TG) are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid. |       |                 |      |     |
| LDL CALCULATED   | 90    | <=99 mg/dL      | —    | 956 |
| CHOLESTEROL/HIGH DENSITY LIPOPROTEIN   | 2.8   | <=4.9           | —    | 956 |
| Comment:<br>See LabNet for more information.   |       |                 |      |     |
| CHOLESTEROL, NON-HDL   | 106   | —               | —    | 956 |
| Comment:<br>NonHDL targets are 30 mg/dL higher than LDL targets.   |       |                 |      |     |

**02/10/2015 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817  
 Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817  
 Hooks, Sarah Elizabeth (M.D.) on 02/11/15 1359

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Response   | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In Basket  | Result sent     | 177636341 |            |
| Provider ID: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket     |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

**LIPID PANEL [577599396]**

Resulted: 02/10/15 1922, Result status: In process

Order status: Completed  
 Collected by: Paul,Fahma 02/10/15 1251  
 Narrative:  
 RMS ACCN: 555241437  
 FASTING? YES

Filed on: 02/10/15 1922

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817  
 Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817  
 Hooks, Sarah Elizabeth (M.D.) on 02/11/15 1359

**LIPID PANEL [577599396]**

Resulted: 02/10/15 1252, Result status: In process

Order status: Completed  
 Collected by: Paul,Fahma 02/10/15 1251  
 Narrative:  
 RMS ACCN: 555241437  
 FASTING? YES

Filed on: 02/10/15 1252

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817  
 Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817  
 Hooks, Sarah Elizabeth (M.D.) on 02/11/15 1359

**Indications**

DM 2 W DIABETIC MIXED HYPERLIPIDEMIA [250.80, 272.2 (ICD-9-CM)]

**All Reviewers List**

Hooks, Sarah Elizabeth (M.D.) on 2/12/2015 08:17  
 Hooks, Sarah Elizabeth (M.D.) on 2/12/2015 08:17  
 Hooks, Sarah Elizabeth (M.D.) on 2/11/2015 13:59

## 02/10/2015 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## HEMOGLOBIN A1C, DIABETIC MONITORING [577599397] (Final result)

Electronically signed by: **Hooks, Sarah Elizabeth (M.D.) on 01/29/15 1131**Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Hooks, Sarah Elizabeth (M.D.) 01/29/15 1131

Authorized by: Hooks, Sarah Elizabeth (M.D.)

Ordering mode: Standard

Ordered during: Patient Message on 01/29/2015

Frequency: Routine 01/29/15 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

DM 2 W MIXED HYPERLIPIDEMIA [250.80, 272.2 (ICD-9-CM)]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

## Specimen Information

| ID                      | Type | Source | Collected By             |
|-------------------------|------|--------|--------------------------|
| C0000220150410<br>42781 | —    | BLOOD  | Paul,Fahma 02/10/15 1251 |

## HEMOGLOBIN A1C, DIABETIC MONITORING [577599397]

Resulted: 02/11/15 0044, Result status: Final result

Order status: Completed

Filed on: 02/11/15 0044

Collected by: Paul,Fahma 02/10/15 1251

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 555241437

## Components

| Component                 | Value | Reference Range | Flag | Lab |
|---------------------------|-------|-----------------|------|-----|
| HGBA1C%                   | 5.6   | <=6.9 %         | —    | 956 |
| ESTIMATED AVERAGE GLUCOSE | 114   | mg/dL           | —    | 956 |

Comment:

Actual blood glucose measurements may differ from the estimated average glucose due to differences in test timing, stability of glycemic control, and RBC lifespan.

## Reviewed by

Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817

Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817

Hooks, Sarah Elizabeth (M.D.) on 02/11/15 1359

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Responsible? | Delivery Method  | Outcome   | Message ID |
|--------------|--|-----------|------------|
| In Basket    | Result sent  | 177636341 |            |
|              | Provider ID: 29062 (provider defined by Results Routing) |           |            |
|              | Result routed to linked user A542989 using In Basket     |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## HEMOGLOBIN A1C, DIABETIC MONITORING [577599397]

Resulted: 02/10/15 1920, Result status: In process

Order status: Completed

Filed on: 02/10/15 1920

Collected by: Paul,Fahma 02/10/15 1251

Narrative:

**02/10/2015 - Lab in HOV LABORATORY (continued)****Labs (continued)**

RMS ACCN: 555241437

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817  
 Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817  
 Hooks, Sarah Elizabeth (M.D.) on 02/11/15 1359

**HEMOGLOBIN A1C, DIABETIC MONITORING [577599397]**

Resulted: 02/10/15 1252, Result status: In process

Order status: Completed

Filed on: 02/10/15 1252

Collected by: Paul,Fahtma 02/10/15 1251

Narrative:

RMS ACCN: 555241437

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817  
 Hooks, Sarah Elizabeth (M.D.) on 02/12/15 0817  
 Hooks, Sarah Elizabeth (M.D.) on 02/11/15 1359

**Indications**

DM 2 W DIABETIC MIXED HYPERLIPIDEMIA [250.80, 272.2 (ICD-9-CM)]

**All Reviewers List**

Hooks, Sarah Elizabeth (M.D.) on 2/12/2015 08:17  
 Hooks, Sarah Elizabeth (M.D.) on 2/12/2015 08:17  
 Hooks, Sarah Elizabeth (M.D.) on 2/11/2015 13:59

**END OF ENCOUNTER****06/22/2015 - Lab in HOV LABORATORY****Visit Information****Department**

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

**Location**

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

**Visit Account Information****Hospital Account**

| Name              | Acct ID         | Class      | Status | Primary Coverage    |
|-------------------|-----------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161812125<br>0 | Outpatient | Closed | Restricted coverage |

**Guarantor Account (for Hospital Account #21618121250)**

**06/22/2015 - Lab in HOV LABORATORY (continued)**

**Visit Account Information (continued)**

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

**Coverage Information (for Hospital Account #21618121250)**

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

**Treatment Team**

| Provider                            | Service | Role      | Provider Team | Specialty         | From | To |
|-------------------------------------|---------|-----------|---------------|-------------------|------|----|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —       | Attending | —             | Internal Medicine | —    | —  |

**Events**

**Hospital Outpatient at 6/22/2015 0641**

Unit: HOV LABORATORY  
Patient class: Outpatient

**Discharge at 6/22/2015 2359**

Unit: HOV LABORATORY  
Patient class: Outpatient

**Labs**

**CREATININE, SERUM [611799701] (Final result)**

Electronically signed by: **Program, Complete Care on 06/04/15 2131** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Program, Complete Care 06/04/15 2131 Authorized by: Hooks, Sarah Elizabeth (M.D.)  
 Ordering mode: Standard Ordered during: Released Future/Standing Orders on 06/04/2015  
 Frequency: Routine 06/04/15 - Class: Normal  
 Quantity: 1 Lab status: Final result  
 Instance released by: Program, Complete Care (auto-released) 6/5/2015 12:49 AM

Diagnoses  
SCREENING FOR DM [V77.1 (ICD-9-CM)]

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.) | 1497814131 |

**Specimen Information**

| ID                      | Type | Source | Collected By                |
|-------------------------|------|--------|-----------------------------|
| C0000220151730<br>04731 | —    | BLOOD  | Acosta,Susana 06/22/15 0642 |

**CREATININE, SERUM [611799701]**

Resulted: 06/22/15 1625, Result status: Final result

Order status: Completed Filed by: Interface, Scal\_Lab\_Cerner 06/22/15 1625  
 Collected by: Acosta,Susana 06/22/15 0642 Resulting lab: SHERMAN WAY REGIONAL LABORATORY  
 Narrative:

## 06/22/2015 - Lab in HOV LABORATORY (continued)

## Labs (continued)

RMS ACCN: 563606705

Acknowledged by: Hooks, Sarah Elizabeth (M.D.), M.D. on 06/23/15 0818

## Components

| Component                  | Value | Reference Range | Flag | Lab |
|----------------------------|-------|-----------------|------|-----|
| CREATININE                 | 0.90  | <=1.30 mg/dL    | —    | 956 |
| GLOMERULAR FILTRATION RATE | >89   | mL/min/BSA      | —    | 956 |

## Comment:

Estimated GFR (eGFR) is normalized to a standard body surface area (BSA, 1.73m<sup>2</sup>), by sex, age, and race. The eGFR has been multiplied by 1.21 if "Black" race is reported in Foundations System.

## -GFR Ranges-

GFR &gt;89 Normal (or CKD1\*)

60-89 Mildly reduced (CKD2\*)

30-59 Moderately reduced (CKD3 if &gt;3mos)

15-29 Severely reduced (CKD4 if &gt;3mos)

GFR &lt;15 Kidney failure (CKD5 if &gt;3mos)

\* GFR >60 is not diagnostic of CKD1 or 2 unless another marker of kidney damage is present (e.g. microalbumin or urine protein >300 mg/day on 2 occasions, or renal biopsy or imaging abnormality).

|      |       |   |   |     |
|------|-------|---|---|-----|
| RACE | Black | — | — | 956 |
|------|-------|---|---|-----|

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Responsible?  | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 188969462 |            |
| Provider: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## CREATININE, SERUM [611799701]

Resulted: 06/22/15 1625, Result status: Final result

Order status: Completed

Collected by: Acosta,Susana 06/22/15 0642

Narrative:

RMS ACCN: 563606705

Filed by: Interface, Scal\_Lab\_Cerner 06/22/15 1625

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component  | Value | Reference Range | Flag | Lab |
|------------|-------|-----------------|------|-----|
| CREATININE | 0.90  | <=1.30 mg/dL    | —    | 956 |
| RACE       | Black | —               | —    | 956 |

## Reviewed by

Hooks, Sarah Elizabeth (M.D.), M.D. on 06/23/15 0818

## 06/22/2015 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Hooks, Sarah Elizabeth (M.D.), M.D. on 06/23/15 0818  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 06/23/15 0818

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response?   | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 188969462 |            |
| Provider: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## CREATININE, SERUM [611799701]

Resulted: 06/22/15 1625, Result status: Final result

Order status: Completed  
 Collected by: Acosta,Susana 06/22/15 0642  
 Narrative:  
 RMS ACCN: 563606705

Filed by: Interface, Scal\_Lab\_Cerner 06/22/15 1625  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component  | Value | Reference Range | Flag | Lab |
|------------|-------|-----------------|------|-----|
| CREATININE | 0.90  | <=1.30 mg/dL    | —    | 956 |

## Reviewed by

Hooks, Sarah Elizabeth (M.D.), M.D. on 06/23/15 0818  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 06/23/15 0818  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 06/23/15 0818

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response?   | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 188969462 |            |
| Provider: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## CREATININE, SERUM [611799701]

Resulted: 06/22/15 1204, Result status: In process

Order status: Completed  
 Collected by: Acosta,Susana 06/22/15 0642  
 Narrative:  
 RMS ACCN: 563606705

Filed by: Interface, Scal\_Lab\_Cerner 06/22/15 1204

---

**06/22/2015 - Lab in HOV LABORATORY (continued)**

---

**Labs (continued)**

---

**Reviewed by**

---

Hooks, Sarah Elizabeth (M.D.), M.D. on 06/23/15 0818  
Hooks, Sarah Elizabeth (M.D.), M.D. on 06/23/15 0818  
Hooks, Sarah Elizabeth (M.D.), M.D. on 06/23/15 0818

**Indications**

---

SCREENING FOR DM [V77.1 (ICD-9-CM)]

**All Reviewers List**

---

Hooks, Sarah Elizabeth (M.D.), M.D. on 6/23/2015 08:18  
Hooks, Sarah Elizabeth (M.D.), M.D. on 6/23/2015 08:18  
Hooks, Sarah Elizabeth (M.D.), M.D. on 6/23/2015 08:18

---

**END OF ENCOUNTER**

---

---



## 10/08/2015 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID         | Class      | Status | Primary Coverage    |
|-------------------|-----------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161848820<br>7 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #21618488207)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #21618488207)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |
|   |              |

## Treatment Team

| Provider                                  | Service | Role      | Provider Team | Specialty         | From | To |
|---|---------|-----------|---------------|-------------------|------|----|
| Hooks, Sarah<br>Elizabeth (M.D.),<br>M.D. | —       | Attending | —             | Internal Medicine | —    | —  |

## Events

## Hospital Outpatient at 10/8/2015 0634

Unit: HOV LABORATORY  
Patient class: Outpatient

## Discharge at 10/8/2015 0636

Unit: HOV LABORATORY  
Patient class: Outpatient

## Labs

## HEMOGLOBIN A1C, DIABETIC MONITORING [624998750] (Final result)

Electronically signed by: Program, Complete Care on 07/30/15 2224

Status: Completed

## 10/08/2015 - Lab in HOV LABORATORY (continued)

## Labs (continued)

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 07/30/15 2224

Ordering mode: Standard

Frequency: Routine 07/30/15 -

Quantity: 1

Instance released by: Program, Complete Care (auto-released) 7/31/2015 1:14 AM

Diagnoses

SCREENING FOR DM [Z13.1]

Authorized by: Hooks, Sarah Elizabeth (M.D.), M.D.

Ordered during: Released Future/Standing Orders on 07/30/2015

Class: Normal

Lab status: Final result

## Provider Details

| Provider                            | NPI        |
|-------------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | 1497814131 |

## Specimen Information

| ID                      | Type | Source | Collected By               |
|-------------------------|------|--------|----------------------------|
| C0000220152810<br>05378 | —    | BLOOD  | Tayag,Joanne 10/08/15 0637 |

## HEMOGLOBIN A1C, DIABETIC MONITORING [624998750]

Resulted: 10/08/15 1652, Result status: Final result

Order status: Completed

Collected by: Tayag,Joanne 10/08/15 0637

Narrative:

RMS ACCN: 570410107

Acknowledged by: Hooks, Sarah Elizabeth (M.D.), M.D. on 10/09/15 0821

Filed by: Interface, Scal\_Lab\_Cerner 10/08/15 1652

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component                 | Value | Reference Range | Flag | Lab |
|---------------------------|-------|-----------------|------|-----|
| HGBA1C%                   | 4.8   | <=6.9 %         | —    | 956 |
| ESTIMATED AVERAGE GLUCOSE | 92    | mg/dL           | —    | 956 |
| Comment:                  |       |                 |      |     |

Actual blood glucose measurements may differ from the estimated average glucose due to differences in test timing, stability of glycemic control, and RBC lifespan.

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response?   | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 198001684 |            |
| Provider: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## HEMOGLOBIN A1C, DIABETIC MONITORING [624998750]

Resulted: 10/08/15 1238, Result status: In process

Order status: Completed

Collected by: Tayag,Joanne 10/08/15 0637

Narrative:

RMS ACCN: 570410107

Filed by: Interface, Scal\_Lab\_Cerner 10/08/15 1238

## 10/08/2015 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Reviewed by

Hooks, Sarah Elizabeth (M.D.), M.D. on 10/09/15 0822  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 10/09/15 0821  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 10/09/15 0821

## Indications

SCREENING FOR DM [Z13.1 (ICD-10-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.), M.D. on 10/9/2015 08:22  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 10/9/2015 08:21  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 10/9/2015 08:21

## LIPID PANEL [641827162] (Final result)

Electronically signed by: **Talag, Emelita Borja (M.D.), M.D. on 10/07/15 0847**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 10/07/15 0847

Ordering mode: Standard

Frequency: Routine 10/07/15 -

Quantity: 1

Diagnoses

SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

Authorized by: Talag, Emelita Borja (M.D.), M.D.

Ordered during: OFFICE VISIT - MH/BH on 10/07/2015

Class: Normal

Lab status: Final result

## Provider Details

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

## Specimen Information

| ID                      | Type | Source | Collected By               |
|-------------------------|------|--------|----------------------------|
| C0000220152810<br>05379 | —    | BLOOD  | Tayag,Joanne 10/08/15 0637 |

## LIPID PANEL [641827162] (Abnormal)

Resulted: 10/08/15 1607, Result status: Final result

Order status: Completed

Collected by: Tayag,Joanne 10/08/15 0637

Narrative:

RMS ACCN: 570410109

FASTING? YES

Acknowledged by: Talag, Emelita Borja (M.D.), M.D. on 10/19/15 1921

Filed by: Interface, Scal\_Lab\_Cerner 10/08/15 1607

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| CHOLESTEROL  | 214   | <=199 mg/dL     | H ^  | 956 |
| TRIGLYCERIDE   | 126   | <=149 mg/dL     | —    | 956 |
| Comment:   |       |                 |      |     |
| Note that if triglycerides (TG) are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid. |       |                 |      |     |
| HDL  | 61    | >=40 mg/dL      | —    | 956 |
| LDL CALCULATED   | 128   | <=99 mg/dL      | H ^  | 956 |
| CHOLESTEROL/HIGH DENSITY LIPOPROTEIN   | 3.5   | <=4.9           | —    | 956 |
| Comment:   |       |                 |      |     |
| See LabNet for more information.   |       |                 |      |     |
| CHOLESTEROL, NON-HDL   | 153   | —               | —    | 956 |
| Comment:   |       |                 |      |     |
| NonHDL targets are 30 mg/dL higher than LDL targets.   |       |                 |      |     |

## 10/08/2015 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Recipients

## Talag, Emelita Borja (M.D.), M.D.

| Response<br>ible?                                     | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 197996018 |            |
| Provider: 22022 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A818526 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## LIPID PANEL [641827162] (Abnormal)

Resulted: 10/08/15 1606, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 10/08/15 1607

Collected by: Tayag,Joanne 10/08/15 0637

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 570410109

FASTING? YES

## Components

| Component   | Value | Reference Range | Flag | Lab |
|-------------|-------|-----------------|------|-----|
| CHOLESTEROL | 214   | <=199 mg/dL     | H ^  | 956 |
| HDL         | 61    | >=40 mg/dL      | —    | 956 |

## Reviewed by

Talag, Emelita Borja (M.D.), M.D. on 12/04/15 0005

Talag, Emelita Borja (M.D.), M.D. on 10/19/15 1921

## Recipients

## Talag, Emelita Borja (M.D.), M.D.

| Response<br>ible?                                     | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 197996018 |            |
| Provider: 22022 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A818526 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## LIPID PANEL [641827162]

Resulted: 10/08/15 1240, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 10/08/15 1240

Collected by: Tayag,Joanne 10/08/15 0637

Narrative:

RMS ACCN: 570410109

**10/08/2015 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

FASTING? YES

**Reviewed by**

Talag, Emelita Borja (M.D.), M.D. on 12/04/15 0005  
 Talag, Emelita Borja (M.D.), M.D. on 10/19/15 1921

**Indications**

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

**All Reviewers List**

Talag, Emelita Borja (M.D.), M.D. on 12/4/2015 00:05  
 Talag, Emelita Borja (M.D.), M.D. on 10/19/2015 19:21

**ALT, SERUM [641827163] (Final result)**

Electronically signed by: **Talag, Emelita Borja (M.D.), M.D. on 10/07/15 0847** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 10/07/15 0847

Ordering mode: Standard

Frequency: Routine 10/07/15 -

Quantity: 1

Diagnoses

SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

Authorized by: Talag, Emelita Borja (M.D.), M.D.

Ordered during: OFFICE VISIT - MH/BH on 10/07/2015

Class: Normal

Lab status: Final result

**Provider Details**

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

**Specimen Information**

| ID                      | Type | Source | Collected By               |
|-------------------------|------|--------|----------------------------|
| C0000220152810<br>05379 | —    | BLOOD  | Tayag,Joanne 10/08/15 0637 |

**ALT, SERUM [641827163]**

Resulted: 10/08/15 1608, Result status: Final result

Order status: Completed

Collected by: Tayag,Joanne 10/08/15 0637

Filed by: Interface, Scal\_Lab\_Cerner 10/08/15 1608

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 570410109

Acknowledged by: Talag, Emelita Borja (M.D.), M.D. on 10/19/15 1921

**Components**

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| ALT       | 20    | <=63 U/L        | —    | 956 |

**Recipients**

**Talag, Emelita Borja (M.D.), M.D.**

| Response? | Delivery Method                                       | Outcome   | Message ID |
|-----------|---|-----------|------------|
| In Basket | Result sent   | 197996018 |            |
|           | Provider: 22022 (provider defined by Results Routing) |           |            |
|           | Result routed to linked user A818526 using In Basket  |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|------|----------|---------|------------------|
|--------------------|------|----------|---------|------------------|

**10/08/2015 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

**240 - 956**      SHERMAN WAY      Darryl Erik Palmer-      11668 Sherman Way      09/01/10 1119 - 06/01/17 0325  
 REGIONAL      Toy, MD, PhD      NORTH HOLLYWOOD  
 LABORATORY      CA 91605

**ALT, SERUM [641827163]**

Resulted: 10/08/15 1240, Result status: In process

Order status: Completed      Filed by: Interface, Scal\_Lab\_Cerner 10/08/15 1240  
 Collected by: Tayag,Joanne 10/08/15 0637  
 Narrative:  
 RMS ACCN: 570410109

**Reviewed by**

Talag, Emelita Borja (M.D.), M.D. on 12/04/15 0005  
 Talag, Emelita Borja (M.D.), M.D. on 10/19/15 1921

**Indications**

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

**All Reviewers List**

Talag, Emelita Borja (M.D.), M.D. on 12/4/2015 00:05  
 Talag, Emelita Borja (M.D.), M.D. on 10/19/2015 19:21

**TSH [641827164] (Final result)**

Electronically signed by: **Talag, Emelita Borja (M.D.), M.D. on 10/07/15 0847**      Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 10/07/15 0847      Authorized by: Talag, Emelita Borja (M.D.), M.D.  
 Ordering mode: Standard      Ordered during: OFFICE VISIT - MH/BH on 10/07/2015  
 Frequency: Routine 10/07/15 -      Class: Normal  
 Quantity: 1      Lab status: Final result

Diagnoses  
 SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

**Provider Details**

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

**Specimen Information**

| ID                      | Type | Source | Collected By               |
|-------------------------|------|--------|----------------------------|
| C0000220152810<br>05380 | —    | BLOOD  | Tayag,Joanne 10/08/15 0637 |

**TSH [641827164]**

Resulted: 10/08/15 1743, Result status: Final result

Order status: Completed      Filed by: Interface, Scal\_Lab\_Cerner 10/08/15 1743  
 Collected by: Tayag,Joanne 10/08/15 0637      Resulting lab: SHERMAN WAY REGIONAL LABORATORY  
 Narrative:  
 RMS ACCN: 570410109  
 Acknowledged by: Talag, Emelita Borja (M.D.), M.D. on 10/19/15 1921

**Components**

| Component | Value | Reference Range       | Flag | Lab |
|-----------|-------|-----------------------|------|-----|
| TSH       | 1.45  | 0.35 - 4.00<br>mIU/mL | —    | 956 |

**Recipients**

Talag, Emelita Borja (M.D.), M.D.

| Respons | Delivery Method | Outcome | Message ID |
|---------|-----------------|---------|------------|
|---------|-----------------|---------|------------|

## 10/08/2015 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## ible?

In Basket Result sent 197996018  
 Provider: 22022 (provider defined by Results Routing)  
 Result routed to linked user A818526 using In Basket

## Testing Performed By

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## TSH [641827164]

Resulted: 10/08/15 1241, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 10/08/15 1241

Collected by: Tayag,Joanne 10/08/15 0637

Narrative:

RMS ACCN: 570410109

## Reviewed by

Talag, Emelita Borja (M.D.), M.D. on 12/04/15 0005  
 Talag, Emelita Borja (M.D.), M.D. on 10/19/15 1921

## Indications

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

## All Reviewers List

Talag, Emelita Borja (M.D.), M.D. on 12/4/2015 00:05  
 Talag, Emelita Borja (M.D.), M.D. on 10/19/2015 19:21

## GLUCOSE, FASTING [641827165] (Final result)

Electronically signed by: Talag, Emelita Borja (M.D.), M.D. on 10/07/15 0847

Status: Completed

This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 10/07/15 0847

Authorized by: Talag, Emelita Borja (M.D.), M.D.

Ordering mode: Standard

Ordered during: OFFICE VISIT - MH/BH on 10/07/2015

Frequency: Routine 10/07/15 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

## Provider Details

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

## Specimen Information

| ID                      | Type | Source | Collected By               |
|-------------------------|------|--------|----------------------------|
| C0000220152810<br>05379 | —    | BLOOD  | Tayag,Joanne 10/08/15 0637 |

## GLUCOSE, FASTING [641827165]

Resulted: 10/08/15 1607, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 10/08/15 1607

Collected by: Tayag,Joanne 10/08/15 0637

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 570410109

Acknowledged by: Talag, Emelita Borja (M.D.), M.D. on 10/19/15 1921

## Components

## 10/08/2015 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Component        | Value | Reference Range | Flag | Lab |
|------------------|-------|-----------------|------|-----|
| GLUCOSE, FASTING | 81    | 70 - 99 mg/dL   | —    | 956 |

Comment:

A repeatable fasting blood glucose result > 125 mg/dL is diagnostic of diabetes. A single such result can also be confirmed by, a 2 hr OGTT or random plasma glucose > or = 200 mg/dL, or a Hb A1c >6.4%. Patients with fasting blood sugar results between 100 and 125 mg/dL are at increased risk for future diabetes.

## Recipients

Talag, Emelita Borja (M.D.), M.D.

| Response  | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 197996018 |            |
| Provider: 22022 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A818526 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## GLUCOSE, FASTING [641827165]

Resulted: 10/08/15 1240, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 10/08/15 1240

Collected by: Tayag,Joanne 10/08/15 0637

Narrative:

RMS ACCN: 570410109

## Reviewed by

Talag, Emelita Borja (M.D.), M.D. on 12/04/15 0005

Talag, Emelita Borja (M.D.), M.D. on 10/19/15 1921

## Indications

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

## All Reviewers List

Talag, Emelita Borja (M.D.), M.D. on 12/4/2015 00:05

Talag, Emelita Borja (M.D.), M.D. on 10/19/2015 19:21

## MICROALBUMIN, URINE, QUANTITATIVE [618533504] (Final result)

Electronically signed by: Program, Complete Care on 07/02/15 0002

Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 07/02/15 0002

Authorized by: Hooks, Sarah Elizabeth (M.D.), M.D.

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 07/03/2015

Frequency: Routine 07/03/15 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 7/3/2015 12:22 AM

Diagnoses

SCREENING FOR DM [Z13.1]

## Provider Details



## 10/08/2015 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Provider                            | NPI        |
|-------------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | 1497814131 |

## Specimen Information

| ID                      | Type | Source | Collected By                  |
|-------------------------|------|--------|-------------------------------|
| C0000220152810<br>07544 | —    | URINE  | Patient,Collect 10/08/15 0800 |

## MICROALBUMIN, URINE, QUANTITATIVE [618533504]

Resulted: 10/08/15 1936, Result status: Final result

Order status: Completed  
 Collected by: Patient,Collect 10/08/15 0800  
 Narrative:  
 RMS ACCN: 570412609  
 Acknowledged by: Hooks, Sarah Elizabeth (M.D.), M.D. on 10/09/15 0821

Filed by: Interface, Scal\_Lab\_Cerner 10/08/15 1936  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component                                  | Value | Reference Range     | Flag | Lab |
|--|-------|---------------------|------|-----|
| ALBUMIN, URINE, DETECTION LIMIT <= 20 MG/L | 6.1   | <=120.0 mg/L        | —    | 956 |
| CREATININE, URINE                          | 185.0 | mg/dL               | —    | 956 |
| ALBUMIN/CREATININE, URINE                  | 3.3   | <=29.9 mcg/mg Creat | —    | 956 |

Comment:

Threshold to diagnose Microalbuminuria:

Microalbumin-Random: &gt;29.0 mcg/mg Creat

Two or more positive tests are required to diagnose microalbuminuria.

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response?   | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 198012020 |            |
| Provider: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## MICROALBUMIN, URINE, QUANTITATIVE [618533504]

Resulted: 10/08/15 1310, Result status: In process

Order status: Completed  
 Collected by: Patient,Collect 10/08/15 0800  
 Narrative:  
 RMS ACCN: 570412609

Filed by: Interface, Scal\_Lab\_Cerner 10/08/15 1310

## Reviewed by

Hooks, Sarah Elizabeth (M.D.), M.D. on 10/09/15 0821  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 10/09/15 0821

## 10/08/2015 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Indications

SCREENING FOR DM [Z13.1 (ICD-10-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.), M.D. on 10/9/2015 08:21  
Hooks, Sarah Elizabeth (M.D.), M.D. on 10/9/2015 08:21

## END OF ENCOUNTER

## 04/22/2016 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID         | Class      | Status | Primary Coverage    |
|-------------------|-----------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161917086<br>8 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #21619170868)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #21619170868)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

## Treatment Team

| Provider                       | Service | Role      | Provider Team | Specialty         | From | To |
|--------------------------------|---------|-----------|---------------|-------------------|------|----|
| Hooks, Sarah Elizabeth (M.D.), | —       | Attending | —             | Internal Medicine | —    | —  |

**04/22/2016 - Lab in HOV LABORATORY (continued)**

**Treatment Team (continued)**

M.D.

**Events**

**Hospital Outpatient at 4/22/2016 0757**

Unit: HOV LABORATORY  
Patient class: Outpatient

**Discharge at 4/22/2016 2359**

Unit: HOV LABORATORY  
Patient class: Outpatient

**Labs**

**CREATININE [690105806] (Final result)**

Electronically signed by: **Program, Complete Care on 04/08/16 0113** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Program, Complete Care 04/08/16 0113 Authorized by: Hooks, Sarah Elizabeth (M.D.), M.D.  
 Ordering mode: Standard Ordered during: Released Future/Standing Orders on 04/08/2016  
 Frequency: Routine 04/08/16 - Class: Normal  
 Quantity: 1 Lab status: Final result  
 Instance released by: Program, Complete Care (auto-released) 4/9/2016 12:46 AM

Diagnoses  
SCREENING FOR DM [Z13.1]

**Provider Details**

| Provider                            | NPI        |
|-------------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | 1497814131 |

**Specimen Information**

| ID                     | Type | Source | Collected By                 |
|------------------------|------|--------|------------------------------|
| C000220161130<br>08783 | —    | BLOOD  | Arroyo,Julio P 04/22/16 0802 |

**CREATININE [690105806]**

Resulted: 04/22/16 2025, Result status: Final result

Order status: Completed Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 2025  
 Collected by: Arroyo,Julio P 04/22/16 0802 Resulting lab: SHERMAN WAY REGIONAL LABORATORY  
 Narrative:  
 RMS ACCN: 583186713  
 Acknowledged by: Hooks, Sarah Elizabeth (M.D.), M.D. on 04/24/16 1434

**Components**

| Component                  | Value | Reference Range | Flag | Lab |
|----------------------------|-------|-----------------|------|-----|
| CREATININE                 | 0.87  | <=1.30 mg/dL    | —    | 956 |
| GLOMERULAR FILTRATION RATE | >89   | mL/min/BSA      | —    | 956 |

Comment:  
Estimated GFR (eGFR) is normalized to a standard body surface area (BSA, 1.73m<sup>2</sup>), by sex, age, and race. The eGFR has been multiplied by 1.21 if "Black" race is reported in Foundations System.

-GFR Ranges-  
 GFR >89 Normal (or CKD1\*)  
 60-89 Mildly reduced (CKD2\*)  
 30-59 Moderately reduced (CKD3 if >3mos)  
 15-29 Severely reduced (CKD4 if >3mos)  
 GFR <15 Kidney failure (CKD5 if >3mos)  
 \* GFR >60 is not diagnostic of CKD1 or 2 unless another marker of kidney damage is

**04/22/2016 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

present (e.g. microalbumin or urine protein >300 mg/day on 2 occasions, or renal biopsy or imaging abnormality).

RACE Black — — 956

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Response  | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 215031685 |            |
| Provider: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket  |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

**CREATININE [690105806]**

Resulted: 04/22/16 2025, Result status: Final result

Order status: Completed  
 Collected by: Arroyo,Julio P 04/22/16 0802  
 Narrative:  
 RMS ACCN: 583186713

Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 2025  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

**Components**

| Component  | Value | Reference Range | Flag | Lab |
|------------|-------|-----------------|------|-----|
| CREATININE | 0.87  | <=1.30 mg/dL    | —    | 956 |
| RACE       | Black | —               | —    | 956 |

**Reviewed by**

Hooks, Sarah Elizabeth (M.D.), M.D. on 04/24/16 1437  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 04/24/16 1436  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 04/24/16 1434

**Recipients**

**Hooks, Sarah Elizabeth (M.D.), M.D.**

| Response  | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 215031685 |            |
| Provider: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket  |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

**CREATININE [690105806]**

Resulted: 04/22/16 2025, Result status: Final result

## 04/22/2016 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Order status: Completed  
 Collected by: Arroyo, Julio P 04/22/16 0802  
 Narrative:  
 RMS ACCN: 583186713

Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 2025  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component  | Value | Reference Range | Flag | Lab |
|------------|-------|-----------------|------|-----|
| CREATININE | 0.87  | <=1.30 mg/dL    | —    | 956 |

## Reviewed by

Hooks, Sarah Elizabeth (M.D.), M.D. on 04/24/16 1437  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 04/24/16 1436  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 04/24/16 1434

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response?   | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 215031685 |            |
| Provider: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## CREATININE [690105806]

Resulted: 04/22/16 1321, Result status: In process

Order status: Completed  
 Collected by: Arroyo, Julio P 04/22/16 0802  
 Narrative:  
 RMS ACCN: 583186713

Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 1321

## Reviewed by

Hooks, Sarah Elizabeth (M.D.), M.D. on 04/24/16 1437  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 04/24/16 1436  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 04/24/16 1434

## Indications

SCREENING FOR DM [Z13.1 (ICD-10-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.), M.D. on 4/24/2016 14:37  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 4/24/2016 14:36  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 4/24/2016 14:34

## HEMOGLOBIN A1C, DIABETIC MONITORING [690105807] (Final result)

Electronically signed by: Program, Complete Care on 04/08/16 0113

Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 04/08/16 0113

Authorized by: Hooks, Sarah Elizabeth (M.D.), M.D.

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 04/08/2016

Frequency: Routine 04/08/16 -

Class: Normal

## 04/22/2016 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Quantity: 1 Lab status: Final result  
 Instance released by: Program, Complete Care (auto-released) 4/9/2016 12:46 AM  
 Diagnoses  
 SCREENING FOR DM [Z13.1]

## Provider Details

| Provider                            | NPI        |
|-------------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | 1497814131 |

## Specimen Information

| ID                      | Type | Source | Collected By                  |
|-------------------------|------|--------|-------------------------------|
| C0000220161130<br>08784 | —    | BLOOD  | Arroyo, Julio P 04/22/16 0802 |

## HEMOGLOBIN A1C, DIABETIC MONITORING [690105807]

Resulted: 04/22/16 1724, Result status: Final result

Order status: Completed Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 1724  
 Collected by: Arroyo, Julio P 04/22/16 0802 Resulting lab: SHERMAN WAY REGIONAL LABORATORY  
 Narrative:  
 RMS ACCN: 583186713  
 Acknowledged by: Hooks, Sarah Elizabeth (M.D.), M.D. on 04/24/16 1434

## Components

| Component   | Value | Reference Range | Flag | Lab |
|---|-------|-----------------|------|-----|
| HGBA1C%   | 5.3   | <=6.9 %         | —    | 956 |
| Comment:<br>A less stringent goal of < 8.0% may be appropriate for an individual patient with a history of severe hypoglycemia, limited life expectancy, advanced microvascular or macrovascular complications, or extensive comorbid conditions. |       |                 |      |     |
| ESTIMATED AVERAGE GLUCOSE   | 105   | mg/dL           | —    | 956 |

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Responsible?  | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 215031685 |            |
| Provider: 29062 (provider defined by Results Routing)<br>Result routed to linked user A542989 using In Basket |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## HEMOGLOBIN A1C, DIABETIC MONITORING [690105807]

Resulted: 04/22/16 1322, Result status: In process

Order status: Completed Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 1322  
 Collected by: Arroyo, Julio P 04/22/16 0802  
 Narrative:  
 RMS ACCN: 583186713

## Reviewed by

Hooks, Sarah Elizabeth (M.D.), M.D. on 04/24/16 1437  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 04/24/16 1436

## 04/22/2016 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Hooks, Sarah Elizabeth (M.D.), M.D. on 04/24/16 1434

## Indications

SCREENING FOR DM [Z13.1 (ICD-10-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.), M.D. on 4/24/2016 14:37  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 4/24/2016 14:36  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 4/24/2016 14:34

## LIPID PANEL [691551922] (Final result)

Electronically signed by: Talag, Emelita Borja (M.D.), M.D. on 04/13/16 0836

Status: Completed

This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 04/13/16 0836

Ordering mode: Standard

Frequency: Routine 04/13/16 -

Quantity: 1

Diagnoses

SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

Authorized by: Talag, Emelita Borja (M.D.), M.D.

Ordered during: OFFICE VISIT - MH/BH on 04/13/2016

Class: Normal

Lab status: Final result

## Provider Details

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

## Specimen Information

| ID                      | Type | Source | Collected By                 |
|-------------------------|------|--------|------------------------------|
| C0000220161130<br>08785 | —    | BLOOD  | Arroyo,Julio P 04/22/16 0802 |

## LIPID PANEL [691551922] (Abnormal)

Resulted: 04/22/16 2025, Result status: Final result

Order status: Completed

Collected by: Arroyo,Julio P 04/22/16 0802

Narrative:

RMS ACCN: 583186714

FASTING? YES

Acknowledged by: Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2158

Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 2025

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| CHOLESTEROL  | 213   | <=199 mg/dL     | H ^  | 956 |
| TRIGLYCERIDE   | 182   | <=149 mg/dL     | H ^  | 956 |
| Comment:<br>Note that if triglycerides (TG) are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid. |       |                 |      |     |
| HDL  | 50    | >=40 mg/dL      | —    | 956 |
| LDL CALCULATED   | 127   | <=99 mg/dL      | H ^  | 956 |
| CHOLESTEROL/HIGH DENSITY LIPOPROTEIN   | 4.3   | <=4.9           | —    | 956 |
| Comment: See LabNet for more information.  |       |                 |      |     |
| CHOLESTEROL, NON-HDL   | 163   | mg/dL           | —    | 956 |
| Comment: NonHDL targets are 30 mg/dL higher than LDL targets.  |       |                 |      |     |

## Recipients

Talag, Emelita Borja (M.D.), M.D.

| Respons | Delivery Method | Outcome | Message ID |
|---------|-----------------|---------|------------|
|---------|-----------------|---------|------------|

## 04/22/2016 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## ible?

In Basket Result sent 215032934  
 Provider: 22022 (provider defined by Results Routing)  
 Result routed to linked user A818526 using In Basket

## Testing Performed By

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## LIPID PANEL [691551922] (Abnormal)

Resulted: 04/22/16 2025, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 2025

Collected by: Arroyo, Julio P 04/22/16 0802

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 583186714

FASTING? YES

## Components

| Component   | Value | Reference Range | Flag | Lab |
|-------------|-------|-----------------|------|-----|
| CHOLESTEROL | 213   | <=199 mg/dL     | H ^  | 956 |
| HDL         | 50    | >=40 mg/dL      | —    | 956 |

## Reviewed by

Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2159

Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2158

## Recipients

## Talag, Emelita Borja (M.D.), M.D.

| Responsible?  | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 215032934 |            |
| Provider: 22022 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A818526 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## LIPID PANEL [691551922]

Resulted: 04/22/16 2025, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 2025

Collected by: Arroyo, Julio P 04/22/16 0802

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 583186714

FASTING? YES

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| HDL       | 50    | >=40 mg/dL      | —    | 956 |



**04/22/2016 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

**Reviewed by**

Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2159  
 Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2158

**Recipients**

**Talag, Emelita Borja (M.D.), M.D.**

| Responsible?  | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 215032934 |            |
| Provider: 22022 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A818526 using In Basket  |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

**LIPID PANEL [691551922]**

Resulted: 04/22/16 1321, Result status: In process

Order status: Completed  
 Collected by: Arroyo,Julio P 04/22/16 0802  
 Narrative:  
 RMS ACCN: 583186714  
 FASTING? YES

Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 1321

**Reviewed by**

Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2159  
 Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2158

**Indications**

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

**All Reviewers List**

Talag, Emelita Borja (M.D.), M.D. on 4/25/2016 21:59  
 Talag, Emelita Borja (M.D.), M.D. on 4/25/2016 21:58

**ALT [691551923] (Final result)**

Electronically signed by: **Talag, Emelita Borja (M.D.), M.D. on 04/13/16 0836** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 04/13/16 0836

Ordering mode: Standard

Frequency: Routine 04/13/16 -

Quantity: 1

Diagnoses

SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

Authorized by: Talag, Emelita Borja (M.D.), M.D.

Ordered during: OFFICE VISIT - MH/BH on 04/13/2016

Class: Normal

Lab status: Final result

**Provider Details**

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

**Specimen Information**

| ID                   | Type | Source | Collected By                 |
|----------------------|------|--------|------------------------------|
| C0000220161130 08785 | —    | BLOOD  | Arroyo,Julio P 04/22/16 0802 |

**04/22/2016 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

**ALT [691551923]**

Resulted: 04/22/16 2025, Result status: Final result

Order status: Completed  
 Collected by: Arroyo, Julio P 04/22/16 0802  
 Narrative:  
 RMS ACCN: 583186714  
 Acknowledged by: Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2158

Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 2025  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

**Components**

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| ALT       | 16    | <=63 U/L        | —    | 956 |

**Recipients**

**Talag, Emelita Borja (M.D.), M.D.**

| Response  | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 215032934 |            |
| Provider: 22022 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A818526 using In Basket  |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

**ALT [691551923]**

Resulted: 04/22/16 1321, Result status: In process

Order status: Completed  
 Collected by: Arroyo, Julio P 04/22/16 0802  
 Narrative:  
 RMS ACCN: 583186714

Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 1321

**Reviewed by**

Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2159  
 Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2158

**Indications**

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

**All Reviewers List**

Talag, Emelita Borja (M.D.), M.D. on 4/25/2016 21:59  
 Talag, Emelita Borja (M.D.), M.D. on 4/25/2016 21:58

**GLUCOSE, FASTING [691551924] (Final result)**

Electronically signed by: **Talag, Emelita Borja (M.D.), M.D. on 04/13/16 0836** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Talag, Emelita Borja (M.D.), M.D. 04/13/16 0836  
 Ordering mode: Standard  
 Frequency: Routine 04/13/16 -  
 Quantity: 1  
 Diagnoses  
 SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

Authorized by: Talag, Emelita Borja (M.D.), M.D.  
 Ordered during: OFFICE VISIT - MH/BH on 04/13/2016  
 Class: Normal  
 Lab status: Final result

**04/22/2016 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

**Provider Details**

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

**Specimen Information**

| ID                      | Type | Source | Collected By                 |
|-------------------------|------|--------|------------------------------|
| C0000220161130<br>08785 | —    | BLOOD  | Arroyo,Julio P 04/22/16 0802 |

**GLUCOSE, FASTING [691551924]**

Resulted: 04/22/16 2025, Result status: Final result

Order status: Completed  
 Collected by: Arroyo,Julio P 04/22/16 0802  
 Narrative:  
 RMS ACCN: 583186714  
 Acknowledged by: Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2158

Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 2025  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

**Components**

| Component        | Value | Reference Range | Flag | Lab |
|------------------|-------|-----------------|------|-----|
| GLUCOSE, FASTING | 89    | 70 - 99 mg/dL   | —    | 956 |

Comment:  
 A repeatable fasting blood glucose result > 125 mg/dL is diagnostic of diabetes. A single such result can also be confirmed by, a 2 hr OGTT or random plasma glucose > or = 200 mg/dL, or a Hb A1c >6.4%. Patients with fasting blood sugar results between 100 and 125 mg/dL are at increased risk for future diabetes.

**Recipients**

**Talag, Emelita Borja (M.D.), M.D.**

| Response?   | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 215032934 |            |
| Provider: 22022 (provider defined by Results Routing)<br>Result routed to linked user A818526 using In Basket |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

**GLUCOSE, FASTING [691551924]**

Resulted: 04/22/16 1321, Result status: In process

Order status: Completed  
 Collected by: Arroyo,Julio P 04/22/16 0802  
 Narrative:  
 RMS ACCN: 583186714

Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 1321

**Reviewed by**

Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2159  
 Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2158

**Indications**

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

## 04/22/2016 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## All Reviewers List

Talag, Emelita Borja (M.D.), M.D. on 4/25/2016 21:59  
 Talag, Emelita Borja (M.D.), M.D. on 4/25/2016 21:58

## TSH [691551925] (Final result)

Electronically signed by: **Talag, Emelita Borja (M.D.), M.D. on 04/13/16 0836** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 04/13/16 0836

Ordering mode: Standard

Frequency: Routine 04/13/16 -

Quantity: 1

Diagnoses

SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

Authorized by: Talag, Emelita Borja (M.D.), M.D.

Ordered during: OFFICE VISIT - MH/BH on 04/13/2016

Class: Normal

Lab status: Final result

## Provider Details

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

## Specimen Information

| ID                      | Type | Source | Collected By                 |
|-------------------------|------|--------|------------------------------|
| C0000220161130<br>08786 | —    | BLOOD  | Arroyo,Julio P 04/22/16 0802 |

## TSH [691551925]

Resulted: 04/22/16 1742, Result status: Final result

Order status: Completed

Collected by: Arroyo,Julio P 04/22/16 0802

Narrative:

RMS ACCN: 583186714

Acknowledged by: Talag, Emelita Borja (M.D.), M.D. on 04/22/16 1821

Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 1742

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component | Value | Reference Range       | Flag | Lab |
|-----------|-------|-----------------------|------|-----|
| TSH       | 1.34  | 0.35 - 4.00<br>mIU/mL | —    | 956 |

## Recipients

## Talag, Emelita Borja (M.D.), M.D.

| Responsible? | Delivery Method                                       | Outcome   | Message ID |
|--------------|---|-----------|------------|
| In Basket    | Result sent   | 215032934 |            |
|              | Provider: 22022 (provider defined by Results Routing) |           |            |
|              | Result routed to linked user A818526 using In Basket  |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## TSH [691551925]

Resulted: 04/22/16 1322, Result status: In process

Order status: Completed

Collected by: Arroyo,Julio P 04/22/16 0802

Narrative:

RMS ACCN: 583186714

Filed by: Interface, Scal\_Lab\_Cerner 04/22/16 1322

## 04/22/2016 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Reviewed by

Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2159  
 Talag, Emelita Borja (M.D.), M.D. on 04/25/16 2158  
 Talag, Emelita Borja (M.D.), M.D. on 04/22/16 1822  
 Talag, Emelita Borja (M.D.), M.D. on 04/22/16 1821

## Indications

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

## All Reviewers List

Talag, Emelita Borja (M.D.), M.D. on 4/25/2016 21:59  
 Talag, Emelita Borja (M.D.), M.D. on 4/25/2016 21:58  
 Talag, Emelita Borja (M.D.), M.D. on 4/22/2016 18:22  
 Talag, Emelita Borja (M.D.), M.D. on 4/22/2016 18:21

## END OF ENCOUNTER

## 03/14/2017 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161102717<br>50 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216110271750)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216110271750)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |

03/14/2017 - Lab in HOV LABORATORY (continued)

Visit Account Information (continued)

| Address | Phone |
|---------|-------|
|---------|-------|

Treatment Team

| Provider                            | Service | Role      | Provider Team | Specialty         | From | To |
|-------------------------------------|---------|-----------|---------------|-------------------|------|----|
| Hooks, Sarah Elizabeth (M.D.), M.D. | —       | Attending | —             | Internal Medicine | —    | —  |

Events

Hospital Outpatient at 3/14/2017 0904

Unit: HOV LABORATORY  
 Patient class: Outpatient

Discharge at 3/14/2017 2359

Unit: HOV LABORATORY  
 Patient class: Outpatient

Labs

HEMOGLOBIN A1C, DIABETIC MONITORING [750036970] (Final result)

Electronically signed by: Program, Complete Care on 10/20/16 2254 Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 10/20/16 2254

Ordering mode: Standard

Frequency: Routine 10/20/16 -

Quantity: 1

Instance released by: Program, Complete Care (auto-released) 10/21/2016 12:55 AM

Diagnoses

DM 2 W MIXED HYPERLIPIDEMIA [E11.69, E78.2]

Provider Details

| Provider                            | NPI        |
|-------------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | 1497814131 |

Specimen Information

| ID                      | Type | Source | Collected By                     |
|-------------------------|------|--------|----------------------------------|
| C0000220170730<br>15736 | —    | BLOOD  | Calpin, Kimberly A 03/14/17 0911 |

HEMOGLOBIN A1C, DIABETIC MONITORING [750036970]

Resulted: 03/14/17 1815, Result status: Final result

Order status: Completed

Collected by: Calpin, Kimberly A 03/14/17 0911

Narrative:

RMS ACCN: 604606072

Acknowledged by: Hooks, Sarah Elizabeth (M.D.), M.D. on 03/15/17 0757

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1816

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| HGBA1C%   | 5.6   | <=6.9 %         | —    | 956 |

Comment:

A less stringent goal of < 8.0% may be appropriate for an individual patient with a history of severe hypoglycemia, limited life expectancy, advanced microvascular or macrovascular complications, or extensive comorbid conditions.

## 03/14/2017 - Lab in HOV LABORATORY (continued)

## Labs (continued)

|                           |     |       |   |     |
|---------------------------|-----|-------|---|-----|
| ESTIMATED AVERAGE GLUCOSE | 115 | mg/dL | — | 956 |
|---------------------------|-----|-------|---|-----|

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

## Response

| Delivery Method                                       | Outcome   | Message ID |
|---|-----------|------------|
| In Basket Result sent                                 | 244687583 |            |
| Provider: 29062 (provider defined by Results Routing) |           |            |
| Result routed to linked user A542989 using In Basket  |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## HEMOGLOBIN A1C, DIABETIC MONITORING [750036970]

Resulted: 03/14/17 1405, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1405

Collected by: Calpin, Kimberly A 03/14/17 0911

Narrative:

RMS ACCN: 604606072

## Reviewed by

Hooks, Sarah Elizabeth (M.D.), M.D. on 03/15/17 0759  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/15/17 0758  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/15/17 0757

## Indications

DM 2 W DIABETIC MIXED HYPERLIPIDEMIA [E11.69, E78.2 (ICD-10-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.), M.D. on 3/15/2017 07:59  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 3/15/2017 07:58  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 3/15/2017 07:57

## AST [779121274] (Final result)

Electronically signed by: Talag, Emelita Borja (M.D.), M.D. on 02/03/17 1349

Status: Completed

This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 02/03/17 1349

Ordering mode: Standard

Frequency: Routine 02/03/17 -

Quantity: 1

Diagnoses

SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

## Provider Details

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

## Specimen Information

| ID                      | Type | Source | Collected By                     |
|-------------------------|------|--------|----------------------------------|
| C0000220170730<br>15746 | —    | BLOOD  | Calpin, Kimberly A 03/14/17 0911 |

## 03/14/2017 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## AST [779121274]

Resulted: 03/14/17 1858, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1858

Collected by: Calpin, Kimberly A 03/14/17 0911

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 604606073

Acknowledged by

Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0803

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| AST       | 17    | <=34 U/L        | —    | 956 |

## Recipients

## Talag, Emelita Borja (M.D.), M.D.

| Responsible?  | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 244618384 |            |
| Provider: 22022 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A818526 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## AST [779121274]

Resulted: 03/14/17 1603, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1603

Collected by: Calpin, Kimberly A 03/14/17 0911

Narrative:

RMS ACCN: 604606073

## Reviewed by

Talag, Emelita Borja (M.D.), M.D. on 08/11/17 1017  
 Talag, Emelita Borja (M.D.), M.D. on 03/27/17 2327  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0908  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

## Indications

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

## All Reviewers List

Talag, Emelita Borja (M.D.), M.D. on 8/11/2017 10:17  
 Talag, Emelita Borja (M.D.), M.D. on 3/27/2017 23:27  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 3/16/2017 09:08  
 Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53  
 Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53

## ALT [779121275] (Final result)



## 03/14/2017 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Electronically signed by: **Talag, Emelita Borja (M.D.), M.D. on 02/03/17 1349**Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 02/03/17 1349

Authorized by: Talag, Emelita Borja (M.D.), M.D.

Ordering mode: Standard

Ordered during: OFFICE VISIT - MH/BH on 02/03/2017

Frequency: Routine 02/03/17 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

## Provider Details

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

## Specimen Information

| ID                      | Type | Source | Collected By                     |
|-------------------------|------|--------|----------------------------------|
| C0000220170730<br>15746 | —    | BLOOD  | Calpin, Kimberly A 03/14/17 0911 |

## ALT [779121275]

Resulted: 03/14/17 1858, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1858

Collected by: Calpin, Kimberly A 03/14/17 0911

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 604606073

Acknowledged by

Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0803

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| ALT       | 28    | <=63 U/L        | —    | 956 |

## Recipients

## Talag, Emelita Borja (M.D.), M.D.

| Responsible? | Delivery Method                                       | Outcome   | Message ID |
|--------------|---|-----------|------------|
| In Basket    | Result sent   | 244618384 |            |
|              | Provider: 22022 (provider defined by Results Routing) |           |            |
|              | Result routed to linked user A818526 using In Basket  |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## ALT [779121275]

Resulted: 03/14/17 1603, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1603

Collected by: Calpin, Kimberly A 03/14/17 0911

Narrative:

RMS ACCN: 604606073

## Reviewed by

Talag, Emelita Borja (M.D.), M.D. on 08/11/17 1017

Talag, Emelita Borja (M.D.), M.D. on 03/27/17 2327

Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0908

**03/14/2017 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

**Indications**

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

**All Reviewers List**

Talag, Emelita Borja (M.D.), M.D. on 8/11/2017 10:17  
 Talag, Emelita Borja (M.D.), M.D. on 3/27/2017 23:27  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 3/16/2017 09:08  
 Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53  
 Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53

**BUN [779121276] (Final result)**

Electronically signed by: **Talag, Emelita Borja (M.D.), M.D. on 02/03/17 1349** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 02/03/17 1349

Ordering mode: Standard

Frequency: Routine 02/03/17 -

Quantity: 1

Diagnoses

SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

Authorized by: Talag, Emelita Borja (M.D.), M.D.

Ordered during: OFFICE VISIT - MH/BH on 02/03/2017

Class: Normal

Lab status: Final result

**Provider Details**

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

**Specimen Information**

| ID                      | Type | Source | Collected By                     |
|-------------------------|------|--------|----------------------------------|
| C0000220170730<br>15746 | —    | BLOOD  | Calpin, Kimberly A 03/14/17 0911 |

**BUN [779121276]**

Resulted: 03/14/17 1857, Result status: Final result

Order status: Completed

Collected by: Calpin, Kimberly A 03/14/17 0911

Narrative:

RMS ACCN: 604606073

Acknowledged by

Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0803

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1857

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

**Components**

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| BUN       | 15    | <=18 mg/dL      | —    | 956 |

**Recipients**

**Talag, Emelita Borja (M.D.), M.D.**

| Response<br>able? | Delivery Method                                       | Outcome   | Message ID |
|-------------------|---|-----------|------------|
| In Basket         | Result sent   | 244618384 |            |
|                   | Provider: 22022 (provider defined by Results Routing) |           |            |
|                   | Result routed to linked user A818526 using In Basket  |           |            |

**Testing Performed By**

## 03/14/2017 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## BUN [779121276]

Resulted: 03/14/17 1603, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1603

Collected by: Calpin, Kimberly A 03/14/17 0911

Narrative:

RMS ACCN: 604606073

## Reviewed by

Talag, Emelita Borja (M.D.), M.D. on 08/11/17 1017  
 Talag, Emelita Borja (M.D.), M.D. on 03/27/17 2327  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0908  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

## Indications

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

## All Reviewers List

Talag, Emelita Borja (M.D.), M.D. on 8/11/2017 10:17  
 Talag, Emelita Borja (M.D.), M.D. on 3/27/2017 23:27  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 3/16/2017 09:08  
 Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53  
 Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53

## CREATININE [779121277] (Final result)

Electronically signed by: Talag, Emelita Borja (M.D.), M.D. on 02/03/17 1349

Status: Completed

This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 02/03/17 1349

Authorized by: Talag, Emelita Borja (M.D.), M.D.

Ordering mode: Standard

Ordered during: OFFICE VISIT - MH/BH on 02/03/2017

Frequency: Routine 02/03/17 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

## Provider Details

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

## Specimen Information

| ID                      | Type | Source | Collected By                     |
|-------------------------|------|--------|----------------------------------|
| C0000220170730<br>15746 | —    | BLOOD  | Calpin, Kimberly A 03/14/17 0911 |

## CREATININE [779121277]

Resulted: 03/14/17 1858, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1858

Collected by: Calpin, Kimberly A 03/14/17 0911

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 604606073

Acknowledged by

Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0803

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
|-----------|-------|-----------------|------|-----|

03/14/2017 - Lab in HOV LABORATORY (continued)

Labs (continued)

|   |       |              |   |     |
|---|-------|--------------|---|-----|
| CREATININE  | 0.84  | <=1.30 mg/dL | — | 956 |
| GLOMERULAR FILTRATION RATE  | >89   | mL/min/BSA   | — | 956 |
| Comment:<br>Estimated GFR (eGFR) is normalized to a standard body surface area (BSA, 1.73m <sup>2</sup> ), by sex, age, and race. The eGFR has been multiplied by 1.21 if "Black" race is reported in Foundations System.<br><br>-GFR Ranges-<br>GFR >89 Normal (or CKD1*)<br>60-89 Mildly reduced (CKD2*)<br>30-59 Moderately reduced (CKD3 if >3mos)<br>15-29 Severely reduced (CKD4 if >3mos)<br>GFR <15 Kidney failure (CKD5 if >3mos)<br>* GFR >60 is not diagnostic of CKD1 or 2 unless another marker of kidney damage is present (e.g. microalbumin or urine protein >300 mg/day on 2 occasions, or renal biopsy or imaging abnormality). |       |              |   |     |
| RACE  | Black | —            | — | 956 |

Recipients

Talag, Emelita Borja (M.D.), M.D.

| Response?   | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 244618384 |            |
| Provider: 22022 (provider defined by Results Routing)<br>Result routed to linked user A818526 using In Basket |                 |           |            |

Testing Performed By

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

CREATININE [779121277]

Resulted: 03/14/17 1858, Result status: Final result

Order status: Completed  
 Collected by: Calpin, Kimberly A 03/14/17 0911  
 Narrative:  
 RMS ACCN: 604606073  
 Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1858  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Components

| Component                  | Value | Reference Range | Flag | Lab |
|----------------------------|-------|-----------------|------|-----|
| CREATININE                 | 0.84  | <=1.30 mg/dL    | —    | 956 |
| GLOMERULAR FILTRATION RATE | >89   | mL/min/BSA      | —    | 956 |

Comment:  
 Estimated GFR (eGFR) is normalized to a standard body surface area (BSA, 1.73m<sup>2</sup>), by sex, age, and race. The eGFR has been multiplied by 1.21 if "Black" race is reported in Foundations System.

-GFR Ranges-  
 GFR >89 Normal (or CKD1\*)  
 60-89 Mildly reduced (CKD2\*)

03/14/2017 - Lab in HOV LABORATORY (continued)

Labs (continued)

30-59 Moderately reduced (CKD3 if >3mos)  
 15-29 Severely reduced (CKD4 if >3mos)  
 GFR <15 Kidney failure (CKD5 if >3mos)  
 \* GFR >60 is not diagnostic of CKD1 or 2 unless another marker of kidney damage is present (e.g. microalbumin or urine protein >300 mg/day on 2 occasions, or renal biopsy or imaging abnormality).

|      |       |   |   |     |
|------|-------|---|---|-----|
| RACE | Black | — | — | 956 |
|------|-------|---|---|-----|

Reviewed by

Talag, Emelita Borja (M.D.), M.D. on 08/11/17 1017  
 Talag, Emelita Borja (M.D.), M.D. on 03/27/17 2327  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0908  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

Recipients

Talag, Emelita Borja (M.D.), M.D.

| Response  | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 244618384 |            |
| Provider: 22022 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A818526 using In Basket  |                 |           |            |

Testing Performed By

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

Resulted: 03/14/17 1858, Result status: Preliminary result

CREATININE [779121277]

Order status: Completed  
 Collected by: Calpin, Kimberly A 03/14/17 0911  
 Narrative:  
 RMS ACCN: 604606073

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1858  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Components

| Component  | Value | Reference Range | Flag | Lab |
|------------|-------|-----------------|------|-----|
| CREATININE | 0.84  | <=1.30 mg/dL    | —    | 956 |

Reviewed by

Talag, Emelita Borja (M.D.), M.D. on 08/11/17 1017  
 Talag, Emelita Borja (M.D.), M.D. on 03/27/17 2327  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0908  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

Recipients

Talag, Emelita Borja (M.D.), M.D.

| Response  | Delivery Method | Outcome   | Message ID |
|-----------|-----------------|-----------|------------|
| In Basket | Result sent     | 244618384 |            |

## 03/14/2017 - Lab in HOV LABORATORY (continued)

## Labs (continued)

In Basket Result sent 244618384  
 Provider: 22022 (provider defined by Results Routing)  
 Result routed to linked user A818526 using In Basket

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## CREATININE [779121277]

Resulted: 03/14/17 1603, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1603

Collected by: Calpin, Kimberly A 03/14/17 0911

Narrative:

RMS ACCN: 604606073

## Reviewed by

Talag, Emelita Borja (M.D.), M.D. on 08/11/17 1017  
 Talag, Emelita Borja (M.D.), M.D. on 03/27/17 2327  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0908  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

## Indications

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

## All Reviewers List

Talag, Emelita Borja (M.D.), M.D. on 8/11/2017 10:17  
 Talag, Emelita Borja (M.D.), M.D. on 3/27/2017 23:27  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 3/16/2017 09:08  
 Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53  
 Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53

## GLUCOSE, FASTING [779121278] (Final result)

Electronically signed by: Talag, Emelita Borja (M.D.), M.D. on 02/03/17 1349

Status: Completed

This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 02/03/17 1349

Authorized by: Talag, Emelita Borja (M.D.), M.D.

Ordering mode: Standard

Ordered during: OFFICE VISIT - MH/BH on 02/03/2017

Frequency: Routine 02/03/17 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

## Provider Details

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

## Specimen Information

| ID                      | Type | Source | Collected By                     |
|-------------------------|------|--------|----------------------------------|
| C0000220170730<br>15746 | —    | BLOOD  | Calpin, Kimberly A 03/14/17 0911 |

## GLUCOSE, FASTING [779121278] (Abnormal)

Resulted: 03/14/17 1858, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1858

Collected by: Calpin, Kimberly A 03/14/17 0911

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

## 03/14/2017 - Lab in HOV LABORATORY (continued)

## Labs (continued)

RMS ACCN: 604606073

Acknowledged by

Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0803

## Components

| Component        | Value | Reference Range | Flag | Lab |
|------------------|-------|-----------------|------|-----|
| GLUCOSE, FASTING | 102   | 70 - 99 mg/dL   | H ^  | 956 |

Comment:

A repeatable fasting blood glucose result > 125 mg/dL is diagnostic of diabetes. A single such result can also be confirmed by, a 2 hr OGTT or random plasma glucose > or = 200 mg/dL, or a Hb A1c >6.4%. Patients with fasting blood sugar results between 100 and 125 mg/dL are at increased risk for future diabetes.

## Recipients

Talag, Emelita Borja (M.D.), M.D.

| Response? | Delivery Method                                       | Outcome   | Message ID |
|-----------|---|-----------|------------|
| In Basket | Result sent   | 244618384 |            |
|           | Provider: 22022 (provider defined by Results Routing) |           |            |
|           | Result routed to linked user A818526 using In Basket  |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## GLUCOSE, FASTING [779121278]

Resulted: 03/14/17 1603, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1603

Collected by: Calpin, Kimberly A 03/14/17 0911

Narrative:

RMS ACCN: 604606073

## Reviewed by

Talag, Emelita Borja (M.D.), M.D. on 08/11/17 1017  
 Talag, Emelita Borja (M.D.), M.D. on 03/27/17 2327  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0908  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

## Indications

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

## All Reviewers List

Talag, Emelita Borja (M.D.), M.D. on 8/11/2017 10:17  
 Talag, Emelita Borja (M.D.), M.D. on 3/27/2017 23:27  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 3/16/2017 09:08  
 Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53  
 Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53

## 03/14/2017 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## LIPID PANEL [779121279] (Final result)

Electronically signed by: Talag, Emelita Borja (M.D.), M.D. on 02/03/17 1349

Status: Completed

This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 02/03/17 1349

Authorized by: Talag, Emelita Borja (M.D.), M.D.

Ordering mode: Standard

Ordered during: OFFICE VISIT - MH/BH on 02/03/2017

Frequency: Routine 02/03/17 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

## Provider Details

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

## Specimen Information

| ID                      | Type | Source | Collected By                     |
|-------------------------|------|--------|----------------------------------|
| C0000220170730<br>15746 | —    | BLOOD  | Calpin, Kimberly A 03/14/17 0911 |

## LIPID PANEL [779121279] (Abnormal)

Resulted: 03/14/17 1858, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1858

Collected by: Calpin, Kimberly A 03/14/17 0911

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 604606073

FASTING? YES

Acknowledged by

Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0803

## Components

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| CHOLESTEROL  | 209   | <=199 mg/dL     | H ^  | 956 |
| TRIGLYCERIDE   | 216   | <=149 mg/dL     | H ^  | 956 |
| Comment:<br>Note that if triglycerides (TG) are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid. |       |                 |      |     |
| HDL  | 45    | >=40 mg/dL      | —    | 956 |
| LDL CALCULATED   | 121   | <=99 mg/dL      | H ^  | 956 |
| CHOLESTEROL/HIGH DENSITY LIPOPROTEIN   | 4.6   | <=4.9           | —    | 956 |
| Comment: See LabNet for more information.  |       |                 |      |     |
| CHOLESTEROL, NON-HDL   | 164   | mg/dL           | —    | 956 |
| Comment: NonHDL targets are 30 mg/dL higher than LDL targets.  |       |                 |      |     |

## Recipients

## Talag, Emelita Borja (M.D.), M.D.

| Responsible?  | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 244618384 |            |
| Provider: 22022 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A818526 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name        | Director            | Address           | Valid Date Range              |
|--------------------|-------------|---------------------|-------------------|-------------------------------|
| 240 - 956          | SHERMAN WAY | Darryl Erik Palmer- | 11668 Sherman Way | 09/01/10 1119 - 06/01/17 0325 |



**03/14/2017 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

REGIONAL LABORATORY Toy, MD, PhD NORTH HOLLYWOOD CA 91605

**LIPID PANEL [779121279] (Abnormal)**

Resulted: 03/14/17 1858, Result status: Final result

Order status: Completed  
 Collected by: Calpin, Kimberly A 03/14/17 0911  
 Narrative:  
 RMS ACCN: 604606073  
 FASTING? YES

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1858  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

**Components**

| Component   | Value | Reference Range | Flag | Lab |
|-------------|-------|-----------------|------|-----|
| CHOLESTEROL | 209   | <=199 mg/dL     | H ^  | 956 |
| HDL         | 45    | >=40 mg/dL      | —    | 956 |

**Reviewed by**

- Talag, Emelita Borja (M.D.), M.D. on 08/11/17 1017
- Talag, Emelita Borja (M.D.), M.D. on 03/27/17 2327
- Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0908
- Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753
- Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

**Recipients**

**Talag, Emelita Borja (M.D.), M.D.**

| Responsible?  | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 244618384 |            |
| Provider: 22022 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A818526 using In Basket  |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

Resulted: 03/14/17 1857, Result status: Preliminary result

**LIPID PANEL [779121279] (Abnormal)**

Order status: Completed  
 Collected by: Calpin, Kimberly A 03/14/17 0911  
 Narrative:  
 RMS ACCN: 604606073  
 FASTING? YES

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1857  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

**Components**

| Component   | Value | Reference Range | Flag | Lab |
|-------------|-------|-----------------|------|-----|
| CHOLESTEROL | 209   | <=199 mg/dL     | H ^  | 956 |

**Reviewed by**

- Talag, Emelita Borja (M.D.), M.D. on 08/11/17 1017
- Talag, Emelita Borja (M.D.), M.D. on 03/27/17 2327
- Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0908
- Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753
- Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

## 03/14/2017 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Recipients

Talag, Emelita Borja (M.D.), M.D.

| Response  | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 244618384 |            |
| Provider: 22022 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A818526 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## LIPID PANEL [779121279]

Resulted: 03/14/17 1603, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1603

Collected by: Calpin, Kimberly A 03/14/17 0911

Narrative:

RMS ACCN: 604606073

FASTING? YES

## Reviewed by

Talag, Emelita Borja (M.D.), M.D. on 08/11/17 1017  
 Talag, Emelita Borja (M.D.), M.D. on 03/27/17 2327  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0908  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

## Indications

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

## All Reviewers List

Talag, Emelita Borja (M.D.), M.D. on 8/11/2017 10:17  
 Talag, Emelita Borja (M.D.), M.D. on 3/27/2017 23:27  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 3/16/2017 09:08  
 Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53  
 Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53

## TSH [779121280] (Final result)

Electronically signed by: Talag, Emelita Borja (M.D.), M.D. on 02/03/17 1349

Status: Completed

This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 02/03/17 1349

Ordering mode: Standard

Frequency: Routine 02/03/17 -

Quantity: 1

Diagnoses

SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

## Provider Details

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

## Specimen Information

| ID | Type | Source | Collected By |
|----|------|--------|--------------|
|----|------|--------|--------------|

## 03/14/2017 - Lab in HOV LABORATORY (continued)

## Labs (continued)

C0000220170730 — BLOOD Calpin, Kimberly A 03/14/17 0911  
15747

## TSH [779121280]

Resulted: 03/14/17 1930, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1930

Collected by: Calpin, Kimberly A 03/14/17 0911

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 604606073

Acknowledged by

Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0803

## Components

| Component | Value | Reference Range       | Flag | Lab |
|-----------|-------|-----------------------|------|-----|
| TSH       | 1.49  | 0.35 - 4.00<br>mIU/mL | —    | 956 |

## Recipients

## Talag, Emelita Borja (M.D.), M.D.

| Response<br>ible? | Delivery Method                                       | Outcome   | Message ID |
|-------------------|---|-----------|------------|
| In Basket         | Result sent   | 244618384 |            |
|                   | Provider: 22022 (provider defined by Results Routing) |           |            |
|                   | Result routed to linked user A818526 using In Basket  |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## TSH [779121280]

Resulted: 03/14/17 1557, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1557

Collected by: Calpin, Kimberly A 03/14/17 0911

Narrative:

RMS ACCN: 604606073

## Reviewed by

Talag, Emelita Borja (M.D.), M.D. on 08/11/17 1017  
 Talag, Emelita Borja (M.D.), M.D. on 03/27/17 2327  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0908  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753  
 Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753

## Indications

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

## All Reviewers List

Talag, Emelita Borja (M.D.), M.D. on 8/11/2017 10:17  
 Talag, Emelita Borja (M.D.), M.D. on 3/27/2017 23:27  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 3/16/2017 09:08  
 Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53  
 Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53

**03/14/2017 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

**CBC W AUTOMATED DIFFERENTIAL [779121281] (Final result)**

Electronically signed by: **Talag, Emelita Borja (M.D.), M.D. on 02/03/17 1349** Status: **Completed**  
This order may be acted on in another encounter.

Ordering user: Talag, Emelita Borja (M.D.), M.D. 02/03/17 1349 Authorized by: Talag, Emelita Borja (M.D.), M.D.  
Ordering mode: Standard Ordered during: OFFICE VISIT - MH/BH on 02/03/2017  
Frequency: Routine 02/03/17 - Class: Normal  
Quantity: 1 Lab status: Final result

Diagnoses  
SCHIZOAFFECTIVE DISORDER, UNSPECIFIED TYPE [F25.9]

**Provider Details**

| Provider                          | NPI        |
|-----------------------------------|------------|
| Talag, Emelita Borja (M.D.), M.D. | 1356386403 |

**Specimen Information**

| ID                      | Type | Source | Collected By                     |
|-------------------------|------|--------|----------------------------------|
| C0000220170730<br>15746 | —    | BLOOD  | Calpin, Kimberly A 03/14/17 0911 |

**CBC W AUTOMATED DIFFERENTIAL [779121281] (Abnormal)**

Resulted: 03/14/17 1021, Result status: Final result

Order status: Completed Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1022  
Collected by: Calpin, Kimberly A 03/14/17 0911 Resulting lab: WLA MEDICAL CENTER LABORATORY  
Narrative:  
RMS ACCN: 604606069  
Acknowledged by  
Talag, Emelita Borja (M.D.), M.D. on 03/14/17 1219  
Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0803

**Components**

| Component                  | Value | Reference Range         | Flag | Lab |
|----------------------------|-------|-------------------------|------|-----|
| WBC'S AUTO                 | 5.1   | 4.0 - 11.0<br>x1000/mcL | —    | 305 |
| RBC, AUTO                  | 4.75  | 4.70 - 6.10<br>Mill/mcL | —    | 305 |
| HGB                        | 14.5  | 14.0 - 18.0 g/dL        | —    | 305 |
| HCT, AUTO                  | 42.7  | 42.0 - 52.0 %           | —    | 305 |
| MCV                        | 90.0  | 80.0 - 94.0 fL          | —    | 305 |
| MCH                        | 30.6  | 27.0 - 35.0 pg/cell     | —    | 305 |
| MCHC                       | 34.0  | 32.0 - 37.0 g/dL        | —    | 305 |
| RDW, BLOOD                 | 13.7  | 11.5 - 14.5 %           | —    | 305 |
| PLATELETS, AUTOMATED COUNT | 124   | 130 - 400<br>x1000/mcL  | L ▾  | 305 |

**Recipients**

**Talag, Emelita Borja (M.D.), M.D.**

| Response? | Delivery Method                                       | Outcome   | Message ID |
|-----------|---|-----------|------------|
| In Basket | Result sent   | 244618384 |            |
|           | Provider: 22022 (provider defined by Results Routing) |           |            |
|           | Result routed to linked user A818526 using In Basket  |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                  | Director           | Address                              | Valid Date Range              |
|--------------------|-----------------------|--------------------|--------------------------------------|-------------------------------|
| 321 - 305          | WLA MEDICAL<br>CENTER | S.R. McLaren, D.O. | 6041 Cadillac Ave.<br>LOS ANGELES CA | 09/01/05 0850 - 05/23/17 0009 |

**03/14/2017 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

LABORATORY

90034

**CBC W AUTOMATED DIFFERENTIAL [779121281]**

Resulted: 03/14/17 0911, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 0911

Collected by: Calpin, Kimberly A 03/14/17 0911

Narrative:

RMS ACCN: 604606069

**Reviewed by**

- Talag, Emelita Borja (M.D.), M.D. on 08/11/17 1017
- Talag, Emelita Borja (M.D.), M.D. on 03/27/17 2327
- Hooks, Sarah Elizabeth (M.D.), M.D. on 03/16/17 0908
- Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753
- Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753
- Talag, Emelita Borja (M.D.), M.D. on 03/15/17 1753
- Talag, Emelita Borja (M.D.), M.D. on 03/14/17 1219

**Indications**

SCHIZOAFFECTIVE DISORDER [F25.9 (ICD-10-CM)]

**All Reviewers List**

- Talag, Emelita Borja (M.D.), M.D. on 8/11/2017 10:17
- Talag, Emelita Borja (M.D.), M.D. on 3/27/2017 23:27
- Hooks, Sarah Elizabeth (M.D.), M.D. on 3/16/2017 09:08
- Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53
- Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53
- Talag, Emelita Borja (M.D.), M.D. on 3/15/2017 17:53
- Talag, Emelita Borja (M.D.), M.D. on 3/14/2017 12:19

**CREATININE [781123719] (Final result)**

Electronically signed by: **Program, Complete Care on 02/09/17 2138**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 02/09/17 2138

Authorized by: Hooks, Sarah Elizabeth (M.D.), M.D.

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 02/09/2017

Frequency: Routine 02/09/17 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 2/10/2017 1:12 AM

Diagnoses

DM 2 W MIXED HYPERLIPIDEMIA [E11.69, E78.2]

**Provider Details**

| Provider                            | NPI        |
|-------------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | 1497814131 |

**Specimen Information**

| ID                      | Type | Source | Collected By                     |
|-------------------------|------|--------|----------------------------------|
| C0000220170730<br>15732 | —    | BLOOD  | Calpin, Kimberly A 03/14/17 0911 |

**CREATININE [781123719]**

Resulted: 03/14/17 1842, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1842

Collected by: Calpin, Kimberly A 03/14/17 0911

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 604606071

Acknowledged by: Hooks, Sarah Elizabeth (M.D.), M.D. on 03/15/17 0757

**Components**

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
|-----------|-------|-----------------|------|-----|

03/14/2017 - Lab in HOV LABORATORY (continued)

Labs (continued)

|   |       |              |   |     |
|---|-------|--------------|---|-----|
| CREATININE  | 0.80  | <=1.30 mg/dL | — | 956 |
| GLOMERULAR FILTRATION RATE  | >89   | mL/min/BSA   | — | 956 |
| Comment:<br>Estimated GFR (eGFR) is normalized to a standard body surface area (BSA, 1.73m <sup>2</sup> ), by sex, age, and race. The eGFR has been multiplied by 1.21 if "Black" race is reported in Foundations System.<br><br>-GFR Ranges-<br>GFR >89 Normal (or CKD1*)<br>60-89 Mildly reduced (CKD2*)<br>30-59 Moderately reduced (CKD3 if >3mos)<br>15-29 Severely reduced (CKD4 if >3mos)<br>GFR <15 Kidney failure (CKD5 if >3mos)<br>* GFR >60 is not diagnostic of CKD1 or 2 unless another marker of kidney damage is present (e.g. microalbumin or urine protein >300 mg/day on 2 occasions, or renal biopsy or imaging abnormality). |       |              |   |     |
| RACE  | Black | —            | — | 956 |

Recipients

Hooks, Sarah Elizabeth (M.D.), M.D.

| Response?   | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 244688974 |            |
| Provider: 29062 (provider defined by Results Routing)<br>Result routed to linked user A542989 using In Basket |                 |           |            |

Testing Performed By

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

CREATININE [781123719]

Resulted: 03/14/17 1842, Result status: Final result

Order status: Completed  
 Collected by: Calpin, Kimberly A 03/14/17 0911  
 Narrative:  
 RMS ACCN: 604606071  
 Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1842  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Components

| Component                  | Value | Reference Range | Flag | Lab |
|----------------------------|-------|-----------------|------|-----|
| CREATININE                 | 0.80  | <=1.30 mg/dL    | —    | 956 |
| GLOMERULAR FILTRATION RATE | >89   | mL/min/BSA      | —    | 956 |

Comment:  
 Estimated GFR (eGFR) is normalized to a standard body surface area (BSA, 1.73m<sup>2</sup>), by sex, age, and race. The eGFR has been multiplied by 1.21 if "Black" race is reported in Foundations System.

-GFR Ranges-  
 GFR >89 Normal (or CKD1\*)  
 60-89 Mildly reduced (CKD2\*)

03/14/2017 - Lab in HOV LABORATORY (continued)

Labs (continued)

30-59 Moderately reduced (CKD3 if >3mos)  
 15-29 Severely reduced (CKD4 if >3mos)  
 GFR <15 Kidney failure (CKD5 if >3mos)  
 \* GFR >60 is not diagnostic of CKD1 or 2 unless another marker of kidney damage is present (e.g. microalbumin or urine protein >300 mg/day on 2 occasions, or renal biopsy or imaging abnormality).

RACE Black — — 956

Reviewed by

Hooks, Sarah Elizabeth (M.D.), M.D. on 03/15/17 0757  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/15/17 0757

Recipients

Hooks, Sarah Elizabeth (M.D.), M.D.

| Response? | Delivery Method                                       | Outcome   | Message ID |
|-----------|---|-----------|------------|
| In Basket | Result sent   | 244688974 |            |
|           | Provider: 29062 (provider defined by Results Routing) |           |            |
|           | Result routed to linked user A542989 using In Basket  |           |            |

Testing Performed By

| Lab - Abbreviation | Name                            | Director                        | Address                                    | Valid Date Range              |
|--------------------|---------------------------------|---------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Darryl Erik Palmer-Toy, MD, PhD | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

CREATININE [781123719]

Resulted: 03/14/17 1842, Result status: Final result

Order status: Completed  
 Collected by: Calpin, Kimberly A 03/14/17 0911  
 Narrative:  
 RMS ACCN: 604606071

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1842  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Components

| Component                  | Value | Reference Range | Flag | Lab |
|----------------------------|-------|-----------------|------|-----|
| CREATININE                 | 0.80  | <=1.30 mg/dL    | —    | 956 |
| GLOMERULAR FILTRATION RATE | >89   | mL/min/BSA      | —    | 956 |

Comment:  
 Estimated GFR (eGFR) is normalized to a standard body surface area (BSA, 1.73m<sup>2</sup>), by sex, age, and race. The eGFR has been multiplied by 1.21 if "Black" race is reported in Foundations System.

-GFR Ranges-  
 GFR >89 Normal (or CKD1\*)  
 60-89 Mildly reduced (CKD2\*)  
 30-59 Moderately reduced (CKD3 if >3mos)  
 15-29 Severely reduced (CKD4 if >3mos)  
 GFR <15 Kidney failure (CKD5 if >3mos)  
 \* GFR >60 is not diagnostic of CKD1 or 2 unless another marker of kidney damage is present (e.g. microalbumin or urine protein >300 mg/day on 2 occasions, or renal biopsy or imaging abnormality).

## 03/14/2017 - Lab in HOV LABORATORY (continued)

## Labs (continued)

|      |       |   |   |     |
|------|-------|---|---|-----|
| RACE | Black | — | — | 956 |
|------|-------|---|---|-----|

## Reviewed by

Hooks, Sarah Elizabeth (M.D.), M.D. on 03/15/17 0757  
Hooks, Sarah Elizabeth (M.D.), M.D. on 03/15/17 0757

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response?   | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 244688974 |            |
| Provider: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## CREATININE [781123719]

Resulted: 03/14/17 1543, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/14/17 1543

Collected by: Calpin, Kimberly A 03/14/17 0911

Narrative:

RMS ACCN: 604606071

## Reviewed by

Hooks, Sarah Elizabeth (M.D.), M.D. on 03/15/17 0757  
Hooks, Sarah Elizabeth (M.D.), M.D. on 03/15/17 0757

## Indications

DM 2 W DIABETIC MIXED HYPERLIPIDEMIA [E11.69, E78.2 (ICD-10-CM)]

## All Reviewers List

Hooks, Sarah Elizabeth (M.D.), M.D. on 3/15/2017 07:57  
Hooks, Sarah Elizabeth (M.D.), M.D. on 3/15/2017 07:57

## MICROALBUMIN, URINE [772365924] (Final result)

Electronically signed by: Program, Complete Care on 01/12/17 2234

Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 01/12/17 2234

Authorized by: Hooks, Sarah Elizabeth (M.D.), M.D.

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 01/12/2017

Frequency: Routine 01/12/17 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 1/13/2017 1:25 AM

Diagnoses

DM 2 W MIXED HYPERLIPIDEMIA [E11.69, E78.2]

## Provider Details

| Provider                            | NPI        |
|-------------------------------------|------------|
| Hooks, Sarah Elizabeth (M.D.), M.D. | 1497814131 |



## 03/14/2017 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Specimen Information

| ID                      | Type | Source | Collected By                  |
|-------------------------|------|--------|-------------------------------|
| C0000220170790<br>37160 | —    | URINE  | Patient,Collect 03/20/17 1152 |

## MICROALBUMIN, URINE [772365924]

Resulted: 03/21/17 0149, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/21/17 0149

Collected by: Patient,Collect 03/20/17 1152

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 605042101

Acknowledged by

Hooks, Sarah Elizabeth (M.D.), M.D. on 03/21/17 0806

Beltran, Shirley Irma (L.V.N.), L.V.N. on 03/21/17 0840

## Components

| Component                                     | Value                  | Reference Range    | Flag | Lab |
|---|------------------------|--------------------|------|-----|
| ALBUMIN, URINE, DETECTION LIMIT <= 20<br>MG/L | <7.0                   | <=120.0 mg/L       | —    | 956 |
| CREATININE, URINE                             | 81.0                   | 22.0 - 328.0 mg/dL | —    | 956 |
| ALBUMIN/CREATININE, URINE                     | Unable to<br>Calculate | <=29.9             | —    | 956 |

Comment:

Threshold to diagnose Microalbuminuria:

Microalbumin-Random: &gt;29.0 mcg/mg Creat

Two or more positive tests are required to diagnose microalbuminuria.

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response<br>able?                                     | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 245270974 |            |
| Provider: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

## MICROALBUMIN, URINE [772365924]

Resulted: 03/21/17 0112, Result status: Preliminary result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/21/17 0112

Collected by: Patient,Collect 03/20/17 1152

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 605042101

## Components

| Component                                     | Value | Reference Range    | Flag | Lab |
|---|-------|--------------------|------|-----|
| ALBUMIN, URINE, DETECTION LIMIT <= 20<br>MG/L | <7.0  | <=120.0 mg/L       | —    | 956 |
| CREATININE, URINE                             | 81.0  | 22.0 - 328.0 mg/dL | —    | 956 |

## 03/14/2017 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Reviewed by

Beltran, Shirley Irma (L.V.N.), L.V.N. on 03/21/17 0841  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/21/17 0807  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/21/17 0807  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/21/17 0806  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/21/17 0806

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response?   | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 245270974 |            |
| Provider: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director                            | Address  | Valid Date Range              |
|--------------------|---------------------------------------|-------------------------------------|--|-------------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Darryl Erik Palmer-<br>Toy, MD, PhD | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 09/01/10 1119 - 06/01/17 0325 |

Resulted: 03/21/17 0112, Result status: Preliminary  
 result

## MICROALBUMIN, URINE [772365924]

Order status: Completed

Collected by: Patient,Collect 03/20/17 1152

Narrative:

RMS ACCN: 605042101

Filed by: Interface, Scal\_Lab\_Cerner 03/21/17 0112

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component         | Value | Reference Range    | Flag | Lab |
|-------------------|-------|--------------------|------|-----|
| CREATININE, URINE | 81.0  | 22.0 - 328.0 mg/dL | —    | 956 |

## Reviewed by

Beltran, Shirley Irma (L.V.N.), L.V.N. on 03/21/17 0841  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/21/17 0807  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/21/17 0807  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/21/17 0806  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/21/17 0806

## Recipients

## Hooks, Sarah Elizabeth (M.D.), M.D.

| Response?   | Delivery Method | Outcome   | Message ID |
|---|-----------------|-----------|------------|
| In Basket   | Result sent     | 245270974 |            |
| Provider: 29062 (provider defined by Results Routing) |                 |           |            |
| Result routed to linked user A542989 using In Basket  |                 |           |            |

## Testing Performed By

| Lab - Abbreviation | Name        | Director            | Address           | Valid Date Range              |
|--------------------|-------------|---------------------|-------------------|-------------------------------|
| 240 - 956          | SHERMAN WAY | Darryl Erik Palmer- | 11668 Sherman Way | 09/01/10 1119 - 06/01/17 0325 |

## 03/14/2017 - Lab in HOV LABORATORY (continued)

## Labs (continued)

|                        |              |                             |
|------------------------|--------------|-----------------------------|
| REGIONAL<br>LABORATORY | Toy, MD, PhD | NORTH HOLLYWOOD<br>CA 91605 |
|------------------------|--------------|-----------------------------|

## MICROALBUMIN, URINE [772365924]

Resulted: 03/20/17 2030, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/20/17 2030

Collected by: Patient,Collect 03/20/17 1152

Narrative:

RMS ACCN: 605042101

## Reviewed by

Beltran, Shirley Irma (L.V.N.), L.V.N. on 03/21/17 0841  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/21/17 0807  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/21/17 0807  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/21/17 0806  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 03/21/17 0806

## Indications

DM 2 W DIABETIC MIXED HYPERLIPIDEMIA [E11.69, E78.2 (ICD-10-CM)]

## All Reviewers List

Beltran, Shirley Irma (L.V.N.), L.V.N. on 3/21/2017 08:41  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 3/21/2017 08:07  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 3/21/2017 08:07  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 3/21/2017 08:06  
 Hooks, Sarah Elizabeth (M.D.), M.D. on 3/21/2017 08:06

## END OF ENCOUNTER

## 07/03/2017 - Diagnostic Imaging in HOV GENERAL (X-RAY)

## Visit Information

## Department

| Name                | Address  | Phone        |
|---------------------|--|--------------|
| HOV GENERAL (X-RAY) | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161106599<br>17 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216110659917)

| Name              | Relation to Pt | Service Area | Active? | Acct Type       |
|-------------------|----------------|--------------|---------|-----------------|
| Hawkins, Lawson B | Self           | SCAL         | Yes     | Personal/Family |

**07/03/2017 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Visit Account Information (continued)**

| Address  | Phone                                     |
|--|---|
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |

**Coverage Information (for Hospital Account #216110659917)**

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

**Events****Hospital Outpatient at 7/3/2017 1356**

Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient

**Discharge at 7/3/2017 2359**

Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient

**Imaging****Imaging****XR SACRUM AND COCCYX 2 OR MORE VIEWS [822441538] (Final result)**Status: **Completed**Electronically signed by: **Stahl, Jerusha Emily (M.D.), M.D. on 07/03/17 1335**

This order may be acted on in another encounter.

Ordering user: Stahl, Jerusha Emily (M.D.), M.D. 07/03/17 1335

Authorized by: Stahl, Jerusha Emily (M.D.), M.D.

Ordering mode: Standard

Ordered during: Office Visit on 07/03/2017

Frequency: Routine 07/03/17 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

COCCYX PAIN [M53.3]

**Provider Details**

| Provider                          | NPI        |
|-----------------------------------|------------|
| Stahl, Jerusha Emily (M.D.), M.D. | 1083894638 |

Order comments: Reason: persisting coccyx pain

**XR SACRUM AND COCCYX 2 OR MORE VIEWS [822441538]**

Resulted: 07/03/17 1410, Result status: Final result

Order status: Completed

Resulted by: Lee, Annie (M.D.), M.D.

Filed by: Interface, Scal\_Radiology 07/05/17 1436

Accession number: 75542506

Resulting lab: SCAL RADIOLOGY INTERFACE

Acknowledged by: Stahl, Jerusha Emily (M.D.), M.D. on 07/05/17 1440

**Transcription**

| Type  | ID       | Date and Time    | Dictating Provider      |
|---|----------|------------------|-------------------------|
| Diagnostic imaging  | 75542506 | 7/5/2017 2:36 PM | Lee, Annie (M.D.), M.D. |
| Signed by Lee, Annie (M.D.), MEDICAL DOCTOR on 07/05/17 at 1436 |          |                  |                         |

CLINICAL HISTORY: Reason: persisting coccyx pain

RIS TECH NOTES:

COMPARISON: No previous study available.

**07/03/2017 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

FINDINGS/

IMPRESSION:

No fracture identified. Bony structures are within normal limits.  
 No significant joint disease noted.  
 No soft tissue abnormality is identified.

This report electronically signed by Dr. Annie Lee, M.D. on 7/5/2017  
 2:31 PM

**Recipients**

**Stahl, Jerusha E (M.D.), M.D.**

| Respon<br>sible?   | Delivery Method | Outcome   | Message ID |
|--|-----------------|-----------|------------|
| In<br>Basket   | Result sent     | 255317247 |            |
| Provider: 138576 (provider defined by Results Routing)<br>Result routed to linked user X496576 using In Basket |                 |           |            |

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**XR SACRUM AND COCCYX 2 OR MORE VIEWS [822441538]**

Resulted: 07/03/17 1411, Result status: In process

Order status: Completed  
 Filed by: Interface, Scal\_Radiology 07/03/17 1411  
 Resulting lab: SCAL RADIOLOGY INTERFACE  
 Narrative:  
 Resulted by: Lee, Annie (M.D.), M.D.  
 Accession number: 75542506

**Transcription**

| Type  | ID       | Date and Time    | Dictating Provider      |
|---|----------|------------------|-------------------------|
| Diagnostic imaging  | 75542506 | 7/5/2017 2:36 PM | Lee, Annie (M.D.), M.D. |
| Signed by Lee, Annie (M.D.), MEDICAL DOCTOR on 07/05/17 at 1436 |          |                  |                         |

CLINICAL HISTORY: Reason: persisting coccyx pain

RIS TECH NOTES:

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

No fracture identified. Bony structures are within normal limits.  
 No significant joint disease noted.  
 No soft tissue abnormality is identified.

This report electronically signed by Dr. Annie Lee, M.D. on 7/5/2017

## 07/03/2017 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Imaging (continued)

2:31 PM

## Reviewed by

Stahl, Jerusha Emily (M.D.), M.D. on 07/06/17 1000  
Stahl, Jerusha Emily (M.D.), M.D. on 07/05/17 1440

## Testing Performed By

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

## Indications

COCCYX PAIN [M53.3 (ICD-10-CM)]

## All Reviewers List

Stahl, Jerusha Emily (M.D.), M.D. on 7/6/2017 10:00  
Stahl, Jerusha Emily (M.D.), M.D. on 7/5/2017 14:40

## END OF ENCOUNTER

## 11/06/2017 - Diagnostic Imaging in HOV GENERAL (X-RAY)

## Visit Information

## Department

| Name                | Address  | Phone        |
|---------------------|--|--------------|
| HOV GENERAL (X-RAY) | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161110952<br>02 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216111095202)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216111095202)

**11/06/2017 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Visit Account Information (continued)**

|   |                     |
|---|---------------------|
| <b>F/O Payor/Plan</b>                             | <b>Precert #</b>    |
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |                     |
| <b>Subscriber</b>                                 | <b>Subscriber #</b> |
| Hawkins, Lawson B                                 | xxxxxxxx8205        |
| <b>Address</b>                                    | <b>Phone</b>        |
|   |                     |

**Treatment Team**

| Provider                          | Service | Role      | Provider Team | Specialty                   | From | To |
|-----------------------------------|---------|-----------|---------------|-----------------------------|------|----|
| Benton, David Arthur (D.O.), D.O. | —       | Attending | —             | Physical Med/Rehabilitation | —    | —  |

**Events**

**Hospital Outpatient at 11/6/2017 1020**

Unit: HOV GENERAL (X-RAY)  
 Patient class: Outpatient

**Discharge at 11/6/2017 2359**

Unit: HOV GENERAL (X-RAY)  
 Patient class: Outpatient

**END OF ENCOUNTER**

## 08/13/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY)

## Visit Information

## Department

| Name                | Address  | Phone        |
|---------------------|--|--------------|
| HOV GENERAL (X-RAY) | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161630603<br>33 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216163060333)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216163060333)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

## Events

## Hospital Outpatient at 8/13/2020 0956

Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient

## Discharge at 8/13/2020 2359

Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient

## Imaging

## Imaging

## US B SCAN OR REAL TIME W IMAGE DOCUMENTATION AAA SCREENING [1246434331] (Final result)

Status: Completed

Electronically signed by: Azizi, Maysam (M.D.), M.D. on 07/29/20 1046

This order may be acted on in another encounter.

Ordering user: Azizi, Maysam (M.D.), M.D. 07/29/20 1046

Ordering mode: Standard

Frequency: Routine 07/29/20 -

Quantity: 1

Released by: Interface, Scal\_Radiology 07/29/20 1046

Diagnoses

Authorized by: Azizi, Maysam (M.D.), M.D.

Ordered during: Office Visit on 07/29/2020

Class: Normal

Lab status: Final result



**08/13/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

SCREENING FOR ABDOMINAL AORTIC ANEURYSM [Z13.6]

**Provider Details**

| Provider                   | NPI        |
|----------------------------|------------|
| Azizi, Maysam (M.D.), M.D. | 1972920916 |

Order comments: Reason: Screening for Aortic Aneurysm due to history of smoking.

**US ABD AORTA, AAA SCREENING [1246434331]**

Resulted: 08/13/20 1030, Result status: Final result

Order status: Completed

Accession number: 94942816

Narrative:

**EXAM INFORMATION**

History: Reason: Screening for Aortic Aneurysm due to history of smoking.

Filed by: Interface, Scal\_Radiology 08/14/20 1117

Resulting lab: SCAL RADIOLOGY INTERFACE

**FINDINGS:****Measurements**

The proximal abdominal aorta AP measures 2.37 cm .

The proximal abdominal aorta transverse measures 2.35 cm.

The mid abdominal aorta AP measures 1.85 cm.

The mid abdominal aorta transverse measures 1.86 cm.

The distal abdominal aorta AP measures 1.77 cm.

The distal abdominal aorta transverse measures 1.95 cm.

The right iliac artery AP measures 1.18 cm .

The right iliac artery transverse measures 1.21 cm.

The left iliac artery AP measures 1.08 cm.

The left iliac artery transverse measures 1.28 cm.

**Aorta**

The visualized portion of the aorta appears normal.

**Additional Information****Regional SCPMG Aortic Aneurysm Management Guidelines**

Aortic diameter &lt;= 2.5 cm. Normal

Aortic diameter 2.6 cm to 2.9 cm dilation of the aorta. Recommend

US in 5 years. (# AAA1)

Aortic Aneurysm: 3.0 cm. to 3.4 cm aortic aneurysm. Recommend US in 3 years. (# AAA2)

Aortic Aneurysm: 3.5 cm to 3.9 cm aortic aneurysm. Recommend US in 3 years. (# AAA3)

Aortic Aneurysm: 4.0 cm to 4.4 cm aortic aneurysm. Recommend US in 1 years and vascular surgery referral. (# AAA4)

Aortic Aneurysm: 4.5 cm to 4.9 cm aortic aneurysm. Recommend US in 6 months and vascular surgery referral. (# AAA5)

Aortic Aneurysm: 5.0 cm to 5.4 cm aortic aneurysm. Recommend vascular surgery referral (females with normal renal function should have a CTA of the abdomen and pelvis before vascular surgery visit). (# AAA6)

Aortic Aneurysm: &gt;=5.5 aortic aneurysm. Recommend vascular surgery

**08/13/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

referral and CTA of the abdomen and pelvis before vascular surgery  
 visit for all patients with normal renal function. (# AAA7)  
 Rapid increase. Rapid increase in aneurysm size > 5 mm in 6 months.  
 Recommend urgent vascular surgery outreach. (#AAAR)  
 See Dyslipidemia Tip Sheet or Guideline for statin and aspirin  
 recommendations.

-----  
 Impression:  
 :

\* NO AORTIC ANEURYSM.

Preliminary prepared by Hilina Tsegai, SONOGRAPHER-OC on 8/13/2020  
 10:55:04 AM.

Preliminary prepared by Kamal D. Singh, Radiologist- West LA on  
 8/13/2020 3:00:05 PM.

Sonographer: Hilina Tsegai, SONOGRAPHER-OC

Electronically signed and authenticated by: Kamal D. Singh,  
 Radiologist- West LA

on 8/14/2020 11:16:20 AM

Acknowledged by: Azizi, Maysam (M.D.), M.D. on 08/14/20 1753

**Transcription**

| Type               | ID       | Date and Time      | Dictating Provider                |
|--------------------|----------|--------------------|-----------------------------------|
| Diagnostic imaging | 94942816 | 8/14/2020 11:17 AM | Singh, Kamal Deep (M.D.),<br>M.D. |

Signed by Singh, Kamal Deep (M.D.), MEDICAL DOCTOR on 08/14/20 at 1117

**EXAM INFORMATION**

History: Reason: Screening for Aortic Aneurysm due to history of  
 smoking.

**FINDINGS :**

**Measurements**  
 -----

The proximal abdominal aorta AP measures 2.37 cm .

The proximal abdominal aorta transverse measures 2.35 cm.

The mid abdominal aorta AP measures 1.85 cm.

The mid abdominal aorta transverse measures 1.86 cm.

The distal abdominal aorta AP measures 1.77 cm.

The distal abdominal aorta transverse measures 1.95 cm.

The right iliac artery AP measures 1.18 cm .

**08/13/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

The right iliac artery transverse measures 1.21 cm.

The left iliac artery AP measures 1.08 cm.

The left iliac artery transverse measures 1.28 cm.

Aorta

-----

The visualized portion of the aorta appears normal.

**Additional Information**

-----

Regional SCPMG Aortic Aneurysm Management Guidelines

Aortic diameter  $\leq$  2.5 cm. Normal

Aortic diameter 2.6 cm to 2.9 cm dilation of the aorta. Recommend US in 5 years. (# AAA1)

Aortic Aneurysm: 3.0 cm. to 3.4 cm aortic aneurysm. Recommend US in 3 years. (# AAA2)

Aortic Aneurysm: 3.5 cm to 3.9 cm aortic aneurysm. Recommend US in 3 years. (# AAA3)

Aortic Aneurysm: 4.0 cm to 4.4 cm aortic aneurysm. Recommend US in 1 years and vascular surgery referral. (# AAA4)

Aortic Aneurysm: 4.5 cm to 4.9 cm aortic aneurysm. Recommend US in 6 months and vascular surgery referral. (# AAA5)

Aortic Aneurysm: 5.0 cm to 5.4 cm aortic aneurysm. Recommend vascular surgery referral (females with normal renal function should have a CTA of the abdomen and pelvis before vascular surgery visit). (# AAA6)

Aortic Aneurysm:  $\geq$ 5.5 aortic aneurysm. Recommend vascular surgery referral and CTA of the abdomen and pelvis before vascular surgery visit for all patients with normal renal function. (# AAA7)

Rapid increase. Rapid increase in aneurysm size  $>$  5 mm in 6 months. Recommend urgent vascular surgery outreach. (#AAAR)

See Dyslipidemia Tip Sheet or Guideline for statin and aspirin recommendations.

-----  
IMPRESSION:

\* NO AORTIC ANEURYSM.

Preliminary prepared by Hilina Tsegai, SONOGRAPHER-OC on 8/13/2020 10:55:04 AM.

Preliminary prepared by Kamal D. Singh, Radiologist- West LA on 8/13/2020 3:00:05 PM.

**08/13/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

Sonographer: Hilina Tsegai, SONOGRAPHER-OC

Electronically signed and authenticated by: Kamal D. Singh,  
 Radiologist- West LA

on 8/14/2020 11:16:20 AM

**Recipients**

**Azizi, Maysam (M.D.), M.D.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 367447652  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name                     | Director | Address | Valid Date Range        |
|--------------------|--------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**US ABD AORTA, AAA SCREENING [1246434331]**

Resulted: 08/13/20 1030, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 08/13/20 1030

Accession number: 94942816

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

**Transcription**

| Type               | ID       | Date and Time      | Dictating Provider             |
|--------------------|----------|--------------------|--------------------------------|
| Diagnostic imaging | 94942816 | 8/14/2020 11:17 AM | Singh, Kamal Deep (M.D.), M.D. |

Signed by Singh, Kamal Deep (M.D.), MEDICAL DOCTOR on 08/14/20 at 1117

**EXAM INFORMATION**

History: Reason: Screening for Aortic Aneurysm due to history of smoking.

**FINDINGS:**

**Measurements**

The proximal abdominal aorta AP measures 2.37 cm .

The proximal abdominal aorta transverse measures 2.35 cm.

The mid abdominal aorta AP measures 1.85 cm.

The mid abdominal aorta transverse measures 1.86 cm.

**08/13/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

The distal abdominal aorta AP measures 1.77 cm.

The distal abdominal aorta transverse measures 1.95 cm.

The right iliac artery AP measures 1.18 cm .

The right iliac artery transverse measures 1.21 cm.

The left iliac artery AP measures 1.08 cm.

The left iliac artery transverse measures 1.28 cm.

Aorta

-----

The visualized portion of the aorta appears normal.

**Additional Information**

-----

**Regional SCPMG Aortic Aneurysm Management Guidelines**

Aortic diameter  $\leq$  2.5 cm. Normal

Aortic diameter 2.6 cm to 2.9 cm dilation of the aorta. Recommend US in 5 years. (# AAA1)

Aortic Aneurysm: 3.0 cm. to 3.4 cm aortic aneurysm. Recommend US in 3 years. (# AAA2)

Aortic Aneurysm: 3.5 cm to 3.9 cm aortic aneurysm. Recommend US in 3 years. (# AAA3)

Aortic Aneurysm: 4.0 cm to 4.4 cm aortic aneurysm. Recommend US in 1 years and vascular surgery referral. (# AAA4)

Aortic Aneurysm: 4.5 cm to 4.9 cm aortic aneurysm. Recommend US in 6 months and vascular surgery referral. (# AAA5)

Aortic Aneurysm: 5.0 cm to 5.4 cm aortic aneurysm. Recommend vascular surgery referral (females with normal renal function should have a CTA of the abdomen and pelvis before vascular surgery visit). (# AAA6)

Aortic Aneurysm:  $\geq$ 5.5 aortic aneurysm. Recommend vascular surgery referral and CTA of the abdomen and pelvis before vascular surgery visit for all patients with normal renal function. (# AAA7)

Rapid increase. Rapid increase in aneurysm size  $>$  5 mm in 6 months.

Recommend urgent vascular surgery outreach. (#AAAR)

See Dyslipidemia Tip Sheet or Guideline for statin and aspirin recommendations.

-----  
IMPRESSION:

**08/13/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

\* NO AORTIC ANEURYSM.

Preliminary prepared by Hilina Tsegai, SONOGRAPHER-OC on 8/13/2020 10:55:04 AM.

Preliminary prepared by Kamal D. Singh, Radiologist- West LA on 8/13/2020 3:00:05 PM.

Sonographer: Hilina Tsegai, SONOGRAPHER-OC

Electronically signed and authenticated by: Kamal D. Singh,  
 Radiologist- West LA

on 8/14/2020 11:16:20 AM

**Reviewed by**

Azizi, Maysam (M.D.), M.D. on 08/14/20 1754  
 Azizi, Maysam (M.D.), M.D. on 08/14/20 1753  
 Azizi, Maysam (M.D.), M.D. on 08/14/20 1753

**Testing Performed By**

| Lab - Abbreviation | Name                     | Director | Address | Valid Date Range        |
|--------------------|--------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**US ABD AORTA, AAA SCREENING [1246434331]**

Resulted: 08/13/20 1002, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 08/13/20 1002

Accession number: 94942816

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

**Transcription**

| Type               | ID       | Date and Time      | Dictating Provider             |
|--------------------|----------|--------------------|--------------------------------|
| Diagnostic imaging | 94942816 | 8/14/2020 11:17 AM | Singh, Kamal Deep (M.D.), M.D. |

Signed by Singh, Kamal Deep (M.D.), MEDICAL DOCTOR on 08/14/20 at 1117

**EXAM INFORMATION**

History: Reason: Screening for Aortic Aneurysm due to history of smoking.

**FINDINGS:**

**Measurements**

The proximal abdominal aorta AP measures 2.37 cm .

The proximal abdominal aorta transverse measures 2.35 cm.

The mid abdominal aorta AP measures 1.85 cm.

**08/13/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

The mid abdominal aorta transverse measures 1.86 cm.

The distal abdominal aorta AP measures 1.77 cm.

The distal abdominal aorta transverse measures 1.95 cm.

The right iliac artery AP measures 1.18 cm .

The right iliac artery transverse measures 1.21 cm.

The left iliac artery AP measures 1.08 cm.

The left iliac artery transverse measures 1.28 cm.

Aorta

-----

The visualized portion of the aorta appears normal.

Additional Information

-----

Regional SCPMG Aortic Aneurysm Management Guidelines

Aortic diameter  $\leq$  2.5 cm. Normal

Aortic diameter 2.6 cm to 2.9 cm dilation of the aorta. Recommend US in 5 years. (# AAA1)

Aortic Aneurysm: 3.0 cm. to 3.4 cm aortic aneurysm. Recommend US in 3 years. (# AAA2)

Aortic Aneurysm: 3.5 cm to 3.9 cm aortic aneurysm. Recommend US in 3 years. (# AAA3)

Aortic Aneurysm: 4.0 cm to 4.4 cm aortic aneurysm. Recommend US in 1 years and vascular surgery referral. (# AAA4)

Aortic Aneurysm: 4.5 cm to 4.9 cm aortic aneurysm. Recommend US in 6 months and vascular surgery referral. (# AAA5)

Aortic Aneurysm: 5.0 cm to 5.4 cm aortic aneurysm. Recommend vascular surgery referral (females with normal renal function should have a CTA of the abdomen and pelvis before vascular surgery visit). (# AAA6)

Aortic Aneurysm:  $\geq$ 5.5 aortic aneurysm. Recommend vascular surgery referral and CTA of the abdomen and pelvis before vascular surgery visit for all patients with normal renal function. (# AAA7)

Rapid increase. Rapid increase in aneurysm size  $>$  5 mm in 6 months. Recommend urgent vascular surgery outreach. (#AAAR)

See Dyslipidemia Tip Sheet or Guideline for statin and aspirin recommendations.

**08/13/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**-----  
IMPRESSION:

\* NO AORTIC ANEURYSM.

Preliminary prepared by Hilina Tsegai, SONOGRAPHER-OC on 8/13/2020 10:55:04 AM.

Preliminary prepared by Kamal D. Singh, Radiologist- West LA on 8/13/2020 3:00:05 PM.

Sonographer: Hilina Tsegai, SONOGRAPHER-OC

Electronically signed and authenticated by: Kamal D. Singh,  
Radiologist- West LA

on 8/14/2020 11:16:20 AM

**Reviewed by**Azizi, Maysam (M.D.), M.D. on 08/14/20 1754  
Azizi, Maysam (M.D.), M.D. on 08/14/20 1753  
Azizi, Maysam (M.D.), M.D. on 08/14/20 1753**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**Indications**

ABDOMINAL AORTIC ANEURYSM SCREENING [Z13.6 (ICD-10-CM)]

**All Reviewers List**Azizi, Maysam (M.D.), M.D. on 8/14/2020 17:54  
Azizi, Maysam (M.D.), M.D. on 8/14/2020 17:53  
Azizi, Maysam (M.D.), M.D. on 8/14/2020 17:53**US NECK SOFT TISSUE [1246470331] (Final result)**Electronically signed by: **Azizi, Maysam (M.D.), M.D. on 07/29/20 1046**Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Azizi, Maysam (M.D.), M.D. 07/29/20 1046

Authorized by: Azizi, Maysam (M.D.), M.D.

Ordering mode: Standard

Ordered during: Office Visit on 07/29/2020

Frequency: Routine 07/29/20 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

LOCALIZED SWELLING ON NECK [R22.1]

**Provider Details**

| Provider                   | NPI        |
|----------------------------|------------|
| Azizi, Maysam (M.D.), M.D. | 1972920916 |

Order comments: Reason: Patient complains of 6 months of on and off swelling on the anterior neck triangle and also submandibular area with discomfort. On physical exam I do not appreciate any lymphadenopathy. Patient is very concerned I appreciate further evaluation.

**US NECK SOFT TISSUE [1246470331]**

Resulted: 08/13/20 1054, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Radiology 08/14/20 1149



**08/13/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

Accession number: 94942818

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

ok by denise.1245pm-080720

Acknowledged by: Azizi, Maysam (M.D.), M.D. on 08/14/20 1748

**Transcription**

| Type               | ID       | Date and Time      | Dictating Provider                |
|--------------------|----------|--------------------|-----------------------------------|
| Diagnostic imaging | 94942818 | 8/14/2020 11:49 AM | Singh, Kamal Deep (M.D.),<br>M.D. |

Signed by Singh, Kamal Deep (M.D.), MEDICAL DOCTOR on 08/14/20 at 1149

**EXAM INFORMATION**

History: Reason: Patient complains of 6 months of on and off swelling on the anterior neck triangle and also submandibular area with discomfort. On physical exam I do not appreciate any lymphadenopathy. Patient is very concerned I appreciate further evaluati

-----

**FINDINGS:****Exam Notes**

-----

Patient stated that he doesn't feel swelling in the neck today exam day 8/13/20.

**Area of Interest**

-----

Anterior neck triangle and bilateral Submandibular area.

**Soft Tissue Neck**

-----

Multiple(3) normal appearing lymph nodes are visualized in the area of interest anterior neck triangle the largest measures 3.9 mm in short axis.

-----

**IMPRESSION:**

\* NO SIGNIFICANT ABNORMALITY AT SITE OF INTEREST.

Preliminary prepared by Hilina Tsegai, SONOGRAPHER-OC on 8/13/2020 12:07:47 PM.

Preliminary prepared by Kamal D. Singh, Radiologist- West LA on 8/13/2020 5:38:01 PM.

Sonographer: Hilina Tsegai, SONOGRAPHER-OC

Electronically signed and authenticated by: Kamal D. Singh,  
Radiologist- West LA

on 8/14/2020 11:48:11 AM

**08/13/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

**Recipients**

**Azizi, Maysam (M.D.), M.D.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 367453378  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name                     | Director | Address | Valid Date Range        |
|--------------------|--------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**US NECK SOFT TISSUE [1246470331]**

Resulted: 08/13/20 1055, Result status: In process

Order status: Completed  
 Accession number: 94942818  
 Narrative:  
 ok by denise.1245pm-080720

Filed by: Interface, Scal\_Radiology 08/13/20 1055  
 Resulting lab: SCAL RADIOLOGY INTERFACE

**Transcription**

| Type               | ID       | Date and Time      | Dictating Provider             |
|--------------------|----------|--------------------|--------------------------------|
| Diagnostic imaging | 94942818 | 8/14/2020 11:49 AM | Singh, Kamal Deep (M.D.), M.D. |

Signed by Singh, Kamal Deep (M.D.), MEDICAL DOCTOR on 08/14/20 at 1149

**EXAM INFORMATION**

History: Reason: Patient complains of 6 months of on and off swelling on the anterior neck triangle and also submandibular area with discomfort. On physical exam I do not appreciate any lymphadenopathy. Patient is very concerned I appreciate further evaluati

**FINDINGS:**

**Exam Notes**

-----  
 Patient stated that he doesn't feel swelling in the neck today exam day 8/13/20.

**Area of Interest**

-----  
 Anterior neck triangle and bilateral Submandibular area.

**Soft Tissue Neck**

**08/13/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

Multiple(3) normal appearing lymph nodes are visualized in the area of interest anterior neck triangle the largest measures 3.9 mm in short axis.

-----  
**IMPRESSION:**

\* NO SIGNIFICANT ABNORMALITY AT SITE OF INTEREST.

Preliminary prepared by Hilina Tsegai, SONOGRAPHER-OC on 8/13/2020 12:07:47 PM.

Preliminary prepared by Kamal D. Singh, Radiologist- West LA on 8/13/2020 5:38:01 PM.

Sonographer: Hilina Tsegai, SONOGRAPHER-OC

Electronically signed and authenticated by: Kamal D. Singh,  
 Radiologist- West LA

on 8/14/2020 11:48:11 AM

**Reviewed by**

- Azizi, Maysam (M.D.), M.D. on 08/14/20 1753
- Azizi, Maysam (M.D.), M.D. on 08/14/20 1752
- Azizi, Maysam (M.D.), M.D. on 08/14/20 1748

**Testing Performed By**

| Lab - Abbreviation | Name                     | Director | Address | Valid Date Range        |
|--------------------|--------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**US NECK SOFT TISSUE [1246470331]**

Resulted: 08/13/20 1030, Result status: In process

Order status: Completed

Accession number: 94942818

Narrative:

Filed by: Interface, Scal\_Radiology 08/13/20 1030

Resulting lab: SCAL RADIOLOGY INTERFACE

**Transcription**

| Type               | ID       | Date and Time      | Dictating Provider             |
|--------------------|----------|--------------------|--------------------------------|
| Diagnostic imaging | 94942818 | 8/14/2020 11:49 AM | Singh, Kamal Deep (M.D.), M.D. |

Signed by Singh, Kamal Deep (M.D.), MEDICAL DOCTOR on 08/14/20 at 1149

**EXAM INFORMATION**

History: Reason: Patient complains of 6 months of on and off swelling on the anterior neck triangle and also submandibular area with discomfort. On physical exam I do not appreciate any lymphadenopathy. Patient is very concerned I appreciate further evaluati

**08/13/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

**FINDINGS:**

Exam Notes

-----  
 Patient stated that he doesn't feel swelling in the neck today exam day 8/13/20.

Area of Interest

-----  
 Anterior neck triangle and bilateral Submandibular area.

Soft Tissue Neck

-----  
 Multiple(3) normal appearing lymph nodes are visualized in the area of interest anterior neck triangle the largest measures 3.9 mm in short axis.

-----  
**IMPRESSION:**

\* NO SIGNIFICANT ABNORMALITY AT SITE OF INTEREST.

Preliminary prepared by Hilina Tsegai, SONOGRAPHER-OC on 8/13/2020 12:07:47 PM.

Preliminary prepared by Kamal D. Singh, Radiologist- West LA on 8/13/2020 5:38:01 PM.

Sonographer: Hilina Tsegai, SONOGRAPHER-OC

Electronically signed and authenticated by: Kamal D. Singh,  
 Radiologist- West LA

on 8/14/2020 11:48:11 AM

**Reviewed by**

- Azizi, Maysam (M.D.), M.D. on 08/14/20 1753
- Azizi, Maysam (M.D.), M.D. on 08/14/20 1752
- Azizi, Maysam (M.D.), M.D. on 08/14/20 1748

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**Indications**

LOCALIZED SWELLING ON NECK [R22.1 (ICD-10-CM)]

**All Reviewers List**

- Azizi, Maysam (M.D.), M.D. on 8/14/2020 17:53
- Azizi, Maysam (M.D.), M.D. on 8/14/2020 17:52

**08/13/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

Azizi, Maysam (M.D.), M.D. on 8/14/2020 17:48

**END OF ENCOUNTER****10/02/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY)****Visit Information****Department**

| Name                | Address  | Phone        |
|---------------------|--|--------------|
| HOV GENERAL (X-RAY) | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

**Location**

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

**Visit Account Information****Hospital Account**

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161644724<br>44 | Outpatient | Closed | Restricted coverage |

**Guarantor Account (for Hospital Account #216164472444)**

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

**Coverage Information (for Hospital Account #216164472444)**

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

**Events****Hospital Outpatient at 10/2/2020 0941**Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient**Discharge at 10/2/2020 2359**Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient

**10/02/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging**

**Imaging**

**XR CHEST 2 VIEWS [1273193512] (Final result)**

Electronically signed by: **Bergman, Julie A (D.O.), D.O. on 10/01/20 0940** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Bergman, Julie A (D.O.), D.O. 10/01/20 0940 Authorized by: Bergman, Julie A (D.O.), D.O.  
 Ordering mode: Standard Ordered during: Telephone Appointment Visit on 10/01/2020  
 Frequency: Routine 10/01/20 - Class: Normal  
 Quantity: 1 Lab status: Final result  
 Diagnoses  
 COUGH, UNSPECIFIED [R05]

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

Order comments: Reason: cough > 2 months

**XR CHEST 2 VIEWS [1273193512]**

Resulted: 10/02/20 0951, Result status: Final result

Order status: Completed Filed by: Interface, Scal\_Radiology 10/05/20 1455  
 Accession number: 96085938 Resulting lab: SCAL RADIOLOGY INTERFACE  
 Narrative:  
 CLINICAL HISTORY: Reason: cough > 2 months  
 RIS TECH NOTES:

COMPARISON: 1/9/2014

**FINDINGS/**

Impression:  
 :  
 The lungs are clear. There is no evidence for consolidative pneumonia or pulmonary edema. There is no pleural effusion or pneumothorax.

The heart and mediastinum are within normal limits. Orthopedic hardware partially visualized overlying the visualized lumbar spine.

This report electronically signed by Reza Habibi, M.D. on 10/5/2020 2:49 PM  
 Acknowledged by: Bergman, Julie A (D.O.), D.O. on 10/05/20 1704

**Transcription**

| Type  | ID       | Date and Time     | Dictating Provider        |
|---|----------|-------------------|---------------------------|
| Diagnostic imaging  | 96085938 | 10/5/2020 2:55 PM | Habibi, Reza (M.D.), M.D. |
| Signed by Habibi, Reza (M.D.), MEDICAL DOCTOR on 10/05/20 at 1455 |          |                   |                           |

CLINICAL HISTORY: Reason: cough > 2 months  
 RIS TECH NOTES:

COMPARISON: 1/9/2014

**FINDINGS/**

IMPRESSION:  
 The lungs are clear. There is no evidence for consolidative pneumonia or pulmonary edema. There is no pleural effusion or pneumothorax.

The heart and mediastinum are within normal limits. Orthopedic

**10/02/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

hardware partially visualized overlying the visualized lumbar spine.

This report electronically signed by Reza Habibi, M.D. on 10/5/2020  
2:49 PM

**Recipients****Bergman, Julie A, D.O.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 373048800  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**XR CHEST 2 VIEWS [1273193512]**

Resulted: 10/02/20 0951, Result status: In process

Order status: Completed

Accession number: 96085938

Narrative:

Filed by: Interface, Scal\_Radiology 10/02/20 0951

Resulting lab: SCAL RADIOLOGY INTERFACE

**Transcription**

| Type  | ID       | Date and Time     | Dictating Provider        |
|---|----------|-------------------|---------------------------|
| Diagnostic imaging  | 96085938 | 10/5/2020 2:55 PM | Habibi, Reza (M.D.), M.D. |
| Signed by Habibi, Reza (M.D.), MEDICAL DOCTOR on 10/05/20 at 1455 |          |                   |                           |

CLINICAL HISTORY: Reason: cough > 2 months

RIS TECH NOTES:

COMPARISON: 1/9/2014

FINDINGS/

IMPRESSION:

The lungs are clear. There is no evidence for consolidative pneumonia or pulmonary edema. There is no pleural effusion or pneumothorax.

The heart and mediastinum are within normal limits. Orthopedic hardware partially visualized overlying the visualized lumbar spine.

This report electronically signed by Reza Habibi, M.D. on 10/5/2020  
2:49 PM

**Reviewed by**

**10/02/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

Bergman, Julie A (D.O.), D.O. on 10/05/20 2122  
 Bergman, Julie A (D.O.), D.O. on 10/05/20 2121  
 Bergman, Julie A (D.O.), D.O. on 10/05/20 2110  
 Bergman, Julie A (D.O.), D.O. on 10/05/20 1704

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**XR CHEST 2 VIEWS [1273193512]**

Resulted: 10/02/20 0948, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 10/02/20 0948

Accession number: 96085938

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

**Transcription**

| Type  | ID       | Date and Time     | Dictating Provider        |
|---|----------|-------------------|---------------------------|
| Diagnostic imaging  | 96085938 | 10/5/2020 2:55 PM | Habibi, Reza (M.D.), M.D. |
| Signed by Habibi, Reza (M.D.), MEDICAL DOCTOR on 10/05/20 at 1455 |          |                   |                           |

CLINICAL HISTORY: Reason: cough &gt; 2 months

RIS TECH NOTES:

COMPARISON: 1/9/2014

FINDINGS/

**IMPRESSION:**

The lungs are clear. There is no evidence for consolidative pneumonia or pulmonary edema. There is no pleural effusion or pneumothorax.

The heart and mediastinum are within normal limits. Orthopedic hardware partially visualized overlying the visualized lumbar spine.

This report electronically signed by Reza Habibi, M.D. on 10/5/2020  
2:49 PM

**Reviewed by**

Bergman, Julie A (D.O.), D.O. on 10/05/20 2122  
 Bergman, Julie A (D.O.), D.O. on 10/05/20 2121  
 Bergman, Julie A (D.O.), D.O. on 10/05/20 2110  
 Bergman, Julie A (D.O.), D.O. on 10/05/20 1704

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**Indications**



**10/02/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

COUGH [R05 (ICD-10-CM)]

**All Reviewers List**

Bergman, Julie A (D.O.), D.O. on 10/5/2020 21:22  
 Bergman, Julie A (D.O.), D.O. on 10/5/2020 21:21  
 Bergman, Julie A (D.O.), D.O. on 10/5/2020 21:10  
 Bergman, Julie A (D.O.), D.O. on 10/5/2020 17:04

**END OF ENCOUNTER****11/02/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY)****Visit Information****Department**

| Name                | Address  | Phone        |
|---------------------|--|--------------|
| HOV GENERAL (X-RAY) | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

**Location**

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

**Visit Account Information****Hospital Account**

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161653659<br>70 | Outpatient | Closed | Restricted coverage |

**Guarantor Account (for Hospital Account #216165365970)**

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

**Coverage Information (for Hospital Account #216165365970)**

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

**Events****Hospital Outpatient at 11/2/2020 1545**

Unit: HOV GENERAL (X-RAY)  
 Patient class: Outpatient

**11/02/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Events (continued)**

**Discharge at 11/2/2020 2359**

Unit: HOV GENERAL (X-RAY)  
 Patient class: Outpatient

**Imaging**

**Imaging**

**XR RIGHT SHOULDER 3 VIEWS W WEST POINT [1289670075] (Final result)**

Electronically signed by: **Chiang, Edward Tai (D.O.), D.O. on 11/02/20 1421** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Chiang, Edward Tai (D.O.), D.O. 11/02/20 1421 Authorized by: Chiang, Edward Tai (D.O.), D.O.  
 Ordering mode: Standard Ordered during: Telephone Appointment Visit on 11/02/2020  
 Frequency: Routine 11/02/20 - Class: Normal  
 Quantity: 1 Lab status: Final result  
 Diagnoses

RIGHT SHOULDER JOINT PAIN [M25.511]

**Provider Details**

| Provider                        | NPI        |
|---------------------------------|------------|
| Chiang, Edward Tai (D.O.), D.O. | 1104876481 |

Order comments: AP, Y, and axillary views

**XR RIGHT SHOULDER 3 VIEWS W WEST POINT [1289670075]** Resulted: 11/02/20 1616, Result status: Final result

Order status: Completed Filed by: Interface, Scal\_Radiology 11/03/20 1159  
 Accession number: 96734262 Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:  
 CLINICAL HISTORY: AP, Y, and axillary views  
 RIS TECH NOTES:

COMPARISON: No previous study available.

**FINDINGS/**

Impression:  
 :  
 No acute fracture is identified. The alignment is normal. Mild right shoulder DJD changes. No significant soft tissue abnormality is identified.

This report electronically signed by Stephen Lin on 11/3/2020 11:53 AM  
 Acknowledged by: Chiang, Edward Tai (D.O.), D.O. on 03/26/21 2147

**Transcription**

| Type               | ID       | Date and Time      | Dictating Provider             |
|--------------------|----------|--------------------|--------------------------------|
| Diagnostic imaging | 96734262 | 11/3/2020 11:58 AM | Lin, Stephen Penn (M.D.), M.D. |

Signed by Lin, Stephen Penn (M.D.), MEDICAL DOCTOR on 11/03/20 at 1159

CLINICAL HISTORY: AP, Y, and axillary views  
 RIS TECH NOTES:

COMPARISON: No previous study available.

**FINDINGS/**

IMPRESSION:  
 No acute fracture is identified. The alignment is normal. Mild

**11/02/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

right shoulder DJD changes. No significant soft tissue abnormality is identified.

This report electronically signed by Stephen Lin on 11/3/2020 11:53 AM

**Recipients**

**Chiang, Edward Tai (D.O.), D.O.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 376383715  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name                     | Director | Address | Valid Date Range        |
|--------------------|--------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**XR RIGHT SHOULDER 3 VIEWS W WEST POINT [1289670075]**

Resulted: 11/02/20 1616, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 11/02/20 1616

Accession number: 96734262

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

**Transcription**

| Type               | ID       | Date and Time      | Dictating Provider             |
|--------------------|----------|--------------------|--------------------------------|
| Diagnostic imaging | 96734262 | 11/3/2020 11:58 AM | Lin, Stephen Penn (M.D.), M.D. |

Signed by Lin, Stephen Penn (M.D.), MEDICAL DOCTOR on 11/03/20 at 1159

CLINICAL HISTORY: AP, Y, and axillary views

RIS TECH NOTES:

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

No acute fracture is identified. The alignment is normal. Mild right shoulder DJD changes. No significant soft tissue abnormality is identified.

This report electronically signed by Stephen Lin on 11/3/2020 11:53 AM

**Reviewed by**

Chiang, Edward Tai (D.O.), D.O. on 03/26/21 2147

Chiang, Edward Tai (D.O.), D.O. on 03/26/21 2147

Chiang, Edward Tai (D.O.), D.O. on 03/26/21 2147

## 11/02/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Imaging (continued)

## Testing Performed By

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

## XR RIGHT SHOULDER 3 VIEWS W WEST POINT [1289670075]

Resulted: 11/02/20 1607, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 11/02/20 1607

Accession number: 96734262

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

## Transcription

| Type               | ID       | Date and Time      | Dictating Provider                |
|--------------------|----------|--------------------|-----------------------------------|
| Diagnostic imaging | 96734262 | 11/3/2020 11:58 AM | Lin, Stephen Penn (M.D.),<br>M.D. |

Signed by Lin, Stephen Penn (M.D.), MEDICAL DOCTOR on 11/03/20 at 1159

CLINICAL HISTORY: AP, Y, and axillary views

RIS TECH NOTES:

COMPARISON: No previous study available.

FINDINGS/

## IMPRESSION:

No acute fracture is identified. The alignment is normal. Mild right shoulder DJD changes. No significant soft tissue abnormality is identified.

This report electronically signed by Stephen Lin on 11/3/2020 11:53 AM

## Reviewed by

Chiang, Edward Tai (D.O.), D.O. on 03/26/21 2147

Chiang, Edward Tai (D.O.), D.O. on 03/26/21 2147

Chiang, Edward Tai (D.O.), D.O. on 03/26/21 2147

## Testing Performed By

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

## Indications

RIGHT SHOULDER JOINT PAIN [M25.511 (ICD-10-CM)]

## All Reviewers List

Chiang, Edward Tai (D.O.), D.O. on 3/26/2021 21:47

Chiang, Edward Tai (D.O.), D.O. on 3/26/2021 21:47

Chiang, Edward Tai (D.O.), D.O. on 3/26/2021 21:47

11/02/2020 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

Imaging (continued)

## END OF ENCOUNTER

02/25/2021 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161698034<br>16 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216169803416)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216169803416)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

## Treatment Team

| Provider                  | Service | Role      | Provider Team | Specialty         | From | To |
|---------------------------|---------|-----------|---------------|-------------------|------|----|
| Bergman, Julie<br>A, D.O. | —       | Attending | —             | Internal Medicine | —    | —  |

## Events

## Hospital Outpatient at 2/25/2021 1507

Unit: HOV LABORATORY  
Patient class: Outpatient

02/25/2021 - Lab in HOV LABORATORY (continued)

Events (continued)

Discharge at 2/25/2021 2359

Unit: HOV LABORATORY  
 Patient class: Outpatient

Labs

MICROALBUMIN, URINE [1291643549] (Final result)

Electronically signed by: Program, Complete Care on 11/04/20 2350 Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 11/04/20 2350

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 11/04/2020

Frequency: Routine 11/04/20 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 11/5/2020 3:44 AM

Diagnoses

DM 2 WO COMPLICATIONS [E11.9]

Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

Specimen Information

| ID                      | Type | Source | Collected By                   |
|-------------------------|------|--------|--------------------------------|
| C0000220210560<br>60967 | —    | URINE  | Patient, Collect 02/25/21 1400 |

MICROALBUMIN, URINE [1291643549]

Resulted: 02/25/21 2152, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 02/25/21 2152

Collected by: Patient, Collect 02/25/21 1400

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 694473772

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 02/27/21 2131

Components

| Component                                     | Value | Reference Range        | Flag | Lab |
|---|-------|------------------------|------|-----|
| ALBUMIN/CREATININE, URINE                     | 5.1   | <=29.9 mcg/mg<br>Creat | —    | 956 |
| ALBUMIN, URINE, DETECTION LIMIT <= 20<br>MG/L | 7.3   | <=120.0 mg/L           | —    | 956 |
| CREATININE, URINE                             | 143.4 | 22.0 - 328.0 mg/dL     | —    | 956 |

Comment:

ACR (Albumin/Creatinine Ratio = urine microalbumin/creatinine ratio):  
 <30 -> A1 normal; 30-<300 -> A2 moderately increased; >=300 -> A3 severely  
 increased (with >= 2200 nephrotic range). A2 and A3 require 2nd value to  
 confirm >2 weeks from first. Go to Aura 5-year Renal Failure for CKD risk  
 assessment and guidance.

CKD Categorization by GFR & ACR (urine Albumin/Creatinine Ratio =  
 microalbumin/creatinine)

| GFR >3 months | ACR <30(A1)  | ACR 30-<300(A2) | ACR 300+(A3) |
|---------------|--------------|-----------------|--------------|
| =====         | =====        | =====           | =====        |
| >=90          |              | CKD1 A2 or *    | CKD1 A3      |
| 60-<90        |              | CKD2 A2 or *    | CKD2 A3      |
| 30-<59        | CKD3 A1 or * | CKD3 A2         | CKD3 A3      |
| 15-<30        | CKD4 A1      | CKD4 A2         | CKD4 A3      |
| <15           | CKD5 A1      | CKD5 A2         | CKD5 A3      |

\*may label 'abnormal kidney function' or 'proteinuria' as appropriate

## 02/25/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Recipients

Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 389291312  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

Resulted: 02/25/21 2152, Result status: Preliminary result

## MICROALBUMIN, URINE [1291643549]

Order status: Completed

Collected by: Patient, Collect 02/25/21 1400

Narrative:

RMS ACCN: 694473772

Filed by: Interface, Scal\_Lab\_Cerner 02/25/21 2152

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component                 | Value | Reference Range     | Flag | Lab |
|---------------------------|-------|---------------------|------|-----|
| ALBUMIN/CREATININE, URINE | 5.1   | <=29.9 mcg/mg Creat | —    | 956 |
| CREATININE, URINE         | 143.4 | 22.0 - 328.0 mg/dL  | —    | 956 |

Comment:

ACR (Albumin/Creatinine Ratio = urine microalbumin/creatinine ratio):  
<30 -> A1 normal; 30-<300 -> A2 moderately increased; >=300 -> A3 severely increased (with >= 2200 nephrotic range). A2 and A3 require 2nd value to confirm >2 weeks from first. Go to Aura 5-year Renal Failure for CKD risk assessment and guidance.

CKD Categorization by GFR & ACR (urine Albumin/Creatinine Ratio = microalbumin/creatinine)

| GFR >3 months | ACR <30(A1)  | ACR 30-<300(A2) | ACR 300+(A3) |
|---------------|--------------|-----------------|--------------|
| =====         | =====        | =====           | =====        |
| >=90          |              | CKD1 A2 or *    | CKD1 A3      |
| 60-<90        |              | CKD2 A2 or *    | CKD2 A3      |
| 30-<59        | CKD3 A1 or * | CKD3 A2         | CKD3 A3      |
| 15-<30        | CKD4 A1      | CKD4 A2         | CKD4 A3      |
| <15           | CKD5 A1      | CKD5 A2         | CKD5 A3      |

\*may label 'abnormal kidney function' or 'proteinuria' as appropriate

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 02/28/21 1032

Bergman, Julie A (D.O.), D.O. on 02/28/21 1032

Bergman, Julie A (D.O.), D.O. on 02/28/21 1032

Bergman, Julie A (D.O.), D.O. on 02/27/21 2131

## Recipients

Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome | Message ID | Address |
|-----------|-----------------|---------|------------|---------|
|-----------|-----------------|---------|------------|---------|

## 02/25/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Scheme | In Basket | Result sent | 389291312 | Source<br>Authorizing<br>Provider |
|--------|-----------|-------------|-----------|-----------------------------------|
|--------|-----------|-------------|-----------|-----------------------------------|

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

Resulted: 02/25/21 2152, Result status: Preliminary  
result

## MICROALBUMIN, URINE [1291643549]

Order status: Completed

Collected by: Patient, Collect 02/25/21 1400

Narrative:

RMS ACCN: 694473772

Filed by: Interface, Scal\_Lab\_Cerner 02/25/21 2152

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component                 | Value | Reference Range        | Flag | Lab |
|---------------------------|-------|------------------------|------|-----|
| ALBUMIN/CREATININE, URINE | 5.1   | <=29.9 mcg/mg<br>Creat | —    | 956 |

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 02/28/21 1032

Bergman, Julie A (D.O.), D.O. on 02/28/21 1032

Bergman, Julie A (D.O.), D.O. on 02/28/21 1032

Bergman, Julie A (D.O.), D.O. on 02/27/21 2131

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address<br>Source       |
|-----------|-----------------|-------------|------------|-------------------------|
| Scheme    | In Basket       | Result sent | 389291312  | Authorizing<br>Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## MICROALBUMIN, URINE [1291643549]

Resulted: 02/25/21 1849, Result status: In process

Order status: Completed

Collected by: Patient, Collect 02/25/21 1400

Narrative:

RMS ACCN: 694473772

Filed by: Interface, Scal\_Lab 02/25/21 1849

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 02/28/21 1032

Bergman, Julie A (D.O.), D.O. on 02/28/21 1032

Bergman, Julie A (D.O.), D.O. on 02/28/21 1032

Bergman, Julie A (D.O.), D.O. on 02/27/21 2131

## Indications



## 02/25/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

DM 2 WO COMPLICATIONS [E11.9 (ICD-10-CM)]

## All Reviewers List

Bergman, Julie A (D.O.), D.O. on 2/28/2021 10:32  
 Bergman, Julie A (D.O.), D.O. on 2/28/2021 10:32  
 Bergman, Julie A (D.O.), D.O. on 2/28/2021 10:32  
 Bergman, Julie A (D.O.), D.O. on 2/27/2021 21:31

## ELECTROLYTE PANEL (NA, K, CL, CO2) [1266274833] (Final result)

Electronically signed by: Program, Complete Care on 09/17/20 0219

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 09/17/20 0219

Ordering mode: Standard

Frequency: Routine 09/17/20 -

Quantity: 1

Instance released by: Program, Complete Care (auto-released) 9/17/2020 3:47 AM

Diagnoses

DM 2 WO COMPLICATIONS [E11.9]

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordered during: Released Future/Standing Orders on 09/17/2020

Class: Normal

Lab status: Final result

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

## Specimen Information

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220210560<br>59623 | —    | BLOOD  | W273547 02/25/21 1512 |

## ELECTROLYTE PANEL (NA, K, CL, CO2) [1266274833] (Abnormal)

Resulted: 02/25/21 2128, Result status: Final result

Order status: Completed

Collected by: W273547 02/25/21 1512

Narrative:

RMS ACCN: 694472430

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 02/28/21 1031

Filed by: Interface, Scal\_Lab\_Cerner 02/25/21 2128

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| SODIUM    | 137   | 135 - 145 mEq/L | —    | 956 |
| POTASSIUM | 4.0   | 3.5 - 5.0 mEq/L | —    | 956 |
| CHLORIDE  | 100   | 101 - 111 mEq/L | L v  | 956 |
| CO2       | 26    | 21 - 31 mEq/L   | —    | 956 |

## Recipients

Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 389285061  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## ELECTROLYTE PANEL (NA, K, CL, CO2) [1266274833]

Resulted: 02/25/21 2128, Result status: Preliminary

## 02/25/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

result

Order status: Completed  
 Collected by: W273547 02/25/21 1512  
 Narrative:  
 RMS ACCN: 694472430

Filed by: Interface, Scal\_Lab\_Cerner 02/25/21 2128  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| CO2       | 26    | 21 - 31 mEq/L   | —    | 956 |

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 02/28/21 1032  
 Bergman, Julie A (D.O.), D.O. on 02/28/21 1032  
 Bergman, Julie A (D.O.), D.O. on 02/28/21 1031  
 Bergman, Julie A (D.O.), D.O. on 02/28/21 1031

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 389285061  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

Resulted: 02/25/21 2128, Result status: Preliminary result

## ELECTROLYTE PANEL (NA, K, CL, CO2) [1266274833]

Order status: Completed  
 Collected by: W273547 02/25/21 1512  
 Narrative:  
 RMS ACCN: 694472430

Filed by: Interface, Scal\_Lab\_Cerner 02/25/21 2128  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| CO2       | 26    | 21 - 31 mEq/L   | —    | 956 |

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 02/28/21 1032  
 Bergman, Julie A (D.O.), D.O. on 02/28/21 1032  
 Bergman, Julie A (D.O.), D.O. on 02/28/21 1031  
 Bergman, Julie A (D.O.), D.O. on 02/28/21 1031

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 389285061  | Authorizing Provider |

## 02/25/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## ELECTROLYTE PANEL (NA, K, CL, CO2) [1266274833]

Resulted: 02/25/21 1852, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 02/25/21 1852

Collected by: W273547 02/25/21 1512

Narrative:

RMS ACCN: 694472430

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 02/28/21 1032  
 Bergman, Julie A (D.O.), D.O. on 02/28/21 1032  
 Bergman, Julie A (D.O.), D.O. on 02/28/21 1031  
 Bergman, Julie A (D.O.), D.O. on 02/28/21 1031

## Indications

DM 2 WO COMPLICATIONS [E11.9 (ICD-10-CM)]

## All Reviewers List

Bergman, Julie A (D.O.), D.O. on 2/28/2021 10:32  
 Bergman, Julie A (D.O.), D.O. on 2/28/2021 10:32  
 Bergman, Julie A (D.O.), D.O. on 2/28/2021 10:31  
 Bergman, Julie A (D.O.), D.O. on 2/28/2021 10:31

## CREATININE [1281995779] (Final result)

Electronically signed by: Program, Complete Care on 10/21/20 2212

Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 10/21/20 2212

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 10/21/2020

Frequency: Routine 10/21/20 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 10/22/2020 3:42 AM

Diagnoses

DM 2 WO COMPLICATIONS [E11.9]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

## Specimen Information

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220210560<br>59612 | —    | BLOOD  | W273547 02/25/21 1512 |

## CREATININE [1281995779]

Resulted: 02/25/21 2221, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 02/25/21 2221

Collected by: W273547 02/25/21 1512

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 694472429

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 02/27/21 2148

## Components

| Component  | Value | Reference Range | Flag | Lab |
|------------|-------|-----------------|------|-----|
| CREATININE | 1.05  | <=1.30 mg/dL    | —    | 956 |

**02/25/2021 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

GLOMERULAR FILTRATION RATE 86 >=60 mL/min/BSA — 956

Comment:

GFR estimate is invalid if on dialysis or if acute kidney injury. For newly identified GFR decline, evaluate for reversible causes and order Kidney Profile (includes GFR and ACR). Go to Aura 5-year Renal Failure for CKD risk assessment and guidance.

CKD Categorization by GFR & ACR (urine Albumin/Creatinine Ratio = microalbumin/creatinine)

| GFR >3 months | ACR <30(A1)  | ACR 30-<300(A2) | ACR 300+(A3) |
|---------------|--------------|-----------------|--------------|
| >=90          |              | CKD1 A2 or *    | CKD1 A3      |
| 60-<90        |              | CKD2 A2 or *    | CKD2 A3      |
| 30-<59        | CKD3 A1 or * | CKD3 A2         | CKD3 A3      |
| 15-<30        | CKD4 A1      | CKD4 A2         | CKD4 A3      |
| <15           | CKD5 A1      | CKD5 A2         | CKD5 A3      |

\*may label 'abnormal kidney function' or 'proteinuria' as appropriate

RACE Black — — 956

**Recipients**

**Bergman, Julie A, D.O.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 389282132  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

**CREATININE [1281995779]**

Resulted: 02/25/21 2221, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 02/25/21 2221

Collected by: W273547 02/25/21 1512

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 694472429

**Components**

| Component  | Value | Reference Range | Flag | Lab |
|------------|-------|-----------------|------|-----|
| CREATININE | 1.05  | <=1.30 mg/dL    | —    | 956 |
| RACE       | Black | —               | —    | 956 |

**Reviewed by**

- Bergman, Julie A (D.O.), D.O. on 02/28/21 0953
- Bergman, Julie A (D.O.), D.O. on 02/28/21 0953
- Bergman, Julie A (D.O.), D.O. on 02/28/21 0953
- Bergman, Julie A (D.O.), D.O. on 02/27/21 2148

**Recipients**

**Bergman, Julie A, D.O.**

| Added By? | Delivery Method | Outcome | Message ID | Address |
|-----------|-----------------|---------|------------|---------|
|-----------|-----------------|---------|------------|---------|

## 02/25/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Scheme | In Basket | Result sent | 389282132 | Source<br>Authorizing<br>Provider |
|--------|-----------|-------------|-----------|-----------------------------------|
|--------|-----------|-------------|-----------|-----------------------------------|

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

Resulted: 02/25/21 2221, Result status: Preliminary result

## CREATININE [1281995779]

Order status: Completed

Collected by: W273547 02/25/21 1512

Narrative:

RMS ACCN: 694472429

Filed by: Interface, Scal\_Lab\_Cerner 02/25/21 2221

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component  | Value | Reference Range | Flag | Lab |
|------------|-------|-----------------|------|-----|
| CREATININE | 1.05  | <=1.30 mg/dL    | —    | 956 |

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 02/28/21 0953

Bergman, Julie A (D.O.), D.O. on 02/28/21 0953

Bergman, Julie A (D.O.), D.O. on 02/28/21 0953

Bergman, Julie A (D.O.), D.O. on 02/27/21 2148

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address<br>Source       |
|-----------|-----------------|-------------|------------|-------------------------|
| Scheme    | In Basket       | Result sent | 389282132  | Authorizing<br>Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## CREATININE [1281995779]

Resulted: 02/25/21 1853, Result status: In process

Order status: Completed

Collected by: W273547 02/25/21 1512

Narrative:

RMS ACCN: 694472429

Filed by: Interface, Scal\_Lab 02/25/21 1853

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 02/28/21 0953

Bergman, Julie A (D.O.), D.O. on 02/28/21 0953

Bergman, Julie A (D.O.), D.O. on 02/28/21 0953

Bergman, Julie A (D.O.), D.O. on 02/27/21 2148

## Indications

**02/25/2021 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

DM 2 WO COMPLICATIONS [E11.9 (ICD-10-CM)]

**All Reviewers List**

- Bergman, Julie A (D.O.), D.O. on 2/28/2021 09:53
- Bergman, Julie A (D.O.), D.O. on 2/28/2021 09:53
- Bergman, Julie A (D.O.), D.O. on 2/28/2021 09:53
- Bergman, Julie A (D.O.), D.O. on 2/27/2021 21:48

**HEMOGLOBIN A1C, DIABETIC MONITORING [1281996800] (Final result)**

Electronically signed by: **Program, Complete Care on 10/21/20 2216** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 10/21/20 2216

Ordering mode: Standard

Frequency: Routine 10/21/20 -

Quantity: 1

Instance released by: Program, Complete Care (auto-released) 10/22/2020 3:44 AM

Diagnoses

DM 2 WO COMPLICATIONS [E11.9]

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordered during: Released Future/Standing Orders on 10/21/2020

Class: Normal

Lab status: Final result

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

**Specimen Information**

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220210560<br>59613 | —    | BLOOD  | W273547 02/25/21 1512 |

**HEMOGLOBIN A1C, DIABETIC MONITORING [1281996800]**

Resulted: 02/25/21 2018, Result status: Final result

Order status: Completed

Collected by: W273547 02/25/21 1512

Narrative:

RMS ACCN: 694472429

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 02/27/21 2148

Filed by: Interface, Scal\_Lab\_Cerner 02/25/21 2018

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

**Components**

| Component   | Value | Reference Range | Flag | Lab |
|---|-------|-----------------|------|-----|
| HGBA1C%   | 5.3   | 4.6 - 7.4 %     | —    | 956 |
| Comment:<br>A less stringent goal of < 8.0% may be appropriate for an individual patient with a history of severe hypoglycemia, limited life expectancy, advanced microvascular or macrovascular complications, or extensive comorbid conditions. |       |                 |      |     |
| ESTIMATED AVERAGE GLUCOSE   | 105   | mg/dL           | —    | 956 |

**Recipients**

**Bergman, Julie A, D.O.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 389282132  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name        | Director        | Address           | Valid Date Range        |
|--------------------|-------------|-----------------|-------------------|-------------------------|
| 240 - 956          | SHERMAN WAY | Steven McLaren, | 11668 Sherman Way | 03/28/19 2317 - Present |

**02/25/2021 - Lab in HOV LABORATORY (continued)****Labs (continued)**

|                        |    |                             |
|------------------------|----|-----------------------------|
| REGIONAL<br>LABORATORY | DO | NORTH HOLLYWOOD<br>CA 91605 |
|------------------------|----|-----------------------------|

**HEMOGLOBIN A1C, DIABETIC MONITORING [1281996800]**

Resulted: 02/25/21 1848, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 02/25/21 1848

Collected by: W273547 02/25/21 1512

Narrative:

RMS ACCN: 694472429

**Reviewed by**

Bergman, Julie A (D.O.), D.O. on 02/28/21 0953  
 Bergman, Julie A (D.O.), D.O. on 02/28/21 0953  
 Bergman, Julie A (D.O.), D.O. on 02/28/21 0953  
 Bergman, Julie A (D.O.), D.O. on 02/27/21 2148

**Indications**

DM 2 WO COMPLICATIONS [E11.9 (ICD-10-CM)]

**All Reviewers List**

Bergman, Julie A (D.O.), D.O. on 2/28/2021 09:53  
 Bergman, Julie A (D.O.), D.O. on 2/28/2021 09:53  
 Bergman, Julie A (D.O.), D.O. on 2/28/2021 09:53  
 Bergman, Julie A (D.O.), D.O. on 2/27/2021 21:48

**END OF ENCOUNTER****03/01/2021 - Lab in HOV LABORATORY****Visit Information****Department**

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

**Location**

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

**Visit Account Information****Hospital Account**

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161698845<br>61 | Outpatient | Closed | Restricted coverage |

**Guarantor Account (for Hospital Account #216169884561)**

| Name              | Relation to Pt | Service Area | Active? | Acct Type       |
|-------------------|----------------|--------------|---------|-----------------|
| Hawkins, Lawson B | Self           | SCAL         | Yes     | Personal/Family |
| <b>Address</b>    | <b>Phone</b>   |              |         |                 |

## 03/01/2021 - Lab in HOV LABORATORY (continued)

## Visit Account Information (continued)

2626 S COCHRAN AVE  
LOS ANGELES, CA 90016-2618323-297-3432(H)  
323-297-3432 x00000(O)

## Coverage Information (for Hospital Account #216169884561)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

## Treatment Team

| Provider               | Service | Role      | Provider Team | Specialty         | From | To |
|------------------------|---------|-----------|---------------|-------------------|------|----|
| Bergman, Julie A, D.O. | —       | Attending | —             | Internal Medicine | —    | —  |

## Events

## Hospital Outpatient at 3/1/2021 0648

Unit: HOV LABORATORY  
Patient class: Outpatient

## Discharge at 3/1/2021 2359

Unit: HOV LABORATORY  
Patient class: Outpatient

## Labs

## CORTISOL [1338505705] (Final result)

Electronically signed by: Bergman, Julie A (D.O.), D.O. on 02/25/21 1437

Status: Completed

This order may be acted on in another encounter.

Ordering user: Bergman, Julie A (D.O.), D.O. 02/25/21 1437

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 02/27/2021

Frequency: Routine 02/25/21 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Bergman, Julie A, D.O. (auto-released) 2/26/2021 3:43 AM

Diagnoses

HTN (HYPERTENSION) [I10]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220210600<br>05446 | —    | BLOOD  | W945610 03/01/21 0651 |

## CORTISOL [1338505705]

Resulted: 03/01/21 1402, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/01/21 1402

Collected by: W945610 03/01/21 0651

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:



**03/01/2021 - Lab in HOV LABORATORY (continued)****Labs (continued)**

RMS ACCN: 694609414

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 03/01/21 1719

**Components**

| Component | Value | Reference Range   | Flag | Lab |
|-----------|-------|-------------------|------|-----|
| CORTISOL  | 7.1   | 3.7 - 19.4 mcg/dL | —    | 956 |

Comment:

The reference range is appropriate for samples collected before 10 AM.

**Recipients****Bergman, Julie A, D.O.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 389632637  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

**CORTISOL [1338505705]**

Resulted: 03/01/21 1237, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 03/01/21 1237

Collected by: W945610 03/01/21 0651

Narrative:

RMS ACCN: 694609414

**Reviewed by**

Bergman, Julie A (D.O.), D.O. on 03/01/21 2124

Bergman, Julie A (D.O.), D.O. on 03/01/21 2124

Bergman, Julie A (D.O.), D.O. on 03/01/21 2122

Bergman, Julie A (D.O.), D.O. on 03/01/21 1719

**Indications**

HTN (HYPERTENSION) [I10 (ICD-10-CM)]

**All Reviewers List**

Bergman, Julie A (D.O.), D.O. on 3/1/2021 21:24

Bergman, Julie A (D.O.), D.O. on 3/1/2021 21:24

Bergman, Julie A (D.O.), D.O. on 3/1/2021 21:22

Bergman, Julie A (D.O.), D.O. on 3/1/2021 17:19

**END OF ENCOUNTER**

## 03/22/2021 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161706242<br>41 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216170624241)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216170624241)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |
|   |              |

## Treatment Team

| Provider                  | Service | Role      | Provider Team | Specialty         | From | To |
|---------------------------|---------|-----------|---------------|-------------------|------|----|
| Bergman, Julie<br>A, D.O. | —       | Attending | —             | Internal Medicine | —    | —  |

## Events

## Hospital Outpatient at 3/22/2021 1109

Unit: HOV LABORATORY  
Patient class: Outpatient

## Discharge at 3/22/2021 2359

Unit: HOV LABORATORY  
Patient class: Outpatient

## Labs

## LIPID PANEL [1344055456] (Final result)

Electronically signed by: **Fairweather, Toni (L.V.N.), L.V.N. on 03/10/21 1446**  
This order may be acted on in another encounter.

Status: **Completed**

## 03/22/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Ordering user: Fairweather, Toni (L.V.N.), L.V.N. 03/10/21 1446      Authorized by: Bergman, Julie A (D.O.), D.O.  
 Ordering mode: Standard      Ordered during: Orders Only on 03/10/2021  
 Cosigning events  
 Electronically cosigned by Bergman, Julie A (D.O.), D.O. 03/10/21 2136 for Ordering  
 Frequency: Routine 03/10/21 -      Class: Normal  
 Quantity: 1      Lab status: Final result  
 Diagnoses  
 DM 2 [E11.9]

## Provider Details

| Provider                           | NPI        |
|------------------------------------|------------|
| Bergman, Julie A (D.O.), D.O.      | 1700248309 |
| Fairweather, Toni (L.V.N.), L.V.N. | —          |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220210810<br>38856 | —    | BLOOD  | G715495 03/22/21 1134 |

## LIPID PANEL [1344055456] (Abnormal)

Resulted: 03/22/21 2028, Result status: Final result

Order status: Completed      Filed by: Interface, Scal\_Lab\_Cerner 03/22/21 2028  
 Collected by: G715495 03/22/21 1134      Resulting lab: SHERMAN WAY REGIONAL LABORATORY  
 Narrative:  
 RMS ACCN: 695878810  
 FASTING? YES  
 Acknowledged by: Bergman, Julie A (D.O.), D.O. on 03/23/21 2208

## Components

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| CHOLESTEROL  | 188   | <=199 mg/dL     | —    | 956 |
| TRIGLYCERIDE   | 84    | <=149 mg/dL     | —    | 956 |
| Comment:<br>Note that if triglycerides (TG) are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid. |       |                 |      |     |
| HDL  | 53    | >=40 mg/dL      | —    | 956 |
| LDL CALCULATED   | 118   | <=99 mg/dL      | H ^  | 956 |
| CHOLESTEROL/HIGH DENSITY LIPOPROTEIN   | 3.5   | <=3.9           | —    | 956 |
| Comment: See LabNet for more information.  |       |                 |      |     |
| CHOLESTEROL, NON-HDL   | 135   | mg/dL           | —    | 956 |
| Comment: NonHDL targets are 30 mg/dL higher than LDL targets.  |       |                 |      |     |

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 392227134  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name        | Director        | Address           | Valid Date Range        |
|--------------------|-------------|-----------------|-------------------|-------------------------|
| 240 - 956          | SHERMAN WAY | Steven McLaren, | 11668 Sherman Way | 03/28/19 2317 - Present |

## 03/22/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

REGIONAL LABORATORY DO NORTH HOLLYWOOD CA 91605

## LIPID PANEL [1344055456] (Abnormal)

Resulted: 03/22/21 2028, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/22/21 2028

Collected by: G715495 03/22/21 1134

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 695878810

FASTING? YES

## Components

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| CHOLESTEROL  | 188   | <=199 mg/dL     | —    | 956 |
| TRIGLYCERIDE   | 84    | <=149 mg/dL     | —    | 956 |
| Comment:<br>Note that if triglycerides (TG) are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid. |       |                 |      |     |
| HDL  | 53    | >=40 mg/dL      | —    | 956 |
| LDL CALCULATED   | 118   | <=99 mg/dL      | H ^  | 956 |
| CHOLESTEROL/HIGH DENSITY LIPOPROTEIN   | 3.5   | <=3.9           | —    | 956 |
| Comment: See LabNet for more information.  |       |                 |      |     |
| CHOLESTEROL, NON-HDL   | 135   | mg/dL           | —    | 956 |
| Comment: NonHDL targets are 30 mg/dL higher than LDL targets.  |       |                 |      |     |

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 03/29/21 2043  
 Bergman, Julie A (D.O.), D.O. on 03/29/21 2043  
 Bergman, Julie A (D.O.), D.O. on 03/29/21 2043  
 Bergman, Julie A (D.O.), D.O. on 03/23/21 2208

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 392227134  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

## LIPID PANEL [1344055456] (Abnormal)

Resulted: 03/22/21 2028, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/22/21 2028

Collected by: G715495 03/22/21 1134

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 695878810

FASTING? YES

## Components

| Component   | Value | Reference Range | Flag | Lab |
|-------------|-------|-----------------|------|-----|
| CHOLESTEROL | 188   | <=199 mg/dL     | —    | 956 |
| HDL         | 53    | >=40 mg/dL      | —    | 956 |

**03/22/2021 - Lab in HOV LABORATORY (continued)****Labs (continued)**

|   |     |            |     |     |
|---|-----|------------|-----|-----|
| LDL CALCULATED  | 118 | <=99 mg/dL | H ^ | 956 |
| CHOLESTEROL/HIGH DENSITY LIPOPROTEIN                          | 3.5 | <=3.9      | —   | 956 |
| Comment: See LabNet for more information.                     |     |            |     |     |
| CHOLESTEROL, NON-HDL  | 135 | mg/dL      | —   | 956 |
| Comment: NonHDL targets are 30 mg/dL higher than LDL targets. |     |            |     |     |

**Reviewed by**

Bergman, Julie A (D.O.), D.O. on 03/29/21 2043  
 Bergman, Julie A (D.O.), D.O. on 03/29/21 2043  
 Bergman, Julie A (D.O.), D.O. on 03/29/21 2043  
 Bergman, Julie A (D.O.), D.O. on 03/23/21 2208

**Recipients****Bergman, Julie A, D.O.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 392227134  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

**LIPID PANEL [1344055456]**

Resulted: 03/22/21 1642, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 03/22/21 1642

Collected by: G715495 03/22/21 1134

Narrative:

RMS ACCN: 695878810FASTING? YES

**Reviewed by**

Bergman, Julie A (D.O.), D.O. on 03/29/21 2043  
 Bergman, Julie A (D.O.), D.O. on 03/29/21 2043  
 Bergman, Julie A (D.O.), D.O. on 03/29/21 2043  
 Bergman, Julie A (D.O.), D.O. on 03/23/21 2208

**Indications**

DM 2 [E11.9 (ICD-10-CM)]

**All Reviewers List**

Bergman, Julie A (D.O.), D.O. on 3/29/2021 20:43  
 Bergman, Julie A (D.O.), D.O. on 3/29/2021 20:43  
 Bergman, Julie A (D.O.), D.O. on 3/29/2021 20:43  
 Bergman, Julie A (D.O.), D.O. on 3/23/2021 22:08

**END OF ENCOUNTER****07/16/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY)**

## 07/16/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Visit Information

## Department

| Name                | Address  | Phone        |
|---------------------|--|--------------|
| HOV GENERAL (X-RAY) | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161744125<br>04 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216174412504)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216174412504)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

## Events

## Hospital Outpatient at 7/16/2021 0958

Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient

## Discharge at 7/16/2021 2359

Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient

## Imaging

## Imaging

## XR LUMBOSACRAL SPINE 2 OR 3 VIEWS [1406129558] (Final result)

Status: Completed

Electronically signed by: Bhai, Avneesh Kaur (M.D.), M.D. on 07/16/21 0946

This order may be acted on in another encounter.

Ordering user: Bhai, Avneesh Kaur (M.D.), M.D. 07/16/21 0946

Ordering mode: Standard

Frequency: STAT 07/16/21 -

Quantity: 1

Diagnoses

LOW BACK PAIN, UNSPECIFIED [M54.5]

Authorized by: Bhai, Avneesh Kaur (M.D.), M.D.

Ordered during: Office Visit on 07/16/2021

Class: Normal

Lab status: Final result

## 07/16/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Imaging (continued)

## Provider Details

| Provider                        | NPI        |
|---------------------------------|------------|
| Bhai, Avneesh Kaur (M.D.), M.D. | 1770631616 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |
| Special View?              | NONE      |

Order comments: Reason Pain left SI joint area after MVA

**XR LUMBOSACRAL SPINE 2 OR 3 VIEWS [1406129558]**

Resulted: 07/16/21 1022, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Radiology 07/16/21 1032

Accession number: 101632895

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?-&gt;Immediate Special View?-&gt;NONE

Acknowledged by: Zackos, Cecile Mallillin (R.N.), R.N. on 07/17/21 0756

## Transcription

| Type  | ID        | Date and Time      | Dictating Provider          |
|---|-----------|--------------------|-----------------------------|
| Diagnostic imaging  | 101632895 | 7/16/2021 10:31 AM | Bhasin, Dimple (M.D.), M.D. |
| Signed by Bhasin, Dimple (M.D.), MEDICAL DOCTOR on 07/16/21 at 1031 |           |                    |                             |

CLINICAL HISTORY: Reason Pain left SI joint area after MVA

RIS TECH NOTES:

COMPARISON: 7/3/2017

FINDINGS/

IMPRESSION:

Hardware traversing the lumbar spine with no evidence of hardware failure. Underlying moderate degenerative changes of the remainder of the thoracic spine. Grade 1 anterolisthesis of L4 upon L5. Vertebral body heights are well-maintained with no evidence of a compression fracture.

This report electronically signed by Dimple Bhasin, MD on 7/16/2021 10:26 AM

## Recipients

## UccwIwla Results Pool

| Added By? | Delivery Method | Outcome     | Message ID | Address Source |
|-----------|-----------------|-------------|------------|----------------|
| Scheme    | In Basket       | Result sent | 406517593  |                |

## Testing Performed By

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

## 07/16/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Imaging (continued)

## XR LUMBOSACRAL SPINE 2 OR 3 VIEWS [1406129558]

Resulted: 07/16/21 1022, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 07/16/21 1022

Accession number: 101632895

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?-&gt;Immediate Special View?-&gt;NONE

## Transcription

| Type  | ID        | Date and Time      | Dictating Provider          |
|---|-----------|--------------------|-----------------------------|
| Diagnostic imaging  | 101632895 | 7/16/2021 10:31 AM | Bhasin, Dimple (M.D.), M.D. |
| Signed by Bhasin, Dimple (M.D.), MEDICAL DOCTOR on 07/16/21 at 1031 |           |                    |                             |

CLINICAL HISTORY: Reason Pain left SI joint area after MVA

RIS TECH NOTES:

COMPARISON: 7/3/2017

FINDINGS/

## IMPRESSION:

Hardware traversing the lumbar spine with no evidence of hardware failure. Underlying moderate degenerative changes of the remainder of the thoracic spine. Grade 1 anterolisthesis of L4 upon L5. Vertebral body heights are well-maintained with no evidence of a compression fracture.

This report electronically signed by Dimple Bhasin, MD on 7/16/2021 10:26 AM

## Reviewed by

Zackos, Cecile Mallillin (R.N.), R.N. on 07/17/21 0756

Zackos, Cecile Mallillin (R.N.), R.N. on 07/17/21 0756

## Testing Performed By

| Lab - Abbreviation | Name                     | Director | Address | Valid Date Range        |
|--------------------|--------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

## XR LUMBOSACRAL SPINE 2 OR 3 VIEWS [1406129558]

Resulted: 07/16/21 1014, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 07/16/21 1014

Accession number: 101632895

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

## Transcription

| Type  | ID        | Date and Time      | Dictating Provider          |
|---|-----------|--------------------|-----------------------------|
| Diagnostic imaging  | 101632895 | 7/16/2021 10:31 AM | Bhasin, Dimple (M.D.), M.D. |
| Signed by Bhasin, Dimple (M.D.), MEDICAL DOCTOR on 07/16/21 at 1031 |           |                    |                             |



**07/16/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

CLINICAL HISTORY: Reason Pain left SI joint area after MVA  
RIS TECH NOTES:

COMPARISON: 7/3/2017

**FINDINGS/****IMPRESSION:**

Hardware traversing the lumbar spine with no evidence of hardware failure. Underlying moderate degenerative changes of the remainder of the thoracic spine. Grade 1 anterolisthesis of L4 upon L5. Vertebral body heights are well-maintained with no evidence of a compression fracture.

This report electronically signed by Dimple Bhasin, MD on 7/16/2021  
10:26 AM

**Reviewed by**

Zackos, Cecile Mallillin (R.N.), R.N. on 07/17/21 0756  
Zackos, Cecile Mallillin (R.N.), R.N. on 07/17/21 0756

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**Indications**

LOW BACK PAIN [M54.5 (ICD-10-CM)]

**All Reviewers List**

Zackos, Cecile Mallillin (R.N.), R.N. on 7/17/2021 07:56  
Zackos, Cecile Mallillin (R.N.), R.N. on 7/17/2021 07:56

**END OF ENCOUNTER****07/23/2021 - Lab in HOV LABORATORY****Visit Information****Department**

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

**Location**

## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Location (continued)

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161746281<br>45 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216174628145)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216174628145)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |
|   |              |

## Treatment Team

| Provider                  | Service | Role      | Provider Team | Specialty         | From | To |
|---------------------------|---------|-----------|---------------|-------------------|------|----|
| Bergman, Julie<br>A, D.O. | —       | Attending | —             | Internal Medicine | —    | —  |

## Events

## Hospital Outpatient at 7/23/2021 0814

Unit: HOV LABORATORY  
Patient class: Outpatient

## Discharge at 7/23/2021 0836

Unit: HOV LABORATORY  
Patient class: Outpatient

## Labs

## HEMOGLOBIN A1C, DIABETIC MONITORING [1408639157] (Final result)

Electronically signed by: Program, Complete Care on 07/21/21 0001

Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 07/21/21 0001

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 07/22/2021

Frequency: Routine 07/22/21 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 7/22/2021 3:35 AM

Diagnoses

DM 2 WO COMPLICATIONS [E11.9]

## Provider Details

| Provider | NPI |
|----------|-----|
|          |     |

## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Bergman, Julie A (D.O.), D.O.

1700248309

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220212040<br>12184 | —    | BLOOD  | G715495 07/23/21 0824 |

## HEMOGLOBIN A1C, DIABETIC MONITORING [1408639157]

Resulted: 07/23/21 1557, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 07/23/21 1557

Collected by: G715495 07/23/21 0824

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 703004296

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 07/27/21 1829

## Components

| Component   | Value | Reference Range | Flag | Lab |
|---|-------|-----------------|------|-----|
| HGBA1C%   | 5.4   | 4.6 - 7.4 %     | —    | 956 |
| Comment:<br>A less stringent goal of < 8.0% may be appropriate for an individual patient with a history of severe hypoglycemia, limited life expectancy, advanced microvascular or macrovascular complications, or extensive comorbid conditions. |       |                 |      |     |
| ESTIMATED AVERAGE GLUCOSE   | 108   | mg/dL           | —    | 956 |

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 407459591  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## HEMOGLOBIN A1C, DIABETIC MONITORING [1408639157]

Resulted: 07/23/21 1305, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 07/23/21 1305

Collected by: G715495 07/23/21 0824

Narrative:

RMS ACCN: 703004296

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 07/27/21 2103  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 2103  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 2103  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1829

## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Indications

DM 2 WO COMPLICATIONS [E11.9 (ICD-10-CM)]

## All Reviewers List

Bergman, Julie A (D.O.), D.O. on 7/27/2021 21:03  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 21:03  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 21:03  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:29

## CBC W AUTOMATED DIFFERENTIAL [1409030667] (Final result)

Electronically signed by: **Bergman, Julie A (D.O.), D.O. on 07/22/21 1558**Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Bergman, Julie A (D.O.), D.O. 07/22/21 1558

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Video Visit on 07/22/2021

Frequency: Routine 07/22/21 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

FATIGUE [R53.83]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source | Collected By                |
|-------------------------|------|--------|-----------------------------|
| C0000220212040<br>12185 | —    | BLOOD  | Fixico, Maria 07/23/21 0824 |

## CBC W AUTOMATED DIFFERENTIAL [1409030667] (Abnormal)

Resulted: 07/23/21 0839, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 07/23/21 0839

Collected by: Fixico, Maria 07/23/21 0824

Resulting lab: KFH WEST LA LABORATORY

Narrative:

RMS ACCN: 703004295

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 07/23/21 1827

## Components

| Component                  | Value | Reference Range         | Flag | Lab |
|----------------------------|-------|-------------------------|------|-----|
| WBC'S AUTO                 | 4.5   | 4.0 - 11.0<br>x1000/mcL | —    | 305 |
| RBC, AUTO                  | 4.56  | 4.70 - 6.10<br>Mill/mcL | L v  | 305 |
| HGB                        | 13.3  | 14.0 - 18.0 g/dL        | L v  | 305 |
| HCT, AUTO                  | 42.6  | 42.0 - 52.0 %           | —    | 305 |
| MCV                        | 93.4  | 80.0 - 94.0 fL          | —    | 305 |
| MCH                        | 29.2  | 27.0 - 35.0 pg/cell     | —    | 305 |
| MCHC                       | 31.2  | 32.0 - 37.0 g/dL        | L v  | 305 |
| RDW, BLOOD                 | 13.8  | 11.5 - 14.5 %           | —    | 305 |
| PLATELETS, AUTOMATED COUNT | 204   | 130 - 400<br>x1000/mcL  | —    | 305 |

## Recipients

Bergman, Julie A, D.O.

## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 407374552  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                   | Director        | Address                                       | Valid Date Range              |
|--------------------|------------------------|-----------------|---|-------------------------------|
| 321 - 305          | KFH WEST LA LABORATORY | Neena Singh, MD | 6041 Cadillac Ave.<br>LOS ANGELES CA<br>90034 | 05/23/17 0009 - 04/20/23 1257 |

## CBC W AUTOMATED DIFFERENTIAL [1409030667]

Resulted: 07/23/21 0824, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 07/23/21 0824

Collected by: Fixico, Maria 07/23/21 0824

Narrative:

RMS ACCN: 703004295

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1830  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1846  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1734  
 Bergman, Julie A (D.O.), D.O. on 07/23/21 1827

## Indications

FATIGUE [R53.83 (ICD-10-CM)]

## All Reviewers List

Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:49  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:49  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:30  
 Bergman, Julie A (D.O.), D.O. on 7/26/2021 18:46  
 Bergman, Julie A (D.O.), D.O. on 7/26/2021 17:34  
 Bergman, Julie A (D.O.), D.O. on 7/23/2021 18:27

## CREATININE [1409030668] (Final result)

Electronically signed by: Bergman, Julie A (D.O.), D.O. on 07/22/21 1558

Status: Completed

This order may be acted on in another encounter.

Ordering user: Bergman, Julie A (D.O.), D.O. 07/22/21 1558

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Video Visit on 07/22/2021

Frequency: Routine 07/22/21 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

FATIGUE [R53.83]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID             | Type | Source | Collected By          |
|----------------|------|--------|-----------------------|
| C0000220212040 | —    | BLOOD  | G715495 07/23/21 0824 |

## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

12185

**CREATININE [1409030668]**

Resulted: 07/23/21 1404, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 07/23/21 1404

Collected by: G715495 07/23/21 0824

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 703004297

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 07/23/21 1827

**Components**

| Component                  | Value | Reference Range | Flag | Lab |
|----------------------------|-------|-----------------|------|-----|
| CREATININE                 | 0.91  | <=1.30 mg/dL    | —    | 956 |
| GLOMERULAR FILTRATION RATE | 101   | >=60 mL/min/BSA | —    | 956 |

Comment:

GFR estimate is invalid if on dialysis or if acute kidney injury. For newly identified GFR decline, evaluate for reversible causes and order Kidney Profile (includes GFR and ACR). Go to Aura 5-year Renal Failure for CKD risk assessment and guidance.

CKD Categorization by GFR & ACR (urine Albumin/Creatinine Ratio = microalbumin/creatinine)

| GFR >3 months | ACR <30(A1)  | ACR 30-<300(A2) | ACR 300+(A3) |
|---------------|--------------|-----------------|--------------|
| =====         | =====        | =====           | =====        |
| >=90          |              | CKD1 A2 or *    | CKD1 A3      |
| 60-<90        |              | CKD2 A2 or *    | CKD2 A3      |
| 30-<59        | CKD3 A1 or * | CKD3 A2         | CKD3 A3      |
| 15-<30        | CKD4 A1      | CKD4 A2         | CKD4 A3      |
| <15           | CKD5 A1      | CKD5 A2         | CKD5 A3      |

\*may label 'abnormal kidney function' or 'proteinuria' as appropriate

|      |       |   |   |     |
|------|-------|---|---|-----|
| RACE | Black | — | — | 956 |
|------|-------|---|---|-----|

**Recipients****Bergman, Julie A, D.O.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 407374552  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

**CREATININE [1409030668]**

Resulted: 07/23/21 1404, Result status: Preliminary result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 07/23/21 1404

Collected by: G715495 07/23/21 0824

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 703004297

**Components**

| Component  | Value | Reference Range | Flag | Lab |
|------------|-------|-----------------|------|-----|
| CREATININE | 0.91  | <=1.30 mg/dL    | —    | 956 |

## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

|      |       |   |   |     |
|------|-------|---|---|-----|
| RACE | Black | — | — | 956 |
|------|-------|---|---|-----|

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1830  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1846  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1734  
 Bergman, Julie A (D.O.), D.O. on 07/23/21 1827

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 407374552  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

Resulted: 07/23/21 1404, Result status: Preliminary result

## CREATININE [1409030668]

Order status: Completed

Collected by: G715495 07/23/21 0824

Narrative:

RMS ACCN: 703004297

Filed by: Interface, Scal\_Lab\_Cerner 07/23/21 1404

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component  | Value | Reference Range | Flag | Lab |
|------------|-------|-----------------|------|-----|
| CREATININE | 0.91  | <=1.30 mg/dL    | —    | 956 |
| RACE       | Black | —               | —    | 956 |

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1830  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1846  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1734  
 Bergman, Julie A (D.O.), D.O. on 07/23/21 1827

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 407374552  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name        | Director        | Address           | Valid Date Range        |
|--------------------|-------------|-----------------|-------------------|-------------------------|
| 240 - 956          | SHERMAN WAY | Steven McLaren, | 11668 Sherman Way | 03/28/19 2317 - Present |

## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

|                        |    |                             |
|------------------------|----|-----------------------------|
| REGIONAL<br>LABORATORY | DO | NORTH HOLLYWOOD<br>CA 91605 |
|------------------------|----|-----------------------------|

**CREATININE [1409030668]**

Resulted: 07/23/21 1309, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 07/23/21 1309

Collected by: G715495 07/23/21 0824

Narrative:

RMS ACCN: 703004297

**Reviewed by**

Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1830  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1846  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1734  
 Bergman, Julie A (D.O.), D.O. on 07/23/21 1827

**Indications**

FATIGUE [R53.83 (ICD-10-CM)]

**All Reviewers List**

Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:49  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:49  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:30  
 Bergman, Julie A (D.O.), D.O. on 7/26/2021 18:46  
 Bergman, Julie A (D.O.), D.O. on 7/26/2021 17:34  
 Bergman, Julie A (D.O.), D.O. on 7/23/2021 18:27

**TSH [1409030669] (Final result)**Electronically signed by: **Bergman, Julie A (D.O.), D.O. on 07/22/21 1558**Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Bergman, Julie A (D.O.), D.O. 07/22/21 1558

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Video Visit on 07/22/2021

Frequency: Routine 07/22/21 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

FATIGUE [R53.83]

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

**Questionnaire**

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

**Specimen Information**

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220212040<br>12186 | —    | BLOOD  | G715495 07/23/21 0824 |

**TSH [1409030669]**

Resulted: 07/23/21 1409, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 07/23/21 1409

Collected by: G715495 07/23/21 0824

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 703004297

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 07/23/21 1827



## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Components

| Component | Value | Reference Range       | Flag | Lab |
|-----------|-------|-----------------------|------|-----|
| TSH       | 1.92  | 0.35 - 4.00<br>mIU/mL | —    | 956 |

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 407374552  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## TSH [1409030669]

Resulted: 07/23/21 1309, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 07/23/21 1309

Collected by: G715495 07/23/21 0824

Narrative:

RMS ACCN: 703004297

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1830  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1846  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1734  
 Bergman, Julie A (D.O.), D.O. on 07/23/21 1827

## Indications

FATIGUE [R53.83 (ICD-10-CM)]

## All Reviewers List

Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:49  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:49  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:30  
 Bergman, Julie A (D.O.), D.O. on 7/26/2021 18:46  
 Bergman, Julie A (D.O.), D.O. on 7/26/2021 17:34  
 Bergman, Julie A (D.O.), D.O. on 7/23/2021 18:27

## PSA [1409030673] (Final result)

Electronically signed by: Bergman, Julie A (D.O.), D.O. on 07/22/21 1558

Status: Completed

This order may be acted on in another encounter.

Ordering user: Bergman, Julie A (D.O.), D.O. 07/22/21 1558

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Video Visit on 07/22/2021

Frequency: Routine 07/22/21 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

FATIGUE [R53.83]

## Provider Details

## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220212040<br>12186 | —    | BLOOD  | G715495 07/23/21 0824 |

## PSA [1409030673]

Resulted: 07/23/21 1409, Result status: Final result

Order status: Completed  
 Collected by: G715495 07/23/21 0824  
 Narrative:  
 RMS ACCN: 703004297  
 Acknowledged by: Bergman, Julie A (D.O.), D.O. on 07/23/21 1827

Filed by: Interface, Scal\_Lab\_Cerner 07/23/21 1409  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component       | Value | Reference Range | Flag | Lab |
|-----------------|-------|-----------------|------|-----|
| PSA<br>Comment: | 0.7   | <=4.5 ng/mL     | —    | 956 |

The determination that his age-related PSA is either normal or abnormal is valid only if this patient has never been treated for prostate cancer and is not on any medication that would change the PSA value. Clinical correlation is strongly recommended.

This PSA assay is performed with the Abbott Diagnostics' Architect i system analyzer, using chemiluminescent microparticle immunoassay (CMIA) technology, with flexible assay protocols, referred to as Chemiflex.

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 407374552  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

## PSA [1409030673]

Resulted: 07/23/21 1309, Result status: In process

Order status: Completed  
 Collected by: G715495 07/23/21 0824  
 Narrative:  
 RMS ACCN: 703004297

Filed by: Interface, Scal\_Lab 07/23/21 1309

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 07/27/21 1849

## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1830  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1846  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1734  
 Bergman, Julie A (D.O.), D.O. on 07/23/21 1827

## Indications

FATIGUE [R53.83 (ICD-10-CM)]

## All Reviewers List

Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:49  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:49  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:30  
 Bergman, Julie A (D.O.), D.O. on 7/26/2021 18:46  
 Bergman, Julie A (D.O.), D.O. on 7/26/2021 17:34  
 Bergman, Julie A (D.O.), D.O. on 7/23/2021 18:27

## URINALYSIS, AUTOMATED [1409030670] (Final result)

Electronically signed by: **Bergman, Julie A (D.O.), D.O. on 07/22/21 1558**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Bergman, Julie A (D.O.), D.O. 07/22/21 1558

Ordering mode: Standard

Frequency: Routine 07/22/21 -

Quantity: 1

Diagnoses

FATIGUE [R53.83]

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordered during: Video Visit on 07/22/2021

Class: Normal

Lab status: Final result

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source | Collected By                   |
|-------------------------|------|--------|--------------------------------|
| C0000220212040<br>13651 | —    | URINE  | Patient, Collect 07/23/21 0830 |

## URINALYSIS, AUTOMATED [1409030670] (Abnormal)

Resulted: 07/23/21 0904, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 07/23/21 0904

Collected by: Patient, Collect 07/23/21 0830

Resulting lab: KFH WEST LA LABORATORY

Narrative:

RMS ACCN: 703005642

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 07/23/21 1827

## Components

| Component              | Value    | Reference Range | Flag | Lab |
|------------------------|----------|-----------------|------|-----|
| GLUCOSE, UA            | Negative | Negative mg/dL  | —    | 305 |
| KETONES, UA            | 20 (1+)  | Negative mg/dL  | A †  | 305 |
| SPECIFIC GRAVITY, UA   | 1.027    | 1.005 - 1.030   | —    | 305 |
| UA HGB                 | Negative | Negative mg/dL  | —    | 305 |
| PH, UA                 | 5.0      | 5.0 - 8.0       | —    | 305 |
| PROTEIN, UA            | 30 (1+)  | Negative mg/dL  | A †  | 305 |
| NITRITE, UA            | Negative | Negative        | —    | 305 |
| LEUKOCYTE ESTERASE, UA | Negative | Negative        | —    | 305 |
| UROBILINOGEN, UA, QL   | Negative | Negative mg/dL  | —    | 305 |

## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

|                         |           |                |   |     |
|-------------------------|-----------|----------------|---|-----|
| BILIRUBIN, UA           | Negative  | Negative mg/dL | — | 305 |
| MICROSCOPIC EXAM, URINE | To follow | —              | — | 305 |

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 407374552  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                   | Director        | Address                                       | Valid Date Range              |
|--------------------|------------------------|-----------------|---|-------------------------------|
| 321 - 305          | KFH WEST LA LABORATORY | Neena Singh, MD | 6041 Cadillac Ave.<br>LOS ANGELES CA<br>90034 | 05/23/17 0009 - 04/20/23 1257 |

## URINALYSIS, AUTOMATED [1409030670] (Abnormal)

Resulted: 07/23/21 0904, Result status: Final result

Order status: Completed

Collected by: Patient, Collect 07/23/21 0830

Narrative:

RMS ACCN: 703005642

Filed by: Interface, Scal\_Lab\_Cerner 07/23/21 0904

Resulting lab: KFH WEST LA LABORATORY

## Components

| Component               | Value     | Reference Range | Flag | Lab |
|-------------------------|-----------|-----------------|------|-----|
| GLUCOSE, UA             | Negative  | Negative mg/dL  | —    | 305 |
| KETONES, UA             | 20 (1+)   | Negative mg/dL  | A †  | 305 |
| SPECIFIC GRAVITY, UA    | 1.027     | 1.005 - 1.030   | —    | 305 |
| UA HGB                  | Negative  | Negative mg/dL  | —    | 305 |
| PH, UA                  | 5.0       | 5.0 - 8.0       | —    | 305 |
| PROTEIN, UA             | 30 (1+)   | Negative mg/dL  | A †  | 305 |
| NITRITE, UA             | Negative  | Negative        | —    | 305 |
| LEUKOCYTE ESTERASE, UA  | Negative  | Negative        | —    | 305 |
| UROBILINOGEN, UA, QL    | Negative  | Negative mg/dL  | —    | 305 |
| BILIRUBIN, UA           | Negative  | Negative mg/dL  | —    | 305 |
| MICROSCOPIC EXAM, URINE | To follow | —               | —    | 305 |

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1830  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1846  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1734  
 Bergman, Julie A (D.O.), D.O. on 07/23/21 1827

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 407374552  | Authorizing Provider |

## Testing Performed By

## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Lab - Abbreviation | Name                   | Director        | Address                                       | Valid Date Range              |
|--------------------|------------------------|-----------------|---|-------------------------------|
| 321 - 305          | KFH WEST LA LABORATORY | Neena Singh, MD | 6041 Cadillac Ave.<br>LOS ANGELES CA<br>90034 | 05/23/17 0009 - 04/20/23 1257 |

## URINALYSIS, AUTOMATED [1409030670]

Resulted: 07/23/21 0836, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 07/23/21 0836

Collected by: Patient, Collect 07/23/21 0830

Narrative:

RMS ACCN: 703005642

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1830  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1846  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1734  
 Bergman, Julie A (D.O.), D.O. on 07/23/21 1827

## Indications

FATIGUE [R53.83 (ICD-10-CM)]

## All Reviewers List

Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:49  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:49  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:30  
 Bergman, Julie A (D.O.), D.O. on 7/26/2021 18:46  
 Bergman, Julie A (D.O.), D.O. on 7/26/2021 17:34  
 Bergman, Julie A (D.O.), D.O. on 7/23/2021 18:27

## URINE CULTURE [1409030671] (Final result)

Electronically signed by: Bergman, Julie A (D.O.), D.O. on 07/22/21 1558

Status: Completed

This order may be acted on in another encounter.

Ordering user: Bergman, Julie A (D.O.), D.O. 07/22/21 1558

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Video Visit on 07/22/2021

Frequency: Routine 07/22/21 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

FATIGUE [R53.83]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source             | Collected By                   |
|-------------------------|------|--------------------|--------------------------------|
| C0000220212040<br>13652 | —    | URINE, CLEAN CATCH | Patient, Collect 07/23/21 0830 |

## URINE CULTURE [1409030671]

Resulted: 07/24/21 1810, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 07/24/21 1810

Collected by: Patient, Collect 07/23/21 0830

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 703005642

## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 07/26/21 1734

## Components

| Component    | Value   | Reference Range | Flag | Lab |
|--------------|---|-----------------|------|-----|
| FINAL RESULT | <10,000<br>CFU/mL of<br>Insignificant<br>Growth | —               | —    | 956 |

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 407374552  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## URINE CULTURE [1409030671]

Resulted: 07/23/21 1716, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 07/23/21 1716

Collected by: Patient, Collect 07/23/21 0830

Narrative:

RMS ACCN: 703005643

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1830  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1846  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1734

## Indications

FATIGUE [R53.83 (ICD-10-CM)]

## All Reviewers List

Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:49  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:49  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:30  
 Bergman, Julie A (D.O.), D.O. on 7/26/2021 18:46  
 Bergman, Julie A (D.O.), D.O. on 7/26/2021 17:34

## URINALYSIS, MICROSCOPY [1409030672] (Final result)

Electronically signed by: Bergman, Julie A (D.O.), D.O. on 07/22/21 1558

Status: Completed

This order may be acted on in another encounter.

Ordering user: Bergman, Julie A (D.O.), D.O. 07/22/21 1558

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Video Visit on 07/22/2021

Frequency: Routine 07/22/21 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

FATIGUE [R53.83]

## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source | Collected By                   |
|-------------------------|------|--------|--------------------------------|
| C0000220212040<br>13651 | —    | URINE  | Patient, Collect 07/23/21 0830 |

## URINALYSIS, MICROSCOPY [1409030672] (Abnormal)

Resulted: 07/23/21 0923, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 07/23/21 0923

Collected by: Patient, Collect 07/23/21 0830

Resulting lab: KFH WEST LA LABORATORY

Narrative:

RMS ACCN: 703005640

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 07/23/21 1827

## Components

| Component  | Value   | Reference Range | Flag | Lab |
|--|---------|-----------------|------|-----|
| WBC'S, UA/HPF  | 0-2     | 0 - 5 /HPF      | —    | 305 |
| RBC, URINE HPF   | None    | 0 - 3 /HPF      | —    | 305 |
| BACTERIA, URINE HPF  | None    | None /HPF       | —    | 305 |
| SQUAMOUS EPITHELIAL CELLS, URINE<br>SED, AUTOMATED COUNT, QUAL | Few     | /HPF            | —    | 305 |
| MUCUS, UR SED, QL, AUTOMATED COUNT                             | Present | /HPF            | —    | 305 |
| AMORPHOUS CRYSTALS, URINE<br>SEDIMENT, AUTOMATED COUNT, QUAL   | Few     | None /HPF       | A †  | 305 |

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 407374552  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                      | Director        | Address                                       | Valid Date Range              |
|--------------------|---------------------------|-----------------|---|-------------------------------|
| 321 - 305          | KFH WEST LA<br>LABORATORY | Neena Singh, MD | 6041 Cadillac Ave.<br>LOS ANGELES CA<br>90034 | 05/23/17 0009 - 04/20/23 1257 |

## URINALYSIS, MICROSCOPY [1409030672]

Resulted: 07/23/21 0836, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 07/23/21 0836

Collected by: Patient, Collect 07/23/21 0830

Narrative:

RMS ACCN: 703005640

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1849  
 Bergman, Julie A (D.O.), D.O. on 07/27/21 1830

## 07/23/2021 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Bergman, Julie A (D.O.), D.O. on 07/26/21 1846  
 Bergman, Julie A (D.O.), D.O. on 07/26/21 1734  
 Bergman, Julie A (D.O.), D.O. on 07/23/21 1827

## Indications

FATIGUE [R53.83 (ICD-10-CM)]

## All Reviewers List

Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:49  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:49  
 Bergman, Julie A (D.O.), D.O. on 7/27/2021 18:30  
 Bergman, Julie A (D.O.), D.O. on 7/26/2021 18:46  
 Bergman, Julie A (D.O.), D.O. on 7/26/2021 17:34  
 Bergman, Julie A (D.O.), D.O. on 7/23/2021 18:27

## END OF ENCOUNTER

## 07/23/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY)

## Visit Information

## Department

| Name                | Address  | Phone        |
|---------------------|--|--------------|
| HOV GENERAL (X-RAY) | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161746281<br>45 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216174628145)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216174628145)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |



## 07/23/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Visit Account Information (continued)

## Events

## Hospital Outpatient at 7/23/2021 0837

Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient

## Discharge at 7/23/2021 2359

Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient

## Imaging

## Imaging

## XR LEFT HIP 2-3 VIEWS [1409022306] (Final result)

Status: **Completed**Electronically signed by: **Bergman, Julie A (D.O.), D.O. on 07/22/21 1546**

This order may be acted on in another encounter.

Ordering user: Bergman, Julie A (D.O.), D.O. 07/22/21 1546

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Video Visit on 07/22/2021

Frequency: Routine 07/22/21 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

LEFT HIP JOINT PAIN [M25.552]

## Provider Details

## Provider

## NPI

Bergman, Julie A (D.O.), D.O.

1700248309

## Questionnaire

## Question

## Answer

Result Release to patient?

Immediate

Special View?

NONE

Order comments: Reason: left hip pain r/o arthritis

## XR LEFT HIP 2-3 VIEWS [1409022306]

Resulted: 07/23/21 0838, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Radiology 07/26/21 1549

Accession number: 101783403

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?-&gt;Immediate Special View?-&gt;NONE

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 07/26/21 1846

## Transcription

## Type

## ID

## Date and Time

## Dictating Provider

Diagnostic imaging

101783403

7/26/2021 3:49 PM

Azizollahi, Elliot Siavash  
(M.D.), M.D.

Signed by Azizollahi, Elliot Siavash (M.D.), MEDICAL DOCTOR on 07/26/21 at 1549

CLINICAL HISTORY (per electronic medical record): 66 years Male

Reason: left hip pain r/o arthritis

EXAM: HIP, LEFT 2 - 3 VIEWS - RADIOGRAPH(S)

COMPARISON: None available

FINDINGS /

**07/23/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

IMPRESSION:

LEFT Hip:

- \* Grade: Doubtful degeneration-Grade 1 (#KHL1).\*
- \* Other: None.

BONES:

- \* Avascular necrosis (AVN): No AVN present.
- \* Fractures: No fracture present.
- \* Other: No lesion present.

SOFT TISSUES: No significant abnormality.

MISCELLANEOUS: None.

=====

\*MODIFIED KELLGREN-LAWRENCE GRADING (#KH):

- \* Grade 0: Normal.
- \* Grade 1: Doubtful degeneration. Possible osteophytes. Doubtful joint space narrowing.
- \* Grade 2: Mild degeneration. Joint space narrowing less than 50%. Definite osteophytes.
- \* Grade 3: Moderate degeneration. Joint space narrowing 50%-90, moderate osteophytes, small pseudocysts with sclerotic walls, some sclerosis and possible deformity of the bone ends.
- \* Grade 4: Severe degeneration. Joint space narrowing >90%, large osteophytes, severe sclerosis and definite deformity of the bone ends.

This report electronically signed by Elliot Azizollahi, MD on  
 7/26/2021 3:43 PM

**Recipients**

**Bergman, Julie A, D.O.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 407720917  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name           | Director | Address | Valid Date Range        |
|--------------------|----------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY | Unknown  | Unknown | 02/13/04 0000 - Present |

**07/23/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

INTERFACE

**XR LEFT HIP 2-3 VIEWS [1409022306]**

Resulted: 07/23/21 0838, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 07/23/21 0838

Accession number: 101783403

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?->Immediate Special View?->NONE

**Transcription**

| Type               | ID        | Date and Time     | Dictating Provider                      |
|--------------------|-----------|-------------------|---|
| Diagnostic imaging | 101783403 | 7/26/2021 3:49 PM | Azizollahi, Elliot Siavash (M.D.), M.D. |

Signed by Azizollahi, Elliot Siavash (M.D.), MEDICAL DOCTOR on 07/26/21 at 1549

CLINICAL HISTORY (per electronic medical record): 66 years Male  
 Reason: left hip pain r/o arthritis

EXAM: HIP, LEFT 2 - 3 VIEWS - RADIOGRAPH(S)

COMPARISON: None available

FINDINGS/

IMPRESSION:

LEFT Hip:

- \* Grade: Doubtful degeneration-Grade 1 (#KHL1).\*
- \* Other: None.

BONES:

- \* Avascular necrosis (AVN): No AVN present.
- \* Fractures: No fracture present.
- \* Other: No lesion present.

SOFT TISSUES: No significant abnormality.

MISCELLANEOUS: None.

=====

\*MODIFIED KELLGREN-LAWRENCE GRADING (#KH):

- \* Grade 0: Normal.
- \* Grade 1: Doubtful degeneration. Possible osteophytes. Doubtful joint space narrowing.
- \* Grade 2: Mild degeneration. Joint space narrowing less than 50%. Definite osteophytes.
- \* Grade 3: Moderate degeneration. Joint space narrowing 50%-90,

**07/23/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

moderate osteophytes, small pseudocysts with sclerotic walls, some sclerosis and possible deformity of the bone ends.

\* Grade 4: Severe degeneration. Joint space narrowing >90%, large osteophytes, severe sclerosis and definite deformity of the bone ends.

This report electronically signed by Elliot Azizollahi, MD on  
7/26/2021 3:43 PM

**Reviewed by**

Bergman, Julie A (D.O.), D.O. on 07/27/21 2108  
Bergman, Julie A (D.O.), D.O. on 07/27/21 2107  
Bergman, Julie A (D.O.), D.O. on 07/27/21 2107  
Bergman, Julie A (D.O.), D.O. on 07/26/21 1846

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**XR LEFT HIP 2-3 VIEWS [1409022306]**

Resulted: 07/23/21 0834, Result status: In process

Order status: Completed

Accession number: 101783403

Narrative:

Filed by: Interface, Scal\_Radiology 07/23/21 0837

Resulting lab: SCAL RADIOLOGY INTERFACE

**Transcription**

| Type               | ID        | Date and Time     | Dictating Provider                         |
|--------------------|-----------|-------------------|--|
| Diagnostic imaging | 101783403 | 7/26/2021 3:49 PM | Azizollahi, Elliot Siavash<br>(M.D.), M.D. |

Signed by Azizollahi, Elliot Siavash (M.D.), MEDICAL DOCTOR on 07/26/21 at 1549

CLINICAL HISTORY (per electronic medical record): 66 years Male  
Reason: left hip pain r/o arthritis

EXAM: HIP, LEFT 2 - 3 VIEWS - RADIOGRAPH(S)

COMPARISON: None available

FINDINGS/

IMPRESSION:

LEFT Hip:

\* Grade: Doubtful degeneration-Grade 1 (#KHL1).\*

\* Other: None.

BONES:

**07/23/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

- \* Avascular necrosis (AVN): No AVN present.
- \* Fractures: No fracture present.
- \* Other: No lesion present.

SOFT TISSUES: No significant abnormality.

MISCELLANEOUS: None.

=====

\*MODIFIED KELLGREN-LAWRENCE GRADING (#KH):

- \* Grade 0: Normal.
- \* Grade 1: Doubtful degeneration. Possible osteophytes. Doubtful joint space narrowing.
- \* Grade 2: Mild degeneration. Joint space narrowing less than 50%. Definite osteophytes.
- \* Grade 3: Moderate degeneration. Joint space narrowing 50%-90, moderate osteophytes, small pseudocysts with sclerotic walls, some sclerosis and possible deformity of the bone ends.
- \* Grade 4: Severe degeneration. Joint space narrowing >90%, large osteophytes, severe sclerosis and definite deformity of the bone ends.

This report electronically signed by Elliot Azizollahi, MD on 7/26/2021 3:43 PM

**Reviewed by**

- Bergman, Julie A (D.O.), D.O. on 07/27/21 2108
- Bergman, Julie A (D.O.), D.O. on 07/27/21 2107
- Bergman, Julie A (D.O.), D.O. on 07/27/21 2107
- Bergman, Julie A (D.O.), D.O. on 07/26/21 1846

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**Indications**

LEFT HIP JOINT PAIN [M25.552 (ICD-10-CM)]

**All Reviewers List**

- Bergman, Julie A (D.O.), D.O. on 7/27/2021 21:08
- Bergman, Julie A (D.O.), D.O. on 7/27/2021 21:07
- Bergman, Julie A (D.O.), D.O. on 7/27/2021 21:07
- Bergman, Julie A (D.O.), D.O. on 7/26/2021 18:46

**07/23/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

Imaging (continued)

**END OF ENCOUNTER****08/13/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY)****Visit Information****Department**

| Name                | Address  | Phone        |
|---------------------|--|--------------|
| HOV GENERAL (X-RAY) | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

**Location**

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

**Visit Account Information****Hospital Account**

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161753174<br>47 | Outpatient | Closed | Restricted coverage |

**Guarantor Account (for Hospital Account #216175317447)**

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

**Coverage Information (for Hospital Account #216175317447)**

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

**Events****Hospital Outpatient at 8/13/2021 1552**Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient**Discharge at 8/13/2021 2359**Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient**Imaging****Imaging****CT LUMBAR SPINE NO CONTRAST [1419173113] (Final result)**

**08/13/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**Electronically signed by: **Benton, David Arthur (D.O.), D.O. on 08/13/21 1526**Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Benton, David Arthur (D.O.), D.O. 08/13/21 1526

Authorized by: Benton, David Arthur (D.O.), D.O.

Ordering mode: Standard

Ordered during: Office Visit on 08/13/2021

Frequency: Routine 08/13/21 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

LUMBOSACRAL SPONDYLOSIS [M47.817]

LUMBAR POSTLAMINECTOMY SYNDROME [M96.1]

LUMBOSACRAL RADICULOPATHY [M54.17]

LUMBAR DISC DISORDER [M51.9]

SPONDYLOLISTHESIS, UNSPECIFIED SITE [M43.10]

OSTEOARTHRITIS OF LEFT HIP [M16.12]

**Provider Details**

| Provider                          | NPI        |
|-----------------------------------|------------|
| Benton, David Arthur (D.O.), D.O. | 1790915262 |

**Questionnaire**

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

Scheduling instructions

Patient must be able to lie flat and be cooperative.

Order comments: Reason Radiating back pain down left L4/5 pattern but also testicular pain and history of L1-3 instrumented fusion please evaluate for any neuroforamenal narrowing, herniated nucleus pulposus, hardware failure, and rule out central stenosis.

Thank you.

**CT LUMBAR SPINE, NO CONTRAST (No imaging for back pain of <4 Weeks, assuming no Red Flags) [1419173113]**

Resulted: 08/13/21 1608, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Radiology 08/19/21 0727

Accession number: 102282208

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?-&gt;Immediate

Acknowledged by: Benton, David Arthur (D.O.), D.O. on 08/20/21 0812

**Transcription**

| Type               | ID        | Date and Time     | Dictating Provider           |
|--------------------|-----------|-------------------|------------------------------|
| Diagnostic imaging | 102282208 | 8/19/2021 7:27 AM | Chang, Wei-Chao (M.D.), M.D. |

Signed by Chang, Wei-Chao (M.D.), MEDICAL DOCTOR on 08/19/21 at 0727

CLINICAL HISTORY: Reason Radiating back pain down left L4/5 pattern but also testicular pain and history of L1-3 instrumented fusion please evaluate for any neuroforamenal narrowing, herniated nucleus pulposus, hardware failure, and rule out central stenosis. Thank you.

RIS TECH NOTES:

COMPARISON: Comparison plain film is from July 2021

TECHNIQUE: Study performed per protocol.

CT Dose:

As required by California law, the CTDIvol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific

**08/13/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

patient.

Type / CTDIvol / DLP / Phantom

Helical / 22.71 / 790.60 / B

Total Exam DLP: 790.60

CTDIvol = mGy                      DLP = mGy-cm

Phantom: B=Body32, H=Head16

**FINDINGS:**

Limited assessment of the lung bases demonstrates no pleural effusion.

Visualized kidneys demonstrates no hydronephrosis.

The patient is status post fusion of L1-L3. The surgical hardware appears intact.

First degree retrolisthesis of T12 on L1 and L3 on L4. First degree anterolisthesis of L4 on L5.

T12-L1, there is no canal stenosis. There is mild narrowing of the neural foramens attributed to the facet hypertrophy.

At L1-2, there is mild narrowing of the left neural foramen attributed mainly to facet hypertrophy

At L2-3, there is no canal stenosis. There is mild narrowing of the left neural foramen, attributed mainly to facet hypertrophy.

At L3-4, there is mild canal stenosis with moderate narrowing of both neural foramens, attributed to a the spondylolisthesis, and facet hypertrophy.

At L4-5, there is moderate canal stenosis with moderate to severe narrowing of both neural foramens, attributed to a diffuse central disc bulge, facet and ligamentous hypertrophy, and spondylolisthesis.

At L5-S1, there is moderate to severe narrowing of the right, and mild to moderate narrowing of the left neural foramen, attributed to asymmetric facet hypertrophy.

**IMPRESSION:**

Postsurgical changes to the lumbar spine. Surgical hardware is intact.

Degenerative changes at the disc spaces, most prominently at L4-5 and L5-S1.



**08/13/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

This report electronically signed by Wei-Chao Chang, M.D. on  
8/19/2021 7:22 AM

**Recipients****Benton, David Arthur (D.O.), D.O.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 410792686  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**CT LUMBAR SPINE, NO CONTRAST (No imaging for back pain of <4 Weeks, assuming no Red Flags) [1419173113]**

Resulted: 08/13/21 1609, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 08/13/21 1609

Accession number: 102282208

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?-&gt;Immediate

**Transcription**

| Type               | ID        | Date and Time     | Dictating Provider              |
|--------------------|-----------|-------------------|---------------------------------|
| Diagnostic imaging | 102282208 | 8/19/2021 7:27 AM | Chang, Wei-Chao (M.D.),<br>M.D. |

Signed by Chang, Wei-Chao (M.D.), MEDICAL DOCTOR on 08/19/21 at 0727

CLINICAL HISTORY: Reason Radiating back pain down left L4/5 pattern but also testicular pain and history of L1-3 instrumented fusion please evaluate for any neuroforamenal narrowing, herniated nucleus pulposus, hardware failure, and rule out central stenosis. Thank you.  
RIS TECH NOTES:

COMPARISON: Comparison plain film is from July 2021

TECHNIQUE: Study performed per protocol.

**CT Dose:**

As required by California law, the CTDIvol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific patient.

Type / CTDIvol / DLP / Phantom

Helical / 22.71 / 790.60 / B

Total Exam DLP: 790.60

**08/13/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

CTDIvol = mGy                      DLP = mGy-cm  
Phantom: B=Body32, H=Head16

**FINDINGS:**

Limited assessment of the lung bases demonstrates no pleural effusion.

Visualized kidneys demonstrates no hydronephrosis.

The patient is status post fusion of L1-L3. The surgical hardware appears intact.

First degree retrolisthesis of T12 on L1 and L3 on L4. First degree anterolisthesis of L4 on L5.

T12-L1, there is no canal stenosis. There is mild narrowing of the neural foramens attributed to the facet hypertrophy.

At L1-2, there is mild narrowing of the left neural foramen attributed mainly to facet hypertrophy

At L2-3, there is no canal stenosis. There is mild narrowing of the left neural foramen, attributed mainly to facet hypertrophy.

At L3-4, there is mild canal stenosis with moderate narrowing of both neural foramens, attributed to a the spondylolisthesis, and facet hypertrophy.

At L4-5, there is moderate canal stenosis with moderate to severe narrowing of both neural foramens, attributed to a diffuse central disc bulge, facet and ligamentous hypertrophy, and spondylolisthesis.

At L5-S1, there is moderate to severe narrowing of the right, and mild to moderate narrowing of the left neural foramen, attributed to asymmetric facet hypertrophy.

**IMPRESSION:**

Postsurgical changes to the lumbar spine. Surgical hardware is intact.

Degenerative changes at the disc spaces, most prominently at L4-5 and L5-S1.

This report electronically signed by Wei-Chao Chang, M.D. on  
8/19/2021 7:22 AM

**08/13/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)****Reviewed by**

Benton, David Arthur (D.O.), D.O. on 08/25/21 1454  
 Benton, David Arthur (D.O.), D.O. on 08/25/21 1453  
 Benton, David Arthur (D.O.), D.O. on 08/20/21 0812

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**CT LUMBAR SPINE, NO CONTRAST (No imaging for back pain of <4 Weeks, assuming no Red Flags) [1419173113]**

Resulted: 08/13/21 1601, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 08/13/21 1601

Accession number: 102282208

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

**Transcription**

| Type               | ID        | Date and Time     | Dictating Provider              |
|--------------------|-----------|-------------------|---------------------------------|
| Diagnostic imaging | 102282208 | 8/19/2021 7:27 AM | Chang, Wei-Chao (M.D.),<br>M.D. |

Signed by Chang, Wei-Chao (M.D.), MEDICAL DOCTOR on 08/19/21 at 0727

CLINICAL HISTORY: Reason Radiating back pain down left L4/5 pattern but also testicular pain and history of L1-3 instrumented fusion please evaluate for any neuroforamenal narrowing, herniated nucleus pulposus, hardware failure, and rule out central stenosis. Thank you.

**RIS TECH NOTES:**

COMPARISON: Comparison plain film is from July 2021

TECHNIQUE: Study performed per protocol.

**CT Dose:**

As required by California law, the CT DIvol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific patient.

Type / CT DIvol / DLP / Phantom

Helical / 22.71 / 790.60 / B

Total Exam DLP: 790.60

CT DIvol = mGy DLP = mGy-cm

Phantom: B=Body32, H=Head16

**FINDINGS:**

Limited assessment of the lung bases demonstrates no pleural effusion.

Visualized kidneys demonstrates no hydronephrosis.

**08/13/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

The patient is status post fusion of L1-L3. The surgical hardware appears intact.

First degree retrolisthesis of T12 on L1 and L3 on L4. First degree anterolisthesis of L4 on L5.

T12-L1, there is no canal stenosis. There is mild narrowing of the neural foramens attributed to the facet hypertrophy.

At L1-2, there is mild narrowing of the left neural foramen attributed mainly to facet hypertrophy

At L2-3, there is no canal stenosis. There is mild narrowing of the left neural foramen, attributed mainly to facet hypertrophy.

At L3-4, there is mild canal stenosis with moderate narrowing of both neural foramens, attributed to a the spondylolisthesis, and facet hypertrophy.

At L4-5, there is moderate canal stenosis with moderate to severe narrowing of both neural foramens, attributed to a diffuse central disc bulge, facet and ligamentous hypertrophy, and spondylolisthesis.

At L5-S1, there is moderate to severe narrowing of the right, and mild to moderate narrowing of the left neural foramen, attributed to asymmetric facet hypertrophy.

**IMPRESSION:**

Postsurgical changes to the lumbar spine. Surgical hardware is intact.

Degenerative changes at the disc spaces, most prominently at L4-5 and L5-S1.

This report electronically signed by Wei-Chao Chang, M.D. on  
8/19/2021 7:22 AM

**Reviewed by**

Benton, David Arthur (D.O.), D.O. on 08/25/21 1454  
Benton, David Arthur (D.O.), D.O. on 08/25/21 1453  
Benton, David Arthur (D.O.), D.O. on 08/20/21 0812

**Testing Performed By**

**08/13/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**Indications**

LUMBOSACRAL SPONDYLOSIS [M47.817 (ICD-10-CM)]  
 LUMBAR POSTLAMINECTOMY SYNDROME [M96.1 (ICD-10-CM)]  
 LUMBOSACRAL RADICULOPATHY [M54.17 (ICD-10-CM)]  
 LUMBAR DISC DISORDER [M51.9 (ICD-10-CM)]  
 SPONDYLOLISTHESIS, UNSPECIFIED SITE [M43.10 (ICD-10-CM)]  
 OSTEOARTHRITIS OF LEFT HIP [M16.12 (ICD-10-CM)]

**All Reviewers List**

Benton, David Arthur (D.O.), D.O. on 8/25/2021 14:54  
 Benton, David Arthur (D.O.), D.O. on 8/25/2021 14:53  
 Benton, David Arthur (D.O.), D.O. on 8/20/2021 08:12

**END OF ENCOUNTER**

## 08/27/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY)

## Visit Information

## Department

| Name                | Address  | Phone        |
|---------------------|--|--------------|
| HOV GENERAL (X-RAY) | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161757428<br>53 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216175742853)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216175742853)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

## Events

## Hospital Outpatient at 8/27/2021 1024

Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient

## Discharge at 8/27/2021 2359

Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient

## Imaging

## Imaging

## XR RIGHT RIBS 2 VIEWS [1425694521] (Final result)

Status: Completed

Electronically signed by: Mirabelli, Lauren Ashley (P.A.), P.A. on 08/27/21 1014

This order may be acted on in another encounter.

Ordering user: Mirabelli, Lauren Ashley (P.A.), P.A. 08/27/21  
1014

Authorized by: Mirabelli, Lauren Ashley (P.A.), P.A.

Ordering mode: Standard

Ordered during: Office Visit on 08/27/2021

Frequency: STAT 08/27/21 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

**08/27/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

CHEST WALL MUSCLE STRAIN, INIT [S29.011A]

**Provider Details**

| Provider                              | NPI        |
|---------------------------------------|------------|
| Mirabelli, Lauren Ashley (P.A.), P.A. | 1548711781 |

**Questionnaire**

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

Order comments: Reason: r anterior rib pain

**XR RIGHT RIBS 2 VIEWS [1425694521]**

Resulted: 08/27/21 1044, Result status: Final result

Order status: Completed  
 Accession number: 102585960  
 Narrative:  
 Result Release to patient?->Immediate NA @ 1037 BI  
 Acknowledged by: Moshiri, Hossein (R.N.), R.N. on 08/28/21 1121

Filed by: Interface, Scal\_Radiology 08/27/21 1058  
 Resulting lab: SCAL RADIOLOGY INTERFACE

**Transcription**

| Type  | ID        | Date and Time      | Dictating Provider          |
|---|-----------|--------------------|-----------------------------|
| Diagnostic imaging  | 102585960 | 8/27/2021 10:57 AM | Bhasin, Dimple (M.D.), M.D. |
| Signed by Bhasin, Dimple (M.D.), MEDICAL DOCTOR on 08/27/21 at 1058 |           |                    |                             |

CLINICAL HISTORY: Reason: r anterior rib pain

RIS TECH NOTES:

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

A single view of the chest and multiple views of the ribs were obtained. No fracture identified. Bony structures are within normal limits. Chest shows no acute cardiac or pulmonary disease with no evidence of pneumothorax or pleural effusion.

This report electronically signed by Dimple Bhasin, MD on 8/27/2021 10:52 AM

**Recipients**

**Uccwlwla Results Pool**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source |
|-----------|-----------------|-------------|------------|----------------|
| Scheme    | In Basket       | Result sent | 411948590  |                |

**Testing Performed By**

| Lab - Abbreviation | Name                     | Director | Address | Valid Date Range        |
|--------------------|--------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**08/27/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)****XR RIGHT RIBS 2 VIEWS [1425694521]**

Resulted: 08/27/21 1045, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 08/27/21 1045

Accession number: 102585960

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?-&gt;Immediate NA @ 1037 BI

**Transcription**

| Type  | ID        | Date and Time      | Dictating Provider          |
|---|-----------|--------------------|-----------------------------|
| Diagnostic imaging  | 102585960 | 8/27/2021 10:57 AM | Bhasin, Dimple (M.D.), M.D. |
| Signed by Bhasin, Dimple (M.D.), MEDICAL DOCTOR on 08/27/21 at 1058 |           |                    |                             |

CLINICAL HISTORY: Reason: r anterior rib pain

RIS TECH NOTES:

COMPARISON: No previous study available.

FINDINGS/

**IMPRESSION:**

A single view of the chest and multiple views of the ribs were obtained. No fracture identified. Bony structures are within normal limits. Chest shows no acute cardiac or pulmonary disease with no evidence of pneumothorax or pleural effusion.

This report electronically signed by Dimple Bhasin, MD on 8/27/2021 10:52 AM

**Reviewed by**

Moshiri, Hossein (R.N.), R.N. on 08/28/21 1121

Moshiri, Hossein (R.N.), R.N. on 08/28/21 1121

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**XR RIGHT RIBS 2 VIEWS [1425694521]**

Resulted: 08/27/21 1041, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 08/27/21 1041

Accession number: 102585960

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

**Transcription**

| Type  | ID        | Date and Time      | Dictating Provider          |
|---|-----------|--------------------|-----------------------------|
| Diagnostic imaging  | 102585960 | 8/27/2021 10:57 AM | Bhasin, Dimple (M.D.), M.D. |
| Signed by Bhasin, Dimple (M.D.), MEDICAL DOCTOR on 08/27/21 at 1058 |           |                    |                             |

CLINICAL HISTORY: Reason: r anterior rib pain

RIS TECH NOTES:



**08/27/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

COMPARISON: No previous study available.

## FINDINGS/

## IMPRESSION:

A single view of the chest and multiple views of the ribs were obtained. No fracture identified. Bony structures are within normal limits. Chest shows no acute cardiac or pulmonary disease with no evidence of pneumothorax or pleural effusion.

This report electronically signed by Dimple Bhasin, MD on 8/27/2021 10:52 AM

**Reviewed by**

Moshiri, Hossein (R.N.), R.N. on 08/28/21 1121  
Moshiri, Hossein (R.N.), R.N. on 08/28/21 1121

**Testing Performed By**

| Lab - Abbreviation | Name                     | Director | Address | Valid Date Range        |
|--------------------|--------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**XR RIGHT RIBS 2 VIEWS [1425694521]**

Resulted: 08/27/21 1036, Result status: In process

Order status: Completed

Accession number: 102585960

Narrative:

Filed by: Interface, Scal\_Radiology 08/27/21 1036

Resulting lab: SCAL RADIOLOGY INTERFACE

**Transcription**

| Type  | ID        | Date and Time      | Dictating Provider          |
|---|-----------|--------------------|-----------------------------|
| Diagnostic imaging  | 102585960 | 8/27/2021 10:57 AM | Bhasin, Dimple (M.D.), M.D. |
| Signed by Bhasin, Dimple (M.D.), MEDICAL DOCTOR on 08/27/21 at 1058 |           |                    |                             |

CLINICAL HISTORY: Reason: r anterior rib pain

## RIS TECH NOTES:

COMPARISON: No previous study available.

## FINDINGS/

## IMPRESSION:

A single view of the chest and multiple views of the ribs were obtained. No fracture identified. Bony structures are within normal limits. Chest shows no acute cardiac or pulmonary disease with no evidence of pneumothorax or pleural effusion.

**08/27/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

This report electronically signed by Dimple Bhasin, MD on 8/27/2021  
10:52 AM

**Reviewed by**

Moshiri, Hossein (R.N.), R.N. on 08/28/21 1121  
Moshiri, Hossein (R.N.), R.N. on 08/28/21 1121

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**Indications**

CHEST WALL MUSCLE STRAIN, INIT [S29.011A (ICD-10-CM)]

**All Reviewers List**

Moshiri, Hossein (R.N.), R.N. on 8/28/2021 11:21  
Moshiri, Hossein (R.N.), R.N. on 8/28/2021 11:21

**XR CHEST 1 VIEW [1425694522] (Final result)**

Electronically signed by: **Mirabelli, Lauren Ashley (P.A.), P.A. on 08/27/21 1014** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Mirabelli, Lauren Ashley (P.A.), P.A. 08/27/21  
1014

Authorized by: Mirabelli, Lauren Ashley (P.A.), P.A.

Ordering mode: Standard

Ordered during: Office Visit on 08/27/2021

Frequency: STAT 08/27/21 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

CHEST WALL MUSCLE STRAIN, INIT [S29.011A]

**Provider Details**

| Provider                              | NPI        |
|---------------------------------------|------------|
| Mirabelli, Lauren Ashley (P.A.), P.A. | 1548711781 |

**Questionnaire**

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

Order comments: Reason: r rib pain

**XR CHEST 1 VIEW [1425694522]**

Resulted: 08/27/21 1044, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Radiology 08/27/21 1058

Accession number: 102585962

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?->Immediate NA @ 1037am

Acknowledged by: Moshiri, Hossein (R.N.), R.N. on 08/28/21 1116

**Transcription**

| Type  | ID        | Date and Time      | Dictating Provider          |
|---|-----------|--------------------|-----------------------------|
| Diagnostic imaging  | 102585962 | 8/27/2021 10:58 AM | Bhasin, Dimple (M.D.), M.D. |
| Signed by Bhasin, Dimple (M.D.), MEDICAL DOCTOR on 08/27/21 at 1058 |           |                    |                             |

CLINICAL HISTORY: Reason: r rib pain

RIS TECH NOTES:

**08/27/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

COMPARISON: 10/2/2020

FINDINGS/

**IMPRESSION:**

The lungs are clear. No pleural effusions are seen. The cardiomediastinal silhouette is normal. Partially imaged hardware in the lumbar spine. Minimal degenerative changes of the osseous structures.

This report electronically signed by Dimple Bhasin, MD on 8/27/2021 10:53 AM

**Recipients**

**Uccwlwla Results Pool**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source |
|-----------|-----------------|-------------|------------|----------------|
| Scheme    | In Basket       | Result sent | 411948697  |                |

**Testing Performed By**

| Lab - Abbreviation | Name                     | Director | Address | Valid Date Range        |
|--------------------|--------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**XR CHEST 1 VIEW [1425694522]**

Resulted: 08/27/21 1045, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 08/27/21 1045

Accession number: 102585962

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?->Immediate NA @ 1037am

**Transcription**

| Type  | ID        | Date and Time      | Dictating Provider          |
|---|-----------|--------------------|-----------------------------|
| Diagnostic imaging  | 102585962 | 8/27/2021 10:58 AM | Bhasin, Dimple (M.D.), M.D. |
| Signed by Bhasin, Dimple (M.D.), MEDICAL DOCTOR on 08/27/21 at 1058 |           |                    |                             |

CLINICAL HISTORY: Reason: r rib pain

RIS TECH NOTES:

COMPARISON: 10/2/2020

FINDINGS/

**IMPRESSION:**

The lungs are clear. No pleural effusions are seen. The cardiomediastinal silhouette is normal. Partially imaged hardware in the lumbar spine. Minimal degenerative

**08/27/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

changes of the osseous structures.

This report electronically signed by Dimple Bhasin, MD on 8/27/2021  
10:53 AM

**Reviewed by**

Moshiri, Hossein (R.N.), R.N. on 08/28/21 1116  
Moshiri, Hossein (R.N.), R.N. on 08/28/21 1116

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**XR CHEST 1 VIEW [1425694522]**

Resulted: 08/27/21 1041, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 08/27/21 1041

Accession number: 102585962

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

**Transcription**

| Type  | ID        | Date and Time      | Dictating Provider          |
|---|-----------|--------------------|-----------------------------|
| Diagnostic imaging  | 102585962 | 8/27/2021 10:58 AM | Bhasin, Dimple (M.D.), M.D. |
| Signed by Bhasin, Dimple (M.D.), MEDICAL DOCTOR on 08/27/21 at 1058 |           |                    |                             |

CLINICAL HISTORY: Reason: r rib pain

RIS TECH NOTES:

COMPARISON: 10/2/2020

FINDINGS/

**IMPRESSION:**

The lungs are clear. No pleural effusions are seen. The cardiomediastinal silhouette is normal.

Partially imaged hardware in the lumbar spine. Minimal degenerative changes of the osseous structures.

This report electronically signed by Dimple Bhasin, MD on 8/27/2021  
10:53 AM

**Reviewed by**

Moshiri, Hossein (R.N.), R.N. on 08/28/21 1116  
Moshiri, Hossein (R.N.), R.N. on 08/28/21 1116

**Testing Performed By**

**08/27/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**XR CHEST 1 VIEW [1425694522]**

Resulted: 08/27/21 1036, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 08/27/21 1036

Accession number: 102585962

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

**Transcription**

| Type  | ID        | Date and Time      | Dictating Provider          |
|---|-----------|--------------------|-----------------------------|
| Diagnostic imaging  | 102585962 | 8/27/2021 10:58 AM | Bhasin, Dimple (M.D.), M.D. |
| Signed by Bhasin, Dimple (M.D.), MEDICAL DOCTOR on 08/27/21 at 1058 |           |                    |                             |

CLINICAL HISTORY: Reason: r rib pain

RIS TECH NOTES:

COMPARISON: 10/2/2020

FINDINGS/

**IMPRESSION:**

The lungs are clear. No pleural effusions are seen. The cardiomediastinal silhouette is normal.

Partially imaged hardware in the lumbar spine. Minimal degenerative changes of the osseous structures.

This report electronically signed by Dimple Bhasin, MD on 8/27/2021 10:53 AM

**Reviewed by**

Moshiri, Hossein (R.N.), R.N. on 08/28/21 1116

Moshiri, Hossein (R.N.), R.N. on 08/28/21 1116

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**Indications**

CHEST WALL MUSCLE STRAIN, INIT [S29.011A (ICD-10-CM)]

**All Reviewers List**

Moshiri, Hossein (R.N.), R.N. on 8/28/2021 11:16

Moshiri, Hossein (R.N.), R.N. on 8/28/2021 11:16

08/27/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## END OF ENCOUNTER

09/10/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY)

## Visit Information

## Department

| Name                | Address  | Phone        |
|---------------------|--|--------------|
| HOV GENERAL (X-RAY) | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161761948<br>12 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216176194812)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216176194812)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

## Treatment Team

| Provider                  | Service | Role      | Provider Team | Specialty         | From | To |
|---------------------------|---------|-----------|---------------|-------------------|------|----|
| Bergman, Julie<br>A, D.O. | —       | Attending | —             | Internal Medicine | —    | —  |

## Events

## Hospital Outpatient at 9/10/2021 1525

Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient

## Discharge at 9/10/2021 2359

Unit: HOV GENERAL (X-RAY)  
Patient class: Outpatient

## 09/10/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Imaging

## Imaging

## CT HEAD NO CONTRAST [1431276946] (Final result)

Electronically signed by: **Bergman, Julie A (D.O.), D.O. on 09/09/21 1030** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Bergman, Julie A (D.O.), D.O. 09/09/21 1030

Ordering mode: Standard

Frequency: Routine 09/09/21 -

Quantity: 1

Diagnoses

NUMBNESS OF SKIN [R20.0]

DISEQUILIBRIUM [R42]

DYSGRAPHIA [R27.8]

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordered during: Video Visit on 09/09/2021

Class: Normal

Lab status: Final result

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Scheduling instructions

Patient must be able to lie flat and be cooperative.

Order comments: Reason: patient reports numbness in right forearm and dysgraphia &gt; 1 week with ongoing disequilibrium r/o stroke

## CT HEAD NO CONTRAST [1431276946]

Resulted: 09/10/21 1545, Result status: Final result

Order status: Completed

Accession number: 102852073

Narrative:

9-10-21 Patient given instruction in person MFA given copay \$150.00 Result Release to patient?-&gt;Immediate

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 09/15/21 1735

Filed by: Interface, Scal\_Radiology 09/15/21 1457

Resulting lab: SCAL RADIOLOGY INTERFACE

## Transcription

| Type   | ID        | Date and Time     | Dictating Provider           |
|--|-----------|-------------------|------------------------------|
| Diagnostic imaging   | 102852073 | 9/15/2021 2:57 PM | Nashed, Mark H. (M.D.), M.D. |
| Signed by Nashed, Mark H. (M.D.), MEDICAL DOCTOR on 09/15/21 at 1457 |           |                   |                              |

CLINICAL HISTORY: Reason: patient reports numbness in right forearm and dysgraphia &gt; 1 week with ongoing disequilibrium r/o stroke

RIS TECH NOTES:

COMPARISON: No previous study available for comparison.

TECHNIQUE: Study performed per protocol.

## CT Dose:

As required by California law, the CT DIvol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific patient.

Type / CT DIvol / DLP / Phantom

Axial / 47.25 / 807.11 / H

Total Exam DLP: 807.11

CT DIvol = mGy

DLP = mGy-cm

**09/10/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

Phantom: B=Body32, H=Head16

**FINDINGS:**

Ventricles and sulci are unremarkable.  
 There is cerebral volume loss. There is hypoattenuation in the periventricular white matter compatible with chronic microvascular ischemic changes.  
 Bony structures are within normal limits.  
 Orbital and facial soft tissues are unremarkable.

**IMPRESSION:**

No acute abnormality.  
 Chronic microvascular ischemic changes.  
 Cerebral volume loss.

This report electronically signed by Mark H Nashed on 9/15/2021 2:52 PM

**Recipients**

**Bergman, Julie A, D.O.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 414304344  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name                     | Director | Address | Valid Date Range        |
|--------------------|--------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**CT HEAD NO CONTRAST [1431276946]**

Resulted: 09/10/21 1545, Result status: In process

Order status: Completed  
 Accession number: 102852073  
 Narrative:  
 9-10-21 Patient given instruction in person MFA given copay \$150.00 Result Release to patient?->Immediate  
 Filed by: Interface, Scal\_Radiology 09/10/21 1545  
 Resulting lab: SCAL RADIOLOGY INTERFACE

**Transcription**

| Type   | ID        | Date and Time     | Dictating Provider           |
|--|-----------|-------------------|------------------------------|
| Diagnostic imaging   | 102852073 | 9/15/2021 2:57 PM | Nashed, Mark H. (M.D.), M.D. |
| Signed by Nashed, Mark H. (M.D.), MEDICAL DOCTOR on 09/15/21 at 1457 |           |                   |                              |

CLINICAL HISTORY: Reason: patient reports numbness in right forearm



**09/10/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

and dysgraphia > 1 week with ongoing disequilibrium r/o stroke  
RIS TECH NOTES:

COMPARISON: No previous study available for comparison.

TECHNIQUE: Study performed per protocol.

**CT Dose:**

As required by California law, the CT DIvol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific patient.

Type / CT DIvol / DLP / Phantom

Axial / 47.25 / 807.11 / H

Total Exam DLP: 807.11

CT DIvol = mGy                      DLP = mGy-cm

Phantom: B=Body32, H=Head16

**FINDINGS:**

Ventricles and sulci are unremarkable.

There is cerebral volume loss. There is hypoattenuation in the periventricular white matter compatible with chronic microvascular ischemic changes.

Bony structures are within normal limits.

Orbital and facial soft tissues are unremarkable.

**IMPRESSION:**

No acute abnormality.

Chronic microvascular ischemic changes.

Cerebral volume loss.

This report electronically signed by Mark H Nashed on 9/15/2021 2:52 PM

**Reviewed by**

Bergman, Julie A (D.O.), D.O. on 09/21/21 1730  
Bergman, Julie A (D.O.), D.O. on 09/21/21 1729  
Bergman, Julie A (D.O.), D.O. on 09/21/21 1701  
Bergman, Julie A (D.O.), D.O. on 09/17/21 1635  
Bergman, Julie A (D.O.), D.O. on 09/15/21 1830  
Bergman, Julie A (D.O.), D.O. on 09/15/21 1735

## 09/10/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Imaging (continued)

## Testing Performed By

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

## CT HEAD NO CONTRAST [1431276946]

Resulted: 09/10/21 1544, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 09/10/21 1544

Accession number: 102852073

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

## Transcription

| Type   | ID        | Date and Time     | Dictating Provider           |
|--|-----------|-------------------|------------------------------|
| Diagnostic imaging   | 102852073 | 9/15/2021 2:57 PM | Nashed, Mark H. (M.D.), M.D. |
| Signed by Nashed, Mark H. (M.D.), MEDICAL DOCTOR on 09/15/21 at 1457 |           |                   |                              |

CLINICAL HISTORY: Reason: patient reports numbness in right forearm and dysgraphia > 1 week with ongoing disequilibrium r/o stroke

RIS TECH NOTES:

COMPARISON: No previous study available for comparison.

TECHNIQUE: Study performed per protocol.

## CT Dose:

As required by California law, the CT DIvol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific patient.

Type / CT DIvol / DLP / Phantom

Axial / 47.25 / 807.11 / H

Total Exam DLP: 807.11

CT DIvol = mGy                      DLP = mGy-cm

Phantom: B=Body32, H=Head16

## FINDINGS:

Ventricles and sulci are unremarkable.

There is cerebral volume loss. There is hypoattenuation in the periventricular white matter compatible with chronic microvascular ischemic changes.

Bony structures are within normal limits.

Orbital and facial soft tissues are unremarkable.

## IMPRESSION:

No acute abnormality.

**09/10/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

Chronic microvascular ischemic changes.

Cerebral volume loss.

This report electronically signed by Mark H Nashed on 9/15/2021 2:52 PM

**Reviewed by**

Bergman, Julie A (D.O.), D.O. on 09/21/21 1730  
 Bergman, Julie A (D.O.), D.O. on 09/21/21 1729  
 Bergman, Julie A (D.O.), D.O. on 09/21/21 1701  
 Bergman, Julie A (D.O.), D.O. on 09/17/21 1635  
 Bergman, Julie A (D.O.), D.O. on 09/15/21 1830  
 Bergman, Julie A (D.O.), D.O. on 09/15/21 1735

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**Indications**

NUMBNESS OF SKIN [R20.0 (ICD-10-CM)]  
 DISEQUILIBRIUM [R42 (ICD-10-CM)]  
 DYSGRAPHIA [R27.8 (ICD-10-CM)]

**All Reviewers List**

Bergman, Julie A (D.O.), D.O. on 9/21/2021 17:30  
 Bergman, Julie A (D.O.), D.O. on 9/21/2021 17:29  
 Bergman, Julie A (D.O.), D.O. on 9/21/2021 17:01  
 Bergman, Julie A (D.O.), D.O. on 9/17/2021 16:35  
 Bergman, Julie A (D.O.), D.O. on 9/15/2021 18:30  
 Bergman, Julie A (D.O.), D.O. on 9/15/2021 17:35

**END OF ENCOUNTER****10/26/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY)****Visit Information****Department**

| Name                | Address  | Phone        |
|---------------------|--|--------------|
| HOV GENERAL (X-RAY) | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

**Location**

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

**10/26/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Location (continued)**

**Visit Account Information**

**Hospital Account**

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161777252<br>09 | Outpatient | Closed | Restricted coverage |

**Guarantor Account (for Hospital Account #216177725209)**

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

**Coverage Information (for Hospital Account #216177725209)**

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |
|   |              |

**Events**

**Hospital Outpatient at 10/26/2021 0727**

Unit: HOV GENERAL (X-RAY)  
 Patient class: Outpatient

**Discharge at 10/26/2021 2359**

Unit: HOV GENERAL (X-RAY)  
 Patient class: Outpatient

**Imaging**

**Imaging**

**MRI BRAIN AND BRAIN STEM WO/W CONTRAST [1455713926] (Final result)**

Electronically signed by: **Bergman, Julie A (D.O.), D.O. on 10/21/21 1350** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Bergman, Julie A (D.O.), D.O. 10/21/21 1350

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Video Visit on 10/21/2021

Frequency: Routine 10/21/21 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

DIZZINESS [R42]

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

**Questionnaire**

| Question  | Answer |
|---|--------|
| DOES PT HAVE?   | NONE   |
| Has the patient ever had an allergic reaction to GADOLINIUM associated with an MRI?                                     | No     |
| Has the patient received an IRON INFUSION through a vein [e.g., ferumoxytol (FERAHEME) during dialysis] within the past | No     |

**10/26/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

3 months?

Has the patient worked as a METAL WORKER or WELDER? No

Is the patient CLAUSTROPHOBIC (fear of enclosed places)? No

Is the patient wearing a TRANSDERMAL PATCH? No

Result Release to patient? Immediate

## Scheduling instructions

Notify staff if patient is over 300 lbs.

Patient must be able to lie flat and be cooperative.

Order comments: Ongoing dizziness, negative CT r/o demyelinating disease

**MRI BRAIN AND BRAIN STEM WOW CONTRAST [1455713926]**

Resulted: 10/26/21 0815, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Radiology 10/28/21 0830

Accession number: 103788741

Resulting lab: SCAL RADIOLOGY INTERFACE

## Narrative:

DOES PT HAVE?->NONE Has the patient ever had an allergic reaction to GADOLINIUM associated with an MRI?->No Has the patient received an IRON INFUSION through a vein [e.g., ferumoxytol (FERAHEME) during dialysis] within the past 3 months?->No Has the patient worked as a METAL WORKER or WELDER?->No Is the patient CLAUSTROPHOBIC (fear of enclosed places)?->No Is the patient wearing a TRANSDERMAL PATCH?->No Result Release to patient?->Immediate

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 10/28/21 1201

**Transcription**

| Type  | ID        | Date and Time      | Dictating Provider        |
|---|-----------|--------------------|---------------------------|
| Diagnostic imaging  | 103788741 | 10/28/2021 8:30 AM | Afari, Arash (M.D.), M.D. |
| Signed by Afari, Arash (M.D.), MEDICAL DOCTOR on 10/28/21 at 0830 |           |                    |                           |

CLINICAL HISTORY: Ongoing dizziness, negative CT r/o demyelinating disease

RIS TECH NOTES:

COMPARISON: 9/10/2021 head CT

TECHNIQUE: Study performed per protocol.

CONTRAST: 7.5 milliliter of GADAVIST was given on 10/26/2021 8:02:00 AM by route: INTRAVENOUS

## FINDINGS:

The cerebrum is unremarkable. The cerebellum is unremarkable. The brainstem and basal ganglia are unremarkable. Generalized cerebral atrophy is mild and age compatible. There is no acute infarct, intracranial hemorrhage, mass, or mass effect. The orbits are unremarkable. The paranasal sinuses are unremarkable. The calvarium and temporal bones are unremarkable. The cerebellopontine angles and temporal bones are unremarkable. The pituitary gland is unremarkable. The midline structures including the pons, medulla, and cerebellar vermis are unremarkable.

## IMPRESSION:

Unremarkable brain

**10/26/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

This report electronically signed by ARASH AFARI on 10/28/2021 8:24 AM

**Recipients****Bergman, Julie A, D.O.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 419863533  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name                     | Director | Address | Valid Date Range        |
|--------------------|--------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**MRI BRAIN AND BRAIN STEM WOW CONTRAST [1455713926]**

Resulted: 10/26/21 0816, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 10/26/21 0816

Accession number: 103788741

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

DOES PT HAVE?->NONE Has the patient ever had an allergic reaction to GADOLINIUM associated with an MRI?->No Has the patient received an IRON INFUSION through a vein [e.g., ferumoxytol (FERAHEME) during dialysis] within the past 3 months?->No Has the patient worked as a METAL WORKER or WELDER?->No Is the patient CLAUSTROPHOBIC (fear of enclosed places)?->No Is the patient wearing a TRANSDERMAL PATCH?->No Result Release to patient?->Immediate

**Transcription**

| Type  | ID        | Date and Time      | Dictating Provider        |
|---|-----------|--------------------|---------------------------|
| Diagnostic imaging  | 103788741 | 10/28/2021 8:30 AM | Afari, Arash (M.D.), M.D. |
| Signed by Afari, Arash (M.D.), MEDICAL DOCTOR on 10/28/21 at 0830 |           |                    |                           |

CLINICAL HISTORY: Ongoing dizziness, negative CT r/o demyelinating disease

RIS TECH NOTES:

COMPARISON: 9/10/2021 head CT

TECHNIQUE: Study performed per protocol.

CONTRAST: 7.5 milliliter of GADAVIST was given on 10/26/2021 8:02:00 AM by route: INTRAVENOUS

**FINDINGS:**

The cerebrum is unremarkable. The cerebellum is unremarkable. The brainstem and basal ganglia are unremarkable. Generalized cerebral atrophy is mild and age compatible. There is no acute infarct, intracranial hemorrhage, mass, or mass effect. The orbits are unremarkable. The paranasal sinuses are unremarkable. The calvarium and temporal bones are unremarkable. The cerebellopontine

**10/26/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

angles and temporal bones are unremarkable. The pituitary gland is unremarkable. The midline structures including the pons, medulla, and cerebellar vermis are unremarkable.

**IMPRESSION:**

Unremarkable brain

This report electronically signed by ARASH AFARI on 10/28/2021 8:24 AM

**Reviewed by**

Bergman, Julie A (D.O.), D.O. on 10/29/21 1157  
Bergman, Julie A (D.O.), D.O. on 10/29/21 1157  
Bergman, Julie A (D.O.), D.O. on 10/29/21 1154  
Bergman, Julie A (D.O.), D.O. on 10/29/21 1151  
Bergman, Julie A (D.O.), D.O. on 10/28/21 1201

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**MRI BRAIN AND BRAIN STEM WOW CONTRAST [1455713926]**

Resulted: 10/26/21 0744, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 10/26/21 0744

Accession number: 103788741

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

**Transcription**

| Type  | ID        | Date and Time      | Dictating Provider        |
|---|-----------|--------------------|---------------------------|
| Diagnostic imaging  | 103788741 | 10/28/2021 8:30 AM | Afari, Arash (M.D.), M.D. |
| Signed by Afari, Arash (M.D.), MEDICAL DOCTOR on 10/28/21 at 0830 |           |                    |                           |

CLINICAL HISTORY: Ongoing dizziness, negative CT r/o demyelinating disease

RIS TECH NOTES:

COMPARISON: 9/10/2021 head CT

TECHNIQUE: Study performed per protocol.

CONTRAST: 7.5 milliliter of GADAVIST was given on 10/26/2021 8:02:00 AM by route: INTRAVENOUS

**FINDINGS:**

The cerebrum is unremarkable. The cerebellum is unremarkable. The brainstem and basal ganglia are unremarkable. Generalized cerebral atrophy is mild and age compatible. There is no acute infarct,

**10/26/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

intracranial hemorrhage, mass, or mass effect. The orbits are unremarkable. The paranasal sinuses are unremarkable. The calvarium and temporal bones are unremarkable. The cerebellopontine angles and temporal bones are unremarkable. The pituitary gland is unremarkable. The midline structures including the pons, medulla, and cerebellar vermis are unremarkable.

**IMPRESSION:**

Unremarkable brain

This report electronically signed by ARASH AFARI on 10/28/2021 8:24 AM

**Reviewed by**

Bergman, Julie A (D.O.), D.O. on 10/29/21 1157  
Bergman, Julie A (D.O.), D.O. on 10/29/21 1157  
Bergman, Julie A (D.O.), D.O. on 10/29/21 1154  
Bergman, Julie A (D.O.), D.O. on 10/29/21 1151  
Bergman, Julie A (D.O.), D.O. on 10/28/21 1201

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**MRI BRAIN AND BRAIN STEM WOW CONTRAST [1455713926]**

Resulted: 10/26/21 0727, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 10/26/21 0727

Accession number: 103788741

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

**Transcription**

| Type  | ID        | Date and Time      | Dictating Provider        |
|---|-----------|--------------------|---------------------------|
| Diagnostic imaging  | 103788741 | 10/28/2021 8:30 AM | Afari, Arash (M.D.), M.D. |
| Signed by Afari, Arash (M.D.), MEDICAL DOCTOR on 10/28/21 at 0830 |           |                    |                           |

CLINICAL HISTORY: Ongoing dizziness, negative CT r/o demyelinating disease

RIS TECH NOTES:

COMPARISON: 9/10/2021 head CT

TECHNIQUE: Study performed per protocol.

CONTRAST: 7.5 milliliter of GADAVIST was given on 10/26/2021 8:02:00 AM by route: INTRAVENOUS

FINDINGS:



**10/26/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

The cerebrum is unremarkable. The cerebellum is unremarkable. The brainstem and basal ganglia are unremarkable. Generalized cerebral atrophy is mild and age compatible. There is no acute infarct, intracranial hemorrhage, mass, or mass effect. The orbits are unremarkable. The paranasal sinuses are unremarkable. The calvarium and temporal bones are unremarkable. The cerebellopontine angles and temporal bones are unremarkable. The pituitary gland is unremarkable. The midline structures including the pons, medulla, and cerebellar vermis are unremarkable.

**IMPRESSION:**

Unremarkable brain

This report electronically signed by ARASH AFARI on 10/28/2021 8:24 AM

**Reviewed by**

Bergman, Julie A (D.O.), D.O. on 10/29/21 1157  
 Bergman, Julie A (D.O.), D.O. on 10/29/21 1157  
 Bergman, Julie A (D.O.), D.O. on 10/29/21 1154  
 Bergman, Julie A (D.O.), D.O. on 10/29/21 1151  
 Bergman, Julie A (D.O.), D.O. on 10/28/21 1201

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**Indications**

DIZZINESS [R42 (ICD-10-CM)]

**All Reviewers List**

Bergman, Julie A (D.O.), D.O. on 10/29/2021 11:57  
 Bergman, Julie A (D.O.), D.O. on 10/29/2021 11:57  
 Bergman, Julie A (D.O.), D.O. on 10/29/2021 11:54  
 Bergman, Julie A (D.O.), D.O. on 10/29/2021 11:51  
 Bergman, Julie A (D.O.), D.O. on 10/28/2021 12:01

**END OF ENCOUNTER**

**11/01/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY)****Visit Information****Department**

| Name                | Address  | Phone        |
|---------------------|--|--------------|
| HOV GENERAL (X-RAY) | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

**11/01/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Visit Information (continued)**

**Location**

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

**Visit Account Information**

**Hospital Account**

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161779191<br>25 | Outpatient | Closed | Restricted coverage |

**Guarantor Account (for Hospital Account #216177919125)**

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

**Coverage Information (for Hospital Account #216177919125)**

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

**Events**

**Hospital Outpatient at 11/1/2021 0826**

Unit: HOV GENERAL (X-RAY)  
 Patient class: Outpatient

**Discharge at 11/1/2021 2359**

Unit: HOV GENERAL (X-RAY)  
 Patient class: Outpatient

**Imaging**

**Imaging**

**MRI CERVICAL SPINE NO CONTRAST [1450961835] (Final result)**

Electronically signed by: **Terterov, Sergei (M.D.), M.D. on 10/13/21 0828** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Terterov, Sergei (M.D.), M.D. 10/13/21 0828 Authorized by: Terterov, Sergei (M.D.), M.D.  
 Ordering mode: Standard Ordered during: Video Visit on 10/13/2021  
 Frequency: Routine 10/13/21 - Class: Normal  
 Quantity: 1 Lab status: Final result  
 Diagnoses  
 HX OF LUMBAR SURGERY [Z98.890]

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Terterov, Sergei (M.D.), M.D. | 1568780138 |

**Questionnaire**

## 11/01/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Imaging (continued)

| Question  | Answer    |
|---|-----------|
| DOES PT HAVE?   | NONE      |
| Has the patient ever had an allergic reaction to GADOLINIUM associated with an MRI?   | No        |
| Has the patient received an IRON INFUSION through a vein [e.g., ferumoxytol (FERAHEME) during dialysis] within the past 3 months? | No        |
| Has the patient worked as a METAL WORKER or WELDER?   | No        |
| Is the patient CLAUSTROPHOBIC (fear of enclosed places)?  | No        |
| Is the patient wearing a TRANSDERMAL PATCH?   | No        |
| Result Release to patient?  | Immediate |

## Scheduling instructions

Notify staff if patient is over 300 lbs.

Patient must be able to lie flat and be cooperative.

Order comments: Reason: KPWLA. Patient requests this location due to proximity to home. Evaluate for Cervical stenosis.

**MRI CERVICAL SPINE NO CONTRAST [1450961835]**

Resulted: 11/01/21 0914, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Radiology 11/02/21 1404

Accession number: 103589866

Resulting lab: SCAL RADIOLOGY INTERFACE

## Narrative:

DOES PT HAVE?->NONE Has the patient ever had an allergic reaction to GADOLINIUM associated with an MRI?->No Has the patient received an IRON INFUSION through a vein [e.g., ferumoxytol (FERAHEME) during dialysis] within the past 3 months?->No Has the patient worked as a METAL WORKER or WELDER?->No Is the patient CLAUSTROPHOBIC (fear of enclosed places)?->No Is the patient wearing a TRANSDERMAL PATCH?->No Result Release to patient?->Immediate Pt called and scheduled MRI exam for 11/01/21 MD Order aware of prep and copay (pt not claustro, no metals in body or pacemaker, under 300lbs, no problem lying down)R.Miniex appt clerk 10/13/21 @08:36am

Acknowledged by: Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1711

## Transcription

| Type   | ID        | Date and Time     | Dictating Provider       |
|--|-----------|-------------------|--------------------------|
| Diagnostic imaging   | 103589866 | 11/2/2021 2:03 PM | Cho, Albert (M.D.), M.D. |
| Signed by Cho, Albert (M.D.), MEDICAL DOCTOR on 11/02/21 at 1404 |           |                   |                          |

CLINICAL HISTORY: Reason: KPWLA. Patient requests this location due to proximity to home. Evaluate for Cervical stenosis.

RIS TECH NOTES:

COMPARISON: No previous study available for comparison.

TECHNIQUE: Study performed per protocol.

## FINDINGS:

Alignment is normal.

Bone marrow is normal in signal without evidence of fracture or marrow replacing lesion.

Spinal cord and visualized posterior fossa are normal in signal.

Degenerative changes are present in the cervical spine.

C2-3: Unremarkable.

C3-4: There is a disc bulge and right uncovertebral spur causing moderate right neural foraminal stenosis.

C4-5: Unremarkable.

C5-6: There is a disc bulge and uncovertebral spurs causing mild

**11/01/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)**

**Imaging (continued)**

spinal canal stenosis and mild bilateral neural foraminal stenosis.  
 C6-7: There is a posterior discogenic spur and uncovertebral spurs causing mild cord impingement, moderate spinal canal stenosis and severe bilateral neural foraminal stenosis. No cord edema is visualized.  
 C7-T1: Unremarkable.

**IMPRESSION:**

1. Mild cord impingement, moderate spinal canal stenosis and severe bilateral neural foraminal stenosis at C6-7 due to a posterior discogenic spur and uncovertebral spurs. No visible cord edema.
2. Mild spinal canal stenosis and mild bilateral neural foraminal stenosis at C5-6.
3. Moderate right neural foraminal stenosis at C3-4.

Report flagged for notification of clinician of abnormal findings.

This report electronically signed by Albert Cho, MD on 11/2/2021 1:58 PM

**Recipients**

**Terterov, Sergei (M.D.), M.D.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 420486889  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name                     | Director | Address | Valid Date Range        |
|--------------------|--------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**MRI CERVICAL SPINE NO CONTRAST [1450961835]**

Resulted: 11/01/21 0915, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 11/01/21 0915

Accession number: 103589866

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

DOES PT HAVE?->NONE Has the patient ever had an allergic reaction to GADOLINIUM associated with an MRI?->No Has the patient received an IRON INFUSION through a vein [e.g., ferumoxytol (FERAHEME) during dialysis] within the past 3 months?->No Has the patient worked as a METAL WORKER or WELDER?->No Is the patient CLAUSTROPHOBIC (fear of enclosed places)?->No Is the patient wearing a TRANSDERMAL PATCH?->No Result Release to patient?->Immediate Pt called and scheduled MRI exam for 11/01/21 MD Order aware of prep and copay (pt not claustro, no metals in body or pacemaker, under 300lbs, no problem lying down)R.Miniex appt clerk 10/13/21 @08:36am

## 11/01/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Imaging (continued)

## Transcription

| Type   | ID        | Date and Time     | Dictating Provider       |
|--|-----------|-------------------|--------------------------|
| Diagnostic imaging<br>Signed by Cho, Albert (M.D.), MEDICAL DOCTOR on 11/02/21 at 1404 | 103589866 | 11/2/2021 2:03 PM | Cho, Albert (M.D.), M.D. |

CLINICAL HISTORY: Reason: KPWLA. Patient requests this location due to proximity to home. Evaluate for Cervical stenosis.

RIS TECH NOTES:

COMPARISON: No previous study available for comparison.

TECHNIQUE: Study performed per protocol.

## FINDINGS:

Alignment is normal.

Bone marrow is normal in signal without evidence of fracture or marrow replacing lesion.

Spinal cord and visualized posterior fossa are normal in signal.

Degenerative changes are present in the cervical spine.

C2-3: Unremarkable.

C3-4: There is a disc bulge and right uncovertebral spur causing moderate right neural foraminal stenosis.

C4-5: Unremarkable.

C5-6: There is a disc bulge and uncovertebral spurs causing mild spinal canal stenosis and mild bilateral neural foraminal stenosis.

C6-7: There is a posterior discogenic spur and uncovertebral spurs causing mild cord impingement, moderate spinal canal stenosis and severe bilateral neural foraminal stenosis. No cord edema is visualized.

C7-T1: Unremarkable.

## IMPRESSION:

1. Mild cord impingement, moderate spinal canal stenosis and severe bilateral neural foraminal stenosis at C6-7 due to a posterior discogenic spur and uncovertebral spurs. No visible cord edema.

2. Mild spinal canal stenosis and mild bilateral neural foraminal stenosis at C5-6.

3. Moderate right neural foraminal stenosis at C3-4.

Report flagged for notification of clinician of abnormal findings.

## 11/01/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Imaging (continued)

This report electronically signed by Albert Cho, MD on 11/2/2021 1:58 PM

## Reviewed by

Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1712  
Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1712  
Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1711  
Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1711

## Testing Performed By

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

## MRI CERVICAL SPINE NO CONTRAST [1450961835]

Resulted: 11/01/21 0830, Result status: In process

Order status: Completed

Accession number: 103589866

Narrative:

Filed by: Interface, Scal\_Radiology 11/01/21 0830

Resulting lab: SCAL RADIOLOGY INTERFACE

## Transcription

| Type   | ID        | Date and Time     | Dictating Provider       |
|--|-----------|-------------------|--------------------------|
| Diagnostic imaging   | 103589866 | 11/2/2021 2:03 PM | Cho, Albert (M.D.), M.D. |
| Signed by Cho, Albert (M.D.), MEDICAL DOCTOR on 11/02/21 at 1404 |           |                   |                          |

CLINICAL HISTORY: Reason: KPWLA. Patient requests this location due to proximity to home. Evaluate for Cervical stenosis.

RIS TECH NOTES:

COMPARISON: No previous study available for comparison.

TECHNIQUE: Study performed per protocol.

## FINDINGS:

Alignment is normal.

Bone marrow is normal in signal without evidence of fracture or marrow replacing lesion.

Spinal cord and visualized posterior fossa are normal in signal.

Degenerative changes are present in the cervical spine.

C2-3: Unremarkable.

C3-4: There is a disc bulge and right uncovertebral spur causing moderate right neural foraminal stenosis.

C4-5: Unremarkable.

C5-6: There is a disc bulge and uncovertebral spurs causing mild spinal canal stenosis and mild bilateral neural foraminal stenosis.

C6-7: There is a posterior discogenic spur and uncovertebral spurs causing mild cord impingement, moderate spinal canal stenosis and

**11/01/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

severe bilateral neural foraminal stenosis. No cord edema is visualized.

C7-T1: Unremarkable.

**IMPRESSION:**

1. Mild cord impingement, moderate spinal canal stenosis and severe bilateral neural foraminal stenosis at C6-7 due to a posterior discogenic spur and uncovertebral spurs. No visible cord edema.
2. Mild spinal canal stenosis and mild bilateral neural foraminal stenosis at C5-6.
3. Moderate right neural foraminal stenosis at C3-4.

Report flagged for notification of clinician of abnormal findings.

This report electronically signed by Albert Cho, MD on 11/2/2021 1:58 PM

**Reviewed by**

Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1712  
Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1712  
Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1711  
Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1711

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**Indications**

HX OF LUMBAR SURGERY [Z98.890 (ICD-10-CM)]

**All Reviewers List**

Kwok, Jie Zhuang (P.A.), P.A. on 11/2/2021 17:12  
Kwok, Jie Zhuang (P.A.), P.A. on 11/2/2021 17:12  
Kwok, Jie Zhuang (P.A.), P.A. on 11/2/2021 17:11  
Kwok, Jie Zhuang (P.A.), P.A. on 11/2/2021 17:11

**MRI LUMBAR SPINE NO CONTRAST [1450961837] (Final result)**

Electronically signed by: Terterov, Sergei (M.D.), M.D. on 10/13/21 0828

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Terterov, Sergei (M.D.), M.D. 10/13/21 0828

Authorized by: Terterov, Sergei (M.D.), M.D.

Ordering mode: Standard

Ordered during: Video Visit on 10/13/2021

Frequency: Routine 10/13/21 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

HX OF LUMBAR SURGERY [Z98.890]

## 11/01/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Imaging (continued)

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Terterov, Sergei (M.D.), M.D. | 1568780138 |

## Questionnaire

| Question  | Answer    |
|---|-----------|
| DOES PT HAVE?   | NONE      |
| Has the patient ever had an allergic reaction to GADOLINIUM associated with an MRI?   | No        |
| Has the patient received an IRON INFUSION through a vein [e.g., ferumoxytol (FERAHEME) during dialysis] within the past 3 months? | No        |
| Has the patient worked as a METAL WORKER or WELDER?   | No        |
| Is the patient CLAUSTROPHOBIC (fear of enclosed places)?  | No        |
| Is the patient wearing a TRANSDERMAL PATCH?   | No        |
| Result Release to patient?  | Immediate |

## Scheduling instructions

Notify staff if patient is over 300 lbs.

Patient must be able to lie flat and be cooperative.

Order comments: Reason : KPWLA. Patient requests this location due to proximity to home. History of L1-3 fusion, Lumbar 4/5 Grade I spondylolisthesis. Evaluate for adjacent level degeneration and stenosis.

**MRI LUMBAR SPINE, NO CONTRAST (No imaging for back pain of <4 Weeks, assuming no Red Flags) [1450961837]**

Resulted: 11/01/21 0933, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Radiology 11/02/21 1434

Accession number: 103589867

Resulting lab: SCAL RADIOLOGY INTERFACE

## Narrative:

DOES PT HAVE?->NONE Has the patient ever had an allergic reaction to GADOLINIUM associated with an MRI?->No Has the patient received an IRON INFUSION through a vein [e.g., ferumoxytol (FERAHEME) during dialysis] within the past 3 months?->No Has the patient worked as a METAL WORKER or WELDER?->No Is the patient CLAUSTROPHOBIC (fear of enclosed places)?->No Is the patient wearing a TRANSDERMAL PATCH?->No Result Release to patient?->Immediate Pt called and scheduled MRI exam for 11/01/21 MD Order aware of prep and copay (pt not claustro, no metals in body or pacemaker, under 300lbs, no problem lying down)R.Miniex appt clerk 10/13/21 @08:36am  
Acknowledged by: Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1539

## Transcription

| Type   | ID        | Date and Time     | Dictating Provider       |
|--|-----------|-------------------|--------------------------|
| Diagnostic imaging   | 103589867 | 11/2/2021 2:34 PM | Cho, Albert (M.D.), M.D. |
| Signed by Cho, Albert (M.D.), MEDICAL DOCTOR on 11/02/21 at 1434 |           |                   |                          |

CLINICAL HISTORY: Reason : KPWLA. Patient requests this location due to proximity to home. History of L1-3 fusion, Lumbar 4/5 Grade I spondylolisthesis. Evaluate for adjacent level degeneration and stenosis.

RIS TECH NOTES:

COMPARISON: No previous study available.

TECHNIQUE: Study performed per protocol.

## FINDINGS:

Postsurgical changes are present with fusion hardware at L1-L3. Bone marrow is normal in signal without evidence of fracture or marrow replacing lesion. The conus is normal in appearance.



## 11/01/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Imaging (continued)

Degenerative changes are present in the lumbar spine.

T12-L1: There is severe disc space narrowing and desiccation. There is grade 1 retrolisthesis and a disc bulge causing mild bilateral neural foraminal stenosis.

L1-2: Unremarkable.

L2-3: Unremarkable.

L3-4: There is a left foraminal disc protrusion and facet arthropathy causing severe left neural foraminal stenosis and mild spinal canal stenosis.

L4-5: There is grade 1 anterolisthesis, a disc bulge and facet arthropathy causing severe spinal canal stenosis and severe bilateral neural foraminal stenosis. The AP diameter of the thecal sac measures 5 mm.

L5-S1: There is a disc bulge and facet arthropathy causing severe right neural foraminal stenosis and mild left neural foraminal stenosis.

## IMPRESSION:

1. Fusion hardware at L1-L3.
2. Severe spinal canal stenosis and severe bilateral neural foraminal stenosis at L4-5 due to grade 1 anterolisthesis, a disc bulge and facet arthropathy.
3. Severe left neural foraminal stenosis and mild spinal canal stenosis at L3-4.
4. Severe right neural foraminal stenosis and mild left neural foraminal stenosis at L5-S1.
5. Mild bilateral neural foraminal stenosis at T12-L1.

This report electronically signed by Albert Cho, MD on 11/2/2021 2:29 PM

## Recipients

Terterov, Sergei (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 420493470  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

MRI LUMBAR SPINE, NO CONTRAST (No imaging for back pain of <4

Resulted: 11/01/21 0933, Result status: In process

## 11/01/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Imaging (continued)

## Weeks, assuming no Red Flags) [1450961837]

Order status: Completed

Accession number: 103589867

Narrative:

Filed by: Interface, Scal\_Radiology 11/01/21 0933

Resulting lab: SCAL RADIOLOGY INTERFACE

DOES PT HAVE?->NONE Has the patient ever had an allergic reaction to GADOLINIUM associated with an MRI?->No Has the patient received an IRON INFUSION through a vein [e.g., ferumoxytol (FERAHEME) during dialysis] within the past 3 months?->No Has the patient worked as a METAL WORKER or WELDER?->No Is the patient CLAUSTROPHOBIC (fear of enclosed places)?->No Is the patient wearing a TRANSDERMAL PATCH?->No Result Release to patient?->Immediate Pt called and scheduled MRI exam for 11/01/21 MD Order aware of prep and copy (pt not claustro, no metals in body or pacemaker, under 300lbs, no problem lying down)R.Minix appt clerk 10/13/21 @08:36am

## Transcription

| Type   | ID        | Date and Time     | Dictating Provider       |
|--|-----------|-------------------|--------------------------|
| Diagnostic imaging   | 103589867 | 11/2/2021 2:34 PM | Cho, Albert (M.D.), M.D. |
| Signed by Cho, Albert (M.D.), MEDICAL DOCTOR on 11/02/21 at 1434 |           |                   |                          |

CLINICAL HISTORY: Reason : KPWLA. Patient requests this location due to proximity to home. History of L1-3 fusion, Lumbar 4/5 Grade I spondylolisthesis. Evaluate for adjacent level degeneration and stenosis.

RIS TECH NOTES:

COMPARISON: No previous study available.

TECHNIQUE: Study performed per protocol.

## FINDINGS:

Postsurgical changes are present with fusion hardware at L1-L3. Bone marrow is normal in signal without evidence of fracture or marrow replacing lesion. The conus is normal in appearance. Degenerative changes are present in the lumbar spine.

T12-L1: There is severe disc space narrowing and desiccation. There is grade 1 retrolisthesis and a disc bulge causing mild bilateral neural foraminal stenosis.

L1-2: Unremarkable.

L2-3: Unremarkable.

L3-4: There is a left foraminal disc protrusion and facet arthropathy causing severe left neural foraminal stenosis and mild spinal canal stenosis.

L4-5: There is grade 1 anterolisthesis, a disc bulge and facet arthropathy causing severe spinal canal stenosis and severe bilateral neural foraminal stenosis. The AP diameter of the thecal sac measures 5 mm.

L5-S1: There is a disc bulge and facet arthropathy causing severe right neural foraminal stenosis and mild left neural foraminal

## 11/01/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Imaging (continued)

stenosis.

## IMPRESSION:

1. Fusion hardware at L1-L3.
2. Severe spinal canal stenosis and severe bilateral neural foraminal stenosis at L4-5 due to grade 1 anterolisthesis, a disc bulge and facet arthropathy.
3. Severe left neural foraminal stenosis and mild spinal canal stenosis at L3-4.
4. Severe right neural foraminal stenosis and mild left neural foraminal stenosis at L5-S1.
5. Mild bilateral neural foraminal stenosis at T12-L1.

This report electronically signed by Albert Cho, MD on 11/2/2021 2:29 PM

## Reviewed by

Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1711  
 Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1711  
 Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1706  
 Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1706  
 Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1539

## Testing Performed By

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**MRI LUMBAR SPINE, NO CONTRAST (No imaging for back pain of <4 Weeks, assuming no Red Flags) [1450961837]**

Resulted: 11/01/21 0830, Result status: In process

Order status: Completed

Accession number: 103589867

Narrative:

Filed by: Interface, Scal\_Radiology 11/01/21 0830

Resulting lab: SCAL RADIOLOGY INTERFACE

## Transcription

| Type   | ID        | Date and Time     | Dictating Provider       |
|--|-----------|-------------------|--------------------------|
| Diagnostic imaging   | 103589867 | 11/2/2021 2:34 PM | Cho, Albert (M.D.), M.D. |
| Signed by Cho, Albert (M.D.), MEDICAL DOCTOR on 11/02/21 at 1434 |           |                   |                          |

CLINICAL HISTORY: Reason : KPWLA. Patient requests this location due to proximity to home. History of L1-3 fusion, Lumbar 4/5 Grade I spondylolisthesis. Evaluate for adjacent level degeneration and stenosis.

RIS TECH NOTES:

COMPARISON: No previous study available.

**11/01/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)****Imaging (continued)**

TECHNIQUE: Study performed per protocol.

**FINDINGS:**

Postsurgical changes are present with fusion hardware at L1-L3. Bone marrow is normal in signal without evidence of fracture or marrow replacing lesion.

The conus is normal in appearance.

Degenerative changes are present in the lumbar spine.

T12-L1: There is severe disc space narrowing and desiccation. There is grade 1 retrolisthesis and a disc bulge causing mild bilateral neural foraminal stenosis.

L1-2: Unremarkable.

L2-3: Unremarkable.

L3-4: There is a left foraminal disc protrusion and facet arthropathy causing severe left neural foraminal stenosis and mild spinal canal stenosis.

L4-5: There is grade 1 anterolisthesis, a disc bulge and facet arthropathy causing severe spinal canal stenosis and severe bilateral neural foraminal stenosis. The AP diameter of the thecal sac measures 5 mm.

L5-S1: There is a disc bulge and facet arthropathy causing severe right neural foraminal stenosis and mild left neural foraminal stenosis.

**IMPRESSION:**

1. Fusion hardware at L1-L3.
2. Severe spinal canal stenosis and severe bilateral neural foraminal stenosis at L4-5 due to grade 1 anterolisthesis, a disc bulge and facet arthropathy.
3. Severe left neural foraminal stenosis and mild spinal canal stenosis at L3-4.
4. Severe right neural foraminal stenosis and mild left neural foraminal stenosis at L5-S1.
5. Mild bilateral neural foraminal stenosis at T12-L1.

This report electronically signed by Albert Cho, MD on 11/2/2021 2:29 PM

**Reviewed by**

Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1711  
Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1711  
Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1706  
Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1706  
Kwok, Jie Zhuang (P.A.), P.A. on 11/02/21 1539

## 11/01/2021 - Diagnostic Imaging in HOV GENERAL (X-RAY) (continued)

## Imaging (continued)

## Testing Performed By

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

## Indications

HX OF LUMBAR SURGERY [Z98.890 (ICD-10-CM)]

## All Reviewers List

Kwok, Jie Zhuang (P.A.), P.A. on 11/2/2021 17:11  
 Kwok, Jie Zhuang (P.A.), P.A. on 11/2/2021 17:11  
 Kwok, Jie Zhuang (P.A.), P.A. on 11/2/2021 17:06  
 Kwok, Jie Zhuang (P.A.), P.A. on 11/2/2021 17:06  
 Kwok, Jie Zhuang (P.A.), P.A. on 11/2/2021 15:39

## END OF ENCOUNTER

## 03/21/2022 - Diagnostic Imaging in HOV WEST LA HOSP MRI

## Visit Information

## Department

| Name                 | Address  | Phone        |
|----------------------|--|--------------|
| HOV WEST LA HOSP MRI | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161824973<br>96 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216182497396)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216182497396)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |

## 03/21/2022 - Diagnostic Imaging in HOV WEST LA HOSP MRI (continued)

## Visit Account Information (continued)

Address

Phone

## Events

## Hospital Outpatient at 3/21/2022 0727

Unit: HOV WEST LA HOSP MRI  
Patient class: Outpatient

## Discharge at 3/21/2022 0829

Unit: HOV WEST LA HOSP MRI  
Patient class: Outpatient

## Imaging

## Imaging

## MRI LEFT SHOULDER NO CONTRAST [1519908988] (Final result)

Status: Completed

Electronically signed by: Bharel, Chetan (M.D.), M.D. on 03/03/22 0913

This order may be acted on in another encounter.

Ordering user: Bharel, Chetan (M.D.), M.D. 03/03/22 0913

Authorized by: Bharel, Chetan (M.D.), M.D.

Ordering mode: Standard

Ordered during: Telephone Appointment Visit on 03/03/2022

Frequency: Routine 03/03/22 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

LEFT SHOULDER JOINT PAIN [M25.512]

## Provider Details

| Provider                    | NPI        |
|-----------------------------|------------|
| Bharel, Chetan (M.D.), M.D. | 1609040336 |

## Questionnaire

| Question  | Answer    |
|---|-----------|
| Does patient have any of the following items that may pose SIGNIFICANT MRI SAFETY RISKS?                  | None      |
| Does patient have a GADOLINIUM CONTRAST ALLERGY?  | No        |
| Does patient have a history of TRAUMA TO THE EYE WITH METAL FOREIGN BODY that required medical attention? | No        |
| Does patient have a history of INJURY BY A METAL OBJECT OR FOREIGN BODY (e.g. bullet, BB, shrapnel)?      | No        |
| Is the patient CLAUSTROPHOBIC (fear of enclosed places)?  | No        |
| Result Release to patient?  | Immediate |

## Scheduling instructions

Notify staff if patient is over 300 lbs.

Patient must be able to lie flat and be cooperative.

Order comments: Reason: left shoulder pain after covid booster for several months

## MRI LEFT SHOULDER NO CONTRAST [1519908988]

Resulted: 03/21/22 0849, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Radiology 03/21/22 2038

Accession number: 106451617

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Does patient have a GADOLINIUM CONTRAST ALLERGY?-&gt;No Does patient have a history of TRAUMA TO THE EYE WITH METAL FOREIGN BODY that required medical attention?-&gt;No Does patient have a history of INJURY BY A METAL OBJECT OR FOREIGN BODY (e.g. bullet, BB, shrapnel)?-&gt;No Is the patient CLAUSTROPHOBIC (fear of enclosed places)?-&gt;No Result Release to patient?-&gt;Immediate

Acknowledged by: Bharel, Chetan (M.D.), M.D. on 03/22/22 1259

## Transcription

| Type               | ID        | Date and Time     | Dictating Provider        |
|--------------------|-----------|-------------------|---------------------------|
| Diagnostic imaging | 106451617 | 3/21/2022 8:38 PM | Habibi, Reza (M.D.), M.D. |

**03/21/2022 - Diagnostic Imaging in HOV WEST LA HOSP MRI (continued)****Imaging (continued)**

Signed by Habibi, Reza (M.D.), MEDICAL DOCTOR on 03/21/22 at 2038

CLINICAL HISTORY: Reason: left shoulder pain after covid booster for several months Does patient have any of the following items that may pose SIGNIFICANT MRI SAFETY RISKS:->None

RIS TECH NOTES:

COMPARISON: No previous study available.

TECHNIQUE: Study performed per protocol.

FINDINGS:

#### Coracoacromial Arch

Acromioclavicular joint shows moderate hypertrophic degenerative changes. No bursal fluid is present in the subacromial-subdeltoid space.

#### Rotator Cuff

Supraspinatus and infraspinatus tendons are intact at greater tuberosity attachment site, without rotator cuff tear, tendon retraction, or focal muscle atrophy.

#### Subscapularis and Biceps Tendon

Subscapularis tendon is intact at the lesser tuberosity attachment site. Long-head biceps tendon is normally located in the bicipital groove.

#### Glenoid Labrum

There is circumferential degenerative labral tear.

#### Glenohumeral Joint/Bones

There is diffuse full-thickness chondral loss involving the glenohumeral articular surfaces, accompanied by bony remodeling, prominent marginal osteophytosis, and subcortical reactive marrow signal/cystic changes. There is a moderate-sized joint effusion, accompanied by severe synovitis.

#### IMPRESSION:

1. MRI examination of the left shoulder demonstrating severe degenerative changes involving the glenohumeral joint, accompanied by circumferential degenerative labral tear, moderate-sized joint effusion, and severe synovitis, as detailed above.
2. No evidence for rotator cuff tear.

## 03/21/2022 - Diagnostic Imaging in HOV WEST LA HOSP MRI (continued)

## Imaging (continued)

This report electronically signed by Reza Habibi, M.D. on 3/21/2022  
8:33 PM

## Recipients

Bharel, Chetan (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 437601059  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                     | Director | Address | Valid Date Range        |
|--------------------|--------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

## MRI LEFT SHOULDER NO CONTRAST [1519908988]

Resulted: 03/21/22 0850, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Radiology 03/21/22 0850

Accession number: 106451617

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Does patient have a GADOLINIUM CONTRAST ALLERGY?->No Does patient have a history of TRAUMA TO THE EYE WITH METAL FOREIGN BODY that required medical attention?->No Does patient have a history of INJURY BY A METAL OBJECT OR FOREIGN BODY (e.g. bullet, BB, shrapnel)?->No Is the patient CLAUSTROPHOBIC (fear of enclosed places)?->No Result Release to patient?->Immediate

## Transcription

| Type  | ID        | Date and Time     | Dictating Provider        |
|---|-----------|-------------------|---------------------------|
| Diagnostic imaging  | 106451617 | 3/21/2022 8:38 PM | Habibi, Reza (M.D.), M.D. |
| Signed by Habibi, Reza (M.D.), MEDICAL DOCTOR on 03/21/22 at 2038 |           |                   |                           |

CLINICAL HISTORY: Reason: left shoulder pain after covid booster for several months Does patient have any of the following items that may pose SIGNIFICANT MRI SAFETY RISKS:->None  
RIS TECH NOTES:

COMPARISON: No previous study available.

TECHNIQUE: Study performed per protocol.

FINDINGS:

Coracoacromial Arch

Acromioclavicular joint shows moderate hypertrophic degenerative changes. No bursal fluid is present in the subacromial-subdeltoid space.

Rotator Cuff

Supraspinatus and infraspinatus tendons are intact at greater



**03/21/2022 - Diagnostic Imaging in HOV WEST LA HOSP MRI (continued)****Imaging (continued)**

tuberosity attachment site, without rotator cuff tear, tendon retraction, or focal muscle atrophy.

**Subscapularis and Biceps Tendon**

Subscapularis tendon is intact at the lesser tuberosity attachment site. Long-head biceps tendon is normally located in the bicipital groove.

**Glenoid Labrum**

There is circumferential degenerative labral tear.

**Glenohumeral Joint/Bones**

There is diffuse full-thickness chondral loss involving the glenohumeral articular surfaces, accompanied by bony remodeling, prominent marginal osteophytosis, and subcortical reactive marrow signal/cystic changes. There is a moderate-sized joint effusion, accompanied by severe synovitis.

**IMPRESSION:**

1. MRI examination of the left shoulder demonstrating severe degenerative changes involving the glenohumeral joint, accompanied by circumferential degenerative labral tear, moderate-sized joint effusion, and severe synovitis, as detailed above.
2. No evidence for rotator cuff tear.

This report electronically signed by Reza Habibi, M.D. on 3/21/2022 8:33 PM

**Reviewed by**

Bharel, Chetan (M.D.), M.D. on 03/22/22 1259  
Bharel, Chetan (M.D.), M.D. on 03/22/22 1259

**Testing Performed By**

| Lab - Abbreviation | Name                     | Director | Address | Valid Date Range        |
|--------------------|--------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**MRI LEFT SHOULDER NO CONTRAST [1519908988]**

Resulted: 03/21/22 0758, Result status: In process

Order status: Completed

Accession number: 106451617

Narrative:

Filed by: Interface, Scal\_Radiology 03/21/22 0758

Resulting lab: SCAL RADIOLOGY INTERFACE

**Transcription**

| Type  | ID        | Date and Time     | Dictating Provider        |
|---|-----------|-------------------|---------------------------|
| Diagnostic imaging  | 106451617 | 3/21/2022 8:38 PM | Habibi, Reza (M.D.), M.D. |
| Signed by Habibi, Reza (M.D.), MEDICAL DOCTOR on 03/21/22 at 2038 |           |                   |                           |

**03/21/2022 - Diagnostic Imaging in HOV WEST LA HOSP MRI (continued)****Imaging (continued)**

CLINICAL HISTORY: Reason: left shoulder pain after covid booster for several months Does patient have any of the following items that may pose SIGNIFICANT MRI SAFETY RISKS:->None

RIS TECH NOTES:

COMPARISON: No previous study available.

TECHNIQUE: Study performed per protocol.

FINDINGS:

Coracoacromial Arch

Acromioclavicular joint shows moderate hypertrophic degenerative changes. No bursal fluid is present in the subacromial-subdeltoid space.

Rotator Cuff

Supraspinatus and infraspinatus tendons are intact at greater tuberosity attachment site, without rotator cuff tear, tendon retraction, or focal muscle atrophy.

Subscapularis and Biceps Tendon

Subscapularis tendon is intact at the lesser tuberosity attachment site. Long-head biceps tendon is normally located in the bicipital groove.

Glenoid Labrum

There is circumferential degenerative labral tear.

Glenohumeral Joint/Bones

There is diffuse full-thickness chondral loss involving the glenohumeral articular surfaces, accompanied by bony remodeling, prominent marginal osteophytosis, and subcortical reactive marrow signal/cystic changes. There is a moderate-sized joint effusion, accompanied by severe synovitis.

IMPRESSION:

1. MRI examination of the left shoulder demonstrating severe degenerative changes involving the glenohumeral joint, accompanied by circumferential degenerative labral tear, moderate-sized joint effusion, and severe synovitis, as detailed above.
2. No evidence for rotator cuff tear.

This report electronically signed by Reza Habibi, M.D. on 3/21/2022

**03/21/2022 - Diagnostic Imaging in HOV WEST LA HOSP MRI (continued)**

**Imaging (continued)**

8:33 PM

**Reviewed by**

Bharel, Chetan (M.D.), M.D. on 03/22/22 12:59  
Bharel, Chetan (M.D.), M.D. on 03/22/22 12:59

**Testing Performed By**

| Lab - Abbreviation | Name                        | Director | Address | Valid Date Range        |
|--------------------|-----------------------------|----------|---------|-------------------------|
| 120 - SCA          | SCAL RADIOLOGY<br>INTERFACE | Unknown  | Unknown | 02/13/04 0000 - Present |

**Indications**

LEFT SHOULDER JOINT PAIN [M25.512 (ICD-10-CM)]

**All Reviewers List**

Bharel, Chetan (M.D.), M.D. on 3/22/2022 12:59  
Bharel, Chetan (M.D.), M.D. on 3/22/2022 12:59

**END OF ENCOUNTER**

## 03/21/2022 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161824973<br>96 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216182497396)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216182497396)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |
|   |              |

## Events

## Hospital Outpatient at 3/21/2022 0830

Unit: HOV LABORATORY  
Patient class: Outpatient

## Discharge at 3/21/2022 2359

Unit: HOV LABORATORY  
Patient class: Outpatient

## Labs

## HEMOGLOBIN A1C, DIABETIC MONITORING [1491611435] (Final result)

Electronically signed by: Program, Complete Care on 01/05/22 2312

Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 01/05/22 2312

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 01/05/2022

Frequency: Routine 01/05/22 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 1/6/2022 3:50 AM

Diagnoses

DM 2 WO COMPLICATIONS [E11.9]

## Provider Details

## 03/21/2022 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220220800<br>15652 | —    | BLOOD  | G944210 03/21/22 0857 |

## HEMOGLOBIN A1C, DIABETIC MONITORING [1491611435]

Resulted: 03/21/22 1444, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/21/22 1444

Collected by: G944210 03/21/22 0857

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 718542873

Acknowledged by: Juster, Deborah Ann (M.D.), M.D. on 03/21/22 1536

## Components

| Component   | Value | Reference Range | Flag | Lab |
|---|-------|-----------------|------|-----|
| HGBA1C%   | 5.3   | 4.6 - 7.4 %     | —    | 956 |
| Comment:<br>A less stringent goal of < 8.0% may be appropriate for an individual patient with a history of severe hypoglycemia, limited life expectancy, advanced microvascular or macrovascular complications, or extensive comorbid conditions. |       |                 |      |     |
| ESTIMATED AVERAGE GLUCOSE   | 106   | mg/dL           | —    | 956 |

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 437555993  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## HEMOGLOBIN A1C, DIABETIC MONITORING [1491611435]

Resulted: 03/21/22 1319, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 03/21/22 1321

Collected by: G944210 03/21/22 0857

Narrative:

RMS ACCN: 718542873

## Reviewed by

Juster, Deborah Ann (M.D.), M.D. on 03/21/22 1536  
 Juster, Deborah Ann (M.D.), M.D. on 03/21/22 1536  
 Juster, Deborah Ann (M.D.), M.D. on 03/21/22 1536  
 Juster, Deborah Ann (M.D.), M.D. on 03/21/22 1536

## 03/21/2022 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Indications

DM 2 WO COMPLICATIONS [E11.9 (ICD-10-CM)]

## All Reviewers List

Juster, Deborah Ann (M.D.), M.D. on 3/21/2022 15:36  
 Juster, Deborah Ann (M.D.), M.D. on 3/21/2022 15:36  
 Juster, Deborah Ann (M.D.), M.D. on 3/21/2022 15:36  
 Juster, Deborah Ann (M.D.), M.D. on 3/21/2022 15:36

## ELECTROLYTE PANEL (NA, K, CL, CO2) [1498835286] (Final result)

Electronically signed by: Program, Complete Care on 01/19/22 0001

Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 01/19/22 0001

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 01/20/2022

Frequency: Routine 01/20/22 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 1/20/2022 3:36 AM

Diagnoses

DM 2 WO COMPLICATIONS [E11.9]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220220800<br>15651 | —    | BLOOD  | G944210 03/21/22 0857 |

## ELECTROLYTE PANEL (NA, K, CL, CO2) [1498835286]

Resulted: 03/21/22 1701, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/21/22 1703

Collected by: G944210 03/21/22 0857

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 718542872

Acknowledged by: Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1125

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| SODIUM    | 139   | 135 - 145 mEq/L | —    | 956 |
| POTASSIUM | 4.1   | 3.5 - 5.0 mEq/L | —    | 956 |
| CHLORIDE  | 105   | 101 - 111 mEq/L | —    | 956 |
| CO2       | 22    | 21 - 31 mEq/L   | —    | 956 |

## Recipients

Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 437584240  | Authorizing Provider |

## Testing Performed By

## 03/21/2022 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## ELECTROLYTE PANEL (NA, K, CL, CO2) [1498835286]

Resulted: 03/21/22 1701, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/21/22 1703

Collected by: G944210 03/21/22 0857

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 718542872

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| SODIUM    | 139   | 135 - 145 mEq/L | —    | 956 |
| POTASSIUM | 4.1   | 3.5 - 5.0 mEq/L | —    | 956 |
| CHLORIDE  | 105   | 101 - 111 mEq/L | —    | 956 |
| CO2       | 22    | 21 - 31 mEq/L   | —    | 956 |

## Reviewed by

Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1126

Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1126

Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1125

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 437584240  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## ELECTROLYTE PANEL (NA, K, CL, CO2) [1498835286]

Resulted: 03/21/22 1701, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/21/22 1703

Collected by: G944210 03/21/22 0857

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 718542872

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| SODIUM    | 139   | 135 - 145 mEq/L | —    | 956 |
| POTASSIUM | 4.1   | 3.5 - 5.0 mEq/L | —    | 956 |
| CHLORIDE  | 105   | 101 - 111 mEq/L | —    | 956 |

## Reviewed by

Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1126

Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1126

Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1125

## Recipients

## 03/21/2022 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 437584240  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

## ELECTROLYTE PANEL (NA, K, CL, CO2) [1498835286]

Resulted: 03/21/22 1248, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 03/21/22 1251

Collected by: G944210 03/21/22 0857

Narrative:

RMS ACCN: 718542872

## Reviewed by

Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1126  
 Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1126  
 Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1125

## Indications

DM 2 WO COMPLICATIONS [E11.9 (ICD-10-CM)]

## All Reviewers List

Kimm, Sandra Park (M.D.), M.D. on 3/22/2022 11:26  
 Kimm, Sandra Park (M.D.), M.D. on 3/22/2022 11:26  
 Kimm, Sandra Park (M.D.), M.D. on 3/22/2022 11:25

## MICROALBUMIN, URINE [1505929487] (Final result)

Electronically signed by: Bamba, Mark (R.N.), R.N. on 02/03/22 0919

Status: Completed

This order may be acted on in another encounter.

Ordering user: Bamba, Mark (R.N.), R.N. 02/03/22 0919

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Orders Only on 02/03/2022

Cosigning events

Electronically cosigned by Bergman, Julie A (D.O.), D.O. 02/03/22 1035 for Ordering

Frequency: Routine 02/03/22 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

DM 2 WO COMPLICATIONS [E11.9]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Bamba, Mark (R.N.), R.N.      | —          |
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source | Collected By                   |
|-------------------------|------|--------|--------------------------------|
| C0000220220800<br>17710 | —    | URINE  | Patient, Collect 03/21/22 0900 |



03/21/2022 - Lab in HOV LABORATORY (continued)

Labs (continued)

**MICROALBUMIN, URINE [1505929487]**

Resulted: 03/21/22 2039, Result status: Final result

Order status: Completed  
Collected by: Patient, Collect 03/21/22 0900  
Narrative:

Filed by: Interface, Scal\_Lab\_Cerner 03/21/22 2039  
Resulting lab: SHERMAN WAY REGIONAL LABORATORY

RMS ACCN: 718544698

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

Acknowledged by: Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1125

**Components**

| Component                                  | Value | Reference Range     | Flag | Lab |
|--|-------|---------------------|------|-----|
| ALBUMIN/CREATININE, URINE                  | 5.9   | <=29.9 mcg/mg Creat | —    | 956 |
| ALBUMIN, URINE, DETECTION LIMIT <= 20 MG/L | 7.9   | <=120.0 mg/L        | —    | 956 |
| CREATININE, URINE                          | 133.7 | 22.0 - 328.0 mg/dL  | —    | 956 |

Comment:

ACR (Albumin/Creatinine Ratio = urine microalbumin/creatinine ratio):  
<30 -> A1 normal; 30-<300 -> A2 moderately increased; >=300 -> A3 severely increased (with >= 2200 nephrotic range). A2 and A3 require 2nd value to confirm >2 weeks from first. Go to Aura 5-year Renal Failure for CKD risk assessment and guidance.

CKD Categorization by GFR & ACR (urine Albumin/Creatinine Ratio = microalbumin/creatinine)

| GFR >3 months | ACR <30(A1)  | ACR 30-<300(A2) | ACR 300+(A3) |
|---------------|--------------|-----------------|--------------|
| =====         | =====        | =====           | =====        |
| >=90          |              | CKD1 A2 or *    | CKD1 A3      |
| 60-<90        |              | CKD2 A2 or *    | CKD2 A3      |
| 30-<59        | CKD3 A1 or * | CKD3 A2         | CKD3 A3      |
| 15-<30        | CKD4 A1      | CKD4 A2         | CKD4 A3      |
| <15           | CKD5 A1      | CKD5 A2         | CKD5 A3      |

\*may label 'abnormal kidney function' or 'proteinuria' as appropriate

**CC List**

| Recipient              | Modifier | Fax | Address | Added |
|------------------------|----------|-----|---------|-------|
| Bergman, Julie A, D.O. | —        | —   | —       | —     |

**Recipients**

**Bergman, Julie A, D.O.**

| Added By?        | Delivery Method | Outcome                          | Message ID | Address Source       |
|------------------|-----------------|----------------------------------|------------|----------------------|
| Scheme           | In Basket       | Result sent                      | 437601130  | Authorizing Provider |
| EpicCare CC List |                 | Suppressed - duplicate recipient |            |                      |

**Testing Performed By**

| Lab - Abbreviation | Name                 | Director           | Address                           | Valid Date Range        |
|--------------------|----------------------|--------------------|-----------------------------------|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD | 03/28/19 2317 - Present |

**03/21/2022 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

LABORATORY

CA 91605

**MICROALBUMIN, URINE [1505929487]**

Resulted: 03/21/22 2039, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/21/22 2039

Collected by: Patient, Collect 03/21/22 0900

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 718544698

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

**Components**

| Component                                  | Value | Reference Range        | Flag | Lab |
|--|-------|------------------------|------|-----|
| ALBUMIN/CREATININE, URINE                  | 5.9   | <=29.9 mcg/mg<br>Creat | —    | 956 |
| ALBUMIN, URINE, DETECTION LIMIT <= 20 MG/L | 7.9   | <=120.0 mg/L           | —    | 956 |
| CREATININE, URINE                          | 133.7 | 22.0 - 328.0 mg/dL     | —    | 956 |

Comment:

ACR (Albumin/Creatinine Ratio = urine microalbumin/creatinine ratio):  
 <30 -> A1 normal; 30-<300 -> A2 moderately increased; >=300 -> A3 severely increased (with >= 2200 nephrotic range). A2 and A3 require 2nd value to confirm >2 weeks from first. Go to Aura 5-year Renal Failure for CKD risk assessment and guidance.

CKD Categorization by GFR & ACR (urine Albumin/Creatinine Ratio = microalbumin/creatinine)

| GFR >3 months | ACR <30(A1)  | ACR 30-<300(A2) | ACR 300+(A3) |
|---------------|--------------|-----------------|--------------|
| >=90          |              | CKD1 A2 or *    | CKD1 A3      |
| 60-<90        |              | CKD2 A2 or *    | CKD2 A3      |
| 30-<59        | CKD3 A1 or * | CKD3 A2         | CKD3 A3      |
| 15-<30        | CKD4 A1      | CKD4 A2         | CKD4 A3      |
| <15           | CKD5 A1      | CKD5 A2         | CKD5 A3      |

\*may label 'abnormal kidney function' or 'proteinuria' as appropriate

**Reviewed by**

Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1126  
 Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1125  
 Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1125

**CC List**

| Recipient              | Modifier | Fax | Address | Added |
|------------------------|----------|-----|---------|-------|
| Bergman, Julie A, D.O. | —        | —   | —       | —     |

**Recipients**

**Bergman, Julie A, D.O.**

| Added By?        | Delivery Method | Outcome                          | Message ID | Address Source       |
|------------------|-----------------|----------------------------------|------------|----------------------|
| Scheme           | In Basket       | Result sent                      | 437601130  | Authorizing Provider |
| EpicCare CC List |                 | Suppressed - duplicate recipient |            |                      |

## 03/21/2022 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Testing Performed By

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

## MICROALBUMIN, URINE [1505929487]

Resulted: 03/21/22 2039, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/21/22 2039

Collected by: Patient, Collect 03/21/22 0900

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 718544698

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

## Components

| Component                 | Value | Reference Range     | Flag | Lab |
|---------------------------|-------|---------------------|------|-----|
| ALBUMIN/CREATININE, URINE | 5.9   | <=29.9 mcg/mg Creat | —    | 956 |

## Reviewed by

Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1126

Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1125

Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1125

## CC List

| Recipient              | Modifier | Fax | Address | Added |
|------------------------|----------|-----|---------|-------|
| Bergman, Julie A, D.O. | —        | —   | —       | —     |

## Recipients

## Bergman, Julie A, D.O.

| Added By?        | Delivery Method | Outcome                          | Message ID | Address Source       |
|------------------|-----------------|----------------------------------|------------|----------------------|
| Scheme           | In Basket       | Result sent                      | 437601130  | Authorizing Provider |
| EpicCare CC List |                 | Suppressed - duplicate recipient |            |                      |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

## MICROALBUMIN, URINE [1505929487]

Resulted: 03/21/22 1645, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 03/21/22 1648

Collected by: Patient, Collect 03/21/22 0900

Narrative:

RMS ACCN: 718544698

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT.

## 03/21/2022 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Reviewed by

Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1126  
 Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1125  
 Kimm, Sandra Park (M.D.), M.D. on 03/22/22 1125

## CC List

| Recipient              | Modifier | Fax | Address | Added |
|------------------------|----------|-----|---------|-------|
| Bergman, Julie A, D.O. | —        | —   | —       | —     |

## Indications

DM 2 WO COMPLICATIONS [E11.9 (ICD-10-CM)]

## All Reviewers List

Kimm, Sandra Park (M.D.), M.D. on 3/22/2022 11:26  
 Kimm, Sandra Park (M.D.), M.D. on 3/22/2022 11:25  
 Kimm, Sandra Park (M.D.), M.D. on 3/22/2022 11:25

## END OF ENCOUNTER

## 12/27/2022 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161918959<br>02 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216191895902)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216191895902)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |

**12/27/2022 - Lab in HOV LABORATORY (continued)**

**Visit Account Information (continued)**

|                   |              |
|-------------------|--------------|
| Hawkins, Lawson B | xxxxxxxx8205 |
| <b>Address</b>    | <b>Phone</b> |

**Treatment Team**

| Provider               | Service | Role      | Provider Team | Specialty         | From | To |
|------------------------|---------|-----------|---------------|-------------------|------|----|
| Bergman, Julie A, D.O. | —       | Attending | —             | Internal Medicine | —    | —  |

**Events**

**Hospital Outpatient at 12/27/2022 1007**

Unit: HOV LABORATORY  
Patient class: Outpatient

**Discharge at 12/27/2022 2359**

Unit: HOV LABORATORY  
Patient class: Outpatient

**Labs**

**RESPIRATORY ALLERGY IGE PANEL (13 ALLERGENS) [1669452746] (Final result)**

Electronically signed by: **Bergman, Julie A (D.O.), D.O. on 12/22/22 0937** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Bergman, Julie A (D.O.), D.O. 12/22/22 0937

Ordering mode: Standard

Frequency: Routine 12/22/22 -

Quantity: 1

Diagnoses

ALLERGIC RHINITIS [J30.9]

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordered during: Telephone Appointment Visit on 12/22/2022

Class: Normal

Lab status: Final result

**Provider Details**

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

**Questionnaire**

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

**Specimen Information**

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220223610<br>24314 | —    | BLOOD  | E352358 12/27/22 1016 |

**RESPIRATORY ALLERGY IGE PANEL (13 ALLERGENS) [1669452746] (Abnormal)**

Resulted: 12/28/22 1314, Result status: Final result

Order status: Completed

Collected by: E352358 12/27/22 1016

Narrative:

RMS ACCN: 734810034

Acknowledged by: Bergman, Julie A (D.O.), D.O. on 12/28/22 1321

Filed by: Interface, Scal\_Lab\_Cerner 12/28/22 1314

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

**Components**

| Component                                      | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| DUST MITE (DERMATOPHAGOIDES PTERONYSSINUS) IGE | 0.10  | <=0.34 kUA/L    | —    | 956 |
| Comment:                                       |       |                 |      |     |

## 12/27/2022 - Lab in HOV LABORATORY (continued)

## Labs (continued)

See interpretive report by clicking the "View Image" link in the Linked Documents section.

|                |       |              |   |     |
|----------------|-------|--------------|---|-----|
| CAT DANDER IGE | <0.10 | <=0.34 kUA/L | — | 956 |
|----------------|-------|--------------|---|-----|

Comment:

See interpretive report by clicking the "View Image" link in the Linked Documents section.

|                |       |              |   |     |
|----------------|-------|--------------|---|-----|
| DOG DANDER IGE | <0.10 | <=0.34 kUA/L | — | 956 |
|----------------|-------|--------------|---|-----|

Comment:

See interpretive report by clicking the "View Image" link in the Linked Documents section.

|              |       |              |   |     |
|--------------|-------|--------------|---|-----|
| RYEGRASS IGE | <0.10 | <=0.34 kUA/L | — | 956 |
|--------------|-------|--------------|---|-----|

Comment:

See interpretive report by clicking the "View Image" link in the Linked Documents section.

|                               |       |              |   |     |
|-------------------------------|-------|--------------|---|-----|
| ALTERNARIA ALTERNATA MOLD IGE | <0.10 | <=0.34 kUA/L | — | 956 |
|-------------------------------|-------|--------------|---|-----|

Comment:

See interpretive report by clicking the "View Image" link in the Linked Documents section.

|                |       |              |   |     |
|----------------|-------|--------------|---|-----|
| OLIVE TREE IGE | <0.10 | <=0.34 kUA/L | — | 956 |
|----------------|-------|--------------|---|-----|

Comment:

See interpretive report by clicking the "View Image" link in the Linked Documents section.

|                                     |       |              |   |     |
|-------------------------------------|-------|--------------|---|-----|
| SALTWORT (RUSSIAN THISTLE) WEED IGE | <0.10 | <=0.34 kUA/L | — | 956 |
|-------------------------------------|-------|--------------|---|-----|

Comment:

See interpretive report by clicking the "View Image" link in the Linked Documents section.

|                                |       |              |   |     |
|--------------------------------|-------|--------------|---|-----|
| ASPERGILLUS FUMIGATUS MOLD IGE | <0.10 | <=0.34 kUA/L | — | 956 |
|--------------------------------|-------|--------------|---|-----|

Comment:

See interpretive report by clicking the "View Image" link in the Linked Documents section.

|                   |       |              |   |     |
|-------------------|-------|--------------|---|-----|
| BERMUDA GRASS IGE | <0.10 | <=0.34 kUA/L | — | 956 |
|-------------------|-------|--------------|---|-----|

Comment:

See interpretive report by clicking the "View Image" link in the Linked Documents section.

|              |       |              |   |     |
|--------------|-------|--------------|---|-----|
| ELM TREE IGE | <0.10 | <=0.34 kUA/L | — | 956 |
|--------------|-------|--------------|---|-----|

Comment:

See interpretive report by clicking the "View Image" link in the Linked Documents section.

|                  |       |              |   |     |
|------------------|-------|--------------|---|-----|
| MUGWORT WEED IGE | <0.10 | <=0.34 kUA/L | — | 956 |
|------------------|-------|--------------|---|-----|

Comment:

See interpretive report by clicking the "View Image" link in the Linked Documents section.

|                                |       |              |   |     |
|--------------------------------|-------|--------------|---|-----|
| CLADOSPORIUM HERBARUM MOLD IGE | <0.10 | <=0.34 kUA/L | — | 956 |
|--------------------------------|-------|--------------|---|-----|

Comment:

See interpretive report by clicking the "View Image" link in the Linked Documents section.

|               |      |              |     |     |
|---------------|------|--------------|-----|-----|
| COCKROACH IGE | 0.51 | <=0.34 kUA/L | H ^ | 956 |
|---------------|------|--------------|-----|-----|

Comment:

See interpretive report by clicking the "View Image" link in the Linked Documents section.

## 12/27/2022 - Lab in HOV LABORATORY (continued)

## Labs (continued)

View Image (below)

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 472451539  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## RESPIRATORY ALLERGY IGE PANEL (13 ALLERGENS) [1669452746] Resulted: 12/27/22 1608, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 12/27/22 1608

Collected by: E352358 12/27/22 1016

Narrative:

RMS ACCN: 734810034

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 01/03/23 1125  
 Bergman, Julie A (D.O.), D.O. on 01/03/23 1124  
 Bergman, Julie A (D.O.), D.O. on 01/03/23 1118  
 Bergman, Julie A (D.O.), D.O. on 12/28/22 1321

## Indications

ALLERGIC RHINITIS [J30.9 (ICD-10-CM)]

## All Reviewers List

Bergman, Julie A (D.O.), D.O. on 1/3/2023 11:25  
 Bergman, Julie A (D.O.), D.O. on 1/3/2023 11:24  
 Bergman, Julie A (D.O.), D.O. on 1/3/2023 11:18  
 Bergman, Julie A (D.O.), D.O. on 12/28/2022 13:21

## CBC W AUTOMATED DIFFERENTIAL [1669452747] (Final result)

Electronically signed by: Bergman, Julie A (D.O.), D.O. on 12/22/22 0937

Status: Completed

This order may be acted on in another encounter.

Ordering user: Bergman, Julie A (D.O.), D.O. 12/22/22 0937

Authorized by: Bergman, Julie A (D.O.), D.O.

Ordering mode: Standard

Ordered during: Telephone Appointment Visit on 12/22/2022

Frequency: Routine 12/22/22 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

ALLERGIC RHINITIS [J30.9]

## Provider Details

| Provider                      | NPI        |
|-------------------------------|------------|
| Bergman, Julie A (D.O.), D.O. | 1700248309 |

## Questionnaire

## 12/27/2022 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220223610<br>24314 | —    | BLOOD  | E352358 12/27/22 1016 |

## CBC W AUTOMATED DIFFERENTIAL [1669452747]

Resulted: 12/27/22 2300, Result status: Final result

Order status: Completed  
Collected by: E352358 12/27/22 1016

Filed by: Interface, Scal\_Lab\_Cerner 12/27/22 2300  
Resulting lab: SCPMG REGIONAL REFERENCE  
LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS

Narrative:  
RMS ACCN: 734810035  
Acknowledged by: Bergman, Julie A (D.O.), D.O. on 12/28/22 1321

## Components

| Component                  | Value | Reference Range         | Flag | Lab   |
|----------------------------|-------|-------------------------|------|-------|
| WBC'S AUTO                 | 4.5   | 4.0 - 11.0<br>x1000/mcL | —    | SCPMG |
| RBC, AUTO                  | 4.87  | 4.50 - 5.90<br>Mill/mcL | —    | SCPMG |
| HGB                        | 14.2  | 13.5 - 17.5 g/dL        | —    | SCPMG |
| HCT, AUTO                  | 43.3  | 41.0 - 51.0 %           | —    | SCPMG |
| MCV                        | 88.9  | 83.0 - 98.0 fL          | —    | SCPMG |
| MCH                        | 29.2  | 25.0 - 35.0 pg/cell     | —    | SCPMG |
| MCHC                       | 32.8  | 30.0 - 35.0 g/dL        | —    | SCPMG |
| RDW, BLOOD                 | 14.8  | 11.5 - 16.0 %           | —    | SCPMG |
| PLATELETS, AUTOMATED COUNT | 205   | 130 - 400<br>x1000/mcL  | —    | SCPMG |

## Recipients

## Bergman, Julie A, D.O.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 472451539  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name  | Director           | Address                                    | Valid Date Range        |
|--------------------|---|--------------------|--|-------------------------|
| 1753 - SCPMG       | SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS | Steven McLaren, DO | 13000 Peyton Drive<br>Chino Hills CA 91709 | 03/28/19 2201 - Present |

## CBC W AUTOMATED DIFFERENTIAL [1669452747]

Resulted: 12/27/22 2133, Result status: In process

Order status: Completed  
Collected by: E352358 12/27/22 1016

Filed by: Interface, Scal\_Lab 12/27/22 2133

Narrative:  
RMS ACCN: 734810035

## Reviewed by

Bergman, Julie A (D.O.), D.O. on 01/03/23 1125



## 12/27/2022 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Bergman, Julie A (D.O.), D.O. on 01/03/23 1124  
 Bergman, Julie A (D.O.), D.O. on 01/03/23 1118  
 Bergman, Julie A (D.O.), D.O. on 12/28/22 1321

## Indications

ALLERGIC RHINITIS [J30.9 (ICD-10-CM)]

## All Reviewers List

Bergman, Julie A (D.O.), D.O. on 1/3/2023 11:25  
 Bergman, Julie A (D.O.), D.O. on 1/3/2023 11:24  
 Bergman, Julie A (D.O.), D.O. on 1/3/2023 11:18  
 Bergman, Julie A (D.O.), D.O. on 12/28/2022 13:21

## END OF ENCOUNTER

## 04/10/2023 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161950632<br>12 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216195063212)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216195063212)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

**04/10/2023 - Lab in HOV LABORATORY (continued)**

**Treatment Team**

| Provider                         | Service | Role      | Provider Team | Specialty       | From | To |
|----------------------------------|---------|-----------|---------------|-----------------|------|----|
| Desure, Ariell Rose (M.D.), M.D. | —       | Attending | —             | Family Practice | —    | —  |

**Events**

**Hospital Outpatient at 4/10/2023 1322**

Unit: HOV LABORATORY  
Patient class: Outpatient

**Discharge at 4/10/2023 2359**

Unit: HOV LABORATORY  
Patient class: Outpatient

**Labs**

**ELECTROLYTE PANEL (NA, K, CL, CO2) [1679659423] (Final result)**

Electronically signed by: **Program, Complete Care on 01/11/23 0026** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 01/11/23 0026

Ordering mode: Standard

Frequency: Routine 01/12/23 -

Quantity: 1

Instance released by: Program, Complete Care (auto-released) 1/12/2023 3:45 AM

Diagnoses

DM 2 WO COMPLICATIONS [E11.9]

**Provider Details**

| Provider                         | NPI        |
|----------------------------------|------------|
| Desure, Ariell Rose (M.D.), M.D. | 1124525167 |

**Questionnaire**

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

**Specimen Information**

| ID                   | Type | Source | Collected By          |
|----------------------|------|--------|-----------------------|
| C0000220231000 53718 | —    | BLOOD  | E483951 04/10/23 1324 |

**ELECTROLYTE PANEL (NA, K, CL, CO2) [1679659423] (Abnormal)**

Resulted: 04/10/23 2017, Result status: Final result

Order status: Completed

Collected by: E483951 04/10/23 1324

Narrative:

RMS ACCN: 740738666

Acknowledged by: Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1607

Filed by: Interface, Scal\_Lab\_Cerner 04/10/23 2017

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

**Components**

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| SODIUM    | 141   | 135 - 145 mEq/L | —    | 956 |
| POTASSIUM | 3.9   | 3.5 - 5.0 mEq/L | —    | 956 |
| CHLORIDE  | 108   | 101 - 111 mEq/L | —    | 956 |
| CO2       | 19    | 21 - 31 mEq/L   | L    | 956 |

**Recipients**

## 04/10/2023 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Desure, Ariell Rose (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 485733474  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

## ELECTROLYTE PANEL (NA, K, CL, CO2) [1679659423] (Abnormal)

Resulted: 04/10/23 2017, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 04/10/23 2017

Collected by: E483951 04/10/23 1324

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 740738666

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| SODIUM    | 141   | 135 - 145 mEq/L | —    | 956 |
| POTASSIUM | 3.9   | 3.5 - 5.0 mEq/L | —    | 956 |
| CHLORIDE  | 108   | 101 - 111 mEq/L | —    | 956 |
| CO2       | 19    | 21 - 31 mEq/L   | L v  | 956 |

## Reviewed by

Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1632

Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1630

Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1630

Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1607

## Recipients

Desure, Ariell Rose (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 485733474  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

## ELECTROLYTE PANEL (NA, K, CL, CO2) [1679659423] (Abnormal)

Resulted: 04/10/23 2017, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 04/10/23 2017

Collected by: E483951 04/10/23 1324

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 740738666

## Components

| Component | Value | Reference Range | Flag | Lab |
|-----------|-------|-----------------|------|-----|
| SODIUM    | 141   | 135 - 145 mEq/L | —    | 956 |
| POTASSIUM | 3.9   | 3.5 - 5.0 mEq/L | —    | 956 |

## 04/10/2023 - Lab in HOV LABORATORY (continued)

## Labs (continued)

|          |     |                 |     |     |
|----------|-----|-----------------|-----|-----|
| CHLORIDE | 108 | 101 - 111 mEq/L | —   | 956 |
| CO2      | 19  | 21 - 31 mEq/L   | L ▼ | 956 |

## Reviewed by

Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1632  
 Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1630  
 Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1630  
 Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1607

## Recipients

## Desure, Ariell Rose (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 485733474  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## ELECTROLYTE PANEL (NA, K, CL, CO2) [1679659423]

Resulted: 04/10/23 1907, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 04/10/23 1907

Collected by: E483951 04/10/23 1324

Narrative:

RMS ACCN: 740738666

## Reviewed by

Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1632  
 Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1630  
 Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1630  
 Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1607

## Indications

DM 2 WO COMPLICATIONS [E11.9 (ICD-10-CM)]

## All Reviewers List

Adams, Amy Elizabeth (P.A.), P.A. on 4/11/2023 16:32  
 Adams, Amy Elizabeth (P.A.), P.A. on 4/11/2023 16:30  
 Adams, Amy Elizabeth (P.A.), P.A. on 4/11/2023 16:30  
 Adams, Amy Elizabeth (P.A.), P.A. on 4/11/2023 16:07

## HEMOGLOBIN A1C, DIABETIC MONITORING [1715972363] (Final result)

Electronically signed by: Program, Complete Care on 03/16/23 0049

Status: Completed

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 03/16/23 0049

Authorized by: Siegel, Jeffrey David (M.D.), M.D.

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 03/16/2023

Frequency: Routine 03/16/23 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Program, Complete Care (auto-released) 3/16/2023 3:51 AM

Diagnoses

DM 2 WO COMPLICATIONS [E11.9]

## Provider Details

## 04/10/2023 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Provider                           | NPI        |
|------------------------------------|------------|
| Siegel, Jeffrey David (M.D.), M.D. | 1366590234 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220231000<br>53710 | —    | BLOOD  | E483951 04/10/23 1324 |

## HEMOGLOBIN A1C, DIABETIC MONITORING [1715972363]

Resulted: 04/10/23 2018, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 04/10/23 2018

Collected by: E483951 04/10/23 1324

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 740738665

Acknowledged by

Siegel, Jeffrey David (M.D.), M.D. on 04/10/23 2049

Valdez, Elbert J (L.V.N.), L.V.N. on 04/11/23 0847

## Components

| Component   | Value | Reference Range | Flag | Lab |
|---|-------|-----------------|------|-----|
| HGBA1C%   | 5.7   | 4.6 - 7.4 %     | —    | 956 |
| Comment:<br>A less stringent goal of < 8.0% may be appropriate for an individual patient with a history of severe hypoglycemia, limited life expectancy, advanced microvascular or macrovascular complications, or extensive comorbid conditions. |       |                 |      |     |
| ESTIMATED AVERAGE GLUCOSE   | 115   | mg/dL           | —    | 956 |

## Recipients

## Siegel, Jeffrey David (M.D.), M.D.

| Added By?                          | Delivery Method | Outcome     | Message ID | Address Source       |
|------------------------------------|-----------------|-------------|------------|----------------------|
| Siegel, Jeffrey David (M.D.), M.D. | In Basket       | Result sent | 485733508  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## HEMOGLOBIN A1C, DIABETIC MONITORING [1715972363]

Resulted: 04/10/23 1905, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 04/10/23 1905

Collected by: E483951 04/10/23 1324

Narrative:

RMS ACCN: 740738665

## Reviewed by

Valdez, Elbert J (L.V.N.), L.V.N. on 04/11/23 0850

Siegel, Jeffrey David (M.D.), M.D. on 04/10/23 2049

Siegel, Jeffrey David (M.D.), M.D. on 04/10/23 2049

**04/10/2023 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

Siegel, Jeffrey David (M.D.), M.D. on 04/10/23 2049  
 Siegel, Jeffrey David (M.D.), M.D. on 04/10/23 2049

**Indications**

DM 2 WO COMPLICATIONS [E11.9 (ICD-10-CM)]

**All Reviewers List**

Valdez, Elbert J (L.V.N.), L.V.N. on 4/11/2023 08:50  
 Siegel, Jeffrey David (M.D.), M.D. on 4/10/2023 20:49  
 Siegel, Jeffrey David (M.D.), M.D. on 4/10/2023 20:49  
 Siegel, Jeffrey David (M.D.), M.D. on 4/10/2023 20:49  
 Siegel, Jeffrey David (M.D.), M.D. on 4/10/2023 20:49

**MICROALBUMIN, URINE [1679659424] (Final result)**

Electronically signed by: **Program, Complete Care on 01/11/23 0026** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Program, Complete Care 01/11/23 0026

Ordering mode: Standard

Frequency: Routine 01/12/23 -

Quantity: 1

Instance released by: Program, Complete Care (auto-released) 1/12/2023 3:45 AM

Diagnoses

DM 2 WO COMPLICATIONS [E11.9]

Authorized by: Desure, Ariell Rose (M.D.), M.D.

Ordered during: Released Future/Standing Orders on 01/12/2023

Class: Normal

Lab status: Final result

**Provider Details**

| Provider                         | NPI        |
|----------------------------------|------------|
| Desure, Ariell Rose (M.D.), M.D. | 1124525167 |

**Questionnaire**

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

**Specimen Information**

| ID                      | Type | Source | Collected By                   |
|-------------------------|------|--------|--------------------------------|
| C0000220231000<br>60740 | —    | URINE  | Patient, Collect 04/10/23 1438 |

**MICROALBUMIN, URINE [1679659424]**

Resulted: 04/10/23 2240, Result status: Final result

Order status: Completed

Collected by: Patient, Collect 04/10/23 1438

Narrative:

RMS ACCN: 740745233

Acknowledged by: Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1607

Filed by: Interface, Scal\_Lab\_Cerner 04/10/23 2240

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

**Components**

| Component                                  | Value | Reference Range        | Flag | Lab |
|--|-------|------------------------|------|-----|
| ALBUMIN/CREATININE, URINE                  | <22.7 | <=29.9 mcg/mg<br>Creat | —    | 956 |
| ALBUMIN, URINE, DETECTION LIMIT <= 20 MG/L | <7.0  | <=120.0 mg/L           | —    | 956 |
| CREATININE, URINE                          | 30.9  | 22.0 - 328.0 mg/dL     | —    | 956 |

Comment:

ACR (urine Albumin/Creatinine Ratio = microalbumin/creatinine):  
 <30 -> A1 normal; 30-<300 -> A2 moderately increased; >=300 -> A3 severely increased (with >= 2200 nephrotic range). A2 and A3 require 2nd value to confirm >2 weeks from first. Additional advice for the provider is available in Renal Failure Risk Assessment below.

04/10/2023 - Lab in HOV LABORATORY (continued)

Labs (continued)

CKD Categorization by GFR & ACR (urine Albumin/Creatinine Ratio = microalbumin/creatinine)

| GFR >3 months | ACR <30(A1)   | ACR 30-<300(A2) | ACR 300+(A3) |
|---------------|---------------|-----------------|--------------|
| >=90          |               | CKD1 A2 or *    | CKD1 A3      |
| 60-<90        |               | CKD2 A2 or *    | CKD2 A3      |
| 45-<60        | CKD3a A1 or * | CKD3a A2        | CKD3 A3      |
| 30-<45        | CKD3b A1      | CKD3b A2        | CKD3 A3      |
| 15-<30        | CKD4 A1       | CKD4 A2         | CKD4 A3      |
| <15           | CKD5 A1       | CKD5 A2         |              |
|               | CKD5 A3       |                 |              |

\* or may label 'abnormal kidney function' or 'proteinuria' as appropriate.

Recipients

Desure, Ariell Rose (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 485733474  | Authorizing Provider |

Testing Performed By

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

MICROALBUMIN, URINE [1679659424]

Resulted: 04/10/23 2240, Result status: Final result

Order status: Completed  
 Collected by: Patient, Collect 04/10/23 1438  
 Narrative:  
 RMS ACCN: 740745233  
 Filed by: Interface, Scal\_Lab\_Cerner 04/10/23 2240  
 Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Components

| Component                 | Value | Reference Range     | Flag | Lab |
|---------------------------|-------|---------------------|------|-----|
| ALBUMIN/CREATININE, URINE | <22.7 | <=29.9 mcg/mg Creat | —    | 956 |
| CREATININE, URINE         | 30.9  | 22.0 - 328.0 mg/dL  | —    | 956 |

Comment:  
 ACR (urine Albumin/Creatinine Ratio = microalbumin/creatinine):  
 <30 -> A1 normal; 30-<300 -> A2 moderately increased; >=300 -> A3 severely increased (with >= 2200 nephrotic range). A2 and A3 require 2nd value to confirm >2 weeks from first. Additional advice for the provider is available in Renal Failure Risk Assessment below.

CKD Categorization by GFR & ACR (urine Albumin/Creatinine Ratio = microalbumin/creatinine)

| GFR >3 months | ACR <30(A1)   | ACR 30-<300(A2) | ACR 300+(A3) |
|---------------|---------------|-----------------|--------------|
| >=90          |               | CKD1 A2 or *    | CKD1 A3      |
| 60-<90        |               | CKD2 A2 or *    | CKD2 A3      |
| 45-<60        | CKD3a A1 or * | CKD3a A2        | CKD3 A3      |
| 30-<45        | CKD3b A1      | CKD3b A2        | CKD3 A3      |
| 15-<30        | CKD4 A1       | CKD4 A2         | CKD4 A3      |





## 04/10/2023 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Reviewed by

Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1632  
 Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1630  
 Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1630  
 Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1607

## Recipients

## Desure, Ariell Rose (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 485733474  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## MICROALBUMIN, URINE [1679659424]

Resulted: 04/10/23 2135, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 04/10/23 2135

Collected by: Patient, Collect 04/10/23 1438

Narrative:

RMS ACCN: 740745233

## Reviewed by

Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1632  
 Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1630  
 Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1630  
 Adams, Amy Elizabeth (P.A.), P.A. on 04/11/23 1607

## Indications

DM 2 WO COMPLICATIONS [E11.9 (ICD-10-CM)]

## All Reviewers List

Adams, Amy Elizabeth (P.A.), P.A. on 4/11/2023 16:32  
 Adams, Amy Elizabeth (P.A.), P.A. on 4/11/2023 16:30  
 Adams, Amy Elizabeth (P.A.), P.A. on 4/11/2023 16:30  
 Adams, Amy Elizabeth (P.A.), P.A. on 4/11/2023 16:07

## END OF ENCOUNTER

## 04/22/2023 - General Radiology Procedure in HOV WEST LA HOSP XRAY

## Visit Information

## Department

| Name                  | Address  | Phone        |
|-----------------------|--|--------------|
| HOV WEST LA HOSP XRAY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

## 04/22/2023 - General Radiology Procedure in HOV WEST LA HOSP XRAY (continued)

## Visit Information (continued)

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161954217<br>84 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216195421784)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216195421784)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

## Events

## Hospital Outpatient at 4/22/2023 1055

Unit: HOV WEST LA HOSP XRAY  
Patient class: Outpatient

## Discharge at 4/22/2023 2359

Unit: HOV WEST LA HOSP XRAY  
Patient class: Outpatient

## Imaging

## Imaging

## XR LEFT FOOT 3 OR MORE VIEWS [1736049622] (Final result)

Electronically signed by: **Balayan, Konstantin Walter (P.A.), P.A.** on 04/22/23 1041 Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Balayan, Konstantin Walter (P.A.), P.A. 04/22/23 1041 Authorized by: Balayan, Konstantin Walter (P.A.), P.A.

Ordering mode: Standard

Frequency: STAT 04/22/23 1055 - 1 occurrence

Quantity: 1

Instance released by: Vasquez, Elizabeth 4/22/2023 10:55 AM

Class: Normal

Lab status: Final result

## Provider Details

| Provider                                | NPI        |
|---|------------|
| Balayan, Konstantin Walter (P.A.), P.A. | 1265839708 |

## Questionnaire

**04/22/2023 - General Radiology Procedure in HOV WEST LA HOSP XRAY (continued)**

**Imaging (continued)**

| Question  | Answer    |
|---|-----------|
| Result Release to patient?  | Immediate |
| Do you authorize order modification to better answer the clinical question and relevant laboratory tests per radiology department directives? | Yes       |

Order comments: Dorsal foot pain . No hx of new injury

**End Exam Questions**

| Answer                               | Comment |
|--------------------------------------|---------|
| Was the patient shielded by request? |         |

**XR LEFT FOOT 3 OR MORE VIEWS [1736049622]**

Resulted: 04/22/23 1808, Result status: Final result

Order status: Completed  
 Filed by: Interface, Scal\_Radiology Results In 04/22/23 1813  
 Accession number: 216DX00000800247  
 Narrative:  
 CLINICAL HISTORY: Dorsal foot pain . No hx of new injury

Resulted by: Rezvanpour, Ata Daniel (M.D.), M.D.  
 Performed: 04/22/23 1129 - 04/22/23 1129  
 Resulting lab: PS360

COMPARISON: No previous study available.

Impression:

**FINDINGS/IMPRESSION:**

No acute fracture is identified. The alignment is normal. Moderate to severe osteoarthritic changes are seen involving tarsal and first metatarsophalangeal joints. Moderate osteoarthritic changes are seen involving proximal interphalangeal joint of great toe.

Old healed fracture of calcaneus disease is seen. Subtalar fusions are noted. Flattening of plantar arches is seen.

This report electronically signed by Ata Rezvanpour, MD on 4/22/2023 6:08 PM  
 Acknowledged by: Zackos, Cecile Mallillin (R.N.), R.N. on 04/23/23 0837

**Recipients**

**UccwIwla Results Pool**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source |
|-----------|-----------------|-------------|------------|----------------|
| Scheme    | In Basket       | Result sent | 487369766  |                |

**Testing Performed By**

| Lab - Abbreviation | Name  | Director | Address | Valid Date Range        |
|--------------------|-------|----------|---------|-------------------------|
| 2402 - Unknown     | PS360 | Unknown  | Unknown | 07/22/21 0745 - Present |

**XR LEFT FOOT 3 OR MORE VIEWS [1736049622]**

Resulted: 04/22/23 1106, Result status: In process

Order status: Completed  
 Filed by: Avila, Iridiana 04/22/23 1106  
 Accession number: 216DX00000800247

Resulted by: Rezvanpour, Ata Daniel (M.D.), M.D.  
 Performed: 04/22/23 1129 - 04/22/23 1129  
 Resulting lab: PS360

**Reviewed by**

Zackos, Cecile Mallillin (R.N.), R.N. on 04/23/23 0837  
 Zackos, Cecile Mallillin (R.N.), R.N. on 04/23/23 0837

**Testing Performed By**

| Lab - Abbreviation | Name  | Director | Address | Valid Date Range        |
|--------------------|-------|----------|---------|-------------------------|
| 2402 - Unknown     | PS360 | Unknown  | Unknown | 07/22/21 0745 - Present |

## 04/22/2023 - General Radiology Procedure in HOV WEST LA HOSP XRAY (continued)

## Imaging (continued)

## Signed

Electronically signed by Rezvanpour, Ata Daniel (M.D.), M.D. on 4/22/23 at 1808 PDT

## All Reviewers List

Zackos, Cecile Mallillin (R.N.), R.N. on 4/23/2023 08:37

Zackos, Cecile Mallillin (R.N.), R.N. on 4/23/2023 08:37

## END OF ENCOUNTER

## 07/01/2023 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161973940<br>17 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216197394017)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216197394017)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

## Treatment Team

| Provider                         | Service | Role      | Provider Team | Specialty         | From | To |
|----------------------------------|---------|-----------|---------------|-------------------|------|----|
| Siegel, Jeffrey<br>David (M.D.), | —       | Attending | —             | Internal Medicine | —    | —  |

## 07/01/2023 - Lab in HOV LABORATORY (continued)

## Treatment Team (continued)

M.D.

## Events

## Hospital Outpatient at 7/1/2023 1138

Unit: HOV LABORATORY  
Patient class: Outpatient

## Discharge at 7/1/2023 2359

Unit: HOV LABORATORY  
Patient class: Outpatient

## Labs

## LIPID PANEL [1732498579] (Final result)

Electronically signed by: **Onwuka, Faith Amarachukwu (N.P.), N.P. on 04/16/23 1659**Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Onwuka, Faith Amarachukwu (N.P.), N.P. 04/16/23 1659 Authorized by: Siegel, Jeffrey David (M.D.), M.D.

Ordering mode: Standard

Ordered during: Patient Message on 04/12/2023

Frequency: Routine 04/16/23 -

Class: Normal

Quantity: 1

Lab status: Final result

Released by: Onwuka, Faith Amarachukwu (N.P.), N.P. 04/16/23 1659

Diagnoses

SCREENING [Z13.9]

## Provider Details

| Provider                               | NPI        |
|--|------------|
| Onwuka, Faith Amarachukwu (N.P.), N.P. | 1962976456 |
| Siegel, Jeffrey David (M.D.), M.D.     | 1366590234 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220231820<br>23195 | —    | BLOOD  | E930517 07/01/23 1145 |

## LIPID PANEL [1732498579] (Abnormal)

Resulted: 07/01/23 1940, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 07/01/23 1940

Collected by: E930517 07/01/23 1145

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 745476086

FASTING? YES

Acknowledged by: Morales, Gregory S (M.D.), M.D. on 07/14/23 1352

## Components

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| CHOLESTEROL  | 198   | <=199 mg/dL     | —    | 956 |
| TRIGLYCERIDE   | 94    | <=149 mg/dL     | —    | 956 |
| Comment:<br>Note that if triglycerides (TG) are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid. |       |                 |      |     |
| HDL  | 65    | >=40 mg/dL      | —    | 956 |
| LDL CALCULATED   | 116   | <=99 mg/dL      | H ^  | 956 |
| CHOLESTEROL/HIGH DENSITY   | 3.0   | <=3.9           | —    | 956 |

## 07/01/2023 - Lab in HOV LABORATORY (continued)

## Labs (continued)

LIPOPROTEIN

Comment: See LabNet for more information.

CHOLESTEROL, NON-HDL

133

mg/dL

—

956

Comment: NonHDL targets are 30 mg/dL higher than LDL targets.

## Recipients

Siegel, Jeffrey David (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 496390969  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

## LIPID PANEL [1732498579] (Abnormal)

Resulted: 07/01/23 1940, Result status: Final result

Order status: Completed

Collected by: E930517 07/01/23 1145

Narrative:

RMS ACCN: 745476086

FASTING? YES

Filed by: Interface, Scal\_Lab\_Cerner 07/01/23 1940

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| CHOLESTEROL  | 198   | <=199 mg/dL     | —    | 956 |
| TRIGLYCERIDE   | 94    | <=149 mg/dL     | —    | 956 |
| Comment:<br>Note that if triglycerides (TG) are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid. |       |                 |      |     |
| HDL  | 65    | >=40 mg/dL      | —    | 956 |
| LDL CALCULATED   | 116   | <=99 mg/dL      | H ^  | 956 |
| CHOLESTEROL/HIGH DENSITY LIPOPROTEIN   | 3.0   | <=3.9           | —    | 956 |
| Comment: See LabNet for more information.  |       |                 |      |     |
| CHOLESTEROL, NON-HDL   | 133   | mg/dL           | —    | 956 |
| Comment: NonHDL targets are 30 mg/dL higher than LDL targets.  |       |                 |      |     |

## Reviewed by

Morales, Gregory S (M.D.), M.D. on 07/14/23 1352

Morales, Gregory S (M.D.), M.D. on 07/14/23 1352

## Recipients

Siegel, Jeffrey David (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 496390969  | Authorizing Provider |

## Testing Performed By

## 07/01/2023 - Lab in HOV LABORATORY (continued)

## Labs (continued)

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## LIPID PANEL [1732498579] (Abnormal)

Resulted: 07/01/23 1940, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 07/01/23 1940

Collected by: E930517 07/01/23 1145

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 745476086

FASTING? YES

## Components

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| CHOLESTEROL  | 198   | <=199 mg/dL     | —    | 956 |
| TRIGLYCERIDE   | 94    | <=149 mg/dL     | —    | 956 |
| Comment:<br>Note that if triglycerides (TG) are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid. |       |                 |      |     |
| LDL CALCULATED   | 116   | <=99 mg/dL      | H ^  | 956 |
| CHOLESTEROL/HIGH DENSITY LIPOPROTEIN   | 3.0   | <=3.9           | —    | 956 |
| Comment: See LabNet for more information.  |       |                 |      |     |
| CHOLESTEROL, NON-HDL   | 133   | mg/dL           | —    | 956 |
| Comment: NonHDL targets are 30 mg/dL higher than LDL targets.  |       |                 |      |     |

## Reviewed by

Morales, Gregory S (M.D.), M.D. on 07/14/23 1352

Morales, Gregory S (M.D.), M.D. on 07/14/23 1352

## Recipients

## Siegel, Jeffrey David (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 496390969  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## LIPID PANEL [1732498579]

Resulted: 07/01/23 1940, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 07/01/23 1940

Collected by: E930517 07/01/23 1145

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 745476086

FASTING? YES

## Components

| Component  | Value | Reference Range | Flag | Lab |
|--|-------|-----------------|------|-----|
| TRIGLYCERIDE   | 94    | <=149 mg/dL     | —    | 956 |
| Comment:<br>Note that if triglycerides (TG) are sufficiently high, then direct LDL (if |       |                 |      |     |

## 07/01/2023 - Lab in HOV LABORATORY (continued)

## Labs (continued)

TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid.

## Reviewed by

Morales, Gregory S (M.D.), M.D. on 07/14/23 1352  
Morales, Gregory S (M.D.), M.D. on 07/14/23 1352

## Recipients

## Siegel, Jeffrey David (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 496390969  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## LIPID PANEL [1732498579]

Resulted: 07/01/23 1747, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 07/01/23 1747

Collected by: E930517 07/01/23 1145

Narrative:

RMS ACCN: 745476086FASTING? YES

## Reviewed by

Morales, Gregory S (M.D.), M.D. on 07/14/23 1352  
Morales, Gregory S (M.D.), M.D. on 07/14/23 1352

## Indications

SCREENING [Z13.9 (ICD-10-CM)]

## All Reviewers List

Morales, Gregory S (M.D.), M.D. on 7/14/2023 13:52  
Morales, Gregory S (M.D.), M.D. on 7/14/2023 13:52

## RESEARCH BLOOD DRAW P1.6, SST #2 [1734735394] (Final result)

Electronically signed by: Scal, Bulk Lab RN on 04/19/23 2113

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Scal, Bulk Lab RN 04/19/23 2113

Authorized by: Towner, William James (M.D.), M.D.

Ordering mode: Standard

Ordered during: Released Future/Standing Orders on 04/19/2023

Frequency: Routine 04/19/23 -

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: Scal, Bulk Lab RN (auto-released) 4/20/2023 4:26 AM

Diagnoses

CLINICAL TRIAL PARTICIPANT EXAM [Z00.6]

## Provider Details

| Provider                           | NPI        |
|------------------------------------|------------|
| Towner, William James (M.D.), M.D. | 1538230412 |

## Specimen Information

| ID | Type | Source | Collected By |
|----|------|--------|--------------|
|----|------|--------|--------------|



## 07/01/2023 - Lab in HOV LABORATORY (continued)

## Labs (continued)

C0000220231820 — BLOOD E930517 07/01/23 1145  
23191

## RESEARCH BLOOD DRAW P1.6, SST #2 [1734735394]

Resulted: 07/01/23 1726, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 07/01/23 1726

Collected by: E930517 07/01/23 1145

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 745476085

Acknowledged by

Lai, Andrew (M.D.), M.D. on 07/04/23 0944

Towner, William James (M.D.), M.D. on 07/04/23 1334

## Components

| Component                        | Value          | Reference Range | Flag | Lab |
|----------------------------------|----------------|-----------------|------|-----|
| RESEARCH BLOOD DRAW P1.6, SST #2 | See<br>Comment | —               | —    | 956 |

Comment: Blood drawn for IRB-approved research study with member's consent.

## Recipients

## Towner, William James (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 496386361  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## RESEARCH BLOOD DRAW P1.6, SST #2 [1734735394]

Resulted: 07/01/23 1726, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 07/01/23 1726

Collected by: E930517 07/01/23 1145

Narrative:

RMS ACCN: 745476085

## Reviewed by

Towner, William James (M.D.), M.D. on 07/04/23 1334

Towner, William James (M.D.), M.D. on 07/04/23 1334

Lai, Andrew (M.D.), M.D. on 07/04/23 0944

## Indications

CLINICAL TRIAL PARTICIPANT EXAM [Z00.6 (ICD-10-CM)]

## All Reviewers List

Towner, William James (M.D.), M.D. on 7/4/2023 13:34

Towner, William James (M.D.), M.D. on 7/4/2023 13:34

Lai, Andrew (M.D.), M.D. on 7/4/2023 09:44

## RESEARCH BLOOD DRAW P1.6, SST #1 [1734735395] (Final result)

Electronically signed by: Scal, Bulk Lab RN on 04/19/23 2113

Status: Completed

This order may be acted on in another encounter.

## 07/01/2023 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Ordering user: Scal, Bulk Lab RN 04/19/23 2113

Ordering mode: Standard

Frequency: Routine 04/19/23 -

Quantity: 1

Instance released by: Scal, Bulk Lab RN (auto-released) 4/20/2023 4:26 AM

Diagnoses

CLINICAL TRIAL PARTICIPANT EXAM [Z00.6]

Authorized by: Towner, William James (M.D.), M.D.

Ordered during: Released Future/Standing Orders on 04/19/2023

Class: Normal

Lab status: Final result

## Provider Details

| Provider                           | NPI        |
|------------------------------------|------------|
| Towner, William James (M.D.), M.D. | 1538230412 |

## Specimen Information

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220231820<br>23190 | —    | BLOOD  | E930517 07/01/23 1145 |

## RESEARCH BLOOD DRAW P1.6, SST #1 [1734735395]

Resulted: 07/01/23 1728, Result status: Final result

Order status: Completed

Collected by: E930517 07/01/23 1145

Narrative:

RMS ACCN: 745476084

Acknowledged by

Lai, Andrew (M.D.), M.D. on 07/04/23 0944

Towner, William James (M.D.), M.D. on 07/04/23 1334

Filed by: Interface, Scal\_Lab\_Cerner 07/01/23 1728

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

## Components

| Component                        | Value          | Reference Range | Flag | Lab |
|----------------------------------|----------------|-----------------|------|-----|
| RESEARCH BLOOD DRAW P1.6, SST #1 | See<br>Comment | —               | —    | 956 |

Comment: Blood drawn for IRB-approved research study with member's consent.

## Recipients

## Towner, William James (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 496386361  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## RESEARCH BLOOD DRAW P1.6, SST #1 [1734735395]

Resulted: 07/01/23 1728, Result status: In process

Order status: Completed

Collected by: E930517 07/01/23 1145

Narrative:

RMS ACCN: 745476084

Filed by: Interface, Scal\_Lab 07/01/23 1728

## Reviewed by

Towner, William James (M.D.), M.D. on 07/04/23 1334

Towner, William James (M.D.), M.D. on 07/04/23 1334

Lai, Andrew (M.D.), M.D. on 07/04/23 0944

07/01/2023 - Lab in HOV LABORATORY (continued)

Labs (continued)

Indications

CLINICAL TRIAL PARTICIPANT EXAM [Z00.6 (ICD-10-CM)]

All Reviewers List

Towner, William James (M.D.), M.D. on 7/4/2023 13:34  
 Towner, William James (M.D.), M.D. on 7/4/2023 13:34  
 Lai, Andrew (M.D.), M.D. on 7/4/2023 09:44

RESEARCH BLOOD DRAW P1.6, EDTA [1734735396] (Final result)

Electronically signed by: Scal, Bulk Lab RN on 04/19/23 2113 Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Scal, Bulk Lab RN 04/19/23 2113

Ordering mode: Standard

Frequency: Routine 04/19/23 -

Quantity: 1

Instance released by: Scal, Bulk Lab RN (auto-released) 4/20/2023 4:26 AM

Diagnoses

CLINICAL TRIAL PARTICIPANT EXAM [Z00.6]

Authorized by: Towner, William James (M.D.), M.D.

Ordered during: Released Future/Standing Orders on 04/19/2023

Class: Normal

Lab status: Final result

Provider Details

| Provider                           | NPI        |
|------------------------------------|------------|
| Towner, William James (M.D.), M.D. | 1538230412 |

Specimen Information

| ID                      | Type | Source | Collected By                  |
|-------------------------|------|--------|-------------------------------|
| C0000220231820<br>23189 | —    | BLOOD  | Olvera, Rogelio 07/01/23 1145 |

RESEARCH BLOOD DRAW P1.6, EDTA [1734735396]

Resulted: 07/01/23 1731, Result status: Final result

Order status: Completed

Collected by: Olvera, Rogelio 07/01/23 1145

Narrative:

RMS ACCN: 745476083

Acknowledged by

Lai, Andrew (M.D.), M.D. on 07/04/23 0944

Towner, William James (M.D.), M.D. on 07/04/23 1334

Filed by: Interface, Scal\_Lab\_Cerner 07/01/23 1731

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Components

| Component                      | Value          | Reference Range | Flag | Lab |
|--------------------------------|----------------|-----------------|------|-----|
| RESEARCH BLOOD DRAW P1.6, EDTA | See<br>Comment | —               | —    | 956 |

Comment: Blood drawn for IRB-approved research study with member's consent.

Recipients

Towner, William James (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 496386361  | Authorizing Provider |

Testing Performed By

| Lab - Abbreviation | Name                            | Director           | Address                                    | Valid Date Range        |
|--------------------|---------------------------------|--------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY REGIONAL LABORATORY | Steven McLaren, DO | 11668 Sherman Way NORTH HOLLYWOOD CA 91605 | 03/28/19 2317 - Present |

---

**07/01/2023 - Lab in HOV LABORATORY (continued)**

---

**Labs (continued)**

---

**Indications**

---

CLINICAL TRIAL PARTICIPANT EXAM [Z00.6 (ICD-10-CM)]

**All Reviewers List**

---

Towner, William James (M.D.), M.D. on 7/4/2023 13:34  
Towner, William James (M.D.), M.D. on 7/4/2023 13:34  
Lai, Andrew (M.D.), M.D. on 7/4/2023 09:44

---

**END OF ENCOUNTER**

---

---

## 07/31/2023 - Lab in HOV LABORATORY

## Visit Information

## Department

| Name           | Address  | Phone        |
|----------------|--|--------------|
| HOV LABORATORY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 855-522-2778 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161981979<br>77 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216198197977)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216198197977)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |
|   |              |

## Treatment Team

| Provider                         | Service | Role      | Provider Team | Specialty        | From | To |
|----------------------------------|---------|-----------|---------------|------------------|------|----|
| Goldsmith, Oliver A (M.D.), M.D. | —       | Attending | —             | Gastroenterology | —    | —  |

## Events

## Hospital Outpatient at 7/31/2023 1650

Unit: HOV LABORATORY  
Patient class: Outpatient

## Discharge at 7/31/2023 2359

Unit: HOV LABORATORY  
Patient class: Outpatient

## Labs

## CBC W AUTOMATED DIFFERENTIAL [1788478363] (Final result)

Electronically signed by: Goldsmith, Oliver A (M.D.), M.D. on 07/31/23 1441  
This order may be acted on in another encounter.

Status: Completed

## 07/31/2023 - Lab in HOV LABORATORY (continued)

## Labs (continued)

Ordering user: Goldsmith, Oliver A (M.D.), M.D. 07/31/23 1441  
 Ordering mode: Standard  
 Frequency: Routine 07/31/23 -  
 Quantity: 1  
 Diagnoses  
 RASH [R21]

Authorized by: Goldsmith, Oliver A (M.D.), M.D.  
 Ordered during: Telephone Appointment Visit on 07/31/2023  
 Class: Normal  
 Lab status: Final result

## Provider Details

| Provider                         | NPI        |
|----------------------------------|------------|
| Goldsmith, Oliver A (M.D.), M.D. | 1417005463 |

## Questionnaire

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

## Specimen Information

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220232120<br>81756 | —    | BLOOD  | A946298 07/31/23 1703 |

## CBC W AUTOMATED DIFFERENTIAL [1788478363]

Resulted: 08/01/23 0748, Result status: Final result

Order status: Completed  
 Collected by: A946298 07/31/23 1703

Filed by: Interface, Scal\_Lab\_Cerner 08/01/23 0805  
 Resulting lab: SCPMG REGIONAL REFERENCE  
 LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS

## Narrative:

RMS ACCN: 747130699  
 Acknowledged by: Lal, Pankaj (D.O.), D.O. on 08/01/23 1335

## Components

| Component                  | Value | Reference Range         | Flag | Lab   |
|----------------------------|-------|-------------------------|------|-------|
| WBC'S AUTO                 | 5.0   | 4.0 - 11.0<br>x1000/mcL | —    | SCPMG |
| RBC, AUTO                  | 4.84  | 4.50 - 5.90<br>Mill/mcL | —    | SCPMG |
| HGB                        | 14.1  | 13.5 - 17.5 g/dL        | —    | SCPMG |
| HCT, AUTO                  | 43.4  | 41.0 - 51.0 %           | —    | SCPMG |
| MCV                        | 89.7  | 83.0 - 98.0 fL          | —    | SCPMG |
| MCH                        | 29.1  | 25.0 - 35.0 pg/cell     | —    | SCPMG |
| MCHC                       | 32.5  | 30.0 - 35.0 g/dL        | —    | SCPMG |
| RDW, BLOOD                 | 15.6  | 11.5 - 16.0 %           | —    | SCPMG |
| PLATELETS, AUTOMATED COUNT | 172   | 130 - 400<br>x1000/mcL  | —    | SCPMG |

## Recipients

## Goldsmith, Oliver A (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 500153761  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name  | Director           | Address                                    | Valid Date Range        |
|--------------------|---|--------------------|--|-------------------------|
| 1753 - SCPMG       | SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - | Steven McLaren, DO | 13000 Peyton Drive<br>Chino Hills CA 91709 | 03/28/19 2201 - Present |

**07/31/2023 - Lab in HOV LABORATORY (continued)**

**Labs (continued)**

CHINO HILLS

**CBC W AUTOMATED DIFFERENTIAL [1788478363]**

Resulted: 08/01/23 0617, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 08/01/23 0753

Collected by: A946298 07/31/23 1703

Narrative:

RMS ACCN: 747130699

**Reviewed by**

- Lal, Pankaj (D.O.), D.O. on 08/01/23 1336
- Lal, Pankaj (D.O.), D.O. on 08/01/23 1335
- Lal, Pankaj (D.O.), D.O. on 08/01/23 1335

**Indications**

RASH [R21 (ICD-10-CM)]

**All Reviewers List**

- Lal, Pankaj (D.O.), D.O. on 8/1/2023 13:36
- Lal, Pankaj (D.O.), D.O. on 8/1/2023 13:35
- Lal, Pankaj (D.O.), D.O. on 8/1/2023 13:35

**SYPHILIS ANTIBODY SCREEN, IMMUNOASSAY [1788478364] (Final result)**

Electronically signed by: **Goldsmith, Oliver A (M.D.), M.D. on 07/31/23 1441**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Goldsmith, Oliver A (M.D.), M.D. 07/31/23 1441

Authorized by: Goldsmith, Oliver A (M.D.), M.D.

Ordering mode: Standard

Ordered during: Telephone Appointment Visit on 07/31/2023

Frequency: Routine 07/31/23 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

RASH [R21]

**Provider Details**

| Provider                         | NPI        |
|----------------------------------|------------|
| Goldsmith, Oliver A (M.D.), M.D. | 1417005463 |

**Questionnaire**

| Question                   | Answer    |
|----------------------------|-----------|
| Result Release to patient? | Immediate |

**Specimen Information**

| ID                      | Type | Source | Collected By          |
|-------------------------|------|--------|-----------------------|
| C0000220232120<br>81755 | —    | BLOOD  | A946298 07/31/23 1703 |

**SYPHILIS ANTIBODY SCREEN, IMMUNOASSAY [1788478364]**

Resulted: 08/01/23 0608, Result status: Final result

Order status: Completed

Filed by: Interface, Scal\_Lab\_Cerner 08/01/23 0752

Collected by: A946298 07/31/23 1703

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 747130697

Acknowledged by: Lal, Pankaj (D.O.), D.O. on 08/01/23 1335

**Components**

| Component                  | Value       | Reference Range | Flag | Lab |
|----------------------------|-------------|-----------------|------|-----|
| TREPONEMA PALLIDUM AB, EIA | Nonreactive | Nonreactive     | —    | 956 |

## 07/31/2023 - Lab in HOV LABORATORY (continued)

## Labs (continued)

## Recipients

Goldsmith, Oliver A (M.D.), M.D.

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 500153761  | Authorizing Provider |

## Testing Performed By

| Lab - Abbreviation | Name                                  | Director              | Address  | Valid Date Range        |
|--------------------|---------------------------------------|-----------------------|--|-------------------------|
| 240 - 956          | SHERMAN WAY<br>REGIONAL<br>LABORATORY | Steven McLaren,<br>DO | 11668 Sherman Way<br>NORTH HOLLYWOOD<br>CA 91605 | 03/28/19 2317 - Present |

## SYPHILIS ANTIBODY SCREEN, IMMUNOASSAY [1788478364]

Resulted: 08/01/23 0349, Result status: In process

Order status: Completed

Filed by: Interface, Scal\_Lab 08/01/23 0736

Collected by: A946298 07/31/23 1703

Narrative:

RMS ACCN: 747130697

## Reviewed by

Lal, Pankaj (D.O.), D.O. on 08/01/23 1336  
 Lal, Pankaj (D.O.), D.O. on 08/01/23 1335  
 Lal, Pankaj (D.O.), D.O. on 08/01/23 1335

## Indications

RASH [R21 (ICD-10-CM)]

## All Reviewers List

Lal, Pankaj (D.O.), D.O. on 8/1/2023 13:36  
 Lal, Pankaj (D.O.), D.O. on 8/1/2023 13:35  
 Lal, Pankaj (D.O.), D.O. on 8/1/2023 13:35

## END OF ENCOUNTER

## 09/04/2023 - General Radiology Procedure in HOV WEST LA HOSP XRAY

## Visit Information

## Department

| Name                  | Address  | Phone        |
|-----------------------|--|--------------|
| HOV WEST LA HOSP XRAY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Reason for Visit

## Visit Diagnosis



**09/04/2023 - General Radiology Procedure in HOV WEST LA HOSP XRAY (continued)**

**Reason for Visit (continued)**

- CLOSED HEAD INJURY, INIT [S09.90XA]

**Events**

**Hospital Outpatient at 9/4/2023 1012**

Unit: HOV WEST LA HOSP XRAY  
Patient class: Outpatient

**Discharge at 9/4/2023 2359**

Unit: HOV WEST LA HOSP XRAY  
Patient class: Outpatient

**Imaging**

**Imaging**

**XR CERVICAL SPINE FLEXION AND EXTENSION [1808464220] (Final result)**

Status: **Completed**

Electronically signed by: **Karimian, Ali Reza (M.D.), M.D. on 09/04/23 0959**

This order may be acted on in another encounter.

Ordering user: Karimian, Ali Reza (M.D.), M.D. 09/04/23 0959      Authorized by: Karimian, Ali Reza (M.D.), M.D.

Ordering mode: Standard

Frequency: STAT 09/04/23 1012 - 1 occurrence      Class: Normal

Quantity: 1      Lab status: Final result

Instance released by: Gonzalez, Guadalupe 9/4/2023 10:12 AM

Diagnoses

CLOSED HEAD INJURY, INIT [S09.90XA]

**Provider Details**

| Provider                        | NPI        |
|---------------------------------|------------|
| Karimian, Ali Reza (M.D.), M.D. | 1922373455 |

**Questionnaire**

| Question  | Answer    |
|---|-----------|
| Result Release to patient?  | Immediate |
| Do you authorize order modification to better answer the clinical question and relevant laboratory tests per radiology department directives? | Yes       |

Order comments: Reason: r/o fracture

**End Exam Questions**

| Answer                               | Comment |
|--------------------------------------|---------|
| Was the patient shielded by request? |         |

**XR CERVICAL SPINE FLEXION AND EXTENSION [1808464220]**

Resulted: 09/05/23 1129, Result status: Final result

Order status: Completed      Resulted by: Rezvanpour, Ata Daniel (M.D.), M.D.

Filed by: Interface, Scal\_Radiology Results In 09/05/23 1134      Performed: 09/04/23 1043 - 09/04/23 1056

Accession number: 216DX00001243649      Resulting lab: PS360

Narrative:

CLINICAL HISTORY: Reason: r/o fracture

COMPARISON: 11/1/2021 MRI of cervical spine.

Impression:

**FINDINGS/IMPRESSION:**

Cervical vertebral bodies are normal in height. Minimal reversal of lordosis of cervical spine at the level of C5/C6 is noted.. No fracture is identified. Moderate Osteoarthritic changes are seen at the level of C5/C6 and C6/C7. Mild spinal stenosis is seen at the level of C5/6. Moderate limitation of motion is noted. There is no fracture or subluxation.

This report electronically signed by Ata Rezvanpour, MD on 9/5/2023 11:29 AM

**09/04/2023 - General Radiology Procedure in HOV WEST LA HOSP XRAY (continued)****Imaging (continued)**

Acknowledged by  
Karimian, Ali Reza (M.D.), M.D. on 09/05/23 1323  
Blajos, Johanna (L.V.N.), L.V.N. on 09/05/23 1503

**Recipients**

**Karimian, Ali Reza (M.D.), M.D.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 504719835  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name  | Director | Address | Valid Date Range        |
|--------------------|-------|----------|---------|-------------------------|
| 2402 - Unknown     | PS360 | Unknown  | Unknown | 07/22/21 0745 - Present |

**XR CERVICAL SPINE FLEXION AND EXTENSION [1808464220]**

Resulted: 09/04/23 1043, Result status: In process

Order status: Completed  
Filed by: Lubell, Dean, TECH 09/04/23 1043  
Accession number: 216DX00001243649

Resulted by: Rezvanpour, Ata Daniel (M.D.), M.D.  
Performed: 09/04/23 1043 - 09/04/23 1056  
Resulting lab: PS360

**Reviewed by**

Blajos, Johanna (L.V.N.), L.V.N. on 09/05/23 1504  
Karimian, Ali Reza (M.D.), M.D. on 09/05/23 1323  
Karimian, Ali Reza (M.D.), M.D. on 09/05/23 1323  
Karimian, Ali Reza (M.D.), M.D. on 09/05/23 1323  
Karimian, Ali Reza (M.D.), M.D. on 09/05/23 1323

**Testing Performed By**

| Lab - Abbreviation | Name  | Director | Address | Valid Date Range        |
|--------------------|-------|----------|---------|-------------------------|
| 2402 - Unknown     | PS360 | Unknown  | Unknown | 07/22/21 0745 - Present |

**Indications**

CLOSED HEAD INJURY, INIT [S09.90XA (ICD-10-CM)]

**Signed**

Electronically signed by Rezvanpour, Ata Daniel (M.D.), M.D. on 9/5/23 at 1129 PDT

**All Reviewers List**

Blajos, Johanna (L.V.N.), L.V.N. on 9/5/2023 15:04  
Karimian, Ali Reza (M.D.), M.D. on 9/5/2023 13:23  
Karimian, Ali Reza (M.D.), M.D. on 9/5/2023 13:23  
Karimian, Ali Reza (M.D.), M.D. on 9/5/2023 13:23  
Karimian, Ali Reza (M.D.), M.D. on 9/5/2023 13:23

**END OF ENCOUNTER**

**09/04/2023 - General Radiology Procedure in HOV WEST LA HOSP XRAY**

**Visit Information**

## 09/04/2023 - General Radiology Procedure in HOV WEST LA HOSP XRAY (continued)

## Visit Information (continued)

## Department

| Name                  | Address  | Phone        |
|-----------------------|--|--------------|
| HOV WEST LA HOSP XRAY | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 323-857-2421 |

## Location

| Name                     | Address  | Phone    |
|--------------------------|--|----------|
| WEST LA MEDICAL CENTER L | 6041 CADILLAC AVE<br>Los Angeles CA 90034-1702 | 857-2000 |

## Reason for Visit

## Visit Diagnosis

- CLOSED HEAD INJURY, INIT [S09.90XA]

## Visit Account Information

## Hospital Account

| Name              | Acct ID          | Class      | Status | Primary Coverage    |
|-------------------|------------------|------------|--------|---------------------|
| Hawkins, Lawson B | 2161991842<br>53 | Outpatient | Closed | Restricted coverage |

## Guarantor Account (for Hospital Account #216199184253)

| Name   | Relation to Pt                            | Service Area | Active? | Acct Type       |
|--|---|--------------|---------|-----------------|
| Hawkins, Lawson B                                | Self                                      | SCAL         | Yes     | Personal/Family |
| Address  | Phone                                     |              |         |                 |
| 2626 S COCHRAN AVE<br>LOS ANGELES, CA 90016-2618 | 323-297-3432(H)<br>323-297-3432 x00000(O) |              |         |                 |

## Coverage Information (for Hospital Account #216199184253)

| F/O Payor/Plan                                    | Precert #    |
|---|--------------|
| KP MEDICARE/KPSA SOLD TO-SOUTH KPSA SOLD TO-SOUTH |              |
| Subscriber  | Subscriber # |
| Hawkins, Lawson B                                 | xxxxxxxx8205 |
| Address   | Phone        |

## Events

## Hospital Outpatient at 9/4/2023 1010

Unit: HOV WEST LA HOSP XRAY  
Patient class: Outpatient

## Discharge at 9/4/2023 1011

Unit: HOV WEST LA HOSP XRAY  
Patient class: Outpatient

## Imaging

## Imaging

## XR SKULL 4 OR MORE VIEWS WO STEREORADIOGRAPHY [1808464218] (Final result)

Electronically signed by: Karimian, Ali Reza (M.D.), M.D. on 09/04/23 0959  
This order may be acted on in another encounter.

Status: Completed

**09/04/2023 - General Radiology Procedure in HOV WEST LA HOSP XRAY (continued)**

**Imaging (continued)**

Ordering user: Karimian, Ali Reza (M.D.), M.D. 09/04/23 0959      Authorized by: Karimian, Ali Reza (M.D.), M.D.  
 Ordering mode: Standard  
 Frequency: STAT 09/04/23 1012 - 1 occurrence      Class: Normal  
 Quantity: 1      Lab status: Final result  
 Instance released by: Gonzalez, Guadalupe 9/4/2023 10:12 AM

Diagnoses  
 CLOSED HEAD INJURY, INIT [S09.90XA]

**Provider Details**

| Provider                        | NPI        |
|---------------------------------|------------|
| Karimian, Ali Reza (M.D.), M.D. | 1922373455 |

**Questionnaire**

| Question  | Answer    |
|---|-----------|
| Result Release to patient?  | Immediate |
| Do you authorize order modification to better answer the clinical question and relevant laboratory tests per radiology department directives? | Yes       |

Order comments: Reason: r/o fracture

**End Exam Questions**

| Answer                               | Comment |
|--------------------------------------|---------|
| Was the patient shielded by request? |         |

**XR SKULL 4 OR MORE VIEWS WO STEREORADIOGRAPHY [1808464218]**

Resulted: 09/05/23 1125, Result status: Final result

Order status: Completed      Resulted by: Rezvanpour, Ata Daniel (M.D.), M.D.  
 Filed by: Interface, Scal\_Radiology Results In 09/05/23 1130      Performed: 09/04/23 1043 - 09/04/23 1056  
 Accession number: 216DX00001243650      Resulting lab: PS360  
 Narrative:  
 CLINICAL HISTORY: Reason: r/o fracture

COMPARISON: No previous study available.

Impression:

**FINDINGS/IMPRESSION:**

The calvarium is intact with no sign of fracture or bone destruction. No abnormal intracranial calcifications are seen. The sella turcica and petrous bones are unremarkable.

This report electronically signed by Ata Rezvanpour, MD on 9/5/2023 11:25 AM

Acknowledged by: Karimian, Ali Reza (M.D.), M.D. on 09/05/23 1322

**Recipients**

**Karimian, Ali Reza (M.D.), M.D.**

| Added By? | Delivery Method | Outcome     | Message ID | Address Source       |
|-----------|-----------------|-------------|------------|----------------------|
| Scheme    | In Basket       | Result sent | 504718955  | Authorizing Provider |

**Testing Performed By**

| Lab - Abbreviation | Name  | Director | Address | Valid Date Range        |
|--------------------|-------|----------|---------|-------------------------|
| 2402 - Unknown     | PS360 | Unknown  | Unknown | 07/22/21 0745 - Present |

**XR SKULL 4 OR MORE VIEWS WO STEREORADIOGRAPHY [1808464218]**

Resulted: 09/04/23 1043, Result status: In process

Order status: Completed      Resulted by: Rezvanpour, Ata Daniel (M.D.), M.D.  
 Filed by: Rivas, Lilian E 09/04/23 1043      Performed: 09/04/23 1043 - 09/04/23 1056

**09/04/2023 - General Radiology Procedure in HOV WEST LA HOSP XRAY (continued)**

**Imaging (continued)**

Accession number: 216DX00001243650

Resulting lab: PS360

**Reviewed by**

Karimian, Ali Reza (M.D.), M.D. on 09/05/23 1323

Karimian, Ali Reza (M.D.), M.D. on 09/05/23 1322

**Testing Performed By**

| Lab - Abbreviation | Name  | Director | Address | Valid Date Range        |
|--------------------|-------|----------|---------|-------------------------|
| 2402 - Unknown     | PS360 | Unknown  | Unknown | 07/22/21 0745 - Present |

**Indications**

CLOSED HEAD INJURY, INIT [S09.90XA (ICD-10-CM)]

**Signed**

Electronically signed by Rezvanpour, Ata Daniel (M.D.), M.D. on 9/5/23 at 1125 PDT

**All Reviewers List**

Karimian, Ali Reza (M.D.), M.D. on 9/5/2023 13:23

Karimian, Ali Reza (M.D.), M.D. on 9/5/2023 13:22

**END OF ENCOUNTER**