

## Patient Medical Record

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**Gray, Carol**

61 yo F, DOB: Aug 2, 1962

Account Number:

26131 W ELM TREE RD  
ANTIOCH, IL 60002-9794

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| Patient Medical Record | Page(s)    |
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**Note:** There may be certain notes which are not made available as per your physician's discretion, please contact your physician's office to obtain those.

### ALL TIME URGENT AND MEDICAL CARE LTD

214 WASHINGTON ST STE 1, INGLESIDE, IL 60041-9208

*Medical record generated by eClinicalWorks EMR/PM Software (www.eclinicalworks.com)*

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 11/04/2023

**GRAY, Carol**

61 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

PCP: VIKAS BHATARA

Appointment Facility: Libertyville - All Time Urgent and Medical Care Ltd

11/04/2023

ROSEVIMINDA M ABANO, CNP

**Current Medications****Taking**

- Depakote 250 MG Tablet Delayed Release 1 tablet Orally Once a day
- Zyrtec Allergy 10 MG Capsule 1 capsule Orally Once a day , Notes to Pharmacist: as needed
- Sertraline HCl 50 MG Tablet Oral
- Donepezil HCl 10 MG Tablet TAKE ONE TABLET BY MOUTH DAILY Oral once a day
- amLODIPine Besylate 10 MG Tablet 1 tablet Orally Once a day , Notes to Pharmacist: please refill. patient accidentally dispose of the pills

**Not-Taking/PRN**

- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External
  - HYDROcodone-Acetaminophen 5-325 MG Tablet Oral
  - Minocycline HCl 50 MG Capsule 1 capsule Orally every 6 hrs
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Medication List reviewed and reconciled with the patient

**Past Medical History**

- Hyperlipidemia.
- Hypertension.
- Memory loss.
- Progressive dementia with uncertain etiology.
- Sialadenitis.
- Age-related cognitive decline.
- Three dog bite attacks from own dog.

**Surgical History**

No Surgical History documented.

**Family History**

Unknown, pt is suffering from memory loss.

**Social History****Reason for Appointment**

- eye lid infection Lt eye x 1 week

**History of Present Illness**Acute sick visit:

The patient presents with a chief complaint of discomfort in her left eye, which has been ongoing for approximately one week. She reports that the discomfort was significant enough to cause her to skip breakfast. The patient's mother initially thought it might be an ingrown eyelash but now suspects it to be a sty. Carol has not tried any interventions for the issue, such as warm compresses or ointments.

Carol experiences pain in the affected eye and confirms that the issue is localized to the left eyelid. She denies any fever or chills and reports no known allergies. The patient occasionally wears contact lenses but is not wearing them during the visit. Carol is planning to go on vacation in a few weeks and is considering wearing eyeglasses instead of contact lenses during that time.

**Vital Signs**

Temp: **97.7** F, BP: **138/82** lg, Ht: 66 in, Wt: **242** lbs, BMI: **39.06** Index, HR: **65** /min, Oxygen sat %: **97** %, Wt-kg: 109.77 kg, Body Surface Area: 2.26.

**Examination**General Examination:

General appearance: Alert, pleasant, well-nourished and in no acute distress.

Head: Normocephalic, atraumatic.

Eyes: normal, extraocular movement intact (EOMI), Pupils equal, round, reactive to light and accommodation, external hordeolum left lower eyelid.

Heart: Regular rate and rhythm without murmurs, gallops, clicks or rubs, no jugular venous distention.

Lungs: Clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.

Neurologic: Nonfocal, Alert and oriented, Cranial nerves 2-12 grossly intact.

Psych: Alert and oriented x 3, Cognitive function intact, Cooperative with exam, Maintains good eye contact.

**Assessments**

- Hordeolum externum of left lower eyelid - H00.015 (Primary)



2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 11/04/2023

Tobacco Use:

Tobacco Use/Smoking

Tobacco use: *nonsmoker*

Drugs/Alcohol:

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? *Yes*

Points *0*

Interpretation *Negative*

Caffeine

Intake: *1-2 cups per day*

Do you smoke marijuana?: *Denies.*

Do you drink alcohol?: *Socially.*

Household:

Household

Marital status: *living with significant other*

Number of adults in household: *2*

Unable to verify d/t pt has memory loss.

**Allergies**

Dust Mite Mixed Allergen Ext: *Other -*

Criticality Unknown - Onset Date

06/06/2007

Grass Pollen(K-O-R-T-Swt Vern): *Other -*

Criticality Unknown - Onset Date

06/06/2007

**Hospitalization/Major**

**Diagnostic Procedure**

Denies Past Hospitalization

**Review of Systems**

See HPI.

**Treatment**

**1. Hordeolum externum of left lower eyelid**

Start Erythromycin Ointment, 5 MG/GM, 1 application into the lower eyelid of affected eye, Ophthalmic, Four times a day, 11 days, 1 each, Refills 0

Notes:

- Patient presents with a sty on the left lower eyelid, ongoing for approximately one week, causing discomfort and pain.

- Plan:

a. Warm compresses: Instruct the patient to apply warm compresses to the affected area for 15 minutes, three to four times a day.

b. Erythromycin ophthalmic ointment: Prescribe erythromycin ophthalmic ointment for the patient to apply a small dab on the affected area to help soften the sty and promote drainage.

c. Hygiene: Advise the patient to maintain proper hand hygiene when touching the eye area and handling contact lenses.

d. Eyeglasses: Recommend the patient to wear eyeglasses during the upcoming vacation to rest the eyes and avoid potential complications.



Electronically signed by ROSEVIMINDA ABANO NP, APRN on 01/04/2024 at 04:17 PM CST

Sign off status: Completed

Libertyville - All Time Urgent and Medical Care Ltd  
1268 AMERICAN WAY  
LIBERTYVILLE, IL 60048-3936  
Tel: 847-367-6400  
Fax: 847-367-6888

Progress Note: ROSEVIMINDA M ABANO, CNP 11/04/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 04/29/2023

**Gray, Carol**

60 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

PCP: VIKAS BHATARA, MD

Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

04/29/2023

Progress Note: Mohammad Razi, MD

**Current Medications****Taking**

- Zyrtec Allergy 10 MG Capsule 1 capsule Orally Once a day , Notes to Pharmacist: as needed
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External
- amLODIPine Besylate 10 MG Tablet 1 tablet Orally Once a day , Notes to Pharmacist: please refill. patient accidentally dispose of the pills
- Sertraline HCl 50 MG Tablet Oral
- Donepezil HCl 10 MG Tablet TAKE ONE TABLET BY MOUTH DAILY Oral once a day

**Not-Taking**

- HYDROcodone-Acetaminophen 5-325 MG Tablet Oral
  - Minocycline HCl 50 MG Capsule 1 capsule Orally every 6 hrs
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Medication List reviewed and reconciled with the patient

**Past Medical History**

- Hyperlipidemia.
- Hypertension.
- Memory loss.
- Progressive dementia with uncertain etiology.
- Sialadenitis.
- Age-related cognitive decline.
- Three dog bite attacks from own dog.

**Surgical History**

Denies Past Surgical History

**Family History**

Unknown, pt is suffering from memory loss.

**Social History****Reason for Appointment**

1. Wound follow up

**History of Present Illness**Follow up:

Patient had 52 stitches removed from the last visit after having a dog bite/attack. She comes in for follow-up. Today, her leg wounds bilaterally have worsened purulent discharge. In addition, there is worsening pain and erythema.

**Vital Signs**

Temp: **98.6** F, BP: **114/76** mm Hg, Neck Size: Not Taken - Declined by Patient, Ht: 66 in, Wt: **221** lbs, BMI: **35.67** Index, HR: **65** /min, Oxygen sat %: **96** %, Wt-kg: 100.24 kg, Body Surface Area: 2.16.

**Examination**General Examination:

General appearance: alert, well-nourished and in no acute distress.

Head: normocephalic, atraumatic.

Eyes: extraocular movement intact (EOMI) , pupils equal, round, reactive to light and accommodation.

Neck / thyroid: neck is supple, with full range of motion and no cervical lymphadenopathy.

Heart: regular rate and rhythm without murmurs, gallops, clicks or rubs.

Lungs: clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.

Abdomen: Soft with good bowel sounds, and nontender..

Musculoskeletal: Lower extremity swelling and discharge in the previous wound. .

Neurologic: alert and oriented .

Psych: alert and oriented x 3 , normal affect / mood.

**Assessments**

1. Dog bite, subsequent encounter - W54.0XXD

Progress Note: Mohammad Razi, MD 04/29/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 04/29/2023

**Tobacco Use:**

Tobacco Use/Smoking

Tobacco use: *nonsmoker***Drugs/Alcohol:**

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? *Yes*Points *0*Interpretation *Negative*

Caffeine

Intake: *1-2 cups per day*Do you smoke marijuana?: *Denies.*Do you drink alcohol?: *Socially.***Household:**

Household

Marital status: *living with significant other*Number of adults in household: *2*

Unable to verify d/t pt has memory loss.

**Allergies**Dust Mite Mixed Allergen Ext: *Other -*Criticality *Unknown - Onset Date**06/06/2007*Grass Pollen(K-O-R-T-Swt Vern): *Other -*Criticality *Unknown - Onset Date**06/06/2007***Hospitalization/Major****Diagnostic Procedure**

Denies Past Hospitalization

**Review of Systems**

Patient denies fever, chills, nausea, vomiting, headache, dizziness, chest pain, palpitation and changes in urinary/bowel habits. Appetite, sleep and mood is good.

2. Cellulitis of lower extremity, unspecified laterality - L03.119

**Treatment****1. Dog bite, subsequent encounter**

Refill Amoxicillin-Pot Clavulanate Tablet, 875-125 MG, 1 tablet, Orally, every 12 hrs, 10 day(s), 20, Refills *0*

Start Doxycycline Hyclate Capsule, 100 MG, 1 capsule, Orally, twice daily, 10 days, 20 Tablet, Refills *0*

Start Clindamycin HCl Capsule, 300 MG, 1 capsule, Orally, Every 6 hours, 7 days, 28 Capsule, Refills *0*

Notes: If symptoms get worse, or do not improve in 3 days, go to emergency department immediately.

Clinical Notes: Today, patient's condition regarding the dog bite wounds have worsened. She has worsening purulent and erythema around the site. Started on triple antibiotic. Counseled extensively that if symptoms do not improve within 3 days, she is to go to the emergency department for IV antibiotics. Patient and spouse endorsed understanding.

Referral To:Northwestern Medicine Wound Care Center Unknown

Reason:Dog bite resulting in leg cellulitis.

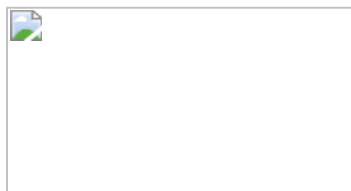
**2. Cellulitis of lower extremity, unspecified laterality**

Referral To:Northwestern Medicine Wound Care Center Unknown

Reason:Dog bite resulting in leg cellulitis.

Referral To: Advocate Medical Group Orthopedics Orthopedic Surgery

Reason:Dog bite, evaluate for debridement



Electronically signed by MOHAMMAD RAZI MD on 04/30/2023 at 04:23 PM CDT

Sign off status: Completed

ALL TIME URGENT AND MEDICAL CARE LTD  
214 WASHINGTON ST  
STE 1

Progress Note: Mohammad Razi, MD 04/29/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 04/29/2023

INGLESIDE, IL 60041-9208  
Tel: 847-587-3004  
Fax: 847-587-4325

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Progress Note: Mohammad Razi, MD 04/29/2023

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 04/15/2023



Gray, Carol

60 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

PCP: VIKAS BHATARA, MD

Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

04/15/2023

Progress Note: Mohammad Razi, MD

**Current Medications****Taking**

- Zyrtec Allergy 10 MG Capsule 1 capsule Orally Once a day
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External
- amLODIPine Besylate 10 MG Tablet 1 tablet Orally Once a day , Notes to Pharmacist: please refill. patient accidentally dispose of the pills
- HYDROcodone-Acetaminophen 5-325 MG Tablet Oral
- Sertraline HCl 50 MG Tablet Oral

**Not-Taking**

- Minocycline HCl 50 MG Capsule 1 capsule Orally every 6 hrs
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Donepezil HCl 5 MG Tablet TAKE ONE TABLET BY MOUTH DAILY Oral
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Medication List reviewed and reconciled with the patient

**Past Medical History**

- Hyperlipidemia.
- Hypertension.
- Memory loss.
- Progressive dementia with uncertain etiology.
- Sialadenitis.
- Age-related cognitive decline.
- Three dog bite attacks from own dog.

**Surgical History**

Denies Past Surgical History

**Family History**

Unknown, pt is suffering from memory loss.

**Social History**

Tobacco Use:

Tobacco Use/Smoking

**Reason for Appointment**

1. Suture removal 50 stitches

**History of Present Illness**Follow up:

52 stitches removed. NW records: 4/3/23- Multiple lacerations and dog bite. Patient DC on AUGMENTIN and Got TDaP vaccine. Dog has gone to rehab/therapy.

**Vital Signs**

Temp: **98.8** F, BP: **116/68** mm Hg, Neck Size: Not Taken - Declined by Patient, Ht: 66 in, Wt: **221** lbs, BMI: **35.67** Index, HR: **68** /min, Oxygen sat %: **98** %, Wt-kg: 100.24 kg, Body Surface Area: 2.16.

**Examination**General Examination:

General appearance: alert, well-nourished and in no acute distress.  
 Head: normocephalic, atraumatic.  
 Eyes: extraocular movement intact (EOMI) , pupils equal, round, reactive to light and accommodation.  
 Neck / thyroid: neck is supple, with full range of motion and no cervical lymphadenopathy.  
 Heart: regular rate and rhythm without murmurs, gallops, clicks or rubs.  
 Lungs: clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.  
 Abdomen: Soft with good bowel sounds, and nontender..  
 Musculoskeletal: Multiple wounds throughout the bilateral forearms and bilateral legs. Leg wounds have erythema and some discharge. .  
 Neurologic: alert and oriented .  
 Psych: alert and oriented x 3 , normal affect / mood.

**Assessments**

1. Visit for suture removal - Z48.02 (Primary)
2. Cellulitis of lower extremity, unspecified laterality - L03.119

Progress Note: Mohammad Razi, MD 04/15/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 04/15/2023

Tobacco use: *nonsmoker*

Drugs/Alcohol:

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol  
in the past year? *Yes*

Points *0*

Interpretation *Negative*

Caffeine

Intake: *1-2 cups per day*

Do you smoke marijuana?: *Denies.*

Do you drink alcohol?: *Socially.*

Household:

Household

Marital status: *living with significant  
other*

Number of adults in household: *2*

Unable to verify d/t pt has memory loss.

**Allergies**

Dust Mite Mixed Allergen Ext: *Other -*

Criticality Unknown - Onset Date

06/06/2007

Grass Pollen(K-O-R-T-Swt Vern): *Other -*

Criticality Unknown - Onset Date

06/06/2007

**Hospitalization/Major**

**Diagnostic Procedure**

Denies Past Hospitalization

**Treatment**

**1. Visit for suture removal**

Clinical Notes: Patient was attacked by a dog and received 52 sutures total in different places. All of them were removed successfully without any blood loss.

**2. Cellulitis of lower extremity, unspecified laterality**

Start Doxycycline Hyclate Capsule, 100 MG, 1 capsule, Orally, Once a day, 10 day(s), 10

Clinical Notes: Patient has mild erythema on the lower extremity around the wound. We will start her on antibiotics.

**Procedure Codes**

15853 REMOVAL SUTR/STAPL XREQ ANES



Electronically signed by MOHAMMAD RAZI MD on 04/30/2023  
at 08:58 PM CDT

Sign off status: Completed

ALL TIME URGENT AND MEDICAL CARE LTD  
214 WASHINGTON ST  
STE 1  
INGLESIDE, IL 60041-9208  
Tel: 847-587-3004  
Fax: 847-587-4325

Progress Note: Mohammad Razi, MD 04/15/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 04/06/2023



Gray, Carol

60 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

PCP: VIKAS BHATARA, MD

Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

04/06/2023

Progress Note: Nicole I Wagner, APN

**Current Medications****Taking**

- Zyrtec Allergy 10 MG Capsule 1 capsule Orally Once a day
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External
- amLODIPine Besylate 10 MG Tablet 1 tablet Orally Once a day , Notes to Pharmacist: please refill. patient accidentally dispose of the pills
- HYDROcodone-Acetaminophen 5-325 MG Tablet Oral
- Sertraline HCl 50 MG Tablet Oral

**Not-Taking**

- Minocycline HCl 50 MG Capsule 1 capsule Orally every 6 hrs
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Donepezil HCl 5 MG Tablet TAKE ONE TABLET BY MOUTH DAILY Oral
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Medication List reviewed and reconciled with the patient

**Past Medical History**

- Hyperlipidemia.
- Hypertension.
- Memory loss.
- Progressive dementia with uncertain etiology.
- Sialadenitis.
- Age-related cognitive decline.

**Surgical History**

No Surgical History documented.

**Family History**

Unknown, pt is suffering from memory loss.

**Social History****Tobacco Use:**

Tobacco Use/Smoking

Tobacco use: nonsmoker

**Reason for Appointment**

1. F/u dog wounds care

**History of Present Illness****Follow up:**

60 yo female here for ER follow up. Pt In ED 2 days ago after being bitten by own dog. Incident occurred while attempting to put on dog's harness. Pt has Multiple wounds with sutures on right arm, legs bilateral, right hand, left knee. Pt has H/O alzheimer's and so is poor historian. BF was at home at the time of the incident but was in the shower. This is not the first time Pt has been bitten by this dog.

**Laceration:**

The laceration occurred more than 24 hours ago.

The laceration was caused by animal bite, and is through the fascia, and is irregular in shape.

The laceration is located on the arm(s), leg(s).

Additional symptoms include pain, erythema.

**Vital Signs**

Temp: **98.2** F, BP: **118/80** mm Hg, Neck Size: Not Taken - No Medical Need, Ht: 66 in, Wt: **221** lbs, BMI: **35.67** Index, HR: **69** /min, Oxygen sat %: **98** %, Wt-kg: 100.24 kg, Body Surface Area: 2.16.

**Examination****General Examination:**

General appearance: well developed, well nourished, in no acute distress.

Skin: wound clean and well approximated, on the right arm, on the right hand, on the right leg, on the left leg, without drainage.

**Assessments**

1. Progressive dementia with uncertain etiology - F03.90
2. Other injury of unspecified body region, sequela - T14.8XXS
3. Bitten by dog, initial encounter - W54.0XXA

Progress Note: Nicole I Wagner, APN 04/06/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 04/06/2023

Drugs/Alcohol:

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? Yes

Points 0

Interpretation Negative

Caffeine

Intake: 1-2 cups per day

Do you smoke marijuana?: Denies.

Do you drink alcohol?: Socially.

Household:

Household

Marital status: living with significant other

Number of adults in household: 2

Unable to verify d/t pt has memory loss.

**Allergies**

Dust Mite Mixed Allergen Ext: Other -

Criticality Unknown - Onset Date

06/06/2007

Grass Pollen(K-O-R-T-Swt Vern): Other -

Criticality Unknown - Onset Date

06/06/2007

**Hospitalization/Major**

**Diagnostic Procedure**

No Hospitalization History.

**Review of Systems**

General / Constitutional:

Patient denies change in appetite , chills , fever.

Skin:

Comments See HPI for details.

4. Encounter for change or removal of nonsurgical wound dressing - Z48.00

**Treatment**

**1. Bitten by dog, initial encounter**

Notes: wounds cleaned with betadine, dressed with gauze and wrapped with ace bandage. Pt to RTC at 10 days post ED visit for suture removal.

**2. Encounter for change or removal of nonsurgical wound dressing**

Notes: wounds cleaned with betadine, dressed with gauze and wrapped with ace bandage. Pt to RTC at 10 days post ED visit for suture removal.

**Follow Up**

2 Weeks,prn (Reason: follow up 8 days for suture removal)



Electronically signed by NICOLE WAGNER NP-C on 04/07/2023 at 10:21 AM CDT

Sign off status: Completed

ALL TIME URGENT AND MEDICAL CARE LTD  
214 WASHINGTON ST  
STE 1  
INGLESIDE, IL 60041-9208  
Tel: 847-587-3004  
Fax: 847-587-4325

Progress Note: Nicole I Wagner, APN 04/06/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 09/30/2022



Gray, Carol

60 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MCCIL

PCP: VIKAS BHATARA

Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

09/30/2022

Mohammad Razi, MD

**Current Medications****Taking**

- Minocycline HCl 50 MG Capsule 1 capsule Orally every 6 hrs
- Zyrtec Allergy 10 MG Capsule 1 capsule Orally Once a day
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External
- amLODIPine Besylate 10 MG Tablet 1 tablet Orally Once a day, Notes: please refill. patient accidentally dispose of the pills

**Not-Taking**

- Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Donepezil HCl 5 MG Tablet TAKE ONE TABLET BY MOUTH DAILY Oral
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Medication List reviewed and reconciled with the patient

**Past Medical History**

- Hyperlipidemia.
- Hypertension.
- Memory loss.
- Progressive dementia with uncertain etiology.
- Sialadenitis.
- Age-related cognitive decline.

**Surgical History**

No Surgical History documented.

**Family History**

Unknown, pt is suffering from memory loss.

**Social History**Tobacco Use:

Tobacco Use/Smoking

Tobacco use: nonsmoker

Drugs/Alcohol:

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol

**Reason for Appointment**

1. Physical and fasting bloodwork

**History of Present Illness**Annual Physical:**Women**

Last Eye Exam 09/2022

Pap Smear *can't recall*

Mammogram 2021

Bone Density Scan *denies*Colonoscopy *needs an order***Vaccines**Flu Shot *today*Pneumonia Shot *denies*

COVID Shot 1 (Manufacture) 2021

COVID Shot 2 (Manufacture) 2021

COVID Booster (Manufacture) 2022

Shingles Shot *denies*

Patient comes in for annual physical. She tells me that she has early onset dementia and she is seeing neurology. No concerns today. Patient denies fever, chills, nausea, vomiting, headache, dizziness, chest pain, palpitation and changes in urinary/bowel habits. Appetite, sleep and mood is good.

Mammogram: 1.5 years ago

Pap Smear: Been a while

Colonoscopy: Not done.

**Vital Signs**

Temp: **97.6 F**, BP: **122/78 mm Hg**, HR: **67 /min**, Wt: **237 lbs**, Ht: 66 in, BMI: **38.25 Index**, Oxygen sat %: **98 %**, Wt-kg: 107.5 kg, Body Surface Area: 2.24.

**Examination**General Examination:

General appearance: alert, well-nourished and in no acute distress.

Head: normocephalic, atraumatic.

Eyes: extraocular movement intact (EOMI) , pupils equal, round, reactive to light and accommodation.

Neck / thyroid: neck is supple, with full range of motion and no cervical lymphadenopathy.

Heart: regular rate and rhythm without murmurs, gallops, clicks or rubs.

Progress Note: Mohammad Razi, MD 09/30/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 09/30/2022

in the past year? *Yes*Points *0*Interpretation *Negative*

Caffeine

Intake: *1-2 cups per day*Do you smoke marijuana?: *Denies.*Do you drink alcohol?: *Socially.*Household:

Household

Marital status: *living with significant other*Number of adults in household: *2*

Unable to verify d/t pt has memory loss.

**Allergies**Dust Mite Mixed Allergen Ext: *Other -*

Criticality Unknown - Onset Date

06/06/2007

Grass Pollen(K-O-R-T-Swt Vern): *Other -*

Criticality Unknown - Onset Date

06/06/2007

**Hospitalization/Major****Diagnostic Procedure**

No Hospitalization History.

**Review of Systems**

See HPI.

Lungs: clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.

Abdomen: Soft with good bowel sounds, and nontender..

Musculoskeletal: LE edema. redness, warmth or tenderness of the foot/feet with full range of motion.

Neurologic: alert and oriented , normal upper and lower extremity motor strength and function.

Psych: alert and oriented x 3 , normal affect / mood.

**Assessments**

1. Annual physical exam - Z00.00
2. Encounter for immunization - Z23
3. Encounter for screening colonoscopy - Z12.11
4. Screening for human papillomavirus - Z11.51
5. Screening mammogram for breast cancer - Z12.31
6. Primary hypertension - I10
7. Lipid screening - Z13.220
8. Diabetes mellitus screening - Z13.1
9. Leg edema - R60.0

**Treatment****1. Screening for human papillomavirus**

Referral To:Obstetrician and gynecologist

Reason:Needs PAP Smear

**2. Screening mammogram for breast cancer**PROCEDURE: MAMMOGRAM, SCREENING

Referral To:Chad Spangler Gastroenterology

Reason:Screening Colonoscopy

**3. Primary hypertension**

Refill amLODIPine Besylate Tablet, 10 MG, 1 tablet, Orally, Once a day, 90 days, 90, Refills 0, Notes: please refill. patient accidentally dispose of the pills

LAB: CBC AND DIFFERENTIALLAB: CMP WITH BUN/CREAT RATIO**4. Lipid screening**LAB: LIPID PANEL (AMA) W/LDL CALC**5. Diabetes mellitus screening**LAB: HEMOGLOBIN A1C**6. Leg edema**

Clinical Notes: Patient does not have any orthopnea or PND. Can be secondary to amlodipine use. It does not bother her too much, so we will continue this medication.

**7. Others**

Clinical Notes: For the annual physical, will be getting screening blood work-up. She has a history of hypertension and will be in screening for cholesterol and diabetes. In addition, we referring to gastroenterology for colonoscopy, ordering mammogram, and referring to OB/GYN for Pap smear.

**Immunization**

Progress Note: Mohammad Razi, MD 09/30/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 09/30/2022

Fluzone Quadrivalent 2022-2023 (Prefilled syringed) : 0.5 mL (Dose No:1)  
(Route: Intramuscular) given by Daniela Settepani on Right Deltoid  
(Encounter for immunization)

**Visit Codes**

99396 Preventive Care Est Pt. Age 40-64. Modifiers: 25

**Procedure Codes**

90686 FLU VAC NO PRSV 4 VAL 3 YRS+  
90471 IMMUNIZATION ADMIN  
77057 MAMMOGRAM, SCREENING  
85025 COMPLETE CBC W/AUTO DIFF WBC  
80053 COMPREHEN METABOLIC PANEL  
80061 LIPID PANEL  
83036 GLYCATED HEMOGLOBIN TEST



**Electronically signed by MOHAMMAD RAZI on 09/30/2022 at  
02:17 PM CDT**

**Sign off status: Completed**

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**ALL TIME URGENT AND MEDICAL CARE LTD  
214 WASHINGTON ST  
STE 1  
INGLESIDE, IL 60041-9208  
Tel: 847-587-3004  
Fax: 847-587-4325**

---

**Progress Note: Mohammad Razi, MD 09/30/2022**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 07/29/2022



**GRAY, Carol**

59 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

PCP: VIKAS BHATARA

Appointment Facility: Libertyville - All Time Urgent and Medical Care Ltd

07/29/2022

Progress Notes: Nicole I Wagner, APN

### Current Medications

#### Taking

- Zyrtec Allergy 10 MG Capsule 1 capsule Orally Once a day
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External
- amLODIPine Besylate 10 MG Tablet 1 tablet Orally Once a day
- Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs

#### Not-Taking/PRN

- Donepezil HCl 5 MG Tablet TAKE ONE TABLET BY MOUTH DAILY Oral
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Medication List reviewed and reconciled with the patient

### Past Medical History

- Hyperlipidemia.
- Hypertension.
- Memory loss.
- Progressive dementia with uncertain etiology.
- Sialadenitis.
- Age-related cognitive decline.

### Family History

Unknown, pt is suffering from memory loss.

### Social History

#### Tobacco Use:

Tobacco Use/Smoking

Tobacco use: *nonsmoker*

#### Drugs/Alcohol:

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? *Yes*

Points *0*

Interpretation *Negative*

Caffeine

Intake: *1-2 cups per day*

Do you smoke marijuana?: *Denies.*

Do you drink alcohol?: *Socially.*

### Reason for Appointment

1. F/U DOG BITE LUE.

### History of Present Illness

#### Follow up:

Carol Gray is a 59yo female with a PMH of memory loss and HTN presenting with a dog bite to her L forearm and hand. She reports her dog bit her arm as she was putting his harness on when she accidentally clipped her skin. Pt was given abx to take x 10 days. Wound is C/D/I with no s/sx's infection and is well healed in all areas. Pt has full sensation of arm with no numbness/tingling or pain of any kind. Pt has no concerns or c/o's today.

### Vital Signs

BP: **120/80 lg**, Ht: 66 in, HR: **66** /min, Oxygen sat %: **96** %.

### Examination

#### General Examination:

General appearance: Alert, pleasant, well-nourished and in no acute distress.

Head: Normocephalic, atraumatic.

Ears: normal, auditory canal clear, hearing intact to whispered voice, tympanic membrane intact and clear, light reflex present.

Oral cavity: with good dentition, with good gag reflex, gums are normal, no lesions, palate normal.

Throat: no erythema, no exudate, pharynx normal, tonsils normal.

Neck / thyroid: neck is supple, with full range of motion and no cervical lymphadenopathy.

Lymph nodes: no cervical lymphadenopathy.

Heart: Regular rate and rhythm without murmurs, gallops, clicks or rubs.

Lungs: Clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.

Abdomen: Soft with good bowel sounds, nontender, and no masses or hepatosplenomegaly.

Musculoskeletal: no swelling, redness, warmth or tenderness of the shoulder(s) with full range of motion, no swelling, redness, warmth or tenderness of the elbow(s) with full range of motion, no swelling, redness, warmth or tenderness of the wrist(s) with full range of motion, no swelling, redness, warmth or tenderness of the hand(s) and finger(s) with full range of motion, no swelling, redness, warmth or tenderness of the hip(s) with full range of motion, no swelling, redness, warmth or tenderness of the knee(s) with full range of motion.

Progress Note: Nicole I Wagner, APN 07/29/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 07/29/2022

Household:

Household

Marital status: *living with significant other*

Number of adults in household: 2

Unable to verify d/t pt has memory loss.

**Allergies**

Dust Mite Mixed Allergen Ext: Other -

Criticality Unknown - Onset Date

06/06/2007

Grass Pollen(K-O-R-T-Swt Vern): Other -

Criticality Unknown - Onset Date

06/06/2007

**Review of Systems**

General / Constitutional:

Patient denies change in appetite ,  
chills , fatigue , fever , weakness.

ENT:

Patient denies blocked ear(s) ,  
decreased hearing , difficulty in  
swallowing , ear pain , nasal  
congestion , sinus pain , sore  
throat.

Respiratory:

Patient denies chest pain , cough ,  
shortness of breath , wheezing.

Cardiovascular:

Patient denies chest pain ,  
cyanosis , dizziness , , palpitations ,  
weakness.

Gastrointestinal:

Patient denies abdominal pain ,  
blood in stool , constipation ,  
diarrhea , heartburn , nausea ,  
vomiting.

Genitourinary:

Patient denies abdominal pain /  
swelling , blood in the urine ,  
difficulty urinating , frequent  
urination , painful urination.

Musculoskeletal:

Patient denies arthritis /  
arthralgia , back pain , back  
problems , joint stiffness , neck  
pain , sciatica , weakness.

Skin:

Patient denies acne , changing  
moles , dry skin , eczema , itching ,  
nail changes , ulcerations.

Neurologic:

Patient denies balance difficulty ,  
confusion , gait abnormality , loss  
of strength , memory loss , seizures  
, tremor.

Psychiatric:

Patient denies anxiety , depressed  
mood , difficulty sleeping , loss of

Extremities: Normal extremity with no clubbing, cyanosis or edema.

Neurologic: Alert and oriented , cognitive exam grossly normal ,  
cooperative with exam , Cranial nerves 2-12 grossly intact , gait normal ,  
normal exam with no motor or sensory deficits.

Psych: Alert and oriented x 3 , Cooperative with exam , Maintains good  
eye contact , with good judgement and insight , normal affect / mood , speech  
is clear and coherent , thought process is logical and goal directed without  
suidical ideation or delusions.

**Assessments**

1. Dog bite, subsequent encounter - W54.0XXD (Primary)
2. Cellulitis of left arm - L03.114

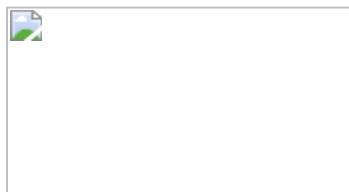
**Treatment**

**1. Dog bite, subsequent encounter**

Notes: wound C/D/I and healing well. all edges approximated. No s/sx's of  
infection.

**Follow Up**

3 Months,prn (Reason: Follow up PRN)



**Electronically signed by Nicole Wagner NP-C, ANP on  
02/06/2024 at 01:31 PM CST**

**Sign off status: Pending**

**Libertyville - All Time Urgent and Medical Care Ltd  
1268 AMERICAN WAY  
LIBERTYVILLE, IL 60048-3936  
Tel: 847-367-6400  
Fax: 847-367-6888**

**Progress Note: Nicole I Wagner, APN 07/29/2022**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 07/29/2022

appetite , stressors , suicidal  
thoughts.

---

**Progress Note: Nicole I Wagner, APN 07/29/2022**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 07/20/2022



**GRAY, Carol**

59 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

PCP: VIKAS BHATARA

Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

07/20/2022

Progress Notes: Andrielyn Nededog, AGNP-C

### Current Medications

#### Taking

- Zyrtec Allergy 10 MG Capsule 1 capsule Orally Once a day
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External
- amLODIPine Besylate 10 MG Tablet 1 tablet Orally Once a day

#### Not-Taking/PRN

- Donepezil HCl 5 MG Tablet TAKE ONE TABLET BY MOUTH DAILY Oral
- Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
- Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME

### Past Medical History

- Hyperlipidemia.
- Hypertension.
- Memory loss.
- Progressive dementia with uncertain etiology.
- Sialadenitis.
- Age-related cognitive decline.

### Surgical History

Denies Past Surgical History

### Family History

Unknown, pt is suffering from memory loss.

### Social History

#### Tobacco Use:

Tobacco Use/Smoking

Tobacco use: *nonsmoker*

#### Drugs/Alcohol:

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? *Yes*

Points *0*

Interpretation *Negative*

Caffeine

Intake: *1-2 cups per day*

Do you smoke marijuana?: *Denies.*

Do you drink alcohol?: *Socially.*

#### Household:

### Reason for Appointment

1. DOG BITE

### History of Present Illness

#### Follow up:

Carol Gray is a 59yo female with a PMH of memory loss and HTN presenting with a dog bite to her L forearm and hand. She reports yesterday her dog bit her arm as she was putting his harness on when she accidentally clipped his skin. Her son washed the wound with hydrogen peroxide and applied neosporin until the appointment today. She denies any f/c, loss of strength, change in sensation, paresthesia, pallor, or poikylothermia. She reports tenderness to palpation, swelling, and numerous puncture wounds to the forearm and hand. Her spouse is present for the visit and talked on her behalf, not allowing her to respond. The dog was owned by the patient and has bitten the patient before.

### Vital Signs

Temp: **98.0** F, BP: **111/80** mm Hg, Ht: 66 in, Wt: **234** lbs, BMI: **37.76**  
Index, HR: **81** /min, Oxygen sat %: **95** %, Wt-kg: 106.14 kg, Body Surface Area: 2.22.

### Examination

#### General Examination:

General appearance: chaperone present in room, Alert, pleasant, well-nourished and in no acute distress.

Skin: multiple puncture wounds on the L forearm and hand with some scabbing and scant drainage. There is significant surrounding edema and ecchymosis. There is some developing erythema. surrounding the puncture sites The patient has full ROM and sensation of L elbow, wrist, and fingers..

Heart: Regular rate and rhythm without murmurs, gallops, clicks or rubs.

Lungs: Clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.

Peripheral pulses: Normal 2+ radial and DP arterial pulses.

Neurologic: Nonfocal, Alert and oriented, , normal upper and lower extremity motor strength and function.

### Assessments

1. Animal bite - T14.8XXA (Primary)
2. Open bite of left upper arm, initial encounter - S41.152A
3. Bitten by dog, initial encounter - W54.0XXA



2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 07/20/2022

**Household**

Marital status: *living with significant other*

Number of adults in household: 2

Unable to verify d/t pt has memory loss.

**Allergies**

Dust Mite Mixed Allergen Ext: Other -  
Criticality Unknown - Onset Date  
06/06/2007

Grass Pollen(K-O-R-T-Swt Vern): Other -  
Criticality Unknown - Onset Date  
06/06/2007

**Hospitalization/Major**

**Diagnostic Procedure**

Denies Past Hospitalization

**Review of Systems**

General / Constitutional:

Patient denies change in appetite,  
chills, fatigue, fever,  
lightheadedness, weight loss,  
weakness.

Respiratory:

Patient denies chronic cough,  
shortness of breath, sputum  
production.

Cardiovascular:

Patient denies chest pain, chest  
pain with exertion, irregular  
heartbeat.

Peripheral Vascular:

Patient denies blanching of skin,  
cold extremities, decreased  
sensation in extremities.

Skin:

Patient denies blistering of skin ,  
itching , masses , skin oozing.  
Patient complains of skin lesion(s).

Neurologic:

Patient denies dizziness, gait  
abnormality, headache.

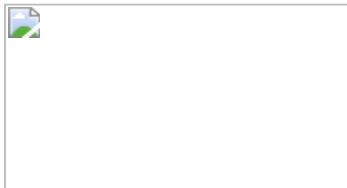
**Treatment**

**1. Animal bite**

Start Amoxicillin-Pot Clavulanate Tablet, 875-125 MG, 1 tablet, Orally, every  
12 hrs, 10 day(s), 20, Refills 0

**Follow Up**

10 days (Reason: followup or SOONER if f/c,pallor,excessive pain,increasing  
errythema,or decrease in ROM,strength or sensation)



Electronically signed by Andrilyn Nededog on 02/06/2024 at  
01:31 PM CST

Sign off status: Pending

ALL TIME URGENT AND MEDICAL CARE LTD  
214 WASHINGTON ST  
STE 1  
INGLESIDE, IL 60041-9208  
Tel: 847-587-3004  
Fax: 847-587-4325

Progress Note: Andrilyn Nededog, AGNP-C 07/20/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



## Gray, Carol

59 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MCCIL

PCP: Vikas Bhatara

Appointment Facility: All Time Medical & Urgent Care

07/01/2022

Progress Notes: Mohammad Razi, MD

### Current Medications

#### Taking

- Zyrtec Allergy 10 MG Capsule 1 capsule Orally Once a day
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External
- amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day

#### Not-Taking

- Donepezil HCl 5 MG Tablet TAKE ONE TABLET BY MOUTH DAILY Oral
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Medication List reviewed and reconciled with the patient

### Past Medical History

- Hyperlipidemia.
- Hypertension.
- Memory loss.
- Progressive dementia with uncertain etiology.
- Sialadenitis.
- Age-related cognitive decline.

### Surgical History

Denies Past Surgical History

### Family History

Unknown, pt is suffering from memory loss.

### Social History

#### Tobacco Use:

Tobacco Use/Smoking

Tobacco use: *nonsmoker*

#### Drugs/Alcohol:

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? *Yes*

Points *0*

Interpretation *Negative*

Caffeine

Intake: *1-2 cups per day*

Do you smoke marijuana?: Denies.

### Reason for Appointment

1. F/u bloodpressure

### History of Present Illness

#### Follow up:

Patient comes in to follow-up on her blood pressure. It has been running above 140/90. patient denies chest pain, palpitations, wheezing, and shortness of breath.

### Vital Signs

BP: **142/110 mm Hg**, HR: **78 /min**, Wt: **234 lbs**, Ht: 66 in, BMI: **37.76 Index**, Temp: **97.6 F**, Oxygen sat %: **96 %**, Wt-kg: 106.14 kg, Body Surface Area: 2.22.

### Examination

#### General Examination:

General appearance: alert, well-nourished and in no acute distress.

Head: normocephalic, atraumatic.

Eyes: extraocular movement intact (EOMI) , pupils equal, round, reactive to light and accommodation.

Neck / thyroid: neck is supple, with full range of motion and no cervical lymphadenopathy.

Heart: regular rate and rhythm without murmurs, gallops, clicks or rubs.

Lungs: clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.

Musculoskeletal: no swelling, redness, warmth or tenderness of the foot/feet with full range of motion.

Neurologic: alert and oriented , normal upper and lower extremity motor strength and function.

Psych: alert and oriented x 3 , normal affect / mood.

### Assessments

1. Essential (primary) hypertension - I10 (Primary)

### Treatment

#### 1. Essential (primary) hypertension

Start amLODIPine Besylate Tablet, 10 MG, 1 tablet, Orally, Once a day, 30 day(s), 90, Refills 0

Stop amLODIPine Besylate Tablet, 5 MG, 1 tablet, Orally, Once a day

Notes: Follow a low-salt diet and exercise regularly.

Progress Note: Mohammad Razi, MD 07/01/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (59 yo F) Acc No. 13793 DOS: 07/01/2022

Do you drink alcohol?: Socially.

Household:

Household

Marital status: *living with significant other*

Number of adults in household: 2

Unable to verify d/t pt has memory loss.

### Allergies

Dust Mite Mixed Allergen Ext: Other -

Criticality Unknown - Onset Date

06/06/2007

Grass Pollen(K-O-R-T-Swt Vern): Other -

Criticality Unknown - Onset Date

06/06/2007

### Hospitalization/Major

### Diagnostic Procedure

Denies Past Hospitalization

### Review of Systems

See HPI.

Clinical Notes: Increasing dose of amlodipine to 10 mg. Patient was asked to monitor her blood pressure regularly.

### Visit Codes

99214 Office Visit, Est Pt., Level 4. Modifiers: 25

### Follow Up

3 Months (Reason: Annual Physical)



Electronically signed by Mohammad Razi on 07/04/2022 at 12:33 AM CDT

Sign off status: Completed

---

All Time Medical & Urgent Care

214 WASHINGTON ST

STE 1

INGLESIDE, IL 60041-9208

Tel: 847-587-3004

Fax: 847-587-4325

---

Progress Note: Mohammad Razi, MD 07/01/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GRAY, Carol DOB: 08/02/1962 (59 yo F) Acc No. 13793 DOS: 06/03/2022

**Gray, Carol**

59 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MCCIL

PCP: Vikas Bhatara

Appointment Facility: All Time Medical &amp; Urgent Care

06/03/2022

Progress Notes: Mohammad Razi, MD

**Current Medications****Taking**

- Zyrtec Allergy 10 MG Capsule 1 capsule Orally Once a day
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External

**Not-Taking**

- Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Medication List reviewed and reconciled with the patient

**Past Medical History**

- Hyperlipidemia.
- Hypertension.
- Memory loss.
- Progressive dementia with uncertain etiology.
- Sialadenitis.
- Age-related cognitive decline.

**Surgical History**

No Surgical History documented.

**Family History**

Unknown, pt is suffering from memory loss.

**Social History**Tobacco Use:

Tobacco Use/Smoking

Tobacco use: *nonsmoker*Drugs/Alcohol:

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? *Yes*Points *0*Interpretation *Negative*

Caffeine

Intake: *1-2 cups per day*Do you smoke marijuana?: *Denies.*Do you drink alcohol?: *Socially.*Household:

Household

Marital status: *living with significant***Reason for Appointment**

1. Bp check

**History of Present Illness**Follow up:

Patient comes in to follow-up on her blood pressure which has been found to be elevated at home. In addition, she had a dog bite and has received antibiotics. At home, patient's blood pressure has been running above 140/90 on multiple accounts. Her significant other helps keep track of it.

Patient denies any chest pain, palpitations, dizziness, headache and blurry vision.

**Vital Signs**

BP: **140/106 mm Hg**, HR: 77 /min, Temp: **98.4 F**, Oxygen sat %: **98 %**, Wt: **234 lbs**, Wt-kg: 106.14 kg, Ht: 66 in, BMI: **37.76 Index**, Body Surface Area: 2.22.

**Examination**General Examination:

General appearance: alert, well-nourished and in no acute distress.

Head: normocephalic, atraumatic.

Eyes: extraocular movement intact (EOMI) , pupils equal, round, reactive to light and accommodation.

Neck / thyroid: neck is supple, with full range of motion and no cervical lymphadenopathy.

Skin: Skin wounds have been healing well. No erythema, pus or discharge seen..

Heart: regular rate and rhythm without murmurs, gallops, clicks or rubs.

Lungs: clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.

Musculoskeletal: no swelling, redness, warmth or tenderness of the foot/feet with full range of motion.

Neurologic: alert and oriented , normal upper and lower extremity motor strength and function.

Psych: alert and oriented x 3 , normal affect / mood.

**Assessments**

1. Essential (primary) hypertension - I10 (Primary)
2. Dog bite, subsequent encounter - W54.0XXD

Progress Note: Mohammad Razi, MD 06/03/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (59 yo F) Acc No. 13793 DOS: 06/03/2022

*other*

Number of adults in household: 2

Unable to verify d/t pt has memory loss.

**Allergies**

Dust Mite Mixed Allergen Ext: Other -

Criticality Unknown - Onset Date

06/06/2007

Grass Pollen(K-O-R-T-Swt Vern): Other -

Criticality Unknown - Onset Date

06/06/2007

**Hospitalization/Major**

**Diagnostic Procedure**

Denies Past Hospitalization

**Review of Systems**

See HPI.

**Treatment**

**1. Essential (primary) hypertension**

Start amLODIPine Besylate Tablet, 5 MG, 1 tablet, Orally, Once a day, 30 day(s), 30, Refills 1

Notes: Monitor your BP at home. Take medications as prescribed.

If BP remains elevated above 140/90 after 2 weeks of taking 5 mg

Amlodipine. Double the dose to 2 pills of 5mg.

Clinical Notes: Patient has elevated blood pressure at home. See HPI. I will start treatment I asked the patient to monitor.

**Visit Codes**

99213 Office Visit, Est Pt., Level 3. Modifiers: 25

**Follow Up**

4 Weeks (Reason: HTN follow up BP check)



Electronically signed by Mohammad Razi on 06/05/2022 at 01:23 PM CDT

Sign off status: Completed

**All Time Medical & Urgent Care**

**214 WASHINGTON ST**

**STE 1**

**INGLESIDE, IL 60041-9208**

**Tel: 847-587-3004**

**Fax: 847-587-4325**

**Progress Note: Mohammad Razi, MD 06/03/2022**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

GRAY, Carol DOB: 08/02/1962 (59 yo F) Acc No. 13793 DOS: 05/20/2022

**Gray, Carol**

59 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MCCIL

PCP: Vikas Bhatara

Appointment Facility: All Time Medical &amp; Urgent Care

05/20/2022

Progress Note: Mohammad Razi, MD

**Current Medications****Taking**

- Zyrtec Allergy 10 MG Capsule 1 capsule Orally Once a day
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External
- Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs

**Not-Taking**

- Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Medication List reviewed and reconciled with the patient

**Past Medical History**

- Hyperlipidemia.
- Hypertension.
- Memory loss.
- Progressive dementia with uncertain etiology.
- Sialadenitis.
- Age-related cognitive decline.

**Surgical History**

No Surgical History documented.

**Family History**

Unknown, pt is suffering from memory loss.

**Social History**Tobacco Use:

Tobacco Use/Smoking

Tobacco use: *nonsmoker*Drugs/Alcohol:

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? *Yes*Points *0*Interpretation *Negative*

Caffeine

Intake: *1-2 cups per day*Do you smoke marijuana?: *Denies.*Do you drink alcohol?: *Socially.*Household:

Household

Marital status: *living with significant***Reason for Appointment**

1. Animal Bite

**History of Present Illness**Follow up:

Patient comes in for follow-up on dog bite that happened last week. Patient has been on antibiotic and cleaning her wounds regularly using hydrogen peroxide. Patient denies any weakening, numbness, tingling or stiffness of the right wrist.

Currently, her dog is under observation and she has taken him to the vet to be seen.

**Vital Signs**

BP: **141/91 mm Hg**, HR: **73 /min**, Temp: **97.7 F**, Oxygen sat %: **96 %**, Wt: **234 lbs**, Wt-kg: 106.14 kg, Ht: 66 in, BMI: **37.76 Index**, Body Surface Area: 2.22.

**Examination**General Examination:

General appearance: alert, well-nourished and in no acute distress.

Head: normocephalic, atraumatic.

Eyes: extraocular movement intact (EOMI) , pupils equal, round, reactive to light and accommodation.

Neck / thyroid: neck is supple, with full range of motion and no cervical lymphadenopathy.

Heart: regular rate and rhythm without murmurs, gallops, clicks or rubs.

Lungs: clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.

Musculoskeletal: Right arm wounds healing well. Strength and sensation intact. No swelling or erythema present. no swelling, redness, warmth or tenderness of the foot/feet with full range of motion.

Neurologic: alert and oriented , normal upper and lower extremity motor strength and function.

Psych: alert and oriented x 3 , normal affect / mood.

**Assessments**

1. Elevated blood pressure reading - R03.0 (Primary)
2. Dog bite, subsequent encounter - W54.0XXD

**Treatment**

Progress Note: Mohammad Razi, MD 05/20/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (59 yo F) Acc No. 13793 DOS: 05/20/2022

*other*

Number of adults in household: 2

Unable to verify d/t pt has memory loss.

**Allergies**

Dust Mite Mixed Allergen Ext: Other -

Criticality Unknown - Onset Date

06/06/2007

Grass Pollen(K-O-R-T-Swt Vern): Other -

Criticality Unknown - Onset Date

06/06/2007

**Hospitalization/Major**

**Diagnostic Procedure**

Denies Past Hospitalization

**Review of Systems**

Patient denies fever, chills, nausea, vomiting, headache, dizziness, chest pain, palpitation and changes in urinary/bowel habits. Appetite, sleep and mood is good.

**1. Others**

Clinical Notes: Patient was advised to continue using antibiotics and hydrogen peroxide wash. In addition, patient was found to have elevated blood pressure reading today. Wounds are healing well and strength, sensation and range of motion intact. Asked her to monitor this regularly at home and to come in in a few weeks to follow-up with multiple blood pressure readings.

**Visit Codes**

99214 Office Visit, Est Pt., Level 4. Modifiers: 25

**Follow Up**

2 Weeks (Reason: BP check)



Electronically signed by Mohammad Razi on 05/20/2022 at 11:55 AM CDT

Sign off status: Completed

**Addendum:**

07/30/2022 10:19 AM Patel, Arpita > Update to Encounter:  
Appointment Facility updated from All Time Medical & Urgent Care to ALL TIME URGENT AND MEDICAL CARE LTD.

07/30/2022 10:20 AM Patel, Arpita > Update to Encounter:  
Appointment Facility updated from ALL TIME URGENT AND MEDICAL CARE LTD to All Time Medical & Urgent Care.

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All Time Medical & Urgent Care  
214 WASHINGTON ST  
STE 1  
INGLESIDE, IL 60041-9208  
Tel: 847-587-3004  
Fax: 847-587-4325

---

Progress Note: Mohammad Razi, MD 05/20/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 05/12/2022



**GRAY, Carol**

59 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

PCP: VIKAS BHATARA

Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

05/12/2022

Progress Notes: Andrielyn Nededog, AGNP-C

### Current Medications

#### Taking

• Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External

#### Not-Taking/PRN

• Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME

### Past Medical History

Hyperlipidemia.  
Hypertension.  
Memory loss.  
Progressive dementia with uncertain etiology.  
Sialadenitis.  
Age-related cognitive decline.

### Surgical History

No Surgical History documented.

### Family History

Unknown, pt is suffering from memory loss.

### Social History

#### Tobacco Use:

Tobacco Use/Smoking

Tobacco use: *nonsmoker*

#### Drugs/Alcohol:

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? *Yes*

Points *0*

Interpretation *Negative*

Do you smoke marijuana?: *Denies.*

Do you drink alcohol?: *Socially.*

#### Household:

Household

Marital status: *living with significant other*

Number of adults in household: *2*

Unable to verify d/t pt has memory loss.

### Allergies

Dust Mite Mixed Allergen Ext: Other -  
Criticality Unknown - Onset Date

### Reason for Appointment

1. Dog bite, right forearm
2. received tetanus shot in June 2019

### History of Present Illness

#### Follow up:

Patient presented to the clinic after her own dog bit her several times on her right forearm, the day before. She said the dog got ff the leash and went to the neighbor's yard to play with the neighbor's dog. Patient could not remeber what happened after that as it happened so fast. Patient is alert, complaining of pain on the affcted arm, right forearm has erythema, with swelling and with multiple bite marks. Serous drainage is noted from some of the bite marks.

### Vital Signs

Temp: **99.3** F, BP: **148/86** mm Hg, Ht: 66 in, Wt: **234** lbs, BMI: **37.76**  
Index, HR: **74** /min, Oxygen sat %: 97 %, Wt-kg: 106.14 kg, Body Surface Area: 2.22.

### Examination

#### General Examination:

General appearance: alert, pleasant, well-nourished and in no acute distress.

Neck / thyroid: neck is supple, with full range of motion and no cervical lymphadenopathy.

Skin: Right forearm skin has erythema, swelling, pain and warm to touch.

Heart: regular rate and rhythm without murmurs, gallops, clicks or rubs.

Lungs: clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.

Extremities: warm, erythematous, swollen right forearm..

Peripheral pulses: 2+ radial bilateral.

Neurologic: alert and oriented , cooperative with exam , gait normal.

Psych: maintains good eye contact , cooperative with exam .

### Assessments

1. Local infection of the skin and subcutaneous tissue, unspecified - Lo8.9 (Primary)
2. Bitten by dog, initial encounter - W54.0XXA

### Treatment

Progress Note: Andrielyn Nededog, AGNP-C 05/12/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 05/12/2022

06/06/2007

Grass Pollen(K-O-R-T-Swt Vern): Other -  
Criticality Unknown - Onset Date  
06/06/2007

### **Hospitalization/Major Diagnostic Procedure**

Denies Past Hospitalization

### **Review of Systems**

#### General / Constitutional:

Patient denies chills , fatigue ,  
fever , headache. Patient complains  
of pain right forearm.

#### Respiratory:

Patient denies chronic cough ,  
shortness of breath , shortness of  
breath with exertion.

#### Cardiovascular:

Patient denies chest pain with  
exertion , chest pain at rest ,  
dyspnea on exertion.

#### Skin:

Comments Right forearm with  
multiple bite marks, with erythema,  
swelling, pain and warm to touch.

#### Neurologic:

Patient denies confusion , fainting  
, gait abnormality.

### **1. Local infection of the skin and subcutaneous tissue, unspecified**

Start Amoxicillin-Pot Clavulanate Tablet, 875-125 MG, 1 tablet, Orally, every  
12 hrs, 10 days, 20 Tablet, Refills 0

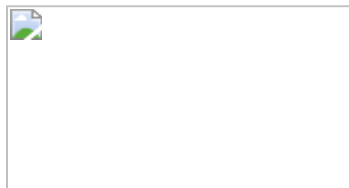
Clinical Notes: Instructed patient to leave the wound open to air. That the  
affected arm can be washed with luke warm water and mild soap. Also  
instructed husband that in the event he notice change in patient's mentation,  
such as somnolence, lethargy, or fever, to bring the patient to the nearest  
emergency department for evaluation and treatment.

### **2. Bitten by dog, initial encounter**

Notes: Patient received Tetanus shot in 2019. Dog is up to date with the  
immunization per dog's veterinary records according to patient's husband.  
Husband will bring the dog tomorrow to the vet's clinic for observation and  
evaluation.

### **Follow Up**

1 Week (Reason: follow up)



**Electronically signed by Andrielyn Nededog on 02/06/2024 at  
01:31 PM CST**

**Sign off status: Pending**

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214 WASHINGTON ST  
STE 1  
INGLESIDE, IL 60041-9208  
Tel: 847-587-3004  
Fax: 847-587-4325**

---

**Progress Note: Andrielyn Nededog, AGNP-C 05/12/2022**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



## All Time Medical & Urgent Care

214 WASHINGTON ST STE 1

INGLESIDE IL 60041-9208

Ph: 847-587-3004 Fax:847-587-4325

### ALCOHOL MISUSE/ABUSE (AUDIT C)

Name: Carol Gray Gender: female Date: 05/12/2022

Did you have a drink containing alcohol in the past year?

☒ Yes

☐ No

If 'Yes' : How often did you have a drink containing alcohol in the past year?

☐ Never (0 point)

☐ Monthly or less (1 point)

☐ 2 to 4 times a month (2 points)

☐ 2 to 3 times a week (3 points)

☐ 4 or more times a week (4 points)

If 'Yes' : How many drinks did you have on a typical day when you were drinking in the past year?

☐ 1 or 2 drinks (0 point)

☐ 3 or 4 drinks (1 point)

☐ 5 or 6 drinks (2 points)

☐ 7 to 9 drinks (3 points)

☐ 10 or more drinks (4 points)

If 'Yes' : How often did you have 6 or more drinks on one occasion in the past year?

☐ Never (0 point)

☐ Less than monthly (1 point)

☐ Monthly (2 points)

☐ Weekly (3 points)

☐ Daily or almost daily (4 points)

Points

0

Interpretation

☐ Positive☒ Negative**Interpretation**

The AUDIT-C is scored on a scale of 0-12 (scores of 0 reflect no alcohol use).

- In men, a score of 4 or more is considered positive.
- In women, a score of 3 or more is considered positive.

---

Source: Adapted from materials prepared by: Bush K, Kihlavan DR, McConell MB, Fihn SD, Bradley KA. The AUDIT alcohol consumption questions (AUDIT-C): An effective brief screening test for problem drinking. Arch Intern Med 1998;158(16):1789-1795.

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## All Time Medical & Urgent Care

214 WASHINGTON ST STE 1  
INGLESIDE IL 60041-9208  
Ph: 847-587-3004 Fax:847-587-4325

### Tobacco Control

Name: Carol Gray

Date: 05/12/2022

#### Tobacco use:

- ☐ current smoker
- ☐ former smoker
- ☒ nonsmoker
- ☐ current every day smoker
- ☐ current some day smoker
- ☐ Smoker current status unknown
- ☐ unknown if ever smoked
- ☐ light tobacco smoker
- ☐ heavy tobacco smoker
- ☐ Uses tobacco in other forms

#### Additional Findings: Tobacco User

- ☐ Chain smoker
- ☐ Chews fine cut tobacco
- ☐ Chews loose leaf tobacco
- ☐ Chews plug tobacco
- ☐ Chews tobacco
- ☐ Chews twist tobacco
- ☐ Heavy cigarette smoker (20-39 cigs/day)
- ☐ Light cigarette smoker ((1-9 cigs/day)
- ☐ Moderate cigarette smoker (10-19 cigs/day)
- ☐ Pipe smoker
- ☐ Rolls own cigarettes
- ☐ Snuff user
- ☐ Trivial cigarette smoker (less than one cigarette/day)

- ☐ User of moist powdered tobacco
- ☐ Very heavy cigarette smoker (40+ cigs/day)

**Additional Findings: Tobacco Non-User**

- ☐ Aggressive non-smoker
- ☐ Current non-smoker
- ☐ Current non-smoker, but past smoking history unknown
- ☐ Does not use moist powdered tobacco
- ☐ Ex-cigar smoker
- ☐ Ex-cigarette smoker
- ☐ Ex-cigarette smoker amount unknown
- ☐ Ex-heavy cigarette smoker (20-30/day)
- ☐ Ex-light cigarette smoker (1-9/day)
- ☐ Ex-moderate cigarette smoker (10-19/day)
- ☐ Ex-pipe smoker
- ☐ Ex-trivial cigarette smoker (<1/day)
- ☐ Ex-user of moist powdered tobacco
- ☐ Ex-very heavy cigarette smoker (40+/day)
- ☐ Intolerant ex-smoker
- ☐ Intolerant non-smoker
- ☐ Never chewed tobacco
- ☐ Never used moist powdered tobacco
- ☐ Non-smoker for medical reasons
- ☐ Non-smoker for personal reasons
- ☐ Non-smoker for religious reasons
- ☐ Tolerant ex-smoker
- ☐ Tolerant non-smoker

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2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 03/28/2022



**GRAY, Carol**

59 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

Appointment Facility: DO NOT USE - All Time Medical (William C Dam MD SC)

03/28/2022

Progress Notes: Vikas Bhatara, MD

### Current Medications

#### Taking

- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External

#### Not-Taking/PRN

- Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME

### Assessments

1. Acute pain of left shoulder - M25.512 (Primary)



Electronically signed by VIKAS BHATARA , MD on 02/06/2024 at 01:31 PM CST

Sign off status: Pending

DO NOT USE - All Time Medical (William C Dam MD SC)

214 WASHINGTON ST

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Tel: 847-587-3004

Fax: 847-587-4325

Progress Note: Vikas Bhatara, MD 03/28/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 03/17/2022



**GRAY, Carol**

59 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

03/17/2022

Progress Notes: Vikas Bhatara, MD

### Current Medications

#### Taking

- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External

#### Not-Taking/PRN

- Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME

### Reason for Appointment

- Blood pressure



Electronically signed by VIKAS BHATARA , MD on 02/06/2024 at 01:31 PM CST

Sign off status: Pending

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Progress Note: Vikas Bhatara, MD 03/17/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 03/12/2022



**GRAY, Carol**

59 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

Appointment Facility: DO NOT USE - All Time Medical (William C Dam MD SC)

03/12/2022

Vikas Bhatara, MD

### Current Medications

#### Taking

- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External

#### Not-Taking/PRN

- Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME

Medication List reviewed and reconciled with the patient

### Past Medical History

Hyperlipidemia.  
Hypertension.  
Memory loss.

### Allergies

Dust Mite Mixed Allergen Ext: Other -  
Criticality Unknown - Onset Date  
06/06/2007  
Grass Pollen(K-O-R-T-Swt Vern): Other -  
Criticality Unknown - Onset Date  
06/06/2007

### Review of Systems

See HPI.

### Reason for Appointment

1. Left shoulder pain

### History of Present Illness

#### New Patient:

Patient has been having left shoulder discomfort when she raises hand above shoulder level. She denies any trauma or falls. No swelling, redness, stiffness, weakness, numbness or tingling. This has been going on for the past 3 days. Patient thinks she may have "slept on the arm wrong way".

### Vital Signs

Temp: **97.0** F, BP: **127/99** mm Hg, Ht: 66 in, Wt: **236** lbs, BMI: **38.09**  
Index, HR: **69** /min, Wt-kg: 107.05 kg, Body Surface Area: 2.23.

### Examination

#### General Examination:

General appearance: alert, pleasant, well-nourished and in no acute distress.

Head: normocephalic, atraumatic.

Neck / thyroid: neck is supple, with full range of motion and no cervical lymphadenopathy.

Heart: regular rate and rhythm without murmurs, gallops, clicks or rubs.

Lungs: clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.

Abdomen: soft with good bowel sounds, nontender, and no masses or hepatosplenomegaly.

Extremities: Left arm: No swelling or erythema. Normal ROM. 5/5 Strength. Sensation intact..

Neurologic: nonfocal, alert and oriented, cognitive exam grossly normal.

Psych: alert and oriented x 3, cognitive function intact, cooperative with exam.

### Assessments

1. Injury of left upper arm, initial encounter - S49.92XA (Primary)

### Treatment

#### 1. Injury of left upper arm, initial encounter

##### Notes:

Patient may have had strain/sprain her arm. No acute or focal neurologic finding.

Of tenderness. Range of motion, strength and sensation were intact. Patient was advised to use ice/heat pack and use ibuprofen/tylenol as needed.

2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 03/12/2022

Patient did not want any prescription.

**Follow Up**

4 Weeks



Electronically signed by VIKAS BHATARA , MD on 02/06/2024 at 01:31 PM CST

Sign off status: Pending

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**214 WASHINGTON ST**  
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**INGLESIDE, IL 60041-9208**  
**Tel: 847-587-3004**  
**Fax: 847-587-4325**

---

**Progress Note: Vikas Bhatara, MD 03/12/2022**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

GRAY, Carol DOB: 08/02/1962 (59 yo F) Acc No. 13793 DOS: 03/03/2022

**Gray, Carol**

59 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W Elm Tree, Antioch, IL-60002

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MCCIL

Appointment Facility: All Time Medical &amp; Urgent Care

03/03/2022

Progress Notes: William C Dam, MD

**Current Medications**

Taking

- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External
  - Not-Taking
  - Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Medication List reviewed and reconciled with the patient

**Past Medical History**

Hyperlipidemia.  
Hypertension.

**Social History**

Unable to verify d/t pt has memory loss.

**Allergies**

Dust Mite Mixed Allergen Ext: Other -  
Criticality Unknown - Onset Date  
06/06/2007  
Grass Pollen(K-O-R-T-Swt Vern): Other -  
Criticality Unknown - Onset Date  
06/06/2007

**Review of Systems**General / Constitutional:

Patient denies fatigue , fever ,  
headache , lightheadedness , pain.

Respiratory:

Patient denies chest pain , cough ,  
shortness of breath.

Cardiovascular:

Patient denies dizziness , dyspnea  
on exertion , palpitations.

Neurologic:

Patient denies tingling /  
numbness, dizziness , gait  
abnormality , transient loss of  
vision. Patient complains of memory  
loss.

**Reason for Appointment**

1. Blood pressure

**History of Present Illness**New Patient:

59 yo female presents to clinic with hx of memory loss of unknown origin. Pt has appt with neurologist in August and attempts to have visit moved to sooner have been unsuccessful. Pt drove to office per herself and states that she has navigation and will not get lost. Pt states she is here today for B/P check. Pt is not taking any medications for HTN, and denies HA, chest pain, palpitations, SOB, or vision changes.

**Vital Signs**

BP **151/95 mm Hg**, HR **89 /min**, Temp **98 F**, Wt **236 lbs**, Wt-kg 107.05  
kg, Ht 66 in, BMI **38.09 Index**, Body Surface Area 2.23  
143/108 taken after manual bp with machine jm  
B/P sitting, RT arm manually 148/92.

**Examination**General Examination:

General appearance: female , alert, pleasant, well-nourished and in no acute distress.

Heart: S1 and S2 are normal and no S3 and S4 gallop, RRR without clicks or rubs.

Lungs: clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes AP/LAT.

Neurologic: cooperative with exam , gait normal , alert and oriented to person, place, time.

Psych: cooperative with exam , maintains good eye contact , normal affect / mood , speech is clear and coherent.

**Assessments**

- Primary hypertension - I10 (Primary)
- Memory loss of unknown cause - R41.3

**Treatment****1. Primary hypertension**

Clinical Notes: Discussed with pt to monitor B/P at home daily at different times and record. Pt instructed to RTC in 2 weeks and to bring in B/P readings for evaluation. Provided pt with simple, written instructions to share with her roommate and/or daughter to help pt comply with above.

Progress Note: William C Dam, MD 03/03/2022

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2/6/24, 1:31 PM

GRAY, Carol DOB: 08/02/1962 (59 yo F) Acc No. 13793 DOS: 03/03/2022

**2. Memory loss of unknown cause**

Clinical Notes: Rev'd MRI brain results with pt. and contacted Dr. Kiho, neurology at 630 933 4056 about getting sooner appt.

**Visit Codes**

99214 Office Visit, Est Pt., Level 4. Modifiers: 25

**Follow Up**

2 Weeks (Reason: recheck B/P)



Electronically signed by Vikas Bhatara , MD on 04/15/2022 at 02:48 AM CDT

Sign off status: Completed

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**All Time Medical & Urgent Care**  
**214 WASHINGTON ST**  
**STE 1**  
**INGLESIDE, IL 60041-9208**  
**Tel: 847-587-3004**  
**Fax: 847-587-4325**

---

**Progress Note: William C Dam, MD 03/03/2022**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 02/14/2022



**GRAY, Carol**

59 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

PCP: VIKAS BHATARA

Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

02/14/2022

Progress Notes: William C Dam, MD

### Current Medications

#### Taking

- Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External

### Past Medical History

Hyperlipidemia.  
Hypertension.

### Surgical History

Denies Past Surgical History

### Family History

Unknown, pt is suffering from memory loss.

### Social History

Unable to verify d/t pt has memory loss.

### Allergies

N.K.D.A.

### Hospitalization/Major

### Diagnostic Procedure

Denies Past Hospitalization

### Reason for Appointment

1. Blood Work

### Vital Signs

Temp: **96.8** F, Ht: 66 in, Wt: **236** lbs, BMI: **38.09** Index, Wt-kg: 107.05 kg,  
Body Surface Area: 2.23

VS not taken, pt here for blood work only.

### Assessments

1. Progressive dementia with uncertain etiology - F03.90 (Primary)

### Treatment

**1. Progressive dementia with uncertain etiology**

LAB: LYME DISEASE AB W/REFL TO BLOT (IGG, IGM) (6646).  
(Collection Date & Time - 02/15/2022 12:57 AM)

|                | <u>Value</u> | <u>Reference Range</u> |
|----------------|--------------|------------------------|
| LYME AB SCREEN | <0.90        | - index                |

Dace, Michelle 2/16/2022 09:11:59 AM >fwd results to dr dam; he called pt with results.

LAB: VITAMIN B12 (927) (Collection Date & Time - 02/15/2022 12:57 AM)

|             | <u>Value</u> | <u>Reference Range</u> |
|-------------|--------------|------------------------|
| VITAMIN B12 | 397          | 200-1100 - pg/mL       |

Dace, Michelle 2/16/2022 09:11:41 AM >fwd results to dr. dam; he called pt with results.

LAB: T4, FREE (866) (Collection Date & Time - 02/15/2022 12:57 AM)

|          | <u>Value</u> | <u>Reference Range</u> |
|----------|--------------|------------------------|
| T4, FREE | 1.1          | 0.8-1.8 - ng/dL        |

Dace, Michelle 2/16/2022 09:12:24 AM >fwd results to dr. dam; he called pt with results

Progress Note: William C Dam, MD 02/14/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 02/14/2022

LAB: TSH (899) (Collection Date & Time - 02/15/2022 12:57 AM)

|     | <u>Value</u> | <u>Reference Range</u> |
|-----|--------------|------------------------|
| TSH | 1.74         | 0.40-4.50 - mIU/L      |

Dace, Michelle 2/16/2022 09:11:19 AM >fwd results to dr. dam; he called pt. with results

**Procedure Codes**

36415 VENIPUNCT, ROUTINE\*



Electronically signed by William Dam , MD on 02/06/2024 at 01:31 PM CST

Sign off status: Pending

---

ALL TIME URGENT AND MEDICAL CARE LTD  
214 WASHINGTON ST  
STE 1  
INGLESIDE, IL 60041-9208  
Tel: 847-587-3004  
Fax: 847-587-4325

---

Progress Note: William C Dam, MD 02/14/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 02/12/2022



**GRAY, Carol**

59 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

PCP: VIKAS BHATARA

Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

02/12/2022

Progress Notes: William C Dam, MD

### Current Medications

#### Taking

- Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External

### Past Medical History

Hyperlipidemia.  
Hypertension.

### Allergies

N.K.D.A.

### Reason for Appointment

1. high BP



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ALL TIME URGENT AND MEDICAL CARE LTD  
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STE 1

INGLESIDE, IL 60041-9208

Tel: 847-587-3004

Fax: 847-587-4325

Progress Note: William C Dam, MD 02/12/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 11/09/2021



**GRAY, Carol**

59 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

PCP: VIKAS BHATARA

Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

11/09/2021

Progress Notes: William C Dam, MD

**Reason for Appointment**

1. Knee

**Assessments**

1. Rosacea, unspecified - L71.9 (Primary)



Electronically signed by William Dam , MD on 02/06/2024 at  
01:31 PM CST

Sign off status: Pending

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Tel: 847-587-3004  
Fax: 847-587-4325

Progress Note: William C Dam, MD 11/09/2021

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793 DOS: 07/31/2021



**GRAY, Carol**

58 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

PCP: VIKAS BHATARA

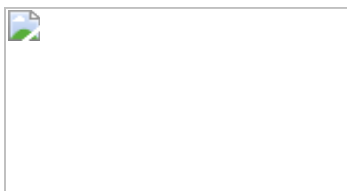
Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

07/31/2021

Progress Notes: William C Dam, MD

**Reason for Appointment**

1. FOLLOW UP



Electronically signed by William Dam , MD on 02/06/2024 at  
01:31 PM CST

Sign off status: Pending

**ALL TIME URGENT AND MEDICAL CARE LTD**

**214 WASHINGTON ST**

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**INGLESIDE, IL 60041-9208**

**Tel: 847-587-3004**

**Fax: 847-587-4325**

Progress Note: William C Dam, MD 07/31/2021

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

2/6/24, 1:32 PM

**ALL TIME URGENT AND MEDICAL CARE LTD**  
**214 WASHINGTON ST STE 1 INGLESIDE, IL 60041-9208**  
**Tel: 847-587-3004 Fax: 847-587-4325**

**Mohammad Razi, MD**  
**Internal Medicine**

**Patient:** Gray, Carol  
**DOB:** 08/02/1962, Sex: Female  
**Address:** 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794  
**Phone:** 847-800-8450

**02/06/2024**

**Ordered Date:** 09/30/2022  
**Assessments:** Lipid screening - Z13.220  
**Lab:** **LIPID PANEL (AMA) W/LDL CALC**  
**Fasting:** No  
**Specimen:** Collection Date: 09/30/2022 Time:11:03 AM  
**Clinical Info:**

| Name                     | Value        | Reference Range          |
|--------------------------|--------------|--------------------------|
| CHOL/HDLC RATIO          |              |                          |
| CHOLESTEROL, TOTAL       |              |                          |
| Cholesterol/HDL Ratio    | 3.5          | 0.0-5.0 .                |
| Cholesterol/HDL Ratio    |              |                          |
| HDL CHOLESTEROL          |              |                          |
| HDL Cholesterol          | 61           | >40 mg/dL                |
| <b>LDL Cholesterol</b>   | <b>107 H</b> | <b>0-99 mg/dL</b>        |
| LDL-CHOLESTEROL          |              |                          |
| NON HDL CHOLESTEROL      |              |                          |
| Non-HDL Cholesterol      |              |                          |
| Non-HDL Cholesterol      | 153          | No Reference Range mg/dL |
| <b>Total Cholesterol</b> | <b>214 H</b> | <b>0-199 mg/dL</b>       |
| TRIGLYCERIDES            |              |                          |
| <b>Triglycerides</b>     | <b>229 H</b> | <b>0.00-150.00 mg/dL</b> |

**Result:**  
**Received Date:** 10/01/2022  
**Notes:**

Patient Name: Gray, Carol , DOB: 08/02/1962

Gray, Carol, 60 Y, F, 08/02/1962

847-800-8450

ALL TIME URGENT AND MEDICAL CARE LTD

214 WASHINGTON ST STE 1, INGLESIDE, IL 60041-9208

847-587-3004

FINAL RESULT

Accession ID: A07025750000764

Ref ID: 86626

Order Date: 09/30/2022

Received: 10/01/2022 04:10:05

Collection Date: 09/30/2022 11:03:00

Requesting Physician: RAZI, MOHAMMAD

## LIPID PANEL (AMA) W/LDL CALC

| NAME                | VALUE | REFERENCE RANGE     |
|---------------------|-------|---------------------|
| F Total Cholesterol | 214 H | 0-199 (mg/dL)       |
| F Triglycerides     | 229 H | 0.00-150.00 (mg/dL) |

NCEP Reference Values for Triglycerides:

Normal: &lt;150 mg/dL

Borderline High: 150 - 199 mg/dL

High: 200 - 499 mg/dL

Very High: &gt;= 500 mg/dL

|                   |       |              |
|-------------------|-------|--------------|
| F HDL Cholesterol | 61    | >40 (mg/dL)  |
| F LDL Cholesterol | 107 H | 0-99 (mg/dL) |

Cutoff values recommended by the National Cholesterol Education Program:

|              |                           |                               |
|--------------|---------------------------|-------------------------------|
| DESIRABLE:   | Cholesterol <200 mg/dL    | LDL <100 mg/dL                |
| BORDERLINE:  | Cholesterol 200-239 mg/dL | LDL 101-159 mg/dL             |
| HIGHER RISK: | Cholesterol >240 mg/dL    | LDL >160 mg/dL, HDL <40 mg/dL |

|                       |     |                            |
|-----------------------|-----|----------------------------|
| F Non-HDL Cholesterol | 153 | No Reference Range (mg/dL) |
|-----------------------|-----|----------------------------|

A reasonable goal for non-HDL cholesterol is one that is 30 mg/dL higher than the LDL cholesterol goal.

|                  |     |             |
|------------------|-----|-------------|
| F CHOL/HDL Ratio | 3.5 | 0.0-5.0 (.) |
|------------------|-----|-------------|

PERFORMING LAB: HealthLab, 25 N Winfield Road, Winfield, IL, 60190

Gray, Carol | 08/02/1962 | F

Accession ID: A07025750000764

2/6/24, 1:32 PM

**ALL TIME URGENT AND MEDICAL CARE LTD**  
**214 WASHINGTON ST STE 1 INGLESIDE, IL 60041-9208**  
**Tel: 847-587-3004 Fax: 847-587-4325**

**Mohammad Razi, MD**  
**Internal Medicine**

**Patient:** Gray, Carol  
**DOB:** 08/02/1962, Sex: Female  
**Address:** 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794  
**Phone:** 847-800-8450

**02/06/2024**

**Ordered Date:** 09/30/2022  
**Assessments:** Primary hypertension - I10  
**Lab:** **CBC AND DIFFERENTIAL**  
**Fasting:** No  
**Specimen:** Collection Date: 09/30/2022 Time:11:03 AM  
**Clinical Info:**

| Name                                    | Value | Reference Range                                               |
|-----------------------------------------|-------|---------------------------------------------------------------|
| Absolute Basophils                      | 0.0   | 0.0-0.1 10 <sup>3</sup> /uL                                   |
| Absolute Eosinophils                    | 0.1   | 0.0-0.6 10 <sup>3</sup> /uL                                   |
| Absolute Immature Granulocytes          | 0.0   | 0.00-0.10 10 <sup>3</sup> /uL                                 |
| Absolute Lymphocytes                    | 2.0   | 0.7-3.4 10 <sup>3</sup> /uL                                   |
| Absolute Monocytes                      | 0.5   | 0.3-1.0 10 <sup>3</sup> /uL                                   |
| Absolute Neutrophils                    | 4.9   | 1.1-6.0 10 <sup>3</sup> /uL                                   |
| Absolute NRBC's                         | 0.0   | 0 10 <sup>3</sup> /uL                                         |
| Basophils                               | 0.3   | 0.0-2.0 %                                                     |
| Eosinophils                             | 0.7   | 0.0-9.0 %                                                     |
| HCT                                     | 41.9  | (Based on documented legal sex) 37.4-48.3 %                   |
| HEMATOCRIT                              |       |                                                               |
| HEMOGLOBIN                              |       |                                                               |
| HGB                                     | 13.9  | (Based on documented legal sex) 11.9-15.8 g/dL                |
| Immature Granulocytes                   | 0.1   | No defined reference range %                                  |
| Lymphocytes                             | 27.0  | 16.0-48.0 %                                                   |
| MCH                                     |       |                                                               |
| MCH                                     | 30.9  | 27.0-33.0 pg                                                  |
| MCHC                                    | 33.2  | 32.0-36.0 g/dL                                                |
| MCV                                     |       |                                                               |
| MCV                                     | 93.1  | 82.0-99.0 fL                                                  |
| Monocytes                               | 6.6   | 4.0-14.0 %                                                    |
| MPV                                     | 12.0  | 9.8-12.7 fL                                                   |
| Neutrophils                             | 65.3  | 37.0-72.0 %                                                   |
| NRBCs                                   | 0.0   | 0 %                                                           |
| Path review                             |       |                                                               |
| PLT                                     | 278   | 150-450 10 <sup>3</sup> /uL                                   |
| RBC                                     | 4.50  | (Based on documented legal sex) 4.10-5.30 10 <sup>6</sup> /uL |
| RDW                                     |       |                                                               |
| RDW                                     | 12.8  | 11.0-15.0 %                                                   |
| RED BLOOD CELL COUNT                    |       |                                                               |
| Total Cell Count (Pulled from Man Diff) |       |                                                               |
| Wam Reflex                              |       |                                                               |

Patient Name: Gray, Carol , DOB: 08/02/1962

2/6/24, 1:32 PM

|     |     |                              |
|-----|-----|------------------------------|
| WBC | 7.6 | 3.6-10.2 10 <sup>3</sup> /uL |
|-----|-----|------------------------------|

**Result:**

**Received Date:** 10/01/2022

**Notes:**

Patient Name: Gray, Carol , DOB: 08/02/1962

Gray, Carol, 60 Y, F, 08/02/1962

847-800-8450

ALL TIME URGENT AND MEDICAL CARE LTD

214 WASHINGTON ST STE 1, INGLESIDE, IL 60041-9208

847-587-3004

FINAL RESULT

|                                      |                               |
|--------------------------------------|-------------------------------|
| Accession ID: A07025750000764        | Ref ID: 86626                 |
| Order Date: 09/30/2022               | Received: 10/01/2022 04:10:03 |
| Collection Date: 09/30/2022 11:03:00 |                               |
| Requesting Physician: RAZI, MOHAMMAD |                               |

CBC AND DIFFERENTIAL

| NAME                             | VALUE | REFERENCE RANGE                                                 |
|----------------------------------|-------|-----------------------------------------------------------------|
| F WBC                            | 7.6   | 3.6-10.2 (10 <sup>3</sup> /uL)                                  |
| F RBC                            | 4.50  | (Based on documented legal sex) 4.10-5.30 (10 <sup>6</sup> /uL) |
| F HGB                            | 13.9  | (Based on documented legal sex) 11.9-15.8 (g/dL)                |
| F HCT                            | 41.9  | (Based on documented legal sex) 37.4-48.3 (%)                   |
| F MCV                            | 93.1  | 82.0-99.0 (fL)                                                  |
| F MCH                            | 30.9  | 27.0-33.0 (pg)                                                  |
| F MCHC                           | 33.2  | 32.0-36.0 (g/dL)                                                |
| F RDW                            | 12.8  | 11.0-15.0 (%)                                                   |
| F PLT                            | 278   | 150-450 (10 <sup>3</sup> /uL)                                   |
| F MPV                            | 12.0  | 9.8-12.7 (fL)                                                   |
| F NRBC's                         | 0.0   | 0 (%)                                                           |
| F Absolute NRBCs                 | 0.0   | 0 (10 <sup>3</sup> /uL)                                         |
| F Neutrophils                    | 65.3  | 37.0-72.0 (%)                                                   |
| F Lymphocytes                    | 27.0  | 16.0-48.0 (%)                                                   |
| F Monocytes                      | 6.6   | 4.0-14.0 (%)                                                    |
| F Eosinophils                    | 0.7   | 0.0-9.0 (%)                                                     |
| F Basophils                      | 0.3   | 0.0-2.0 (%)                                                     |
| F Immature Granulocytes          | 0.1   | No defined reference range (%)                                  |
| F Absolute Neutrophils           | 4.9   | 1.1-6.0 (10 <sup>3</sup> /uL)                                   |
| F Absolute Lymphocytes           | 2.0   | 0.7-3.4 (10 <sup>3</sup> /uL)                                   |
| F Absolute Monocytes             | 0.5   | 0.3-1.0 (10 <sup>3</sup> /uL)                                   |
| F Absolute Eosinophils           | 0.1   | 0.0-0.6 (10 <sup>3</sup> /uL)                                   |
| F Absolute Basophils             | 0.0   | 0.0-0.1 (10 <sup>3</sup> /uL)                                   |
| F Absolute Immature Granulocytes | 0.0   | 0.00-0.10 (10 <sup>3</sup> /uL)                                 |

10/1/2022 1:51 AM: P indicates partial results on a panel have been released.



| NAME                                                                     | VALUE | REFERENCE RANGE               |
|--------------------------------------------------------------------------|-------|-------------------------------|
| Additional results will follow.                                          |       |                               |
| 10/1/2022 1:51 AM: This result has been final verified. No additional or |       |                               |
| changed results are expected.                                            |       |                               |
| PERFORMING LAB: HealthLab, 25 N Winfield Road, Winfield, IL, 60190       |       |                               |
| Gray, Carol   08/02/1962   F                                             |       | Accession ID: A07025750000764 |

2/6/24, 1:32 PM

**ALL TIME URGENT AND MEDICAL CARE LTD** **Mohammad Razi, MD**  
**214 WASHINGTON ST STE 1 INGLESIDE, IL 60041-9208** **Internal Medicine**  
**Tel: 847-587-3004 Fax: 847-587-4325**

**Patient:** Gray, Carol **02/06/2024**  
**DOB:** 08/02/1962, Sex: Female  
**Address:** 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794  
**Phone:** 847-800-8450

**Ordered Date:** 09/30/2022  
**Assessments:** Primary hypertension - I10  
**Lab:** **CMP WITH BUN/CREAT RATIO**  
**Fasting:** No  
**Specimen:** Collection Date: 09/30/2022 Time:11:03 AM  
**Clinical Info:**

| Name                        | Value        | Reference Range       |
|-----------------------------|--------------|-----------------------|
| Albumin                     | 4.3          | 3.5-5.0 g/dL          |
| <b>Alkaline Phosphatase</b> | <b>112 H</b> | <b>34-104 units/L</b> |
| ALT (SGPT)                  | 24           | 9-43 units/L          |
| Anion Gap                   |              |                       |
| Anion Gap                   | 10           | 4-13 mmol/L           |
| AST (SGOT)                  | 22           | 13-39 units/L         |
| Bun/Creatinine Ratio        | 20.5         | 10.0-22.0 .           |
| Calcium                     | 9.3          | 8.3-10.5 mg/dL        |
| Chloride                    | 105          | 98-107 mmol/L         |
| CO2                         | 27           | 21-31 mmol/L          |
| Creatinine                  | 0.88         | 0.60-1.30 mg/dL       |
| GFR (AA)                    |              |                       |
| GFR (Others)                |              |                       |
| Glucose                     | 95           | 70-100 mg/dL          |
| Potassium                   | 4.4          | 3.5-5.1 mmol/L        |
| Sodium                      | 142          | 133-146 mmol/L        |
| Total Bilirubin             | 0.4          | 0.2-1.2 mg/dL         |
| Total Protein               | 7.5          | 6.4-8.3 g/dL          |
| Urea Nitrogen               | 18           | 7-25 mg/dL            |

**Result:**  
**Received Date:** 10/01/2022  
**Notes:**

Patient Name: Gray, Carol , DOB: 08/02/1962

Gray, Carol, 60 Y, F, 08/02/1962

847-800-8450

ALL TIME URGENT AND MEDICAL CARE LTD

214 WASHINGTON ST STE 1, INGLESIDE, IL 60041-9208

847-587-3004

FINAL RESULT

Accession ID: A07025750000764

Ref ID: 86626

Order Date: 09/30/2022

Received: 10/01/2022 04:10:04

Collection Date: 09/30/2022 11:03:00

Requesting Physician: RAZI, MOHAMMAD

## CMP WITH BUN/CREAT RATIO

| NAME                    | VALUE | REFERENCE RANGE       |
|-------------------------|-------|-----------------------|
| F Sodium                | 142   | 133-146 (mmol/L)      |
| F Potassium             | 4.4   | 3.5-5.1 (mmol/L)      |
| F Chloride              | 105   | 98-107 (mmol/L)       |
| F Carbon Dioxide        | 27    | 21-31 (mmol/L)        |
| F Anion Gap             | 10    | 4-13 (mmol/L)         |
| F Blood Urea Nitrogen   | 18    | 7-25 (mg/dL)          |
| F Creatinine            | 0.88  | 0.60-1.30 (mg/dL)     |
| F eGFRcr (CKD-EPI 2021) | 75    | >=60 (mL/min/1.73 m2) |
| F BUN/Creatinine Ratio  | 20.5  | 10.0-22.0 (.)         |
| F Calcium               | 9.3   | 8.3-10.5 (mg/dL)      |
| F Glucose               | 95    | 70-100 (mg/dL)        |
| F Protein, Total        | 7.5   | 6.4-8.3 (g/dL)        |
| F Albumin               | 4.3   | 3.5-5.0 (g/dL)        |
| F ALT                   | 24    | 9-43 (units/L)        |
| F Alkaline Phosphatase  | 112 H | 34-104 (units/L)      |
| F AST                   | 22    | 13-39 (units/L)       |
| F Bilirubin, Total      | 0.4   | 0.2-1.2 (mg/dL)       |

PERFORMING LAB: HealthLab, 25 N Winfield Road, Winfield, IL, 60190

Gray, Carol | 08/02/1962 | F

Accession ID: A07025750000764

2/6/24, 1:32 PM

**ALL TIME URGENT AND MEDICAL CARE LTD**  
**214 WASHINGTON ST STE 1 INGLESIDE, IL 60041-9208**  
**Tel: 847-587-3004 Fax: 847-587-4325**

**Mohammad Razi, MD**  
**Internal Medicine**

**Patient:** Gray, Carol **02/06/2024**  
**DOB:** 08/02/1962, Sex: Female  
**Address:** 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794  
**Phone:** 847-800-8450

**Ordered Date:** 09/30/2022  
**Assessments:** Diabetes mellitus screening - Z13.1  
**Lab:** **HEMOGLOBIN A1C**  
**Fasting:** No  
**Specimen:** Collection Date: 09/30/2022 Time:11:03 AM  
**Clinical Info:**

| Name           | Value | Reference Range |
|----------------|-------|-----------------|
| Hemoglobin A1C | 5.5   | 0-5.6 %         |

**Result:**  
**Received Date:** 10/01/2022  
**Notes:**

Patient Name: Gray, Carol , DOB: 08/02/1962

Gray, Carol, 60 Y, F, 08/02/1962

847-800-8450

ALL TIME URGENT AND MEDICAL CARE LTD

214 WASHINGTON ST STE 1, INGLESIDE, IL 60041-9208

847-587-3004

FINAL RESULT

Accession ID: A07025750000764

Ref ID: 86626

Order Date: 09/30/2022

Received: 10/01/2022 04:10:05

Collection Date: 09/30/2022 11:03:00

Requesting Physician: RAZI, MOHAMMAD

## HEMOGLOBIN A1C

| NAME                                                                                                                                                                                                               | VALUE                       | REFERENCE RANGE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------|
| F Hemoglobin A1c                                                                                                                                                                                                   | 5.5                         | 0-5.6 (%)       |
| The American Diabetes Association recommends that a primary goal of therapy should be a HBA1C of < 7% and that physicians should reevaluate the treatment regimen in patients with HBA1C values consistently > 8%. |                             |                 |
| <5.7%                                                                                                                                                                                                              | Normal                      |                 |
| 5.7 - 6.4%                                                                                                                                                                                                         | Increased risk for diabetes |                 |
| >=6.5%                                                                                                                                                                                                             | Diagnostic of diabetes      |                 |
| <7.0%                                                                                                                                                                                                              | Goal of therapy             |                 |
| >8.0%                                                                                                                                                                                                              | Action suggested            |                 |

PERFORMING LAB: HealthLab, 25 N Winfield Road, Winfield, IL, 60190

Gray, Carol | 08/02/1962 | F

Accession ID: A07025750000764

2/6/24, 1:32 PM

|                                                                                                                                                      |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>ALL TIME URGENT AND MEDICAL CARE LTD</b><br><b>214 WASHINGTON ST STE 1 INGLESIDE, IL 60041-9208</b><br><b>Tel: 847-587-3004 Fax: 847-587-4325</b> | <b>William C Dam, MD</b><br><b>Internal Medicine</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|

|                 |                                             |                   |
|-----------------|---------------------------------------------|-------------------|
| <b>Patient:</b> | Gray, Carol                                 | <b>02/06/2024</b> |
| <b>DOB:</b>     | 08/02/1962, Sex: Female                     |                   |
| <b>Address:</b> | 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794 |                   |
| <b>Phone:</b>   | 847-800-8450                                |                   |

|                       |                                                         |
|-----------------------|---------------------------------------------------------|
| <b>Ordered Date:</b>  | 02/14/2022                                              |
| <b>Assessments:</b>   | Progressive dementia with uncertain etiology - F03.90   |
| <b>Lab:</b>           | <b>LYME DISEASE AB W/REFL TO BLOT (IGG, IGM) (6646)</b> |
| <b>Fasting:</b>       | No                                                      |
| <b>Specimen:</b>      | Collection Date: 02/15/2022 Time:12:57 AM               |
| <b>Clinical Info:</b> |                                                         |

| Name           | Value | Reference Range |
|----------------|-------|-----------------|
| LYME AB SCREEN | <0.90 | index           |

|                       |                                                                                         |
|-----------------------|-----------------------------------------------------------------------------------------|
| <b>Result:</b>        |                                                                                         |
| <b>Received Date:</b> | 02/15/2022                                                                              |
| <b>Notes:</b>         | Dace, Michelle 2/16/2022 09:11:59 AM >fwd results to dr dam; he called pt with results. |

Patient Name: Gray, Carol , DOB: 08/02/1962

Gray, Carol, 59 Y, F, 08/02/1962

847-800-8450

William C. Dam, MD. SC  
214 WASHINGTON ST STE 1, INGLESIDE, IL 60041-9208  
847-587-3004

FINAL RESULT

Accession ID: WX904817X

Ref ID: 1088Q1A81572

Order Date: 02/14/2022

Received: 02/15/2022 13:05:00

Spec Recd: 02/15/2022 00:57:00

Collection Date: 02/15/2022 00:57:00

Report: 02/15/2022 12:55:00

Requesting Physician: Dam, William

Ordering Physician: Dam, William

## LYME DISEASE AB W/REFL TO BLOT (IGG, IGM) (6646)

| NAME             | VALUE          | LAB |
|------------------|----------------|-----|
| F LYME AB SCREEN | <0.90 (index)  | CB  |
| Index            | Interpretation |     |
| -----            | -----          |     |
| < 0.90           | Negative       |     |
| 0.90-1.09        | Equivocal      |     |
| > 1.09           | Positive       |     |

As recommended by the Food and Drug Administration (FDA), all samples with positive or equivocal results in a *Borrelia burgdorferi* antibody screen will be tested using a blot method. Positive or equivocal screening test results should not be interpreted as truly positive until verified as such using a supplemental assay (e.g., *B. burgdorferi* blot).

The screening test and/or blot for *B. burgdorferi* antibodies may be falsely negative in early stages of Lyme disease, including the period when erythema migrans is apparent.

0

|                                                                                                                           |                         |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 0 0 0                                                                                                                     |                         |
| PERFORMING LAB: CB, Quest Diagnostics-Wood Dale<br>1355 Mittel Blvd, Wood Dale<br>IL<br>60191-1024 Anthony V Thomas, M.D. |                         |
| Gray, Carol   08/02/1962   F                                                                                              | Accession ID: WX904817X |



2/6/24, 1:32 PM

|                                                                                                                                                      |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>ALL TIME URGENT AND MEDICAL CARE LTD</b><br><b>214 WASHINGTON ST STE 1 INGLESIDE, IL 60041-9208</b><br><b>Tel: 847-587-3004 Fax: 847-587-4325</b> | <b>William C Dam, MD</b><br><b>Internal Medicine</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|

|                 |                                             |                   |
|-----------------|---------------------------------------------|-------------------|
| <b>Patient:</b> | Gray, Carol                                 | <b>02/06/2024</b> |
| <b>DOB:</b>     | 08/02/1962, Sex: Female                     |                   |
| <b>Address:</b> | 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794 |                   |
| <b>Phone:</b>   | 847-800-8450                                |                   |

|                       |                                                       |
|-----------------------|-------------------------------------------------------|
| <b>Ordered Date:</b>  | 02/14/2022                                            |
| <b>Assessments:</b>   | Progressive dementia with uncertain etiology - F03.90 |
| <b>Lab:</b>           | <b>VITAMIN B12 (927)</b>                              |
| <b>Fasting:</b>       | No                                                    |
| <b>Specimen:</b>      | Collection Date: 02/15/2022 Time:12:57 AM             |
| <b>Clinical Info:</b> |                                                       |

| Name        | Value | Reference Range |
|-------------|-------|-----------------|
| VITAMIN B12 | 397   | 200-1100 pg/mL  |

|                       |                                                                                          |
|-----------------------|------------------------------------------------------------------------------------------|
| <b>Result:</b>        |                                                                                          |
| <b>Received Date:</b> | 02/15/2022                                                                               |
| <b>Notes:</b>         | Dace, Michelle 2/16/2022 09:11:41 AM >fwd results to dr. dam; he called pt with results. |

Patient Name: Gray, Carol , DOB: 08/02/1962

Gray, Carol, 59 Y, F, 08/02/1962

847-800-8450

William C. Dam, MD. SC  
214 WASHINGTON ST STE 1, INGLESIDE, IL 60041-9208  
847-587-3004

FINAL RESULT

|                                      |  |                               |                                  |                                |  |
|--------------------------------------|--|-------------------------------|----------------------------------|--------------------------------|--|
| Accession ID: WX904817X              |  |                               | Ref ID: 1088Q1A81572             |                                |  |
| Order Date: 02/14/2022               |  | Received: 02/15/2022 13:05:01 |                                  | Spec Recd: 02/15/2022 00:57:00 |  |
| Collection Date: 02/15/2022 00:57:00 |  | Report: 02/15/2022 12:55:00   |                                  |                                |  |
| Requesting Physician: Dam, William   |  |                               | Ordering Physician: Dam, William |                                |  |

VITAMIN B12 (927)

| NAME          | VALUE | REFERENCE RANGE  | LAB |
|---------------|-------|------------------|-----|
| F VITAMIN B12 | 397   | 200-1100 (pg/mL) | CB  |

Please Note: Although the reference range for vitamin B12 is 200-1100 pg/mL, it has been reported that between 5 and 10% of patients with values between 200 and 400 pg/mL may experience neuropsychiatric and hematologic abnormalities due to occult B12 deficiency; less than 1% of patients with values above 400 pg/mL will have symptoms.

NO COLLECTION DATE RECEIVED. WE HAVE USED THE DATE THE SPECIMEN WAS RECEIVED BY THIS LABORATORY AS THE COLLECTION DATE. IF THIS IS INCORRECT, PLEASE CONTACT CLIENT SERVICES. PHONE NUMBER: 866.697.8378

|                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------|
| 0                                                                                                                         |
| 0 0 0                                                                                                                     |
| PERFORMING LAB: CB, Quest Diagnostics-Wood Dale<br>1355 Mittel Blvd, Wood Dale<br>IL<br>60191-1024 Anthony V Thomas, M.D. |

Gray, Carol | 08/02/1962 | F

Accession ID: WX904817X

2/6/24, 1:32 PM

**ALL TIME URGENT AND MEDICAL CARE LTD**  
**214 WASHINGTON ST STE 1 INGLESIDE, IL 60041-9208**  
**Tel: 847-587-3004 Fax: 847-587-4325**

**William C Dam, MD**  
**Internal Medicine**

**Patient:** Gray, Carol **02/06/2024**  
**DOB:** 08/02/1962, Sex: Female  
**Address:** 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794  
**Phone:** 847-800-8450

**Ordered Date:** 02/14/2022  
**Assessments:** Progressive dementia with uncertain etiology - F03.90  
**Lab:** **T4, FREE (866)**  
**Fasting:** No  
**Specimen:** Collection Date: 02/15/2022 Time:12:57 AM  
**Clinical Info:**

| Name     | Value | Reference Range |
|----------|-------|-----------------|
| T4, FREE | 1.1   | 0.8-1.8 ng/dL   |

**Result:**  
**Received Date:** 02/15/2022  
**Notes:** Dace, Michelle 2/16/2022 09:12:24 AM >fwd results to dr. dam; he called pt with results

Patient Name: Gray, Carol , DOB: 08/02/1962

Gray, Carol, 59 Y, F, 08/02/1962  
847-800-8450

William C. Dam, MD. SC  
214 WASHINGTON ST STE 1, INGLESIDE, IL 60041-9208  
847-587-3004

FINAL RESULT

|                                      |                               |                                  |  |
|--------------------------------------|-------------------------------|----------------------------------|--|
| Accession ID: WX904817X              |                               | Ref ID: 1088Q1A81572             |  |
| Order Date: 02/14/2022               | Received: 02/15/2022 13:05:01 | Spec Recd: 02/15/2022 00:57:00   |  |
| Collection Date: 02/15/2022 00:57:00 | Report: 02/15/2022 12:55:00   |                                  |  |
| Requesting Physician: Dam, William   |                               | Ordering Physician: Dam, William |  |

T4, FREE (866)

| NAME                                                                                                                      | VALUE | REFERENCE RANGE         | LAB |
|---------------------------------------------------------------------------------------------------------------------------|-------|-------------------------|-----|
| F T4, FREE                                                                                                                | 1.1   | 0.8-1.8 (ng/dL)         | CB  |
| 0                                                                                                                         |       |                         |     |
| 0 0 0                                                                                                                     |       |                         |     |
| PERFORMING LAB: CB, Quest Diagnostics-Wood Dale<br>1355 Mittel Blvd, Wood Dale<br>IL<br>60191-1024 Anthony V Thomas, M.D. |       |                         |     |
| Gray, Carol   08/02/1962   F                                                                                              |       | Accession ID: WX904817X |     |

2/6/24, 1:32 PM

|                                                                                                                                                      |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>ALL TIME URGENT AND MEDICAL CARE LTD</b><br><b>214 WASHINGTON ST STE 1 INGLESIDE, IL 60041-9208</b><br><b>Tel: 847-587-3004 Fax: 847-587-4325</b> | <b>William C Dam, MD</b><br><b>Internal Medicine</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|

|                 |                                             |                   |
|-----------------|---------------------------------------------|-------------------|
| <b>Patient:</b> | Gray, Carol                                 | <b>02/06/2024</b> |
| <b>DOB:</b>     | 08/02/1962, Sex: Female                     |                   |
| <b>Address:</b> | 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794 |                   |
| <b>Phone:</b>   | 847-800-8450                                |                   |

|                       |                                                       |
|-----------------------|-------------------------------------------------------|
| <b>Ordered Date:</b>  | 02/14/2022                                            |
| <b>Assessments:</b>   | Progressive dementia with uncertain etiology - F03.90 |
| <b>Lab:</b>           | <b>TSH (899)</b>                                      |
| <b>Fasting:</b>       | No                                                    |
| <b>Specimen:</b>      | Collection Date: 02/15/2022 Time:12:57 AM             |
| <b>Clinical Info:</b> |                                                       |

| Name | Value | Reference Range |
|------|-------|-----------------|
| TSH  | 1.74  | 0.40-4.50 mIU/L |

|                       |                                                                                          |
|-----------------------|------------------------------------------------------------------------------------------|
| <b>Result:</b>        |                                                                                          |
| <b>Received Date:</b> | 02/15/2022                                                                               |
| <b>Notes:</b>         | Dace, Michelle 2/16/2022 09:11:19 AM >fwd results to dr. dam; he called pt. with results |

Patient Name: Gray, Carol , DOB: 08/02/1962

Gray, Carol, 59 Y, F, 08/02/1962

847-800-8450

William C. Dam, MD. SC  
214 WASHINGTON ST STE 1, INGLESIDE, IL 60041-9208  
847-587-3004

FINAL RESULT

|                                      |                               |                                  |                                |
|--------------------------------------|-------------------------------|----------------------------------|--------------------------------|
| Accession ID: WX904817X              |                               | Ref ID: 1088Q1A81572             |                                |
| Order Date: 02/14/2022               | Received: 02/15/2022 13:05:01 |                                  | Spec Recd: 02/15/2022 00:57:00 |
| Collection Date: 02/15/2022 00:57:00 | Report: 02/15/2022 12:55:00   |                                  |                                |
| Requesting Physician: Dam, William   |                               | Ordering Physician: Dam, William |                                |

## TSH (899)

| NAME                                                                                                                      |     | VALUE | REFERENCE RANGE   | LAB |
|---------------------------------------------------------------------------------------------------------------------------|-----|-------|-------------------|-----|
| F                                                                                                                         | TSH | 1.74  | 0.40-4.50 (mIU/L) | CB  |
| 0                                                                                                                         |     |       |                   |     |
| 0 0 0                                                                                                                     |     |       |                   |     |
| PERFORMING LAB: CB, Quest Diagnostics-Wood Dale<br>1355 Mittel Blvd, Wood Dale<br>IL<br>60191-1024 Anthony V Thomas, M.D. |     |       |                   |     |

Gray, Carol | 08/02/1962 | F

Accession ID: WX904817X

2/6/24, 1:32 PM

|                                                                                                                                                      |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>ALL TIME URGENT AND MEDICAL CARE LTD</b><br><b>214 WASHINGTON ST STE 1 INGLESIDE, IL 60041-9208</b><br><b>Tel: 847-587-3004 Fax: 847-587-4325</b> | <b>Mohammad Razi, MD</b><br><b>Internal Medicine</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|

|                 |                                             |                   |
|-----------------|---------------------------------------------|-------------------|
| <b>Patient:</b> | Gray, Carol                                 | <b>02/06/2024</b> |
| <b>DOB:</b>     | 08/02/1962, Sex: Female                     |                   |
| <b>Address:</b> | 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794 |                   |
| <b>Phone:</b>   | 847-800-8450                                |                   |

|                       |                                                |
|-----------------------|------------------------------------------------|
| <b>Ordered Date:</b>  | 09/30/2022                                     |
| <b>Assessments:</b>   | Screening mammogram for breast cancer - Z12.31 |
| <b>Procedure:</b>     | <b>MAMMOGRAM, SCREENING</b>                    |
| <b>Fasting:</b>       | No                                             |
| <b>Specimen:</b>      |                                                |
| <b>Clinical Info:</b> |                                                |

| Name | Value | Reference Range |
|------|-------|-----------------|
|------|-------|-----------------|

**Result:****Received Date:****Notes:**

Patient Name: Gray, Carol , DOB: 08/02/1962

2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793

**REFERRAL**

Mohammad Razi, MD

Internal Medicine

**ALL TIME URGENT AND MEDICAL CARE LTD**

214 WASHINGTON ST STE 1, INGLESIDE, IL-60041-9208

Tel: 847-587-3004 Fax: 847-587-4325

Carol Gray

08/02/1962

Date: 02/06/2024

**Patient Information:**

Patient Name: Carol Gray  
Patient DOB: 08/02/1962  
Patient Insurance: Meridian Medicaid AFTER 07/01/21  
Patient Subscriber No: 326238797  
Patient Address: 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794  
Patient Phone: 847-800-8450  
Patient Work Phone:  
Patient Cell Phone: 847-254-1136  
Patient SSN:

**Insurance Information**

Insurance Name: Meridian Medicaid AFTER 07/01/21  
Subscriber Name: Gray, Carol  
Subscriber DOB: 08/02/1962  
Subscriber No: 326238797  
Subscriber Group No:  
Subscriber Address: 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794  
Subscriber Phone: 847-800-8450

**Referral From Information:**

Provider Name: RAZI, MOHAMMAD  
Provider ID Number: 874152555  
Provider UPIN:  
Provider NPI: 1730685215  
Provider Facility: ALL TIME URGENT AND MEDICAL CARE LTD  
Provider Speciality: Internal Medicine  
Address1: 214 WASHINGTON ST  
Address2: STE 1  
City, State, Zip: INGLESIDE, IL, 60041-9208  
Phone: 847-587-3004  
Fax: 847-587-4325

**Referral To Information:**

Provider Name: Advocate Medical Group Orthopedics  
Provider ID Number:  
Provider UPIN:  
Provider NPI: 1063585859  
Provider Facility:  
Provider Speciality: Orthopedic Surgery  
Address1: 100 Village Green S  
Address2: Ste 120  
City, State, Zip: Lincolnshire, IL, 60069  
Phone: (847) 634-1766  
Appt. Date/Time:  
Fax: 8476342894

Facility Tax ID Number:



2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793

**REFERRAL**

Mohammad Razi, MD

Internal Medicine

**ALL TIME URGENT AND MEDICAL CARE LTD**

214 WASHINGTON ST STE 1, INGLESIDE, IL-60041-9208

Tel: 847-587-3004 Fax: 847-587-4325

Carol Gray

08/02/1962

**Reason For Referral:**

**Authorization No:**

Reason:

Dog bite, evaluate for debridement

Diagnosis:

L03.119 - Cellulitis of lower extremity, unspecified laterality

E/M Codes:

Procedures:

Visits Allowed:

3

Unit Type:

V (VISIT)

Start Date:

04/29/2023

End Date:

04/29/2024

Priority:

Urgent

**Authorization Type:**



Provider NPI:

1730685215

Electronically signed by Mohammad Razi, MD on 02/06/2024 at 01:31 PM CST

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 04/29/2023

**Gray, Carol**

60 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

PCP: VIKAS BHATARA, MD

Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

04/29/2023

Progress Note: Mohammad Razi, MD

**Current Medications****Taking**

- Zyrtec Allergy 10 MG Capsule 1 capsule Orally Once a day , Notes to Pharmacist: as needed
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External
- amLODIPine Besylate 10 MG Tablet 1 tablet Orally Once a day , Notes to Pharmacist: please refill. patient accidentally dispose of the pills
- Sertraline HCl 50 MG Tablet Oral
- Donepezil HCl 10 MG Tablet TAKE ONE TABLET BY MOUTH DAILY Oral once a day

**Not-Taking**

- HYDROcodone-Acetaminophen 5-325 MG Tablet Oral
  - Minocycline HCl 50 MG Capsule 1 capsule Orally every 6 hrs
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Medication List reviewed and reconciled with the patient

**Past Medical History**

- Hyperlipidemia.
- Hypertension.
- Memory loss.
- Progressive dementia with uncertain etiology.
- Sialadenitis.
- Age-related cognitive decline.
- Three dog bite attacks from own dog.

**Surgical History**

Denies Past Surgical History

**Family History**

Unknown, pt is suffering from memory loss.

**Social History****Reason for Appointment**

1. Wound follow up

**History of Present Illness**Follow up:

Patient had 52 stitches removed from the last visit after having a dog bite/attack. She comes in for follow-up. Today, her leg wounds bilaterally have worsened purulent discharge. In addition, there is worsening pain and erythema.

**Vital Signs**

Temp: **98.6** F, BP: **114/76** mm Hg, Neck Size: Not Taken - Declined by Patient, Ht: 66 in, Wt: **221** lbs, BMI: **35.67** Index, HR: **65** /min, Oxygen sat %: **96** %, Wt-kg: 100.24 kg, Body Surface Area: 2.16.

**Examination**General Examination:

General appearance: alert, well-nourished and in no acute distress.

Head: normocephalic, atraumatic.

Eyes: extraocular movement intact (EOMI) , pupils equal, round, reactive to light and accommodation.

Neck / thyroid: neck is supple, with full range of motion and no cervical lymphadenopathy.

Heart: regular rate and rhythm without murmurs, gallops, clicks or rubs.

Lungs: clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.

Abdomen: Soft with good bowel sounds, and nontender..

Musculoskeletal: Lower extremity swelling and discharge in the previous wound. .

Neurologic: alert and oriented .

Psych: alert and oriented x 3 , normal affect / mood.

**Assessments**

1. Dog bite, subsequent encounter - W54.0XXD

Progress Note: Mohammad Razi, MD 04/29/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 04/29/2023

**Tobacco Use:**

Tobacco Use/Smoking

Tobacco use: *nonsmoker***Drugs/Alcohol:**

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? *Yes*Points *0*Interpretation *Negative*

Caffeine

Intake: *1-2 cups per day*Do you smoke marijuana?: *Denies.*Do you drink alcohol?: *Socially.***Household:**

Household

Marital status: *living with significant other*Number of adults in household: *2*

Unable to verify d/t pt has memory loss.

**Allergies**Dust Mite Mixed Allergen Ext: *Other -*Criticality *Unknown - Onset Date**06/06/2007*Grass Pollen(K-O-R-T-Swt Vern): *Other -*Criticality *Unknown - Onset Date**06/06/2007***Hospitalization/Major****Diagnostic Procedure**

Denies Past Hospitalization

**Review of Systems**

Patient denies fever, chills, nausea, vomiting, headache, dizziness, chest pain, palpitation and changes in urinary/bowel habits. Appetite, sleep and mood is good.

2. Cellulitis of lower extremity, unspecified laterality - L03.119

**Treatment****1. Dog bite, subsequent encounter**

Refill Amoxicillin-Pot Clavulanate Tablet, 875-125 MG, 1 tablet, Orally, every 12 hrs, 10 day(s), 20, Refills *0*

Start Doxycycline Hyclate Capsule, 100 MG, 1 capsule, Orally, twice daily, 10 days, 20 Tablet, Refills *0*

Start Clindamycin HCl Capsule, 300 MG, 1 capsule, Orally, Every 6 hours, 7 days, 28 Capsule, Refills *0*

Notes: If symptoms get worse, or do not improve in 3 days, go to emergency department immediately.

Clinical Notes: Today, patient's condition regarding the dog bite wounds have worsened. She has worsening purulent and erythema around the site. Started on triple antibiotic. Counseled extensively that if symptoms do not improve within 3 days, she is to go to the emergency department for IV antibiotics. Patient and spouse endorsed understanding.

Referral To:Northwestern Medicine Wound Care Center Unknown

Reason:Dog bite resulting in leg cellulitis.

**2. Cellulitis of lower extremity, unspecified laterality**

Referral To:Northwestern Medicine Wound Care Center Unknown

Reason:Dog bite resulting in leg cellulitis.

Referral To: Advocate Medical Group Orthopedics Orthopedic Surgery

Reason:Dog bite, evaluate for debridement



Electronically signed by MOHAMMAD RAZI MD on 04/30/2023 at 04:23 PM CDT

Sign off status: Completed

ALL TIME URGENT AND MEDICAL CARE LTD  
214 WASHINGTON ST  
STE 1

Progress Note: Mohammad Razi, MD 04/29/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 04/29/2023

INGLESIDE, IL 60041-9208  
Tel: 847-587-3004  
Fax: 847-587-4325

---

Progress Note: Mohammad Razi, MD 04/29/2023

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793

**REFERRAL**

Mohammad Razi, MD

Internal Medicine

**ALL TIME URGENT AND MEDICAL CARE LTD**

214 WASHINGTON ST STE 1, INGLESIDE, IL-60041-9208

Tel: 847-587-3004 Fax: 847-587-4325

Carol Gray

08/02/1962

Date: 02/06/2024

**Patient Information:**

Patient Name: Carol Gray  
Patient DOB: 08/02/1962  
Patient Insurance: Meridian Medicaid AFTER 07/01/21  
Patient Subscriber No: 326238797  
Patient Address: 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794  
Patient Phone: 847-800-8450  
Patient Work Phone:  
Patient Cell Phone: 847-254-1136  
Patient SSN:

**Insurance Information**

Insurance Name: Meridian Medicaid AFTER 07/01/21  
Subscriber Name: Gray, Carol  
Subscriber DOB: 08/02/1962  
Subscriber No: 326238797  
Subscriber Group No:  
Subscriber Address: 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794  
Subscriber Phone: 847-800-8450

**Referral From Information:**

Provider Name: RAZI, MOHAMMAD  
Provider ID Number: 874152555  
Provider UPIN:  
Provider NPI: 1730685215  
Provider Facility: ALL TIME URGENT AND MEDICAL CARE LTD  
Provider Speciality: Internal Medicine  
Address1: 214 WASHINGTON ST  
Address2: STE 1  
City, State, Zip: INGLESIDE, IL, 60041-9208  
Phone: 847-587-3004  
Fax: 847-587-4325

**Referral To Information:**

Provider Name: Northwestern Medicine Wound Care Center  
Provider ID Number:  
Provider UPIN:  
Provider NPI: 1982611281  
Provider Facility:  
Provider Speciality: Unknown  
Address1: 2507 N RICHMOND RD  
Address2:  
City, State, Zip: MCHENRY, IL, 60050  
Phone: 847-802-7300  
Appt. Date/Time:  
Fax:

Facility Tax ID Number:

2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793

**REFERRAL**

Mohammad Razi, MD

Internal Medicine

**ALL TIME URGENT AND MEDICAL CARE LTD**

214 WASHINGTON ST STE 1, INGLESIDE, IL-60041-9208

Tel: 847-587-3004 Fax: 847-587-4325

Carol Gray

08/02/1962

**Reason For Referral:**

**Authorization No:**

Reason:

Diagnosis:

E/M Codes:

Procedures:

Visits Allowed:

Unit Type:

Start Date:

End Date:

Priority:

Dog bite resulting in leg cellulitis.

W54.0XXD - Dog bite, subsequent encounter

L03.119 - Cellulitis of lower extremity, unspecified laterality

3

V (VISIT)

04/29/2023

04/29/2024

Routine

**Authorization Type:**



Provider NPI:

1730685215

Electronically signed by Mohammad Razi, MD on 02/06/2024 at 01:31 PM CST

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 04/29/2023

**Gray, Carol**

60 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MHPIL

PCP: VIKAS BHATARA, MD

Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

04/29/2023

Progress Note: Mohammad Razi, MD

**Current Medications****Taking**

- Zyrtec Allergy 10 MG Capsule 1 capsule Orally Once a day , Notes to Pharmacist: as needed
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External
- amLODIPine Besylate 10 MG Tablet 1 tablet Orally Once a day , Notes to Pharmacist: please refill. patient accidentally dispose of the pills
- Sertraline HCl 50 MG Tablet Oral
- Donepezil HCl 10 MG Tablet TAKE ONE TABLET BY MOUTH DAILY Oral once a day

**Not-Taking**

- HYDROcodone-Acetaminophen 5-325 MG Tablet Oral
  - Minocycline HCl 50 MG Capsule 1 capsule Orally every 6 hrs
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Medication List reviewed and reconciled with the patient

**Past Medical History**

- Hyperlipidemia.
- Hypertension.
- Memory loss.
- Progressive dementia with uncertain etiology.
- Sialadenitis.
- Age-related cognitive decline.
- Three dog bite attacks from own dog.

**Surgical History**

Denies Past Surgical History

**Family History**

Unknown, pt is suffering from memory loss.

**Social History****Reason for Appointment**

1. Wound follow up

**History of Present Illness**Follow up:

Patient had 52 stitches removed from the last visit after having a dog bite/attack. She comes in for follow-up. Today, her leg wounds bilaterally have worsened purulent discharge. In addition, there is worsening pain and erythema.

**Vital Signs**

Temp: **98.6** F, BP: **114/76** mm Hg, Neck Size: Not Taken - Declined by Patient, Ht: 66 in, Wt: **221** lbs, BMI: **35.67** Index, HR: **65** /min, Oxygen sat %: **96** %, Wt-kg: 100.24 kg, Body Surface Area: 2.16.

**Examination**General Examination:

General appearance: alert, well-nourished and in no acute distress.

Head: normocephalic, atraumatic.

Eyes: extraocular movement intact (EOMI) , pupils equal, round, reactive to light and accommodation.

Neck / thyroid: neck is supple, with full range of motion and no cervical lymphadenopathy.

Heart: regular rate and rhythm without murmurs, gallops, clicks or rubs.

Lungs: clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.

Abdomen: Soft with good bowel sounds, and nontender..

Musculoskeletal: Lower extremity swelling and discharge in the previous wound. .

Neurologic: alert and oriented .

Psych: alert and oriented x 3 , normal affect / mood.

**Assessments**

1. Dog bite, subsequent encounter - W54.0XXD

Progress Note: Mohammad Razi, MD 04/29/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 04/29/2023

Tobacco Use:

Tobacco Use/Smoking

Tobacco use: *nonsmoker*Drugs/Alcohol:

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? *Yes*Points *0*Interpretation *Negative*

Caffeine

Intake: *1-2 cups per day*Do you smoke marijuana?: *Denies.*Do you drink alcohol?: *Socially.*Household:

Household

Marital status: *living with significant other*Number of adults in household: *2*

Unable to verify d/t pt has memory loss.

**Allergies**Dust Mite Mixed Allergen Ext: *Other -*Criticality *Unknown - Onset Date**06/06/2007*Grass Pollen(K-O-R-T-Swt Vern): *Other -*Criticality *Unknown - Onset Date**06/06/2007***Hospitalization/Major****Diagnostic Procedure**

Denies Past Hospitalization

**Review of Systems**

Patient denies fever, chills, nausea, vomiting, headache, dizziness, chest pain, palpitation and changes in urinary/bowel habits. Appetite, sleep and mood is good.

2. Cellulitis of lower extremity, unspecified laterality - L03.119

**Treatment****1. Dog bite, subsequent encounter**

Refill Amoxicillin-Pot Clavulanate Tablet, 875-125 MG, 1 tablet, Orally, every 12 hrs, 10 day(s), 20, Refills *0*

Start Doxycycline Hyclate Capsule, 100 MG, 1 capsule, Orally, twice daily, 10 days, 20 Tablet, Refills *0*

Start Clindamycin HCl Capsule, 300 MG, 1 capsule, Orally, Every 6 hours, 7 days, 28 Capsule, Refills *0*

Notes: If symptoms get worse, or do not improve in 3 days, go to emergency department immediately.

Clinical Notes: Today, patient's condition regarding the dog bite wounds have worsened. She has worsening purulent and erythema around the site. Started on triple antibiotic. Counseled extensively that if symptoms do not improve within 3 days, she is to go to the emergency department for IV antibiotics. Patient and spouse endorsed understanding.

Referral To:Northwestern Medicine Wound Care Center *Unknown*

Reason:Dog bite resulting in leg cellulitis.

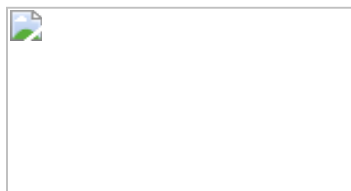
**2. Cellulitis of lower extremity, unspecified laterality**

Referral To:Northwestern Medicine Wound Care Center *Unknown*

Reason:Dog bite resulting in leg cellulitis.

Referral To: Advocate Medical Group Orthopedics *Orthopedic Surgery*

Reason:Dog bite, evaluate for debridement



**Electronically signed by MOHAMMAD RAZI MD on 04/30/2023 at 04:23 PM CDT**

**Sign off status: Completed**

**ALL TIME URGENT AND MEDICAL CARE LTD  
214 WASHINGTON ST  
STE 1**

**Progress Note: Mohammad Razi, MD 04/29/2023**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 04/29/2023

INGLESIDE, IL 60041-9208  
Tel: 847-587-3004  
Fax: 847-587-4325

---

Progress Note: Mohammad Razi, MD 04/29/2023

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793

**REFERRAL**

Mohammad Razi, MD

Internal Medicine

**ALL TIME URGENT AND MEDICAL CARE LTD**

214 WASHINGTON ST STE 1, INGLESIDE, IL-60041-9208

Tel: 847-587-3004 Fax: 847-587-4325

Carol Gray

08/02/1962

Date: 02/06/2024

**Patient Information:**

Patient Name: Carol Gray  
Patient DOB: 08/02/1962  
Patient Insurance: Meridian Medicaid AFTER 07/01/21  
Patient Subscriber No: 326238797  
Patient Address: 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794  
Patient Phone: 847-800-8450  
Patient Work Phone:  
Patient Cell Phone: 847-254-1136  
Patient SSN:

**Insurance Information**

Insurance Name: Meridian Medicaid AFTER 07/01/21  
Subscriber Name: Gray, Carol  
Subscriber DOB: 08/02/1962  
Subscriber No: 326238797  
Subscriber Group No:  
Subscriber Address: 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794  
Subscriber Phone: 847-800-8450

**Referral From Information:**

Provider Name: RAZI, MOHAMMAD M  
Provider ID Number: 874152555  
Provider UPIN:  
Provider NPI: 1730685215  
Provider Facility: ALL TIME URGENT AND MEDICAL CARE LTD  
Provider Speciality: Internal Medicine  
Address1: 214 WASHINGTON ST  
Address2: STE 1  
City, State, Zip: INGLESIDE, IL, 60041-9208  
Phone: 847-587-3004  
Fax: 847-587-4325

**Referral To Information:**

Provider Name: Chad C Spangler  
Provider ID Number:  
Provider UPIN:  
Provider NPI: 1073625562  
Provider Facility:  
Provider Speciality: Gastroenterology  
Address1: 4309 W Medical Center DR  
Address2: Suite B100  
City, State, Zip: McHenry, IL, 60050  
Phone: 815-344-8585  
Appt. Date/Time:  
Fax: 815-344-8610

Facility Tax ID Number:

2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793

**REFERRAL**

Mohammad Razi, MD

Internal Medicine

**ALL TIME URGENT AND MEDICAL CARE LTD**

214 WASHINGTON ST STE 1, INGLESIDE, IL-60041-9208

Tel: 847-587-3004 Fax: 847-587-4325

Carol Gray

08/02/1962

**Reason For Referral:**

**Authorization No:**

**Authorization Type:**

|                 |                                                |
|-----------------|------------------------------------------------|
| Reason:         | Screening Colonoscopy                          |
| Diagnosis:      | Z12.31 - Screening mammogram for breast cancer |
| E/M Codes:      |                                                |
| Procedures:     |                                                |
| Visits Allowed: | 3                                              |
| Unit Type:      |                                                |
| Start Date:     | 09/30/2022                                     |
| End Date:       | 09/30/2023                                     |
| Priority:       | Routine                                        |



Provider NPI: 1730685215

Electronically signed by Mohammad Razi, MD on 02/06/2024 at 01:31 PM CST

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 09/30/2022



Gray, Carol

60 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MCCIL

PCP: VIKAS BHATARA

Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

09/30/2022

Mohammad Razi, MD

**Current Medications****Taking**

- Minocycline HCl 50 MG Capsule 1 capsule Orally every 6 hrs
- Zyrtec Allergy 10 MG Capsule 1 capsule Orally Once a day
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External
- amLODIPine Besylate 10 MG Tablet 1 tablet Orally Once a day, Notes: please refill. patient accidentally dispose of the pills

**Not-Taking**

- Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Donepezil HCl 5 MG Tablet TAKE ONE TABLET BY MOUTH DAILY Oral
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Medication List reviewed and reconciled with the patient

**Past Medical History**

- Hyperlipidemia.
- Hypertension.
- Memory loss.
- Progressive dementia with uncertain etiology.
- Sialadenitis.
- Age-related cognitive decline.

**Surgical History**

No Surgical History documented.

**Family History**

Unknown, pt is suffering from memory loss.

**Social History**Tobacco Use:

Tobacco Use/Smoking

Tobacco use: nonsmoker

Drugs/Alcohol:

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol

**Reason for Appointment**

1. Physical and fasting bloodwork

**History of Present Illness**Annual Physical:**Women**

Last Eye Exam 09/2022

Pap Smear *can't recall*

Mammogram 2021

Bone Density Scan *denies*Colonoscopy *needs an order***Vaccines**Flu Shot *today*Pneumonia Shot *denies*

COVID Shot 1 (Manufacture) 2021

COVID Shot 2 (Manufacture) 2021

COVID Booster (Manufacture) 2022

Shingles Shot *denies*

Patient comes in for annual physical. She tells me that she has early onset dementia and she is seeing neurology. No concerns today. Patient denies fever, chills, nausea, vomiting, headache, dizziness, chest pain, palpitation and changes in urinary/bowel habits. Appetite, sleep and mood is good.

Mammogram: 1.5 years ago

Pap Smear: Been a while

Colonoscopy: Not done.

**Vital Signs**

Temp: **97.6 F**, BP: **122/78 mm Hg**, HR: **67 /min**, Wt: **237 lbs**, Ht: 66 in, BMI: **38.25 Index**, Oxygen sat %: **98 %**, Wt-kg: 107.5 kg, Body Surface Area: 2.24.

**Examination**General Examination:

General appearance: alert, well-nourished and in no acute distress.

Head: normocephalic, atraumatic.

Eyes: extraocular movement intact (EOMI) , pupils equal, round, reactive to light and accommodation.

Neck / thyroid: neck is supple, with full range of motion and no cervical lymphadenopathy.

Heart: regular rate and rhythm without murmurs, gallops, clicks or rubs.

Progress Note: Mohammad Razi, MD 09/30/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 09/30/2022

in the past year? *Yes*Points *0*Interpretation *Negative*

Caffeine

Intake: *1-2 cups per day*Do you smoke marijuana?: *Denies.*Do you drink alcohol?: *Socially.*Household:

Household

Marital status: *living with significant other*Number of adults in household: *2*

Unable to verify d/t pt has memory loss.

**Allergies**Dust Mite Mixed Allergen Ext: *Other -*

Criticality Unknown - Onset Date

06/06/2007

Grass Pollen(K-O-R-T-Swt Vern): *Other -*

Criticality Unknown - Onset Date

06/06/2007

**Hospitalization/Major****Diagnostic Procedure**

No Hospitalization History.

**Review of Systems**

See HPI.

Lungs: clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.

Abdomen: Soft with good bowel sounds, and nontender..

Musculoskeletal: LE edema. redness, warmth or tenderness of the foot/feet with full range of motion.

Neurologic: alert and oriented , normal upper and lower extremity motor strength and function.

Psych: alert and oriented x 3 , normal affect / mood.

**Assessments**

1. Annual physical exam - Z00.00
2. Encounter for immunization - Z23
3. Encounter for screening colonoscopy - Z12.11
4. Screening for human papillomavirus - Z11.51
5. Screening mammogram for breast cancer - Z12.31
6. Primary hypertension - I10
7. Lipid screening - Z13.220
8. Diabetes mellitus screening - Z13.1
9. Leg edema - R60.0

**Treatment****1. Screening for human papillomavirus**

Referral To:Obstetrician and gynecologist

Reason:Needs PAP Smear

**2. Screening mammogram for breast cancer**PROCEDURE: MAMMOGRAM, SCREENING

Referral To:Chad Spangler Gastroenterology

Reason:Screening Colonoscopy

**3. Primary hypertension**

Refill amLODIPine Besylate Tablet, 10 MG, 1 tablet, Orally, Once a day, 90 days, 90, Refills 0, Notes: please refill. patient accidentally dispose of the pills

LAB: CBC AND DIFFERENTIALLAB: CMP WITH BUN/CREAT RATIO**4. Lipid screening**LAB: LIPID PANEL (AMA) W/LDL CALC**5. Diabetes mellitus screening**LAB: HEMOGLOBIN A1C**6. Leg edema**

Clinical Notes: Patient does not have any orthopnea or PND. Can be secondary to amlodipine use. It does not bother her too much, so we will continue this medication.

**7. Others**

Clinical Notes: For the annual physical, will be getting screening blood work-up. She has a history of hypertension and will be in screening for cholesterol and diabetes. In addition, we referring to gastroenterology for colonoscopy, ordering mammogram, and referring to OB/GYN for Pap smear.

**Immunization**

Progress Note: Mohammad Razi, MD 09/30/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 09/30/2022

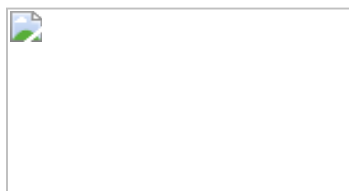
Fluzone Quadrivalent 2022-2023 (Prefilled syringed) : 0.5 mL (Dose No:1)  
(Route: Intramuscular) given by Daniela Settepani on Right Deltoid  
(Encounter for immunization)

**Visit Codes**

99396 Preventive Care Est Pt. Age 40-64. Modifiers: 25

**Procedure Codes**

90686 FLU VAC NO PRSV 4 VAL 3 YRS+  
90471 IMMUNIZATION ADMIN  
77057 MAMMOGRAM, SCREENING  
85025 COMPLETE CBC W/AUTO DIFF WBC  
80053 COMPREHEN METABOLIC PANEL  
80061 LIPID PANEL  
83036 GLYCATED HEMOGLOBIN TEST



**Electronically signed by MOHAMMAD RAZI on 09/30/2022 at 02:17 PM CDT**

**Sign off status: Completed**

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**ALL TIME URGENT AND MEDICAL CARE LTD**  
**214 WASHINGTON ST**  
**STE 1**  
**INGLESIDE, IL 60041-9208**  
**Tel: 847-587-3004**  
**Fax: 847-587-4325**

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**Progress Note: Mohammad Razi, MD 09/30/2022**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793

**REFERRAL**

Mohammad Razi, MD

Internal Medicine

**ALL TIME URGENT AND MEDICAL CARE LTD**

214 WASHINGTON ST STE 1, INGLESIDE, IL-60041-9208

Tel: 847-587-3004 Fax: 847-587-4325

Carol Gray

08/02/1962

Date: 02/06/2024

**Patient Information:**

Patient Name: Carol Gray  
Patient DOB: 08/02/1962  
Patient Insurance: Meridian Medicaid AFTER 07/01/21  
Patient Subscriber No: 326238797  
Patient Address: 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794  
Patient Phone: 847-800-8450  
Patient Work Phone:  
Patient Cell Phone: 847-254-1136  
Patient SSN:

**Insurance Information**

Insurance Name: Meridian Medicaid AFTER 07/01/21  
Subscriber Name: Gray, Carol  
Subscriber DOB: 08/02/1962  
Subscriber No: 326238797  
Subscriber Group No:  
Subscriber Address: 26131 W ELM TREE RD, ANTIOCH, IL 60002-9794  
Subscriber Phone: 847-800-8450

**Referral From Information:**

Provider Name: RAZI, MOHAMMAD M  
Provider ID Number: 874152555  
Provider UPIN:  
Provider NPI: 1730685215  
Provider Facility: ALL TIME URGENT AND MEDICAL CARE LTD  
Provider Speciality: Internal Medicine  
Address1: 214 WASHINGTON ST  
Address2: STE 1  
City, State, Zip: INGLESIDE, IL, 60041-9208  
Phone: 847-587-3004  
Fax: 847-587-4325

**Referral To Information:**

Provider Name:  
Provider ID Number:  
Provider UPIN:  
Provider NPI:  
Provider Facility:  
Provider Speciality: Obstetrician and gynecologist  
Address1:  
Address2:  
City, State, Zip: , ,  
Phone:  
Appt. Date/Time:  
Fax:

Facility Tax ID Number:

2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (61 yo F) Acc No. 13793

**REFERRAL**

Mohammad Razi, MD

Internal Medicine

**ALL TIME URGENT AND MEDICAL CARE LTD**

214 WASHINGTON ST STE 1, INGLESIDE, IL-60041-9208

Tel: 847-587-3004 Fax: 847-587-4325

Carol Gray

08/02/1962

**Reason For Referral:**

**Authorization No:**

**Authorization Type:**

|                 |                                             |
|-----------------|---------------------------------------------|
| Reason:         | Needs PAP Smear                             |
| Diagnosis:      | Z11.51 - Screening for human papillomavirus |
| E/M Codes:      |                                             |
| Procedures:     |                                             |
| Visits Allowed: | 3                                           |
| Unit Type:      |                                             |
| Start Date:     | 09/30/2022                                  |
| End Date:       | 09/30/2023                                  |
| Priority:       | Routine                                     |



Provider NPI: 1730685215

Electronically signed by Mohammad Razi, MD on 02/06/2024 at 01:31 PM CST



GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 09/30/2022

**Gray, Carol**

60 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W ELM TREE RD, ANTIOCH, IL-60002-9794

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21 Payer ID: MCCIL

PCP: VIKAS BHATARA

Appointment Facility: ALL TIME URGENT AND MEDICAL CARE LTD

09/30/2022

Mohammad Razi, MD

**Current Medications****Taking**

- Minocycline HCl 50 MG Capsule 1 capsule Orally every 6 hrs
- Zyrtec Allergy 10 MG Capsule 1 capsule Orally Once a day
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External
- amLODIPine Besylate 10 MG Tablet 1 tablet Orally Once a day, Notes: please refill. patient accidentally dispose of the pills

**Not-Taking**

- Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Donepezil HCl 5 MG Tablet TAKE ONE TABLET BY MOUTH DAILY Oral
  - Amoxicillin-Pot Clavulanate 875-125 MG Tablet 1 tablet Orally every 12 hrs
  - Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Medication List reviewed and reconciled with the patient

**Past Medical History**

- Hyperlipidemia.
- Hypertension.
- Memory loss.
- Progressive dementia with uncertain etiology.
- Sialadenitis.
- Age-related cognitive decline.

**Surgical History**

No Surgical History documented.

**Family History**

Unknown, pt is suffering from memory loss.

**Social History**Tobacco Use:

Tobacco Use/Smoking

Tobacco use: nonsmoker

Drugs/Alcohol:

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol

**Reason for Appointment**

1. Physical and fasting bloodwork

**History of Present Illness**Annual Physical:**Women**

Last Eye Exam 09/2022

Pap Smear *can't recall*

Mammogram 2021

Bone Density Scan *denies*Colonoscopy *needs an order***Vaccines**Flu Shot *today*Pneumonia Shot *denies*

COVID Shot 1 (Manufacture) 2021

COVID Shot 2 (Manufacture) 2021

COVID Booster (Manufacture) 2022

Shingles Shot *denies*

Patient comes in for annual physical. She tells me that she has early onset dementia and she is seeing neurology. No concerns today. Patient denies fever, chills, nausea, vomiting, headache, dizziness, chest pain, palpitation and changes in urinary/bowel habits. Appetite, sleep and mood is good.

Mammogram: 1.5 years ago

Pap Smear: Been a while

Colonoscopy: Not done.

**Vital Signs**

Temp: **97.6 F**, BP: **122/78 mm Hg**, HR: **67 /min**, Wt: **237 lbs**, Ht: 66 in, BMI: **38.25 Index**, Oxygen sat %: **98 %**, Wt-kg: 107.5 kg, Body Surface Area: 2.24.

**Examination**General Examination:

General appearance: alert, well-nourished and in no acute distress.

Head: normocephalic, atraumatic.

Eyes: extraocular movement intact (EOMI) , pupils equal, round, reactive to light and accommodation.

Neck / thyroid: neck is supple, with full range of motion and no cervical lymphadenopathy.

Heart: regular rate and rhythm without murmurs, gallops, clicks or rubs.

Progress Note: Mohammad Razi, MD 09/30/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 09/30/2022

in the past year? *Yes*Points *0*Interpretation *Negative*

Caffeine

Intake: *1-2 cups per day*Do you smoke marijuana?: *Denies.*Do you drink alcohol?: *Socially.*Household:

Household

Marital status: *living with significant other*Number of adults in household: *2*

Unable to verify d/t pt has memory loss.

**Allergies**Dust Mite Mixed Allergen Ext: *Other -*

Criticality Unknown - Onset Date

06/06/2007

Grass Pollen(K-O-R-T-Swt Vern): *Other -*

Criticality Unknown - Onset Date

06/06/2007

**Hospitalization/Major Diagnostic Procedure**

No Hospitalization History.

**Review of Systems**

See HPI.

Lungs: clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes.

Abdomen: Soft with good bowel sounds, and nontender..

Musculoskeletal: LE edema. redness, warmth or tenderness of the foot/feet with full range of motion.

Neurologic: alert and oriented , normal upper and lower extremity motor strength and function.

Psych: alert and oriented x 3 , normal affect / mood.

**Assessments**

1. Annual physical exam - Z00.00
2. Encounter for immunization - Z23
3. Encounter for screening colonoscopy - Z12.11
4. Screening for human papillomavirus - Z11.51
5. Screening mammogram for breast cancer - Z12.31
6. Primary hypertension - I10
7. Lipid screening - Z13.220
8. Diabetes mellitus screening - Z13.1
9. Leg edema - R60.0

**Treatment****1. Screening for human papillomavirus**

Referral To: Obstetrician and gynecologist

Reason: Needs PAP Smear

**2. Screening mammogram for breast cancer**PROCEDURE: MAMMOGRAM, SCREENING

Referral To: Chad Spangler Gastroenterology

Reason: Screening Colonoscopy

**3. Primary hypertension**

Refill amLODIPine Besylate Tablet, 10 MG, 1 tablet, Orally, Once a day, 90 days, 90, Refills 0, Notes: please refill. patient accidentally dispose of the pills

LAB: CBC AND DIFFERENTIALLAB: CMP WITH BUN/CREAT RATIO**4. Lipid screening**LAB: LIPID PANEL (AMA) W/LDL CALC**5. Diabetes mellitus screening**LAB: HEMOGLOBIN A1C**6. Leg edema**

Clinical Notes: Patient does not have any orthopnea or PND. Can be secondary to amlodipine use. It does not bother her too much, so we will continue this medication.

**7. Others**

Clinical Notes: For the annual physical, will be getting screening blood work-up. She has a history of hypertension and will be in screening for cholesterol and diabetes. In addition, we referring to gastroenterology for colonoscopy, ordering mammogram, and referring to OB/GYN for Pap smear.

**Immunization**

Progress Note: Mohammad Razi, MD 09/30/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

2/6/24, 1:32 PM

GRAY, Carol DOB: 08/02/1962 (60 yo F) Acc No. 13793 DOS: 09/30/2022

Fluzone Quadrivalent 2022-2023 (Prefilled syringed) : 0.5 mL (Dose No:1)  
(Route: Intramuscular) given by Daniela Settepani on Right Deltoid  
(Encounter for immunization)

**Visit Codes**

99396 Preventive Care Est Pt. Age 40-64. Modifiers: 25

**Procedure Codes**

90686 FLU VAC NO PRSV 4 VAL 3 YRS+  
90471 IMMUNIZATION ADMIN  
77057 MAMMOGRAM, SCREENING  
85025 COMPLETE CBC W/AUTO DIFF WBC  
80053 COMPREHEN METABOLIC PANEL  
80061 LIPID PANEL  
83036 GLYCATED HEMOGLOBIN TEST



**Electronically signed by MOHAMMAD RAZI on 09/30/2022 at 02:17 PM CDT**

**Sign off status: Completed**

---

**ALL TIME URGENT AND MEDICAL CARE LTD**  
**214 WASHINGTON ST**  
**STE 1**  
**INGLESIDE, IL 60041-9208**  
**Tel: 847-587-3004**  
**Fax: 847-587-4325**

---

**Progress Note: Mohammad Razi, MD 09/30/2022**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

Document Name: 2023-05-08 WOUND CARE, Scanned Date: 05/08/2023

Notes: Settepani, Daniela E 5/8/2023 11:17:59 AM >



**To: William C. Dam, MD**  
Company:  
Fax: 847-587-4325  
Phone:

**From: Angelica Sanchez**  
Fax:  
Phone: 847-802-7300  
E-mail:

---

## NOTES:

Dear Dr. William C Dam

We had the pleasure of seeing Carol Diane Gray at the Northwestern Medicine Wound Center. Please find the enclosed progress note for the initial visit.

Carol will be making regular visits to the Northwestern Medicine Wound Centers for treatment. We instructed your patient to continue to see you for other healthcare needs.

Thank you for allowing us to participate in the care of your patient, please feel free to contact me if you have any questions.

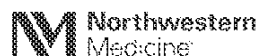
Sincere...

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**Date and time of transmission: 5/8/2023 10:39:04 AM**  
**Number of pages including this cover sheet: 9**



Gray, Carol Diane  
MRN: 111012030007, DOB: 8/2/1962, Sex: F  
Adm: 5/4/2023, D/C: 5/4/2023

NM Wound Care  
2507 N Richmond Rd  
McHenry IL 60051

**Progress Notes by Patel, Manoj R., MD at 5/4/2023 8:00 AM**

|                                         |                                   |                        |
|-----------------------------------------|-----------------------------------|------------------------|
| Author: Patel, Manoj R., MD             | Service: Wound Care               | Author Type: Physician |
| Filed: 5/4/2023 10:18 AM                | Date of Service: 5/4/2023 8:00 AM | Status: Signed         |
| Editor: Patel, Manoj R., MD (Physician) |                                   |                        |

**WOUND CARE HISTORY & PHYSICAL**<sup>[MP.1T]</sup>

05/04/2023<sup>[MP.2T]</sup>

**Chief Complaint:**<sup>[MP.1T]</sup>

Carol Diane Gray<sup>[MP.2T]</sup> is a<sup>[MP.1T]</sup> 60 y.o. female<sup>[MP.2T]</sup> presenting to the Northwestern Medicine Wound Center for an initial visit for evaluation and treatment.

**History of Present Illness:**<sup>[MP.1T]</sup>

Patient is 60-year-old female sustained multiple dog bites on bilateral upper and lower extremities on 4/3/2023, subsequently seen in the emergency room on 4/3/2023, wounds were closed with black nylon sutures, she healed very well on upper extremities but wounds on lower extremities subsequently dehisced and got infected and mostly covered with black necrotic eschar. She was recently seen by her PCP, treated with antibiotics and referred to wound care center for further evaluation and treatment.<sup>[MP.1M]</sup>

**Social History**

**Socioeconomic History**

- |                            |                                      |
|----------------------------|--------------------------------------|
| • Marital status:          | Significant Other                    |
| Spouse name:               | Robert E. Dunlap                     |
| • Number of children:      | 2                                    |
| • Years of education:      | 16                                   |
| • Highest education level: | Bachelor's degree (e.g., BA, AB, BS) |

**Occupational History**

- |               |                         |
|---------------|-------------------------|
| • Occupation: | Martial Arts Instructor |
|---------------|-------------------------|

**Tobacco Use**

- |                      |       |
|----------------------|-------|
| • Smoking status:    | Never |
| • Smokeless tobacco: | Never |

**Vaping Use**

- |               |            |
|---------------|------------|
| • Vaping Use: | Never used |
|---------------|------------|

**Substance and Sexual Activity**

- |                           |                            |
|---------------------------|----------------------------|
| • Alcohol use:            | Yes                        |
| Alcohol/week:             | 3.0 standard drinks        |
| Types:                    | 3 Glasses of wine per week |
| • Drug use:               | Never                      |
| • Sexual activity:        | Yes                        |
| Partners:                 | Male                       |
| Birth control/protection: | Post-menopausal            |

**Social History Narrative**

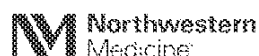
*Lives at home with her significant other.*

**Past Medical History:**

| Diagnosis                | Date       |
|--------------------------|------------|
| • Allergy                |            |
| • Dementia (CMS-HCC)     | 09/30/2022 |
| • Essential hypertension | 09/30/2022 |

Gray, Carol Diane (MRN 111012030007) Printed by Sanchez, Angelica [NM279449] at 5/8/2023 10:38 AM

Page 1 of 8



Gray, Carol Diane  
MRN: 111012030007, DOB: 8/2/1962, Sex: F  
Adm: 5/4/2023, D/C: 5/4/2023

**Progress Notes by Patel, Manoj R., MD at 5/4/2023 8:00 AM (continued)**

- |                         |            |
|-------------------------|------------|
| • Hyperlipidemia        | 06/16/2021 |
| • Rosacea               | 09/30/2022 |
| • Seborrheic dermatitis | 04/26/2020 |

**Past Surgical History:**

| Procedure                                                | Laterality | Date |
|----------------------------------------------------------|------------|------|
| • ENDOMETRIAL ABLATION<br>Age 53                         |            |      |
| • KNEE SURGERY                                           |            | 1974 |
| • OTHER SURGICAL HISTORY<br>Fatty tumor removed from leg |            | 1997 |
| • SHOULDER SURGERY<br>tumor removed                      |            | 2007 |

**Outpatient Medications Marked as Taking for the 5/4/23 encounter  
(Hospital Encounter) with ROOM 1 MCH WOUND**

| Medication                                         | Sig                                                     | Dispense  | Refill |
|----------------------------------------------------|---------------------------------------------------------|-----------|--------|
| • amLODIPine 10 mg tablet                          | Take 1 tablet by<br>mouth daily.                        |           |        |
| • amoxicillin-clavulanate 875-125<br>mg per tablet |                                                         |           |        |
| • CLINDAmycin 300 mg capsule                       |                                                         |           |        |
| • donepezil 10 mg tablet                           | Take 1 tablet by<br>mouth daily.                        | 90 tablet | 1      |
| • doxycycline hyclate 100 mg<br>capsule            |                                                         |           |        |
| • ketoconazole 2 % shampoo                         |                                                         |           |        |
| • minocycline 50 mg capsule                        | Take 1 capsule by<br>mouth nightly.                     |           |        |
| • sertraline 50 mg tablet                          | Take 1/2 tab daily for<br>one week then 1 tab<br>daily. | 90 tablet | 1      |

**Allergies**

| Allergen                      | Reactions                               |
|-------------------------------|-----------------------------------------|
| • Cat Dander                  | Other (See Comments)                    |
| • Grass Pollen<br>tested: 4   | Other (See Comments)                    |
| • Mite Extract<br>tested: 4 + | Other (See Comments)                    |
| • Mold                        | Other (See Comments) <sup>[MP.2T]</sup> |

**OBJECTIVE:**

**Vitals**<sup>[MP.1T]</sup>

Temperature: 97.7 °F (36.5 °C)

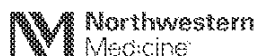
Heart Rate: 63

Respirations: 18

Blood Pressure: 134/87<sup>[MP.2T]</sup>

Gray, Carol Diane (MRN 111012030007) Printed by Sanchez, Angelica [NM279449] at 5/8/2023  
10:38 AM

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Gray, Carol Diane  
MRN: 111012030007, DOB: 8/2/1962, Sex: F  
Adm: 5/4/2023, D/C: 5/4/2023

**Progress Notes by Patel, Manoj R., MD at 5/4/2023 8:00 AM (continued)**

**Physical Exam:**

Nursing note and vitals reviewed.

**Constitutional:** patient appears well-developed, well-nourished, no acute distress.

**Neck:** No Visible mass.

**Pulmonary:** Respiratory effort is normal.

**Cardiovascular:** Peripheral pulses:[MP.1T] Diminished[MP.1M] and demonstrates[MP.1T] Edema, Swelling and Hyperpigmentation[MP.1M] of lower extremities

**Neurological:** Alert and oriented x 3 and demonstrates[MP.1T] peripheral neuropathy[MP.1M]

**Psychiatric:** Judgement and insight intact, appropriate mood & affect

**Integumentary(Hair, Skin):**[MP.1T] Ulceration noted (see wound assessment)[MP.1M]

Wound 05/04/23 Leg Anterior;Left;Lower #1 (Active)

**Date First Assessed/Time First Assessed:** 05/04/23 0816

**Location:** Leg **Wound Location Orientation:** Anterior;Left;Lower

**Wound Description (Comments):** #1

**Assessments**

5/4/2023 8:18 AM

**Wound Image**



|                               |                                                                  |
|-------------------------------|------------------------------------------------------------------|
| Wound Bed                     | Black;Necrotic                                                   |
| Peri-wound Assessment         | Dry;Red                                                          |
| Exact Wound Length (cm)       | 8 cm                                                             |
| Exact Wound Width (cm)        | 5.8 cm                                                           |
| Exact Wound Depth (cm)        | 0.2                                                              |
| Exact Wound Surface Area (cm) | 46.4                                                             |
| Exact Wound Volume (cm3)      | 9.28                                                             |
| Drainage Amount               | None                                                             |
| Drainage Description          | Serous                                                           |
| Cleansed With                 | Normal saline (0.9% NaCl)                                        |
| Dressing Type                 | Medical honey (Medihoney, Manuka honey);Gauze;Abdominal dressing |
| Dressing Status               | No Dressing                                                      |
| Dressing Intervention         | New                                                              |

No Linked orders to display

Wound 05/04/23 Bite Leg Lower;Right;Proximal #2 (Active)

**Date First Assessed/Time First Assessed:** 05/04/23 0816

**Wound Type:** Bite **Location:** Leg **Wound Location Orientation:**

**Lower;Right;Proximal Wound Description (Comments):** #2

**Assessments**

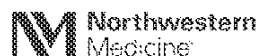
5/4/2023 8:19 AM

**Wound Image**

Gray, Carol Diane (MRN 111012030007) Printed by Sanchez, Angelica [NM279449] at 5/8/2023 10:38 AM

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Gray, Carol Diane  
MRN: 111012030007, DOB: 8/2/1962, Sex: F  
Adm: 5/4/2023, D/C: 5/4/2023

**Progress Notes by Patel, Manoj R., MD at 5/4/2023 8:00 AM (continued)**



|                               |                                                                  |
|-------------------------------|------------------------------------------------------------------|
| Wound Bed                     | Black;Necrotic                                                   |
| Peri-wound Assessment         | Red;Dry                                                          |
| Exact Wound Length (cm)       | 4.1 cm                                                           |
| Exact Wound Width (cm)        | 2.5 cm                                                           |
| Exact Wound Depth (cm)        | 0.2                                                              |
| Exact Wound Surface Area (cm) | 10.25                                                            |
| Exact Wound Volume (cm3)      | 2.05                                                             |
| Drainage Amount               | None                                                             |
| Drainage Description          | Serous                                                           |
| Cleansed With                 | Normal saline (0.9% NaCl)                                        |
| Dressing Type                 | Medical honey (Medihoney, Manuka honey);Gauze;Abdominal dressing |
| Dressing Status               | No Dressing                                                      |
| Dressing Intervention         | New                                                              |

No Linked orders to display

Wound 05/04/23 Bite Leg Lower;Right;Distal #3 (Active)

Date First Assessed/Time First Assessed: 05/04/23 0817

Wound Type: Bite Location: Leg Wound Location Orientation:

Lower;Right;Distal Wound Description (Comments): #3

Assessments

5/4/2023 8:20 AM

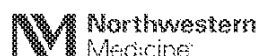
Wound Image



|                               |                |
|-------------------------------|----------------|
| Wound Bed                     | Black;Necrotic |
| Peri-wound Assessment         | Red;Dry        |
| Exact Wound Length (cm)       | 3.2 cm         |
| Exact Wound Width (cm)        | 4.5 cm         |
| Exact Wound Depth (cm)        | 0.2            |
| Exact Wound Surface Area (cm) | 14.4           |
| Exact Wound Volume (cm3)      | 2.88           |
| Drainage Amount               | Scant          |
| Drainage Description          | Serous         |

Gray, Carol Diane (MRN 111012030007) Printed by Sanchez, Angelica [NM279449] at 5/8/2023 10:38 AM

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Gray, Carol Diane  
MRN: 111012030007, DOB: 8/2/1962, Sex: F  
Adm: 5/4/2023, D/C: 5/4/2023

**Progress Notes by Patel, Manoj R., MD at 5/4/2023 8:00 AM (continued)**

|                       |                                                                           |
|-----------------------|---------------------------------------------------------------------------|
| Cleansed With         | Normal saline (0.9% NaCl)                                                 |
| Dressing Type         | Medical honey (Medihoney,<br>Manuka<br>honey);Gauze;Abdominal<br>dressing |
| Dressing Status       | No Dressing                                                               |
| Dressing Intervention | New                                                                       |

No Linked orders to display<sup>[MP.2T]</sup>

**PROCEDURE:**

Procedure: Debridement wound #<sup>[MP.1T]</sup> 1<sup>[MP.1M]</sup> in a total area of<sup>[MP.1T]</sup> 46.4<sup>[MP.1M]</sup> sq cm.

Debridement Level:<sup>[MP.1T]</sup> Excisional - deepest level subcutaneous<sup>[MP.1M]</sup>

Tissue removed:<sup>[MP.1T]</sup> Subcutaneous, Slough and Eschar<sup>[MP.1M]</sup>

Instruments used:<sup>[MP.1T]</sup> blade, curette and forceps<sup>[MP.1M]</sup>

Pain control:<sup>[MP.1T]</sup> topical lidocaine<sup>[MP.1M]</sup>

Procedural pain:<sup>[MP.1T]</sup> 2<sup>[MP.1M]</sup>

Bleeding:<sup>[MP.1T]</sup> Moderate<sup>[MP.1M]</sup> and controlled with<sup>[MP.1T]</sup> Pressure<sup>[MP.1M]</sup>

Response to treatment:<sup>[MP.1T]</sup> Tolerated well<sup>[MP.1M]</sup>

Post procedure wound character:<sup>[MP.1T]</sup> Improved<sup>[MP.1M]</sup>

Post procedural pain:<sup>[MP.1T]</sup> 2<sup>[MP.1M]</sup>

Post procedure measurements:<sup>[MP.1T]</sup> 8.2 x 5.9 x 0.3 cm<sup>[MP.1M]</sup>

Procedure: Debridement wound #<sup>[MP.1T]</sup> 2<sup>[MP.1M]</sup> in a total area of<sup>[MP.1T]</sup> 10.25<sup>[MP.1M]</sup> sq cm.

Debridement Level:<sup>[MP.1T]</sup> Excisional - deepest level subcutaneous<sup>[MP.1M]</sup>

Tissue removed:<sup>[MP.1T]</sup> Subcutaneous, Slough and Eschar<sup>[MP.1M]</sup>

Instruments used:<sup>[MP.1T]</sup> blade, curette and forceps<sup>[MP.1M]</sup>

Pain control:<sup>[MP.1T]</sup> topical lidocaine<sup>[MP.1M]</sup>

Procedural pain:<sup>[MP.1T]</sup> 1<sup>[MP.1M]</sup>

Bleeding:<sup>[MP.1T]</sup> Minimal<sup>[MP.1M]</sup> and controlled with<sup>[MP.1T]</sup> Pressure<sup>[MP.1M]</sup>

Response to treatment:<sup>[MP.1T]</sup> Tolerated well<sup>[MP.1M]</sup>

Post procedure wound character:<sup>[MP.1T]</sup> Improved<sup>[MP.1M]</sup>

Post procedural pain:<sup>[MP.1T]</sup> 2<sup>[MP.1M]</sup>

Post procedure measurements:<sup>[MP.1T]</sup> 4.3 x 2.5 x 0.3 cm<sup>[MP.1M]</sup>

Procedure: Debridement wound #<sup>[MP.1T]</sup> 3<sup>[MP.1M]</sup> in a total area of<sup>[MP.1T]</sup> 14.4<sup>[MP.1M]</sup> sq cm.

Debridement Level:<sup>[MP.1T]</sup> Excisional - deepest level subcutaneous<sup>[MP.1M]</sup>

Tissue removed:<sup>[MP.1T]</sup> Subcutaneous, Slough and Eschar<sup>[MP.1M]</sup>

Instruments used:<sup>[MP.1T]</sup> blade, curette and forceps<sup>[MP.1M]</sup>

Pain control:<sup>[MP.1T]</sup> topical lidocaine<sup>[MP.1M]</sup>

Procedural pain:<sup>[MP.1T]</sup> 1<sup>[MP.1M]</sup>

Bleeding:<sup>[MP.1T]</sup> Moderate<sup>[MP.1M]</sup> and controlled with<sup>[MP.1T]</sup> Pressure<sup>[MP.1M]</sup>

Response to treatment:<sup>[MP.1T]</sup> Tolerated well<sup>[MP.1M]</sup>

Post procedure wound character:<sup>[MP.1T]</sup> Improved<sup>[MP.1M]</sup>

Post procedural pain:<sup>[MP.1T]</sup> 1<sup>[MP.1M]</sup>

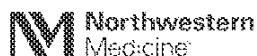
Post procedure measurements:<sup>[MP.1T]</sup> 3.4 x 4.7 x 0.4 cm<sup>[MP.1M]</sup>

**ASSESSMENT:**<sup>[MP.1T]</sup>

Multiple nonhealing traumatic ulcers of bilateral lower extremities from dog bites covered with black necrotic eschar.

Gray, Carol Diane (MRN 111012030007) Printed by Sanchez, Angelica [NM279449] at 5/8/2023  
10:38 AM

Page 5 of 8



Gray, Carol Diane  
MRN: 111012030007, DOB: 8/2/1962, Sex: F  
Adm: 5/4/2023, D/C: 5/4/2023

**Progress Notes by Patel, Manoj R., MD at 5/4/2023 8:00 AM (continued)**

Bilateral lower leg edema and swelling.<sup>[MP.1M]</sup>

**PLAN:**<sup>[MP.1T]</sup>

Wounds were debrided today.

Start local wound care with Medihoney and foam as ordered below.

Tubigrip for compression.

Arterial and venous insufficiency ultrasounds were ordered today to evaluate underlying vascular status.

Return to wound care center in 1 to 2 weeks.<sup>[MP.1M]</sup>

**Orders Placed This Encounter**

**Procedures**

• Vasc US Venous Insufficiency LE Bilateral

Standing Status: Future  
Standing Expiration Date: 8/2/2024  
Scheduling Instructions:

Thank you for choosing Northwestern Medicine. We advise that you contact your insurance company to verify benefits and ensure coverage for these services.

To schedule at any of our NM locations, please sign in to the MyNM app or sign in to NM MyChart at [mychart.nm.org](https://mychart.nm.org).

To schedule via phone, please call us at the appropriate number listed below:

Northwestern Memorial Hospital Locations: 312-926-2650

Lake Forest Hospital and Lake Forest Hospital at Grayslake Locations: 847-535-8000

BCVI Vein and Vascular Outpatient Clinic: 847-535-6062

Central DuPage Hospital and Delnor Hospital Locations: 630-933-5000

Vascular Surgery and Interventional Radiology Clinic at Delnor and CDH: 630-933-4487

Kishwaukee and Valley West Locations: 815-748-2975

NorthWest Suburb Locations: 815-334-5566

Palos Locations: 708-827-2030

Order Specific Question: Do you want this study performed in a vascular surgery vascular lab or a diagnostic imaging department?

Answer: Diagnostic Imaging US

Order Specific Question: Release to patient

Answer: Standard Release

• Vasc US Arterial Duplex LE Bilateral

Standing Status: Future  
Standing Expiration Date: 8/2/2024  
Scheduling Instructions:

Thank you for choosing Northwestern Medicine. We advise that you contact your insurance company to verify benefits and ensure coverage for these services.

To schedule at any of our NM locations, please sign in to the MyNM app or sign in to NM MyChart at [mychart.nm.org](https://mychart.nm.org).

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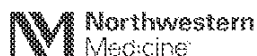
BCVI Vein and Vascular Outpatient Clinic: 847-535-6062

Central DuPage Hospital and Delnor Hospital Locations: 630-933-5000

Vascular Surgery and Interventional Radiology Clinic at Delnor and CDH: 630-933-4487

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NorthWest Suburb Locations: 815-334-5566



Gray, Carol Diane  
MRN: 111012030007, DOB: 8/2/1962, Sex: F  
Adm: 5/4/2023, D/C: 5/4/2023

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**Progress Notes by Patel, Manoj R., MD at 5/4/2023 8:00 AM (continued)**

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Palos Locations: 708-827-2030

Order Specific Question: Do you want this study performed in a vascular surgery vascular lab or a diagnostic imaging department?

Answer: Diagnostic Imaging US

Order Specific Question: Release to patient

Answer: Standard Release

• Wound Care

Standing Status: Standing

Number of Occurrences: 1

Order Specific Question: Wound Location(s)

Answer: Right and left lower leg

Order Specific Question: Cleanse Wound(s) With

Answer: Soap & Water

Order Specific Question: Primary Dressing(s)

Answer: Medical Honey

Order Specific Question: Secondary Dressing(s)

Answer: Dry Gauze

Comments: abd as needed

Order Specific Question: Secured With

Answer: Tape

Comments: hypafix, singleF

Order Specific Question: Secured With

Answer: Tubular Bandage

Order Specific Question: Periwound Treatment

Answer: Skin Prep<sup>[MP.2T]</sup>

Wound Program Admission: I have discussed the benefits of wound care treatments, including debridement, with patient and/or caregivers. I have also presented and described the risks, including: infection, ongoing pain and inflammation, potential scarring, possible damage to blood vessels, possible damage to surrounding tissues, possible damage to organs, possible damage to nerves, bleeding, allergic reaction to topical and injected local anesthetics or skin preparation solutions, removal of healthy tissue, and prolonged healing or failure to heal. Patient and/or caregivers have verbalized understanding of these risks, and is still willing to undergo wound care treatment.<sup>[MP.1M]</sup>

*This medical note has been transcribed using voice recognition software and available to patient in the interest of transparency. If you find an error or have any questions, contact our office or talk to your provider during next follow-up visit.*<sup>[MP.1T]</sup>

Electronically signed by Patel, Manoj R., MD at 5/4/2023 10:18 AM

Attribution Key

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MP.1 - Patel, Manoj R., MD on 5/4/2023 8:52 AM

MP.2 - Patel, Manoj R., MD on 5/4/2023 10:18 AM

M - Manual, T - Template

Initial Visit on 5/4/2023

Note shared with patient

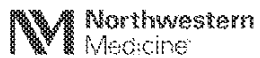
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**Progress Notes Info**

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Gray, Carol Diane (MRN 111012030007) Printed by Sanchez, Angelica [NM279449] at 5/8/2023 10:38 AM

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Gray, Carol Diane  
MRN: 111012030007, DOB: 8/2/1962, Sex: F  
Adm: 5/4/2023, D/C: 5/4/2023

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**Progress Notes Info (continued)**

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| Author              | Note Status | Last Update User    | Last Update Date/Time |
|---------------------|-------------|---------------------|-----------------------|
| Patel, Manoj R., MD | Signed      | Patel, Manoj R., MD | 5/4/2023 10:18 AM     |

Document Name: 2022-11-10 amlodipine advisory, Scanned Date: 11/11/2022

Notes: Settepani, Daniela E 11/11/2022 12:45:36 PM >



Dear Dr. VIKAS BHATARA or appropriate staff:

*This is a medication non-adherence therapy advisory. It is not a request for a prescription.*

We manage the prescription benefits for the health plan for your patient listed below. A review of your patient's retail and mail service prescription history indicates that they may have stopped using their medication.

| Patient Information |            |            |            |
|---------------------|------------|------------|------------|
| Name                | CAROL GRAY | Birth Date | 08/02/1962 |
| AMLODIPINE 10MG     |            |            |            |

Consider discussing your patient's therapy with them as soon as possible. The full benefits of medication may not be seen if the patient is not taking it as prescribed. Some common reasons why patients may stop taking their medicine:<sup>1</sup>

- Can't afford it - consider a generic option, if available
- Are unclear about what medicine they are taking
- Forget to take it
- Don't understand the long-term consequences of not managing their condition
- Don't like the side effects

If you recently changed or plan to change the patient's medication therapy, please disregard this communication.

**If you have comments, fax them to 1-866-310-4097.** Our fax machine is secured according to applicable law. You do not have to reply to this communication.

Sincerely,  
Your Clinical Services

1. World Health Organization, 2003. Adherence to long-term therapies\_ Evidence for Action. Available at: <https://www.paho.org/hq/dmdocuments/2012/WHO-Adherence-Long-Term-Therapies-Eng-2003.pdf>, accessed July 26, 2019.

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15062001394  
5567-33086C  
106-33086C 073119

753364120-1811026446  
Fax number 8475874325

Document Name: 2022-05-12 Animal Bite Report, Scanned Date: 05/12/2022

Notes:





# LakeCounty

Health Department and  
Community Health Center

**Animal Care and Control**  
18736 W. Peterson Rd.  
Libertyville, IL 60048  
847.377.4700

## ANIMAL BITE REPORT

Please complete this report to the best of your ability and send immediately to Animal Care & Control:

Fax: **847.984.5696** or Email: **animalcare@lakecountyil.gov**

|                                                                                                                                                                                                               |                                                                    |                                      |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------|--------------|
| DATE OF COMPLAINT:<br>5-12-22                                                                                                                                                                                 |                                                                    | DATE OF BITE:<br>5-11-22             |              |
| CIRCUMSTANCE OF BITE:<br>Yoshi got outside due to the door being left open. Diane went to get the dog and he was engaging a female Yoshi. Resisted. Diane forced him & he bit her.                            |                                                                    |                                      |              |
| NAME OF PERSON BITTEN:<br>CAROL DIANE GRAY                                                                                                                                                                    |                                                                    | CITY WHERE BITE OCCURRED:<br>Antioch |              |
| HOME PHONE: (847) 254-1136<br>Bobs cell                                                                                                                                                                       |                                                                    | WORK/CELL PHONE: (847) 800-8450      |              |
| ADDRESS:<br>26131 W. Elm Tree Road                                                                                                                                                                            |                                                                    | CITY:<br>Antioch                     | STATE:<br>IL |
| DOB:<br>8-2-62                                                                                                                                                                                                | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | PART OF BODY BITTEN:<br>Wrist        |              |
| SEVERITY: <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> SERIOUS STITCHES REQUIRED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                                                    |                                      |              |
| TYPE OF EXPOSURE:<br><input checked="" type="checkbox"/> BITE <input type="checkbox"/> SCRATCH <input type="checkbox"/> OTHER (DESCRIBE):                                                                     |                                                                    |                                      |              |

|                                              |                              |              |  |
|----------------------------------------------|------------------------------|--------------|--|
| DOCTOR'S NAME:<br>DR. ANNE MEDENOV (V.P. AG) | DOCTOR'S PHONE: 847-582-3004 |              |  |
| ADDRESS:<br>214 Washington St.               | CITY:<br>Inglewood           | STATE:<br>IL |  |

|                                                                                                                                                     |                                      |              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------|--|
| ANIMAL OWNER'S NAME:<br>CAROL DIANE GRAY                                                                                                            | ANIMAL OWNER'S PHONE: (847) 800-8450 |              |  |
| ADDRESS:<br>26131 W. ELM TREE Rd.                                                                                                                   | CITY:<br>Antioch                     | STATE:<br>IL |  |
| NAME AND DESCRIPTION OF BITING ANIMAL: (include breed, color and rabies vaccination date)<br>Yoshi GRAY Shar Pei Male Not fixed Tan April 27th 2021 |                                      |              |  |

|                                                                                             |                 |
|---------------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> HAS BEEN / <input checked="" type="checkbox"/> WILL BE (check one) |                 |
| PLACED UNDER OBSERVATION AT: Lakeland                                                       | ANIMAL HOSPITAL |

|                                                                                    |                 |
|------------------------------------------------------------------------------------|-----------------|
| REPORTING AGENCY (Agency Name, Address, Phone, and Name of Person Reporting Bite): |                 |
| <del>Yoshi</del><br>CAROL DIANE GRAY<br>26131 W. ELM TREE Rd.<br>ANTIOCH IL 60002  | April 27th 2021 |

Document Name: old progress notes, Scanned Date: 03/16/2022

Notes: Schlieben,Kali 03/16/2022 14:54:33 PM



DATE: 2/14/22 Patient: Gray, Carol DOB: 8/2/62  
☐ Alone ☐ Companion / Independent Historian Name & Relationship: \_\_\_\_\_  
 BP \_\_\_\_\_, HR \_\_\_\_\_, RR \_\_\_\_\_, Temp 96.8, O<sub>2</sub> \_\_\_\_\_, Wt 236, Ht 6'6"

Reason for visit/CC:

- 1- New/Acute Problem \_\_\_\_\_  
 2- Chronic Problem \_\_\_\_\_  
 3- Chronic Problem \_\_\_\_\_

HPI/ROS

Labs

☒ ☐ The patient denies symptoms of fever, chills, night sweats, fatigue, weight loss, weight gain, decreased appetite ☐ PATIENT DOES HAVE SYMPTOM OF \_\_\_\_\_

Physical Exam (as needed)

CONSTITUTIONAL: Patient is not in acute distress and appears to be well developed

NEURO: ☐ Awake Alert ☐ \_\_\_\_\_

Not in acute distress

EYE: ☐ Conjunctiva normal ☐ \_\_\_\_\_

EENT: ☐ Lids are normal ☐ \_\_\_\_\_

NECK: ☐ Supple ☐ \_\_\_\_\_

BREAST: ☐ \_\_\_\_\_

CVS: ☐ \_\_\_\_\_

LUNGS: ☐ CTA ☐ \_\_\_\_\_

ABD: ☐ Soft, NT/ND ☐ \_\_\_\_\_

EXT: ☐ No edema ☐ Edema ☐ \_\_\_\_\_

SKIN: ☐ Warm ☐ Rash/Erythema ☐ \_\_\_\_\_

RECTAL/PROSTATE: ☐ \_\_\_\_\_

(Results see in EMR)

☐ Laboratory tests requiring Venipuncture \_\_\_\_\_

[36415]

☐ X-RAYS \_\_\_\_\_

☐ EKG/EEG [93000] \_\_\_\_\_

☐ Urinalysis [81002] \_\_\_\_\_

☐ Ultrasound/Echo \_\_\_\_\_

☐ Rest \_\_\_\_\_

☐ Gargles \_\_\_\_\_

☐ Rapid COVID-19 \_\_\_\_\_

☐ Rapid Influenza A & B

☐ Rapid Strep

☐ Skin Biopsy

☐ Physical Therapy

☐ Decision regarding elective surgery

☐ MINOR ☐ MAJOR

Medications Reviewed / Reconciled (See Meds in EMR)



**1- Number and Complexity of Problems Addressed**

- ☐ Abdominal Pain [R10.9]
- ☐ Acne [L70.9]
- ☐ Actinic Keratosis [L57.0]
- ☐ Anxiety [F41.9]
- ☐ Asthma [J45.909]
- ☐ Atrial Fib [I48.91]
- ☐ Bronchitis [J40]
- ☐ Cellulitis [I30.90]
- ☐ Chest Pain [R07.9]
- ☐ CHF [I50.9]
- ☐ Constipation [K59.00]
- ☐ COPD [J44.9]
- ☐ Depression [F32.9]
- ☐ Dermatitis [L30.9]
- ☐ Diabetes Miletus (DM) with Insulin
- ☐ Diabetes Miletus (DM) without Insulin
- ☐ Diarrhea [R19.7]
- ☐ Dizziness [R42]
- ☐ Eczema [L30.9]
- ☐ Fatigue [R53.83]
- ☐ Gout [M10.9]
- ☐ GERD [K21.9]

- ☐ Hypercholesterolemia [E78.0]
- ☐ Hyperglycemia [R73.9]
- ☐ Hypogonadism [E29.1]
- ☐ Influenza [J11.1]
- ☐ Insomnia [G47.00]
- ☐ Obesity [E86.9]
- ☐ Pneumonia [J18.9]
- ☐ PSA screening [Z12.5]
- ☐ Sleep Apnea [G47.30]
- ☐ Smoking Addiction [F17.200]
- ☐ Tachycardia [R00.0]
- ☐ UTI [N39.0]
- ☐ Vertigo [R42]
- ☐ Weakness [R53.1]

**Risk of Complications and/or Morbidity or Mortality of Patient Management**

☐ Continue Current Management - REFILL GIVEN

☐ Prescription Drug management ☐ Reordered ☐ Dose Changed ☐ New Prescription Issued

**MDM MEDICAL DECISION MAKING:**

**PLAN PER PROBLEM: Detailed Assessment and Plan (Including Differential and Workup)**

1. CRP, ANA, LYME
2. TY-SH. ANA
3. \_\_\_\_\_
4. \_\_\_\_\_

5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**Patient care (Diagnosis or treatment significantly) limited by Social Determinants of Health**

- ☐ Financial Resource Strain
- ☐ Education Access and Quality
- ☐ Health Care Access and Quality
- ☐ Neighborhood and Built Environment
- ☐ Social Connections and Community Context

☐ Physical Activity: Days of Exercise per Week: \_\_\_\_\_ Minutes of Exercise per Session \_\_\_\_\_

**LABS: Amount and/or Complexity of Data to be Reviewed and Analyzed.**

☐ Important Test Results Noted and "Interpreted and Discussed with Patient" (See Labs in EMR)

DISCUSSED WITH PATIENT in DETAILS \_\_\_\_\_



William C Dam MD



GRAY, Carol DOB: 08/02/1962 (59 yo F) Acc No. 13793 DOS: 02/14/2022

# All Time

## Medical & Urgent Care

Gray, Carol

59 Y old Female, DOB: 08/02/1962

Account Number: 13793

26131 W Elm Tree, Antioch, IL-60002

Home: 847-800-8450

Guarantor: Gray, Carol Insurance: Meridian Medicaid AFTER

07/01/21

Appointment Facility: William C. Dam, MD, SC

02/14/2022

Progress Notes: William C Dam, MD

**Current Medications****Taking**

- Minocycline HCl 50 MG Capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME
- Ketoconazole 2 % Shampoo USE AS DIRECTED AS SHAMPOO External

**Past Medical History**

Hyperlipidemia.  
Hypertension.

**Surgical History**

Denies Past Surgical History

**Family History**

Unknown, pt is suffering from memory loss.

**Social History**

Unable to verify d/t pt has memory loss.

**Allergies**

N.K.D.A.

**Hospitalization/Major****Diagnostic Procedure**

Denies Past Hospitalization

**Reason for Appointment**

1. Blood Work

**Assessments**

1. Progressive dementia with uncertain etiology - F03.90 (Primary)

**Treatment**1. **Progressive dementia with uncertain etiology** < 0.90LAB: LYME DISEASE AB W/REFL TO BLOT (IGG, IGM) (6646)

|                | <u>Value</u> | <u>Reference Range</u> |
|----------------|--------------|------------------------|
| LYME AB SCREEN | <0.90        | - index                |

LAB: VITAMIN B12 (927)

|             | <u>Value</u> | <u>Reference Range</u> |
|-------------|--------------|------------------------|
| VITAMIN B12 | 397          | 200-1100 - pg/mL       |

LAB: T4, FREE (866)

|          | <u>Value</u> | <u>Reference Range</u> |
|----------|--------------|------------------------|
| T4, FREE | 1.1          | 0.8-1.8 - ng/dL        |

LAB: TSH (899)

|     | <u>Value</u> | <u>Reference Range</u> |
|-----|--------------|------------------------|
| TSH | 1.74         | 0.40-4.50 - mIU/L      |

**Vital Signs**

Temp **96.8 F**, Wt **236 lbs**, Wt-kg 107.05 kg, Ht 66 in, BMI **38.09** Index,  
Body Surface Area 2.23

pt here for blood work only.

Physically signed by William Dam, MD on 02/16/2022 at

ST

Status: Pending

William C Dam, MD 02/14/2022

EMR/PM Software (www.eClinicalWorks.com)



**TIME Progress Note**

12-12-22

Patient:

Carol Gray

DOB:

8/2/62

Alone



Companion / Independent Historian Name & Relationship:

154/105

HR

79

RR

Temp

98.7

O<sub>2</sub>

Wt

236

Ht

5'6



Reason for visit/CC:

BP med / dizzy

1- New/Acute Problem

2- Chronic Problem

3- Chronic Problem



HPI/ROS

OK DIZZY SPEW



The patient denies symptoms of fever, chills, night sweats, fatigue, weight loss, weight gain, decreased appetite

PATIENT DOES HAVE SYMPTOM OF



Physical Exam (as needed)

CONSTITUTIONAL: Patient is not in acute distress and appears to be well developed

NEURO:



Awake Alert



Not in acute distress

EYE:



Conjunctiva normal



HENT:



Lids are normal



NECK:



Supple



BREAST:



Small, symmetrical

CVS:



Rumbly - ok

LUNGS:



CTA



ABD:



Soft, NT/ND



EXT:



No edema



Edema



SKIN:



Warm



Rash/Erythema



RECTAL/PROSTATE:



(Results see in EMR)



Laboratory tests requiring Venipuncture

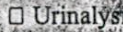
[36415]



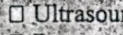
X-RAYS



EKG/EEG [93000]



Urinalysis [81002]



Ultrasound/Echo



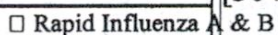
Rest



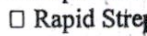
Gargles



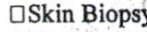
Rapid COVID-19



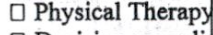
Rapid Influenza A & B



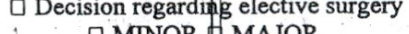
Rapid Strep



Skin Biopsy



Physical Therapy



Decision regarding elective surgery



MINOR MAJOR



Medications Reviewed / Reconciled (See Meds in EMR)

ee



**1- Number and Complexity of Problems Addressed**

- ☐ Abdominal Pain [R10.9]
- ☐ Acne [L70.9]
- ☐ Actinic Keratosis [L57.0]
- ☐ Anxiety [F41.9]
- ☐ Asthma [J45.909]
- ☐ Atrial Fib [I48.91]
- ☐ Bronchitis [J40]
- ☐ Cellulitis [I30.90]
- ☐ Chest Pain [R07.9]
- ☐ CHF [I50.9]
- ☐ Constipation [K59.00]
- ☐ COPD [J44.9]
- ☐ Depression [F32.9]
- ☐ Dermatitis [L30.9]
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- ☐ GERD [K21.9]

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- ☐ Hyperglycemia [R73.9]
- ☐ Hypogonadism [E29.1]
- ☐ Influenza [J11.1]
- ☐ Insomnia [G47.00]
- ☐ Obesity [E86.9]
- ☐ Pneumonia [J18.9]
- ☐ PSA screening [Z12.5]
- ☐ Sleep Apnea [G47.30]
- ☐ Smoking Addiction [F17.200]
- ☐ Tachycardia [R00.0]
- ☐ UTI [N39.0]
- ☐ Vertigo [R42]
- ☐ Weakness [R53.1]

☐ \_\_\_\_\_  
☐ 7/22/2018  
☐ ARTURNO J. JMD  
☐ \_\_\_\_\_  
☐ 7/22/2018  
☐ \_\_\_\_\_

**Risk of Complications and/or Morbidity or Mortality of Patient Management**

- ☒ ☐ Continue Current Management - REFILL GIVEN
- ☐ Prescription Drug management ☐ Reordered ☐ Dose Changed ☐ New Prescription Issued

**MDM MEDICAL DECISION MAKING:**

**PLAN PER PROBLEM: Detailed Assessment and Plan (Including Differential and Workup)**

1. 500 MINOCYCLINE
2. NEUROLOGIST
3. 26, CRYSTAL, ESR
4. LYME

5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**Patient care (Diagnosis or treatment significantly) limited by Social Determinants of Health**

- ☐ Financial Resource Strain
- ☐ Education Access and Quality
- ☐ Health Care Access and Quality
- ☐ Neighborhood and Built Environment
- ☐ Social Connections and Community Context

☐ Physical Activity: Days of Exercise per Week: \_\_\_\_\_ Minutes of Exercise per Session \_\_\_\_\_

**LABS: Amount and/or Complexity of Data to be Reviewed and Analyzed.**

- ☒ ☐ Important Test Results Noted and "Interpreted and Discussed with Patient" (See Labs in EMR)

DISCUSSED WITH PATIENT in DETAILS \_\_\_\_\_



William C Dam MD







William C. Dam M.D.

Date: 9-23-21 Patient: DIANE GRAY DOB: 8-2-62  
 Vitals: Temp: 97.4 B/P: 145/87 wt: 234 Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_  
 Subjective Complaints: 1: Dermatology  
 2: \_\_\_\_\_ 3: \_\_\_\_\_

## ROS:

General \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 ENT \_\_\_\_\_  
 CV \_\_\_\_\_  
 Resp \_\_\_\_\_  
 GI \_\_\_\_\_  
 GU \_\_\_\_\_  
 MS \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Neuro \_\_\_\_\_  
 Psych \_\_\_\_\_  
 Endocrine \_\_\_\_\_  
 Lymph \_\_\_\_\_  
 Allergy \_\_\_\_\_

Rock, popular  
rock - new, chubs  
2/4/29

## Objective Exam:

Neuro \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Ears \_\_\_\_\_  
 Nose \_\_\_\_\_  
 Throat \_\_\_\_\_  
 Neck \_\_\_\_\_  
 Lungs \_\_\_\_\_  
 Breasts \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Abdom \_\_\_\_\_  
 Back \_\_\_\_\_  
 Gent \_\_\_\_\_  
 Rectal \_\_\_\_\_  
 Hemo \_\_\_\_\_  
 Prost \_\_\_\_\_  
 Pelvic \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Reflex \_\_\_\_\_  
 Lymph \_\_\_\_\_

## Past History:

1. \_\_\_\_\_  
 2. Shower Daily Hot  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. Unproven  
 6. \_\_\_\_\_  
 7. Tested Body

## Family History:

| Mother   | Father   |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

## Siblings:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

## Social History:

Smoking \_\_\_\_\_  
 Alcohol \_\_\_\_\_  
 Coffee \_\_\_\_\_  
 Exercise \_\_\_\_\_  
 Aspirin \_\_\_\_\_  
 Fish -D  
 Vitamins -D  
 Rec Drug \_\_\_\_\_  
 Pop \_\_\_\_\_  
 Work \_\_\_\_\_

Plasma  
1/2/2021

## Assessment:

1: ROS AC & EA  
 2: \_\_\_\_\_  
 3: \_\_\_\_\_  
 4: \_\_\_\_\_

5: \_\_\_\_\_  
 6: \_\_\_\_\_  
 7: \_\_\_\_\_  
 8: \_\_\_\_\_

## Referrals/ Therapies/ Other Labs:

1: Minocycline 50 mg  
 2: \_\_\_\_\_  
 3: \_\_\_\_\_  
 4: \_\_\_\_\_

5: \_\_\_\_\_  
 6: \_\_\_\_\_  
 7: \_\_\_\_\_  
 8: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Return Visit: before

William C. Dam M.D.

Date: 7/31/21 Patient: Carol Gray DOB: 8/2/62Vitals: Temp: 98.3 B/P: 120/100 WT: 235 Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_Subjective Complaints: 1: Test follow up

2: \_\_\_\_\_ 3: \_\_\_\_\_

## ROS:

General \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 ENT \_\_\_\_\_  
 CV \_\_\_\_\_  
 Resp \_\_\_\_\_  
 GI \_\_\_\_\_  
 GU \_\_\_\_\_  
 MS \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Neuro \_\_\_\_\_  
 Psych \_\_\_\_\_  
 Endocrine \_\_\_\_\_  
 Lymph \_\_\_\_\_  
 Allergy \_\_\_\_\_

Thyroidal AbnStress MPT Abn

## Objective Exam:

Neuro \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Ears \_\_\_\_\_  
 Nose \_\_\_\_\_  
 Throat \_\_\_\_\_  
 Neck \_\_\_\_\_  
 Lungs \_\_\_\_\_  
 Breasts \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Abdom \_\_\_\_\_  
 Back \_\_\_\_\_  
 Gent \_\_\_\_\_  
 Rectal \_\_\_\_\_  
 Hemo \_\_\_\_\_  
 Prost \_\_\_\_\_  
 Pelvic \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Reflex \_\_\_\_\_  
 Lymph \_\_\_\_\_

## Past History:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 7. \_\_\_\_\_

## Family History:

| Mother   | Father   |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

## Siblings:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

## Social History:

Smoking \_\_\_\_\_  
 Alcohol \_\_\_\_\_  
 Coffee \_\_\_\_\_  
 Exercise \_\_\_\_\_  
 Aspirin \_\_\_\_\_  
 Fish \_\_\_\_\_  
 Vitamins \_\_\_\_\_  
 Rec Drug \_\_\_\_\_  
 Pop \_\_\_\_\_  
 Work \_\_\_\_\_

## Assessment:

1: A normal MPT

5: \_\_\_\_\_

2: \_\_\_\_\_

6: \_\_\_\_\_

3: \_\_\_\_\_

7: \_\_\_\_\_

4: \_\_\_\_\_

8: \_\_\_\_\_

## Referrals/ Therapies/ Other Labs:

1: Continue Thyroidal

5: \_\_\_\_\_

2: \_\_\_\_\_

6: \_\_\_\_\_

3: \_\_\_\_\_

7: \_\_\_\_\_

4: \_\_\_\_\_

8: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Return Visit: \_\_\_\_\_

William C. Dam M.D.

Date: 10-26-21 Patient: CAROL GRAY DOB: 8-2-62Vitals: Temp: 97.9 B/P: 128/80 WT: 240 Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_Subjective Complaints: 1: Talk to Dr. about HER MRI OF THE Brain  
2: \_\_\_\_\_ 3: \_\_\_\_\_

## ROS:

General \_\_\_\_\_  
Eyes \_\_\_\_\_  
ENT \_\_\_\_\_  
CV \_\_\_\_\_  
Resp \_\_\_\_\_  
GI \_\_\_\_\_  
GU \_\_\_\_\_  
MS \_\_\_\_\_  
Skin \_\_\_\_\_  
Neuro \_\_\_\_\_  
Psych \_\_\_\_\_  
Endocrine \_\_\_\_\_  
Lymph \_\_\_\_\_  
Allergy \_\_\_\_\_

## Objective Exam:

Neuro \_\_\_\_\_  
Eyes \_\_\_\_\_  
Ears \_\_\_\_\_  
Nose \_\_\_\_\_  
Throat \_\_\_\_\_  
Neck \_\_\_\_\_  
Lungs \_\_\_\_\_  
Breasts \_\_\_\_\_  
Heart \_\_\_\_\_  
Abdom \_\_\_\_\_  
Back \_\_\_\_\_  
Gent \_\_\_\_\_  
Rectal \_\_\_\_\_  
Hemo \_\_\_\_\_  
Prost \_\_\_\_\_  
Pelvic \_\_\_\_\_  
Skin \_\_\_\_\_  
Reflex \_\_\_\_\_  
Lymph \_\_\_\_\_

## Past History:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_

## Family History:

| Mother   | Father   |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

## Siblings:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

## Social History:

Smoking \_\_\_\_\_  
Alcohol \_\_\_\_\_  
Coffee \_\_\_\_\_  
Exercise \_\_\_\_\_  
Aspirin \_\_\_\_\_  
Fish \_\_\_\_\_  
Vitamins \_\_\_\_\_  
Rec Drug \_\_\_\_\_  
Pop \_\_\_\_\_  
Work \_\_\_\_\_

## Assessment:

1: \_\_\_\_\_  
2: Memory loss  
3: \_\_\_\_\_  
4: \_\_\_\_\_5: \_\_\_\_\_  
6: \_\_\_\_\_  
7: \_\_\_\_\_  
8: \_\_\_\_\_

## Referrals/ Therapies/ Other Labs:

1: \_\_\_\_\_  
2: Cory MPE Brown  
3: Thompson  
4: \_\_\_\_\_5: \_\_\_\_\_  
6: \_\_\_\_\_  
7: \_\_\_\_\_  
8: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Return Visit: \_\_\_\_\_



William C. Dam M.D.

0-15-21 Patient: CAROL GRAY DOB: 8-2-62

Temp: 97.8 B/P: 128/80 WT: 243 Pulse: Resp: HT: BMI:

Subjective Complaints: 1: Wants to find a location to get Covid Vaccine 3:

## ROS:

General

Eyes

ENT

CV

Resp

GI

GU

MS

Skin

Neuro

Psych

Endocrine

Lymph

Allergy

1st Pbc 2/19

W/acid reflux

"Just OK"

## Objective Exam:

Neuro

Eyes

Ears

Nose

Throat

Neck

Lungs

Breasts

Heart

Abdom

Back

Gent

Rectal

Hemo

Prost

Pelvic

Skin

Reflex

Lymph

## Past History:

1.

2.

3.

4.

5.

6.

7.

## Family History:

Mother

Father

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

## Siblings:

1.

2.

3.

4.

5.

6.

## Social History:

Smoking

Alcohol

Coffee

Exercise

Aspirin

Fish

Vitamins

Rec Drug

Pop

Work

## Assessment:

1:

5:

2:

6:

3:

7:

4:

8:

## Referrals/ Therapies/ Other Labs:

1:

5:

2:

6:

3:

7:

4:

8:

Physician Signature:

Return Visit:

1:

5:

2:

6:



William C. Dam M.D.

Date: 12-28-20 Patient: DIANEE GRAY DOB: 8-2-62Vitals: Temp: 98.8 B/P: 140/87 WT: Refuse Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_Subjective Complaints: 1: Rx. Refills.

2: \_\_\_\_\_ 3: \_\_\_\_\_

## ROS:

General \_\_\_\_\_

Eyes \_\_\_\_\_

ENT \_\_\_\_\_

CV \_\_\_\_\_

Resp \_\_\_\_\_

GI \_\_\_\_\_

GU \_\_\_\_\_

MS \_\_\_\_\_

Skin \_\_\_\_\_

Neuro \_\_\_\_\_

Psych \_\_\_\_\_

Endocrine \_\_\_\_\_

Lymph \_\_\_\_\_

Allergy \_\_\_\_\_

cto SialyKetowone  
"helps"

## Objective Exam:

Neuro \_\_\_\_\_

Eyes \_\_\_\_\_

Ears \_\_\_\_\_

Nose \_\_\_\_\_

Throat \_\_\_\_\_

Neck \_\_\_\_\_

Lungs \_\_\_\_\_

Breasts \_\_\_\_\_

Heart \_\_\_\_\_

Abdom \_\_\_\_\_

Back \_\_\_\_\_

Gent \_\_\_\_\_

Rectal \_\_\_\_\_

Hemo \_\_\_\_\_

Prost \_\_\_\_\_

Pelvic \_\_\_\_\_

Skin \_\_\_\_\_

Reflex \_\_\_\_\_

Lymph \_\_\_\_\_

Assess

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

5: \_\_\_\_\_

6: \_\_\_\_\_

7: \_\_\_\_\_

8: \_\_\_\_\_

Referrals/ Therapies/ Other Labs:

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

5: \_\_\_\_\_

6: \_\_\_\_\_

7: \_\_\_\_\_

8: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

## Past History:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

## Family History:

Mother

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Father

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

## Siblings:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

## Social History:

Smoking \_\_\_\_\_

Alcohol \_\_\_\_\_

Coffee \_\_\_\_\_

Exercise \_\_\_\_\_

Aspirin \_\_\_\_\_

Fish \_\_\_\_\_

Vitamins \_\_\_\_\_

Rec Drug \_\_\_\_\_

Pop \_\_\_\_\_

Work \_\_\_\_\_

5: \_\_\_\_\_

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250: \_\_\_\_\_



William C. Dam M.D.

Date: 11-7-20 Patient: Diane Gray DOB: 8-2-62  
 Vitals: Temp: 96.3 B/P: 135/81 WT: Refuse Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_  
 Subjective Complaints: 1: Flu-Shot

2: \_\_\_\_\_ 3: \_\_\_\_\_

## ROS:

General \_\_\_\_\_

Eyes \_\_\_\_\_

ENT \_\_\_\_\_

CV \_\_\_\_\_

Resp \_\_\_\_\_

GI \_\_\_\_\_

GU \_\_\_\_\_

MS \_\_\_\_\_

Skin \_\_\_\_\_

Neuro \_\_\_\_\_

Psych \_\_\_\_\_

Endocrine \_\_\_\_\_

Lymph \_\_\_\_\_

Allergy \_\_\_\_\_

## Objective Exam:

Neuro \_\_\_\_\_

Eyes \_\_\_\_\_

Ears \_\_\_\_\_

Nose \_\_\_\_\_

Throat \_\_\_\_\_

Neck \_\_\_\_\_

Lungs \_\_\_\_\_

Breasts \_\_\_\_\_

Heart \_\_\_\_\_

Abdom \_\_\_\_\_

Back \_\_\_\_\_

Gent \_\_\_\_\_

Rectal \_\_\_\_\_

Hemo \_\_\_\_\_

Prost \_\_\_\_\_

Pelvic \_\_\_\_\_

Skin \_\_\_\_\_

Reflex \_\_\_\_\_

Lymph \_\_\_\_\_

## Past History:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

## Family History:

Mother

Father

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

## Siblings:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## Social History:

- Smoking \_\_\_\_\_  
 Alcohol \_\_\_\_\_  
 Coffee \_\_\_\_\_  
 Exercise \_\_\_\_\_  
 Aspirin \_\_\_\_\_  
 Fish \_\_\_\_\_  
 Vitamins \_\_\_\_\_  
 Rec Drug \_\_\_\_\_  
 Pop \_\_\_\_\_  
 Work \_\_\_\_\_

## Assessment:

- 1: \_\_\_\_\_
- 2: \_\_\_\_\_
- 3: \_\_\_\_\_
- 4: \_\_\_\_\_

- 5: \_\_\_\_\_
- 6: \_\_\_\_\_
- 7: \_\_\_\_\_
- 8: \_\_\_\_\_

## Referrals/ Therapies/ Other Labs:

- 1: \_\_\_\_\_
- 2: \_\_\_\_\_
- 3: \_\_\_\_\_
- 4: \_\_\_\_\_

- 5: \_\_\_\_\_
- 6: \_\_\_\_\_
- 7: \_\_\_\_\_
- 8: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Return Visit: \_\_\_\_\_

FLU  
VACCINE

Date 11-7-20

2 arm  
Lot # 6-30-21  
Exp. # 283853



Date: 10/15/20 Patient: Gray, Diane DOB: 8/2/1962

Vitals: Temp: 97.9 B/P: 128/80 Wt: 160 lbs Pulse: 70 Resp: 16 HT: 5'6" BMI: 24

Subjective Complaints: 1: Depressive 2: Depressive 3: Depressive

ROS:

General Classed  
Eyes normal  
ENT normal  
CV normal  
Resp normal  
GI normal  
GU normal  
MS normal  
Skin normal  
Neuro normal  
Psych normal  
Endocrine normal  
Lymph normal  
Allergy normal

Objective Exam:

Neuro Normal  
Eyes Normal  
Ears Normal  
Nose Normal  
Throat Normal  
Neck Normal  
Lungs Normal  
Breasts Normal  
Heart Normal  
Abdom Normal  
Back Normal  
Genit Normal  
Rectal Normal  
Hemo Normal  
Prost Normal  
Pelvic Normal  
Skin Normal  
Reflex Normal  
Lymph Normal

Assessment:

1: Normal Wellness Exam

Past History:

1. Depressive  
2. Depressive  
3. Depressive  
4. Depressive  
5. Depressive  
6. Depressive  
7. Depressive

Family History:

Mother: 1. Blue  
2. Hearting  
3. Hearting  
4. Hearting  
5. Hearting  
Father: 1. Blue  
2. Hearting  
3. Hearting  
4. Hearting  
5. Hearting

Siblings:

1. Blue  
2. Hearting  
3. Hearting  
4. Hearting  
5. Hearting

Social History:

Smoking Normal  
Alcohol Normal  
Coffee Normal  
Exercise Normal  
Aspirin Normal  
Fish Normal  
Vitamins Normal  
Rec Drug Normal  
Pop Normal  
Work Normal

4: Depressive  
3: Depressive  
2: Depressive  
1: Depressive  
5: Depressive  
6: Depressive  
7: Depressive  
8: Depressive

Physician Signature: \_\_\_\_\_

Return Visit: \_\_\_\_\_

William C. Dam M.D.

Date: 4/20/2008 Patient: Diane Gray DOB: 8.2.62  
 Vitals: Temp:      B/P:      WT:      Pulse:      Resp:      HT:      BMI:     

Subjective Complaints: 1:       
 2:      3:     

ROS:  
 General       
 Eyes       
 ENT       
 CV       
 Resp       
 GI       
 GU       
 MS       
 Skin       
 Neuro       
 Psych       
 Endocrine       
 Lymph       
 Allergy     

*physical help*

Past History:  
 1.       
 2.       
 3.       
 4.       
 5.       
 6.       
 7.     

1. WILLIAM C. DAM, M.D., S.C.  
 2. 214 WASHINGTON STREET  
 3. INGLESIDE, ILLINOIS 60041  
 4. 630-387-3004

Family History:  
 Mother      Father       
 1.      1.       
 2.      2.       
 3.      3.       
 4.      4.       
 5.      5.     

Siblings:  
 1.       
 2.       
 3.       
 4.       
 5.       
 6.     

Social History:  
 Smoking       
 Alcohol       
 Coffee       
 Exercise       
 Aspirin       
 Fish       
 Vitamins       
 Rec Drug       
 Pop       
 Work     

Objective Exam:  
 Neuro       
 Eyes       
 Ears       
 Nose       
 Throat       
 Neck       
 Lungs       
 Breasts       
 Heart       
 Abdom       
 Back       
 Gent       
 Rectal       
 Hemo       
 Prost       
 Pelvic       
 Skin       
 Reflex       
 Lymph     

Assessment: Schwannoma Parotid  
 1:       
 2:       
 3:       
 4:       
 5:       
 6:       
 7:       
 8:     

Referrals/ Therapies/ Other Labs:  
 1:       
 2:       
 3:       
 4:       
 5:       
 6:       
 7:       
 8:     

Physician Signature:      Return Visit:

William C. Dam M.D.

Date: 3/7/20 Patient: Diane Gray DOB: 8.2.62  
 Vitals: Temp: \_\_\_\_\_ B/P: 123/80 WT: Ref Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_

Subjective Complaints: 1: Dandruff on the top of head.  
 2: Referral for Colonoscopy 3: Referral Breast Mammogram

## ROS:

General \_\_\_\_\_

Eyes \_\_\_\_\_

ENT \_\_\_\_\_

CV \_\_\_\_\_

Resp \_\_\_\_\_

GI \_\_\_\_\_

GU \_\_\_\_\_

MS \_\_\_\_\_

Skin \_\_\_\_\_

Neuro \_\_\_\_\_

Psych \_\_\_\_\_

Endocrine \_\_\_\_\_

Lymph \_\_\_\_\_

Allergy \_\_\_\_\_

## Objective Exam:

Neuro \_\_\_\_\_

Eyes \_\_\_\_\_

Ears \_\_\_\_\_

Nose \_\_\_\_\_

Throat \_\_\_\_\_

Neck \_\_\_\_\_

Lungs \_\_\_\_\_

Breasts \_\_\_\_\_

Heart \_\_\_\_\_

Abdom \_\_\_\_\_

Back \_\_\_\_\_

Gent \_\_\_\_\_

Rectal \_\_\_\_\_

Hemo \_\_\_\_\_

Prost \_\_\_\_\_

Pelvic \_\_\_\_\_

Skin \_\_\_\_\_

Reflex \_\_\_\_\_

Lymph \_\_\_\_\_

## Past History:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

## Family History:

Mother

Father

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

## Siblings:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## Social History:

Smoking \_\_\_\_\_

Alcohol \_\_\_\_\_

Coffee \_\_\_\_\_

Exercise \_\_\_\_\_

Aspirin \_\_\_\_\_

Fish \_\_\_\_\_

Vitamins \_\_\_\_\_

Rec Drug \_\_\_\_\_

Pop \_\_\_\_\_

Work \_\_\_\_\_

## Assessment:

- |                             |          |
|-----------------------------|----------|
| 1: <u>Schizophrenia 2nd</u> | 5: _____ |
| 2: _____                    | 6: _____ |
| 3: _____                    | 7: _____ |
| 4: _____                    | 8: _____ |

## Referrals/ Therapies/ Other Labs:

- |                 |          |
|-----------------|----------|
| 1: <u>N 2nd</u> | 5: _____ |
| 2: _____        | 6: _____ |
| 3: _____        | 7: _____ |
| 4: _____        | 8: _____ |

Physician Signature: \_\_\_\_\_

Return Visit: \_\_\_\_\_



William C. Dam M.D.

Date: 10/10/19 Patient: Carol Gray DOB: 8.2.62

Vitals: Temp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_

Subjective Complaints: 1: Letter from Dr. about Dog  
2: Bite 3: \_\_\_\_\_

## ROS:

General \_\_\_\_\_  
Eyes \_\_\_\_\_  
ENT \_\_\_\_\_  
CV \_\_\_\_\_  
Resp \_\_\_\_\_  
GI \_\_\_\_\_  
GU \_\_\_\_\_  
MS \_\_\_\_\_  
Skin \_\_\_\_\_  
Neuro \_\_\_\_\_  
Psych \_\_\_\_\_  
Endocrine \_\_\_\_\_  
Lymph \_\_\_\_\_  
Allergy \_\_\_\_\_

## Past History:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_

## Family History:

| Mother   | Father   |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

## Siblings:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

## Social History:

Smoking \_\_\_\_\_  
Alcohol \_\_\_\_\_  
Coffee \_\_\_\_\_  
Exercise \_\_\_\_\_  
Aspirin \_\_\_\_\_  
Fish \_\_\_\_\_  
Vitamins \_\_\_\_\_  
Rec Drug \_\_\_\_\_  
Pop \_\_\_\_\_  
Work \_\_\_\_\_

## Objective Exam:

Neuro \_\_\_\_\_  
Eyes \_\_\_\_\_  
Ears \_\_\_\_\_  
Nose \_\_\_\_\_  
Throat \_\_\_\_\_  
Neck \_\_\_\_\_  
Lungs \_\_\_\_\_  
Breasts \_\_\_\_\_  
Heart \_\_\_\_\_  
Abdom \_\_\_\_\_  
Back \_\_\_\_\_  
Gent \_\_\_\_\_  
Rectal \_\_\_\_\_  
Hemo \_\_\_\_\_  
Prost \_\_\_\_\_  
Pelvic \_\_\_\_\_  
Skin \_\_\_\_\_  
Reflex \_\_\_\_\_  
Lymph \_\_\_\_\_Scars - NeckScars - Neck

## Assessment:

1: Dog Bite  
2: \_\_\_\_\_  
3: \_\_\_\_\_  
4: \_\_\_\_\_5: \_\_\_\_\_  
6: \_\_\_\_\_  
7: \_\_\_\_\_  
8: \_\_\_\_\_

## Referrals/ Therapies/ Other Labs:

1: \_\_\_\_\_  
2: \_\_\_\_\_  
3: \_\_\_\_\_  
4: \_\_\_\_\_5: \_\_\_\_\_  
6: \_\_\_\_\_  
7: \_\_\_\_\_  
8: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Return Visit: \_\_\_\_\_

William C. Dam M.D.

Date: 9.19.19 Patient: Drone Cory DOB: 8.2.62  
9.19.19Vitals: Temp: \_\_\_\_\_ B/P: 120/70 WT: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_Subjective Complaints: 1: Dog Bite

2: \_\_\_\_\_ 3: \_\_\_\_\_

## ROS:

General \_\_\_\_\_  
Eyes \_\_\_\_\_  
ENT \_\_\_\_\_  
CV \_\_\_\_\_  
Resp \_\_\_\_\_  
GI \_\_\_\_\_  
GU \_\_\_\_\_  
MS \_\_\_\_\_  
Skin \_\_\_\_\_  
Neuro \_\_\_\_\_  
Psych \_\_\_\_\_  
Endocrine \_\_\_\_\_  
Lymph \_\_\_\_\_  
Allergy \_\_\_\_\_Yesterday  
75 lb just well  
admitted  
stuck in back,  
several bite &  
stomach wounds  
Pralichomax  
Amoxicillin

## Objective Exam:

Neuro \_\_\_\_\_  
Eyes \_\_\_\_\_  
Ears \_\_\_\_\_  
Nose \_\_\_\_\_  
Throat \_\_\_\_\_  
Neck \_\_\_\_\_  
Lungs \_\_\_\_\_  
Breasts \_\_\_\_\_  
Heart \_\_\_\_\_  
Abdom \_\_\_\_\_  
Back \_\_\_\_\_  
Gent \_\_\_\_\_  
Rectal \_\_\_\_\_  
Hemo \_\_\_\_\_  
Prost \_\_\_\_\_  
Pelvic \_\_\_\_\_  
Skin \_\_\_\_\_  
Reflex \_\_\_\_\_  
Lymph \_\_\_\_\_Lacerations (8)  
Back

## Past History:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_

## Family History:

Mother Father  
1. \_\_\_\_\_ 1. \_\_\_\_\_  
2. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 5. \_\_\_\_\_

## Siblings:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

## Social History:

Smoking \_\_\_\_\_  
Alcohol \_\_\_\_\_  
Coffee \_\_\_\_\_  
Exercise \_\_\_\_\_  
Aspirin \_\_\_\_\_  
Fish \_\_\_\_\_  
Vitamins \_\_\_\_\_  
Rec Drug \_\_\_\_\_  
Pop \_\_\_\_\_  
Work \_\_\_\_\_

## Assessment:

1: Dog Bite  
2: Lacerations  
3: \_\_\_\_\_  
4: \_\_\_\_\_5: \_\_\_\_\_  
6: \_\_\_\_\_  
7: \_\_\_\_\_  
8: \_\_\_\_\_

## Referrals/ Therapies/ Other Labs:

1: \_\_\_\_\_  
2: Augmentin 875 to 14  
3: \_\_\_\_\_  
4: \_\_\_\_\_5: \_\_\_\_\_  
6: \_\_\_\_\_  
7: \_\_\_\_\_  
8: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Return Visit: 2 weeks

Date: 8.15.19 Patient: Diane Gray DOB: 8.2.62

Vitals: Temp: \_\_\_\_\_ B/P: 130/90 WT: refused Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_

Subjective Complaints: 1: Derm Nose

2: \_\_\_\_\_ 3: \_\_\_\_\_

ROS:

General \_\_\_\_\_  
Eyes \_\_\_\_\_  
ENT \_\_\_\_\_  
CV \_\_\_\_\_  
Resp \_\_\_\_\_  
GI \_\_\_\_\_  
GU \_\_\_\_\_  
MS \_\_\_\_\_  
Skin \_\_\_\_\_  
Neuro \_\_\_\_\_  
Psych \_\_\_\_\_  
Endocrine \_\_\_\_\_  
Lymph \_\_\_\_\_  
Allergy \_\_\_\_\_

Objective Exam:

Neuro \_\_\_\_\_  
Eyes \_\_\_\_\_  
Ears \_\_\_\_\_  
Nose \_\_\_\_\_  
Throat \_\_\_\_\_  
Neck \_\_\_\_\_  
Lungs \_\_\_\_\_  
Breasts \_\_\_\_\_  
Heart \_\_\_\_\_  
Abdom \_\_\_\_\_  
Back \_\_\_\_\_  
Gent \_\_\_\_\_  
Rectal \_\_\_\_\_  
Hemo \_\_\_\_\_  
Prost \_\_\_\_\_  
Pelvic \_\_\_\_\_  
Skin \_\_\_\_\_  
Reflex \_\_\_\_\_  
Lymph \_\_\_\_\_

Past History:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_

Family History:

Mother

Father

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

Siblings:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

Social History:

Smoking \_\_\_\_\_  
Alcohol \_\_\_\_\_  
Coffee \_\_\_\_\_  
Exercise \_\_\_\_\_  
Aspirin \_\_\_\_\_  
Fish \_\_\_\_\_  
Vitamins \_\_\_\_\_  
Rec Drug \_\_\_\_\_  
Pop \_\_\_\_\_  
Work \_\_\_\_\_

Assessment:

1: \_\_\_\_\_  
2: Act Nasal

3: \_\_\_\_\_  
4: \_\_\_\_\_

Referrals/ Therapies/ Other Labs:

1: \_\_\_\_\_  
2: horm tson

3: \_\_\_\_\_  
4: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Return Visit: \_\_\_\_\_



William C. Dam M.D.

Date: 4-3-19 Patient: Diane Gray DOB: 8-2-62  
 Vitals: Temp: 101.7 B/P: 105/70 WT: Refuse Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_

Subjective Complaints: 1: Pain on lower back  
 2: Congestion. 3: \_\_\_\_\_

ROS:

General \_\_\_\_\_

Eyes \_\_\_\_\_

ENT \_\_\_\_\_

CV \_\_\_\_\_

Resp \_\_\_\_\_

GI \_\_\_\_\_

GU \_\_\_\_\_

MS \_\_\_\_\_

Skin \_\_\_\_\_

Neuro \_\_\_\_\_

Psych \_\_\_\_\_

Endocrine \_\_\_\_\_

Lymph \_\_\_\_\_

Allergy \_\_\_\_\_

#1 Congestion  
3-4 d

#2 Back pain  
2-4 d

Objective Exam:

Neuro \_\_\_\_\_

Eyes \_\_\_\_\_

Ears \_\_\_\_\_

Nose \_\_\_\_\_

Throat \_\_\_\_\_

Neck \_\_\_\_\_

Lungs \_\_\_\_\_

Breasts \_\_\_\_\_

Heart \_\_\_\_\_

Abdom \_\_\_\_\_

Back \_\_\_\_\_

Gent \_\_\_\_\_

Rectal \_\_\_\_\_

Hemo \_\_\_\_\_

Prost \_\_\_\_\_

Pelvic \_\_\_\_\_

Skin \_\_\_\_\_

Reflex \_\_\_\_\_

Lymph \_\_\_\_\_

Past History:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Family History:

Mother

Father

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

Siblings:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Social History:

Smoking \_\_\_\_\_

Alcohol \_\_\_\_\_

Coffee \_\_\_\_\_

Exercise \_\_\_\_\_

Aspirin \_\_\_\_\_

Fish \_\_\_\_\_

Vitamins 70

Rec Drug \_\_\_\_\_

Pop \_\_\_\_\_

Work \_\_\_\_\_

Assessment:

- 1: verbal Dysphasia
- 2: Back pain
- 3: \_\_\_\_\_
- 4: \_\_\_\_\_

- 5: \_\_\_\_\_
- 6: \_\_\_\_\_
- 7: \_\_\_\_\_
- 8: \_\_\_\_\_

Referrals/ Therapies/ Other Labs:

- 1: 2-5 AB
- 2: 1-5 / c
- 3: \_\_\_\_\_
- 4: \_\_\_\_\_

- 5: \_\_\_\_\_
- 6: \_\_\_\_\_
- 7: \_\_\_\_\_
- 8: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Return Visit: \_\_\_\_\_



William C. Dam M.D.

Date: 2-21-19 Patient: Diane Gray DOB: 8-2-62  
 Vitals: Temp: 98.6 B/P: 102/60 WT: N/A Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_  
 Subjective Complaints: 1: Cough, last couple days weeks  
 2: \_\_\_\_\_ 3: \_\_\_\_\_

## ROS:

General \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 ENT \_\_\_\_\_  
 CV \_\_\_\_\_  
 Resp \_\_\_\_\_  
 GI \_\_\_\_\_  
 GU \_\_\_\_\_  
 MS \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Neuro \_\_\_\_\_  
 Psych \_\_\_\_\_  
 Endocrine \_\_\_\_\_  
 Lymph \_\_\_\_\_  
 Allergy \_\_\_\_\_

Stuffy  
Cough - weeks  
Lab

## Past History:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 7. \_\_\_\_\_

## Family History:

| Mother   | Father   |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

## Siblings:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

## Social History:

Smoking -  
 Alcohol \_\_\_\_\_  
 Coffee \_\_\_\_\_  
 Exercise \_\_\_\_\_  
 Aspirin \_\_\_\_\_  
 Fish \_\_\_\_\_  
 Vitamins -  
 Rec Drug \_\_\_\_\_  
 Pop \_\_\_\_\_  
 Work \_\_\_\_\_

## Objective Exam:

Neuro \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Ears /  
 Nose /  
 Throat /  
 Neck /  
 Lungs /  
 Breasts \_\_\_\_\_  
 Heart /  
 Abdom /  
 Back \_\_\_\_\_  
 Gent \_\_\_\_\_  
 Rectal \_\_\_\_\_  
 Hemo \_\_\_\_\_  
 Prost \_\_\_\_\_  
 Pelvic \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Reflex \_\_\_\_\_  
 Lymph \_\_\_\_\_

## Assessment:

1: Branchial 5: \_\_\_\_\_  
 2: Tracheal 6: \_\_\_\_\_  
 3: \_\_\_\_\_ 7: \_\_\_\_\_  
 4: \_\_\_\_\_ 8: \_\_\_\_\_

## Referrals/ Therapies/ Other Labs:

1: \_\_\_\_\_ 5: \_\_\_\_\_  
 2: \_\_\_\_\_ 6: \_\_\_\_\_  
 3: \_\_\_\_\_ 7: \_\_\_\_\_  
 4: \_\_\_\_\_ 8: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Return Visit: \_\_\_\_\_

William C. Dam M.D.

Date: 10-19-2018 Patient: Diane Gray DOB: 08/02/62  
Vitals: Temp: 97.2 B/P: 122/68 WT: N/A Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_

Subjective Complaints: 1: \_\_\_\_\_

2: \_\_\_\_\_ 3: \_\_\_\_\_

## ROS:

General \_\_\_\_\_

Eyes \_\_\_\_\_

ENT \_\_\_\_\_

CV \_\_\_\_\_

Resp \_\_\_\_\_

GI \_\_\_\_\_

GU \_\_\_\_\_

MS \_\_\_\_\_

Skin \_\_\_\_\_

Neuro \_\_\_\_\_

Psych \_\_\_\_\_

Endocrine \_\_\_\_\_

Lymph \_\_\_\_\_

Allergy \_\_\_\_\_

4d =  
Cough  
wheezing → yellow  
1st pollen allergy

## Objective Exam:

Neuro \_\_\_\_\_

Eyes \_\_\_\_\_

Ears \_\_\_\_\_

Nose \_\_\_\_\_

Throat \_\_\_\_\_

Neck \_\_\_\_\_

Lungs \_\_\_\_\_

Breasts \_\_\_\_\_

Heart \_\_\_\_\_

Abdom \_\_\_\_\_

Back \_\_\_\_\_

Gent \_\_\_\_\_

Rectal \_\_\_\_\_

Hemo \_\_\_\_\_

Prost \_\_\_\_\_

Pelvic \_\_\_\_\_

Skin \_\_\_\_\_

Reflex \_\_\_\_\_

Lymph \_\_\_\_\_

## Past History:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

## Family History:

Mother

Father

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

## Siblings:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## Social History:

Smoking -0

Alcohol \_\_\_\_\_

Coffee \_\_\_\_\_

Exercise \_\_\_\_\_

Aspirin \_\_\_\_\_

Fish \_\_\_\_\_

Vitamins \_\_\_\_\_

Rec Drug \_\_\_\_\_

Pop \_\_\_\_\_

Work \_\_\_\_\_

## Assessment:

1: Bronchitis

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

5: 0<sup>2</sup> STAT - Ambulatory

6: \_\_\_\_\_

7: \_\_\_\_\_

8: \_\_\_\_\_

## Referrals/ Therapies/ Other Labs:

1: B-122: 4 mgul 5

3: \_\_\_\_\_

4: \_\_\_\_\_

5: \_\_\_\_\_

6: \_\_\_\_\_

7: \_\_\_\_\_

8: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Return Visit: for





William C. Dam M.D.

Date: 3-31-18 Patient: Carol Diane Gray DOB: 8-2-62  
 Vitals: Temp: 99.2 B/P: 120/70 WT: — Pulse: — Resp: — HT: — BMI: —

Subjective Complaints: 1: Intestinal issues / lower abdomen pain  
 2: — 3: —

## ROS:

General —Eyes —ENT —CV —Resp —GI —GU —MS —Skin —Neuro —Psych —Endocrine —Lymph —Allergy —24 hours home12 CP painNO V, D

## Objective Exam:

Neuro —Eyes —Ears —Nose —Throat —Neck —Lungs —Breasts —Heart —Abdom —Back —Gent —Rectal —Hemo —Prost —Pelvic —Skin —Reflex —Lymph —BSabdom pain RLQ② patient24 hours home

## Past History:

1. —2. —3. —4. —5. —6. —7. —

## Family History:

Mother

Father

1. — 1. —2. — 2. —3. — 3. —4. — 4. —5. — 5. —

## Siblings:

1. —2. —3. —4. —5. —6. —

## Social History:

Smoking —Alcohol —Coffee —Exercise —Aspirin —Fish —Vitamins —Rec Drug —Pop —Work —

## Assessment:

1: Intestinal issues5: —2: —6: —3: —7: —4: —8: —

## Referrals/ Therapies/ Other Labs:

1: Colonoscopy5: meto analyzed 50 oBA2: CMP, CBC6: Cypro 500 HUP 133: Cypro 5007: —4: Polyps8: —Physician Signature: —Return Visit: —

Date: 3.21.18

Patient:

Carol Diane Gray

DOB: 8.2.62

Vitals: Temp: 98.8

B/P: 120/70

WT: refused

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

HT: \_\_\_\_\_

BMI: \_\_\_\_\_

Subjective Complaints: 1: Pain in throat

2: \_\_\_\_\_

3: \_\_\_\_\_

## ROS:

General

Eyes

ENT

CV

Resp

GI

GU

MS

Skin

Neuro

Psych

Endocrine

Lymph

Allergy

Objective Exam:

Neuro

Eyes

Ears

Nose

Throat

Neck

Lungs

Breasts

Heart

Abdom

Back

Gent

Rectal

Hemo

Prost

Pelvic

Skin

Reflex

Lymph

## Past History:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

## Family History:

Mother

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

## Father

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

21. \_\_\_\_\_

22. \_\_\_\_\_

23. \_\_\_\_\_

24. \_\_\_\_\_

25. \_\_\_\_\_

26. \_\_\_\_\_

## Social History:

Smoking

Alcohol

Coffee

Exercise

Aspirin

Fish

Vitamins

Rec Drug

Pop

Work

## Assessment:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

## Referrals/Therapies/Other Labs:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

21. \_\_\_\_\_

22. \_\_\_\_\_

23. \_\_\_\_\_

24. \_\_\_\_\_

25. \_\_\_\_\_

26. \_\_\_\_\_

27. \_\_\_\_\_

28. \_\_\_\_\_

29. \_\_\_\_\_

30. \_\_\_\_\_

31. \_\_\_\_\_

32. \_\_\_\_\_

33. \_\_\_\_\_

34. \_\_\_\_\_

35. \_\_\_\_\_

36. \_\_\_\_\_

37. \_\_\_\_\_

38. \_\_\_\_\_

39. \_\_\_\_\_

40. \_\_\_\_\_

41. \_\_\_\_\_

42. \_\_\_\_\_

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272. \_\_\_\_\_

273. \_\_\_\_\_

Date: 11-20-17 Patient: Carol Diane Gray DOB: 8-2-62

Vitals: Temp:      B/P: 140/80 WT: 253 Pulse:      Resp:      HT:      BMI:     

Subjective Complaints: 1: Pain in lower intestine

2: UTI 3:     

ROS:

|           |       |          |
|-----------|-------|----------|
| General   | _____ | 1. _____ |
| Eyes      | _____ | 2. _____ |
| ENT       | _____ | 3. _____ |
| CV        | _____ | 4. _____ |
| Resp      | _____ | 5. _____ |
| GI        | _____ | 6. _____ |
| GU        | _____ | 7. _____ |
| MS        | _____ |          |
| Skin      | _____ |          |
| Neuro     | _____ |          |
| Psych     | _____ |          |
| Endocrine | _____ |          |
| Lymph     | _____ |          |
| Allergy   | _____ |          |

Objective Exam:

|         |       |          |
|---------|-------|----------|
| Neuro   | _____ | 1. _____ |
| Eyes    | _____ | 2. _____ |
| Ears    | _____ | 3. _____ |
| Nose    | _____ | 4. _____ |
| Throat  | _____ | 5. _____ |
| Neck    | _____ | 6. _____ |
| Lungs   | _____ |          |
| Breasts | _____ |          |
| Heart   | _____ |          |
| Abdom   | _____ |          |
| Back    | _____ |          |
| Gent    | _____ |          |
| Rectal  | _____ |          |
| Hemo    | _____ |          |
| Prost   | _____ |          |
| Pelvic  | _____ |          |
| Skin    | _____ |          |
| Reflex  | _____ |          |
| Lymph   | _____ |          |

Assessment:

1: Proctitis 5:     

2:      6:     

3:      7:     

4:      8:     

Referrals/ Therapies/ Other: 5/20/17 1/17/17 5:     

1:      6:     

2:      7:     

3:      8:     

4:      8:     

Physician Signature:      Return Visit:     

Past History:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_

Family History:

|        |          |
|--------|----------|
| Mother | 1. _____ |
|        | 2. _____ |
|        | 3. _____ |
|        | 4. _____ |
|        | 5. _____ |

Siblings:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

Social History:

|          |       |
|----------|-------|
| Smoking  | _____ |
| Alcohol  | _____ |
| Coffee   | _____ |
| Exercise | _____ |
| Aspirin  | _____ |
| Fish     | _____ |
| Vitamins | _____ |
| Rec Drug | _____ |
| Pop      | _____ |
| Work     | _____ |



William C. Dam M.D.

Date: 5-27-17 Patient: Carol Diane Gray DOB: 8-2-62Vitals: Temp: \_\_\_\_\_ B/P: 140/80 WT: refused Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_Subjective Complaints: 1: UTI - neg g2 done

2: \_\_\_\_\_ 3: \_\_\_\_\_

## ROS:

General \_\_\_\_\_

Eyes \_\_\_\_\_

ENT \_\_\_\_\_

CV \_\_\_\_\_

Resp \_\_\_\_\_

GI \_\_\_\_\_

GU \_\_\_\_\_

MS \_\_\_\_\_

Skin \_\_\_\_\_

Neuro \_\_\_\_\_

Psych \_\_\_\_\_

Endocrine \_\_\_\_\_

Lymph \_\_\_\_\_

Allergy \_\_\_\_\_

Lower back pain  
3 weeksnothava 45

## Past History:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

## Family History:

Mother

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Father

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Siblings:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Social History:

Smoking \_\_\_\_\_  
Alcohol \_\_\_\_\_  
Coffee \_\_\_\_\_  
Exercise \_\_\_\_\_  
Aspirin \_\_\_\_\_  
Fish \_\_\_\_\_  
Vitamins \_\_\_\_\_  
Rec Drug \_\_\_\_\_  
Pop \_\_\_\_\_  
Work \_\_\_\_\_

## Objective Exam:

Neuro \_\_\_\_\_

Eyes \_\_\_\_\_

Ears \_\_\_\_\_

Nose \_\_\_\_\_

Throat \_\_\_\_\_

Neck \_\_\_\_\_

Lungs \_\_\_\_\_

Breasts \_\_\_\_\_

Heart \_\_\_\_\_

Abdom \_\_\_\_\_

Back \_\_\_\_\_

Gent \_\_\_\_\_

Rectal \_\_\_\_\_

Prost \_\_\_\_\_

Pelvic \_\_\_\_\_

Skin \_\_\_\_\_

Extrm \_\_\_\_\_

Lymph \_\_\_\_\_

B-10  
and - fusion  
regenerative

## Assessment:

1: UTI 5: \_\_\_\_\_

2: \_\_\_\_\_ 6: \_\_\_\_\_

3: \_\_\_\_\_ 7: \_\_\_\_\_

4: \_\_\_\_\_ 8: \_\_\_\_\_

## Referrals/ Therapies/ Other Labs:

1: Burton DS BAK 5-6

2: \_\_\_\_\_ 7: \_\_\_\_\_

3: \_\_\_\_\_ 8: \_\_\_\_\_

4: \_\_\_\_\_ 9: \_\_\_\_\_

5: \_\_\_\_\_ 10: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Return Visit: \_\_\_\_\_

William C. Dam M.D.

Date: 9-27-16 Patient: Diane Gray DOB: 8-2-62Vitals: Temp: 98.8 B/P: 130/80 WT: refused Pulse:      Resp:      HT:      BMI:     Subjective Complaints: 1: Raspy Voice - Swelling  
2:      3:     

## ROS:

General     Eyes     ENT     CV     Resp     GI     GU     MS     Skin     Neuro     Psych     Endocrine     Lymph     Allergy     4d ago lost voice  
@ ear bubbly & n  
& raspy yesterday

## Past History:

1.
2.
3.
4.
5.
6.
7.

## Family History:

Mother

Father

- |                |                |
|----------------|----------------|
| 1. <u>    </u> | 1. <u>    </u> |
| 2. <u>    </u> | 2. <u>    </u> |
| 3. <u>    </u> | 3. <u>    </u> |
| 4. <u>    </u> | 4. <u>    </u> |
| 5. <u>    </u> | 5. <u>    </u> |

## Siblings:

1.
2.
3.
4.
5.
6.

## Social History:

- Smoking
- Alcohol
- Coffee
- Exercise
- Aspirin
- Fish
- Vitamins
- Rec Drug
- Pop
- Work

## Objective Exam:

Neuro     Eyes     Ears     Nose     Throat     Neck     Lungs     Breasts     Heart     Abdom     Back     Gent     Rectal     Hemo     Prost     Pelvic     Skin     Reflex     Lymph     Tons - swollen

## Assessment:

1: Laryngitis2: Laryngitis3:     4:     5:     6:     7:     8:     

## Referrals/ Therapies/ Other Labs:

1: Augmentin 875 BID 492: Neclazine 25 BID3: cold sage4:     5:     6:     7:     8:     Physician Signature:     Return Visit:

William C. Dam M.D.

Date: 5-11-16 Patient: Diane Gray DOB: 8-02-62Vitals: Temp: 98.0 B/P: \_\_\_\_\_ WT: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_Subjective Complaints: 1: Lower (2) abdominal pain x 2 days

2: \_\_\_\_\_ 3: \_\_\_\_\_

## ROS:

|           |       |       |
|-----------|-------|-------|
| General   | _____ | _____ |
| Eyes      | _____ | _____ |
| ENT       | _____ | _____ |
| CV        | _____ | _____ |
| Resp      | _____ | _____ |
| GI        | _____ | _____ |
| GU        | _____ | _____ |
| MS        | _____ | _____ |
| Skin      | _____ | _____ |
| Neuro     | _____ | _____ |
| Psych     | _____ | _____ |
| Endocrine | _____ | _____ |
| Lymph     | _____ | _____ |
| Allergy   | _____ | _____ |

## Objective Exam:

|         |       |       |
|---------|-------|-------|
| Neuro   | _____ | _____ |
| Eyes    | _____ | _____ |
| Ears    | _____ | _____ |
| Nose    | _____ | _____ |
| Throat  | _____ | _____ |
| Neck    | _____ | _____ |
| Lungs   | _____ | _____ |
| Breasts | _____ | _____ |
| Heart   | _____ | _____ |
| Abdom   | _____ | _____ |
| Back    | _____ | _____ |
| Gent    | _____ | _____ |
| Rectal  | _____ | _____ |
| Hemo    | _____ | _____ |
| Prost   | _____ | _____ |
| Pelvic  | _____ | _____ |
| Skin    | _____ | _____ |
| Reflex  | _____ | _____ |
| Lymph   | _____ | _____ |

## Past History:

|    |       |
|----|-------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |
| 4. | _____ |
| 5. | _____ |
| 6. | _____ |
| 7. | _____ |

## Family History:

| Mother   | Father   |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

## Siblings:

|    |       |
|----|-------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |
| 4. | _____ |
| 5. | _____ |
| 6. | _____ |

## Social History:

|          |       |
|----------|-------|
| Smoking  | _____ |
| Alcohol  | _____ |
| Coffee   | _____ |
| Exercise | _____ |
| Aspirin  | _____ |
| Fish     | _____ |
| Vitamins | _____ |
| Rec Drug | _____ |
| Pop      | _____ |
| Work     | _____ |

## Assessment:

|          |          |
|----------|----------|
| 1: _____ | 5: _____ |
| 2: _____ | 6: _____ |
| 3: _____ | 7: _____ |
| 4: _____ | 8: _____ |

## Referrals/ Therapies/ Other Labs:

|          |          |
|----------|----------|
| 1: _____ | 5: _____ |
| 2: _____ | 6: _____ |
| 3: _____ | 7: _____ |
| 4: _____ | 8: _____ |

Physician Signature: \_\_\_\_\_ Return Visit: \_\_\_\_\_



William C. Dam M.D.

Date: 4-21-16 Patient: Diane Gray DOB: 8-2-62

Vitals: Temp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_

Subjective Complaints: 1: \_\_\_\_\_

2: \_\_\_\_\_ 3: \_\_\_\_\_

## ROS:

General \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 ENT \_\_\_\_\_  
 CV \_\_\_\_\_  
 Resp \_\_\_\_\_  
 GI \_\_\_\_\_  
 GU \_\_\_\_\_  
 MS \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Neuro \_\_\_\_\_  
 Psych \_\_\_\_\_  
 Endocrine \_\_\_\_\_  
 Lymph \_\_\_\_\_  
 Allergy \_\_\_\_\_

## Objective Exam:

Neuro \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Ears \_\_\_\_\_  
 Nose \_\_\_\_\_  
 Throat \_\_\_\_\_  
 Neck \_\_\_\_\_  
 Lungs \_\_\_\_\_  
 Breasts \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Abdom \_\_\_\_\_  
 Back \_\_\_\_\_  
 Gent \_\_\_\_\_  
 Rectal \_\_\_\_\_  
 Hemo \_\_\_\_\_  
 Prost \_\_\_\_\_  
 Pelvic \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Reflex \_\_\_\_\_  
 Lymph \_\_\_\_\_

*2nd degree*  
*heat water*  
*burn*  
*distal*  
*D hand*

## Past History:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 7. \_\_\_\_\_

## Family History:

## Mother

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

## Father

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

## Siblings:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

## Social History:

Smoking \_\_\_\_\_  
 Alcohol \_\_\_\_\_  
 Coffee \_\_\_\_\_  
 Exercise \_\_\_\_\_  
 Aspirin \_\_\_\_\_  
 Fish \_\_\_\_\_  
 Vitamins \_\_\_\_\_  
 Rec Drug \_\_\_\_\_  
 Pop \_\_\_\_\_  
 Work \_\_\_\_\_

## Assessment:

1: Neuro 50 5: \_\_\_\_\_  
 2: Subarachnoid 6: \_\_\_\_\_  
 3: Thrombotic stroke 7: \_\_\_\_\_  
 4: Valerian 300 8: 79h

## Referrals/ Therapies/ Other Labs:

1: \_\_\_\_\_ 5: \_\_\_\_\_  
 2: \_\_\_\_\_ 6: \_\_\_\_\_  
 3: \_\_\_\_\_ 7: \_\_\_\_\_  
 4: \_\_\_\_\_ 8: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Return Visit: \_\_\_\_\_

William C. Dam M.D.

Date: 04-06-16 Patient: Diane Gray DOB: 8-02-62Vitals: Temp: \_\_\_\_\_ B/P: 120/80 WT: 224 Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_Subjective Complaints: 1: Dull pain in Lower Lft2: Abdomen 3: \_\_\_\_\_

## ROS:

General: 49 - Mental status

Eyes: \_\_\_\_\_

ENT: \_\_\_\_\_

CV: \_\_\_\_\_

Resp: \_\_\_\_\_

GI: CroodyGU: Shelley

MS: \_\_\_\_\_

Skin: \_\_\_\_\_

Neuro: \_\_\_\_\_

Psych: \_\_\_\_\_

Endocrin: \_\_\_\_\_

Lymph: 847-382-Allergy: 9130

Objective: \_\_\_\_\_

Neuro: \_\_\_\_\_

Eyes: \_\_\_\_\_

Ears: \_\_\_\_\_

Nose: \_\_\_\_\_

Throat: \_\_\_\_\_

Neck: \_\_\_\_\_

Lungs: BestingBreasts: abdominal

Heart: \_\_\_\_\_

Abdom: \_\_\_\_\_

Back: \_\_\_\_\_

Gent: \_\_\_\_\_

Rectal: \_\_\_\_\_

Hemo: \_\_\_\_\_

Prost: \_\_\_\_\_

Pelvic: \_\_\_\_\_

Skin: \_\_\_\_\_

Reflex: \_\_\_\_\_

Lymph: \_\_\_\_\_

## URINALYSIS

Date 4-06-16Name Diane Gray DOB 8-02-62Glucose Neg pH 6.0Bili Neg Protein NegKetone Neg Urobili 0.2Sp. Gr. 1.005 Nitrite NegBlood No Hemo Leuko NegTrace

## Family History:

## Mother

## Father

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 5. \_\_\_\_\_

## Siblings:

1. 1st Son2. 2nd Son3. 3rd Son4. 4th Son5. 5th Son

6. \_\_\_\_\_

## Social History:

Smoking \_\_\_\_\_

Alcohol \_\_\_\_\_

Coffee \_\_\_\_\_

Exercise \_\_\_\_\_

Aspirin \_\_\_\_\_

Fish \_\_\_\_\_

Vitamins \_\_\_\_\_

Rec Drug \_\_\_\_\_

Pop \_\_\_\_\_

Work 40 hour

## Assessment:

1: Sch. Degeneration

5: \_\_\_\_\_

2: muscle

6: \_\_\_\_\_

3: \_\_\_\_\_

7: \_\_\_\_\_

4: \_\_\_\_\_

8: \_\_\_\_\_

## Referrals/ Therapies/ Other Labs:

1: Neuro 2 9's

5: \_\_\_\_\_

2: Shu Shu

6: \_\_\_\_\_

3: Physical

7: \_\_\_\_\_

4: Tax Lawyer

8: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Return Visit: \_\_\_\_\_

Date: DEC 21 2015 Patient: David Shug DOB: 8-2-62

Vitals: Temp: 98.9 B/P: 110/78 Wt: refused Pulse:      Resp:      HT:      BMI:     

Subjective Complaints: 1: SORE THROAT HARSESS

2: epistaxis this AM - 3- OTC Dayquil

ROS:

General 3rd  
 Eyes scaly  
 ENT scaly nodules  
 CV       
 Resp       
 GI no lesions  
 GU       
 MS       
 Skin       
 Neuro       
 Psych       
 Endocrine       
 Lymph       
 Allergy     

Objective Exam:

Neuro       
 Eyes       
 Ears       
 Nose       
 Throat       
 Neck       
 Lungs       
 Breasts       
 Heart       
 Abdom       
 Back       
 Gent       
 Rectal       
 Hemo       
 Prost       
 Pelvic       
 Skin       
 Reflex       
 Lymph     

Assessment:

1: Laryngitis 5: 02

2:      6:     

3:      7:     

4:      8:     

Referrals/ Therapies/ Other Labs:

1: Cold sore (c/typhoid) 5:     

2:      6:     

3:      7:     

4:      8:     

Physician Signature:      Return Visit:     

Past History:

1.       
 2.       
 3.       
 4.       
 5.       
 6.       
 7.     

Family History:

Mother      Father       
 1.      1.       
 2.      2.       
 3.      3.       
 4.      4.       
 5.      5.     

Siblings:

1.       
 2.       
 3.       
 4.       
 5.       
 6.     

Social History:

Smoking no  
 Alcohol       
 Coffee       
 Exercise       
 Aspirin       
 Fish       
 Vitamins       
 Rec Drug       
 Pop       
 Work



William C. Dam M.D.

APR 01 2015

Date:

Patient:

Carol Diane Gray

DOB:

8-2-62

Vitals: Temp:

B/P:

130/80

WT:

229

Pulse:

Resp:

HT:

BMI:

Subjective Complaints: 1:

persistent cough

2:

3:

ROS:

General

Eyes

ENT

CV

Resp

GI

GU

MS

Skin

Neuro

Psych

Endocrine

Lymph

Allergy

Objective Exam

Neuro

Eyes

Ears

Nose

Throat

Neck

Lungs

Breasts

Heart

Abdom

Back

Gent

Rectal

Hemo

Prost

Pelvic

Skin

Reflex

Lymph

Past History:

1.

2.

History:

Father

1.

2.

3.

4.

5.

History:

g

g

15

18

Assessment:

1:

Ac

2:

3:

7:

4:

8:

Referrals/ Therapies/ Other Labs:

1:

Medrol Dosepak

5:

2:

Tussionex → Refill 4/5 4/8/12

3:

7:

allergies 4-7

4:

8:

Physician Signature:

Return Visit:

William C. Dam M.D.

Date: MAR 24 2015Patient: Diagne Carol GrayDOB: 8-2-62Vitals: Temp: 101.5 B/P: 40/88 WT: 229 Pulse: 9 Resp: 18 HT: 5'8" BMI: 30.5Subjective Complaints: 1: cough2: congestion / runny nose 3: 

## ROS:

General 3rd dEyes 1st - 2ndENT throatCV strangeResp runnyGI chillsGU ache arms legsMS Skin Neuro Psych Endocrine Lymph Allergy 

## Objective Exam:

Neuro 1Eyes 1Ears 1Nose 1Throat 1Neck 1Lungs 1Breasts 1Heart 1Abdom 1Back Gent Rectal Hemo Prost Pelvic Skin Reflex Lymph 

## Past History:

1. 2. 3. 4. 5. 6. 7. 

## Family History:

Mother

Father

1.  1. 2.  2. 3.  3. 4.  4. 5.  5. 

## Siblings:

1. 2. 3. 4. 5. 6. 

## Social History:

Smoking Alcohol Coffee Exercise Aspirin Fish Vitamins Rec Drug Pop Work 

## Assessment:

1: Bronchitis5: 2: 6: 3: 7: 4: 8: 

## Referrals/ Therapies/ Other Labs:

1: 2-PAK5: 2: Passion6: 3: 7: 4: 8: Physician Signature: WJReturn Visit: Jan

William C. Dam M.D.

Date: MAY 27 2014

Patient:

Diane Gray

DOB:

8-2-68

Vitals: Temp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_

Subjective Complaints: 1: Sore next to left eye, started 3wks ago.

2: itchy \_\_\_\_\_ 3: \_\_\_\_\_

K-S.

## ROS:

General \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 ENT \_\_\_\_\_  
 CV \_\_\_\_\_  
 Resp \_\_\_\_\_  
 GI \_\_\_\_\_  
 GU \_\_\_\_\_  
 MS \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Neuro \_\_\_\_\_  
 Psych \_\_\_\_\_  
 Endocrine \_\_\_\_\_  
 Lymph \_\_\_\_\_  
 Allergy \_\_\_\_\_

1. sore next to  
 2. 3 weeks  
 3. "Sore" to 5/17/14  
 4. 2004 - 2014

## Past History:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

## Family History:

| Mother   | Father   |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

## Objective Exam:

Neuro \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Ears \_\_\_\_\_  
 Nose \_\_\_\_\_  
 Throat \_\_\_\_\_  
 Neck \_\_\_\_\_  
 Lungs \_\_\_\_\_  
 Breasts \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Abdom \_\_\_\_\_  
 Back \_\_\_\_\_  
 Gent \_\_\_\_\_  
 Rectal \_\_\_\_\_  
 Hemo \_\_\_\_\_  
 Prost \_\_\_\_\_  
 Pelvic \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Reflex \_\_\_\_\_  
 Lymph \_\_\_\_\_

## Siblings:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

## Social History:

Smoking \_\_\_\_\_  
 Alcohol \_\_\_\_\_  
 Coffee \_\_\_\_\_  
 Exercise \_\_\_\_\_  
 Aspirin \_\_\_\_\_  
 Fish \_\_\_\_\_  
 Vitamins \_\_\_\_\_  
 Rec Drug \_\_\_\_\_  
 Pop \_\_\_\_\_  
 Work \_\_\_\_\_

## Assessment:

1: 2. Sore  
 2: 2. H. Zoster  
 3: \_\_\_\_\_  
 4: \_\_\_\_\_

5: \_\_\_\_\_  
 6: \_\_\_\_\_  
 7: \_\_\_\_\_  
 8: \_\_\_\_\_

## Referrals/ Therapies/ Other Labs:

1: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 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422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000. 1001. 1002. 1003. 1004. 1005. 1006. 1007. 1008. 1009. 1010. 1011. 1012. 1013. 1014. 1015. 1016. 1017. 1018. 1019. 1020. 1021. 1022. 1023. 1024. 1025. 1026. 1027. 1028. 1029. 1030. 1031. 1032. 1033. 1034. 1035. 1036. 1037. 1038. 1039. 1040. 1041. 1042. 1043. 1044. 1045. 1046. 1047. 1048. 1049. 1050. 1051. 1052. 1053. 1054. 1055. 1056. 1057. 1058. 1059. 1060. 1061. 1062. 1063. 1064. 1065. 1066. 1067. 1068. 1069. 1070. 1071. 1072. 1073. 1074. 1075. 1076. 1077. 1078. 1079. 1080. 1081. 1082. 1083. 1084. 1085. 1086. 1087. 1088. 1089. 1090. 1091. 1092. 1093. 1094. 1095. 1096. 1097. 1098. 1099. 1100. 1101. 1102. 1103. 1104. 1105. 1106. 1107. 1108. 1109. 1110. 1111. 1112. 1113. 1114. 1115. 1116. 1117. 1118. 1119. 1120. 1121. 1122. 1123. 1124. 1125. 1126. 1127. 1128. 1129. 1130. 1131. 1132. 1133. 1134. 1135. 1136. 1137. 1138. 1139. 1140. 1141. 1142. 1143. 1144. 1145. 1146. 1147. 1148. 1149. 1150. 1151. 1152. 1153. 1154. 1155. 1156. 1157. 1158. 1159. 1160. 1161. 1162. 1163. 1164. 1165. 1166. 1167. 1168. 1169. 1170. 1171. 1172. 1173. 1174. 1175. 1176. 1177. 1178. 1179. 1180. 1181. 1182. 1183. 1184. 1185. 1186. 1187. 1188. 1189. 1190. 1191. 1192. 1193. 1194. 1195. 1196. 1197. 1198. 1199. 1200. 1201. 1202. 1203. 1204. 1205. 1206. 1207. 1208. 1209. 1210. 1211. 1212. 1213. 1214. 1215. 1216. 1217. 1218. 1219. 1220. 1221. 1222. 1223. 1224. 1225. 1226. 1227. 1228. 1229. 1230. 1231. 1232. 1233. 1234. 1235. 1236. 1237. 1238. 1239. 1240. 1241. 1242. 1243. 1244. 1245. 1246. 1247. 1248. 1249. 1250. 1251. 1252. 1253. 1254. 1255. 1256. 1257. 1258. 1259. 1260. 1261. 1262. 1263. 1264. 1265. 1266. 1267. 1268. 1269. 1270. 1271. 1272. 1273. 1274. 1275. 1276. 1277. 1278. 1279. 1280. 1281. 1282. 1283. 1284. 1285. 1286. 1287. 1288. 1289. 1290. 1291. 1292. 1293. 1294. 1295. 1296. 1297. 1298. 1299. 1300. 1301. 1302. 1303. 1304. 1305. 1306. 1307. 1308. 1309. 1310. 1311. 1312. 1313. 1314. 1315. 1316. 1317. 1318. 1319. 1320. 1321. 1322. 1323. 1324. 1325. 1326. 1327. 1328. 1329. 1330. 1331. 1332. 1333. 1334. 1335. 1336. 1337. 1338. 1339. 1340. 1341. 1342. 1343. 1344. 1345. 1346. 1347. 1348. 1349. 1350. 1351. 1352. 1353. 1354. 1355. 1356. 1357. 1358. 1359. 1360. 1361. 1362. 1363. 1364. 1365. 1366. 1367. 1368. 1369. 1370. 1371. 1372. 1373. 1374. 1375. 1376. 1377. 1378. 1379. 1380. 1381. 1382. 1383. 1384. 1385. 1386. 1387. 1388. 1389. 1390. 1391. 1392. 1393. 1394. 1395. 1396. 1397. 1398. 1399. 1400. 1401. 1402. 1403. 1404. 1405. 1406. 1407. 1408. 1409. 1410. 1411. 1412. 1413. 1414. 1415. 1416. 1417. 1418. 1419. 1420. 1421. 1422. 1423. 1424. 1425. 1426. 1427. 1428. 1429. 1430. 1431. 1432. 1433. 1434. 1435. 1436. 1437. 1438. 1439. 1440. 1441. 1442. 1443. 1444. 1445. 1446. 1447. 1448. 1449. 1450. 1451. 1452. 1453. 1454. 1455. 1456. 1457. 1458. 1459. 1460. 1461. 1462. 1463. 1464. 1465. 1466. 1467. 1468. 1469. 1470. 1471. 1472. 1473. 1474. 1475. 1476. 1477. 1478. 1479. 1480. 1481. 1482. 1483. 1484. 1485. 1486. 1487. 1488. 1489. 1490. 1491. 1492. 1493. 1494. 1495. 1496. 1497. 1498. 1499. 1500. 1501. 1502. 1503. 1504. 1505. 1506. 1507. 1508. 1509. 1510. 1511. 1512. 1513. 1514. 1515. 1516. 1517. 1518. 1519. 1520. 1521. 1522. 1523. 1524. 1525. 1526. 1527. 1528. 1529. 1530. 1531. 1532. 1533. 1534. 1535. 1536. 1537. 1538. 1539. 1540. 1541. 1542. 1543. 1544. 1545. 1546. 1547. 1548. 1549. 1550. 1551. 1552. 1553. 1554. 1555. 1556. 1557. 1558. 1559. 1560. 1561. 1562. 1563. 1564. 1565. 1566. 1567. 1568. 1569. 1570. 1571. 1572. 1573. 1574. 1575. 1576. 1577. 1578. 1579. 1580. 1581. 1582. 1583. 1584. 1585. 1586. 1587. 1588. 1589. 1590. 1591. 1592. 1593. 1594. 1595. 1596. 1597. 1598. 1599. 1600. 1601. 1602. 1603. 1604. 1605. 1606. 1607. 1608. 1609. 1610. 1611. 1612. 1613. 1614. 1615. 1616. 1617. 1618. 1619. 1620. 1621. 1622. 1623. 1624. 1625. 1626. 1627. 1628. 1629. 1630. 1631. 1632. 1633. 1634. 1635. 1636. 1637. 1638. 1639. 1640. 1641. 1642. 1643. 1644. 1645. 1646. 1647. 1648. 1649. 1650. 1651. 1652. 1653. 1654. 1655. 1656. 1657. 1658. 1659. 1660. 1661. 1662. 1663. 1664. 1665. 1666. 1667. 1668. 1669. 1670. 1671. 1672. 1673. 1674. 1675. 1676. 1677. 1678. 1679. 1680. 1681. 1682. 1683. 1684. 1685. 1686. 1687. 1688. 1689. 1690. 1691. 1692. 1693. 1694. 1695. 1696. 1697. 1698. 1699. 1700. 1701. 1702. 1703. 1704. 1705. 1706. 1707. 1708. 1709. 1710. 1711. 1712. 1713. 1714. 1715. 1716. 1717. 1718. 1719. 1720. 1721. 1722. 1723. 1724. 1725. 1726. 1727. 1728. 1729. 1730. 1731. 1732. 1733. 1734. 1735. 1736. 1737. 1738. 1739. 1740. 1741. 1742. 1743. 1744. 1745. 1746. 1747. 1748. 1749. 1750. 1751. 1752. 1753. 1754. 1755. 1756. 1757. 1758. 1759. 1760. 1761. 1762. 1763. 1764. 1765. 1766. 1767. 1768. 1769. 1770. 1771. 1772. 1773. 1774. 1775. 1776. 1777. 1778. 1779. 1780. 1781. 1782. 1783. 1784. 1785. 1786. 1787. 1788. 1789. 1790. 1791. 1792. 1793. 1794. 1795. 1796. 1797. 1798. 1799. 1800. 1801. 1802. 1803. 1804. 1805. 1806. 1807. 1808. 1809. 1810. 1811. 1812. 1813. 1814. 1815. 1816. 1817. 1818. 1819. 1820. 1821. 1822. 1823. 1824. 1825. 1826. 1827. 1828. 1829. 1830. 1831. 1832. 1833. 1834. 1835. 1836. 1837. 1838. 1839. 1840. 1841. 1842. 1843. 1844. 1845. 1846. 1847. 1848. 1849. 1850. 1851. 1852. 1853. 1854. 1855. 1856. 1857. 1858. 1859. 1860. 1861. 1862. 1863. 1864. 1865. 1866. 1867. 1868. 1869. 1870. 1871. 1872. 1873. 1874. 1875. 1876. 1877. 1878. 1879. 1880. 1881. 1882. 1883. 1884. 1885. 1886. 1887. 1888. 1889. 1890. 1891. 1892. 1893. 1894. 1895. 1896. 1897. 1898. 1899. 1900. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1908. 1909. 1910. 1911. 1912. 1913. 1914. 1915. 1916. 1917. 1918. 1919. 1920. 1921. 1922. 1923. 1924. 1925. 1926. 1927. 1928. 1929. 1930. 1931. 1932. 1933. 1934. 1935. 1936. 1937. 1938. 1939. 1940. 1941. 1942. 1943. 1944. 1945. 1946. 1947. 1948. 1949. 1950. 1951. 1952. 1953. 1954. 1955. 1956. 1957. 1958.





William C. Dam M.D.

Date: NOV 16 2013 Patient: Diane Gray DOB: 8-2-62Vitals: Temp: 97.9 B/P: 120/80 WT: refused Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ HT: \_\_\_\_\_ BMI: \_\_\_\_\_

Subjective Complaints: 1: \_\_\_\_\_

2: \_\_\_\_\_ 3: \_\_\_\_\_

## ROS:

General \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 ENT \_\_\_\_\_  
 CV \_\_\_\_\_  
 Resp \_\_\_\_\_  
 GI \_\_\_\_\_  
 GU \_\_\_\_\_  
 MS \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Neuro \_\_\_\_\_  
 Psych \_\_\_\_\_  
 Endocrine \_\_\_\_\_  
 Lymph \_\_\_\_\_  
 Allergy \_\_\_\_\_

Ed  
Stuffy  
No more  
Cough

## Past History:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 7. \_\_\_\_\_

## Family History:

## Mother

## Father

1. \_\_\_\_\_ 1. \_\_\_\_\_  
 2. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 3. \_\_\_\_\_  
 4. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 5. \_\_\_\_\_

## Siblings:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

## Social History:

Smoking \_\_\_\_\_  
 Alcohol \_\_\_\_\_  
 Coffee \_\_\_\_\_  
 Exercise \_\_\_\_\_  
 Aspirin \_\_\_\_\_  
 Fish \_\_\_\_\_  
 Vitamins \_\_\_\_\_  
 Rec Drug \_\_\_\_\_  
 Pop \_\_\_\_\_  
 Work \_\_\_\_\_

## Objective Exam:

Neuro \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Ears \_\_\_\_\_  
 Nose \_\_\_\_\_  
 Throat \_\_\_\_\_  
 Neck \_\_\_\_\_  
 Lungs \_\_\_\_\_  
 Breasts \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Abdom \_\_\_\_\_  
 Back \_\_\_\_\_  
 Gent \_\_\_\_\_  
 Rectal \_\_\_\_\_  
 Hemo \_\_\_\_\_  
 Prost \_\_\_\_\_  
 Pelvic \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Reflex \_\_\_\_\_  
 Lymph \_\_\_\_\_

Flu - red  
No more

## Assessment:

1: \_\_\_\_\_ 5: \_\_\_\_\_  
 2: \_\_\_\_\_ 6: \_\_\_\_\_  
 3: Laryngitis 7: \_\_\_\_\_  
 4: \_\_\_\_\_ 8: \_\_\_\_\_

## Referrals/ Therapies/ Other Labs:

1: \_\_\_\_\_ 5: \_\_\_\_\_  
 2: Amoxicillin 500 6: FTG #15 w/oly FL  
 3: \_\_\_\_\_ 7: T 210 T 14  
 4: \_\_\_\_\_ 8: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Return Visit: \_\_\_\_\_



## CONTINUATION

NAME

ADDRESS

DATE

Diane Gray

APR 02 2013

Refused wt#

B/p 120/70

97.3

Cold - green mucus - Sinus inf.

- Scent around go -> luteal -> phase  
last mte

- Sore Ch, mucous, no RA

Sutty.  
CoughC2-5 flms  
Tues  
LCO  
CNO

H: Cyto 500 B10

F: Bronchitis

4-22-13

w/degren's Fc. & medical progress / planned  
after 10 days action



CONTINUATION

NAME

ADDRESS

DATE

CONTINUATION

NAME

Carol Diane Gray

ADDRESS

NOV 29 2012

DATE

refused wt.

B/p 170/80 100.5

Sick - Fever + Headaches  
Congestion chest

rule this day

Bilateral xft

Chest Congestion  
"Chest Breathing"

T bed action

10/06

come on

Endorphins &

5 Grams

Acetaminophen 2gm

C-T hno

Tiso

1-2x mules

cur

F. Vial Syndrome

C-T Zytex D

± Proxysol 100 BVD

m-7-12 Medrol D





| CONTINUATION                      |      |        |
|-----------------------------------|------|--------|
| NAME                              |      |        |
| ADDRESS                           | DATE |        |
| Carol Diane Gray                  |      |        |
| NOV 10 2011                       |      |        |
| Reflex WT                         | 98.8 | 120/10 |
|                                   | Sick | Sm - 0 |
| 2nd                               |      |        |
| Curela Joe they                   |      |        |
| They say curel                    |      |        |
| Been 2 years - or get back out to |      |        |
| Pc: 1 line                        |      |        |
| fuss - 0                          |      |        |
| or - 0                            |      |        |
| f. Bionetics                      |      |        |
| C- 2800                           |      |        |
| blue owl                          |      |        |

| CONTINUATION                                                                             |               |
|------------------------------------------------------------------------------------------|---------------|
| NAME                                                                                     | C. Diane Gray |
| ADDRESS                                                                                  | DATE          |
| MAR 20 2010                                                                              |               |
| WT: Refused                                                                              | Temp: 99.4    |
| B/P: 140/90                                                                              |               |
| Not feeling well 4 days now.                                                             |               |
| Been taking Dayquil                                                                      |               |
| 4d<br>Severe nose<br>trouble sleep<br>cough worsens<br>sneezing & watery<br>Dayquil      |               |
| B2 T am - red<br>T 100<br>E 10<br>C 10                                                   |               |
| Dr. Bronchitis/ Sinusitis<br>B2 T real amoxicillin - 500mg<br>I amoxicillin 2 tabs<br>ap |               |



CONTINUATION

NAME

Gray, C. Diane

ADDRESS

MAY 22 2007

DATE

987

130/80

#228

pre-op

OCT 22 2007

Refused wt Temp 97.7 B/p 120/90

\* Feeding relatively tame (3 weeks)

Chocolate on finger → bite

↳ not enough suspension  
for Robins Int

\* 2 Zolmitis

no lesion today

DEC 02 2009

99.4

130/80

Cough, congestion / sneeze

- Variation

- Cough → not clear

↳ Thorax  
Temp  
Low  
air

↳ 1000 TTKS  
8 dm vagal  
Schedule 1B

D-T Nocturns

1-25-10 Regal SS  
Cervical

ADDRESS

~~SS~~  
~~APR 26 2007~~

DATE \_\_\_\_\_

189

969

130 (80)

dizzy, arm numb  
dermatology of stomach

DL sent  
5-16-15

Patient advised of the danger of substance and alcohol abuse and tobacco use.

no danger of  
abuse and

Sum 18/1

no chest pain

On the  
this  
m-5 units  
L  
on  
all  
and  
strength 0/2

Dr. R. O. CAD  
Bridgwater  
Selker - 1200  
"Futaba"  
old

C. Sherr Cardwhite  
was to see  
ASA  
Step 5  
Sherr T. Haller Cardwhite  
Videoed 25 B10  
End of 30  
OTC 3000  
Lum 4602

5



CONTINUATION

NAME

ADDRESS

DATE

MAR 13 2007

Refuse WT

97.6

Refuse BP

② Lump chin  
dermatitis

Last episode 5d swelling started  
now acute swelling 2 days

Thin chin  
no tend (no wound)

F: Blocked Salivary Gland

Q: ENT-RUSH  
CBL, 26

Fasting

J

MAR 27 2007

Refuse

laryngitis, dizzy, nausea, cough

3d last course

Sw 0

Q: N-RUSH  
Lio  
aw

on Omeprazole  
BB  
1/d.

F: Laryngitis/Cough

Q: Acute Cold Sore  
with 500 BB

much TOSS

J

## CONTINUATION

NAME ADDRESS DEC 04 2006 Gray, Diane DATE

wt Refused B/p 120/80 Temp. 97.8  
 Cough that didn't quit for 2 wks Antibiotics  
 didn't work.  
 only in Am

66 Thru 0  
 Fluoro  
 Co

4 Feather Pullers  
 5-Birds  
 Caged

Is allergic to  
 P. Agave root HS  
 ESB  
 Brown allergic from

FEB 23 2006 <sup>AD</sup> Cold symptoms temp: 98.2  
 weight: refused BP: 130/80

2 yln swelling @ neck base  
 1 most generalized 12/06  
 Allergic 5. muffle 10/06 → Allergist  
 Zyrtec  
 Antihist - 1 mg  
 66 Thru  
 11-2000 teeth swelling @ neck  
 1 co  
 Fluoro

Is 2 Infusions  
 11 Blooded Salvage Glaucoma  
 6, 600 mg Rogers Sulfas  
 Cefazolin 500 mg IV







| FORM 8111             |                            | CONTINUATION |  |
|-----------------------|----------------------------|--------------|--|
| NAME                  | Diane Gray                 |              |  |
| ADDRESS               | DATE                       |              |  |
| NOV 13 2004           | 97.3                       | 130/80       |  |
| Pt refused to wt.     | rash under eye             |              |  |
| Strep + 2 @ lower     | @ Sunits                   |              |  |
| also lesion @ ear     | Baths                      |              |  |
| C = TC ~ 500 B/gm     | 10"                        |              |  |
| H&K                   | Sweat                      |              |  |
| Some                  | blue ring Body.            |              |  |
| Agouti                | VIT - C                    |              |  |
| 11-9-04 Fannin 500 #4 |                            |              |  |
| ± oxit                | Shaw                       |              |  |
| JAN 18 2005           | 97.6                       | 125/80       |  |
| Pt refused wt         | Wgh. pain near hernia scar |              |  |
| 3 weeks               | Test light                 |              |  |
| Better looking        | myxoma                     |              |  |
| Cough & sneezing      |                            |              |  |
| Yellow eyes           |                            |              |  |
| Yellow eyes           |                            |              |  |
| B. Thro               | F. VRT                     |              |  |
| THRO                  | albani                     |              |  |
| Leo                   |                            |              |  |
| and                   |                            |              |  |
| aldc                  | P. EES 400 T 10x5          |              |  |
| rofluma               | Phengam v. 10              |              |  |
| 8/19/08 w/lyfe        | Cough & d                  |              |  |
| ESS 400               |                            |              |  |
| 2/10/05               |                            |              |  |

MAY 20 2004

Drive Gray Tq's B/P 130/80  
Flankers want on at first — 2nd/2nd

#1 Question worth 200  
 $C = 6.7x + 2000$   
 5000

#2. Closest binary/polymerization  
= best fit + meaning

2237  
containing 24 pages

~~JUL 03 2004~~

1998  
B/P 143/92  
Failed muscle & back. — B/P 92  
2 brown eggs in Market OVS  
270g 270g animal → Market OK  
1 Mammal out on tray

Ge: Lake L3 + @ Mangrove  
Buckley  
up 2+

12. Suburban 2003 W  
 Morgan Reference T10  
 Blue



| FORM 8111                                                                                                                                                                                                                                                                                                                               | CONTINUATION |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|
| NAME                                                                                                                                                                                                                                                                                                                                    | AUG 23 2003  |      |
| ADDRESS                                                                                                                                                                                                                                                                                                                                 | Diane Gray   | DATE |
| <p>WT-238# B/P-126/78 L-99.3</p> <p>① - Breast Exam on Self last Thursday<br/>thought she felt a lump - would like to be checked -</p> <p>Also noted some tenderness @ lat Br<br/>Belt's started June 1/03<br/>"to regulate crampy periods"<br/>C= also<br/>noted hydroxytic bel @ lat<br/>clifford</p> <p>C. Mamm Conell (East 98)</p> |              |      |
| DEC 09 2003                                                                                                                                                                                                                                                                                                                             |              |      |
| <p>WT-R B/P 124/78 L-99.1</p> <p>① sore throat &amp; congestion -</p> <p>Spent weekend w/ friends who were<br/>diagnosed w/ sleep yesterday</p> <p>1st<br/>Cough - mild<br/>Congestion</p> <p>C=, the end of type<br/>L=0<br/>and</p> <p>I-PS<br/>P3 anoxoullm 500 T (10x)<br/>From Vc cart</p>                                         |              |      |

6-28-03 Anesthesia used 4 hrs  
In complete  
etc  
gauge  
cold box  
anesthesia 500  
100  
Ca T bone  
see  
see  
see  
No voice  
25  
Stiff  
Throat  
WT - 235 T-97.5 B/P 121/80  
Diane Gray  
JUN 24 2003  
COLWELL COMPANY, CHAMPAIGN, ILLINOIS



| FORM 8111                |  | CONTINUATION         |  |
|--------------------------|--|----------------------|--|
| NAME                     |  | MAR 15 2003          |  |
| ADDRESS                  |  | Diane Gray           |  |
|                          |  | DATE                 |  |
| WT = 227#                |  | BP = 130/80 T = 98.4 |  |
| ① Chronic Cough          |  | ②                    |  |
| Cough better today (ESS) |  |                      |  |
| HA = 0                   |  |                      |  |
| Rose - running down      |  |                      |  |
| → green sputum           |  |                      |  |
| Am cough with, Daytime   |  |                      |  |
| all night cough.         |  |                      |  |
| 4 better Pulmon exam     |  |                      |  |
| No cap                   |  | Sinc                 |  |
| Dry Breath               |  | No Cardiac Disease   |  |
|                          |  | Nocturnal cts        |  |
| C3 T4                    |  |                      |  |
| T4 = 0                   |  |                      |  |
| L = 0                    |  |                      |  |
| Abd. exam                |  | Ct cap               |  |
|                          |  | SPV                  |  |
| Tx Cough                 |  | ESS 400 TID          |  |
| 2 Benadryl               |  | Albapra 180          |  |



Call

Carol Gray

847-973-0412

cell phone

847-800-8450

Not feeling better



actos<sup>®</sup>  
pioglitazone HCl





Copyright ©  
F. C. & A.

John C. Carl.

John

5

to her country, ~~Vernehmung~~ Vernehmung in einem freien, constant, Ideen her aus der

Diane Gray

~~FEB 17 2003~~

COLWELL COMPANY, CHAMPAIGN, ILLINOIS

| FORM 8111                            |                                | CONTINUATION                       |  |
|--------------------------------------|--------------------------------|------------------------------------|--|
| NAME <b>AUG 23 2002</b>              |                                | <b>Diane Gray</b>                  |  |
| ADDRESS                              |                                | DATE                               |  |
| WGT 238                              |                                | B/P 132/90 T. 98.9                 |  |
| ① injured back in Martial Arts Class |                                |                                    |  |
| #1                                   | - yesterday                    |                                    |  |
|                                      | - 5 yr ago sword fighting →    |                                    |  |
|                                      | landed trees → joint M D links |                                    |  |
|                                      | → corflex → helix              |                                    |  |
| PS.                                  |                                | Gray                               |  |
| #2 arm                               |                                | 740-44-4033                        |  |
| LFT                                  |                                | Kaiser Perman.                     |  |
| Chn                                  |                                | Diane Gray                         |  |
| any                                  |                                | NEW ELIDEL (pimecrolimus) Cream 1% |  |
| 9-9-02 Almetil                       |                                | week                               |  |



123

12102 16/05/20 #20 2011 OHIO

10/05/20 500 010

1/2 10/05/20 500 010  
1/2 10/05/20 500 010  
1/2 10/05/20 500 010

1 day ABD. pain, had ant hernia surgery 18 days ago

WGT 236 B.P. 150/84 T. 98.5

MAR 23 2002

2

all Sept 1/13/20

one 1 month

Remove all but 2 sticks

almost all cleared

SAFETY REMOVAL BP 130/90 T 97.0

Diane Gray MAR 15 2002



1024 8111

CONTINUATION

NAME \_\_\_\_\_

MAR 01 2002

ADDRESS

Diane Gray T 98.5 6/120/86  
at refuses Bronchial cough (mucous grey-green)

DATE \_\_\_\_\_

DATE  
6/120/86

Becky Rose (12)  
Sore on Arm → urine going  
Cough mild

(3) Ten - mild hypervent  
Two  
and  
at some

$F = \text{Congruity}$

$\beta \approx$  Osmopressure  
SODT

MAR 04 2002

Severe abd pain 97.8

$138/94$

Arrive this AM severe  
"waves"  
Nov  
Bm yesterday

Neuron - 4 th day  
No dysm

See Hand





NAME:

Diane Gray

L.M.P.

DATE:

AUG 31 2000

MEDICATIONS:

Cephalexin 500mg one a day (am) 78yr

DRUG ALLERGIES:

none

WEIGHT:

258 1/2

HEIGHT:

B/P

TEMP

98.8

Patient c/o lump in right foot (her instep).

4-5 mm hard minimally symptomatic  
lesion (R) foot  
no trauma  
retained in worn shoes

+ Granuloma

P3 No Rx for now

OCT 22 2001

9/238

1-975 B/P 138/72

Healed (R) shin, swollen &amp; crumbly, nonprod. B/A

#Cough

Rd no voice  
old cough  
green phlegm  
non-stop

Took cephalexin  
310

203: Spun - 50% white  
+ small + brown  
Beds/Roz

P4: Knee Surgery R 78

FD: F - alone + colostomy  
w - w  
4 Scler - w  
2 cl w

P48 - 18/203

P68: Thru

Tin - o  
L - arthrosis  
old - olive  
c/o  
calves  
Small (R) brown leg

S4: Lm - o

Est - oss (none)  
Off - 5-6  
P68 - o  
astr - lot f  
V4 - o

Document Name: ., Scanned Date: 03/16/2022

Notes:



Internal Medicine  
14 Washington St.  
Ingleside, IL 60041

214 WASHINGTON STREET  
INGLESIDE, IL 60041

| INTERNAL MEDICINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               | ANNUAL HISTORY & PHYSICAL                                                              |                                                                                                 | Blue Cross Blue Shield                 |  | DATE                   |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| NAME <u>C. DIANE GRAY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               | AGE <u>38</u>                                                                          | S <u>M</u> W <u>D</u>                                                                           | INSURANCE # <u>P2350X0F</u>            |  | SS# <u>281-50-6247</u> |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |               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                 |                                  |  |  |                                          |                                            |                                         |  |  |
| ADDRESS <u>26 S. HICKORY AVE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | PHONES (H) <u>973-0412</u>                                                             |                                                                                                 | (U)                                    |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |                     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           |                                  |  |  |                                          |                                            |                                         |  |  |
| CITY <u>FOX LAKE IL 60020</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               | DATE OF BIRTH <u>8-2-62</u>                                                            |                                                                                                 | MEDICARE #                             |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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                              |                                  |  |  |                                          |                                            |                                         |  |  |
| <b>FAMILY HISTORY</b> If any blood relative has suffered any of the following - please indicate which relative.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                           | <input checked="" type="checkbox"/> CANCER <u>(cervical) mat. grandmother</u> | <input type="checkbox"/> KIDNEY DISEASE                                                |                                                                                                 | <input type="checkbox"/> GLAUCOMA      |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <table border="1"> <thead> <tr> <th>YEAR</th> <th>ILLNESS OR OPERATION</th> <th>YEAR</th> <th>ILLNESS OR OPERATION</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1997</td> <td>fatty tumor removed r. thigh</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>IMMUNIZATIONS</b><br>APPROXIMATE DATE OF LAST INJECTION<br>SMALL POX _____<br>TYPHOID _____<br>MEASLES <u>1977</u><br>MUMPS <u>1977</u><br>RUBELLA <u>1970</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <b>MEDICAL HISTORY</b> Mark <input type="checkbox"/> for current problems. Tick <input checked="" type="checkbox"/> box and indicate age when you had any of the following symptoms or diseases.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>MAIN PROBLEMS</b> (1) <u>growth in right foot?</u> (2) <u>hearing?</u> (3) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <table border="0"> <tr> <td><input checked="" type="checkbox"/> Decreased Hearing</td> <td><input type="checkbox"/> Leg Pain when walking</td> <td><input type="checkbox"/> Chronic Fatigue</td> <td><input type="checkbox"/> Chicken Pox</td> <td><input type="checkbox"/> Polio</td> </tr> <tr> <td><input type="checkbox"/> Ringing in ear</td> <td><input type="checkbox"/> Varicose Veins / Phlebitis</td> <td><input type="checkbox"/> Weight Loss - recent</td> <td><input type="checkbox"/> Measles</td> <td><input type="checkbox"/> Germ. Measles</td> </tr> <tr> <td><input type="checkbox"/> Ear Infections - frequent</td> <td><input type="checkbox"/> Loss of Appetite - recent</td> <td><input type="checkbox"/> Anemia <input type="checkbox"/> Bruise easily</td> <td><input type="checkbox"/> Rheumatic</td> <td><input type="checkbox"/> Scarlet Fever</td> </tr> <tr> <td><input type="checkbox"/> Dizzy Spells</td> <td><input type="checkbox"/> Difficulty Swallowing</td> <td><input checked="" type="checkbox"/> Cancer <u>GROWTH in r. foot</u></td> <td><input type="checkbox"/> Mumps</td> <td><input type="checkbox"/> Tuberculosis</td> </tr> <tr> <td><input type="checkbox"/> Failing Vision</td> <td><input type="checkbox"/> Indigestion or Heartburn</td> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Alcohol _____ oz. per week</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Double or Blurred Vision</td> <td><input type="checkbox"/> Persistent Nausea / Vomiting</td> <td><input type="checkbox"/> Thyroid Disease</td> <td><input type="checkbox"/> Smoking _____ cig. per day</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Eye Pain</td> <td><input type="checkbox"/> Peptic Ulcers</td> <td><input type="checkbox"/> Convulsions / Seizures</td> <td><input checked="" type="checkbox"/> Coffee/Tea <u>3</u> cups per day</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Eye Infections - frequent</td> <td><input type="checkbox"/> Abdominal Pain - chronic</td> <td><input type="checkbox"/> Stroke</td> <td colspan="2"><b>Females - Menstrual History</b></td> </tr> <tr> <td><input type="checkbox"/> Nose Bleeds - recurrent</td> <td><input type="checkbox"/> Change in Bowel Habits - recent</td> <td><input type="checkbox"/> Tremor / Hands Shaking</td> <td colspan="2">Age of onset <u>14</u> <input checked="" type="checkbox"/> Reg <input type="checkbox"/> Irreg</td> </tr> <tr> <td><input type="checkbox"/> Sinus Trouble</td> <td><input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation</td> <td><input type="checkbox"/> Muscle Weakness</td> <td colspan="2">Flow <input type="checkbox"/> Heavy <input type="checkbox"/> Mod <input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Sore Throats - frequent</td> <td><input type="checkbox"/> Diverticulosis</td> <td><input type="checkbox"/> Numbness / Tingling Sensations</td> <td colspan="2"><input type="checkbox"/> Pain / Cramps with Mens. Flow</td> </tr> <tr> <td><input type="checkbox"/> Hayfever / Allergies</td> <td><input type="checkbox"/> Bloody or Tarry Stools</td> <td><input type="checkbox"/> Headaches - frequent</td> <td colspan="2"><u>5-6</u> Days of Flow</td> </tr> <tr> <td><input type="checkbox"/> Hoarseness - prolonged</td> <td><input type="checkbox"/> Hemorrhoids</td> <td><input type="checkbox"/> Arthritis / Rheumatism</td> <td colspan="2"><u>28</u> Length of Cycle</td> </tr> <tr> <td><input type="checkbox"/> Pneumonia / Pleurisy</td> <td><input type="checkbox"/> Gall Bladder Trouble</td> <td><input type="checkbox"/> Back Pain - recurrent</td> <td colspan="2"><input type="checkbox"/> Pain / Bleeding after sex</td> </tr> <tr> <td><input type="checkbox"/> Bronchitis / Chronic Cough</td> <td><input type="checkbox"/> Jaundice / Hepatitis</td> <td><input type="checkbox"/> Bone Fracture / Joint Injury</td> <td colspan="2">No. of Pregnancies <u>6</u></td> </tr> <tr> <td><input type="checkbox"/> Asthma / Wheezing</td> <td><input type="checkbox"/> Hernia</td> <td><input type="checkbox"/> Gout</td> <td colspan="2">No. of Live Births <u>2</u></td> </tr> <tr> <td>Shortness of breath:</td> <td><input type="checkbox"/> Urine Infections - frequent</td> <td><input type="checkbox"/> Foot Pain <input type="checkbox"/> Cold Numb Feet</td> <td colspan="2">No. of Miscarriages <u>3</u></td> </tr> <tr> <td><input type="checkbox"/> on Exertion <input type="checkbox"/> Lying Flat</td> <td><input type="checkbox"/> Painful Urination</td> <td><input type="checkbox"/> Rashes <input type="checkbox"/> Hives</td> <td colspan="2">Birth Control Method</td> </tr> <tr> <td><input type="checkbox"/> Chest Pain</td> <td><input type="checkbox"/> Blood in Urine</td> <td><input type="checkbox"/> Psoriasis <input type="checkbox"/> Eczema</td> <td colspan="2">B.C. Pill (name)</td> </tr> <tr> <td><input type="checkbox"/> High Blood Pressure</td> <td><input type="checkbox"/> Overnight Urination - more than 2</td> <td><input type="checkbox"/> Sleeping - difficulty</td> <td colspan="2"><input type="checkbox"/> Flushing / Menopause</td> </tr> <tr> <td><input type="checkbox"/> Heart Murmur</td> <td><input type="checkbox"/> Control in Urination</td> <td><input type="checkbox"/> Nervousness <input type="checkbox"/> Depression</td> <td colspan="2">Other Symptoms or Diseases</td> </tr> <tr> <td><input type="checkbox"/> Palpitations</td> <td><input type="checkbox"/> Decrease in Force of Urination</td> <td><input type="checkbox"/> Memory Loss</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Irregular Pulse</td> <td><input type="checkbox"/> Kidney Stones</td> <td><input type="checkbox"/> Moodiness - excessive</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Swollen Ankles</td> <td><input type="checkbox"/> Venereal Disease</td> <td><input type="checkbox"/> Phobias</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Fainting Spells</td> <td><input type="checkbox"/> Urinary Discharge</td> <td><input type="checkbox"/> Mental illness</td> <td colspan="2"></td> </tr> </table> |                                                                               |                                                                                        |                                                                                                 |                                        |  |                        | <input checked="" type="checkbox"/> Decreased Hearing | <input type="checkbox"/> Leg Pain when walking | <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Polio | <input type="checkbox"/> Ringing in ear | <input type="checkbox"/> Varicose Veins / Phlebitis | <input type="checkbox"/> Weight Loss - recent | <input type="checkbox"/> Measles | <input type="checkbox"/> Germ. Measles | <input type="checkbox"/> Ear Infections - frequent | <input type="checkbox"/> Loss of Appetite - recent | <input type="checkbox"/> Anemia <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Rheumatic | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Difficulty Swallowing | <input checked="" type="checkbox"/> Cancer <u>GROWTH in r. foot</u> | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Failing Vision | <input type="checkbox"/> Indigestion or Heartburn | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Alcohol _____ oz. per week |  | <input type="checkbox"/> Double or Blurred Vision | <input type="checkbox"/> Persistent Nausea / Vomiting | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Smoking _____ cig. per day |  | <input type="checkbox"/> Eye Pain | <input type="checkbox"/> Peptic Ulcers | <input type="checkbox"/> Convulsions / Seizures | <input checked="" type="checkbox"/> Coffee/Tea <u>3</u> cups per day |  | <input type="checkbox"/> Eye Infections - frequent | <input type="checkbox"/> Abdominal Pain - chronic | <input type="checkbox"/> Stroke | <b>Females - Menstrual History</b> |  | <input type="checkbox"/> Nose Bleeds - recurrent | <input type="checkbox"/> Change in Bowel Habits - recent | <input type="checkbox"/> Tremor / Hands Shaking | Age of onset <u>14</u> <input checked="" type="checkbox"/> Reg <input type="checkbox"/> Irreg |  | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation | <input type="checkbox"/> Muscle Weakness | Flow <input type="checkbox"/> Heavy <input type="checkbox"/> Mod <input type="checkbox"/> Light |  | <input type="checkbox"/> Sore Throats - frequent | <input type="checkbox"/> Diverticulosis | <input type="checkbox"/> Numbness / Tingling Sensations | <input type="checkbox"/> Pain / Cramps with Mens. Flow |  | <input type="checkbox"/> Hayfever / Allergies | <input type="checkbox"/> Bloody or Tarry Stools | <input type="checkbox"/> Headaches - frequent | <u>5-6</u> Days of Flow |  | <input type="checkbox"/> Hoarseness - prolonged | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Arthritis / Rheumatism | <u>28</u> Length of Cycle |  | <input type="checkbox"/> Pneumonia / Pleurisy | <input type="checkbox"/> Gall Bladder Trouble | <input type="checkbox"/> Back Pain - recurrent | <input type="checkbox"/> Pain / Bleeding after sex |  | <input type="checkbox"/> Bronchitis / Chronic Cough | <input type="checkbox"/> Jaundice / Hepatitis | <input type="checkbox"/> Bone Fracture / Joint Injury | No. of Pregnancies <u>6</u> |  | <input type="checkbox"/> Asthma / Wheezing | <input type="checkbox"/> Hernia | <input type="checkbox"/> Gout | No. of Live Births <u>2</u> |  | Shortness of breath: | <input type="checkbox"/> Urine Infections - frequent | <input type="checkbox"/> Foot Pain <input type="checkbox"/> Cold Numb Feet | No. of Miscarriages <u>3</u> |  | <input type="checkbox"/> on Exertion <input type="checkbox"/> Lying Flat | <input type="checkbox"/> Painful Urination | <input type="checkbox"/> Rashes <input type="checkbox"/> Hives | Birth Control Method |  | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Psoriasis <input type="checkbox"/> Eczema | B.C. Pill (name) |  | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Overnight Urination - more than 2 | <input type="checkbox"/> Sleeping - difficulty | <input type="checkbox"/> Flushing / Menopause |  | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Control in Urination | <input type="checkbox"/> Nervousness <input type="checkbox"/> Depression | Other Symptoms or Diseases |  | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Decrease in Force of Urination | <input type="checkbox"/> Memory Loss |  |  | <input type="checkbox"/> Irregular Pulse | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Moodiness - excessive |  |  | <input type="checkbox"/> Swollen Ankles | <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Phobias |  |  | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Urinary Discharge | <input type="checkbox"/> Mental illness |  |  |
| <input checked="" type="checkbox"/> Decreased Hearing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Leg Pain when walking                                | <input type="checkbox"/> Chronic Fatigue                                               | <input type="checkbox"/> Chicken Pox                                                            | <input type="checkbox"/> Polio         |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <input type="checkbox"/> Ringing in ear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Varicose Veins / Phlebitis                           | <input type="checkbox"/> Weight Loss - recent                                          | <input type="checkbox"/> Measles                                                                | <input type="checkbox"/> Germ. Measles |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |                                    |                                        |                                       |                                                |                                                                     |                                |                                       |                                         |                                                   |                                   |                                                     |  |                                                   |                                                       |                                          |                                                     |  |                                   |                                        |                                                 |                                                                      |  |                                                    |                                                   |                                 |                                    |  |                                                  |                                                          |                                                 |                                                                                               |  |                                        |                                                                         |                                          |                                                                                                 |  |                                                  |                                         |                                                         |                                                        |  |                                               |                                                 |                                               |                         |  |                                                 |                                      |                                                 |                           |  |                                               |                                               |                                                |                                                    |  |                                                     |                                               |                                                       |                             |  |                                            |                                 |                               |                             |  |                      |                                                      |                                                                            |                              |  |                                                                          |                                            |                                                                |                      |  |                                     |                                         |                                                                    |                  |  |                                              |                                                            |                                                |                                               |  |                                       |                                               |                                                                          |                            |  |                                       |                                                         |                                      |  |  |                                          |                                        |                                                |  |  |                                         |                                           |                                  |  |  |                                          |                                            |                                         |  |  |
| <input type="checkbox"/> Ear Infections - frequent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Loss of Appetite - recent                            | <input type="checkbox"/> Anemia <input type="checkbox"/> Bruise easily                 | <input type="checkbox"/> Rheumatic                                                              | <input type="checkbox"/> Scarlet Fever |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <input type="checkbox"/> Dizzy Spells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Difficulty Swallowing                                | <input checked="" type="checkbox"/> Cancer <u>GROWTH in r. foot</u>                    | <input type="checkbox"/> Mumps                                                                  | <input type="checkbox"/> Tuberculosis  |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <input type="checkbox"/> Failing Vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Indigestion or Heartburn                             | <input type="checkbox"/> Diabetes                                                      | <input type="checkbox"/> Alcohol _____ oz. per week                                             |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <input type="checkbox"/> Double or Blurred Vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Persistent Nausea / Vomiting                         | <input type="checkbox"/> Thyroid Disease                                               | <input type="checkbox"/> Smoking _____ cig. per day                                             |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <input type="checkbox"/> Eye Pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Peptic Ulcers                                        | <input type="checkbox"/> Convulsions / Seizures                                        | <input checked="" type="checkbox"/> Coffee/Tea <u>3</u> cups per day                            |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <input type="checkbox"/> Eye Infections - frequent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Abdominal Pain - chronic                             | <input type="checkbox"/> Stroke                                                        | <b>Females - Menstrual History</b>                                                              |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <input type="checkbox"/> Nose Bleeds - recurrent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Change in Bowel Habits - recent                      | <input type="checkbox"/> Tremor / Hands Shaking                                        | Age of onset <u>14</u> <input checked="" type="checkbox"/> Reg <input type="checkbox"/> Irreg   |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <input type="checkbox"/> Sinus Trouble                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation       | <input type="checkbox"/> Muscle Weakness                                               | Flow <input type="checkbox"/> Heavy <input type="checkbox"/> Mod <input type="checkbox"/> Light |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <input type="checkbox"/> Sore Throats - frequent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Diverticulosis                                       | <input type="checkbox"/> Numbness / Tingling Sensations                                | <input type="checkbox"/> Pain / Cramps with Mens. Flow                                          |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |                                    |                                        |                                       |                                                |                                                                     |                                |                                       |                                         |                                                   |                                   |                                                     |  |                                                   |                                                       |                                          |                                                     |  |                                   |                                        |                                                 |                                                                      |  |                                                    |                                                   |                                 |                                    |  |                                                  |                                                          |                                                 |                                                                                               |  |                                        |                                                                         |                                          |                                                                                                 |  |                                                  |                                         |                                                         |                                                        |  |                                               |                                                 |                                               |                         |  |                                                 |                                      |                                                 |                           |  |                                               |                                               |                                                |                                                    |  |                                                     |                                               |                                                       |                             |  |                                            |                                 |                               |                             |  |                      |                                                      |                                                                            |                              |  |                                                                          |                                            |                                                                |                      |  |                                     |                                         |                                                                    |                  |  |                                              |                                                            |                                                |                                               |  |                                       |                                               |                                                                          |                            |  |                                       |                                                         |                                      |  |  |                                          |                                        |                                                |  |  |                                         |                                           |                                  |  |  |                                          |                                            |                                         |  |  |
| <input type="checkbox"/> Hayfever / Allergies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Bloody or Tarry Stools                               | <input type="checkbox"/> Headaches - frequent                                          | <u>5-6</u> Days of Flow                                                                         |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <input type="checkbox"/> Hoarseness - prolonged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Hemorrhoids                                          | <input type="checkbox"/> Arthritis / Rheumatism                                        | <u>28</u> Length of Cycle                                                                       |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <input type="checkbox"/> Pneumonia / Pleurisy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Gall Bladder Trouble                                 | <input type="checkbox"/> Back Pain - recurrent                                         | <input type="checkbox"/> Pain / Bleeding after sex                                              |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <input type="checkbox"/> Bronchitis / Chronic Cough                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Jaundice / Hepatitis                                 | <input type="checkbox"/> Bone Fracture / Joint Injury                                  | No. of Pregnancies <u>6</u>                                                                     |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <input type="checkbox"/> Asthma / Wheezing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Hernia                                               | <input type="checkbox"/> Gout                                                          | No. of Live Births <u>2</u>                                                                     |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| Shortness of breath:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Urine Infections - frequent                          | <input type="checkbox"/> Foot Pain <input type="checkbox"/> Cold Numb Feet             | No. of Miscarriages <u>3</u>                                                                    |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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| <input type="checkbox"/> on Exertion <input type="checkbox"/> Lying Flat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Painful Urination                                    | <input type="checkbox"/> Rashes <input type="checkbox"/> Hives                         | Birth Control Method                                                                            |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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                              |                                  |  |  |                                          |                                            |                                         |  |  |
| <input type="checkbox"/> Chest Pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Blood in Urine                                       | <input type="checkbox"/> Psoriasis <input type="checkbox"/> Eczema                     | B.C. Pill (name)                                                                                |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |                                    |                                        |                                       |                                                |                                                                     |                                |                                       |                                         |                                                   |                                   |                                                     |  |                                                   |                                                       |                                          |                                                     |  |                                   |                                        |                                                 |                                                                      |  |                                                    |                                                   |                                 |                                    |  |                                                  |                                                          |                                                 |                                                                                               |  |                                        |                                                                         |                                          |                                                                                                 |  |                                                  |                                         |                                                         |                                                        |  |                                               |                                                 |                                               |                         |  |                                                 |                                      |                                                 |                           |  |                                               |                                               |                                                |                                                    |  |                                                     |                                               |                                                       |                             |  |                                            |                                 |                               |                             |  |                      |                                                      |                                                                            |                              |  |                                                                          |                                            |                                                                |                      |  |                                     |                                         |                                                                    |                  |  |                                              |                                                            |                                                |                                               |  |                                       |                                               |                                                                          |                            |  |                                       |                                                         |                                      |  |  |                                          |                                        |                                                |  |  |                                         |                                           |                                  |  |  |                                          |                                            |                                         |  |  |
| <input type="checkbox"/> High Blood Pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Overnight Urination - more than 2                    | <input type="checkbox"/> Sleeping - difficulty                                         | <input type="checkbox"/> Flushing / Menopause                                                   |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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                              |                                  |  |  |                                          |                                            |                                         |  |  |
| <input type="checkbox"/> Heart Murmur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Control in Urination                                 | <input type="checkbox"/> Nervousness <input type="checkbox"/> Depression               | Other Symptoms or Diseases                                                                      |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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                              |                                  |  |  |                                          |                                            |                                         |  |  |
| <input type="checkbox"/> Palpitations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Decrease in Force of Urination                       | <input type="checkbox"/> Memory Loss                                                   |                                                                                                 |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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                              |                                  |  |  |                                          |                                            |                                         |  |  |
| <input type="checkbox"/> Irregular Pulse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Kidney Stones                                        | <input type="checkbox"/> Moodiness - excessive                                         |                                                                                                 |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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                              |                                  |  |  |                                          |                                            |                                         |  |  |
| <input type="checkbox"/> Swollen Ankles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Venereal Disease                                     | <input type="checkbox"/> Phobias                                                       |                                                                                                 |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |  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                              |                                  |  |  |                                          |                                            |                                         |  |  |
| <input type="checkbox"/> Fainting Spells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Urinary Discharge                                    | <input type="checkbox"/> Mental illness                                                |                                                                                                 |                                        |  |                        |                                                       |                                                |                                          |                                      |                                |                                         |                                                     |                                               |                                  |                                        |                                                    |                                                    |                                                                        |                                    |                                        |                                       |                                                |                                                                     |                                |                                       |                                         |                                                   |                                   |                                                     |  |                                                   |                                                       |                                          |                                                     |  |                                   |                                        |                                                 |                                                                      |  |                                                    |                                            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                              |                                  |  |  |                                          |                                            |                                         |  |  |

Form 174/92 Cullwell Systems, Champaign, IL

03

WILLIAM C. DAV MD

08/29/00 10:32 FAX 8475874325

Received: 8/29/00 10:37AM



Document Name: old labs, Scanned Date: 03/16/2022

Notes: Schlieben,Kali 03/16/2022 14:53:27 PM

NM Fax Server 0107 1/17/2022 12:58:22 PM PAGE 2/002 Fax Server

Northwestern Medicine

NM Radiology

4201 MEDICAL CENTER DR  
MCHENRY IL 60050  
Dept: 815-344-5000  
Dept Fax: 815-759-4319

Gray, Carol Diane (MRN 111012030007)

Auth Prov: Dam,  
William C.  
Dam, William C., MD  
214 Washington St  
Ingleside IL 60041-  
9208

**Imaging Result**  
Final

|                                                    |                                       |                  |
|----------------------------------------------------|---------------------------------------|------------------|
| Name:                                              | MRN:                                  | DOB:             |
| Gray, Carol Diane                                  | 111012030007                          | 8/2/1962         |
| Exam Time:                                         | Patient Class:                        | Sex:             |
| 01/17/2022 10:50 AM                                | Outpatient                            | Female           |
| Procedures Performed:                              | Diagnosis:                            | Reason for Exam: |
| Mammography Screening Bilateral with Tomosynthesis | Screening mammogram for breast cancer | None Specified   |
| Ordering Provider: Dam, William C.                 | Phone: 847-587-3004                   |                  |

Accession Number:  
B22MG10273532

**HISTORY:**  
59 year old female presents for a screening mammogram. Patient has no documented relevant family history.

**COMPARISON:**  
Prior breast examinations were compared.

**TECHNIQUE:**  
Mammography Screening Bilateral with Tomosynthesis

**FINDINGS:**  
The breasts have scattered areas of fibroglandular density.

There are no suspicious masses, calcifications, or areas of architectural distortion.

**IMPRESSION:**  
No mammographic evidence of malignancy.

**RECOMMENDATION:**  
Annual screening mammography is recommended. - Bilateral

A written summary of this mammography report in lay terms was sent to the patient.

Overall BI-RADS category: 1 - Negative

BREAST TISSUE DENSITY : B - Scattered fibroglandular density

Electronically Signed By: Anoop H. Karna, MD on 1/17/2022 12:57 PM

*1/21*

Mon Jan 17, 2022 12:57 PM

Page 1 of 1

WILLIAM C. DAM, M.D., S.C.  
BOARD CERTIFIED INTERNAL MEDICINE  
WESTLAKE CLINIC  
214 WASHINGTON ST  
INGLESIDE, IL 60041

847-587-3004 TEL  
847-587-4325 FAX  
UPIN#D09719

DEA# BD-0944733  
LIC#036-047653  
NPI#14472-36229

NAME CAROL ELAINE GRAY DOB 8-2-62

ADDRESS \_\_\_\_\_ DATE 11-9-21



*Bilateral  
Screening  
Mammogram*

*815-759-4050*

REFILL NR 1 2 3 4 5

MAY SUBSTITUTE ☐

MAY NOT SUBSTITUTE ☐

**FAKED**  
*11/9/21*

*W. C. Dam*

**Send Confirmation**

e [1] of [1]

Date/Time : 11-09-2021 11:39 AM  
Model Name : M5370LX  
Machine Serial Number : 075HBJFJ600011T  
Host Name : SEC8425191162D6  
Fax Name : ALL TIME MED/Dr. Dam  
Fax Number : 8475874325

**Job Information**

Job No. : 82878 User : Local User  
Submission Date/Time : 11-09-2021 11:33 AM Completed Time : 11-09-2021 11:39 AM  
Total Destinations : 1

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**Destinations**

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|------------------|------------|----------|-------|---------|--------|
| Fax              | 8157594065 | 01'04"   | 2     | Success |        |
| Total Duration : |            | 01'04"   |       |         |        |

REFILL NR 1 2 3 4 5  
☐ MAY SUBSTITUTE  
☐ MAY NOT SUBSTITUTE

815-759-4065

W. Dam  
S. Dam  
M. Dam

**RX**

NAME: C. Gray, M.D. 11/11/11  
DOB: 8-2-62  
DATE: 11-09-21  
ADDRESS: 214 WASHINGTON ST  
WESTLAKE CLINIC  
ROAD CERTIFIED INTERNAL MEDICINE  
WILLIAM C. DAM, M.D., S.C.  
DEAR DR. 0944733  
LIC#036-047653  
NPI#14472-36239  
LPH#009739  
847-587-4325 FAX  
847-587-3004 TEL



# Northwestern Medicine®

## FACSIMILE COVER SHEET

### CONFIDENTIAL HEALTH INFORMATION ENCLOSED

Health care information is highly personal, sensitive, and protected by law. This Facsimile is being sent after appropriate authorization from the patient or under circumstances that do not require authorization. The recipient is obligated to maintain it in a safe, secure and confidential manner. Unauthorized or unlawful re-disclosure by the recipient or failure to maintain confidentiality may result in criminal or civil penalties.

To: Dr. William Dam Fax No.: 847 587 4325

Date: 9/30/2021 No. of pages including cover sheet: 1

From: Neurology

Dr. Nager

 Dr. Grindstaff

Candace Esposito APRN, CNP

Kimberley Bentele APRN, CNP

Comments:

Carol Gray DOB: 8/2/1962

Can you please fax over all labs  
completed in the past year.

Thank you!

Facility: 360 Station Drive Suite 300  
Crystal Lake, IL 60014

Fax No.: 815-455-1875  
Phone No: 815-455-1800

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain health information this is privileged and confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately and destroy the related message in all formats. Thank you.

**FAXED**  
**10-01-21**

No. 5677 P. 1

Sep. 30. 2021 2:47PM



34809 N. Aurora Ave  
Ingleside 60011

Report Status: Final - Courtesy Copy

GRAY, DIANE

| Patient Information                                                                                                | Specimen Information                                                                                                                                      | Client Information                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>GRAY, DIANE</b><br><br>DOB: 08/02/1962 AGE: 58<br>Gender: F Fasting: Y<br>Phone: 847.800.8450<br>Patient ID: NG | Specimen: WX143864A<br>Requisition: 4513744<br><br>Collected: 10/15/2020 / 12:15 CDT<br>Received: 10/16/2020 / 00:52 CDT<br>Faxed: 10/23/2020 / 13:10 CDT | Client #: 22544064 4000000<br>DAM, WILLIAM C<br>DAM, WILLIAM C MD<br>214 WASHINGTON ST<br>INGLESIDE, IL 60041-9208 |

| Test Name                    | In Range | Out Of Range | Reference Range | Lab |
|------------------------------|----------|--------------|-----------------|-----|
| <b>LIPID PANEL, STANDARD</b> |          |              |                 |     |
| CHOLESTEROL, TOTAL           |          | 207 H        | <200 mg/dL      | CB  |
| HDL CHOLESTEROL              |          | 45 L         | > OR = 50 mg/dL | CB  |
| TRIGLYCERIDES                |          | 260 H        | <150 mg/dL      | CB  |

If a non-fasting specimen was collected, consider repeat triglyceride testing on a fasting specimen if clinically indicated.  
Jacobson et al. J. of Clin. Lipidol. 2015;9:129-169.

|                        |       |              |    |
|------------------------|-------|--------------|----|
| <b>LDL-CHOLESTEROL</b> | 122 H | mg/dL (calc) | CB |
| Reference range: <100  |       |              |    |

Desirable range <100 mg/dL for primary prevention;  
<70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068  
(<http://education.QuestDiagnostics.com/faq/FAQ164>)

|                            |       |                   |    |
|----------------------------|-------|-------------------|----|
| CHOL/HDL-C RATIO           | 4.6   | <5.0 (calc)       | CB |
| <b>NON HDL CHOLESTEROL</b> | 162 H | <130 mg/dL (calc) | CB |

For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.

|                                      |    |             |    |
|--------------------------------------|----|-------------|----|
| <b>COMPREHENSIVE METABOLIC PANEL</b> |    |             | CB |
| GLUCOSE                              | 94 | 65-99 mg/dL |    |

Fasting reference interval

|                     |      |                 |
|---------------------|------|-----------------|
| UREA NITROGEN (BUN) | 18   | 7-25 mg/dL      |
| CREATININE          | 0.71 | 0.50-1.05 mg/dL |

For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.

|                        |                |                         |
|------------------------|----------------|-------------------------|
| eGFR NON-AFR. AMERICAN | 94             | > OR = 60 mL/min/1.73m2 |
| eGFR AFRICAN AMERICAN  | 109            | > OR = 60 mL/min/1.73m2 |
| BUN/CREATININE RATIO   | NOT APPLICABLE | 6-22 (calc)             |
| SODIUM                 | 138            | 135-146 mmol/L          |
| POTASSIUM              | 4.0            | 3.5-5.3 mmol/L          |
| CHLORIDE               | 107            | 98-110 mmol/L           |
| CARBON DIOXIDE         | 22             | 20-32 mmol/L            |
| CALCIUM                | 9.1            | 8.6-10.4 mg/dL          |
| PROTEIN, TOTAL         | 7.4            | 6.1-8.1 g/dL            |
| ALBUMIN                | 4.1            | 3.6-5.1 g/dL            |
| GLOBULIN               | 3.3            | 1.9-3.7 g/dL (calc)     |
| ALBUMIN/GLOBULIN RATIO | 1.2            | 1.0-2.5 (calc)          |

CLIENT SERVICES: 866.697.8378

SPECIMEN: WX143864A

PAGE 1 OF 3

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Report Status: Final - Courtesy Copy

GRAY, DIANE

| Patient Information                                                                                          | Specimen Information                                                                                                          | Client Information                   |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>GRAY, DIANE</b><br><br><b>DOB: 08/02/1962</b> <b>AGE: 58</b><br>Gender: F    Fasting: Y<br>Patient ID: NG | Specimen: WX143864A<br>Collected: 10/15/2020 / 12:15 CDT<br>Received: 10/16/2020 / 00:52 CDT<br>Faxed: 10/23/2020 / 13:10 CDT | Client #: 22544064<br>DAM, WILLIAM C |

| Test Name             | In Range | Out Of Range | Reference Range     | Lab |
|-----------------------|----------|--------------|---------------------|-----|
| BILIRUBIN, TOTAL      | 0.4      |              | 0.2-1.2 mg/dL       |     |
| ALKALINE PHOSPHATASE  | 100      |              | 37-153 U/L          |     |
| AST                   | 18       |              | 10-35 U/L           |     |
| ALT                   | 22       |              | 6-29 U/L            |     |
| <b>HEMOGLOBIN A1c</b> | 5.5      |              | <5.7 % of total Hgb | CB  |

For the purpose of screening for the presence of diabetes:

<5.7%      Consistent with the absence of diabetes  
5.7-6.4%    Consistent with increased risk for diabetes (prediabetes)  
> or =6.5%   Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes (ADA).

|                                |      |  |                      |    |
|--------------------------------|------|--|----------------------|----|
| <b>CBC (INCLUDES DIFF/PLT)</b> |      |  |                      | CB |
| WHITE BLOOD CELL COUNT         | 7.7  |  | 3.8-10.8 Thousand/uL |    |
| RED BLOOD CELL COUNT           | 4.61 |  | 3.80-5.10 Million/uL |    |
| HEMOGLOBIN                     | 14.0 |  | 11.7-15.5 g/dL       |    |
| HEMATOCRIT                     | 41.4 |  | 35.0-45.0 %          |    |
| MCV                            | 89.8 |  | 80.0-100.0 fL        |    |
| MCH                            | 30.4 |  | 27.0-33.0 pg         |    |
| MCHC                           | 33.8 |  | 32.0-36.0 g/dL       |    |
| RDW                            | 12.0 |  | 11.0-15.0 %          |    |
| PLATELET COUNT                 | 265  |  | 140-400 Thousand/uL  |    |
| MPV                            | 12.1 |  | 7.5-12.5 fL          |    |
| ABSOLUTE NEUTROPHILS           | 4736 |  | 1500-7800 cells/uL   |    |
| ABSOLUTE LYMPHOCYTES           | 2279 |  | 850-3900 cells/uL    |    |
| ABSOLUTE MONOCYTES             | 539  |  | 200-950 cells/uL     |    |
| ABSOLUTE EOSINOPHILS           | 108  |  | 15-500 cells/uL      |    |
| ABSOLUTE BASOPHILS             | 39   |  | 0-200 cells/uL       |    |
| NEUTROPHILS                    | 61.5 |  | %                    |    |
| LYMPHOCYTES                    | 29.6 |  | %                    |    |
| MONOCYTES                      | 7.0  |  | %                    |    |
| EOSINOPHILS                    | 1.4  |  | %                    |    |
| BASOPHILS                      | 0.5  |  | %                    |    |

**PERFORMING SITE:**

CB    QUEST DIAGNOSTICS WOOD DALE, 1355 MITTEL BOULEVARD, WOOD DALE, IL 60191-1024 Laboratory Director: ANTHONY V. THOMAS, MD, CLIA: 14D0417052

CLIENT SERVICES: 866.697.8378

SPECIMEN: WX143864A

PAGE 2 OF 3

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Report Status: Final - Courtesy Copy

GRAY, DIANE

| Patient Information                                                                                                      | Specimen Information                                                                                                                                      | Client Information                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>GRAY, DIANE</b><br><br>DOB: 08/02/1962    AGE: 58<br>Gender: F    Fasting: Y<br>Phone: 847.800.8450<br>Patient ID: NG | Specimen: WX143864A<br>Requisition: 4513744<br><br>Collected: 10/15/2020 / 12:15 CDT<br>Received: 10/16/2020 / 00:52 CDT<br>Faxed: 10/16/2020 / 10:17 CDT | Client #: 22544064    4000000<br>DAM, WILLIAM C<br>DAM, WILLIAM C MD<br>214 WASHINGTON ST<br>INGLESIDE, IL 60041-9208 |

| Test Name             | In Range | Out Of Range | Reference Range | Lab |
|-----------------------|----------|--------------|-----------------|-----|
| LIPID PANEL, STANDARD |          |              |                 |     |
| CHOLESTEROL, TOTAL    |          | 207 H        | <200 mg/dL      | CB  |
| HDL CHOLESTEROL       |          | 45 L         | > OR = 50 mg/dL | CB  |
| TRIGLYCERIDES         |          | 260 H        | <150 mg/dL      | CB  |

If a non-fasting specimen was collected, consider repeat triglyceride testing on a fasting specimen if clinically indicated.  
Jacobson et al. J. of Clin. Lipidol. 2015;9:129-169.

|                        |       |              |    |
|------------------------|-------|--------------|----|
| <b>LDL-CHOLESTEROL</b> | 122 H | mg/dL (calc) | CB |
| Reference range: <100  |       |              |    |

Desirable range <100 mg/dL for primary prevention;  
<70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068  
(<http://education.QuestDiagnostics.com/faq/FAQ164>)

|                            |       |                   |    |
|----------------------------|-------|-------------------|----|
| CHOL/HDL-C RATIO           | 4.6   | <5.0 (calc)       | CB |
| <b>NON HDL CHOLESTEROL</b> | 162 H | <130 mg/dL (calc) | CB |

For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.

|                                      |    |             |    |
|--------------------------------------|----|-------------|----|
| <b>COMPREHENSIVE METABOLIC PANEL</b> |    |             | CB |
| GLUCOSE                              | 94 | 65-99 mg/dL |    |

Fasting reference interval

|                     |      |                 |
|---------------------|------|-----------------|
| UREA NITROGEN (BUN) | 18   | 7-25 mg/dL      |
| CREATININE          | 0.71 | 0.50-1.05 mg/dL |

For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.

|                        |                |                                     |
|------------------------|----------------|-------------------------------------|
| eGFR NON-AFR. AMERICAN | 94             | > OR = 60 mL/min/1.73m <sup>2</sup> |
| eGFR AFRICAN AMERICAN  | 109            | > OR = 60 mL/min/1.73m <sup>2</sup> |
| BUN/CREATININE RATIO   | NOT APPLICABLE | 6-22 (calc)                         |
| SODIUM                 | 138            | 135-146 mmol/L                      |
| POTASSIUM              | 4.0            | 3.5-5.3 mmol/L                      |
| CHLORIDE               | 107            | 98-110 mmol/L                       |
| CARBON DIOXIDE         | 22             | 20-32 mmol/L                        |
| CALCIUM                | 9.1            | 8.6-10.4 mg/dL                      |
| PROTEIN, TOTAL         | 7.4            | 6.1-8.1 g/dL                        |
| ALBUMIN                | 4.1            | 3.6-5.1 g/dL                        |
| GLOBULIN               | 3.3            | 1.9-3.7 g/dL (calc)                 |
| ALBUMIN/GLOBULIN RATIO | 1.2            | 1.0-2.5 (calc)                      |

CLIENT SERVICES: 866.697.8378

SPECIMEN: WX143864A

PAGE 1 OF 3

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Report Status: Final - Courtesy Copy

GRAY, DIANE

| Patient Information                                                                                                        | Specimen Information                                                                                                          | Client Information                   |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>GRAY, DIANE</b><br><br><b>DOB: 08/02/1962</b> <b>AGE: 58</b><br>Gender: F                  Fasting: Y<br>Patient ID: NG | Specimen: WX143864A<br>Collected: 10/15/2020 / 12:15 CDT<br>Received: 10/16/2020 / 00:52 CDT<br>Faxed: 10/16/2020 / 10:17 CDT | Client #: 22544064<br>DAM, WILLIAM C |

| Test Name            | In Range | Out Of Range | Reference Range     | Lab |
|----------------------|----------|--------------|---------------------|-----|
| BILIRUBIN, TOTAL     | 0.4      |              | 0.2-1.2 mg/dL       |     |
| ALKALINE PHOSPHATASE | 100      |              | 37-153 U/L          |     |
| AST                  | 18       |              | 10-35 U/L           |     |
| ALT                  | 22       |              | 6-29 U/L            |     |
| HEMOGLOBIN A1c       | 5.5      |              | <5.7 % of total Hgb | CB  |

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5.7-6.4%              Consistent with increased risk for diabetes (prediabetes)  
> or =6.5%           Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes (ADA).

|                         |      |  |                      |    |
|-------------------------|------|--|----------------------|----|
| CBC (INCLUDES DIFF/PLT) |      |  |                      | CB |
| WHITE BLOOD CELL COUNT  | 7.7  |  | 3.8-10.8 Thousand/uL |    |
| RED BLOOD CELL COUNT    | 4.61 |  | 3.80-5.10 Million/uL |    |
| HEMOGLOBIN              | 14.0 |  | 11.7-15.5 g/dL       |    |
| HEMATOCRIT              | 41.4 |  | 35.0-45.0 %          |    |
| MCV                     | 89.8 |  | 80.0-100.0 fL        |    |
| MCH                     | 30.4 |  | 27.0-33.0 pg         |    |
| MCHC                    | 33.8 |  | 32.0-36.0 g/dL       |    |
| RDW                     | 12.0 |  | 11.0-15.0 %          |    |
| PLATELET COUNT          | 265  |  | 140-400 Thousand/uL  |    |
| MPV                     | 12.1 |  | 7.5-12.5 fL          |    |
| ABSOLUTE NEUTROPHILS    | 4736 |  | 1500-7800 cells/uL   |    |
| ABSOLUTE LYMPHOCYTES    | 2279 |  | 850-3900 cells/uL    |    |
| ABSOLUTE MONOCYTES      | 539  |  | 200-950 cells/uL     |    |
| ABSOLUTE EOSINOPHILS    | 108  |  | 15-500 cells/uL      |    |
| ABSOLUTE BASOPHILS      | 39   |  | 0-200 cells/uL       |    |
| NEUTROPHILS             | 61.5 |  | %                    |    |
| LYMPHOCYTES             | 29.6 |  | %                    |    |
| MONOCYTES               | 7.0  |  | %                    |    |
| EOSINOPHILS             | 1.4  |  | %                    |    |
| BASOPHILS               | 0.5  |  | %                    |    |

**PERFORMING SITE:**

CB QUEST DIAGNOSTICS WOOD DALE, 1355 MITTEL BOULEVARD, WOOD DALE, IL 60191-1024 Laboratory Director: ANTHONY V. THOMAS, MD, CLIA: 14D0417052

CLIENT SERVICES: 866.697.8378

SPECIMEN: WX143864A

PAGE 2 OF 3

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| Patient Information                                                                                                | Specimen Information                                                                                                                                         | Client Information                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>GRAY, CAROL</b><br><br>DOB: 08/02/1962 AGE: 58<br>Gender: F Fasting: N<br>Phone: 847.800.8450<br>Patient ID: NG | Specimen: WX031494H<br>Requisition: 0866237<br><br>Collected: 03/11/2021 / 11:20 CST<br>Received: 03/12/2021 / 01:04 CST<br>Reported: 03/12/2021 / 03:22 CST | Client #: 22544064 4000000<br>DAM, WILLIAM C<br>DAM, WILLIAM C MD<br>214 WASHINGTON ST<br>INGLESIDE, IL 60041-9208 |

| Test Name   | In Range | Out Of Range | Reference Range | Lab |
|-------------|----------|--------------|-----------------|-----|
| TSH         | 1.08     |              | 0.40-4.50 mIU/L | CB  |
| T4, FREE    | 1.1      |              | 0.8-1.8 ng/dL   | CB  |
| VITAMIN B12 | 382      |              | 200-1100 pg/mL  | CB  |

Please Note: Although the reference range for vitamin B12 is 200-1100 pg/mL, it has been reported that between 5 and 10% of patients with values between 200 and 400 pg/mL may experience neuropsychiatric and hematologic abnormalities due to occult B12 deficiency; less than 1% of patients with values above 400 pg/mL will have symptoms.

**PERFORMING SITE:**

CB QUEST DIAGNOSTICS WOOD DALE, 1355 MITTEL BOULEVARD, WOOD DALE, IL 60191-1024 Laboratory Director: ANTHONY V. THOMAS, MD, CLIA: 14D0417052

*Handwritten signature/initials*



**Appointment Reminder**

**Carol Gray - 202108031**

**Appointment Date and Time:**

5/24/2021 *Monday*  
2:45 PM

**Appt Length:**

30

**Appt Type:**

ESTABLISHED NEURO

**Appointment Department and Provider:**

NEURO SKOKIE ACC SS

ONG, ARCHIE LIM

9650 GROSS POINT ROAD - SUITE 3900

SKOKIE IL 60076

Phone: 847-570-2570

Fax: 847-933-3520

**Patient Instructions:**

If you haven't completed Express Check-In via NorthShoreConnect prior to your appointment, please arrive 15 minutes early to update and verify your information. Bring your insurance card and any co-pay that may apply. If your insurance has changed since your last visit, you can update online via NorthShoreConnect. In addition, we recommend you call the number on the back of your card to confirm your doctor is in-network. If you need to change or cancel this appointment, please visit NorthShoreConnect or call the office.

If you received any recent imaging (x-ray, MRI, etc.) from outside of NorthShore for this condition please bring a copy of the image and the report to your appointment.

This visit may be a video or telephone visit instead of an in-office visit. If your doctor's office has told you that this visit will be a video or telephone visit, please follow the instructions the office has provided to you. If you are unsure if your visit is a video visit, telephone visit or in-office visit, please message your doctor's care team

If this is an in-office visit, please park in Yellow Parking Lot B.

DIANE GRAY  
847-800-8450

CALL BACK

LARA WEAVER  
512-535-3445

•CALLING ABOUT  
DIANE GRAY.  
•WANTS TO KNOW HOW  
THEY CAN HELP.



# AFTER VISIT SUMMARY



**Carol Gray** DoB: 8/2/1962    2/25/2021 2:45 PM    Neurology Skokie Ambulatory Care Center 847-570-2570  
Fax: 847-933-3520

## Instructions from ARCHIE ONG, MD

Brain MRI wwo contrast  
TSH, Vitamin B12  
Neuropsychiatric evaluation  
Referral to memory clinic  
Follow up with me in 3 months if brain MRI shows abnormality



### Labs ordered today

ASSAY THYROID STIM HORMONE  
Please complete by or around 2/25/2021  
Go to NORTHSORE LABORATORY

VITAMIN B12  
1 remaining until 2/25/2022  
Go to NORTHSORE LABORATORY

## Today's Visit

You saw ARCHIE ONG, MD on Thursday February 25, 2021. The following issue was addressed: Memory loss.



Blood Pressure  
157/89



BMI  
38.74



Weight  
240 lb  
(108.9 kg)



Height  
5' 6"  
(1.676 m)



Pulse  
75



Respiration  
12

BP < 140/90

## NorthShoreConnect Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://northshoreconnect.org/mychart/>, click "Sign Up Now", and enter your personal activation code: **4JMXN-64PJF**. Activation code expires 4/11/2021.



## Referrals placed today



### Referred to

MRI BRAIN W & W/O CONTRAST

### Scheduling Instructions

For CT or MRI appointments please call 888-364-6400  
MRI and CT are performed at the offices listed below

MRI & CT  
Evanston Hospital  
2650 Ridge Avenue  
Evanston, IL 60201

MRI & CT  
Highland Park Hospital  
777 Park Avenue West  
Highland Park, IL 60035

MRI & CT  
Vernon Hills Specialty Care  
225 N. Milwaukee Avenue  
Vernon Hills, IL 60061

MRI  
Northbrook Court  
1182 Northbrook Court  
Northbrook, IL 60062

MRI  
Skokie ACC  
9650 Gross Point Road  
Skokie, IL 60076

MRI & CT  
Glenbrook Hospital  
2100 Pfingsten Road  
Glenview, IL 60025

MRI & CT  
Skokie Hospital  
9600 Gross Point Road  
Skokie, IL 60076

MRI & CT  
Gurnee ACC  
7900 Rollins Road  
Gurnee, IL 60031

MRI  
Lakeshore  
680 Lakeshore Drive  
Chicago, IL 60611

*MAY 27th  
SPW*

### Referred to

NEUROPSYCHOLOGY

### Scheduling Instructions

\*Please call 911 and go to the closest ED if expressing harm to self or others.  
\*\*Please call 847-425-6400, option 2 to schedule an appointment.

### Referred to

NEUROLOGY

### Scheduling Instructions

Please call the following phone number to schedule an appointment:  
NorthShore Medical Group Neurology 847-570-2570

This document is not a guarantee of payment. Payment is contingent on eligibility and benefits available through insurance plans. Members should see in-network providers to receive maximum benefits from their insurance carrier. Contact your health plan to confirm referred to provider participation, benefits and pre-certification requirements. Note: Most insurance plans require prior authorization for this service. You may check the status of your authorization by contacting the NorthShore Pre-cert team at (847)982-4666.

## What's Next

You currently have no upcoming appointments scheduled.

Referrals placed today (continued)

## For more information on COVID-19

For more information on COVID-19 please view the following health resource:

[www.northshore.org/healthy-you/what-is-covid-19/](http://www.northshore.org/healthy-you/what-is-covid-19/)

## Allergies as of 2/25/2021

Dust Mites

Grass

## Health Maintenance

|                                  | Date Due   |
|----------------------------------|------------|
| Physical                         | 08/02/1980 |
| DTaP/Tdap/Td Vaccines (1 - Tdap) | 08/02/1981 |
| PAP SMEAR                        | 08/02/1983 |
| CHOLESTEROL SCREENING            | 08/02/1997 |
| BREAST CANCER SCREENING          | 08/02/2002 |
| GLUCOSE SCREENING                | 08/02/2006 |
| COLONOSCOPY                      | 08/02/2012 |
| FLU VACCINE (1)                  | 10/01/2020 |

## Current Health Issues as of 2/25/2021

Sialadenitis

Salivary duct stone

## Results

There are no results available from this visit.

## Changes to Your Medication List

① Accurate as of February 25, 2021 4:20 PM.

If you have any questions, ask your nurse or doctor.

### CONTINUE taking these medications

KETOCONAZOLE (TOPICAL) 2 % Shampoo

Commonly known as: NIZORAL

### To view your lab results or for additional health resources

View your test results anywhere, anytime - <http://www.northshoreconnect.org/>

For additional health resources visit our website at <http://www.northshore.org/health-resources/>

### Would you share your experience with us?

*Your perceptions and suggestions help us to continuously improve care at NorthShore. If you receive a survey by email or mail, please take a moment to share your thoughts - we read, and value your feedback!*

### NorthShore Lab Locations

To find a NorthShore lab near you visit [northshore.org/lab](http://northshore.org/lab)

### Disclaimer

Depending on where you go for your lab work, your test results may not be immediately available in NorthShoreConnect.

WILLIAM C. DAM, M.D., S.C.  
BOARD CERTIFIED INTERNAL MEDICINE  
WESTLAKE CLINIC  
214 WASHINGTON ST  
INGLESIDE, IL 60041

847-587-3004 TEL  
847-587-4325 FAX  
UPIN#D09719

DEA# BD-0944733  
LIC#036-047653  
NPI#14472-36229

NAME CAROLDINE GRAY DOB 8-2-62

ADDRESS \_\_\_\_\_ DATE 3-11-21



MRI BRAIN  
NO CONTRAST

PT'S MEMORY LOSS

REFILL NR 1 2 3 4 5

MAY SUBSTITUTE ☐

MAY NOT SUBSTITUTE ☐

 **FAXED**  
3/11/21



815-759-4090

 **FAXED**  
3/22/21



12/29/2020

Xfinity Connect Carol Gray\_s balance Printout

**Christopher Maryniuk <chris@cmmedicalbilling.com>**

12/29/2020 10:44 AM

## Carol Gray's balance

To Debbie Dam &lt;ddam3@comcast.net&gt;

Hi Debbie,

Turns out she has Meridian since 11/01/2020.

Prior to that she had BC Community Medicaid just in October (I don't know her

Prior to that she had straight Medicaid through the end of 2019 only so March and April visits totalling \$146.00 will remain her responsibility.

We never received any updates with her new insurance cards (Meridian or BC Community).

I had to check eligibility on the state Medicaid system for each month of 2020 to confirm that info.

Sincerely,

**Christopher Maryniuk**

President

**C.M. MEDICAL BILLING COMPANY**

Phone: 847-278-0860

Fax: 847-480-5840

Email: [chris@cmmedicalbilling.com](mailto:chris@cmmedicalbilling.com)

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Northwestern Medicine

NM Radiology

4201 MEDICAL CENTER DR  
MCHENRY IL 60050  
Dept: 815-344-5000  
Dept Fax: 815-759-4319

Gray, Carol Diane (MRN 111012030007)

Auth Prov: Dam,  
William C.  
Dam, William C., MD  
214 Washington St  
Ingleside IL 60041-  
9208

**Imaging Result**  
Final

Name:  
**Gray, Carol Diane**  
Exam Time:  
12/12/2020 10:06 AM  
Procedures Performed:  
Mammography Screening Bilateral  
Ordering Provider: Dam, William C.

MRN:  
111012030007  
Patient Class:  
**Outpatient**  
Diagnosis:  
Breast cancer screening by mammogram  
None Specified  
Phone: 847-587-3004

DOB:  
**8/2/1962**  
Sex:  
**Female**  
Reason for Exam:

Accession Number:  
B20MG7899525

**HISTORY:**

58 year old female presents for a screening mammogram. Patient has no documented relevant family history.

**COMPARISON:**

Prior breast examinations were compared.

**TECHNIQUE:**

Mammography Screening Bilateral

**FINDINGS:**

The breasts have scattered areas of fibroglandular density.

There are benign-appearing calcifications. There are no suspicious masses, calcifications, or areas of architectural distortion.

**IMPRESSION:**

No mammographic evidence of malignancy

**RECOMMENDATION:**

Annual screening mammography

A written summary of this mammography report in lay terms was sent to the patient.

Overall BI-RADS category: 2 - Benign

Electronically Signed By: Philip W. Gilroy, MD on 12/14/2020 12:53 PM  
Dictated by: EDI, RAD RESULTS IN on Sat Dec 12,  
2020 10:15:56 AM CST



| Patient Information                                                                                                | Specimen Information                                                                                                                                         | Client Information                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>GRAY, DIANE</b><br><br>DOB: 08/02/1962 AGE: 58<br>Gender: F Fasting: Y<br>Phone: 847.800.8450<br>Patient ID: NG | Specimen: WX143864A<br>Requisition: 4513744<br><br>Collected: 10/15/2020 / 12:15 CDT<br>Received: 10/16/2020 / 00:52 CDT<br>Reported: 10/16/2020 / 07:58 CDT | Client #: 22544064 4000000<br>DAM, WILLIAM C<br>DAM, WILLIAM C MD<br>214 WASHINGTON ST<br>INGLESIDE, IL 60041-9208 |

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| HDL CHOLESTEROL       |          | 45 L         | > OR = 50 mg/dL | CB  |
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If a non-fasting specimen was collected, consider repeat triglyceride testing on a fasting specimen if clinically indicated.  
Jacobson et al. J. of Clin. Lipidol. 2015;9:129-169.

|                        |              |              |    |
|------------------------|--------------|--------------|----|
| <b>LDL-CHOLESTEROL</b> | <b>122 H</b> | mg/dL (calc) | CB |
| Reference range: <100  |              |              |    |

Desirable range <100 mg/dL for primary prevention;  
<70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068  
(<http://education.QuestDiagnostics.com/faq/FAQ164>)

|                            |              |                   |    |
|----------------------------|--------------|-------------------|----|
| CHOL/HDL-C RATIO           | 4.6          | <5.0 (calc)       | CB |
| <b>NON HDL CHOLESTEROL</b> | <b>162 H</b> | <130 mg/dL (calc) | CB |

For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.

|                               |    |             |    |
|-------------------------------|----|-------------|----|
| COMPREHENSIVE METABOLIC PANEL |    |             | CB |
| GLUCOSE                       | 94 | 65-99 mg/dL |    |

Fasting reference interval

|                     |      |                 |
|---------------------|------|-----------------|
| UREA NITROGEN (BUN) | 18   | 7-25 mg/dL      |
| CREATININE          | 0.71 | 0.50-1.05 mg/dL |

For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.

|                        |                |                         |
|------------------------|----------------|-------------------------|
| eGFR NON-AFR. AMERICAN | 94             | > OR = 60 mL/min/1.73m2 |
| eGFR AFRICAN AMERICAN  | 109            | > OR = 60 mL/min/1.73m2 |
| BUN/CREATININE RATIO   | NOT APPLICABLE | 6-22 (calc)             |
| SODIUM                 | 138            | 135-146 mmol/L          |
| POTASSIUM              | 4.0            | 3.5-5.3 mmol/L          |
| CHLORIDE               | 107            | 98-110 mmol/L           |
| CARBON DIOXIDE         | 22             | 20-32 mmol/L            |
| CALCIUM                | 9.1            | 8.6-10.4 mg/dL          |
| PROTEIN, TOTAL         | 7.4            | 6.1-8.1 g/dL            |
| ALBUMIN                | 4.1            | 3.6-5.1 g/dL            |
| GLOBULIN               | 3.3            | 1.9-3.7 g/dL (calc)     |
| ALBUMIN/GLOBULIN RATIO | 1.2            | 1.0-2.5 (calc)          |





| Patient Information                                                                                          | Specimen Information                                                                                                             | Client Information                   |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>GRAY, DIANE</b><br><br><b>DOB: 08/02/1962</b> <b>AGE: 58</b><br>Gender: F    Fasting: Y<br>Patient ID: NG | Specimen: WX143864A<br>Collected: 10/15/2020 / 12:15 CDT<br>Received: 10/16/2020 / 00:52 CDT<br>Reported: 10/16/2020 / 07:58 CDT | Client #: 22544064<br>DAM, WILLIAM C |

| Test Name            | In Range | Out Of Range | Reference Range     | Lab |
|----------------------|----------|--------------|---------------------|-----|
| BILIRUBIN, TOTAL     | 0.4      |              | 0.2-1.2 mg/dL       |     |
| ALKALINE PHOSPHATASE | 100      |              | 37-153 U/L          |     |
| AST                  | 18       |              | 10-35 U/L           |     |
| ALT                  | 22       |              | 6-29 U/L            |     |
| HEMOGLOBIN A1c       | 5.5      |              | <5.7 % of total Hgb | CB  |

For the purpose of screening for the presence of diabetes:

<5.7%      Consistent with the absence of diabetes  
5.7-6.4%    Consistent with increased risk for diabetes (prediabetes)  
> or =6.5%   Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes (ADA).

|                         |      |  |                      |  |    |
|-------------------------|------|--|----------------------|--|----|
| CBC (INCLUDES DIFF/PLT) |      |  |                      |  | CB |
| WHITE BLOOD CELL COUNT  | 7.7  |  | 3.8-10.8 Thousand/uL |  |    |
| RED BLOOD CELL COUNT    | 4.61 |  | 3.80-5.10 Million/uL |  |    |
| HEMOGLOBIN              | 14.0 |  | 11.7-15.5 g/dL       |  |    |
| HEMATOCRIT              | 41.4 |  | 35.0-45.0 %          |  |    |
| MCV                     | 89.8 |  | 80.0-100.0 fL        |  |    |
| MCH                     | 30.4 |  | 27.0-33.0 pg         |  |    |
| MCHC                    | 33.8 |  | 32.0-36.0 g/dL       |  |    |
| RDW                     | 12.0 |  | 11.0-15.0 %          |  |    |
| PLATELET COUNT          | 265  |  | 140-400 Thousand/uL  |  |    |
| MPV                     | 12.1 |  | 7.5-12.5 fL          |  |    |
| ABSOLUTE NEUTROPHILS    | 4736 |  | 1500-7800 cells/uL   |  |    |
| ABSOLUTE LYMPHOCYTES    | 2279 |  | 850-3900 cells/uL    |  |    |
| ABSOLUTE MONOCYTES      | 539  |  | 200-950 cells/uL     |  |    |
| ABSOLUTE EOSINOPHILS    | 108  |  | 15-500 cells/uL      |  |    |
| ABSOLUTE BASOPHILS      | 39   |  | 0-200 cells/uL       |  |    |
| NEUTROPHILS             | 61.5 |  | %                    |  |    |
| LYMPHOCYTES             | 29.6 |  | %                    |  |    |
| MONOCYTES               | 7.0  |  | %                    |  |    |
| EOSINOPHILS             | 1.4  |  | %                    |  |    |
| BASOPHILS               | 0.5  |  | %                    |  |    |

#### PERFORMING SITE:

CB QUEST DIAGNOSTICS WOOD DALE, 1355 MITTEL BOULEVARD, WOOD DALE, IL 60191-1024 Laboratory Director: ANTHONY V. THOMAS, MD, CLIA: 14D0417052



William C. Dam M.D., S.C.  
214 Washington St.  
Ingleside II 60041

Routine Urinalysis

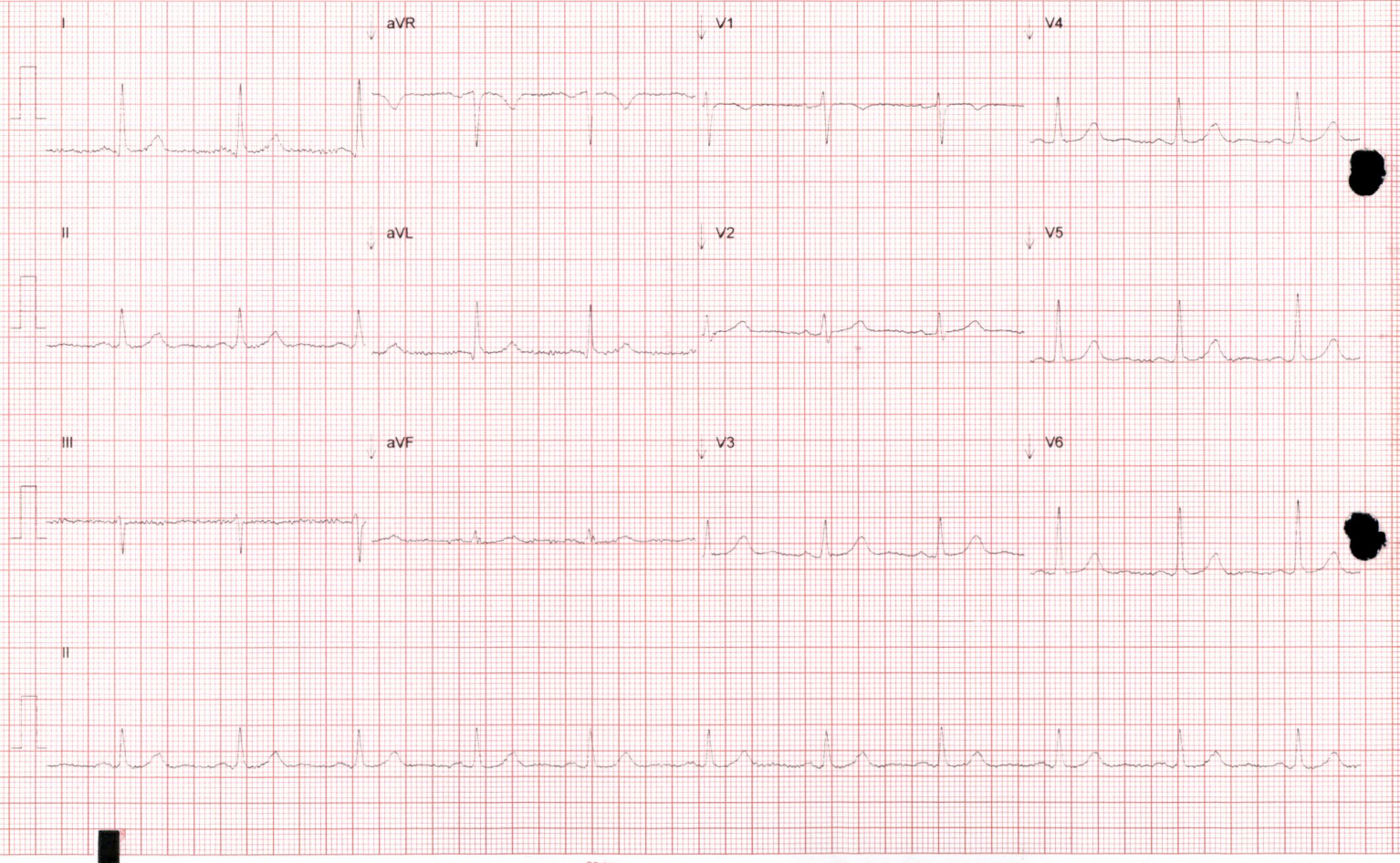
|                             |                |                 |
|-----------------------------|----------------|-----------------|
| PT Name: <u>Gray, Diane</u> | LEU: <u>ny</u> | BLO: <u>ny</u>  |
| DOB: <u>8/2/62</u>          | NIT: <u>ny</u> | SG: <u>1.00</u> |
| DATE: <u>10/15/20</u>       | URO: <u>ny</u> | KET: <u>ny</u>  |
|                             | PRO: <u>ny</u> | BIL: <u>ny</u>  |
|                             | PH: <u>6.5</u> | GLU: <u>ny</u>  |

---

ID: Name: Gray, Diane  
DOB: 8/2/1962 (58 yr)  
Gender: Female

10/15/2020 10:15:03 AM  
P/PR: 148/162 ms  
QRS: 104 ms  
QT/QTc: 410/433 ms  
P/QRS/T Axis: 35/12/25 deg  
Heart Rate: 67 BPM

Unconfirmed Report





 DONALD C.  
**STINESPRING**  
 & ASSOCIATES  
ATTORNEYS AT LAW

June 17, 2020

Via Facsimile: 847-587-4325

Dr. William Dam

ATTN: Medical/Billing Records Clerk

214 Washington Street

Ingleside, IL 60041

 **completed**

mailed  
6-26-20  
CH

Re: Patient: CAROL GRAY  
Date of Birth: 8/2/1962  
Request: Medical records and billing

Dear Sir or Madam:

Please be advised that our firm represents Carol Gray with regard to injuries she sustained on September 18, 2019.

Pursuant to 735 ILCS 5/8-2001(e), we respectfully request the following in an electronic format (preferably via e-mail – [donjr@stinespring.com](mailto:donjr@stinespring.com)):

1. A complete copy of her chart, including, but not limited to, *all physician office notes, telephone logs, progress reports, consult reports, medication logs, diagnostic and lab studies, kardex, list of approved abbreviations, and correspondence contained in his file dated September 18, 2019 to present*
2. Itemized bills for services rendered from September 18, 2019 to present.

Enclosed is a duly executed medical authorization that permits disclosure of medical information for Ms. Gray. This authorization does not give you permission to discuss your treatment of her with anyone other than a representative of this law firm. You will be compensated for any copying fees pursuant to 735 ILCS 5/8-2001(d).

If you have any questions, please telephone our office. Thank you for your prompt attention to this request.

Sincerely,



DONALD C. STINESPRING, JR.

DCS:tb  
Enclosure

P.O. Box 382, Richmond, Illinois 60071  
Phone: 815.678.4553 Fax: 815.678.4601  
[www.stinespring.com](http://www.stinespring.com)

**HIPAA Privacy Authorization  
For Disclosure of Protected Health Information  
Relevant to Litigation or Pending Claims**

Patient's Name: Carol GrayAddress: 34809 N. Augustana Ave., Ingleside, IL 60041Date of Birth: 8/2/1962

1. I make this Authorization for the purpose of copying records in connection with a lawsuit or claim to which I am a party.
2. This authorization is directed to and applies to protected health information maintained by:

Dr. William Dam

3. I hereby authorize the above, its directors, administrative and clinical staff or assignees, medical information services and billing departments to release any and all medical records and information from my date of birth to the present unless specified otherwise, relating to my care and treatment including x-rays, photographs, electronic and digital files and any other records, unless I expressly direct or specify otherwise I understand that medical information may include records, if any, relating to treatment for alcohol and drug abuse protected under the regulations in 42 C.F.R. Part 2; psychiatric/psychological services and social work records and any information regarding communicable diseases and infections, tuberculosis, venereal diseases, sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) or ARC.

4. This information is to be released for copying purposes to:

Donald C. Stinespring & Associates, P.O. Box 382, 5414 Hill Rd., Richmond, IL 60071 or their agent,

5. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by the Federal Privacy Rules.

6. This authorization shall be in force and in effect until the conclusion of the pending litigation or claim unless otherwise specified.

7. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

8. I understand that authorizing the release of this health information is voluntary and that I need not sign this form in order to ensure health care treatment, eligibility for benefits, payments or health plan enrollment.

9. A copy of this authorization is as valid as the original. I understand that if I agree to sign this authorization that I may receive a copy. I understand that I have a right to inspect or receive a copy of the health information that I have authorized be used or disclosed by this authorization form.

**All Pertinent Sections of This Form Must Be Completed Before Signing**

6/17/2020

Date

Carol Gray

Signature of Patient

Carol Gray

Print Name of Patient

Relationship



## Vista Medical Center Ambulatory Care Center

1050 Red Oak Ln  
Lindenhurst, IL 60046-  
(847) 356-4700

**Patient:** DIANE, CAROL  
**MRN:** 006271218  
**Account #:** VE3326375  
**Service Code:** EO1 ER OP LINDENHURST  
**Room #:**                      **Bed #:**

**Adm Date:** 6/8/2019  
**Attending:** DAVENPORT, WILLIAM G MD  
**Primary Care:** DAM, WILLIAM  
**DOB/Sex:** 8/2/1962 Female  
**Copy to:** DAM, WILLIAM

## ED Documents Physician

**Result Type:** ED Documents Physician  
**Result Date:** 6/8/2019 01:13 CDT  
**Result Status:** Auth (Verified)  
**Result Title:** Dog bite of hand  
**Performed By:** DAVENPORT, WILLIAM G MD (6/10/2019 23:00 CDT)  
**Verified By:** DAVENPORT, WILLIAM G MD (6/10/2019 23:00 CDT);  
Oversen, Daniel Ed Scribe (6/8/2019 01:55 CDT); Oversen,  
Daniel Ed Scribe (6/8/2019 01:54 CDT)

## Dog bite of hand

**Patient:** DIANE, CAROL      **MRN:** 006271218      **FIN:** VE3326375  
**Age:** 56 years    **Sex:** Female    **DOB:** 8/2/1962  
**Associated Diagnoses:** Dog bite  
**Author:** DAVENPORT, WILLIAM G MD

## Basic Information

**Time seen:** Date & time 06/08/2019 01:03:00.

**History source:** Patient.

**Arrival mode:** Walking.

**History limitation:** None.

**Additional information:** Chief Complaint from Nursing Triage Note : Chief Complaint

6/8/2019 00:54 CDT    Chief Complaint    dog bite R hand. Her dog was attacked by neighbors dog pt tried to stop the attack and bit .

## History of Present Illness

The patient presents with dog bite. 56 year old female presents to the Emergency Department for evaluation of dog bite prior to arrival. Patient complains of small puncture wounds to the right hand. She states her neighbors pit bull attacked her own dog, requiring her to intervene, leading to her injury. Patient is right handed. There are no other active complaints at this time..

## Review of Systems

**Constitutional symptoms:** Negative except as documented in HPI.

**Skin symptoms:** puncture wounds, dog bite, right hand.

**Eye symptoms:** Negative except as documented in HPI.

**ENMT symptoms:** Negative except as documented in HPI.

**Respiratory symptoms:** Negative except as documented in HPI.

**Cardiovascular symptoms:** Negative except as documented in HPI.

**Gastrointestinal symptoms:** Negative except as documented in HPI.

**Genitourinary symptoms:** Negative except as documented in HPI.

**Musculoskeletal symptoms:** Negative except as documented in HPI.

**Neurologic symptoms:** Negative except as documented in HPI.

**Psychiatric symptoms:** Negative except as documented in HPI.

**Endocrine symptoms:** Negative except as documented in HPI.

**Hematologic/Lymphatic symptoms:** Negative except as documented in HPI.

**Allergy/immunologic symptoms:** Negative except as documented in HPI.

## Health Status

**Allergies:**

Allergic Reactions (Selected)

Print Date/Time: 6/11/2019 07:58 CDT

Report Request ID: 366094824

Page 1 of 4

**Patient:** DIANE, CAROL  
**MRN:** 006271218  
**Account #:** VE3326375  
**Service Code:** EO1 ER OP LINDENHURST  
**Room #:**                      **Bed #:**

**Adm Date:** 6/8/2019  
**Attending:** DAVENPORT, WILLIAM G MD  
**Primary Care:** DAM, WILLIAM  
**DOB/Sex:** 8/2/1962 Female  
**Copy to:** DAM, WILLIAM

### ED Documents Physician

No Known Allergies.

**Medications:** (Selected)

Prescriptions

*Prescribed*

Augmentin 875 mg-125 mg oral tablet: 1 tab(s), Oral, q12H, for 7 day(s), 14 tab(s), 0 Refill(s).

**Past Medical/ Family/ Social History**

**Procedure history:** Include procedure history

No active procedure history items have been selected or recorded..

**Family history:**

No family history items have been selected or recorded..

**Social history:**

**Social & Psychosocial Habits**

Lives at home.

**Physical Examination**

**Vital Signs**

Vital Signs

6/8/2019 00:54 CDT

|                                 |                    |
|---------------------------------|--------------------|
| ED Temperature                  | 98.4 DegF          |
| Temperature Method              | Oral               |
| Respiratory Rate                | 14 br/min          |
| ED Pulse Rate                   | 86 bpm             |
| ED Pulse Method                 | Peripheral Pulse   |
| <b>Systolic Blood Pressure</b>  | <b>144 mmHg HI</b> |
| <b>Diastolic Blood Pressure</b> | <b>105 mmHg HI</b> |
| Mean Arterial Pressure, Cuff    | 118 mmHg           |

**Measurements**

6/8/2019 00:54 CDT

|                              |           |
|------------------------------|-----------|
| Patient Height in            | 66 in     |
| Patient Weight               | 99.789 kg |
| Ideal Body Weight Calculated | 59.3 kg   |
| Patient Height               | 167.64 cm |
| Patient Weight Pounds        | 220 lb    |

**Basic Oxygen Information**

6/8/2019 00:54 CDT

|                |          |
|----------------|----------|
| Oxygen Therapy | Room air |
| SpO2           | 98 %     |

Normal pulse ox on room air..

**General:** Alert, no acute distress.

**Skin:** Warm, dry, Patient with puncture wounds to the forearm and dorsum of the right hand, base of the right thumb and 2nd digit. Laceration to the ulnar aspect of the right hand near the hypothenar eminence.

**Head:** Normocephalic, atraumatic.

**Neck:** Supple.

**Eye:** Pupils are equal, round and reactive to light, extraocular movements are intact.

**Ears, nose, mouth and throat:** Oral mucosa moist.

**Cardiovascular:** Regular rate and rhythm, No murmur.

**Respiratory:** Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.

**Gastrointestinal:** Soft, Nontender, Non distended.

**Back:** Nontender, Normal range of motion.

**Musculoskeletal:** Normal ROM, flexion and extension of right hand intact.

**Neurological:** Alert and oriented to person, place, time, and situation, No focal neurological deficit observed.

**Psychiatric:** Cooperative, appropriate mood & affect.

**Patient:** DIANE, CAROL  
**MRN:** 006271218  
**Account #:** VE3326375  
**Service Code:** EO1 ER OP LINDENHURST  
**Room #:**                      **Bed #:**

**Adm Date:** 6/8/2019  
**Attending:** DAVENPORT, WILLIAM G MD  
**Primary Care:** DAM, WILLIAM  
**DOB/Sex:** 8/2/1962 Female  
**Copy to:** DAM, WILLIAM

### ED Documents Physician

#### Medical Decision Making

**Documents reviewed:** Emergency department nurses' notes.

**Orders** Launch Order Profile (Selected)

##### Inpatient Orders

##### *Ordered*

Discharge Patient:

ED Histories/Screenings:

##### *Completed*

Augmentin 875 mg-125 mg oral tablet: 1 tab(s), Oral, Once

tetanus/diphtheria/pertussis, acel (Tdap) 5 units-2 units-15.5 mcg/0.5 mL intramuscular suspension....: 0.5 mL, IM, One Time

Unscheduled

##### Prescriptions

##### *Prescribed*

Augmentin 875 mg-125 mg oral tablet: 1 tab(s), Oral, q12H, for 7 day(s), 14 tab(s), 0 Refill(s).

#### Reexamination/ Reevaluation

Time: 06/08/2019 01:12:00 .

#### Vital signs

Basic Oxygen Information

6/8/2019 00:54 CDT

Oxygen Therapy  
SpO2

Room air  
98 %

Notes: Patient's wound thoroughly cleaned with soap and water. Patient instructed to return to the ER immediately if swelling worsens, if she starts with a fever, or increased swelling. Patient will be given Rx of Augmentin and receive her first dose here. Discussed all results, diagnosis and discharge plan with patient. Patient understood and is stable for discharge..

#### Impression and Plan

##### Diagnosis

Dog bite (ICD10-CM W54.0XXA, Discharge, Emergency medicine, Medical)

##### Plan

**Condition:** Stable.

**Disposition:** Discharged: Time 06/08/2019 01:12:00, to home, Dispositioned by: Time: 06/08/2019 01:12:00, DAVENPORT, WILLIAM G MD.

**Prescriptions:** Launch Meds List (Selected)

##### Prescriptions

##### *Prescribed*

Augmentin 875 mg-125 mg oral tablet: 1 tab(s), Oral, q12H, for 7 day(s), 14 tab(s), 0 Refill(s).

**Patient was given the following educational materials:** Animal Bite, Easy-to-Read.

**Follow up with:** LAUREN SNOWER Within 1 to 2 days.

**Counseled:** Patient, Family, Regarding diagnosis, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

#### Addendum

By signing my name below, I, Daniel Oversen, attest that this documentation has been prepared under the direction and in the presence of William Davenport, MD. Electronically signed: Daniel Oversen, Scribe. 06/08/2018.

I Dr. William Davenport, personally performed the services described in this documentation. All medical record entries made by the scribe were at my direction and in my presence. I have reviewed the chart and discharge instructions (if applicable) and agree that the record reflects my personal performance and is accurate and complete. William Davenport, MD.

**Patient:** DIANE, CAROL  
**MRN:** 006271218  
**Account #:** VE3326375  
**Service Code:** EO1 ER OP LINDENHURST  
**Room #:** **Bed #:**

**Adm Date:** 6/8/2019  
**Attending:** DAVENPORT,WILLIAM G MD  
**Primary Care:** DAM,WILLIAM  
**DOB/Sex:** 8/2/1962 Female  
**Copy to:** DAM,WILLIAM

***ED Documents Physician***

Electronically Signed on 06/10/2019 23:00 CDT

DAVENPORT, WILLIAM G MD

Modified by: Oversen, Daniel Ed Scribe on 06/08/2019 01:54 CDT

Modified by: Oversen, Daniel Ed Scribe on 06/08/2019 01:55 CDT



**WILLIAM C. DAM M.D.**

*Internal Medicine*

**214 WASHINGTON STREET  
INGLESIDE, ILLINOIS 60041  
PHONE: 847-587-3004  
FAX: 847-587-4325**

October 15, 2019

RE: Carol Diane Gray  
DOB: 08/02/1962

To Whom It May Concern:

This patient suffered a serious  
September 18, 2019. She also  
scars will be permanent.

Diane  
Carol Gray  
847-800-8450  
  
Did you write  
Letter for  
her about Dog  
bite

If you should have any questions, please contact our office at the above phone number.

Regards,



William C. Dam, M.D

**WILLIAM C. DAM M.D.**

*Internal Medicine*

214 WASHINGTON STREET

INGLESIDE, ILLINOIS 60041

PHONE: 847-587-3004

FAX: 847-587-4325

October 15, 2019

RE: Carol Diane Gray

DOB: 08/02/1962

To Whom It May Concern:

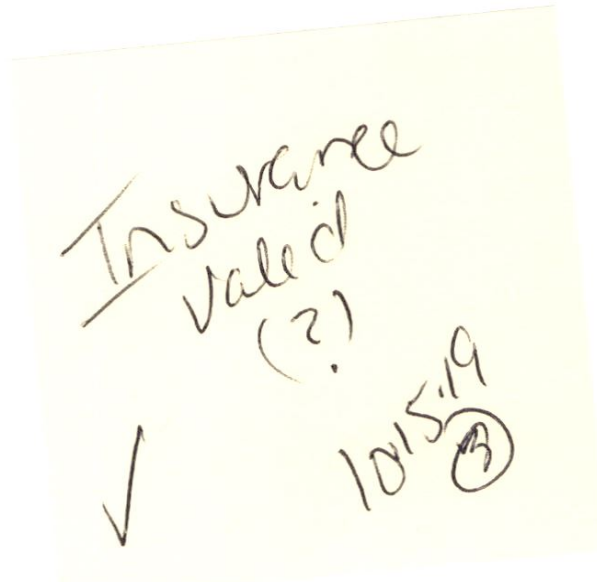
This patient suffered a serious dog bite lacerations requiring antibiotics on September 18, 2019. She also suffered emotional trauma due to the bite and the scars will be permanent.

If you should have any questions, please contact our office at the above phone number.

Regards,



William C. Dam, M.D





QuestQuantum™

Report Status: Final  
GRAY, CAROL DIANE

| Patient Information                                                                                                                                   | Specimen Information                                                                                                                             | Client Information                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>GRAY, CAROL DIANE</b><br><b>DOB: 08/02/1962 AGE: 55</b><br>Gender: F<br>Phone: 847.800.8450<br>Patient ID: CG080262<br>Health ID: 8573019141195750 | Specimen: WX497341U<br>Requisition: 0001339<br><br>Collected: 03/31/2018<br>Received: 03/31/2018 / 23:26 CDT<br>Reported: 04/01/2018 / 11:19 CDT | Client #: 22544064 4000000<br>DAM, WILLIAM C<br>DAM, WILLIAM C MD<br>214 WASHINGTON ST<br>INGLESIDE, IL 60041-9208 |

| Test Name                     | In Range | Out Of Range | Reference Range | Lab |
|-------------------------------|----------|--------------|-----------------|-----|
| COMPREHENSIVE METABOLIC PANEL |          |              |                 | CB  |
| GLUCOSE                       |          | 106 H        | 65-99 mg/dL     |     |

*prediabetes  
not short*

Fasting reference interval

For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.

|                     |      |                 |
|---------------------|------|-----------------|
| UREA NITROGEN (BUN) | 14   | 7-25 mg/dL      |
| CREATININE          | 0.71 | 0.50-1.05 mg/dL |

For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.

|                         |                |                         |
|-------------------------|----------------|-------------------------|
| eGFR NON-AFR. AMERICAN  | 96             | > OR = 60 mL/min/1.73m2 |
| eGFR AFRICAN AMERICAN   | 111            | > OR = 60 mL/min/1.73m2 |
| BUN/CREATININE RATIO    | NOT APPLICABLE | 6-22 (calc)             |
| SODIUM                  | 139            | 135-146 mmol/L          |
| POTASSIUM               | 4.3            | 3.5-5.3 mmol/L          |
| CHLORIDE                | 107            | 98-110 mmol/L           |
| CARBON DIOXIDE          | 23             | 20-31 mmol/L            |
| <b>CALCIUM</b>          |                | 8.6-10.4 mg/dL          |
| PROTEIN, TOTAL          | 6.8            | 6.1-8.1 g/dL            |
| ALBUMIN                 | 3.9            | 3.6-5.1 g/dL            |
| GLOBULIN                | 2.9            | 1.9-3.7 g/dL (calc)     |
| ALBUMIN/GLOBULIN RATIO  | 1.3            | 1.0-2.5 (calc)          |
| BILIRUBIN, TOTAL        | 0.5            | 0.2-1.2 mg/dL           |
| ALKALINE PHOSPHATASE    | 71             | 33-130 U/L              |
| AST                     | 14             | 10-35 U/L               |
| ALT                     | 15             | 6-29 U/L                |
| CBC (INCLUDES DIFF/PLT) |                |                         |
| WHITE BLOOD CELL COUNT  | 9.8            | 3.8-10.8 Thousand/uL    |
| RED BLOOD CELL COUNT    | 4.20           | 3.80-5.10 Million/uL    |
| HEMOGLOBIN              | 13.1           | 11.7-15.5 g/dL          |
| HEMATOCRIT              | 38.7           | 35.0-45.0 %             |
| MCV                     | 92.1           | 80.0-100.0 fL           |
| MCH                     | 31.2           | 27.0-33.0 pg            |
| MCHC                    | 33.9           | 32.0-36.0 g/dL          |
| RDW                     | 12.2           | 11.0-15.0 %             |
| PLATELET COUNT          | 295            | 140-400 Thousand/uL     |
| MPV                     | 11.7           | 7.5-12.5 fL             |
| ABSOLUTE NEUTROPHILS    | 7771           | 1500-7800 cells/uL      |
| ABSOLUTE LYMPHOCYTES    | 1431           | 850-3900 cells/uL       |
| ABSOLUTE MONOCYTES      | 510            | 200-950 cells/uL        |
| ABSOLUTE EOSINOPHILS    | 69             | 15-500 cells/uL         |
| ABSOLUTE BASOPHILS      | 20             | 0-200 cells/uL          |
| NEUTROPHILS             | 79.3           | %                       |
| LYMPHOCYTES             | 14.6           | %                       |
| MONOCYTES               | 5.2            | %                       |
| EOSINOPHILS             | 0.7            | %                       |

8.5 L

CB

CLIENT SERVICES: 866.697.8378

Printed by: SPECIMEN: WX497341U 4:45am.

PAGE 1 OF 2

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NORTHERN ILL. CLINICAL LAB., LTD. MC HENRY, IL.

SPECIAL INFORMATION

| X | TEST                        | RESULT | RECORDED BY                      | DATE                              | ROOM NO. (ADDRESS) | HOSP. NO. | PHYSICIAN | DATE |
|---|-----------------------------|--------|----------------------------------|-----------------------------------|--------------------|-----------|-----------|------|
|   | ALPHA FETOPROTEIN           |        |                                  |                                   |                    |           |           |      |
|   | ARTHRITIC PROFILE           |        | <input type="checkbox"/> ROUTINE | <input type="checkbox"/> DO TODAY |                    |           |           |      |
|   | CARDIOVASCULAR PROFILE      |        | <input type="checkbox"/> STAT    |                                   |                    |           |           |      |
|   | FECES OCCULT                |        | COL. BY                          | RESL.                             |                    |           |           |      |
|   | GLYCOHEMOGLOBIN             |        |                                  |                                   |                    |           |           |      |
|   | HCG SERUM QUAL.             |        | X                                |                                   |                    |           |           |      |
|   | HCG SERUM QUANT.            |        |                                  |                                   |                    |           |           |      |
|   | HEPATITIS B <sub>2</sub> Ab |        |                                  |                                   |                    |           |           |      |
|   | HEPATITIS B <sub>2</sub> Ag |        |                                  |                                   |                    |           |           |      |
|   | HIV ANTIBODY                |        |                                  |                                   |                    |           |           |      |
|   | NEONATAL METABOLIC TESTS    |        |                                  |                                   |                    |           |           |      |
|   | ABO GROUP                   |        |                                  |                                   |                    |           |           |      |
|   | Rh (D) FACTOR               |        |                                  |                                   |                    |           |           |      |
|   | ANTIBODY SCREEN             |        |                                  |                                   |                    |           |           |      |

IF IMPRINT PLATE NOT USED  
PRINT HERE

ROOM NO. (ADDRESS)

HOSP. NO. Carol Diane Grey

PHYSICIAN

DATE 3-21-18

| X | TEST                                | RESULT (FOR LABORATORY USE ONLY) |
|---|-------------------------------------|----------------------------------|
|   | PHLEBOTOMY                          |                                  |
|   | SEMIN ANALYSIS                      |                                  |
|   | SWEAT CHLORIDE                      |                                  |
|   | Strep                               |                                  |
|   | REFERRED TEST — SEE ATTACHED REPORT |                                  |

Date/Time Received

Date/Time Reported

MISC. LABORATORY



WILLIAM C DAM MDSC

214 Washington St Ingleside Il 60041

847-587-3004 P 847-587-4325 F

NAME: Carol Gray

DOB: \_\_\_\_\_

DATE: 5-27-17

GLU: Neg

BIL: Neg

KET: Neg

SG: 1000

BLO: Neg

<sup>PH</sup>  
LEU: 6.5

NIT: Trace

URO: 0.2

PRO: Neg

<sup>LEU</sup>  
<sup>PH</sup> 15+

DEC 21 2015

**SELF PAY**

01/22/2015

Crystal Lake

GRAY, Carol D.  
D.O.B. 08/02/1962

DATE OF ONSET OF SYMPTOMS: 10/11/14.

DIAGNOSIS: Left ring soft tissue mallet finger.

INTERVAL HISTORY: The patient is doing well. She is pleased with her recovery. She does have more extension. She states she has been doing the splinting for the past four weeks and has improved her overall alignment and she is pleased with her recovery. She does do a significant amount of activity with her fingers in terms of a Martial Arts instructor and she was wondering if therapy can be done to strengthen her finger.

PHYSICAL EXAMINATION: Examination of the left ring finger shows the skin is intact. She does have significantly improved alignment of the DIP joint. There is also a mass noted over the dorsal aspect of the middle phalanx. She can make a full composite fist and fully extend her digits. Her hand is warm and well perfused. There is some mild tenderness over the ulnar aspect of her ring finger middle phalanx. There are no skin changes noted.

IMPRESSION / PLAN: 52-year-old female with:

1. Left ring soft tissue mallet finger.
2. Left ring finger dorsal middle phalanx mass.

The patient was informed of the diagnosis. I explained to her that the mass could be an independent finding or it could be from the scar tissue. The patient will keep an eye on it. She will call with any questions or concerns. She was given a prescription for therapy to work on intrinsic strengthening. She will follow-up on a prn basis. If the mass changes characteristics she will give me a call.

Priyesh D. Patel, M.D. / McHenry County Orthopaedics, SC  
dictated, signed, not reviewed, D: 01/22/15 a.m., T: 01/23/15 cmf

c: William Dam, M.D.

Faxed by        (initials)

1/23/15  
M

Patel

507  
calling  
1/28



McHENRY COUNTY ORTHOPAEDICS, S.C.  
*Keeping Bodies in Motion*

420 N. Route 31 Crystal Lake, IL 60012 815.356.5200 fax 815.356.5262

12/09/2014

Crystal Lake

GRAY, Carol D.  
D.O.B: 08/02/1962

DATE OF ONSET OF SYMPTOMS: 10/11/2014.

DIAGNOSIS: Left ring soft tissue mallet finger.

INTERVAL HISTORY: The patient is doing well. She had a total of nine weeks of extension splinting as opposed to the six as there was still residual lag noted at the last visit. She is pleased with her recovery.

PHYSICAL EXAMINATION: On physical examination of the left long finger, the mallet finger has corrected significantly. She does have a small extensor lag noted, but overall improvement has been significant.

On physical examination of the left ring finger, skin is intact. Sensation is present to light touch with brisk capillary refill. She cannot make a full composite fist.

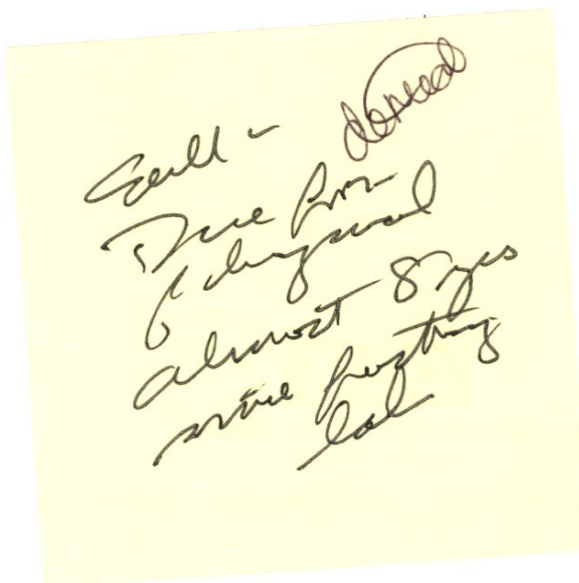
ASSESSMENT: Patient is a 52-year-old female with left ring soft tissue mallet finger.

PLAN: The patient will work on range of motion and increase activities. She will discontinue full time splinting and switch to night time splinting only. She expressed understanding of the plan and she will call with concerns. I will plan on seeing her back in six weeks for a final check.

Priyesh D. Patel, M.D. / McHenry County Orthopaedics, SC  
Dictated, signed, not reviewed, D: 12/09/2014 am, T: 12/09/2014 kmb

C: Dr. William Dam

faxed \_\_\_\_\_ (initials)



x 815.356.5262

12



11/18/2014

Crystal Lake

GRAY, Carol D.  
D.O.B: 08/02/1962

DATE OF ONSET OF SYMPTOMS: 10/11/2014.

DIAGNOSIS: Left ring soft tissue mallet finger.

INTERVAL HISTORY: The patient has had splinting and she is pleased with her recovery. She still has some extensor lag noted.

PHYSICAL EXAMINATION: On physical examination, overall skin is intact. There is an extensor lag noted of approximately 15 degrees. I am passively able to correct it. Sensation is present to light touch with brisk capillary refill. There are no signs of skin breakdown noted.

ASSESSMENT: Patient is a 52-year-old female with a left ring soft tissue mallet finger.

PLAN: The patient will continue with extension splinting for an additional two to three weeks. I will plan on seeing her back in clinic in three weeks for a repeat clinical evaluation. She was given additional splints to help with the extension. The patient expressed understanding of the plan and will call with any concerns in the interim.

Priyesh D. Patel, M.D. / McHenry County Orthopaedics, SC  
Dictated, signed, not reviewed, D: 11/18/2014 am, T: 11/18/2014 kmb

C: Dr. William Dam

faxed \_\_\_\_\_ (initials)  
/

11/20/14  
/

W.D.  
11-21



MCHEMRY COUNTY ORTHOPAEDICS, S.C.  
*Keeping Bodies in Motion*

420 N. Route 31 Crystal Lake, IL 60012 815.356.5200 fax 815.356.5262

10/21/2014

Crystal Lake

GRAY, Carol D.  
D.O.B: 08/02/1962

DATE OF ONSET OF SYMPTOMS: 10/11/2014.

DIAGNOSIS: Left ring soft tissue mallet finger.

INTERVAL HISTORY: The patient is doing well and she has been tolerating the splinting well. She states that it is more annoying than anything, but she has tolerated it well.

PHYSICAL EXAMINATION: On physical examination of the left ring finger with the splint removed, overall skin is intact. There are no signs of skin necrosis noted. There is some maceration over the palmar aspect. Range of motion was not performed.

ASSESSMENT: Patient is a 52-year-old female with a left ring soft tissue mallet finger.

PLAN: The patient will work on range of motion and increase activities as tolerated. She was given another splint and some Coban wrap as requested. She will return to clinic in four weeks. She demonstrated understanding of how to take the splint on and off and she will call with concerns. In four weeks when she returns, we will plan on switching her to nighttime splinting only. She expressed understanding of the plan.

Priyesh D. Patel, M.D. / McHenry County Orthopaedics, SC  
Dictated, signed, not reviewed, D: 10/21/2014 am, T: 10/21/2014 kmb

C: Dr. William Dam

faxed \_\_\_\_\_ (initials)

10/23/14

*[Handwritten signature]*

*[Handwritten signature]*



MCHENRY COUNTY ORTHOPAEDICS, S.C.  
*Keeping Bodies in Motion*

420 N. Route 31 Crystal Lake, IL 60012 815.356.5200 fax 815.356.5262

10/14/2014

Crystal Lake

GRAY, Carol Diane  
D.O.B: 08/02/1962

DATE OF ONSET OF SYMPTOMS: 10/11/2014.

CHIEF COMPLAINT: Left ring finger injury.

HISTORY OF PRESENT ILLNESS: The patient is a 52-year-old right-hand dominant female who is a martial arts instructor who sustained an injury during a lesson and had a left ring finger injury. The patient initially had pain that was 1-2/10, but currently she has no pain. She complains of decreased range of motion and inability to extend at the DIP joint.

PAST MEDICAL / SURGICAL HISTORY AND REVIEW OF SYSTEMS: Past medical history: Significant for asthma. Past orthopedic injuries: Right meniscus tear. Past surgical history: Right meniscus repair in 1979. **Current medications: Antibiotics for which she cannot recall. Allergies: No known medical allergies.** Family history: Negative in her mother and history of stroke in her father. Social History: The patient is divorced, does not smoke, and socially drinks alcohol. She is a martial arts instructor. She is self-employed. Review of systems: She complains of difficulty sleeping. She complains of anxious feelings and shortness of breath and rash for which she is on the antibiotic for. She complains of generalized joint pain.

PHYSICAL EXAMINATION: The patient is 5'6" tall and weighs 220 pounds. Pulse is 64. On examination of her left ring finger, overall skin is intact. She has a flexion deformity at the DIP joint consistent with a soft tissue mallet injury. There is a mild swan neck deformity noted, but it corrects with straightening of the DIP joint. She can make a full composite fist. She has very minimal pain on palpation over the dorsal aspect of the DIP joint. Her fingers are warm and well-perfused.

RADIOLOGY: X-rays, three views of the left ring finger reviewed from Centegra Health System from 10/11/2014 demonstrates no acute fractures or dislocations. There is a soft tissue mallet finger noted.

ASSESSMENT: Patient is a 52-year-old female with a left ring soft tissue mallet finger.

PLAN: The patient was informed of her diagnosis. Based on her symptoms, I have recommended splinting vs. surgical intervention. I have recommended splinting. She was placed into an extension splint. She was educated on how to take the splint on and off and she will call with any questions or concerns. I will

10/16/14  
M

WJ  
10/16

**MCO**

McHENRY COUNTY ORTHOPAEDICS, S.C.  
*Keeping Bodies in Motion*

420 N. Route 31 Crystal Lake, IL 60012 815.356.5200 fax 815.356.5262

10/14/2014  
GRAY, Carol Diane  
D.O.B: 08/02/1962  
Page Two

Crystal Lake

plan on seeing her back in clinic in one to two weeks for a repeat clinical evaluation to make sure she is splinting appropriately. The patient will do six weeks of full time splinting and six weeks of nighttime splinting. She will call with any concerns.

Priyesh D. Patel, M.D. / McHenry County Orthopaedics, SC  
Dictated, signed, not reviewed, D: 10/14/2014 am, T: 10/14/2014 kmb

C: Dr. William Dam

faxed        (initials)

10/16/14  
M



May-22-07 06:52am From-ENH AMB SURG

+18477335134

T-507 P.001/001 F-340



Ambulatory Surgery  
Evanston Hospital

**FAX COVER**

Date: 5-22

From:

To: Dr Dan

Sarb

Phone:

Phone: (847) 570-1280

Fax: 587-4325

Fax: (847) 733-5134

Pages (including cover):

Message:

Please fax HRP for:

GRAY, CAROL  
SELIGMAN, ILANA  
2021080317123

08/02/62 F



Her surgery is 5-23

Thanks

If you did not receive the number of pages listed, please call (847) 570-2150.

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William C. Dam MD, S.C.

The Westlake Clinic

214 Washington Street

Ingleside, IL 60041

847 587-4224

## FINANCIAL POLICY

**Patients have primary responsibility for payment of services.**

**If you have health insurance**

- Make sure to give us current and accurate insurance information,
- We will file your insurance claims.
- If your insurance fails to respond within six weeks, you will be required to pay your bill in full.
- We always refund duplicate payments and overpayments to the patient.

**If you do not have health insurance**

- Do not expect credit unless it is has been agreed to in advance.
- Payment is due at time of service.

I authorize direct payment of insurance benefits to William C. Dam, MD, S.C. for services rendered.

I authorize William C. Dam MD, S.C. to release medical information necessary to process my insurance claim.

I understand that a rebilling fee of eight dollars will be charged for balances over sixty days old.

I understand that I am responsible for further charges incurred if my account is sent to a collection agency

Patient

Patient or Responsible party

Date

3/26/2010

## PATIENT CONSENT FORM

**WILLIAM C. DAM M.D., S.C.**  
214 WASHINGTON ST.  
INGLESIDE, IL 60041  
(847)587-3004

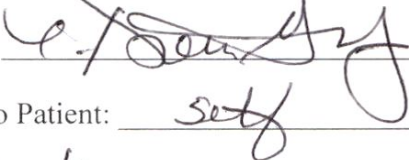
I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPPA) I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow –up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physical certifications.

I have been informed by you of your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such *Notice of Privacy Practice* prior to signing this consent. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address below to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing anytime, except to the extent that you have taken action relying on this consent.

Patient Name: CAROL DIANE GRAY  
Signature:   
Relationship to Patient: Self  
Date: 3/26/2010



## Medical Group

Mark E. Gerber, MD, FACS, FAAP  
Section Head, Pediatric Otolaryngology

Ilana Seligman, MD, FACS, FAAP

Amy Ronan, APN, CPNP

Patricia Klos, RN

### Pediatric Otolaryngology - Head and Neck Surgery

1000 Central Street, Suite 610  
Evanston, IL 60201

Children's Memorial Pediatric Specialty Services at Glenbrook Hospital  
2150 Pfingsten Rd  
Glenview, IL 60026

(847) 570-1360

(847) 733-5360 fax

June 7, 2007

WILLIAM DAM, MD  
214 Washington St  
Ingleside, IL 60041

Re: Carol Gray  
DOB: 8/2/1962

Dear Dr. Dam:

I had the pleasure of seeing and evaluating your patient, Carol Gray, in the office. The progress note from the visit are as follows. Please don't hesitate to call with questions. All best wishes.

Carol Gray is a 44YO female  
s/p excision of left submandibular gland 2 weeks ago. She had the drain removed the next day and is doing well.

Her neck wound is healing well with a healing ridge and no fluid collection.  
No stones palpated on oral exam  
No oral lesions or adenopathy

Will f/u 3 months and call if any problems arise  
Her pathology was chronic sialadenitis

Sincerely,

Ilana Seligman, MD, FACS, FAAP

A handwritten signature in black ink, appearing to read "Ilana Seligman", with a stylized flourish at the end.





Quest on Demand™

PATIENT INFORMATION  
**GRAY, DIANE**REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED

ORDERING PHYSICIAN

**DAM, WILLIAM**DOB: 08/02/1962 Age: 44  
GENDER: F Fasting: UREPORTED: 03/13/2007 04:27  
COLLECTED: 03/12/2007 00:00

| Test Name                                        | In Range | Out of Range | Reference Range     | Lab |
|--------------------------------------------------|----------|--------------|---------------------|-----|
| CBC (H/H, RBC, INDICES,<br>WBC, PLT) (Continued) |          |              |                     |     |
| HEMATOCRIT                                       | 39.0     |              | 35.0-45.0 %         |     |
| MCV                                              | 92.0     |              | 80.0-100.0 fL       |     |
| MCH                                              | 31.7     |              | 27.0-33.0 pg        |     |
| MCHC                                             | 34.5     |              | 32.0-36.0 g/dL      |     |
| RDW                                              | 12.6     |              | 11.0-15.0 %         |     |
| PLATELET COUNT                                   | 300      |              | 140-400 Thousand/uL |     |
| T-4, FREE                                        | 1.1      |              | 0.8-1.8 ng/dL       | CB  |

## Performing Laboratory Information:

CB Quest Diagnostics-Chicago 1355 Mittel Blvd Wood Dale IL 60191 Laboratory Director: Anthony V. Thomas, M.D.

GRAY, DIANE - WX889519V

Page 2 - End of Report

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May-18-07 11:54am From-ENH AMB SURG

+18477335134

T-486 P.001/001 F-239

+18477335134

T-486 P.001/001 F-234



Ambulatory Surgery  
Evanston Hospital

FAX COVER

Date: 5/18/07

To: Dr. Dam

Phone:

Fax: 847-587-4325

Pages (including cover):

Message: Please fax pt H&P for surgery  
on 5/23/07. Please call if she has not been  
seen in last 30 days.

Theresa  
Hendi.

\* Sorry, busy day it is. Carol Gray. 8-2-02.

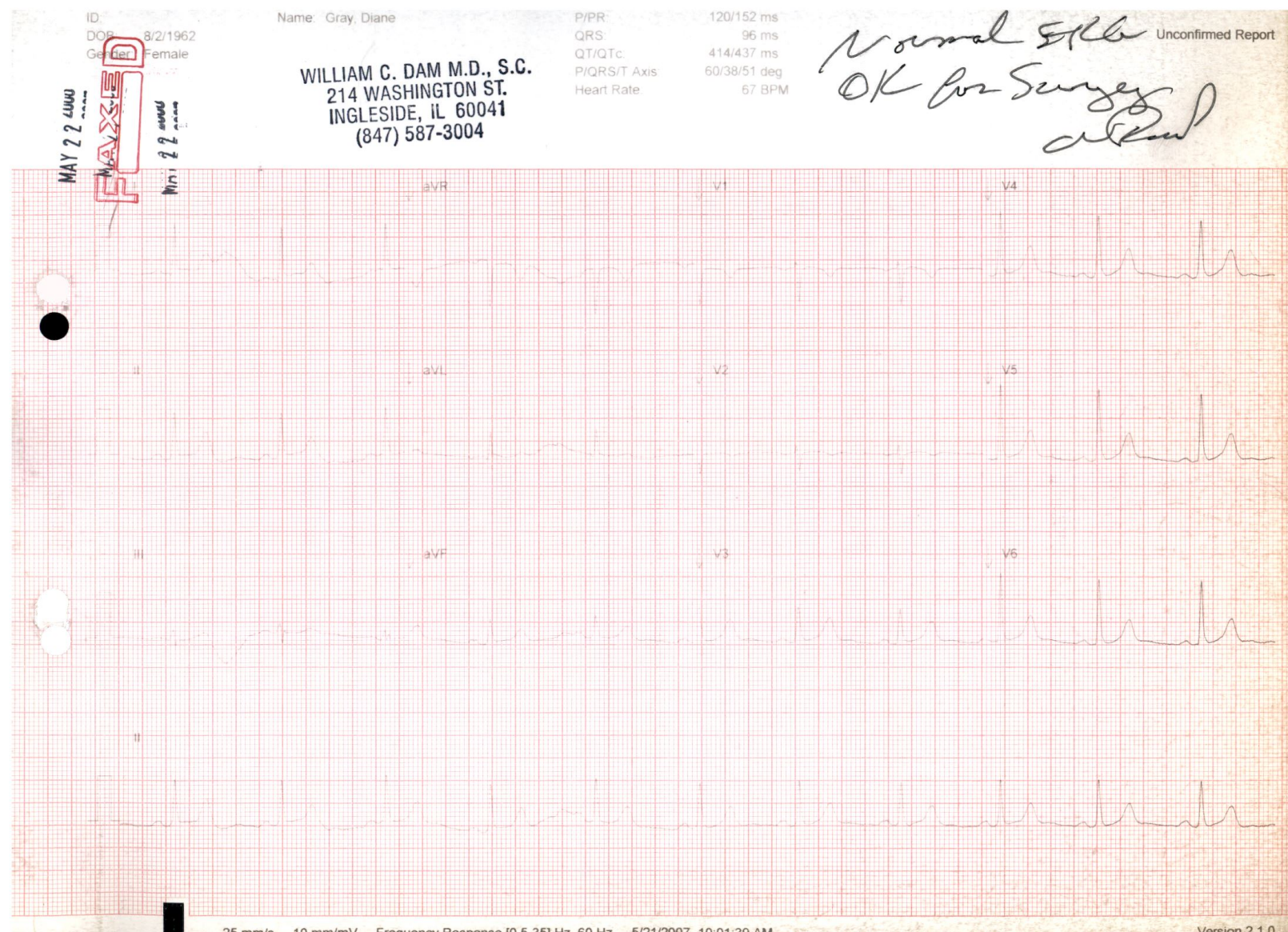
\* I'm sorry but pls PT NAME <sup>or</sup> D.O.B. <sub>#</sub>

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Evanston Hospital Glenbrook Hospital Highland Park Hospital ENH Medical Group ENH Home Services ENH Research Institute







**WILLIAM C. DAM, M.D., S.C.**  
 214 WASHINGTON STREET  
 INGLESIDE, ILLINOIS 60041  
 847-587-3004

Patient name:  
**DIANE GRAY**  
 DOB:

**8-2-62**

**MAILED**

### HISTORY & PHYSICAL

[This form is to be used for patient stays of 48 hours or less, general spinal, regional anesthesia and IV sedation procedure.]

#### History:

History of

Present Illness:

Surgical Indications:

Recurrent Obstruction @ Salivary Gland

Comorbidities:

Past History:

- Medical/Surgical:

- Social/Drug:

- Anesthetic:

- Family:

Knee Surgery '78 / Umbilical Hernia '02  
Sm 1/2 pk 5th week

F-Olex, M-W 45th - W

Allergies:

Medications:

NKA  
DM 20030

Pediatrics - Immunizations Up-To-Date:

YES

NO

If no, explain:

Review of Systems:

### PHYSICAL EXAMINATION:

|                | WNL                                 |                         |
|----------------|-------------------------------------|-------------------------|
| General:       | <input checked="" type="checkbox"/> |                         |
| Mental Status: | <input checked="" type="checkbox"/> |                         |
| HEENT:         | <input checked="" type="checkbox"/> | <u>Mild pain @ Oral</u> |
| Chest:         | <input checked="" type="checkbox"/> | <u>Clear</u>            |
| Heart:         | <input checked="" type="checkbox"/> | <u>No murmur</u>        |
| Abdomen:       | <input checked="" type="checkbox"/> | <u>Obes</u>             |
| Genitalia:     | <input checked="" type="checkbox"/> |                         |
| Extremities:   | <input checked="" type="checkbox"/> |                         |
| Neuro:         | <input checked="" type="checkbox"/> |                         |
| Other:         |                                     |                         |

ASSESSMENT/DIAGNOSIS:

PLAN:

1) SALIVARY GLAND OBSTRUCTION (SIALADENITIS)  
2) ALLERGIC RHINITIS  
3) Smoking addiction

PHYSICIAN SIGNATURE

DATE





Quest on Demand™

**PATIENT INFORMATION**  
**GRAY, DIANE**
REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED

 DOB: 08/02/1962 Age: 44  
 GENDER: F Fasting: U

ORDERING PHYSICIAN

**DAM, WILLIAM**

## SPECIMEN INFORMATION

 SPECIMEN: WX889519V  
 REQUISITION: 6613856  
 LAB REF NO:

PHONE: 8479730412

CLIENT INFORMATION

 22544064  
 DAM, WILLIAM C MD  
 214 WASHINGTON ST  
 INGLESIDE, IL 60041-9208

**FAXED**  
**MAY 22 2007**

 COLLECTED: 03/12/2007 00:00  
 RECEIVED: 03/13/2007 01:33  
 REPORTED: 03/13/2007 04:27

| Test Name                                                                                                                                              | In Range | Out of Range               | Reference Range         | Lab |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------|-------------------------|-----|
| LIPID PANEL                                                                                                                                            |          |                            |                         |     |
| TRIGLYCERIDES                                                                                                                                          | 115      |                            | <150 mg/dL              | CB  |
| CHOLESTEROL, TOTAL                                                                                                                                     | 191      |                            | 125-200 mg/dL           | CB  |
| HDL CHOLESTEROL                                                                                                                                        | 49       |                            | > OR = 40 mg/dL         | CB  |
| LDL-CHOLESTEROL                                                                                                                                        | 119      |                            | <130 mg/dL (calc)       | CB  |
| DESIRABLE RANGE <100 MG/DL FOR PATIENTS WITH CHD OR DIABETES AND <70 MG/DL FOR DIABETIC PATIENTS WITH KNOWN HEART DISEASE.                             |          |                            |                         |     |
| CHOL/HDLRATIO                                                                                                                                          | 3.9      |                            | < OR = 5.0 (calc)       | CB  |
| COMPREHENSIVE METABOLIC PANEL W/EGFR                                                                                                                   |          |                            |                         | CB  |
| GLUCOSE                                                                                                                                                | 95       |                            | 65-99 mg/dL             |     |
|                                                                                                                                                        |          | FASTING REFERENCE INTERVAL |                         |     |
| UREA NITROGEN (BUN)                                                                                                                                    | 12       |                            | 7-25 mg/dL              |     |
| CREATININE                                                                                                                                             | 0.8      |                            | 0.5-1.2 mg/dL           |     |
| GFR ESTIMATED                                                                                                                                          | >60      |                            | > OR = 60 mL/min/1.73m2 |     |
| IF THE PATIENT IS AFRICAN-AMERICAN, PLEASE MULTIPLY THIS RESULT BY 1.21. THIS RESULT HAS BEEN CALCULATED ASSUMING THE PATIENT IS NON-AFRICAN AMERICAN. |          |                            |                         |     |
| BUN/CREATININE RATIO                                                                                                                                   | 15       |                            | 6-22 (calc)             |     |
| SODIUM                                                                                                                                                 | 139      |                            | 135-146 mmol/L          |     |
| POTASSIUM                                                                                                                                              | 4.6      |                            | 3.5-5.3 mmol/L          |     |
| CHLORIDE                                                                                                                                               | 105      |                            | 98-110 mmol/L           |     |
| CARBON DIOXIDE                                                                                                                                         | 26       |                            | 21-33 mmol/L            |     |
| CALCIUM                                                                                                                                                | 9.1      |                            | 8.6-10.2 mg/dL          |     |
| PROTEIN, TOTAL                                                                                                                                         | 7.1      |                            | 6.2-8.3 g/dL            |     |
| ALBUMIN                                                                                                                                                | 4.0      |                            | 3.6-5.1 g/dL            |     |
| GLOBULIN                                                                                                                                               | 3.1      |                            | 2.2-3.9 g/dL (calc)     |     |
| ALBUMIN/GLOBULIN RATIO                                                                                                                                 | 1.3      |                            | 1.0-2.1 (calc)          |     |
| BILIRUBIN, TOTAL                                                                                                                                       | 0.3      |                            | 0.2-1.2 mg/dL           |     |
| ALKALINE PHOSPHATASE                                                                                                                                   | 62       |                            | 33-115 U/L              |     |
| AST                                                                                                                                                    | 14       |                            | 10-30 U/L               |     |
| ALT                                                                                                                                                    | 17       |                            | 6-40 U/L                |     |
| CBC (H/H, RBC, INDICES, WBC, PLT)                                                                                                                      |          |                            |                         | CB  |
| WHITE BLOOD CELL COUNT                                                                                                                                 | 5.5      |                            | 3.8-10.8 Thousand/uL    |     |
| RED BLOOD CELL COUNT                                                                                                                                   | 4.24     |                            | 3.80-5.10 Million/uL    |     |
| HEMOGLOBIN                                                                                                                                             | 13.5     |                            | 11.7-15.5 g/dL          |     |

GRAY, DIANE - WX889519V

Page 1 - Continued on Page 2

Printed by Care360 AutoReceive on 03/13/07 at 03:45am.

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## Medical Group

Mark E. Gerber, MD, FACS, FAAP  
Section Head, Pediatric Otolaryngology

Ilana Seligman, MD, FACS, FAAP

Amy Ronan, APN, CPNP

Patricia Klos, RN

**Pediatric Otolaryngology - Head and Neck Surgery**  
1000 Central Street, Suite 610  
Evanston, IL 60201

Children's Memorial Pediatric Specialty Services at Glenbrook Hospital  
2150 Pfingsten Rd  
Glenview, IL 60026

(847) 570-1360  
(847) 733-5360 fax

March 13, 2007

WILLIAM DAM, MD  
214 Washington St  
Ingleside, IL 60041

Re: Carol Gray  
DOB: 8/2/1962

Dear Dr. Dam:

I had the pleasure of seeing and evaluating your patient, Carol Gray, in the office. The progress note from the visit are as follows. Please don't hesitate to call with questions. All best wishes.

Carol Gray is a 44YO female with PMH significant for asthma who presents with the complaint of a left neck mass. She first noticed the swelling or mass in August. It appeared intermittently with eating and usually would go away about 20 min after eating. She saw an ENT in 12/06 who told her she had a stone in her salivary gland duct and to suck on Jolly Ranchers. She denies any pain or tenderness, fever, chills, weight loss, dysphagia, hoarseness, SOB, or any other symptoms. On Saturday, 3 days ago, the swelling reappeared and has not gone away since. She believes she can feel a stone in the duct on the floor of her left oral cavity.

PMH: Asthma (diagnosed 12/06)  
PSH: Umbilical hernia repair 5 years ago, medial meniscus 1973  
Allergies: NKDA  
Meds:  
FH: no family hx of head or neck cancer  
SH: denies smoking, EtOH 2-3 wine/wk  
Patient presents with:  
NECK SWELLING

Primary Physician: WILLIAM DAM, MD  
No current outpatient prescriptions on file.

Changes in past medical history: none  
Developmental issues: none

Page 1 of 2      **Patient:** Carol Gray      **DOB:** 8/2/1962

Additional ROS: negative for Const, HEENT, NEURO, GI, DEV, PSYCH

Exam: general wnl

Head: normocephalic, atraumatic

Eyes: EOMI

Ears: Auricles and Canals: clear; TM's: wnl

Nose: External, mucosa, turbinates and septum are normal Mouth/teeth: normal dentition for age, firm palpable submandibular gland duct on left floor of oral cavity below the tongue, no other oropharyngeal lesions or masses visualized or palpated

Throat: no erythema or exudates

Neck: supple, large 7-8 cm nontender, firm, mobile, left submandibular mass consistent with swollen submandibular gland

Neuro: active and alert

Impression: 44-yo F with Sialadenitis of L submandibular gland likely due to obstructed duct, possibly due to an obstructing stone

Plan: Recommend surgical removal of left submandibular gland if stone does not extrude spontaneously in the next month. Would like to see a CT scan to r/o underlying disease. Patient is traveling to Peru in the coming month and will return to clinic for surgical consultation or schedule surgery upon returning.

Sincerely,

Ilana Seligman, MD, FACS, FAAP



*DIANE*  
Gray, Carol (MR # 2021080)

## Results History

CT NECK (SOFT TISSUE) W/O &amp; W CONTRAST (Order# 74635353)

| Entry Information | Entry Date and Time | Lab Status   |
|-------------------|---------------------|--------------|
|                   | 3/14/2007 8:17 AM   | Final result |

**Component Results**

**Text:**  
Exam: CT NECK SOFT TISSUES BEFORE AND AFTER CONTRAST INFUSION, 03/13/07

Indications: Sialadenitis.

Technique: Before and after intravenous infusion of iodinated contrast, 3 mm contiguous axial images of neck soft tissues were obtained. Scan range on postcontrast images extended from hard palate to thoracic inlet.

Comparison: No prior.

Findings:  
Left submandibular gland is enlarged and edematous with also edema in the adjacent submandibular fat. There is mild thickening of left platysma muscle. A small calcified structure measuring approximately 3 mm in the anterior floor of mouth on the left likely represents a Wharton's duct stone. Right submandibular gland is unremarkable.

Parotid glands have essentially normal imaging features. Small nodular densities adjacent to the superficial lobes of the parotid gland likely represent normal sized periparotid lymph nodes. There is one mildly enlarged left jugulodigastric lymph node which measures 16 mm in long axis dimension, slightly over the upper limit of normal. Left-sided anterior submandibular lymph nodes are slightly more prominent than right but are within normal limits of size for nodes in this location.

There are no focal masses of the upper aerodigestive tract.

A small focus of fat is present in the left thyroid lobe and there is a small low-density nonspecific lesion in the right thyroid lobe measuring approximately 6 mm. Correlate with thyroid ultrasound if clinically warranted.

Incidental note is made of what appears to be a small amount of fluid in the left maxillary antrum and in the right side of the sphenoid sinus with some mucosal thickening also in the left maxillary antrum. Paranasal sinuses were only partially scanned. Bone windows show no areas of bone destruction.

**IMPRESSION:**

- Findings are consistent with sialadenitis involving the left submandibular gland. Associated with this is finding of densely calcified structure measuring approximately 3 mm in the anterior floor of mouth on the left likely representing a left Wharton's duct stone.
- There is one mildly enlarged left jugulodigastric lymph node.
- Fluid in the paranasal sinuses may indicate acute inflammation of paranasal sinuses.

| Entry Information | Entry Date and Time | Lab Status |
|-------------------|---------------------|------------|
|                   | 3/13/2007 2:25 PM   | In process |

| Entry Information | Entry Date and Time | Lab Status |
|-------------------|---------------------|------------|
|                   | 3/13/2007 2:23 PM   | In process |

Gray, Carol (MR # 202108031) Printed by SELIGMAN, ILANA [1848] at 3/14/07 1:00 ... Page 1 of 2



OCT 22 2001

JAN 18 2002

MAR 01 2002

MAR 04 2002



Blue Cross Blue Shield  
of Illinois

An Independent Licensee of the Blue Cross and Blue Shield Association  
DIRECT MARKET



Gray, C. Diane

Identification No. P2

Group No. P2350

S BC/BS

SSN. 281-50-6247



NAQ-RI-6975-1

Gray, Diane

\* Cough meds  
request

Walgreens

FL #847/587-

8222

TO THE  
hospitalization  
emergency  
Adviser  
service

PT # 847/800-8450

Take note: prescribe  
Nasacort<sup>®</sup> today!  
(triamcinolone acetonide) nasal spray

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TO HOSPITALS and PHYSICIANS: Please use  
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An Association of Independent Blue Cross and Blue Shield Plans  
• Registered Service Mark of Blue Cross and Blue Shield of Illinois

MARTIN J. KAPLAN, M.D.  
MARK E. KAPLAN, M.D.



STACIE McMURTRY, M.D.  
LISA SULLIVAN, M.D.  
SANDRA DENMAN, P.A. - C.

January 6, 2007

**ALLERGY & ASTHMA CONSULTANTS, LTD.**

WEBSITE: WWW.ALLERGY-ASTHMA-CONSULTANTS.COM

Dr. William Dam  
214 Washington  
Ingleside, IL 60040

Re: C. Diane Gray  
DOB: 8/2/62

Dear Dr. Dam,

Diane was seen in our office today. She states that she has a 2-month history of chronic cough, post nasal drip and dyspnea on exertion. She has been treated with 2 sets of antibiotics (? names) without improvement. She has also been wheezing since October. She describes herself as previously healthy up until this fall with no complaints of allergies or RAD in the past.

As you know, Diane is a 44 yo woman with a past medical history significant for a full term birth, healthy infancy and childhood, s/p meniscus surgery (17 yo), s/p umbilical surgery ('02), and a recent suspected salivary gland blockage on the left since September. She has had no ER visits or hospitalizations for atopic conditions. She has had no chronic or unusual infections. She has no problems with food. Current medications include Azmacort 2 p BID, Benadryl PRN, Aleve PRN, Midol PRN. NKDA. Family history is positive for atopy in brother. Social history is negative for tobacco use and smoke exposure. Other allergic risk factors include 5 tropical birds (many years, none new), carpeting in the bedroom and open windows at home. She is a mother of 2 grown children (19 yo, 22 yo) and works from home. She is also pursuing a black belt in karate, but has noted some dyspnea lately. Review of systems was otherwise negative.

PE revealed a well appearing woman in no distress but with frequent coughing. She had an allergic crease and her posterior oropharynx showed cobblestoning. She had a prolonged expiratory phase but lungs were otherwise clear. Exam was otherwise unremarkable.

Skin testing (prick and intradermal) to 45 midwestern aeroallergens was positive for dust mites, ragweed, cat, grass weeds, trees and mildly positive to molds.

Spirometry showed an FEV1=63% with an increase of 16% post albuterol.

My impression:

1. Allergic rhinitis to multiple triggers. I have recommended the following:

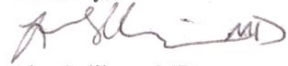
Allergic precautions  
Zyrtec 10 mg q hs  
Nasonex 2 sp ea nos q d  
Follow up in 1 month

2. Reactive airway disease of new onset. Moderate persistent asthma with allergic triggers is likely, now with an acute exacerbation. I would also consider triggers such as infection, GERD and NSAID intolerance. The above treatment should help. I have also added:

Screening CXR  
Prednisone burst of 40 mg qd x 5 days  
Asmanex 2 inh qhs  
NSAID avoidance for a trial

Thank you for your referral and cooperation in the care of this patient.

Sincerely,

  
Lisa Sullivan, MD



1160 PARK AVENUE WEST  
HIGHLAND PARK, IL 60035  
(847) 432-0200  
FAX: (847) 432-0201

1800 HOLLISTER DRIVE  
LIBERTYVILLE, IL 60048  
(847) 549-7711  
FAX: (847) 549-1020

36100 N. BROOKSIDE DRIVE  
GURNEE, IL 60031  
(847) 855-1570  
FAX: (847) 855-1890

## ***CENTEGRA HEALTH SYSTEM***

### **Northern Illinois Medical Center**

**01/09/2007 10025 CHEST PAL 1174942**

**HISTORY:** Asthma, cough.

The heart is normal in size with normal pulmonary vessels. There is a vague, thin, linear scar or atelectasis in the left lung base. The lungs are otherwise clear. No obvious mucous plugs are seen. There is no pleural effusion or pneumonia. There is mild scoliosis.

**IMPRESSION:** Minor linear abnormality in the left lung base be it a scar or atelectasis. Otherwise normal chest with mild scoliosis.

cc: William Dam, M.D.  
Spiridon Gerolimatos, M.D.

SULLIVAN, LISA M.

FAX TO 847-432-020 Electronically Authenticated  
Spiridon Gerolimatos, M.D. 01/10/2007 07:26

D 01/09/2007

T 01/09/2007 11:00 P / jrd

*Callul*  
*"Doris"*  
*1/15*  
*as*

### **RADIOLOGY REPORT**

MR # 000-31-62-32 Acct # 0700900342 DB: 08/02/1962 Spiridon Gerolimatos, M.D.

JMR

Page 1 of 1

**GRAY, CAROL DIANE**

Copy for William Dam, M.D.



**CENTEGRA HEALTH SYSTEM**

Northern Illinois Medical Center

**06/08/2004****20030 BILATERAL SCREENING****MAMMOGRAPHY 659477****HISTORY:**

41 year old G4, P2 with no breast complaints.

**Comparison:** The patient reports prior studies performed at Condell Medical Center of Libertyville, Illinois approximately six years ago. These are not available for comparison.

**Findings:** Standard screening views demonstrate heterogeneously dense breast parenchyma. There are no dominant nodules, areas of architectural distortion or suspicious calcifications which would suggest malignancy. Skin and nipple contours are normal and there is no skin thickening. Coarse typically benign appearing calcifications of the right breast are noted.

A comparison to the known prior outside exams would be helpful to confirm stability of the parenchymal pattern. An addendum report can be dictated when and if these are submitted for comparison.

**IMPRESSION:**

1. No findings to suggest malignancy. A comparison to outside mammogram would be helpful as discussed above. Otherwise, recommend routine screening mammography.
2. Bi-Rads category 1.

Up to 10% of all breast tumors cannot be routinely visualized by mammography. A negative mammographic examination should not preclude biopsy if there is a dominant or clinically suspicious mass palpable.

**BI-RADS:** (American College of Radiology Breast Imaging – Reporting and Database System)

**Provisional Assessment Category:**

**Category 0:** Breast imaging evaluation is not complete. Specific recommendations for further evaluation could include comparison to previous mammograms, additional mammographic views, sonography or other imaging modalities as discussed in detail in the mammogram report. A final assessment category will be assigned at the conclusion of the work-up.

**Final Assessment Categories:**

MR # 000-31-62-32 Acct # 0414800017 DB: 08/02/1962

D 06/09/2004

**RADIOLOGY REPORT**

T 06/09/2004 10:56 P vc

JMR William Dam, M.D.

Page 1 of 2

**GRAY, DIANE C**

Copy for William Dam, M.D.

Philip Gilroy, M.D.

*Called 4/11*  
*Best copy*  
*Condell*  
*Diagrams*  
*CS*



## SPECIAL INFORMATION

| SPECIAL INFORMATION |                             |                  |                                                                    | NAME <u>Diane Gray</u>                  |                |
|---------------------|-----------------------------|------------------|--------------------------------------------------------------------|-----------------------------------------|----------------|
| ROOM NO. (ADDRESS)  |                             |                  |                                                                    | HOSP. NO. <u>Strep Positive</u>         |                |
| PHYSICIAN           |                             |                  |                                                                    | DATE                                    |                |
| X                   | TEST                        | RESULT           | REQUISITIONED BY                                                   | IF IMPRINT PLATE NOT USED<br>PRINT HERE |                |
|                     | ALPHA FETOPROTEIN           |                  | TIME                                                               |                                         |                |
|                     | ARTHRITIC PROFILE           |                  | <input type="checkbox"/> ROUTINE <input type="checkbox"/> DO TODAY |                                         |                |
|                     | CARDIOVASCULAR PROFILE      |                  | <input type="checkbox"/> STAT                                      |                                         |                |
|                     | FECES OCCULT                |                  | COLL. BY                                                           | TECH.                                   |                |
|                     | GLYCOHEMOGLOBIN             |                  |                                                                    |                                         |                |
|                     | HCG SERUM QUAL.             | X                | TEST                                                               | X                                       | TEST           |
|                     | HCG SERUM QUANT.            |                  | BODY FLUID                                                         |                                         | PHLEBOTOMY     |
|                     | HEPATITIS B <sub>s</sub> Ab | SOURCE           |                                                                    |                                         | SEMEN ANALYSIS |
|                     | HEPATITIS B <sub>s</sub> Ag | CELL CT. & DIFF. |                                                                    |                                         | SWEAT CHLORIDE |
|                     | HIV ANTIBODY                | PROTEIN          |                                                                    |                                         |                |
|                     | NEONATAL METABOLIC TESTS    | GLUCOSE          |                                                                    |                                         |                |
|                     | ABO GROUP                   | CRYSTALS         |                                                                    |                                         |                |
|                     | Rh (D) FACTOR               |                  |                                                                    |                                         |                |
|                     | ANTIBODY SCREEN             |                  |                                                                    |                                         |                |

☐ REFERRED TEST — SEE ATTACHED REPORT

Date/Time Received

Date/Time Reported

MISC. LABORATORY

## **CENTEGRA HEALTH SYSTEM**

Northern Illinois Medical Center

**03/16/2003**

**10025 CHEST PA AND LATERAL 473622**

**HISTORY:**

40-year old with cough.

**Findings:**

There are no prior chest films at this institution for comparison.

The lungs are clear and well expanded. The heart size and

pulmonary vessels are normal in caliber.

**IMPRESSION:**

**Normal chest.**

cc: William Dam, M.D.  
Philip Gilroy, M.D.  
Copy Rad

Electronically Authenticated  
Philip Gilroy, M.D. 03/17/2003 17:13

*Called Amy 3/18*

MR # 000-31-62-32 Acct # 0307500060 DB: 08/02/1962

D 03/17/2003

**RADIOLOGY REPORT**

T 03/17/2003 2:26 P jb

JMR William Dam, M.D.

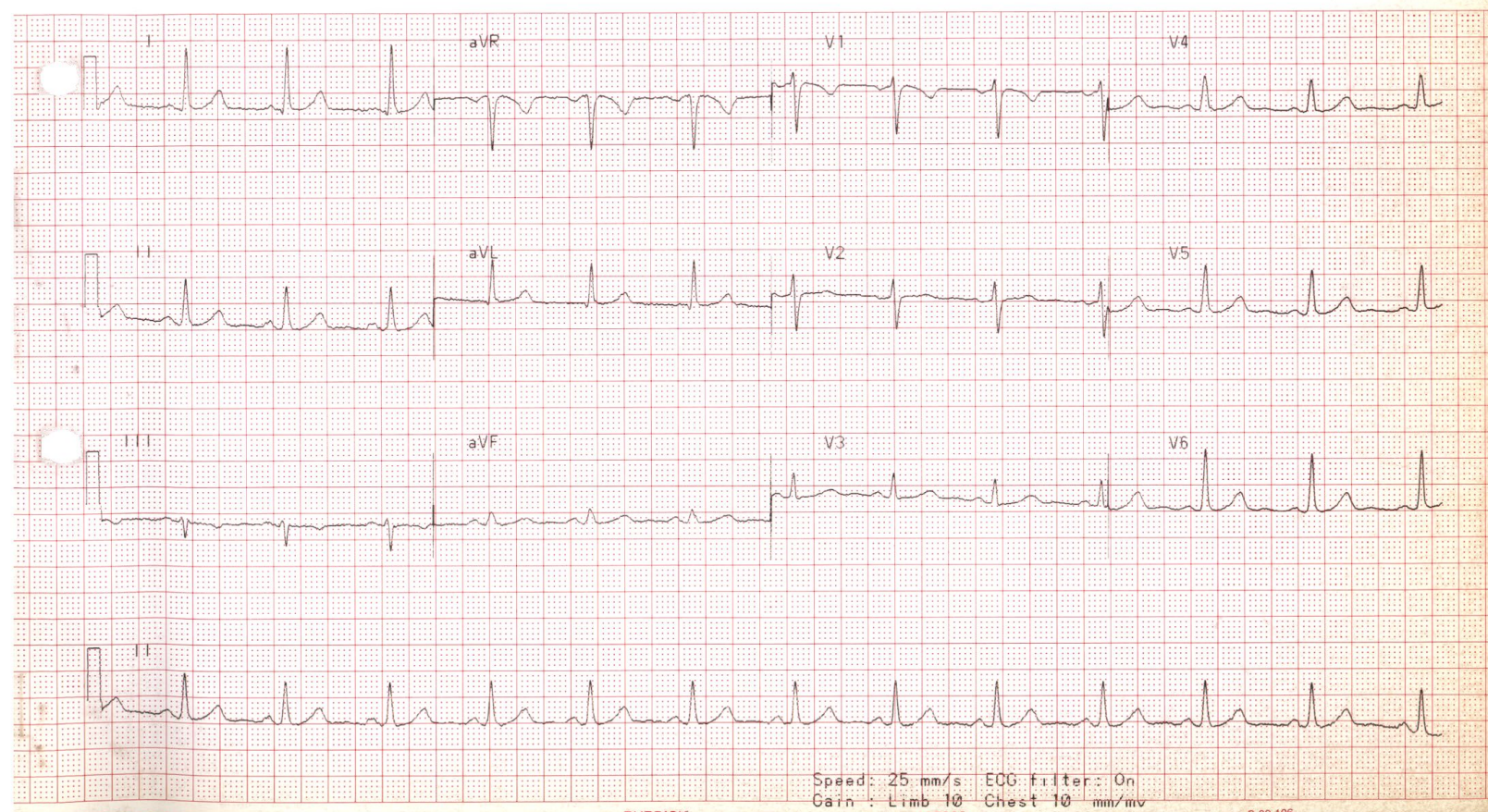
Page 1 of 1

**GRAY, DIANE C**

Copy for William Dam, M.D.

Philip Gilroy, M.D.

Name: GRAY DIANE  
ID :  
Date: 03/15/03 Time: 13:17  
Age: 40 Sex: Female  
Hgt: Wgt:  
Med1:  
Med2:  
Race:  
Cmnt:





## **CENTEGRA HEALTH SYSTEM**

Northern Illinois Medical Center

**DATE OF CONSULTATION:** 03/04/2002

**CORRECTED REPORT TO ADD HEADING OF NIMC ER.**

**CONSULTANT:** Basudeb Saha, M.D.

**NIMC EMERGENCY ROOM CONSULTATION:**

**REASON FOR CONSULTATION:** Tender mass in the abdomen.

**HISTORY OF PRESENT ILLNESS:** This 39 year old female woke up the morning of 3/4/02 with severe abdominal pain. The patient noticed a lump in the abdomen which was very hard in consistency and was very painful to touch around the bellybutton. No history of diarrhea. No history of respiratory illness. No history of constipation.

**PAST MEDICAL HISTORY:** The patient had knee surgery in 1978. No other major illness in the past.

**FAMILY HISTORY:** The patient has two children, one son, Jonathan and one daughter, Megan and they are both healthy and no medical problems.

**MEDICATIONS:** The patient is not on any medication on a regular basis but she recently had Amoxicillin.

**PHYSICAL EXAMINATION:** Blood pressure of 138/94, pulse of 98 per minute, respirations of 22 per minute.

**EARS, NOSE AND THROAT:** No significant abnormality detected.

**LUNGS:** Vesicular breathing. No rhonchi. No crepitus.

**HEART:** Normal S1 and normal S2. No murmurs. No extra heart sounds.

**ABDOMEN:** Reveals a very large swelling around the umbilicus. On palpation the area is very, very tender. The rest of the abdomen is soft and bowel sounds are heard.

**RECTAL:** No significant abnormality detected.



MR # 000-31-62-32

D 03/05/2002

T 09/30/2002 2:03 P vc

MR

Page 1 of 2

Copy for William Dam, M.D.

**CONSULTATION**

Basudeb Saha, M.D.

**GRAY, CAROL D.**



**CENTEGRA HEALTH SYSTEM**

Northern Illinois Medical Center

**IMPRESSION:** Incarcerated umbilical hernia.

**PLAN:** Preparation for immediate surgery.

cc: William Dam, M.D.  
Basudeb Saha, M.D.

"Signature Mechanically Affixed"

MR # 000-31-62-32  
D 03/05/2002  
T 09/30/2002 2:03 P vc  
MR

Page 2 of 2  
Copy for William Dam, M.D.

**CONSULTATION**

**GRAY, CAROL D.**

Basudeb Saha, M.D.

CENTEGRA HEALTH SYSTEM  
Northern Illinois Medical Center

**DATE OF ADMISSION:** 03/04/2002

**HISTORY OF PRESENT ILLNESS:** This patient awoke this a.m. with severe waves of abdominal pain. There was no vomiting. She had had a normal bowel movement the day prior to admission. Her menses have been occurring for the past three days. The patient has no dysuria.

**PAST MEDICAL HISTORY:** Knee surgery in 1978. Otherwise no major illnesses.

**FAMILY HISTORY:** Father is obese. Mother is well. Four siblings are well. Two children are well.

**SOCIAL HISTORY:** The patient does not smoke cigarettes. She rarely drinks alcohol.

**MEDICATIONS:** None on a regular basis. The patient had recently been on amoxicillin.

**ALLERGIES:** Denied.

**REVIEW OF SYSTEMS:**

HEENT: Negative. No flu-like illness.

RESPIRATORY: No shortness of breath.

CARDIOVASCULAR: No chest pain.

GI: Otherwise negative.

GU: Menses, on the 4<sup>th</sup> day.

MUSCULOSKELETAL: Negative.

**PHYSICAL EXAMINATION:** Blood pressure 138/94, temperature 98 degrees.

HEENT: Head normal. Eyes – PERL. EOMs are normal. There is no icterus. Ears – TMs are clear. Throat is clear.

NECK: Supple, without masses, tenderness or goiter.

LUNGS: Clear to auscultation and percussion.

BACK: Without c.v.a. tenderness.

ABDOMEN: Soft. Bowel sounds are normal. There is a tender, swollen 2cm incarcerated umbilical hernia.

RECTAL: Negative. Stool is Hematest negative.

MR # 000-31-62-32

D 03/04/2002

T 03/04/2002 1:26 P bkl

361B

Page 1 of 2

Copy for William Dam, M.D.

**HISTORY & PHYSICAL**

William Dam, M.D.

**GRAY, CAROL D**

**CENTEGRA HEALTH SYSTEM**

Northern Illinois Medical Center

**01/18/2002**

**10265 TWO VIEWS OF THE CALCANEUM**

**331311**

HISTORY:

Pain. Spur.

A moderately prominent inferior calcaneal spur noted.

Otherwise, the calcaneum, per se, does not reveal any abnormalities.

Adjacent soft tissues are also unremarkable.

db

cc: William Dam, M.D.  
Copy Rad  
Lawrence Stockey, D.P.M.  
S. Srikanta Swamy, M.D.

Electronically Authenticated  
S. Srikanta Swamy, M.D. 01/19/2002 11:39



MR # 000-31-62-32 Acct # 0201800182 DB: 08/02/1962  
D 01/18/2002  
T 01/19/2002 9:23 A db  
MR Lawrence Stockey, D.P.M.  
Page 1 of 1  
CopyWilliam Dam, M.D.

**RADIOLOGY REPORT**

**GRAY, CAROL D**

S. Srikanta Swamy, M.D.



214 WASHINGTON ST.  
PHONE 847-587-3004

WILLIAM C. DAM, M.D., S.C.  
DERMATOLOGY/INTERNAL MEDICINE  
WESTLAKE CLINIC

INGLESIDE, IL 60041  
DEA NO. BD 0944733  
UPIN IL # DO9719  
IL # 36-47653

FOR Deane Gray

ADDRESS \_\_\_\_\_ DATE 10/20/01

R Erythromycin  
6 tablets  
#60 FB 17

REFILL 6 TIMES

MAY SUBSTITUTE ☒

MAY NOT SUBSTITUTE ☐

W. C. Dam M.D.



## LABORATORY REPORT

NICL LABORATORIES

  
 G.B. VUCKOVIC, M.D.

 301000-MCH  
 WILLIAM DAM M.D. S.C.  
 214 SOUTH WASHINGTON STREET  
 INGLESIDE, IL 60041  
 847 587 3004

 PATIENT GRAY, DIANE PAGE 1  
 SEX F AGE 39Y I.D.NO. 281-50-6247 ROOM NO. 590414  
 PHYSICIAN DAM M.D., WILLIAM ORDER NO. 10-23-2001  
 COLLECTED 10-22-2001 RECEIVED 10-22-2001 REPORTED 10-23-2001  
 DRP 14:00 RGA 20:04 GA 8:21

| TEST                     | RESULT | ABNORMAL | REFERENCE   | UNITS   |
|--------------------------|--------|----------|-------------|---------|
| CBC W/DIFF AND PLATELETS |        |          |             |         |
| 10/22 14:00 WBC          | 6.3    |          | 4.8 - 10.8  | THO/mm3 |
| GA 590414 RBC            | 4.28   |          | 4.20 - 5.40 | MIL/mm3 |
| HGB                      | 13.0   |          | 12.0 - 16.0 | gm/dl   |
| HCT                      | 38.8   |          | 37.0 - 47.0 | %       |
| MCV                      | 90.6   |          | 81.0 - 99.0 | um3     |
| MCH                      | 30.4   |          | 27.0 - 33.0 | uug     |
| MCHC                     | 33.6   |          | 32.0 - 36.0 | g /dl   |
| RDW                      | 13.6   |          | 11.5 - 15.2 |         |
| PLATELET COUNT           | 308    |          | 150 - 400   | THO/mm3 |
| MPV                      | 9.3    |          | 7.4 - 10.4  | um3     |
| NEUTROPHILS %            | 66.7   |          | 40.5 - 77.0 | %       |
| EOSINOPHILS %            | 1.1    |          | 0.0 - 6.1   | %       |
| BASOPHILS %              | 0.6    |          | 0.0 - 1.6   | %       |
| LYMPHOCYTE %             | 25.9   |          | 16.1 - 46.7 | %       |
| MONOCYTE %               | 5.7    |          | 3.9 - 13.1  | %       |
| NEUTROPHILS #            | 4.2    |          | 1.4 - 6.8   | THO/mm3 |
| EOSINOPHILS #            | 0.1    |          | 0.0 - 0.5   | THO/mm3 |
| LYMPHOCYTE #             | 1.6    |          | 0.8 - 3.0   | THO/mm3 |
| MONOCYTE #               | 0.4    |          | 0.2 - 1.0   | THO/mm3 |

| TEST                  | RESULT | ABNORMAL | REFERENCE  | UNITS |
|-----------------------|--------|----------|------------|-------|
| COMPREHENSIVE+LIPID   |        |          |            |       |
| 10/22 14:00 SODIUM    | 139    |          | 136 - 147  | mEq/l |
| MCS 590414 POTASSIUM  | 4.2    |          | 3.7 - 5.1  | mEq/l |
| CHLORIDE              | 105    |          | 93 - 110   | mEq/l |
| CARBON DIOXIDE, SERUM | 26     |          | 20 - 30    | mML/L |
| GLUCOSE               | 84     |          | 70 - 110   | mg/dl |
| BUN                   | 8      |          | 5 - 20     | mg/dl |
| CREATININE            | 0.8    |          | 0.4 - 1.6  | mg/dl |
| PROTEIN, TOTAL        | 7.3    |          | 6.0 - 8.2  | gm/dl |
| ALBUMIN               | 4.5    |          | 3.2 - 5.0  | gm/dl |
| CALCIUM               | 8.7    |          | 8.2 - 10.2 | mg/dl |
| BILIRUBIN, TOTAL      | 0.5    |          | 0.2 - 1.3  | mg/dl |
| ALKALINE PHOSPHATASE  | 110    |          | 29 - 130   | U /L  |
| SGPT (ALT)            |        | 62 H     | 0 - 35     | IU/L  |
| SGOT (AST)            |        | 42 H     | 9 - 35     | U /L  |
| CHOLESTEROL           |        | 202 H    | 120 - 200  | mg/dl |

*Called 10/20*

*Chris*  
*Stop*  
*Carbolic*  
*anest 3ans*

 NICL McHENRY  
 620 South Route 31  
 McHenry, IL 60050  
 815-344-1600

 NICL NORTHBROOK  
 306 Era Drive  
 Northbrook, IL 60062  
 847-509-9779

 NICL HINSDALE  
 40 South Clay Street  
 Hinsdale, IL 60521  
 630-986-1005

TEST PERFORMED AT THIS LOCATION, UNLESS OTHERWISE INDICATED

0035 Rev. 1/00

## LABORATORY REPORT

NICL LABORATORIES

  
 G.B. VUCKOVIC, M.D.

301000-MCH  
 WILLIAM DAM M.D. S.C.  
 214 SOUTH WASHINGTON STREET  
 INGLESIDE, IL 60041  
 847 587 3004

PATIENT GRAY, DIANE PAGE 1  
 SEX F AGE 39Y ID NO. 281-50-6247  
 PHYSICIAN DAM M.D., WILLIAM ROOM NO. 590414  
 COLLECTED 10-22-2001 10-22-2001 ORDER NO. 10-23-2001  
 DRP 14:00 RECEIVED RGA 20:04 REPORTED GA 8:21

| TEST                     | RESULT | ABNORMAL | REFERENCE   | UNITS   |
|--------------------------|--------|----------|-------------|---------|
| CBC W/DIFF AND PLATELETS |        |          |             |         |
| 10/22 14:00 WBC          | 6.3    |          | 4.8 - 10.8  | THO/mm3 |
| GA 590414 RBC            | 4.28   |          | 4.20 - 5.40 | MIL/mm3 |
| HGB                      | 13.0   |          | 12.0 - 16.0 | gm/dl   |
| HCT                      | 38.8   |          | 37.0 - 47.0 | %       |
| MCV                      | 90.6   |          | 81.0 - 99.0 | um3     |
| MCH                      | 30.4   |          | 27.0 - 33.0 | uug     |
| MCHC                     | 33.6   |          | 32.0 - 36.0 | g /dl   |
| RDW                      | 13.6   |          | 11.5 - 15.2 |         |
| PLATELET COUNT           | 308    |          | 150 - 400   | THO/mm3 |
| MPV                      | 9.3    |          | 7.4 - 10.4  | um3     |
| NEUTROPHILS %            | 66.7   |          | 40.5 - 77.0 | %       |
| EOSINOPHILS %            | 1.1    |          | 0.0 - 6.1   | %       |
| BASOPHILS %              | 0.6    |          | 0.0 - 1.6   | %       |
| LYMPHOCYTE %             | 25.9   |          | 16.1 - 46.7 | %       |
| MONOCYTE %               | 5.7    |          | 3.9 - 13.1  | %       |
| NEUTROPHILS #            | 4.2    |          | 1.4 - 6.8   | THO/mm3 |
| EOSINOPHILS #            | 0.1    |          | 0.0 - 0.5   | THO/mm3 |
| LYMPHOCYTE #             | 1.6    |          | 0.8 - 3.0   | THO/mm3 |
| MONOCYTE #               | 0.4    |          | 0.2 - 1.0   | THO/mm3 |

| TEST                  | RESULT | ABNORMAL | REFERENCE  | UNITS |
|-----------------------|--------|----------|------------|-------|
| COMPREHENSIVE+LIPID   |        |          |            |       |
| 10/22 14:00 SODIUM    | 139    |          | 136 - 147  | mEq/l |
| MCS 590414 POTASSIUM  | 4.2    |          | 3.7 - 5.1  | mEq/l |
| CHLORIDE              | 105    |          | 93 - 110   | mEq/l |
| CARBON DIOXIDE, SERUM | 26     |          | 20 - 30    | mML/L |
| GLUCOSE               | 84     |          | 70 - 110   | mg/dl |
| BUN                   | 8      |          | 5 - 20     | mg/dl |
| CREATININE            | 0.8    |          | 0.4 - 1.6  | mg/dl |
| PROTEIN, TOTAL        | 7.3    |          | 6.0 - 8.2  | gm/dl |
| ALBUMIN               | 4.5    |          | 3.2 - 5.0  | gm/dl |
| CALCIUM               | 8.7    |          | 8.2 - 10.2 | mg/dl |
| BILIRUBIN, TOTAL      | 0.5    |          | 0.2 - 1.3  | mg/dl |
| ALKALINE PHOSPHATASE  | 110    |          | 29 - 130   | U /L  |
| SGPT(ALT)             |        | 62 H     | 0 - 35     | IU/L  |
| SGOT(AST)             |        | 42 H     | 9 - 35     | U /L  |
| CHOLESTEROL           |        | 202 H    | 120 - 200  | mg/dl |

*Called 10/20*

*Wine  
Stop  
Carboline  
appt 3am*

NICL McHENRY  
 620 South Route 31  
 McHenry, IL 60050  
 815-344-1600

NICL NORTHBROOK  
 306 Era Drive  
 Northbrook, IL 60062  
 847-509-9779

NICL HINSDALE  
 40 South Clay Street  
 Hinsdale, IL 60521  
 630-986-1005

TEST PERFORMED AT THIS LOCATION, UNLESS OTHERWISE INDICATED

0035 Rev. 1/0



## NICL LABORATORIES

## LABORATORY REPORT


  
G.B. VUCKOVIC, M.D.

301000-MCH  
WILLIAM DAM M.D. S.C.  
214 SOUTH WASHINGTON STREET  
INGLESIDE, IL 60041  
847 587 3004

PATIENT GRAY, DIANE PAGE 2  
SEX F AGE 39Y I.D.NO. 281-50-6247 ROOM NO.  
PHYSICIAN DAM M.D., WILLIAM ORDER NO. 590414  
COLLECTED 10-22-2001 RECEIVED 10-22-2001 REPORTED 10-23-2001  
DRP 14:00 RGA 20:04 MCS/MCS 8:21

| TEST                       | RESULT | ABNORMAL | REFERENCE | UNITS |
|----------------------------|--------|----------|-----------|-------|
| <b>COMPREHENSIVE+LIPID</b> |        |          |           |       |
| MCS 590414 TRIGLYCERIDES   | 149    |          | 10 - 150  | mg/dl |
| HDL CHOLESTEROL            |        | 44 L     | 50 - 96   | mg/dl |
| LDL                        | 128    |          | 70 - 130  | mg/dl |
| CHOLESTEROL/HDL RATIO      | 4.59   |          |           |       |
| LDL/HDL RISK RATIO         | 2.91   |          |           |       |

## NATIONAL CHOLESTEROL EDUCATION PROGRAM/FRAMINGHAM HEART INSTITUTE CUTOFFS

CONSTITUENT \_\_\_\_\_ DESIRABLE \_\_\_\_\_ BORDERLINE \_\_\_\_\_ UNFAVORABLE \_\_\_\_\_

|                                                                   |              |               |                 |
|-------------------------------------------------------------------|--------------|---------------|-----------------|
| CHOLESTEROL                                                       | LT 200 mg/dl | 200-239 mg/dl | GT/EQ 240 mg/dl |
| LDL                                                               | LT 130 mg/dl | 130-159 mg/dl | GT/EQ 160 mg/dl |
| HDL                                                               | GT 50 mg/dl  | LT 45 mg/dl   | LT 35 mg/dl     |
| LDL/HDL                                                           | LT 3.22      | GT 3.22       | GT 5.03         |
| CHOL/HDL                                                          | LT 4.44      | GT 4.44       | GT 7.05         |
| GT = GREATER THAN LT = LESS THAN GT/EQ = GREATER THAN OR EQUAL TO |              |               |                 |

| TEST                       | RESULT | ABNORMAL | REFERENCE  | UNITS |
|----------------------------|--------|----------|------------|-------|
| 10/22 14:00 T-4, THYROXINE | 5.7    |          | 4.5 - 10.9 | ug/dl |
| PST 590414                 |        |          |            |       |

|                |      |  |             |        |
|----------------|------|--|-------------|--------|
| TSH, SENSITIVE | 1.43 |  | 0.35 - 5.50 | uIU/mL |
|----------------|------|--|-------------|--------|

|          |      |  |             |       |
|----------|------|--|-------------|-------|
| T-UPTAKE | 1.17 |  | 0.75 - 1.23 | UNITS |
|----------|------|--|-------------|-------|

T-7 equals T-4 x T-Uptake. The reference range for T-7 is 5 - 12.



NICL McHENRY  
620 South Route 31  
McHenry, IL 60050  
815-344-1600

NICL NORTHBROOK  
306 Era Drive  
Northbrook, IL 60062  
847-509-9779

NICL HINSDALE  
40 South Clay Street  
Hinsdale, IL 60521  
630-986-1005

## LABORATORY REPORT

NICL LABORATORIES

  
 G.B. VUCKOVIC, M.D.

 301000-MCH  
 WILLIAM DAM M.D. S.C.  
 214 SOUTH WASHINGTON STREET  
 INGLESIDE, IL 60041  
 847 587 3004

|           |                   |          |            |           |
|-----------|-------------------|----------|------------|-----------|
| PATIENT   | GRAY, DIANE       |          | PAGE       | 2         |
| SEX       | F                 | AGE      | 39Y        | I.D.NO.   |
| PHYSICIAN | DAM M.D., WILLIAM |          | ROOM NO.   | 590414    |
| COLLECTED | 10-22-2001        | RECEIVED | 10-22-2001 | ORDER NO. |
| DRP       | 14:00             | RGA      | 20:04      | REPORTED  |
|           |                   |          |            | MCS/MCS   |
|           |                   |          |            | 8:21      |

| TEST                     | RESULT | ABNORMAL | REFERENCE | UNITS |
|--------------------------|--------|----------|-----------|-------|
| COMPREHENSIVE+LIPID      |        |          |           |       |
| MCS 590414 TRIGLYCERIDES | 149    |          | 10 - 150  | mg/dl |
| HDL CHOLESTEROL          |        | 44 L     | 50 - 96   | mg/dl |
| LDL                      | 128    |          | 70 - 130  | mg/dl |
| CHOLESTEROL/HDL RATIO    | 4.59   |          |           |       |
| LDL/HDL RISK RATIO       | 2.91   |          |           |       |

 NATIONAL CHOLESTEROL EDUCATION PROGRAM/FRAMINGHAM HEART INSTITUTE CUTOFFS  
 CONSTITUENT \_\_\_\_\_ DESIRABLE \_\_\_\_\_ BORDERLINE \_\_\_\_\_ UNFAVORABLE \_\_\_\_\_

|                                                                   |              |               |                 |
|-------------------------------------------------------------------|--------------|---------------|-----------------|
| CHOLESTEROL                                                       | LT 200 mg/dl | 200-239 mg/dl | GT/EQ 240 mg/dl |
| LDL                                                               | LT 130 mg/dl | 130-159 mg/dl | GT/EQ 160 mg/dl |
| HDL                                                               | GT 50 mg/dl  | LT 45 mg/dl   | LT 35 mg/dl     |
| LDL/HDL                                                           | LT 3.22      | GT 3.22       | GT 5.03         |
| CHOL/HDL                                                          | LT 4.44      | GT 4.44       | GT 7.05         |
| GT = GREATER THAN LT = LESS THAN GT/EQ = GREATER THAN OR EQUAL TO |              |               |                 |

| TEST                       | RESULT | ABNORMAL | REFERENCE  | UNITS |
|----------------------------|--------|----------|------------|-------|
| 10/22 14:00 T-4, THYROXINE | 5.7    |          | 4.5 - 10.9 | ug/dl |
| PST 590414                 |        |          |            |       |

|                |      |  |             |        |
|----------------|------|--|-------------|--------|
| TSH, SENSITIVE | 1.43 |  | 0.35 - 5.50 | uIU/mL |
|----------------|------|--|-------------|--------|

|           |      |  |             |       |
|-----------|------|--|-------------|-------|
| T-UP TAKE | 1.17 |  | 0.75 - 1.23 | UNITS |
|-----------|------|--|-------------|-------|

T-7 equals T-4 x T-Uptake. The reference range for T-7 is 5 - 12.

*Called 10/22*

*True*

*Wane*

*Stop*

*appt 3am*

 NICL McHENRY  
 620 South Route 31  
 McHenry, IL 60050  
 815-344-1600

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 306 Era Drive  
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 847-509-9779

 NICL HINSDALE  
 40 South Clay Street  
 Hinsdale, IL 60521  
 630-986-1005



Document Name: 2022-02-15, Scanned Date: 02/16/2022

Notes: Dace, Michelle 2/16/2022 12:18:49 PM >fwd to dr dam for review



| Patient Information                                                                                               | Specimen Information                                                                                                                                                | Client Information                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>GRAY, CAROL</b><br><br><b>DOB: 08/02/1962 AGE: 59</b><br>Gender: F<br>Phone: 847.800.8450<br>Patient ID: 13793 | Specimen: WX904817X<br>Requisition: 8645856<br>Lab Ref #: 1088Q1A81572<br><br>Collected: NG<br>Received: 02/15/2022 / 00:57 CST<br>Reported: 02/15/2022 / 12:53 CST | Client #: 22544064 4000000<br>DAM, WILLIAM C<br>DAM, WILLIAM C MD<br>214 WASHINGTON ST<br>INGLESIDE, IL 60041-9208 |

**COMMENTS:** 0  
000

| Test Name   | In Range | Out Of Range | Reference Range | Lab |
|-------------|----------|--------------|-----------------|-----|
| TSH         | 1.74     |              | 0.40-4.50 mIU/L | CB  |
| T4, FREE    | 1.1      |              | 0.8-1.8 ng/dL   | CB  |
| VITAMIN B12 | 397      |              | 200-1100 pg/mL  | CB  |

Please Note: Although the reference range for vitamin B12 is 200-1100 pg/mL, it has been reported that between 5 and 10% of patients with values between 200 and 400 pg/mL may experience neuropsychiatric and hematologic abnormalities due to occult B12 deficiency; less than 1% of patients with values above 400 pg/mL will have symptoms.

LYME DISEASE AB W/REFL  
TO BLOT (IGG, IGM)  
LYME AB SCREEN

CB

|           |       |                |
|-----------|-------|----------------|
|           | <0.90 | index          |
| Index     |       | Interpretation |
| -----     |       | -----          |
| < 0.90    |       | Negative       |
| 0.90-1.09 |       | Equivocal      |
| > 1.09    |       | Positive       |

As recommended by the Food and Drug Administration (FDA), all samples with positive or equivocal results in a *Borrelia burgdorferi* antibody screen will be tested using a blot method. Positive or equivocal screening test results should not be interpreted as truly positive until verified as such using a supplemental assay (e.g., *B. burgdorferi* blot).

The screening test and/or blot for *B. burgdorferi* antibodies may be falsely negative in early stages of Lyme disease, including the period when erythema migrans is apparent.

#### PERFORMING SITE:

CB QUEST DIAGNOSTICS WOOD DALE, 1355 MITTEL BOULEVARD, WOOD DALE, IL 60191-1024 Laboratory Director: ANTHONY V. THOMAS, MD, CLIA: 14D0417052

NO COLLECTION DATE RECEIVED. WE HAVE USED THE DATE THE SPECIMEN WAS RECEIVED BY THIS LABORATORY AS THE COLLECTION DATE. IF THIS IS INCORRECT, PLEASE CONTACT CLIENT SERVICES. PHONE NUMBER: 866.697.8378

Document Name: 2022-01-24-Mammogram, Scanned Date: 01/24/2022

Notes: Garcia Acevedo,Rosemarie 01/24/2022 17:27:07 PM

**Northwestern Medicine**

**NM Radiology**

**4201 MEDICAL CENTER DR  
MCHENRY IL 60050  
Dept: 815-344-5000  
Dept Fax: 815-759-4319**

**Gray, Carol Diane (MRN 111012030007)**

Auth Prov: Dam,  
William C.  
Dam, William C., MD  
214 Washington St  
Ingleside IL 60041-  
9208

**Imaging Result**  
Final

|                                                           |                                              |                       |
|-----------------------------------------------------------|----------------------------------------------|-----------------------|
| Name:                                                     | MRN:                                         | DOB:                  |
| <b>Gray, Carol Diane</b>                                  | <b>111012030007</b>                          | <b>8/2/1962</b>       |
| Exam Time:                                                | Patient Class:                               | Sex:                  |
| <b>01/17/2022 10:50 AM</b>                                | <b>Outpatient</b>                            | <b>Female</b>         |
| Procedures Performed:                                     | Diagnosis:                                   | Reason for Exam:      |
| <b>Mammography Screening Bilateral with Tomosynthesis</b> | <b>Screening mammogram for breast cancer</b> | <b>None Specified</b> |
| Ordering Provider: <b>Dam, William C.</b>                 | Phone: <b>847-587-3004</b>                   |                       |

Accession Number:  
**B22MG10273532**

**HISTORY:**

59 year old female presents for a screening mammogram. Patient has no documented relevant family history.

**COMPARISON:**

Prior breast examinations were compared.

**TECHNIQUE:**

Mammography Screening Bilateral with Tomosynthesis

**FINDINGS:**

The breasts have scattered areas of fibroglandular density.

There are no suspicious masses, calcifications, or areas of architectural distortion.

**IMPRESSION:**

No mammographic evidence of malignancy.

**RECOMMENDATION:**

Annual screening mammography is recommended. - Bilateral

A written summary of this mammography report in lay terms was sent to the patient.

Overall BI-RADS category: 1 - Negative

BREAST TISSUE DENSITY : B - Scattered fibroglandular density

Electronically Signed By: Anoop H. Karna, MD on 1/17/2022 12:57 PM



Document Name: 11-09-21, Scanned Date: 11/09/2021

Notes:

William C. Dam M.D.

Date: 11-9-21 Patient: Diane Gray DOB: 8-2-62  
 Vitals: Temp: 98.6 B/P: 124/87 WT: 233 Pulse: 79 Resp: 18 HT: 5'6" BMI: \_\_\_\_\_

Subjective Complaints: 1: Knee is in pain when walking  
 2: Referral for Menogram 3: \_\_\_\_\_

## ROS:

General \_\_\_\_\_

Eyes \_\_\_\_\_

ENT \_\_\_\_\_

CV \_\_\_\_\_

Resp \_\_\_\_\_

GI \_\_\_\_\_

GU \_\_\_\_\_

MS \_\_\_\_\_

Skin \_\_\_\_\_

Neuro \_\_\_\_\_

Psych \_\_\_\_\_

Endocrine \_\_\_\_\_

Lymph \_\_\_\_\_

Allergy \_\_\_\_\_

## Objective Exam:

Neuro \_\_\_\_\_

Eyes \_\_\_\_\_

Ears \_\_\_\_\_

Nose \_\_\_\_\_

Throat \_\_\_\_\_

Neck \_\_\_\_\_

Lungs \_\_\_\_\_

Breasts \_\_\_\_\_

Heart \_\_\_\_\_

Abdom \_\_\_\_\_

Back \_\_\_\_\_

Gent \_\_\_\_\_

Rectal \_\_\_\_\_

Hemo \_\_\_\_\_

Prost \_\_\_\_\_

Pelvic \_\_\_\_\_

Skin \_\_\_\_\_

Reflex \_\_\_\_\_

Lymph \_\_\_\_\_

## Past History:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

## Family History:

Mother

Father

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

5. \_\_\_\_\_

## Siblings:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

## Social History:

Smoking \_\_\_\_\_

Alcohol \_\_\_\_\_

Coffee \_\_\_\_\_

Exercise \_\_\_\_\_

Aspirin \_\_\_\_\_

Fish \_\_\_\_\_

Vitamins \_\_\_\_\_

Rec Drug \_\_\_\_\_

Pop \_\_\_\_\_

Work \_\_\_\_\_

## Assessment:

1: Mamogram2: ROS, AC, SA

3: \_\_\_\_\_

4: \_\_\_\_\_

## Referrals/ Therapies/ Other Labs:

1: \_\_\_\_\_

2: Mamogram3: Get MPO enzyme

4: \_\_\_\_\_

5: O<sub>2</sub> @ REST 98<sup>+</sup>

6: \_\_\_\_\_

7: \_\_\_\_\_

8: \_\_\_\_\_

5: \_\_\_\_\_

6: \_\_\_\_\_

7: \_\_\_\_\_

8: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Return Visit: \_\_\_\_\_