



07/23/22

Case#: [REDACTED]	Submitted on: 07/19/22 09:44AM	Received: 07/22/22
	Request Sent on: 07/19/22 11:40AM	

Client: [REDACTED]
Social Security #: [REDACTED]
Date of Birth: [REDACTED]

Ordered By: [REDACTED]
Deliver To: [REDACTED]
Insurance Company: [REDACTED]
Underwriter: [REDACTED]

Agency: [REDACTED]
Agency Code: [REDACTED]
Agent: [REDACTED]

Policy Amount:
Policy Type:

Policy#: [REDACTED]

Life Insurance

Service: [REDACTED]

Special Request: Please provide information for the last 3 years.

Pages in this Document: 119, including this cover page

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider

Department

Name	Address	Phone	Fax

Level of Service

PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Clinical Notes

REASON FOR VISIT

Chief Complaint

Patient presents with

- possibly lyme
Back pain

HPI/ROS

who presents today for possibly lyme (Back pain/).

Hx chronic neck pain, herniated discs. Also chronic lower back pain, but what brought him here today is the neck pain. For a month he has had increased posterior neck pain, L arm pain, and his L arm is numb in the morning all the way to the wrist and sometimes in the fingers. No change. Some tingling.

Mild improvement in last 2d.

His GF noticed a spot on his R leg 2d ago and he wonders if he has lyme.

Feels like both shoulders and neck are swelling. If he takes a viagra, the swelling is immediate.

No recent falls or trauma.

New bed x 1 year, thinks it might be too soft for his back.

2/14/16 MRI cervical spine:

IMPRESSION:

1. Multilevel cervical degenerative disc disease, most severe from C4-5 through C6-7, without high-grade central canal

Clinical Notes (continued)

stenosis. Findings appear similar to prior study from 2006.

2. Multilevel neural foraminal stenosis due to uncovertebral joint hypertrophy and facet arthropathy, as detailed by level above. Findings appear similar to prior study from 2006.

3. Severe right C3-4 facet arthropathy with evidence of active degenerative inflammatory change. Right C3-4 facet edema and joint effusion facet are new since 2006.

He swims regularly (daily) which helps. Has never had other treatment for neck and back pain. jaccuzi daily.

Has some flexeril but hasn't been taking.

Has not been icing.

Had covid infection December, minimal sx.

Requests ativan refill, daily use BID, 10+ years, complains that it always runs out on the weekend.

Review of Systems

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• amLODIPine (NORVASC) 5 MG tablet	Take 1 tablet (5 mg total) by mouth daily.	90 tablet	3
• ASCORBIC ACID WITH ROSE HIPS 500 MG tablet	TAKE ONE TO TABLETS DAILY		
• LORazepam (ATIVAN) 1 MG tablet	Take 2 tablets (2 mg total) by mouth at bedtime.	56 tablet	1
• melatonin 3 mg Tab tablet	TAKE 1 CAPSULE AT BEDTIME AS NEEDED.		
• multivitamin capsule	Take 1 capsule by mouth daily.		
• rosuvastatin (CRESTOR) 5 MG tablet	Take 1 tablet (5 mg total) by mouth daily.	90 tablet	3
• Text: Stress B Complex TABS	TAKE 1 TABLET DAILY AS DIRECTED.		
• tretinoin (RETIN-A) 0.05 % cream	Apply a pea-sized amount to the face at bedtime	45 g	11
• VIAGRA 100 mg tablet	Take 1/2 - 1 tablet by mouth daily prior to activity as directed		
• VITAMIN D3 1,000 unit capsule	(Patient taking differently: Take 5,000 Units by mouth daily bid.)		
• cyclobenzaprine (FLEXERIL) 10 MG tablet	Take 1 tablet (10 mg total) by mouth 3 times a day as	30 tablet	5

Clinical Notes (continued)

needed for muscle spasms Take 1 tab by mouth at bedtime as directed.

- tamsulosin (FLOMAX) 0.4 mg cap 24 hr capsule

TAKE 1 CAPSULE BY MOUTH 2 TIMES A DAY.

No current facility-administered medications for this visit.

Patient Active Problem List

Diagnosis

- Degeneration of lumbar intervertebral disc
- Hypercholesterolemia
- Vertigo
- Hyperglycemia
- Shoulder joint pain
- Degeneration of cervical intervertebral disc
- Other male erectile dysfunction
- Varicose veins of both lower extremities
- Actinic keratosis
- History of prostate cancer
- Benign essential hypertension
- Abnormal LFTs
- Chronic insomnia
- Daily consumption of alcohol
- Marijuana use

EXAM

VS: BP 128/78 | Pulse 76 | Temp 97.2 °F (36.2 °C) (Temporal) | Wt 76.1 kg (167 lb 12.8 oz) | SpO2 96% | BMI 22.92 kg/m²
Body mass index is 22.92 kg/m².

General appearance: alert, appears stated age, cooperative and no distress

Neck: mild ttp L occipital region, full ROM without difficulty, no cervical spine ttp

Extremities: L arm with normal and = strength to R arm, sensation equal b/l, full L shoulder ROM without difficulty

Skin: Skin color, texture, turgor normal. No rashes or lesions

Neurologic: Grossly normal

Psych: normal affect

Physical Exam

LABS

Lab on 03/09/2022

Component	Date	Value	Ref Range	Status
• WBC	03/09/2022	6.43	4.00 - 11.00 K/uL	Final
• RBC	03/09/2022	4.78	4.50 - 5.90 M/uL	Final
• Hemoglobin	03/09/2022	13.4 (A)	13.8 - 17.4 g/dL	Final
• Hematocrit	03/09/2022	42.6	41.0 - 51.0 %	Final
• MCV	03/09/2022	89	80 - 96 fL	Final
• RDW	03/09/2022	14.0	11.6 - 14.6 %	Final

Clinical Notes (continued)

• Platelet Count	03/09/2022	178	150 - 450 K/uL	Final
• Sodium	03/09/2022	139	135 - 146 mmol/L	Final
• Potassium	03/09/2022	4.3	3.4 - 5.2 mmol/L	Final
• Chloride	03/09/2022	104	98 - 110 mmol/L	Final
• Total CO2	03/09/2022	27	24 - 32 mmol/L	Final
• Anion Gap	03/09/2022	9	2 - 15 mmol/L	Final
• BUN	03/09/2022	19	7 - 24 mg/dL	Final
• Creatinine, Blood	03/09/2022	1.2	0.6 - 1.3 mg/dL	Final
• Glucose, Blood	03/09/2022	183 (A)	70 - 118 mg/dL	Final
• Calcium	03/09/2022	9.6	8.5 - 10.5 mg/dL	Final
• Estimated GFR (MDRD)	03/09/2022	59 (A)	>=60 mL/min/BSA	Final

This Cr-based equation underestimates GFR in patients with increased muscle mass. Order CYSTATIN C WITH GFR ESTIMATE, LAB4559, if additional evaluation of renal function is needed.

• TSH	03/09/2022	1.12	0.30 - 4.50 uIU/mL	Final
• Total Protein	03/09/2022	7.2	6.0 - 8.2 g/dL	Final
• Albumin, Blood	03/09/2022	4.1	3.4 - 5.2 g/dL	Final
• Total Bilirubin	03/09/2022	0.7	0.0 - 1.2 mg/dL	Final
• Direct Bilirubin	03/09/2022	0.2	0.1 - 0.5 mg/dL	Final
• Alkaline Phosphatase	03/09/2022	43	30 - 115 IU/L	Final
• AST (SGOT)	03/09/2022	27	11 - 40 IU/L	Final
• Globulin Result	03/09/2022	3.1	2.0 - 4.0 g/dL	Final
• ALT (SGPT)	03/09/2022	29	7 - 40 IU/L	Final
• Prostate Specific Ag	03/09/2022	0.7	0.1 - 7.2 ng/mL	Final
<i>Method: Abbott</i>				
• Hemoglobin A1C	03/09/2022	5.3	4.6 - 5.6 %	Final
<i>4.6 to 5.6% Normal</i>				
<i>5.7 to 6.4% Pre-diabetes, increased risk for diabetes</i>				
<i>>= 6.5% Diabetes mellitus</i>				

Office Visit on 12/08/2021

Component	Date	Value	Ref Range	Status
• 6-Aceylmorphine Screen, Urine	12/08/2021	Negative	Negative	Final
<i>Add on order LAB2926 Opiates and Oxycodone, Urine, Confirmation, if confirmation desired.</i>				
• Amphetamines Screen, Urine	12/08/2021	Negative	Negative	Final
<i>Screen for Amphetamine, Metamphetamine or other Amphetamine-like compounds.</i>				
<i>Add-on order LAB2923 Amphetamine, Urine, Confirmation if confirmation desired.</i>				
• Barbiturates Screen, Urine	12/08/2021	Negative	Negative	Final
<i>Add-on order LAB365 Barbiturate, Urine, Confirmation if confirmation desired.</i>				
• Benzodiazepine Screen, Urine	12/08/2021	Negative	Negative	Final
<i>Add-on order LAB367 Benzodiazepine, Urine, Confirmation if confirmation desired.</i>				
• Buprenorphine Screen, Urine	12/08/2021	Negative	Negative	Final
<i>Add-on order LAB2891 Buprenorphine, Urine, Confirmation if confirmation desired.</i>				
• Cannabinoids Screen, Urine	12/08/2021	Positive (A)	Negative	Final
<i>Add-on order LAB3117 Cannabinoids, Urine, if confirmation desired.</i>				
• Cocaine Metabolite Screen,	12/08/2021	Negative	Negative	Final

Clinical Notes (continued)

Urine

Add-on order LAB379 Cocaine, Urine, Confirmation if confirmation desired.

• Ethanol Screen, Urine	12/08/2021	Negative	Negative	Final
• Fentanyl Screen, Urine	12/08/2021	Negative	Negative	Final
Add-on order LAB2903 Fentanyl Confirmation, Urine, if confirmation desired.				
• Methadone Screen, Urine	12/08/2021	Negative	Negative	Final
Add order LAB2925 Methadone, Urine, Confirmation if confirmation desired.				
• Opiates Screen, Urine	12/08/2021	Negative	Negative	Final
Screen for Morphine, Codeine, Hydromorphone, or other Morphine-related opiates.				
Add on order LAB2926 Opiates and Oxycodone, Urine, Confirmation if confirmation desired.				
• Oxycodone Screen, Urine	12/08/2021	Negative	Negative	Final
Add-on order LAB2926 Opiates and Oxycodone, Urine, Confirmation if confirmation desired.				
• Tramadol Screen, Urine	12/08/2021	Negative	Negative	Final
Add-on order LAB2826 Tramadol Confirmation, Urine, if confirmation desired.				
• Initial Urine Creatinine	12/08/2021	74.8	>=15 mg/dL	Final
• Color, Urine	12/08/2021	Yellow	Colorless, Light yellow, Yellow	Final
• Clarity, Urine	12/08/2021	Clear	Clear	Final
• pH, Urine	12/08/2021	6.5	5.0 - 9.0	Final
• Glucose Urine	12/08/2021	Negative	Negative	Final
• Protein, Urine	12/08/2021	Negative	Negative, 10 mg/dL, 20 mg/dL	Final
• Ketones, Urine	12/08/2021	Negative	Negative	Final
• Blood, Urine	12/08/2021	Negative	Negative	Final
• Nitrite	12/08/2021	Negative	Negative	Final
• Leukocytes Urine	12/08/2021	Negative	Negative, Trace	Final
• Specific Gravity, Urine	12/08/2021	1.015	1.001 - 1.035	Final
• White Blood Cells, Urine	12/08/2021	<3	<=4 /hpf	Final
• Red Blood Cells, Urine	12/08/2021	1	<=2 /hpf	Final
• Bacteria, Urine	12/08/2021	Negative	Negative	Final
• Hyaline Casts	12/08/2021	<10	<=10 /lpf	Final
• Urinalysis Comment	12/08/2021			Final
Specimen sent in preservative.				

Lab on 11/22/2021

Component	Date	Value	Ref Range	Status
• Sodium	11/22/2021	142	135 - 146 mmol/L	Final
• Potassium	11/22/2021	4.1	3.4 - 5.2 mmol/L	Final
• Chloride	11/22/2021	106	98 - 110 mmol/L	Final
• Total CO2	11/22/2021	23 (A)	24 - 32 mmol/L	Final
• Anion Gap	11/22/2021	13	2 - 15 mmol/L	Final
• BUN	11/22/2021	19	7 - 24 mg/dL	Final
• Creatinine, Blood	11/22/2021	1.1	0.6 - 1.3 mg/dL	Final
• Glucose, Blood	11/22/2021	113	70 - 118 mg/dL	Final
• Calcium	11/22/2021	9.6	8.5 - 10.5 mg/dL	Final
• Estimated GFR(CKD-EPI)	11/22/2021	66	>=60 mL/min/BSA	Final

This Cr-based equation underestimates GFR in patients with increased muscle mass. Order CYSTATIN C WITH GFR ESTIMATE, LAB4559, if additional evaluation of renal function is needed.

Clinical Notes (continued)

• Hemoglobin A1C	11/22/2021	5.3	4.6 - 5.6 %	Final
• Estimated Average Glucose	11/22/2021	105	mg/dL	Final
• Prostate Specific Ag	11/22/2021	0.9	0.1 - 7.2 ng/mL	Final
<i>Method: Abbott</i>				
• Cholesterol	11/22/2021	170	125 - 200 mg/dL	Final
• Triglycerides	11/22/2021	52 (A)	55 - 150 mg/dL	Final
• HDL Cholesterol	11/22/2021	81 (A)	40 - 65 mg/dL	Final
• LDL Cholesterol	11/22/2021	79	<130 mg/dL	Final
• Non-HDL Cholesterol	11/22/2021	89	<190 mg/dL	Final
<i>Normal primary prevention <190 mg/dL</i>				
<i>High risk primary prevention <160 mg/dL</i>				
<i>Secondary prevention <130 mg/dL</i>				
<i>High risk secondary prevention <100 mg/dL</i>				
• VLDL Cholesterol	11/22/2021	10	8 - 71 mg/dL	Final
• Ratio Chol/HDL	11/22/2021	2.1	2.0 - 5.0	Final

ASSESSMENT AND PLAN**1. Cervical radiculopathy**

Other than some mild ttp in L occipital region, neck and L arm exam normal.

Red flags are age, progressive sx

Recommend neurosurg eval, MRI ordered

He will start icing neck and L side TID x 15 min, continue moist heat, rest, muscle relaxant if helpful.

- Ambulatory referral to Neurosurgery; Future

2. Neck pain, chronic

- MRI Cervical Spine WO Contrast; Future

- cyclobenzaprine (FLEXERIL) 10 MG tablet; Take 1 tablet (10 mg total) by mouth 3 times a day as needed for muscle spasms Take 1 tab by mouth at bedtime as directed. Dispense: 30 tablet; Refill: 5

3. Left arm numbness

- Ambulatory referral to Neurosurgery; Future

4. Chronic insomnia

UTD on UDS and contract. He is frustrated that he cannot get refills automatically on this and we did discuss risk profile and policies surrounding controlled substance prescribing. I told him to call next time he needs a refill and request a few days extra to get him onto a rotation of weekday refills so that he does not run out on the weekend.

Follow-up: No follow-ups on file.

ATTESTATIONS

We discussed [REDACTED] new and current medications, including risks, benefits, and potential side effects. The patient expressed understanding and no barriers to adherence were identified.

(continued)

Indicated understanding of and agreement with above plan of care.
Time spent for face to face and on face to face care on the day of this encounter is 30 minutes.

Problems updated today:

Problem

Chronic Insomnia

Clinical Notes (continued)

Imaging

Imaging

MRI Cervical Spine WO Contrast (Completed)

/22 1100

Status: **Completed**

Ordering mode: Standard

Frequency: Routine 06/09/22 -

Quantity: 1

Class: Ancillary Performed

Indications of use: Neck pain, chronic, degenerative changes on xray

Indications comment: hx cervical radiculopathy, DDD, last MRI 2016, now with progressive sx

Diagnoses

Neck pain, chronic [M54.2, G89.29]

Provider Details

Provider

NPI

Questionnaire

Question

Answer

Does the patient have a pacemaker?

No

Imaging protocol to Radiologist discretion?

Yes

Release to patient

Immediate

Indications

Neck pain, chronic [M54.2, G89.29 (ICD-10-CM)]

Visit Information**Provider Information****Encounter Provider****Authorizing Provider****Referring Provider****Department****Name****Address****Phone****Fax****Level of Service****Level of Service**

PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Clinical Notes**Progress Notes****Date of Service:** 3/16/2022**Chief Complaint:****Chief Complaint**

Patient presents with

- Hypertension

History of Present Illness:

is a 73 y.o. male who presents today for telephone/telehealth visit for above issues. Patient is informed that this is a telehealth visit, that there may be co-pays or deductibles associated with this visit. The patient is also informed that some medical problems cannot be managed with video visits alone and may require an in person visit. Patient agrees verbally to a tele health visit.

Reviewed

Again discussed his labile blood pressure. He continues to run somewhat high in the morning and then go down as the day goes on. On weekends when he is not working blood pressure control is somewhat better but still above goal in the 140s on weekends. After he exercises it tends to go low, after he takes Viagra tends to be lower. Has been inconsistent with his medication, but right now is taking 2-1/2 mg of amlodipine in the morning and 5 mg at night. Side effects Of erectile dysfunction with lisinopril and diuretics.

Past Medical History:**Diagnosis****Date**

- Actinic keratosis

5/29/2012

Actinic Keratosis

- Benign neoplasm of colon

- Benign prostatic hypertrophy without urinary obstruction

6/27/2014

*HYPERTROPHY (BENIGN) OF PROSTATE W/O URINARY OBST & OTH LUTS - 600.00:**HYPERTROPHY (BENIGN) OF PROSTATE W/O URINARY OBST & OTH LUTS - 600.00*

Clinical Notes (continued)

• Breast pain <i>Breast Pain</i>	12/1/2014
• Chronic narcotic use <i>2/9/2021 received notice from his insurance company alerting me to the combination of benzodiazepine and opiate. Reviewed chart, patient has already had this conversation with his previous PCP and is aware that we will not be continuing opiates in the setting of chronic benzodiazepine use. 3/10/2021 patient appears to be a low risk status at this time given his intermittent use of hydrocodone be</i>	12/5/2016
• Degeneration of cervical intervertebral disc <i>Cervical Disc Degeneration: CERVICAL DISC DEGEN - 722.4</i>	3/21/2011
• Degeneration of lumbar intervertebral disc <i>Lumbar Disc Degeneration</i>	2/24/2010
• Dyschromia <i>Dyschromia</i>	3/4/2014
• Esophageal reflux	
• Hematuria <i>Hematuria</i>	9/6/2013
• Hydrocele of testis <i>Testicular Hydrocele</i>	12/22/2011
• Hypercholesterolemia <i>Hypercholesterolemia: PURE HYPERCHOLESTEROLEM - 272.0</i>	6/27/2014
• Inguinal hernia <i>Inguinal Hernia</i>	1/17/2013
• Inguinal hernia without mention of obstruction or gangrene, unilateral or unspecified, (not specified as recurrent)	
• Localized superficial swelling, mass, or lump <i>Lump In / On The Skin</i>	12/1/2014
• Low back pain <i>Lower Back Pain</i>	3/21/2011
• Male erectile disorder <i>Male Erectile Disorder</i>	9/12/2013
• Occlusion and stenosis of carotid artery without mention of cerebral infarction	
• Prostatitis, unspecified	
• Rupture of right biceps tendon <i>Text: Rupture Of The Bicipital Tendon Of The Right Arm</i>	10/6/2014
• Shoulder joint pain <i>Joint Pain, Localized In The Right Shoulder</i>	12/1/2014
• Spermatocoele <i>Spermatocoele</i>	9/6/2013
• Syncope and collapse	
• Text: Rupture Of The Bicipital Tendon Of The Right Arm <i>Text: Rupture Of The Bicipital Tendon Of The Right Arm</i>	10/6/2014
• Varicose veins of lower extremities <i>Varicose Veins Of Lower Extremities</i>	6/27/2014
• Vertigo <i>Vertigo</i>	8/25/2011

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• amLODIPine (NORVASC) 5 MG tablet	Take 1 tablet (5 mg total) by mouth daily.	90 tablet	3
• ASCORBIC ACID WITH ROSE	TAKE ONE TO		

Clinical Notes (continued)

HIPS 500 MG tablet	TABLETS DAILY		
• cyclobenzaprine (FLEXERIL) 10 MG tablet	Take 1 tablet (10 mg total) by mouth 3 times a day as needed for muscle spasms. Take 1 tab by mouth at bedtime as directed	30 tablet	5
• LORazepam (ATIVAN) 1 MG tablet	Take 2 tablets (2 mg total) by mouth at bedtime for 5 days.	56 tablet	1
• melatonin 3 mg Tab tablet	TAKE 1 CAPSULE AT BEDTIME AS NEEDED.		
• multivitamin capsule	Take 1 capsule by mouth daily.		
• rosuvastatin (CRESTOR) 5 MG tablet	Take 1 tablet (5 mg total) by mouth daily.	90 tablet	3
• Text: Stress B Complex TABS	TAKE 1 TABLET DAILY AS DIRECTED.		
• tretinoin (RETIN-A) 0.05 % cream	Apply a pea-sized amount to the face at bedtime	45 g	11
• VIAGRA 100 mg tablet	Take 1/2 - 1 tablet by mouth daily prior to activity as directed		
• VITAMIN D3 1,000 unit capsule	(Patient taking differently: Take 5,000 Units by mouth daily. bid)		

No current facility-administered medications for this visit.

Allergies

Allergen	Reactions
• Advil [Ibuprofen] <i>Blood in urine</i>	Other (See Comments)
• Aspirin	Hives
• Chlorthalidone <i>Erectile dysfunction</i>	Other (See Comments)
• Lisinopril <i>Lightheadedness</i>	Other (See Comments)

Social History

Socioeconomic History

- Marital status: Domestic Partner
- Number of children: 3

Tobacco Use

Clinical Notes (continued)

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Yes
Comment: daily
- Drug use: Yes
Types: Marijuana
- Sexual activity: Yes
Partners: Female
Birth control/protection: Surgical

Review of Systems:

Infection around the holidays he has had a vague frontal morning headache, no morning or brain fog. No chest discomfort or chest tightness. No leg edema,

Current Vitals:

There were no vitals filed for this visit.
He appeared alert and well

Results:

Lab Results

Component	Value	Date
WBC	6.43	03/09/2022
HGB	13.4 (L)	03/09/2022
HCT	42.6	03/09/2022
PLT	178	03/09/2022
CHOL	170	11/22/2021
TRIG	52 (L)	11/22/2021
HDL	81 (H)	11/22/2021
ALT	29	03/09/2022
AST	27	03/09/2022
NA	139	03/09/2022
K	4.3	03/09/2022
CL	104	03/09/2022
CREATININE	1.2	03/09/2022
BUN	19	03/09/2022
CO2	27	03/09/2022
TSH	1.12	03/09/2022
PSA	0.7	03/09/2022
INR	1.09	04/20/2011
GLUCOSE	183 (H)	03/09/2022
HGBA1C	5.3	03/09/2022

Assessment and Plan:

1. Benign essential hypertension
2. Blood pressure instability
3. Other male erectile dysfunction

Ambulatory referral to Cardiology

Clinical Notes (continued)

[REDACTED] With blood pressure instability. He has had great inability to take medications consistently either due to side effects or experimenting with different regimens. I encouraged him to take the amlodipine 5 mg twice a day for 2 weeks and then submit some home blood pressure readings. He like to see a cardiologist and discussed other options and whether or not he should have any screening cardiac tests. He has an appointment set up with nephrology but would prefer to see cardiology and I think that is reasonable. We had a long discussion about many of the stresses in his life around caring for his mentally ill son, expensive divorces, and some financial pressures.

He/She will continue to monitor and will call or return to clinic if symptoms worsen, do not improve, with the onset of new symptoms, or with any additional questions or concerns. He/She is in understanding and agreement with this plan.

Telehealth Documentation

This telehealth visit was done using: Epic video

Level of service determined by: time: total time spent for face-to-face and non-face-to-face care on the day of this encounter is 25 minutes.

The physical location of the provider of care is within a [REDACTED], and the location of the patient is separate from the provider of care at the time the services were delivered.

The patient or patient's representative provided informed consent to participate in this telehealth visit, understands that the services delivered by the provider are part of their continuing care, and knows how to access in-person care if needed.

Department

Name

Address

Phone

Labs

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Source	Collected By
22BU-068H0622	Blood	—	

CBC (Abnormal)

Resulted: 03/09/22 15:22 Result status: Final result

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.43	4.00 - 11.00 K/uL	—	
RBC	4.78	4.50 - 5.90 M/uL	—	
Hemoglobin	13.4	13.8 - 17.4 g/dL	L ▼	
Hematocrit	42.6	41.0 - 51.0 %	—	
MCV	89	80 - 96 fL	—	
RDW	14.0	11.6 - 14.6 %	—	
Platelet Count	178	150 - 450 K/uL	—	

Testing Performed By

Indications

Lightheaded [R42 (ICD-10-CM)]