

Capital City Gastroenterology

Phone (334) 495-2600 Fax (334) 495-2604

Dr. M Anderson, Dr. Nina Nelson-Garret, Dr. Heather Echols, Dr. W. Penn White

FROM: Jessica Ellison (334) 495-2604

TO: (334) 244-3396

SUBJECT: Carol

DATE: Tue, 07/16/19, 10:49 AM CDT

INSTRUCTIONS: Referral

This fax transmission is for the sole use of the intended recipient(s) and contains confidential information. Any unauthorized review, use, disclosure or distribution is strictly prohibited. If you are not the intended recipient, please immediately contact the sender.

Having trouble reading this fax?

You can view it online at <http://CCgastro.myupdox.com> by entering the following information:

Fax ID: **1b9c090**

Password: **514-Junior-Hybrid**

This fax expires on Jul 21, 2019 11:49:21 AM. It will not be available online after that time.

07/05/2019 08:18 3342443396

AUM

PAGE 02



CAPITAL CITY GASTROENTEROLOGY PC

REFERRAL FORM

Fax completed form to (334) 495-2104

Referring Physician: (Carol Stewart, MD) 244-3281 244-3396
 Name Office Phone Office Fax
 Form Completed by: Carol Stewart 244-3281 7-2-19
 Name Phone Date

PLEASE VERIFY THAT ALL INFORMATION IS CURRENT.

*****Please include patients Email address*****

Patient Name: Thernton Louis Jr.
 Last First Middle Initial
 Address: 3117 Sutton Dr. Montgomery Al 36111
 Street City State Zip + 4
 Phone: 281-0893 244-3546 399-8445
 Home Phone Work Phone Cell Phone

DOB: 4-26-63 Social Security #: 421-06-1885 Email: lthernton@aum.edu
 Please include Patient email address

Special Needs (hearing impaired, blind, etc):

*** PLEASE SEND A COPY OF PATIENT'S CURRENT INSURANCE CARDS ***

Insurance Company: BCBS Contract Number: 094860228410
 Group Number: 37655 Insured: Patient Insured DOB: 4-26-63
 Pharmacy: Walgreens Phone: 334-409-0611

Please Circle: ANDERSON WHITE GARRETT ECHOLS FIRST AVAILABLE
 Procedure Requested: Consult EGD Colonoscopy PillCam Bravo Motility Study
 Diagnosis/ICD10: K92.1 K57.90 K62.1

Pertinent Patient Information (diabetic, pacemaker, antibiotics, etc):

TO BE COMPLETED BY COW STAFF:

APPOINTMENT: DATE Aug 8 TIME 11AM LOCATION BNCE

200/200

07/02/2019 08:15:24 FAX

* left m. please make
 sure it is done.

07/05/2019 08:18 3342443396

AUM

PAGE 03



REFERRAL

DATE: July 2, 2019

REFERRING

PROVIDER: Carol Stewart, CRNP

REFERRAL TO: Penn White, MD

FOR PATIENT: Louis Thornton (DOB 4/26/63)

Description of Problem:

Louis is a 56 year old employee at AUM. He presented to our clinic on 7/1/19 complaining of black tarry stools for more than a week. He states he had a colonoscopy done by you in 2013 with the findings of diverticulosis and a single polyp that was removed. He states he was instructed at that time to return for a repeat colonoscopy in 5 years. Therefore, I am requesting an EGD and a colonoscopy be done for continued evaluation. I have attached the CBC.

Thank you so much for your help.

AUBURN UNIVERSITY AT MONTGOMERY

Student Health Services

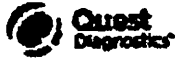
P.O. Box 244023, Montgomery, AL 36124-4023; 334-244-8281; 334-244-8396

www.aum.edu

07/05/2019 08:18 3342443396

ALM

PAGE 04



Page 3 of 3

07/02/2019 08:38:51 AM

Report Status: Final
THORNTON, LOUIS

Patient Information	Specimen Information	Clinic Information
THORNTON, LOUIS DOB: 04/24/1963 AGE: 56 Gender: M Fasting: U Phone: NG Patient ID: NG	Specimen: AL390823F Requisition: 2048387 Collected: 07/01/2019 / 10:45 CDT Received: 07/02/2019 / 01:35 CDT Reported: 07/02/2019 / 03:21 CDT	Clinic #: 49108638 QATL0000 TUCK, PAMELA P ALUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

Test Name	In Range	Out Of Range	Reference Range	Lab AT
CBC (INCLUDES DIFF/PLT)			3.8-10.8 Thousand/uL	
WHITE BLOOD CELL COUNT	5.1		4.20-5.60 Million/uL	
RED BLOOD CELL COUNT	5.15		12.2-17.1 g/dL	
HEMOGLOBIN	14.8		38.5-50.0 g	
HEMATOCRIT	43.6		80.0-100.0 fL	
MCV	84.7		27.0-33.0 pg	
MCH	28.7		12.0-16.0 g/dL	
MCHC	33.9		11.0-15.0 g	
RDW	14.3		140-160 Thousand/uL	
PLATELET COUNT	173		7.5-12.5 fL	
MPV		12.9 H	1500-7500 cells/uL	
ABSOLUTE NEUTROPHILS	2652		850-2500 cells/uL	
ABSOLUTE LYMPHOCYTES	1831		200-950 cells/uL	
ABSOLUTE MONOCYTES	636		15-500 cells/uL	
ABSOLUTE EOSINOPHILS	41		0-200 cells/uL	
ABSOLUTE BASOPHILS	20			
NEUTROPHILS	52			
LYMPHOCYTES	35.9			
MONOCYTES	10.5			
EOSINOPHILS	1.2			
BASOPHILS	0.4			

PERFORMING SITE:

AT QUEST DIAGNOSTICS/ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084 Laboratory Director: ASHLEY W. YOUNG, MD/PHD, CLIA# 11D049841

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

MPV

12.9 H

7.5-12.5 fL

AT

CLIENT SERVICES: 866.697.8378

SPECIMEN: AL390823F

PAGE 1 OF 1

Quest, Quest Diagnostics, the associated logo and all associated Quest Diagnostics marks are the trademarks of Quest Diagnostics.

07/05/2019 08:18

3342443396

ALM

PAGE 05

			
Subscription Name LOUIS, STEPHEN J JR		ALUMNI UNIVERSITY	
Contract Number 02110000206110			
Group Number 27000	Effective Date 01-01-2018		
Alt ID Number 040010			
HEALTH	PAC		

			
Product Name and Description BlueCross BlueShield of Alabama Health Insurance Plan The plan is a group-term life insurance policy issued by Blue Cross of Alabama.		Policy Number and Description Policy Number: 100 000 000 Policy Description: 100 000 000 Policy Term: 100 000 000 Premium: 100 000 000	
Policy Owner and Description Policy Owner: 100 000 000 Policy Description: 100 000 000 Policy Term: 100 000 000 Premium: 100 000 000		Policy Owner and Description Policy Owner: 100 000 000 Policy Description: 100 000 000 Policy Term: 100 000 000 Premium: 100 000 000	