



AUBURN
MONTGOMERY

Auburn Montgomery Student Health Services
F A C S I M I L E

TO:

Dr. Fuentes

FROM:

Amy Morris RN

COMPANY:

Mont. Primary Medicine

DATE:

10/17/12

FAX NUMBER:

286-2397

TOTAL NO. PAGES, INCLUDING COVER:

4

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

244-3281

RE:

Wanda Faust

CC:

☐ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

☐ PLEASE RECYCLE

NOTES/COMMENTS:

Done @
9:15



SOLSTAS
LAB PARTNERS

2732 7th Ave South
Birmingham, AL 35233
Phone: 205-313-1240
Fax: 205-313-1250

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name FAUST, WANDA		Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: FEMALE	Date of Birth: 07/02/1952	Age: 60	Accession: D280749
Patient Phone:	Patient ID #: FAUSTWANDA290	Med. Rec. #:	Requisition: 10/16/2012 08:20
			Collected: 10/17/2012 08:00
			Reported: 10/17/2012 08:00

REQUEST	RESULT	UNITS	NORMALS	TESTLOC
TSH (THIRD GENERATION)	0.046 L	uIU/mL	0.40-5.50	BHAM
HEPATIC FUNCTION PANEL BHAM				
PROTEIN, TOTAL	7.2	g/dL	6.0-8.3	
ALBUMIN	4.5	g/dL	3.5-5.7	
GLOBULIN	2.7	g/dL	1.5-4.5	
A/G RATIO	1.7		1.1-2.4	
ALKALINE PHOSPHATASE	102	U/L	40-120	
ALT (SGPT)	16	U/L	7-52	
AST (SGOT)	16	U/L	13-39	
BILIRUBIN, TOTAL	0.7	mg/dL	0.1-1.2	
BILIRUBIN, DIRECT	0.14	mg/dL	0.03-0.3	
BASIC METABOLIC PANEL BHAM				
SODIUM	137	mmol/L	135-145	
POTASSIUM	4.4	mmol/L	3.5-5.5	
CHLORIDE	103	mmol/L	98-109	
CO2	28	mEq/L	21-31	
ANION GAP	10.4	mmol/L	10-20	
GLUCOSE	98	mg/dL	70-105	
BUN	14.0	mg/dL	7-25	
CREATININE, SERUM	0.68	mg/dL	0.6-1.3	
OSMOLALITY	284	mOsm/kg	275-300	
BUN/CREATININE RATIO	20.6 H		6-20	
CALCIUM	9.9	mg/dL	8.5-10.4	
LIPID PANEL BHAM				
TRIGLYCERIDE	111	mg/dL	<150 NORMAL 150-199 BORDERLINE 200-499 HIGH >=500 VERY HIGH	
CHOLESTEROL	142	mg/dL	<200 DESIRABLE 200-239 BORDERLINE >240 HIGH	
HDL	51	mg/dL	>=60 DESIRABLE	
LDL CHOLESTEROL	69	mg/dL	OPTIMAL <100 NEAR OPTIMAL 100-129 BORDERLINE 130-159 HIGH 160-189 VERY HIGH >189	
VLDL CHOLESTEROL	22	mg/dL	<=30 DESIRABLE	
CHOLESTEROL/HDL RISK RATIO	2.8		VERY LOW RISK 3.3 LOW RISK 3.8 AVERAGE RISK 4.5 MODERATE RISK 7.0 HIGH RISK 11.0	

CONTINUED....

FAUST, WANDA	Page: 1
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Fax: 205-313-1250

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name FAUST, WANDA			Requesting Physician: FUENTES, MARYLUZ
Sex/Species: FEMALE	Date of Birth: 07/02/1952	Age: 60	Accession: D280749
Patient Phone:	Patient ID #: FAUSTWANDA290	Med. Rec. #:	Requisition: 10/16/2012 08:20
			Collected: 10/17/2012 08:00
			Reported: 10/17/2012 08:00

REQUEST

RESULT

UNITS

NORMALS

TEST LOC

LIPID PANEL (continued)

ABNORMAL SUMMARY

TSH (THIRD GENERATION)	0.046	L	uIU/mL	0.40-5.50
BASIC METABOLIC PANEL				
BUN/CREATININE RATIO	20.6	H		6-20

PLEASE NOTE: The abnormal summary is supplied as a tool for identifying abnormal results. All results must still be reviewed as some abnormal results will not be included due to their interpretative or textual nature.

Comments: Fasting Specimen

FINAL REPORT

Testing Locations:

BHAM SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240 CLIA #:01D1015388

Orders

Date Ordered: 10/11/2012

10/11/2012 4:16:10 PM

FAUST, WANDA J

00000012715

Sex: F

DOB: 07/02/1952 Age: 60y

Practice: MONTGOMERY PRIMARY MEDICINE ASSOCIATES

2055 E. SOUTH BLVD, SUITE 30

Ordering Provider: 202

MARYLUZ FUENTES

Usual Provider:

Primary Prov:

Diagnosis: 401.1

272.0

246.8

V58.69

Send results to: 202Ins. 1: 21001

Carrier: 21001

BCBS OF ALABAMA PRIMA

Plan:

Group Number: 37655

Ins ID: PPA879879875

Rel: S

Ins. 2:

Carrier:

Plan:

Group Number:

Ins ID:

Rel:

Patient:

SSN: 423-74-4361

Guarantor:

FAUST

WANDA

195 OLD BARN RD

195 OLD BARN RD

TALLASSEE

AL 36078

TALLASSEE

AL 36078

Facility:Order NameCross Reference NameUrgencyEncounter

HEPATIC PANEL

Routine

LIPID PANEL

Routine

TSH

Routine

BASIC METABOLIC PANEL

Routine



AUBURN
MONTGOMERY

Auburn Montgomery Student Health Services

F A C S I M I L E

TO:

FROM:

Wanda Lawst

COMPANY:

DATE:

FAX NUMBER:

TOTAL NO. PAGES, INCLUDING COVER:

3826

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE:

CC:

☐ URGENT

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☐ PLEASE COMMENT

☐ PLEASE REPLY

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NOTES/COMMENTS:

P. O. Box 244023 Montgomery, AL 36124 / 334-244-3281 fax 334-244-3396

Lab Orders

WANDA J FAUST, 59 year(s) old - female - DOB: 07/02/1952
Follow-up Visit - 09/28/2011 02:33 PM

Due Date: _____

Special Instructions: _____

Patient Fasting Y/N Date/Time Collected: _____

Contracted Provider: Maryluz Fuentes M.D.

Patient ID: 00000573733

Guarantor ID:

Insurance: BCBS OF ALABAMA PRIMARY

Montgomery Primary Med Assoc.
2055 East South Blvd Suite 308
MONTGOMERY, Alabama 36116
Phone: (334)286-2390
Fax: (334)286-2397

3 NR
prehuerto

Lab Description	Code Type	Code	Description	Ordered By: Fuentes, Maryluz M.D. on 09/28/2011
Lipid Profile	ICD	272.4	Other and unspecified hyperlipidemia	Ordered By: Fuentes, Maryluz M.D. on 09/28/2011
		244.9	Hypothyroidism NOS	
		401.9	Unspecified essential hypertension	
		V04.81	Need for prophylactic vaccination and inoculation against influenza	
Liver panel	ICD	272.4	Other and unspecified hyperlipidemia	Ordered By: Fuentes, Maryluz M.D. on 09/28/2011
		244.9	Hypothyroidism NOS	
		401.9	Unspecified essential hypertension	
		V04.81	Need for prophylactic vaccination and inoculation against influenza	

DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE (800) 342-7552



Care No. 65016769LA
No. 28485-01
CLIA No. 11D0646134

PATIENT

FAUST, WANDA

PHYSICIAN FUENTES

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 12/14/2011 8:45 AM		RECEIVED 12/14/2011 1:58 PM		REPORT DATE 12/15/2011 6:00 AM	
ROOM #		ACCOUNT NUMBER 436099		ORDER NUMBER K7481595	
AGE 59 07/02/1952	SEX F	FASTING YES		ROUTE 9501	PAGE 1
PT ID#:				REQ#:	

Pt Ph: MRN:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
-----------	--------------	---------------	-----------------	-------

HEPATIC FUNCTION PANEL A

PROTEIN, TOTAL	7.0		6.4-8.3	GM/DL
ALBUMIN	4.4		3.4-4.8	GM/DL
BILIRUBIN, TOTAL	0.4		0-1.0	MG/DL
BILIRUBIN, DIRECT	0.1		0-0.3	MG/DL
PHOSPHATASE, ALK.	93		30-120	UNITS/L
AST (SGOT)	16		0-37	UNITS/L
ALT (SGPT)	19		0-40	UNITS/L

LIPID PROFILE 2

CHOLESTEROL, TOTAL	154		<200 is desirable	MG/DL
TRIGLYCERIDES	85		DESIRABLE <150	MG/DL
HDL / LDL CHOLESTEROL				
HDL CHOLESTEROL	59		40-59	MG/DL
LDL	78		DESIRABLE RANGES:	
			FOR LOW RISK PTS <100	MG/DL
			FOR HIGH RISK PTS <70	MG/DL

CHOL/HDL RATIO	2.6		CHD RISK	FEMALE
			-----	-----
			1/2 AVG	3.3
			AVG	4.4
			2X AVG	7.1
			3X AVG	11.0

LDL/HDL RATIO	1.3		INTERPRETATION: FEMALE	
			RISK	LDL/HDL
			1/2AVG	1.47
			AVG	3.22
			2XAVG	5.03
			3XAVG	6.14
				11.04

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA
DIRECTOR: Bo Hong, M.D., PhD, FCAP



AUBURN
MONTGOMERY

Auburn Montgomery Student Health Services
F A C S I M I L E

TO:

Dr. Fuentes

COMPANY:

mont Primary med.

FAX NUMBER:

286-2397

PHONE NUMBER:

FROM:

AUM - Student Health center

DATE:

12/16/11

TOTAL NO. PAGES, INCLUDING COVER:

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SENDER'S REFERENCE NUMBER:

RE:

Wanda Faust

CC:

☐ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

☐ PLEASE RECYCLE

NOTES/COMMENTS:

P. O. Box 244023 Montgomery, AL 36124 / 334-244-3281 fax 334-244-3396

05/20/2010 10:57

3342443396

AUM NURSING CARE OF

PAGE 02

AUBURN UNIVERSITY MONTGOMERY

STUDENT HEALTH CENTER

P.O. Box 244023

Montgomery AL 36124

7461 East Drive 36117

Office (334) 244-3281 Fax (334) 244-3396

This is to verify that a copy of the following records and/pr lab results were given to

Wanda Faus

Print Patient's Name

on

6-3-10

Date

Description of records(s) copied:

lab results[Signature]

Patient's Signature

6-3-10

Date

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Montgomery AL 36124
7461 East Drive 36117
Office (334) 244-3281 Fax (334) 244-3396

This is to verify that a copy of the following records and/pr lab results were given to

Wanda Faust on 7-1-09
Print Patient's Name Date

Description of records(s) copied: Lab records

W Faust
Patient's Signature

7-1-09
Date

AUBURN UNIVERSITY MONTGOMERY
NURSING CARE CENTER

P. O. Box 244023

Montgomery, Alabama 36124-4023

Phone: (334) 244-3281

Fax: (334) 244-3396

This is to verify that a copy of the following records and/or lab results was given to:

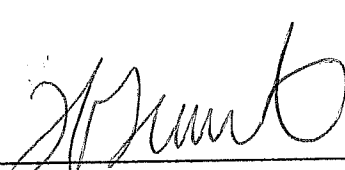
Wanda Faust

on 10/22/05

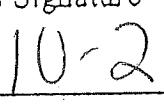
Print Patient's Name

Date

Description of record(s) copied: lab results



Patient's Signature



Date

AUBURN UNIVERSITY MONTGOMERY
NURSING CARE CENTER

P. O. Box 244023
Montgomery, Alabama 36124-4023
Phone: (334) 244-3281
Fax: (334) 244-3396

This is to verify that a copy of the following records and/or lab results was given to

Wanda Faust

on

Print Patient's Name

Date

Description of record(s) copied: labs

X Wanda Faust

Patient's Signature

7-17-08

Date

**AUBURN UNIVERSITY MONTGOMERY
NURSING CARE CENTER**

P. O. Box 244023

Montgomery, Alabama 36124-4023

Phone: (334) 244-3281

Fax: (334) 244- 3396

This is to verify that a copy of the following records and/or lab results was given to

Wanda Faust on 2-6-08
Print Patient's Name Date

Description of record(s) copied: Lab results



Patient's Signature

2-6-08

Date



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Dr. Fuentes

FROM: AUM- SHC

COMPANY:

DATE: 9/25/14

FAX NUMBER:

TOTAL PAGES, INCLUDING COVER

256-2397

34

PHONE NUMBER:

SENDER'S REFERENCE NUMBER

244-3281

RE:

CC:

Wanda Faust

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☐ PLEASE COMMENT

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NOTES/COMMENTS

Thank you

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Birmingham, AL 35233
Phone: 205-313-1240
Fax: 205-313-1250

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name FAUST, WANDA		Requesting Physician: FUENTES, MARYLUZ Accession: E663242 Requisition: Collected: 09/24/2014 08:30 Reported: 09/25/2014 07:45	
Sex/Species: FEMALE	Date of Birth: 07/02/1952	Age: 62	
Patient Phone: 	Patient ID #: FAUSTWANDA267	Med. Rec. #: 	

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
TSH (THIRD GENERATION)	2.004	uIU/mL	0.35-4.50	BHAM
COMPREHENSIVE METABOLIC PANEL				BHAM
SODIUM	141	mmol/L	135-145	
POTASSIUM	4.1	mmol/L	3.5-5.5	
CHLORIDE	105	mmol/L	98-109	
CO2	28	mEq/L	21-31	
ANION GAP	12.1	mmol/L	10-20	
GLUCOSE	98	mg/dL	70-105	
BUN	12.0	mg/dL	7-25	
CREATININE, SERUM	0.70	mg/dL	0.6-1.3	
OSMOLALITY	292	mOsm/kg	275-300	
BUN/CREATININE RATIO	17.1		6-20	
CALCIUM	9.6	mg/dL	8.5-10.4	
PROTEIN, TOTAL	7.5	g/dL	6.0-8.3	
ALBUMIN	4.4	g/dL	3.5-5.7	
GLOBULIN	3.1	g/dL	1.5-4.5	
A/G RATIO	1.4		1.1-2.4	
ALKALINE PHOSPHATASE	84	U/L	40-120	
ALT (SGPT)	20	U/L	7-52	
AST (SGOT)	18	U/L	13-39	
BILIRUBIN, TOTAL	0.7	mg/dL	0.1-1.2	
LIPID PANEL				BHAM
TRIGLYCERIDE	85	mg/dL	<150 NORMAL 150-199 BORDERLINE 200-499 HIGH >=500 VERY HIGH	
CHOLESTEROL	152	mg/dL	<200 DESIRABLE 200-239 BORDERLINE >240 HIGH	
HDL	57	mg/dL	>=60 DESIRABLE	
LDL CHOLESTEROL	78	mg/dL	OPTIMAL <100 NEAR OPTIMAL 100-129 BORDERLINE 130-159 HIGH 160-189 VERY HIGH >189	
VLDL CHOLESTEROL	17	mg/dL	<=30 DESIRABLE	
CHOLESTEROL/HDL RISK RATIO	2.7		VERY LOW RISK 3.3 LOW RISK 3.8 AVERAGE RISK 4.5 MODERATE RISK 7.0 HIGH RISK 11.0	

CONTINUED....

FAUST, WANDA

Page: 1



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AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name FAUST, WANDA		Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: FEMALE	Date of Birth: 07/02/1952	Age: 62	Accession: E663242
Patient Phone:	Patient ID #: FAUSTWANDA267	Med. Rec. #:	Requisition: 09/24/2014 08:30
			Collected: 09/25/2014 07:45
			Reported:

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
LIPID PANEL (continued)				
BILIRUBIN, DIRECT	0.13	mg/dL	0.03-0.3	BHAM
Comments: Fasting Specimen				
FINAL REPORT				
Testing Locations:				
BHAM SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240 CLIA #: 01D1015388				

FAUST, WANDA	Page: 2 (last)
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Orders

Date Ordered: 09/21/2014

9/22/2014 8:41:42 AM

FAUST, WANDA J **00000012715** **Sex: F****DOB: 07/02/1952** **Age: 62y****Practice:** MONTGOMERY PRIMARY MEDICINE ASSOCIATES

2055 E. SOUTH BLVD, SUITE 30

Ordering Provider: 202

MARYLUZ FUENTES

Usual Provider:

Primary Prov:

Diagnosis: 401.9

272.4

Send results to: 202**Ins. 1:** 21001

Carrier: 21001

BCBS OF ALABAMA PRIMA

Plan:

Ins ID: PPA879879875

Rel: S

Group Number: 37655

Ins. 2:

Carrier:

Ins ID:

Plan:

Rel:

Group Number:

Patient:**Guarantor:**

SSN: 423-74-4361

FAUST

WANDA

195 OLD BARN RD

195 OLD BARN RD

TALLASSEE

AL 36078

TALLASSEE

AL 36078

Facility:**Order Name****Cross Reference Name****Urgency****Encounter**COMPREHENSIVE
METABOLIC PANEL

Routine

LIPID PANEL

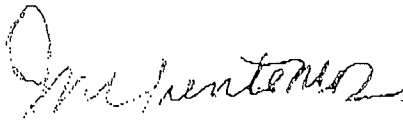
Routine

TSH

Within 30 d

HEPATIC PANEL

Within 30 d





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Fax: 205-313-1250

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name FAUST, WANDA		Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: FEMALE	Date of Birth: 07/02/1952	Age: 61	Accession: E221442
Patient Phone:	Patient ID #: FAUSTWANDA036	Med. Rec. #:	Requisition:
			Collected: 02/05/2014 08:30
			Reported: 02/06/2014 06:45

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
TSH (THIRD GENERATION)	1.434	uIU/mL	0.35-4.50	BHAM
COMPREHENSIVE METABOLIC PANEL				BHAM
SODIUM	141	mmol/L	135-145	
POTASSIUM	4.3	mmol/L	3.5-5.5	
CHLORIDE	104	mmol/L	98-109	
CO2	17 L	mEq/L	21-31	
ANION GAP	24.3 H	mmol/L	10-20	
GLUCOSE	97	mg/dL	70-105	
BUN	15.0	mg/dL	7-25	
CREATININE, SERUM	0.74	mg/dL	0.6-1.3	
OSMOLALITY	293	mOsm/kg	275-300	
BUN/CREATININE RATIO	20.3 H		6-20	
CALCIUM	10.2	mg/dL	8.5-10.4	
PROTEIN, TOTAL	7.4	g/dL	6.0-8.3	
ALBUMIN	4.7	g/dL	3.5-5.7	
GLOBULIN	2.7	g/dL	1.5-4.5	
A/G RATIO	1.7		1.1-2.4	
ALKALINE PHOSPHATASE	96	U/L	40-120	
ALT (SGPT)	18	U/L	7-52	
AST (SGOT)	17	U/L	13-39	
BILIRUBIN, TOTAL	0.7	mg/dL	0.1-1.2	
LIPID PANEL				BHAM
TRIGLYCERIDE	111	mg/dL	<150 NORMAL 150-199 BORDERLINE 200-499 HIGH >=500 VERY HIGH	
CHOLESTEROL	154	mg/dL	<200 DESIRABLE 200-239 BORDERLINE >240 HIGH	
HDL	51	mg/dL	>=60 DESIRABLE	
LDL CHOLESTEROL	81	mg/dL	OPTIMAL <100 NEAR OPTIMAL 100-129 BORDERLINE 130-159 HIGH 160-189 VERY HIGH >189	
VLDL CHOLESTEROL	22	mg/dL	<=30 DESIRABLE	
CHOLESTEROL/HDL RISK RATIO	3.0		VERY LOW RISK 3.3 LOW RISK 3.8 AVERAGE RISK 4.5 MODERATE RISK 7.0 HIGH RISK 11.0	

CONTINUED

FAUST, WANDA	Page: 1
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AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name FAUST, WANDA		Requesting Physician: FUENTES, MARYLUZ Accession: E221442 Requisition: Collected: 02/05/2014 08:30 Reported: 02/06/2014 06:45	
Sex/Species: FEMALE	Date of Birth: 07/02/1952	Age: 61	
Patient Phone: 	Patient ID #: FAUSTWANDA036	Med. Rec. #: 	

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
LIPID PANEL (continued)				
BILIRUBIN, DIRECT	0.14	mg/dL	0.03-0.3	BHAM
URINALYSIS, AUTOMATED				
COLOR	YELLOW		STRAW TO YELLOW	BHAM
CLARITY	CLEAR		CLEAR	
GLUCOSE	NEGATIVE	mg/dL	NEGATIVE	
BLOOD	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE	mg/dL	NEGATIVE	
SPECIFIC GRAVITY	1.007		1.002-1.035	
pH	7.0		5.0-8.0	
PROTEIN	NEGATIVE		NEGATIVE-TRACE	
UROBILINOGEN	0.2	EU/dL	0.2-1.0	
NITRITES	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	SMALL		NEGATIVE	
MICROSCOPIC, URINE				
WHITE BLOOD CELLS	0-5	/hpf	0-5	BHAM
RED BLOOD CELLS	0-3	/hpf	0-3	
SQUAMOUS EPITHELIAL	NEGATIVE	/hpf	NEGATIVE	
HYALINE CASTS	NEGATIVE		NEGATIVE	
BACTERIA	NEGATIVE	/hpf	NEGATIVE-TRACE	

CONTINUED....

FAUST, WANDA

Page: 2



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7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name FAUST, WANDA			Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: FEMALE	Date of Birth: 07/02/1952	Age: 61	Accession: E221442	
Patient Phone:	Patient ID #: FAUSTWANDA036	Med. Rec. #:	Requisition: 02/05/2014 08:30	
			Collected: 02/06/2014 06:45	
			Reported:	

REQUEST

RESULT

UNITS

NORMALS

TEST LOC

ABNORMAL SUMMARY

COMPREHENSIVE METABOLIC PANEL

CO2	17	L	mEq/L	21-31
ANION GAP	24.3	H	mmol/L	10-20
BUN/CREATININE RATIO	20.3	H		6-20
URINALYSIS, AUTOMATED				
LEUKOCYTE ESTERASE	SMALL			NEGATIVE

PLEASE NOTE: The abnormal summary is supplied as a tool for identifying abnormal results. All results must still be reviewed as some abnormal results will not be included due to their interpretative or textual nature.

Comments: Fasting Specimen

FINAL REPORT

Testing Locations:

BHAM SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240 CLIA #: 01D1015388



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Dr. Fuentes

FROM: Amy Morris RN-BC

COMPANY:

DATE: 2/6/14

FAX NUMBER:

286-2397

TOTAL PAGES, INCLUDING COVER

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PHONE NUMBER:

SENDER'S REFERENCE NUMBER

RE:

Wanda Faust DOB 7/2/52

CC:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

NOTES/COMMENTS

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P. O. Box 244023 Montgomery, AL 36124/ 334-244-3281 fax 334-244-3396

Orders

Date Ordered: 01/27/2014

2/3/2014 9:26:15 AM

FAUST, WANDA J 00000012715 Sex: F**DOB: 07/02/1952** Age: 61yPractice: MONTGOMERY PRIMARY MEDICINE ASSOCIATES 2055 E. SOUTH BLVD, SUITE 30Ordering Provider: 202 MARYLUZ FUENTESUsual Provider: Primary Prov:Diagnosis: 401.9 272.4 244.9Send results to: 202

Ins. 1: 21001 Carrier: 21001 BCBS OF ALABAMA PRIMA Plan:
Group Number: 37655 Ins ID: PPA879879875 Rel: S

Ins. 2: Carrier: Ins ID: Plan:
Group Number: Rel:

Patient: Guarantor:
SSN: 423-74-4361 FAUST WANDA
195 OLD BARN RD 195 OLD BARN RD

TALLASSEE TALLASSEE
AL 36078 AL 36078

Facility:

<u>Order Name</u>	<u>Cross Reference Name</u>	<u>Urgency</u>	<u>Encounter</u>
COMPREHENSIVE		Routine	
METABOLIC PANEL			
HEPATIC PANEL		Routine	
LIPID PANEL		Routine	
TSH		Routine	
URINALYSIS		Within 7 d	





AUBURN

MONTGOMERY

Auburn Montgomery Student Health Services

F A C S I M I L E

TO:

FROM:

Wanda Faust

Aum SHS

COMPANY:

DATE:

6/14/13

FAX NUMBER:

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CC:

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☐ PLEASE COMMENT

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NOTES/COMMENTS:

*Exped 10:01
W*



SOLSTAS
LAB PARTNERS

2732 7th Ave South
Birmingham, AL 35233
Phone: 205-313-1240
Fax: 205-313-1250

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name FAUST, WANDA		Requesting Physician: FUENTES, MARYLUZ Accession: D736398 Requisition: Collected: 06/11/2013 08:15 Reported: 06/12/2013 05:25	
Sex/Species: FEMALE	Date of Birth: 07/02/1952	Age: 60	
Patient Phone:	Patient ID #: FAUST, WANDA162	Med. Rec. #:	

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
LIPID PANEL (continued)				
VLDL CHOLESTEROL	17	mg/dL	<=30 DESIRABLE	
CHOLESTEROL/HDL RISK RATIO	2.9		VERY LOW RISK 3.3 LOW RISK 3.8 AVERAGE RISK 4.5 MODERATE RISK 7.0 HIGH RISK 11.0	
URINALYSIS, AUTOMATED				
COLOR	YELLOW		STRAW TO YELLOW	BHAM
CLARITY	CLEAR		CLEAR	
GLUCOSE	NEGATIVE	mg/dL	NEGATIVE	
BLOOD	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE	mg/dL	NEGATIVE	
SPECIFIC GRAVITY	1.012		1.002-1.035	
pH	7.0		5.0-8.0	
PROTEIN	NEGATIVE		NEGATIVE-TRACE	
UROBILINOGEN	0.2	EU/dL	0.2-1.0	
NITRITES	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	MODERATE		NEGATIVE	
MICROSCOPIC, URINE				
WHITE BLOOD CELLS	0-5	/hpf	0-5	BHAM
RED BLOOD CELLS	0-3	/hpf	0-3	
SQUAMOUS EPITHELIAL	NEGATIVE	/hpf	NEGATIVE	
HYALINE CASTS	NEGATIVE		NEGATIVE	
BACTERIA	NEGATIVE	/hpf	NEGATIVE-TRACE	

CONTINUED

FAUST, WANDA

Page: 2



SOLSTAS
LAB PARTNERS

2732 7th Ave South
Birmingham, AL 35233
Phone: 205-313-1240
Fax: 205-313-1250

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name FAUST, WANDA		Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: FEMALE	Date of Birth: 07/02/1952	Age: 60	Accession: D736398
Patient Phone:	Patient ID #: FAUST, WANDA162	Med. Rec. #:	Requisition:
			Collected: 06/11/2013 08:15
			Reported: 06/12/2013 05:25

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
TSH (THIRD GENERATION)	0.398	uIU/mL	0.35-4.50	BHAM
**** PLEASE NOTE UPDATED REFERENCE RANGE ****				
HEPATIC FUNCTION PANEL				BHAM
PROTEIN, TOTAL	6.9	g/dL	6.0-8.3	
ALBUMIN	4.4	g/dL	3.5-5.7	
GLOBULIN	2.5	g/dL	1.5-4.5	
A/G RATIO	1.8		1.1-2.4	
ALKALINE PHOSPHATASE	99	U/L	40-120	
ALT (SGPT)	25	U/L	7-52	
AST (SGOT)	20	U/L	13-39	
BILIRUBIN, TOTAL	0.7	mg/dL	0.1-1.2	
BILIRUBIN, DIRECT	0.15	mg/dL	0.03-0.3	
BASIC METABOLIC PANEL				BHAM
SODIUM	139	mmol/L	135-145	
POTASSIUM	4.1	mmol/L	3.5-5.5	
CHLORIDE	104	mmol/L	98-109	
CO2	27	mEq/L	21-31	
ANION GAP	12.1	mmol/L	10-20	
GLUCOSE	105	mg/dL	70-105	
BUN	15.0	mg/dL	7-25	
CREATININE, SERUM	0.74	mg/dL	0.6-1.3	
OSMOLALITY	289	mOsm/kg	275-300	
BUN/CREATININE RATIO	20.3 H		6-20	
CALCIUM	9.7	mg/dL	8.5-10.4	
LIPID PANEL				BHAM
TRIGLYCERIDE	85	mg/dL	<150 NORMAL 150-199 BORDERLINE 200-499 HIGH >=500 VERY HIGH	
CHOLESTEROL	146	mg/dL	<200 DESIRABLE 200-239 BORDERLINE >240 HIGH	
HDL	51	mg/dL	>=60 DESIRABLE	
LDL CHOLESTEROL	78	mg/dL	OPTIMAL <100 NEAR OPTIMAL 100-129 BORDERLINE 130-159 HIGH 160-189 VERY HIGH >189	

CONTINUED

FAUST, WANDA	Page: 1
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SOLSTAS
LAB PARTNERS

2732 7th Ave South
Birmingham, AL 35233
Phone: 205-313-1240
Fax: 205-313-1250

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name FAUST, WANDA			Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: FEMALE	Date of Birth: 07/02/1952	Age: 60	Accession: D736398	
Patient Phone:	Patient ID #: FAUST, WANDA162	Med. Rec. #:	Requisition:	
			Collected: 06/11/2013 08:15	
			Reported: 06/12/2013 05:25	

REQUEST

RESULT

UNITS

NORMALS

TEST LOC

ABNORMAL SUMMARY

BASIC METABOLIC PANEL

BUN/CREATININE RATIO

20.3 H

6-20

URINALYSIS, AUTOMATED

LEUKOCYTE ESTERASE

MODERATE

NEGATIVE

PLEASE NOTE: The abnormal summary is supplied as a tool for identifying abnormal results. All results must still be reviewed as some abnormal results will not be included due to their interpretative or textual nature.

Comments: Fasting Specimen

FINAL REPORT

Testing Locations:

BHAM SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240 CLIA #:01D1015388



AUBURN
MONTGOMERY

Auburn Montgomery Student Health Services
F A C S I M I L E

TO:

Dr. Fuentes

FROM:

Amy Morris RN

COMPANY:

DATE:

6/12/13

FAX NUMBER:

TOTAL NO. PAGES, INCLUDING COVER:

286-2397

4

PHONE NUMBER:

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244 3281

RE:

DOB

CC:

Wanda Faust 7/2/52

☐ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

☐ PLEASE RECYCLE

NOTES/COMMENTS:

@ 835

3826

Orders

Date Ordered: 06/03/2013

6/4/2013 4:57:24 PM

FAUST, WANDA J 00000012715 Sex: F

DOB: 07/02/1952 Age: 60y

Practice: MONTGOMERY PRIMARY MEDICINE ASSOCIATES 2055 E. SOUTH BLVD, SUITE 30

Ordering Provider: 202 MARYLUZ FUENTES

Usual Provider: Primary Prov:

Diagnosis:

Send results to: 202

Ins. 1: 21001 Carrier: 21001 BCBS OF ALABAMA PRIMA Plan:
Group Number: 37655 Ins ID: PPA879879875 Rel: S

Ins. 2: Carrier: Plan:
Group Number: Ins ID: Rel:

Patient: Guarantor:
SSN: 423-74-4361 FAUST WANDA
195 OLD BARN RD 195 OLD BARN RD

TALLASSEE TALLASSEE
AL 36078 AL 36078

Facility:

<u>Order Name</u>	<u>Cross Reference Name</u>	<u>Urgency</u>	<u>Encounter</u>
BASIC METABOLIC PANEL		Within 14 d	
HEPATIC PANEL		Within 14 d	
LIPID PANEL		Within 14 d	
TSH		Within 14 d	
URINALYSIS		Within 14 d	





AUBURN
MONTGOMERY

Auburn Montgomery Student Health Services
F A C S I M I L E

TO:

Dr. Fuentes

FROM:

AUM

COMPANY:

DATE:

9/27/11

FAX NUMBER:

244 286 2397

TOTAL NO. PAGES, INCLUDING COVER:

3

PHONE NUMBER:

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RE:

Wanda Faust

CC:

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☐ FOR REVIEW

☐ PLEASE COMMENT

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NOTES/COMMENTS:

70270
244-3826

Montgomery Primary Med Assoc.
2055 East South Blvd Suite 308
MONTGOMERY, Alabama 36116
Phone: (334)286-2390
Fax: (334)286-2397

Lab Orders

WANDA J FAUST, 59 year(s) old - female - DOB: 07/02/1952
Other - 09/23/2011 10:48 AM

Due Date: _____

Special Instructions: _____

Patient Fasting Y/N Date/Time Collected: _____

Contracted Provider: Maryluz Fuentes M.D.

Patient ID: 00000573733

Guarantor ID: _____

Insurance: BCBS OF ALABAMA PRIMARY

Maryluz Fuentes

Lab Description	Code	Type	Description
Comprehensive Metabolic Panel			
Unspecified essential hypertension	401.9	ICD	Unspecified essential hypertension
Hypothyroidism NOS	244.9		Hypothyroidism NOS
Other and unspecified hyperlipidemia	272.4		Other and unspecified hyperlipidemia
Medication, Monitoring	V58.69		Medication, Monitoring
Lipid Profile			
Other and unspecified hyperlipidemia	272.4	ICD	Other and unspecified hyperlipidemia
Hypothyroidism NOS	244.9		Hypothyroidism NOS
Unspecified essential hypertension	401.9		Unspecified essential hypertension
Medication, Monitoring	V58.69		Medication, Monitoring
TSH - thyroid stimulating hormone			
Hypothyroidism NOS	244.9	ICD	Hypothyroidism NOS
Other and unspecified hyperlipidemia	272.4		Other and unspecified hyperlipidemia
Unspecified essential hypertension	401.9		Unspecified essential hypertension
Medication, Monitoring	V58.69		Medication, Monitoring

Ordered By: Fuentes, Maryluz M.D. on 09/23/2011

Ordered By: Fuentes, Maryluz M.D. on 09/23/2011

Ordered By: Fuentes, Maryluz M.D. on 09/23/2011

DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE (800) 342-7552



Medicare No. 65016769LA
P No. 28485-01
CLIA No. 11D0646134

PATIENT

FAUST, WANDA

PHYSICIAN

FUENTES

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 09/26/2011 8:30 AM		RECEIVED 09/26/2011 5:17 PM		REPORT DATE 09/27/2011 6:00 AM	
ROOM #		ACCOUNT NUMBER 436099		ORDER NUMBER K7431781	
AGE 59 07/02/1952	SEX F	FASTING YES		ROUTE 9501	PAGE 1
PT ID#:				REQ#:	

Pt Ph:

MRN:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
TSH	1.81		0.27-4.2	uIU/ML
COMPREHENSIVE METABOLIC PANEL				
CALCIUM	9.2		8.5-10.8	MG/DL
GLUCOSE	86		70-110	MG/DL
BUN	17		6-24	MG/DL
CREATININE	0.79		0.6-1.20	MG/DL
PROTEIN, TOTAL	7.0		6.4-8.3	GM/DL
ALBUMIN	4.2		3.4-4.8	GM/DL
GLOBULIN	2.8		2.0-3.7	GM/DL
A/G RATIO	1.50		1.0-2.0	
BILIRUBIN, TOTAL	0.5		0-1.0	MG/DL
PHOSPHATASE, ALK.	93		30-120	UNITS/L
AST (SGOT)	17		0-37	UNITS/L
ALT (SGPT)	17		0-40	UNITS/L
SODIUM	140		135-148	MEQ/L
POTASSIUM	4.3		3.5-5.3	MEQ/L
CARBON DIOXIDE	25		22-30	MEQ/L
CHLORIDE	104		96-110	MEQ/L
CALCULATION				
CREATININE, SERUM	0.79		0.60-1.20	MG/DL
GFR, BLACK	90		>60	
GFR, NON-BLACK	74		>60	
LIPID PROFILE 2				
CHOLESTEROL, TOTAL		228 (H)	<200 is desirable Result is borderline high DESIRABLE <150	MG/DL
TRIGLYCERIDES	125			
HDL / LDL CHOLESTEROL				
HDL CHOLESTEROL	51		40-59	MG/DL
LDL		152 (H)	DESIRABLE RANGES: FOR LOW RISK PTS <100 MG/DL FOR HIGH RISK PTS <70 MG/DL	
CHOL/HDL RATIO	4.5		CHD RISK	FEMALE
			-----	-----
			1/2 AVG	3.3
			AVG	4.4

REPORT CONTINUED ON NEXT FORM

DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE (800) 342-7552



Medicare No. 65016769LA
No. 28485-01
CLIA No. 11D0646134

PATIENT FAUST, WANDA
PHYSICIAN FUENTES
AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED		RECEIVED		REPORT DATE	
09/26/2011 8:30 AM		09/26/2011 5:17 PM		09/27/2011 6:00 AM	
ROOM #		ACCOUNT NUMBER		ORDER NUMBER	
		436099		K7431781	
AGE	SEX	FASTING		ROUTE	PAGE
59	F	YES		9501	2
07/02/1952					
PT ID#:				REQ#:	

Pt Ph: MRN:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
-----------	--------------	---------------	-----------------	-------

2X AVG 7.1
3X AVG 11.0

LDL/HDL RATIO 3.0

INTERPRETATION: FEMALE
RISK LDL/HDL CHOL/HDL
1/2AVG 1.47 3.27
AVG 3.22 4.44
2XAVG 5.03 7.05
3XAVG 6.14 11.04

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA
DIRECTOR: Bo Hong, M.D., PhD, FCAP



AUBURN
MONTGOMERY

Auburn Montgomery Nursing Care Center
F A C S I M I L E

TO:

FROM:

Wanda Faust

Aum Nec

COMPANY:

DATE:

Science Dept.

6/3/10

FAX NUMBER:

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244-3826

3

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CC:

Labs

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NOTES/COMMENTS:

P. O. Box 244023 Montgomery, Al 36124 / 334-244-3281 fax 334-244-3396

DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE (800) 342-7552



Medicare No. 65016769LA
P No. 28485-01
CLIA No. 11D0646134

PATIENT FAUST, WANDA
PHYSICIAN FUENTES
AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 05/26/2010 2:05 PM		RECEIVED 05/26/2010 5:49 PM		REPORT DATE 05/28/2010 6:00 AM	
ROOM #		ACCOUNT NUMBER 436099		ORDER NUMBER K7078551	
AGE 57 07/02/1952	SEX F	FASTING NO		ROUTE 9501	PAGE 1
PT ID#:				REQ#:	

Pt Ph:

MRN:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
-----------	--------------	---------------	-----------------	-------

VITAMIN D (25-HYDROXY)	30.9		30-100	NG/ML
------------------------	------	--	--------	-------

Suggested Guidelines

Deficient: <10 ng/ml
Insufficient: 10-29 ng/ml
Sufficient: 30-100 ng/ml
Potential intoxication: >100 ng/ml

These reference ranges represent clinical decision values that apply to males and females of all ages, rather than population-based reference values. Population reference ranges for 25-OH-VitD vary widely depending on ethnic background, age, geographic location of the studied populations, and the sampling-season. Population-based ranges correlate poorly with serum 25-OH-VitD concentrations that are associated with biologically and clinically relevant vitamin D effects and are therefore of limited clinical value.

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA
DIRECTOR: Bo Hong, M.D., PhD, FCAP



AUBURN
MONTGOMERY

Auburn Montgomery Nursing Care Center
F A C S I M I L E

TO:

Dr. Fuentes

FROM:

AUM

COMPANY:

Montgomery Primary Associates

DATE:

5/28/2010

FAX NUMBER:

334-286-2397

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RE:

W. Faust

CC:

☐ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

☐ PLEASE RECYCLE

NOTES/COMMENTS:

Lab Orders

WANDA J FAUST, 57 year(s) old - female - DOB: 07/02/1952
 Other - 05/25/2010 04:02 PM

Due Date: _____

Special Instructions: _____

Patient Fasting Y/N Date/Time Collected: _____

Contracted Provider: Maryluz Fuentes M.D.

Patient ID: 6438

Guarantor ID: 6438

Insurance: AL BCBS

Montgomery Primary Med Assoc.
 2055 East South Blvd Suite 308
 MONTGOMERY, Alabama 36116
 Phone: (334)286-2390
 Fax: (334)286-2397

8-244-3826

Maryluz Fuentes M.D.

Lab Description	Code Type	Code	Description
Vitamin D 25 OH	ICD	268	Vitamin d deficiency

Ordered By: Fuentes, Maryluz M.D. on 05/25/2010



AUBURN

MONTGOMERY

Auburn Montgomery Nursing Care Center

F A C S I M I L E

TO:

Dr. Fuentes

COMPANY:

FROM:

AUM-NCC

DATE:

9/1/09

FAX NUMBER:

286-2397

TOTAL NO. PAGES, INCLUDING COVER:

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RE:

Wanda Faust

CC:

☐ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

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☐ PLEASE RECYCLE

NOTES/COMMENTS:

DOCTORS LABORATORY INC.

DIRECTOR 2906 JULIA DRIVE, VALDOSTA GEORGIA 31604
JACKSON L. GATES, M.D. PHONE (229)244-4468

REPRINT

PATIENT: FAUST, WANDA

SEX, SP: F

PT PHONE:

FASTING: YES

COLLECTED: 08/28/2009-8:25 AM

ACCESSION: K6872234

AGE, DOB: 57, 07/02/1952

RECEIVED: 08/28/2009-5:53 PM

PT ID#:

REQ#:

REPORTED: 09/01/2009-6:00 AM

MED REC#:

RM#:

ROUTE/STOP: 9501

PAGE 1

PHYSICIAN: FUENTES

CLIENT: AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

ACCOUNT NO. 436099

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	NORMAL RANGE	UNITS
TSH	3.01		0.27-4.2	uIU/ML
FREE THYROXINE	1.10		0.80-1.70	NG/DL
LIPID PROFILE 2				
CHOLESTEROL, TOTAL		216 (H)	<200 is desirable	MG/DL
			Result is borderline high	
			DESIRABLE <150	MG/DL
TRIGLYCERIDES	92			
HDL / LDL CHOLESTEROL				
HDL CHOLESTEROL	54		40-59	MG/DL
LDL		144 (H)	DESIRABLE RANGES:	
			FOR LOW RISK PTS <100	MG/DL
			FOR HIGH RISK PTS <70	MG/DL
CHOL/HDL RATIO	4.0		CHD RISK	FEMALE
			1/2 AVG	3.3
			AVG	4.4
			2X AVG	7.1
			3X AVG	11.0
LDL/HDL RATIO	2.7		INTERPRETATION: FEMALE	
			RISK	LDL/HDL CHOL/HDL
			1/2AVG	1.47 3.27
			AVG	3.22 4.44
			2XAVG	5.03 7.05
			3XAVG	6.14 11.04
T3, FREE	2.62		1.80-4.20	PG/ML

*** FINAL REPORT ***

DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE 800-342-7552



Medicare No. 65016769LA
CAP No. 28485-01
CLIA No. 11D0646134

PATIENT

FAUST, WANDA

PHYSICIAN FUENTES

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 08/28/2009 8:25 AM		RECEIVED 08/28/2009 5:53 PM		REPORT DATE 09/01/2009 6:00 AM	
ROOM #		ACCOUNT NUMBER 436099		ORDER NUMBER K6872234	
AGE 57 07/02/1952	SEX F	FASTING YES		ROUTE 9501	PAGE 1

Pt Ph:

MRN:

PT ID#:

REQ#:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
TSH	3.01		0.27-4.2	uIU/ML
FREE THYROXINE	1.10		0.80-1.70	NG/DL
LIPID PROFILE 2				
CHOLESTEROL, TOTAL		216 (H)	<200 is desirable	MG/DL
			Result is borderline high	
TRIGLYCERIDES	92		DESIRABLE <150	MG/DL
HDL / LDL CHOLESTEROL				
HDL CHOLESTEROL	54		40-59	MG/DL
LDL		144 (H)	DESIRABLE RANGES:	
			FOR LOW RISK PTS <100	MG/DL
			FOR HIGH RISK PTS <70	MG/DL
CHOL/HDL RATIO	4.0		CHD RISK	FEMALE
			-----	-----
			1/2 AVG	3.3
			AVG	4.4
			2X AVG	7.1
			3X AVG	11.0
LDL/HDL RATIO	2.7		INTERPRETATION: FEMALE	
			RISK	LDL/HDL CHOL/HDL
			1/2AVG	1.47 3.27
			AVG	3.22 4.44
			2XAVG	5.03 7.05
			3XAVG	6.14 11.04
T3, FREE	2.62		1.80-4.20	PG/ML

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA
DIRECTOR: JACKSON L. GATES, M.D.

Montgomery Primary Medicine Associates

2055 East Main Boulevard
Suite 308
Montgomery, AL 36118
354-333-3390

Samuel Selbs, M.D.
AS1861892
10346

Mehmet F. Fikri, M.D.
BF641141
12418

8/27/09
Wanda Faust

Tsh/Free T3/Free T4 Lipid Profile History
Rx Hypothyroidism Hyperlipidemia

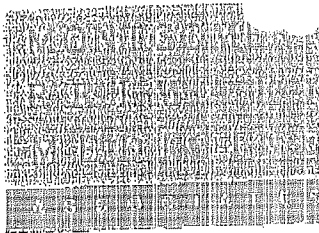
PRODUCT SELECTION PERMITTED

Roll

011230003

Aug. 27. 2009 9:59AM

PRIMARY MEDICINE



The Medical Offices
Dr. Samuel Galiba, Dr. Catharin Landolt-Lorenz
and Dr. Heidi Strunk

2055 East South Blvd, Suite 303
Montgomery, Alabama 36116
Telephone: 334-286-2390

645 McQueen Blvd, Suite 200
Fayetteville, AL 36801
Telephone: 334-286-2390

PAX COVER SHEET

Date:

8/27/09

To:

Wanda Faust

From:

Brandi / Dr. Strunk

Pages:

2

Re:

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

Comments:

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Specializing in the Comprehensive Primary Medical Care of Adolescents, Adults, and Geriatric Patients in a Safe Environment.



AUBURN
MONTGOMERY

Auburn Montgomery Nursing Care Center

F A C S I M I L E

TO:

Dr. C. Middleton

FROM:

AM-NCC

COMPANY:

DATE:

7/6/09

FAX NUMBER:

286-2397

TOTAL NO. PAGES, INCLUDING COVER:

2

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE:

Wanda Faust

CC:

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NOTES/COMMENTS:

DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE 800-342-7552



Medicare No. 65016769LA
AP No. 28485-01
CLIA No. 11D0646134

PATIENT

FAUST, WANDA

PHYSICIAN MIDDLETON, CATHY

AUM NURSING CARE CENTER

7461 EAST DRIVE

MONTGOMERY, AL 36117

COLLECTED 07/01/2009 8:30 AM		RECEIVED 07/01/2009 5:53 PM	REPORT DATE 07/02/2009 6:00 AM	
ROOM #		ACCOUNT NUMBER 436099	ORDER NUMBER K6828577	
AGE 56 07/02/1952	SEX F	FASTING YES	ROUTE 9501	PAGE 1

Pt Ph:

MRN:

PT ID#:

REQ#:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
T3 (% UPTAKE)	32.1		27-42	%
TSH		5.29 (H)	0.27-4.2	uIU/ML
T3, TOTAL	0.93		0.8-2.0	NG/ML
FREE THYROXINE	1.25		0.80-1.70	NG/DL
GLUCOSE	92		70-110	MG/DL
LIPID PROFILE 2				
CHOLESTEROL, TOTAL		215 (H)	<200 is desirable Result is borderline high	MG/DL
TRIGLYCERIDES	106		DESIRABLE <150	MG/DL
HDL / LDL CHOLESTEROL				
HDL CHOLESTEROL	48		40-59	MG/DL
LDL		146 (H)	DESIRABLE RANGES: FOR LOW RISK PTS <100 MG/DL FOR HIGH RISK PTS <70 MG/DL	
CHOL/HDL RATIO	4.5		CHD RISK FEMALE	

			1/2 AVG 3.3	
			AVG 4.4	
			2X AVG 7.1	
			3X AVG 11.0	
LDL/HDL RATIO	3.0		INTERPRETATION: FEMALE	
			RISK LDL/HDL CHOL/HDL	
			1/2AVG 1.47 3.27	
			AVG 3.22 4.44	
			2XAVG 5.03 7.05	
			3XAVG 6.14 11.04	

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA
DIRECTOR: JACKSON L. GATES, M.D.



AUBURN

MONTGOMERY

Student Health Center

F A C S I M I L E

TO:

Dr. Middleton

FROM:

Auburn Montgomery Student Health Ctr.

COMPANY:

DATE:

10/22/08

FAX NUMBER:

TOTAL NO. PAGES, INCLUDING COVER:

286-2397

2

PHONE NUMBER:

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CC:

Wanda Faust

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NOTES/COMMENTS:

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2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE 800-342-7552



Medicare No. 65016769LA
AP No. 28485-01
CLIA No. 11D0646134

PATIENT

FAUST, WANDA

PHYSICIAN MIDDLETON, CATHY

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 04/20/2009 8:30 AM	RECEIVED 04/20/2009 2:05 PM	REPORT DATE 04/22/2009 6:00 AM
ROOM #	ACCOUNT NUMBER 436099	ORDER NUMBER K6764166
AGE 56 07/02/1952	SEX F	FASTING YES
ROUTE 9501		PAGE 1

Pt Ph:

MRN:

PT ID#:

REQ#:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
TSH		10.76 (H)	0.27-4.2	uIU/ML
FREE THYROXINE	1.03		0.80-1.70	NG/DL
GLUCOSE	97		70-110	MG/DL
LIPID PROFILE 2				
CHOLESTEROL, TOTAL		218 (H)	<200 is desirable	MG/DL
			Result is borderline high	
TRIGLYCERIDES	108		DESIRABLE <150	MG/DL
HDL / LDL CHOLESTEROL				
HDL CHOLESTEROL	57		40-59	MG/DL
LDL		139 (H)	DESIRABLE RANGES:	
			FOR LOW RISK PTS <100 MG/DL	
			FOR HIGH RISK PTS <70 MG/DL	
CHOL/HDL RATIO	3.8		CHD RISK	FEMALE
			-----	-----
			1/2 AVG	3.3
			AVG	4.4
			2X AVG	7.1
			3X AVG	11.0
LDL/HDL RATIO	2.4		INTERPRETATION: FEMALE	
			RISK LDL/HDL CHOL/HDL	
			1/2AVG	1.47 3.27
			AVG	3.22 4.44
			2XAVG	5.03 7.05
			3XAVG	6.14 11.04
T3, FREE	3.09		1.80-4.20	PG/ML

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA
DIRECTOR: JACKSON L. GATES, M.D.



AUBURN
MONTGOMERY

Auburn Montgomery Nursing Care Center
F A C S I M I L E

TO:

Dr. Middleton

FROM:

AUM - Student Health

COMPANY:

DATE:

4/22/09

FAX NUMBER:

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Wanda Faust

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NOTES/COMMENTS:



AUBURN

MONTGOMERY

F A C S I M I L E

TO:

Wanda Faust

FROM:

Auburn Montgomery Nursing Care Center

COMPANY:

DATE:

FAX NUMBER:

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DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE 800-342-7552



*Medicare No. 65016769LA
IP No. 28485-01
CLIA No. 11D0646134

PATIENT

FAUST, WANDA J

PHYSICIAN MIDDLETON

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 10/21/2008 8:30 AM		RECEIVED 10/21/2008 2:00 PM	REPORT DATE 10/23/2008 6:00 AM	
ROOM #		ACCOUNT NUMBER 436099	ORDER NUMBER K6616904	
AGE 56 07/02/1952	SEX F	FASTING YES	ROUTE 9501	PAGE 1

Pt Ph:

MRN:

PT ID#:

REQ#:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
TSH	2.93		0.27-4.2	uIU/ML
FREE THYROXINE	1.37		0.80-1.70	NG/DL
GLUCOSE	96		70-110	MG/DL
LIPID PROFILE 2				
CHOLESTEROL, TOTAL		216 (H)	<200 is desirable Result is borderline high	MG/DL
TRIGLYCERIDES	146		DESIRABLE <150	MG/DL
HDL / LDL CHOLESTEROL				
HDL CHOLESTEROL	50		40-59	MG/DL
LDL		137 (H)	DESIRABLE RANGES: FOR LOW RISK PTS <100 MG/DL FOR HIGH RISK PTS <70 MG/DL	
CHOL/HDL RATIO	4.3		CHD RISK FEMALE ----- 1/2 AVG 3.3 AVG 4.4 2X AVG 7.1 3X AVG 11.0	
LDL/HDL RATIO	2.7		INTERPRETATION: FEMALE RISK LDL/HDL CHOL/HDL 1/2AVG 1.47 3.27 AVG 3.22 4.44 2XAVG 5.03 7.05 3XAVG 6.14 11.04	
T3, FREE	2.42		1.80-4.20	PG/ML

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA
DIRECTOR: JACKSON L. GATES, M.D.

DOCTORS LABORATORY INC.
 DIRECTOR 2906 JULIA DRIVE, VALDOSTA GEORGIA 31604
 JACKSON L. GATES, M.D. PHONE (229)244-4468

REPRINT

PATIENT: FAUST, WANDA J SEX, SP: F
 PT PHONE: FASTING: YES COLLECTED: 10/21/2008-8:30 AM
 ACCESSION: K6616904 AGE, DOB: 56, 07/02/1952 RECEIVED: 10/21/2008-2:00 PM
 PT ID#: REQ#: REPORTED: 10/22/2008-5:23 PM
 MED REC#: RM#: ROUTE/STOP: 9501 PAGE 1
 PHYSICIAN: MIDDLETON
 CLIENT: AUM NURSING CARE CENTER ACCOUNT NO. 436099
 7461 EAST DRIVE
 MONTGOMERY, AL 36117

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	NORMAL RANGE	UNITS
TSH	2.93		0.27-4.2	uIU/ML
FREE THYROXINE	1.37		0.80-1.70	NG/DL
GLUCOSE	96		70-110	MG/DL
LIPID PROFILE 2				
CHOLESTEROL, TOTAL		216 (H)	<200 is desirable	MG/DL
			Result is borderline high	
TRIGLYCERIDES	146		DESIRABLE <150	MG/DL
HDL / LDL CHOLESTEROL				
HDL CHOLESTEROL	50		40-59	MG/DL
LDL		137 (H)	DESIRABLE RANGES:	
			FOR LOW RISK PTS <100 MG/DL	
			FOR HIGH RISK PTS <70 MG/DL	
CHOL/HDL RATIO	4.3		CHD RISK FEMALE	
			1/2 AVG 3.3	
			AVG 4.4	
			2X AVG 7.1	
			3X AVG 11.0	
LDL/HDL RATIO	2.7		INTERPRETATION: FEMALE	
			RISK LDL/HDL CHOL/HDL	
			1/2AVG 1.47 3.27	
			AVG 3.22 4.44	
			2XAVG 5.03 7.05	
			3XAVG 6.14 11.04	
T3, FREE	2.42		1.80-4.20	PG/ML

*** FINAL REPORT ***

Lab Orders

WANDA C FAUST, 56 year(s) old - female - DOB: 07/02/1952
Follow-up Visit - 08/25/2008 08:22 AM

Due Date: _____

Special Instructions: _____

Patient Fasting Y/N _____ Date/Time Collected: _____

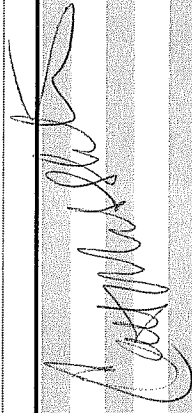
Contracted Provider: Cathy Middleton D.O.

Patient ID: 6438

Alternate Patient ID: 6438

Insurance: AL BCBS

Lab Description	Code Type	Code	Description
T3 free	ICD	244.9	Hypothyroidism NOS
T4 Free	ICD	244.9	Hypothyroidism NOS
TSH	ICD	244.9	Hypothyroidism NOS



Lab Orders

WANDA C FAUST, 56 year(s) old - female - DOB: 07/02/1952
Initial Visit - 07/07/2008 10:09 AM

Due Date: _____

Special Instructions: _____

Patient Fasting Y/N Date/Time Collected: _____

Contracted Provider: Cathy Middleton D.O.

Patient ID: 6438

Alternate Patient ID: 6438

Insurance: AL BCBS

Lab Description	Code Type	Code	Description
Comprehensive Metabolic Panel			
Lipid Profile	ICD	796.2	BP elevated w/o hypertension
		272.4	Other and unspecified hyperlipidemia
TSH - thyroid stimulating hormone	ICD	796.2	BP elevated w/o hypertension
		272.4	Other and unspecified hyperlipidemia
Urinalysis (micro and dip)	ICD	796.2	BP elevated w/o hypertension
		272.4	Other and unspecified hyperlipidemia

[Handwritten Signature]



AUBURN
MONTGOMERY

F A C S I M I L E

TO:

Dr. Middleton

FROM:

Auburn Montgomery Nursing Care Center

COMPANY:

DATE:

7/16/08

FAX NUMBER:

TOTAL NO. PAGES, INCLUDING COVER:

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PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE:

Wanda Faust

CC:

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NOTES/COMMENTS:

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DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE 800-342-7552



Medicare No. 65016769LA
AP No. 28485-01
CLIA No. 11D0646134

PATIENT FAUST, WAUNDA
PHYSICIAN MIDDLETON
AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 07/15/2008 8:45 AM	RECEIVED 07/15/2008 1:55 PM	REPORT DATE 07/16/2008 6:00 AM
ROOM #	ACCOUNT NUMBER 436099	ORDER NUMBER K6527742
AGE 56 07/02/1952	SEX F	FASTING YES
ROUTE 9501		PAGE 1

Pt Ph: MRN: PT ID#: REQ#:

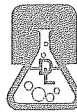
TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
TSH		7.91 (H)	0.27-4.2	uIU/ML
COMPREHENSIVE METABOLIC PANEL				
CALCIUM	10.6		8.5-10.8	MG/DL
GLUCOSE	85		70-110	MG/DL
BUN	18		6-24	MG/DL
CREATININE	0.88		0.6-1.20	MG/DL
PROTEIN, TOTAL	7.5		6.4-8.3	GM/DL
ALBUMIN	4.3		3.4-4.8	GM/DL
BILIRUBIN, TOTAL	0.5		0-1.0	MG/DL
PHOSPHATASE, ALK.	93		30-120	UNITS/L
AST (SGOT)	20		0-37	UNITS/L
ALT (SGPT)	27		0-40	UNITS/L
SODIUM	140		135-148	MEQ/L
POTASSIUM	4.5		3.5-5.3	MEQ/L
CARBON DIOXIDE	27		22-30	MEQ/L
CHLORIDE	101		96-110	MEQ/L
GLOMERULAR FILTRATION RATE (CALC)				
GFR, BLACK	80		>60	
GFR, NON-BLACK	66		>60	
LIPID PROFILE 2				
CHOLESTEROL, TOTAL		241 (H)	<200 is desirable Result is high	MG/DL
TRIGLYCERIDES		162 (H)	DESIRABLE <150	MG/DL
HDL / LDL CHOLESTEROL				
HDL CHOLESTEROL	47		40-59	MG/DL
LDL		162 (H)	DESIRABLE RANGES: FOR LOW RISK PTS <100 MG/DL FOR HIGH RISK PTS <70 MG/DL	
CHOL/HDL RATIO	5.1		CHD RISK FEMALE	

			1/2 AVG	3.3
			AVG	4.4
			2X AVG	7.1
			3X AVG	11.0

REPORT CONTINUED ON NEXT FORM

DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE 800-342-7552



Medicare No. 65016769LA
AP No. 28485-01
CLIA No. 11D0646134

PATIENT FAUST, WAUNDA
PHYSICIAN MIDDLETON
AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 07/15/2008 8:45 AM		RECEIVED 07/15/2008 1:55 PM		REPORT DATE 07/16/2008 6:00 AM	
ROOM #		ACCOUNT NUMBER 436099		ORDER NUMBER K6527742	
AGE 56 07/02/1952	SEX F	FASTING YES		ROUTE 9501	PAGE 2

Pt Ph: MRN: PT ID#: REQ#:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
-----------	--------------	---------------	-----------------	-------

LDL/HDL RATIO 3.4

INTERPRETATION: FEMALE
RISK LDL/HDL CHOL/HDL
1/2AVG 1.47 3.27
AVG 3.22 4.44
2XAVG 5.03 7.05
3XAVG 6.14 11.04

*** FINAL REPORT ***

~~EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA~~
DIRECTOR: JACKSON L. GATES, M.D.

DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE 800-342-7552



Medicare No. 65016769LA
AP No. 28485-01
CLIA No. 11D0646134

PATIENT FAUST, WAUNDA
PHYSICIAN MIDDLETON
AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 07/15/2008 8:50 AM	RECEIVED 07/15/2008 1:50 PM	REPORT DATE 07/16/2008 6:00 AM
ROOM #	ACCOUNT NUMBER 436099	ORDER NUMBER K6527690
AGE 56 07/02/1952	SEX F	FASTING UNKNOWN
ROUTE 9501		PAGE 1

Pt Ph: MRN: PT ID#: REQ#:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
URINALYSIS				
COLOR	YELLOW			
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.014		1.002-1.030	
PH	6.5		5.0-8.0	
LEUKOCYTES	NEGATIVE		NEGATIVE	
NITRITES	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
GLUCOSE	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE		NEGATIVE	
WBC	OCCASIONAL		0-5	/HPF
RBC	0		0-5	CELL/HPF
CASTS	NEGATIVE		NEGATIVE	
EPITHELIAL CELLS		MODERATE (H)	0 to Few	CELL/HPF
CRYSTALS	NEGATIVE		NEGATIVE	VARIABLE
BACTERIA	NEGATIVE		NEGATIVE	

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA
DIRECTOR: JACKSON L. GATES, M.D.

AUM NURSING CARE CENTER

URINE DIPSTICK RESULTS

NAME Wanda Faust DATE 7/15/08

BIRTHDATE 7/2/52 LMP _____

Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
pH	5	6	7	8	9		
Leukocytes	Neg.	Trace	+1	+2			
Nitrite	Neg.	Pos.					
Protein	Neg.	Trace	+1(30)	+2(100)	+3(500)	(mg/dl)	
Glucose	Normal	50	100	250	500	1000	(mg/dl)
Ketones	Neg.	+1(sml)	+2(mod)	+3(lg)			
Urobilinogen	Normal	1	4	8	12	(mg/dl)	
Bilirubin	Neg.	+1	+2	+3			
Blood	Neg.	5-10	50	250	ery/l		

Staff Signature _____

BlueCrossBlueShield
of Alabama

Current Eligibility

Today's Date: 02/06/2008
Group/Division: 37655/002
Contract Number: PPA879879875
Subscriber's Name: FAUST, WANDA J
Address: 195 OLD BARN RD
TALLASSEE, AL 36078-6912
Type Contract/Health: Family

Member's Name	Date of Birth	Relationship
FAUST, WANDA J	07/02/1952	Female subscriber
FAUST, JAMES C	08/08/1935	Male spouse
BRENNAN, ROBERT V	03/31/1985	Student Male dependent child
BRENNAN, MICHAEL P	03/31/1985	Student Male dependent child

Note: The eligibility information provided is only for active members on your contract.

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DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE 800-342-7552



Medicare No. 65016769LA
AP No. 28485-01
CLIA No. 11D0646134

PATIENT FAUST, WANDA
PHYSICIAN FUENTES
AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 02/06/2008 9:05 AM		RECEIVED 02/06/2008 2:02 PM		REPORT DATE 02/07/2008 6:00 AM	
ROOM #		ACCOUNT NUMBER 436099		ORDER NUMBER K6386439	
AGE 55 07/02/1952	SEX F	FASTING YES		ROUTE 9501	PAGE 1

Pt Ph: MRN:

PT ID#: REQ#:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
GLUCOSE	87		70-110	MG/DL
LIPID PROFILE 2				
CHOLESTEROL, TOTAL		216 (H)	<200 is desirable Result is borderline high	MG/DL
TRIGLYCERIDES	128		DESIRABLE <150	MG/DL
HDL / LDL CHOLESTEROL				
HDL CHOLESTEROL	49		40-59	MG/DL
LDL		141 (H)	DESIRABLE RANGES: FOR LOW RISK PTS <100 MG/DL FOR HIGH RISK PTS <70 MG/DL	
CHOL/HDL RATIO	4.4		CHD RISK FEMALE ----- 1/2 AVG 3.3 AVG 4.4 2X AVG 7.1 3X AVG 11.0	
LDL/HDL RATIO	2.9		INTERPRETATION: FEMALE RISK LDL/HDL CHOL/HDL 1/2AVG 1.47 3.27 AVG 3.22 4.44 2XAVG 5.03 7.05 3XAVG 6.14 11.04	

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA
DIRECTOR: JACKSON L. GATES, M.D.