

JENKINS, BRITTANEY D (Id #26056, dob: 09/15/1989)

Medical Records - CONFIDENTIAL**FROM:** AL - Montgomery Cardiovascular Assoc, PC

Amanda P

273 Winton M Blount Loop, Montgomery, AL 36117-3507

Phone: (334) 280-1500

Fax: (334) 280-1600

TO:**Name:** JENKINS, BRITTANEY D**DOB:** 09/15/1989**Date Range:** 01/01/2020 to 04/21/2020**This document contains the following records of the patient:****• Admin Documents**

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[ID:26056-A-11015]

MCA • 273 Winton M. Blount Loop, Montgomery AL 36117-3507

JENKINS, BRITTANEY D (id #26056, dob: 09/15/1989)

Admin Documents

04/21/2020 15:20
MCA

3342443396

ALIM

PAGE 02/08

8/23/2019 7:19:56 AM PAGE 2/002 Fax Server



273 Winton M. Blount Loop Montgomery, AL 36117 | 645 McQueen Smith Road N, Suite 108, Prattville, AL 36066 |
515 Hospital Drive, Suite A, Wetumpka, AL 36092 | 1412 Elba Highway 2nd Floor, Troy, AL 36079

PATIENT REFERRAL FORM

Patient Name: <u>Brittaney Jenkins</u>	Date of Birth: <u>9/15/89</u>
Referring MD: (PLEASE PRINT) <u>Melodye M. Harvey, CRNP</u>	
Referring MD Phone # <u>(334) 244-3281</u>	Referring MD Fax # <u>(334) 244-3396</u>
Referring MD Signature: <u>M Harvey CRNP</u>	

Fax this form to 334-280-1600 and include: Patient Demographic Sheet, Recent Office Notes, Labs, EKG, and Recent Testing. An appointment will be scheduled using the information provided. If you need to speak with someone in scheduling, please call 334-280-1527. We will fax this form back to you with the appointment date and time.

Insurance Referral/Prior Authorization

Does this patient's insurance require a referral or prior authorization for diagnostic testing? YES ☐ NO ☒
If YES: Please fax the referral form with this sheet. If a prior authorization is required we ask that this be obtained and faxed to us as soon as possible as to not delay testing.

Authorization Number:

Start Date-Expiration Date:

New Patient Appointment Request (with Physician)

- ☒ Within one week ☐ Within 2 - 3 weeks ☐ First available ☐ Other: _____

MCA PHYSICIANS (Please check below if you have a preference for new patients)

- | | |
|--|---|
| ☐ H. Forrest Fleming, M.D. (Interventionalist) | ☒ Amy B. Cooper, M.D. |
| ☐ Paul B. Moore, M.D. (Interventionalist) | ☐ Scott W. Sims, M.D. |
| ☐ Wynne Crawford, M.D. (Electrophysiologist) | ☐ Sushant S. Khasir, M.D. (Peripheral/Coronary Interventionalist) |
| ☐ R. Eric Crum, M.D. (Interventionalist) | ☐ Justin W. Smith, M.D. (Electrophysiology/Ablations) |

Diagnostic Testing

- ☒ Within one week ☐ Within 2 - 3 weeks ☐ First available ☐ Other: _____

☐ Nuclear Stress Test (SPECT Myocardial Perfusion Study) CPT Code: 78452	☒ Echocardiogram CPT Code: 93306	☐ Duplex Lower Extremity US	☐ Holter Monitor: CPT Code: 93225
☐ Standard Exercise Stress Test CPT Code: 93015	☐ Carotid Ultrasound CPT Code: 93880	☐ Left CPT Code: 93926	☐ 24 Hour 36 Hour
☐ MUGA Scan CPT Code: 78472	☐ Bubble Study CPT Code: 93306	☐ Right CPT Code: 93926	☐ 48 Hour 72 Hour
	☐ Duplex Renal US CPT Code: 93975	☐ Bilateral CPT Code: 93925	☐ Event Monitor CPT Code: 93270
		☐ Duplex US Abdominal Aorta CPT Code: 93978	☐ 7 days 14 days
			☐ 21 days 30 days

Reason for Referral (Check ALL That Apply)

☒ Chest Pain	☐ Congestive Heart Failure	☐ Atrial Flutter
☐ Angina Pectoris	☒ Abnormal EKG	☐ Dizziness
☐ Shortness of Breath	☐ Syncope	☒ Hypertension
☐ Previous Abnormal Stress Test	☐ Palpitations	☐ Claudication
☐ Previous Abnormal Echo	☐ PVC's	☐ Peripheral Vascular Disease
☐ Coronary Artery Disease	☐ PAC's	☒ Other: <u>HTN, MVP</u>
☐ Murmur	☐ Atrial Fibrillation	

APPOINTMENT DATE/TIME: **4/28 at 8:00am with Dr. Cooper & 5/5 at 8:15am for Echocardiogram*

TRANSMISSION VERIFICATION REPORT

TIME : 04/21/2020 15:25
NAME : AUM
FAX : 3342443396
TEL :
SER. # : BROD8J659256

DATE, TIME	04/21 15:20
FAX NO./NAME	92801600
DURATION	00:04:29
PAGE(S)	08
RESULT	OK
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P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396



AUBURN UNIVERSITY
AT MONTGOMERY

STUDENT HEALTH SERVICES

Attn: Amanda

To: MCA

From: M Harvey, CRNP

Fax: 280 1600

Pages: 8

Phone: 280 1500

Date 4/21/2020

Re: B. Jenkins 9/15/89

cc:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

FAXED
4/21/2020
e 1521

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MONTGOMERY CARDIOVASCULAR ASSOCIATES, P.C.

273 Winton M. Blount Loop Montgomery, AL 36117 | 645 McQueen Smith Road N, Suite 108, Prattville, AL 36066 |
515 Hospital Drive, Suite A, Wetumpka, AL 36092 | 1412 Elba Highway 2nd Floor, Troy, AL 36079

PATIENT REFERRAL FORM

Patient Name: <u>Brittaney Jenkins</u>	Date of Birth: <u>9/15/89</u>
Referring MD: (PLEASE PRINT) <u>Melodye M. Harvey, CRNP</u>	
Referring MD Phone # <u>(334) 244 3281</u>	Referring MD Fax # <u>(334) 244 3396</u>
Referring MD Signature: <u>M Harvey CRNP</u>	

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Authorization Number: _____	Start Date-Expiration Date: _____

New Patient Appointment Request (with Physician)	
☒ Within one week ☐ Within 2 – 3 weeks ☐ First available ☐ Other: _____	
MCA PHYSICIANS (Please check below if you have a preference for new patients)	
☐ H. Forrest Flemming, M.D. (Interventionalist)	☒ Amy B. Cooper, M.D.
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Reason for Referral (Check ALL That Apply)		
☒ Chest Pain ☐ Angina Pectoris ☐ Shortness of Breath ☐ Previous Abnormal Stress Test ☐ Previous Abnormal Echo ☐ Coronary Artery Disease ☐ Murmur	☒ Congestive Heart Failure ☒ Abnormal EKG ☐ Syncope ☐ Palpitations ☐ PVC's ☐ PAC's ☐ Atrial Fibrillation	☐ Atrial Flutter ☒ Dizziness ☒ Hypertension ☐ Claudication ☐ Peripheral Vascular Disease x Other: <u>Hx. MVP</u>

APPOINTMENT DATE/TIME: _____

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery, AL 36117
334-244-3281

Patient Demographics

Name: JENKINS, BRITTANEY
Address: 7461 EAST DRIVE ROOM 102
MONTGOMERY, AL 36106
Pri Phy:

Chart No.: 370
DOB: 09/15/1989
SSN:
Gender: FEMALE

Contact Information

Home Phone:	Work Phone: 334-244-5364
Mobile Phone:	Other Phone:
Mobile Phone 2:	
Personal Email:	
Work Email: bjenkins@aum.edu	

Responsible Party Information

Name: JENKINS, BRITTANEY	Relationship: Self
Address: 7461 EAST DRIVE ROOM 102 MONTGOMERY, AL 36106	

Auburn Montgomery Student Health Services
7461 East Dr
Montgomery AL, 36117
(334) 244-3281

Date: 04/21/20

PATIENT: JENKINS, BRITTANEY **DOB:** 09/15/1989 **Gender:** FEMALE **MRN:** 370 **AGE:** 30 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Chest Pain

Symptoms: Has been occurring for a while, about 7-10 days and is not subsiding. No pain on inspiration. Did some lifting around the house about 10 days ago.

Location: Chest and down her (L) arm. Patient reports soreness in her left scapula and numbness in her 4th and 5th digit of her left hand.

ModFact: History of MVP but this pain is not the same.

VITALS: BP: 122/75 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 98

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Cipro 500 mg tablet (TAKE 1 TABLET (500 MG) BY ORAL ROUTE EVERY 12 HOURS)

Singulair 10 mg tablet

Tessalon Perles 100 mg capsule (TAKE 1-2 CAPSULES (100 MG-200 MG) BY ORAL ROUTE EVERY 8 HOURS AS NEEDED FOR COUGH)

amlodipine 10 mg-benazepril 20 mg capsule

amoxicillin 875 mg-potassium clavulanate 125 mg tablet (TAKE 1 TABLET BY ORAL ROUTE EVERY 12 HOURS)

cetirizine 10 mg tablet (TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY. TAKE IN THE EVENING)

ciprofloxacin 0.2 % ear drops in a dropperette (INSTILL 0.25 MILLILITER (0.5 MG) INTO AFFECTED EAR(S) BY OTIC ROUTE EVERY 4 HOURS FOR 7 DAYS.)

ciprofloxacin 500 mg tablet (TAKE 1 TABLET (500 MG) BY ORAL ROUTE EVERY 12 HOURS)

fluconazole 150 mg tablet (TAKE 1 TABLET (150 MG) BY ORAL ROUTE ONCE, MAY REPEAT DOSE IN 3 DAYS FOR PERSISTING SYMPTOMS.)

ketorolac 30 mg/mL injection solution (INJECT 1 MILLILITER (30 MG) INJECTED IN RIGHT GLUT/MAX NOW)

PAST MEDICAL HISTORY: MVP, rhinitis, lateral epicondylitis

PAST SURGICAL HISTORY: None

SOCIAL HISTORY: Does not exercise regularly; Is experiencing unusual stress. Does not live alone; Single; Does not use recreational drugs; Does not use tobacco; Consumes alcohol. Frequency: occasionally, socially Type: wine

FAMILY HISTORY: Brother with history of: asthma. Mother with history of: Asthma, MVP, Migraines. Father with history of: Deceased in late 40's of MI. Maternal Grandfather with history of: DMII, cataracts. Maternal Grandmother with history of: DMII, CHF. Paternal Grandmother with history of: Unknown. Paternal Grandfather with history of: unknown

REVIEW OF SYSTEMS:

CARDIOLOGIC: Patient is positive for: pain, numbness; Patient denies: palpitations, dizziness, exertional SOB,

MUSCULOSKELETAL: Patient is positive for: Extremity Pain--left arm, pain in left side--soreness

PHYSICAL EXAMINATION:

GENERAL: Well/Developed/Nourished; NAD; Appears Consistent with Age;

CARDIOVASCULAR: HRRR; tachycardic

Auburn Montgomery Student Health Services

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Montgomery AL, 36117
(334) 244-3281

Date: 04/21/20

PATIENT: JENKINS, BRITTANEY **DOB:** 09/15/1989 **Gender:** FEMALE **MRN:** 370 **AGE:** 30 Years

RESPIRATORY: Lungs CTA; no rhonchi wheeze or rales; breath sounds symmetric; no chest wall tenderness.

MUSCULOSKELETAL: Extremities Symmetrical; Limitation of Motion of left arm and shoulder; muscle tenderness noted-left side of torso, tenderness with palpation of left shoulder and scapula

NEUROLOGIC: No Focal Deficit;

PSYCHIATRIC: Mood and Affect Appropriate; Alert and Oriented x3;

ORDERS:

COMP METABOLIC PANEL (QUEST) (1 unit(s)): Quest Diagnostics
CBC W/ DIFF (QUEST) (1 unit(s)): Quest Diagnostics
SED RATE BY MOD WEST (QUEST) (1 unit(s)): Quest Diagnostics
TSH W/REFLEX T4, FREE (QUEST) (1 unit(s)): Quest Diagnostics
VITAMIN B12 (QUEST) (1 unit(s)): Quest Diagnostics
VITAMIN D 25 - HYDROXY, TOTAL (QUEST) (1 unit(s)): Quest Diagnostics
KETOROLAC 30MG (1 unit(s)): Injection

RESULTS:

KETOROLAC 30MG:
Site Given: Right Gluteus Medius
Dosage Given: 1 milliliter(s)
Administered By: Harvey, Melodye - CRNP

ASSESSMENT:

I34.1 - NONRHEUMATIC MITRAL (VALVE) PROLAPSE (PRIMARY)
M25.512 - PAIN IN LEFT SHOULDER
M62.838 - OTHER MUSCLE SPASM
R07.9 - CHEST PAIN, UNSPECIFIED
R20.2 - PARESTHESIA OF SKIN
I10 - ESSENTIAL (PRIMARY) HYPERTENSION

PLAN:

ketorolac 30 mg/mL injection solution
Refills: 0 Qty: 1 AMPULE(S)
Instructions: INJECT 1 MILLILITER (30 MG) INJECTED IN RIGHT GLUT/MAX NOW (Dispensed)

ketorolac 10 mg tablet
Refills: 0 Qty: 20 TABLET(S)
Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE EVERY 6 HOURS AS NEEDED

cyclobenzaprine 5 mg tablet
Refills: 0 Qty: 15 TABLET(S)
Instructions: TAKE 1 TABLET (5 MG) BY ORAL ROUTE EVERY 8 HOURS AS NEEDED. TAKE IN THE EVENING.
DO NOT DRIVE WHILE TAKING MEDICATION.

Continue with heating pad to left shoulder/back as as needed.

EKG—sinus tachycardia

Auburn Montgomery Student Health Services

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Date: 04/21/20

PATIENT: JENKINS, BRITTANEY **DOB:** 09/15/1989 **Gender:** FEMALE **MRN:** 370 **AGE:** 30 Years

Referral to Cardiology

KETOROLAC 30MG (1 UN)--IM x 1 dose now.

Follow up prn

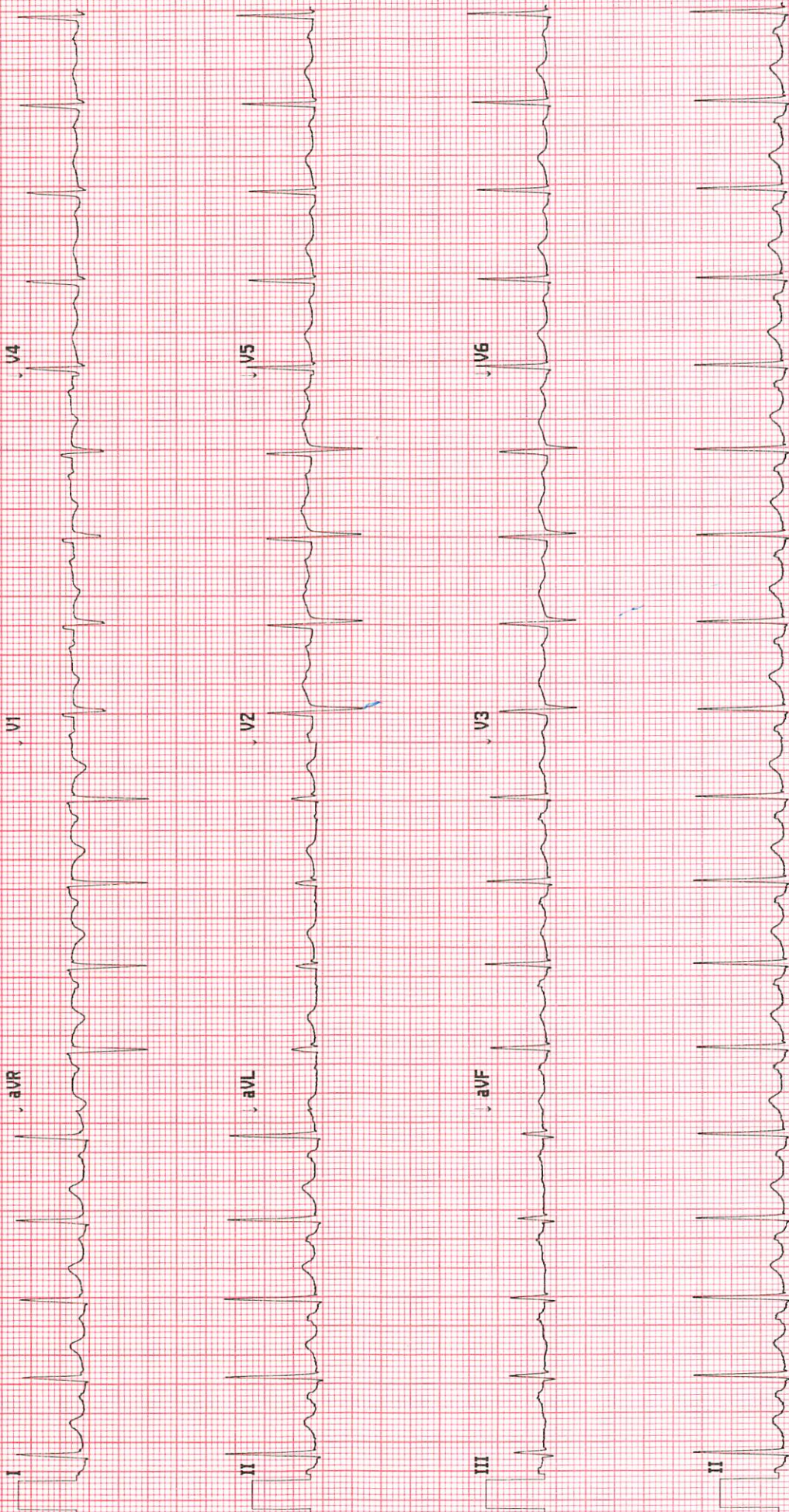
Electronically signed by Melodye Harvey, CRNP on 04/21/20 3:18 PM

Jenkins, Brittany
ID:
DOB: 15-Sep-1989
30yr, Female

21-Apr-2020 11:33:56

SINUS TACHYCARDIA
ABNORMAL RHYTHM ECG
UNCONFIRMED REPORT

Vent rate: 104 BPM
PR int: 140 ms
QRS dur: 86 ms
QT/QTc: 332/392 ms
P-R-T axes: 52 42 29



116190431764

No Site Name

QUINTON

Site # 0 Cart # 0 Version 2.10.5 Sequence #00091 25mm/s 10mm/mV 0.05-150 Hz

REORDER # 1548
9100-028-53



BlueCross BlueShield
of Alabama



Subscriber Name

BRITTANEY DOSCHE JENKINS

Contract Number

QAU850026436

Group Number

37655

Effective Date

01-01-2018

Rx BIN Number

004915

HEALTH

PAC

AUBURN UNIVERSITY



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