

TRANSMISSION VERIFICATION REPORT

TIME : 03/19/2018 14:04
 NAME : AU STUDENT HEALTH
 FAX : 3342443396
 TEL : 3342443281
 SER. # : BROB1J254642

DATE, TIME	03/19 13:55
FAX NO. /NAME	93614665
DURATION	00:08:29
PAGE(S)	08
RESULT	OK
MODE	STANDARD

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

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NOTES/COMMENTS

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Freeman Family Medicine

FROM: Hillary Porter

COMPANY:

DATE: 03-19-18

FAX NUMBER: 334-361-4665

TOTAL PAGES, INCLUDING COVER: 7

PHONE NUMBER:

SENDER'S REFERENCE NUMBER

RE: Larissa Benz 03/05/1964

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

Lucius B. Freeman, MD
 Matthew G. Freeman, MD
 645 McQueen Smith Road, Suite 105
 Prattville, AL 36066
 (334) 361-7656

Montgomery

Patient's Name: Larissa Benz

Patient's DOB: March 5, 1964

Purpose of disclosure (per patient request, employment, life or disability insurance, etc.):

I authorize the following information to be sent:

Copies of ALL medical records: ✓
Copies of ALL medical records for the period: _____ / _____ / _____ to _____ / _____ / _____
Copies of the information described below
History and Physical from dates _____ / _____ / _____ to _____ / _____ / _____
Lab, X-ray, reports, etc. from dates _____ / _____ / _____ to _____ / _____ / _____
reports from other Physicians
Other (please specify) _____
The following should not be released _____

I understand that there may be information in these records, that I would not want released. I have been provided a copy of Freeman Family Medicine's notice of Privacy Practices and any charges that may be associated with this authorization. I have discussed any concerns I may have about the release disclosure with Dr. Freeman's appropriate personnel. I understand that Freeman Family Medicine assumes no responsibility for the use or misuse, by others, of my health information disclosed with this authorization. I release Freeman Family Medicine from all legal liability that may arise from this authorization.

Patient's signature: [Signature] Date: 03/19/2018
SS#: _____ DOB: 3/5/64



Patient Information	Specimen Information	Client Information
BENZ, LARISSA DOB: 03/05/1964 AGE: 53 Gender: F Fasting: U Phone: NG Patient ID: NG	Specimen: AL396849P Requisition: 1919000 Collected: 02/22/2018 / 16:00 CST Received: 02/23/2018 / 04:19 CST Reported: 02/23/2018 / 07:34 CST	Client #: 49100638 QATL0000 TUCK, PAMELA P AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

Test Name	In Range	Out Of Range	Reference Range	Lab
CBC (INCLUDES DIFF/PLT)				AT
WHITE BLOOD CELL COUNT		3.7 L	3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT			3.80-5.10 Million/uL	
HEMATOCRIT	34.3		34.3-42.3 %	
MCV	93.7		80.0-100.0 fL	
MCH	31.2		27.0-33.0 pg	
MCHC	33.2		32.0-36.0 g/dL	
RDW	11.9		11.0-15.0 %	
PLATELET COUNT	208		140-400 Thousand/uL	
MPV	11.5		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	1643		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1565		850-3900 cells/uL	
ABSOLUTE MONOCYTES	363		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	100		15-500 cells/uL	
ABSOLUTE BASOPHILS	30		0-200 cells/uL	
NEUTROPHILS	44.4		%	
LYMPHOCYTES	42.3		%	
MONOCYTES	9.8		%	
EOSINOPHILS	2.7		%	
BASOPHILS	0.8		%	

PENDING TESTS:

COMPREHENSIVE METABOLIC PANEL	TSH W/REFLEX TO FT4
VITAMIN D,25-OH,TOTAL/IA	

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG, MD, PhD, CLIA: 11D0235931

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

WHITE BLOOD CELL COUNT 3.7 L 3.8-10.8 Thousand/uL AT

Patient Information	Specimen Information	Client Information
BENZ, LARISSA	Specimen: AL396849P Requisition: 1919000	Client #: 49100638 QATL0000 TUCK, PAMELA P AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117
DOB: 03/05/1964 AGE: 53 Gender: F Fasting: U Phone: NG Patient ID: NG	Collected: 02/22/2018 / 16:00 CST Received: 02/23/2018 / 04:19 CST Reported: 02/23/2018 / 09:53 CST	

Test Name	In Range	Out Of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL				AT
GLUCOSE	86		65-99 mg/dL	

Fasting reference interval

UREA NITROGEN (BUN)	14	7-25 mg/dL
CREATININE	0.78	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	87	> OR = 60 mL/min/1.73m2
eGFR AFRICAN AMERICAN	101	> OR = 60 mL/min/1.73m2
BUN/CREATININE RATIO	NOT APPLICABLE	6-22 (calc)
SODIUM	139	135-146 mmol/L
POTASSIUM	4.0	3.5-5.3 mmol/L
CHLORIDE	105	98-110 mmol/L
CARBON DIOXIDE	23	20-31 mmol/L
CALCIUM	9.3	8.6-10.4 mg/dL
PROTEIN, TOTAL	6.5	6.1-8.1 g/dL
ALBUMIN	4.1	3.6-5.1 g/dL
GLOBULIN	2.4	1.9-3.7 g/dL (calc)
ALBUMIN/GLOBULIN RATIO	1.7	1.0-2.5 (calc)
BILIRUBIN, TOTAL	0.3	0.2-1.2 mg/dL
ALKALINE PHOSPHATASE	39	33-130 U/L
AST	29	10-35 U/L
ALT	26	6-29 U/L
TSH W/REFLEX TO FT4	2.39	mIU/L

Reference Range

> OR = 20 Years 0.40-4.50

Pregnancy Ranges

First trimester	0.26-2.66
Second trimester	0.55-2.73
Third trimester	0.43-2.91

CBC (INCLUDES DIFF/PLT)			
WHITE BLOOD CELL COUNT		3.7 L	3.8-10.8 Thousand/uL
RED BLOOD CELL COUNT	3.98		3.80-5.10 Million/uL
HEMOGLOBIN	12.4		11.7-15.5 g/dL
HEMATOCRIT	37.3		35.0-45.0 %
MCV	93.7		80.0-100.0 fL
MCH	31.2		27.0-33.0 pg
MCHC	33.2		32.0-36.0 g/dL
RDW	11.9		11.0-15.0 %
PLATELET COUNT	208		140-400 Thousand/uL
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ABSOLUTE MONOCYTES	363		200-950 cells/uL
ABSOLUTE EOSINOPHILS	100		15-500 cells/uL
ABSOLUTE BASOPHILS	30		0-200 cells/uL

AT

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Test Name	In Range	Out Of Range	Reference Range	Lab
NEUTROPHILS	44.4		%	
LYMPHOCYTES	42.3		%	
MONOCYTES	9.8		%	
EOSINOPHILS	2.7		%	
BASOPHILS	0.8		%	

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Endocrinology			
Test Name	Result	Reference Range	Units
VITAMIN D, 25-OH, TOTAL, IA	79	30-100 ng/mL	AT
Vitamin D Status: 25-OH Vitamin D: Deficiency: <20 ng/mL Insufficiency: 20 - 29 ng/mL Optimal: > or = 30 ng/mL For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients >2yrs). For more information on this test, go to: http://education.questdiagnostics.com/faq/FAQ163 (This link is being provided for informational/educational purposes only.)			
Physician Comments:			

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1377 MONTREAL CIRCLE, ATLANTA, GA 30084-6801 Laboratory Director: ANDREW N YOUNGLAND, PHD, CLIA: J1D025593

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

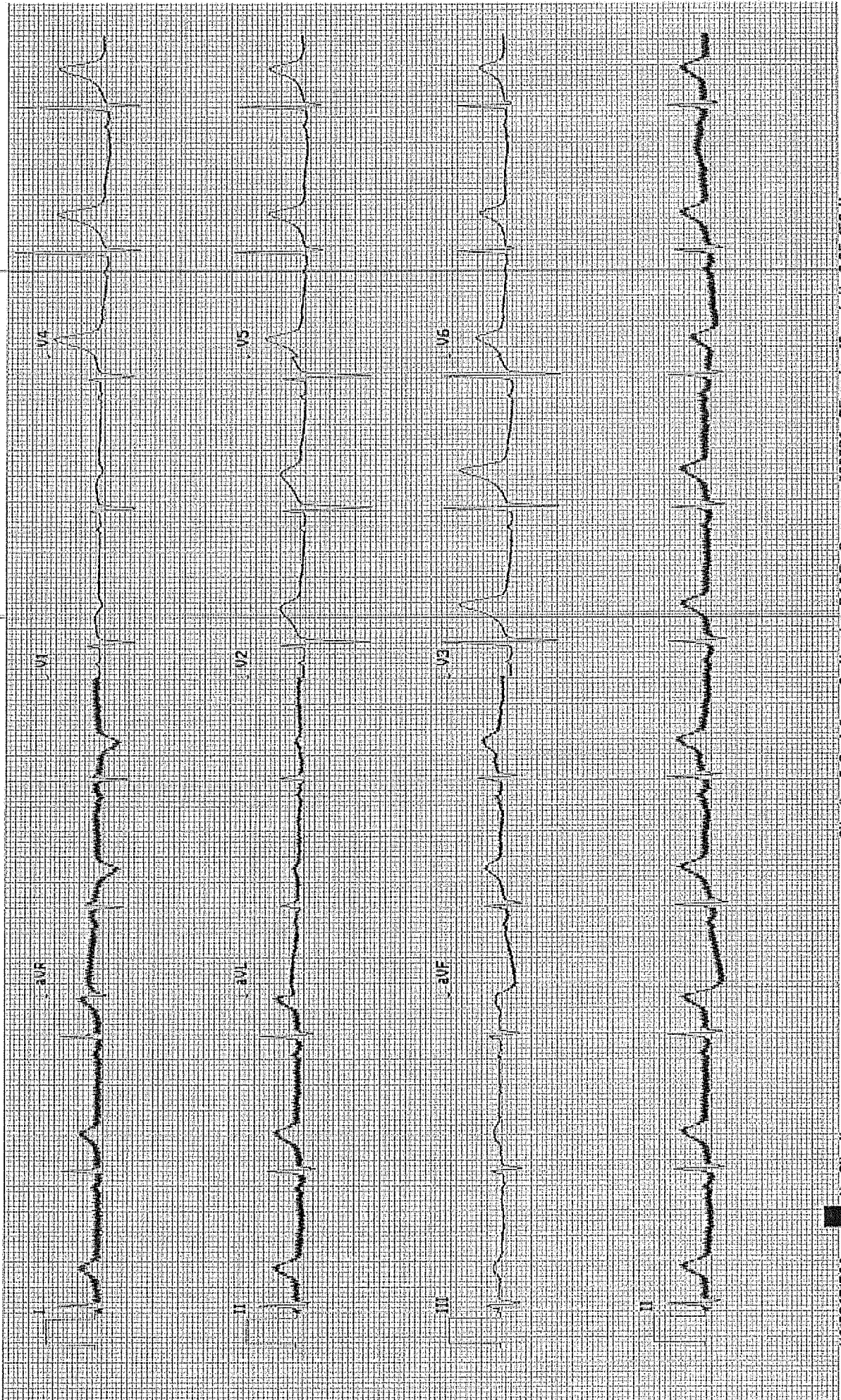
WHITE BLOOD CELL COUNT	3.7 L	3.8-10.8 Thousand/uL	AT
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Benz, Laryssa
DOB: 05-Jan-1964
yr, Female

22-Feb-2018 17:19:28

SINUS BRADYCARDIA
BORDERLINE ECG
UNCONFIRMED REPORT

Heart rate: 57 BPM
PR int: 143 ms
QRS dur: 88 ms
QT/QTc: 421/416 ms
P-R-T axes: 39 17 47



16190431764

No Site Name

Site # 0

Cart # 0

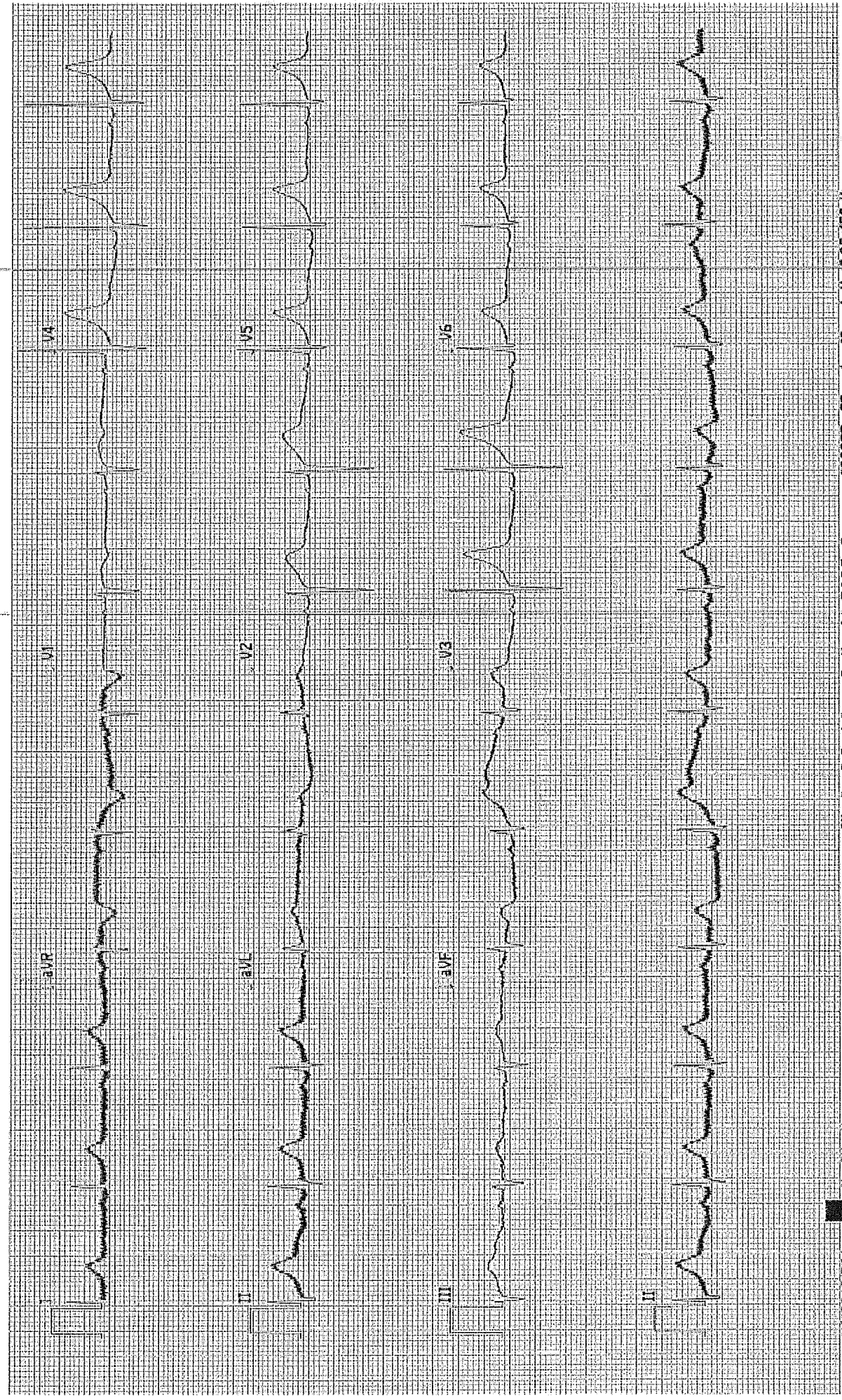
Version 2.10.5 Sequence #00024 25mm/s 10mm/mV 0.05-150 Hz

RECORDED V 15-48

Benz, Laryissa
ID:
DOB: 03-Jan-1954
yr, Female

22-Feb-2018 17:20:56

SINUS RHYTHM
NORMAL ECG
UNCONFIRMED REPORT
Vent rate: 63 BPM
PR int: 154 ms
QRS dur: 82 ms
QT/QTc: 417/424 ms
P-R-T axes: 51 12 48



16190431764

No Site Name

Site # 0

Carl # 0

Version 2.10.5 Sequence #00025 25mm/s 10mm/mV 0.05-150 Hz

RECEIVED