



Auburn University Medical Clinic
400 Lem Morrison Drive
Auburn AL, 36849
Phone: (334)844-4416
Fax: (334)528-5416

Medical Records / Billing Department

To: AUM Warhawk Health Services

From: Anna Grace

Fax #: ~~334~~ • 244 • 3396

Pages (including cover sheet): 20

Phone #:

Date: 2/3/2023

Re: Cynthia S. Baker

CC:

Comments:

Reviewed

2 | 3 | 23

Information intended for the use of the

CONFIDENTIAL

The information contained in this facsimile is privileged and confidential information intended for the use of the individual or entity named above. Health care information is personal, sensitive and should only be read by the authorized individuals. Failure to maintain confidentiality is subject to penalties under state and federal law.

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396

AUM**AUBURN UNIVERSITY
AT MONTGOMERY****WARHAWK HEALTH SERVICES****Attn:** Medical Records**To:** AUMC**From:** Daedra**Fax:** 528-5416 / 528-5417**Pages:** 2**Phone:****Date:** 1/25/23**Re:** Medical Records Request**cc:**☒ Urgent☐ For Review☐ Please Comment☒ Please Reply☐ Please Recycle

Comments:

Please fax results back
to 334.244.3396

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.



**AUBURN UNIVERSITY
AT MONTGOMERY**

STUDENT HEALTH SERVICES

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Information

Student Number: _____	
Name: <u>Cynthia S. Baker</u>	Date of Birth: <u>1/4/65</u>
Address: <u>1120 Felton Lane</u>	Phone Number: <u>256-880-2537</u>
City: <u>Auburn</u> State: <u>AL</u> Zip: <u>36830</u>	Email: <u>Cynthiasbaker@gmail.com</u>

Please select one of the following:

- ☐ Release information FROM Auburn University at Montgomery Student Health Services to an AUM department/outside medical facility/person (Circle one)
- ☒ Release information from an AUM department/outside medical facility/person (Circle one) TO Auburn University at Montgomery Student Health Services

Outside Medical Facility/ AUM Department/Person

Name: <u>AUMC-J. Bradley</u>	Date of Birth: <u>1/1/</u>
Address: <u>400 Lem Morrison D</u>	Phone: <u>334-844-4416</u> Fax: <u>528-5417</u>
City: <u>Auburn</u> State: <u>AL</u> Zip: <u>36830</u>	Email: <u>AUMCmedrecords@eamc.org</u>

Please select one of the following:

- ☒ Fax Records ☐ Mail Records ☐ Hold Records for Patient Pickup

Type(s) of Records Requested:

- ☒ Immunizations ONLY: please specify (If all, put ALL) _____
- ☒ Radiology Report
- ☒ Lab Results
- ☒ General summary of treatment issues, progress, current functioning
- ☒ Other: please specify, Complete medical record

This consent may be needed at any time by the patient/client, but ending the consent will not cancel any actions that have already taken as allowed by this form. Unless the client wishes to cancel this consent at an earlier time, it will automatically stop upon the date and/or condition indicated below.

Date: _____ Event/Consent: _____

It is understood that the duration of this consent will not be longer than necessary and reasonable to carry out the purpose for which it is given.

Cynthia S Baker
Patient Name or Authorized Representative (Please Print)

Cynthia S. Baker
Patient's Signature or Authorized Representative

1-20-23
Date

Last 4 of Patient's Social Security #

Cynthia Monzette
Witness Signature (REQUIRED)

1-20-23
Date

Chart

Cynthia S. Baker

DOB: 01/04/1965

Encounters

Encounter 2 Date 10/19/2022

Diagnosis Hypertension (I10), Acute midline low back pain without sciatica (M54.50)

Encounter 1 Date 09/28/2022

Diagnosis Anxiety (F41.9), Hypertension (I10), Hypothyroid (E03.9), Non-seasonal allergic rhinitis, unspecified trigger (J30.89)

Encounter # 2**History & Physical Report**

10/19/2022: Office Visit - Hypertension (I10), Acute midline low back pain without sciatica (M54.50) (Jessica Bradley, CRNP)

Cynthia S Baker

Appointment: 10/19/2022 4:00 PM

Location: Auburn University Medical Clinic

Patient #: 993900

DOB: 1/4/1965

Undefined / Language: English / Race: White

Female

History of Present Illness (Jessica Bradley CRNP; 11/5/2022 8:27 AM)

The patient is a 57 year old female who presents for a Follow-up for High blood pressure. Compliance with medication: takes medication as directed. Side effects of medication do not include: cough, fatigue, nausea, rash or slow heart rate. Note for "High blood pressure": Pt has been to the Chest Pain Clinic since last seeing me. They started her on metoprolol. She feels as if her BP has been slightly more controlled since then. Pt states CPC is supposed to be following up with her in the next 2-3 weeks

Additional reasons for visit:

Acute lumbar back pain is described as the following:

This condition occurred without any known injury. The injury involved the lumbosacral area. This occurred 2 day(s) ago at home. Symptoms are exacerbated by standing, recumbency and direct pressure, while symptoms are not exacerbated by sitting. Associated symptoms do not include rash, fever, suprapubic pain, urinary frequency, hematuria, dysuria, abdominal pain, general malaise, weight loss, urinary incontinence, fecal incontinence or urinary retention. The patient is currently able to work with limitations (Pt is finding it difficult to be mobile enough to work with first graders due to increased pain.). Presenting symptoms included back pain and decreased range of motion.

Problem List/Past Medical (Kris Perry; 10/19/2022 4:10 PM)

PTSD (post-traumatic stress disorder) (F43.10)

Hypothyroid (E03.9)

Hypertension (I10)

Anxiety (F41.9)

Problems Reconciled

Medication History (Jessica Bradley, CRNP; 10/19/2022 4:36 PM)

Metoprolol Succinate ER (25MG Tablet ER 24HR, Oral) Active.

Medications Reconciled

FLUoxetine HCl (60MG Tablet, 1 (one) Oral daily, Taken starting 09/28/2022) Active.

Lisinopril (40MG Tablet, 1 Oral daily for hypertension, Taken starting 09/28/2022) Active.

Levothyroxine Sodium (137MCG Tablet, 1 Oral daily in the morning on an empty stomach for hypothyroidism, Taken starting 09/28/2022) Active.

Loratadine (10MG Tablet, 1 Oral daily, Taken starting 09/28/2022) Active.

Allergies (Kris Perry; 10/19/2022 4:11 PM)

No Known Allergies [09/28/2022]:

No Known Drug Allergies [09/28/2022]:

Allergies Reconciled

Family History (Kris Perry; 10/19/2022 4:11 PM)

Colon Cancer Negative Family History Of.

Breast Cancer Negative Family History Of.

Prostate Cancer Negative Family History Of.

Skin Cancer Negative Family History Of.

Diabetes Mellitus Negative Family History Of.

Hypercholesterolemia Father.

Hypertension Father.

Heart Attack Negative Family History Of.

Stroke Negative Family History Of.

Clotting Disorder Negative Family History Of.

Social History (Kris Perry; 10/19/2022 4:11 PM)

Tobacco use Never smoker.

Electronic Cigarette Use Has never used.

Alcohol use No alcohol use.

Recreational drug use Never.

Sexual activity Has had sexual activity with another person within the past year.

Exercise Light.

Past Surgical History (Kris Perry; 10/19/2022 4:11 PM)

Wisdom Teeth Extraction

Cesarean Delivery

Review of Systems (Jessica Bradley CRNP; 11/5/2022 8:24 AM)

General Present- Feeling well and Weight unchanged. Not Present- Appetite Loss and Medication Changes.

Respiratory Present- See reason for visit for signs and symptoms discussed..

Cardiovascular Present- See reason for visit for signs and symptoms discussed..

Gastrointestinal Not Present- Nausea.

Neurological Present- See reason for visit for signs and symptoms discussed..

Psychiatric Present- See reason for visit for signs and symptoms discussed..

Vitals (Jessica Bradley CRNP; 10/19/2022 4:39 PM)

10/19/2022 4:38 PM

LMP: (Menopause)

BP: 150/90(Sitting, Left Arm, Standard)

10/19/2022 4:05 PM

Weight: 283.8 lb Height: 66 in

Body Surface Area: 2.32 m² Body Mass Index: 45.81 kg/m²

LMP: (Menopause)

Temp.: 98.4 °F (Oral) Pulse: 64 (Regular) P.OX: 98% (Room air)

Physical Exam (Jessica Bradley CRNP; 11/5/2022 8:32 AM)

General

General Appearance - Not in acute distress.

Chest and Lung Exam

Chest and lung exam reveals - Clear to auscultation bilaterally and Normal respiratory effort.

Cardiovascular

Cardiovascular examination reveals - Regular rate and rhythm, with no murmurs, rubs, or gallops.

Neuropsychiatric

Examination of related systems reveals - The patient is well-nourished and well-groomed and normal gait and station.

Mental status exam performed with findings of - able to articulate well with normal speech/language, rate, volume and coherence, no evidence of hallucinations, delusions, obsessions or homicidal/suicidal ideation, demonstrates appropriate judgment and insight and attention span and ability to concentrate are normal.

Orientation - oriented to person, oriented to place and oriented to time.

The patient's mood and affect are described as - normal (less tearful than last visit) .

Musculoskeletal

Spine/ Ribs/ Pelvis

Lumbosacral Spine: Assessment of pain reveals the following findings - The pain is characterized as - pain accumulates with activity and pain on movement (ROM somewhat guarded, pt moving and changing position slowly) .

Assessment & Plan (Jessica Bradley CRNP; 11/5/2022 8:24 AM)

Hypertension (I10)

Impression: Some improvement with addition of metoprolol. At this point, I will refer completely to cardiology to complete workup and manage hypertension. Will await results of previously ordered fasting labs. Advised to monitor BP at home and RTC or ED should symptoms develop or blood pressure trends higher despite medication compliance.

Pt admits a great deal of stress related to her job at this time as well.

Current Plans

- Referred to Mitchell, John (Cardiology).
Routine.

Acute midline low back pain without sciatica (M54.50)

Impression: Pt has been to physical therapy about this before. Worsens when she has to physically de-escalate a special needs child in her classroom. Placed on light duty, will refer back to PT

Current Plans

- Referred to Physical Therapy (Physical Therapy).
Routine.

Note: Awaiting results of lipid profile, thyroid panel, and CMP.

Jessica Bradley, CRNP

Signed electronically by Jessica Bradley, CRNP (11/5/2022 8:32 AM)

Co-signed by Kimberly Owens MD (11/5/2022 9:08 AM)

Encounter # 1**History & Physical Report**

9/28/2022: Office Visit - Anxiety (F41.9), Hypertension (I10), Hypothyroid (E03.9), Non-seasonal allergic rhinitis, unspecified trigger (J30.89) (Jessica Bradley, CRNP)

Cynthia S Baker

Appointment: 9/28/2022 2:20 PM

Location: Auburn University Medical Clinic

Patient #: 993900

DOB: 1/4/1965

Undefined / Language: English / Race: White

Female

History of Present Illness (Jessica Bradley CRNP; 10/4/2022 9:28 AM)

The patient is a 57 year old female who presents with a complaint of high blood pressure. The onset of high blood pressure was 1 weeks ago (9/23/2022, 161/101 and 162/94 taken by school nurse). The symptoms have been associated with anxiety and headache (increased headache), while the symptoms have not been associated with chest pain, diaphoresis, dyspnea, edema, heart disease, palpitations, stroke, syncope, visual disturbances, weakness, use of bronchodilators, use of nasal decongestants, use of steroids or sexual dysfunction. Previous evaluations: Previous evaluations / treatments : medication (has not been taking medication consistently). Contributing factors include: The following contributing factors are present: past history of hypertension. Note for "High blood pressure": Pt feels that she is experiencing depression, crying all the time. She is currently taking 40 mg fluoxetine, was taking 60 mg after husband's suicide but dropped back down to 40 mg at some point.

Moved here in June 2022 from Huntsville. Is now working at Loachapoka Elementary as a 1st grade teacher. Has been very stressful at new place, has been a first grade teacher for years. Has 17 students in her class with no aid.

She lives at home with her son. Does not have a support system here, but does back home. She is currently doing her PhD at Auburn.

Problem List/Past Medical (Kris Perry; 9/28/2022 2:57 PM)

Hypertension (I10)

Anxiety (F41.9)

Hypothyroid (E03.9)

Problems Reconciled

PTSD (post-traumatic stress disorder) (F43.10)

Medication History (Jessica Bradley, CRNP; 9/28/2022 3:13 PM)

Lisinopril (40MG Tablet, Oral) Active.

Levothyroxine Sodium (137MCG Tablet, Oral) Active.

FLUoxetine HCl (20MG Capsule, 40 mg Oral) Active.

Loratadine (10MG Tablet, Oral) Active.

Medications Reconciled

Allergies (Kris Perry; 9/28/2022 2:52 PM)

No Known Allergies [09/28/2022]:

No Known Drug Allergies [09/28/2022]:

Allergies Reconciled

Family History (Kris Perry; 9/28/2022 2:54 PM)

Colon Cancer Negative Family History Of.

Breast Cancer Negative Family History Of.

Prostate Cancer Negative Family History Of.

Skin Cancer Negative Family History Of.

Diabetes Mellitus Negative Family History Of.

Hypercholesterolemia Father.

Hypertension Father.

Heart Attack Negative Family History Of.

Stroke Negative Family History Of.

Clotting Disorder Negative Family History Of.

Social History (Kris Perry; 9/28/2022 2:55 PM)

Tobacco use Never smoker.

Electronic Cigarette Use Has never used.

Alcohol use No alcohol use.

Recreational drug use Never.

Sexual activity Has had sexual activity with another person within the past year.

Exercise Light.

Past Surgical History (Kris Perry; 9/28/2022 2:56 PM)

Wisdom Teeth Extraction

Cesarean Delivery

Review of Systems (Jessica Bradley CRNP; 10/4/2022 9:42 AM)

General Present- Feeling well and Weight unchanged. Not Present- Appetite Loss and Medication Changes.

Respiratory Present- See reason for visit for signs and symptoms discussed..

Cardiovascular Present- See reason for visit for signs and symptoms discussed..

Gastrointestinal Not Present- Nausea.

Neurological Present- See reason for visit for signs and symptoms discussed..

Psychiatric Present- See reason for visit for signs and symptoms discussed..

Vitals (Kris Perry; 9/28/2022 2:48 PM)

9/28/2022 2:42 PM

Weight: 287.2 lb Height: 66 in

Body Surface Area: 2.33 m² Body Mass Index: 46.35 kg/m²

LMP: (Menopause)

Temp.: 98.7° F (Oral) Pulse: 85 (Regular) P.OX: 95% (Room air)

BP: 162/98 (Sitting, Left Arm, Standard)

Physical Exam (Jessica Bradley CRNP; 10/4/2022 9:39 AM)

General

General Appearance - Not in acute distress.

Chest and Lung Exam

Chest and lung exam reveals - Clear to auscultation bilaterally and Normal respiratory effort.

Cardiovascular

Cardiovascular examination reveals - Regular rate and rhythm, with no murmurs, rubs, or gallops.

Neuropsychiatric

Examination of related systems reveals - The patient is well-nourished and well-groomed and normal gait and station.

Mental status exam performed with findings of - able to articulate well with normal speech/language, rate, volume and coherence, no evidence of hallucinations, delusions, obsessions or homicidal/suicidal ideation, demonstrates appropriate judgment and insight and attention span and ability to concentrate are normal.

Orientation - oriented to person, oriented to place and oriented to time.

The patient's mood and affect are described as - sad (tearful).

Assessment & Plan (Jessica Bradley CRNP; 10/4/2022 9:44 AM)

Anxiety (F41.9)

Impression: Pt is currently looking for another position, as she thinks this is a major cause of her stress. Will increase fluoxetine to 60 mg today, follow up in 4 weeks. Pt denies SI/HI.

Pt is also currently working with EAP through her employer, which gives her 3 free therapy sessions. I encourage her to visit SCS upstairs before she leaves today to get set up with them once her EAP assistance is lapsed.

Current Plans

- Started FLUoxetine HCl 60 MG Oral Tablet, 1 (one) Tablet daily, #30, 30 days starting 09/28/2022, No Refill.

Hypertension (I10)

Impression: 30 day refill on medications, pt will come in before next appointment for fasting labs. Advised to monitor BP at home and RTC or ED should symptoms develop or blood pressure trends higher despite medication compliance.

Pt admits a great deal of stress related to her job at this time as well.

Current Plans

- Started Lisinopril 40 MG Oral Tablet, 1 Tablet daily for hypertension, #30, 30 days starting 09/28/2022, No Refill.

Future Plans

- 10/15/2022: METABOLIC PANEL, COMPREHENSIVE (80053) - one time
- 10/15/2022: LIPID PANEL (80061) - one time
- 10/15/2022: CBC, PLATELETS & AUT DIFF (85025) - one time
- 10/15/2022: URINE MICROALBUMIN/CREATININE (82044) - one time

Hypothyroid (E03.9)

Impression: 30 day refill today, will draw labs prior to next appt

Current Plans

- Started Levothyroxine Sodium 137 MCG Oral Tablet, 1 Tablet daily in the morning on an empty stomach for hypothyroidism, #30, 30 days starting 09/28/2022, No Refill.

Future Plans

- 10/15/2022: PROFILE II (THYROID) (84439) - one time

Non-seasonal allergic rhinitis, unspecified trigger (J30.89)

Impression: Loratadine as prescribed, reinforced importance of daily compliance

Current Plans

- Started Loratadine 10 MG Oral Tablet, 1 Tablet daily, #30, 09/28/2022, No Refill.

Note: Pt will follow up with me in one month to discuss further needs, review fasting lab work, and order any needed tests/procedures needed, such as mammogram/colonoscopy.

Jessica Bradley, CRNP

Signed electronically by Jessica Bradley, CRNP (10/4/2022 9:44 AM)

Co-signed by Kimberly Owens MD (10/4/2022 10:01 AM)

Lab Order

CBC, PLATELETS & AUT DIFF (85025)

Cynthia S. Baker

Final, Reviewed

Diagnosis: Hypertension (I10)

Ordered by Jessica Bradley CRNP on 11/1/2022 (Routine)

Collected on 11/4/2022 8:13 AM

Requisition: 000201286

Reported on 11/4/2022 8:15 AM (Orchard)

Reviewed by Jessica Bradley CRNP on 11/7/2022 11:16 AM

Test Name	Result	Units	Normal Range	Status
WBC	8.0	K/uL	4.8-10.8	Final, Reviewed
RBC	4.48	M/uL	4.20-5.40	Final, Reviewed
HGB	13.3	g/dL	12.0-16.0	Final, Reviewed
HCT	40.7	%	37.0-47.0	Final, Reviewed
MCV	90.8	fL	81.0-99.0	Final, Reviewed
MCH	29.7	pg	27.0-34.0	Final, Reviewed
MCHC	32.7	g/dL	31.5-36.0	Final, Reviewed
RDW	12.4	%	12.3-19.0	Final, Reviewed
PLT	338	K/uL	140-400	Final, Reviewed
MPV	9.1	fL	7.9-10.8	Final, Reviewed
NEUT%	58.6	%	50.0-75.0	Final, Reviewed
LYMPH%	29.7	%	16.0-45.0	Final, Reviewed
MONO%	7.9	%	1.0-26.0	Final, Reviewed
EOS%	3.0	%	0.0-5.0	Final, Reviewed
BASO%	0.5	%	0.0-2.0	Final, Reviewed
NEUT#	4.7	K/uL	1.9-8.2	Final, Reviewed
LYMPH#	2.4	K/uL	1.1-3.1	Final, Reviewed
MONO#	0.6	K/uL	0.2-0.9	Final, Reviewed
EOS#	0.2	K/uL	0.0-0.5	Final, Reviewed
BASO#	0.0	K/uL	0.0-0.1	Final, Reviewed
IG%	0.3		<2.0	Final, Reviewed
IG#	0.02		0.00-0.10	Final, Reviewed

Lab Order

P2 (Thyroid)Cynthia S. Baker

Final, Reviewed

Diagnosis:

Ordered by Jessica Bradley CRNP on 11/4/2022 (Routine)

Collected on 11/4/2022 8:07 AM

Reported on 11/4/2022 3:48 PM (HNAME)

Reviewed by Jessica Bradley CRNP on 11/7/2022 11:16 AM

Test Name	Result	Units	Normal Range	Status
T4 Free	1.39	ng/dL	0.71-1.85	Final, Reviewed
TSH	3.32	uIU/mL	0.34-5.60	Final, Reviewed

Lab Order

UA DIP (81003)Cynthia S. Baker

Final, Reviewed

Diagnosis: Hypertension (I10)

Ordered by Jessica Bradley CRNP on 11/1/2022 (Routine)

Collected on 11/4/2022 8:13 AM

Requisition: 000201286

Reported on 11/4/2022 8:32 AM (Orchard)

Reviewed by Jessica Bradley CRNP on 11/7/2022 11:16 AM

Test Name	Result	Units	Normal Range	Status
COLOR	Yellow		Yellow;Straw	Final, Reviewed
CLARITY	Clear		Clear, Slightly cloudy	Final, Reviewed
GLUCOSE	Negative	mg/dL	Negative	Final, Reviewed
BILI	Negative		Negative	Final, Reviewed
KETONE	Negative	mg/dL	Negative	Final, Reviewed
U SG	1.020		1.005-1.030	Final, Reviewed
BLOOD	Trace-intact (Abn: A)		Negative	Final, Reviewed
PH	7.0		5.0-7.0	Final, Reviewed
PROTEIN	Trace (Abn: A)	mg/dL	Negative	Final, Reviewed
UROBI	0.2 E.U./dL		0.2-1.0	Final, Reviewed
NITRATE	Negative		Negative	Final, Reviewed
LEUK EST	Small (Abn: A)		Negative	Final, Reviewed

Lab Order

Urinalysis, microscopicCynthia S. Baker

Final, Reviewed

Diagnosis:

Ordered by Jessica Bradley CRNP on 11/4/2022 (Routine)

Collected on 11/4/2022 8:13 AM

Reported on 11/4/2022 8:32 AM (Orchard)

Reviewed by Jessica Bradley CRNP on 11/7/2022 11:16 AM

Test Name	Result	Units	Normal Range	Status
U WBC	6-10 (Abn: A)	#/HPF	0	Final, Reviewed
U RBC	0-2 (Abn: A)	#/HPF	0	Final, Reviewed
BACT	1+ (Abn: A)		negative	Final, Reviewed
SQ EPI	Few			Final, Reviewed
TRAN EPI	Occasional			Final, Reviewed
MUCUS	Trace			Final, Reviewed

Lab Order

P5 (Lipid)

Cynthia S. Baker

Final, Reviewed
Diagnosis:

Ordered by Jessica Bradley CRNP on 11/4/2022 (Routine)

Collected on 11/4/2022 8:07 AM

Reported on 11/4/2022 3:48 PM (HNAME)

Reviewed by Jessica Bradley CRNP on 11/7/2022 11:16 AM

Test Name	Result	Units	Normal Range	Status
Chol	204 (Abn: H)	mg/dL	0-200	Final, Reviewed

Note:
CHOLESTEROL INTERPRETATION

<200	DESIRABLE
200-239	BORDERLINE HIGH
>=240	HIGH

NOTE: Patients treated with N-Acetyl Cysteine (NAC) for an acetaminophen overdose may have a false low result for this test.

NOTE 2: Administration of Metamizole (Dipyrone) may cause false low results for this analyte.

Trig	187 (Abn: H)	mg/dL	0-150	Final, Reviewed
-------------	---------------------	--------------	--------------	------------------------

Note:
TRIGLYCERIDE INTERPRETATION

<150	NORMAL
150-199	BORDERLINE HIGH
200-499	HIGH
>=500	VERY HIGH

NOTE: Administration of Metamizole (Dipyrone) may cause false low results for this analyte.

HDL	58	mg/dL	>=23	Final, Reviewed
------------	-----------	--------------	----------------	------------------------

Note:
HDL INTERPRETATION

<35	MAJOR RISK FACTOR FOR CHD
>=60	NEGATIVE RISK FACTOR FOR CHD

LDL	131 (Abn: H)	mg/dL	0-100	Final, Reviewed
------------	---------------------	--------------	--------------	------------------------

Note:
LDL INTERPRETATION

<100	OPTIMAL
100-129	NEAR/ABOVE OPTIMAL
130-159	BORDERLINE HIGH
160-189	HIGH
>= 190	VERY HIGH

LDL/HDL	2.3	0.0-3.0	Final, Reviewed
----------------	------------	----------------	------------------------

Chol/HDL	3.52		Final, Reviewed
-----------------	-------------	--	------------------------

Note:
CHOL/HDL INTERPRETATION

MALE	FEMALE	RISK OF CHD
<3.8	<2.9	BELOW AVERAGE
3.9-4.7	3.0-3.6	AVERAGE
4.8-5.9	3.7-	
4.6	MODERATE	
>= 6.0	>=4.7	HIGH

Lab Order

Lab Order

URINE MICROALBUMIN/CREATININE (82044)Cynthia S. Baker

Final, Reviewed

Diagnosis: Hypertension (I10)

Ordered by Jessica Bradley CRNP on 11/1/2022 (Routine)

Collected on 11/4/2022 8:13 AM

Requisition: 000201286

Reported on 11/4/2022 8:32 AM (Orchard)

Reviewed by Jessica Bradley CRNP on 11/7/2022 11:16 AM

Test Name	Result	Units	Normal Range	Status
ALB	80 mg/L	mg/L	<10.00	Final, Reviewed
CREAT	200 mg/dL	mg/dl	10.00-300.00	Final, Reviewed
ACRATIO	30 - 300 mg/g Abnormal	mg/g	<30.00	Final, Reviewed

Procedure

BLOOD DRAW (36415)Cynthia S. Baker

Final, Reviewed

Diagnosis: Hypertension (I10)

Ordered by Jessica Bradley, CRNP on 11/1/2022 (Routine)

Performed on 11/1/2022 10:55 PM

Reviewed by Jessica Bradley, CRNP on 11/1/2022

BLOOD DRAW, VENIPUNCTURE (36415)

Lab Order

URINE MICROALBUMIN/CREATININE (82044)Cynthia S. Baker

Final, Reviewed

Diagnosis: Hypertension (I10)

Ordered by Jessica Bradley CRNP on 10/21/2022 (Routine)

Collected on 10/21/2022 8:08 AM

Requisition: 000199967

Reported on 10/21/2022 8:23 AM (Orchard)

Reviewed by Jessica Bradley CRNP on 10/21/2022 5:12 PM

Test Name	Result	Units	Normal Range	Status
ALB	150 mg/L	mg/L	<10.00	Final, Reviewed
CREAT	300 mg/dL	mg/dl	10.00-300.00	Final, Reviewed
ACRATIO	30 - 300 mg/g Abnormal	mg/g	<30.00	Final, Reviewed

Lab Order**CBC, PLATELETS & AUT DIFF (85025)**

Cynthia S. Baker

Final, Reviewed

Diagnosis: Hypertension (I10)

Ordered by Jessica Bradley CRNP on 10/21/2022 (Routine)

Collected on 10/21/2022 8:08 AM

Requisition: 000199967

Reported on 10/21/2022 8:22 AM (Orchard)

Reviewed by Jessica Bradley CRNP on 10/21/2022 5:12 PM

Test Name	Result	Units	Normal Range	Status
WBC	8.4	K/uL	4.8-10.8	Final, Reviewed
RBC	4.42	M/uL	4.20-5.40	Final, Reviewed
HGB	13.1	g/dL	12.0-16.0	Final, Reviewed
HCT	40.9	%	37.0-47.0	Final, Reviewed
MCV	92.5	fL	81.0-99.0	Final, Reviewed
MCH	29.6	pg	27.0-34.0	Final, Reviewed
MCHC	32.0	g/dL	31.5-36.0	Final, Reviewed
RDW	12.7	%	12.3-19.0	Final, Reviewed
PLT	304	K/uL	140-400	Final, Reviewed
MPV	9.3	fL	7.9-10.8	Final, Reviewed
NEUT%	63.7	%	50.0-75.0	Final, Reviewed
LYMPH%	25.1	%	16.0-45.0	Final, Reviewed
MONO%	8.2	%	1.0-26.0	Final, Reviewed
EOS%	2.4	%	0.0-5.0	Final, Reviewed
BASO%	0.4	%	0.0-2.0	Final, Reviewed
NEUT#	5.3	K/uL	1.9-8.2	Final, Reviewed
LYMPH#	2.1	K/uL	1.1-3.1	Final, Reviewed
MONO#	0.7	K/uL	0.2-0.9	Final, Reviewed
EOS#	0.2	K/uL	0.0-0.5	Final, Reviewed
BASO#	0.0	K/uL	0.0-0.1	Final, Reviewed
IG%	0.2		<2.0	Final, Reviewed
IG#	0.02		0.00-0.10	Final, Reviewed