



VRC ROI Plus

YOUR OFFICE HAS REQUESTED A PHI FOR THE PATIENT LISTED BELOW

*** IMPORTANT *** Information about your Completed request

1. Your Request has been completed and is Ready.
2. You can view/download your request by going to WWW.VRCROIPLUS.COM
3. Enter the Requestor Acct # and Requestor PIN # to login, (see below)
4. Search for Patient by Name or RequestID
5. See the full Instruction Page for more details

Request Date:	8/2/2024	Request ID:	REQ20240802073125899
Requestor Name:	Auburn University Studen	Patient Name:	ROY,MICHAEL F
Requestor Acct:	R87453	Patient DOB:	xx/xx/xxxx
Requestor PIN:	1162	Patient MRN:	xxxxxxx
		Patient ID:	xxxxxxx

Requestor Contact:
Auburn University Student Health Center
MEDICAL RECORDS
P.O. Box 244023
Montgomery, AL 36124
(334) 244-3281 (p) (334) 244-3396 (f)

Provider Contact:
USA Physician Clinics
Vital Chart Representative
551 Western Drive
Mobile, AL 36607
(251) 300-8053 (p) (251) 220-0111 (f)

Your office has requested PHI from the Provider listed above.

You must go to the website below to view the status and content of both pending and completed ROI requests.

WWW.VRCROIPLUS.COM

You must use the Requestor Acct # and Requestor Pin # values that appear in the top portion of this notice, along with the Patient Date of Birth, to view the status and content of both pending and completed ROI requests.

Complete instructions are available on the website.

IMPORTANT NOTE:

FORWARDING ROI REQUESTS OR PATIENT RECORDS BY MAIL OR FAX EXPOSES PATIENTS TO THE RISK OF IDENTITY THEFT AND EXPOSES PROVIDERS AND REQUESTORS TO LITIGATION FROM PATIENTS WHO SUFFER IDENTITY THEFT. TRANSMITTALS OF ROI REQUEST FORMS AND PATIENT RECORDS CONTAINING CERTAIN CRITICAL INFORMATION (Patient Name, Social Security Number, Date of Birth) THAT ENABLES IDENTITY THEFT SHOULD BE CLOSELY SAFEGUARDED AND TRACKED TO PROTECT PATIENTS, REQUESTORS AND PROVIDERS FROM POTENTIAL LEGAL AND COMPLIANCE LIABILITIES.

IF REQUESTOR CHOOSES TO TAKE DELIVERY OF PATIENT RECORDS BY MAIL OR FAX, REQUESTOR HEREBY ACKNOWLEDGES, UPON RECEIPT OF THIS NOTICE, SOLE RESPONSIBILITY FOR ALL CONTINGENT LEGAL AND COMPLIANCE LIABILITIES THAT OCCUR AFTER RECEIPT OF TRANSMITTED PATIENT RECORDS.



AUBURN UNIVERSITY
AT MONTGOMERY

STUDENT HEALTH SERVICES

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

No record of colonoscopy

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Information

Student Number: _____	
Name: <u>Michael F. Roy</u>	Date of Birth: <u>04/23/1946</u>
Address: <u>174 Northlake St.</u>	Phone Number: <u>(251) 327-7974</u>
City: <u>Pike Road</u> State: <u>AL</u> Zip: <u>36064</u>	Email: <u>mike.roy36695@icloud.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>LISA Medical Center</u>	Date of Birth: <u>04/23/1946</u>
Address: <u>LISA Medical Center</u>	Phone: <u>(251) 470-5891</u> Fax: _____
City: <u>Mobile</u> State: <u>AL</u> Zip: _____	Email: _____

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 Colonoscopy Results

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.

Michael Roy
Patient Name or Authorized Representative (Please Print)

Last 4 of Patient's Social Security #

Michael Roy
Patient's Signature or Authorized Representative

Danah Margott
Witness Signature (REQUIRED)

07/26/2024
Date

7/26/24
Date

Patient Information

Patient Name: ROY, MICHAEL F
Home Address: 20 LOFT CIR APT 3302
DADEVILLE, AL 36853-1438
Home Phone: 2513277974
Employer Name: Retired
Employer Phone:

Sex: Male
DOB: 04/23/1946
Age: 78 Years
Religion: Methodist
SSN: XXX-XX-3270

Guarantor Information

Guarantor Name: ROY, MICHAEL F
Patient's Reltn: Self
Billing Address: 20 LOFT CIR APT 3302
DADEVILLE, AL 36853-1438
Billing Phone: 2513277974
Employer Name: Retired
Employer Phone:

Sex: Male
DOB: 04/23/1946
Age: 78 Years
Religion: Methodist
SSN: XXX-XX-3270

Contact Information

Emergency Contact

Contact Name: BARBARA ROY
Patient's Reltn:
Sex: Female
Home Phone: (251)460-6592

Next of Kin

Contact Name: BARBARA ROY
Patient's Reltn: Spouse
Sex: Female
Home Phone: (251)460-6592

Primary Insurance

Subscriber Name: ROY, BARBARA A
Patient's Reltn: Spouse
Sex: Female
DOB: 08/27/1958
Age: 65 Years
Employer Name: University of South Alabama
Employer Phone: (251)460-6133
Financial Class: BCBS UHP
Group Name:

Insurance Name: BCBS UHP USA Employees
Claim Address: PO Box 2511
Birmingham, AL 35298
Insurance Phone: (800)760-6852
Policy Number: UHP887133099
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class: Self Pay

Insurance Name:
Claim Address:
Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 07/07/2022 09:32
Est Dt of Arrival: 07/07/2022 09:40
Inpt Adm Dt/Tm:
Disch Dt/Tm: 07/07/2022 23:59

Patient Type: Outpatient
Medical Service: Provider Based Billing
Location: UH IM General PBB
Room/Bed: Exam 16 /
Isolation:
Disease Alert:

Admit Type: Elective
Admit Source: Self / Physician
Advance Directive: No, info not provide
Reg Clerk: Flott, Ashia
Admit Physician:

Admit Reason: f/u

ROY, MICHAEL F
MRN: 051075630

Male / 78 Years
FIN: 1202769914

USA Medical Center

2451 University Hospital Drive
Mobile, AL 36617-2293

Patient Name: **ROY, MICHAEL F**

MRN: **051075630**

Encounter: **1202769914**

DOB: **4/23/1946** Age: **78 years** Gender: **Male**

Admit Date: **7/7/2022**

Discharge Date: **7/7/2022**

Attending MD: **Buschbach CRNP, Amanda K**



Office Clinic Notes

Document Type:
Service Date/Time:
Result Status:
Document Subject:
Sign Information:

Internal Medicine Office Clinic Note
7/7/2022 10:13 CDT
Auth (Verified)
Office Visit Note
Kelly CRNP, Amanda M (7/7/2022 10:14 CDT)

Patient Name: ROY, MICHAEL F
Date of Birth: 04/23/1946
Outpatient Encounter Date: 07/07/2022

Chief Complaint

follow up on chronic conditions

Assessment/Plan

1. Mixed hyperlipidemia E78.2

Continue Atorvastatin.

Check FLP.

F/u in 1 year or sooner if needed.

Ordered:

Comprehensive Metabolic Panel, Ordered

Lipid Panel, Ordered

2. Mild vitamin D deficiency E55.9

Check vitamin D level.

Ordered:

Vitamin D, 25-Hydroxy-ARUP, Ordered

3. Factor V Leiden mutation D68.51

H/o DVT. On Eliquis- lifelong therapy.

4. GERD (gastroesophageal reflux disease) K21.9

Controlled on Omeprazole.

5. Encounter for screening for malignant neoplasm of colon Z12.11

Provided with FIT kit today and he will mail this back to the clinic.

Ordered:

FIT Test POC - 82274, Ordered

6. White coat syndrome without diagnosis of hypertension R03.0

BP above goal initially. Improved on recheck, but still slightly above goal.

He reports continued controlled readings with home bp cuff and at grocery/drug store checks.

Orders:

atorvastatin 20 mg oral tablet

omeprazole 40 mg oral delayed release capsule

CBC w/ Indices, Ordered

Magnesium Level, Ordered

Problem List/Past Medical History

Ongoing

Chronic back pain

Difficulty hearing

Factor V Leiden mutation

GERD (gastroesophageal reflux disease)

Hiatal hernia

History of melanoma

Laryngospasm

Mild vitamin D deficiency

Mixed hyperlipidemia

Nicotine dependence in remission

Snoring

White coat syndrome without diagnosis of hypertension

Historical

ASD secundum

Carpal tunnel syndrome

DVT (deep venous thrombosis)

Dyspnea

Fatigue

PFO (patent foramen ovale)

Spondylosis without myelopathy or

radiculopathy, cervical region

Systemic sclerosis with lung involvement

Procedure/Surgical History

Cholecystectomy

Melanoma removal x 3

Medications

atorvastatin 20 mg oral tablet, 20 mg = 1

tabs, Oral, Daily, 3 refills

Eliquis 2.5 mg oral tablet, See Instructions,

TAKE 1 TABLET BY MOUTH TWICE

DAILY

omeprazole 40 mg oral delayed release

capsule, 40 mg = 1 cap, Oral, Daily, Take

with water 30 minutes prior to other

medications and food., 3 refills

Reviewed
8/13/24
J. P. [Signature]
CRNP

Patient Name: **ROY, MICHAEL F**
MRN: **051075630**
Encounter: **1202769914**

Admit Date: **7/7/2022**
Discharge Date: **7/7/2022**

Office Clinic Notes

Vitamin B12 Level, Ordered

History of Present Illness

Patient presents today to follow up on chronic conditions. He is enjoying retirement and living on a lake in Dadeville, AL. He checks his bp at home and occasionally at the grocery or drug store and readings are always much lower than when here in the office. He reports an intermittent weird feeling- like duck tape stuck to the bottom of his feet when laying down. There is no burning, tingling, or numbness. He does have chronic back pain, but this is improved with doing back stretches and exercises regularly.

Review of Systems

General

General.: Negative

Reproduction

Reproduction.: Negative

Head & Neck

Head and Neck.: Negative

Women

Women.: Negative

Skeletal

Skeletal.: Negative

Heart/Vascular

Heart/ Vascular.: Negative

Neuro

Neuro.: Negative

Stomach/Bowel

Stomach/ Bowel.: Negative

Skin & Hair

Skin and Hair.: Negative

Kidney/Bladder

Kidney/Bladder.: Negative

Endocrine

Endocrine ROS Negative: Negative

Hematologic/Lymphatic

Hematologic/Lymphatic ROS Negative AMB: Negative

PHQ2 and PHQ9

Initial Depression Screen Score: 0 (07/07/22 09:41:00)

Physical Exam

Vitals & Measurements

T: 36.2 °C (Tympanic) **HR:** 68 (Peripheral) **RR:** 18 **BP:** 144/84 **SpO2:** 97%

HT: 173 cm **WT:** 80.7 kg (Measured) **BMI:** 27

Constitutional: [No acute distress, over weight].

Eye: [normal conjunctiva, normal reactive pupils].

Neck: [non-tender, no lymphadenopathy].

Lungs: [Clear to auscultation, non-labored respiration].

Heart: [Normal rate, regular rhythm, no murmur, radial pulses 2+].

Abdomen: [Soft, non-tender, non-distended, normal bowel sounds, no masses].

Musculoskeletal: [Normal range of motion and strength, no tenderness or swelling].

Extremities: [No edema, pedal pulses 2+]

Skin: [Skin is warm, dry and pink, no rashes or lesions].

Neurologic: [Awake, alert, and oriented X3].

Psychiatric: [Cooperative, appropriate mood and affect].

Allergies

codeine

Social History

Alcohol

Current user, Occasional Use

Employment/School

Retired

Home/Environment

Lives with Spouse. Marital Status of

Patient if Patient Independent Adult:

Married.

Substance Use

Denies

Tobacco

Tobacco Use: Former smoker, quit more than 30 days ago. Type: Cigarettes. per day Quit in the 1980s- previously smoked 1/2ppd. 30 year(s). Total pack years: 15.

Family History

Cancer: Father, Brother and Brother.

Factor 5 Leiden mutation: Family H/O.

Heart murmur: Mother.

Parkinson disease: Family H/O.

VTE (venous thromboembolism): Sibling.

Varicose veins: Family H/O.

Patient Name: **ROY, MICHAEL F**
MRN: **051075630**
Encounter: **1202769914**

Admit Date: **7/7/2022**
Discharge Date: **7/7/2022**

Office Clinic Notes

Electronically Signed on 07/07/22 10:14 AM

Kelly CRNP, Amanda M

Patient Name: **ROY, MICHAEL F**
MRN: **051075630**
Encounter: **1202769914**

Admit Date: **7/7/2022**
Discharge Date: **7/7/2022**

Hematology

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Complete Blood count

Collected Date	7/7/2022		
Collected Time	10:13 CDT		
Procedure		Units	Reference Range
NRBC Auto	0.0 * ¹	%	[0.0-0.0]
NRBC Absolute	0.00 * ¹	x10(3)/mcL	[0.00-0.00]
WBC	6.66 * ¹	x10(3)/mcL	[4.30-10.00]
RBC	4.65 * ¹	x10(6)/mcL	[4.50-5.90]
Hemoglobin	14.3 * ¹	g/dL	[13.5-17.5]
Hematocrit	42.0 * ¹	%	[41.0-53.0]
MCV	90.3 * ¹	fL	[80.0-100.0]
MCH	30.8 * ¹	pg	[26.0-34.0]
MCHC	34.0 * ¹	g/dL	[31.0-37.0]
RDW	12.3 * ¹	%	[11.8-15.6]
RDW SD	40.4 * ¹	fL	[37.0-51.0]
Platelet	212 * ¹	x10(3)/mcL	[150-450]
MPV	9.8 * ¹	fL	[5.9-12.1]

Performing Locations

*1: This test was performed at:
MC Laboratory, USA Medical Center Hospital, Clinical Laboratory, 2451 Fillingim St., Mobile, AL, 36617- , US,
251-471-7220

Chemistry

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Routine Chemistry

Collected Date	7/7/2022		
Collected Time	10:13 CDT		
Procedure		Units	Reference Range
Glucose Level	95 * ¹	mg/dL	[70-110]
BUN	18 * ¹	mg/dL	[7-18]
Creatinine Level	1.24 * ¹	mg/dL	[0.70-1.30]
GFR	60 * ¹	mL/min/1.73m2	
Sodium Level	142 * ¹	mmol/L	[136-145]
Potassium Level	4.6 * ¹	mmol/L	[3.5-5.1]
Chloride	111 ^H * ¹	mmol/L	[98-107]
CO2	24 * ¹	mmol/L	[21-32]
AGAP	7 * ¹		[5-15]
Calcium Level	9.5 * ¹	mg/dL	[8.5-10.1]
Magnesium Level	2.5 ^H * ¹	mg/dL	[1.8-2.4]
Protein Total	7.1 ¹¹ * ¹	g/dL	[6.4-8.5]

Patient Name: **ROY, MICHAEL F**

MRN: **051075630**

Encounter: **1202769914**

Admit Date: **7/7/2022**

Discharge Date: **7/7/2022**

Chemistry

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Routine Chemistry

Collected Date	7/7/2022		
Collected Time	10:13 CDT		
Procedure		Units	Reference Range
Albumin Level	4.2 ⁱ² *1	g/dL	[3.4-5.0]
Bilirubin Total	0.8 ⁱ³ *1	mg/dL	[0.0-1.0]
Alk Phos	95 *1	unit/L	[45-117]
ALT	26 *1	unit/L	[14-59]
AST	15 *1	unit/L	[15-37]
BUN/Creat	15 *1		[10-24]
Globulin	2.9 *1	g/dL	[1.5-4.5]

Interpretive Data

- i1: Protein Total
Dextran 40 increased total protein results.
- i2: Albumin Level
CMPF (3-carboxy-4-methyl-5-propyl-2-furanpropanoic acid) present in sera of patients with renal failure has been reported to give falsely low albumin values.
- i3: Bilirubin Total
Levodopa and phenazopyridine may cause up to a 108% bias in results tested by this method.

Lipid Profile

Collected Date	7/7/2022		
Collected Time	10:13 CDT		
Procedure		Units	Reference Range
Cholesterol Total	207 ^{H i4} *1	mg/dL	[0-200]
Triglycerides	131 ⁱ⁵ *1	mg/dL	[2-149]
HDL	52 ⁱ⁶ *1	mg/dL	[40-60]
LDL	129 ^{H i7} *1	mg/dL	[0-120]

Interpretive Data

- i4: Cholesterol Total
Adult reference intervals:
Desirable: <200 mg/dL
Borderline High: 200-239 mg/dL
High: > OR = 240 mg/dL

Reference: ATP IV - N.J. Stone, et al., 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation 2014;129:S1-S45. Originally published: 12 Nov 2013.

- i5: Triglycerides
Adult Reference Intervals:
Normal: < 150 mg/dL

Patient Name: **ROY, MICHAEL F**
MRN: **051075630**
Encounter: **1202769914**

Admit Date: **7/7/2022**
Discharge Date: **7/7/2022**

Chemistry

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Lipid Profile

Interpretive Data

i5: Triglycerides

Borderline high: 150-199 mg/dL

High: 200-499 mg/dL

Very High: > or = 500 mg/dL

Reference: ATP IV - N.J. Stone, et al., 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation 2014;129:S1-S45. Originally published: 12 Nov 2013.

LDL Result Invalid if Triglycerides >400 mg/dL

Small amounts of free glycerol may be found in blood samples from healthy individuals due to natural lipolysis. The concentration of free glycerol may be increased by stress, disease states or administration of intravenous infusates. Free glycerol or other polyols may cause a positive interference.

i6: HDL

Adult reference intervals:

Low: <40 mg/dL

Therapeutic Goal for Males: > 40 mg/dL

Therapeutic Goal for Females: > 50 mg/dL

High: > OR = 60 mg/dL

Reference: ATP IV - N.J. Stone, et al., 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation 2014;129:S1-S45. Originally published: 12 Nov 2013.

Abnormal liver function may affect lipid metabolism; when present, HDL-C and LDL-C results are of limited diagnostic value.

In very rare cases, presence of a gammopathy, in particular type IgM (Waldenstrom's macroglobulinemia), may cause unreliable results.

i7: LDL

For LDL-C therapeutic goal, please use Cardiovascular Risk Assessment Tool in PowerChart to perform risk assessment.

Adult reference intervals:

Optimal: <100 mg/dL

Near or above optimal: 100-129 mg/dL

Borderline High: 130-159 mg/dL

High: 160-189 mg/dL

Very High: > OR = 190 mg/dL

Patient Name: **ROY, MICHAEL F**
MRN: **051075630**
Encounter: **1202769914**

Admit Date: **7/7/2022**
Discharge Date: **7/7/2022**

Chemistry

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Lipid Profile

Interpretive Data

i7: LDL

Reference: ATP IV - N.J. Stone, et al., 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation 2014;129:S1-S45. Originally published: 12 Nov 2013.

Nutrients, Vitamins, and Metabs

Collected Date 7/7/2022		Collected Time 10:13 CDT	
Procedure		Units	Reference Range
B12 Level	480 i8 *1	pg/mL	[193-986]
Vitamin D 25 OH-ARUP	68 f1	ng/mL	[30-80]

Result Comments

f1: Vitamin D 25 OH-ARUP
INTERPRETIVE INFORMATION: Vitamin D, 25-Hydroxy

This assay accurately quantifies the sum of vitamin D3, 25-hydroxy and vitamin D2, 25-hydroxy.

0-17 years:

Deficiency: less than 20 ng/mL

Optimum level: greater than or equal to 20 ng/mL*

*(Wagner CL et al. Pediatrics 2008; 122: 1142-52.)

18 years and older:

Deficiency: Less than 20 ng/mL

Insufficiency: 20-29 ng/mL

Optimum Level: 30-80 ng/mL

Possible Toxicity: Greater than 150 ng/mL

Performed By: ARUP Laboratories

500 Chipeta Way

Salt Lake City, UT 84108

Laboratory Director: Jonathan R. Genzen, MD, PhD

Interpretive Data

i8: B12 Level

Intrinsic Factor blocking antibodies are present in approximately half of pernicious anemia patients. There is a low frequency possibility that these antibodies may not be completely inactivated during the reaction pretreatment step. If test results are in conflict with clinical diagnosis, the sample can be tested for intrinsic factor blocking antibodies.

Patient Name: **ROY, MICHAEL F**

MRN: **051075630**

Encounter: **1202769914**

Admit Date: **7/7/2022**

Discharge Date: **7/7/2022**

Chemistry

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Performing Locations

*1: This test was performed at:
MC Laboratory, USA Medical Center Hospital, Clinical Laboratory, 2451 Fillingim St., Mobile, AL, 36617- , US,
251-471-7220

Patient Name: **ROY, MICHAEL F**
MRN: **051075630**
Encounter: **1202769914**

Admit Date: **7/7/2022**
Discharge Date: **7/7/2022**

Measurements

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Measurements

Recorded Date	7/7/2022	7/7/2022		
Recorded Time	09:43 CDT	09:41 CDT		
Recorded By	SYSTEM,SYSTEM	Martin,Jessica		
Procedure			Units	Reference Range
Height/Length Measured	-	173	cm	
Weight Measured	-	80.7	kg	
Weight Dosing	80.700	-	kg	
Pre-Pregnancy Weight	-	0	kg	
BSA Measured	-	1.97	m2	
Body Mass Index	-	27	kg/m2	

Vital Signs

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Vitals

Recorded Date	7/7/2022	7/7/2022	7/7/2022		
Recorded Time	09:59 CDT	09:43 CDT	09:41 CDT		
Recorded By	Reed,Quintessia	SYSTEM,SYSTEM	Martin,Jessica		
Procedure				Units	Reference Range
Height/Length Measured	-	-	173	cm	
Weight Measured	-	-	80.7	kg	
Weight Dosing	-	80.700	-	kg	
Pre-Pregnancy Weight	-	-	0	kg	
BSA Measured	-	-	1.97	m2	
Body Mass Index	-	-	27	kg/m2	
Temperature Tympanic	-	-	36.2	DegC	[36.1-38]
Peripheral Pulse Rate	-	-	68	bpm	[50-100]
Respiratory Rate	-	-	18	br/min	[12-20]
Systolic Blood Pressure	144 ^H	-	150 ^H	mmHg	[91-140]
Diastolic Blood Pressure	84	-	91 ^H	mmHg	[90]
SpO2	-	-	97	%	[90-100]

Patient Name: **ROY, MICHAEL F**
MRN: **051075630**
Encounter: **1202769914**

Admit Date: **7/7/2022**
Discharge Date: **7/7/2022**

CODE Status

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Code

Recorded Date/Time	Procedure	Temperature Tympanic	Peripheral Pulse Rate	Respiratory Rate
	Units	DegC	bpm	br/min
Reference Range		[36.1-38]	[50-100]	[12-20]
Recorded Date/Time	Recorded By			
7/7/2022 09:41 CDT	Martin,Jessica	36.2	68	18

Recorded Date/Time	Procedure	Systolic Blood Pressure	Diastolic Blood Pressure
	Units	mmHg	mmHg
Reference Range		[91-140]	[90]
Recorded Date/Time	Recorded By		
7/7/2022 09:59 CDT	Reed,Quintessia	144 ^H	84
7/7/2022 09:41 CDT	Martin,Jessica	150 ^H	91 ^H

Respiratory

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Oxygen Therapy & Oxygenation Information

Recorded Date	7/7/2022		
Recorded Time	09:41 CDT		
Recorded By	Martin,Jessica		
Procedure		Units	Reference Range
SpO2	97	%	[90-100]

Admit-Transfer-Discharge Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Visit Information

Recorded Date	7/7/2022
Recorded Time	10:05 CDT
Recorded By	Kelly CRNP,Amanda M
Procedure	
Chief Complaint	follow up on chronic conditions