



CONFIDENTIAL Fax

FROM:

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TO:

LINDSEY BARTON CRNP
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[ID:27507628-H-9186]

ROY, Mike (Legal name: Michael Roy) | (id #500998, dob: 04/23/1946)

THE JACKSON CLINIC

Date: 08/25/2024

RE: Michael Roy, DOB: 04/23/1946, PT ID #500998

Dear Lindsey Barton CRNP,

I would like to thank you for referring Michael Roy to our practice for consultation and evaluation on 08/21/2024. I have enclosed a copy of the office evaluation for your records. Once again, thank you for allowing me to participate in the care of this patient.

Sincerely,

Electronically Signed by: HIMANSHU AGGARWAL, MD



08/25/2024 05:19 PM * 08/25/2024 *

Himanshu Aggarwal MD, MS, FPMRS
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ENCOUNTER REASON/DATE

Feeling of incomplete emptying/Urocuff
08/21/2024 - 09:15AM - JUG Jackson Urogynecology

PROBLEMS:

Reviewed Problems

ALLERGIES:

Reviewed Allergies

CODEINE

MEDICATIONS:

Reviewed Medications

Adult Aspirin Regimen 81 mg tablet, delayed release
Take 1 tablet(s) every day by oral route.

08/13/24 entered

amLODIPine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY

07/23/24 filled

ROY, Mike (Legal name: Michael Roy) | (id #500998, dob: 04/23/1946)

atorvastatin 40 mg tablet TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME

07/23/24 filled

FAMILY HISTORY:

Reviewed Family History

- | | |
|---------|--------------------------------|
| Brother | - Malignant neoplastic disease |
| | - Malignant neoplastic disease |
| Father | - Malignant neoplastic disease |

SOCIAL HISTORY:

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Former smoker

What is your level of alcohol consumption?: Moderate

What is your level of caffeine consumption?: Moderate

Gender Identity and LGBTQ Identity

First name used: MIKE

SURGICAL HISTORY

Reviewed Surgical History

- Procedure on gallbladder

ADDITIONAL HISTORY

None recorded

HISTORY OF PRESENT ILLNESS:

None recorded

REVIEW OF SYSTEMS:

None recorded

PHYSICAL EXAM

None recorded

PROCEDURE DOCUMENTATION

.Urocuff:

The patient was instructed to arrive at the office with a comfortably full bladder. The patient was fitted with a small, pneumatic penile cuff and sEMG electrodes were affixed to the perineum and abdomen. The patient was instructed to void naturally onto a load cell and the instrument slowly inflated the cuff until the stream was interrupted. The cuff pressure required to interrupt flow correlates to bladder pressure at the time of interruption. Upon flow interruption, the cuff pressure was quickly released, allowing flow to resume. This cycle was repeated until voiding was complete.

ASSESSMENT/PLAN

1. Incomplete emptying of urinary bladder

R39.14: Feeling of incomplete bladder emptying

- BLADDER SCAN (PROC)

BLADDER SCAN (PROC)

- Result:
 - PVR: 5ml

Return to Office

- Himanshu Aggarwal, MD for Follow-Up 15 at JUG_Jackson Urogynecology on 09/06/2024 at 08:30 AM

Reviewed
8/27/24
Himanshu Aggarwal, MD