

Cover Letter

To: HIM
From: East
Comment: Baptist

Start Time: 07-01-2026 08:58:28 a.m.
Pages: 8 (except this sheet)
Fax number: 3347479441

P.O Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 344-244-3396



1511 2618106821
AUBURN UNIVERSITY
AT MONTGOMERY

WARHAWK HEALTH SERVICES

Attn: Medical Records

To: Baptist East

From: Daedra

Fax: 747-8141

Pages: 2

Phone:

Date: 7/1/2026

Re: Medical Records Request

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

Comments:

Please fax records back
to 3342443396.

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AUBURN UNIVERSITY
AT MONTGOMERY

STUDENT HEALTH SERVICES

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Information

Student Number: _____	
Name: <u>Brenna Rivera</u>	Date of Birth: <u>12/08/1994</u>
Address: <u>552 Glenmede Ln</u>	Phone Number: <u>502-706-0289</u>
City: <u>Montgomery</u> State: <u>AL</u> Zip: <u>36117</u>	Email: <u>braisor@aum.edu</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>Baptist East</u>	Date of Birth: ____/____/____
Address: _____	Phone: _____ Fax: _____
City: _____ State: _____ 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 All records from visit on 6/30/20

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.

Brenna Rivera
Patient Name or Authorized Representative (Please Print)
2028
Last 4 of Patient's Social Security #

BRivera
Patient's Signature or Authorized Representative
Doreen M. Pizetta
Witness Signature (REQUIRED)

7/1/20
Date
7-1-20
Date

Emergency Room Report

RIVERA, BRENNIA JESSIE - E000702706

* Final Report *

Result type: Emergency Room Report
Result date: June 30, 2026 5:13 CDT
Result status: Auth (Verified)
Result title: ED Note *ED
Performed by: Ingram, Kwone U, MD on June 30, 2026 5:14 CDT
Verified by: Ingram, Kwone U, MD on June 30, 2026 6:11 CDT
Encounter info: E2618100821, Baptist East, East Emergency Room, 6/30/2026 - 6/30/2026

* Final Report *

ED Note *ED

Patient: **RIVERA, BRENNIA JESSIE** MRN: **E000702706** FIN: **E2618100821**
Age: **31 years** Sex: **Female** DOB: **12/8/1994**
Associated Diagnoses: **Abdominal pain; Gastritis**
Author: **Ingram, Kwone U, MD**

Basic Information

Time seen: Date and time 6/30/2026 05:13:00.

History of Present Illness

Patient is a female with no known chronic medical conditions who presents with a history of intermittent substernal pain radiating to the back, ongoing for 7-8 months. The pain typically occurs at night, awakens her from sleep, and is relieved by ibuprofen and a heating pad. Episodes have occurred about once a month, lasting two nights in a row, with no daytime symptoms until three weeks ago when she experienced a sudden, severe episode at work accompanied by sweating and chills, which resolved with ibuprofen. Tonight, she awoke at 11 PM with severe pain, unresponsive to ibuprofen, heating pad, and Tums, prompting her to present to the ER after four hours of persistent discomfort. She reports the pain is tender to palpation under the sternum and radiates to the same area in her back. She also experienced nausea upon getting up tonight. She recently saw an NP who suspected acid reflux and prescribed a 10-day course of steroids and omeprazole, which provided relief during that period. She denies any burning with urination. The pain is described as progressively worsening in frequency and severity.

Medications: Prozac, Wellbutrin, birth control, previously prescribed 10 days of steroids and omeprazole.

Past Medical History: No known chronic medical conditions.

Surgical History: Not mentioned.

The patient provided consent for the use of ambient listening technology.

Review of Systems

Gastrointestinal: Reports substernal pain radiating to the back, nausea tonight, no burning with urination, no heartburn.

Printed by: Dotson, Phyllis E
Printed on: 7/1/2026 9:00 CDT

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Constitutional: Reports sweating and chills during a prior episode, no other constitutional symptoms mentioned.

The patient provided consent for the use of ambient listening technology.

Health Status**Medications:**

No qualifying data available

Immunizations:

Last Tetanus: Unknown

Past Medical/ Family/ Social History**Surgical history:**

No active procedure history items have been selected or recorded..

Physical Examination**Vital Signs****Triage Vital Signs (First Results)**

Label	Result	Date/Time
Respiratory Rate	18 br/min	06/30/2026 03:43
Blood Pressure, Systolic (Monitored)	134 mmHg	06/30/2026 03:43
Blood Pressure, Diastolic (Monitored)	93 mmHg H	06/30/2026 03:43
Blood Pressure, Mean (Monitored)	103 mmHg	06/30/2026 04:29
Temperature, Oral	98.2 DegF	06/30/2026 03:43
SpO2	98 %	06/30/2026 03:43
Heart Rate, Monitored	96 bpm	06/30/2026 03:43

General: In no acute distress, resting comfortably

Chest: Unlabored breathing, lungs clear to auscultation bilaterally, no wheezes rales or crackles

Cardiovascular: Regular rate and rhythm, no murmurs gallops or rubs

Abdomen: soft, nontender, nondistended, +bowel sounds

Neuro: Alert and oriented

Extremities: Moving all extremities appropriately

Psych: normal mood and affect

Skin: no lesions or rashes noted

Medical Decision Making**Results review:****ED Lab Results**

Assay Result	Date/Time
Hematology	
WBC	6.9 X10-3/uL

06/30/26 04:44

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RBC4.36 X 10 ⁶ /uL	06/30/26 04:44	
Hemoglobin	13.2	06/30/26 04:44
Hematocrit	40.7 %	06/30/26 04:44
MCV	93 FL	06/30/26 04:44
MCH	30 pg	06/30/26 04:44
MCHC	32 gm/dl	06/30/26 04:44
Platelet Count	219 X10 ³ /uL	06/30/26 04:44
RDW	12.6 %	06/30/26 04:44
Automated Differential		
Neutro Auto	73 %	06/30/26 04:44
Lymph Auto	18 % L	06/30/26 04:44
Mono Auto	7 %	06/30/26 04:44
Eos Auto	1 %	06/30/26 04:44
Basophil Auto	1 %	06/30/26 04:44
Immature Gran Auto	0.3 %	06/30/26 04:44
Neutro Abs	5.0 X10 ³ /uL	06/30/26 04:44
Lymph Abs	1.2 X10 ³ /uL	06/30/26 04:44
Mono Abs	0.5 X10 ³ /uL	06/30/26 04:44
Eos Abs	0.1 X10 ³ /uL	06/30/26 04:44
Basophil Abs	0.0 X10 ³ /uL	06/30/26 04:44
Immature Gran Abs	0.0 X10 ³ /uL	06/30/26 04:44
NRBC	0.0 /100 WBC	06/30/26 04:44
NRBC Abs	0.0 X10 ³ /uL	06/30/26 04:44
Urinalysis		
U Color	Yellow	06/30/26 04:45
U Appear	Cloudy A	06/30/26 04:45
U Spec Grav Auto	1.022	06/30/26 04:45
U pH	>=9.0 A	06/30/26 04:45
U Protein	Trace	06/30/26 04:45
U Gluc	Negative	06/30/26 04:45
U Ketones	Negative	06/30/26 04:45
U Occult Blood	Negative	06/30/26 04:45
Ur Leuk est	Negative	06/30/26 04:45
Ur Nitrite	Negative	06/30/26 04:45
U Urobilinogen	1.0 E.U./dL	06/30/26 04:45
U Billi	Negative	06/30/26 04:45
U WBCs Flow	7 hpf	06/30/26 05:07
U RBCs Flow	7 hpf	06/30/26 05:07
Ur Bacteria	2+ A	06/30/26 05:07
U Cast	1 lpf	06/30/26 05:07
U Epi Squamous Cells	4 hpf	06/30/26 05:07
Chemistry		
Chemistry Tests		
Gluc	98 mg/dL	06/30/26 05:06
BUN15 mg/dL	06/30/26 05:06	
Creat	0.96 mg/dL	06/30/26 05:06
eGFR CKD-EPI	81 mL/min/1.73m2 L	06/30/26 05:06
eCrCl	95 mL/min	06/30/26 05:06
Sodium Ivl	138 mmol/L	06/30/26 05:06

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Potassium lvl	4.0 mmol/L	06/30/26 05:06
Chloride	104 mmol/L	06/30/26 05:06
CO2	23 mmol/L	06/30/26 05:06
Anion Gap	12	06/30/26 05:06
Calcium	9.3 mg/dL	06/30/26 05:06
Total Protein	6.7 g/dL	06/30/26 05:06
Albumin	3.9 g/dL	06/30/26 05:06
Alk Phos	123 unit/L H	06/30/26 05:06
ALT 117 unit/L H	06/30/26 05:06	
AST	161 unit/L H	06/30/26 05:06
Bili Total	0.7 mg/dL	06/30/26 05:06
Lipase lvl	33 unit/L	06/30/26 05:06
Cardiac Panel		
HS Troponin T	<6.0 ng/mL	06/30/26 05:06

Radiology results: Radiology results (ST)
NO Radiology Reports Found Between: 06/29/2026 07:00 - 06/30/2026 05:13

MEDICAL DECISION MAKING

Differential Diagnosis Includes but Not Limited To: Cholecystitis, pancreatitis, SBO, mesenteric ischemia, gastroenteritis, Apendicitis, pregnancy, abortion, pyelonephritis, nephrolithiasis, PID, ovarian torsion, AAA, UTI

- ED Tests and Imaging
- Chest x-ray ordered and performed
 - Laboratory studies ordered and performed
 - Abdominal CT scan considered but not ordered

Labs Personally Interpreted:
- Laboratory studies reviewed: no leukocytosis, no anemia, electrolytes within normal limits, creatinine appropriate, LFTs not significantly elevated, negative pregnancy test.

EKG Personal Interpretation: EKG interpreted by me, sinus rhythm at 90 bpm, no axis deviation, no ST elevation, no T wave abnormalities.

X-ray Personal Interpretation: I independently interpreted/reviewed the Chest X-Ray. Results: No acute cardiopulmonary process identified.

CT Personal Interpretation: Abdominal CT scan was considered but not performed; no interpretation available.

POCUS Personal Interpretation: Not performed during this encounter

Tests/Imaging Considered but Not Ordered: Abdominal CT scan

External Documents Reviewed: None

Social Determinates of Health affecting care and/or adding complexity to this encounter: Patient expressed concern regarding high deductible insurance plan and cost of additional imaging.

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Decision Rules/Scores Applied to MDM: None

Consultations: Outpatient GI referral for possible endoscopy discussed for persistent symptoms

Treatment and Disposition:

ED Course:

The patient presented with several months of intermittent substernal pain radiating to the back, with a recent escalation in severity and frequency. Upon arrival, she was uncomfortable but improved during her ED stay. The initial evaluation included a focused physical exam and a review of her symptoms. Diagnostic interventions included ordering laboratory studies and a chest x-ray to evaluate for possible cardiac, pulmonary, or gastrointestinal etiologies. Laboratory results were reviewed and not suspicious for acute pathology. EKG was interpreted and showed sinus rhythm at 90 bpm without acute ischemic changes. The patient was given a trial of oral medication in the ED to assess for symptom relief. The plan included consideration of an abdominal CT scan if laboratory results were suspicious or if the patient desired further evaluation; after discussion, the option of CT was offered, but the patient declined further imaging due to cost concerns and preference for discharge. Outpatient GI referral for possible endoscopy was discussed for persistent symptoms. The patient was monitored for improvement during her ED stay, and her response to oral medication was used to guide further management decisions.

Disposition: Discharged with outpatient GI referral and instructions to return for worsening or persistent symptoms.

Code Status: Full Code by Default

The patient provided consent for the use of ambient listening technology.

Impression and Plan**Diagnosis**

Abdominal pain (PNED 4858AFEB-7C01-4A67-B4F5-983A35EA1FC8, Reason For Visit, Medical)
Gastritis (ICD10-CM K29.70, Discharge, Medical)

Plan**Certified medical emergency:** Yes.

Signature Line

(Electronically Signed On 06.30.26 06:11 CDT)

Ingram, Kwone U, MD

Emergency Room Report

RIVERA, BRENNIA JESSIE - E000702706

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Completed Action List:

- * Perform by Ingram, Kwone U, MD on June 30, 2026 5:14 CDT
- * Modify by Ingram, Kwone U, MD on June 30, 2026 6:11 CDT
- * Sign by Ingram, Kwone U, MD on June 30, 2026 6:11 CDT
- * VERIFY by Ingram, Kwone U, MD on June 30, 2026 6:11 CDT