

* * * Communication Result Report (Sep. 1. 2023 9:20AM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: Sep. 1. 2023 9:19AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
5097 Memory TX	912058018444	P. 3	OK	

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E. 2) Busy
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AUBURN UNIVERSITY
 AT MONTGOMERY

WARHAWK HEALTH SERVICES

Attn: Dr. K. Khourey

To: UAB Kirklin Clinic

From: WHS

Fax:

Pages: 3

Phone:

Date: 9/1/23

Re:

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

Comments:

lab results for mutual patient
 D. Bowen 12/12/1971

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 Act (HIPPA) 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.

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AUBURN UNIVERSITY
AT MONTGOMERY

STUDENT HEALTH SERVICES

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

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Information

Student Number: _____
Name: Dawneese Bowen Date of Birth: 12/12/71
Address: 3031 Fieldcrest Dr Phone Number: 334-399-1013
City: Montgomery State: AL Zip: 36106 Email: dhollid2@aum.edu

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: Dr. Katia Khoury Date of Birth: / /
Address: UAB Kirklin Clinic Phone: Fax: 205-801-8444
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 CBC
- ☐ General summary of treatment issues, progress, current functioning
- ☐ Other: please specify _____

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: 8-31-23-9-1-23 Event/Consent: Dawneese Bowen

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.

Dawneese Bowen
Patient Name or Authorized Representative (Please Print)

Dawneese Bowen
Patient's Signature or Authorized Representative

8-31-23
Date

Last 4 of Patient's Social Security #

UB RN
Witness Signature (REQUIRED)

8/31/23
Date



Patient Information	Specimen Information	Client Information
BOWEN, DAWNEESE L DOB: 12/12/1971 AGE: 51 Gender: F Phone: 2 Patient ID: S00039878	Specimen: AL480516F Requisition: 8401395 Lab Ref #: 00929436 Collected: 08/31/2023 / 11:43 CDT Received: 09/01/2023 / 01:32 CDT Reported: 09/01/2023 / 04:53 CDT	Client #: 49100638 QATL0000 BARTON, LINDSEY AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

PROVIDER: BICKNELL MIRANDA

Test Name	In Range	Out Of Range	Reference Range	Lab
CBC (INCLUDES DIFF/PLT)				AT
WHITE BLOOD CELL COUNT	4.7		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.41		3.80-5.10 Million/uL	
HEMOGLOBIN	12.6		11.7-15.5 g/dL	
HEMATOCRIT	37.4		35.0-45.0 %	
MCV	84.8		80.0-100.0 fL	
MCH	28.6		27.0-33.0 pg	
MCHC	33.7		32.0-36.0 g/dL	
RDW	12.8		11.0-15.0 %	
PLATELET COUNT	312		140-400 Thousand/uL	
MPV	10.3		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	2275		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1697		850-3900 cells/uL	
ABSOLUTE MONOCYTES	550		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	141		15-500 cells/uL	
ABSOLUTE BASOPHILS	38		0-200 cells/uL	
NEUTROPHILS	48.4		%	
LYMPHOCYTES	36.1		%	
MONOCYTES	11.7		%	
EOSINOPHILS	3.0		%	
BASOPHILS	0.8		%	

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG,MD,PHD, CLIA: 11D0255931