IN THE SUPREME COURT OF THE STATE OF NEVADA
Case No. 72737

LAURA DEMARANVILLE
SURVIVING SPOUSE OF DANIEL DEMARANVILLE (DECEASED)
Appellant/Cross-Respondent,

v.

EMPLOYERS INSURANCE COMPANY OF NEVADA and
CANNON COCHRAN MANAGEMENT SERVICES, INC.
Respondents,

and

CITY OF RENO
Respondent/Cross-Appellant

Appeal from a District Court Order
Granting in Part and Denying in Part
Petition for Judicial Review
First Judicial District Court
Department II
Case No. 15 OC 00092 1B

JOINT APPENDIX

VOLUME 3 OF 8

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Attorney for Respondents,
City of Reno and Cannon Cochran Management Services

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NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

ORIGINAL

In the Matter of the Industrial Insurance Claim of DANIEL DEMARANVILLE /	Claim No.: 12853C301824 Hearing No.: 46538-SA, 45822-KD, 44686-SA Appeal No.: 46812-LLW, 46479-LLW, 44957-LLW

CLAIMANT'S FIRST EXHIBIT

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7	Test results from Acadia Medical Group	10/12/2006
8-10	EKG	10/13/2006
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12	Xray of left hand from Reno Diagnostic	01/15/2007
13	Xray of right hand from Reno Diagnostic	01/15/2007
14	Lab report from LabCorp	01/15/2007
15	Progress Notes from Acadia Medical Group	01/25/2007
16	Progress Notes from Acadia Medical Group	05/17/2007
17-18	Exam of veins-unilaterial right from Reno Diagnostic	08/14/2007
19	Progress Notes from Acadia Medical Group	08/14/2007

RECEIVED AND FILED 2007 APR 8 PM 1:2

ENTERED INTO EVIDENCE AS EXHIBIT # 6

NEVADA ATTORNEY FOR INJURED WORKERS
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20	Progress Notes from Acadia Medical Group	08/16/2007
21-22	Lab report from LabCorp	10/09/2007
23-27	EKG	10/15/2007
28	Lab report from LabCorp	10/21/2009
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30	Progress Notes from Acadia Medical Group	11/17/2009
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34	Progress Notes from Acadia Medical Group	04/27/2010
35	Common Skin Procedure Form from Western Pathology Consultants	05/19/2010
36	Pathology Consultation from Western Pathology Consultants	05/19/2010
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44	Pathology Consultation from Western Pathology Consultants	12/14/2010
45	Progress Notes from Acadia Medical Group	12/23/2010
46-49	Medical reporting from Reno Heart Physicians	01/14/2011
50	History and Physical Examination from Acadia Medical Group	01/31/2011
51	Physical Exam Form from Acadia Medical Group	01/31/2011

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60-61	Progress Notes from Acadia Medical Group	05/16/2011
62-63	Progress Notes from Acadia Medical Group	06/15/2011
64	Medical reporting from Nevada ENT & Hearing Associates	06/17/2011
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66	Progress Notes from Acadia Medical Group	07/19/2011
67	Progress Notes from Acadia Medical Group	08/02/2011
68	Progress Notes from Acadia Medical Group	08/16/2011
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72	Progress Notes from Acadia Medical Group	12/20/2011
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81-82	Acadia Medical Gruop referral to Neurology Physicians	04/19/2012
83-85	Lab report from LabCorp	05/11/2012
86-87	Medical reporting from Acadia Medical Group	05/29/2012

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88-89	Acadia Medical Group referral to Gastroenterology Consultants	05/30/2012
90	Medical reporting from Reno Diagnostic	06/01/2012
91-92	Lab report from LabCorp	06/05/2012
93	Medical reporting from Gastroentorology Consultants	06/07/2012
94-95	Upper Endoscopy Report from Gastroenterology Consultants	06/07/2012
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110-112	Renown Consent for Surgical Procedure	08/02/2012
113	Renown Acknowledgement of Receipt of Notice of Privacy Practices	08/02/2012
114-115	Renown Admitting Form	08/02/2012
116-119	History and Physical from Western Surgical	08/02/2012
120-121	Renown Informed Consent and Consent for Anesthesia Services	08/05/2012
122	Renown Admission form	08/05/2012
123	Code Blue Report	08/05/2012
124	Renown Anesthesia Record	08/05/2012
125	Anesthesia Post-Op Orders	08/05/2012
126	Renown Immediate Post-Operative Note	08/05/2012
127	Renown Anesthesia Note	08/05/2012
128	Washoe County Certificate of Death	08/10/2012
129	Form C-4	08/20/2013

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AFFIRMATION

Pursuant to NAC 616C.303, I affirm that no personal information appears in this exhibit.

DATED this 8th day of April, 2014

NEVADA ATTORNEY FOR INJURED WORKERS

Evan Beavers, Esq.
Attorney for Claimant

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Daniel Demaranville

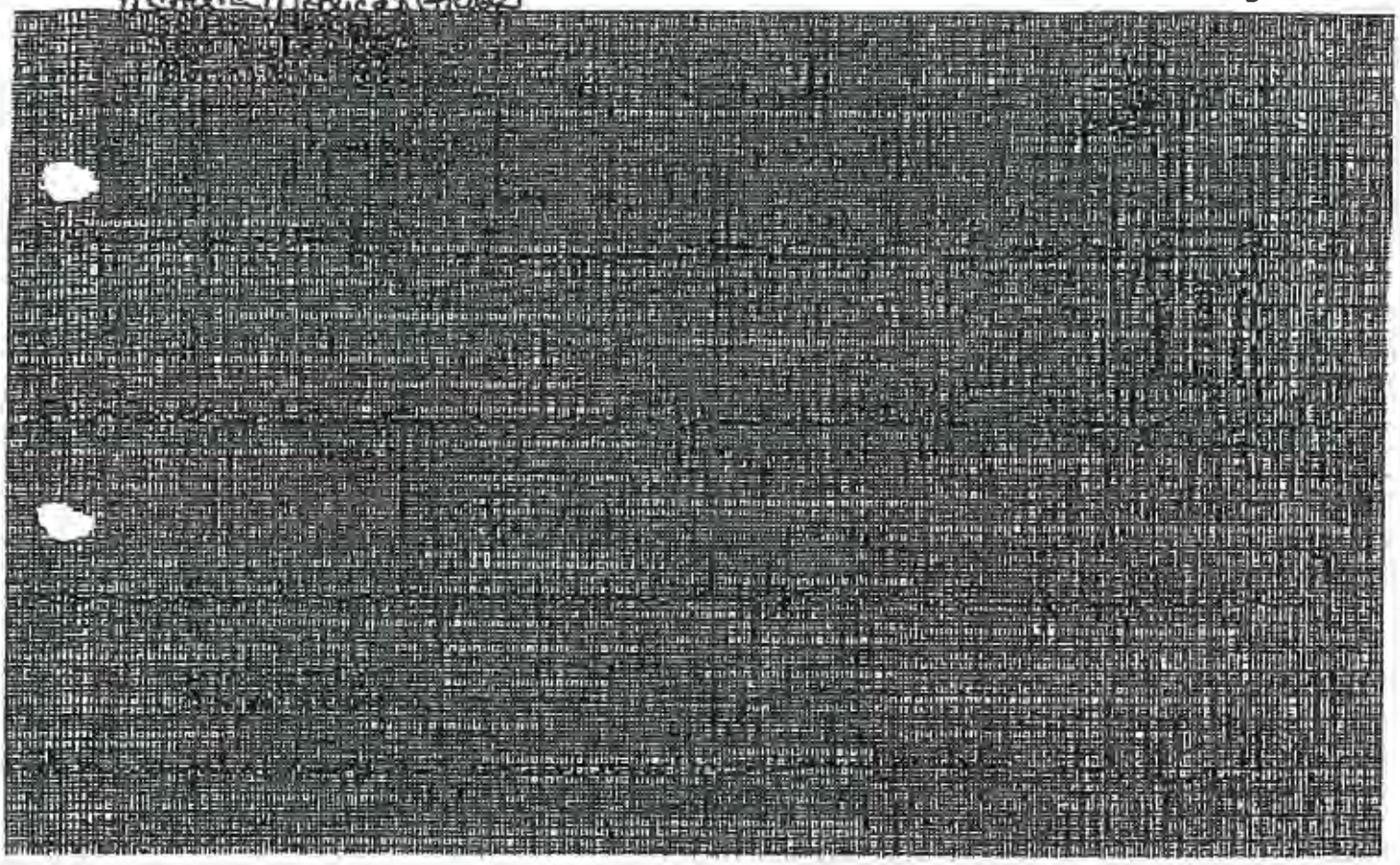
54 years
206 lb 71 in

29 MAR 99 16:32:06

74 beats .16/.06/.26

PA 134430

Acadia Medical Group



CSO: This form is for your co[illegible]nience to ensure information is com[illegible]e, as required by USMS. See attached JSD Medical Review Form.

- *Take a copy of the EKG taken at your exam to the appointment with you. (If you do not have a copy please call to obtain one.)*
- *Take a copy of this form and a copy of the JSD Medical Review Form to your appointment.*

Circuit: 9 District: NV CSO/Applicant Name: DeMaranville, Daniel

To Be Completed by Cardiologist:

a. Current cardiac condition

Conduction abnormality

b. Interpretation of EKG (This is an interpretation of the EKG from the exam)

Sinus rhythm with Right bundle branch block

c. Results of any previous and current cardiac tests (Please attach copies of all tests including EKGs, Echocardiogram, Stress tests, etc.)

Stress test - Normal

Echocardiogram Mild LVH other wise normal

d. Medical significance of any findings

Probably has fibrosis in the conduction system due to aging process. No pathology found

e. Limitations of activities or contraindication to vigorous-intensity physical exercise (if none, must state none)

None

Cardiologist Signature: [signature] Date: 10/15/04

Received
OCT 15 2012
CCHR-Reno

**Please attach letterhead or business card*
**If additional space is required please attach a letter*

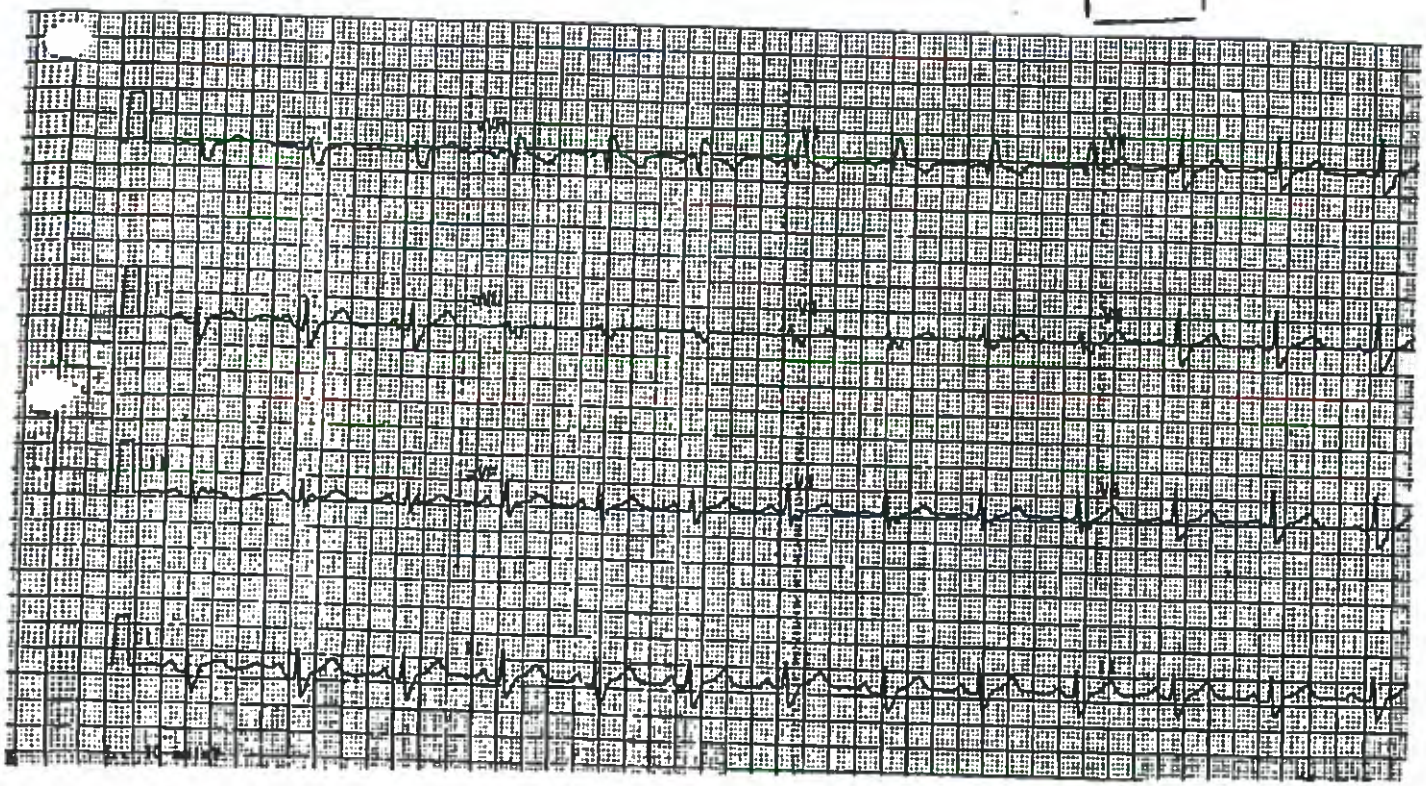
REVISED 1/14/04 KW

DENWWW/ILLE,DANIEL
ID:

10/13/05 10:45:41

D.O.B.: 10/04/1934 71 YEARS
MALE
Meds: NO MEDICATION
Class:
Loc: 11

Vent. Rate:	79 bpm
P Duration:	100 ms
QRS Duration:	146 ms
PR Interval:	156 ms
QT Interval:	408 ms
QTc Interval:	439 ms
P-R-T AXIS:	71° 108° 59°



ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D
Dulynn Hastings, M.D.

Name: Daniel Demaranville Date: 09/08/16 Chart # 134430

DOB: _____ H: ____ W: ____ T: ____ P: 70 BP: 130/78 R 18

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: Here for path results +/- meniscus

HPI: Pain

Did all exam gone.

Healing process

P- Rev knee pain

Q-16-16

Q-18-16 Cl per DID Flomax 0.4mg #30 2

Faxed Saron #773 faxed 746-2356 (RV)

MEDICATIONS

Pain

Flomax

Meds Script

Couns/coord > 50% ☐ Total time: _____ min. Couns/coord time: _____ min

"Two Tried-and-True Tools for E/M Documentation." Becker LA. *Family Practice Management*. October 2003:51. http://aafp.org/fpm/20030900/51two.html.

AMG-051 REV 3/04

LabCorp

LabCorp Reno
888 Willow Street
Reno, NV 89502
Phone: 775-334-3400

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Account Delivery Route
282-486-0268-0	282380	64001373551	27625491	775-322-5757	00

Patient Last Name	Patient First Name	Patient Middle Name
DEMARANVILLE	DANIEL	

Patient SS#	Patient Phone	Total Volume
-**-*	775-345-6530	

Age(Y/M/D)	Date of Birth	Sex	Fasting
72/00/05	10/04/34	M	Yes

Patient Address
PO BOX 261
VERDI NV 89439

Account Address
CONCENTRA MED SERV MILL LAB

1530 EAST 6TH STREET
RENO NV 89512

Additional Information

UPIN: C96419

Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID
10/09/06 07:16	10/09/06	10/10/06 17:05ET	PANICARI, M		

Tests Ordered
CMP14+LP+CBC/D/Plt+UA; Venipuncture; Reno,NV

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP14+LP+CBC/D/Plt+UA					
Chemistries					NV
Glucose, Serum	92		mg/dL	65 - 99	NV
BUN	19		mg/dL	5 - 26	NV
Creatinine, Serum	1.4		mg/dL	0.5 - 1.5	NV
BUN/Creatinine Ratio	14			8 - 27	
Sodium, Serum	144		mmol/L	135 - 148	NV
Potassium, Serum	4.7		mmol/L	3.5 - 5.5	NV
Chloride, Serum	106		mmol/L	96 - 109	NV
Carbon Dioxide, Total	23		mmol/L	20 - 32	NV
Calcium, Serum	9.5		mg/dL	8.5 - 10.6	NV
Protein, Total, Serum	6.5		g/dL	6.0 - 8.5	NV
Albumin, Serum	4.1		g/dL	3.5 - 4.8	NV
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	1.7			1.1 - 2.5	
Bilirubin, Total	0.6		mg/dL	0.1 - 1.2	NV
Alkaline Phosphatase, S	52		IU/L	25 - 160	NV
AST (SGOT)	21		IU/L	0 - 40	NV
ALT (SGPT)	16		IU/L	0 - 55	NV
Lipids					NV
					NV
Cholesterol, Total	165		mg/dL	100 - 199	NV
Triglycerides	100		mg/dL	0 - 149	NV
HDL Cholesterol	50		mg/dL	40 - 59	NV
VLDL Cholesterol Cal	20		mg/dL	5 - 40	
LDL Cholesterol Calc	95		mg/dL	0 - 99	
T. Chol/HDL Ratio	3.3		ratio units	0.0 - 5.0	
CBC, Platelet Ct, and Diff					NV
					NV
WBC	7.9		x10E3/uL	4.0 - 10.5	NV
RBC	4.60		x10E6/uL	4.20 - 6.00	NV
Hemoglobin	15.7		g/dL	13.0 - 18.0	NV
Hematocrit	45.9		%	37.0 - 55.0	NV
MCV	100		fL	80 - 100	NV

DEMARANVILLE, DANIEL	282380	282-486-0268-0	Seq#1797

DUPLICATE FINAL REPORT

10/13/06

LabCorp

LabCorp Reno
888 Willow Street
Reno, NV 89502
Phone: 775-334-3400

Patient Name						Specimen Number	
DEMARANVILLE, DANIEL						282-486-0268-0	
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(T/M/D)	Date of Birth
27625491	282380	64001373551	10/09/06 07:16	10/10/06	M	72/00/05	10/04/34

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
MCH	34.1	High	pg	27.0 - 33.0	NV
MCHC	34.2		g/dL	32.0 - 36.0	NV
RDW	14.3		%	12.0 - 16.2	NV
Platelets	250		x10E3/uL	140 - 440	NV
Neutrophils	66		%	48 - 73	NV
1 BAND					
1 MYELO					
Lymphs	23		%	18 - 48	NV
Monocytes	8		%	0 - 13	NV
Eos	3		%	0 - 6	NV
Basos	0		%	0 - 3	NV
Neutrophils (Absolute)	5.2		x10E3/uL	1.8 - 7.8	NV
Lymphs (Absolute)	1.8		x10E3/uL	0.7 - 4.5	NV
Monocytes(Absolute)	0.6		x10E3/uL	0.1 - 1.0	NV
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4	NV
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	NV
Hematology Comments:	Note:				NV
Manual differential was performed.					
Urinalysis Gross Exam					NV
Specific Gravity	1.018			1.005 - 1.030	NV
pH	7.0			5.0 - 7.5	NV
Urine-Color	Yellow			Yellow	NV
Appearance	Clear			Clear	NV
WBC Esterase	Negative			Negative	NV
Protein	Negative			Negative/Trace	NV
Glucose	Negative			Negative	NV
Ketones	Negative			Negative	NV
Occult Blood	Negative			Negative	NV
Bilirubin	Negative			Negative	NV
Urobilinogen,Semi-Qn	0.0		mg/dL	0.0 - 1.9	NV
Nitrite, Urine	Negative			Negative	NV
Microscopic Examination					
Microscopic follows if indicated.					NV

NV: LabCorp Reno
888 Willow Street, Reno, NV 89502 Dir: Amy Llewellyn, MD
For inquiries, the physician may contact: Branch: 775-334-3400 Lab: 775-334-3400

RENO NEVADA

[illegible] DIAGNOSTIC 2.14
[illegible] 2006-2005
[illegible] 10/12/06 17:24

Patient Information

Name	DANIEL DOMARANVILLE
ID	134430
Age	72
Height	5 ft 9 in
Weight	199 lbs. BMI 29.5
Gender	MALE
Ethnic	CAUCASIAN
Smoker	YES
Asthma	NO

Test Information

Test Date/Time	10/12/06 17:21
Post Time	--:--
Test Mode	DIAGNOSTIC
Interpretation	NLHEP
Predicted Ref	Knudson76
Value Select	BEST VALUE
Tech ID	IKB
Automated QC	ON
BTPS (IN/EX)	-.--/ 1.02

Test Results

Your FEV1 is 48% Predicted. Your Lung Age is 12[illegible]

Baseline

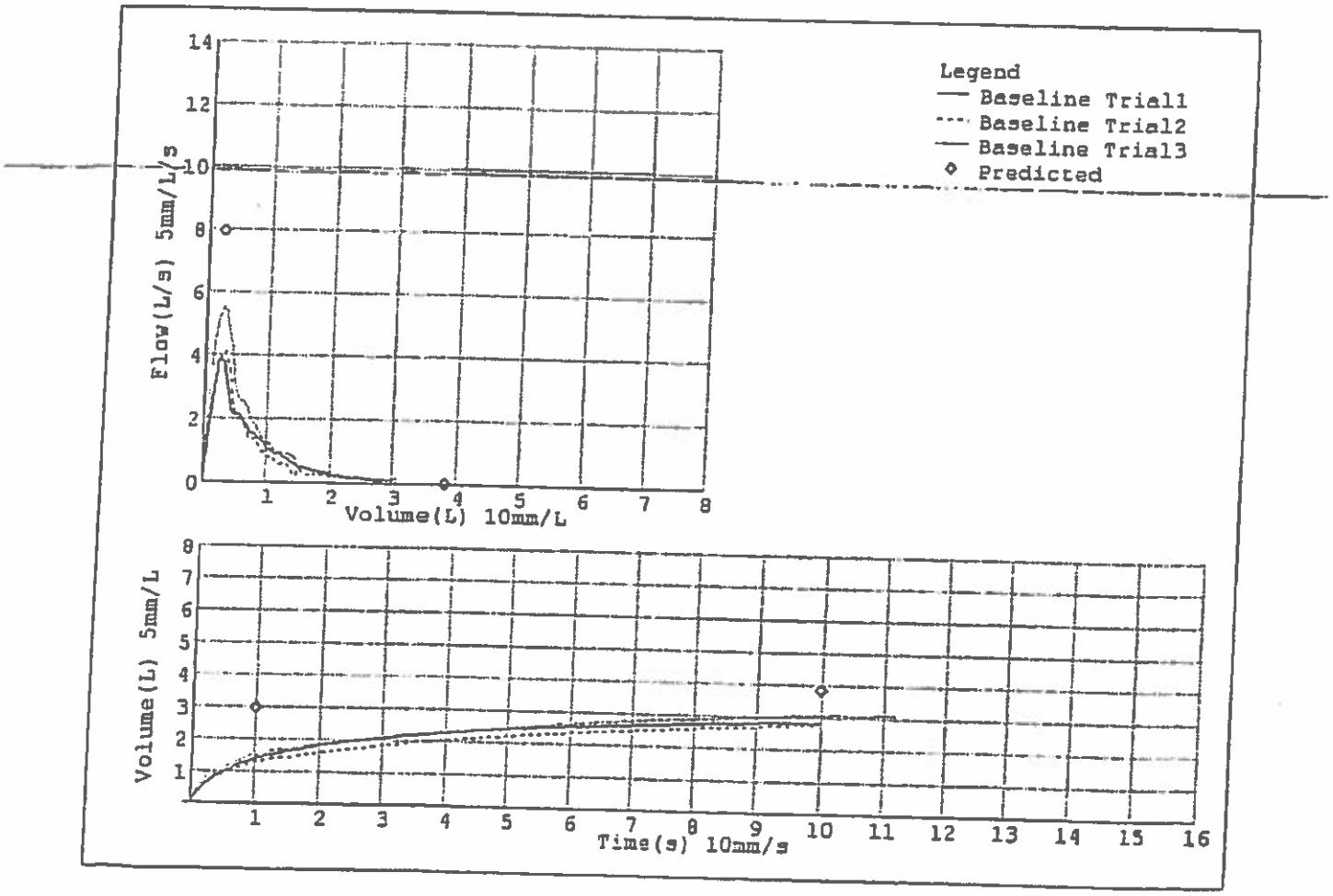
Parameter	Best	Trial1	Trial2	Trial3#	Pred	%Pred
FVC(L)	2.82*	2.82*	2.79*	3.09	3.83	74
FEV1(L)	1.40*	1.40*	1.30*	1.52*	2.95	48
FEV1/FVC	0.50*	0.50*	0.47*	0.49*	0.78	64
PEF(L/s)	3.79*	3.79*	4.02*	5.35*	7.94	[illegible]
FEF25-75(L/s)	0.50*	0.50*	0.36*	0.40*	3.78	13
FET(s)	9.99	9.99	9.97	11.25	-.--	

* Indicates Below LLN or Significant Post Change

Moderately Severe COPD

Baseline: FEV1 Var-0.10L 7.2%; FVC Var-0.03L 1.2%; Session Quality C

Interpretation: Moderate Obstruction and Low vital Capacity possibly due to restriction



DEMARANVILLE,DANIEL
ID:

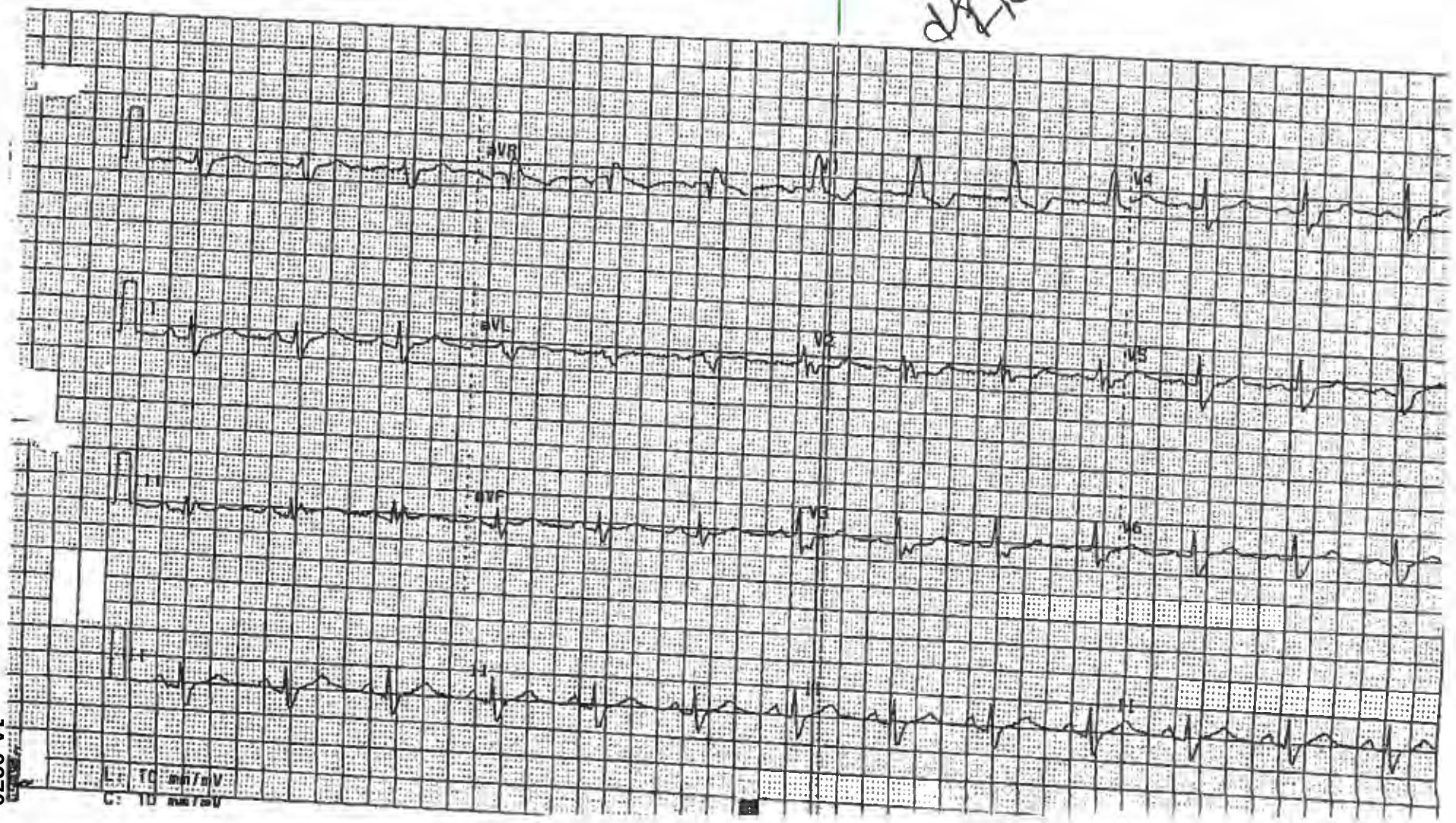
10/13/06 14:31:59

D.O.B.: 10/04/1934 72 YEARS
MALE
Meds: NO MEDICATION
Class:
Loc: 1

Vent. Rate:	79 bpm
P Duration:	106 ms
QRS Duration:	152 ms
PR Interval:	168 ms
QT Interval:	424 ms
QTc Interval:	455 ms
P-R-T AXIS:	70° 115° 58°

DEMARANVILLE,DANIEL
ID:

10/13/06 14:31:59



JA 0370

ID: #STAT#1081015161056

D.O.B.:
Meds:
Class:
Loc: 1

Daniel Desmarteau

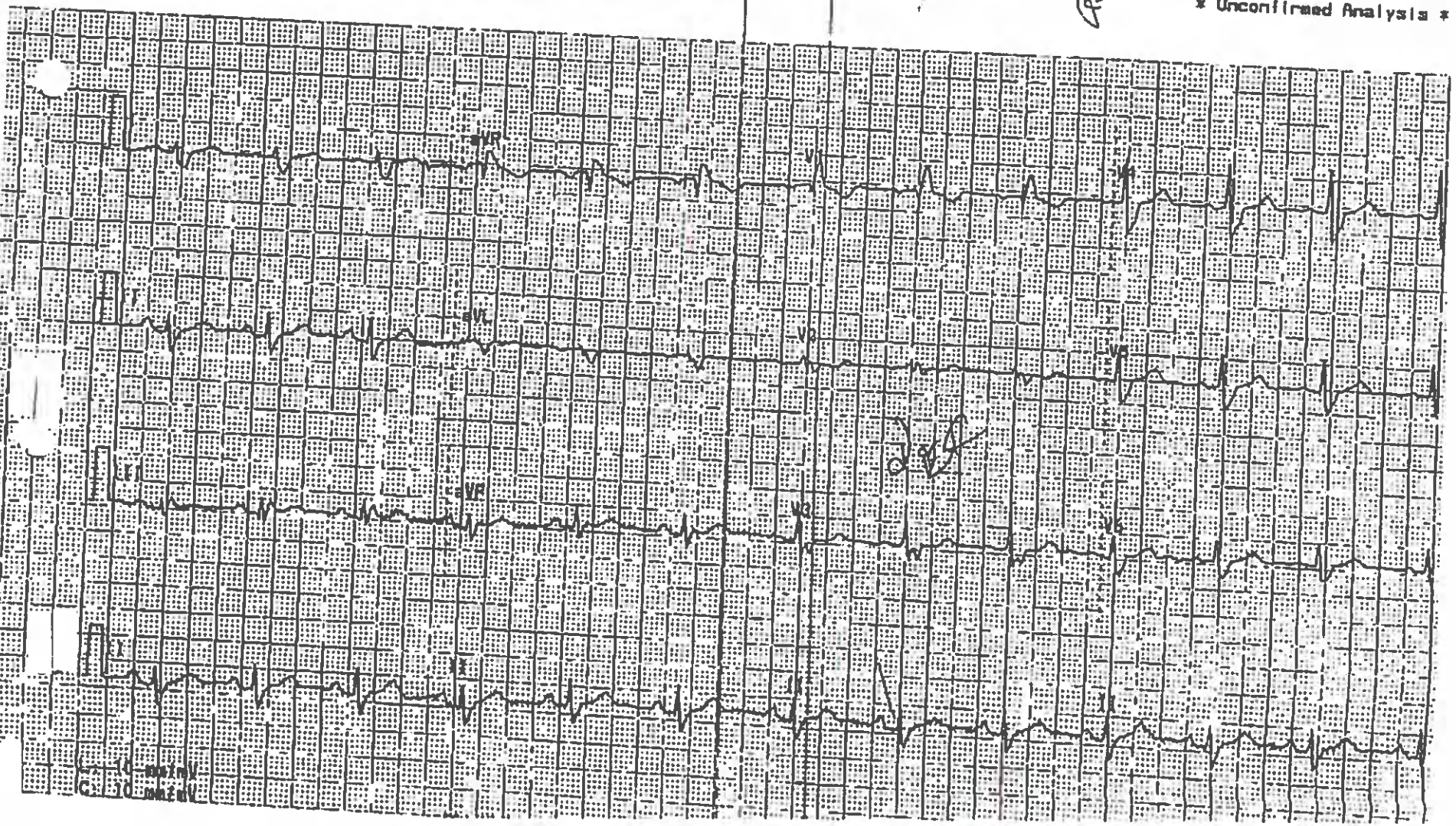
Vent. Rate:	75 bpm	
P Duration:	104 ms	
QRS Duration:	154 ms	
PR Interval:	168 ms	
QT Interval:	422 ms	
QTc Interval:	446 ms	
P-R-T AXIS:	77°	0° 62°

ID: #STAT#1081015161056

SINUS RHYTHM
INTERPRETATION MADE WITHOUT KNOWLEDGE OF PATIENT'S SEX AND AGE.
INDETERMINATE FRONTAL QRS AXIS
Low terminal QRS spatial velocity
Broad R or R' in V1 or V2
RIGHT BUNDLE BRANCH BLOCK

Summary: ABNORMAL

* Unconfirmed Analysis *



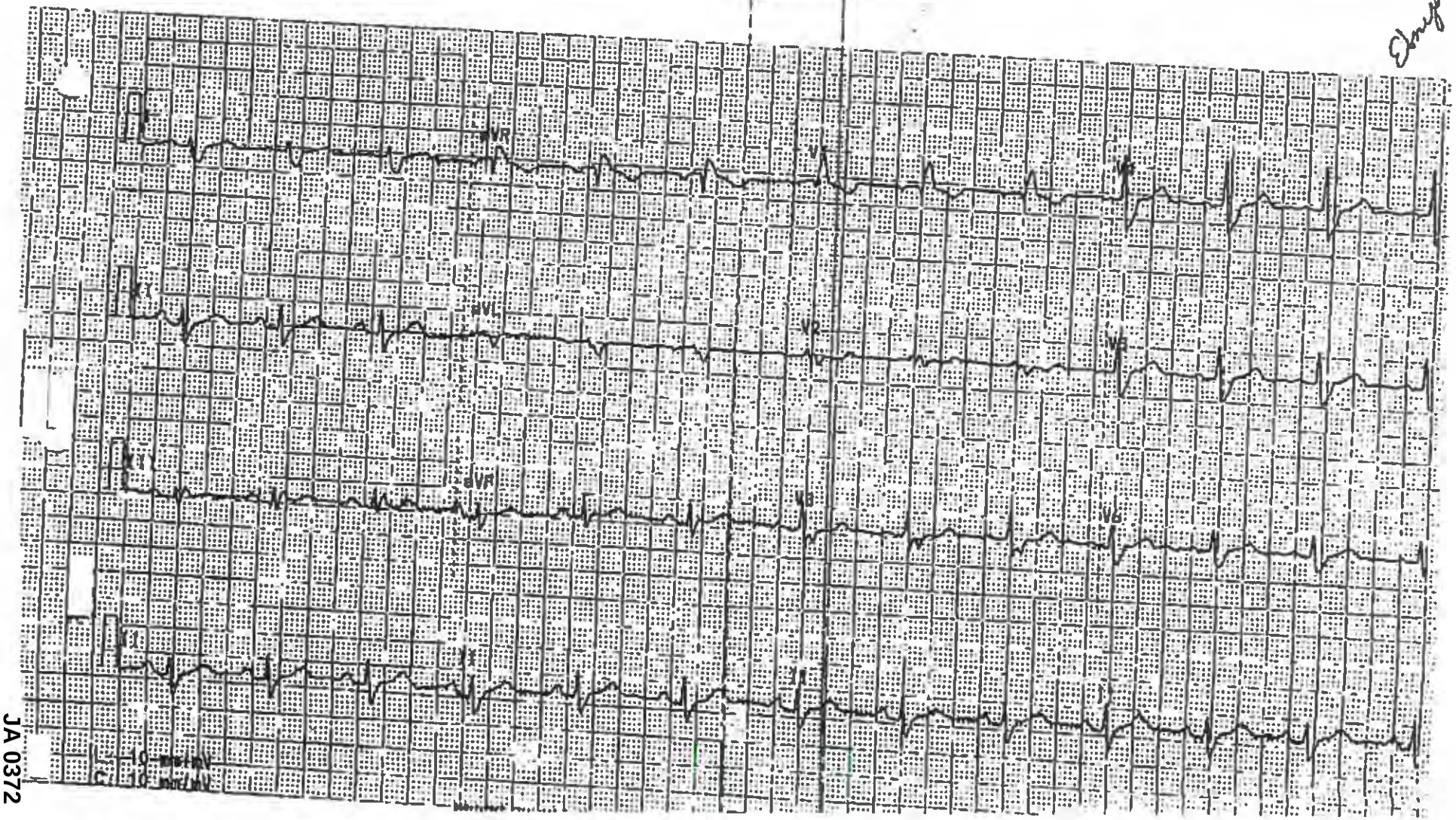
JA 0371

ID: #STAT#1081015161056

D.O.B.:
Meds:
Class:
Loc: 1

Vent. Rate:	75 bpm
P Duration:	104 ms
QRS Duration:	154 ms
PR Interval:	168 ms
QT Interval:	422 ms
QTc Interval:	446 ms
P-R-T AXIS:	77° 0° 62°

ID: #STAT#1081015161056



ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.

Name: Daniel Demaranville Date: ~~10-12-06~~ 1-11-07 Chart # 134430

DOB: _____ H: ____ W: ____ T: ____ P: 72 BP: ~~136/86~~ 18

HPI		
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.		
ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐
PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐
Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓, no review/exam

CC: Here for 3 month Flu + R Dent

HPI: ~~Diabetes~~ Labs ~~Consult~~ Re

Labs reviewed

1. RBBB new-
   2nd card 7 yrs ago
   ST - fine
   E.D. 7000.
   Pt stated MI heart RA
   O- Overall NAD
   Shoulder hitch + thumb
   C, MC & MCP fx
   A- Arthritis 716.90
   RBBB 426.50
   Bradycardia 53081 Sinus Arrhythmia 300.4
   Fx 302.72
   P- Labs
   XR
   Rest 7 yrs.
   Decided to try Lopressor

MEDICATIONS

Same
Meds
Lopressor
BP
TSH
CBC
ANA
PSA/Rectal
D-dimer

Counsel/coord >50% ☐ Total time: _____ min. Counsel/coord time: _____ min.

MG-051 REV 3/04

Reno Diagnostic Centers
590 Eureka Avenue • Reno, Nevada 89512
Phone (775) 323-5083 Fax (775) 323-2193

PATIENT NAME: Demaranville, Daniel E
DOB: 10/04/1934 MRN: 160912
REFERRING PHYSICIAN: VANDYKEN, DONALD MD (775)786-3555 AGE/SEX: 72/M

EXAM DATE: 01/15/2007
ACCESSION: 400210
EXAM: XRAY- Hand 3V plus
EXAM LOCATION: RDC

CLINICAL INDICATION: Hand pain. No trauma.

TECHNIQUE: Three views of the left hand performed 1/15/2007.

COMPARISON: None.

FINDINGS:
Bone mineralization is within normal limits. No definite periosteal reaction is noted. There may be slight cortical thickening of the proximal phalanges of the left hand along with a mild spade-like appearance of the terminal tufts. This may be seen in acromegaly and clinical correlation is recommended. No erosions are identified. There is no soft tissue calcification. No fracture is identified. There are mild degenerative changes at the base of the thumb.

IMPRESSION:
1. Subtle spade-like appearance of the distal tufts which may be seen in acromegaly.
2. Mild degenerative changes at base of the left thumb.

CC:

Read and Electronically Signed by: Eric J Kraemer MD
Reviewed By: Ross H Golding MD
Date/Time Dictated: 01/15/2007 15:21:51 PM

Reno Diagnostic Centers
590 Eureka Avenue • Reno, Nevada 89512
Phone (775) 323-5083 Fax (775) 323-2193

PATIENT NAME: Demaranville, Daniel E
DOB: 10/04/1934
REFERRING PHYSICIAN: VANDYKEN, DONALD MD (775)786-3555

MRN: 160912
AGE/SEX: 72/M

EXAM DATE: 01/15/2007
ACCESSION: 400211
EXAM: XRAY- Hand 3V plus
EXAM LOCATION: RDC

CLINICAL INDICATION: Right hand pain. No trauma.

TECHNIQUE: Three views right hand performed 1/15/07.

COMPARISON: None.

FINDINGS:
Bone mineralization is within normal limits. There are moderate degenerative changes at the base of the right thumb. No marginal erosions are identified. There is no periosteal reaction. There is mild cortical thickening of the proximal phalanges of the right hand. There is subtle spade-like appearance of the distal tufts. This finding may be seen acromegaly and clinical correlation is recommended.

IMPRESSION:
1. Moderate degenerative change of the base of the right thumb.
2. Mild spade-like widening of the distal phalanges. This finding may be seen in acromegaly and clinical correlation is recommended.

CC:

Read and Electronically Signed by: Eric J Kraemer MD
Reviewed By: Ross H Golding MD
Date/Time Dictated: 01/15/2007 15:22:08 PM

Specimen #	Control/Rec	Pg
015-486-0697-0	64001- 055	1

LabCorp V 1.29

Fasting	Alicia Source	Total Urine Volume	Report Status
NO			S / Final

Date Collected	Time Collected	Date Entered	Date Reported
01/15/07	12:26	01/15/07	01/17/07

Clinical Information:

Patient ID Number	Patient Phone Number	Patient SSN
282380	775-345-6530	***-**-****

Patient Name	Sex	Date of Birth
DEMARANVILLE, DANIEL	M	10/04/34

Patient Address: PO BOX 261
Verdi NV 89439

Comments:
PATN AGE: 072/03/11

Account:
27896221
Acadia Medical Group
00
900 Ryland St
Reno NV 89502

775-786-3555

UPIN: B43018
PHY NAME: VANDYKEN,

Tests Requested: Antinuclear Antibodies Direct; Rheumatoid Arthritis Factor; Sedimentation Rate-Westergren; Venipuncture; Reno,NV

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Antinuclear Antibodies Direct	24		U/mL	0 - 99 Negative <100 Equivocal 100 - 120 Positive >120	01
Rheumatoid Arthritis Factor RA Latex Turbid.	3.0		IU/mL	0.0 - 13.9	01
Sedimentation Rate-Westergren	2		mm/hr	0 - 20	01

01 NV LabCorp Reno Dir: Amy Llewellyn, MD
888 Willow Street, Reno, NV 89502
For inquiries, the physician may contact Branch: 775-334-3400 Lab: 775-334-3400

LAST PAGE OF REPORT

FINAL REPORT

EMARANVILLE, DANIEL 282380 015-486-0697-0 Seq# 7632 01-17-07 10:04ET

Universal #2

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.

Name: Daniel Demeranville Date: 01.25.07 Chart # 134430

DOB: _____ H: ____ W: ____ T: ____ P: 70 BP: 120/66 RR 18

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

✓: no review/exam

CC: Refill for 2 wks f/u

HPI: denied OB tests on x-ray
" NL labs.
" - ABAIR.
" Zantac @ 150
O - OH [illegible] gets consistently
symptomatic
A - OH [illegible] / 715.94
GERD - discd. (lifestyle AS 530.81
egdx
DJD / 788.162
ED / 302.72 & absent 305.1
Dysthymia 300.4
P - citalopram [illegible] ask pcp/psych
Mobic 800 BID
Prilosec qD
Sleep c ↑ HOB.
Rx Mobic

MEDICATIONS

Zantac 150mg
Lisinopril 10mg
Viagra 50 PRN
Flomax 0.4mg
[illegible]

Couns/coord>50% ☐ Total time: _____ min. Couns/coord time: _____ min.

"Two Tried-and-True Tools for E/M Documen[illegible]" Backer LA. Family Practice Management. October 2003:51 http://aafp.org/fpm/20030900/51twot.html.

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.
Dulynn Hastings, M.D

Name: Daniel Demaranville Date: 5.15.07 Chart #: 134430

DOB: _____ H: ____ W: ____ T: ____ P: 70 BP: 120/70 R: 18

HPI
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☒	☐
Eyes	☐	☒
ENT/mouth	☐	☒
CV	☒	☐
Resp	☐	☒
GI	☒	☐
GU	☒	☐
Musc	☒	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☒

PFSH	No chng	See note
Past	☐	☒
Family	☐	☐
Social	☒	☐

Exam	WNL	See note
Const	☒	☐
Eyes	☒	☐
ENT/mouth	☐	☒
Neck	☒	☐
Resp	☒	☐
CV	☒	☐
Chest (breasts)	☐	☐
GI (abdomen)	☒	☐
Lymph	☐	☐
GU	☐	☐
Musc	☒	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

NO ✓: no review/exam

CC: Here for 3 month Plus

HPI:

A- GERD 530.81
Bronchitis 490
Depression 300.4
COPD 496
Tobacco abuse 305.1

P- Cont meds
Stop smoking
Doxycycline 100 BID x 10/7
RTC 3 mos

Abd wants to print

P- Wellbutrin SR 150 XL 300 qDX 30/8
Xopenex 1.25mg/3 ml 10/8

MEDICATIONS

Zantac 150mg TID
Hydrocodone
Albuterol
Proair
Flonase
Ortho
Prednisone
Tylenol
Zyprexa
Eye-gtt

Counc/coord>50% ☐ Total time: _____ min. Counc/coord time: _____ min.

Reno Diagnostic Centers
590 Eureka Avenue • Reno, Nevada 89512
Phone (775) 323-5083 Fax (775) 323-2193

Reprinted from Electronic Medical Record - Created on 08/14/07 17:03:09
Patient: DEMARANVILLE, DANIEL HR No.: 160912 DOB: 10/04/1934

PATIENT NAME: Demaranville, Daniel E
DOB: 10/04/1934
REFERRING PHYSICIAN: VANDYKEN, DONALD MD (775)786-3555

MRN: 160912
AGE/SEX: 72/M

EXAM DATE: 08/14/2007
ACCESSION: 449194
EXAM: US- US1_EU-US - Veins Unilateral-Right
EXAM LOCATION: RDC

CLINICAL INDICATION: Right hand swelling. Evaluate for upper extremity thrombosis.

COMPARISON: None.

TECHNIQUE: The deep and superficial venous system of the right upper extremity was evaluated with B-mode, duplex and color ultrasound with a high frequency vascular (12 mHz) probe.

FINDINGS:
Both the deep and superficial venous system is patent. The examination is unremarkable.

IMPRESSION:
No evidence of the right upper extremity venous thrombosis.

These results were called as requested.

CC:

Read and Electronically Signed by: Eric J Kraemer MD
Reviewed By: Ross H Golding MD
Date/Time Dictated: 08/14/2007 17:03:06 PM

Electronically signed by Eric J Kraemer MD 8/14/2007 17:8.6

Reno Diagnostic Centers
590 Eureka Avenue • Reno, Nevada 89512
Phone (775) 323-5083 Fax (775) 323-2193

PATIENT NAME: Demaranville, Daniel E
DOB: 10/04/1934
REFERRING PHYSICIAN: VANDYKEN, DONALD MD (775)786-3555

MRN: 160912
AGE/SEX: 72/M

EXAM DATE: 08/14/2007
ACCESSION: 449194
EXAM: US- US1_EU-US - Veins Unilateral-Right
EXAM LOCATION: RDC

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FINDINGS:
Both the deep and superficial venous system is patent. The examination is unremarkable.

IMPRESSION:
No evidence of the right upper extremity venous thrombosis.

These results were called as requested.

CC:

Read and Electronically Signed by: Eric J Kraemer MD
Reviewed By: Ross H Golding MD
Date/Time Dictated: 08/14/2007 17:03:06 PM

Released By :

02087.T01

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.

Name: Daniel Demaranville Date: 8.14.07 Chart # 134430

DOB: H: W: T: P: 100 (R) BP: 130/88 (L) 18

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

✓: no review/exam

CC: Here for swelling (R) hand, lower arm

HPI: Woke up to it yesterday
Sleeping on R arm
Ward tender, generally
(Hand + wrist)
S/P edema
1. R hand edema 782.3
R hand pain 729.5
R wrist " 719.43
P- US R/O DVT
Rev 1-2d
(11

MEDICATIONS:
Zantac
150 mg
Ibuprofen
10mg
Phenergan
DM
PRN

PHONE CALL

FOR: PND Pharm DATE: 8/14/07 TIME: 4:30 A.M. P.M.
M: Laura Demaranville
OF: Re: Dan
PHONE/ MOBILE: 345 6530 FAX:
MESSAGE: RDC didn't find a clot what should Dan Do for the Pain until next appt on Thurs?
SIGNED:

☐ TELEPHONED
☐ RETURNED YOUR CALL
☐ PLEASE CALL
☐ WILL CALL AGAIN
☐ CAME TO SEE YOU
☐ WANTS TO SEE YOU

PHONE CALL

FOR: DATE: TIME: A.M. P.M.
M: Motrin 600 mg
OF:
PHONE/ MOBILE: FAX:
MESSAGE:
SIGNED:

☐ TELEPHONED
☐ RETURNED YOUR CALL
☐ PLEASE CALL
☐ WILL CALL AGAIN
☐ CAME TO SEE YOU
☐ WANTS TO SEE YOU

8/14/07 Tc to pt, pt informed of above

Couns/coord > 50% ☐ Total time: _____ min. Couns/coord time: _____ min.

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M
Dulynn Hastings, M.

Name: Daniel Demaranville Date: 8.16.07 Chart #: B4430

DOB: _____ H: ____ W: ____ T: ____ P: 64 BP: 112/68 R: 16

K

HPI	ROS	WNL	See note
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.	Const	☒	☐
	Eyes	☐	☐
	ENT/mouth	☒	☐
	CV	☒	☐
	Resp	☒	☐
	GI	☒	☐
	GU	☒	☐
	Musc	☒	☐
	Skin/breasts	☐	☒
	Neuro	☐	☐
	Psych	☒	☐
	Endo	☐	☐
	Hem/lymph	☐	☐
	Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☒
Family	☐	☐
Social	☐	☒

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: 72 y.o. ♂ 3 mo recheck

HPI: B/ox x clot
L. edema
-GI — OK
GU
ED OK.
Motion good! ↓↓ pain
(W) c/o moby on shoulder
↓ to L neck on shoulder -
O- own wt WNL decr - climbing.
SKS on shoulder.
L edema Leg CTA
A- RUE edema 782.3 cont NMT Sx
GERD 530.81
Tobacco abuse 305.1
COPD 496
DJD - 78862 SKS
P- Ricinoleate .5qD x3 .5 BIDx4 then 1 g BID
Ipratropium 20 gtt + R 1/3
No 1 mo

MEDICATIONS

me same
meds
per pt.

Couns/coord > 50% ☐ Total time: _____ min. Couns/coord time: _____ min.

AMG-051 REV 3/04

LabCorp

Specimen #	Control/Req Number	Page #
2-435-0728-0	54221385	[illegible]

Fasting	Micro Source	Total Urine Volume	Report Status
[illegible]			S /Final

Date Collected	Time Collected	Date Entered	Date Reported
1/09/07	13:55	10/09/07	10/10/07

Patient I.D. Number	Patient Phone Number	Patient SSN
[illegible]	775-345-6530	***-**-

Patient Name	Sex	Date of Birth
SMARRANVILLE, DANIEL	M	10/04/34

Patient Address PO BOX 261
Verdi NV 89439

Comments

ATN AGE: 073/00/05

Clinical Information

Account

27625451
CONCENTRA MED SER [illegible]
1330 EAST 5TH STREET
RENO NV 89512

775-322-5757

UPIN: F23827
PHY NAME: BELCOURT,

Tests Requested CMP14-LP+CBC/D/Plt+UA; Venipuncture;

Tests	Result	Flag	Units	Reference Interval	Lab
CMP14+LP+CBC/D/Plt+UA					
Chemistries					01
Glucose, Serum	84		mg/dL	65 - 99	01
BUN	16		mg/dL	5 - 26	01
Creatinine, Serum	1.3		mg/dL	0.5 - 1.5	01
BUN/Creatinine Ratio	12			8 - 27	
Sodium, Serum	143		mmol/L	135 - 148	01
Potassium, Serum	4.6		mmol/L	3.5 - 5.5	01
Chloride, Serum	104		mmol/L	96 - 109	01
Carbon Dioxide, Total	25		mmol/L	20 - 32	01
Calcium, Serum	8.9		mg/dL	8.5 - 10.6	01
Protein, Total, Serum	6.5		g/dL	6.0 - 8.5	01
Albumin, Serum	4.1		g/dL	3.5 - 4.8	01
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	1.7			1.1 - 2.5	
~~Bilirubin, Total~~	~~0.5~~		~~mg/dL~~	~~0.1 - 1.2~~	~~01~~
Alkaline Phosphatase, S	47		IU/L	25 - 150	01
AST (SGOT)	24		IU/L	0 - 40	01
ALT (SGPT)	19		IU/L	0 - 55	01
					01
Lipids					01
Cholesterol, Total	177		mg/dL	100 - 199	01
Triglycerides	106		mg/dL	0 - 149	01
HDL Cholesterol	47		mg/dL	40 - 59	01
VLDL Cholesterol Cal	21		mg/dL	5 - 40	
LDL Cholesterol Calc	109	High	mg/dL	0 - 99	
Comment					01
If initial LDL-cholesterol result is >130 mg/dL, assess for risk factors.					
Total/HDL Ratio	3.8		ratio units	0.0 - 5.0	
					01
CBC, Platelet Ct, and Diff					01
[illegible]	7.8		x10E3/uL	4.0 - 10.5	01
[illegible]	4.79		x10E6/uL	[illegible]	01
Hemoglobin	15.8		g/dL	[illegible]	01
Hematocrit	47.4		%	[illegible]	01
[illegible]	99		[illegible]	[illegible]	01
[illegible]	33.2	High	pg	[illegible]	01
[illegible]	[illegible]		[illegible]	[illegible]	01
[illegible]	[illegible]		[illegible]	[illegible]	01

[illegible] — REPORT

[illegible]

LabCorp

Specimen #	Control/Req Number	Page #
[illegible]	[illegible]	[illegible]

sting	Micro Source	Total Urine Volume	Report Status
[illegible]			[illegible]

ate Collected	Time Collected	Date Entered	Date Reported
[illegible]	[illegible]	[illegible]	[illegible]

Patient ID Number	Patient Phone Number	Patient SSN
[illegible]	[illegible]	[illegible]

nt Name	Sex	Date of Birth
[illegible]	[illegible]	[illegible]

nt Address PO BOX 25[illegible]
[illegible] Verdi NV 89439

ments
[illegible]

Clinical Information

Account
[illegible]
[illegible]

1500 EAST 8TH STREET
RENO NV 89512

775-322-5757

[illegible]

Requested [illegible]

[illegible]	269	x10E3/uL	140 - 440	01
[illegible]philic	51	%	38 - 73	01
[illegible]phils	20	%	13 - 45	01
[illegible]	3	%	0 - 12	01
[illegible]	2	%	0 - 2	01
[illegible]	2	%	0 - 3	01
[illegible]philic (Absolute)	4.3	x10E3/uL	1.0 - 7.5	01
[illegible] (Absolute)	2.6	x10E3/uL	0.7 - 4.5	01
[illegible]philic (Absolute)	0.8	x10E3/uL	0.1 - 1.2	01
[illegible] (Absolute)	0.1	x10E3/uL	0.0 - 0.4	01
[illegible] (Absolute)	0.3	x10E3/uL	0.2 - 0.9	01

[illegible]

[illegible]lysis Urine Dip				01
[illegible]cific Gravity	1.020		1.005 - 1.030	01
[illegible]	5.0		5.0 - 7.5	01
[illegible]-Color	Yellow		Yellow	01
[illegible]earance	Clear		Clear	01
[illegible] Esterase	Negative		Negative	01
[illegible]rbin	Negative		Negative; Trace	01
[illegible]ose	Negative		Negative	01
[illegible]ones	Negative		Negative	01
[illegible]ood	Negative		Negative	01
[illegible]rubin	Negative		Negative	01
[illegible]ein,Semi-Qn	2.0	mg/dL	0.0 - 1.9	01
[illegible] Strip	Negative		Negative	01
[illegible]scopic Examination				
[illegible]roscopic follows if indicated.				01

[illegible] LabCorp Reno [illegible]
[illegible] 888 Willow Street, Reno, NV 89502
[illegible]

[illegible] REPORT

[illegible]

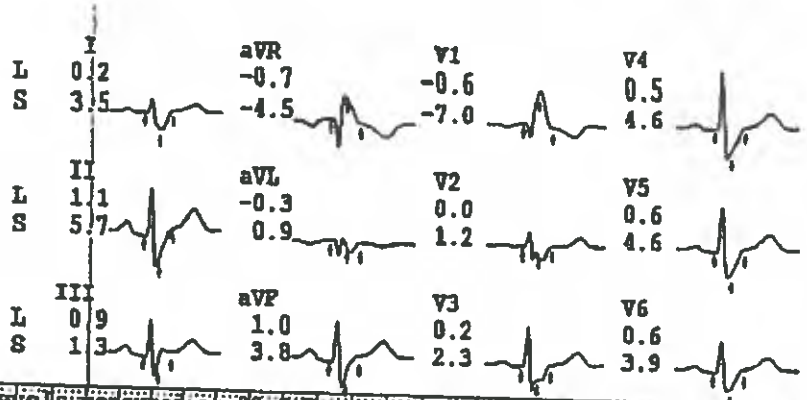
Name: Daniel Demaranville

ID:

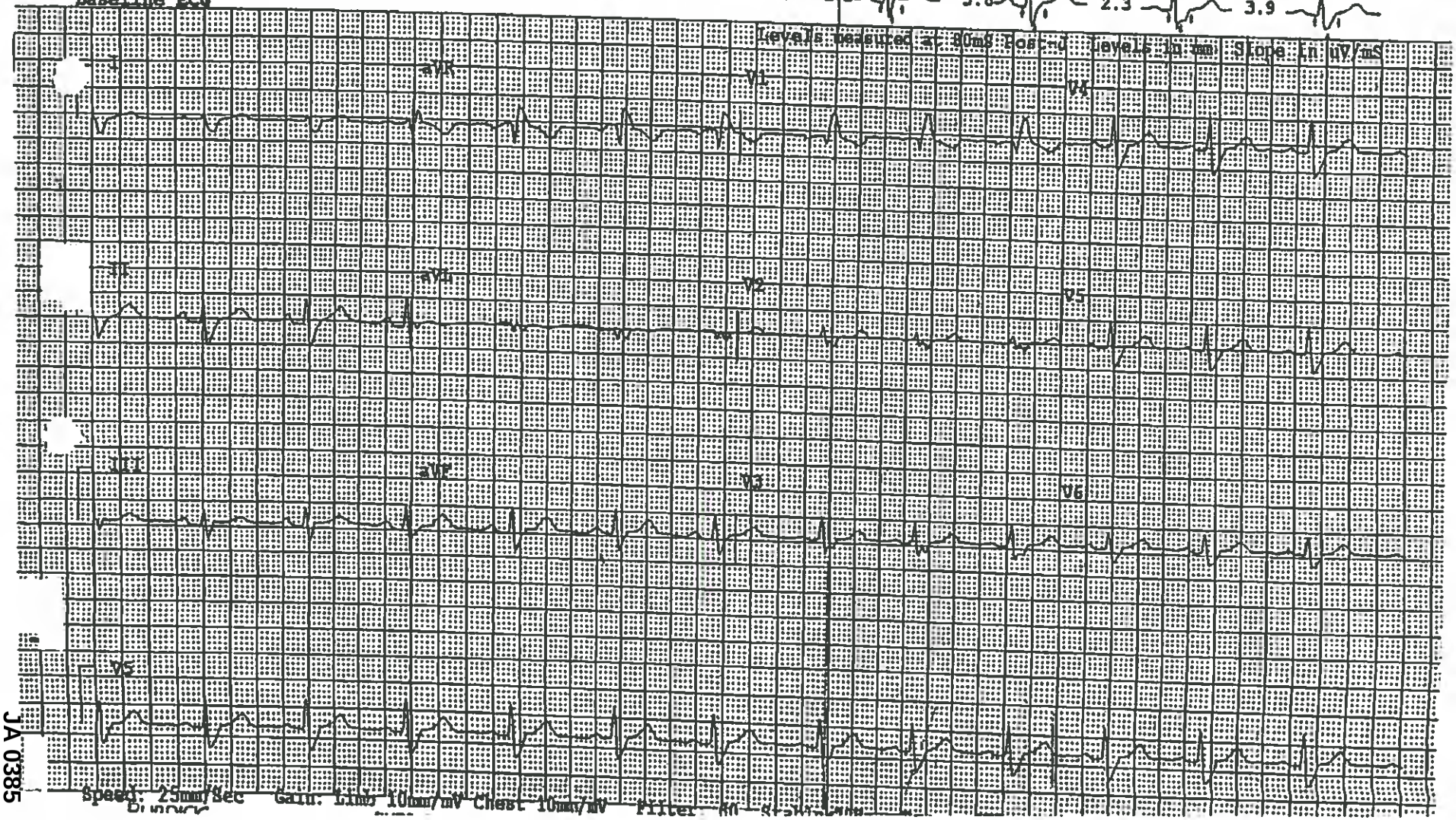
10/15/2007 8:41:16 AM

HR: 78
BP: 128/69
Age: 73 Years
Gender: Male
Race: Caucasian
Height: 70 in
Weight: 206 lbs

Medication(s): zantac
Department:
Technician: Sofia
Physician: DR. PANACARI



Baseline ECG



JA 0385

DEMARANVILLE,DANIEL
ID:

10/15/09 9:52:08

DEMARANVILLE,DANIEL
ID:

10/15/09 9:52:08

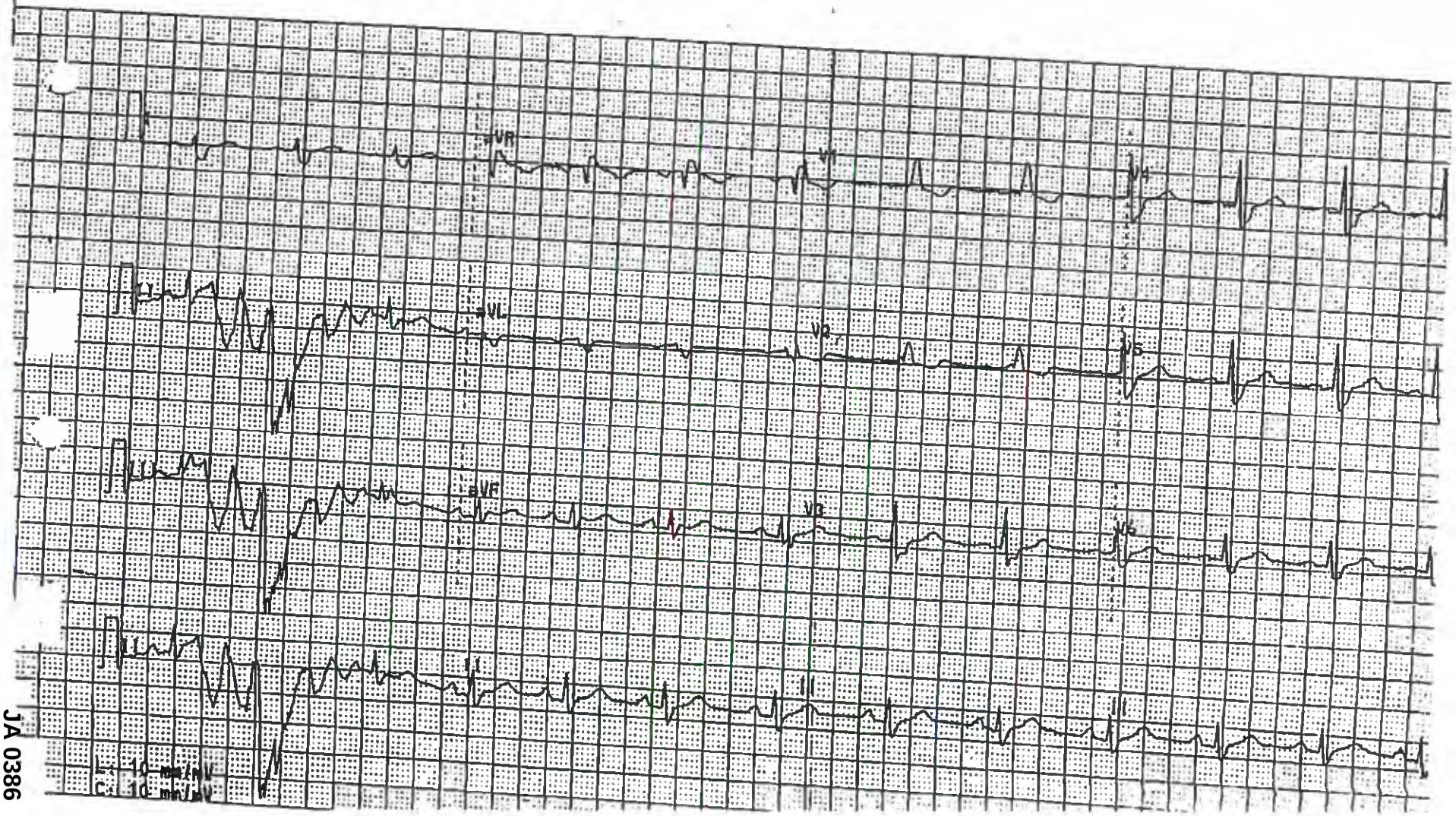
D.O.B.: 10/04/1934 75 YEARS
MALE
Meds:
Class:
Loc: 12

Vent. Rate:	75 bpm
P Duration:	102 ms
QRS Duration:	152 ms
PR Interval:	166 ms
QT Interval:	408 ms
QTc Interval:	434 ms
P-R-T AXIS:	75° 104° 63°

SINUS RHYTHM
Low terminal QRS spatial velocity
Broad R or R' in V1 or V2
RIGHT BUNDLE BRANCH BLOCK

Summary: ABNORMAL

* Unconfirmed Analysis



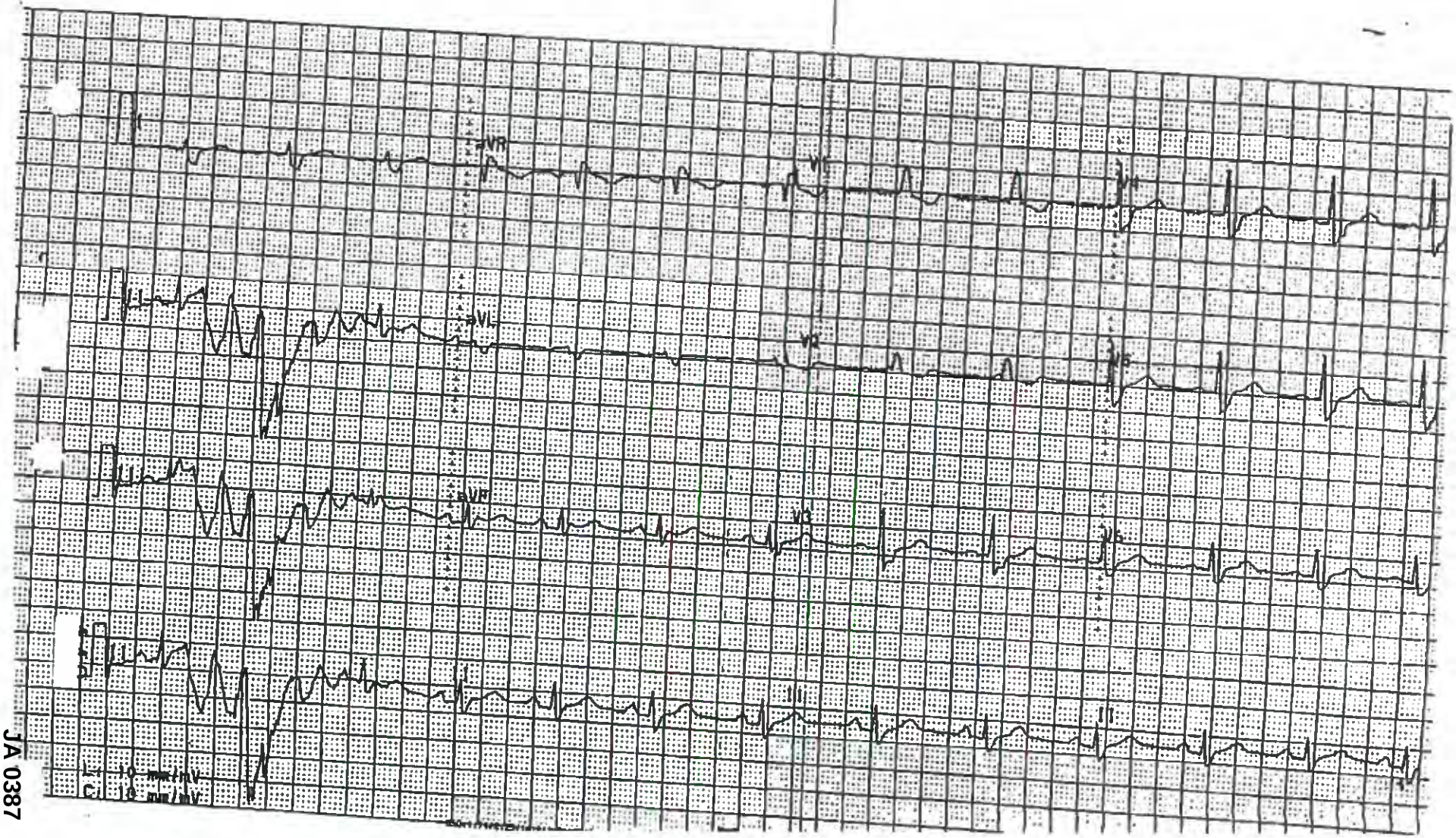
JA 0386

ID:

D.O.B.: 10/04/1934 75 YEARS
MALE
Meds:
Class:
Loc: 12

Vent. Rate:	75 bpm
P Duration:	102 ms
QRS Duration:	152 ms
PR Interval:	166 ms
QT Interval:	408 ms
QTc Interval:	434 ms
P-R-T AXIS:	75° 104° 63°

ID:

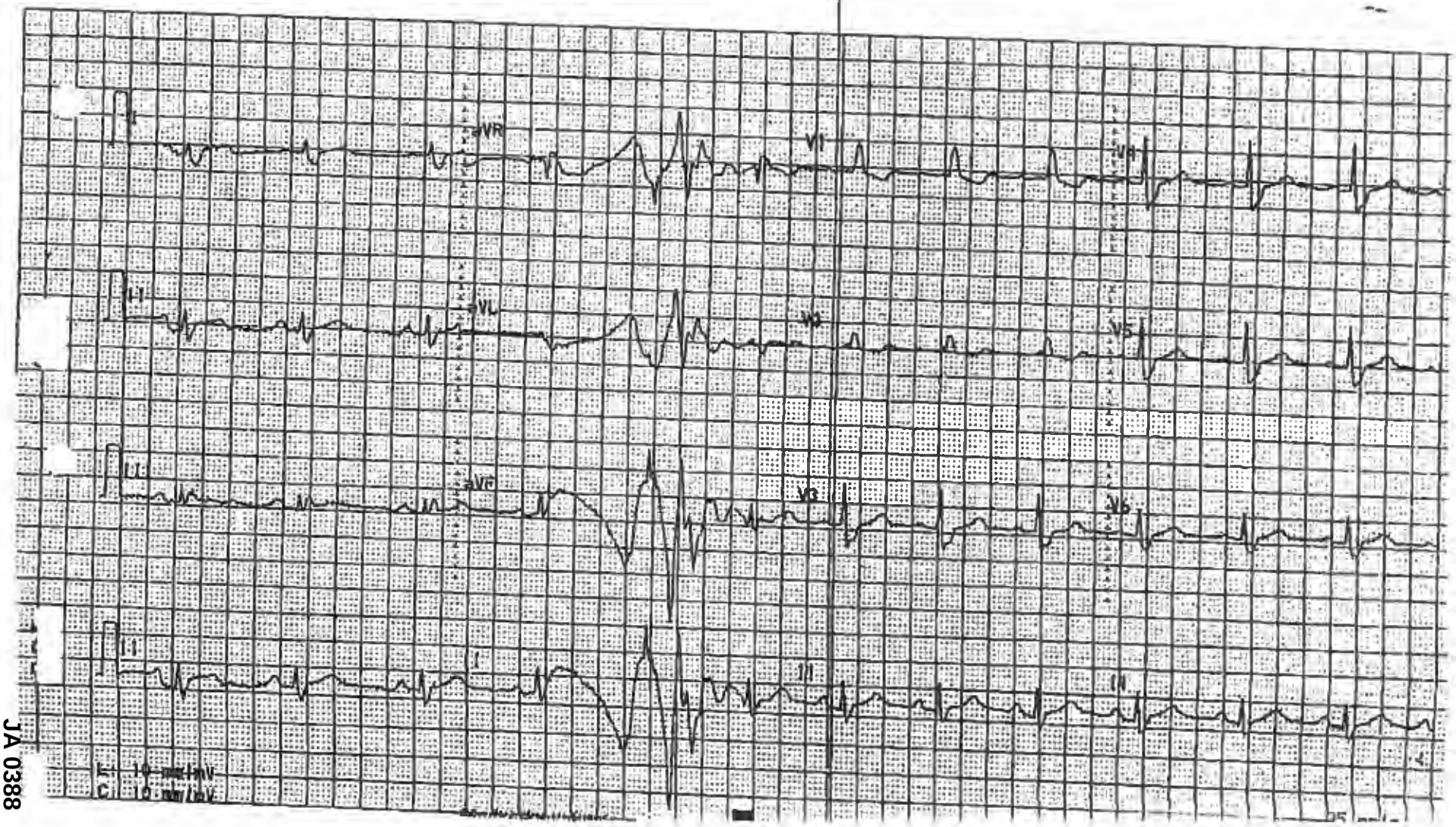


ID:

ID:

D.O.B.: 10/04/1934 75 YEARS
MALE
Meds:
Class:
Loc: 12

Vent. Rate:	75 bpm
P Duration:	100 ms
QRS Duration:	144 ms
PR Interval:	170 ms
QT Interval:	410 ms
QTc Interval:	434 ms
P-R-T AXIS:	77° 102° 66°



D.O.B.: 10/04/1934 75 YEARS
MALE
Meds:
Class:
Loc: 12

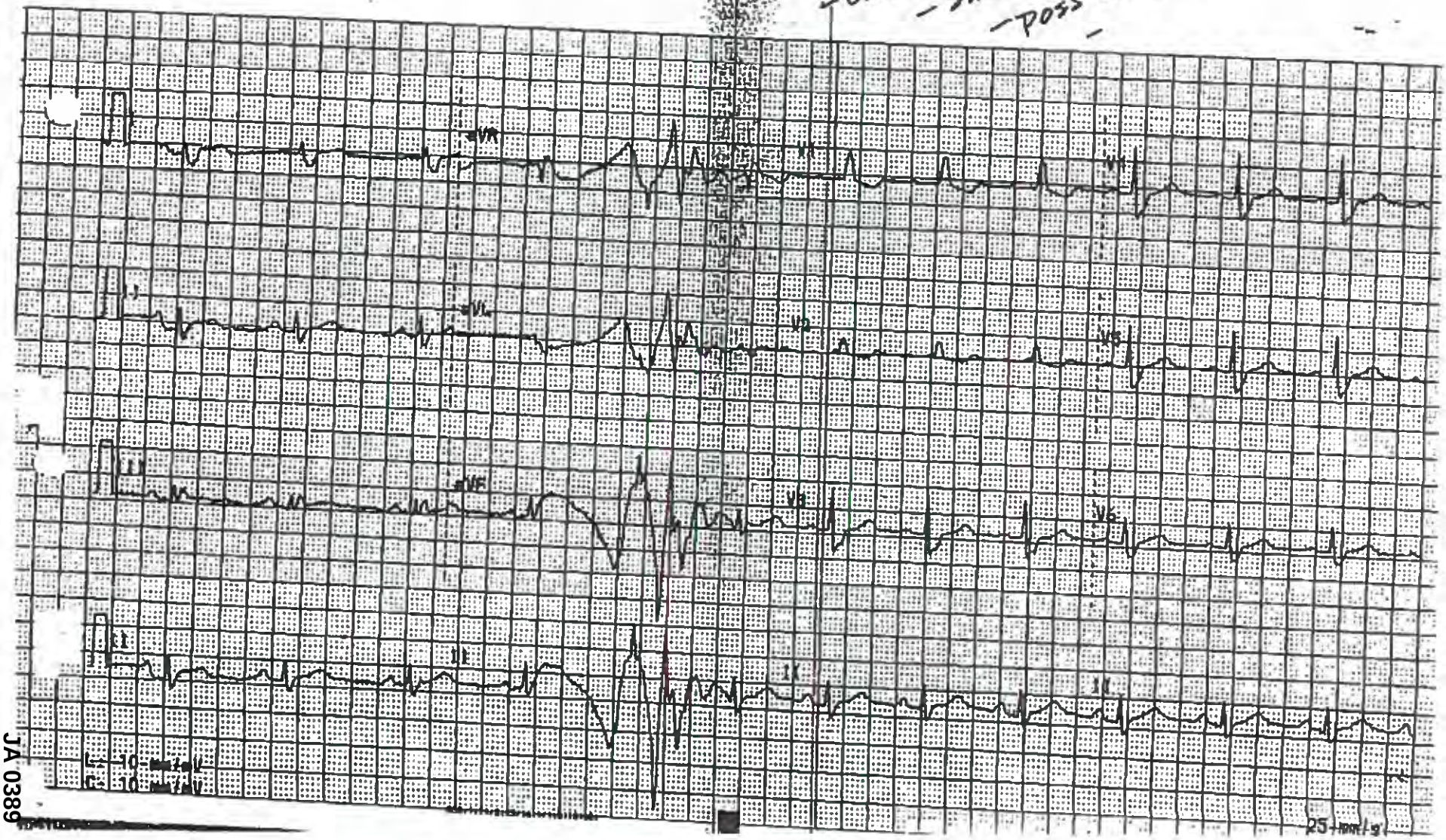
Vent. Rate:	75
P Duration:	100
QRS Duration:	144
PR Interval:	170
QT Interval:	410
QTc Interval:	434
P-R-T AXIS:	77° 102° 66°

SINUS RHYTHM
Low terminal QRS spatial velocity
Broad R or R' in V1 or V2
RIGHT BUNDLE BRANCH BLOCK

Summary: ABNORMAL

- RBBB
- unable to interp ST due to RBBB -
- sinus rhythm
- poss old Inferior MI

* Unconfirmed Analysis *



JA 0389

Specimen #	Control/Req #	Pg 1
294-134-0536-0	6400437	

LabCorp V 1.36

Fasting	Micro Source	Total Urine Volume	Report Status
No			S /Final

Date Collected	Time Collected	Date Entered	Date Reported
10/21/09	11:55	10/21/09	10/22/09

Clinical Information:

Patient ID Number	Patient Phone Number	Patient SSN
282380	775-345-6530	

Patient Name: DEMARANVILLE, DANIEL | Sex: M | Date of Birth: 10/04/3

Patient Address: PO BOX 261
VERDI NV 89439

Comments:
PATN AGE: 075/00/17

Account:
27896221
Acadia Medical Group
00
900 Ryland St
Reno NV 89502

775-786-3555
NPI: 1710988167 UPIN: B43018
PHY NAME: VANDYKEN,

Tests Requested: Basic Metabolic Panel (8); Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
A courtesy copy of this report has been sent to the patient.					
Basic Metabolic Panel (8)					
Glucose, Serum	118	High	mg/dL	65 - 99	01
BUN	20		mg/dL	5 - 26	01
Creatinine, Serum	1.27		mg/dL	0.76 - 1.27	01
eGFR	55	Low	mL/min/1.73	>59	
eGFR AfricanAmerican	>59		mL/min/1.73	>59	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org					
BUN/Creatinine Ratio	16			8 - 27	
Sodium, Serum	138		mmol/L	135 - 145	01
Potassium, Serum	4.1		mmol/L	3.5 - 5.2	01
Chloride, Serum	101		mmol/L	97 - 108	01
Carbon Dioxide, Total	25		mmol/L	20 - 32	01
Calcium, Serum	9.3		mg/dL	8.5 - 10.6	01

01 PD LabCorp Phoenix Dir: Frank Ryan, PhD
3930 E Watkins Suite 300, Phoenix, AZ 85034-7251
For inquiries, the physician may contact Branch: 800-765-2755 Lab: 602-454-8000

LAST PAGE OF REPORT

OCT 22 2009

FINAL REPORT

EMARANVILLE, DANIEL 282380 294-134-0536-0 Seq# 8482 10-22-09 09:05ET

Universal #2 [illegible]

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.
Dulynn Hastings, M.
Katie Lydon, AF

Name: Daniel Demaranville Date: 10-21-09 Chart #: 13443D

DOB: _____ H: ____ W: 216 T: ____ P: 70 BP: 140/60 RR: 18

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: 75 yr old here to go over EKG results

HPI: Followed today

dad Dr nl

" c GFR mean nl

" pt A in RBBB. (work P.E.) in Sept 4 years. Reviewed PRN EKG

Needs citalopram refill

is too happy c citalopram.

is less angry/reactive. doesn't

O: WN, WD. Pleasant. NAD

Affect nl

A- AGN EKG stable 194.31

GERD 530.81

ED 302.72

DJD 786.62

Depression / Anger disorder

P- Cont meds

Celexa 20mg PO qd

HaPPI f/u

J.

MEDICATIONS

Citalopram 20mg po qd

Zantac 150mg po

Flomax 0.4mg po

Viagra 50mg PRN

Needs refill

Couns/coord>50% ☐ Total time: _____ min. Couns/coord time: _____ min.

MG-051 REV 3/04

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.
Katie Lydon, APN

Name: Daniel Demaranville Date: 11/17/09 Chart # 13443D

DOB: 10/4/54 Ht: 5-11 Wt: 220 218 P: 70 BP: 130/74 RL 19

CC: R. HAND - INJECTION

HPI: R. FOOT BIG TOE NAIL INGROWN

IS done

BX3

inj .25cc 2% pl x yds @ .25 cc

Ken 40.

8 psof.

Add inj R gr. toe nail.

A: ingrown nail 6030.

P: tolerated procedure well.

MEDICATIONS

LEXAPRO

FLOMAX

ZANTAC

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

: no review/exam

Couns/coord>50% ☐ Total time:_____ min. Couns/coord time: _____ min.

"Two Tried-and-True Tools for E/M Docum on." Backer LA. *Family Practice Management*. October 2003:5 http://aafp.org/fpm/20030900/31twot.html.

REV 3/04

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.
Katie Lydon, APN

Name: Daniel Demaranville Date: 11/24/09 Chart #: 134430

DOB: H: W: 219½ P: 70 BP: 122/68 R 18

HPI
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
Abd (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No review/exam

CC:

HPI:

FOLLOW-UP ON INJECTION - RT. HAND
INGROWN TOENAIL Rt. Foot
Injection - avoid exposure.
Heat pads - ✓
diet: Head positional pain/nausea
" food dreams - exposure helps
a lot.
diet - pros of counselling.
June 5. Graston mgmt.
Down 10 all offers.
A - Depression stable. 7030
GERD, 53081
dysrhythmia 3004.
Chronic Hepatitis C genotype 1 tested
Dec 2008
P - See Graston at least
one visit.
20 min

Stable - Injury - Hand -
Rx Xylocaine - See Graston.
Injury thumb is still bothering
me.

MEDICATIONS

ZANTAC
LEVAQUIN
FLOMAX

Couns/coord > 50% ☐ Total time: _____ min. Couns/coord time: _____ min.

REV 3/04

ACADIA MEDICAL GROUP
HISTORY AND PHYSICAL EXAMINATION

Name: DANIEL E. DeMARANVILLE Date: 1-26-10

Considering what is normal for you:
Please read each line and circle bolded areas of difficulty or fill in ____

Review of systems:

- EENT: Have you had any problems with your: **eyes, ears, nose or throat?**
- Pulm: Have you had any problems with: **breathing, coughing or phlegm?** Do you ever: **cough up blood?**
- Cardio: Have you had any: **chest pains, palpitations (unusual heart beats), or difficulty breathing (with exercise or when lying down?)** Have you had any calf pain when you walk? NO
- GI: Have you had any problems with: **your stomach or digestion, nausea or vomiting, or with your bowels such as: diarrhea, constipation, hemorrhoids or blood in your stool?**
- If you are over 50, when was your last flexible sigmoidoscopy or colonoscopy? 2009
- GU: Are you having any problems with **urination?** YES Flomax +
  Men: do you have trouble **starting your stream or emptying your bladder fully?** YES
  Women: do you **leak urine when you cough, sneeze, laugh or strain?**
- GYN: (for women only): Do you do monthly **breast self-exams?** Found any **lumps?**
  Are you having any problems with your **menstrual period?**
  When was your last **normal menstrual period?** _____
  What do you use for **Contraception?** _____
- For both sexes: Do you have any sexual problems or concerns? Y (N)
  Do you need any information about sexually transmitted diseases? Y (N)
- Musculoskeletal: Do you have any problems with your: **muscles, bones, or joints?**
- Exercise: How much **aerobic exercise** do you get each week? 0
- Neuro: Do you have any **unusual headaches?** Do you have any: **numbness, weakness tingling, seizures, passing out, or vision changes?** NO
- Endo: Do you have: **a feeling that you are warmer (or colder) than most other people?** NO
  Do you feel unusually tired? SOMETIMES
  Do you have any problems with your: **skin, hair, or nails?** NO
- Sleep: Do you have any problems **sleeping?** NO
- Psych: Do you have any problems with feeling depressed, "blue", anxious or **panicked?** NO
  Do you feel: **helpless, hopeless, or suicidal?** NO
  Do you have problems with: **concentrating or with having fun?** NO

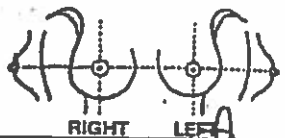
- UPDATES: (for the physician to do): (check if done)
- Past medical and past surgical history:
- Social history:
- Family history:

James Hernandez
Chart 134430
age 75 DoB 10/4/34

Physical Exam Form

Date 1/26/10 BP 130/68 Pulse 74 / min Resp: 18 / min Wt: 212 lbs Ht: 69

Meds:
Zantac 150mg qhs
Lotrel
Flomax 0.4mg
Cialis 20mg
Viagra 50mg PRN

General/Head and Neck	WDS WNS A &OX4 No NADS
Head/ Scalp nl	Eyes PERRL Fundi nl EOMI
Ears TM nl Canals nl	Nose nl
Mouth/Teeth nl	Pharynx nl
Neck Thyroid nl Nodes nl	Carotids No Bruits Pulses nl
Chest	
Lungs CTAP No R/W/C	Breasts/Nipples nl No Masses d/c Symm
Heart RRR No M/R/G	Axillary Nodes nl
Ribs nl	Chest Wall nl No CVAT No Spine TTP
Abdomen	
Bowel Sounds nl No Masses Non-Tender	
No Abd/Renal Bruits	
LKKS nl	
Male	
Scrotum nl	Testes nl Left
Penis nl Circumcised	Prostate nl
No Hernias	Ano-rectal nl
Female	
Vulva nl	Vagina nl
Cervix nl No CMT Pap Done	Uterus nl Size Ante Straight Retro Smooth No Masses
Adenexa nl N.T. No Masses	No Cystocele/ Rectocele
Ano-Rectal nl	STD (GC Chl RPR HIV Hep) Done
Skin	
Moles nl Lower back, 3 post mid upper chest	No Abnl Lesions
Extremities	
Pulses nl: Radial P.T. D.P.	No Edema
Cyanosis None	Clubbing None
Joints nl Full ROM	Back nl
Neuro	
Motor/Strength nl	Reflexes: Cerebellar nl DTRs nl
Sensation nl A&Ox4	Gait nl
Cranial Nerves II-XII Grossly Intact	

Assessment:		Plan:
1) Melanocytic Neoplasm - BBX 10/26/10	PFT	
2) GERD	CBC	1) Remove 30 dx
3) DJD	CMP	2) Zantac 300 qPM 10d/s
4) Dyslipidemia	Lipids	3) Lotrel 5-10 1a Plus
5) BPH/LUTS	UA	4) Cialis 20 qPRN
6) ED	PSA	5)
7) Recommend colonoscopy	Hypothyrd	6)
8) E.D.	Arth Panel	7) Exp -
9) COPD	LFTs	8)
10) Microhematuria	Hep. Panel	9)
11) HTN meds	Hemclt X3	10)
12)	Mammo	11) Doxazosin 1mg qHS 10/3
13)	Dexa	12)
14)	Echo	13) Ref Sono
15)	EKG	14)
	ETT	15)
	Thallium	

AMG 50 (10/03)

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.
Katie Lydon, APN

Name: Daniel Demaranville Age: 47 Date: 4/20/10 Chart #: 134430

DOB: _____ H: ____ W: 220 T: 97 P: 98 BP: 135/80 RR: 18

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

*: no review/exam

CC: 75yo ♂ here for 3 month F/U + look at labs

HPI: decr. stupid testy for 2 Humorous demeanor Pt wants to stop both BP med, tried states he can't lose wt. still stable Pt states he dialyzed recent side arm cuff + sleeps this way. CP SOB DVS ✓ decr Depression 6.1 OB E.D. ↓ Viagra. decr. (W. Cytology good. once M.S. not bothered. Pt Ex. - starting walks on W/E SCP, SOB, Abn, D- Dyspnea x 1 Neck = BM ct constant 5 yr nerve numbness - ? surgical Ref to sched expansion Lung CTA Cbd MRI = DJD Abdi = BMT Redness ✓ DVS 188.02 Keratoses 188.04 HTN 401.1 Neoplasm GERD 530.81 ED 302.72 Anger disorder 312.00 Obesity 278.02. P- Add depression Lung q HS 90/1 Ref Podes Nevus neoplasm 3-4/12 ✓

MEDICATIONS

Citalopram 20mg qd
Ranitidine 300mg qd
Tamsulosin 0.4mg 2 qPM

Couns/coord>50% ☐ Total time: _____ min. Couns/coord time: _____ min.

BP 122/62 P 60 R 16 T _____ WT 219

COMMON SKIN PROCEDURE FORM

Patient's Name: Daniel Demaranville DOB: 10/4/34 MR# 134430
Patient's complaint: Bx or susp Neoplasm on chest

Treatment performed:

_____ Laceration repair
Location _____
Length (circle one) <2.6cm / 2.6-5.0cm / 5.1-7.5cm / 7.6-12.5cm /12.6-20.0cm / 20.1-30.0cm / >30cm
Closure (circle one)
Simple- single layer, no debridement/ Intermediate- deep layers or single layer with debridement/ Complex- significant debridement or undermining/ Reconstructive-e.g.; Z-plasty

X Excision (lesion completely removed)
Location Chest abn V. dark lesion
Size (lesion diameter + both margins; circle one) <0.6cm / 0.6-1.0cm / 1.1-2.0cm / 2.1-3.0cm / 3.1-4.0cm / >4.0cm
Pathology (circle one) Benign / Malignant
Closure (circle one) Simple / Intermediate / Complex / Reconstructive
If closure is other than simple, a separate additional code should be reported

_____ Shave (does not penetrate fat, no suturing needed)
Location _____
Lesion Diameter (circle one) <0.6cm / 0.6-1.0cm / 1.1-2.0cm / >2.0cm
For the CPT codes for laceration repair, excision, and shaving, refer to CPT manual.

_____ Biopsy (only part of lesion is removed)
_____Biopsied one lesion Code 11100
_____Biopsied additional lesions (for each add'l lesion code 11101) Code 11101 _____time(s)

_____ Plantar Wart, common wart and keratosis destruction
_____Destroyed one lesion Code 17000
_____Destroyed up to 13 add'l lesions (for each one, code 17003) Code 17003 _____time(s)
_____Destroyed 15 or more lesions Code 17004 only

_____ Flat wart and molluscum contagiosum destruction
_____Destroyed up to 14 lesions Code 17110
_____Destroyed 15 or more lesions Code 17111 only

_____ Skin Tags
_____Removed up to 15 skin tags Code 11200
_____Removed add'l tags (for each add'l 10 lesions, code 11201) Code 11201 _____time(s)

Reason for treatment/notes 4 1/2 mole Lower L Chest. 5mm Punch → post. Closed 4-0 plain BV 3 SFD Gas 8 S.D 1.5cc Jueln 3K 1wk

Physician Signature _____ Date _____

WESTERN PATHOLOGY CONSULTANTS
1350 STARDUST STREET, SUITE D
RENO, NV 89503
(775) 746-3400

_GG W. MANSON, M.D.
LABORATORY DIRECTOR
WEN H. CHUAN, M.D. E. STEVEN SWEENEY, M.D.
SHAWN C. EMERY, M.D. LINDA P. VENEMAN, M.D.
GRANT M. HAYASHI, M.D. TONY L. YANG, M.D.

DIPLOMATES, AMERICAN BOARD OF PATHOLOGY

Patient Name DeMaranville, Daniel E Lab Number: WPS-10-07468

Specimen Submitted: A Skin biopsy/Chest

DIAGNOSIS:

Skin biopsy/Chest:
Pigmented seborrheic keratosis

Clinical Information:

Chest abn v dark lesion

Gross Description:

Received labeled chest, is a fragment of tan-brown skin, measuring up to 0 5 cm. Inked, bisected and entirely embedded in a single cassette

Microscopic Description:

Sections demonstrate skin with features of a seborrheic keratosis There is no evidence of malignancy

Reviewed and electronically signed by
Linda P Veneman MD
May 21 2010 10 25AM

MAY 24 2010

Copy to:
ICD9 Code 702 19

Patient Name: DeMaranville, Daniel E	Hospital/Client:
DOB 10/4/1934	Referring Physician: VanDyken, Donald MD
Sex: Male	Collection Date May 19 2010 @0948
Lab Number: WPS-10-07468	Received Date May 20 2010 @0948
Medical Record Number	Courier Route: /

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M
Dulynn Hastings, M
Katie Lydon, A

Name: Daniel Demaranville Date: 5-26-10 Chart # 134430

DOB: _____ H: ____ W: ____ T: ____ P: 78 BP: 135/68 RA: 13

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: 75 yo M here for ...

HPI: ...

Did Col 3-9 prob

SR TOB 55

Rev on PMH.

MEDICATIONS

Cetirizine

20 mg

Ranitidine

300 mg

Propranolol

0.4 mg

PHONE CALL

FOR: DVD DATE: 7-27-10 TIME: 2:50 A.M. P.M.

M. Dan Demaranville

OF: CVS Savemart 746-5717

PHONE: 345-1653O CELL: _____

MESSAGE: Pt. is out of Viagra. Needs refill

(N) 8/24/10

(L) 7/27/10

SIGNED: JM

☐ TELEPHONED
☐ RETURNED YOUR CALL
☐ PLEASE CALL
☐ WILL CALL AGAIN
☐ CAME TO SEE YOU
☐ WANTS TO SEE YOU

PHONE CALL

FOR: _____ DATE: _____ TIME: _____ A.M. P.M.

M. 7-27-10. T.C. to Savemart Spoke C ...

OF: Daniel gave him above refill info per

PHONE: DVD ... T.C. to pt CELL 4m letting him

MESSAGE: Know refill called in - JM

SIGNED: _____

☐ TELEPHONED
☐ RETURNED YOUR CALL
☐ PLEASE CALL
☐ WILL CALL AGAIN
☐ CAME TO SEE YOU
☐ WANTS TO SEE YOU

Couns/coord > 50% ☐ Total time: _____ min. Couns/coord time: _____ min.

AMG-051 REV 3/04

ARDEN MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.
Katie Lydon, APN

Name: Daniel Demaranville Date: 8-24-10 Chart #: 134430

DOB: ____ H: ____ W: 218 T: ____ P: 84 BP: 134/80 (L) R: 16

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☒	☐
Eyes	☒	☐
ENT/mouth	☒	☐
CV	☒	☐
Resp	☒	☐
GI	☒	☐
GU	☐	☒
Musc	☐	☒
Skin/breasts	☐	☐
Neuro	☐	☒
Psych	☐	☒
Endo	☐	☐
Hem/lymph	☒	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☒
Family	☐	☐
Social	☐	☒

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

☒: no review/exam

CC: 540.0 4 month F/U on DUS

HPI: Pt would like to get inj in hands — JV

Duplex Evening w/ L.
Ex. Cath
GERD: ok
DVS: good. X. tobacco
CP, SOB, HA - ∅
EN: ok
Angry/Lost - fired
Sprd. (4 d ago) mowing wood in wheel barrow -
3rd compr. fx: sweating a lot arms stooped shaking - ok per sitting + H2O.
Trigger finger + thyroid lock.
O: HEENT WD WD NAD
Neck 3 BM / + carotids
Lungs CTA
CV RRR 3/6 SM
Abd 3 BSM /
Ø edema
A: HTN 401.1
GERD 530.81
DVS 788.62
OW 278.02
Anger disorder
Eczema
Trigger finger
PD - thyroid
P: TAC - 0.1% cream prn 15g
Inj Inj, Breezy.
Zyrtec 10 mg PO qd

Add AKs on scalp

MEDICATIONS
Citalopram 20mg + QD
Ranitidine 300mg + Qd
Tamsulosin 0.4mg + Qpm
wheel

☒ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, A.P.N.

Couns/coord > 50% ☐ Total time: ____ min. Couns/coord time: ____ min.

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.
Katie Lydon, APN

Name: Daniel Demaraville Date: 8-30-10 Chart #: 13443D

DOB: _____ H: ____ W: ____ T: ____ P: 76 BP: 110/62 R: 16

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: T9-10 OA inj in (R) mid. ——— OV ———

HPI: icd bcl

3×3

.5cc TAC + .5cc 2% plain

ref on PMI

(R) 722.03

MEDICATIONS

Citalopram 20mg ÷ QD
Ranitidine 300mg ÷ QD
Tamsulosin 0.4mg ÷ Qpm

☐ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, A.P.N.

Couns/coord>50% ☐ Total time: _____ min. Couns/coord time: _____ min.

To: joan c ma

CONC...RA MED SERV MILL LAB

Specimen #	Type	Primary Lab	Report Status	
273-134-0039-0	R	PD	Final	PG 1

Additional Information: TIME 0831

Clinical Information: 03 01

LabCorp

1/31/2011 6:22ET

DOB: 10/04/34
FASTING

Physician ID	Patient ID	TVOL
BETZ		0000

Patient Name: DEMARANVILLE,DANIEL 775-345-6530 | Sex: M | Age (Years): 075.11

Address: PO BOX 261
VERDI , NV 89439-

Account:
CONCENTRA MED SERV MILL LAB 27625491
00
1530 EAST 6TH STREET 00
RENO ,NV 89512-
775-322-5757 NVR

Date Collected	Date Entered	Date Reported	
09/30/10	09/30/10	10/01/10	INOV

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP14+LP+CBC/D/Plt+UA					
Chemistries					01
Glucose, Serum	96		mg/dL	65 - 99	01
BUN	20		mg/dL	5 - 26	01
Creatinine, Serum		1.34 H	mg/dL	0.76 - 1.27	01
eGFR		52 L	mL/min/1.73	>59	
eGFR AfricanAmerican	>59		mL/min/1.73	>59	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.					
BUN/Creatinine Ratio	15			8 - 27	
Sodium, Serum	140		mmol/L	135 - 145	01
Potassium, Serum	4.2		mmol/L	3.5 - 5.2	01
Chloride, Serum	103		mmol/L	97 - 108	01
Carbon Dioxide, Total	22		mmol/L	20 - 32	01
Calcium, Serum	9.2		mg/dL	8.6 - 10.2	01
Protein, Total, Serum	6.7		g/dL	6.0 - 8.5	01
Albumin, Serum	4.2		g/dL	3.5 - 4.8	01
Globulin, Total	2.5		g/dL	1.5 - 4.5	
A/G Ratio	1.7			1.1 - 2.5	
Bilirubin, Total	0.6		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	45		IU/L	25 - 160	01
AST (SGOT)	32		IU/L	0 - 40	01
ALT (SGPT)	27		IU/L	0 - 55	01
Lipids					01
Cholesterol, Total	182		mg/dL	100 - 199	01
Triglycerides	65		mg/dL	0 - 149	01
HDL Cholesterol	60		mg/dL	>39	01
Comment					01
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.					
VLDL Cholesterol Cal	13		mg/dL	5 - 40	
LDL Cholesterol Calc		109 H	mg/dL	0 - 99	
T. Chol/HDL Ratio	3.0		ratio units	0.0 - 5.0	
CBC, Platelet Ct, and Diff					01
WBC	5.8		x10E3/uL	4.0 - 10.5	01
RBC	4.91		x10E6/uL	4.10 - 5.60	01

 REPORT PHONE

DEMARANVILLE,DANIEL 1/32/2011

REPORT

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M
Dulynn Hastings, M
Katie Lydon, A

Name: Daniel Demaranville Date: 10.6.10 Chart # 134430

DOB: H: W: 218 T: P: 80 BP: 124/68 R: 16

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: Dep. Pt here to have spots on head

HPI: Frozen. (3)

Freeze & obs skin lesions

2 x 2 cycles tg Dx

A- Suspicious lesions

MEDICATIONS

Citalopram
20mg + Q
Ranitidin
300mg + Q
Tamsulosi
0.4mg + Q

☑ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, A.P.N.

Couns/coord > 50% ☐ Total time: _____ min. Couns/coord time: _____ min.

AMG-051 REV 3/04

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D
Katie Lydon, APN

Name: Daniel Demaranville Date: 11·15·10 Chart # 134430

DOB: _____ H: ____ W: 222 T: ____ P: 76 BP: 124/76 (L) R: 16

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: 16 y.o. ♂ inj in both hands ——— (JV) ———

HPI: Would like mole on (L) (R) temple area looked at. ——— (JV) ———

Pt has diffuse dec quant sin K+ (L) > (R) w/ tenderness on palpation over temporal scalp, & generalized soft tissue tenderness on superficial sheeting, & swollen areas are not tender

A- Arthralgias (poly) 719.49
Otitis 380.81
URI 788.62
Depressive mild 300.4

P- Tylenol 650mg / 111 Rx given (JV)

Exploring removing area 7 MM

A: Exploring ... Atypicalness

P- Agreed / 15 min (JV)

MEDICATIONS

Celexa 20mg ☆ QD
Ranitidine 300mg ☆ QD
Tarsulosin 0.4mg ☆ 6pm
Rogaine
LOT# OF62122 exp may 2012
1½mL 40mg im (R) Glut
1½" n 25g-JV

☑ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, A.P.N.

Couns/coord > 50% ☐ Total time: _____ min. Couns/coord time: _____ min.

BP 116/68 P 80 R 16 T 97.0 WT 211

COMMON SKIN PROCEDURE FORM

Patient's Name: Daniel DeMaranville DOB: 10.4.34 MR# 134430
Patient's complaint: neoplasm - enlarging (R) temple

Treatment performed:

_____ Laceration repair
Location _____
Length (circle one) <2.6cm / 2.6-5.0cm / 5.1-7.5cm / 7.6-12.5cm /12.6-20.0cm / 20.1-30.0cm / >30cm
Closure (circle one)
Simple- single layer, no debridement/ Intermediate- deep layers or single layer with debridement/ Complex- significant debridement or undermining/ Reconstructive-e.g.; Z-plasty

X Excision (lesion completely removed)
Location R temple D/d mole
Size (lesion diameter + both margins; circle one) <0.6cm / 0.6-1.0cm / 1.1-2.0cm / 2.1-3.0cm / 3.1-4.0cm / >4.0cm
Pathology (circle one) Benign / Malignant
Closure (circle one) Simple / Intermediate / Complex / Reconstructive
If closure is other than simple, a separate additional code should be reported

_____ Shave (does not penetrate fat, no suturing needed)
Location _____
Lesion Diameter (circle one) <0.6cm / 0.6-1.0cm / 1.1-2.0cm / >2.0cm
For the CPT codes for laceration repair, excision, and shaving, refer to CPT manual.

_____ Biopsy (only part of lesion is removed)
_____Biopsied one lesion Code 11100
_____Biopsied additional lesions (for each add'l lesion code 11101) Code 11101 _____time(s)

_____ Plantar Wart, common wart and keratosis destruction
_____Destroyed one lesion Code 17000
_____Destroyed up to 13 add'l lesions (for each one, code 17003) Code 17003_____time(s)
_____Destroyed 15 or more lesions Code 17004 only

_____ Flat wart and molluscum contagiosum destruction
_____Destroyed up to 14 lesions Code 17110
_____Destroyed 15 or more lesions Code 17111 only

_____ Skin Tags
_____Removed up to 15 skin tags Code 11200
_____Removed add'l tags (for each add'l 10 lesions, code 11201) Code 11201_____time(s)

Reason for treatment/notes Excised 1.5cm x .5mm Right temple. BX's, ED & elec. Sutured 4-0 nylon x 3 SD. Advised pt to keep sutures dry x 10 days.

Physician Signature _____ Date 14 DEC 16

WESTERN PATHOLOGY CONSULTANTS
1350 STARDUST STREET, SUITE D
RENO, NV 89503
(775) 746-3400

...GG W. MANSON, M.D.
LABORATORY DIRECTOR
WEN H. CHUAN, M.D. — E. STEVEN SWEENEY, M.D.
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GRANT M. HAYASHI, M.D. — TONY L. YANG, M.D.

DIPLOMATES, AMERICAN BOARD OF PATHOLOGY

Patient Name: DeMaranville, Daniel E — Lab Number: WPS-10-17719

Specimen Submitted: A Skin biopsy/Left Temple

DIAGNOSIS:

Skin of left temple:
- Seborrheic keratosis.

Clinical Information:

Neoplasm left temple.

Gross Description:

Received labeled left temple, is a punch biopsy of tan-brown skin, measuring up to 0.8 cm. The specimen is inked, and entirely embedded.

Microscopic Description:

The skins surface is irregular with papillomatosus and hyperkeratosis. The squamous epithelium shows interconnecting lace-like cords of epithelial cells. There are numerous pseudocysts that contain keratin. There is mild chronic inflammation of the dermis along with solar elastosis.

Microscopic examination and diagnosis performed by:
Gerald E. Dalgleish, M D

DONALD M.D. VAN DYKEN

Reviewed and electronically signed by:
Gerald E Dalgleish MD
Dec 17 2010 12:08PM

Copy to:
ICD9 Code: 702.11

Patient Name: DeMaranville, Daniel E	Hospital/Client:
DOB. 10/4/1934	Referring Physician: VanDyken, Donald MD
Sex: Male	Collection Date: Dec 14 2010 @1437
Lab Number: WPS-10-17719	Received Date: Dec 15 2010 @1437
Medical Record Number:	Courier Route: /

DEC 20 2010

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.
Katie Lydon, APN

Name: Daniel Demaranville Date: 12-23-10 Chart # 134430

DOB: _____ H: ____ W: ____ T: ____ P: 60 BP: 120/64 (L) R: 16

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

/: no review/exam

CC: 76 y.o. M suture removal & follow up on pain

HPI: repair. UV

Decid BP 4 wks

SL to B 3 wks

MEDICATIONS

Citalopram 20mg PO QD

Ranitidine 300mg PO QD

Tamsulosin 0.4mg PO QPM

FOE

Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, APN

Couns/coord >50% ☐ Total time: _____ min. Couns/coord time: _____ min.

51 REV 3/04

RENO HEART PHYSICIANS CARSON HEART PHYSICIANS

Consult

Patient: Daniel E. Demaranville
Age 76, Gender M
DOB 10/04/1934
MRN: 795450
Date: Jan 14 2011

Provider: Karen Clark MD

Chief Complaint

- Abnormal Cardiovascular Test

I am seeing Daniel Demaranville at the request of Concentra in consultation for: Abnormal EKG.

History of Present Illness

Patient has no previous cardiac history. Patient has not been having any symptoms.

[Mr. Demaranville is a 76 year old man w/ PMH of BPH who was sent for evaluation of an abnormal ECG. He works for a company that is contracted with the US Marshall's office. At his routine PE he had an ECG tjhat showed a RBBB and RAD. He was told he had this previously in 2004. He had a stress test and echocardiogram at that time. He was told it was all normal except for mild LVH on the echocardiogram. He denies any symptoms or limitations. He previously smoked but quit a few years ago. He states he cuts his own wood and walks without problems.

Cardiac Risk Factors: no diabetes mellitus, no peripheral vascular disease, no family history of coronary artery disease, no hypertension, no hyperlipidemia, no sedentary lifestyle and no sleep apnea.
Diet:. He consumes a diverse and healthy diet.
Weight Issues:. He does not have any weight concerns.
Exercise:. He exercises regularly.
Smoking:. He does not use tobacco.
Alcohol:. He consumes alcohol.

Daniel Demaranville presents with complaints of abnormal cardiovascular test, starting 6 years ago.
Previous Evaluation: stress test and echocardiogram.
Risk Factors: alcohol use and no smoking.
Family History: no COPD, no coronary disease, no diabetes, no hypertension, no peripheral vascular disease and no hyperlipidemia. (ECG)

DONALD VAN DYKEN M.D.

Review of Systems

Constitutional: no fever, no chills, not feeling poorly (malaise), not feeling tired (fatigue), no recent weight gain and no recent weight loss.
Eyes: no eyesight problems, no glaucoma and no cataracts.
ENT: no sinus problems.
Respiratory: no shortness of breath, no cough, no shortness of breath during exertion, no

JAN 2 4 2011

Consult

Patient : Daniel E. Demaranville
Age 76, Gender M
DOB 10/04/1934
MRN: 795450
Date: Jan 14 2011

Provider: Karen Clark MD

orthopnea and no PND.
The patient presents with complaints of wheezing. (In past which resolved with tobaCCO CESSATION).
Cardiovascular: see History of Present Illness
Gastrointestinal: heartburn, but no abdominal pain, no constipation, no diarrhea and no nausea.
Genitourinary: urinary hesitancy, but no dysuria.
Musculoskeletal: no arthralgias and no joint pain.
Integumentary: no skin lesions.
Neurological: no dizziness and no fainting.
Extremities: no edema.
Psychiatric: no sleep disturbances, no anxiety and no depression.
Hematologic: no tendency for easy bleeding.
Endocrine: no diabetes.
Other Systems: all other systems are negative.

Active Problems
- Abnormal Electrocardiogram 794.31

Past Medical History
- History of Benign Prostatic Hypertrophy 600.00
- History of Esophageal Reflux 530.81

Surgical History
- History of Back Surgery
- History of Hernia Repair

Family History
No Relevance / Noncontributory
- Family history of No Relevance / Noncontributory

Social History
Problems
- Alcohol Use
- Former Smoker V15.82

Current Meds
- Aspirin Low Dose 81 MG Oral Tablet; TAKE 1 TABLET DAILY; Status: ACTIVE
- Citalopram Hydrobromide 20 MG Oral Tablet; TAKE 1 TABLET DAILY; Status: ACTIVE
- Doxazosin Mesylate 4 MG Oral Tablet; TAKE 1 TABLET DAILY; Status: ACTIVE
- Ranitidine HCl 300 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED; Status: ACTIVE
- Tamsulosin HCl 0.4 MG Oral Capsule; TAKE 1 CAPSULE Daily; Status: ACTIVE

Allergies
- Penicillins : Swelling;

Vitals
Vital Signs [Data Includes: Current Encounter]

	14Jan2011	14Jan2011

DONALD M.D. VAN DYKEN

JAN 2 4 2011

Consult

Patient : Daniel E. Demaranville
Age 76, Gender M
DOB 10/04/1934
MRN: 795450
Date: Jan 14 2011

Provider: Karen Clark MD

	10:22AM	10:16AM
Systolic	170	
Diastolic	90	
Heart Rate	94	
Smoking Status	Non-Smoker	Non-Smoker
Height	5 ft 11 in	5 ft 11 in
Weight	214 lb	214 lb
BMI	29.85 kg/m2	29.85 kg/m2
BSA	2.17 m2	2.17 m2

Physical Exam

General Appearance: The patient was alert, fully oriented, in no acute distress, well developed and well nourished. Race/Ethnicity: Caucasian.
HEENT: Eyes:. Pupils were equal in size, round, reactive to light, with normal accommodation. The extraocular movements were intact. The sclera and conjunctiva were normal. Head:. The head was normal in appearance. Voice: normal voice quality. Oral Pharynx: no abnormalities.
Neck: Examination of the neck was normal, the neck was not tender and no thyroid enlargement. Jugular Veins: JVP normal. Carotid Upstroke Normal.
Chest: The chest was normal in appearance and there was no tenderness on palpation.
Pulmonary: Normal respiratory rhythm and effort, clear bilateral breath sounds and clear to auscultation and percussion.
Cardiovascular: The PMI was palpated at the 5th LICS in the midclavicular line The apical impulse was normal. Rate: normal rate. Rhythm: regular. Heart sounds: normal S1, normal S2, no S3 heard, no S4 heard. No pericardial rub heard. Murmurs: no murmurs heard.
Abdomen: Normal bowel sounds, soft and not tender. No masses. No hepatosplenomegaly. Shape: non-prominent.
Vascular: Arterial pulses were normal on the right. Arterial pulses were normal on the left.
Carotid: right 2+, left 2+, no bruit heard over the right carotid, no bruit heard over the left carotid.
Dorsalis pedis: right 2+, left 2+.
Radial: right 2+, left 2+.
Abdominal Aorta The abdominal aorta was nonpalpable. Bruit not heard over the abdominal aorta.
Skin: Warm and dry.
Edema Detail: No pitting edema present.
Musculoskeletal: Normal movements of all extremities. Normal gait. Fingers: No clubbing of the fingernails, no cyanosis of the fingers.
Neuro: Oriented to person, place, and time. The motor exam was normal.
Psych: Affect is normal and mood is normal.

Tests

EKG:
I have ordered and interpreted this 12 lead EKG, and it reveals the following:
Rate: ventricular rate is 85 beats per minute.

DONALD M.D. VAN DYKEN

JAN 2 4 2011

Consult

Patient : Daniel E. Demaranville
Age 76, Gender M
DOB 10/04/1934
MRN: 795450
Date: Jan 14 2011

Provider: Karen Clark MD

Rhythm: sinus rhythm.
Bundle Branch Blocks: right bundle branch block.
QT Interval: normal.
Axis: right.
Blocks: none.

Assessment

1. Abnormal Electrocardiogram 794.31

Discussion/Summary

The patient presents with an abnormal EKG. In terms of my plan:. We will continue with current treatment. To further evaluate hisabnormal EKG, I have recommended the following: a stress echocardiogram. Risks, benefits and alternatives to this treatment plan were discussed with with the patient.

The above assessed problems are stable. The following chronic conditions are stable: Patient is to continue with the same medication regimen. Patient is to undergo the following testing: Stress echocardiogram. Patient is to follow-up sooner if clinical condition changes.

Thank you very much for allowing me to participate in the care of this patient. Thank you for requesting our opinion. If you have any questions, please do not hesitate to contact our office.

Signatures

Electronically signed by : Karen Clark, MD; Jan 14 2011 11:06AM (Author)
Reno Physician Signature Form: Karen Clark, MD

Copy for: cc: VanDyken, Donald
VanDyken, Donald

DONALD VAN DYKEN M.D.

JAN 2 4 2011

ACADIA MEDICAL GROUP
HISTORY AND PHYSICAL EXAMINATION

Name: Daniel Derrazanville Date: 1-31-11

Considering what is normal for you:
Please read each line and circle bolded areas of difficulty or fill in spaces to the double line below.

Review of systems:

- **EENT:** Do you have any problems with your: **eyes, ears, nose or throat?** NO.
- **Pulm:** Do you have any problems with: **breathing, coughing or phlegm?** Do you ever: **cough up blood?** NO
- **Cardio:** Do you have **chest pains, palpitations (unusual heart beats), or difficulty breathing (with exercise or when lying down?)** Do you have any **calf pain when you walk?** NO. — PE 2 times 2 wheelchair now for sometimes. Legs get tired from wood.
- **GI:** Do you have any problems with: **your stomach or digestion, nausea or vomiting, or with your bowels such as: diarrhea, constipation, hemorrhoids or blood in your stool?**
- If you are over 50, when was your last flexible sigmoidoscopy or colonoscopy? 3 yrs ago.
- **GU:** Are you having any problems with **urination?** NO.
  Men: do you have trouble **starting your stream or emptying your bladder fully?** yes.
  Women: do you **leak urine** when you cough, sneeze, laugh or strain?
- **GYN:** (for women only): Do you do monthly **breast self-exams?** Y N Found any **lumps?** Y N
  Are you having any problems with your **menstrual period?** Y/N
  When was your last **normal menstrual period?** _____
  What do you use for **Contraception?** _____
- **For both sexes:** Do you have any sexual problems or concerns? Y N
  Do you need any information or want to be tested for sexually transmitted diseases? Y (N)
- **Musculoskeletal:** Do you have any problems with your: **muscles, bones, or joints?** leg cramps at night
- **Exercise:** How many hours of **aerobic exercise** do you get each week? 0
- **Neuro:** Do you have any **unusual headaches?** Y (N) Do you have any: **numbness, weakness tingling, seizures, passing out, or vision changes?** NO.
- **Endo:** Do you have: a feeling that you are **warmer (or colder)** than most other people?
  Do you feel unusually **tired?** yes
  Do you have any problems with your: **skin, hair, or nails?** NO.
- **Sleep:** Do you have any problems **sleeping?** NO.
- **Psych:** Do you have any problems with feeling **depressed, "blue", anxious or panicked?** of course.
  Do you feel: **helpless, hopeless, or suicidal?** NO.
  Do you have problems with: **concentrating** or with **having fun?** NO.

When was your last Tetanus Shot? 2010 Would you like a Shingles Vaccination? Y (N)
When was your last Flu Shot? _____
When was your last Pneumonia Shot? NO ?
Would you like any information on other vaccines? Y (N)

- UPDATES: (FOR THE PHYSICIAN TO DO): (check if done)
- Past medical and past surgical history:
- Social history:
- Family history:

DONALD M.D. VAN DYKEN

Date: 1-31-11

Physical Exam Forms

7640 DOB 10.4.34

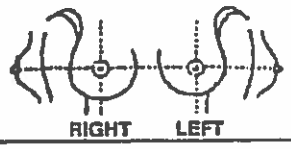
BP: 126/84 Pulse: 78 / min Resp: 20 / min Wt: 218 lbs Ht: 5'9½ BMI:

Meds: citalopram 20mg QD Ranitidine 300mg QD Tamsulosin 0.4mg QPM

* need RX on all meds*

Refuses Flu shot.

PT DID NOT BRING IN MED AS ADVISED MA

General/Head and Neck	WD ☒ WN ☒ In NAD ☒
Head/Scalp nl ☒	Eyes PERRL ☒ Fundi nl ☐ EOMI ☒
Ears Tm nl ☒ Canals nl ☒	Nose nl ☒
Mouth/Teeth nl ☒	Pharynx nl ☒
Neck Thyroid nl ☒ Nodes nl ☒	Carotids No Bruits ☒ Pulses nl ☒
Chest	
Lungs CTAP ☒ No R/W/C ☒	Chest Wall nl ☒ No CVAT ☒ No Spine TTP ☒
Heart RRR ☒ No M/R/G ☒	Breasts/Nipples nl ☐ No Masses d/c ☐ Symm ☐
Ribs nl ☒	Axillary Nodes nl ☐
Abdomen	
Bowel Sounds ☒ No Masses ☒ Non-Tender ☒	
No Abd/Renal Bruits ☒	
LKKS nl ☒	
Female	
Vulva nl ☐	Vagina nl ☐
Cervix nl ☒ No CMT ☐ Pap Done ☐	Uterus nl Size ☐ Ante Straight Retro Smooth No Masses ☐
Adenexa nl ☐ N.T. ☐ No Masses ☐	No Cysotcele/Rectocele ☐
Ano-Rectal nl ☐	STD (GC Chl RPR HIV Hep HSVI/II)
Males	
Scrotum nl ☒	Testes nl ☒ L epid
Penis nl ☒	Prostate nl ☐
No Hernias ☒	Ano-rectal nl ☐ Refuses
Skin	
Moles nl ☒ No Rashes ☒	No Abnl Lesions ☒
Extremities	
Pulses nl: Radial ☐ P.T. ☐ D.P. ☒	No Edema ☒
Cyanosis None ☒	Clubbing None ☒
Joints nl ☒ Full ROM ☒	Back nl ☒
Neuro	
Motor/Strength nl ☒	Reflexes: Cerebellar nl ☒ DTRs nl ☒
Sensation nl ☒ A&Ox4 ☒	Gait ☒ nl ☒
Cranial Nerves II-XII Grossly Intact ☒	

	PFT ☐	
Assessment:	CBC ☐	Plan:
1) Fatigue. 780.79	CMP ☐	1)
2) DJD. 715.90	Lipids ☐	2) Tramadol Doxepin (may stop?)
3) OW. 278.02	UA ☐	3)
4) GERD. 530.81	PSA ☒	4) Ranitidine 300mg QPM.
5) Depression	Hypothyrd ☐	5) Citalopram 20 QPM 90d.
6) Elevated LFTs	LFTs ☐	6)
7) NSU	Hep. Panel ☐	7)
8) COPD	Hemclt X3 ☒	8)
9) Mixed Hyperlipidemia	Mammo ☐	9) Hold Metoprolol
10) ED	Dexa ☐	10) Cialis 10? (3)
11)	Echo ☐	11) Rx 5 mo
12)	EKG ☐	12)
13)	ETT ☐	13)
14)	Thallium ☐	14)
15)	CXR ☐	15)
16) needs	Immun ☒	16) DTaP 16.01.12

DONALD VAN DYKEN M.D.

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.I
Dulynn Hastings, M.I
Katie Lydon, API

Name: Daniel Demaranville Date: _____ Chart # 134430

DOB: _____ H: ____ W: ____ T: ____ P: ____ BP: ____ R: ____

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC:

HPI:

MEDICATIONS

PHONE CALL

FOR ~~DVD~~ DVD DATE 1.31.11 TIME 4:57 AM PM

M Laura Demaranville

OF Dan Demaranville

PHONE 345-1533 CELL 943-0815

MESSAGE Pt is confused about his medications. He thought he was getting 4 Rx's & he only has 3. He thought you were replacing one of his meds with something new. Call

☐ TELEPHONED
☐ RETURNED YOUR CALL
☐ PLEASE CALL
☐ WILL CALL AGAIN
☐ CAME TO SEE YOU
☐ WANTS TO SEE YOU

SIGNED

PHONE CALL

FOR _____ DATE _____ TIME _____ A.M. P.M.

M Joan

OF _____

PHONE 943-8815 CELL _____

MESSAGE 2.1.11 DVD - pt has been on Doxazosin 1mg since 4.27.10 - it just never got added to list of meds & was wondering why he's no longer on the tamsulosin.

☐ TELEPHONED
☐ RETURNED YOUR CALL
☐ PLEASE CALL
☐ WILL CALL AGAIN
☐ CAME TO SEE YOU
☐ WANTS TO SEE YOU

SIGNED JV.

2.2.11

Laura called 2/2 @ 10:06. uses Savemart #746-5717

8.2.11 per DVD call in Doxazosin 2mg 1 qHS #90/P. —JV—

2.2.11 called in above Rx to Savemart spoke to Jennifer. Laura has been notified —JV

☐ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, A.P.N.

Couns/coord>50% ☐ Total time: _____ min. Couns/coord time: _____ min.

ASMG-051 REV 3/04

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.
Katie Lydon, AP

Name: _____ Date: _____ Chart # _____

DOB: _____ H: _____ W: _____ T: _____ P: _____ BP: _____ R: _____

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC:

HPI:

MEDICATIONS

☐ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, A.P.N.

Couns/coord>50% ☐ Total time: _____ min. Couns/coord time: _____ min.

"Two Tried-and-True Tools for E/M Documentation." Backer LA. *Family Practice Management*. October 2003:51-55. http://aafp.org/fpm/20031001/51two.html.

AMG-051 REV 3/04

RENO HEART PHYSICIANS
CARSON HEART PHYSICIANS

1500 E 2nd St Reno, NV 89502 | P. (775) 323-6700 | F. (775) 325-3489
343 Elm St. Ste. 400, Reno, NV 89520 | P. (775) 323-6700 | F. (775) 327-8191
2874 N. Carson St, Ste. 120, Carson City, NV 89706 | P. (775) 841-6700 | F (775) 283-3260
www.RenoHeart.com

Cardiac Nuclear Medicine, Cardiac and Vascular Ultrasound Imaging

Stress Echocardiogram

Name: Demaranville, Daniel | Patient ID: 795450 | Gender: M
Exam Date: 03/28/2011 | HR: 83 | Rhythm: RBBB
DOB: 10/4/1934 | Age: 76 Yrs | Left BP: 140/84 mmHg
Height: 71 inches | Weight: 214 lb | BSA: 2.1 m²
Reading Physician: Jerry Zebrack, MD | Sonographer: B. Reagan
Referring Physician: Richard P. Ganchan, MD | CC: Donald Van Dyken, MD
Indications: Abnormal EKG

TREADMILL, EKG, AND ECHO DATA SUMMARY

Echo exam quality: Adequate

Exercise Protocol

Protocol: Bruce
Total minutes: 4:30
Reason for stopping: Shortness of breath Back Pain
FAI: +20 METS: 7.0

EKG Data

Pre-exercise EKG: Right bundle branch block. Normal sinus rhythm.
Exercise EKG: Right bundle branch block.

Heart Rate and Blood Pressure

Resting blood pressure: 140/84
Baseline heart rate: 88
Percent of Age-Predicted MHR: 99%
Blood pressure at peak exercise: 160/80
Maximum heart rate achieved: 143

EKG SUMMARY

1. Sensitivity is decreased because of RBBB.
2. No angina or anginal equivalent.
3. Exercise capacity was moderately decreased.
4. Normal heart rate response to exercise.
5. Normal blood pressure response to exercise.
6. No arrhythmias were observed.

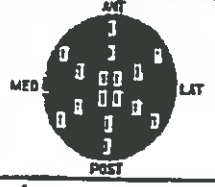
ECHOCARDIOGRAM FINDINGS

- Rest Echo Study: Ejection fraction at rest = 57%. Cardiac chamber sizes and LV systolic function are normal at rest. No resting wall motion abnormalities noted.
- Immediate Post-Exercise Echo Study: Appropriate augmentation of left ventricular function after maximal exercise with decrease in end-systolic dimensions. No immediate post exercise abnormalities noted but technically suboptimal study.

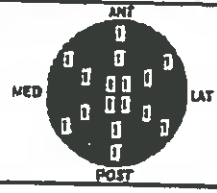
IMPRESSION

Borderline EF

REST Score: 1.0



IMPOST Score: 1.0



1 Normal	1 Hyperkinetic
2 Hypokinetic	2 Akinetic/
2.5 Hypokinetic (Mild)	2 Dyskinetic
3 Hypokinetic (Moderate)	3 Dilated and Thinned
3.5 Hypokinetic (Severe)	X Not Visualized
3 Hypokinetic (Borderline)	

Signature:

J Zebrack

Jerry N. Zebrack, M.D.
Electronically Signed 3/28/2011 3:04 PM

DONALD VAN DYKEN M.D.

FAXED
MAR 29 2011
By

ICAEL
MAR 29 2011 PM

RENO HEART PHYSICIANS

Progress Note-Brief

Patient: **Daniel E. Demaranville**
Age 76, Gender M
DOB 10/04/1934
MRN: 795450
Date: Mar 30 2011

Provider: Richard P. Ganchan MD,FACC,FSCAI

Subjective

This 76-year-old man with right bundle branch block returns for clearance for working in security for the Federal Government.

He remains asymptomatic.

Review of stress echo reveals it to be normal.

Impression: Right bundle branch block. No evidence of organic heart disease. Disposition: Clear for security work without restriction.

Active Problems
Problems
- Abnormal Electrocardiogram 794.31

Current Meds
Medications
- Aspirin Low Dose 81 MG Oral Tablet; TAKE 1 TABLET DAILY; Status: ACTIVE
- Citalopram Hydrobromide 20 MG Oral Tablet; TAKE 1 TABLET DAILY; Status: ACTIVE
- Doxazosin Mesylate 4 MG Oral Tablet; TAKE 1 TABLET DAILY; Status: ACTIVE
- Ranitidine HCl 300 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED; Status: ACTIVE
- Tamsulosin HCl 0.4 MG Oral Capsule; TAKE 1 CAPSULE Daily; Status: ACTIVE

Allergies
Medication
- Penicillins : Swelling;

Vitals
Vital Signs [Data Includes: Current Encounter]

	30Mar2011 08:19AM
Systolic	122, RUE, Sitting
Diastolic	68, RUE, Sitting

DONALD VAN DYKEN M.D.

APR 07 2011

Progress Note-Brief

Patient : **Daniel E. Demaranville**
MD,FACC,FSCAI
Age 76, Gender M
DOB 10/04/1934
MRN: 795450
Date: Mar 30 2011

Provider: Richard P. Ganchan

Heart Rate	94
O2 Saturation	91, RA
Smoking Status	Non-Smoker
Height	5 ft 1 in
Weight	219 lb
BMI	41.38 kg/m2
BSA	1.96 m2

Signatures

Electronically signed by : Richard Ganchan, MD|FACC|FSCAI; Mar 30 2011 4:20PM
CC:
Donald Van Dyken, M.D.
Reno Heart Physicians Signature Form: Richard Ganchan, MD, FACC, FSCAI

Copy for:

DONALD VAN DYKEN M.D.

APR 0 7 2011

Specimen #	Control/Req No.	Pg
105-134-0351-0	6400431	1

LabCorp V 1.39

Fasting	Micro Source	Total Urine Vo.	Report Status
No			S /Final

Date Collected	Time Collected	Date Entered	Date Reported
04/15/11	09:26	04/15/11	04/16/11

Clinical Information: FOBT TO FOLLOW

LP # Unit ID Number:

Patient Phone Number: 775-345-6530

Patient SSN:

Patient Name: DEMARANVILLE, DANIEL

Sex: M

Date of Birth: 10/04/34

Patient Address: PO BOX 261
VERDI NV 89439

Account
27896221
Acadia Medical Group
00
900 Ryland St
Reno NV 89502

775-786-3555
NPI: 1710988167 UPIN: B43018
PHY NAME: VANDYKEN,

Comments
PATN AGE: 076/06/11

Tests Requested: Prostate-Specific Ag, Serum; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Prostate-Specific Ag, Serum					
Prostate Specific Ag, Serum	0.4		ng/mL	0.0 - 4.0	01

Roche ECLIA methodology.

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.

Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

01 PD LabCorp Phoenix Dir: Frank Ryan, PhD
3930 E Watkins Suite 300, Phoenix, AZ 85034-7251
For inquiries, the physician may contact Branch: 800-765-2755 Lab: 602-454-8000

LAST PAGE OF REPORT

DONALD VAN DYKEN M.D.

FINAL REPORT

APR 18 2011

Universal #2 56028181

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name: Daniel Demaranville Date: 4.25.11 Chart #: 134430

DOB: _____ H: ___ W: 221 T: ___ P: 76 BP: 124/76 R: 18

PT DID NOT BRING IN MEDS AS ADVISED MA _____

HPI:

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☑
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☑	☐
Resp	☑	☐
GI	☐	☑
GU	☐	☑
Musc	☐	☑
Skin/breasts	☐	☐
Neuro	☑	☐
Psych	☑	☐
Endo	☐	☐
Hem/lymph	☑	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☑
Family	☑	☐
Social	☐	☑

Exam	WNL	See note
Const	☐	☑
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☑	☐
Resp	☑	☐
CV	☑	☐
Chest (breasts)	☐	☐
GI (abdomen)	☑	☐
Lymph	☑	☐
GU	☐	☐
Musc	☑	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☑	☐

No ✓: no review/exam

CC: Refills no refills needed. Ranitidine isn't

HPI: Nothing very well. Wants to also talk to him about getting PT on Tramadol for back pain. Also Tylenol #3 to go over this

" Quinapril 40 RX -

" A RX - 5# 2 refill ok

" UST going + Pt on it

" Stopped Physiology ?

add Gallb.

" getting comfortable 2 5 l/min

" Symptoms of abd Gastritis + LBP

" ETOH & ↑ Eating.

O: ok WD NAD

Quinapril gel PSH.

Neck - 3 BMM - 2+ carotids

Lungs CTA

Chest NML S1 S2

Abd + BMT

Edema

+ Supp hose.

A- GERD 53081

HTN 4011

DVT 78662

Dyslipidemia 3004

OA

LBP

P- Cont. meds -

Tramadol 50 q8h prn pain

RV 4 mos

Ranitidine 300 BID 18%

MEDICATIONS

Citalopram

Amlodipine

Ranitidine

Simvastatin

Quinapril

Multivits.

☑ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, APN

Couns/coord>50% ☐ Total time _____ min. Couns/coord time: _____ min.

AMG-051 REV 2/11

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name: Daniel DeMaranville Date: May 4, 11 Chart # 134430

DOB: _____ H: _____ W: 217 T: _____ P: 76 BP: 114/60 (D) R: 16

PT DID NOT BRING IN MEDS AS ADVISED

MA _____

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: 76 y.o. DM thinks may have an ear infection

HPI: in (D) ear lots of yellow drainage — ITI — sx x 1.5 wks. ⊘ F/C/V.

o- OW ~~was~~ ~~pain~~ ~~(+)~~ hearing early

R canal ~~wi~~

L OE

A- OE 3501D

P- Cortisporin otic, Blph- ~~gtts~~ AS gtts TID

pt states can't use eardrops 2° to TM perf

P- cipro 500 BID 20/0

MEDICATIONS

Citalopram 20mg + QD

Ranitidine 300mg + BID

Doxazosin 1mg + QHS

Tramadol 50mg + Q8° PRN

☐ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, APN

Couns/coord > 50% ☐ Total time: _____ min Couns/coord time: _____ min.

AMG-051 REV 2/11

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name: Daniel Demaranville Date: 5.16.11 Chart #: 134430

DOB: H: W: 217 T: P: 80 BP: 122/72 R: 16

PT DID NOT BRING IN MEDS AS ADVISED MA JV

CC: 16y.o. Follow up on ear infection, finished

HPI: Abx yesterday since bothering him — JV —

Eczema spiking Tx w/ TMC

D - Edu. Tx + Rx

Head shield new ED med

A - OE 380.10

O WNL 382.9

P - ED Rx - steroid (2)

MEDICATIONS

Citalopram 20mg ÷ QD

Ranitidine 300mg ÷ BID

Doxazosin 1mg ÷ QHS

Tramadol 50mg ÷ Q8° PRN

HPI
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exams	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

☒ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, APN

Couns/coord >50% ☐ Total time: _____ min. Couns/coord time: _____ min.

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name: Daniel Demaranville Date: 5.16.11 Chart # 134430

DOB: _____ H: ____ W: ____ T: ____ P ____ BP: ____ R ____

PT DID NOT BRING IN ME AS ADVISED

MA _____

CATIONS

HPI
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC:

HPI:

PHONE CALL

FOR DND DATE FE 5.16.11 TIME 8:57 A.M. P.M.

M Laura

OF Dan Demaranville

PHONE 345-6830 CELL 843-8815

MESSAGE has been on Cipro - Kiddalls and ear is still draining wants to know what they should do.

- ☒ TELEPHONED
- ☐ RETURNED YOUR CALL
- ☒ PLEASE CALL
- ☐ WILL CALL AGAIN
- ☐ CAME TO SEE YOU
- ☐ WANTS TO SEE YOU

SIGNED ~~RN 7.19.11~~

ND 7.19.11 (2) 5.4.11

Thanks Joan

PHONE CALL

FOR _____ DATE _____ TIME _____ A.M. P.M.

M _____

OF _____

PHONE _____ CELL _____

MESSAGE _____

- ☐ TELEPHONED
- ☐ RETURNED YOUR CALL
- ☐ PLEASE CALL
- ☐ WILL CALL AGAIN
- ☐ CAME TO SEE YOU
- ☐ WANTS TO SEE YOU

SIGNED _____

☐ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, APN

Couns/coord>50% ☐ Total time: _____ min. Couns/coord time: _____ min.

AMG-031 REV 2/11

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name Daniel Demaranville Date 10.15.11 Chart # 134430

DOB: H: W: 216 T: P: 76 BP: 130/68 R 16

PT DID NOT BRING IN MEDS AS ADVISED MA UV

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
Skin/bre	☐	☐
Hem/ly	☐	☐
Allerg/im	☐	☐
ENT/mouth	☐	☐
Chest (bre	☐	☐
GI (abdo	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: 7 to 10 days here (L) ear still draining - FIV

HPI: drainage on pillow every morning — 1 day

O- AS- (+) pert- & purulent

A- otorrhea 388.60

6 ERD 720.81

DVS 795.09

P: see Mother or Wednesday for here as prev

MEDICATIONS

- Citalopram 20mg T QD
- Ranitidine 300mg T BID
- Doxazosin 4mg T QHS
- Tramadol 50mg T Q8 PRN

10.15.11

DVD

Ø check out, pt said that you okid for him to come back whenever (except Fridays) during lunch for an appt, is that correct? Y or N

And, how would you like to handle this is be reminded? (in the A.M or the night before) Ted him is a scrip

Shelly also has to accommodate make arrangements for proper staffing.

thanks JDV

* Pt said he stop by @ his lunch hr, between 12 PM & 1 PM

EMPLOYEE OWNED AND OPERATED

Reno ● Sparks ● Carson City ● Elko ● Boise, ID ● Meridian, ID

☐ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, APN

Couns/coord > 50% ☐ Total time: _____ min. Couns/coord time: _____ min.

AMG-051 REV 2/11

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name: Daniel Demaranville Date: _____ Chart # 134430

DOB: _____ H: ____ W: ____ T ____ P: ____ BP: ____ R: ____

PT DID NOT BRING IN MEDS AS ADVISED
MA_____

HPI:

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC:

MEDICATIONS

6/15
455pm

DVD

① He is stopping by between 12-1

② ~~How do you want~~ us to remind you so you dont make lunch plans @ either 12 or 1

Shelly

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"Two Tried-and-True Tools for E/M Documentation." Barker LA. *Family Practice Management*. October 2003 51-55, http://aafp.org/fpm/20030900/51twot.html.

AMG-031 REV 2/11

John Dooley, M.D.
David Mathis, M.D.
Jenny Van Duyne, M.D.
Anthony Zamboni, M.D.
Diplomates American Board of Otolaryngology

NEVADA E.N.T. & HEARING ASSOCIATES
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Reno, Nevada 89523

(775) 322-4589
Toll Free 1-800-722-4589

Richard K. Johnson, Au.D.
Michael A. Hodes, Au.D.
Doctors of Audiology

June 17, 2011

Donald Van Dyken, M.D.
900 Ryland St
Reno, NV 89502 fax 786-3088

Re: Daniel Demaranville
Dob: 10/04/1934

Dear Donald:

Thank you very much for requesting a consultation on Daniel Damaranville. Dan comes in today with a longstanding history of a perforation of the left tympanic membrane. He recently became infected with a large amount of viscous yellow-type drainage. He was put on Cipro for 10 days, which helped. He felt like it was still draining, however. He was seen a couple of times with no obvious persistent infection noted. He was draining up until just a few days ago onto his pillow but now that has diminished.

Physical examination reveals a normal right tympanic membrane. On the left there is a fairly sizeable anterior perforation. I cannot see it completely because of an anterior canal wall overhang. The nasal exam reveals narrow nares on both sides. The oral exam reveals absent tonsils. The mucous membranes are normal. The neck is normal to palpation. The larynx was partly seen with a 70-degree endoscope and was within normal limits. The anterior most commissure was not completely seen. The neck was normal to palpation.

My impression is that Dan has a left chronic otitis media with tympanic membrane perforation with a recent infection. I do not see evidence of infection today. I did give him two quick sprays of boric acid powder. I will see him back at this point as needed.

Thank you once again very much.

Sincerely,

David L. Mathis, M.D.
DLM/amm
TRANSCRIBED BUT NOT REVIEWED TO EXPEDITE MAILING

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D
Dulynn Hastings, M.D
Katie Lydon, A.P.

Name: Daniel Demaranville Date: 6.21.11 Chart # 134430

DOB: _____ H: ___ W: 217 T: ___ P: 84 BP: 128/80 (R) R: 16

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: 16y009 pt here for shot in (R) and (L)

HPI: Y/O dmd
BX3-
Inj .25cc Ken 40 & .25cc 1% pl
Xyla - 0 comp
A- trigger finger 727.03

MEDICATIONS

Citalopram
20mg ÷ QD
Ranitidine
300mg ÷ BID
Doxazosin
1mg ÷ QHS
Tramadol
50mg ÷ Q8
PRN

☒ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, A.P.N.

Couns/coord>50% ☐ Total time: _____ min. Couns/coord time: _____ min.

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D
Katie Lydon, APN

Name: Daniel Demaranville Date: 7·19·11 Chart #: 134430

DOB: _____ H: ____ W: 216 T: ____ P: 64 BP: 124/70 R: 16

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: 796.0 (7) Follow up & has notes would

HPI: like looked @ _____ (JV)

Ear ok

Throat ok

Desert gate, Upper Quad

Pt has notes that I filled

H - chronic 9-M. 382.3

TM perf. 384.20

3 Rx's filled & sig. 702.19

R Rec 1-4 wks & cyp

MEDICATIONS

Citalopram 20mg ÷ QD

Ranitidine 300mg ÷ BID

Doxazosin 1mg ÷ QHS

Tramadol 50mg ÷ Q8° PRN

no meds brought in JV

PHONE CALL

FOR Jennifer DATE 8/1/11 TIME 2:35 A.M. P.M.

M Laura RN Demaranville

OF Pt's Husband Daniel

PHONE 345-6530 CELL

MESSAGE has question about the Rx you filled I don't see

8.2.11 per pts wife needs Rx for mail order Right source for Doxazosin

☐ TELEPHONED
☐ RETURNED YOUR CALL
☐ PLEASE CALL
☐ WILL CALL AGAIN
☐ CAME TO SEE YOU
☐ WANTS TO SEE YOU

AD 2mg QHS let her know I would give DVD a note asking for

RECALL

FOR refills: will call DATE when TIME ____ A.M. P.M.

M Complete. JV

Couns/coord>50% ☐ Total time: _____ min. Couns/coord time: _____ min.

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name: Daniel Demarandike Date: 8.2.11 Chart # 134430

DOB _____ H:____ W:____ T:____ P:____ BP:____ R:____

PT DID NOT BRING IN MEDS AS ADVISED
MA_____

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC

HPI 8.2.11
9:00am

DVD pt needs Rx for Doxazosin 2mg ÷ qtts for mailorder.
(N) 8.16.11
(L) 7.19.11

Laura 345.6530

Jenn.

See H+P note

3 JAN 11

Per DVD
Gave - 6 years with the physical. Pt understands to stop Zocor

8.2.11
Rx @ H&P was written for Doxazosin 1mg DVD changed to 2mg that was called into local Pharm - needs mailorder JV

Zetia® (ezetimibe) Tablets
zetia.com

MEDICATIONS

☐ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, APN

Couns/coord>50% ☐ Total time: _____ min. Couns/coord time: _____ min.

AMG-051 REV 2/11

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name: Daniel Demaranville Date: 8.16.11 Chart #: 134430

DOB: ____ H: ____ W: 218 T: ____ P: 76 BP: 112/72 R: 110

PT. DID NOT BRING IN MEDS AS ADVISED MA JV

CC: 76 y.o. DM here to have spots frozen — JV

HPI: Pt has 9 SK's on scalp, face & chest. Has not been getting [illegible] clothes. Frozen 9 SK's 702.19 x 2 cycles by Dr [illegible] on previous pt

MEDICATIONS:
- Citalopram 20mg + QD
- Ranitidine 300mg + BID
- Doxazosin 1mg + QHS
- Tramadol 50mg + Q8° PRN

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

☑ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, APN

Couns/coord>50% ☐ Total time: ____ min. Couns/coord time: ____ min.

"Two Tried-and-True Tools for E/M Documentation." Becker LA. *Family Practice Management*. October 2003;51-55, http://aafp.org/fpm/20030900/51twot.html.

AM G-051 REV 2/11

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name Daniel Demaranville Date 10.26.11 Chart # 134430

DOB 10/1/54 H: W 220 T: P: 112 BP 124/68 R 16

PT DID NOT BRING IN MEDS AS ADVISED MA

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: 77yr old ♂ Wart Removal

HPI: 10sec Consent signed MB
Bx v. Lg wart R post scalp - 1
Rest + Wk 0% 10

MEDICATIONS

Pantac
Citalopram
20 mg
1 QD
Panitidine
300 mg
1 BID
Donepezil
1 QHS
1 mg

☐ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, APN

Couns/coord>50% ☐ Total time: _____ min. Couns/coord time: _____ min.

AMG-031 REV 2/11

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name: Daniel Demaranville Date: 11.3.11 Chart # 13443D

DOB: _____ H: _____ W: 222 T: _____ P: 80 BP: 170/84 R: 117/68

Legs Crossed

PT DID NOT BRING IN MEDS AS ADVISED

MA _____

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓ no review/exam

CC: 72yr old ♂ 1 wk Follow up - 5mm

HPI: Wart REMOVAL

Healing quite well

Rev 3 Wks

Abx: Bpicular lesion on L parietal scalp

A- Wart D48.0

P- Liq N2 x 2 cycles

MEDICATIONS

Citalopram 20 mg 1 QD

Ranitidine 300 mg 1 BID

Doxazosin 1mg 1 QHS

Tramadol Q8O PRN

☑ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, APN

Couns/coord>50% ☐ Total time _____ min. Couns/coord time: _____ min

"Two Tried-and-True Tools for E/M Documentation." Backer LA. *Family Practice Management* October 2001;51 55. http://aafp.org/fpm/20030900/51twot.html.

AMG-051 REV 2/11

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name: Daniel Desgranville Date: 11-23-11 Chart #: BH30

DOB: _____ H: ___ W: 202 T: ___ P: 72 BP: 140/90 R: 16

PT DID NOT BRING IN MEDS AS ADVISED MA_____

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: 27 yr old ♂ follow up 5mm

HPI: Dx: right testicle. Re-surgical scar effective healing & painless. Scrotum.

A. Herpes ORAL

P: H+P Jan 12

MEDICATIONS

Vitalapram 20 mg 1x

Ranitidine 300 mg 1 BID

Dexamethasone 1 mg 1 BID

Tramadol Q8° PRN

☐ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, APN

Couns/coord>50% ☐ Total time: _____ min. Couns/coord time: _____ min.

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name Daniel Demaranville Date 12/20/11 Chart # 1344.30

DOB: _____ H: ____ W 223 T: ____ P: 70 BP: 132/86 R: 16

PT DID NOT BRING IN MEDS AS ADVISED MATW

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: Mydd'd pt here for shot in hip - TW

HPI: Hx of RA generalized on Enbrel pain getting L trigger finger. Back hurting. + Use of right rotator cuff. O - ow 100 NAD A - PMR ?

Trigger finger - 727.03

GERD 530.81

Depression 300.4

P - Cortisone Inj

T+C 60mg IM x1

RTC Feb 12

Kenalog x1 IM lot ID6685SQ Exp 3/15

R' TW — TW

MEDICATIONS

Citalopram 20mg PO QD

Ranitidine 300mg PO BID

Doxazosin 1mg PO QHS

Tramadol 50 mg PRN

☐ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, APN

Couns/coord >50% ☐ Total time: _____ min. Couns/coord time: _____ min.

ACADIA MEDICAL GROUP
Acadia Medical Group
900 Ryland Street
Reno, NV 89502
Phone: 775-786-3555
Fax: 775-786-3088

DEMARANVILLE, DANIEL E
PO BOX 261
VERDI, NV 89439
Born 10/04/1934 (77 years)
775-345-6530

Visit Date	Visit With	Visit Description
12/20/2011	VanDyken MD, Donald D (1)	Regular

MEDICATIONS HISTORY
doxazosin 2 mg (1 tablet NIGHTLY) Qty: 90, Refills: 3
doxazosin 1 mg (1 tablet QHS) Qty: 90, Refills: 3
ranitidine HCl 300 mg (1 tablet BID) Qty: 180, Refills: 3
Viagra 100 mg (1 tablet DAILY) Qty: 6, Refills: 4
citalopram 20 mg (1 tablet as directed) Qty: 90, Refills: 3

SOCIAL HISTORY
Smoking Status entered on 10/26/2011 1:33:45 PM recorded as Former smoker
ALCOHOL USE: moderate
DRUG USE:none
GAMBLING: none
MARITAL STATUS: married 16 yrs
OCCUPATION: court security office
TOBACCO USE: quit 2009

PAST MEDICAL HISTORY
172.9 Melanoma of skin, site unspecified
604.99 Other orchitis, epididymitis, and epididymo-orchitis, without mention of abscess
HOSPITALIZATIONS:colitis
SURGICAL HISTORY: L4 disc with staph infection, L orchiectomy, appy, T&A, phcbo
IMMUNIZATIONS:
INFLUENZA-
PNEUMOVAX-
Tdap-
SHINGLES-
HPV-
Hep A-
Hep B-
PPD-
C-scope- 2008
Mammo-
Dexa -
PSA-1998
Pap-
CXR - 1998

FAMILY HISTORY
Family History:
Htn: none
CAD: none
DM: none
Cancer: Sis - skin, Bro - lung, PU - lung
ETOH/ Drug Abuse: none
Psych: none
Endo: none
Renal: none
Pulm: none

C/C OR REASON FOR VISIT
hip pain needs shot

PLAN

E-SIGNATURES
Authenticated By: Winquist, Heather @ 4/19/2012 8:34 AM

ACADIA MEDICAL GROUP
Acadia Medical Group
900 Ryland Street
Reno, NV 89502
Phone: 775-786-3555
Fax: 775-786-3088

DEMARANVILLE, DANIEL E
PO BOX 261
VERDI, NV 89439
Born 10/04/1934 (77 years)
775-345-6530

Visit Date	Visit With	Visit Description
12/20/2011	VanDyken MD, Donald D (1)	Regular

Hema: none
Arth: M, Sis - knee
GI: none
Neuro: none

CADIA MEDICAL GROU
STORY AND PHYSICAL EXAMINATION

Name: Daniel DeMaranville Date: 3-14-12

Considering what is normal for you:

Please read each line and circle bolded areas of difficulty or fill in spaces to the double line below.

Review of systems:

- **EENT:** Do you have any problems with your: **eyes, ears, nose or throat?** No
- **Pulm:** Do you have any problems with: **breathing, coughing or phlegm?** Do you ever: **cough up blood?** No
- **Cardio:** Do you have **chest pains, palpitations (unusual heart beats), or difficulty breathing (with exercise or when lying down?)** Do you have any **calf pain** when you walk? No
- **GI:** Do you have any problems with: **your stomach or digestion, nausea or vomiting, or with your bowels such as: diarrhea, constipation, hemorrhoids or blood in your stool?** No
- If you are over 50, when was your last flexible sigmoidoscopy or colonoscopy? 3-5 years ago NAD
- **GU:** Are you having any problems with **urination?** No
  Men: do you have trouble **starting your stream or emptying your bladder fully?** Sometimes totally empty on occasion
  Women: do you **leak urine** when you cough, sneeze, laugh or strain?
- **GYN:** (for women only): Do you do monthly **breast self-exams?** Y N Found any **lumps?** Y N
  Are you having any problems with your **menstrual period?** Y/N
  When was your last **normal menstrual period?** _____
  What do you use for **Contraception?** _____
- **For both sexes:** Do you have any sexual problems or concerns? Y (N)
  Do you need any information or want to be tested for sexually transmitted diseases? Y (N) declined
- **Musculoskeletal:** Do you have any problems with your: **muscles, bones, or joints?** Sometimes
- **Exercise:** How many hours of **aerobic exercise** do you get each week? None
- **Neuro:** Do you have any **unusual headaches?** Y (N) Do you have any: **numbness,** walks 10-15 min weekly **weakness tingling, seizures, passing out, or vision changes?** No
- **Endo:** Do you have: a feeling that you are **warmer (or colder)** than most other people? No
  Do you feel unusually **tired?** Sometimes
  Do you have any problems with your: **skin, hair, or nails?** No
- **Sleep:** Do you have any problems **sleeping?** No
- **Psych:** Do you have any problems with feeling **depressed, "blue", anxious or panicked?** No
  Do you feel: **helpless, hopeless, or suicidal?** No
  Do you have problems with: **concentrating** or with **having fun?** No

When was your last Tetanus Shot? 2011 Would you like a Shingles Vaccination? Y (N)
When was your last Flu Shot? Declined
When was your last Pneumonia Shot? Never
Would you like any information on other vaccines? Y (N)

- UPDATES: (FOR THE PHYSICIAN TO DO): (check if done)
- Past medical and past surgical history: (✓)
- Social history: (✓)
- Family history: (✓)

KLYO:N APN

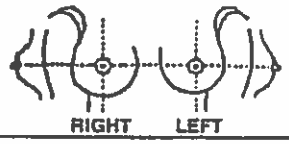
Daniel Domaracny

Date: 2/14/12

Physical Exam Forms

BP: / Pulse: / min Resp: / min Wt: 215 lbs Ht: 70¼ BMI:

Meds:
Citalopram 20mg PO Q
Viagra 100 mg
Ranitidine 150 BID
Doxazosin 1 mg PO

General/Head and Neck thin build	WD ☑ WN ☑ In NAD ☑
Head/Scalp nl ☑ @ hair & old scars	Eyes PERRL ☑ Fundi nl ☐ EOMI ☑
Ears Tm nl ☑ Canals nl ☐ wax	Nose nl ☑
Mouth/Teeth nl ☑	Pharynx nl ☑
Neck Thyroid nl ☑ Nodes nl ☑	Carotids No Bruits ☑ Pulses nl ☑
Chest	
Lungs CTAP ☑ No R/W/C ☑	Chest Wall nl ☑ No CVAT ☐ No Spine TTP ☑
Heart RRR ☑ No M/R/G ☑	Breasts/Nipples nl ☑ No Masses d/c ☐ Symm ☑
Ribs nl ☑	Axillary Nodes nl ☐
Abdomen	
Bowel Sounds ☑ No Masses ☑ Non-Tender ☐	
No Abd/Renal Bruits ☐ bilat renal bruits	
LKKS nl ☐ diastasis	
Female	
Vulva nl ☐	Vagina nl ☐
Cervix nl ☐ No CMT ☐ Pap Done ☐	Uterus nl Size ☐ Ante Straight Retro Smooth No Masses ☐
Adenexa nl ☐ N.T. ☐ No Masses ☐	No Cysotcele/Rectocele ☐
Ano-Rectal nl ☐	
Males	@ L
Scrotum nl ☑	Testes nl ☐ mass @ testicle ? scar
Penis nl ☐	Prostate nl ☐ 1+, no nodules or tenderness
No Hernias ☑	Ano-rectal nl ☑ @ Sphincter
Skin	
Moles nl ☑ Rashes ☑	No Abnl Lesions ☐ – At top of scalp
Extremities	
Pulses nl: Radial ☑ P.T. ☐ D.P. ☐	No Edema ☑
Cyanosis None ☐	Clubbing None ☑
Joints nl ☑ Full ROM ☐	Back nl ☑
Neuro	
Motor/Strength nl ☑	Reflexes: Cerebellar nl ☑ DTRs nl ☑
Sensation nl ☑ A&Ox4 ☐	Gait ☑ nl ☐ @ fine Bilateral hand tremors
Cranial Nerves II-XII Grossly Intact ☐	☐ CC Patient ☐ Dr_____ ☐ Dr_____

RIGHT LEFT

top of head removed by barber

Assessment:			Plan:
1) Well & stable	☐ CBC	☐ HSV/II	1) Lt: Mass Rt Scrotum
2) GERD	☑ CMP	☐ Vag Probe	2) Citalopram 20 mg PO QD 90/3 RF
3) BPH Urgency	☑ Lipids	☐ PFT	3) Ranitidine 300 PO BID 180/3 RF
4) Virus	☑ UA	☐ Mammo	4) Doxazosin 1 mg PO QHS 90/3 RF
5) Anxiety	☐ PSA	☐ Dexa	5) Viagra 100 mg PO PRN 6/5 RF
6) SK - AKs - scalp	☑ Hypothyrd	☐ Echo	6) Flu Shot — Given ADN
7) Hand tremors Bilat	☐ LFTs	☐ EKG	7) Nitrofurantoin to study for UA/Cult
8)	☐ Hep. Panel	☐ ETT	8) Refer Neurologist for tremors
9)	☐ Hemcit X1	☐ Thallium	9) Ret. Rt to Beta Blocker/dx
10)	☐ Hemcit X3	☐ CXR	10) Ø Stress — pt declined at this time
11)	☐ Vit D	☐ C-Scope	11)
12)	☐ I. Cal	☐ dT	12) — Given ADN
13)	☐ Testost	☐ TDAP	13)
14)	☐ A1C	☐ Pneumo	14)
15)	☐ GC Chly.	☐ Zosta	15)
16)	☐ RPR	☐ Flu	16)
17)	☐ HIV	☐ HPV	
	☐ Hep	☐	

ACADIA MEDICAL GROUP
Acadia Medical Group
900 Ryland Street
Reno, NV 89502
Phone: 775-786-3555
Fax: 775-786-3088

DEMARANVILLE, DANIEL E
PO BOX 261
VERDI, NV 89439
Born 10/04/1934 (77 years)
775-345-6530

Visit Date	Visit With	Visit Description
2/14/2012	Lydon APN, Kathleen (3)	Physical

SOCIAL HISTORY
Smoking Status entered on 10/26/2011 1:33:45 PM recorded as Former smoker
ALCOHOL USE: moderate
DRUG USE:none
GAMBLING: none
MARITAL STATUS: married 16 yrs
OCCUPATION: court security office
TOBACCO USE: quit 2009

PAST MEDICAL HISTORY
172.9 Melanoma of skin, site unspecified
604.99 Other orchitis, epididymitis, and epididymo-orchitis, without mention of abscess
HOSPITALIZATIONS:colitis
SURGICAL HISTORY: L4 disc with staph infection, L orchiectomy, appy, T&A, phobo
IMMUNIZATIONS:
INFLUENZA-
PNEUMOVAX-
Tdap-
SHINGLES-
HPV-
Hep A-
Hep B-
PPD-
C-scope- 2008
Mammo-
Dexa -
PSA-1998
Pap-
CXR - 1998

FAMILY HISTORY
Family History:
Htn: none
CAD: none
DM: none
Cancer: Sis - skin, Bro - lung, PU - lung
ETOH/ Drug Abuse: none
Psych: none
Endo: none
Renal: none
Pulm: none
Heme: none
Arth: M, Sis - knee
GI: none
Neuro: none

C/C OR REASON FOR VISIT
PHYSICAL

PLAN

VISIT CODE
PREVENTIVE MEDICINE EST. PATIENT AGES 65 (99397)

RX PRESCRIPTIONS
doxazosin 1 mg (1 tablet QHS) Qty: 90, Refills: 3
ranitidine HCl 300 mg (1 tablet BID) Qty: 180, Refills: 3
Viagra 100 mg (1 tablet DAILY) Qty: 6, Refills: 4
citalopram 20 mg (1 tablet as directed) Qty: 90, Refills: 3

E-SIGNATURES
Authenticated By: Lydon APN, Kathleen @ 2/14/2012 5:18 PM

ACADIA MEDICAL GROUP (ACADIA)
900 RYLAND STREET
RENO, NV 89502

DEMARANVILLE, DANIEL E
PO BOX 261
VERDI, NV 89439
DOB: 1934-10-04
Gender: Male
Patient ID (at Lab): 1776410

Group Number

Fecal Occult Blood (OCBLD)

Report Date:	Observation Date:	Specimin Source:	Specimin Received Date:
2012-02-14 16:07	2012-02-14 16:07		2012-02-14 16:07

Test Name	Test Values	Unit of Measure	Range	Flag	Lab
Occult Blood (OCBLD)	POSITIVE				ACADIA

Reviewed by: Lydon APN, Kathleen on 2/15/2012

ACADIA MEDICAL GROUP
Acadia Medical Group
900 Ryland Street
Reno, NV 89502
Phone: 775-786-3555
Fax: 775-786-3088

DEMARANVILLE, DANIEL E
PO BOX 261
VERDI, NV 89439
Born 10/04/1934 (77 years)
775-345-6530

Visit Date	Visit With	Visit Description
4/19/2012	Hastings MD, Dulynn (2)	Regular

MEDICATIONS HISTORY
doxazosin 2 mg (1 tablet NIGHTLY) Qty: 90, Refills: 3
ranitidine HCl 300 mg (1 tablet BID) Qty: 180, Refills: 3
Viagra 100 mg (1 tablet DAILY) Qty: 6, Refills: 4
citalopram 20 mg (1 tablet as directed) Qty: 90, Refills: 3

SOCIAL HISTORY
Smoking Status entered on 10/26/2011 1:33:45 PM recorded as Former smoker
ALCOHOL USE: moderate
DRUG USE:none
GAMBLING: none
MARITAL STATUS: married 18 yrs
OCCUPATION: court security office
TOBACCO USE: quit 2009

PAST MEDICAL HISTORY
1729 Melanoma of skin, site unspecified
604.99 Other orchitis, epididymitis, and epididymo-orchitis, without mention of abscess
HOSPITALIZATIONS.colitis
SURGICAL HISTORY: L4 disc with staph infection, L orchiectomy, appy, T&A, phobo
IMMUNIZATIONS:
INFLUENZA-
PNEUMOVAX-
Tdap-
SHINGLES-
HPV-
Hep A-
Hep B-
PPD-
C-scope- 2008
Mammo-
Dexa -
PSA-1996
Pap-
CXR - 1998

FAMILY HISTORY
Family History:
Htn: none
CAD: none
DM: none
Cancer: Sis - skin, Bro - lung, PU - lung
ETOH/ Drug Abuse: none
Psych: none
Endo: none
Renal: none
Pulm: none
Heme: none

VITALS
DATE: 04/19/2012 TIME: 08:40:00 HT: 5'11 WT: 200 HR: 88 RESP: 18 BP (SYS/DIA): (L) 142/70

C/C OR REASON FOR VISIT
KENALOG INJECTION
htn
tremor

HISTORY OF PRESENT ILLNESS
» KENALOG INJECTION
pt here to get Kenalog injection. Pt states that he is doing well except his diffuse body aches from his polymyalgia rheumatica is worsening and he wants to get another kenalog shot which has helped significantly in the past.
» HTN
Htn- Doing well. NO side effects.
» TREMOR
Tremor worsening recently and worried as the last time he qualified to shoot his pistol he had difficulty holding gun steady.

PHYSICAL EXAM
» TREMOR
Tremor- Severe tremor shaking R > L hand when holds arm outstreached.
» KENALOG INJECTION
Gen. well-developed, well-nourished, alert, x4 no apparent distress.
Head normocephalic/atraumatic
Eyes PERRLA, EOMI, nonicteric.
Heart regular rate and rhythm without murmurs, rubs, or gallops.
Lungs clear auscultation bilaterally. No rhonchi, wheezing or crackles.
Abdomen soft, nontender, nondistended, positive bowel sounds. No hepatosplenomegaly. No rebound or guarding. No tenderness. No CVA tenderness.
Extremities show diffuse swollen, mildly tender joints of the shoulders bilaterally. Elbows bilaterally, hands bilaterally, low back, hips, and knees. He has good range of motion of all his extremities, but does have significant tremor as mentioned elsewhere.
Skin no rashes or lesions noted

DIAGNOSIS

Essential and other specified forms of tremor	333.1
Polymyalgia rheumatica	725
Osteoarthrosis, unspecified whether generalized or localized, hand	715.94
Essential hypertension, benign	401.1

PLAN

VISIT CODE
ESTABLISHED PATIENT M. COMPLEXITY (99214)

RX PRESCRIPTIONS
Toprol XL 25 mg (1 tablet DAILY) Qty: 30, Refills: 0

ACADIA MEDICAL GROUP
Acadia Medical Group
900 Ryland Street
Reno, NV 89502
Phone: 775-786-3555
Fax: 775-786-3088

DEMARANVILLE, DANIEL E
PO BOX 261
VERDI, NV 89439
Born 10/04/1934 (77 years)
775-345-6530

Visit Date	Visit With	Visit Description
4/19/2012	Hastings MD, Dulynn (2)	Regular

Arth: M, Sis - knee
GI: none
Neuro: none

doxazosin 2 mg (1 tablet NIGHTLY) Qty: 90, Refills: 0

PROCEDURES
INJECTIONS KENALOG 10 mg (J3301) x 6
INJECTIONS _INJ ADMIN CODE ADMINISTER INJ (96372)

FOLLOW UP
Follow-up in 2 weeks

REFERRALS
Neurology

NOTES
Add B Blocker for tremor. Discussed risk and benefits of kenalog. Pt want today. Refer to neuro re tremor.

E-SIGNATURES
Authenticated By: Hastings MD, Dulynn @ 4/19/2012 9:09 AM

Referral Coversheet

FROM

Dulynn Hastings MD of Acadia Medical Group
Phone: 775-786-3555
Fax: 775-786-3088
Email: acadia@pyramid.net

TO

TIMOTHY LOUIE MD of NEUROLOGY PHYSICIANS
Specialty: Neurology
Phone: 775-324-2234
Fax: 775-324-6015
Email:

RE

DEMARANVILLE, DANIEL E (M, DOB 10/04/1934)
Reason for Referral: Tremor

Dear TIMOTHY LOUIE,

I wish to refer the above listed patient of mine to you. I am providing additional information pertaining to this patient, which includes the following items:

1. Facesheet / Patient Details

Additional Instructions
For follow-up, I would appreciate it if you will fax me the consult notes.

Generated 4/19/2012 9:07:24 AM
Cooperable Health Records 9.60.23

Patient Information

DEMARANVILLE, DANIEL E
Gender: M
DOB: 10/04/1934
SSN:

Race: White
Ethnicity: Declined to Provide
Language: English
Marital Status: MARRIED
Responsible Party: Self
Relation to Responsible Party: Self
Employer: RETIRED

PO BOX 261
VERDI, NV 89439

Phone: 775-345-6530
Work Phone:
Cell Phone: 775-233-4102
Fax:
Email: NA
Preferred Method of Contact: Phone

Emergency Contact: LAURA (WIFE) H-775-345-6530 C-775-843-8815

Insurance Data

MEDICARE PALMETTO GBA (MEDCAR)
Group #:
Policy #:
Effective Start: 01/03/2012
Effective End:
Copay: $
Contact at Carrier:

Policyholder: DEMARANVILLE, DANIEL E
Gender: M
DOB: 10/04/1934
SSN:

Authorization Information

Authorization #:
Date Authorized:
Approved Visits:
Approved Timeframe:

LabCorp

LabCorp Phoenix (01)
3930 E Watkins Suite 300
Phoenix, AZ 850347251
602.454.8000
Director: Frank, Ryan PhD

DEMARANVILLE, DANIEL
PO BOX 261
Verdi, NV 89439-
DOB: 1934-10-04
Gender: Male
Patient Account # (at Lab): 27896221
Patient ID (at Lab): 3081375

Group Number
13182011130

A courtesy copy of this report has been sent to the patient.

CBC With Differential/Platelet (L:005009)

Report Date:	Observation Date:	Specimin Source:	Specimin Received Date:
2012-05-11 10:05	2012-05-10 08:25		2012-05-10 10:44

Test Name	Test Value	Unit of Measure	Range	Flag	Lab
WBC (L:005025)	7.6	x10E3/uL	4.0-10.5		01
RBC (L:005033)	4.87	x10E6/uL	4.10-5.60		01
Hemoglobin (L:005041)	16.2	g/dL	12.5-17.0		01
Hematocrit (L:005058)	48.5	%	36.0-50.0		01
MCV (L:015065)	100	fL	80-98	H	01
MCH (L:015073)	33.3	pg	27.0-34.0		01
MCHC (L:015081)	33.4	g/dL	32.0-36.0		01
RDW (L:105007)	13.7	%	11.7-15.0		01
Platelets (L:015172)	165	x10E3/uL	140-415		01
Neutrophils (L:015107)	62	%	40-74		01
Lymphs (L:015123)	21	%	14-48		01
Monocytes (L:015131)	14	%	4-13	H	01
Eos (L:015149)	3	%	0-7		01
Basos (L:015156)	0	%	0-3		01
Immature Cells (L:115398)					01
Neutrophils (Absolute) (L:015909)	4.7	x10E3/uL	1.8-7.8		01
Lymphs (Absolute) (L:015917)	1.6	x10E3/uL	0.7-4.5		01
Monocytes(Absolute) (L:015925)	1.1	x10E3/uL	0.1-1.0	H	01
Eos (Absolute) (L:015933)	0.3	x10E3/uL	0.0-0.4		01
Baso (Absolute) (L:015941)	0.0	x10E3/uL	0.0-0.2		01
Immature Granulocytes (L:015108)	0	%	0-2		01
Immature Grans (Abs) (L:015911)	0.0	x10E3/uL	0.0-0.1		01
NRBC (L:015945)					01
Hematology Comments: (L:015160)					01

Comp. Metabolic Panel (14) (L:322000)

Report Date:	Observation Date:	Specimin Source:	Specimin Received Date:
2012-05-11 10:05	2012-05-10 08:25		2012-05-10 10:44

Test Name	Test Value	Unit of Measure	Range	Flag	Lab
Glucose, Serum (L:001032)	84	mg/dL	65-99		01
BUN (L:001040)	22	mg/dL	8-27		01
Creatinine, Serum (L:001370)	1.28	mg/dL	0.76-1.27	H	01
eGFR If NonAfrican Am (L:100791)	54	mL/min/1.73	>59	L	01

LabCorp Phoenix (01)
3930 E Watkins Suite 300
Phoenix, AZ 850347251
602.454.8000
Director: Frank, Ryan PhD

DEMARANVILLE, DANIEL
PO BOX 261
Verdi, NV 89439-
DOB: 1934-10-04
Gender: Male
Patient Account # (at Lab): 27896221
Patient ID (at Lab): 3081375

eGFR If Afrcn Am (L:100797)	62	mL/min/1.73	>59		01
BUN/Creatinine Ratio (L:011577)	17		10-22		01
Sodium, Serum (L:001198)	142	mmol/L	134-144		01
Potassium, Serum (L:001180)	4.3	mmol/L	3.5-5.2		01
Chloride, Serum (L:001206)	102	mmol/L	97-108		01
Carbon Dioxide, Total (L:001578)	18	mmol/L	20-32	L	01
Calcium, Serum (L:001016)	9.2	mg/dL	8.6-10.2		01
Protein, Total, Serum (L:001073)	6.6	g/dL	6.0-8.5		01
Albumin, Serum (L:001081)	4.3	g/dL	3.5-4.8		01
Globulin, Total (L:012039)	2.3	g/dL	1.5-4.5		01
A/G Ratio (L:012047)	1.9		1.1-2.5		01
Bilirubin, Total (L:001099)	0.6	mg/dL	0.0-1.2		01
Alkaline Phosphatase, S (L:001107)	45	IU/L	25-150		01
AST (SGOT) (L:001123)	28	IU/L	0-40		01
ALT (SGPT) (L:001545)	24	IU/L	0-55		01

Urinalysis, Routine (L:003038)

Report Date: 2012-05-11 10:05 | Observation Date: 2012-05-10 08:25 | Specimin Source: | Specimin Received Date: 2012-05-10 10:44

Test Name	Test Value	Unit of Measure	Range	Flag	Lab
Specific Gravity (L:013060)	1.026		1.005-1.030		01
pH (L:013078)	6.5		5.0-7.5		01
Urine Color (L:013045)	Yellow		Yellow		01
Appearance (L:013052)	Clear		Clear		01
WBC Esterase (L:013185)	Negative		Negative		01
Protein (L:013094)	Negative		Negative/Trace		01
Glucose (L:013086)	Negative		Negative		01
Glucose Reflex (L:013087)					01
Ketones (L:013110)	Negative		Negative		01
Occult Blood (L:013102)	Negative		Negative		01
Bilirubin (L:013104)	Negative		Negative		01
Urobilinogen,Semi-Qn (L:013105)	0.2	mg/dL	0.0-1.9		01
Nitrite, Urine (L:013106)	Negative		Negative		01
Microscopic Examination (L:012237)					01

Microscopic follows if indicated.

Lipid Panel (L:303756)

Report Date: 2012-05-11 10:05 | Observation Date: 2012-05-10 08:25 | Specimin Source: | Specimin Received Date: 2012-05-10 10:44

Test Name	Test Value	Unit of Measure	Range	Flag	Lab

LabCorp Phoenix (01)
3930 E Watkins Suite 300
Phoenix, AZ 850347251
602.454.8000
Director: Frank, Ryan PhD

DEMARANVILLE, DANIEL
PO BOX 261
Verdi, NV 89439-
DOB: 1934-10-04
Gender: Male
Patient Account # (at Lab): 27896221
Patient ID (at Lab): 3081375

Cholesterol, Total (L:001065)	182	mg/dL	100-199		01
Triglycerides (L:001172)	86	mg/dL	0-149		01
HDL Cholesterol (L:011817)	61	mg/dL	>39		01

According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.

VLDL Cholesterol Cal (L:011918)	17	mg/dL	5-40		01
LDL Cholesterol Calc (L:012054)	104	mg/dL	0-99	H	01

Thyroid Panel With TSH (L:000620)

Report Date:	Observation Date:	Specimin Source:	Specimin Received Date:
2012-05-11 10:05	2012-05-10 08:25		2012-05-10 10:44

Test Name	Test Value	Unit of Measure	Range	Flag	Lab
TSH (L:004264)	1.880	uIU/mL	0.450-4.500		01
Thyroxine (T4) (L:001149)	5.2	ug/dL	4.5-12.0		01
T3 Uptake (L:001158)	40	%	24-39	H	01
Free Thyroxine Index (L:001184)	2.1		1.2-4.9		01

Prostate-Specific Ag, Serum (L:010322)

Report Date:	Observation Date:	Specimin Source:	Specimin Received Date:
2012-05-11 10:05	2012-05-10 08:25		2012-05-10 10:44

Test Name	Test Value	Unit of Measure	Range	Flag	Lab
Prostate Specific Ag, Serum (L:010334)	0.5	ng/mL	0.0-4.0		01

Roche ECLIA methodology.

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.
Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Clinical Test Ordered By K LYDON (1710087341)

Reviewed by: Hastings MD, Dulynn on 5/11/2012

ACADIA MEDICAL GROUP
Acadia Medical Group
900 Ryland Street
Reno, NV 89502
Phone: 775-786-3555
Fax: 775-786-3088

DEMARANVILLE, DANIEL E
PO BOX 261
VERDI, NV 89439
Born 10/04/1934 (77 years)
775-345-6530

Visit Date: 5/29/2012
Visit With: Lydon APN, Kathleen (3)
Visit Description: Regular

ALLERGIES
Penicillins

MEDICATIONS HISTORY
Kenalog 40 mg/mL (1 mL as directed) Qty: 1, Refills: 0
Toprol XL 25 mg (1 tablet DAILY) Qty: 30, Refills: 0
doxazosin 2 mg (1 tablet NIGHTLY) Qty: 90, Refills: 0
ranitidine HCl 300 mg (1 tablet BID) Qty: 180, Refills: 3
Viagra 100 mg (1 tablet DAILY) Qty: 6, Refills: 4
citalopram 20 mg (1 tablet as directed) Qty: 90, Refills: 3

SOCIAL HISTORY
Smoking Status entered on 10/26/2011 1:33:45 PM recorded as Former smoker
ALCOHOL USE: moderate
DRUG USE:none
GAMBLING: none
MARITAL STATUS: married 18 yrs
OCCUPATION: court security office
TOBACCO USE: quit 2009

PAST MEDICAL HISTORY
725 Polymyalgia rheumatica
172.9 Melanoma of skin, site unspecified
604.99 Other orchitis, epididymitis, and epididymo-orchitis, without mention of abscess
HOSPITALIZATIONS:colitis
SURGICAL HISTORY: L4 disc with staph infection, L orchiectomy, appy, T&A, phebo
IMMUNIZATIONS:
INFLUENZA-
PNEUMOVAX-
Tdap-
SHINGLES-
HPV-
Hep A-
Hep B-
PPD-
C-scope- 2008
Mammo-
Dexa -
PSA-1996
Pap-
CXR - 1996

FAMILY HISTORY
Family History:
Htn: none
CAD: none
DM: none
Cancer: Sis - skin, Bro - lung, PU - lung
ETOH/ Drug Abuse: none

VITALS
DATE: 05/29/2012 TIME: 08:30:00 WT: 212 HR: 88 RESP: 18 BP (SYS/DIA): (L) 130/72

C/C OR REASON FOR VISIT
lab results
blood pressure

HISTORY OF PRESENT ILLNESS
» LAB RESULTS
follow up on lab results
» BLOOD PRESSURE
no longer taking toprol XL, has not had med about 5 days ago, unable to get a refill.
PT also states he has had abdominal pain mid and epigastic that radiated around the back and up in between the shoulder blades. Wife is with pt today and she said she was worried about enough, (it has happend 3-5 times) that she called family friend Dr Les Smith. he suggested Dan get checked for pancreatitis and that he would call another MD Dr Gray. They are waiting to hear back from his office.
Dan states that this occured over the last 4-5 weeks he threw up "food' not any coffe grounds. He states years ago he had a peptic ulcer. he also states he has been drinking 1 martini/day adn up to 4-5 martinis on weekends. He doesnot think he has a problem with alchohol. His wife also thinks he doesnot. although he does acknowledge ethol use was a problem in the past. He no long er smokes cigs (quit 3 yrs ago)..
He notes no bowel change he thiks the weight gain is an error in weighing him last time.
He is not nauseated today. has no pain He someitnes takes exedrin or motrin (rare) and takes 2 tabs 81 mg of ASA per day (good for your heart)/

PHYSICAL EXAM
» LAB RESULTS
GENERAL APPEARANCE: alert, no acute distress.
NECK: carotids normal, normal examination, supple, thyroid normal.
CARDIOVASCULAR: no friction rub, no gallop, no murmer, normal heart sounds, pulses normal, regular rate and rhythm.
RESPIRATORY: breath sounds normal, no respiratory distress.
ABDOMEN: Obese soft with mild \ epigastic TTP There is no + Murphys sign. There are no masses.
BUN 1.28 GFR 54 Cholestrol 182 LDl 104

DIAGNOSIS

Alcohol abuse, unspecified	305.00
Vomiting alone	787.03
Abdominal tenderness, epigastric	789.66
Osteoarthrosis, unspecified whether generalized or localized, hand	715.94
Essential hypertension, benign	401.1

PLAN

ACADIA MEDICAL GROUP
Acadia Medical Group
900 Ryland Street
Reno, NV 89502
Phone: 775-786-3555
Fax: 775-786-3088

DEMARANVILLE, DANIEL E
PO BOX 261
VERDI, NV 89439
Born 10/04/1934 (77 years)
775-345-6530

Visit Date	Visit With	Visit Description
5/29/2012	Lydon APN, Kathleen (3)	Regular

Psych: none
Endo: none
Renal: none
Pulm: none
Heme: none
Arth: M, Sis - knee
GI: none
Neuro: none

VISIT CODE
ESTABLISHED PATIENT M. COMPLEXITY (99214)

RX PRESCRIPTIONS
Toprol XL 25 mg (1 tablet DAILY) Qty: 90, Refills: 0

LAB
ALPHA / COMBO TESTS: *CMP
ALPHA / COMBO TESTS: AMYLASE (82150)
ALPHA / COMBO TESTS: LIPASE (83690)
ALPHA / COMBO TESTS: H. PYLORI BREATH TEST

RADIOLOGY
GU & GI UGI (air contrast is routine)

REFERRALS
Gastroenterology

E-SIGNATURES
Authenticated By: Lydon APN, Kathleen @ 5/29/2012 6:02 PM

ADDENDUM
===Addendum 5/29/2012 8:37 PM ==========
===Hastings MD, Dulynn ======
Reviewed

Referral Coversheet

FROM

Kathleen Lydon APN of Acadia Medical Group
Phone: 775-786-3555
Fax: 775-786-3088
Email: acadia@pyramid.net

TO

JOHN GRAY MD of GASTROENTEROLOGY CONSULTANTS
Specialty: Gastroenterology
Phone: 775-783-4818
Fax: 775-783-4828
Email:

RE

DEMARANVILLE, DANIEL E (M, DOB 10/04/1934)
Reason for Referral: pt was referred also to Dr Gray by family friend Les Smith. UGI Hpylori and labs to follow.

Dear JOHN GRAY,
I wish to refer the above listed patient of mine to you. I am providing additional information pertaining to this patient, which includes the following items:

1. Facesheet / Patient Details

Additional Instructions
For follow-up, I would appreciate it if you will fax me the consult notes.

Generated 5/30/2012 9:37:45 AM
Cooperable Health Records 9.60.32

Patient Information

DEMARANVILLE, DANIEL E
Gender: M
DOB: 10/04/1934
SSN:

Race: White
Ethnicity: Declined to Provide
Language: English
Marital Status: MARRIED
Responsible Party: Self
Relation to Responsible Party: Self
Employer: RETIRED

PO BOX 261
VERDI, NV 89439

Phone: 775-345-6530
Work Phone:
Cell Phone: 775-233-4102
Fax:
Email: NA
Preferred Method of Contact: Phone

Emergency Contact: LAURA (WIFE) H-775-345-6530 C-775-843-8815

Insurance Data

MEDICARE PALMETTO GBA (MEDCAR)
Group #:
Policy #:
Effective Start: 01/03/2012
Effective End:
Copay: $
Contact at Carrier:

Policyholder: DEMARANVILLE, DANIEL E
Gender: M
DOB: 10/04/1934
SSN:

Authorization Information

Authorization #:
Date Authorized:
Approved Visits:
Approved Timeframe:

Reno Diagnostic Centers
590 Eureka Avenue • Reno, Nevada 89512
Phone (775) 323-5083 Fax (775) 323-2193

Reprinted from Electronic Medical Record - Created on 06/01/12 15:51:39
Patient: DEMARANVILLE, DANIEL MR No.: 160912 DOB: 10/04/1934

PATIENT NAME: Demaranville, Daniel E
DOB: 10/04/1934
REFERRING PHYSICIAN: LYDON, KATIE APN (775)788-3555

MRN: 160912
AGE/SEX: 77/M

EXAM DATE: 06/01/2012
ACCESSION: 892148
EXAM: FLUORO- FLUORO_EU-RF - UGI W KUB W Air
EXAM LOCATION: RDC

CLINICAL INDICATION: Epigastric pain, vomiting.

TECHNIQUE: Routine double contrast barium swallow and upper GI series.

COMPARISON: None.

FINDINGS:
The patient swallowed barium without difficulty. Scattered tertiary contractions were noted. Esophageal motility was otherwise normal. No fixed esophageal lesion or mucosal irregularity was seen. There is a small sliding hiatal hernia. Marked spontaneous gastroesophageal reflux into the upper thoracic esophagus occurred with rolling. A 13 mm tablet passed easily through the GE junction.

The stomach distended well with air and contrast. No ulceration, fold thickening, or mass was seen. The duodenal bulb and C-loop were normal in appearance.

IMPRESSION:
1. Small sliding hiatal hernia.
2. Marked spontaneous gastroesophageal reflux.
3. No evidence of esophagitis or a gastric ulcer.

CC:

Read and Electronically Signed by: Robert W. Hastings, MD
Reviewed By: Robert W. Hastings, MD
Date/Time Dictated: 06/01/2012 15:51:39 PM

Electronically signed by Robert W. Hastings, MD 6/1/2012 15:6:39

LabCorp

Multiple Performing Labs
See End of Report for Details

DEMARANVILLE, DANIEL
PO BOX 261
Verdi, NV 89439-
DOB: 1934-10-04
Gender: Male
Patient Account # (at Lab): 27896221
Patient ID (at Lab): 3081375

Group Number
15382020860

Comp. Metabolic Panel (14) (L:322000)

Report Date:	Observation Date:	Specimin Source:	Specimin Received Date:
2012-06-05 17:05	2012-06-01 09:51		2012-06-01 17:46

Test Name	Test Value	Unit of Measure	Range	Flag	Lab
Glucose, Serum (L:001032)	92	mg/dL	65-99		01
BUN (L:001040)	21	mg/dL	8-27		01
Creatinine, Serum (L:001370)	1.11	mg/dL	0.76-1.27		01
eGFR If NonAfrican Am (L:100791)	64	mL/min/1.73	>59		01
eGFR If Afrcn Am (L:100797)	74	mL/min/1.73	>59		01
BUN/Creatinine Ratio (L:011577)	19		10-22		01
Sodium, Serum (L:001198)	142	mmol/L	134-144		01
Potassium, Serum (L:001180)	4.4	mmol/L	3.5-5.2		01
Chloride, Serum (L:001206)	101	mmol/L	97-108		01
Carbon Dioxide, Total (L:001578)	28	mmol/L	20-32		01
Calcium, Serum (L:001016)	9.1	mg/dL	8.6-10.2		01
Protein, Total, Serum (L:001073)	6.1	g/dL	6.0-8.5		01
Albumin, Serum (L:001081)	4.2	g/dL	3.5-4.8		01
Globulin, Total (L:012039)	1.9	g/dL	1.5-4.5		01
A/G Ratio (L:012047)	2.2		1.1-2.5		01
Bilirubin, Total (L:001099)	0.5	mg/dL	0.0-1.2		01
Alkaline Phosphatase, S (L:001107)	42	IU/L	25-160		01
AST (SGOT) (L:001123)	25	IU/L	0-40		01
ALT (SGPT) (L:001545)	22	IU/L	0-55		01

Amylase, Serum (L:001396)

Report Date:	Observation Date:	Specimin Source:	Specimin Received Date:
2012-06-05 17:05	2012-06-01 09:51		2012-06-01 17:46

Test Name	Test Value	Unit of Measure	Range	Flag	Lab
Amylase, Serum (L:001396)	78	U/L	31-124		01

Lipase, Serum (L:001404)

Report Date:	Observation Date:	Specimin Source:	Specimin Received Date:
2012-06-05 17:05	2012-06-01 09:51		2012-06-01 17:46

Test Name	Test Value	Unit of Measure	Range	Flag	Lab
Lipase, Serum (L:001404)	25	U/L	0-59		01

H. pylori Breath Test (L:180836)

Report Date:	Observation Date:	Specimin Source:	Specimin Received Date:

LabCorp

Multiple Performing Labs
See End of Report for Details

DEMARANVILLE, DANIEL
PO BOX 261
Verdi, NV 89439-
DOB: 1934-10-04
Gender: Male
Patient Account # (at Lab): 27896221
Patient ID (at Lab): 3081375

Test Name	2012-06-05 17:05 Test Value	Unit of Measure	2012-06-01 09:51 Range	Flag	2012-06-01 17:48 Lab
H. pylori Breath Test (L:180838)	Negative		Negative		02

Performing Labs Index

01 LabCorp Phoenix 3930 E Watkins Suite 300 Phoenix, AZ 850347251 602.454.8000
Director: Frank, Ryan PhD

02 LabCorp Burlington 1447 York Court Burlington, NC 272153381 800.762.4344
Director: William F, Hancock MD

Clinical Test Ordered By K LYDON (1710087341)

Reviewed by: Lydon APN, Kathleen on 6/5/2012

Gastroenterology Consultants
Pathology Laboratory
890 Ryland Street, Reno, NV 89502
775.329.4600

Case Number: B2012-003839

Patient Name: DeMaranville, Daniel E

DOB: 10 04 1934

Sex: M

Medical Record Number: 186145

Physician: John Gray MD, MD

Collection Date: 06 07 2012

Received Date: 06 07 2012

Source
Gastric

Diagnosis
Mild chronic gastritis with focal activity; negative for intestinal metaplasia, dysplasia, or malignancy. Negative for H. pylori by special stain.
(gh)

Gross
Received in formalin, labeled with the patient's name, date of birth, and "gastric biopsy," are two fragments of tan-brown, soft tissue, measuring 0.6 x 0.4 x 0.2 cm in aggregate. Entirely submitted in a single cassette.

Microscopic
Sections demonstrate gastric mucosa with mild chronic inflammation, focal acute inflammation, and reactive epithelial changes. There is no evidence of intestinal metaplasia, dysplasia, or malignancy. A Diff-quik stain is negative for H. pylori. Positive control is appropriate.

Electronic Signature

Grant M. Hayashi MD, Pathologist
(Case signed 06 08 2012)

Duplicate copy

Gastroenterology Consultants, Ltd
Victor Chan M.D., Hong Gao M.D., John Gray M.D., Juan Gregory M.D.,
Timothy Halterman M.D., Philip Harper M.D., Clark Harrison M.D., Jan Kanter M.D.,
Lotti Lieberstein M.D., Christ Matteoni M.D., John McAfee M.D., James Nachlonde M.D.,
Daniel Nasori M.D., Eric Osgard M.D., Jonathan Pazanoski M.D.,
A.N. Reddy M.D., Craig Sande M.D., Michael Solinger M.D.,
Christopher Bartlett PAC, Paul Johns PAC, Julie Thomas PAC, Sidney Warner MS,RD,PAC
GI Consultants - Reno South Clinic
10819 Professional Circle Reno, NV 89521
P: 7758524848 F: 7758505760

Daniel E DeMaranville H:Home: (775) 345-6530 W: Office: (775) 213-4102
Male DOB:10/04/1934 186145 Ins:Ins: Medicare Palmetto GBA NonConsult

06/07/2012 - Procedures: EGD Report
Provider: John F Gray MD
Location of Care: South Meadows Endoscopy Center
This document contains confidential information

UPPER ENDOSCOPY REPORT

June 7, 2012
Procedure(s): Panendoscopy (EGD) and biopsy

Indications:

Symptoms of abdominal pain, nausea and vomiting.

The patient's history was reviewed and a physical examination was performed immediately prior to the procedure. The patient was deemed ASA class II and considered an appropriate candidate for the procedure. The risks, benefits and alternatives were discussed with the patient and informed consent obtained. Moderate conscious sedation was administered under the direction of the endoscopist while patient was monitored with continuous pulse oximetry, cardiac monitor, and serial vital signs. Procedure Medications given: Midazolam 4 mg IV and Fentanyl 50 mcg IV.

Procedure Description: The scope was inserted via the mouth and extended to the duodenum. The scope was retroflexed within the stomach to view the fundus and cardia. The patient's tolerance of the procedure was good. *A complete examination was obtained.*

Esophageal Findings

Normal esophagus

Gastric Findings

Mucosal Abnormality

Located in the body, antrum. Severity is moderate. The mucosa was notable for erythema, erosions and ulceration. The mucosa was sampled with cold biopsy forceps. (Specimen A). Multiple superficial gastric ulcers and erosions.

Duodenal Findings

Normal duodenum

Adverse Events: None.

Gastroenterology Consultants, Ltd
Victor Chan M.D., Hong Gao M.D., John Gray M.D., Juan Gregory M.D.,
Timothy Halterman M.D., Phillip Harper M.D., Clark Harrison M.D., Jan Kamler M.D.,
Lorn Lieberstein M.D., Christi Medeot M.D., John McAfee M.D., James Nachlonde M.D.,
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Male DOB:10/04/1934 186145 Ins:Ins: Medicare Palmetto GBA NonConsult

Impression

1. Moderate ulcerative gastritis, biopsied

Plan

Omeprazole 20 qd
Consider switching to non-NSAID pain reliever
Office visit 4 wks
Abd ultrasound

cc: Katie Lydon APN

Electronically signed by John F Gray MD on 08/07/2012 at 12:04 PM

Gastroenterology Consultants
Pathology Laboratory
3900 Reno Road, Reno, NV 89502
775.329.6600

Case Number: B2012-003839

Patient Name: DeMaranville, Daniel E

DOB: 10 04 1934

Sex: M

Medical Record Number: 186145

Physician: John Gray MD, MD

Collection Date: 06 07 2012

Received Date: 06 07 2012

Source
Gastric

Diagnosis
Mild chronic gastritis with focal activity; negative for intestinal metaplasia, dysplasia, or malignancy. Negative for H. pylori by special stain.
(gh)

Gross
Received in formalin, labeled with the patient's name, date of birth, and "gastric biopsy," are two fragments of tan-brown, soft tissue, measuring 0.6 x 0.4 x 0.2 cm in aggregate. Entirely submitted in a single cassette.

Microscopic
Sections demonstrate gastric mucosa with mild chronic inflammation, focal acute inflammation, and reactive epithelial changes. There is no evidence of intestinal metaplasia, dysplasia, or malignancy. A Diff-quik stain is negative for H. pylori. Positive control is appropriate.

Electronic Signature

Grant M. Hayashi MD, Pathologist
(Case signed 06 08 2012)

Duplicate copy

Gastroenterology Consultants, Ltd
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Timothy Halterman M.D., Phillip Harper M.D., Clark Harrison M.D., Jan Kemler M.D.,
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Daniel Nason M.D., Eric Osgard M.D., Jonathan Pazanoski M.D.,
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GI Consultants - Reno North Clinic
680 Ryland Reno, NV 89502
P: 7753294800 F: 7753294992

Daniel E DeMaranville H:Home (775) 345-6530 W: Office: (775) 233-4102
Male DOB:10/04/1934 186145 Ins:Ins: Medicare Palmetto GBA NonConsult

07/06/2012 - Office Visit: Gastritis
Provider: John F Gray MD
Location of Care: GI Consultants - Reno South Clinic
This document contains confidential information

Reason for Visit: routine follow-up **Chief Complaint:** abdominal pain

History of Present Illness:
The patient is a 77-year-old male with history of hypertension, alcohol abuse and osteoarthrosis who is returning for follow-up regarding a 6-week history of abdominal pain.

EGD revealed moderate ulcerative gastritis. Biopsies were negative for H. pylori. He has been taking omeprazole and his nausea has resolved. His abdominal pain is 30% improved.

He continues to have upper abdominal pain primarily aggravated by movement and it radiates into his back. There may also be a postprandial component but he is uncertain.

Abdominal ultrasound revealed an echogenic liver and a small septated liver cyst.

Past Medical History
Hypertension

GI Procedure History
- egd 6/12: Moderate ulcerative gastritis, biopsied (neg)

Surgical History
back x 6
appendix
hernia

ALLERGIES
PENICILLIN (Critical)

MEDICATIONS
OMEPRAZOLE 20 MG CPDR (OMEPRAZOLE) 1 TAB PO daily 30 minutes before a meal
VIAGRA 100 MG TABS (SILDENAFIL CITRATE) as needed (outside provider)
ASPIRIN 81 MG TABS (ASPIRIN) one daily (outside provider)
METOPROLOL SUCCINATE 25 MG XR24H-TAB (METOPROLOL SUCCINATE) one by mouth daily (outside provider)
DOXAZOSIN MESYLATE 2 MG TABS (DOXAZOSIN MESYLATE) one by mouth daily (outside provider)

Gastroenterology Consultants, Ltd
Victor Chan M.D., Hong Gao M.D., John Gray M.D., Juan Gregory M.D.,
Timothy Halterman M.D., Phillip Harper M.D., Clark Harrison M.D., Jan Kemler M.D.,
Lori Liebenstein M.D., Christi Matsson M.D., John McAfee M.D., James Nachlinski M.D.,
Daniel Nason M.D., Eric Osgard M.D., Jonathan Pozanski M.D.,
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880 Ryland Reno, NV 89502
P: 7753294800 F: 7753294992

Daniel E DeMaranville H:Home: (775) 345-6530 W: Office: (775) 233-4102
Male DOB:10/04/1934 186145 Ins:Ins: Medicare Palmetto GBA NonConsult

CELEXA 20 MG TABS (CITALOPRAM HYDROBROMIDE) one by mouth daily (outside provider)

Social History
Marital Status: married
Exercise type: walking frequency: occasionally days per week: 1-2 /wk
Caffeine use, type: coffee number daily: 3-5 /day

Alcohol Use
How often do you drink: occasionally
type: wine and liquor days per week: 7
drinks per occasion: 1-2 frequency of > 5 drinks: never

Tobacco Use
Tobacco use: unknown if ever smoked Packs per day: 1-2 Years smoked: >10
Cigars/pipes per wk: 1-2
Smokeless/chew per wk: 0

Review of Systems
Gastrointestinal: Complains of heartburn,abdominal pain,nausea,vomiting,flatulence.
General: Complains of fatigue, weight gainWeight loss 8 lbs in recent weeks.
Cardiovascular: Complains of palpitations.
Respiratory: Complains of shortness of breath.
Bone and Joint: Complains of arthritis,back pain,joint pain.
The remainder of the complete review of systems was negative.

Vital Signs
P 78 PR Regular BP 110/68 Wt 206 Last Ht 71 (06/06/2012) Body Mass Index: 28.84

Physical Examination

Medicare Colorectal Cancer PQRI Questionnaire Completed

Impression and Recommendations:
1. Abdominal pain, nausea and vomiting at least in part due to ulcerative gastritis. He is having some residual pain that radiates into his back aggravated by movement and this indeed may be referred pain from his back.
2. Moderate ulcerative gastritis secondary to NSAIDs
3. Septated liver cyst. This will require follow
4. Hiatal hernia with marked reflux on upper GI series
5. History alcohol abuse which has moderated slightly
6. Chronic osteoarthrosis on chronic NSAIDs

Gastroenterology Consultants, Ltd

Victor Chen M.D., Hong Gao M.D., John Gray M.D., Juan Gregory M.D.,
Timothy Hetterman M.D., Phillip Harper M.D., Clark Harrison M.D., Jan Kamler M.D.,
Lori Liebenstein M.D., Christ Mattaoni M.D., John McAfee M.D., James Nachlonde M.D.,
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A.N. Reddy M.D., Craig Sande M.D., Michael Selinger M.D.,
Christopher Bartlett PAC, Paul Johns PAC, Julie Thomas PAC, Skinny Warner MS,RD,PAC

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680 Ryland Reno, NV 89502
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Daniel E DeMaranville H:Home: (775) 345-6530 W: Office: (775) 233-4102
Male DOB:10/04/1934 186145 Ins:Ins: Medicare Palmetto GBA NonConsult

7. Patient needs colon cancer screening
8. History 8 lb weight loss
9. History hypertension

I will arrange for AFP, CEA, CA-19-9, CT scan of abdomen and contact him with the results and recommendations. If these are all normal I will arrange for HIDA/CCK.

This note was generated using voice recognition software which has a small chance of producing errors of grammar and possibly content. I have made every reasonable attempt to find and correct any obvious errors, but expect that some may not be found prior to finalization of this note.

cc: Katie Lydon APN

Electronically signed by John F Gray MD on 07/06/2012 at 2:53 PM

Gastroenterology Consultants, Ltd
Victor Chan M.D., Hong Gao M.D., John Gray M.D., Juan Gregory M.D.,
Timothy Halterman M.D., Phillip Harper M.D., Clark Harrison M.D., Jan Kamler M.D.,
Leah Lieberstein M.D., Christ Mazzoni M.D., John McAfee M.D., James Nachlonde M.D.,
Daniel Nason M.D., Eric Osgard M.D., Jonathan Pezanoski M.D.,
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GI Consultants - Reno North Clinic
880 Ryland Reno, NV 89502
P: 7753294800 F: 7753294992

Daniel E DeMaranville H:Home: (775) 345-6530 W: Office: (775) 233-4102
Male DOB:10/04/1934 186145 Ins:Ins: Medicare Palmetto GBA NonConsult

07/06/2012 - Lab Report: CEA, AFP, CA 19-9, BUN, Creatinine,Lipase: nml
Provider: John F Gray MD
Location of Care: Not a Location of Care

Patient: DANIEL DEMARANVILLE
ID: 1100 18813401180
Note: All result statuses are Final unless otherwise noted.
Patient Note: A courtesy copy of this report has been sent to
Patient Note: 775-333-2776.
Patient Note: PATIENT NOT FASTING

Tests: (1) CEA (002139)

CEA			
*1	2.3 ng/mL		0.0-4.7
Roche ECLIA methodology		Nonsmokers	<3.9
		Smokers	<5.6

Tests: (2) AFP, Serum, Tumor Marker (002253)

AFP, Serum, Tumor Marker		
*2	5.2 ng/mL	0.0-8.3

Roche ECLIA methodology

Tests: (3) CA 19-9 (002261)

! CA 19-9		
*3	8 U/mL	0-35

Roche ECLIA methodology

Tests: (4) BUN (001040)

BUN		
*4	23 mg/dL	8-27

Tests: (5) Creatinine, Serum (001370)

Creatinine, Serum		
*5	1.27 mg/dL	0.76-1.27
! eGFR If NonAfricn Am [L]		
*6	54 mL/min/1.73	>59
! eGFR If Africn Am		
*7	63 mL/min/1.73	>59

Tests: (6) Lipase, Serum (001404)

Lipase, Serum		
*8	24 U/L	0-59

Performed At: PD, LabCorp Phoenix
3930 E Watkins Suite 300 Phoenix, AZ 850347251

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Male DOB:10/04/1934 186145 Ins:Ins: Medicare Palmetto GBA NonConsult

Frank Ryan PhD Phone: 6024548000

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 07/09/2012 11:26 AM

(1) Order result status: Final
Collection or observation date-time: 07/06/2012 15:55
Requested date-time:
Receipt date-time: 07/06/2012 18:03
Reported date-time: 07/07/2012 10:05
Referring Physician:
Ordering Physician: J GRAY (1982680765)
Specimen Source:
Source: 1100
Filler Order Number: 18813401180 LAB
Lab site: 18813401180
Producer ID *1:PD

(2) Order result status: Final
Collection or observation date-time: 07/06/2012 15:55
Requested date-time:
Receipt date-time: 07/06/2012 18:03
Reported date-time: 07/07/2012 10:05
Referring Physician:
Ordering Physician: J GRAY (1982680765)
Specimen Source:
Source: 1100
Filler Order Number: 18813401180 LAB
Lab site: 18813401180
Producer ID *2:PD

(3) Order result status: Final
Collection or observation date-time: 07/06/2012 15:55
Requested date-time:
Receipt date-time: 07/06/2012 18:03
Reported date-time: 07/07/2012 10:05
Referring Physician:
Ordering Physician: J GRAY (1982680765)
Specimen Source:
Source: 1100
Filler Order Number: 18813401180 LAB
Lab site: 18813401180
Producer ID *3:PD

(4) Order result status: Final
Collection or observation date-time: 07/06/2012 15:55
Requested date-time:

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Receipt date-time: 07/06/2012 18:03
Reported date-time: 07/07/2012 10:05
Referring Physician:
Ordering Physician: J GRAY (1982680765)
Specimen Source:
Source: 1100
Filler Order Number: 188134011B0 LAB
Lab site: 188134011B0
Producer ID *4:PD

(5) Order result status: Final
Collection or observation date-time: 07/06/2012 15:55
Requested date-time:
Receipt date-time: 07/06/2012 18:03
Reported date-time: 07/07/2012 10:05
Referring Physician:
Ordering Physician: J GRAY (1982680765)
Specimen Source:
Source: 1100
Filler Order Number: 188134011B0 LAB
Lab site: 188134011B0
Producer ID *5:PD
Producer ID *6:PD
Producer ID *7:PD

(6) Order result status: Final
Collection or observation date-time: 07/06/2012 15:55
Requested date-time:
Receipt date-time: 07/06/2012 18:03
Reported date-time: 07/07/2012 10:05
Referring Physician:
Ordering Physician: J GRAY (1982680765)
Specimen Source:
Source: 1100
Filler Order Number: 188134011B0 LAB
Lab site: 188134011B0
Producer ID *8:PD

The following results were not dispersed to the flowsheet:

CA 19-9, 8 U/mL, (F)
eGFR If NonAfricn Am, 54 mL/min/1.73, (F)
eGFR If Africn Am, 63 mL/min/1.73, (F)

Electronically signed by John F Gray MD on 07/09/2012 at 11:39 AM

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Reno Diagnostic Centers
590 Eureka Avenue • Reno, Nevada 89512
Phone (775) 323-5083 Fax (775) 323-2193

****
Reprinted from Electronic Medical Record - Created on 07/23/12 11:52:54
Patient: DEMARANVILLE, DANIEL MR No.: 160912 DOB: 10/04/1934
****

PATIENT NAME: Demaranville, Daniel E
DOB: 10/04/1934
REFERRING PHYSICIAN: GRAY, JOHN (775)852-4848

MRN: 160912
AGE/SEX: 77/M

EXAM DATE: 07/20/2012
ACCESSION: 905032
EXAM: MRI_SR- MRI_SR-MR - Abdomen W andW O contras
EXAM LOCATION: RDC

CLINICAL INDICATION: Hepatic cyst. Abdominal pain, vomiting after eating, history of cirrhosis.

TECHNIQUE: Routine multiplanar imaging of the abdomen without and with contrast, performed on the Siemens Espree Wide Bore 1.5T system with 860 images obtained.

COMPARISON: Ultrasound from 6/8/2012

FINDINGS:
There is a multiloculated cystic lesion consistent with biliary hamartoma (cyst) at the junction of the medial and lateral segments of the left lobe near the dome measuring 2.6 cm in diameter (axial series 4 image 9). There is a tiny adjacent cyst along its posterior margin. Postcontrast, there is the suggestion of faint rim and septal enhancement. No nodularity or solid component is seen. There is a subcentimeter cyst in the posterior right lobe (axial series 2 image 14) and a small cyst in the lateral segment of the left lobe of the dome (axial series 4 image 12).

The gallbladder is unremarkable. There is no intra- or extrahepatic biliary ductal dilatation. The common hepatic duct measures up to 3 mm. There is no cholelithiasis or choledocholithiasis.

The pancreas is unremarkable in appearance. The pancreatic duct measures less than 3 mm. No filling defects are present in the pancreatic duct.

There is an exophytic cyst arising from the posterior aspect of the left kidney. Kidneys are otherwise unremarkable. Adrenal glands are within normal limits. There is no retroperitoneal adenopathy or free fluid in the upper abdomen.

IMPRESSION:
Hepatic cysts. No followup is required.

DEMARANVILLE, DANIEL MRN: 160912 DOB: 10/04/1934

CC:

Read and Electronically Signed by: Robert W. Hastings, MD
Reviewed By: Robert W. Hastings, MD
Date/Time Dictated: 07/23/2012 11:52:53 AM

Electronically signed by Robert W. Hastings, MD 7/23/2012 11:7:54

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Reprinted from Electronic Medical Record - Created on 07/26/12 17:09:40
Patient: DEMARANVILLE, DANIEL MR No.: 160912 DOB: 10/04/1934

PATIENT NAME: Demaranville, Daniel E
DOB: 10/04/1934
REFERRING PHYSICIAN: GRAY, JOHN (775)852-4848

MRN: 160912
AGE/SEX: 77/M

EXAM DATE: 07/26/2012
ACCESSION: 909299
EXAM: NUC MED- NUC_EU-NM - HIDA Ductal Img W OorW CCK
EXAM LOCATION: RDC

CLINICAL INDICATION: Intermittent abdominal pain, worse after eating.

RADIOPHARMACEUTICAL: 6.3 mCi Tc99m Choletec.

COMPARISON: Ultrasound from 6/8/2012.

PROCEDURE: Following the intravenous administration of Tc99m Choletec, sequential images of the liver, gallbladder, and small bowel were obtained for 60 minutes.

1.87 ug of CCK was then infused intravenously over 30 minutes. Images were acquired during the infusion and for an additional 10 minutes after infusion. The gallbladder ejection fraction was calculated using region-of-interest analysis at 10, 20, and 30 minutes. The patient experienced abdominal pressure during the CCK infusion, different from the previous symptoms.

FINDINGS:
Phase 1 (pre CCK): There is normal hepatic extraction and concentration of Choletec. The gallbladder is visualized at 12 minutes and the small bowel is visualized at 48 minutes.

Phase 2 (post CCK): Visually, there is poor gallbladder contraction. Ejection fraction was estimated at 22%. There was no appreciable enterogastric reflux.

IMPRESSION:
1. No evidence of cystic or common duct obstruction.
2. Impaired gallbladder contraction, with an ejection fraction of 22% While the range of normal for gallbladder ejection fraction is broad, patients with gallbladder dyskinesia typically have an ejection fraction less than 35%.

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Male DOB:10/04/1934 186145 Ins:Ins: Medicare Palmetto GBA NonConsult

08/01/2012 - Office Visit: Abd pain
Provider: John F Gray MD
Location of Care: GI Consultants - Reno South Clinic
This document contains confidential information

Reason for Visit: routine follow-up **Chief Complaint:** abdominal pain and liver cyst

History of Present Illness:

The patient is a 77-year-old male with history of hypertension, alcohol abuse and osteoarthrosis who is returning for follow-up regarding a 6-week history of abdominal pain and a liver cyst.

MRI of the liver showed that the liver cyst is a biliary hamartoma. No further follow-up is necessary.

HIDA scan showed a 22% ejection fraction and reproduced his pain.

CEA, CA-19-9, AFP were normal.

He continues to have frequent severe episodes of epigastric pain that are occasionally postprandial.

He now remembers that he had a negative colonoscopy with Dr. Fricke approximately 5 or 6 years ago.

Past Medical History

Hypertension
biliary dyskinesia,
biliary hamartomatous liver cyst
gastritis

GI Procedure History

– colonoscopy – 2007 (Fricke): Nml
– egd 6/12: Moderate ulcerative gastritis, biopsied (neg)

Surgical History

back x 6
appendix
hernia

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ALLERGIES
PENICILLIN (Critical)

MEDICATIONS
HYOSCYAMINE SULFATE 0.125 MG SUBL (HYOSCYAMINE SULFATE) One tab SL BID PRN for pain
OMEPRAZOLE 20 MG CPDR (OMEPRAZOLE) 1 TAB PO daily 30 minutes before a meal
VIAGRA 100 MG TABS (SILDENAFIL CITRATE) as needed (outside provider)
ASPIRIN 81 MG TABS (ASPIRIN) one daily (outside provider)
METOPROLOL SUCCINATE 25 MG XR24H-TAB (METOPROLOL SUCCINATE) one by mouth daily (outside provider)
DOXAZOSIN MESYLATE 2 MG TABS (DOXAZOSIN MESYLATE) one by mouth daily (outside provider)
CELEXA 20 MG TABS (CITALOPRAM HYDROBROMIDE) one by mouth daily (outside provider)

Social History
Marital Status: married
Exercise type: walking frequency: occasionally days per week: 1-2 /wk
Caffeine use, type: coffee **number daily:** 3-5 /day

Alcohol Use
How often do you drink: occasionally
type: wine and liquor **days per week:** 7
drinks per occasion: 1-2 **frequency of > 5 drinks:** never

Tobacco Use
Tobacco use: unknown if ever smoked **Packs per day:** 1-2 **Years smoked:** >10
Cigars/pipes per wk: 1-2
Smokeless/chew per wk: 0

Review of Systems

Vital Signs
P 72 BP 114/76 Wt 199 Last Ht 71 (06/06/2012) **Body Mass Index:** 27.86

Physical Examination

Medicare Colorectal Cancer PQRI Questionnaire Completed

Gastroenterology Consultants, Ltd

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Impression and Recommendations:

1. Biliary dyskinesia with intermittent abdominal pain.
2. Moderate ulcerative gastritis secondary to NSAIDs
3. Biliary hamartomatous cyst, no follow-up necessary
4. Hiatal hernia with marked reflux on upper GI series
5. History alcohol abuse which has moderated slightly
6. Chronic osteoarthrosis on chronic NSAIDs

I have discussed the case with Dr. Gomez who has kindly agreed to see the patient in surgical consultation tomorrow. I will obtain records from Dr. Fricke regarding details of his prior colonoscopy and provide the patient a reminder when his next screening is due. He will continue omeprazole.

This note was generated using voice recognition software which has a small chance of producing errors of grammar and possibly content. I have made every reasonable attempt to find and correct any obvious errors, but expect that some may not be found prior to finalization of this note.

9. History hypertension.
cc: Katie Lydon APN, Myron J Gomez, M.D.

Electronically signed by John F Gray MD on 08/01/2012 at 4:05 PM

Consent for Surgical Procedure

Date: 8/2/12

To: Daniel E Demaranville

1. Your supervising physician or surgeon is GOMEZ, MYRON J.

2. The hospital maintains personnel and facilities to assist your physicians in their performance of various surgical operations and other special diagnostic or therapeutic procedures. These operations and procedures may all involve risks of unsuccessful results, complications, injury, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to result or cure. You have the right to be informed of such risks as well as the nature of the operation or procedure, the expected benefits or effects of such operation or procedure, and the available alternative methods of treatment and their risks and benefits. You also have the right to be informed whether your physician has any independent medical research or economic interests related to the performance of the proposed operation or procedure. Except in cases of emergency, operations or procedures are not performed until you have had the opportunity to receive this information and have given your consent. You have the right to consent to or refuse any proposed operation or procedure at any time prior to its performance.

3. Your physician(s) and/or surgeon(s) have recommended the following procedure:

Laparoscopic cholecystectomy

Upon your authorization and consent, this operation or procedure, together with any different or further procedures which in the opinion of the supervising physician may be indicated due to any emergency, will be performed on you. The operations or procedures will be performed by the supervising physician named above (or in the event physician is unable to perform or complete the procedure, a qualified substitute supervising physician), together with associates and assistants, including anesthesiologist, pathologists and radiologists from the medical staff of Renown Regional Medical Center to whom the supervising physician may assign designated responsibilities. The person in attendance for the purpose of performing specialized medical services such as anesthesia, radiology, pathology or specialized equipment representatives are not agents, servants, or employees of the hospital or your supervising physician. They are independent contractors and therefore are your agents, servants, or employees.

4. If your physician determines that there is a reasonable possibility that you may need a blood transfusion as a result of the surgery or procedure to which you are consenting, your physician will inform you of this and will provide you with information regarding blood transfusions. This information concerns the benefits and risks of the various options for blood transfusions, including pre-donation by yourself or others. You should understand that transfusions of blood or blood product(s) involve certain risks, including the transmission of disease such as hepatitis or Human Immunodeficiency Virus (HIV) and that you have the right to consent or refuse consent to any transfusion. You should discuss any questions that you may have about transfusions with your physician. Your signature on this form indicates consent for transfusion.

5. By your signature below you authorize the pathologist to use his or her discretion to retain, preserve, use, or dispose of any tissues, organ or medical devices that may be removed during the operation or procedure. I understand that such tissue or organs may be used for research; and such tissue research will provide no direct benefit to me. Your name and other confidential information will not be released to outside researchers without first obtaining your consent.

6. To make sure that you fully understand the operation or procedure, your physician will fully explain the operation or procedure to you before you decide whether or not to give consent. If you have any questions, you are encouraged and expected to ask them.

7 Your signature on this form indicates that: (1) you have read and understand the information provided on this form. (2) The operation or procedure set forth above has been adequately explained to you by your physician. (3) You have had a chance to ask questions, (4) you have received all of the information you desire concerning the operation or procedure, and (5) you authorize and consent to the performance of the operation or procedure.

8 Renown Health is a teaching institution. As part of their medical education, resident physicians and medical students, in conjunction with members of the medical staff may participate in or observe a significant portion of the operation/procedure/care of the patient while under the supervision of the attending physician. Resident physicians and medical students in all areas of healthcare may be involved in providing or observing a patient's care under appropriate supervision. You have the right to refuse to participate in the cooperative medical education program with the University of Nevada, School of Medicine and Renown Health programs. I/We acknowledge that by signing this agreement, I/we consent to appropriately supervised individual participation in the operation/procedure/care of the patient. Refusal to participate will not result in any penalty or loss of care to which you are entitled.

9 I/We consent to visual recording or pictures of medical or surgical procedures and further consent to their use for scientific research or teaching purposes with appropriate safeguards to ensure patient confidentiality.

10 I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT IN ITS ENTIRETY AND THAT I UNDERSTAND IT, and that all blank spaces have been either completed or crossed off prior to my signing.

11 I authorize the administration to myself/the patient of Sedation/Analgesia or local anesthetic in connection with the procedure(s) described above. (In the event a general, regional, or local standby anesthetic is to be administered, the patient is to sign the Consent to Anesthesia form.)
CROSS OUT AND INITIAL ANY OF THE ABOVE PARAGRAPHS WHICH DO NOT APPLY

Date 8/15/12 Time 1955 AM/PM

Signature of Consenting Party

Signature of Legally Authorized Representative

Signature of Witness

Physician Use Only
- ✓ Procedure, benefits, alternatives and risks explained to patient
- ✓ Acceptable candidate for sedation/analgesia
- ✓ Benefits, alternatives, and risks of sedation/analgesia explained to patient
- ✓ Patient accepts all risks as explained

Physician Signature

Date 8/29/12 Time 12 PM AM/PM

For Medical Emergency Cases:
N.R.S.41A. 120–"Competent medical judgment indicates the proposed medical or surgical procedure is reasonably necessary and any delay in performing such procedures could reasonably be expected to result in death, disfigurement, impairment of faculties, or serious bodily harm, and a person otherwise authorized to give consent is not available."

Reason:_____

_____

Date: ___/___/_____ Time:_____

_____
Signature of Physician Signifying Necessity

_____
Signature of Physician Agreeing with Necessity

Consent for Surgical Procedure

Patient MRN

3305354

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received the attached Notice of Privacy Practices of Renown Health.

Signature of Patient or Personal Representative* *Relationship to Patient

Daniel DeMaranville 9-2-12

Print Name Date

FOR RENOWN USE ONLY

Reason acknowledgement was not obtained:

Renown employee completing this form: _____ (Print Name)

Date: _____, 20___.

Renown entity: _____

M- DEMARANVILLE,DANIEL EUGE*
HAR: 2446917 MR: 3305354
DOB: 10/4/1934 ADM: 8/5/2012
D GOMEZ, MYRON J
8501392300

Renown HEALTH

ADMITTING FORM
(Admitting Department to complete if able)
HEALTHCARE WORKER EXPOSURE

CONSENT TO TEST IN THE EVENT OF HEALTHCARE WORKER EXPOSURE

I have been informed that if a healthcare worker involved in my care and treatment becomes exposed to certain bodily fluids resulting in the possibility of transmission of a blood-born disease, my blood will be tested in order to detect whether or not I have antibodies to the Human Immunodeficiency Virus (HIV). This is the causative agent of Acquired Immune Deficiency Syndrome (AIDS). I understand that the test is performed by withdrawing blood and using a substance to test the blood. I also understand that there will be NO CHARGE for the performance of this test. I am encouraged to ask my treating physician any questions regarding the nature of the blood test, its risks, and alternate test, before the test takes place. I understand that the result of this blood test will only be made available to the EMPLOYEE HEALTH DEPARTMENT for employee follow-up and to my treating physician and will be kept strictly confidential. I understand that I may request the result of the test from my treating physician. I also have been informed that a positive blood test result does not mean that I have AIDS and in order to diagnose AIDS other means must be used in conjunction with the blood test. By my signature below:

☑ I acknowledge that I have given consent for the performance of a blood test to detect antibodies to HIV.

☐ I refuse to give permission to have the performance of a blood test to detect antibodies to the HIV.

Signature of Patient/Patient Representative/Legal Guardian

Signature of Witness

8 . 2 . 12
Date

14:48
Time

AM PM (circle one)

To be filed under Administrative Tab in the patient's chart.

Regional Medical Center 775-982-4100 | South Meadows Medical Center 775-982-7000 | Rehabilitation Hospital 775-348-3300

ADVANCE DIRECTIVE QUESTIONNAIRE
CONSENT TO TEST IN THE EVENT OF HEALTHCARE WORKER EXPOSURE
SAFEKEEPING FORM

Patient Identification:
M - CEMARAINVILLE,DANIEL EUGE*
CSN: 8501392300 MR: 3305354
DOB: 10/4/1974 ADM: 8/5/2012
GOMEZ, HYRON J

8501392300

RENOWN HEALTH

CONDITIONS OF ADMISSION AND/OR TREATMENT AT RENOWN HEALTH

PLEASE CHECK APPROPRIATE LOCATION

- [ ] RENOWN REGIONAL MEDICAL CENTER
- [ ] RENOWN SOUTH MEADOWS MEDICAL CENTER
- [ ] RENOWN REHABILITATION HOSPITAL

CONSENT TO TREATMENT: I hereby consent to and authorize such treatment as prescribed and explained to me by the attending physician(s) and, if applicable, such treatment as may be prescribed by any other physicians including, but not limited to, Emergency Room and Clinic Physicians. I further consent to and authorize such laboratory tests and procedures, x-rays, examinations and other routine Hospital services as are deemed necessary by the attending physician and other authorized providers. I understand that it is not possible to make guarantees concerning the results of any examination or major treatments or procedures. I have been advised that absent emergency or other extraordinary circumstances, I will have the opportunity to discuss any treatments or procedure(s) and refuse consent if I do not wish to proceed with such course of treatment or procedure. I understand that my attending physician may be accompanied and/or assisted by medical students, interns and residents during my care. I consent to the presence and/or participation in my treatment by these persons while under the direction or supervision of the attending or other authorized physician.

RELEASE OF INFORMATION: I understand that my medical information will be disclosed to other physicians and medical facilities to aid in my continuing care. I further understand that the Hospital, provider based physicians, any attending or consulting physicians, and any other healthcare providers providing medical services to me, may secure verifications of employment and benefits and release to or receive from third party payers, health insurance plans, employers or worker's compensation carriers all medical and billing records in order to obtain payment for services rendered to me, including those records pertaining to treatment for drug and alcohol abuse, sexually transmitted and other communicable diseases, HIV and psychiatric care. I also authorize the Hospital to inspect or obtain copies of any law enforcement agency reports related to any medical condition for which I seek services at the Hospital to facilitate Hospital obtaining payment for such services. I consent to the disclosure and use of my medical information in conformance with federal privacy law.

POLICY ON DRUGS AND PRESCRIPTIONS: I understand that Hospital policy prohibits me from keeping medications in my possession after admission and the Hospital has encouraged me to refrain from bringing personal medications into the Hospital. I understand that personal medications may be confiscated and sent to the Hospital pharmacy for safekeeping during my stay. I also understand that I am expected to have any discharge prescriptions filled at the pharmacy of my choice. Discharge prescriptions are filled at the Hospital inpatient pharmacy on an exception basis only.

PERSONAL VALUABLES: I understand that I am responsible for all of my personal effects including but not limited to personal grooming article, jewelry, clothing, documents, medications, eye glasses, hearing aids, dentures and other prosthetic devices. It is understood that the Hospital provides safekeeping for the patient valuables and that any valuables I retain including cash and credit cards are retained at my own risk.

HOSPITAL CHARGES: I understand that I will receive emergency medical treatment regardless of my ability to pay at the time of treatment. I further understand that charges for Hospital services provided to me for which I do not have insurance are payable in full at presentation of the bill unless application is made in writing for time payment arrangements. I accept full responsibility for all Hospital charges. If the Hospital refers my account to an attorney or collection agency for collection, I will be responsible for any reasonable attorney's fees and collection expenses incurred by the Hospital including interest at the applicable statutory rate.

ASSIGNMENT OF INSURANCE BENEFITS: I authorize direct payment to the Hospital and other health care providers of any benefits to which I am entitled arising out of any policy of insurance or government program including but not limited to health care benefits worker's compensation coverage benefits and medical payments coverage benefits for services provided to me at the Hospital including emergency services hospitalization and outpatient services. I understand that I am responsible for any charges not paid pursuant to this authorization and/or other contractual agreements. For my convenience I intend that this signed form will serve as a single assignment of benefits and authorization to bill for all parties providing care to me.

HEALTH PLAN OBLIGATION: I understand that the Hospital maintains contracts with various health plans and government programs. I understand that I am responsible for determining whether my health plan or government program contracts with the Hospital for the services I will be provided. I also understand that I am responsible for ensuring that appropriate authorizations have been received and/or notifications given as required by my health plan. I also understand that I am obligated individually to pay any applicable copays, deductibles or any other amounts as well as any charges for services rendered to me to the extent that those services are not covered by a contract between the Hospital and my health plan or government program.

HOSPITAL LIEN: I understand that NRS 108.630 et seq. allows the Hospital to assert a lien upon any sums that I may receive by judgment compromise and settlement or otherwise with a person or entity responsible for causing me injuries for which the Hospital has rendered care and/or treatment.

Patient Initials

PHYSICIANS ARE INDEPENDENT CONTRACTORS: I understand that the physicians and surgeons furnishing services to me in the Hospital including, but not limited to, anesthesiologists, emergency physicians, pathologists and radiologists are independent contractors who are permitted to use the Hospital's facilities for the care and treatment of their patients. Physicians and surgeons are not agents of the Hospital. I understand that I may receive a separate bill from these physicians for their services.

[illegible]

Patient Signature | Date/Time | Patient's Agent or Representative | Date/Time

Witness | Date/Time

5501092300

Renown Regional Medical Center 775-982-4100
Renown South Meadows Medical Center 775-982-7000
Renown Rehabilitation Hospital 775-982-3600

Patient Identification
M - DEGRAMVILLE,CANIEL ELOS*
DOB: 1/24/1991 ADM: 2/5/2017
GOMEZ, MARON J

History and Physical

Patient Name:	Daniel Demaranville	Create Date:	August 2, 2012
Patient ID:	148884		
Sex:	Male		
Birthdate:	October 4, 1934		

Chief Complaint

- "I have pain after I eat"

History Of Present Illness

The patient is a 77 year old White male seen in surgical consultation for John F. Gray MD and Kathleen E. Lydon APNP for biliary dyskinesia.

He states the current symptoms are pain, nausea with vomiting, constipation and reflux that have been present for 2+ months. He complains of a moderate degree of pain which has increased , and is localized to the RUQ , epigastric region, LUQ , sternum, and has radiation through to the back. The patient relates nausea and vomiting with eating. He denies fever, chills, diarrhea, and jaundice.

Diagnostic Studies:
Recently, all laboratory tests were within normal limits. The current radiology workup includes a Hepatobiliary Scan with CCK and MRI . CCK stimulation revealed an ejection fraction of 22 %. The MRI revealed hepatic cysts and was negative for cholelithiasis or choledocholithiasis.

Past Medical History

Disease Name	Date Onset	Notes
Alcohol dependence, continuous	--	--
Back Pain	--	--
Benign Prostatic Hypertrophy	--	--
Depressive Disorder	--	--
Gastritis	6/2012	moderate, ulcerative
Hiatal hernia	--	--
Hypertension	--	--
Left Inguinal Hernia	pre-teens	--
Liver cysts	--	septated
Osteoarthrosis	--	--

Past Surgical History

Procedure Name	Date	Notes
Appendectomy	childhood	--
Back surgery	1971-current	lumbar, x6
EGD	6/2012	--
Inguinal hernia repair, left	pre-teens	--
Tonsillectomy	childhood	--

Medication List

Name	Date Started	Instructions
citalopram Oral Tablet 20 mg		take 1 tablet (20 mg) by oral route once daily
doxazosin Oral Tablet 2 mg		take 1 tablet (2 mg) by oral route once daily
hyoscyamine sulfate Oral Tablet 0.125 mg		--
omeprazole Oral Capsule, Delayed Release(E.C.) 20 mg		take 1 capsule (20 mg) by oral route once daily before a meal
ranitidine HCl Oral Capsule 300 mg		take 1 capsule (300 mg) by oral route once daily at bedtime
Viagra Oral Tablet 100 mg		take 1 tablet (100 mg) by oral route once daily as needed approximately 1 hour before sexual activity

[Digital Signature Validated]

Allergy List

Allergen Name	Date	Reaction	Notes
PENICILLINS	--	swelling	-

Family Medical History

Disease Name	Relative/Age	Notes
Family History: Arthritis	/ Mother/	-

Social History

Finding	Status	Start/Stop	Quantity	Notes
Alcohol	Current every day	-/-	1-2/day	-
Drug Use	Never	-/-	-	-
Law Enforcement	-	-/-	-	-
Married	-	-/-	-	-
Patient Declines Flu Vaccinations	-	-/-	-	-
Tobacco	Former	15/74	1 ppd	-

Review of Systems

Constitutional
- **Denies** : fever, chills

Eyes
- **Denies** : changes in vision, blurred vision, impaired vision, double vision

HENT
- **Denies** : chronic sinus problems

Cardiovascular
- **Admits** : chest pain
- **Denies** : cardiac murmurs, irregular heart beats

Respiratory
- **Admits** : shortness of breath
- **Denies** : wheezing, cough

Gastrointestinal
- **Admits** : nausea, vomiting, constipation
- **Denies** : diarrhea, jaundice, blood in stools

Genitourinary
- **Denies** : urgency, frequency, dysuria, nocturia, hematuria, change in urine color, difficulty voiding

Integument
- **Denies** : rash, itching, new skin lesions

Neurologic
- **Denies** : tingling or numbness, muscular weakness, incoordination, seizures

Musculoskeletal
- **Admits** : back pain

Endocrine
- **Denies** : cold intolerance, heat intolerance, weight gain, weight loss

Psychiatric
- **Admits** : depression
- **Denies** : anxiety

Vitals

Date	Time	BP	Position	Site	L\R	Cuff Size	HR	RR	TEMP(°F)	WT	HT	BMI kg/m^2	BSA m^2	O2 Sat	HC
08/02/2012	01:15 PM	98/60	Sitting				76 - R			202lbs 0oz	5' 11"	28.17	2.14		

Physical Examination

Constitutional
- **Appearance** : Well nourished, Normal body habitus

[Digital Signature Validated]

Eyes
- **Sclera** : Sclera white,

Neck
- **Inspection and Palpation** : normal appearance, no adenopathy
- **Thyroid** : Non-Tender. No Nodules

Chest
- **Inspection of Chest** : No Chest Deformity
- **Respiratory Effort** : Breathing unlabored

Cardiovascular
- **Heart** : Regular Rhythm and Rate
- **Peripheral Vascular System** :
  - **Carotid Arteries** : NO BRUITS
  - **Palmar Arteries** : Radial pulses Present
  - **Peripheral Circulation** : Capillary refill adequate

Gastrointestinal
- **Abdominal Exam** : Abdomen Non-tender, *moderate abdominal obesity*, no masses present

Lymphatic
- **Neck** : No Cervical Adenopathy

Skin
- **General Inspection** : Skin warm and dry

Neurologic and Psychiatric
- **Mental Status** :
  - **Mood and Affect** : Normal mood , normal affect
- **Gait and Station** : Able to stand without difficulty
- **Coordination** : Motor grossly symetrical

Assessment

- Biliary Dyskinesia 575.8
  reduced ejection fraction
  progressive biliary colic
- Alcohol dependence, continuous 303.91
  Still uses alcohol but reduced intake to several drinks per day
- Hiatal hernia 553.3
- Hypertension 401.9
- Liver cysts 573.8
- Benign Prostatic Hypertrophy 600.00
- Depressive Disorder 311

Plan

Orders
- CMP (80053) - - 08/02/2012
- CBC (automated, with hemogram and platelets) (85027) - - 08/02/2012
- INR (99363) - - 08/02/2012
- Prothrombin time; (85610) - - 08/02/2012
- PTT (85730) - - 08/02/2012
- Laparoscopic Cholecystectomy (47562) - - 08/05/2012

Instructions
- DISCUSSION:
- The patient has symptomatic gallbladder disease that I have recommended cholecystectomy. I have discussed the diagnosis, indications for removal of the gallbladder along with the risks and benefits of the surgery. Short term and long-term complications were discussed including post-cholecystectomy syndrome. Ample time was given to answer all questions. Verbal and written permission was obtained.
- PLAN:
- Handouts were reviewed with the patient.

Electronically Signed by: Myron J. Gomez, MD -Author on August 7, 2012 10:34:39 PM

[Digital Signature Validated]

3405354 DEGRAMMAGE, DANTE PETER 02-Aug-2012 15:20:31

DOB: 04-Dec-1934 77 Years Male Race: Other Date: EKG Clerks

Dept: ED

Room: ED

Unit: ED

Ht 53 " BPM UNCONFIRMED

RIGHT BUNDLE BRANCH BLOCK

PR 152

QRSD 110

QT 434

QTc 417

-- RECH --

P 48

RAS -155

T 91

- ABNORMAL ECG -

Electronically signed by Chad Bashen M.D. 01-Aug-2012 17:33:27

Unconfirmed By: Smith, Adam

Order #: 2013043

Ins ID: 3501352300

Location: Floor

Technician: 12

Speed: 25 mm/sec Amp: 10 mm/mV Chest: 10 mm/mV

Informed Consent & Consent For Anesthesia Services

I hereby request and authorize:

Associated Anesthesiologists of Reno: Doctors: Ellero, McCarroll, H. Buehler, C. Buehler, Hayless, D. Bilthuz, Eby, Clan, Draper, English, Fletcher, Sorensen, Hicks, Hoberg, Idler, Lasko, Marshall, Mock, Smith, Van Antwerp, Vandelin, Wong, Markin, Browne, Curry, Ellis, Parthill, Dubois, Wark, Hansen, Heck, Moody, Fraiz, B. Brewer, Dwinell, Burton, Stites, Yuedani,Mason

Sierra Anesthesia: Doctors Glass, Hills, Allen, Hutchens, Juarez, Kasprzak, Mailander, Ficcui, Rinehart, Russell, Bleyberg, Gevedon, Mckee, Knuthsen, Nuter, Coggeshall, Metcalf, Tiller, J.Chen, Shukla, Hubbard, Kang, Rahimzadeh, Winthrop,D.Kang,

Independent doctors: Hewton, G. Matsumura, J. Matsumura, Hasfarther, C. Kang, and such other doctor(s) or person(s) he may designate as his assistant(s) to administer anesthesia to me.

I understand that anesthesia services are needed so that my doctor can perform the operation or procedure.

It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. **ALTHOUGH RARE, SEVERE UNEXPECTED COMPLICATIONS CAN OCCUR WITH EACH TYPE OF ANESTHESIA, INCLUDING THE POSSIBILITY OF INFECTION, BLEEDING, DRUG REACTIONS, BLOOD CLOTS, LOSS OF SENSATION, LOSS OF VISION, LOSS OF LIMB FUNCTION, PARALYSIS, STROKE, BRAIN DAMAGE, HEART ATTACK OR DEATH.**

I understand that these risks apply to ALL forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia.

I understand that the type(s) of anesthesia service checked below will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure my doctor is to do, his or her preference, as well as my own desire.

It has been explained to me that sometimes an anesthesia technique that involves the use of local anesthetics, with or without sedation, may or may not succeed completely and, therefore, another technique may have to be used including general anesthesia.

☑ General Anesthesia	Expected Result	Total unconscious state, possible placement of a tube into the windpipe.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes.
	Risks (include but not limited to)	Mouth or throat pain, hoarseness, injury to mouth or teeth, unawareness under anesthesia, injury to blood vessels, vomiting, aspiration, pneumonia.
☐ Spinal or Epidural Analgesia/Anesthesia	Expected Result	Temporary decreased or loss of feeling and/or movement to lower part of the body.
	Technique	Drug injected through a needle/catheter placed either directly into the fluid of the spinal canal or immediately outside the spinal canal.
	Risks (include but not limited to)	Headache, backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels, "total spinal."
☐ Major/Minor Nerve Block	Expected Result	Temporary loss of feeling and/or movement of a specific limb or area.
	Technique	Drug injected near nerves providing loss of sensation to the area of the operation.
	Risks (include but not limited to)	Infection, convulsions, weakness, persistent numbness, residual pain requiring additional anesthesia, injury to blood vessels, failed block.
☐ Intravenous Regional Anesthesia	Expected Result	Temporary loss of feeling and/or movement of a limb.
	Technique	Drug injected into veins of arm of leg while using a tourniquet.
	Risks (include but not limited to)	Infection, convulsions, persistent numbness, residual pain, injury to blood vessels.
☐ Monitored Anesthesia Care	Expected Result	Reduced anxiety and pain, partial or total amnesia.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes, producing a semi-conscious state.
	Risks (include but not limited to)	An unconscious state, depressed breathing, injury to blood vessels.

Informed Consent & Consent For Anesthesia Services

I understand the importance of providing my health care providers with a complete medical history, including the need to disclose any medications that I am taking, both prescription and over the counter.

I also understand that my use of HERBAL REMEDIES, ALCOHOL OR ANY TYPE OF ILLEGAL DRUG may give rise to serious complications and must be disclosed.

I further understand that I should also disclose any complications that arose from past anesthetics.

I acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected results of the anesthesia service and that I had ample time to ask questions and to consider my decisions.

Anesthesiologist Signature — Date/Time: 8/5/12

Patient/Parent/Guardian/Partner Signature — Date/Time — Relationship to Patient

Renown HEALTH

RENOWN REGIONAL MEDICAL CENTER		Admit Date/Time:	8/5/2012 0916
Patient Name:	DEMARANVILLE,DANIEL EUGE*	Discharge Date/Time:	8/5/2012 1918
		Hospital Account #:	2446917
Private Encounter:	No	MRN:	3305354
		CSN:	8501392300

ENCOUNTER

Patient Class:	INPATIENT	Unit:	SRG PACU TAHOE
Hospital Service:	SURGICAL	Room:	TPACUPOOL Bed: NONE
Admitting Provider:	GOMEZ, MYRON J	Admit Diagnosis:	BILIARY DYSKINESIA, CHRO*
Attending Provider:		PCP:	HASTINGS,DULYNN, M.D.
Referring Provider:	No ref. provider found	Chief Complaint	

PATIENT

Name:	DEMARANVILLE,DANIEL EUGE*	DOB:	10/4/1934	Age:	77 Y
Address:	PO BOX 261 VERDI NV 89439	Marital Status	MARRIED	Sex	Male
		Home Phone:	775-345-6530		
Race:	WHITE REL: NONE	Mobile Phone:	775-233-4102		
Ethnicity:	Non-Hispanic [1]	Interpreter Needed:	No		
Primary Language:	ENGLISH	Emplymnt Status:	Full Time		
Employer:	Akal Security	SSN:			
Employer Address:	400 SO VIRGINIA	Occupation:	Court Security Officer		

EMERGENCY CONTACTS

Name:	DEMARANVILLE,LAURA	Name:	*NO CONTACT SPECIFIED*		
Address:	PO BOX 261 VERDI, NV 89439	Address:			
Home Phone:	775-345-6530	Home Phone:			
Work Phone:	Mobile Phone: 775-843-8815	Work Phone:		Mobile Phone:	775-843-8815
Primary Phone?:		Primary Phone?:			
Relation:	Spouse	Relation:			

GUARANTOR

Name:	DEMARANVILLE,DANIEL EUGENE	DOB:	10/4/1934	Sex	Male
Address:	PO BOX 261 VERDI NV 89439	Relation:	Self		
		Home Phone:	775-345-6530		
Employer:	Akal Security	Other Phone:	775-686-5973		
Employer Addr:	RENO NV 89501	Emplymnt Status:	Full Time		
		Occupation:	COURT SECURITY OFFICER		

IF ACCIDENT RELATED: DATE OF INJURY: CLAIM ID:

COVERAGE

Primary:	MEDICARE	FC:	Medicare
Insurance Addr:	PALMETTO/GBA J1 MAC, PO BOX 1051 AUGUSTA, GA 30903-1051	Subscriber Id:	
		Group:	
Insurance Phone:	877-908-8431	Subscriber Name:	DEMARANVILLE,DANIEL EUGENE
Relation:	Self	Subscriber DOB:	10/04/1934
Subscriber Emplyr:	OTHER-AKAL SECURITY	Emplymnt Status:	Full Time
Secondary:		FC:	
Insurance Addr:		Subscriber Id:	
		Group:	
Insurance Phone:		Subscriber Name:	
Relation:		Subscriber DOB:	
Subscriber Emplyr:		Emplymnt Status:	

8501392300

Date 08/05/12

Time Event Recognized 1903 Location IT PACU Witnessed: ☑ Yes ☐ No Code Blue Team Activated: ☐ Yes ☑ No Time _____

Illness Category: ☐ Medical Cardiac ☐ Trauma ☐ Medical Non-cardiac ☐ Obstetric ☐ Surgical Cardiac ☒ Surgical Non-cardiac

Condition when need for compressions/defibrillation was identified: ☒ Pulseless ☐ Pulse(poor perfusion)
Did patient with pulse requiring compressions become pulseless: ☐ Yes ☐ No
Conscious at onset: ☐ Yes ☒ No Monitoring at onset: ☒ ECG ☒ Pulse Oximeter ☐ Apnea

Airway/Ventilation

Breathing: ☐ Spontaneous ☒ Apneic ☐ Agonal ☐ Assisted
Time of First Assisted Ventilation: 1909
Ventilation: ☒ Bag-Valve-Mask ☐ Endotracheal Tube ☐ Tracheostomy ☐ Other _____

Intubation: Time 1910 Size 8.5 By whom Dr. Ellis
Confirmation: ☐ Auscultation ☒ Exhaled CO_2 ☐ Other _____

Circulation

1st Rhythm requiring compressions: PEA
Compressions: ☐ None ☒ Manual ☐ Device: _____
Time chest compressions started: 1908

Monitor/Defibrillator Type: ☐ Monophasic ☒ Biphasic ☐ AED

Time Applied: 1909

Conclusion

Time Resuscitation Ended: 1918
Reason:
☐ Survived-Return of Circulation (ROC) >20 min
☒ Died- Medical Futility
☐ Died- Advance Directives
☐ Died- Restrictions by Family

Time	Breathing		Pulse		BP	RHYTHM	Defibrillator Joules	O_2 Saturation	Atropine Mg/Route IV	Epinephrine Mg/Route IV	Lidocaine Mg/Route IV	Vasopressin Units/Route IV	Amiodarone Mg/Route IV			Dopamine Mcg/Kg/Min	Dobutamine Mcg/Kg/Min	Epinephrine Mcg/Kg/Min	Norepinephrine Mcg/Min	Comments: Line placement, IO, Chest tube, Response to interventions, other Medications
	Spontaneous Rate	Assisted Rate with BV	Spontaneous Rate	Compressions Rate																
1908	0	✓	30	—	46/30	Brady/PEA		64												
1909		✓		100		PEA														
1911																				
1912										1mg										
1913									1mg											
1914										1mg										
1915						PEA			1mg	1mg										
1918						Asystole														1 Amp NaHCO3 IV ECHO done

Recorder R Altenburger RN ID# 19543
RN Team Leader _____ ID# _____
Respiratory _____ ID# _____
Pharmacia _____ ID# _____
Physician Dr. Ellis Print

Dr. Cuevas
Dr. Backhaus

Renown Logo

Patient Address/stph

M - DEMARANVILLE,DANIEL EUGE
HAR: 2448917 MR: 3306354
DOB: 10/4/1934 ADM: 8/5/2012
GOMEZ, MYRON J
8501392300

File Original Under Progress Notes — Yellow Copy to Nursing Office Mail Stop L-12 — **Code Blue Record** — Modified from American Heart Associations' NRCPR

Revised 3/26/2010

PREOPERATIVE

Wt: ______ kg
BMI: ______
Ht: ______ cm
Anesthesia Time Out
☑ NPO
☑ Patient ID
☑ Chart Reviewed
☑ Equip. checked
☑ Site Verified
Initials: TAE

History: HTN, GERD, ARTHRITIS

Rx: Zantac, Celexa, Cardura, Metoprolol, Levsin, Prilosec

Review of Labs: ☑ Yes
Allergy: PCN, Codeine
Upper Respir ☐ nl Describe:
Heart: ☑ Regular rate and rhythm Describe:
Lungs: ☑ Clear Describe:
ASA Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ E
Class 1 (2) 3 4
Plan: ☑ General Anesthesia ☐ Regional Anesthesia ☐ Local anesthesia infiltration with IV sedation & monitored anesthesia care
Physician Signature: [signature] Time of Preop Assessment: 1200

AGENTS	30	45	1500	15	30	45	1600
H_2O / Air (L/min)	∅					∅	
Des Iso Sev %	∅	7.0	7.0	7.0	7.0	∅	
O_2 L/m	8					8	
Propofol	200						
Fentanyl	175	175					
Rocuronium	50						
Zofran				4			
Morphine			10				
Ephedrine			10				
T°	37	37	35	34.5	34.5	34.5	
ECG	NSR	NSR	NSR	NSR	NSR	NSR	
O_2 Sat	100	100	98	98	98	99	
ETCO2	41	34	36	37	37	42	
F.R.	100	44	43	43	43	90	

MONITORS: ☑ NIBP ☑ Agent ☑ Pulse St. ☑ EKG ☑ ETCO2

AIRWAY: ☑ Pre O2 ☑ Mask ☑ Oral Airway ☐ Nasal Airway ☐ LMA ☑ Oral ET ☐ Nasal ET LR ☑ Cuff ☐ Trach
Size 7.0
Blade: Miller 2
Grade I
V. 594
Rate 8 /min
P 16 P ∅

REMARKS: Antacid just before induction ☑
☐ Intentional Hypothermia

① Pt identified, interviewed, chart reviewed. Plan was confirmed c̄ pt 1200
② IV in place.
③ Pt to OR, monitors placed. Pt preoxygenated.
③ IV induction. ETT easily placed ⊕BS ⊕ETCO$_2$ ETT secured Eyes taped. Pt positioned padded
④ Spont. Vent. awake. Good head lift. Extubated Pt to recovery VSS Report given.

HR-106 T-97.5 BP-105/71
SAT-95? RR-16

Fluid Totals UO 15
IN 1800 EBL <100

IV
Site: (L) (R)
Gauge: 18G

PROTECTION: Eyes ☑ Tape ☐ Oint ☑ Limbs Pads ☑ ☑ ☐ Axillary Pad ☐ Foley
TOURNIQUET: ☐ LUE ☐ LLE ☐ RUE ☐ RLE Setting mmHg

POSITION: ☑ Supine ☐ Prone ☐ RLD ☐ LLD ☐ Lithotomy ☐ Lateral ☐ Beach Chair

Post Anesthesia Evaluation

SEE EMR FOR VITAL SIGNS
Patient participated in post-anesthesia evaluation: ☑ yes ☐ no
If no, explain ______ (e.g., Intubated / unconscious)
☑ Neuro status baseline   Pain score: ______
☑ No nausea/vomiting   ☑ Adequate hydration
☑ No special follow-up required
Physician Signature: [signature]

PACU/ICU ARRIVAL / TRANSFER STATUS
☐ Alert ☑ Arousable ☐ Sedated
☑ Airway good   SEE EMR FOR VITAL SIGNS
Anesthesia Start 1214 | In PACU | Anesthesia End 1347

PREOP MEDS: Scopolamine ☑ Given ☐ Not Indicated ☐ Antibiotics not Indicated ☐ Already on antibiotics
Vancomycin ______ @ NAVPS @ ______ (Time)
Cefazolin ______ 2 @ NAVPS @ 1342 (Time)
Midazolam ______ mg NAVPS @ ______ (Time)
Metoprolol 5mg @ NAVPS @ ______ (Time)

Procedure: Lap Chole
Surgeon: Gomez MD
Anesthesiologist: Ellis MD 8-5-12

Renown HEALTH
ANESTHESIA RECORD

M- DEMARANVILLE, DANIEL EUGE
HAR: 2446917 MR: 3305354
DOB: 10/1/193? ADM: 8/5/2012
GOMEZ, MYRON J
8501392330

ANESTHESIA POST-OP ORDERS

*IV LR ☒ D_5LR ☐ NS ☐ D_5/0.45NS ☐ 50ml/hr ☐ 100 ml/hr ☐

*Routine monitoring per PACU protocol. Additional to include: _____

*O_2 via nasal cannula at 2-5 liters per minute or O_2 via face mask at 8-10 liters per minute until awake to maintain SA O_2 >90%

*Warming therapy if temperature <96.8°F (36°C)

*Titrate narcotics to level of pain relief and vital signs.

ADULT MEDICATIONS

*Fentanyl 12.5 mcg ☐ 25 mcg ☒ 50 mcg ☐ for immediate analgesia as needed for mild to moderate pain IV q 5 min PRN up to 250 mcg or _____ mcg and hold if respiratory rate <8 breaths per min.

MAY SELECT ONLY ONE IV PAIN RELIEF:

Meperidine 12.5 mg ☐ 25 mg ☒ for severe pain IV q 5 minutes PRN pain up to 200 mg or _____ mg and hold if respiratory rate <8 breaths per min.

OR

Morphine 1 mg ☐ 2 mg ☐ for severe pain IV q 5 min PRN pain up to 20 mg or _____ mg and hold for respiratory rate < _____ breaths per min.

OR

Hydromorphone 0.25 mg ☐ 0.5 mg ☐ for severe pain IV q 5 min. PRN pain up to 4 mg or _____ mg and hold for respiratory rate < _____ breaths per min.

Ketorolac 15 mg ☐ 30 mg ☐ 60 mg ☐ IM ☐ IV ☐ PRN mild to moderate pain x1

Hydrocodone w/APAP 7.5/500, 15ml po q.4 hr PRN mild pain, or 30ml po q 4 hr PRN moderate pain ☐
Oxycodone w/APAP 5/325, 5ml po q4 hr PRN moderate pain, or 10ml po q4 hr PRN severe pain ☐

Meperidine 12.5 mg ☐ 25 mg ☐ IV PRN SHIVERING. Hold if respiratory rate <_____ breaths per min. (Max 50mg)

Metoclopramide 10 mg IV x1 PRN nausea ☒
OR
Ondansetron 4 mg IV PRN nausea x1 ☒
Ondansetron 2 mg IV PRN vomiting rescue x1 ☐
Promethazine 6.25mg IV Q 10min x 4 PRN nausea ☐

Ephedrine 25 mg ☐ Vistaril 25 mg ☐ IM PRN x1 prior to discharge for persistent lightheadedness and/or nausea ☐

Metoprolol 1mg IV prn Heart Rate > 90 Q 5min Max 5mg ☐ (hold if SBP < 100)

PEDIATRIC MEDICATIONS

Acetaminophen per age or weight protocol ☐
Fentanyl 0.5 mcg/kg IV q 5 min PRN for immediate analgesia as needed for moderate pain. ☐
MAY CHOOSE ONLY ONE FOR IV PAIN RELIEF:
Demerol 0.2 mg/kg IV q 5 min PRN moderate pain, or 0.4 mg/kg IV q 5 min PRN severe pain. ☐
OR
Morphine 0.02 mg/kg IV q 5 min PRN moderate pain or 0.04 mg/kg IV q 5 min PRN severe pain. ☐
Hydrocodone w/ APAP 7.5/500 0.2 mg/kg po q 4 hours PRN pain. ☐
Ondansetron 0.15 mg/kg IV PRN nausea x1 ☐

EMERGENCY ORDERS

Follow ACLS protocol for respiratory and/or cardiac emergencies.
Give Naloxone 0.1 mg IV for respiratory rate <6/minute. May repeat q 3 min up to 0.4 mg. Notify Anesthesiologist.
Glycopyrolate 0.2 mg IV PRN for heart rate < 40 bpm. May repeat q 5 min up to 0.6 mg. Notify Anesthesiologist.
Notify Anesthesiologist at 732 308-2080 for any questions or problems with patient care.
Back up call 348-1900

Physician Signature: _____ MD Date: 12-5-12 Time: 12/4/2012 7:44 PM

IMMEDIATE POST-OPERATIVE NOTE

PLEASE COMPLETE ALL ELEMENTS OF THIS *REQUIRED* FORM IMMEDIATELY FOLLOWING THE COMPLETION OF ANY INVASIVE PROCEDURE.

Postop Diagnosis: Biliary D

Procedure: Lap Chole

Surgeon: Gomez Assistant(s):

Anesthesiologist: Ellis Type of Anesthesia: Gen

Specimen: GB

Estimated Blood Loss: min

Findings: GB Sludge & duct

TIME: DATE: 10/5/12 SIGNATURE:

Regional Medical Center
775-982-4100

Renown HEALTH

South Meadows Medical Center
775-982-7000

IMMEDIATE POST PROCEDURE NOTE

PATIENT IDENTIFICATION

M- DEMARANVILLE,DANIEL EUGE*
HAR: 2446917 MR: 3305354
DOB: 10/[illegible]/1934 ADM: 8/5/2012
GOMEZ, MYRON J
8501392330

DATE	TIME	ANESTHESIA NOTE
8/5/12	1930	Shortly after arriving in the PACU, the recovery room nurse reported that the pt became hypotensive and tachycardic with SBPs in the 50's and a pulse of 115. Initially the pt was treated c fluid bolus and supportive care. His response to fluid bolus was unsatisfactory. At that point, laboratory work was sent, fluid bolus was continued, and a vasopressor was started to support his decreased blood pressure. I called Dr Gomez and after discussing the situation with him, we elected to obtain a cardiology consult and admit the pt to ICU for continued monitoring. The pt remained tachycardic, but responded to vasopressor. I was called to the pt's bedside @ 1910 for noted hypotension and bradycardia. When I arrived at bedside, the pt was in full arrest with no detectable pulse and a heart rate on the monitors of @ 30's. I immediately started CPR and called a "code". I intubated the pt after passing off the compressions to arriving staff. Adequacy of compressions was verified by feeling a femoral pulse. The pt was treated using epinephrine and atropine without restoration of rhythm or pulse. Cardiology arrived at bedside with transthoracic echocardiogram which demonstrated asystole. The code was called and the pt declared dead.

Daniel C Feinstein

Renown HEALTH

Regional Medical Center
775-982-4100

South Meadows Medical Center
775-982-7000

Rehabilitation Hospital
775-982-3900

Patient Information
M DEMARANVILLE,DANIEL EUGE
MAR: 2146917 MR: 3705354
DOB: 10/4/1934 Acct: 8/5/2012
GOMEZ, MYRON J
2501392350

Progress Notes

CERTIFICATION OF VITAL RECO

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS – RENO, NEVADA

CERTIFICATE OF DEATH

2012012516
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX)		2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
Daniel Eugene	DEMARANVILLE	August 05, 2012	Washoe

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number)	3d. If Hosp. or Inst., indicate DOA, OP, Emer Rm, Inpatient (Specify)	4. SEX
Reno	Renown Regional Medical Center	Inpatient	Male

5. RACE (Specify)	6. Hispanic Origin? Specify - No - Non-Hispanic	7a. AGE-Last Birthday (Years)	7b. UNDER 1 YEAR MOS / DAYS	7c. UNDER 1 DAY HOURS / MINS	8. DATE OF BIRTH (Mo/Day/Yr)
White		77			October 04, 1934

9a. STATE OF BIRTH (If not U.S.A., name country)	9b. CITIZEN OF WHAT COUNTRY	10. EDUCATION	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
Iowa	United States	16	Married	Laura K MOSCONI

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)	14b. KIND OF BUSINESS OR INDUSTRY	Ever in US Armed Forces?
	Detective	Law Enforcement	Yes

If death occurred in institution see hand book regarding completion of residence items

15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Washoe	Reno	363 South Verdi Road	No

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix)	17. MOTHER/PARENT - NAME (First Middle Last Suffix)
Earl Brunson DEMARANVILLE	Waunita REILLY

18a. INFORMANT - NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)
Laura DEMARANVILLE	P.O Box 261 Verdi, Nevada 89439

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY - NAME	19c. LOCATION - City or Town, State
Cremation	Sierra Crematory	Reno Nevada 89503

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE	20c. NAME AND ADDRESS OF FACILITY
BLAKE HOWE SIGNATURE AUTHENTICATED	622	Walton's Funeral Home, Reno 875 West Second St Reno NV 89503

TRADE CALL — TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED
MYRON JAMES GOMEZ M.D.

21b. DATE SIGNED (Mo/Day/Yr)	21c. HOUR OF DEATH
August 07, 2012	19:18

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER OR MEDICAL EXAMINER

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)

22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH

22d. PRONOUNCED DEAD (Mo/Day/Yr) | 22e. PRONOUNCED DEAD AT (Hour)

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)	23b. LICENSE NUMBER
Myron James Gomez M.D. 75 Pringle Way #1002 Reno, NV 89502	5874

REGISTRAR

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)	24c. DEATH DUE TO COMMUNICABLE DISEASE
BRIDGES SANDI SIGNATURE AUTHENTICATED	August 10, 2012	YES ☐ NO ☒

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

		Interval between onset and death
(a)	Cardiac arrest	
	DUE TO, OR AS A CONSEQUENCE OF:	
(b)	Atherosclerotic heart disease	
	DUE TO, OR AS A CONSEQUENCE OF:	
(c)		
	DUE TO, OR AS A CONSEQUENCE OF	
(d)		

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.

26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
No	No

28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED

28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	28g. LOCATION STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REGISTRAR

3667979

VRS-Rev-20120223

000091619 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

08/10/2012 DEPUTY REGISTRAR Lauri P. Isen MD, DrPH, MS SIGNATURE AUTHENTICATED

DATE ISSUED:

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

SEAL OF THE STATE OF NEVADA

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4
PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED

First Name	M.I.	Last Name	Birthdate	Sex	Claim Number (Insurer's Use Only)
Daniel	E.	Demarcaville	10-4-1934	☒ M ☐ F	

Home Address	Age	Height	Weight	Social Security Number
563 S. Verdi Rd.	77	5'11"	218	

City	State	Zip	Telephone
Verdi	NV	89439	(775) 345-6530

Mailing Address	City	State	Zip	Primary Language Spoken
P.O. Box 261	Verdi	NV	89439	English

INSURER	THIRD-PARTY ADMINISTRATOR	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred
		Retired Police Officer

Employer's Name/Company Name	Telephone
City of Reno	

Office Mail Address (Number and Street)				
1 E. 1st Street, Reno, NV 89505				(775) 334-4636

Date of Injury (If applicable)	Hours Injury (If applicable)	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
8-5-2012	am 1918 pm	8-5-2012	n/a.	Retired

Address or Location of Accident (If applicable)
Renown Hospital

What were you doing at the time of the accident? (If applicable)
Recovery

How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)
Massive heart attack after surgery

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?
None at this time

Witnesses to the Accident (If applicable)
Wife (LAURA)

Nature of Injury or Occupational Disease	Part(s) of Body Injured or Affected
Cardiac Arrest	Atherosclerotic Heart Disease

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Date 9-5-2012 Place Home Employee's Signature [signature]

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place In-patient Hospital Name of Facility

Date	Diagnosis and Description of Injury or Occupational Disease	Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident?
8/5/2012	Cholecystitis;	☒ No ☐ Yes (If yes, please explain)
Hour 1918	Myocardial Infarction	

Treatment:	Have you advised the patient to remain off work five days or more?
Cholecystectomy, CPR	☐ Yes Indicate dates: from _____ to _____
X-Ray Findings: Pulmonary Edema	☐ No If no, is the injured employee capable of: ☐ full duty ☐ modified duty
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☐ Yes ☒ No	If modified duty, specify any limitations/restrictions N/A
Is additional medical care by a physician indicated? ☐ Yes ☒ No	

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☒ No (Explain if yes)

Date	Print Doctor's Name	I certify that the employer's copy of this form was mailed to the employer on:
8/20/13	Myron Gomez	

Address				INSURER'S USE ONLY
75 Pringle Way #1002				
City	State	Zip	Provider's Tax I.D. Number	Telephone
Reno	NV	89502	88-034-1656	3237500
Doctor's Signature			Degree	
M. Gomez			MD	

ORIGINAL – TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYER PAGE 4 – EMPLOYEE Form C-4 (rev. 10/07)

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the State of Nevada, Nevada Attorney for Injured Workers, and that on this date I deposited for mailing at Carson City, Nevada, a true and correct copy of the within and foregoing CLAIMANT'S FIRST EXHIBIT addressed to:

LAURA DEMARANVILLE
PO BOX 261
VERDI NV 89439

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO NV 89505

CCMSI
PO BOX 20068
RENO NV 89515-0068

EMPLOYERS
PO BOX 539004
HENDERSON NV 89053-9004

and that on this date I served the within CLAIMANT'S FIRST EXHIBIT by hand delivery to the following parties via Reno Carson Messenger Service to the addresses below:

TIMOTHY E ROWE ESQ
MCDONALD CARANO WILSON
100 W LIBERTY ST 10TH FL
PO BOX 2670
RENO NV 89505-2670

MARK S SERTIC ESQ
SERTIC LAW LTD
5975 HOME GARDENS DR
RENO NV 89502

DATED: 4/8/14

SIGNED: RJWilson

NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701 (775) 684-7555
2300 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

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ORIGINAL

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Industrial Insurance Claim of

DANIEL DEMARANVILLE
_____/

Claim No.: 12853C301824

Hearing No.: 46538-SA
45822-KD
44686-SA

Appeal No.: 46812-LLW
46479-LLW
44957-LLW

APPLICATION TO PERMIT DISCOVERY

Comes now, Laura Demaranville, surviving spouse of Daniel Demaranville, deceased, by and through her counsel, Evan Beavers, Esq., Nevada Attorney for Injured Workers, hereby moves the Appeals Officer to permit discovery by requests for production, subpoena, deposition and/or interrogatories in the above matter.

The purpose for this application is to seek information reasonably calculated to lead to admissible evidence.

This application is made and based upon NAC 616C.305, NRCP 30, 33 and 34, and the papers and pleadings on file herein.

AFFIRMATION

Pursuant to NAC 616C.303, I affirm that no personal identifying information appears in this document.

DATED this 8th day of April, 2014.

NEVADA ATTORNEY FOR INJURED WORKERS

Evan Beavers, Esq.
Attorney for the Claimant

NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Ste 230
Las Vegas, NV 89102 (702) 486-2830

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the State of Nevada, Nevada Attorney for Injured Workers, and that on this date, I deposited for mailing at Carson City, Nevada, a true and correct copy of the within and foregoing APPLICATION TO PERMIT DISCOVERY addressed to:

LAURA DEMARANVILLE
PO BOX 261
VERDI NV 89439

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO NV 89505

CCMSI
PO BOX 20068
RENO NV 89515-0068

EMPLOYERS
PO BOX 539004
HENDERSON NV 89053-9004

and that on this date I served the within APPLICATION TO PERMIT DISCOVERY by hand delivery to the following parties via Reno Carson Messenger Service to the addresses below:

TIMOTHY E ROWE ESQ
MCDONALD CARANO WILSON
100 W LIBERTY ST 10TH FL
PO BOX 2670
RENO NV 89505-2670

MARK S SERTIC ESQ
SERTIC LAW LTD
5975 HOME GARDENS DR
RENO NV 89502

DATED: 4/8/14

SIGNED: R Wilson

NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Ste 230
Las Vegas, NV 89102 (702) 486-2830

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NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED
APR 10 2014
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:

DANIEL DEMARANVILLE, DECEASED,

Claimant.

Claim No: 12853C301824
Hearing No: 46538-SA
Appeal No: 46812-LLW

ORDER

An Application to Permit Discovery was filed on April 8, 2014. The Application is hereby granted. Pursuant to NRS 616D.050, NRS 616D.090 and NAC 616C.305, discovery is limited to depositions, interrogatories, and requests for production of documents.

IT IS SO ORDERED.

Lorna L Ward

LORNA L WARD
APPEALS OFFICER

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439

EVAN BEAVERS, ESQ
1000 E WILLIAM #208
CARSON CITY NV 89701

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO, NV 89505

TIMOTHY ROWE, ESQ
PO BOX 2670
RENO NV 89505

EMPLOYERS INSURANCE COMP OF NV
PO BOX 539004
HENDERSON, NV 89053

MARK SERTIC, ESQ
5975 HOME GARDENS DRIVE
RENO NV 89502

Dated this 10th day of April, 2014.

Kristi Fraser, Legal Secretary II
Employee of the State of Nevada

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ORIGINAL

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

2014 APR 24 P1 4:31

RECEIVED
AND
FILED

In the Matter of the Industrial Insurance Claim

of

DANIEL DEMARANVILLE
_____/

Claim No.: 12853C301824

Hearing No.: 46538-SA
45822-KD
44686-SA

Appeal No.: 46812-LLW
46479-LLW
44957-LLW

MOTION FOR CONTINUANCE AND RESETTING

Comes now, Laura Demaranville, surviving spouse of Daniel Demaranville, deceased, by and through her counsel, Evan Beavers, Esq., Nevada Attorney for Injured Workers, and hereby moves the Appeals Officer for a continuance of this matter currently scheduled for April 28, 2014 to **be rescheduled to June 17, 2014, at 10:00 a.m.-12:00 p.m.** (2 hours).

This motion is made and based on NAC 616C.318 and the Affidavit of Counsel attached hereto.

AFFIRMATION

The undersigned affirms, pursuant to NAC 616C.303, that no personal identifying information appears in this document.

DATED this 24th day of April, 2014.

NEVADA ATTORNEY FOR INJURED WORKERS

Evan Beavers, Esq.
Attorney for the Claimant

NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

AFFIDAVIT OF COUNSEL

STATE OF NEVADA)
: ss
CARSON CITY)

I, Evan Beavers, do hereby swear or affirm under penalty of perjury that the following facts are true and correct:

1. I have been appointed to represent Claimant Laura Demaranville in her worker's compensation hearing on April 28, 2014, at 10:00 a.m. - 12:00 p.m. (2 hours).

2. A continuance is needed to obtain a medical opinion.

3. I contacted the claimant to discuss a continuance in this matter, and she has no objection.

4. Mark S. Sertic, Esq. and the assistants for Evan Beavers, Esq. and Timothy E. Rowe, Esq., via conference call, have contacted the Appeals Officer to discuss the continuance requested, and it was approved.

5. This motion is made for the above-stated reasons and for no other purpose.

6. Therefore, it is respectfully requested that the current hearing date of June 17, 2014, be vacated and the new **hearing reset for Tuesday, June 17, 2014, at 10:00 a.m. - 12:00 p.m.** (2 hours).

Evan Beavers

SIGNED and SWORN to (or affirmed) before me this 24th day of April, 2014 by Evan Beavers.

Notary Public

NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the State of Nevada, Nevada Attorney for Injured Workers, and that on this date I deposited for mailing at Carson City, Nevada, a true and correct copy of the within and foregoing MOTION FOR CONTINUANCE AND RESETTING addressed to:

LAURA DEMARANVILLE
PO BOX 261
VERDI NV 89439

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO NV 89505

TIMOTHY E ROWE ESQ
MCDONALD CARANO WILSON
100 W LIBERTY ST 10TH FL
PO BOX 2670
RENO NV 89505-2670

CCMSI
PO BOX 20068
RENO NV 89515-0068

EMPLOYERS
PO BOX 539004
HENDERSON NV 89053-9004

MARK S SERTIC ESQ
SERTIC LAW LTD
5975 HOME GARDENS DR
RENO NV 89502

DATED: April 24, 2014

SIGNED: Tracy L. Sherwood

NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

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NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED
APR 29 2014
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:

DANIEL DEMARANVILLE, DECEASED,

Claimant.

Claim No: 12853C301824
1990204572

Hearing No: 46538-SA
45822-KD
44686-SA

Appeal No: 46812-LLW
46479-LLW
44957-LLW

ORDER

For good cause, the Claimant's Motion for Continuance is granted. This matter is reset for hearing on:

DATE: Tuesday, June 17, 2014

TIME: 10:00AM – 12:00PM (2 hours)

IT IS SO ORDERED.

LORNA L WARD
APPEALS OFFICER

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439

EVAN BEAVERS, ESQ
1000 E WILLIAM #208
CARSON CITY NV 89701

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO, NV 89505

TIMOTHY ROWE, ESQ
PO BOX 2670
RENO NV 89505

EMPLOYERS INSURANCE COMP OF NV
PO BOX 539004
HENDERSON, NV 89053

MARK SERTIC, ESQ
5975 HOME GARDENS DRIVE
RENO NV 89502

Dated this 29th day of April, 2014.

Kristi Fraser, Legal Secretary II
Employee of the State of Nevada

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ORIGINAL

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS
APPEALS

2014 MAY -5 P 1:

RECEIVED
AND
FILED

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Industrial Insurance Claim of

DANIEL DEMARANVILLE
_____/

Claim No.: 12853C301824

Hearing No.: 46538-SA
45822-KD
44686-SA

Appeal No.: 46812-LLW
46479-LLW
44957-LLW

OPPOSITION TO MOTION FOR STAY

Comes now Laura Demaranville, surviving spouse of Daniel Demaranville, deceased, by and through her attorney, Evan Beavers, Esq., Nevada Attorney for Injured Workers, and hereby opposes the motion for stay filed in this matter by Employer"s Insurance Company of Nevada (EICON) on November 27, 2013, and granted on that same date pending opposition.

This brief in opposition is based upon all pleadings and papers on file herein, the points and authorities which

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NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

follow, and the evidence to be adduced and arguments to be presented at a hearing on EICON's motion in the event such a hearing is held.

AFFIRMATION

The undersigned affirms, pursuant to NAC 616C.303, that no personal identifying information appears in this document.

Dated this 5th day of May, 2014.

NEVADA ATTORNEY FOR INJURED WORKERS

Evan Beavers, Esq.
Nevada State Bar No. 003399
1000 E. William St., Ste 208
Carson City, Nevada 89701
(775) 684-7555
Attorneys for the Claimant

NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

POINTS AND AUTHORITIES

CASE BACKGROUND

Daniel Demaranville was employed as a police officer with the City of Reno from 1969 until 1990 when he retired. On August 5, 2012, Mr. Demaranville died at Renown Medical Center shortly after successful gall bladder surgery. Claimant's First Exhibit p.p. 122-127. The Certificate of Death signed August 7, 2012, by Dr. Myron Gomez identified the cause of death as cardiac arrest as a consequence of atherosclerotic heart disease. Claimant's First Exhibit p. 128. Mr. Demaranville's widow, Laura Demaranville, filed for survivor's benefits under Nevada's heart/lung statute for police officers (NRS 617.457). CCMSI's Insurer's Documentary Evidence p.p. 2-5; EICON's Insurer Evidence Packet p.p. 1-7.

Mrs. Demaranville filed first with CCMSI, the third-party administrator for the self-insured City of Reno. CCMSI, by determination dated May 23, 2013, denied the claim on the basis there were no medical records proving Mr. Demaranville did in fact have heart disease. CCMSI's evidence p.p. 4-5. Mrs. Demaranville next filed with EICON, successor to the city's insurer at the time of retirement. EICON, by determination dated September 19, 2013, denied the claim on the basis there was no medical reporting to support the diagnoses of atherosclerotic heart disease and myocardial infarction. EICON's evidence p.p. 5-7.

Mrs. Demaranville sought to appeal the CCMSI determination and through her representative stipulated to bypass the hearing officer in order to have the matter heard by the

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Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

appeals officer. Mrs. Demaranville appealed the EICON determination to the hearing officer who, by decision dated October 28, 2013, reversed the insurer and found the submitted medical reporting supported that Mr. Demaranville died from heart disease. EICON appealed that decision and CCMSI also appealed that decision. Those two appeals have now been consolidated with the widow's appeal of the CCMSI determination. EICON moved for stay of the hearing officer's decision of October 28, 2013, and stay was granted pending opposition. This brief is offered in opposition to that stay.

ARGUMENT

The Nevada Industrial Insurance Act at NRS 616C.330(11) allows for an application to stay the decision of the hearing officer and at NRS 616C.345(5) the appeals officer is given the discretion to grant a stay when appropriate. Although the Nevada Administrative Code at NAC 616C.315 sets out the process of applying for a stay there is nothing in the act or the code setting out the standard for the appeals officer to consider a stay. Where the agency deciding the matter exercises discretion in the absence of rules of procedure, the court on review concerns itself with whether that exercise unduly prejudices the rights of one of the parties. *Dutchess Business Services, Inc. V. Nevada State Bd. Of Pharmacy,* 124 Nev. 701, 710-711, 191 P.3d 1159, 1166 (2008).

Fairly recently the Nevada Supreme Court shed light on the elements district courts are to consider on an application for stay. In *State v. Robles-Nieves,* No. 61537, 129 Nev. Adv. Op. 55, 2013 WL 3864466 (July 25, 2013), the Court borrowed from

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the rules of appellate procedure to determine the standard for a stay order in a criminal proceeding. The four factors identified are: (1) whether the object of the appeal will be defeated if the stay is denied, (2) whether the appellant will suffer irreparable or serious injury if the stay is denied, (3) whether the respondent will suffer irreparable injury if the stay is granted, and (4) whether the appellant is likely to prevail on the merits of the appeal. *Id.*

Object of the appeal

In her Decision and Order of October 28, 2013, Hearing Officer Diamond determined EICON's denial of benefits to Mrs. Demaranville was not proper. EICON's evidence at A-C. The hearing officer specifically found that the medical reporting supported the allegation that Dan Demaranville died from heart disease. *Id.* The hearing officer also found that the claim was timely filed. *Id.* EICON appeals that Decision and Order. The object of EICON's appeal is the avoidance of providing benefits to the surviving spouse pending a decision on the merits of the appeal. The benefits the surviving spouse may be entitled to are burial expenses not to exceed $10,000 and 66 2/3 of the decedent's average monthly wage during the lifetime of the spouse. *See* NRS 616C.505. Under the authority of *Ransier v. State Indus. Ins. Sys.*, 104 Nev. 742 (1988), if EICON pays benefits now but later succeeds on the merits of its case, it might not later recover the burial expenses but there is little risk the lifetime benefits will have been paid by the time of appeals hearing.

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Irreparable or serious harm if stay is denied

The second issue to consider is whether EICON will suffer irreparable harm if the stay is denied or lifted. As discussed above, EICON might pay out some of the benefits to the surviving spouse by the time of hearing, but the bulk of the benefits to Mrs. Demaranville are paid in the future over her lifetime. These benefits are cash payments and it has been noted before that "[m]ere injuries, however substantial, in terms of money, time and energy necessarily expended in the absence of a stay, are not enough" to show irreparable harm. *Virginia Petroleum Jobbers Ass'n v. Federal Power Comm'n*, 259 F.2d 921, 925, 104 U.S. App. D.C. 106, 110 (D.C. Cir. 1958).

Irreparable or serious harm if stay is granted

Dan Demaranville passed away nearly two years ago. His widow has never received any of the benefits allowed her under Nevada's Industrial Insurance Act. Each day that passes she is without the financial assistance intended by the legislature for her support and comfort. She has paid the burial costs. She has managed her daily living expenses without her deceased husband's substitute wages. But the harm to her each month she has to cover her monthly expenses without the modest contribution the statutes allow is very serious. The longer the delay, the greater the harm.

Likelihood of success on the merits

EICON concedes the Certificate of Death identifies the cause of death as cardiac arrest as a consequence of

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atherosclerotic heart disease. It is EICON's argument that the medical reporting does not support that finding by Dr. Gomez. EICON relies exclusively on the opinion of Dr. Yasmine Ali who opines that she reviewed that medical reporting and concluded there is no support for the diagnosis contained in the certificate. EICON's evidence p.p. 9-17. It is not clear why EICON chose a doctor in Georgia to refute the Nevada doctor's findings, but the likelihood of EICON's success at this juncture is based entirely on this distant expert.

No doctor in this case has a more intimate understanding of Dan Demaranville's condition on August 5, 2012, than Dr. Gomez. He reviewed the patient's record before operating on Mr. Demaranville. Claimant's First Exhibit p.p. 116-118. He had that very day, indeed just hours before Mr. Demaranville's death, performed a successful cholecystectomy on the patient. Claimant's First Exhibit p.p. 122-127. He was notified immediately when his patient began to show signs of being tachycardic, and he ordered his patient to ICU. Claimant's First Exhibit p. 127. He certified the cause of death as mandated by NAC 440.165 and NRS 440.350. His Nevada license number appears on the death certificate with his declaration that his patient died of cardiac arrest due to atherosclerotic heart disease. Claimant's First Exhibit p. 128.

Dr. Betz, at the request of CCMSI's counsel, performed a record review of the Demaranville case. CCMSI's evidence p.p. 52-54. Dr. Betz, a Nevada licensed doctor whose opinions are relied upon frequently in Nevada proceedings, opines there was a high probability Mr. Demaranville died of heart disease and that

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postoperative complications were a less likely cause of death, but he concludes he could not be certain of the cause of death without a more complete record review. *Id.* He recommends having the case reviewed by Dr. Frank Carrea, a cardiologist present at the time of death, or a cardiologist from the local medical school. *Id.* at 54. It is not clear from the record if either CCMSI or EICON followed those recommendations and had a local cardiologist review the record. What we do know is EICON is relying exclusively on the opinion of a Georgia doctor instead.

Laura Demaranville's claim is based upon a finding of heart disease consistent with NRS 617.457. That finding will depend entirely on the opinion of experts. Under the circumstances posed by EICON's motion for stay, there is no showing of a likelihood Dr. Ali's record review will impeach the certificate of Dr. Gomez. Dr. Gomez certifies his conclusions as to the cause of death without prompting by any party. Dr. Ali submits her opinions only upon review of some medical records and at the request of one of the parties. Certainly at this juncture in the proceedings Dr. Gomez' opinion should be given greater weight.

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CONCLUSION

Based upon the foregoing, Laura Demaranville, surviving spouse of Dan Demaranville, respectfully requests the appeals officer to reconsider that order of November 27, 2013, granting EICON's motion for stay. The surviving spouse seeks an order lifting the stay and allowing her to receive the benefits the hearing officer ordered after hearing this case.

Respectfully submitted this 5th day of May, 2014.

NEVADA ATTORNEY FOR INJURED WORKERS

Evan Beavers, Esq.
Attorney for the Claimant

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Carson City, NV 89701 (775) 684-7555
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Las Vegas, NV 89102 (702) 486-2830

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the State of Nevada, Nevada Attorney for Injured Workers, and that on this date I deposited for mailing at Carson City, Nevada, a true and correct copy of the within and foregoing OPPOSITION TO MOTION FOR STAY addressed to:

LAURA DEMARANVILLE
PO BOX 261
VERDI NV 89439

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO NV 89505

CCMSI
PO BOX 20068
RENO NV 89515-0068

EMPLOYERS
PO BOX 539004
HENDERSON NV 89053-9004

and that on this date I served the within OPPOSITION TO MOTION FOR STAY by facsimile and by hand delivery to the following parties via Reno Carson Messenger Service to the addresses below:

TIMOTHY E ROWE ESQ
MCDONALD CARANO WILSON
100 W LIBERTY ST 10TH FL
PO BOX 2670
RENO NV 89505-2670

MARK S SERTIC ESQ
SERTIC LAW LTD
5975 HOME GARDENS DR
RENO NV 89502

DATED: May 5, 2014

SIGNED: Nancy L. Sherwood

NEVADA ATTORNEY FOR INJURED WORKERS
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ORIGINAL

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the matter of the Industrial Insurance Claim of Daniel Demaranville, Deceased, Claimant.	Claim No.: 1990204572 12853C301824 Hearing No.: 45822-KD 45538-SA 44686-SA Appeal No.: 44957-LLW 46479-LLW 46812-LLW

REPLY POINTS AND AUTHORITIES IN SUPPORT OF MOTION FOR STAY ORDER PENDING APPEAL

The Appeals Officer appropriately issued a stay in this matter. Nothing in the Claimant's Opposition warrants reversing that decision.

The Claimant first argues that the Insurer will not suffer irreparable harm if it is required to pay benefits to which the Claimant is not entitled because those payments would only continue until a decision is reached on the merits and would thus not amount to full "lifetime benefits." Basically the argument is that irreparable harm does not exist unless the Insurer faces the probability of paying out all potential benefits under a claim prior to the decision on the merits. No authority is offered to support this contention. Indeed, if this argument were meritorious no party could ever obtain a stay since the irreparable harm would always end after the decision on the merits and before the payment of all potential benefits. Such a position would eviscerate NRS 616C.345(4) which provides that the Appeals Officer may issue stays

of Hearing Officer's decisions.

The Claimant also argues that the opinion of the doctor who completed the death certificate should be given more weight than the opinion of the Insurer's expert. However, the Claimant does not discuss, much less refute, the reasons and rationales for the Insurer's expert opinion that the cause of death was not heart disease, all of which are set forth in detail in the Insurer's Motion for Stay. The Claimant also relies upon the report by Dr. Betz. However, Dr. Betz states that he cannot determine the actual cause of death. See answer to question 1. Evidence, p. 28. In answer to question 6 he states that he is not able to determine whether the cardiac arrest was caused by some form of heart disease. Evidence, p. 29. Given these specific answers, weight cannot be given to his answer to question 2 that the probability is high that the Claimant died of heart disease, which is the statemet that the Claimant relies upon.

For the foregoing reasons, and those set forth in the Motion for Stay, the Insurer respectfully requests that the Appeals Officer continue the stay order previously issued in this matter.

Dated this 27th day of May, 2014.

SERTIC LAW LTD.

By: _____
Mark S. Sertic, Esq.

SERTIC LAW LTD.
Attorneys at Law
5973 Home Gardens Drive
Reno, NV 89502
775 327 8300

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the law firm of Sertic Law Ltd., Attorneys at Law, over the age of eighteen years, not a party to the within matter, and that on the 6th day of May, 2014, I deposited for mailing at Reno, Nevada, with postage fully prepaid, a true copy of the foregoing or attached document, addressed to:

NAIW
1000 E William Street #208
Carson City, Nevada 89701

Timothy Rowe, Esq.
P.O. Box 2670
Reno, NV 89505

Gina L. Walsh

AFFIRMATION (Pursuant to NRS 239B.030)

The undersigned does hereby affirm to the best of his knowledge that the attached document does not contain the social security number of any person.

Dated on this 6th day of May, 2014.

Mark S. Sertic

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NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED
MAY 16 2014
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No:	12853C301824 1990204572
	Hearing No:	46538-SA 45822-KD 44686-SA
	Appeal No:	46812-LLW 46479-LLW 44957-LLW
DANIEL DEMARANVILLE, DECEASED, Claimant.		

ORDER

An order was entered in this matter staying the Hearing Officer decision which reversed claim denial on November 27, 2013.

The Claimant filed an Opposition on May 5, 2014. The Insurer filed its Reply on May 9, 2014.

The Appeals Officer notes that this matter is scheduled for June 17, 2014. The Stay Order shall remain in place until that date and decision in this case.

IT IS SO ORDERED.

LORNA L WARD
APPEALS OFFICER

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439

EVAN BEAVERS, ESQ
1000 E WILLIAM #208
CARSON CITY NV 89701

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO, NV 89505

TIMOTHY ROWE, ESQ
PO BOX 2670
RENO NV 89505

EMPLOYERS INSURANCE COMP OF NV
PO BOX 539004
HENDERSON, NV 89053

MARK SERTIC, ESQ
5975 HOME GARDENS DRIVE
RENO NV 89502

Dated this 16th day of May, 2014.

K Fraser

Kristi Fraser, Legal Secretary II
Employee of the State of Nevada

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NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

RECEIVED AND FILED

In the Matter of the Industrial Insurance Claim of DANIEL DEMARANVILLE /	Claim No.: 12853C301824 Hearing No.: 46538-SA, 45822-KD, 44686-SA Appeal No.: 46812-LLW, 46479-LLW, 44957-LLW

CLAIMANT'S SECOND EXHIBIT

Page #		
1-2	Report from Charles E. Ruggeroli, M.D.	05/21/2014
3-5	Response from Charles E. Ruggeroli, M.D. to NAIW letter dated April 8, 2014	05/21/2014

AFFIRMATION

Pursuant to NAC 616C.303, I affirm that no personal information appears in this exhibit.

DATED this 28th day of May, 2014

NEVADA ATTORNEY FOR INJURED WORKERS

Evan Beavers, Esq.
Attorney for Claimant

ENTERED INTO EVIDENCE AS EXHIBIT # 7

NEVADA ATTORNEY FOR INJURED WORKERS
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2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

CARDIOLOGY & CARDIOVASCULAR CONSULTANTS
The standard in patient-first, results-driven care for over 30 years.

Patient Name: Demaranville, Daniel
Date of Birth: 10/04/1934

The patient, at the time of his death, was a 77-year-old with no document history of coronary artery disease. Atherosclerotic vascular disease risk factors remarkable for gender with advancing age, treated hypertension, mild prediabetes. Patient had no history of hyperlipidemia. Patient, at the time of his death was not a smoker. No family history significant for vascular disease.

The patient had a history of an abnormal resting electrocardiogram which demonstrated right bundle branch block with right axis deviation. He undergone previous diagnostic cardiovascular evaluation which included a stress echocardiogram in 2011 reported as normal.

Patient underwent elective laparoscopic cholecystectomy on August 5, 2012 secondary to biliary dyskinesis. Patient arrived in the PACU shortly after arrival noted to become hypotensive and tachycardic. Examination of the patient at that point demonstrated no pulse. Standard cardiopulmonary resuscitation protocol initiated. Seen and evaluated by cardiology at that point. Felt to be in pulseless electrical activity. Patient had bedside echocardiogram performed which demonstrated no spontaneous left ventricular systolic function. After extended resuscitation efforts patient declared dead.

Immediate cause of death described as cardiac arrest secondary to atherosclerotic heart disease.

The patient's past medical history was remarkable for the following:

1. Hypertension.
2. Benign prostatic hypertrophy.
3. Biliary dyskinesia with reduced ejection fraction progressive biliary colic.
4. Mild alcohol dependence.
5. Hiatal hernia.
6. Gastroesophageal reflux disease.
7. Review of laboratory demonstrated elevated fasting blood sugar from time to time.
8. Chronic obstructive pulmonary disease noted on pulmonary function test October 2006.
9. Essential tremors treated with beta blocker therapy.
10. Erectile dysfunction.
11. Endogenous depression.

Medications at the time of death remarkable for the following:

1. OMEPRAZOLE 20 mg daily.
2. VIAGRA 100 mg as needed.
3. ASPIRIN 81 mg daily.
4. METOPROLOL SUCCINATE 25 mg daily
5. DOXAZOSIN 2 mg daily.
6. CELEXA 20 mg daily.

All available records were reviewed. As stated above, the patient had no document history of antecedent symptomatic coronary artery disease. However, multiple cardiovascular risk factors with a baseline abnormal resting electrocardiogram. The patient's baseline electrocardiogram demonstrated abnormalities. In my opinion, the patient had a catastrophic cardiovascular event secondary to occult occlusive atherosclerosis of the coronary arteries leading to pulseless electrical activity not responsive to cardiopulmonary resuscitation leading to his death on August 5, 2012.

Charles E. Ruggeroli, M.D.

05.21.2014
Date

BRIAN SANDOVAL
Governor

STATE OF NEVADA

BRUCE H. BRESLOW
Director

EVAN BEAVERS
Nevada Attorney for Injured Workers

DEPARTMENT OF BUSINESS AND INDUSTRY
NEVADA ATTORNEY FOR INJURED WORKERS
1000 E. William Street, Suite 208
Carson City, Nevada 89701
(775) 684-7555 • Fax (775) 684-7575

April 8, 2014

CHARLES E RUGGEROLI MD
CARDIOLOGY & CARDIOVASCULAR CONSULTANTS
700 SHADOW LN STE 166
LAS VEGAS NV 89106

Re: DANIEL DEMARANVILLE

Dear Dr. Ruggeroli:

The office of the Nevada Attorney for Injured Workers (NAIW) has been appointed to represent Laura Demaranville in her efforts to receive benefits under Nevada's Industrial Insurance Act. Mrs. Demaranville is the widow of Daniel Demaranville and, under Nevada's workers' compensation laws, she may be entitled to survivor's benefits resulting from his death. The purpose of this letter is to seek your review of Mr. Demaranville's medical records and then render a medical opinion as to whether Mr. Demaranville died of heart disease.

NAIW is a state agency of attorneys and staff appointed by appeals officers of the state's Administrative Hearings Division to represent claimants in the workers' compensation system. NAIW does not receive any compensation from its clients or its clients' benefits or awards. NAIW has no budget for securing the opinions of experts in preparing its clients' cases for hearing before the appeals officers. The charges for your services, which I understand will bill at $500 per hour, will be paid by Mrs. Demaranville directly. She is of modest means and I ask that you consider this during your review and opinion process.

Included with this letter is a compilation of medical records identified as Claimant's First Exhibit. I believe it is a complete and accurate compilation of records for Daniel Demaranville for the period when he was first diagnosed with an abnormal heart condition in 2004 until the date of his death in 2012. I also offer you the following synopsis of the case:

Dan Demaranville was employed as a law enforcement officer with the Reno Police Department from 1969 until 1990, when he retired. After retirement he served the U.S. Marshall's office on a contract basis. In August of 2012 he underwent surgery for removal of his gall bladder. Approximately four hours after surgery he died and, according to the death certificate, the cause of death was cardiac arrest due to atherosclerotic heart disease. In Nevada, the widow of a police officer who has served five years or more may have a claim for benefits if the decedent died from heart disease. It is incumbent upon Laura Demaranville to prove to the appeals officer that her husband died of heart disease in order for her to receive any benefits as his survivor.

After review of the records provided with this letter, please answer the following questions. I anticipate your written answers will be offered, and accepted, as evidence in Mrs. Demaranville's hearing before the appeals officer in lieu of your live testimony.

1. Have you reviewed the records provided with this letter identified as Claimant's Exhibit 1?
   YES. All available records were reviewed

2. What is your diagnosis of the condition of Mr. Demaranville's heart at the time of his death?
   Coronary Artery Disease (CAD)

3. Was the condition of Mr. Demaranville's heart identified in your response above, the result of heart disease?
   YES.

4. What was the cause of the death of Mr. Demaranville?
   Cardiac ARREST due to pulseless electrical activity due to CAD due to ASCVD.

5. Are the opinions expressed by you to the questions posed above stated to a reasonable degree of medical probability?

YES

As proof that the opinions stated above are your own opinions offered with the intention that this writing may be offered as evidence in lieu of live testimony, please sign and date your responses and return the original of this letter to NAIW's Carson City office at your earliest possible convenience.

05.21.2014
Date

Charles E. Ruggeroli, M.D.

Sincerely,

NEVADA ATTORNEY FOR INJURED WORKERS

Evan Beavers, Esq.

EBB/nls
Encl. As stated

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the State of Nevada, Nevada Attorney for Injured Workers, and that on this date I deposited for mailing at Carson City, Nevada, a true and correct copy of the within and foregoing CLAIMANT'S SECOND EXHIBIT addressed to:

LAURA DEMARANVILLE
PO BOX 261
VERDI NV 89439

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO NV 89505

CCMSI
PO BOX 20068
RENO NV 89515-0068

EMPLOYERS
PO BOX 539004
HENDERSON NV 89053-9004

and that on this date I served the within CLAIMANT'S SECOND EXHIBIT by hand delivery to the following parties via Reno Carson Messenger Service to the addresses below:

TIMOTHY E ROWE ESQ
MCDONALD CARANO WILSON
100 W LIBERTY ST 10TH FL
PO BOX 2670
RENO NV 89505-2670

MARK S SERTIC ESQ
SERTIC LAW LTD
5975 HOME GARDENS DR
RENO NV 89502

DATED: May 28, 2014

SIGNED: Nancy L. Sherwood

NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

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NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the matter of the Industrial Insurance Claim of Daniel Demaranville, Deceased, Claimant.	Claim No.: 1990204572 12853C301824 Hearing No.: 45822-KD 45538-SA 44686-SA Appeal No.: 44957-LLW 46479-LLW 46812-LLW

MOTION FOR CONTINUANCE AND NOTICE OF RESETTING

The Insurer, Employers Insurance Company of Nevada, hereby moves for an order continuing the hearing before the Appeals Officer currently set for August 17, 2014. This motion is made and based on the pleadings and papers on file herein and the Affidavit of Mark S. Sertic.

The parties have reset the hearing for **September 8, 2014 from 10:00 a.m. to 12:00 p.m.**

DATED this 10th day of June, 2014.

SERTIC LAW LTD.

By: _____

MARK S. SERTIC, ESQ.
5975 Home Gardens Drive
Reno, Nevada 89502
(775) 327-6300
Attorneys for
Employers Insurance Company
of Nevada

AFFIDAVIT OF MARK S. SERTIC

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

I, Mark S. Sertic, being first duly sworn, depose and say under penalty of perjury that the following is true of my own personal knowledge:

1. I am the attorney for Employers Insurance Company of Nevada with regard to this matter.

2. The parties have reset the hearing for **September 8, 2014 from 10:00 a.m. to 12:00 p.m.**

3. If called upon to testify to the foregoing, I could competently do so of my own personal knowledge.

DATED this 10th day of June, 2014.

MARK S. SERTIC

SUBSCRIBED and SWORN to before me this 10th day of June, 2014.

GINA L. WALSH
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 04-88053-2 - Expires April 4, 2018

Gina L. Walsh

SERTIC LAW LTD.
ATTORNEYS AT LAW
9975 HOWE GARDENS DRIVE
RENO, NV 89521
775 327 6300

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the law firm of Sertic Law Ltd., Attorneys at Law, over the age of eighteen years, not a party to the within matter, and that on the 11th day of June, 2014, I deposited for mailing at Reno, Nevada, with postage fully prepaid, a true copy of the foregoing or attached document, addressed to:

NAIW
1000 E William Street #208
Carson City, Nevada 89701

Timothy Rowe, Esq.
P.O. Box 2670
Reno, NV 89505

Gina L. Walsh

AFFIRMATION (Pursuant to NRS 239B.030)

The undersigned does hereby affirm to the best of his knowledge that the attached document does not contain the social security number of any person.

Dated on this 10th day of June, 2014.

Mark S. Sertic

THIS PAGE INTENTIONALLY BLANK

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 12853C301824 1990204572
	Hearing No: 46538-SA 45822-KD 44686-SA
DANIEL DEMARANVILLE, DECEASED,	Appeal No: 46812-LLW 46479-LLW 44957-LLW
Claimant.	

ORDER

For good cause, the Motion for Continuance is granted. This matter is reset for hearing on:

DATE: Monday, September 8, 2014

TIME: 10:00AM – 12:00 PM

IT IS SO ORDERED.

LORNA L WARD
APPEALS OFFICER

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439

EVAN BEAVERS, ESQ
1000 E WILLIAM #208
CARSON CITY NV 89701

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO, NV 89505

TIMOTHY ROWE, ESQ
PO BOX 2670
RENO NV 89505

EMPLOYERS INSURANCE COMP OF NV
PO BOX 539004
HENDERSON, NV 89053

MARK SERTIC, ESQ
5975 HOME GARDENS DRIVE
RENO NV 89502

Dated this 12 day of June, 2014.

Kristi Fraser, Legal Secretary II
Employee of the State of Nevada

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INAL

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

RECEIVED AND FILED

In the matter of the Industrial Insurance Claim of Daniel Demaranville, Deceased, Claimant.	Claim No.: 1990204572 12853C301824 Hearing No.: 45822-KD 45538-SA 44686-SA Appeal No.: 44957-LLW 46479-LLW 46812-LLW

INSURER SUPPLEMENTAL EVIDENCE PACKET

ENTERED INTO EVIDENCE AS EXHIBIT # 4

SERTIC LAW LTD.
Attorneys at Law
5973 Kietzke Lane, Suite 100
Reno, NV 89511
775 327 6300

EXTENSIVE HEART/LUNG EXAMINATION

PANEL THREE

Name: DeMaranville, Dan Sex: M X F ____

Date: 10/9/86 Age: 52 yrs

Occupation: (2) Police X Fire ____ NRP ____

DOI ____ LKM ____

PHYSICAL

Height: 72 Weight: 189

Percent Body Fat: 22.8% Recommended weight loss: 5 lbs @ 19%

Blood Pressure: 132/78

SIIS HEART EXAMINATION

Date 1-25-87 Time 1600

Employee (679)

Supervisor [illegible]

PULMONARY FUNCTION

1) Normal: ✓ V.C. 4.34 (88%) FEV1 2.94

2) Abnormal: (specify) ____

CHEST X-RAY

1) Normal: ✓

2) Abnormal: (specify) ____

TREADMILL STRESS E.K.G.

1) Normal: ✓

2) Abnormal: (specify) ____

STETHOSCOPIC EXAMINATION OF HEART AND LUNGS

1) Normal: ✓

2) Abnormal: (specify) ____

LABORATORY

1) Cholesterol- Normal: 189 Elevated: ____

2) Triglycerides- Normal: 71 Elevated: ____

3) Glucose- Normal: 92 Elevated: ____

IT IS RECOMMENDED THAT YOU CONTACT YOUR PHYSICIAN FOR ADVICE CONCERNING CORRECTION OF

____

Received

JUL 16 2014

CCMSI-Reno

Date: 10/9/86 Examiner: A. Mahla

Date: ____ Employee: ____

FIREMAN AND POLICE OFFICERS MEDICAL HISTORY FORM

FULL NAME: Daniel Eugene DeMannville AGE 57 DATE OF BIRTH 10/4/36

ADDRESS: 755 Hanes Rd Reno 89506 ORGANIZATION Reno Police

OCCUPATION: Detective PRIVATE PHYSICIAN Don Olson

IF THE ANSWER TO ANY QUESTION IN THIS FORM IS "YES" PLEASE EXPLAIN IN THE SPACE PROVIDED OR ON THE REVERSE SIDE.

1. Have you ever had heart trouble or been told you had trouble with your heart?
   ✓ no ___ yes -
2. Have you ever been treated for high blood pressure or been told your blood pressure was not normal? ___ no ✓ yes -
3. In the past five years, have you been hospitalized overnight for any reason?
   ✓ no ___ yes -
4. In the last twelve months, have you seen a doctor for anything other than routine checkups? ___ no ✓ yes -
5. Have you or any of your immediate family, (father, mother, sister or brother) ever had any of the following? Please write the correct answer.

	NO	YES	WHO HAS THE PROBLEM
Allergies(asthma, hayfever, bronchitis, skin rash, eczema)	✓		
Heart trouble	✓		
High blood pressure	✓		
Stroke	✓		
Heart attack	✓		
Diabetes	✓		
Gout	✓		
Eye trouble	✓		
Blood pressure trouble	✓		

6. Do you smoke? ___ no ✓ yes How many per day? 1pk
7. Have you experienced prolonged shortness of breath? ✓ no ___ yes
8. Do you have regular episodes of coughing? ✓ no ___ yes
9. Do you drink alcoholic beverages? ___ no ✓ yes
10. How many cups of coffee do you usually drink per day? 2-3
11. Do you consider yourself overweight? ✓ no ___ yes

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JUL 16 2014
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The answers to the above questions are true to the best of my knowledge and belief.

DATE: 10/9/86 SIGNATURE: Daniel E. DeMannville

FIREMAN AND POLICE OFFICERS MEDICAL HISTORY FORM

FULL NAME Daniel Edgar DeMaranville AGE 52 DATE OF BIRTH 10/4/34

ADDRESS 755 Harris Rd Reno 89506 ORGANIZATION Reno Police

OCCUPATION Detective PRIVATE PHYSICIAN Don Olson

IF THE ANSWER TO ANY QUESTION ON THIS FORM IS "YES" PLEASE EXPLAIN IN THE SPACE PROVIDED OR ON THE REVERSE SIDE.

1. Have you ever had heart trouble or been told you had trouble with your heart? ✓ no ___ yes -
2. Have you ever been treated for high blood pressure or been told your blood pressure was not normal? ___ no ✓ yes -
3. In the past five years, have you been hospitalized overnight for any reason? ✓ no ___ yes -
4. In the last twelve months, have you seen a doctor for anything other than routine checkups? ___ no ✓ yes -
5. Have you or any of your immediate family, (father, mother, sister or brother) ever had any of the following? Please write the correct answer.

	NO	YES	WHO HAS THE PROBLEM
Allergies(asthma, hayfever, bronchitis, skin rash, eczema)	✓		
Heart trouble	✓		
High blood pressure	✓		
Stroke	✓		
Heart attack	✓		
Diabetes	✓		
Gout	✓		
Eye trouble	✓		
Blood pressure trouble	✓		

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6. Do you smoke? ___ no ✓ yes How many per day? 1pk
7. Have you experienced prolonged shortness of breath? ✓ no ___ yes
8. Do you have regular episodes of coughing? ✓ no ___ yes
9. Do you drink alcoholic beverages? ___ no ✓ yes
10. How many cups of coffee do you usually drink per day? 2-3
11. Do you rest or yourself overweight? ✓ no ___ yes

The answers to the above questions are true to the best of my knowledge and belief.

DATE: 10/9/86 SIGNATURE: Daniel E. DeMaranville

RENO POLICE AND FIRE LIMITED HEART/LUNG EXAMINATION

PANEL FIVE

Name: DEMARANVILLE, DANIEL E. Sex- M ✓ F _____

Date: 11/14/85 Age: 51

Occupation - POLICE: ✓ FIRE: _____

PHYSICAL

Height: 73 Weight: 195

Percent body fat: 20.6 Recommended weight loss 5-10 lb.

Blood Pressure: 140/80

PULMONARY FUNCTION

1) Normal: ✓

2) Abnormal: (specify) _____

CHEST X-RAY

1) Normal: ✓

2) Abnormal: (specify) _____

TREADMILL STRESS E.K.G.

1) Normal: _____

2) Abnormal: (specify) _____

STETHOSCOPIC EXAMINATION OF HEART AND LUNGS

1) Normal: ✓

2) Abnormal: (specify) _____

IT IS RECOMMENDED THAT YOU CONTACT YOUR PHYSICIAN FOR ADVICE CONCERNING CORRECTION OF

_____

Received
JUL 16 2014
CCMSI Reno

Date: 11/14/85 Examiner: [signature]

Date: 11/14/85 Employee: DEMARANVILLE, DANIEL

PANEL #13 NEVADA INDUSTRIAL COMMISSION P-10 (APPENDIX C)

FIREMEN AND POLICE OFFICERS EXTENSIVE HEART EXAMINATION

Name: Daniel DeMaranville Sex: M X F ___

Date: 10/11/04

Age: 50

Occupation: Detective

PHYSICAL

Height: 71

Weight: 200 lbs

Overweight: Yes ___ No ✓

Blood Pressure: 132/88

EKG

1. Normal: ✓

2. Abnormal (specify): ___

STRESS EKG (If 40 years or older or if abnormalities with resting EKG and no contraindications to performing test exist.) (OPTIONAL FOR VOLUNTEER FIREMEN AND VOLUNTEER POLICE OFFICERS)

1. Normal: ✓

2. Abnormal (specify): ___

STETHOSCOPIC EXAMINATION OF THE HEART

1. Normal: ✓

2. Abnormal (specify): ___

TRIGLYCERIDES: 85

CHOLESTEROL: 208

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URINE GLUCOSE: FBS 95

/ / It is recommended that you contact your physician for advice concerning correction of _____

Date: 10/11/14 Examiner: A Mah

Please sign one copy of this form and return to your employer.

Date: _____ Employee: _____

Received
JUL 16 2014
CCMSI-Reno

Robert J. Barnet, M.D., F.A.C.C.
850 Mill Street, Suite 101
Reno, Nevada 89502
(702) 786-2022

ROBERT J. BARNET, M.D.
DIPLOMATE OF
AMERICAN BOARD OF
INTERNAL MEDICINE
AND
SUBSPECIALTY BOARD OF
CARDIOVASCULAR DISEASES

October 21, 1981

Dear Mr. Don Cavanaugh:

At the time of your recent Peace Officers or Fire Fighters annual Heart-Lung examination on 10-12-81 (Dixon III)

The following pertinent findings were present:

1. Weight: 191
2. Blood Pressure.

   R Arm 130/80 L Arm 120/80

3. Chest x-ray ☐ Normal ☐ Other_____
4. EKG ☐ Normal ☐ Other_____
5. Treadmill ☐ Normal ☐ Other_____
6. Pulmonary Function ☐ Normal ☐ Other_____
7. Cholesterol 214 (Normal 150 to 250 mgs.).
8. Triglycerides 87 (Normal 60 to 150 mgs.).
9. Blood Sugar 97 (Normal 60 to 120 mgs.).
10. T.B. Skin Test ☑ Negative ☐ Positive ☐ Not done
    ☐ Did not return for reading

The following item or items were abnormal:

Smoking 1½ packs of cigarettes daily. It is recommended that you discontinue smoking for this places you at a greater risk for developing heart and lung disease.

Sincerely,

ROBERT J. BARNET, M.D.

Received
JUL 16 2014
CCMSI-Reno

☐ It is recommended that you contact your private physician for advice.

☐ Report sent to Doctor_____ as requested.
Copy will be forwarded to Personnel Department.

*Note: Treadmill every two years from age 35. Chemistry panel every two years.

Cardiology Consultants

November 2, 1982

RECEIVED
NOV 12 1982
City of Reno

Dear Mr. Daniel E. DeClaranville:

At the time of your recent Peace Officers or Fire Fighters annual Heart-Lung examination on 10-28-82. (Part II)

The following pertinent findings were present:

1. Weight: 197
2. Blood Pressure.

R Arm 130/80 L Arm 130/80

3. Chest x-ray ☒ Normal ☐ Other _____
4. EKG ☒ Normal ☐ Other _____
5. Treadmill ☐ Normal ☐ Other _____
6. Pulmonary Function ☒ Normal ☐ Other _____
7. Cholesterol _____ (Normal 150 to 250 mgs.).
8. Triglycerides _____ (Normal 60 to 150 mgs.).
9. Blood Sugar _____ (Normal 60 to 120 mgs.).
10. T.B. Skin Test ☒ Negative ☐ Positive ☐ Not done
☐ Did not return for reading

The following item or items were abnormal:

Smoking - you are advised to discontinue smoking as it places you at an increased risk of developing heart and lung disease.

Sincerely,

ROBERT J. DANIELS, M.D.
CARDIOLOGY CONSULTANTS

Received
JUL 16 2014
CCMSI-Reno

☐ It is recommended that you contact your private physician for advice.

☒ Report sent to Doctor T. Brady as requested. RFD
Copy will be forwarded to Personnel Department.

*Note: Treadmill every two years from age 35. Chemistry panel every two years.

NR 604 (2/82)

ROBERT J. BARNES, M.D., F.A.C.C.
THEODORE BERNSTEIN, M.D., F.A.C.C.
RICHARD P. CANCHAK, M.D., F.A.C.C.
JOHN S. WILLIAMSON, M.D., F.A.C.C.
JERRY N. ZOBACK, M.D., F.A.C.C.
DIPLOMATES OF THE AMERICAN BOARD OF INTERNAL MEDICINE AND SUBSPECIALTY BOARD OF CARDIOVASCULAR DISEASES

Cardiology Consultants

850 MILL STREET, SUITE 301
RENO, NEVADA 89502
TELEPHONE (702) 323-2741

December 8, 1981

Dear Daniel DeMaranville

At the time of your recent Peace Officers or Fire Fighters annual cardiac examination December 2, 1981 the following pertinent findings were present:

1. Weight: 193
2. Blood Pressure
   R Arm 118 / 84
   L Arm 140 / 92
*3. Chest x-ray ☒ Normal ☐ Other
4. EKG ☒ Normal ☐ Other
*5. Treadmill ☒ Normal ☐ Other
*6. Cholesterol 205 (Normal 150 to 250 mgs.).
*7. Triglycerides 81 (Normal 60 to 150 mgs.).
*8. Blood Sugar 97 (Normal 60 to 120 mgs.).

The following item or items were abnormal:

1. Normal pulmonary function
2. Smoking- It is recommended you discontinue smoking as puts you at greater risk for heart & lung disease.

Sincerely,

CARDIOLOGY CONSULTANTS
ROBERT J. BARNES, M.D.

☐ It is recommended that you contact your private physician for advice.

☐ Report to Doctor _____ as requested.
Copy will be forwarded to Personnel Department.

*Note: Treadmill every two years from age 35.
Lab and chest x-ray every two years. (alternate)

Cardiology Consultants
350 MILL STREET, SUITE 230
RENO, NEVADA 89502
TELEPHONE: (702) 323-2741

October 4, 1980

Dear Mr. Daniel E. Delaraaville:

At the time of your recent Peace Officers or Fire Fighters annual cardiac exam on 10-1-80.

The following pertinent findings were present:

1. Weight: 198

2. Blood Pressure
R Arm 110/70
L Arm 110/70

*3. Chest x-ray [X] Normal [ ] Other

4. EKG [X] Normal [ ] Other

*5. Treadmill [X] Normal [ ] Other

*6. Cholesterol _____ (Normal 150 to 250 mgs.).

*7. Triglycerides _____ (Normal 60 to 150 mgs.).

*8. Blood Sugar _____ (Normal 60 to 120 mgs.).

The following item or items were abnormal:

1) Smoking 1 pack per day.

It is recommended that you discontinue smoking as it places you at an increased risk for developing heart and lung disease.

Sincerely,

John S. Williamson, M. D.
CARDIOLOGY CONSULTANTS

☐ It is recommended that you contact your private physician for advice.

☐ Report to Doctor _____ as requested.
Copy will be forwarded to Personnel Department.

*Note: Treadmill every two years from age 35.
Lab and chest x-ray every two years. (alternate)

RH

Received
JUL 16 2014
CCMSI-Reno

Cardiology Consultants

630 MILL STREET, SUITE 201
RENO, NEVADA 89502
TELEPHONE (702) 323-2241

October 18, 1979

Dear Mr. Daniel E. Cotarnovilla:

At the time of your recent Peace Officers or Fire Fighters annual cardiac exam on 10-11-79,

The following pertinent findings were present:

1. Weight: 184 1/2

2. Blood Pressure
   R Arm 110 / 80
   L Arm 110 / 80

*3. Chest x-ray [x] Normal [ ] Other

4. EKG [x] Normal [ ] Other

*5. Treadmill [x] Normal [ ] Other

*6. Cholesterol 191 (Normal 150 to 250 mgs.).

*7. Triglycerides 79 (Normal 60 to 150 mgs.).

*8. Blood Sugar 85 (Normal 60 to 120 mgs.).

The following item or items were abnormal:

1). Smoking 1 pack of cigarettes a day.

It is recommended that you discontinue smoking as it places you at an increased risk for heart and lung disease.

Sincerely,

Robert J. Barnes, M.D.
CARDIOLOGY CONSULTANTS

☐ It is recommended that you contact your private physician for advice.

☐ Report to Doctor _____ as requested.

Copy will be forwarded to Personnel Department.

*Note: Treadmill every two years from age 35.
Lab and chest x-ray every two years. (alternate)

CARDIOLOGY CONSULTANTS

ROBERT J. BARNET, M.D. F.A.C.C.
THEODORE B. BERNOT, M.D. F.A.C.C.
RICHARD P. GANCHAN, M.D.
JERRY N. ZEBRACK, M.D. F.A.C.C.

850 MILL STREET, SUITE 301
RENO, NEVADA 89502
TELEPHONE (702) 323-2741

October 11, 1978

Dear Mr. Daniel D. Gutierrez:

At the time of your recent Peace Officers or Fire Fighters annual cardiac exam on October 10, 1978,

The following pertinent findings were present:

1. Weight: 192

2. Blood Pressure
   R Arm 110/70
   L Arm 110/70

*3. Chest x-ray ☒ Normal ☐ Other

4. EKG ☒ Normal ☐ Other

*5. Treadmill ☐ Normal ☐ Other

*6. Cholesterol _____ (Normal 150 to 250 mgs.).

*7. Triglycerides _____ (Normal 60 to 150 mgs.).

*8. Urine sugar ☐ Negative ☐ Trace ☐ Positive

The following item or items were abnormal:

1) Occasional shortness of breath on exertion.
2) Smoking 1 to 2 packs of cigarettes a day.

You are advised to discontinue smoking as it places you at an increased risk of developing heart and lung disease.

Sincerely,

Robert J. Barnet, M. D.
CARDIOLOGY CONSULTANTS

☐ It is recommended that you contact your private physician for advice.

☐ Re, t to Doctor _____ as requested,
Copy will be forwarded to Personnel Department.

*Note: Treadmill every two years from age 35.
Lab and chest x-ray every two years. (alternate)

Received
JUL 16 2014
CCMSI-Reno

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the law firm of Sertic Law Ltd., Attorneys at Law, over the age of eighteen years, not a party to the within matter, and that on the 20 day of August, 2014, I deposited for mailing at Reno, Nevada, with postage fully prepaid, a true copy of the foregoing or attached document, addressed to:

NAIW
1000 E William Street #208
Carson City, Nevada 89701

Timothy Rowe, Esq.
P.O. Box 2670
Reno, NV 89505

Gina L. Walsh
Gina L. Walsh

AFFIRMATION (Pursuant to NRS 239B.030)

The undersigned does hereby affirm to the best of his knowledge that the attached document does not contain the social security number of any person.

Dated on this 19th day of August, 2014.

Mark S. Sertic

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ORIGINAL

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

FILED

In the Matter of the Industrial Insurance Claim of DANIEL DEMARANVILLE, deceased, CLAIMANT	Claim No.: 12853C301824 Hearing No.: 46538-SA 45822-KD 44686-SA Appeal No.: 46812-LLW 46479-LLW 44957-LLW

CLAIMANT'S HEARING STATEMENT

I

DOCUMENTARY EVIDENCE

1. Claimant's representative, Laura Demaranville, may rely on portions of any evidence packet previously submitted by the employer, its insurer or its third-party administrator.

2. Claimant's representative will also rely on any evidence packet previously submitted, or to be submitted, on behalf of the claimant.

3. Claimant's representative reserves the right to file additional evidence and to rely on all subsequently-filed evidence.

II

STATEMENT OF THE ISSUES

Daniel Demaranville was a police officer for the City of Reno from 1969 until he retired in 1990. On August 5, 2012, he died in the hospital while recovering from gall bladder

NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

surgery. The certificate of death identifies the cause of death as cardiac arrest as a consequence of atherosclerotic heart disease. CCMSI, as third party administrator for the self-insured City of Reno, initially gathered records to determine its liability to Laura Demaranville, the surviving spouse. After much delay in gathering records, Mrs. Demaranville formally made claim for survivor's benefits against the City of Reno by filing with CCMSI April 25, 2013. CCMSI by determination letter dated May 23, 2013, denied the claim citing lack of information regarding the cause of death and lack of medical records to support a finding of heart disease.

By letter dated July 8, 2013, Mrs. Demaranville next filed a claim for survivor benefits with EICN, successor to SIIS, Reno's insurer at the time of Mr. Demaranville's retirement. By determination letter dated September 19, 2013, EICN denied the claim citing the C-4 did not connect the injury or disease as job incurred; that there was no objective medical reporting to support the diagnoses of heart disease; and, Dr. Yasmine S. Ali reviewed the records and could find no sufficient proof of heart disease.

Mrs. Demaranville appealed the CCMSI determination to the Hearings Division and her representative stipulated with counsel for CCMSI to by-pass the hearing with the hearing officer and proceed to the appeals officer.

Mrs. Demaranville appealed the EICN determination to the Hearings Division and that appeal was heard by Hearing Officer Diamond October 22, 2013. The hearing officer reversed the insurer and found Mrs. Demaranville entitled to benefits

NEVADA ATTORNEY FOR INJURED WORKERS
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Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

under NRS 617.457 and also found mistake of fact sufficient to overcome late filing of the claim under NRS 617.344. EICN. appealed the hearing officer's decision to the appeals office. The EICN appeal (46479-LLW) was consolidated with the claimant's appeal of the CCMSI determination (44957-LLW).

The City of Reno filed its own appeal (46812-LLW) of the EICN determination of September 19, 2013, and counsel for Mrs. Demaranville, the City of Reno and EICN stipulated to bypass the hearing officer proceedings. The EICN appeal and the claimant's appeal were then consolidated with the City of Reno appeal.

Disease of the heart of a person who, for five years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a police officer is conclusively presumed to have arisen out of and in the course of the employment. NRS 617.457(1). If death arises out of and in the course of employment, the employee's surviving spouse is entitled to death benefits. NRS 616C.505.

III

POSSIBLE WITNESSES

1. Claimant's representative may testify, either in person or by telephone, concerning the facts and circumstances underlying the claim.

2. Claimant's representative reserves the right to call additional witnesses who may testify, either in person or by telephone, regarding the claimant's industrial injury.

3. Any witness named or called by any other party.

4. Impeaching or rebuttal witnesses as necessary.

NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701
(775) 684-7555
2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102
(702) 486-2830

IV

ESTIMATED TIME

Estimated hearing time: Two (2) hours.

AFFIRMATION

Pursuant to NAC 616C.303, I affirm that no personal identifying information appears in this Hearing Statement.

Respectfully submitted this 3rd day of September 2014.

NEVADA ATTORNEY FOR INJURED WORKERS

Evan Beavers, Esq.
Attorney for the Claimant

NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the State of Nevada, Nevada Attorney for Injured Workers, and that on this date, I deposited for mailing at Carson City, Nevada, a true and correct copy of the within and foregoing CLAIMANT'S HEARING STATEMENT addressed to:

LAURA DEMARANVILLE
PO BOX 261
VERDI NV 89439

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO NV 89505

TIMOTHY E ROWE ESQ
MCDONALD CARANO WILSON
100 W LIBERTY ST 10TH FL
PO BOX 2670
RENO NV 89505-2670

CCMSI
PO BOX 20068
RENO NV 89515-0068

EMPLOYERS
PO BOX 539004
HENDERSON NV 89053-9004

MARK S SERTIC ESQ
SERTIC LAW LTD
5975 HOME GARDENS DR
RENO NV 89502

DATED: September 3, 2014

SIGNED: Teresa Rothwell

NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

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