IN THE SUPREME COURT OF THE STATE OF NEVADA

Case No.: 72737

Electronically Filed
Jul 25 2018 12:03 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

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 and Cross-Appeal From Order Granting In Part and Denying In Part Consolidated Petitions For Judicial Review

First Judicial District Court, Case No.: 15 0C 00092 1B

RESPONDENT/CROSS-APPELLANT CITY OF RENO'S SUPPLEMENTAL APPENDIX – VOLUME VI

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INDEX TO SUPPLEMENTAL APPENDIX
(Alphabetical)

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of McDonald Carano LLP, and on the 25th day of July, 2018, a true and correct copy of the foregoing document was e-filed and e-served on all registered parties to the Supreme Court's electronic filing system as listed below:

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/s/ Carole Davis

BP 120/62 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 on 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 ... 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 [illegible]

Physician Signature [signature] 19 May 10 Date ______

489

459

035

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

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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-10-07468

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: /

490 460

036

SA 502

ACADIA MEDICAL GROUP

PROGRESS NOTES

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

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

DOB: ______ H: ____ W: ____ T: ____ P: 78 BP: 132/82 R: 18

HPI	
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.	CC: 75 y/o ♂ here for suture removal & Path results

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

HPI: Disc'd B9 Path
SR T0835
Rov as prn. V0832

MEDICATIONS
Citalopram 20mg
Ranitidine 300mg
Terazosin 0.4mg

PHONE CALL

FOR DVD DATE 7-27-10 TIME 2:50 ~~A.M.~~ (P.M.)
M Dan Demaranville
OF CVS Savemart 746-5717
PHONE 345-6530 CELL
MESSAGE Pt is out of Viagra, needs refill
(I) 8/24/10
(C) 8/27/10
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 c̄
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.

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

ACADIA MEDICAL GROUP

PROGRESS NOTES

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

Name: David Demaraville Date: 8-24-10 Chart # 134430

DOB: ____ H: ____ W: 218 T: ____ P: 84 BP: 134/70 (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: 1540 OT 4 month F/U on DUS

HPI: Pt would like to get inj in hands — JV
Difficulty losing wt.
Ex. little
GERD: ok
DUS: good. ↓ tobacco
CP, SOB, AW - ∅
ED ok.
Anger/Frust - fine
SOB (4 days) moving wood in wheel barrow -
3rd barrowful: sweating a lot arms
Started shaking - ok p̄ sitting
+ H_2O.
Trigger finger + thumb both.
O: WN, WD OW NAD
Neck s̄ BM / +carotids
Lungs CTA
Card RRR s̄ (m) AS
Abd s̄ BM
∅ edema
A: HTN 401.1
GERD 530.81
DUS 788.62
OW 278.02
Anger disorder
Eczema
Trigger finger/ thumb
P TAC .1% cream p/N 15g
Inj Freeze
HOP 4 mo
Add AKs on scalp

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.

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3-051 REV 3/04

ACADIA MEDICAL GROUP

PROGRESS NOTES

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

Name: Daniel Demaranville Date: 8-30-10 Chart #: 134430

DOB: _____ H: ____ W: ____ T: ____ P: 76 BP: 110/62 (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: TD+0.07 inj in (R) hand. ——— ON ———

HPI: 1 cc dose

3 x 3

.5 cc TAC + .15 cc 2% plain x 3

Ref as PRN

Q

722.03

MEDICATIONS

Citalopram 20mg i QD
Ranitidine 300mg i QD
Tamsulosin 0.4mg i 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.

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AG-051 REV 3/04

493 463 039

SA 505

CONCENTRA MED SERV MILL LAB

LabCorp

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

Additional Information: TIME 0831

Clinical Information: 03 01

1/31/2011 6:22ET

DOB: 10/04/34
FASTING

Patient Name		Sex	Age (Yr/Mos)
DEMARANVILLE,DANIEL	775-345-6530	M	075.11

Pat Addr: PO BOX 261
VERDI , NV 89439-

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

Physician ID	Patient ID	TVOL
BETZ		0000

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

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL		LAB
CMP14+LP+CBC/D/Plt+UA						
Chemistries						
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

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DEMARANVILLE,DANIEL 1/32/2011

REPORT

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494 464 040

SA 506

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 (L) R: 16

HPI	CC: 76 y.o. ♂ here to have spots on head	MEDICATIONS
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.	HPI: frozen.	Citalopram
	froze 6 abn skin lesions	20mg ī Q
	✓ x 2 cycles by N_2	Ranitidine
	A - suspicious lesions	300mg ī Q
		Tamsulosin
		0.4mg ī Q

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, A.P.N.

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

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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: 76 y.o. ♂ inj in both hands —JV—

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

Pt has diffuse desquamat in ?? ?? [illegible] not in ?? [illegible] or synovial sheaths, & swollen areas are not tender

A- Arthralgias (poly) 719.49
GERD 530.81
DDS. 788.62
dysthymia 300.4

P- TAC 60mg IM
Not [illegible]

Enlarging verrucous area ?? [illegible]
A: Enlarging Neoplasm
P- Excised 15 min

MEDICATIONS:
Citalopram 20mg ī QD
Ranitidine 300mg ī QD
Tamsulosin 0.4mg ī 6pm

Rogaine

LOT# 0F62122
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.

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MG-051 REV 3/04

BP 114/68 ⓛ 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 Ⓡ 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 [illegible] 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 local ō 1.5 cc .5% Marcaine ō epi.
BX → SEO 8 mm punch, 6x1 → path
closed ō 4-0 nylon x 8
SD
[illegible]
SR [illegible]

Physician Signature [signature] Date 14 DEC 10

497 467 043

SA 509

WESTERN PATHOLOGY CONSULTANTS
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GG W. MANSON, M.D.
LABORATORY DIRECTOR

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E. STEVEN SWEENEY, M.D.
LINDA P. VENEMAN, 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: /

PATHOLOGY CONSULTATION

DEC 20 2010

498 468 044

SA 510

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 Ⓛ 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: 74 y o ♂ suture removal & follow up on path

HPI: report ~~OV~~

Disc'd Bx path

SR to Bx ↓

MEDICATIONS
Citalopram 20mg ī QD
Ranitidine 300mg ī QD
Tamsulosin 0.4mg ī Qpm
TAC

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

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

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61 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 M.D. VAN DYKEN

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 VAN DYKEN M.D.

JAN 2 4 2011

501

471

047

SA 513

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

502 472

048

Sent On: 03:04 PM, Monday, January 24, 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 M.D. VAN DYKEN

JAN 2 4 2011

503

473

049

SA 515

ACADIA MEDICAL GROUP
HISTORY AND PHYSICAL EXAMINATION

Name: Daniel DeMaranville 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. Y wood. sometimes.
- **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? 5yrs 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? Ø
- **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? 7/10 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

©2003 Donald D. VanDyken, M.D.

504 474

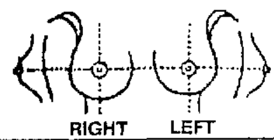
050

Date: 1.31.11

Physical Exam Forms

7640.01 DOB 10.4.34

BP: 136/86 Pulse: 78 /min Resp: 20 /min Wt: 218 lbs Ht: 69 1/2 BMI:

		Meds:
General/Head and Neck	WD ☑ WN ☑ In NAD ☑	citalopram 20mg QD
Head/Scalp nl ☑	Eyes PERRL ☑ Fundi nl ☐ EOMI ☑	Ranitidine
Ears Tm nl ☑ Canals nl ☑	Nose nl ☑	300mg QD
Mouth/Teeth nl ☑	Pharynx nl ☑	
Neck Thyroid nl ☑ Nodes nl ☑	Carotids No Bruits ☑ Pulses nl ☑	Tamsulosin
Chest		0.4mg QPM
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 ☐	* need RX
Ribs nl ☑	Axillary Nodes nl ☐	on all meds*.
Abdomen		*Refuses
Bowel Sounds ☑ No Masses ☑ Non-Tender ☑		Flu Shot*.
No Abd/Renal Bruits ☑		
LKKS nl ☑		
Female		PT DID NOT BRING IN MED AS ADVISED MA ✓
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 Cysocele/Rectocele ☐	
Ano-Rectal nl ☐	STD (GC Chl RPR HIV Hep HSVI/II)	
Males		
Scrotum nl ☑	Testes nl ☑ L absent	
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 ☑		

Assessment:		Plan:
	PFT ☐	
	CBC ☐	
1) Fatigue. 780.79	CMP ☐	1)
2) DVD. 788.62	Lipids ☐	2) Tamsulosin Doxazosin
3) OW. 278.02	UA ☐	3)
4) GERD. 530.81	PSA ☒	4) Ranitidine 300mg qPM
5) depression	Hypothyrd ☐	5) Citalopram 20 qPM 90/R
6) ckd change LAD	LFTs ☐	6)
7) HDL	Hep. Panel ☐	7)
8) COPD	Hemcit X3 ☒	8)
9) Marital diff/sexual ED	Mammo ☐	9) "Hold Me Tight"
10) ED	Dexa ☐	10) Cialis 10 (3)
11)	Echo ☐	11) 1 qd SIMO
12)	EKG ☐	12)
13)	ETT ☐	13)
14)	Thallium ☐	14)
15)	CXR ☐	15) BML IMRD M
16) needs	Immun ☑	16) DTaP 6.27.12

lung sts 9/4

DONALD M.D. VAN DYKEN

505 475

051

SA 517

ACADIA MEDICAL GROUP

PROGRESS NOTES

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

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 A.M. P.M.

M Laura Demaranville

OF Dan Demaranville

PHONE 345-1533 CELL 843.98.15

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. JN

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

SIGNED thought

PHONE CALL

FOR DATE TIME A.M. P.M.

M Joan

OF

PHONE 2.1.11 DVD - pt has been on CELL

MESSAGE Doxazosin 1mg since 4.27.10 - it just never got added to list of meds & was wondering why hes no longer on the tamsulosin. JN.

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

SIGNED

843-88615

2.2.11

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

2.2.11 per DVD call in Doxazosin 2mg 1 qHS #90/P. ——JN——

2.2.11 called in above Rx to Savemart spoke 2 Jennifer. Laura has been notified —JN

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

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

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AMG-051 REV 3/04

ACADIA MEDICAL GROUP

PROGRESS NOTES

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

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.

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"Two Tried-and-True Tools for E/M Documentation." Backer LA. *Family Practice Management*. October 2003:51-55. http://aafp.org/fpm/20[illegible]/1031wot.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 m^2
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

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

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.

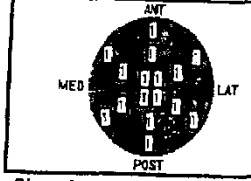
ECHOCARDIOGRAM FINDINGS

- **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.

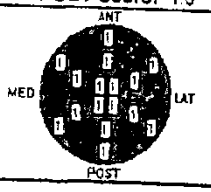
IMPRESSION

Borderline EF

REST Score: 1.0



IMPOST Score: 1.0



1 Normal	4 Hyperkinetic
2 Hypokinetic	3 Akinetic/
1/2 Hypokinetic (Mild)	5 Dyskinetic
2 Hypokinetic (Moderate)	5 Dilated and Thinned
1/2 Hypokinetic (Severe)	x Not Visualized
2 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 AD

508 478

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 0 7 2011

509

479

055

SA 521

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 07 2011

510 480

Specimen #	Control/Req Nu	Pg
105-134-0351-0	640043	Pg 1

LabCorp V 1.39

Fasting	Micro Source	Total Urine Vol	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

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

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 M.D. VAN DYKEN

FINAL REPORT

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EMARANVILLE, DANIEL 105-134-0351-0 Seq# 4055 04-16-11 09:05ET

APR 18 2011

Universal #2 560291a1

511 481

057

SA 523

ACADIA MEDICAL GROUP

PROGRESS NOTES

PT DID NOT BRING IN MEDS AS ADVISED
MA

Name: Daniel Demaranville Date: 4-25-11 Chart # 134430

DOB: H: W: 221 T: P: 78 BP: 124/76 (L) 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: 11:00a no refills needed. Ranitidine isn't
HPI: working very well. Wants to also talk to you about getting Rx on Tramadol for back pain. Also follow up to go over labs —SC

[illegible] RHP –
" [illegible] GERD [illegible]
" wt gain + [illegible] on [illegible]
" [illegible]
" [illegible]
" [illegible] of abd [illegible] LBP
" [illegible] + ↑ [illegible]
O: [illegible]
[illegible] PSA
Neck [illegible] carotid
lungs CTA
[illegible]
Abd [illegible]
[illegible]
+ [illegible]
A- GERD 530.81
HTN 401.1
DUS 788.62
Dysthymia 300.4
[illegible]
LBP
P- cont. meds –
Tramadol 50 [illegible] /100
[illegible] 4 mos
Ranitidine 300 BID /180/1

MEDICATIONS
Citalopram 20mg QD
Ranitidine 300mg QD
Doxazosin [illegible]

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

Couns/coord>50% ☐ Total time 20 min. Couns/coord time: _____ min.

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AMG-051 REV 2/11

ACADIA MEDICAL GROUP

PROGRESS NOTES

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

PT DID NOT BRING IN MEDS AS ADVISED
MA______

DOB:______ H:____ W: 217 T:____ P: 76 BP: 146/100 (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: 1640. Pt thinks may have an ear infection
HPI: in (L) ear lots of yellow drainage —[illegible]—
sx x 1.5 wks. ∅ F/C.
O- [illegible]
(+) [illegible] aids
R canal [illegible]
L OE
A- OE 380.10
P- Cortisporin otic [illegible]
gtts V AS qid 1510

pt states can't use ear drops
2° to TM perf
P— cipro 500 BID #20

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

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

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

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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: 76 y.o. ♂ Follow up on ear infection, finished
HPI: Abx yesterday since bothering him — JV —
Ear was [illegible] [illegible] AM
S - [illegible]
And needs new ED med
A - OE 380.10
ED 382.3
P - ED
[illegible] Staxyn 10 (2)

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

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

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

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

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MG-051 REV 2/11

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 MEI AS ADVISED MA

CATIONS

CC:

HPI:

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

PHONE CALL

FOR DVD DATE 5.16.11 TIME 857 A.M. P.M.

M Laura

OF Dan Demaranville

PHONE 345-6830 CELL 843-8815

MESSAGE has been on Cipro - x10days and ear is still draining wants to know what they should do.

- [x] TELEPHONED
- [ ] RETURNED YOUR CALL
- [x] PLEASE CALL
- [ ] WILL CALL AGAIN
- [ ] CAME TO SEE YOU
- [ ] WANTS TO SEE YOU

SIGNED ~~MD 7.14.11~~

(N) 7.19.11 (E) 5.4.10 Thanks Jean

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.

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ACADIA MEDICAL GROUP

PROGRESS NOTES

PT DID NOT BRING IN MEDS AS ADVISED MA JV

Name: Daniel Demaranville Date: 6.15.11 Chart # 134430

DOB: ______ H: ____ W: 216 T: ____ P: 76 BP: 130/68 (L) R: 16

HPI	CC / HPI	MEDICATIONS
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.	CC: 71 y.o. ♂ here f/u (L) ear still draining -	Citalopram
	HPI: drainage on pillow every morning	20mg ↑ QD
	O- AS (+) perf. ø purulence	Ranitidine
	A- otorrhea 388.60	300mg ↑ BID
	GERD 530.81	Doxazosin
	DVS [illegible]	4mg ↑ QHS
	P: See Mattox or VanDyken	Tramadol
	Rx here as prev	50mg ↑ Q8° PRN

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
Skin/breast		
Hem/lymph		
Allerg/imm		
ENT/mouth		
Chest (breasts)		
GI (abdomen)		
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

6.15.11

DVD

@ check out, pt said that you ok'd 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, be reminded? (in the A.M or the night before) put him in @ a slow time Shelly also has to ~~accommodate~~ make proper staffing. thanks JOY

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

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.

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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:

6/15 455pm

DVD

MEDICATIONS

① He is stopping by between 12-1

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

Shelly

Counts/coord time: _____ min. Total time: _____ min. Counts/coord time: _____ min.

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John Dooley, M.D.
David Mathis, M.D.
Jerry 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, APN

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: 76u007 Pt here for shot in (R) hand #1

HPI: TS done
BX3
Inj .25cc Ken 40 & .25cc/1% pl
X4 ld - Ø comp
A: trigger finger 727.03

MEDICATIONS
Citalopram 20mg ī QD
Ranitidine 300mg ī BID
Doxazosin 1mg ī QHS
Tramadol 50mg ī 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.

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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: 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.

CC: T 98.0 Follow up & has moles would
HPI: like looked @ —— JV ——
Ear ok
Discct gote VanDyken
Pt has moles that ...
A - chronic O-M. 382.3
TM perf. 384.20
Skin tags ... 702.19
P - Rov 1-4 wks ...

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

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

no meds brought in JV

PHONE CALL
FOR Jennifer DATE 8/1/11 TIME 2:39 A.M./P.M.
M Laura Demaranville
OF Re: Husband Daniel
PHONE 345-6530 CELL
MESSAGE has question about the Rx you fax (I don't see)
8·2·11 per pts wife needs Rx for mail order Right
SIGNED 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~~ DVD a note asking for refills will call when complete. JV

ALL PHONE CALL
FOR ____ DATE ____ TIME ____ A.M./P.M.
M ____

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

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MG-O51 REV 3/04

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name: Daniel Demaranville Date: 8.2.11 Chart # 134430

PT DID NOT BRING IN MEDS AS ADVISED MA

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 8.2.11
9:08am

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
31 JAN 11

Per DVD Gave 6 years worth. [illegible]
physical. [illegible]

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

MEDICATIONS

Zetia® (ezetimibe) Tablets
zetia.com

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

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

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AMG-051 REV 2/11

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name: Daniel Demaranville Date: 8.16.11 Chart # 134430

DOB: _____ H: ____ W: 248 T: ____ P: 76 BP: 112/72 (L) R: 16

PT DID NOT BRING IN MEDS AS ADVISED MA CV

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 here to have spots frozen —CV—

HPI: Pt has 9 SK's on Scalp, face & chest that are catching on clothes.

Froze 9 SK's 7.26.11 x 2 cycles by Dr ___ as per pt

MEDICATIONS

- Citalopram 20mg + QD
- Ranitidine 300mg + BID
- Doxazosin 1mg + QHS
- Tramadol 50mg + Q6° PRN

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

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

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ACADIA MEDICAL GROUP

PROGRESS NOTES

Name: Daniel Demaranville Date: 10-26-11 Chart # 134430

DOB: 10/4/34 H: ___ W: 220 T: ___ P: 112 BP: 124/68 (R) 16

PT DID NOT BRING IN MEDS AS ADVISED MA___

HPI			CC: 77 yr old ♂, Wart Removal	MEDICATIONS
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.			HPI: Today Consent signed [illegible]	Zantac
			Remove lg wart R [illegible]	Citalopram
			scalp	20 mg
			Ret [illegible] wk [illegible]	[illegible] QD
ROS	WNL	See note		Ranitidine
Const	☐	☐		300 mg
Eyes	☐	☐		[illegible] BID
ENT/mouth	☐	☐		Doxazosin
CV	☐	☐		[illegible] QHS
Resp	☐	☐		1 mg
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	☐	☐	☑ Donald D. VanDyken, M.D. ☐ Dulynn Hastings, M.D. ☐ Katie Lydon, APN	
No ✓: no review/exam			Couns/coord>50% ☐ Total time: ______ min. Couns/coord time: ______ min.	

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AMG-051 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: 117/68 R: _____

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

HPI: Wart Removal 5mm

Healing quite well

Rec 3 wks

Abn pigmented lesion on L parietal scalp

A- Wart 078.10

P- Liq N2 x 2 cycles

MEDICATIONS

Citalopram 20 mg 1 QD

Ranitidine 300 mg 1 BID

Doxazosin 1mg 1 QHS

Tramadol Q80 PRN

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

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

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ACADIA MEDICAL GROUP

PROGRESS NOTES

Name: Daniel DEMARENVILLE Date: 11-23-11 Chart # 13430

PT DID NOT BRING IN MEDS AS ADVISED MA____

DOB:________ H:____ W: 202 T:____ P: 72 BP: 140/90 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: 77 yr old ♂ Follow up
HPI: DN wart freeze ... mm
Re [illegible] 1 cm [illegible]
lesion R parietal scalp.
A: Verruca 078.10
P: [illegible] 20-12

MEDICATIONS

Citalopram 20 mg [illegible]
Ranitidine 300 mg T BID
Doxazosin 1 mg T Qhs
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.

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AMG-051 REV 2/11

ACADIA MEDICAL GROUP

PROGRESS NOTES

Name: Daniel Demaranville Date: 12/20/11 Chart # 134430

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

PT DID NOT BRING IN MEDS AS ADVISED MA JW

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: [illegible] pt here for shot in hip - JW -

HPI: Having generalized [illegible] pain
getting L trigger finger
Back hurting
+ [illegible]
O - [illegible] NAD
A - PMR ?
Trigger finger - 727.03
GERD 530.81
[illegible] 300.4
P - [illegible] meds
TAC 60mg IM x1
[illegible] Feb 12

Kenolog 40mL lot 1D68550 Exp 3/18
R' JW JW

MEDICATIONS
Citalopram 20mg T QD
Ranitidine 300mg T BID
Doxazosin 1mg T QHS
Tramadol Q 8° PRN

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

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

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AMG-051 REV 2/11

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, phobo
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
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

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

CADIA MEDICAL GROUP
HISTORY 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
- **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) screen
- **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, weakness tingling, seizures, passing out, or vision changes?** No walks 10-15' lifts weights
- **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? 01/11 Would you like a Shingles Vaccination? Y (N)
When was your last Flu Shot? Never
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: (✓) KLYOSN ARV

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Date: 2/14/12

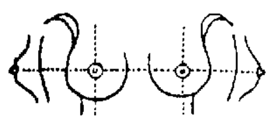
Daniel Damaranvi

Physical Exam Forms

BP: / Pulse: / min Resp: / min Wt: 215 lbs Ht: 70 1/4 BMI:

Meds:
Citalopram 20mg T Q
Viagra 100mg
Ranitidine 1 po bid
Doxazosin 1 mg 1 po q

General/Head and Neck thin skull	WD ☑ WN ☑ In NAD ☑
Head/Scalp nl ☐ ® temple c old scar	Eyes PERRL ☑ Fundi nl ☐ EOMI ☑
Ears Tm nl ☑ Canals nl ☐ perf	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 ☑ large rectus diastasis	
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 ☐	
Males	
Scrotum nl ☑	Testes nl ☐ ® ↓ recessed ® testicle c scar
Penis nl ☑	Prostate nl ☑ 1+, no firmness or nodularity
No Hernias ☑	Ano-rectal nl ☑ ⊕ guaiac
Skin	
Moles nl ☑ Rashes ☑	No Abnl Lesions ☐ – AK 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 – stops c movement of hands
Cranial Nerves II-XII Grossly Intact ☐	☐ CC Patient ☐ Dr ☐ Dr



Assessment:			Plan:
1) Well ♂ exam	☑ CBC	☐ HSVI/II	1) AK: via light scar
2) GERD	☑ CMP	☐ Vag Probe	2) Citalopram 20 T po QD 90/3RF
3) D/D Urgency	☑ Lipids	☐ PFT	3) Ranitidine 300 T po Bid 180/3RF
4) DUS	☑ UA	☐ Mammo	4) Doxazosin 1 mg T po QHS 90/3RF
5) Anxiety	☐ PSA	☐ Dexa	5) Viagra 100mg T po QD prn 6/5RF
6) SK-AKs – scalp	☑ Hypothyrd	☐ Echo	6) flu Flash – KLYDON AM
7) Hand tremors Bilat	☐ LFTs	☐ EKG	7) Efudex to scalp of pt want
8)	☐ Hep. Panel	☐ ETT	8) Offered neuro consult for
9)	☐ Hemclt X1	☐ Thallium	9) dd. pt to Beta blockers/dx
10)	☐ Hemclt X3	☐ CXR	10) of tremors — pt declined at
11)	☐ Vit D	☐ C-Scope	11) this time
12)	☐ I. Cal	☐ dT	12) – KLYDON AM
13)	☐ Testost	☐ TDAP	13)
14)	☐ A1C	☐ Pneumo	14)
15)	☐ GC Chly.	☐ Zosta	15)
16)	☐ RPR	☐ Flu	16)
17)	☐ HIV	☐ HPV	17)
	☐ Hep	☐	

530 500

076

SA 542

ACADIA MEDICAL GROUP
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Reno, NV 89502
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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-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
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 Value	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: 4/19/2012
Visit With: Hastings MD, Dulynn (2)
Visit Description: 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 1:33:46 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-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
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.

CONFIDENTIALITY NOTICE
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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

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

Group Number
13182011130

CBC With Differential/Platelet (L:005009)

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
WBC (L:005025)	7.8	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	%	14-46		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:015180)					01

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

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
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

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	25-160		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:013088)	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:303758)

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:011916)	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:001156)	40	%	24-39	H	01
Free Thyroxine Index (L:001164)	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 16 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, phobo
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: 16 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 martinin/day adn up to 4-5 martinins 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

540 510

086

SA 552

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 contract 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.

CONFIDENTIALITY NOTICE
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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)786-3555

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: 2012-06-05 17:05 | Observation Date: 2012-06-01 09:51 | Specimin Source: | Specimin Received Date: 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 African 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)	26	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: 2012-06-05 17:05 | Observation Date: 2012-06-01 09:51 | Specimin Source: | Specimin Received Date: 2012-06-01 17:46

Test Name	Test Value	Unit of Measure	Range	Flag	Lab
Amylase, Serum (L:001396)	76	U/L	31-124		01

Lipase, Serum (L:001404)

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

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
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 272153361 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: S2012-003839

Patient Name: DeMaranville, Daniel E

DOB: 10 04 1934

Sex: M

Medical Record Number: 186145

Physician: John Gray MD, MD

Collection Date: 08 07 2012

Received Date: 08 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 08 08 2012)

Duplicate copy

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517

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SA 559

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Victor Chen 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.,
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10819 Professional Circle Reno, NV 89521
P: 7758524848 F: 7758505763

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

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.

548 518

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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 06/07/2012 at 12:04 PM

Gastroenterology Consultants
Pathology Laboratory
[illegible] Pyramid Street, Reno, NV 89502
775.323.6650

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
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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

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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

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)

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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

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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

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Timothy Halterman M.D., Phillip Harper M.D., Clark Harrison M.D., Jan Kamler M.D.,
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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

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

554 524

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Victor Chen M.D., Hong Gao M.D., John Gray M.D., Juan Gregory M.D.,
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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

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

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(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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Timothy Halterman M.D., Phillip Harper M.D., Clark Harrison M.D., Jan Kemler M.D.,
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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

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 *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: 18813401180 LAB
Lab site: 18813401180
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: 18813401180 LAB
Lab site: 18813401180
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

Gastroenterology Consultants, Ltd

Victor Chan M.D., Hong Gao M.D., John Gray M.D., Juan Gregory M.D.,
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Male **DOB**:10/04/1934 186145 **Ins**:Ins: Medicare Palmetto GBA NonConsult

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

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

****
Reprinted from Electronic Medical Record - Created on 07/26/12 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%.

Gastroenterology Consultants, Ltd
Victor Chen 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.,
Loth Lieberstein M.D., Christi Matteoni M.D., John McAfee M.D.,James Nachiondo M.D.,
Daniel Nason M.D., Eric Osgard M.D., Jonathan Pezanoski 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: 7758505763

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

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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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

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: 8/5/12 Time: 0955 AM/PM

Signature of Consenting Party

Signature of Legally Authorized Representative

Knight RN

Signature of Witness

Physician Use Only

- 1 Procedures, benefits, alternatives and risks explained to patient
- 1 Acceptable candidate for sedation/analgesia
- 1 Benefits, alternatives, and risks of sedation/analgesia explained to patient
- 1 Patient accepts ALL risks as explained

Physician Signature

Date: 8/29/12 Time: 1200 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 8-2-12

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
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

9 . 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 775-348-3500

ADVANCE DIRECTIVE QUESTIONNAIRE
CONSENT TO TEST IN THE EVENT OF HEALTHCARE WORKER EXPOSURE
SAFEKEEPING FORM

Patient Identification
M - DEMARANVILLE,DANIEL EUGE
CSN: 8501392300 MR: 3396354
DOB: 10/4/1984 ADM: 8/5/2012
GOMEZ, MYRON J

8501392300

RENOWN HEALTH

CONDITIONS OF ADMISSION AND/OR TREATMENT AT RENOWN HEALTH

PLEASE CHECK APPROPRIATE LOCATION

- [x] 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 affects 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 hose services are not covered by a contract between the Hospital and my health plan or government program.

HOSPITAL LIEN: I understand that NRS 108.590 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.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS PATIENT CONSENT AND FINANCIAL AGREEMENT, HAVE RECEIVED A COPY HEREOF, AND THAT I AM ACTING ON BEHALF OF THE PATIENT AS HIS/HER DULY AUTHORIZED AGENT.

Patient	8/3/12 14:48 Date/Time	Patient's Agent or Representative	Date/Time
Witness	8/3/12 14:48 Date/Time		

5501392300

Renown Regional Medical Center 775-982-4100
Renown South Meadows Medical Center 775-982-7000
Renown Rehabilitation Hospital 775-982-3500

Patient Identification
M - DEMARANVILLE,CAMEL EUGE
CSN: 5501392300 MR: 3345354 DOB: 12/4/1954 ADM: 8/3/2012
GOMEZ, MYRON J

569

539

0115

SA 581

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]

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SA 582

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]

571 541 0117

SA 583

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]

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SA 584

3305354 DEMARANVILLE, DANIEL EUGENE

DOB: 06-Dec-1934 77 Years Male Race: 9999

Loc: PRE OP

02-Aug-2012 15:28:31

Dept: EKG Services
Room: FAX
Opar: 03

VR	53	. SINUS BRADYCARDIA
		. RIGHT BUNDLE BRANCH BLOCK
PR	192	
QRSD	160	
QT	476	
QTc	447	

-- AXIS --

P	38
QRS	-155
T	81

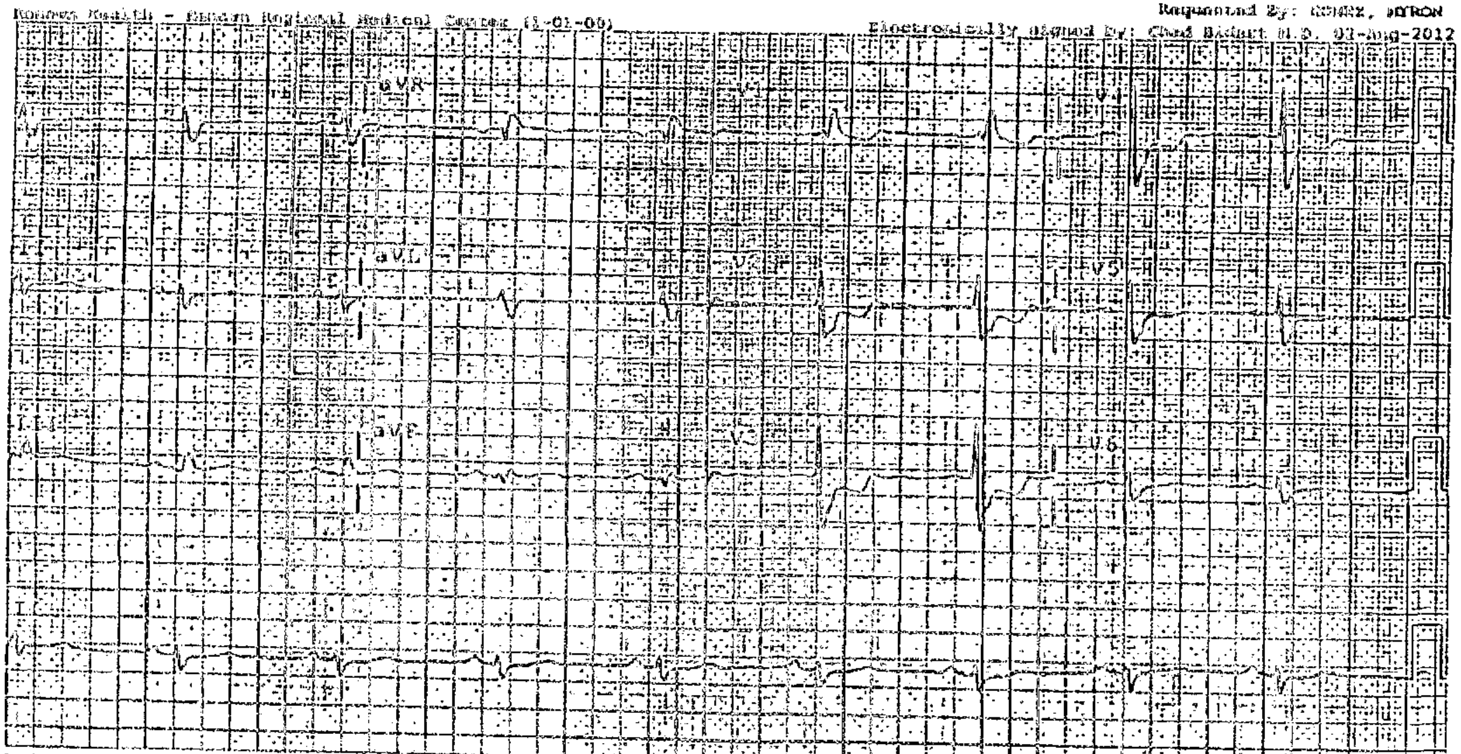
- ABNORMAL ECG -

ORDER: HARGOUEN

Order #: 55237062
Enc ID: 8501292300
Reason: preop
Standard 12
Requested By: GOMEZ, MYRON

Kootenai Health - Eastern Regional Medical Center (1-01-00)

Electronically signed by: Chad Bickert M.D. 03-Aug-2012 17:33:27



Device: 0365 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV F 60~ 0.5-150 Hz W PH090A CL P?

Informed Consent & Consent For Anesthesia Services

I hereby request and authorize:

Associated Anesthesiologists of Reno: Doctors: Ellero, McCarroll, B. Buehler, C. Buehler, Bayless, D. Bilthuz, Eby, Class, Draper, English, Fletcher, Sorensen, Hicks, Hoberg, Idler, Lasko, Marshall, Mock, Smith, Van Antwerp, Vandelist, Wong, Markin, Browne, Curry, Ellis, Parkhill, Dubois, Wark, Hansen, Heck, Moody, Fenlu, B. Brewer, Dwinell, Burton, Stites, Yazdani, Mason

Sierra Anesthesia: Doctors Glass, Hills, Allen, Hutchens, Juarez, Kasprzak, Mailander, Picetti, Rinehan, Russell, Bleyberg, Gevedon, Melton, Knuibosch, Nutter, Coggeshall, Metcalf, Tiller, J.Chen, Shukla, Hubbard, Kang, Rahimzadeh, Winthrop, D.Kang,

Independent doctors: Howton, 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

Patient Name:	DEMARANVILLE,DANIEL EUGE*	Admit Date/Time:	8/5/2012 0916
		Discharge Date/Time:	8/5/2012 1918
Private Encounter:	No	Hospital Account #:	2446917
		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:		Emplymnt Status:	Full Time		
	RENO NV 89501	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 1908 Location TT 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: Spontaneous Rate	Breathing: Assisted Rate with BV	Pulse: Spontaneous Rate	Pulse: Compressions Rate	BP	RHYTHM	Defibrillator Joules	O2 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
1908	0	✓	30	—	44/30	Brady/PEA		64												
1909		✓		100		PEA														
1911										1mg										
1912									1mg											
1913										1mg										
1914									1mg	1mg										
1915						PEA														
1916						Asystole														1 Amp NaHCO3 IV ECHO done

Recorder R Altmeyer RN ID# 19543
RN Team Leader _____ ID# _____
Respiratory _____ ID# _____
Pharmacia _____ ID# _____
Physician Dr. Ellis Print _____
Dr. Carrea
Dr. Beckham

Renown Logo

Patient Addressograph
M - DEMARANVILLE,DANIEL EUGE
HAR: 2446917 MR: 3305354
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

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547
577
SA 589
of 26

PREOP

Wt: ______ kg
BMI: ______
Ht: ______ cm

Anesthesia Time Out
- Ø NPO
- Ø Patient ID
- Ø Chart Reviewed
- Ø Equip. checked
- Ø Site Verified

Initials: TAE

History: HTN, GERD, ARTHRITIS

Rx: Zantac, Celexa, Cardura, Metoprolol, Levsin, Prilosec

Review of Labs: Ø Yes
Allergy: PCN, codeine
Upper Resp: ☐ nl ______ Describe: ______
Heart: Ø Regular rate and rhythm Describe: ______
Lungs: Ø Clear Describe: ______
ASA Status: ☐ 1 Ø 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ E
Class 1 (2) 3 4
Plan: Ø General Anesthesia ☐ Regional Anesthesia ☐ Local anesthesia infiltration with IV sedation & monitored anesthesia care

Physician Signature: [signature] Time of Preop Assessment: 1200

AGENTS	30	45	1300	15	30	45	1400	TOTALS
H_2O / Air (l/min)	Ø	1	1	1	1	0		
Des Iso Sev %	Ø	7.0	7.0	7.0	7.0	0		
O_2 L/m	8	1	1	1	1	R		
Propofol	200							
Fentanyl	125	125						
Rocuronium	50							
Zofran				4				
Morphine			10					
Ephedrine			10					
MONITORS Ø NIBP — T°	37	37	36.5	36.5	36.5	36.5		
Ø Agent — ECG	NSR	NSR	NSR	NSR	NSR	NSR		
Ø Nerve St. — O_2 Sat	100	100	98	98	98	99		
Ø BBS — $ETCO_2$	41	34	36	37	37	42		
Ø ETCO2 — FiO_2	100	44	43	43	43	90		

Pharmacy Narcotic Records

REMARKS: Assessed just before induction Ø
☐ Unintentional Hypothermia (No blanket - T ok < 36°C)

① Pt identified, interviewed, chart reviewed. Plan was confirmed c̄ pt [illegible].
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

AIRWAY
- Ø Pre O2
- Ø Mask
- Ø Oral Airway
- ☐ Nasal Airway
- ☐ LMA
- Ø Oral ET
- ☐ Nasal ET UR
- Ø Cuff 8cc
- ☐ Taped

Size 7.0
Blade Miller 2
Grade [illegible]
V. 594
Rate 8 / min
P[max] 16 P— Ø

Fluid Totals: UO Ø
IN 1800 EBL <100

IV
Size: 20
Location: L hand

PROTECTION
Eyes Ø Tape ☐ Oint
Ø Lumbar Pads Ø L Ø R
☐ Axillary Pad
☐ PAW ☐ Upper ☐ Lower

TOURNIQUET
☐ LUE ☐ LLE
☐ RUE ☐ RLE
Setting mmHg ______
Time min ______

POSITION
Ø Supine ☐ Prone ☐ RLD ☐ LLD
☐ Lithotomy ☐ Lithotomy ☐ Beach Chair

Post Anesthesia Evaluation

SEE EMR FOR VITAL SIGNS

Patient participated in post-anesthesia evaluation: Ø yes ☐ no
If no, explain ______ (i.e. Sedation / unconscious)
- Ø Stable/ adequate ______ Pain score: ______
- Ø No nausea/vomiting Ø Adequate hydration
- Ø No apparent follow-up required

Physician Signature: [signature]

PACU/ICU ARRIVAL / TRANSFER STATUS
☐ Alert Ø Arousable ☐ Somnolent
Ø Airway good SEE EMR FOR VITAL SIGNS

Anesthesia Start	In PACU	Anesthesia Stop
1214		1342

PREOP MEDS
Beta Blocker Ø Given ☐ Not indicated
☐ Antibiotics not indicated ☐ Already on antibiotics
Versed ______ @ ______ (Time)
Cefazolin ______ 2 ______ @ 1142 (Time)
Midazolam ______ @ ______ (Time)
Metoprolol 5mg @ ______ (Time)

Procedure: Lap Chole
Surgeon: Gomez MD
Anesthesiologist: Ellis MD 8-5-12

Renown HEALTH
ANESTHESIA RECORD

M- DEMARANVILLE, DANIEL EUGE
HAR: 2446917 MR: 3309354
DOB: 10/4/1934 ADM: 8/5/2012
GOMEZ, MYRON J
8501392300

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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 ☐

V.O. per Dr. Ellis / [illegible]
· Neo [illegible] to [illegible] 100
· foley cath [illegible]
· alb. Neb PRN.

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 32 303-2080 for any questions or problems with patient care.

Back up call 348-1900

of 20 Physician Signature: [signature] MD Date: 8-5-12 Time: 1214

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:	SIGNATURE:
10/5	12	

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: 10/4/1934 ADM: 8/5/2012
GOMEZ, MYRON J
8501392300

of 26 LAWSON # 113

2/26/2013 7:52 PM

580 550

0126

SA 592

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 80's and a pulse @ 115. Initially the pt was treated c̄ 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 work up. The pt remained tachycardic, but responded to vasopressor. I was called to the pt's bedside @ 1910 for marked 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. 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.

[signature]

Renown HEALTH

Regional Medical Center
775-982-4100

South Meadows Medical Center
775-982-7000

Rehabilitation Hospital
775-982-3500

Patient Information
M-DEMARANVILLE,DANIEL EUGE
HAR: 2446917 MR: 3305354
DOB: 10/4/1934 ADM: 8/5/2012
GOMEZ, MYRON J
8501392300

Progress Notes

CERTIFICATION OF VITAL RECORD

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)	3e. If Hosp. or Trst: Indicate DOA,OP/Emer. Rm. Inpatient(Specify)	4. SEX
Reno	Renown Regional Medical Center	Inpatient	Male

5. RACE (Specify)	6. Hispanic Origin? Specify	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	No - Non-Hispanic	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

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

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

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	563 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'S OFFICE

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	5674

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

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST

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	Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:	
(c)		Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:	
(d)		Interval between onset and death

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

36667979

VRS-Rev-20120523a

000091619 CERTIFIED COPY OF VITAL RECORDS

552

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 DATE ISSUED

DEPUTY REGISTRAR

Joseph P. Iser MD,DrPH,MS
SIGNATURE AUTHENTICATED

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

582

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

0128

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: City of Reno

Office Mail Address (Number and Street): 1 E. 1st Street, Reno, NV 89505 — Telephone: (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: Cardiac Arrest

Part(s) of Body Injured or Affected: 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: Renown Regional 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? ☒ No ☐ Yes (If yes, please explain)
8/5/2012	Cholecystitis?	
Hour: 1918	Myocardial Infarction	

Treatment: Cholecystectomy, CPR

X-Ray Findings: Pulmonary Edema

Have you advised the patient to remain off work five days or more?
☐ Yes Indicate dates: from _____ to _____
☐ No If no, is the injured employee capable of: ☐ full duty ☐ modified duty
If modified duty, specify any limitations/restrictions: N/A

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☐ Yes ☒ No

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: 75 Pringle Way #1002

City	State	Zip	Provider's Tax I.D. Number	Telephone	INSURER'S USE ONLY
Reno	NV	89502	88-034-1656	323 7500	

Doctor's Signature: M. Gomez — Degree: 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: RJ Wilson

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

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

STATE OF NEVADA
DEPT. OF ADMINISTRATION
APPEALS OFFICE

2014 MAY 28 PM 4:10

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
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

ARDIOLOGY &
ARDIOVASCULAR
ONSULTANTS
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

587 557

002

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: